Author’s response to reviews

Title: Determinants of facility readiness for integration of family planning with HIV testing and counseling services: evidence from the Tanzania Service Provision Assessment Survey, 2014-2015.

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Author’s response to reviews:

Dear Editor-in-Chief,

BMC Health Services Research,

Dear Sir/Madam

We are writing to resubmit our revised manuscript titled, “Determinants of facility readiness for the integration of family planning with HIV testing and counseling services: evidence from the Tanzania Service Provision Assessment Survey, 2014-2015” by Bintabara, Nakamura and Seino.

We made extensive revisions by addressing all the comments raised by reviewers in line by line as shown below in this letter. Also we made effort to improve the quality of this manuscript by considering all suggestions and amendments proposed by reviewers. We are very grateful if you could accept our revised manuscript for publication in your Journal of BMC Health Services Research.

We appreciate your time and look forward to your response.

With my best regards,

Keiko Nakamura, MD, PhD

Professor, Department of Global Health Entrepreneurship
Tokyo Medical and Dental University

Reviewer 1
Comment 1: I recommend proof reading for grammar for example page 6 line 17 the word uncertain and known do not seem to belong together.

--- Response: The manuscript was thoroughly proofread by an English editor and grammatical errors were corrected.

Comment 2: Page 15, line 12 the word different should read difference.

--- Response: The sentence has been revised and corrected the word “different” has been replaced by “difference”, page 19, line1.

Comment 3: Page 16 line 1 staffs should read staff

--- Response: The sentence has been revised and corrected. The word “staffs” has been replaced by “staff”, page 20, line 3.

Comment 4: Page 16, line 14 similar finding should be similar findings.

--- Response: The sentence has been revised and corrected. The word “finding” has been replaced by “findings”, page 20, line 7.

Reviewer 2

General comments

1. Proofread and remove typographical errors throughout

2. All listed references are incorrectly referenced, with for example the string [internet] appearing and not able to differentiate between reports and journal articles. Kindly use reference management software to help tidy them up or a guide.

3. What are the limitations of this study?

--- Response on general comments

1. The manuscript was thoroughly proofread by an English editor again and typographical errors has been removed in the revised manuscripts.

2. References have been thoroughly corrected according to the reviewer's suggestion and the guideline, pages 24-36.

3. According to the reviewer’s comment regarding limitation of the study. We included the limitations of the study, page 21, line 1-6.
Minor comments

Background

Comment 1: The authors weave between SSA and Tanzania and it is difficult to follow which section refers to what (Tanzania or SSA?) Systematically arranged background starting with a global or SSA picture before narrowing it to Tanzania would provide better format.

--- Response: The background section has been revised and amendments made as suggested by the reviewer’s comment and the revised version has been systematically arranged, page 4, line 3-9, line 20-23; page 5, line 1-7.

Comment 2: It would be helpful to include a brief summary on the levels of health facilities, ownership and type of services provided to better contextualise the Tanzania health system. For example, what is the difference between a clinic, health centre and a dispensary?

--- Response: As suggested by the reviewer’s comment a brief summary on the levels of health facilities and type of services provided as per the Tanzania context has been inserted, on page 6, line 1-11.

Comment 3: Page 4, lines 12-16, reports UNAIDS 2012 estimates, however from the report, the estimates were 35.3m adults and children living with HIV in SSA. Please cross-check that correct /more recent estimates are given. Also, it would be important to include the date/year of this data estimates.

--- Response: According to the reviewer’s comment, we made amendments by using the estimates from current reports and references, page 4, line 3-6.

Comment 4: Page 4 lines 26-30, you state that FP is one of the comprehensive strategies for PMTCT. Although this is true in situations of unintended pregnancies, it is not when HIV+ couples desire to have children.

--- Response: According to the reviewer’s comment, we revised that sentence and made amendments, page 4, line 23 to page 5, line 1-3.

Comment 5: Page 4, lines 31-39, what is the SSA average in terms of FP use and fertility rate? This would give us a good comparison to see where on the spectrum Tanzania lies.

--- Response: According to the reviewer’s comment, we revised that sentence and made amendments by including the average statistics for Africa to make an easier comparison with Tanzania statistics, page 5, line 3-7.

Comment 6: Page 4, lines 54-58, you state that...unintended pregnancies remain alarmingly high...where? Tanzania? SSA? Globally? Any supporting data?
--- Response: According to the reviewer’s comment, we revised that sentence and made amendments to make sentence clearly address the topic concerned, page 4, line 14-16.

Comment 7: Page 5, lines 11-20, ...had separate funding streams... who was providing this funding and when is this previously? Year?

