Author's response to reviews

Title: Perspectives on reproductive healthcare delivered through a basic package of health services in Afghanistan: a qualitative study

Authors:

Natasha Howard (natasha.howard@lshtm.ac.uk)  
Aniek Woodward (aniek.woodward@lshtm.ac.uk)  
Dhrusti Patel (dhrusti.patel@alumni.duke.edu)  
Ahmad Shafi (shafi1359@gmail.com)  
Lisa Oddy (lisa.oddy@mail.mcgill.ca)  
Annemarie ter Veen (A.t.Veen@kit.nl)  
Egbert Sondorp (E.Sondorp@kit.nl)  
Bayard Roberts (bayard.roberts@lshtm.ac.uk)

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Author's response to reviews:

Dear Editors,

Thank you for the two reviews and for the opportunity to revise our manuscript exploring health-system practitioner and service-user perspectives of sexual and reproductive health service provision through the Basic Package of Health Services (BPHS) in Afghanistan, with a focus on Bamyan Province. In addition to submitting the revised clean manuscript, we have also submitted a supplementary file (attached below this letter), showing track changes to the manuscript, for your information and ease of comparability. Please find below a list of revisions.

General
1. Added line numbers as requested by BMC;
2. Ensured manuscript adheres to RATS guidelines and added a statement to this effect in the manuscript (line 182) as requested by BMC;
3. Added an Afghan co-author (line 5), who participated in initial study design and data collection but was not contactable prior to initial submission. Dr Atta has now critically reviewed the manuscript and we would like to include her formally;

Introduction
4. (Rubenstein point 1): Added Loevinsohn and Sayed 2008 and Waldman et al 2006 citations as suggested. We acknowledge we have not included all potential citations; this was a conscious choice as our reference list was growing long and we have rather aimed to include a relevant number of key articles.

Methods
5. (Rubenstein point 2): Clarified these sentences as follows “Bamyan
service-user selection was based on distance to nearest BPHS facility, to explore how this might affect service usage in this rural province. Kabul service-user selection was similarly based on distance to nearest referral hospital. Investigators attempted to include a mix of incomes and education levels among FGD participants where possible;  

6. (Newbrander point 1): Added a table of interview/FGD totals and participant levels and types (Table 1) with a link included in Data Collection and Results sections. Additionally, clarified first paragraph under Results to explain how percentages added to more than 100% for the several participants who fit within more than one level and/or category;  

7. (Rubenstein point 3): Clarified the ethics sentence on recording of both written and verbal consent so it now reads “All participants received and were read study information sheets and written or verbal informed consent was recorded.”  

Results  

8. (Rubenstein point 4): Revised sentence to clarify that this difference was reported for all service users - “Bamyan providers reported increased demand and usage of SRH services under BPHS contracting - particularly demand for family planning services, which reportedly “increased by two-fold” even among those living at greater distances from facilities.”;  

9. (Rubenstein point 5): Unfortunately, we were constrained by the small number of FGDs, and the differences among Bamyan users that we found have been reported. We have noted this under Limitations.  

Discussion  

10. (Rubenstein point 6): Removed extra sentences on lack of accountability and added “However, findings on community accountability were equivocal. Accounts indicated uncertainty among service-users about accountability mechanisms, without clarifying whether mechanisms existed or not. Additional follow-up is needed”;  

11. (Rubenstein point 7): Added these sentences: “There was a notable disparity between practitioner and service-user responses on facility deliveries, with practitioners emphasising cultural barriers and service-users discussing logistical access difficulties. Unfortunately, the reduced number of FGDs did not allow for deeper exploration. However, Speakman and colleagues report increased usage of skilled birth attendants once they became available in communities, suggesting that demand for safer deliveries outweighs perceived cultural barriers in rural areas (Speakman et al, in press). Follow-up is needed to determine the most effective approaches to promoting facility deliveries and skilled attendance at every birth”;  

12. (Rubenstein point 8): Removed this section on statebuilding and expanded the discussion on improvements and weaknesses– see Newbrander pt 2;  

13. (Rubenstein discretionary revision 1): These sentences have been revised as follows, under a new ‘health information and financing’ sub-heading: “Out-of-pocket expenditures were a particularly important access barrier for
non-BPHS service-users, suggesting that the initial BPHS focus on under-served rural areas did increase access in Bamyan”;

14. (Newbrander point 2): Removed section on statebuilding and expanded the discussion on improvements and weaknesses.

Conclusions

15. (Rubenstein discretionary revision 2): Added “Some findings were to be expected (e.g. continued geographical access difficulties, increased health workforce and retention challenges, improved health information), while others were perhaps more surprising (e.g. practitioner and service-user differences in reported delivery preferences, the significance of financial barriers in non-BPHS areas - even among relatively higher-income service users)”;

16. (Newbrander point 3): Revised to read “This exploration of SRH services delivery in Bamyan contributes to broader debates on the effects of health service contracting on perceptions and experiences of health services provision among practitioners and service-users in conflict-affected areas”. Abstract conclusion revised as “…this study contributes to broader debates on the effects of contracting on perceptions and experiences among practitioners and service-users in conflict-affected countries”

We declare that all authors have approved this version of the manuscript and agreed to be accountable for the work. Please do not hesitate to contact us if you have any queries.

With regards,

Study authors