Reviewer's report

Title: Structural inputs for integrating HIV services into routine antenatal care: A mixed methods facility assessment from Morogoro region, Tanzania

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Reviewer: Suzanne Kiwanuka

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REVIEWER COMMENTS: STRUCTURAL INPUTS FOR INTEGRATING HIV SERVICES INTO ROUTINE ANTENATAL CARE: A MIXED METHODS FACILITY ASSESSMENT FROM MOROGORO REGION TANZANIA

Is the question posed by the authors well defined?
The question is well defined although their background literature on integration types and processes could benefit from beefing up. What is written on integration is too generic (overarching statements).

2. Are the methods appropriate and well described?
Methods are appropriately describes however additional details (descriptors) about the health facilities could be provided eg how long have these facilities been in service, facility level, duration in HCT provision and integration? what is their catchment area? Some of this information could actually explain the skewness of human resources.

3. Are the data sound?
Data appear to be sound.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Figures appear to be genuine and are informative. Figure two has the bar for “antiseptics” under the availability of HIV drugs. This should be rectified.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Standards have been adhered to.

6. Are the discussion and conclusions well balanced and adequately supported by the data?
Discussion and conclusions are well presented however the authors fail to acknowledge that indeed facilities do reorganized services in order to achieve integration (according to their findings facilities schedule different days for different services in order to provide all services in human resource constrained settings) however this re-organization often in advertently defeats the purpose of integration because women do not attend services daily and may ultimately lose out on other services. This finding is key and should be discussed.

7. Are limitations of the work clearly stated?
Limitations are well stated.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   The authors acknowledge the work upon which they are building.

9. Do the title and abstract accurately convey what has been found?
   The abstract conclusion is too generic and does not specifically convey implications of findings. Findings such as low staffing, high workload leading to inadequate counseling messages, findings such as scheduling of activities on different days promote missed opportunities.

10. Is the writing acceptable?
    Writing is acceptable if fullstops placed before references are acceptable for the journal. This has been done consistently throughout the document.

Discretionary Revisions

More detail about integration in the background literature to capture an overall understanding of the concept particularly in HIV. A section on integration would be vital.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. figure 2 has not label and no key.
2.
3. Quotes on lines 282-286 and 294-295 should be separated from main text and italicized.
4.
5.
6. What do the authors mean by “in this foundation” line 70? Not clear needs clarity.
7. Fullstops before references should be corrected throughout the document unless this is the journal’s accepted format.
8. Consistent grammar (tenses, plural and singular errors) need to be noted as listed below
9. Line 63- lead not leads
10. Line 113 entails- not entailed
11. Line 121 delete one system
12. Line 155- five districts listed in the brackets but four mentioned in line 154
13. 155 what is the superscript I on kilosa indicating?
14. Line 177 were not was
15. Line 201 who not that
16. Lines 300-305 tenses should be consistent was not is and were not are
17. Line 324- use recall instead of name
18. 326- add percentage sign after 25.6
19. line 362 add the between infrastructure and observation and between about and adequacy
20. line 405-406 mentions a policy change regarding test kits but does not elucidate on it. Reader is left hanging. Should clarify.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. Some detail about the evolution of HIV treatment policies in Tanzania from opt in to current policy…the section from pg 3 line 94 to 99 leaves the reader hanging without the completion of this evolution alluded to on line 94
2. Give information about the participating facilities eg catchment, level, duration as ANC/HIV providers
3. Discussion should be structured according to framework used with clear subtitles for space, supplies and human resources. Clear implication of human resource shortages and how they lead to reorganization (scheduling different days for activities) need to be discussed because of its impact on integration and missed opportunities.
4. Why is skewness more of a concern than shortages? Could the skewness of HR be as a result of facility level/catvhemtnarea? Duration in service hence more workers. This cannot be deduced since no description is given of the facilities. If authors believe skewness is more important they should indicate why?

Level of interest: An article of importance in its field

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.