--- Response: According to the reviewer’s comment, we revised that sentence and made amendments to make the sentence clearer, page 5, line 8-9.

Comment 8: Page 5, lines 51-56 Integration of FP and HTC in Tanzania, who introduced it? This is because you then state that the government responded by revising.... Which implies that it was not the government that introduced this FP-HTC integration? Please provide clarity in the writing. Also Capitalise abbreviations of each first letter e.g. FRIFHS.

--- Response: According to the reviewer’s comment, we revised that sentence to make clear, the revised sentence explains that the government as the one who introduced the integration of FP and HTC, page 6, line 12-13.

Comment 9: Page 6, First paragraph continuation from Page 5. What is the importance of single mention of HIV in FP policies and vice versa? Despite this effort....what effort?

--- Response: According to the reviewer’s comment, we revised those sentences and made amendments for easier understanding, page 6, line 14-16 and line 17-18.

Comment 10: Page 6, line 11/20 Most of the writing here is unclear as concepts are not clearly described or discussed..e.g ..line 16/17.

--- Response: According to the reviewer’s comment, we revised those sentences and made amendments to make them clearer, page 6, line 21-23

Methods

Comment 1: Data: Who commissioned the Tanzania SPA survey? Which body conducted this data, funding? How often is this SPA survey conducted? When exactly was the data collected?

--- Response: We revised the data source section and made amendments as suggested by the reviewer in order to provide clear information regarding this section, page 8, line 4-10. Also, information on when data was collected was added under the Data Collection sub-section, page 9, and line 1-9.

Comment 2: Sampling: How was the sample size reached? What selection was used? Was it random? or was is purposive for example based on reach?

--- Response: According to the reviewer’s comments, we revised the Sampling section and made amendments, in the Sample Size and Sampling Procedure sub-section, page 8, line 18-20, line 22 and page 9, line 1-2.
Comment 3: Sampling: How did you gain access to this data/dataset? I notice you do talk about this briefly at the end, but it is important that it is included in your methods.

--- Response: According to the reviewer’s comment, we made amendments in the Methods section by inserting the sentences that explain how the access of data was achieved in the Data Processing and Management sub-section, page 9, line 12-15.

Comment 4: The methods section is underdeveloped as it does not give any information on how data was managed. Would be important to answer some questions like: How was the data managed? When you got access to the dataset, what did you do with it? any data cleaning? weighting? I do not seem to find that detail. Was the dataset complete? How was missing data handled?

--- Response: We made amendments by inserting the Data Processing and Management as sub-section under the Methods section which explain in details those comments raised by the reviewer, page 9, line 11-23 and page 10, line 1-6.

Comment 5: Measurement of variables. This is a long winded description of the variables which would benefit from being summarised into a table for ease of comprehension and reference.e.g.

<table>
<thead>
<tr>
<th>Domain Indicators</th>
<th>Measurement</th>
<th>Score</th>
</tr>
</thead>
</table>

--- Response: According to the reviewer’s suggestion, we made amendments by creating a table to summarize the information regarding measurement of outcome variable, page 12, line 3 and Supplementary Table 1 on page 40.

Comment 6: Page 10, How frequent are the routine management meetings? monthly? weekly? quarterly?

--- Response: According to the reviewer’s comment, we revised the sentences and made amendments for easier understanding, under Independent Variables sub-section, page 12, line 7-10.

Comment 7: Page 10, lines 14-24. How were facilities scored if the staff was trained in HTC but not FP or vice versa?

--- Response: According to reviewer’s the comment, we revised the sentences and made amendments for easier understanding under the Independent Variables sub-section, page 12, line 13-15.

Comment 8: Page 10, What is the disaggregation by health professional cadre? This is especially important in ability to offer FP services like LARCs which would need to be provided by a senior health professional (Medical Doctor, Gynaecologist). Does this training refer to additional on-job training or does it also take into consideration their cadres?
--- Response: According to the reviewer’s comment, we decided to define the term “staff trained” under Operational Definition sub-section, page 10, line 10-12.

Results

Comment 1: You report on 1,188 but you earlier stated that ...a sample of 1,200 health facilities participated. Where are the 12 missing and why have they been dropped?

--- Response: According to the reviewer’s comment, we revised the Sampling section and made amendments that explain how the sample size of 1,188 was reached page 8, line 17-19, line 22 and page 9, line 1-2.

Comment 2: Paragraph 1 of results, would be good to refer to Table 1 in the first sentence as it makes it easier to follow.

--- Response: According to the reviewer’s comment, we revised the paragraph 1 in the Results section and made amendments, page 14, line 3-4.

