Author’s response to reviews

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

Authors:

Said Ahmad Maisam Najafizada (snaja100@uottawa.ca)
Ronald Labonte (rlabonte@uottawa.ca)
Ivy Bourgeault (ivy.bourgeault@uottawa.ca)

Version: 4 Date: 17 Oct 2018

Author’s response to reviews:

Dear reviewer #3,

Thank you once again for taking the time to review the manuscript for a third time. We have revised the manuscript based on your comments and made substantial change in the discussion. In the following, we have responded to your comments point by point.

We thank you again for your comments.

Reviewer reports:

Reviewer’s: The authors have made significant improvements to their manuscript. Overall, the manuscript reads very well and provides sufficient detail particularly regarding study methodology.

Response: Thank you. We appreciate your detail comments in the first two rounds.

Reviewer: I have a few minor comments. In the abstract the method is reported as a descriptive qualitative 'analysis'. What is the difference between fieldwork and interviews? There are some subject-verb disagreements throughout the manuscript. These are mostly related to the use of CHWs. For example line 52-54, the use of 'CHWs' and then 'recognised member'

Response: The sentence on descriptive analysis is revised as follows:
We conducted a descriptive qualitative analysis involving fieldwork in Afghanistan between 2013 and 2014. We undertook participant observation and in-depth interviews with community members,…”

And we have revised the manuscript to make sure the consistency of plural verbs and nouns for the plural subject (mainly CHWs).

Reviewer: In the introduction lines 38- 60 do not include any references.
Response: References included 11 and 12 added.

Reviewer: For the results I would suggest that for page 11, lines 25-59 only one significant quote should be provided. Overall the information on service, tribal/communal structure and religious beliefs should be explored in narrative text as opposed to a series of texts. The same suggestion applies to page 15 lines 9-59
Response: Page 11, we have deleted the following two quotes on tribal structure and religious beliefs and presented the issue in the narrative of the text.

“Our relatives had come from Kabul, they asked me why was I helping these neighbours all the time, I said I live in the village, it is like a chain here, we help each other all the time, we only have each other.” (CHW #14, male)

“Imagine how much good deeds will be written for you rescuing a child and a mother… we cannot do anything else; this is something we can for the people, why not do it.” (CHW #13, female)

And we have deleted the following quotes from page 15, and narrated the issues in the text.

“If a patient says that she is dying from a headache, and make some noise, the CHW will hand her a referral letter and ask her to go to a health facility. And if another patient who is more resilient and plays down her symptoms, she might only receive a few [pain reliever] drugs from the CHW.” (Health manager #5, male)

“One pregnant woman denied being referred to a health facility because she feared the embarrassment of giving birth in the vehicle on the way to the facility. When warned about complications and death if not taken to a health facility, she still chose to die with honor at home than to live with the shame of giving birth in a vehicle.” (CHW #19, female)
Reviewer: The discussion still needs some modifications. Please include a first paragraph which provides a brief summary of key findings of the results. Currently the evidence from the literature is not consistently related to the results from the study. Page 22, line 38 and page 23 line 20 are two examples of where this is done well. https://libguides.usc.edu/writingguide/discussion provides some good tips on structuring the discussion section.

Response: The following paragraph is added in the beginning of the discussion.

“In this study, we found that volunteerism has played a major role in deploying a large number of CHWs in Afghanistan. CHWs assume a variety of roles including tasks shifted from professional providers, such as treating common illnesses such as headache, diarrhea, and pneumonia, as well as referral, health education, and community mobilization. CHWs do not have direct relationships with professional providers, and negotiate relationships with traditional providers depending on specific contexts. CHWs’ lack of integration into the HRH education system of the country and a lack of a clear career path hinder their struggle towards achieving a more recognized professional role.”

We have added the following in page 21 to related the current findings with the literature.

“Numbering 26,000, CHWs in Afghanistan have been able to address the shortage of human resources to some extent and have become the health workforce for the poor. The populations they serve receive minimum health service, while the government claims a large coverage for CHW services.”

We have added the following in page 22 to related the current findings with the literature.

In Afghanistan, CHWs have been able to use their referral power and links with the formal system to bridge western health care with traditional communities in rural and remote areas.