Author’s response to reviews

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

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Version: 2 Date: 10 Jun 2017

Author’s response to reviews:

Thank you very much to both reviewers for the advice and recommended revisions. We have aimed to address these as much as possible and look forward to your response.

Reviewer #1: Major reviews:

Reviewer 1 appears to have read the initial article and not the revised version sent previously, however I have responded and updated the revised version in response.

- The Abstract Background refers the research identifies how a policy translates into practice. While the ambition is welcome, it must be acknowledged that policy implementation cannot really be evaluated with this study only. A complete set of evaluation with different stakeholders and using a whole range of approaches would be required to ensure this task is properly accomplished. The sentence is far from what is said in the Introduction text where it is said this study identifies how contextual factors influence the implementation of the policy.

The title has now been changed to reflect this (Improving Local Health through Community Health Workers in Cambodia: Challenges and Solutions) and the word Policy has been changed to CHW programmes in some areas to highlight that it is not a policy review.
- Abstract Conclusion repeat some of the Results that do not bring conclusion per se. Conclusion in the Abstract is lengthy and should be reviewed

The conclusion has been reviewed and shortened.

- The methods section does not provide full information on the context of research. It is not clear if it was taken to assess the policy as stated above or in the context of a specific program (as there is reference to a program to reduce child mortality).

The methods section has been altered to better explain the data collection process with the following: Qualitative methodology was used to capture the experiences of CHWs in Kratie and Mondulkiri provinces. This included two focus groups with CHWs in Mondulkiri as part of an under 5 malnutrition project, and ten semi-structured interviews in Kratie as part of a doctoral study. Although these were separate studies; they fulfilled the same research question and objectives regarding the role and function of CHWs.

Considerations for selection of CHW does not detail which programs were considered. As an example, Village Malaria Workers program has been described as a success model for malaria elimination in Cambodia but is not described if these particular program oriented CHW were included. Strongly suggest a review of Methods section providing further details:

- On the selection criteria for FGD and IDI participants and details on their characteristics

Village malaria workers were not included as part of the study, the following has been added to the methods to verify focus group participants: Focus group participants were government volunteer CHWs working as part of the Village Health Support Group initiative identified above and were selected by the Health Centre Chief based on their involvement with the malnutrition and doctoral project.

The following section in the methods explains the recruitment: CHWs associated with six health centres were selected in collaboration with the Operational District Director and Health Centre Chiefs based on their cultural (Muslim and Khmer communities), geographic (rural and town)
and environmental (surrounded by river or central land mass) differences to ensure a transferability was achieved as much as possible.

- IDI guidance. Only two questions are detailed? Were these the only ones used? Was the Interview guide done based on any other tool?

This has been rephrased: Interviews were semi-structured and included exploration of the roles, challenges and experiences of being a CHW in Cambodia.

- Not clear on the data analysis methods employed. While it is clearly stated Analysis was conducted using open coding to identify themes and sub themes which were cross checked across interviews and focus groups to identify commonalities, it is not clear which was done first and how it was done (by one researcher, all, done during IDI/FGD?)…

The following has been changed to explain who undertook the analysis: Data from the flip charts in the focus groups and written answers to interviews were analysed by the UK based researcher using open coding to identify themes and sub themes which were cross checked across interviews and focus groups to identify commonalities (Vaismorandi et al. 2013).

- On page 8, from line 47 onwards, it is not clear if the skills required were identified by CHW (expected in this section of the manuscript) or by the authors. If the latest, this should be a theme for discussion and not included here. If these were identified by the participants, then proper quotes should be added.

The knowledge and skills identified in Table 1 are from the community participation for health policy as stated in the table heading. The roles and responsibilities in the findings section were identified by the CHWs, the following has been added to clarify: CHWs identified a number of roles and responsibilities as part of their volunteer position.

- There is a lack of contradictory/reasoning argument throughout the manuscript. Most of the readings from the quotes are done without any contradictory argument which may be caused by: a) highly homogeneous sample of participants experiencing the same things (eg costs associated
with activities were described by all? No one saying it was OK?) b) small geographical implementation of the surveys (Kratie and Mondulkiri are relatively close and CHW programs may experience similar challenges), c) informant bias (towards preferences or the need to state things that they believe it may bring some benefit. it is common for participants to over state problems when they believe it can be another way to improve their lives, particularly among the most poor). d) researcher bias (towards the analysis based on pre conceived ideas/experiences. These kind of discussion should come up later in the manuscript to improve the reading of these findings.

The paper aims to provide the challenges and solutions of implementing health initiatives in rural communities from the perspective of the CHWs. One of the key conclusions is the need to recognise the voices of CHWs. Having re-positioned the study as suggested (not a whole policy review), it is hoped this is now clearer. The following has been added to help this understanding: The following discussion explores the challenges and solutions identified by CHWs in relation to literature, highlighting the importance of government ownership, identity, adequate training and resources. Finally, the need for CHWs to be consulted on programme planning and delivery is discussed.

Limitations

This study only presents the challenges and solutions as identified by CHWs and does not include that of other stakeholders. Also, the sample sizes are low and from only two provinces, other CHWs based in other provinces might have differing views. However, the study presents evidence that CHWs can identify challenges and propose workable solutions which have the potential to improve programme delivery. Finally, as this was a cross language study, some meaning might have been compromised in the translation process.

- In Discussion section, the first paragraph seems too ambitious for the Findings reported and the methodology used. While it is understandable to represent the Policy delivery as unstructured and reactive, it is, in my opinion, over use of findings to state a point. whereas opinions from other implementers (PHD, OD, Program leaders, NGO, …) are not considered in the research, there is not other point of view considered. A policy implementation viewed solely from the community side will always be limited and should be carefully seen. The manuscript jumps from a study using CHW to a policy implementation, which is not only not recommended but also not
possible. Recommended review of this paragraph to understand the research as an important part of policy implementation analysis but not as the whole policy implementation analysis.

