Reviewer's report

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

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Reviewer: Upendra Bhojani

Reviewer's report:

I feel that authors have studied an important area in Indian context. It would be very helpful to understand how well health services are prepared to respond to NCDs as India is gearing to reorient/strengthen health services for NCD care. While I find the paper of importance in the field, I feel it needs some revision. Here are my comments.

Major compulsory revisions

1. The use of term "primary care" creates some confusion in this paper. In Indian context, what are referred as "community health centers" are meant to be organizations where five specialists are available and there is provision for in-patient care. They are routinely considered as first level of referral care. Authors include primary and community health centers in their study. In that context, authors need to clarify and make consistent use of the term "primary care". What do they mean by that? Are CHCs, primary care facilities? In theory, they are not but in practice, often they do (along with some referral care). Accordingly, titles needs revision and so is the text that use this term.

2. Introduction: Refer to debate in International Journal of Epidemiology triggered by a paper by Subramanian et al about distribution of CVDs among rich and poor in India. While poor are certainly more vulnerable, you need to be careful in passing statement regarding actual distribution of diseases/burden across socioeconomic groups.

3. Methods (Participants): It is better to provide total number of PHCs and CHCs in state, of which how many were invited for workshops/training, of which how many actually came, of which how many actually responded to assessments.

4. Methods: While assessing preparedness of PHCs and CHCs in delivering CVD care is very important at this stage in India, I do not understand why authors are comparing the two? As they describe, these are two different levels of healthcare facilities meant to have service provisions that are different and that assure continuum of care. In general, both not being adequately prepared is an important insight but what is the logic of comparing PHCs to CHCs? Need to clarify this.

5. There are too many figures. While Figure 1 is needed to give overall picture, others are either committed or moved to additional materials on journal site.
6. While authors mention that for reasons approved, ethics committee gave waiver for the "consent". However, it would be appropriate and fair for authors to describe what ethical concerns they anticipated and what measures that took to protect respondents.

7. Discussion: there is repetitions of results in this section that shall be avoided. It is advisable to limit the discussion sections around the findings: what are implications (in this case, on healthcare services and their future planning/strengthening). That would bring focus in this section. For example, data does not say anything about referral system so why to make recommendations on that in this paper (5th para), general statements on how disease-condition specific initiatives improves health services (3rd para) - this indeed is important to discuss but authors' stand is debatable. There is a lot of literature demonstrating how disease-condition specific initiatives could harm general health services by drawing resources, creating vertical administrative structures and further fragmenting services. At the same time, these could be entry points to strengthen routine health services. So good to reflect on how CVD/NCD programs might impact routine health services. This section needs overhaul - minimise repeating results, develop focus by limiting and linking with findings, avoid generic statements, discuss limitations.

8. Some issues need to be mentioned in limitations part. Importantly, mere availability of medical equipments do not assure functionality. For example, glucometers need strips and both need to be available at same facility that in turn needs trained health worker at that place. The assessment (at least data provided in paper) does not necessarily reflect functionality for most parameters.

Minor essential revisions

1. The study is about assessing preparedness of health facilities largely for CVDs and also including some of its risk factors. Consider whether you would like to be specific in your title rather than saying NCDs. While care demands are same, the way authors have assessed preparedness (in terms of medical equipments, diagnostics, medications etc.), preparedness for NCDs becomes a larger scope than that of CVDs.

Discretionary revisions.

2. There needs to be careful editing of the manuscript (especially look for unnecessary capitalization, use of unnecessary short forms or short forms without expansion at its first use, use of different terms to mean the same thing, long sentences affecting clarity and readability, repetitions in text, inconsistency in citations (esp. in-text ones) etc.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests