Author’s response to reviews

Title: Improving Local Health through Community Health Workers in Cambodia: Challenges and Solutions

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Author’s response to reviews:

Dear Reviewer,

Thank you for the suggested comments which have been taken on board and addressed throughout the article. As suggested a major revision has now been completed to reflect the valuable advice provided. I hope that you find the responses and the changes to the article satisfactory. We have highlighted in yellow the changes within the manuscript and below in bold are the responses to the reviewer suggestions. I thank you for your time and consideration.

Reviewer comments and author responses

Reviewer #2: This is an interesting paper about an emerging issue of importance in many low and middle income countries.

Page 2 line 26/27. Poor language use. A drive is not answered. Reword

I have changed the structure of the sentence and removed the word drive
Page 2, line 48. Need to clarify whether this is a national government policy or local policy or what?

Clarified that it is a national policy

Page 3, lines 1-3. The sentence about health inequalities needs re-consideration. Health inequalities are not caused by poverty, poor sanitation, malnutrition and lack of rural health infrastructure per se, but rather the unfair distribution of resources, services or access to services.

Changed sentence to reflect that it is a consequence of unfair distribution of resources

Page 3, lines 5-8. Needs rewording. Poorer than what or who? Need to be clear whether authors are comparing rural with urban or Cambodia on average compared to other parts of the world?

Changed this paragraph to reflect comparisons, which are regional and made clear when discussing rural areas.

Page 3, lines 22-27. Some comparative examples and references would be useful to help understand why this work requires a high level of public health skill and knowledge. Or just simply say that Box 1 describes the knowledge and skill required and avoid words like 'high' that require comparison - high compared to what?

Changed the wording to: Table 1 shows the variety and scope of skills and knowledge required to undertake the duties of a CHW in Cambodia.

Pages 3 & 4, Box 1. Inconsistent use of capitalisation. Please review all the terms in this box such as Oral and oral, the word zinc does not need to be capitalised.

Addressed capitalization in box 1

Pages 4 & 5 final paragraph, line 50 onwards - needs reworking to make it clearer exactly what the evidence says and which study is being referred to in relation to what is being claimed. Terms such as 'evidence also suggests that...' need to be avoided. What is the quality of this evidence? Is this just one small qualitative study or what? Several unsupported statements have
been made in this paragraph that need to be reviewed and clarified. The authors say the CHWs are active in communities. Does this mean all communities? A few? Most?

Re-structured the literature review section to make it more appropriate to the study and to address unsupported statements and have added detail to study size and area

General point - a couple of sentences in the introduction to give an overview of the CHW programme in Cambodia, including how it is organised and funded are needed to contextualise the research.

An overview has been added to the introduction section

Page 5, lines 22 - 24. This is not logical. Take care with language. CHWs are certainly not 'critical' to achievement of the SDGs, nor is critical appraisal of the programme.

This has now been reworded and repositioned into the introduction

Page 5. Need to say which ethics committee(s) gave approval for this study somewhere here, rather than later.

Ethics approval now stated in the second paragraph on the methods section

Page 5. Before discussing the focus groups and interview methods, need a bit of a brief overview of the rationale for the methodology chosen. Why focus groups? Why interviews? Why both? What do the authors hope to gain by doing both?

Added a paragraph to explain the chosen methodologies.

Page 6 - fist line in section on interviews. 'What it is like to be a CHW?' Is not a question. Reworded to: Interviews were semi-structured and included exploration of the roles, challenges and experiences of being a CHW in Cambodia.

Pages 5 & 6. Details of the sampling process should all come before discussion of the interviews. Remove reference to this from that section, and put into separate section. In this section, explain how participants for focus groups and interviews were selected in each case.
Participant selection process now in the second paragraph under methods.

Purposive sampling is non-representative, so remove any suggestion that it is. Not clear why this is called generic purposive sampling. This needs to be better supported or removed.

This is has been removed.

Page 6, line 29. Reference to transferability rather than representativeness might be more appropriate with qualitative research

Transferability now used instead of representative

Page 6, line 33. What is the purpose of the notes that were taken? Why take notes during the translation process? How were notes used?

This has now been explained as: The RAs interviewed ten CHWs in Khmer, which was translated into English during the interview to allow for timely responses by the UK researcher. The UK researcher recorded answers in written format during the process.

Page 6, What language were the interviews conducted in? Not clear at what point translation was required or used. How were translators trained? Quality assurance of training?

This has now been clarified that interviews were in Khmer and the training details of the RAs are now discussed in the second paragraph of the methods section.

Pages 7 onwards. Need more in-depth analysis of the data, with quotes used to support the analysis. The reader should not have to find the meaning in the quotes.

