Author's response to reviews

Title: Community Health Worker's Program in Luanda, Angola: An evaluation of the implementation process

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Version: 2 Date: 7 October 2014

Author's response to reviews: see over
Dear editors:

Thank you for considering our manuscript “Community Health Worker’s Program in Luanda, Angola: An evaluation of the implementation process” for publication at your journal Human Resources for Health.

We would also like to thank you for the careful considerations of the reviewers, which we judge have contributed to improve our paper. We paid close attention to the revisions, as can be seen by our some specific comments concerning each of them. In the new version of the manuscript, all the changes are outlined.

Reviewer 1: Henry Perry
1. We have integrated the suggested reference: Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policymakers, edited by Henry Perry and Lauren Crigler.

Reviewer 2: Sara Javanparast
1. Reviewer comment: Since the study was undertaken in 2008-09 (approximately one year after the implementation of the program) the outcome evaluation of the program is difficult and so any reduction in maternal and child mortality can be hardly attributed to the CHWs program.
   - Answer: Our research, as it was conducted, was not intended to evaluate mortality. Although some community health workers have stated in the focus groups that they had perceived a decrease in maternal and child mortality, we considered these as isolated reports. We didn’t have the appropriate data, nor did the time frame of our investigation permit such an evaluation. Thus, we chose to focus on process outcomes, such as access to health services, and on the program implementation itself.

2. Reviewer comment: The pilot process is not very clear. It is mentioned that there are seven districts in Luanda province and the program was implemented in six districts. Has the program commenced in all districts at the same time? Does it cover both rural and urban areas? Have there been any criteria for selecting pilot sites?
   - Answer: The following passages were added to the manuscript: “Six districts, covering both urban and rural areas in the peripheral area of Luanda province, were chosen for the implementation of the PACS: (…) These districts were prioritized by the Provincial...
Department of Health because of their vulnerability. Program implementation occurred gradually, not simultaneously in all districts.”

3. Reviewer comment: *Training of a large number of CHWs in that period of time is interesting. I’d liked to read perspective of CHWs themselves on the quality of training and its duration.*

- Answer: Though there was a question in the interviews and focus groups about training, we did not elaborate much in terms of the details of their training, and thus don’t feel we have the material necessary to make an adequate evaluation of their opinion of this aspect of the program. However, what has been brought in the paper, in summary, is that CHWs were satisfied with the content and format of their initial training but thought that it was not sufficient. They expressed clearly that they needed regular refresher courses. This is summarized at the following passage, in the Results section (challenges and perspectives), which we have modified in order to provide more information: “Regarding training, CHWs indicated that the initial training was adequate in terms of content and format, but that continuous updates, such as regular refresher courses, were necessary. This need was also expressed by the managers interviewed.”

4. Reviewer comment: *Observation (interactions of CHWs with health facilities and with families) is mentioned in the manuscript. I was interested to see some findings from these observations. Who did the observations? Which specific elements of the program were observed and what were found?*

- Answer: We decided to delete the mention of observation of interactions of CHWs with health facilities and with families from the methods, because we judged that they were quite artificial (CHWs being observed by foreign researchers, it was not their daily practice) and added little to the findings. As described in the paper, our findings are mostly supported by interviews, focus groups, CHWs records and documental analysis. Since this raised questions to the reviewer, we opted to delete it from the paper, since we didn’t use it for the findings and anticipating that it might also be confusing for the reader.

5. Reviewer comment: *Regarding individual interviews and focus groups: who did conduct the interviews or facilitate the focus groups? Were they conducted in Portuguese or English? If not in English, what strategies were put in place to ensure accuracy of the translation? Were the transcripts double coded?*

- Answer: The transcripts of the interviews and focus groups were never translated to another language, they remained in Portuguese. Only the selected passages were translated to English for the manuscript. Moreover, the following phrase was added to the paper: “The interviews and focus groups were all conducted in Portuguese by the main researcher (CG), who is Brazilian and a native Portuguese speaker. All focus groups were co-facilitated by a second researcher, who was in charge of recording and taking notes.”

