Reviewer's report

Title: Facility assessment of primary care centers to assess preparedness to provide non-communicable disease services in Madhya Pradesh, India

Version: 2 Date: 28 August 2014

Reviewer: Anand Krishnan

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Major Comments:

1. Lack of Context: The main drawback of the paper is that it does not place the study in proper context. In the Global as well as National Monitoring Framework for NCDs in India, there is an indicator and a target for availability of essential technologies and medicines in primary health care in both public and Private health facilities and a target of 80% is set for it by 2025. There is no information on their current availability levels. If the work has to add to this critical gap, then it has to follow the definitions use by WHO and adapted by India.

2. Lack of clarity of guidelines used: In the paper it is not clear what guidelines have they taken. What was in IPHS guidelines, did they took it as it is If so; how did the PEN guidelines contribute to it. In the end also while we come to know of individual items, we do not get a full picture. Are these defined under NPCDCS, are there national treatment guidelines which support their decisions to deviate.

3. Tool Development: Authors need to describe the source tools in terms of applicability, completeness for this objective and its validity for setting. There is a WHO SARA (Service Availability and Readiness Assessment) Tool for such surveys. Was that used in tool development? Describe how you went about designing your questionnaire, was any pretesting done? Was a different questionnaire used for CHC officers? If not, why not? IPHS has separate standards for CHC.

4. Data Collection procedure: This is not a health facility survey in real sense and this has to be acknowledged and it does not actually measure current availability but perhaps a general sense of availability. The best method to achieve the stated objective would have been a facility survey. But medical officers’ interviews were taken as proxy for this purpose. Contrast and compare these two methods.

5. Two phases in the study: It is not clear why the authors expanded from 15 items in first phase to 36 items in the second phase. Could they not have asked the first phase participants to answer the other questions say on Phone or email as these are doctors with much better connectivity? This difference in two phases has resulted in serious difficulties in interpretation. What was the need for using two versions?
It is not clear why comparisons are warranted between CHCs and PHCs as the guidelines are different for them. It might be much better to compare the facilities in districts where NPCDCS has been launched (both CHCs and PHCs) with other districts to get a sense whether the program has made an impact in this regard.

Are nutritionists and physiotherapists expected to be present in PHCs or CHCs as a part of any national guidelines? Perhaps not, so why are they there in the checklist?

Both the sample size and sampling is convenient and the discussion has to address the implication.

Minor Comments:

Figure 3 can be deleted altogether or at best presented for HT and DM separately only.

The term ‘facilities’ is used to refer to PHCs and CHCs throughout the script, but it is also used to refer to items present in these facilities. Adopt a standard terminology.

Give an indication of the total number of PHCs and CHCs in the state and what proportion does your sample cover.

Were doctors from the same facility also present? And where both response included?

Whether any distinction was made for consumable and non-consumable items? For eg., drugs may be available at present but are they present most of the time? And a BP apparatus once available is taken to be present at all times,

Why not p value < 0.05?

**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:**

NONE except that one of the authors (SK) has been my student in the past.