We have re-structured the findings into three main themes to maximize word use and improve understanding for the reader. We have also explained the meaning of the quotes.

Not clear how these five themes emerged? Did they come from the format of the questions, or emerge directly from the data?
Data from the flip charts and written answers to interviews were organised using open coding to identify themes and sub themes which were cross checked across interviews and focus groups to identify commonalities [51].

Page 8, lines 47 - 52. Sentence does not make sense, reword.

Page 8, line 56. Did all CHWs attend all training mentioned? Links back to previous comment about the need for an overview of the CHW programme somewhere in the introduction and this should include reference to training.

We have now added: CHWs training experiences and attendance varied as there is no structured training programme.

Page 12, lines 2-3. Refers to 'lack of a professional title and uniform further disempowers them in the eyes of the community'. No evidence provided to support this. Should be reported as something that the CHWs feel rather than fact. It has not come from the 'eyes of the community' so should not be reported as if it has.

This has now been reworded: Many CHWs feel disempowered by the lack of a professional title and uniform, which could validate them more to the community.

Page 12, Box 2. Similar to above. This is presented as if it comes from the voice of community members, but this is not really correct.

This has now been changed.

Page 14. discussion section. Reword first sentence, as doesn't make sense.

Next few sentences contain lots of unsubstantiated comments. Need much clearer reference back to literature.

Page 14 lines 40 onwards. Disappointing to see that what the CHWs say has been treated as if it is fact. Yes, indeed the challenges and solutions reported by the CHWs are interesting and they appear to demonstrate some insight into possible ways to improve their own effectiveness, but to
suggest that this leads to behaviour change and could improve health outcomes is a step too far. What the CHWs have reported needs to be discussed in light of evidence from literature. It does represent evidence, but only evidence of what the CHWs believe or have said. This does not represent evidence of what works and it is dangerous to suggest that it does or should be accepted as if it does. If the findings about challenges are similar to those found in other studies, that is good, but that provides evidence of what the CHWs think and should be presented in that way.

This has now been addressed and the discussion has been changed significantly to reflect this advice.

The challenges presented at the bottom of page 14, do not reflect those given in Box 2, so where do they come from?

This has now been addressed and the discussion has been changed significantly to reflect this advice.

Page 15, first paragraph. The research appears to support the WHO policy brief. Use of the word However, (line 3) suggests that the findings here oppose that view, but they do not. They appear to support it! This section is not clear. A section in the introduction to explain the nature of CHW programmes in Cambodia would help.

This has now been addressed and the discussion has been changed significantly to reflect this advice.

Page 15, second paragraph starting on line 24, reads more like an essay about primary health care and it is not clear how it relates to the specific findings from this study. Needs to be more clearly linked back to the findings and not go beyond them.

This has now been addressed and the discussion has been changed significantly to reflect this advice.

Page 16, second paragraph. Some of this should be in the introductory section and then in this section refer back and discuss the impact of a lack of training on ability to undertake CHW duties.
This has now been addressed and the discussion has been changed significantly to reflect this advice.

Page 17, section on participation. Need to refer more clearly back to theory. Clearly CHW opinions need to be considered, especially in relation to the practical aspects of any suggested solutions, but CHWs are not the experts in developing the evidence about what works. The difference between the professional role in finding the evidence, setting priorities and those of the CHW needs to be a lot clearer.

This has now been addressed and the discussion has been changed significantly to reflect the need to listen to CHWs through programme planning and implementation.

Page 17, section on conclusions. First sentence refers to CHWs being at risk, but at risk of what? The authors suggest that the current system leaves them vulnerable, but has not provided evidence that this is indeed the case. This final section is very muddled and reads more like the authors opinions rather than based on research findings. The authors refer to being better aligned, but why? Was this identified as a major problem? The conclusions need to be much more closely aligned with the research.

Again the conclusion has undergone alterations based on this valuable advice.

General point - inconsistent capitalisation used throughout. This needs to be consistent. Also, need consistent use of tense. At times, this changes.

We have addressed this and hope it is more satisfactory.

Also, what is the overarching aim of this paper? This needs greater clarity at the beginning and then ensure conclusions are written in the same terms as the aims.

This has been better linked between introduction, aims, and discussion.

Also results are provided together, was there any difference between findings from the interviews and the focus groups? Why do both?
An explanation that this was two separate studies should explain this better; the questions were different between the two groups and so not necessarily comparable but rather served to provide a greater picture of CHWs in Cambodia. The Focus group was for a malnutrition project and the interviews were part of a PhD study, but both groups highlighted similar findings that added to the identified themes. The only difference was in attrition rates but as this was not a feature in the paper and so is not highlighted.