Reviewer's report

Title: Thematic areas and complexity of integrated community case management (iCCM) design, implementation, and evaluation: protocol for a scoping review

Version: 0 Date: 06 Mar 2020

Reviewer: Sema K Aydede

Reviewer's report:

This protocol for a scoping review aims to explore the literature on integrated community case management (iCCM) to assess the components of the intervention as reflected in the studies from the field, how these components align with the benchmark components of the intervention envisioned and how the complexity of the intervention is measured. The following points will help strengthen the manuscript.

1. Lines 29-70: There is a need to motivate the conduct of this scoping review in the Background section, including the following topics: Please provide additional information about the kind of problem (such as how pervasive it is...) iCCM intervention is trying to mitigate? Are there any existing scoping reviews on iCCM? What will be the specific contribution of this one? Later, there is a mention of community case management (CCM, line 113) without any specification. How is iCCM and CCM similar or different? Are there any systematic reviews, scoping reviews etc related to CCM? Do any of these incorporate information on iCCM studies...

2. Lines 73-83: Could authors provide concise definitions here so that all of the concepts used is clear and transparent to the readership: What exactly constitutes an iCCM intervention? What exactly is the "classical" (line 142) or "standard" (line 164) definition of iCCM? Again, what does the "integrated" part of iCCM refer to? What does community case management entail within the framework of iCCM; is it similar or different from CCM where "integration" is not included? Why does "equity" become an important outcome for iCCM (Table 1)? Are there any clinical outcomes relevant for this intervention and, if yes, reasons for not including those here? Is iCCM for all children or children for a certain age range? Is this intervention for any of the possible conditions that children may encounter? Some of this may also be discussed later in research question and inclusion and exclusion sections, as necessary.

3. Line 78-79: PRISMA-P is mentioned here & in line 277 and PRISMA-ScR mentioned in the additional file provided; please reconcile and provide appropriate citation.

4. Line 82: Please write out any acronym (such as iCAT_SR here) the first time it is mentioned. There is a need to be especially transparent here given that one "i" is for "integrated" and the second one is for "intervention".

5. Lines 86-95 & lines 122-165: Could authors include specificity into the research questions and inclusion & exclusion criteria: Again, please be specific about the recipients of iCCM. Please be specific about the settings to be included: There is a mention of low- & middle-income countries but no information about how these countries will be defined or what criteria will be used to identify them. Please be specific about the types of studies (quantitative or otherwise) to be included: For example, there is a mention of "cross-sectional..." in exclusion section (line 150) but...
does that mean longitudinal ones are going to be included? What types of iCCM? For example, will studies about pilot iCCM be included? Will studies on any component of iCCM be included? For example, if a study focuses on training "local community health workers" only, will that study be included and, if (as line 134 seems to suggest) yes, what do "complexity" and "health systems dynamics" mean in this case or if no, what exactly is a "critical component" (lines 123-124) and how it is related to the "complexity" of the iCCM intervention and "health system dynamics"? What about 'unbranded' iCCM? Will there be a requirement for a comparative intervention to be included in the empirical intervention studies…

6. Lines 102-119: Please provide a discussion as to why other databases, such as EMBASE, are not included. Will experts in the field also be contacted for additional information? Again, what about 'unbranded' iCCM and how comprehensive the review will be if unbranded iCCM is left out?

7. Lines 167-170: Thanks for indicating that 2 investigators will screen titles and abstracts in the Abstract but it should also be included here. Who is on the team and what are their areas of expertise that are relevant for this scoping review? What will happen if there are multiple reports about the same study?

8. Lines 173-182: Could authors provide a discussion if there is a possibility that emerging themes may be different for some subgroups such as low- vs middle-income countries or certain condition groups.

9. Lines 186-240: Please indicate if the data extraction tool will be pilot tested.

10. Line 247: Please be specific about "Appendix 1".

11. Lines 257-268: Please be specific about following PRISMA-ScR here.

**Level of interest**

Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

**Quality of written English**

Please indicate the quality of language in the manuscript:

Acceptable

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No