SDI Review Form 1.6

Journal Name:	**International Journal of TROPICAL DISEASE & Health**
Manuscript Number:	**Ms_IJTDH_41879**
Title of the Manuscript:	**COST-EFFICIENT EVALUATION OF AMBULANCE SERVICES, A CASES TUDY OF MACHAKOS COUNTY, KENYA**
Type of the Article	**ORIGINAL**

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:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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	**SEE THE ATTACHED FILE FOR MY COMPULSORY REVISION COMMENTS**	
Minor REVISION comments		
Optional/General comments		

Reviewer Details:

Name:	***Istifanus A. Joshua***
Department, University & Country	***Department of Community, College Of Medicine, Kaduna State University, Nigeria***