Reviewer's report

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

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Reviewer: Leonard Rubenstein

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Major compulsory revisions

The development of Afghanistan’s health system over the past decade has garnered a lot of attention and is judged one of the most successful Western aid initiatives there. As a result, studies like this are welcome. While modest in scope because of its limited number of respondents and restricted geographical reach, it can contribute to the understanding of the BPHS implementation. The following questions warrant attention:

1. The article contains many references, including those on Afghanistan’s health system, but nevertheless omits some key assessments in published studies such as that by Loevinsohn and Sayed in JAMA in 2009, as well in the gray literature, e.g, the assessment of BPHS by Waldman, Strong and Wali, Afghanistan’s Health System Since 2001: Condition Improved, Prognosis Cautiously Optimistic.

2. The choices made in assembling the service user focus group discussions (p4) warrant further explanation. It is not clear why in Kabul service-user selection was based on educational background, income, and distance to nearest referral hospital, whereas participant selection in Bamyan was based only on distance. There also exists an inconsistency between the stated selection criteria for FGD in Bamyan and the results, where the authors state that in fact income was used in selection of participants. Also, the authors could usefully explain how these criteria were used in Kabul, e.g., was there an attempt to have a mix of incomes and education, or were certain socio-economic criteria favored?

3. The authors state that written consent was used. How was this possible if some focus group participants were not literate (p 14)?

4. Regarding expansion of demand and usage (p 7) it would be helpful to know if the two-fold increase also applied to women who lived far from clinics, who the authors have just explained had more limited access. If so, even recognizing their more limited access a two-fold increase from the past would be significant, suggesting that even with ongoing geographical challenges BPHS expanded access even in hard to reach areas.

5. More broadly, it would be helpful to know if the research design permits the identification of other differences among the Bamyan focus group participants based on their distance from services.

6. There do not seem to be findings from service users on accountability to them.
and their communities? The discussion of accountability in the service users section only discusses the reports that participants did not know who to contact about problems (p 14), which is a different concern than the existence of any mechanisms for accountability to the community. Also, while lack of accountability to communities is mentioned three times in the discussion, the point appears to be based only on findings from service providers. Those findings, moreover, are not as clear as the discussion suggests, as they were about key informants' uncertainly or lack of knowledge about accountability to communities rather than affirmative statements that such accountability is lacking. The discussion on this point could be more tightly tied to the equivocal and incomplete nature of the findings. Further, while the authors cite references to accountability in published studies (p 16) it is not clear from the findings whether the mechanisms the authors suggest should exist are absent.

7. In the discussion it would be useful to address the disparity in responses of providers and service users regarding deliveries in facilities – the service providers report cultural barriers to facility-based delivery, whereas the service users unanimously report a preference for the facilities (p. 8)

8 It is not evident what findings support the authors’ statements that BPHS increased perceptions of government legitimacy (p 15-16). This warrants clarification

Discretionary revisions

1. The reference to cost-related barriers to service in Kabul is stated negatively (p15). It could be helpful to state it positively in the BPHS program, i.e., that lower cost increased access in Bamiyan.

2. The conclusion could be strengthened by a reference to what the authors’ insights are as a result of having conducted the study.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.