Reviewer’s report

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

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Reviewer: Onaedo Ilozumba

Reviewer's report:

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.

- The article is also focused on rural area but its not reflected 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?

"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?

- Are the authors confident that there is no 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

- Why is it important to address the relationship between CHWs and unrecognised health workforce?

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.

- It remains unclear why these 4 outcomes are the most important or their relationship to each other.

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

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.
- 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?

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

- For managers recruited from implementing organizations how was "good knowledge of the program defined"

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

"In some cases when enough CHWs could not be contacted through their cellphones, the researcher, accompanied by a female research assistant, travelled to villages where the program was active, recruited participants, and conducted interviews"

- 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?

"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."

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

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?

- 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

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.

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.

"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.

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."

"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

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

- 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.

- 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.

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.

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.
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