Reviewer's report

Title: Developing the National Community Health Assistant Strategy in Zambia: A Policy Analysis

Version: 2 Date: 3 March 2013

Reviewer: Helen Schneider

Reviewer's report:

This aim of this paper is presented in the abstract, and on page 7, as analysing how actors, contextual factors and the processes of shaped the course and content of the National Community Health Assistant Strategy in Zambia.

Unfortunately for the authors, I have come in as a second round reviewer, and am thus reviewing the paper as a whole, rather than only the revisions from the first version of the manuscript.

Major compulsory revisions

This is an interesting paper and provides valuable insights into the contemporary policy process on CHWs, and the factors driving it. I do not think, however, that in its current form, it delivers on its stated aim. As a policy analysis piece, I also think it falls short on several levels. Finally, I am not entirely sure of the underlying rationale or “problem” driving the analysis.

1. My main problem with the paper is that the authors do not show how “actors, contextual factors and the processes of producing its strategy shaped the course and content of the CHA policy”. Instead of a clear exposition of the agenda setting and policy formulation phases and the context, actors, and processes influencing this, the manuscript comes across as an evaluation of strengths and weaknesses of the policy content and process, as perceived by stakeholders interviewed. I would have expected the essence of the findings to thus consist of a “thick” description of: the policy context (which would include for example, the HR crisis, changing global attitudes and the emergence of international players such as GHWA etc.); the various actors both involved and affected at various stages (even if not all interviewed), from agenda setting to policy formulation to piloting of implementation, and their knowledge/attitudes/ power in relation to the policy. I’d want to know more about the Strategic Team, who was in this, who chaired, who coordinated and how they were appointed; and the processes involved in the agenda setting phases such as the situation analysis, negotiations with nursing bodies, participation in regional conferences, drawing in of evidence etc. The authors then need to show how all of the above shaped the actual content of the policy, and finally draw out the implications for the underlying problem or rationale of the paper.

2. As implied above, I would also separate out more clearly the phases of agenda setting, policy formulation and early implementation (piloting), and to
bear this in mind when describing context, actors and processes.

3. The underlying rationale or problem for the analysis this is not explicitly spelt out by the authors, but appears to be a mixture of:
   - demonstrating that “the policy making process is a complex and highly political process” (page 30)
   - highlighting the possible unintended consequences of certain policy designs (e.g. shift from volunteer to stipend)
   - identifying the implications of policy design, process and context for policy implementation.

Minor essential comments:

4. Abstract:
   - The background should state a purpose or rationale for the analysis
   - The findings section of the abstract should summarise the analysis of how the content of the strategy was shaped, as opposed to reporting stakeholder views on strengths and weaknesses
   - The conclusion should then speak back to the purpose/rationale.

5. Background:
   - Page 6, paragraph 2. Provide more detail on the current CHWs. Who they are, how they emerged and are deployed/employed, their major roles, the diversity of forms/titles, training, whether volunteer/remunerated, degree of linkage to the formal health system etc. For example, Zambia was quite influential in shaping global thinking on faith-based home based care programmes (Chikankata) – are these cadres still functioning and included in the definition of CHW? It is important to understand this to be able to interpret what the new policy is building upon – in other words the “path dependency” created by the history and profile of CHWs.
   - In both this and later sections, reference is made to the Strategic Team. I would keep this in capitals throughout the manuscript, so the reader is reminded that this is a specific body with a specific purpose being referred to, rather than a generic concept.

6. Conceptual framework: Figure 1 doesn’t add and could be deleted

7. Methodology:
   - Study design: case study is presented as the study design. What is the study a “case” of? A policy process on CHWs?
   - Data collection: indicate whether interviews were taped and transcribed
   - Informal discussions: perhaps better phrased as “participant observation”. What was the purpose of the Lusaka workshop? How did it relate to the CHA policy process?
   - Indicate when data were collected
- Data analysis: no reference is made to case study analysis processes

8. Findings: In addition to detailed comments provided earlier
- It is not clear who from within the Ministry drove the idea
- Surely the donors and GWHA were major stakeholders in the policy process if not in directly involved writing the policy?
- ZISSP: who funds this?
- On the limited participation: a situation analysis that obtains the views of “18 implementing partners and 76 CHWs” seems to me like fairly extensive consultation, even if they were not involved in the details of the design.
- The description of defining the CHA concept is very interesting and is an example of how professional actors exercised power and shaped the content of policy; and how a process of negotiation resulted in a compromise that enabled the policy process to move forwards (and incidentally, the creation of a somewhat ambiguous cadre that is somewhere between a classic lay health worker and a mid-level worker). However, this is not presented as an example of power or process.
- Page 22: last para. The quote should presumably read: “…a career path has not been set…”

9. Discussion:
- I would review the discussion section as a whole in the light of the overall critiques of the paper, and the paper’s rationale
- Some of the material presented in this section e.g. reference to GHWA phoning the ministry on page 24 is of material significance, or the use of evidence, and should be presented in the findings section. Later in the discussion you point out that wide ranging consultation is recommended by GHWA – their practice seems in direct contradiction to their own guidelines!
- “Consultation” and “participation” are often presented as a neutral good in guidelines, whereas your study shows how in practice it is deployed strategically, in order to advance specific interests (e.g. donor conditionalities) or to ensure the formulation and implementation of policy (e.g. compromises with the nurses). This is an example of the political nature of the policy process.

**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