Reviewer's report

**Title:** Using a human resource management approach to support community health workers: experiences from five African countries

**Version:** 2  **Date:** 18 January 2015

**Reviewer:** Maryse Kok

**Reviewer's report:**

Major compulsory revisions

1. In the abstract, methods section you write that the case studies were conducted to provide “an in-depth understanding of the practices for supporting and managing CHWs from a multi-actor perspective”. In the Background section you call it “rapid case studies” and in the discussion section you state that the “speed and breadth was at the expense of the detail”. Indeed, I have the feeling that there is no in-depth analysis presented, possibly the text might have to change in the abstract section. It also makes me wonder what this study was aiming for: in the background you indicate the information was needed to inform managers on how to use CHWs more effectively in their programmes. I would like more information. Why did you choose for a rapid assessment in the 5 countries? Was it to obtain information for further improvements of the CHW programmes in the specific countries? Looking at the increasing availability of CHW studies on HRM and performance, why did you expect different information coming from your study by choosing a rapid assessment? Why was this suitable in this particular case?

2. You state that the HR outcomes vary per context, but I miss an analysis on the main factors contributing to these variations in outcomes. Or, maybe on the basis of your research, you cannot point out what the main factors are. The added value of having a multiple country study could be to learn why in different context things are playing out differently. I think this possible advantage is not sufficiently explored.

3. In the abstract, you say: “Frontline supervisors, such as health centre nurses and senior CHWs play a major role in the management of CHWs, and are central to the implementation of HRM practices”. Was this a finding? From the literature? Did different respondents say this? Generally in the main document as well, it is not always clear if findings are shared by different types of respondents. It’s also interesting to know if there were differences in opinions between different types of respondents.

4. You use HRM practices and HR practices throughout the text. I found that quite confusing and I don’t understand the difference very well from your text. Related to this, are HR outcomes the same as HRM outcomes?

5. Methods: HR outcomes were measured. How were these outcome measured? I assume they were explored by asking the respondents about it?
6. Methods - data analysis: framework approach. Do I understand correctly that figure 2 formed the basic framework? If yes, could you indicate that in the text?

7. In the results section you cover the characteristics of CHWs, as this may help to understand why HRM practices may or may not work. This is interesting. I think you don’t come back to this in the discussion section. Does this mean that you cannot draw conclusions regarding this based on your study?

8. Results – HRM practice: performance management. Lack of equipment, drugs and materials (also in table 5) were limiting performance as expected. However, is this related to HR(M) practices or are these more preconditions?

9. In the discussion section, I miss some discussion on the findings related to (the many) other studies that are available around this topic. What does this paper add to what is already known?

Minor essential revisions

10. In the abstract, methods: two times Senegal and Zimbabwe not stated.

11. In the abstract and the main text, many results are presented in the present tense, which makes the reader feel like the presented is true generally for the whole country, somehow. You might consider to put findings in the past tense.

12. Please spell out MGD at first use in background section.

13. Background section 2nd paragraph: “formal” instead of “forma”.

14. Results – HRM practices: recruitment and selection. In one of the quotes VHT is used but the abbreviation is not explained in the text.

15. Figure 3: first category: presented a little bit in a confusing way, what applies to which country. Second category: what is “O’levels”? The last category: I think “Impact” is not the right word here.

Discretionary revisions

16. Community’s role in management of CHWs: this comes back several times. I wonder if this is the right terminology. What is meant by management? Community monitoring might be more appropriate.

17. Results – what does a CHW do: you mention the provision of formal health services here, furthermore health promotion or distribution of health goods; and community organization. Is there any reason why the first category is formal and the other 2 not? Is the first category described in CHWs’ job descriptions and the others not? In table 3, it seems like all these tasks are executed by the CHWs in the 5 included countries. Is that the case?

18. Was the issue of dissatisfaction with incentives only in Zimbabwe? This seems so from the results section. Would be interesting to know and what made the Zimbabwe context different to the other contexts, as many countries are struggling with the incentives issue for CHWs.

19. Results – Who manages the CHWs? Health centre committees support was found to be minimal in many settings. Is there any further explanation why this
was the case? What can we learn from this?

20. Results – Who manages the CHWs? “Most of the supervision and management happens at the health centre level, where the chief nurses are responsible for supervising and managing the CHWs. They play an important role in the motivation and support of CHWs”: was this the case in all countries?

21. In the discussion section, you state that a HRM approach should be coordinated and joint management (between the 3 levels of “management”) is important. Although you indicate that it would be inappropriate to make recommendations about specific HR practices to support CHWs based on these case studies, the reader will wonder what this coordinated and joint management would look like. How can we assume that this is the right way to go? How would the 3 levels work together? In none of the countries this was the case. Do we know why?

**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:**

I declare that I have no competing interests