Author's response to reviews

Title: A Scoping Study on Task Shifting; the Case of Uganda

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Author's response to reviews:

Response to comments of the reviewer
Title: A Scoping Study on Task Shifting; the Case of Uganda
By Dr. Sebastian Olikira Baine and Dr Arabat Kasangaki

A. General Comments
The Research Topic and questions raised are very relevant and the study findings will not only provide input into the policy making in the Ugandan health sector but to the entire sub Saharan Africa (SSA) region which faces human resource for health constraints and have resorted to task shifting.

B. Discretionary Revisions
Comment:
The qualitative methods used in the study is appropriate and well described, although the authors needs to highlight more linking the thematic content analysis to theoretical framework.

Response:
The themes included: shortage of health workers; policy and legal framework, recruitment, deployment and retention of trained health workers; support supervision; training of health workers; nursing aides; village health teams; and induction in relation to task shifting that is perceived as means to address human for health issues.

C. Minor Essential Revision:
Comments:
The data used in the study is sound, however, the authors need to clearly indicate how the data was collected, the level of health care workers that were involved or were interviewed, if the data was also collected from the consumers of health care services. In addition, a part from the open ended interviews that were held, did the authors also used focus group discussions (FGDs) to have an in-depth understanding and validate the issues raised by individual respondents?

Response
Focus group discussions (FGDs)
No focus group discussions (FGDs) were used. One group discussion involving stakeholders was conducted to gain consensus on specific issues raised during document and review interviews.

How the data was collected?
Firstly, published and gray literature was reviewed. Information on human resources for health was obtained from; documents in the Ministry of Health, journals and different electronic data bases such as PubMed, Cochrane Library, and Social Science Citation Index were searched.

Secondly, key informant interviews were conducted to seek clarification on specific issues on task shifting using an interview guide done. Participants were from a wide and varied background but were stakeholders in the delivery of health services.

Thirdly, a group discussion of 16 representatives drawn from the Ministry of Health, Development Partners, Professional bodies, Civil Society Organizations/NGOs, and the academia was conducted to gain consensus on the issues raised during document review and key informant interviews.

Comment:
Level of health care workers involved or were interviewed

Response
Health care workers interview was the District Health Officer and the in-charge of a health centre level 4. The District Nursing Officer was a key informant that could not be reached for the interview but was not available during this study period.

Comment:
Were data also collected from the consumers of health care services?

Response
Consumers of health services were represented by a representative of the people and Civil Society Organizations.

Comment:
If yes, how many FGDs were held, what was the size and composition of these FGDs.

Response:
Focus group discussions were not conducted in this scoping study. One group discussion was held for policy makers in the Ministry of Health, Development Partners, NGOs/Civil Society, and the academia.
The authors list the study populations (mainly institutions) how were the populations selected? Was every member of these institutions involved in the data collection process? If not, how were the samples involved in the data collection process selected? Was it through random or other methods? The authors need to provide motivation for the sample selection methods used.

Response

Study populations were selected purposively. This study targeted key stakeholders or organizations that are involved in policy formulation. Selected members of the institutions were involved in the data collection process. Motivation for the sample selection methods used was to generate evidence from the key stakeholders in health policy formulation especially human resources for health. Then a comprehensive study would follow this scoping study.

Comment:
Study limitations missing

Response

Limitations to this scoping study were:

1. Health providers at the implementation level were not adequately represented to give their views on task shifting. This was planned for the broader and comprehensive study that was to follow this.

2. This qualitative study and rigorous statistical analysis could not be done to determine the association of task shifting and quality of health services delivered.

3. Participants in this scoping study were drawn from the policy making circle and one district. The views obtained from one district may not represent exact views of the other districts in Uganda.

4. The study had limited funding support.

Comment:
Rewriting page 12 paragraphs 3 and 4. The last two lines of these paragraphs are repeated.

Response:
The repetition issue on page 12 paragraphs 3 and 4 has been addressed.

Comments:
The Authors need to clearly address the data collections issues raised above.
• Sample size used

Response
This has been addressed in the study population section of the methodology. A purposive sample was obtained at the national and district level for this qualitative study. No statistical formula was used to obtain the sample
• Structures interviews
Response
A structured open ended interview guide was used to get in depth views of the participants on Task shifting.
• FGDs if any
• Random or non-random sampling methodology
Response
Non-random sampling methodology was applied.
Comments:
The manuscript adheres to the relevant standards of reporting and the discussions and conclusions are well balanced. However, the authors have completely ignored study limitations. There is need for this to be addressed. The writing is acceptable, referencing, the title and abstract content are satisfactory. Finally, the authors’ responses to the earlier comments are satisfactory.

D. Major Compulsory Revisions
• Limitations of the study should be included.
Response
Limitations have been inserted and were:
1. Health providers at the implementation level were not adequately represented to give their views on task shifting. This was planned for the broader and comprehensive study that was to follow this.
2. This was a qualitative study and rigorous statistical analysis could not be done.
3. Participants in this scoping study were drawn from the policy making circle and one district. The views obtained from one district may not represent the views of the other districts in Uganda since the economic and social settings vary.
4. The study had limited funding support.
• Distilled clear policy recommendations
Response
Recommendations have been revisited and are embedded within the conclusions.