Reviewer’s report

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

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Reviewer: N. Ansari

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Title:

The title is vague and need to be clarified. It is advisable not to use the term "analyzing" as it is assessment of CHW as a HRH intervention.

Page 5, line 21: suggest not to use the term dispersing for medicine.

Page 5, lines 44-60

Page 6, line 4-25

The points in this section is best relevant to skilled workers. How is this information relevant to marginally skilled CHWs/lay health workers? The section is not very relevant.

Page 6, Lines 28-41

Contrary to what is presented here, the size and distribution of CHWs is well documented in Afghanistan. In addition the mode of interaction between CHWs working strictly from a CHWs and the professional health workers of the basic package of health services (BPHS) is well known and regulated. Moreover, the categories of traditional birth attendant are not recognized in Afghanistan and CHWs are not supposed to have any collaboration with such a category. This paragraph should have concluded.

Page 7

Line 15-20

It would be overstatement to suggest that the 60% coverage of BPHS is attributable "mainly" to CHWs. In fact the less conservative estimations taking fuller account of CHWs suggest that 85% of the country of covered with BPHS services. This information seems inaccurate.

Page 7, lines 22-23

BPHS is not a national program. It is a policy document suggesting the basic package of services that the government should provide through the public health sector at and below the level of
district hospitals. The package includes several program components. The statement is inaccurate.

Page 7, line 56

Is the objective description of the system or analysis? As commented on the title, it is more of description rather than analysis.

Page 8, line 10

It is overstatement to say "unpack" the stated issues. The presenter actually present the already documented data from MoPH.

Page 8, line 20

It is unclear what is meant by the term "conducted exploratory qualitative fieldwork"; is it FGD, interviews or both?

Page 9 line 7

It is difficult to justify that lack of time of the policy makers was the reason for lack of their participation. More justifiable reason for excluding this vital category should have been presented.

The method section is vague and incoherently presented with certain inaccuracies (see the following comments). It is also unnecessarily long paragraphs including some of the results.

Page 9, line 23

The results should not be reported under the methods e.g. "All managers agreed to participate except one who expressed his lack of in-depth knowledge on the subject"

Page 10, line 54

It is not prudent to use the term army for CHWs.

The order of findings are not aligned with the objectives.

Page 12 line 20-25

These are the approved MoPH Scope of Work for CHW, it would have been some interest to report where the CHWs were not allowed to provide these services.

Page 12 line 38 - 39

Please analyze the existing MoPH data (CBHC database) and present the proportion of female CHWs. It is likely that female CHWs are less than male counterparts.
How important are these findings? There seem to be more compelling factors to present.

There is a database at MoPH to verify these findings.

It is an overly exaggerated overstatement to say "They provide services in teams" as the CHWs work in solitary or binary groups. They can never work in teams.

The male and female CHWs are always relatives. But, due to the nature of gender segregation in Afghanistan, they never form a functional team.

It is overstatement to suggest female CHWs are more active.

It is clearly untrue that CHWs undertake combination of the extremely complex mix of services provided by a BHC. Especially, it is not correct to state that "CHWs diagnose some prevalent diseases and prescribe drugs similar to a physician."

The findings are either irrelevant to the cadre and/or the objective of the study; or overstatements.
As per the CBHC policies, CHWs are supposed to be supervised by the CHS. Lack of their direct connection to facility staff is expected. The findings are not consistent with the policy as they were not supposed to be connected with the facility directly.

Page 18 line 35-38

It is not correct that religious leaders do not support contraception. A recent UNFPA study shows that they are not against the FP/birth spacing services.

Page 19-22

The section is quite speculative and not finding of the study "Some traditional health providers may have wished to become CHWs" the section is full of such statements. It includes inaccurate and subjective statements not supported by findings or other evidence.

Page 22 line 51- page 24 line 12

The whole section under career path is irritant to CHWs. CHWs are not supposed to be promoted to any other more advanced levels in their career.

Discussion and conclusion

Most of the findings are not relevant to the objective. They are also mostly speculative and based on the judgment of the presenter. For example, the study was not designed to suggest that the urban services cost more, and are medicalized, while rural settings are deprived of services stated in the paper. Therefore the findings are poorly linked with discussion and the conclusions.

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