Author's response to reviews

Title: Health Facility Barriers to HIV Linkage and Retention in Western Kenya

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Version: 3 Date: 10 November 2014

Dear Editor,

We would like to thank the editors and reviewers for their insightful comments on the manuscript "Health Facility Barriers to HIV Linkage and Retention in Western Kenya" Based on the reviewers' comments the following amendments have been made on the manuscript. Reviewer’s comments are in bold and revisions made are presented under each comment. Changes have also been highlighted in the manuscript.

Reviewer's report 1
Title: Health Facility Barriers to HIV Linkage and Retention in Western Kenya
Version: 2 Date: 8 October 2014
Reviewer: Echezona Ezeanolue, MD, MPH
Overall: Well written, contributes new significant information to what is known about facility barriers.
Abstract: The presentation of the result in the abstract does not capture the essence of the study.
Suggestion: Re-word section to clearly identify the three basic elements:
1. Barriers to linkage,
2. Barriers to retention
3. Barriers common to both
Authors: The results section in the abstract has been revised and organized in the three section as suggested by the reviewer. It now reads ‘Salient barriers identified reflected on patients’ satisfaction with HIV care. Barriers unique to linkage were reported as quality of post-test counseling and coordination between HIV testing and care. Those unique to retention were frequency of clinic appointments, different appointments for mother and child, lack of HIV care for institutionalized populations including students and prisoners, lack of food support, and inconsistent linkage data. Barriers common to both linkage and retention included access to health facilities, stigma associated with health facilities, service efficiency, poor provider-patient interactions, and lack of patient incentives.’

Background: Well written and concise
Authors: No action needed

Methods: Clear and comprehensive
Authors: No action needed

Results: It would be helpful if the presentation of the result is organized under the three heading as suggested for abstract above and then sub-headings
Authors: This has been revised as suggested by the reviewer

Discussion: The discussion is quite long. Could be shortened
Authors: No action taken. We feel that the discussion addresses the various key components identified in the results section. Hence the length of the discussion section was guided by our findings.

Reviewer's 2 report
Title: Health Facility Barriers to HIV Linkage and Retention in Western Kenya
Version: 2 Date: 10 October 2014
Reviewer: Nkoli E Ezumah
Reviewer's report:
Title: Health Facility Barriers to HIV Linkage and Retention in Western Kenya
1. Is the question posed by the authors well defined?
No research questions were indicated but the findings are in consonance with the objective of the study.
Authors: The research questions is not explicitly stated but embedded in the introduction section that highlights the significance and purpose of the study.

2. Are the methods appropriate and well described?
The methods used are appropriate. The authors utilized a qualitative method and Focus Group Discussions and In-depth Interviews were instruments used in data collection. The participants were appropriately selected and details of their characteristics were presented in the appendix. The method of data analysis was
adequately explained.
Authors: No action needed

3. Are the data sound?
The data presented are sound.
Authors: No action needed

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
There is no evidence of data manipulation in the presentation.
Authors: No action needed

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes relevant standards for data reporting and deposition were met.
Authors: No action needed

6. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussions and conclusions are well balanced and are supported by the data presented. However the following corrections are necessary.
Author: The correction suggested by the reviewer has been addressed. These changes are specified in the minor revision section.

7. Are limitations of the work clearly stated?
The limitations are clearly stated. According to the authors since the study used a qualitative method based on a few communities the findings may not be generalized to the wider Kenyan populations.
Authors: No action needed

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
The authors had an up to date review of relevant literature on the subject of their study and adequately acknowledged the sources utilized.
Authors: No action needed

9. Do the title and abstract accurately convey what has been found?
A suitable title was utilized and the abstract reflects what was found in the study.
Authors: No action needed

10. Is the writing acceptable? The writing style is fair.
Authors: No action needed

Major Compulsory Revisions: NONE
Minor Essential Revisions
1. Key words:
(i) Add Barriers
Authors: Barriers has been added as a key word

2. Background:
1. There should be a definition/explanation of linkage and retention. It should not be assumed.
Authors: We have included the definition of linkage and retention in the background... ‘Linkage, the timely entry into HIV care following HIV diagnosis, is reported to be less than 50% while retention, the continuous engagement of patients in HIV care, has been shown to decrease from 86% at 12 months to 72% at 60 months [3, 7, 8].’

