Reviewer’s report

Title: Implementing a provider-initiated testing and counselling (PITC) intervention in Cape Town, South Africa: A process evaluation using the Normalisation Process Model

Version: 1 Date: 15 March 2013

Reviewer: Catrin Evans

Reviewer’s report:

I very much enjoyed reading this paper which is very clear and well structured.

My comments fall mainly into the discretionary revisions category:

1. The paper is reporting data from 2006-2007. Can the authors provide some detail as to what the situation is now in S.Africa or within the intervention sites (with regard to PITC)?

2. Whilst I appreciate the value of applying the NPM as the analytical framework for understanding the intervention implementation, I do wonder whether this has meant that other, possibly equally illuminating, issues have not been elaborated or explored as much as they might have been. In particular, I think the data that the authors have presented on the nature, content and sequencing of the nursing consultation are very important – indeed, perhaps the most important, for the finding that testing uptake was still relatively low. Personally, I would like to see more consideration of the possible impact on client relationships and testing uptake as a result of the didactic and lengthy approach to communication and the awkward sequencing that was observed. The awkwardness of the consultation is perhaps similarly strongly linked to the tensions within the PITC policy which (at that time) required written consent and explanation – as well as to the need to fill a comparatively lengthy time lag whilst the rapid tests were reacting. It would be useful here to have more information on how the nurses were actually trained and how much of the training focused on communication and consultation skills rather than the technical aspects of PITC. The PITC policy enshrines an inherent tension between routine instructional care and a person centred ‘counselling’ approach – this tension is a challenge for many health professionals to navigate within a consultation. Likewise, it might be useful here to contextualise the data on PITC communication within the literature on consultation and communication in health care settings in sub-Saharan Africa more generally. I refer the authors to an interesting paper published recently in on-line format in the International Journal of Nursing Studies: Rethinking nursing care: An ethnographic approach to nurse–patient interaction in the context of a HIV prevention programme in rural Tanzania Bodil Bø Va# ga a,b,*, Karen Marie Moland c,d, Bjørg Evjen-Olsen c,e, Sebalda Charles Leshabari f, Astrid Blystad a,c

3. Was there any data on how patients experienced the PITC process or has this
been reported elsewhere? In terms of understanding the relatively low uptake of testing, does the patient perspective needs to feature somewhere in the NPM model?

**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