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:

Dear reviewer #3,

Thank you again for taking the time to review the manuscript and we hope that we have been able to respond to your comments and queries satisfactorily. We have revised the manuscript based on the two versions of your comments. We have conducted a few major revisions listed below, and many minor changes within the manuscript.

1. Introduction: The introduction and background sections are combined. This new introduction section has undergone major revision according to your suggestion regarding the logical flow of the argument. We thank you for that idea.

2. Methodology: Information on the details of the data collection process and participants are provided in multiple new paragraphs, a revised table 1, and a new Table 4.

3. Results: A new paragraph is added to detail information on participants as suggested. Each section is revised to focus on the objectives. The section on CHW-traditional provider has undergone major revision to focus only on the relationship. A big chunk of information on recruitment of CHWs removed.

4. The discussion is structured in paragraphs related to objectives, and we have responded to the questions you have raised in your comments.

In the following point by point responses, we have brought back your comments from previous revision, and responded to them based on the current revision.

We thank you again for your comments.
Reviewer reports:

Reviewer #3: The authors have adopted an approach of justifying their choices in the response to the reviewer without adequately addressing the comments within the manuscript. The authors should refer to the last set of comments and ensure that all justifications are included within the manuscript including appropriate supporting references when needed.

- An example of this is the authors still do not clearly explain a HRH perspective in a comprehensive manner.

Response: The authors have decided to remove the claim of analyzing from an HRH perspective and focus on presenting some HRH dimensions of the CHW program.

- Also in response to two comments the authors refer to a previously published article by one of the coauthors. It is essential that this paper can be read without reference to an external publication. Readers can choose to refer to the 2014 citation for additional details but should understand the sample composition within this article. Especially as these sociodemographics are discussed in this paper "CHWs younger than 20"(page 24, line 34)

- It also appears that this manuscript is based on the same data as the 2014 publication. Was any additional data collection conducted for this study? If not, how is this study any different from the 2014 publication? Response: More details provided in the methods and results. A new paragraph is added in the results with detailed information on participants. A new table on the gender of participants is also added.

Reviewer #3’s comments from previous revision:

Reviewer #3: Title The title is not descriptive of the article We have changed the title to: "HRH dimensions of Community Health Workers: A case study of rural 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 decided to remove the HRH perspective and assess some HRH dimensions of the CHWs program such as size, distribution, skills, relationships, and career paths. At the same time, we clarified the definition of HRH adopted in this 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 7 – a definition
we adopt in our analysis.”. We have also clarified in the objectives that we aim to examine 4 HRH dimensions, “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? - How do gender roles and norms influence the CHW programs? Both statements were removed in the revised introduction as suggested by the reviewer to focus more on the flow of the main argument.

"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: Two statements added to refer to importance of understanding the size and distribution of CHWs in a context: “Understanding the size of CHWs within a geographic context implies the shortage of professional providers and refers to CHWs importance as service providers. The distribution of CHWs can be associated with the geographic distribution of health services.”

- Are the authors confident that there is no evidence on the size and distribution of CHWs?

Response: the statement is revised “to a lack of contextual evidence on the size and 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.

Response: the contextual background is now removed and the information is combined with the introduction. The introduction section is revamped and follows the logical flow you suggested.

- 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: The following statements are added in the introduction to clarify the importance of those dimensions of HRH.

“This is perplexing as CHWs often interact frequently with both, and the interaction has impact on the tasks of CHWs. Understanding the size of CHWs within a geographic context implies the shortage of professional providers and refers to CHWs importance as service providers. The distribution of CHWs can be associated with the geographic distribution of health services in a context. In this article we focus on a single case-study of Afghanistan, where a large number of CHWs have been recruited, trained and deployed to address a chronic shortage of HRH.”

- The terminology has changed from recognised and unrecognised health workers to informal workforce

Response: The term recognize and unrecognized is used for workers, and formal and informal is used for the health system throughout.
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.

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

Response: The following paragraph is added in the beginning of the results section to provide information on the sample size and some demographic information. And a new table is also added.

“The data was collected between July 2013 and November 2014. The lead author [MN] visited 17 villages, in 9 districts of four provinces. Overall, he interviewed 12 policymakers, 8 health program managers, 15 community health supervisors and trainers, 28 community health workers, and 35 community members, totalling 98 participants (Table 2). In total, 54 of the participants were male and 44 of them were female (Table 4). “

- 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: It was clarified that information was collected from four provinces, and the reason for sampling is detailed in the paper as following.

“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: The following statement is added in the methodology: “Since purposive sampling was applied, keeping record of the proportion of non-participant was not necessary.” Overall, 12 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: It was based on administrative datasets from the Ministry of Public Health. The phrase is added in the manuscript.

- 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 reflect 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 Response: Revised accordingly:

“Despite this shortage, the Afghan health system claims to cover 60% of its population for basic health services11, 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 introduction.

- 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 following statement is added to clarify the issue. “The findings in this section has been limited due to a programmatic lack of relationship 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. The section on CHW-Traditional provider is restructured to focus only on the relationship.

- 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 discussion is broadly revised. 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.

Additional comments

Comment 1

The introduction and contextual background can be merged into one section but they need to be revised to have a logical flow and clearly state what the HRH perspective is. It currently begins with the evidence on CHWs effectiveness and then discusses why CHWs are important in addressing Health worker shortages. Whereas the reverse would be more logical. The authors should then present evidence related to CHW effectiveness especially in Afghanistan and similar contexts. The claim that HRH research focus on physicians etc based on a reference from 2013 is not convincing enough especially in light of significant literature which discusses CHW within the field of HRH. A clear knowledge gap is still missing.

Response: The whole introduction section is revised significantly.
The presentation of the results still needs to be addressed to improve the readability. For example, the section on size and distribution of CHW actually deals with factors related to CHW recruitment and retention as well as motivation of CHWs. In addition, the results section on CHW-Traditional Workers relations presents finding beyond the relations between these groups. There's discussion of selection of CHWs, community responses to the these providers and the roles of CHWs and traditional birth attendants.

Response: Multiple paragraphs around selection of CHWs and mixed roles of CHWs-traditional workers are removed, and only those related to their relationship has remained. The section is almost cut in half.

Comment 3

After restructuring the results section. The authors need to consider their original research objective and results in structuring the discussion.

What are key messages from this study? The authors for example give signification attention to the CHW-Traditional birth attendant relationship yet this is not reflected in the discussion. Are the key findings of this study supported or disputed by the current evidence on CHW functioning within Health Systems?

Response: The discussion is revised based on the objectives and presentation of results. It is divided into five paragraphs and multiple sentences with new reference and information is added to answer the questions of ‘so what’ and the connection of current findings with the current evidence.

Comment 4

The authors need to also carefully edit the manuscript for grammatical and structural errors.

Response: We have gone through the manuscript independently and addressed grammatical errors.