Author's response to reviews

Title: Strategies for providing healthcare services to street dwellers in Dhaka: evidence from an operations research

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Version: 2 Date: 25 March 2012

Author's response to reviews: see over
Dear HARPS Team;

Thank you so much for sending me the reviewers comments on my manuscript entitled “strategies for providing healthcare services to street-dwellers in Dhaka: evidence from an operations research”. I have incorporated the comments of the reviewers and details are as follows:

Reviewer’s report

Title: Strategies for providing healthcare services to street dwellers in Dhaka: evidence from an operations research

Version: 1 Date: 14 October 2011

Reviewer: Feleke Moges

Reviewer’s report:

**Major Compulsory Revisions:**

A) Table 5 under male subjects
Subjects using permanent family planning methods in Model 2 clinic compared from the Baseline to the Endline trends showed and indicated its absolute difference as a declined trend (negative trend i.e -6). However, there are similar cases which sowed negative trends but not mentioned. Refer the same table under the variables of permanent for females which can be -5 rather than 5. The table as a whole should be again looked properly.

Response: Revisited the table (Table 5) and made necessary changes.

B) Reference parts – No consistency in referencing the journals
Example-Most of the journals like reference number 6, 9, 10, 11 etc., are not italicized while journals like reference number 19, 20 are italicized. Therefore, it would be wise to read the authors instruction of this journal.

Response: Whole list of the references has been rewritten following the instruction of the journal.

**Minor Essential Revisions**

A) On result part- under maternal and reproductive health line 12 spelling error endlin add the letter e.

Response: Correction has been made (on result part- under maternal and reproductive health line 14).

B) Table 1, 2, and 5, presentation of data is not clear and it has some sort of ambiguity for the reader.
Example- in Table 1. Let us consider Model 1 clinic which is indicated by baseline to be (n=203); Endline (n=200) and absolute difference (%). When we see the result for the first case for example currently sick I understand you kept the n=83 under Base line and n=48 under Endline. You kept the difference as 35 which is percentage. I feel 83 and 48 are percents. If that is the case it would be good to write the actual number which is n and % in parentheses.

Model 1  
Baseline  |  Endline  |  Absolute difference  
--- | --- | ---  
n (%)  |  n(%)  |  difference (%)  

Response: Many thanks to the reviewer for this excellent suggestion. Substantial changes have been made in presentation of Table 1, 2, and 5 so that the readers can understand the facts easily.

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: I declare that I have no competing interests

Reviewer’s report

Title: Strategies for providing healthcare services to street dwellers in Dhaka: evidence from an operations research  
Version: 1 Date: 28 February 2012  
Reviewer: n m  

Reviewers report:  
Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

There is an assertion that there is no health service-delivery mechanism for Street dwellers. This should be qualified and explained. What is the profile of health services in that area? What is the general health care utilization pattern (for specific services, e.g. childbirth, family planning, etc.)

Response: The concerns are addressed in 2nd and 3rd paragraphs of background section of the manuscript.

The topic is significant in the light of the increasing focus on urban poverty and urban ill-health.

The intervention per se is not very new in its conceptualization. Setting up of Mobile or static clinics for difficult-to-reach populations has been a commonly used strategy. See, for e.g. targeted interventions for groups at higher risk of HIV – truck drivers, commercial sex workers, etc. Thus, a more in-depth analysis of WHAT is so specifically different about the healthcare needs and problems of street dwellers and WHAT was done to overcome the
problem of reaching street dwellers (who are transitory and are stigmatized) needs to be explained in greater detail for the article to have more academic value.

Response: Described the concerns in last three paragraphs of background section of the manuscript.

Was there a particular reason for selecting a non-experimental evaluation design? It needs to be explained why this design was chosen.

Response: Explained the issue in 1st paragraph of methods section.

Overall, there is not enough detail provided about the intervention design. For e.g. were deliveries conducted at the clinic; were family planning services provided at the clinic; what was the nature of the training provided to the paramedics; It may help if the various components of the intervention in each arm were presented in a tabular form, which enables comparison.

Responses: The interventions and implementation of the interventions have been rewritten and addressed the concerns of reviewer in text and a tabular form [(box 1)].

Secondly, there must a distinction made between the intervention and the evaluation and the evaluation design must be presented in a more systematic manner.

Response: The evaluation section has been separated from intervention section and presented systematically under sub headings of: study subjects, sampling, data collection, and analysis of data.

Minor Essential Revisions

Methods section

The definition of an entry point and a concentrated area needs to be provided Implementation and evaluation of interventions section.

Response: The definition of entry point and concentrated area are provided in study design and sites (under method section).

Which is the agency conducting the intervention is not clear.

Response: icddr,b, in collaboration with the Urban Health Programme of the MoHFW, DCC, Urban Primary Health Care Project of the Ministry of Local Government, Rural Development & Co-operatives–LGRD, and NGOs, implemented the interventions. The information are available above evaluation section.

