

Reviewer's report

Title: Network-based social capital and capacity-building programs: An example from Ethiopia

Version: 1 **Date:** 2 April 2010

Reviewer: Jim McCaffery

Reviewer's report:

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. This is relatively easy to fix, but it is very important to clarify that the MHA program in the study setting either does or does not have building social networks as an explicit program goal. Based on the paper, I think it does not, and one of their conclusions notes that capacity building programs ought to have goals aimed specifically at building networks. Still, the program has 'supporters' who seem to be playing a networking role, so I am still guessing as to whether they have an intentional component, and it clouds interpretation. Should be made clear in the abstract too.

I think this point is especially important as it also relates to one of the major conclusions about capacity building programs – that they should be more intentional about building social networking skills within a health care setting. Being clear from the beginning would make this conclusion more powerful (and it is an important conclusion, one that I certainly support from my own capacity building experience.)

2. In the paragraph that describes the characteristics of networks, there are many terms introduced quickly, and often unclearly. There is a special lack of clarity about the term 'degree' which could also be misinterpreted as academic degree. These are clarified somewhat on the next page, but this term and others might be defined in bullet fashion as they are introduced.

3. Later on (page 15), the terms informational and functional terms are used and again, they are unclear. I can guess at their meaning but could be defined a bit more clearly.

- Discretionary Revisions

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4. On page 16, it is described when discussing the centralization of the network

that access to technologies is a limiting factor, and that centralization tended to occur only in Addis. I was somewhat surprised at this because cell phone technology has been spreading rapidly. My most recent experience has been in Kenya and almost every manager in the health sector has one or two cell phones and the networks seem to be robust, even in rural areas. Perhaps this is not the case in Ethiopia, but I think things are changing there also. Although the tendency is to use them for text messages given how time is charged, a program that was being intentional about including social networks could use cell phones as an explicit tool.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests