Author’s response to reviews

Title: Advancing the application of systems thinking in health: A realist evaluation of a capacity building programme for district managers in Tumkur, India

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Author’s response to reviews: see over
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To,
The Editor
Health Research Policy & Systems

Sir,

Sub: Authors response to reviewers’ comments for MS: 1127865214116161 Version 3 – "Advancing the application of systems thinking in health: A realist evaluation of a capacity building programme for district managers” dated 8 May 2014

We sincerely thank the reviewer for reviewing the revised manuscript and for their insightful comments. Based on the reviews, we have made some changes to the manuscript. All changes have been made in track-changes mode to enable editorial review of the changes.

The reviewer comments included only discretionary revisions; there were no major or minor revisions suggested. In this document, we have provided a description of how the reviewer comments have been addressed.

Please let us know in case any further clarifications are necessary.

Thanking you,
Yours truly,
N S Prashanth
Reviewer 1

The comments in my first review have been addressed. What remains can be classified as discreptional revisions for my additional comments on realist evaluations (RE) as it is presented.

I am not clear enough on all terminology and definitions within the methodology, but see a range of options for the scope, methods and tools for RE's. The specific case and situations to me become a setting for testing, weighing and discussing several of these options. In the process the case results do not stand out as very concrete for the future shaping of the program in question where choices still remain for what to give highest priority in the further shaping of the evaluated program. This is fine if it is clear that this is in fact a largely methodological paper that illustrates a quite full range of RE approaches. Some of the methods and the scope are a bit of an overkill, but this is of course a result of its own. If agreed this may need to be considered in the final version.

The above comment is also due to and observation of to me not fully consistent terminology in the various introductory and discussion sections and graphs. Internally the graphs paint a coherent picture, but I am not sure that I fully understand or agree with the face value of all the boxes and arrow links and directions.

We have further clarified the aim of the project and specified it in the abstract. The aim is to demonstrate the application of realist evaluation as a tool for explaining the diversity of changes seen in the case of complex interventions such as capacity building of district health managers. The utility of the results in the improvement of the programme itself was not explored in the present study. However, we have clarified that realist approaches indeed allow for this possibility if applied in that manner. This clarification is made on p. 28 under the Discussion section (highlighted). In response to the previous round of reviews as well as in response to this one, we have attempted to the best possible extent to review the sentence structure and the figures.

It is not all methods and tools that come out with results that are giving a convincing picture or are not open to more than one interpretation. However in RE it is the combination of them all that approach a realistic actionable result. Still looking at the quantitative results in e.g. the outlier Taluka choice and comparison they seem to in isolation violate considerations of quantitative result validity. Are we here caught between the two main qualitative or quantitative research paradigms? To me RE is really a more qualitative research approach and results are valid for the specific programs or settings in their own context in showing important processes toward achieving outcomes. Whether such outcomes materialize is less feasible to prove as the whole context and time factors can never be completely encompassed.
We have attempted to cover this under the *Limitations* section of the Manuscript. Indeed, such an evaluation can only be as comprehensive as the net cast by the researchers. In the quest for the best possible *post-hoc* explanation for change, a realist evaluation could strive to include as many possible elements from the context.

For example I am looking for some kind of hierarchy in context-environment-sociocultural factors. I am not completely sure what includes what. That people make the changes is true as they implement the program and follow or supplement processes, so they are not working in an open space situation. It is also important to know what is meant by people. I would rather say that it is the decided processes and the people involved in each of them that explain results. Depending on the guiding processes the people involved at each stage involves politicians, managers, health workers, users and the public at large. Therefore it is not clear everywhere which type of people that are involved.

In the context of the paper, “people” who make choices are the health managers who are *expected* to make new choices in response to the resources introduced into the system by the intervention. However, as is mentioned these new choices that they make (or do not make) are influenced by several factors in their immediate and distant environment. This has been clarified in this version by introducing new sentences and editing wherever “people” was mentioned without qualification.

**Do also check that the use of terms process and function is consistent.** We have reviewed all instances where *process* and *function* were used in the manuscript.

**Section 1.4 is fine, but I wonder if it could be split up and merged into the previous sections.**

Based on our response to other comments raised by reviewers in the first round, this section has been retained in order to set out the broad context for the application of realist evaluation in evaluating complex interventions.

**The nature of middle range theory could briefly be further explained in order to understand what is not guiding the paper.**

In section 1.4 (p.7), the use of middle range theory and programme theory in the context of this paper has been explained.

**Some places it is not completely clear if it is the Taluka or the district of same name which is meant.**

We have reviewed all instances where Tumkur has been used and clarified if we meant *taluka* or district.

**The use of the word efficacy seems to differ from the conventional use of effectiveness in ideal controlled (context independent) situations.** As used it looks more like a person level efficiency.
In this paper, the use of the term “self-efficacy” is indeed meant to be a person-level construct. Self-efficacy (along with organisational commitment) has been clearly defined and established as a “mechanism in human agency”, largely based on the works of Albert Bandura. It is understood to be the scope and extent of one’s belief of their ability to complete tasks and reach the set goals. It is in this sense that the term self-efficacy is used (and measured using the 10-item Bandura scale). This is described under the section data collection on p.13.

The paper must clarify whether outcomes such as still birth rates are facility based, community based or both and the consequences of differences in the chosen sites.
We have clarified this issue in a sentence inserted on p. 12. The possible consequences of these differences for the evaluation are already discussed in the last paragraph on p. 15. A sentence has also been added to further clarify the role of these varying outcomes for our evaluation.