See comments above

- There is no reference to limitations of the study: design, tools, bias… please check my previous points on this and reflect those and other potential limitations in the final manuscript.

Limitations section now added as identified above

Minor edits:

- In Results Section, all quotes should provide minimal info about the authors (minimum: age, gender, location and method of collection IDI/FGD) as some of the perceptions may be influenced by these factors.

These details are not included to ensure the CHWs remain anonymous.

- On page 7, line 20, the quote is too long and capturing too many elements. Recommended to reduce this quote to be better targeted to the subject. On line 34, not clear what: The main work I do right now is the media maternal and child health project. Is media here considered as a CHW work?

Quote now shortened. The quote of ‘the main work I do right now has been removed in the second revision as was no longer required.
- On page 8, what does it mean having time in the first sentence: Other motivations included building self-confidence, enjoyment, interest in health issues, improving knowledge about health and having time.

Please see revised version

- on Findings section, the Activities description is confusing and would benefit from a revision stating what activities are done by who and under which circumstances. It is not easily understandable what range of activities are done by the CHW participating in the study.

This has now been altered, please see new revised version

- Page 13, first lines: Several times, the idea of 'model families' or 'real life people' demonstrating how they made positive changes and how it affected them was considered a good idea. By CHW? Is it possible to add a quote to that?

The idea of ‘model families’ or ‘real life people’ demonstrating how they made positive changes and how it affected them is considered by several CHWs as a good idea.

There is no quote as this was part of the focus group discussion.

- In discussion section, there is no positive examples given about some CHW in Cambodia which may not capture the full reality of some government led programs implementation: Check Canavati et al. Malar J (2016) 15:282 for some ideas about training, planning and supervision.

It was hoped these references would provide that detail. ‘Ensuring a sustainable continuum of capacity development for CHWs through initial training followed by additional training, refresher courses, and regular supportive supervision has been highlighted as an essential

Reviewer #2: Line 36, page 2. Should be a full stop after communities. Then new sentence with comma after However ie ‘However, …’ Noted and changed

Line 5, page 3. Again, not good use of however. Needs to be a full stop before and comma after. Noted and changed

Line 52, page 4. Comma needed after improvements, noted and changed

Line 55, page 4. Probably should capitalise Western Pacific as it is the name of this region. Noted and changed

Line 1, page 5. Usually ageing in UK English is spelt with an e rather than aging which is used in America or Australia Noted and changed

Line 10, page 7. Again, need full stop before however and new sentence, with comma after the However, Noted and changed

Line 33, page 7. Spell out CPPH in full initially. Also remove inappropriate use of however on this line. Noted and changed

Line 38, page 7. come rather than comes Noted and changed

Line 22, page 8. Suggests rather than suggest Noted and changed
This section is now altered: Qualitative methodology was used to capture the experiences of CHWs in Kratie and Mondulkiri provinces. This included two focus groups with CHWs in Mondulkiri as part of an under 5 malnutrition project, and ten semi-structured interviews in Kratie as part of a doctoral study. Although these were separate studies; they fulfilled the same research question and objectives regarding the role and function of CHWs. The research team consisted of one UK based researcher and three Khmer research assistants (RA). The RAs were trained in qualitative interviewing and focus group techniques over a two-week period with opportunities to practice with fellow Khmer colleagues to gain feedback and confidence.

Inconsistent capitalisation throughout - especially in headings and the tables is still an issue and has not been corrected. Noted and changed
In methods section, need some detail about how and where translation was used, was the data analysed in language or transcribed and translated and then analysed? Is there a risk that some things were lost in translation?

This has been added to the limitations section and the word transcribed was added to the analysis section.

Line 23, page 11. This paragraph needs rewording. This is meant to be the findings, and should not be making recommendations. The quote that follows suggests something about the rewards that CHWs receive for encouraging mothers to attend the HC, but the words are about communication. It does not follow on or make sense. The quote should exemplify the findings. The reward element has been removed as it is not required

Is there a difference between a CHW and a VHSG? If so, make this clear, but if not, then use the same nomenclature throughout Noted and changed

Line 36, page 14, were rather than was. Also, 'lack of belief and respect of' does not sound right. Maybe lack of respect for would be better. There is quite a bit of repetition in this paragraph to the end of the page. Maybe try to condense this? Noted and changed

The final chapter on page 15 could do with some suitable quotes to support these arguments.

These arguments were part of the focus group discussions and so there are no suitable quotes.

Page 16. Solutions section. Need to make it clear that these are still the findings and that these are the views of the CHWs rather than established health promotion theory or fact.

The title of the table is changed and the wording has slightly changed to reflect that it is the opinion of the CHWs.
Discussion section - page 18. First line. Would displayed be better than portrayed? Remove used and have in this sentence, as they are unnecessary and cause confusion. Noted and changed

This discussion section is inadequate and needs far greater reference back to health promotion literature, theory and principles.

The focus of the paper is the views of CHWs and part of this was the identification of some skill gaps, namely health promotion and BCC. The skill gap is now discussed in greater detail, we hope this alleviates concerns in this area.

Line 50 onwards, Pages 18 - 21. These sections need to be reworded/rewritten. The overarching content is fine, but there are are lots of minor grammatical and punctuation errors and the language needs tidying and tightening.

The word 'however' is consistently used incorrectly. In most cases it need a full stop before, and a comma afterwards, but there are numerous incidences of this error that need to be corrected.

The above two comments have been noted and hopefully are now addressed to the required standard.