Reviewer's report

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

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Reviewer: Shawn Malarcher

Reviewer's report:

The paper describes a systematic review of determinants of scaling up Depo-Provera in LMIC as a means to validate the AIDED model. The paper addresses a critical issue of importance for development – understanding characteristics of programs that facilitate or inhibit scale-up. The paper could be further strengthened by addressing the following issues:

Major Compulsory:
1. The paper seems to “bury the lead”. The background and abstract sections begin and spend a great deal of time describing CBD of DMPA. However, I believe the paper and the systematic review is intended to focus on the validation of the AIDED model. It seems to me the paper needs to invert the background section beginning with a discussion of AIDED and its relationship to other scale-up frameworks with more discussion of what the 5 components of the AIDED framework mean.
2. Why did the authors select scale-up of DMPA and how is scale-up defined by the authors? Did the scope or scale of the scale-up matter? Did it matter if the project focused on task shifting or if it was new introduction of the product?
3. Pg 5. Please explain what is meant by the 3 studies that did not meet the “definition of Depo-Provera”.
4. The authors chose to include projects which focused on scale-up of community-based provision as well as clinic-based provision. If the authors choose to retain this focus the background section and abstract should be revised to reflect the larger view of DMPA provision.
5. I would like to know more about the data extraction process. How did authors decide if a project had the characteristics of each component of not?

Discretionary
6. A great deal of effort was taken to describe the study design of each article used in the systematic review, but the study questions for these papers are unclear. The reader doesn’t have a sense of the scope, pace, or scale of the scale up. Also the paper seems to treat all projects as equal. Were some of the projects more or less successful? It would add credibility to your analysis if you found more of the AIDED characteristics in projects that scale-up faster, implemented at greater scale or were sustained over a longer period of time.

7. I challenge the notion that scale up of clinic based innovations is the same as
community based innovations. Clinical delivery is supported by the larger health system while community based provision functions as a quasi part of the system. I believe these are fundamentally differences and would like to see the analysis disaggregate by these types of scale-up to see if the authors’ assumption hold true.

**Level of interest:** An article of importance 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:**

No competing interests.