2. Editorial mistakes which need to be corrected.
(i) Line 4: have been noted should be replaced with has been noted
Authors: This has been revised as suggested by the reviewer

(ii) Line 22: Western of Kenya should read “western Kenya”
Authors: This has been revised as suggested by the reviewer and ‘of’ has been removed.

3 Methods
The following editorial mistakes needs to be corrected.
(i)Line 49: Privacy and confidentiality were assured not was assured
Authors: This has been revised by replacing ‘was’ with ‘were’

4. Results
The following corrections need to be effected.
(i) Line 81 : The caption should read Factors that were unique to linkage
Authors: This has been revised as suggested by the reviewer

(ii) Line 85: These was should be replaced with These were
Authors: This has been revised as suggested by the reviewer

(iii) Line 122 : from was repeated
Authors: No action taken because ‘from’ was not repeated. The word before ‘from’ is 'form'…. ‘transfer form from’

(iv) Line 167: The method of presenting the illustrative quotes was not clear. The salient findings should be specified before the corresponding quote is presented.
For example on line 167 frustration should have been identified as a factor affecting retention before the statement “ I can also add frustration...,”
Authors: No action taken...the frustrations the respondent was referring to was the inefficiencies of service delivery which includes clinic delays and long queues as evident in the manuscript.
(v) Lines 174-175: Omission: Lack of confidentiality (of was omitted)
Authors: This has been revised as suggested by the reviewer and the word ‘of’ has been included.

(vi) Line 189 -194: The issue raised is not just about communication dynamics but also depicts the negative attitude of caregivers to clients.
Authors: No action taken because we believe communication dynamics also captures attitudes/perceptions that are presented through words and actions. All these are part of the patient-provider interaction domain as highlighted in the manuscript.

(vii) Line 193: stupidity should be replaced with stupid
Authors: This has been revised as suggested by the reviewer.

(viii) Health providers should be replaced with health provider
Authors: This has been revised as suggested by the reviewer.

(ix) Line 208: Omission: “Another thing is that there…”
Authors: This has been revised as suggested by the reviewer.

5. Discussions
The following corrections are necessary.

(i) Line 272: highlighting should be replaced with highlighted
Authors: This has been revised as suggested by the reviewer.

(ii) Line 303: Omission: The articles the and to are omitted. “There is the need to redefine need …”
Authors: This has been revised as suggested by the reviewer by including the word ‘to’.

(iii) Line 328: Patients not Patient
Authors: This has been revised as suggested by the reviewer.

(iv) Line 333: influence not influences
Authors: This has been revised as suggested by the reviewer.

(v) Line 337: viewed a should read viewed as
Authors: This has been revised as suggested by the reviewer.

(vi) Line 338: HIV ; should be replaced with HIV, which is
Authors: This has been revised as suggested by the reviewer.

Discretionary Revisions:
None
Authors: No action needed
Reviewer's 3 report

Title: Health Facility Barriers to HIV Linkage and Retention in Western Kenya
Version:2 Date: 21 October 2014
Reviewer: Jane JM Macha
Reviewer's report:
Minor Essential Revisions

Background

Line 7-8: could you provide proportions, to indicate how low is the linkage and retention and any changes over time, you could also highlight (provide some figures if available...to make it more objective as this is the main issue of the paper?

Authors: This has been addressed by providing the statistics... ‘Linkage, the timely entry into HIV care following HIV diagnosis, is reported to be less than 50% while retention, the continuous engagement of patients in HIV care, has been shown to decrease from 86% at 12 months to 72% at 60 months [3, 7, 8].’

