Author’s response to reviews

Title: HRH dimensions of Community Health Workers: A case study of rural Afghanistan

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Author’s response to reviews:

Editor's comments: We have invited a third reviewer and have sent the original submission. Please carefully read her comments and adapt those sections that have not yet been adapted.

Response: Thanks for your time. The new reviewer has provided some insightful feedback that we have addressed. Some of the comments were already addressed in the first revision.

Reviewer reports:

Reviewer #2: General comments: The manuscript has been improved and well edited. Most of the comments of the reviewer are incorporated. The introduction, methods, finding and the discussion sections are well connected. For the authors, Well done for the good work! For further improvement, the following comments and recommendations are provided to the authors:

Response: We thank you for your initial comments to improve the paper.

Objective: CHWs work as community volunteers until they are welling to continue. They are not supposed to have any career paths in the health system. It could be their wish to be educated and work as professional health workers; therefore, this is not considered as career paths. It could be considered as wish, hope, looking for opportunity for development etc, but not as career paths.

Response: We acknowledge that CHWs are volunteers, and volunteerism a nature of the program. The section on career path starts with younger CHW’s desire to progress in the field of health. The idea of ‘career path’ is an HRH aspect that we have attempted to explore.
Page 21 line 15: It is not necessary to mention the exact percentage in qualitative, better to remove 49%.

Response: It was not originally included, but the first reviewer had asked for it. We agree that it should be removed.

Page 22 line 17-19: It is a general statement "… compared to other health professionals who worked alone." It would be better not compare their working style as pairs with professionals; otherwise, the evidence and reference and specification are required.

Response: The sentence is revised to not make assumptions on the quality of their tasks, but the comparison of the type of task is a significant part of the study. Here is the revised sentence. “CHWs work in pairs providing a mix of many different services compared to other health professionals who worked alone.”

Page 22, line 42-48. The similarities of CHWs with professional health workers may create a confusion among readers. For example, the authors wrote: "keep an eye on pregnant women and sometimes help with their deliveries similar to a midwife" These similarities are misperception. Midwives don't help the deliveries sometimes, but always assist the deliveries. It would be better to highlight that the community members perceived some similarities between CHWs and professional health workers, and link the perceptions with the quotes.

Response: It is one of the findings from multiple sources (community members, CHWs, health managers) that some TBA-turned-CHWs still deliver babies in rural areas. And we agree that midwives always deliver babies. The term ‘sometimes’ refers to the frequency that some CHWs delivering babies, which is a task of midwives.

Page 25, line 21: the traditional health workers may be a common term, it is preferred to use the 'traditional healers' or 'traditional health practitioner/traditional practitioner. It needs to be consistent thought out the manuscript. Response: We have previously used ‘provider’, ‘practitioner’, but based on Reviewer#1’s comments, we have decided to use the phrase ‘traditional health workers’ to include all traditional workers, but specify 'religious healers', ‘hakimjis’, ‘TBA’, and ‘traditional healers’ when deemed necessary. For example, it is the TBA’s who attend deliveries, and hakimjis who prescribe herbs in Afghanistan.
Reviewer #3: Title

The title is not descriptive of the article. "Analyzing Community Health Workers from an HRH perspective: A case study of Afghanistan" - Although it states that the CHW were utilised through a HRH perspective. The HRH perspective is not clearly presented or reflected upon throughout the paper.

Response: In the revised version, we have defined HRH as we adopted in our study “The typical HRH focus is on professionally recognized health care providers, even though a broader definition of HRH includes all people whose primary goal is to improve health – a definition we adopt in our analysis.”, and presented the HRH dimensions we examined, “The specific HRH dimensions we examine focus on the (1) size and distribution, (2) skills, (3) relationship with other formal and informal health workforce, and (4) CHW career paths.”

- The article is also focused on rural area but its not reflected in the title. Response: the term ‘rural’ is added in the title.

Introduction

Overall the introduction presents important background information and definitions necessary for understanding the paper. However, some addition clarifications are needed. "Their training, supervision, remuneration and career path also varies considerably. Contextual factors including gender roles and norms also influence the CHW programs." I appreciate the authors attempt to present their information concisely. However these lines are vague and require additional clarification. -How do the training, supervision etc vary? Why is this important?

Response: Training, supervision, remuneration, and career paths are all HRH dimensions.

- How do gender roles and norms influence the CHW programs? Response: The referenced statement is made to acknowledge the importance of context in HRH. It is also related to our findings where we explain the way context influences HRH dimensions.

"There is also a lack of evidence on the size and distribution of CHWs and their relation to professionally regulated and recognized health workforce (such as physicians and nurses) and unregulated and unrecognized health workforce (such as traditional birth attendants and traditional healers), as CHWs often interact frequently with both."

