Reviewer's report

Title: Strengthening health workforce capacity through modular work-based training

Version: 2 Date: 24 August 2012

Reviewer: Sharon Fonn

Reviewer's report:

I hope that authors will revise and resubmit this for publication as I believe that this article makes a very important contribution and I would very much like to see it published.

Major compulsory revisions

There are two weaknesses in this article as it stands

1. The authors neglect to give any information about the methods used to do the evaluation. This is critical to the readers ability to know how the research aspect was done and if the claims are in fact valid. Without this information it is not possible to assess if the article is worthy of publication.

2. the authors must address the cost of the programme and its sustainability over time.

3. I would also advise that the author emphasise the way in which this training programme had addressed a critical area of interest internationally and certainly central to African health systems and that is that it provides a practical example of how to strengthen health systems.

Minor Essential Revisions

1. Abstract:

Not clear what “developing models that incorporate work-related conditions and attitudes” – do the authors means developing “models of training that address work-related conditions and attitudes” or “interventions that address ….” – whatever it is they mean they need to clarify this sentence

In addition it appears that this article is itself NOT about “work-related conditions and attitudes” – Work related conditions usually refer to things such as conditions of service, pay, etc. Attitudes is something distinct from skills and it seems that this article addresses skills and activities (that may well affect attitudes) but is not about attitudes per se. Thus it seems that this sentence should be deleted and something more appropriate be found.

2. Introduction – the section “However, conventional training programs have not paid much attention on the role of skills building in health systems strengthening, or where this has happened; training programs have tended to focus on the
theoretical rather than practical aspects of taught courses. In addition, the tendency to bring health workers to centralized locations for training often causes serious disruptions in service delivery at facilities serving the most vulnerable populations [4]. Moreover, failure to reinforce skills and knowledge transfer by addressing other performance factors (such as work environment, organizational support, clear expectations and feedback, and motivation to reinforce proper attitudes and habits) have continued to hamper the effective application of newly-acquired learning in the workplace [4]. In addition, most training programs involve training of 1-2 individuals from an institution yet effective implementation of what is taught requires a multidisciplinary team working together as part of the health system.” This makes many assertions and it perhaps is all covered in reference 4 but I suspect that this may not be the case. So this needs to be properly referenced. Further there are published articles on this issue and it seems that the authors need to do a larger literature search and locate their research within that literature. In particular there has been a RCT on the impact of training on improved health care in maternal health that would support much of what is being asserted. Also this programme looks very much like the Field Epidemiology training and approach that CDC has initiated in many places. This seems to be a very clever and useful adaptation of that approach to health systems strengthening – it seems unusual and incorrect to not describe that experience.

See for example


3. Results

“These projects resulted in improved access to health care services; reduced waiting time for patients to receive services; strengthened M&E systems; improved data collection and reporting; and reduced the proportion of clients with missing or mislabelled charts at the institutions supported (Table 2).”

While it is clear to this reviewer how many of the above could be achieved during a review of the programme, it is not clear how it was assessed that there was improved access to health care services – access has a particular meaning and can be varied – non users now accessing services (unclear how this could be measured in an evaluation of the program). However it may be that there was integration of service so that TB patients now got HIV tests and perhaps this could have been assessed in the programme evaluation – perhaps the authors can be more specific about what they mean so that the claim has more veracity. Otherwise delete the reference to improved access.

4. Discussion

The authors say “Our training program builds trainees’ capacity to be able to critically analyze work and management processes as well as systems through
the didactic courses initially and think of possible solutions.” While I am sure this is the case there is little in the results that talks to this issue – do they have any data from the evaluation to back up this claim? This needs to be included.

5. In the discussion the authors say “Our work-based training program was modeled along the same principles as the CDC’s Data for Decision Making (DDM) program [13], the Master of Hospital & Healthcare Administration program in Ethiopia [14] and the in-serve capacity building program for family health in Brazil and Chile [15]. In tandem with these programs, our training program emphasizes implementation of an in-service project – between training modules – that necessitates the application of acquired skills to address significant health problems in the trainees’ place of work and mentoring of participants by experienced mentors. Mentors, including institutional supervisors at the place of work, serve not only as role models, but provide professional advice, feedback, and general support during the implementation of selected projects…” This really belongs in the introduction.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

No competing interests