Author's response to reviews

Title: Evaluating the effect of innovative motivation and supervision approaches on community health worker performance and retention in Uganda and Mozambique: study protocol for a randomized controlled trial

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Author's response to reviews: see over
The Editor
Trials

Dear Editor,

RE: Evaluating the effect of innovative motivation and supervision approaches on community health worker performance and retention in Uganda and Mozambique: study protocol for a randomized controlled trial

We are pleased to submit our revised manuscript entitled “Evaluating the effect of innovative motivation and supervision approaches on community health worker performance and retention in Uganda and Mozambique: study protocol for a randomized controlled trial,” which we have edited according to the reviewer’s comments.

We have responded to all the reviewer’s comments point by point (see appendix 1) and made changes in the manuscript on the pages outlined in the responses. We have also completed the two editorial requests; ie. 1) update the title of your manuscript in the submission system, and 2) state that informed consent will be obtained (not sought) from all participants. We have also carefully reviewed the journal style guidelines and correctly formatted the manuscript.

Yours sincerely,

Karin Källander
Reviewer's report

This is an outstanding protocol for two cluster randomized controlled trials of interventions to improve appropriate care-seeking for childhood illnesses through innovations to increase community health worker performance and retention in Uganda and Mozambique. I strongly recommend it for publication in Trials.

6.1 Enhanced description of the Uganda’s community-supported approach through village health clubs and its alternative pathways to improve care-seeking for children: the technology-based (mHealth) intervention, trial design and analytical plans are well described. Uganda’s Village Health Clubs is less well described in the text and Table 2, and its contents are only slightly clearer in the conceptual framework figure.

This intervention’s stated aim is to enhance the value placed on CHWs and their activities by other community members. However the authors state that Village Health Clubs will undertake a cycle of participatory learning and action in which they will identify common child health problems. If this is the case, their activities could (hopefully) lead to substantial engagement of community members with child health, over and beyond their relationship with community health workers. In this scenario, improved care-seeking will not only be due to increased CHW motivation and retention, but also to enhanced community knowledge and action for child health. I would encourage the authors to describe/acknowledge this pathway in Figure 1.

6.2 Clarifying the nature of the primary outcome: On p.10 the authors state the primary outcome for both trials is “the change in carer-reported appropriate treatment for fever, diarrhoea and pneumonia in children in households receiving the intervention(s) compared to those in areas with routine iCCM (‘control’ households).” Could the authors clarify whether they mean a change from baseline, and if not, change from what? Or do they intend to compare care-seeking between trial arms in the endline survey?

Responses to Reviewer's report

Thanks for the encouraging words!

Thanks for this comment. We have provided a more detailed description of the village health club approach on page 7.

This is a very good point. While we do not think that this pathway is suitable for Figure 1 (which focuses on the hypothesised effect of the interventions on CHW motivation and performance), we have added a section on page 10, with reference to Figure 2. This section describes the alternative mechanisms in which the interventions can lead to appropriate treatment (without working through the CHW motivation and retention).

In the following sentence on page 10 it is already stated that “The main comparison for effect will be obtained from the measured difference between interventions and control arms at follow-up. Baseline characteristics will be used to compare intervention to control arms”.

We have changed the word “follow-up” to “endline” to make it clearer. We have also added: “Baseline characteristics were used to perform restricted
randomization to minimize the difference between the intervention and control arms on key indicators.

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<th>Minor essential revisions:</th>
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<tbody>
<tr>
<td>1. Add full reference to Liu et al. 2014</td>
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<td>2. Change CHW’s to CHWs and paper to article</td>
<td>Done</td>
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<tr>
<td>3. References 13 and 14 need to be given in full.</td>
<td>Done for one reference. The unpublished manuscript has been removed.</td>
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<td>4. On p.9, add references for &quot;Prevalence values for FDP in the sites were based on estimates from recent Demographic and Health Surveys, Malaria Indicator Surveys and in the case of Mozambique an Integrated Health Systems and Child Friendly District Survey by UNICEF&quot;.</td>
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<td>5. The discussion section is really an outline of public engagement and dissemination activities and could simply be labeled as such.</td>
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<td>6. Please check the formatting of the conceptual framework figure as it is currently largely illegible.</td>
<td>Reformatting done. It will hopefully read better now.</td>
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