- Why is the size and distribution of CHWs important?

Response: Size and distribution are major dimensions of HRH.
- Are the authors confident that there is no evidence on the size and distribution of CHWs?
Response: The phrase is removed, acknowledging the existence of literature on the size of distribution of CHWs.

- What is the relationship between the size and distribution of the CHW and the relationship between CHW and the recognised & unrecognised health force
Response: The phrase size and distribution is removed.

- Why is it important to address the relationship between CHWs and unrecognised health workforce?
Response: A statement is added to say why they are important, “This is perplexing as CHWs often interact frequently with both, and the interaction has impact on the tasks of CHWs.”

Context Background

The context background as presented by the authors does not justify the objective. "Our research objective in this paper is to describe and analyze how CHWs function as human resources for health in rural Afghanistan, and how are they linked with formal and informal HRH in the Afghan health system. We compare HRH dimensions of CHWs with other formally recognized HRH such as physicians and nurses, and the unrecognized workforce such as traditional birth attendants (TBAs) and traditional healers. We unpack issues of (1) size and distribution, (2) skills, (3) relationship with other formal and informal health workforce, and (4) career path."

- The research is focused in rural Afghanistan; this should be emphasized possibly in the article title and also through the introduction and background exchanged.
Response: Agreed and emphasized in the title, findings and discussion.

- It remains unclear why these 4 outcomes are the most important or their relationship to each other.
Response: These 4 dimensions of HRH are not explored previously. Other dimensions such as training and recruitment, task, supervision, and compensation are reported earlier (Najafizada et al., 2014).
The terminology has changed from recognised and unrecognised health workers to informal workforce. Response: Revised. The term recognize and unrecognized is used for workers, and formal and informal is used for the health system.

Methods

While the sample size is presented in table 1, it would help readability if there was some description of the sample within the text.

Response: Some description of the sample is provided in the results, and detailed information is provided in a previous paper (Najafizada et al., 2014).

Additional information on the sample is needed, what was the distribution of genders, age and other relevant socio-demographic data.

Response: The available details are reported in a previous paper (Najafizada et al. 2014).

The authors indicated that the research was conducted in Kabul. Why was this location chosen, what makes it an interesting choice for this research objective?

Response: Data was collected from four provinces, and the reason for sampling is detailed in the paper. “Participants were selected using stratified purposive sampling, a method that divides the population into separate subgroups, and then creates a sample by drawing subsamples from each of those subgroups. The population for this research was stratified hierarchically and horizontally (Table 1). Hierarchically, they were divided at policy level, management level, and community level. Horizontally, policymakers were stratified into government, international agencies and donor agencies; implementing organizations were stratified into international NGOs, national NGOs, and provincial health departments; and communities were stratified into less remote and high remote areas where the CHW program was implemented.”

Was one email sufficient in recruiting participants? Were follow-up emails sent? What proportion of interviews agreed to participate?

Response: Since purposive sampling was applied, keeping record of the proportion of non-participant was not necessary. Overall, 11 policymakers were participated (data provided in the table), and the reason for non-participation is provided.
- For managers recruited from implementing organizations how was "good knowledge of the program defined"?

Response: Rephrased as research was conducted, “who had experience of the implementation of the BPHS and the CHW program.”

- How many CHWs were contacted? How many agreed to participate?

Response: Revised to clarify. Only three CHWs did not participate stating ‘not interested and not available’.

- What was the recruitment process when the researcher and research assistant arrived in the community? How were the participants reached within the villages and communities?

Response: Revised to clarify. “…the researcher, accompanied by a female research assistant, travelled to villages where the program was active, visited the health posts where CHWs worked, explained the research to CHWs, obtained verbal or written consent, and conducted interviews. Female research assistant led the way when only female CHWs were present at the health post. All CHWs approached personally at the health posts agreed to participate.”

- Please provide more detail on what sort of questions were asked

Response: "Interviews and focus group guides probed for a number of facets of the CHW program, and included specific questions about the tasks of CHWs compared to other providers, the relationship of CHWs with other professional and traditional providers, and potential career paths for CHWs."

Results

Volunteer CHWs: the issue of size and distribution

- "Based on our findings, the 26,000 volunteer, trained CHWs are by far the largest health workforce in the country, with 7.43 CHWs (compared to 1.9 physicians) per 10,000 populations." How was this data obtained?

Response: Based on administrative datasets from the Ministry of Public Health.
The title of this section is not reflective of the results presented. The results deal with motivation of CHWs, perception of CHWs and reasons related to CHW attrition

Response: Detailed added on the issue of distribution:

“According to the BPHS policy, the catchment area for a health post was an average of 1250 persons (100 to 150 households). Our descriptive analysis of Ministry of Public Health’s administrative database shows that in 2012 only 6 provinces (out of 34) had reached the standard of 1 health post for 1250 people. And as many as 8 provinces had one health post for around 2500 persons.”

