Author's response to reviews

**Title:** Listening to health workers: lessons from Eastern Uganda for strengthening the programme for the prevention of mother-to-child transmission of HIV

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The Editor-in-Chief
BMC Health Services Research

Dear Editor,

Response to reviewers Comments on our manuscript titled: Listening to health workers: lessons from Eastern Uganda for strengthening the programme for the prevention of mother-to-child transmission of HIV

We are grateful for the comments and suggestions on our manuscript by the reviewers. We have addressed them and specified our response to each of the reviewers’ comments as follows.

Once again, thank you for the helpful review of our manuscript and we believe the current version has greatly improved. We wait to hear from you.

Yours,

Joseph Rujumba
Corresponding author.
Reviewer 1: Anita Hardon

Minor essential revisions:

a) Themes presented in results section

Last theme seems superfluous: frustrations are presented in relation to each of the themes

We have deleted the last theme which was reading as ‘dealing with health worker frustrations’ and integrated the findings in other themes especially the first ‘theme on ensure constant availability of supplies for PMTCT’ (pg.13 and table 3).

Heading ‘appropriate working conditions’ (too broad) could be replaced by ‘heavy workload’ which seems to cover the contents better.

- We have revised the theme in results (pg 24 and table 3) to read as ‘address heavy workload of health workers’.

Continuing stigma (and related client preference for confidentiality) is a theme presented by the health workers, which could be added.

- We agree with the reviewer and we have introduced the theme ‘Dealing with the challenge of continuing HIV stigma (pg 23 and table 3)

The authors suggest that uniform rollout is needed. Why uniform? This need explanation.

By uniform rollout we mean ensuring that PMTCT services are universally made available and accessible especially at lower level health facilities. Currently, only 12% of the health centre IIs in Uganda provide PMTCT services (Uganda UNGASS Progress report 2010). Besides, our findings on page 23 of the revised manuscript show the challenges related to referral of mothers to higher-level health facilities for services that are not provided at HCs like maternity care and ARVs. For further clarity, we have replaced the term ‘uniform’ under them 4 with ‘universal’ the theme now reads as: Ensure adequate integration and universal rollout of PMTCT services (pg 22).

Discussion section

The authors could reflect more on the way in which the local level health worker struggle to maintain good enough quality of care in the face of changing levels of donor support and changing PMTCT guidelines.

We have reflected more on this challenge and strengthened it in the discussion section (1st paragraph pg 28).

The differences between the TASO PMTCT program and the regular government system could be drawn out: both have strengths and weaknesses.
For example, the results suggest that TASO is less affected by shortages in drug supply, but clients fear that their status will not be kept confidential if they go to TASO.

In line with the reviewers comments we have added a paragraph in the discussion to highlight the key strengths and weaknesses between the TASO and Government PMTCT programmes (paragraph 2, pg 30)
Reviewer 2: Harriet Nuwagaba-Biribonwoha

Major compulsory revisions

1) This paper is too long, the authors try to cover too much material so the paper is not well focused. For example, it is not clear whether the goal was to highlight problems with PMTCT in general or with health workers in particular. Authors target getting HCW ‘perspectives’ which is a very general term- suggest more specific terms e.g. attitudes, limitations, lessons e.t.c and carry the theme through out the paper.

- We have greatly reduced the introduction and narrowed it to focus on the PMTCT programme as suggested by the reviewer.
- To further highlight the focus of the study, we have replaced the term ‘perspectives’ in the study objective with lessons learnt to show the direction of the paper. The objective now reads as: we explored the lessons learnt by heath care workers involved in the delivery of PMTCT services in Mbale District eastern Uganda on what more needs to be done to strengthen the programme. (See abstract, last sentence under background and last sentence under background in the main manuscript pg 4-5)

B. Minor essential revisions

1. Introduction has much background from HIV prevalence to MTCT rates to PMTCT regimens. Suggest trimming down to 2-3 paragraphs specifically focusing on the PMTCT program and why this study was necessary.

- We agree with the reviewer and we have thus reduced the introduction section and focused it on the PMTCT programme (pg 4-5)

2. Methods: suggest excluding the details on operations research and just focusing on the qualitative methods

Our study seeks to contribute lessons learnt by health workers informed by their experiences to improve the PMTCT programme in line with the focus of Operational research (Zachariah R, 2009). We have thus opted to retain ‘Operational Research’ under study design but reduced the details presented on operational research in the paper as suggested (pg 5).

