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 Associate Editor,

Thank you very much for the comments. We appreciate your input and we have tried to address your suggestions in relation to the reviewer’s comment as best as we could. There were 2 points: A major one on discussion and a minor one on sampling. They are addressed below point by point.

Point 1 on Discussion.

Reading the article after revision 4, shows that although the article has improved, the comments of the reviewer regarding the discussion are insufficiently addressed. The authors are requested to improve upon their discussion and have a critical reflection on their findings and the implications (eg on gender, on quality of care etc), moving beyond what is already internationally known about CHW.

Below is reviewer’s comment.

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: As the reviewer suggested, we followed the guideline provided in the link: Summarize the findings, link the significant findings with the literature, generalize the findings, and address limitations: We added the following paragraph in the beginning of the discussion to summarize the findings.

“In this study, we found that volunteerism has played a major role in deploying a large number of CHWs in Afghanistan. CHWs undertake a variety of roles including tasks shifted from professional providers such as treating common illnesses such as headache, diarrhea and pneumonia, making referrals within the health system, providing health education, and initiating community mobilization efforts. CHWs do not have direct relationship with professional providers, and they negotiate relationships with traditional providers contextually. CHW’s lack of integration into the country’s education system of the human resources of health and a lack of clear career path hinder their struggle towards a more recognized professional role within the health system.”

We added the following in page 21-22 to relate the current findings with the literature.

“Findings from our study largely affirm these outcomes from other studies. With 26,000 CHWs in Afghanistan, CHWs have been able to address the shortage of human resources, at least to some extent, and have become the health workforce for the poor. With the current CHW program in Afghanistan, the population reached by the program has received minimum health service, while the government claims a large coverage for CHW services.”

We added the following in page 22-23 to relate 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.”

We added the following in page 23 on gender dynamics of the CHWs as HRH.

“One of the spillover effects of the CHW program in Afghanistan has been a disruption in the gender dynamics of communities they serve. Half of the 26,000 CHWs in Afghanistan are women. The large deployment of female CHWs has the potential to affect the distribution of health resources, division of health labour, gendered social norms, and decision making on health issues in local communities.”

We also addressed the issue of weak health systems as CHWs in a paragraph on page 23.
“Researchers have long argued that CHWs should not be considered a panacea for weak health systems28,29. Whereas CHWs may address a shortage of HRH to some extent, provide the skill mix necessary in complex settings, and navigate between the formal and informal health systems, the bigger challenges of governance and management, financing, pharmaceuticals, and technological adoption in health systems must be addressed. In fact, strengthening weak health systems is more important for the better use of CHWs than the existence of CHWs to strengthen weak health systems. A stronger health system can pave a systematic career path for CHWs, which is the missing HRH dimension not only in Afghanistan but also in many other settings 30,31. A professional medical career path is not feasible and probably not necessary. CHWs can be promoted to positions of trainer, supervisor, and probably health managers.”

Point 2 on Sampling:

The sampling is described as it were sampling for a survey- this would need to be improved as well.

Response: We understood that clarifications were needed in terms of the type of sampling, and thus we added the following:

“Stratified sampling ensures that all subgroups within a population are potentially represented in the sample, and purposive sampling ensures that stratified sampling is systematically implemented.”