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:

Reviewer reports:

We would like to thank the authors for their ongoing comments which we have addressed. We now feel the paper has improved and that it is ready for publication.

Reviewer #2: This now read a lot better and good to see much more reference to evidence and best practice in current literature. Most of the errors highlighted previously have been amended. There are one or two minor errors with grammar/syntax that would benefit from correction.

Figure 1, is called Figure 2 at end? Check numbering. I have now corrected this, thank you.

Few minor suggestions. In the conclusions you refer to 'xxx should do xxx'. In general, would be better to rephrase to something like 'If government were to do xxx it would help xxx or improve xxx' and use evidence or literature to support this argument. Using the word should sounds a bit arrogant. I agree and have changed the conclusion to reflect this and have added some references. Thank you. Although you suggest that the CHWs provide practical solutions, most would cost quite a bit to implement, and would therefore not really be very practical or feasible. Might be useful to refer a bit more to cost effective solutions from elsewhere. This has been done in part, but maybe a bit more would be helpful for the reader. The focus is around
working with CHWs to identify sustainable solutions but we do recognise the importance of cost effectiveness. I have added the following: Although some of the solutions identified would have associated costs there are potential savings from implementing a more effective programme. A cost analysis of all interventions suggested by CHWs is recommended to ascertain feasibility and practicality.

Reviewer #3: General comments:

The authors provide a useful and relevant contribution to the field of research on community health workers and are to be complimented on a good writing. There is little published research on volunteers in Cambodia, so this is a needed addition. As a small qualitative research study, there are some key elements that need to be addressed in expanding and providing more detail for the Methods section. Additionally, it is crucial to address the specific study sites of Mondulkiri and Kratie which are atypical provinces and have political and economic context that needs to be provided to readers. We have added the following ‘Kratie and Mondulkiri provinces are mainly rural, experience greater socio-economic challenges and have higher maternal and child mortality rates in comparison to other provinces (Cambodia National Institute of Statistics et al. 2015).’ Finally the VHSG program, which is oddly referred to in the paper as the CHW program, This is to aid transferability of the research to the wider global community, as has been done by a number of authors from a variety of countries in the interest of shared learning. also has a political history which should be described and discussed for appropriate context, and this is missing. Some additional descriptions of history and context in Cambodia has been added. Given the complex geo-political issues in Cambodia, these last two points absolutely must be addressed for the paper to be appropriately considering the work of CHWs. The manuscript is unfortunately hampered by major omissions and these must be rectified prior to publication.

Specific comments:

Abstract

-Background only contains a few very vague sentences and could be improved. What has come before that led the researchers to carry out this study? It is not clear enough from the paragraph and should be made so. We have added a line to address this.
-Results paragraph ends in a strange sentence that is totally unclear to the reader: "CHWs suggest realistic practical solutions...This has been altered now to ‘When consulted, however, CHWs demonstrate their ability to develop realistic practical solutions to challenges and barriers.’

-Add a paragraph about Mondulkiri and Kratie as some of the most under-resourced areas and having some of the worst health outcomes in the country (the northeast in general being far behind). Serious geographic barriers exist to accessing health services and are likely a major impediment to the work of VHSGs. Furthermore, the road and transportation issues are severe! All of this must be discussed, as should the ethnic minority populations, language barriers for ethnic minorities, logging, borders etc. The following was added, however reference to languages and ethnic variations was not included as the CHWs engaged within this study were Khmer. I hope this adds enough context for the reader to understand and as there are references, additional information can be sought if necessary. ‘Kratie and Mondulkiri provinces are mainly rural, experience greater socio-economic challenges and have higher maternal and child mortality rates in comparison to other provinces [26]. Poor Infrastructure, including difficult roads and reduced access to clean water and nutritional food, present additional challenges to CHWs.’

-Add a sentence about the Pol Pot genocide and how it impacted the entire health system of the country, so that the reader understands more about the context. This now can be found in the added section ‘Cambodia’

-Add a paragraph about the political parties and history of the VHSGs beyond the CPPH. VHSGs may have political party affiliations or be related to village leaders, and this must be mentioned. These volunteers may not be as active. Male and female volunteers, young and old also are related to the activities. It is quite important to understand the different types of VHSGs and not to consider as a homogeneous group. As the focus of the article is current views of VHSGs and their ability to contribute solutions to improve health initiatives, it was not deemed necessary to include their political affiliation, however some additional socio-cultural information has been added. We hope this adds context for the reader.

-Table 1 is incorrectly identified as being "required" for VHSGs, but rather it is potential scope of work. This is an important distinction, and must be made clear. The word ‘potential’ has been added.
Methods

- Author needs to use the COREQ checklist and provide much more detail for this section to be acceptable.

- "qualitative methodology" is meaningless unless the author provides the specific school of thought and reference! that was used. It is absolutely required to reference a certain author or methodologist who's work guided this Reference now added.. What theory/theoretical orientation? This has now been added to the methods section. It is not acceptable to mention coding without stating what Type of coding was used and reference the author of the text/theory that was used. This has now been updated to include additional references and thematic coding.

- Having the Health Center Chief select VHSGs as participants would have undoubtedly biased the work and this possibility must be explicitly described in limitation or method section (why was this done? explain logistic or other rationale) An addition to the limitations section has been added.

- Tables 2 and 3 are very poorly formatted and severely lacking in required detail. Table 2 how many people were in each focus group? Must include a cell for each participant with exact age of each participant, where were they from what ethnicity, religion etc. Especially as ethnicity is a key factor in this region related to health equity. The tables include the numbers in the FGDs already and it was felt that exact ages were not required. Their religion and ethnicity for this study was not a key factor but rather the focus was on their experiences and perceptions of being a CHW. Formatting has been checked.

- Audio recording? Transcription? Additional information of recording has been added

- What are "flip charts" from the focus groups? This whole section is very poorly explained This has been added to and it is hoped is more clear.
Results

-Box 1 and Table 4 are very difficult to understand and poorly executed. It is hoped the text before and after the boxes and tables explain the information.

-Table 4 appears to be a listing generated by the Focus Groups, which calls into question whether any actual discussions were had by the focus groups, or whether they were directed to make a listing. The updated methods section now explains that the focus groups analysed their discussions in a participatory manner and then listed key points in the form of a list displayed here. Furthermore, the author's response to the reviewer that there are no quotes because it was an FGD is extremely confusing and calls into question the authors understanding of the methodology which frequently generates useful quotes in research. The additions to the methods section will hopefully now explain better, analysis was participatory during the focus groups and verified with participants.

Discussion

-Again, the geopolitical situation cannot be omitted from this section, especially in consideration of the results found in the study and the hindrances for CHW work. The Cambodia section should assist with this.