Model 1 section

Last line mentions ‘from different spots of that selected area’ – is the clinic mobile
Or static?
Response: This is static clinic. Rephrased the sentence.

Model 2 section

Last line mentions that the van was used to ferry patients to ‘referral points’. It is not clear whether referral was a part of both of static clinic plan as well.

Response: Yes, a referral system was established for both the static and satellite clinics. Paramedics of the clinics referred street dwellers to the referral centres as and when necessary. Details are under box 1 (methods section).

Last paragraph mentions that services were provided to ‘street dwellers who slept for the last one week in the study areas’ – how was their duration of residence ascertained? What was done for those who did not fit this criterion?

Response: Detail information are provided in 2nd paragraph above from evaluation section.

As the evaluation presents findings only about those aged 15 years and above, were those below that age provided services?

Response: Detail information are provided in 2nd paragraph above from evaluation section.

Sampling

Was any random selection method used for selecting the respondents or was every consecutive eligible person interviewed.

Response: Provided information relating to the question in last paragraph of sampling section.

Results section

There was a decrease in the proportion of respondents who were currently sick after the intervention. This is counterintuitive as reported morbidity generally increases with greater access and exposure to healthcare services.

Response: The reviewer is absolutely right that reported morbidity generally increases with greater access and exposure to healthcare services. The health education was an important component for street dwellers from both the static and satellite clinics. The rate of decrease of morbidity after implementation of the clinics may be due to effective health education provided from the clinics by the paramedics. However, description about this has been provided in 2nd paragraph of discussion section.

The trend for sickness incidence and prevalence in a 15 day recall period are conflicting. What is the explanation for that?

Response: Recall bias may be a reason behind this. Described in 2nd paragraph of discussion section.

Use of healthcare services section

There is a remark that use of other services (govt. and NGO) decreased at the endline.
The table shows a significantly large number of government services used at baseline, this is not in correspondence with the statement that that street dwellers are excluded from all health services.

**Response:** Explanation of the comment has been given in last part of 2nd paragraph of background section.

### Results and Discussion section

There is significant repetition in the results and discussion sections.

**Response:** Rewritten both the sections and minimized the repetition.

### Overall

There are several typographical errors and grammatical errors throughout the paper, in particular, in the section where the qualitative methods are described.

**Response:** Corrections have been made. Whole paper has been edited by an editor.

### General comments

I am not the best judge of the reliability of the sample-size calculation and the statistical tests used. However, I would have liked to have more details about how the enumeration was done as street dwellers are, by definition, mobile and do not have any specific address.

**Response:** Describe the issue in 2nd paragraph of sampling section.

As far as the morbidity and healthcare use indicators are concerned, reported morbidity data is very inconsistent (both across gender and point-prevalence and prevalence). Hence, there may be some issues in which the questions were asked and understood.

**Response:** Addressed the concern in survey part of data collection section.

Title and abstract are fine. However, the conclusion is very sketchy and there could be some further discussion about the relevance of this study for healthcare policy and practice.

**Response:** Discussed in conclusion section.

Language is easy to read and suitable for the subject matter of the paper.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests
Reviewer's report

Title: Strategies for providing healthcare services to street dwellers in Dhaka: evidence from an operations research

Version: 1 Date: 24 February 2012

Reviewer: Divya Bhagianadh

Reviewer's report:

Major compulsory revisions.

1. Abstract: 1st paragraph on background: the background covers only the background of the study setting and in a way, a statement of the problem. But further link to rationale for the study and what is the study trying to do is missing.

Response: Addressed the concern in 1st paragraph of abstract.

2. Abstract: 2nd paragraph methods: please specify the study design more clearly. Whether it is an experimental study design or not.

Response: The study design has been specifically written in 2nd paragraph of the abstract.

3. Abstract: It is said data was collected through survey- did they cover all the street dwellers? If no, then the study cannot be a survey as there is sampling involved.

Response: Rephrased the sentence in method section of the abstract.

4. Abstract: Please indicate clearly that the study had both quantitative and qualitative elements.

Response: Indicated in method section of the abstract.

5. Methods (main heading): State the study design clearly

Response: The study design has been clearly stated in 1st paragraph of methods section.

6. Study subjects: please state the inclusion and exclusion criteria clearly. At present the information is scattered in different parts in methodology. There were several criteria like street dwellers from within 2 km radius of a particular area, who slept in the area for at least one week before the onset of study, above 15 years etc. Please compile this so that there is no confusion.

Response: The inclusion criteria have been provided under the heading of study subjects in methods section of the manuscript.
7. Data collection- Reconsider the use of the word survey in the text. If there is sampling involved, it cannot be called a survey as it is not covering the entire study universe.

**Response:** Changed the word survey. Written as ‘sample survey’ (under the heading of data collection in method section).

8. Data collection- This section will have to be rewritten clearly. Whether mixed methodology combining qualitative and quantitative techniques were used? What were the tools in both cases? A structured or semistructured questionnaire? For qualitative- indepth interview guidelines? did they develop separate tools for street dwellers and health care providers? It is clearly mentioned what all information was collected from the street dwellers during the indepth interview, but that information is missing for indepth interviews with health care providers.

