

Reviewer's comment:-

After reading the revised version of the above paper, the following are the comments by the reviewer. Incidentally, all comments below are related with my last comments never go beyond that.

1. Generally, reviewer finds that the revised version is better than the original one as it was improved partially following the reviewer's comments. However, I have to say that still several points need to be revised.
2. P4, last 7 lines and the following newly added part. Explaining the categorization "a" to "d" should be after the results of the Table 2 are explained, never before, as readers are not familiar with the survey results at this stage. This categorization is one of the major results of this paper. So it should be explained with results in Table 3 including their definition for "a" to "d".
3. In Table 2 all components should be expressed in affirmative form as replies begin negative as "never". Still items 1 and 4 are in negative form. Also item 3 should be affirmative, not in question form.
4. In Table 2 upper indices in the relative HleIOR column should be deleted as they are unnecessary. Especially, their categorization and related discussion could be given in Table 3 separately, more clearly and explicitly as major emphasizing points of the paper, not in the form of upper index one in the current Table 2.
5. It is very unfortunate for the author to respond to the reviewer replying that "cross factor" analysis (discussion) is ignored, and the illustrated simple question in the last comment would be answered as "another study" issue. Reviewer considers that the question related with "cross factor" analysis, for example, "what kind of people tend to go to the clinic frequently? do those who answered "never" for item 1 tend to go there compared with others?" needs to be answered at least as the conducted survey should be elaborated on and investigated more carefully.

Admitting that the paper was improved, the reviewer still considers the is not well organized and written clearly so that the readers understand the survey results and recognize their contribution. Best regards.

Author's Feedback :-

I write to thank you for this reply and also for acknowledging the improved revisions that we have made. I have equally noted your displeasure on the candid position that we took adding extra analysis and discussion. Please, I still maintain that your request for cross tabulation was not part of the protocol agreed by the authors; we were interested at this point on the spread of this condition of the elements of health inequity and also as a composite variable for policy action across the region. We appreciate your concern as we are working on the decomposition of that survey as another article.

With respect to comment 2 as stated below, I have repositioned it as directed. Please, the purpose of the index and its interpretations "categorization" in Table 2 is totally different from Table 3. The two table under the different sub-headings convey different information so they ought to be explained differently.

With respect to comment 3 as stated below; the "Item 3" that was made in question form has been corrected. Item 1 and 4 were deliberately allowed in that form, aside the two all other items still have negative implication, which all were crafted that way to justify the underlying principles and assumptions that governed the measurement and scaling of the construct variable; for instance, if the index move towards 1 then item was health inequity unfriendly in the region or otherwise. Furthermore, the item were developed within the platform participatory item generation which assures that the scale was friendly to use of language, context and socio-cultural considerations in the region.

With regards to comment 4, we graciously beg to differ from your opinion, as I had earlier explained; the purpose of the index and interpretations in Table 2 is totally different from

Table 3. The two tables under the different sub-headings convey different information so they ought to be explained differently. While HleIOP aided the decomposition of items of the construct variable, HleS explains the composite outcomes of Health Inequity Status across the region.

With regards to comment 5, so sorry if our candid position did not satisfy your curiosity to know more about the region especially at this point that we had agreed on focus of the article, presented result in line with our specific objectives and concluded this report. I wish to say that we had analyzed the implications of your request, our opinion on this issue is that we did not present any result on respondent visit to health facility and neither was the focus on comparative analysis of any construct variable. Therefore, let this article go as revised.

However, we are open to receive your concise and precise suggestions about what you would like us to analyze and discuss in terms of the specific objectives concerning the upcoming article we had mentioned.