Reviewer's report

Title: An integrated approach of community health worker support for HIV/AIDS and TB care in Mozambique

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Reviewer: VENKATA RAGHAVA MOHAN

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An integrated approach of community health worker support for HIV/AIDS and TB care in Mozambique

Review

I would like to congratulate the entire team involved in the setting up of the process and responsible for the creation of a very much essential and appropriate team.

Firstly, the authors haven’t mentioned their contributions, their experience in the work and in making the manuscript. It would be very helpful if they provide these details.

The title maybe should include the exact location – the district of Angonia also, instead of generalizing it to the whole of Mozambique, if it is the case, then the authors haven’t mentioned about the CHT existence and working patterns elsewhere in the country.

In the introduction, the existing burden of various diseases and health conditions like HIV, TB, Malaria, MCH indicators in the district needs to be highlighted.

On page 4, second para, the name and type of the rural hospital would be helpful, indication whether its Secondary care or a tertiary care hospital with its capacities, infrastructure and health programmes addressed.

4 month long rainy season falls in what period of the year?

How is the terrain in Angonia, plains or hilly or both, population density needs to be mentioned to get an idea of the work which the health workers would be doing.

On page 4, DOT, PHA need to be expanded before abbreviating

Similarly, on page 5, DOTS needs to be expanded.

On page 6, first para, currently 10 ACS are active, out of how many initiated?

This should be mentioned for all the earlier teams also, to get an idea of the drop outs/ lack of enthusiasm among the health workers.

Page 7

Where are Figures 1 & 2? What is mentioned as figure 2 looks like it should have been fig 3. Please add legends to the figures, place the correct figures
appropriately labeled.

On page 8, VCS one for 15,000 population will it be realistic and practically possible to cover everybody considering the existing terrain and resources.

Table 2 comes first, table 1 hasn’t been introduced till this point, need to look at this and correct such gross mistakes.

On page 9,

A 5 day training will not be sufficient for their job descriptions, what are the minimum requirements for the workers?

Who pays for the driver, fuel, maintenance of the community managed ambulance? Besides how many places are connected to the roads, what about those areas which are not accessible by roads, how will they manage referrals or emergencies?

In the discussion section, some information on the data management, feedback to the community and evaluation aspects should come in.

Figure 1, Cannot be visualized, should be in appropriate format and mentioned in the manuscript.

Figure 2, looks like there is a mistake in the labeling please clarify

There should be brief legends for the figures.

Some information on the training of these volunteers or workers like the training materials, modules used should be attached as appendix.

An organogram or flow chart needs to be attached indicating the check list, pattern of management and referral for individual health conditions they are required to screen.

Overall this is a great initiative, but considering the fact that earlier ventures resulting in failures and this CHT approach also resorting to not compensating the team members for their time and efforts, it is to be seen as to how effective and sustainable this would be. The authors need to address this key issue in their discussions and justify the approach if needed.

**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