**Response:** Data collection section has been rewritten addressing the issues mentioned by the reviewer.

9. Ethical considerations: Please give more explanation about the consent process? Was the consent verbal? In case of illiterate participants, were there any special efforts to make them understand the study better?

**Response:** Detail description about ethical process has been provided in ethical approval section (above results section).

10. Results: Please begin with a general information on the number of participants? What was the refusal rate for the study? It would be better to give an idea of the general characteristics like age group, sex, educational status, year of migration to the city etc, (if these information were collected). And then go on to the specific results. This will give the readers an idea about the population that is being talked about. Also, instead of giving the change as absolute difference, if given that the percentage utilisation changed from x to y percentage, it would be easier to comprehend for the readers.

**Response:** Socio-demographic characteristics of the participants and other concerns of the reviewer have been provided in 1st paragraph of result section.

11. Discussion: There is some repetition of the study findings which are already mentioned in the results section. Please try to avoid redundant statements and try to make the discussion part more concise and crisp. The discussion could be structured and controlled better. Another point of consideration would be to compare the results with similar intervention research findings from similar settings.

**Response:** Rewritten discussion section and minimized the repetition of the findings. Tried to compare the results with other intervention research findings, but did not find much, particularly from similar settings.

**Minor Essential revisions.**

1. Abstract: The last but one sentence on data analysis is not clear and might need restructuring.
Response: Restructured the sentence.

2. Background: Paragraph 1: Study by Uddin et al- since the study is on a similar topic and is in the same area, can more details on the findings be provided? Also please correct minor grammatical/ typo errors.

Response: More findings from previous study have been provided in 2nd paragraph of background section. Correction of grammatical errors have been done (whole document has been edited by an editor).

3. Background: Is there any data on the number of street dwellers? If not official, from other studies or from NGOs working in the area?

Response: Number of street dwellers in Dhaka city or in Bangladesh are not available. Around 6000 street dwellers were estimated in the two study areas. However, we did not mention this figure in the paper as enumeration was not done.

4. Model 1: static clinic: The last part of the last sentence is not clear. Please rephrase

Response: Rephrased the sentence.

5. Model 2: satellite clinic. The second paragraph onwards talks about the general features applicable to both the clinics. It might be better to have a subheading here saying implementation.

Response: Separated the second paragraph and onwards by a sub-heading ‘implementation’.

6. Model 2: satellite clinic. The last paragraph: please use the full forms when abbreviations are used for the first time in the text.

Response: The full form of the abbreviation PHC has been provided first in background section (last part of 2nd para) of the paper.

7. Survey: it says interviewers collected data on the following variables and then the variables are missing. Please specify the variables.

Response: The variables have been specified in last sentence of survey part.

8. Data analysis: please correct minor grammatical errors

Response: Correction has been made.

9. Data analysis: Plan for analysis is missing. How was the data, analysis etc linked to the objectives of the study?

Response: Rewritten the data analysis section linking to the objective of the study.
10. Maternal health: In table 4: please explain what is meant by delivery attended by birth attended.

**Responses:** This should be ‘delivery assisted by’. Made change in the table and text as well.

11. Perceptions of service providers about model clinics: second paragraph. The context in which the paramedic of an NGO is quoted is not clear. Please clarify. How has it helped them in providing services? Has it established some sort of a referral system in place so that only those who are really in need are now approaching these service providers?

**Response:** Yes, a referral system was established to refer patients (texts are available under box 1 of method section). Clarification of the concern of the reviewer has been made in 2nd paragraph of the heading ‘perceptions of service providers about model clinics’.

12. Perceptions of service providers about model clinics: please correct the grammatical errors.

**Response:** Correction has been made.

15. Discussion: 7th paragraph- “Although neither scalability nor sustainability was formally assessed, a number of factors suggest that the models are in fact both scalable and sustainable”. Please specify what are the factors.

**Response:** The factors have been specified in the paragraph.

16. Discussion The last sentence of the 7th paragraph is not clear. Discretionary revisions.

**Response:** Rephrased the sentence to make clear.

1. Methods: Two model clinics were “started” might be a better word that “implemented”.

**Response:** Replaced the word as suggested by the reviewer (last sentence of study design and study site of methods section).

2. Perceptions of service providers about model clinics: A general comment about this section: is there any difference between the services in model 1 and model 2 areas which is perceived by the street dwellers or other stakeholders? Different variables showed different trends in the two models, did the indepth interviews throw any light into the reasons for these differences?

**Response:** There was no difference between services in model 1 and model 2 areas. Box 1 and 2 in methods section described this. Our in-depth interviews did not throw any light into the reasons.

3. In the discussion, it would be better to have a better understanding of what would be implication of such an intervention for the Bangladesh public health sector as a whole.

**Response:** Addressed the suggestion in paragraph 8 of discussion section.
Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Response: Extensively edited the manuscript.

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.

Sincerely,

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