Reviewer's report

Title: Tracking working status of HIV/AIDS-trained service providers using a Training Information Monitoring System in Ethiopia: a pilot project

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Reviewer: Shabbir Ismail

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Manuscript Review Report

"Tracking working status of HIV/AIDS-trained service providers using a Training Information Monitoring System in Ethiopia: a pilot project"

MS # 1894970540178986

Overall comments:

The paper addresses a very important human resources challenge in countries such as Ethiopia. Attrition and retention of trained human resources in the health sector in general and the HIV/AIDS prevention, care and treatment in particular remains a sustained challenge and all means to better understand factors related to retention and loss of such resources and any strategies that can address this understanding is the most welcome intervention. In light of this prevailing reality, I found this paper very interesting and useful contribution in the fight against HIV/AIDS in Ethiopia and similar developing countries. I have read this paper in very detail and have come across a number of issues to be raised and addressed before considered for publication. My responses to the seven points are as follows:

1. Is the question posed by the authors new and well defined?

Yes, this is well defined!

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The Methods section requires significant shape up, with more descriptions and clarifications, which are listed below under Major Compulsory Revisions.

3. Are the data sound and well controlled?

To some extent, yes!

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The major sections and themes are present, though some text need to swap sections, which again is listed below in my detailed comments.
5. Are the discussion and conclusions well balanced and adequately supported by the data?

The Discussion section requires some more elaboration and explanations of the findings to be done. Some findings are not discussed at all. Some conclusions are not coming out the study but from other sources. These and some other deficiencies in these sections are also outlined below.

6. Do the title and abstract accurately convey what has been found?

The Results subsection of the abstract need also to mention some of the bivariate analysis findings.

7. Is the writing acceptable?

The standard of the language is readable and understandable.

Here are my detailed comments and need for revisions:

Major Compulsory Revisions

â‘¢ Under the Abstract â## sub-title â## Results â## please include the bivariate analysis findings

â‘¢ In Methods:
  o Not sure why this study is named as â##pilotâ##? I would rather call it a baseline or the first of the series of follow-up or tracking surveys â## pilot is misleading and reduces the importance of the information obtained thru this study.
  o Please mention any intention of conducting such studies or surveys with any regularity and intensity.
  o With regards to reasons for not working on HIV/AIDS â## I was looking for more substantive reasons for leaving the public sector and joining either NGOâ##s, leaving the country, etc.
  o The major deficiency here is we donâ##t know enough about the data collection process:
    ï§§ Who collected the data? It just says â##Partners while doing supervision visitsâ##! Who are these? Was there a structured instrument, were these oriented or trained on how to collect these data? On page 5 top paragraph it says â##and the method of collecting data (verbally, from official HR records, etc.)â## This has to be well explained in this section.
    ï§§ Who were targeted? All Health workers, or trained in HIV/AIDS or facility managers, records â## not very clear. There is also no mention of how data were recorded?
    ï§§ How was it administered â## very vaguely described?
    ï§§ How was the data accuracy ascertained?
Again needs more clarification on the statement page 5, 2nd para, 3rd statement what information from the database was given to the partners to collect from sites?

o What sample size was anticipated prior to the data collection?

o On page 5 under Data analysis, first line what means if the sample size was low, what's the reference for this? On the same line it mentions 2% - how's this determined as a benchmark?

o In what time frame were the data collected? Am sure all partners wouldn't be doing supervision visits at the same time!

o Page 6 the last statement regarding groupings for Chi-square tests and the descriptions are not clear at all. The last line However, the results of the Am not sure what this statement is about please clarify it.

In Results:

o Did not see any findings related to the variable if working on HIV/AIDS, what support was needed (supervision, refresher training, supplies)

o I would suggest that the phrase supervision visits be replaced by data collection throughout the paper where it related to data collection.

o On page 7 the first statement under Results the 1,744 how were these identified for interview or record review or others? Were these already obtained from the TIMS database and the list given to the data collectors or were identified at site? How many of the records from the database matched with those identified at sites?

o Page 7 last statement of the first paragraph under Results Of the recorded data collection methods, who is the health worker that you had verbal conversation? About what was the discussion with the site administrator? And who is the trained individual? Was the same tool used by each of three strategies or were there different ones? In some other place you also mention reviewing HR records?

o Page 7, 2nd para Of the sample of providers, 57.6% What does this mean what sample is this? out of which sampling frame?

o On page 8, paragraph 2 in a few instances you mention the phrase most likely is this just subjective comparison of proportions or supported by any of the statistical tests?

o Page 8, para 2, 3rd statement under parenthesis should be well dealt under the Discussion section.

o Since the data collection instrument in not made available for review its very difficult to say whether data analysis is complete or not! In the subsequent review, I would request to review the data collection form, too.

In Discussion:

o The overall observation is that the findings of the study are not well explained or justified! Much of the discussion is generalities not based on the findings of the
study. For example, on page 10, the first statement is a finding not reported in the Results and comes here for the first time and some major recommendation is coming out of it. It's difficult to understand that whether this is from this study or a general observation?

o Why trained health workers are leaving the public post should be elaborated more if the data is available. It's not enough just to know that they left for private sector, etc.

o Can you say something on why there are regional differences in attrition?

o You recommend various retention schemes should be employed. Please indicate which others can we cite something from the literature? I think the authors should be brave enough to mention about the poor compensation packages offered by the public system and how best that can be addressed!!

o Under Limitations second paragraph (page 11) you talk about generalization am not sure if your conclusions on not generalizability of your findings to other health workers is true, provided that you the right sample population. Knowing the country and having worked in the same environment, my feeling is that HIV health care providers are not very different from the rest of the service providers.

o On page 12, first statement of the 2nd paragraph if you say that the validity of the study is already threatened, are you implying that we don't believe the findings of this study? Please clarify that statement!

â¢ In your Conclusions:

o How much output there has been from TIMS that has been provided to service providing institutions and administrative structures that can be shared with the outside world?

o All of believe that improving pre-service education is very essential, but in order for you to conclude that this is really an important strategy to address the after effects of staff loss, what evidence do you have possibly from literature?

â¢ Acknowledgements

o PEPFAR should be clearly acknowledged for making the resources available CDC was the channel and facilitator!

â¢ References

o I wish there were more literature cited on attrition and staff retention!

o For all the unpublished materials, please indicate where they are available to any interested reader to locate them.

â¢ Tables

o Please provide full titles

o Indicate the frequencies and percents on top of the columns and need not to put the % sign after every proportion.

o Remove the gridlines.
Minor Essential Revisions
â¢ The name of the organization should be all in CAPs â## JHPIEGO.

Discretionary Revisions
â¢ When describing findings, I usually prefer to mention absolute numbers before their respective percentages.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Needs some language corrections before being published

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