It will be good at the background to describe what is linkages and retention in the context of HIV

Authors: We have included the definition of linkage and retention in the background... ‘Linkage, the timely entry into HIV care following HIV diagnosis, is reported to be less than 50% while retention, the continuous engagement of patients in HIV care, has been shown to decrease from 86% at 12 months to 72% at 60 months [3, 7, 8].’

Methods

Data collection: what was the criteria for purposive sampling?
Authors: No action taken. Purposive sampling means that you specifically target
individuals who are of interest to your study. In the procedure section we highlight how we identified the study participants. Trained research assistants identified the target groups at AMPATH health facilities and informed them about the study. Health facilities in-charges assisted with contacting HIV patients who attended the AMPATH HIV clinics. Those willing to participate in the study were referred to research assistants who were stationed in private rooms. Oral consent was obtained from all participants. Oral consent was obtained from all participants.”

Study setting

Line 32: Satellite clinic, what are they? Are they similar to outreach clinics, explain what it is

Authors: This has been addressed by including outreach clinics in brackets to explain what satellite clinics means.

Target population

Line 38: Community Health Workers: there are different types of these commonly there are volunteers and paid CHW, need to describe

Action: This has been addressed by including the word volunteer to define the type of community health workers interviewed

Human subject protection

Line 48: indicate it was oral consent as you mentioned at line 60

Authors: This has been revised as suggested by the reviewer.

Line 50-51: Need to clarify, was it during the interview of FGD session, when you used the first name, at the moment the sentence is not clear

Authors: This has now been clarified and reads… ‘During all interview sessions first names were used to facilitate discussions.’

Study procedures

Line 52: A bit confusing ...maybe you need to rephrase the sentences to see the difference ........like showing that the study is nested in a bigger study and indicate why just few FGDs used in the analysis,

Authors: We have now provided an explanation of why we focused on the 17 FGDs...it now reads as follows…” We conducted a total of 16 in-depth interviews and 26 FGDs. However for this study we focused on 16 in-depth interviews and 17 FGDs comprising of an average of 7 participants per FGD that centered on structural barriers to HIV linkage and retention.”

Line 57: You said demographic characteristics were only collected in the FGD, you need to say that in this section

Authors: This has been revised as suggested by the reviewer and now reads… ‘In addition, basic socio-demographic information of age, gender, educational level and occupation was only collected for those who participated in the FGDs.’

Results
Could indicate whether the quotes of health workers were from the in-depth interview or FGD, these two methods could potentially generate different information, and indicate if there is a big different on the responses

Authors: This has been revised as suggested by the reviewer

Line 154: low staff to patient ratio_ can you provide the numbers to see how low it is either data from the study or general data in the country, it might make more sense.

Authors: We did not collect this information and therefore cannot provide this data…this statement was based on the analysis of quotes from those we interviewed In our study limitation we state that our findings mainly represented the views of communities who were studied and therefore limited to their perceptions about AMPATH health facilities.

Line 175: Despite fear of disclosing patients information...........i am just wondering if the health facility physical structure were in a way that maintains confidentiality? could be of interest to add that information

Authors: Our analysis was based on reports made by those we interviewed and hence our findings are limited to this. We did not make any observations of the physical structure of the clinic and therefore cannot provide this information. In our study limitation we state that our findings mainly represented the views of communities who were studied and therefore limited to their perceptions about AMPATH health facilities.

HBCT: you need to spell this out i guess somewhere in the paper
This is spelled out in the introduction section…it is in the first sentence of paragraph one.

Discussion
HIV is a sensitive topic, getting consent might be challenges, could you highlight how the process of was getting consent to HIV patients was? and in case of problems how did you deal with them and the limitations.

Authors: Health facilities in-charges assisted with contacting HIV patients who attended the AMPATH HIV clinics. Those willing to participate in the study were referred to research assistants who were stationed in private rooms. This statement has now been included in the study procedure section.

Level of interest: An article of outstanding merit and interest in its field
Authors: No action needed

Quality of written English: Acceptable
Authors: No action needed

Statistical review: No, the manuscript does not need to be seen by a statistician.
Authors: No action needed

Declaration of competing interests:
I declare that I have no competing interest
Authors: No action needed