6. Reviewer comment: *What questions were asked during interviews and focus groups? Were different set of question designed for different participant groups? I’d liked to see the main areas covered in the interview schedule.*

- Answer: The following passage was added to the paper: “Interviews and focus groups broadly covered the following areas: objectives of the CHWs program, view of the program’s progress in the reality of the districts where it was implemented, positive aspects, critical points and difficulties of the program (or of CHW’s work), and perspectives concerning program continuity or suggestions for program improvement. Additional aspects covered were: assessment of the program’s progress as a health policy in Luanda (in interviews with managers); description of the coordinator’s work and
feelings about it, view of the CHWs work, and description of data collection procedures by CHWs (in interviews with coordinators); and description of the CHW’s daily work, pointing out positive aspects and limitations (in focus groups with CHWs).”

7. Reviewer comment: The issue of trust between CHWs and the community they serve and their familiarity to the culture is one of the success factors for CHWs programs in many countries. In the movie I saw the CHW was talking about not been accepted by some families. Have this issue been explored at all?
   - Answer: This was a question raised by watching the short movie, this issue was not especially addressed in the paper. The issue of CHWs initially not being accepted by families was not explored in depth in this paper. However, talking to the CHWs and considering Angola’s history and politics, one reason was evident: during the war, there was a culture of mistrust and oppression. Leaders of the two main political parties would harass people at their homes and persuade them, frequently using violence, to fight for their party. They would also investigate people’s lives and use the information against them. So when the CHWs program was implemented, and families didn’t know much about it in the beginning, they were afraid of being controlled for political reasons.

8. Reviewer comment: It would have been very useful to include community perspectives in this evaluation work too. What do the communities, families and mothers perceive as the strengths and weaknesses of the program? I think this is a very important aspect in the evaluation of CHWs initiative. Was there any reason for not including them?
   - Answer: It would have been interesting to include community perspectives in this research. However, the main reason why we chose not to do so was that we were very concerned that this information collected from families would be largely biased (knowing a little bit of the country’s culture and how people usually behave when inquired by white foreigners – there are still very strong power relations that remain from colonial years, feelings of fear and oppression are still the rule). Moreover, we had time and resource limitations, so we chose to invest more on information about the program’s implementation process and functioning.

9. Reviewer comment: The literature on CHWs program in other countries such as Iran and India (political support, integration into the health system, role of ongoing training, workload, and supervision) might be helpful to look at.
   - Answer: We added a reference about the CHWs program in Iran, as suggested by the reviewer.

Reviewer 3: Paulo Frazão

1. Reviewer comment: In the Background, the authors describe the characteristics of Angola and its National Health System. They also highlight that the way programs are implemented depends on the context of each country, which includes not only the health situation of the population, but also complex political, social, economic and cultural factors. It seems that this aspect is the central point in the argument of the authors and it should be interesting if they could give additional information about similar areas in the world that could be benefitted by the knowledge produced by this kind of analysis.
   - Answer: More information was added about similar areas in the world that could be benefitted by the analysis produced in our paper.

2. Reviewer comment: It should be fair for the reader if the authors could emphasize that the produced evaluation also indicated needs to rethink and even to reformulate some contents of these components.
Answer: The following passage was added to the paper (in the Conclusions section): The findings presented here can be directed to strengthen and reform the planning of the PACS-Luanda, “through rethinking or reformulating some of the content of program planning and design, utilized tools, CHW’s training, and monitoring of activities.”

3. Reviewer comment: The utilized methods were appropriate but it is important to take into account their limitations in the data analysis.

Answer: The following passage was added to the paper: “Another limitation is that inconsistencies and incompleteness of CHWs records prevented us from measuring some basic process indicators, such as the number of children under five and pregnant women being followed by CHWs.”

4. Reviewer comment: The objective was to analyze the implementation process but the activity records from CHWs showed severe inconsistencies. According to the authors, such inconsistencies could be due to low level of education of CHWs; however CHWs had to have at least eight years of schooling as a prerequisite.

Answer: Unfortunately, in the studied context (Angola), the fact of having eight years of schooling does not mean a good level of education. Many people with this level of schooling barely know how to read and write. This is largely a consequence of deterioration of education during the years of war, which can still be perceived. As such, the low level of education is a factor that contributes to the difficulties in maintaining complete and consistent records.

5. Reviewer comment: It should be important for the reader that the authors could comment how the program monitoring was planned and undertaken.

Answer: The following passage was added to the paper: “For monitoring of activities, CHWs were instructed to fill in a record sheet that contained the following information: number of families/people being followed, number of children under five and of pregnant women being followed, number of pregnant women under adequate antenatal care, number of institutional deliveries, and information about: children’s vaccination status, breastfeeding, malnutrition, water treatment, and use of bed nets. Based on these records, regular meetings for evaluation were planned between the CHWs, supervisors, and coordinators (on a weekly basis in the first year of implementation, then in decreasing frequency), which were also planned as opportunities for ongoing training of the CHWs. The monitoring and evaluation data was then compiled at the district level and passed on to the provincial level.”