3. The methods are appropriate but the site selection procedures could be written better… Suggest a table showing the different criteria for site selection, or if no criteria the different site characteristics in the results section.

- We have revised the methods section on study area and highlighted the selection criteria for study sites (1st paragraph pg 6).
- In addition, we have added table 1 for clarity on characteristics of study health facilities (table 1, pg 39)
- We have retained some descriptions for Mbale Hospital, Bukeeda HC IV and TASO Mbale to highlight the specific differences at these study health facilities and how they relate to the PMTCT programme under study (pg 6-7).
4. Need a sentence or 2 to describe the other operations research study (design and objectives) that this study is supplementing. If already published, add reference.

- We have revised the section on study design and limited it to the methods used in the study on which this manuscript is based to avoid making the paper lengthier (pg 5).

- Analysis for the other sub-studies (experiences with HIV testing, HIV status disclosure and social support) linked to the reported study is ongoing and their objectives, methods and results will be presented elsewhere.

5. Data analysis para 2 ‘The major themes…worker frustrations’ reads like results not methods

- In view of reviewers comments we have removed the theme on ‘worker frustrations’ and integrated the findings into theme 1, (Ensure constant availability of supplies for PMTCT (pg.13 and table 3).
- We realize the themes were presented under data analysis and results; we have opted to retain the themes in results section only (pg 11).

6. Themes table- were these pre-determined or emerging themes? Are they themes of challenges identified or areas proposed for improvements? The wording could be refined e.g. instead of ‘constant availability of supplies’, suggest something like challenge 1: lack of constant supplies or improvement 1: ensure constant availability of supplies were these pre-determined or emerging themes?

- The themes presented in table 2 emerged from interviews with health workers. We have highlighted this under data analysis (2nd sentence pg 10) and sub-heading 2 results section pg 11, and heading for table 3, pg 41).

Are they themes of challenges identified or areas proposed for improvements? They are themes for proposed improvement and we have refined the wording for the themes as suggested by the reviewer accordingly.

- We have deleted the themes originally under paragraph 2 of data analysis pg 11 of submitted manuscript and retained the themes under the results sub-section emerging themes for strengthening the PMTCT programme (pg 11 of the revised manuscript).

- The wording of the themes has been refined throughout the manuscript (see results section and table 3) to reflect the focus of the paper ie lessons for programme improvement e.g Theme 1 which was Constant availability of supplies for PMTCT now reads as; ensure constant availability of supplies for PMTCT. The other themes now read: 2) ensure availability of skilled and up-to-date health workers (HWs), 3) provide support for mothers beyond HIV testing 4) ensure adequate integration and universal rollout of PMTCT services and 5) deal with the challenge of continuing HIV stigma (introduced this them inline with the reviewers recommendation) and 6) address heavy work load of heath workers (re-named the earlier theme which was reading as ‗Appropriate work environment‘ in line reviewer’s recommendation) (See table 3 and section in results on – emerging themes for strengthening PMTCT) ( see summary pg 11 and results section Pg 12-25).
C. Discretionary revisions

1. HCW selection- need to be more clearly define inclusion criteria and ‘basis of their involvement’ - based at health facility for 6 months, working in PMTCT clinic, present on interview day etc

   - Health worker selection has been clarified under study participants.

   Study participants were selected purposively on the basis of: having worked at the study health facility for at least 6 months, was working in the PMTCT clinic at the time of the study, was present on the day of interview and provided consent to participate in the study (pg 7).

2. Data reported should be refined around key themes and cut down to maybe half. Suggest identifying no more than 5 lessons and illustrating them with no more than 3 quotes each

   - We have refined the study themes and reduced the data accordingly. However, we believe that the voices we have retained in the findings section shed light on the lived experiences of health workers as well as the lessons they suggested to inform programme improvement.

3. A number of Ugandan studies that are acknowledged in the discussion but not in the introduction. Authors should say what was already known on the topic in the introduction and why their study was important/done - e.g. no work done in Mbale before or this is an evaluation in the scale up phase of the PMTCT program etc

   - We have taken care of this concern in the revised introduction section while keeping in mind the need to trim the paper (pg 4-5).

4. The theme for lessons learned should be carried throughout the paper, or a new suitable title identified

   - We appreciate this suggestion and we have adopted the theme ‘lessons learnt’ throughout the paper to match the title and objective.

   - The title of the paper now reads - *Listening to health workers: lessons from Eastern Uganda for strengthening the programme for the prevention of mother-to-child transmission of HIV*

Thank you.