Reviewer’s report

Title: The impact of adding community-based distribution of oral contraceptives and condoms to a cluster randomized primary health care intervention in rural Tanzania

Version: 0 Date: 06 Sep 2019

Reviewer: Caitlin Thistle

Reviewer's report:

In Summary, author states, "respecting women's preference for injectable contraceptives," I suggest broadening this to respect for women's right to choose the method that works for her. Condoms and pills are only two methods of many that can be provided at the community-level including Standard Days Method.

"concatenation" is used - suggest the author use more readily understandable language.

Suggest another limitation is the methods included in the intervention. There is no mention of some modern methods of contraception including standard days method and LAM. This leaves an unknown in the conclusions one can make based on the findings.

Another limitation includes another 'social system determinant' - social norms or the expectations of behavior. Expecting behavior change without any assessment or diagnosis of social norms is a limiting factor. The paper mentions men, but there are other influencers of contraceptive use.

Descriptive characteristics - in addition to sharing the p values of the categories which were statistically significant, please add the values and general notes. For instance, while the religion between intervention and control communities was stat. sig. different at endline, the value differences is not very high. The difference in wealth index is more pronounced. These notes are important, arguably even more so than the p values.

It is misleading to say the most popular methods were pills, injectables, and implants without mentioning the usage rates of each. Injectables is far more popular than pills or implants. It's confusing when the author repeatedly mentions pills as a popular method, but then says the CHA provision didn't align with method choice. Be more clear about the popularity of injectables. No other method comes close.

Is there any monitoring data from the implementation of the intervention? Given that CHA's were responsible for so many things, it would be helpful to see if they were actually counseling on FP and providing services. The first question with a null hypothesis is whether the
intervention was even implemented well. I see that 61% of respondents were visited but that
doesn't tell me whether they were counseled on FP.

This should be re-phrased to focus on the % of women who choose injectables, "In countries
with rapid growth in contraceptive uptake, between more than half and three quarters of family
planning methods used are injectables (34)."

Suggest the author uses, "gender sensitive programming" The paragraph that starts at 356 needs
to end with the same point that it starts with. The author already talked about access to a range of
methods. That paragraph should include mention of social and behavior change, including social

Line 374 should include reference to SBC best practices (https://www.fphighimpactpractices.org/wp-content/uploads/2018/04/SBC_Overview.pdf) and
Community Group Engagement (https://www.fphighimpactpractices.org/briefs/community-group-engagement/)

The conclusion needs significant copy-editing. There are many typos.

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Needs some language corrections before being published

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