Titled revised to reflect the content: Volunteer CHWs: the issue of size, distribution, and motivation

Skill mix: CHWs unique combination of skills We found that the practical skills of CHWs are more than the sum of the tasks assigned to them.

- This sentence is vague and needs more explanation.

Response: The statement is revised and the following sentences and paragraphs reflects the outline statement of the section.

“We found that besides the assigned tasks CHWs had developed some practical skills to achieve the health outcomes in their communities.”

Team provider. CHWs work in teams of two and provide more comprehensive services compared to other health professionals who worked alone.

- Does the usage of health professionals here refer to other CHWs or midwives/doctors etc? If it refers to midwives/doctors please explain in additional detail how the provision of more comprehensive care was ascertained.

Response: Revised to clarify “CHWs work in pairs providing a mix of many different services compared to other health professionals who worked alone.” The details of the mix are provided in this section, and the shifted tasks and unique tasks.

"Noteworthy is that female CHWs were more active, as they were ascribed the majority of the tasks related to maternal and child health, which was the focus of the overall CHW program."
There was no indication that the CHW program focused on maternal and child health. This should be made explicit in the context background. Revised accordingly:

“Despite this shortage, the Afghan health system claims to cover 60% of its population for basic health services, with CHWs as one of the key first points of contact with the health system, with a focus on maternal and child health.”

The following information should be provided in the context background: "Shifted tasks. A Basic Health Center in rural Afghanistan generally includes a physician, a nurse, a midwife, a pharmacist, a laboratory technician, and an administrator. In a Health Post, one male and one female CHW undertake a combination of the gender-specific tasks of all of those health providers in a Basic Health Center."

Response: A similar information is provided in the introduction:

“A pair of male and female CHWs provide a wide variety of tasks culturally appropriate to their gender including basic service delivery, education and health promotion, public health campaigns, dispensing medicines, data collection, and administrative tasks depending on the needs of the population.

"Hakimjis are traditional health practitioners who use Greco-Arab and Unani [Meaning Greek in Persian] medicine. They are usually found in small bazaars in rural areas, and work out of a shop of herbal medicine. According to Unani medicine, health is considered as a state of body with humors in equilibrium and body functions normal. Health is based on six essential elements: Air, Drinks and food, Sleep and wakefulness, Excretion and retention, Physical activity and retention, Mental activity and rest"

Response: Moved to the context background

The section on CHW-Professional relations appears quite limited in scope especially when contrasted with the CHW-traditional provider relationship.

Response: Agreed. The reason is the close working relationship between traditional providers and CHWs, whereas there is not much working relations between CHWs and professional providers.
- The section on CHW-traditional provider relationship deals with complex issues of CHW recruitment, health-seeking behaviours/believes in the community and the role/perceptions/issues related to TBA-turned-CHWs. The subtitle does not sufficiently address the issues raised. This section should be restructured.

Response. We agree that there are recruitment, beliefs, and perception issues, but they all affect or are affected by CHW-traditional provider relations.

- In light of the non-inclusion of traditional healers and professional providers, the authors should pay attention to the presentation of results. The language used should clearly indicate that the ideas presented are perceptions and observations by others and not facts.

Response: Agreed. In most cases, we have stated the source of the findings such as ‘A policymaker noted; a health manager remarked; Male CHWs; Community member, FG#3, female’

Discussion and Conclusion

The first paragraph of the discussion introduces completely new ideas about pros and cons for both urban and rural populations. These are not supported by the results nor answer the research objective. "This maldistribution of health providers has implications for all populations. In Afghanistan, urban populations get access to highly medicalized services, but are being denied the primary health care services provided by CHWs such as health education, antenatal and postnatal visits at home, and community-oriented activities for their health. Minor health issues of urban population are medicalized, cost more, and increase the burden on the health care system. On the other hand, rural populations, who may receive the primary care services by CHWs, are likely to be deprived of required medical services by professional providers. This reflects a systemic bifurcation of care." In addition, the discussion presented and conclusions reached are not related to the results presented. These sections should be reformulated to better reflect logical conclusions that can be drawn from the data presented and which answer the research questions

Response: The paragraph on rural and urban is removed and the focus is maintained on CHWs as a unique HRH. The discussion and the conclusions reached are revised in to reflect the results.

General Comments Overall, the article presents interesting results and has merit. However, the research objective needs to be reformulated. Stronger links need to be made between the research
gap, the objectives and the results. The results contain interesting information. However, the presentation could be restructured to better highlight the important findings. The discussion should also present more critical reflection on the results and current literature.

Response: Thanks for the detailed comments. We have provided more information on the methods, changed the presentation of results, and discussed the issues as related to the findings.