6. Reviewer comment: For individual interviews and focus groups, the participants were selected by convenience, based on suggestions of the municipal coordinators. The authors could comment the extent to which this aspect could represent an important limitation of the methods for the analysis of the implementation process. For the authors, the option allowed them to investigate and understand different perspectives of the phenomenon being studied, however considering what would be a sociological approach, all the perspectives presented in the Results lead to the same direction and the option seemed not to have been directed to explore antagonisms and tensions among different interviewees’ perspectives from a sociological view's point.

Answer: The interviewees were chosen because of their role as managers or coordinators (there were no others). Regarding selection for focus groups, the following passage in the end of the Discussion section explains the possible limitations involved: “CHWs who participated in the focus groups are those who were contacted by their supervisors for being more participatory. Thus, it is possible that the difficulties faced were greater and
even different from those reported in this study.” An in-depth sociological approach would have produced a very interesting analysis, but it was not within the scope of this study. Some differences in the perspectives of program managers and CHWs are illustrated in the paper, especially because some contents are only brought up by one or the other, as noted by another reviewer of the manuscript: the differences in the perspectives of program managers (at provincial and district levels) versus CHWs are interesting. However, the idea was to learn from the different perspectives and to draw a picture that could explain the elements of the program’s implementation process. We didn’t give emphasis to exploring the tensions or divergences between the interviewees, although this was a component of the analysis procedures.

7. Reviewer comment: The explored tensions refer to distinctive aspects of the reported specifically implementation process and more directly related to the decision making for its continuity, expansion and sustainability. So, I recommend to reformulate the following sentence in the Abstract “Analysis of qualitative data demonstrated an association of CHWs with improvements in maternal and child access to health care, as well as an increase in the demand for health services, generating further need to improve service capacity”. In fact, the interviews worked for capturing the perceptions of managers, coordinators and some CHWs. According to interviewees, maternal and child access to health care improved, however it important to consider that women and mothers living in study areas were not heard besides the findings related to the inconsistencies of activity records from CHWs. It is understandable that there was no intention of making an entirely external or independent evaluation and that the participation of researchers occurred in conjunction with their involvement in the implementation process itself, through cooperation, however other research methods and other participants could offer valuable information on the process.

Answer: Since we have stated the limitations of the methods used in this study, including the sample, we don’t judge it necessary to change the sentence, because we assume that limitations are being considered once the methods are clearly described in the manuscript. However, we have changes from “demonstrated” to “suggested”, to make it clearer that limitations are being considered in our conclusions. It would have been interesting to include community perspectives, such as women and mother living in the study area, in this research. However, the main reason why we chose not to do so was that we were very concerned that this information collected from families would be largely biased (knowing a little bit of the country’s culture and how people usually behave when inquired by white foreigners – there are still very strong power relations that remain from colonial years, feelings of fear and oppression are still the rule). Moreover, we had time and resource limitations, so we chose to invest more on information about the program’s implementation process and functioning.

8. Reviewer comment: A final consideration seems still necessary. The authors concluded that the PACS-Luanda was successfully introduced, reaching a large number of trained CHWs and households being followed-up. Considering the earlier pointed aspects, notably those related to study limitations and the need for a good balancing between findings and conclusions; I recommend revising the sentence.

Answer: The following sentence in the final section of the manuscript was changed: “Finally, the introduction of the PACS-Luanda enabled the creation of a large number of trained CHWs and the coverage by the program of a large number of households.
However, the implementation process was irregular and presented many shortfalls, which appeared to threaten its sustainability.”

We hope to have satisfactorily responded to the reviewers’ queries. We would like to recall that this is the first time this manuscript is being submitted to any scientific journal. We chose Human Resources for Health because we believe that the findings of our study are aligned with the journal’s aims and scope, especially the planning and management of human resources for health, in our case community health workers, in a sub-Saharan African country (Angola).

Finally, we are aware that the Ministry of Health of Angola is currently working on the elaboration of a national policy for the implementation of community health workers throughout the country, for which we believe that the findings of our manuscript are especially relevant and useful.

For these reasons, we hope that your response to our resubmittal will be positive and look forward to hearing from you.

Yours sincerely,

Camila Giugliani