Reviewer's report

Title: The last one heard: The importance of an early stage participatory evaluation for programme implementation

Version: 1
Date: 27 January 2014

Reviewer: Joanna Reynolds

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Major Compulsory Revisions:

1. Background: A clearer statement of the problem to be researched in relation to the issues of evaluation and implementation is needed earlier on in the introduction. At the moment it is a little too heavy on the global health / public health statistics which might be better reported later on to describe the Ugandan context.

2. 4th para of Background (beginning “Evidence-based, cost-effective interventions…): you seem to be suggesting that the problem here is lack of coverage of these ‘effective’ interventions, rather than the interventions themselves not being effective. This doesn’t quite seem to follow to the problem presented in the abstract – the need for beneficiary involvement. And also, 6th para of the Background (beginning “Another important factor… “): this, I think, is the focus of your research and should be much more prominent in the background. More explanation is needed for why you think lack of early-stage engagement results in low coverage. What do you mean by low coverage? Lack of take-up of services (which would possibly link to levels of engagement)? Or lack of roll out of interventions (which seems less likely to be affected by engagement of beneficiaries, and more by health systems factors)? I’m also interested in your use of the term ‘accountability’ in this paragraph and think this should be expanded – you seem to suggest that communities and beneficiaries should have accountability for the health services they use, and I’m sure there’s a lot of literature from a health systems perspective, and human rights / development perspective that you could draw on here to explore both sides of this argument. As it is, the statement feels rather unsupported.

3. Final para, p5 and 1st para, p6: you’ve switched to talking about ‘participation’ rather than engagement – a bit of clarity about how you interpret these terms and use them (synonymously?) would be helpful. In this para also, I’m unclear what ‘health behaviours’ you’re talking about, and which need to change?

4. I’m afraid I need more convincing that community participation ‘increases… the success’ of activities (para 1, p6), and I’m not sure that the references you cite here are the best examples for that. A bit more discussion and critique of evidence of the impact of community participation (acknowledging the different ways in which it can be defined and operationalized) would make this much stronger. I think there’s a tendency in health literature to assume that community participation is an intrinsically ‘good thing’ and we should be careful about
following that perspective uncritically; there are a number of debates particularly from development studies literature exploring and critiquing concepts of engagement / participation etc – could be very helpful here.

5. Methods: With the sampling, how were women identified as ‘users’ or ‘non-users’? It seems like a rather stark distinction that may be more complicated in reality (eg used the service once or twice, but dropped out), and a more nuanced approach to sampling women might have been beneficial to exploring these realities.

6. I’m not sure I quite see how triangulation can ‘reduce researcher influence’ (3rd para of methods) – perhaps explain this a little more clearly.

7. There’s some contradiction in the way you describe your analytical approach – you describe it as ‘top-down’ but also inductive. ‘Top-down’ suggests to me a more deductive approach using pre-determined codes, which would be at odds with the phenomenological perspective you have taken, and the way you first categorised the data into ‘positive’ and ‘negative’ experiences does seem to be top-down rather than truly inductive or reflecting lived experience, which isn’t necessarily neatly divided into positive and negative.

8. Results: in the final section you reflect briefly on the lack of knowledge participants had of the scheme – could you describe this in more detail? How did this relate to the ways in which participants conveyed their experiences of engaging (or not) with the programme? It would be interesting to understand how the ‘non-users’ had gained knowledge about the programme (only through information given in the interview / FGD?) and more about their perceptions of not being involved in it to get a fuller account of their lived experiences (following the phenomenological perspective).

9. Discussion: I think the first paragraph of the Discussion could be expanded a little, as the argument you present – that early engagement of beneficiaries is important – is repetitive of the rationale you present for doing the study, in the background section. As such, the argument seems cyclical here and in this paragraph at least, it’s hard to see what your results add, given that any programme could be presumed to have strengths and weaknesses. A little ‘beefing up’ of your argument here would be beneficial.

10. It feels in a few parts like there’s some repetition of the results and that the discussion doesn’t extend much beyond summaries of the results. I think there’s much more scope in the discussion to consider more of the methodological issues connected to this topic, and which are perhaps particularly relevant to the readers of this journal. For example, I think the notion of ‘early engagement’ is particularly important to examine in more depth: the question of timing is a pertinent one in evaluation literature, and much discussed. You emphasise the need for early engagement but how should we define ‘early’? There’s lots of literature theorising about the different trajectories that programmes and interventions may take (although we typically assume there to be a linear trajectory) and that conducting evaluation at different time points along these different trajectories would result in very different findings, and thus could influence what changes are made to a programme and thus to its outcomes as a
result. For example, some of the issues you identify could reflect more of the ‘bedding in’ process as a programme is becoming established, and these issues may become resolved or heightened as the programme continues. I’d strongly recommend some engagement with literature on timing of evaluation to extend your argument.

11. More could also be said around questions of accountability and ownership which you touch upon in the discussion, but perhaps a more critical consideration of what is meant by ‘ownership’ and how it gets played out in reality – what power structures and negotiations are involved in people experiencing ‘ownership’ over a programme? These are important issues in relation to wider questions of the politics and ethics of development and health improvement work, and also relate to methodological aspects of evaluation, for example participatory or action-research evaluation approaches. You touch upon this at the very end in the conclusion, but I think it would be much better situated in the Discussion with more room to explore these issues in depth, and to really situate your research in some of these debates, which are perhaps of more relevance to the readers of this journal.

12. You should reflect on the limitations of your research in the Discussion section.

Minor essential revisions:

1. Abstract: First line of background of abstract doesn’t quite make sense – how does the involvement of ‘project beneficiaries’ relate to the recommendations to monitor and evaluate implementation? This sentence appears again in the main Background section of the manuscript, which also doesn’t quite make sense.

2. Background: Sentence beginning “Understanding the components and processes...”, para 5 of background, is not very clear.

3. Para 10 of background: grammar error in sentence beginning “Moreover, it is anticipated...”. This paragraph seems to be pre-empting your findings and conclusions rather too strongly...

4. Methods: Detail on the language(s) used in the interviews, and any recording, note-taking, transcription and translation processes used in the data collection should be provided.

5. Results: It would be helpful to have an overview of the distribution of participants across the IDIs and FGDs, eg how many in each, how many users and non-users in each. The current coding used for attributing the quotations to participants is not very helpful as it doesn’t indicate which FGD it comes from, only a participant number.

6. I don’t understand what the ‘7-11’ signifies in the first sub-heading of the results.

Discretionary revisions:

1. The second quotation in the Results section seems to indicate perceptions of the problems faced when people don’t have access to CHWs (as well as the
positive changes that can come from CHWs) – it would be valuable to reflect more on this here.

2. P12 / 13 – I like the description of the dynamics in the FGDs and how they were interpreted to relate to impacts of the intervention but I wonder if ‘pride’ is too simplistic a sub-heading to capture the detail of this section though.

3. P13, quotation beginning “These doctors in our village” – some analysis of the language used to refer to CHWs – eg ‘doctors’ and what that signifies – would be extremely interesting and may add depth to your interpretations of the ways in which participants perceived and experienced the relationships with the CHWs, hierarchies of authority and knowledge etc.

4. Did you observe any differences in responses between those who participated in an FGD versus those who had an interview? This could be explored a little, in reflection on your choice of data collection methods.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests’