Reviewer's report

**Title:** Partnering to proceed: scaling up adolescent sexual reproductive health programmes in Tanzania. Operational research into the factors that influenced local government uptake and implementation.

**Version:** 2  **Date:** 13 December 2009

**Reviewer:** Jim Todd

**Reviewer's report:**

This is a brave paper, that attempts to explain some of the constraints in scaling up interventions from clinical trials. These issues could, and should, be discussed at the planning stage of the research, but it is good to see this debate at this time. The question of how research results can be scaled up is extremely important, and this is an area where more reports, and papers, are needed.

Adolescent sexual health programmes have been well funded by international donors mostly in response to the perceived threat of HIV to adolescents. Multi-sectoral collaboration has been encouraged in Tanzania, and this intervention brings together many different sectors in local government. But despite these push factors, this paper shows that the programme has not been integrated into local government activities. This is an important paper as it highlights the scale up of a programme is more than just a large-scale version of the original trial, and requires ownership and buy-in at many different levels. The methods used here are well described, and can be used by other projects wishing to scale up the results.

The manuscript is well written, and uses both quantitative, and qualitative data from several sources to make the point.

**Points for consideration (discretionary recommendations):**

**Authorship.** For a paper like this, which needs to bring in the views of donors, implementers from the NGO, and the local governments that will deliver the program in the future, I would have thought an author from the local governments would be beneficial and useful.

The MkV team trained an impressive number of teachers and health facility workers in ASRH education. It would be nice to have the views from LGA as to whether and when it would be possible to integrate this training into regular teacher training, and health worker training programmes in Tanzania? This would make the training more sustainable, more efficient, and less onerous, which in turn might improve the interaction with the district staff.

The results mention the mismatch in timetables, and the effect of delays in the project funds, but do not say what the financial mismatch might be. How much were the MkV funds compared to the district budget for education and health?
I would have liked to have seen more on the roles of local government officials, to see whether, and how, they would have taken on such an intervention. One of the quotes does indicate that districts thought they could take on the project, and role of TA, but it is unclear what the barriers were to them doing this when presented with the opportunity. More information on the interviews and meetings with the head of departments, CHAC, DACC and other district officials.

In the discussion, it would be good to have more on the role of the TA. It seems these are crucial to the success of this kind of scaling up, and yet initially they did not have terms of reference, or even specific training for the job. Reading between the lines it seems the success of the TA was not something that was initially seen in the NGO, and perhaps there were tensions between what the NGO wanted them to do, and what the districts would have liked to have done with the TA. I think this may need a little more development in the discussion.

The list of abbreviations at the end of the paper was very useful as there are a lot of acronyms, and it is nice to have these explained in one place. However some have been missed, eg RTS, TCHR (perhaps also AMREF and ASRH) and it would be good to have these listed in alphabetical order, or some other order which enables easy scanning. Perhaps having one abbreviation per line would also help when quickly scanning the list.

Table 2 has several training outcomes as Rate Ratios and 95% CI. While these are interesting, they don’t seem to be mentioned in the text, or given a reference where they can be looked up and more details found. The reader may be left puzzled as to how they were measured, what the favourable responses were, and the relevance of this to the bigger picture within the districts. These training outcomes might be removed, and/or referenced to papers which adequately describe the way they were conducted.

Minor essential revisions

Results: Financial integration. I wonder if the sentence “This together with the funding delays discussed above meant that the NGO could support District inclusion of MkV2 activities into districts annual plans prior to their submission for National level approval.” Should have been “could not” rather than “could”

Table 1 is unreadable at present, as several lines are over-printed on each other.

**Level of interest:** An article of outstanding merit and interest 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 have had no financial interest in this work, and have had no reimbursements from authors, or any organisation which has financial interest in the publication of this paper.

I am currently working with a different project within National Institute for Medical Research, Mwanza, Tanzania, and know the authors professionally.

I did work on the first Mema kwa Vijana study in 1997-2000, which was the trial that led on to the concept of the study reported in this paper.

I have no competing interests, either financial or non-financial, with this paper.