Reviewer’s report

Title: Depo-Provera: An Application of the AIDED Model

Version: 1 Date: 14 March 2013

Reviewer: Elena Lebetkin

Reviewer’s report:

Major Compulsory Revisions

1. The authors do not exhibit a sufficient understanding and knowledge of the literature on community based distribution of DMPA to appropriately investigate the application of the AIDED model. Please see the comments below for clarification.

2. Background, paragraph 1: You discuss community-based models of distribution throughout the paper. This is confusing as you are discussing applying the AIDED model for scale-up. It would make more sense if you referred to the community-based distribution of DMPA as just CBD of DMPA and then discussed how your sources followed the AIDED model.

3. Background, paragraph 2: I disagree with the author’s assessment that little is known about the process of moving from implementation to scaling up models of CBD of DMPA. There is a large body of literature (both peer reviewed and gray) that addresses the scale up of CBD of DMPA. There is a K4Health toolkit on community based access to injectables (CBA2I) that has extensive documentation - http://www.k4health.org/toolkits/cba2i. The page on scale-up (http://www.k4health.org/toolkits/cba2i/scale) has a link to resources on how to scale up as well as examples of successful scale up. Some of these sources were cited by the authors, others were not. I would particularly recommend the authors look at the annotated bibliography (http://www.k4health.org/toolkits/cba2i/scaling-annotated-bibliography ) on this website for additional publications that describe the scale-up of CBA2I.

4. Background, paragraph 2: Bangladesh is not included in the list of countries that have documented scale-up. The work of ICDDR,B on the Matlab Project is very well documented in the literature and is regularly cited as the first document case of not only CBD of DMPA, but also scaling up CBD of DMPA.

5. Background, paragraph 4: I disagree with the author’s statement that “none of the existing frameworks have proposed a theory of the interrelated actions important for scale up”. The authors cite ExpandNet (reference 16) as one of the models. ExpandNet’s own materials state: “Scaling up is portrayed as an open system of five elements that interact with one another: the innovation, the user organization, the environment, the resource team or organization and the scaling up strategy” (http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf).

6. Methods, paragraph 3: Clinic-based and community-based services are very
different especially when it comes to scale-up as the staff, supply chain, supervision, delivery, and other factors are totally different. As this article is focused on CBD of DMPA, please remove any clinic-based scale-up articles.

Minor Essential Revisions

1. Depo Provera is the brand name of the drug. Please refer to it as depot medroxyprogesterone acetate (DMPA).

2. Background, paragraph 1: The statement “the availability of any form of contraception, is novel” is too broad. You would be hard pressed to find a community that has no access to any form of contraception especially if you consider natural family planning methods.

3. Results, Assess section, Illustrative example paragraph: It’s called a “situation analysis” not “situational analysis”.

Discretionary Revisions

1. While I realize that the article 14 cited (Kaler A.) refers to Zimbabwe as Rhodesia, I would recommend referring to the country with the current name in your publication and putting Rhodesia in parentheses.

Level of interest: An article of limited interest

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.