Author's response to reviews

Title: Barriers to and facilitators of the provision of a youth-friendly health services programme in rural South Africa.

Authors:

Rebecca S Geary (r.geary@imperial.ac.uk)
F. Xavier Gómez-Olivé (xavier@agincourt.co.za)
Kathleen Kahn (Kathleen.Kahn@wits.ac.za)
Stephen Tollman (Stephen.Tollman@wits.ac.za)
Shane A Norris (san@global.co.za)

Version: 3
Date: 22 April 2014

Author's response to reviews: see over
Dear Dr Morrey,

Please find attached our manuscript, “Provision of Youth Friendly Services in rural South Africa” by Geary et al., which we would like to submit for publication as a research article in BMC Health Services Research.

Earlier work identified the YFS programme as an effective approach for implementing a youth-friendly clinic programme within a public health system in terms of pre-defined standards that include: the types of services provided, the clinic environment and policies supporting adolescents’ rights. However, previous evaluations did not investigate barriers and facilitators experienced by healthcare workers’ in its implementation, and no evaluations have been published since the South African Department of Health took over the programme’s management in 2006. In the context of the programme’s handover to the Department of Health and high coverage targets, it is timely to investigate both current provision and healthcare workers’ perceptions of barriers to and facilitators of provision of this programme. This study investigated the services provided by publicly funded primary healthcare facilities, including the Youth Friendly Services programme in 2011, as well as barriers to and facilitators of its provision perceived by healthcare workers in a rural sub-district with high adolescent fertility and HIV-prevalence. In reporting on one of the few youth-friendly health services interventions to have been scaled-up we believe our findings would appeal to the readership of BMC Health Services Research.

This resubmitted article was previously reviewed by Dr Dagmar Haller and Dr Terryann Clark. Dr Haller’s review of the resubmitted manuscript indicates her approval with this version. Dr Clark had some remaining comments and in the remainder of this letter we will describe how we have addressed these comments.
Reviewer Two's Report:

Major compulsory revision:
1. "The intent is much clearer now, but I think there needs to be additional clarification with aims 1 and 2. There are 3 aims 1. Describe the characteristics of primary care facilities 2. Investigate the proportion of facilities providing YFS and 3. Barriers and facilitators to providing YFS.

Aim 1 – the characteristics of publicly funded facilities is a very wide statement. Is this in reference to YFS criterion? The way that it is currently written makes it look like a mixed method study i.e. an audit against the YFS programme criteria AND interviews with staff. When you use the word ‘proportion’, this is usually not expected in a qualitative study utilising interviews. And you would expect a criterion with the proportion of services that achieved those indicators – a table of criterion alongside whether they achieved or did not achieve these criteria. See line 243 – where you state >90% of the adolescent friendly standards. There is nothing else in the interview where you say you check with these criteria. Rather you could say from your interviews, ‘participants perceptions were that only two facilities had ever provided YFS and only one was currently providing these services. These criterion were not checked I assume.

Since this is a qualitative study I wonder if you should combine aims 1 & 2 with something like… “Describe the uptake and adherence to the Youth Friendly Services programme by primary healthcare facilities.”"

Objectives 1 and 2 have been combined to clarify the scope of the study on lines 158-164. "We aimed to investigate provision of youth-friendly health services in a rural former “homeland” (part of the Bantustan system during apartheid) in South Africa with high adolescent fertility and HIV-prevalence. Objectives were, first, to describe the services provided at each of the eight health facilities in the sub-district, including whether the Youth Friendly Services programme was provided, and secondly, to examine barriers to and facilitators of the provision of youth-friendly health services as perceived by healthcare workers."

Line 243 (now lines 246-248) has been revised to make it clear that this study did not measure the achievement of the adolescent-friendly criteria. “The nurse interviewed at one of these facilities reported that the clinic had previously had an assessment as part of the NAFCI programme and had achieved >90% of the NAFCI “adolescent-friendly” standards.”

2. Are the methods appropriate and well described? If the authors maintain the current aims– then the methods reflected are inappropriate. Additional methods for how data was collated with regard to YFS (line 243) criteria would be needed - ? audit

As described above line 243 (now lines 246-248) has been revised to make it clear that this study did not measure the achievement of the adolescent-friendly criteria and objectives 1 and 2 have been combined to clarify the scope of the study.
Minor essential revisions:

1. I liked to inclusion of quotes. May be an issue of privacy ‘Sister Rebecca’ on line 276? Could state that this is not her real name or use a pseudonym.

On line 280 the name has been changed and it has been stated that this was not her real name. “At one facility the nurse interviewed said: “We need a special person. Especially the youth, if they know I’m going there, I’m going there to find Sister Anita* (*not her real name), I’m going to divulge my problems, my everything, my what what what what what.” (Clinic 3).”

In the abstract under results (line 47) – I would be careful about this statement as you can not verify the criteria for whether they achieved the criterion or not. I would soften this to say ‘participants largely felt that the YFS was not implanted into their primary care facilities with the exception on one clinic’. Keep the focus on what participants said.

Line 47 (now lines 50-51) have been changed to “Participants largely felt that the Youth Friendly Services programme was not implemented in their primary healthcare facilities, with the exception of one clinic.”

I think maybe you should amend the conclusion in the abstract (lines 55 and 56) as it assumes that you have measured against some criteria. Rather you could say that ‘participants reported that the YFS programme was not well implemented and suggests the DOH target of 70% adherence to the programme were not achieved. From your qualitative results you cannot conclude that the criteria were met.

Lines 55-56 (now 59-61) have been amended to reflect that the figure of 70% refers to the percentage of primary healthcare facilities that the Department of Health aims to have implementing the Youth Friendly Services programme. This figure does not refer to whether or not youth-friendly standards were met. “Participants reported that provision of the Youth Friendly Services programme is limited in this sub-district, and below the Department of Health’s target that 70% of primary healthcare facilities should provide these services.”

Conclusions could be a bit more concise and reflected in the abstract. The conclusions have been revised to be more concise and are now better reflected in the abstract.

I also wonder the title is appropriate – this paper really is about the lack of implementation of youth friendly services in the region and it gives really good evidence about the barriers and facilitators to implementing such programmes. I’m sure this is not unique to your region and there are lessons here for others wanting to implement such programmes. I wonder whether a title that reflects this more e.g. “Barriers and facilitators to implementing a Youth Friendly Services in rural South Africa” – just a thought.
We agree and have changed the title to “Barriers to and facilitators of provision of a Youth Friendly Services programme in rural South Africa.”

We would like to thank the reviewers for their insightful comments, which have improved our manuscript. Having made these changes we have uploaded the revised version as instructed. We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. It will not be submitted to any other journal whilst under consideration by BMC Health Services Research. We confirm that there are no prior publications or submissions with any overlapping information. All authors have approved the manuscript and agree with its submission to BMC Health Services Research. We are not aware of any potential conflicts of interest, real or perceived. We confirm that the study sponsor had no role in the study design, the analysis or interpretation of the results or the decision to submit the manuscript for consideration by BMC Health Services Research.

Please address all correspondence to Rebecca Geary at r.geary@imperial.ac.uk or at the address above. We look forward to hearing from you at your earliest convenience.

Yours sincerely,

Rebecca Geary