Review Form 1.6

Journal Name:	**Journal of Geography, Environment and Earth Science International**
Manuscript Number:	**Ms_JGEESI_76390**
Title of the Manuscript:	**Access to Public Healthcare Facilities in Urban Areas in Nigeria: The Influence of Demographic and Socioeconomic Characteristics of the Urban Population**
Type of the Article	**Original Research Article**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	1. In your title you have described your study as ''Access to Public Healthcare Facilities'' do you mean access to health care services/ access to care? As you are investigating not only the relative ease by which healthcare resources can be reached from a given location but also availability, accessibility and affordability I think your title should be in line with content. 2. I have seen little to no justification as to why an urban area was selected. Given that literature indicates access is more limited in rural locations. Why did the author/s decide on selecting only urban locales and not make an effort to at least draw comparisons between urban/rural areas. Moreover, as disparities in healthcare have proved to be the biggest challenge for implementing primary care in poor urban resource settings, the study would have greatly benefited from the inclusion of urban slums. 3. It seems like your study is underpinned by some constructs of the Penchansky and Thomas' theory of access to healthcare. Penchansky and Thomas' theory proposes a taxonomic definition of "access." This theory summarizes a set of specific metrics that describe the fit between the healthcare system and the general population. These metrics are; availability, accessibility, accommodation, affordability, and acceptability of healthcare services. However, your study only incorporates availability, accessibility and affordability. Is there any specific reason for the whittled down version of the model in question 4. How did you reach the desired sample size?? What are the assumptions you followed? What was the response rate? 5. The design effect is the ratio of the actual variance to the variance expected with SRS, as you have taken multiple steps to reach your sample size, and these steps incorporated the use of cluster and stratified sampling, what was you plan to offset the inter-cluster correlation differences? What design effect did you use? 6. As economic variables are significantly discussed in your paper, why wasn't a wealth index generated using PCA from the socio-economic variables, is income a true estimate of wealth? And doesn't wealth affect access? 7. For your outcome variable measurement, I would have preferred if your study used a proxy index for access to Healthcare based on healthcare utilization variables including health insurance coverage, timeliness of care, distance to the nearest care center, availability of essential healthcare services, affordability, acceptability, quality	

	of care, and treatment procedure. The access index could be computed using principal component analysis (PCA). Principal components could be weighted averages of the variables used to construct them. However, you can justify your analysis plan using prior peer-reviewed studies.	
Minor REVISION comments	1. Please follow the journal's guidelines with regards to citation. Don't mix multiple styles 2. Based on the result presented in the manuscript, there is nothing indicating that there is a lackluster support by the public in supporting policy makers come up with effective intervention (page 2, line 46-47). Please justify the above statement 3. Page 3 lines 62-64, is there any data to support this statement? There is no space for insinuation in research 4. Page 4 line 110-112 ''The study population were residents in a household in the selected urban areas of Gombe state Nigeria where at least two of the 18-25, 26-35, 36-45, 46-55 years and above age groups were residing as occupants'' unclear! 5. What was your non response rate? 6. What were the data quality assurance techniques you employed? 7. How was your data entered, and cleaned? 8. How are the constructs in your conceptual/theoretical framework related? Are there any proximal and distal factors? 9. Limitation section, page 15, line 353-54; it is stated that ''Also, the access index used to measure access to healthcare facilities for this study was not previously validated'' what steps did you take then to offset this limitation? 10. Careful to note that recall bias or slight variations in the responses provided by the household heads, their spouses, or other credible adult household members cannot be overemphasized. Similarly, The study did not disaggregate health expenditure into the various components of direct and indirect healthcare spending. There is therefore little room to draw conclusive arguments on costs such as transport to access healthcare, time lost from work and other informal costs which households may incur in the process of seeking access to care 11. From an ethical stand point what is the protocol for conclusions drawn based on ethical and religious classifications?	
Optional/General comments		

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PART 2:

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

Name:	***Aiggan Tamene***
Department, University & Country	***Wachemo University, Ethiopia***