Comment 3: Paragraph 2 (lines 53) Among all health facilities in Tanzania. Do you want to say that the 1,188 reported here is the total number of all health facilities in Tanzania?

You mention "Among all..." in all the subsequent paragraphs, but this number is not all the health facilities in Tanzania, as you have first and foremost already dropped 12 from the sample. Please write in reference to the study sample or included studies.

--- Response: According to the reviewer’s comments, we revised paragraph 2 in Results section and made amendments, page 14, line 14-23 and page 15, line 1-2.

Comment 4: Page 12: Determinants of FRIFHS

It would be good to have a table showing the regressions and p-values before modelling to help reader make quick reference (crude Odds ratios and their p-values), preferably in standard table of reporting.

--- Response: According to the reviewer’s comment, we revised that sub-section and its corresponding Table 3 to show the P values, page 15, line 7-10 and Table 3.

Comment 5: Table 2 legend says n and % do not add up to 1,188 and 100. Why wasn't weighting or data cleaning conducted to take care of this? There are several ways to handle this to ensure correct reference (100%).

--- Response: The variables in the table are independent from one another. Legend of Table 2 was deleted as it was not relevant to this table.

Discussion
Comment 1: Page 13, Line 33/34 you say....probably the first. Is it the first study or not? Say what it is exactly.

--- Response: According to the reviewer’s comment, we revised that sentence, page 17, line 3-5.

Comment 2: Page 13, line 58. Reference to study in Uganda, but do not give the % readiness found in the Uganda study to give an immediate comparison.

--- Response: According to the reviewer’s comment, we revised that sentence to show the % readiness found in the Uganda study to give an immediate comparison, page 17, line 12-15.

Comment 3: Page 14, lines 14-44. You keep mentioning "public health facilities owned by the government”. Aren't all public health facilities owned by government- which makes them public?

--- Response: We revised that sentence, page 17, line 22-23.

Comment 4: Also you state (lines 26/27) quality care of services....Did you measure quality in this study? How is integration equivalent to quality? what is the measure of quality?

--- Response: According to the reviewer’s comment, we revised that sentence and deleted the word "quality" throughout the Discussion section.

Comment 5: The argument in lines 31-35. Could integration be a factor of government policy, such that public facilities are mandated to provide this and not private facilities? Also what does the level of investment in private health facility business play in the number and quality of services they are able to provide? Does the government offer subsidies? If not, could the fact that these services are free in government facilities reduce demand in the private sector and therefore not a worthwhile investment?

--- Response: According to reviewer’s comment, we added discussion on reasons why public facility were more likely to integrate FP with HTC services, page 18, line 4-10.

Comment 6: Lines 6/7, again you mention quality of services, how did you measure quality? Could regular meetings instead be another form of monitoring that staff are doing their job?

--- Response: According to the reviewer’s comment, we revised the Discussion section regarding routine management meetings and made amendment so that the sentence looks clear to the readers about these meetings, page 19, line 1-5.

Comment 7: You refer to other studies, but do not say what these studies found and readers are not able to make an immediate comparison with this current study. E.g Kenya study (ref 54), Uganda study (ref 58), etc.

--- Response: According to the reviewer’s comment, we revised the Discussion section and provide the results from the studies used to compare with our findings, page 17, line 12-15.
Comment 8: Can you discuss the cadre of health professionals and effect on being able to deliver FP or other services without need for additional training for example?

--- Response: According to the reviewer’s comment, we revised the discussion section and made some amendments to explain the cadres of health professionals and their role in provision of FP and HTC, page 19, line 16-20.

Comment 9: Page 18, Abbreviations

Abbreviated words should be in Capital letter words. e.g World Health Organisation and not World health organization. Please correct all these in your document and on this list.

--- Response: According to the reviewer’s comment, we revised the abbreviations and made amendments, page 21, line 19-22 and page 22, line 1-2.

Comment 10: Page 1: Ethics

You state that informed consent was requested.....was this for this secondary data analysis or for the original study? This needs to be clear and preferably reported under methods.

--- Response: According to the reviewer’s comment, we made amendments by inserting the sub-section explaining an ethical clearance and informed consent for the original study under Ethical Considerations, page 13, line 14-21.

Comment 11: Availability of data and materials

Did you generate datasets or you used already available dataset?

--- Response: We used already available data set of Tanzania SPA and generated “FP service readiness index” and “HTC service readiness index” for this study. Page 22, line 12-15.

Comment 12: References

All references need to be revised into a proper format and not generic referencing.

--- Response: According to the reviewer’s comment, all references have been revised and corrected.