Reviewer's report

Title: An assessment of the health managers and providers response to output-based aid (OBA) voucher program in Kenya: A qualitative study

Version: 2  Date: 31 December 2014

Reviewer: Ilana Ron Levey

Reviewer's report:

MAJOR COMPULSORY REVISIONS:

1. I would like to see a bit more of a nuanced discussion regarding the relationship between vouchers and the public sector in Kenya. I found this sentence (page 4) confusing: “The goal of OBA is often to increase access to and use of key services among the poor by subsidizing users with sufficient resources to enable them to purchase the service…” If these intended users have sufficient resources to either purchase healthcare or access the public sector for free, then why target OBA to those with resources as opposed to the poorest of the poor? Is there another utilization or healthcare preference dimension that vouchers are intending to address?

2. The methods section references that in-depth interviews were carried alongside “the population surveys” but we don’t learn at all what these surveys were for and how the qualitative data may be augmented or interpreted in conjunction with the quantitative data. I’d like to see a bit more discussion of how and why the 69 health managers were selected- what do they represent and what type of qualitative sampling strategy was employed (you may want to consult Michael Quinn Patton’s typology of qualitative sampling strategies for an overview). Great to see two researchers engaged in the coding to promote reliability!

3. After the IRB discussion on page 7, it is important to see an acknowledgement of whom funded this research and any potential conflicts of interest that the funding could entail (e.g., if the research was funded by the Government of Kenya.

4. I would recommend more clearly specifying in the methods section which types of health facilities were covered so that I can have more context when looking at the comparisons presented on page 7 (e.g., dispensary level vs. others). Also, it would be good to understand if the authors had hypotheses about the types of differences they might find- for instance, we see that there was better knowledge in the private and public sectors than the faith-based sectors. Is that surprising? Can the literature or background sections shed any light on how these different sectors might view OBA differently?

5. The paper would benefit greatly from more set-up and interpretation of the verbatim quotations used. They are powerful but we could benefit from my
analysis from the authors as to why we are highlighting the quotations that we are. Page 10 discussing the voucher program as a profitable business model does a good job at better integrating the quotations and providing more interpretation of what the primary data means and its implications for OBA.

6. There is no discussion of limitations. It is important to understand the limitations of the sample selected since the authors attempt to raise generalizable points in the discussion. We have no sense of how much variation is covered by the providers (e.g., should we expect that most of the providers would have had more positive experiences? Were providers nominated by health managers?). In addition, we don’t have a sense of any limitations in data collection itself. Did individuals refuse to participate?

MINOR ESSENTIAL REVISIONS:

1. Overall, the writing is clear but I found numerous typos and grammatical errors. For instance, the third sentence of page 4 reads “Results-based financing include…” instead of “includes.” Also, I would recommend standard parenthetical citations as opposed to endnotes. I prefer to see the authors and year of the work cited while reading the text, not having to flip to the end. Additionally, acronyms are not always introduced and spelled-out for their first time in the manuscript.

DISCRETIONARY REVISIONS:

1. I understand and agree with the point that most of the literature around vouchers is around both the cost-savings and changes in utilization as a result of OBA. Perspectives from service providers about their experiences in using these vouchers and how the presence of vouchers might change client flow and the provider care in facilities are valuable. Have the pilots referenced in page 5 (funded by KfW) done any monitoring or evaluation of how participating providers are responding to the vouchers in place since 2006? If so, I think it would be an interesting data point to integrate.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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.