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

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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.)

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.

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

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.

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

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

Which is the agency conducting the intervention is not clear.

Model 1 section

Last line mentions ‘from different spots of that selected area’ – is the clinic mobile or
static?

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.

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?

As the evaluation presents findings only about those aged 15 years and above, were those
below that age provided services?
Sampling
Was any random selection method used for selecting the respondents or was every consecutive eligible person interviewed.

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.

The trend for sickness incidence and prevalence in a 15 day recall period are conflicting.

What is the explanation for that?

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.

Results and Discussion section
There is significant repetition in the results and discussion sections

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

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.
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.

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.

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