Author’s response to reviews

Title: Addressing maternal healthcare through demand side financial incentives: experience of Janani Suraksha Yojana Program in India

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Addressing maternal healthcare through demand side financial incentives: experience of Janani Suraksha Yojana Program in India

Authors’ response

1. The authors have not touched upon a very important aspect of DSF in the Discussion section. A major program weakness is the opportunity for induction of greater magnitude of illegal payments or contributions (expected and collected) from the mothers by the various levels of service providers, from the ASHAs to the doctors conducting deliveries under JSY. It appears these functionaries factored in the increased access to finances by the women and felt entitled to a share of the new support! This impact appears to be at least as significant an impact as the induction of institutional deliveries, ANC and PNC. Impact on OOP is a key study question. "The authors state this information is already reported on p.12 paragraph 1. This was already noted but what was requested was a specific paragraph in the Discussion section to highlight this finding and elaborate the implications for enhancing the very same protection from financial risks, advocated by the authors. No matter what financial incentives are given from public coffers, if providers are going to factor this into their demands for informal (under the table payments or indirect payments through prescriptions for expensive vitamin supplements, financial protection will not be abated. This is a critical matter which strikes at the very heart of the purpose of DSF schemes. The study and its findings do not bear much value as a policy study, not would it benefit readers if this aspect is not discussed.

Authors’ response: This is a very important suggestion. We have addressed this in full spirit on page 8 under the head “Is demand side incentive an appropriate financial risk-protection mechanism for maternal care?” We have added a paragraph on ‘provider unaccountability’ as one of the stimulants of OOPs and financial catastrophe.

2. The above leads to a logical connection to what they now have as an intuitive conclusion, namely that DFS such as JSY should be combined with health insurance schemes to realize the benefits. What their FGD participants empirically demonstrated that JSY combined with insurance gave the best results and satisfaction is rooted in 2 things. One is the shouldering of the costs of major medical care needs by insurance, another is that health insurance is a way of making providers responsive to patients' needs and expectations, at the very least, respect for patients and maintaining their dignity in care process despite being destitute or poor, because if they are dissatisfied they can take their business elsewhere to a more responsive provider because of the third-party payer system. I want to see this discussion well set out in the Discussion section.

Authors’ response: This is also a important suggestion. We have added one sentence with a country example on page 19 under “Harmonization of financial assistance measures”.

3. It would make sense for the authors to resolve the apparent conflict between beneficiary statements indicating the ASHAs were taking illegal payments and/or falsifying their escorting
role etc, and ASHA statements that they spent their own money to help beneficiaries in distress. The authors should spare a paragraph in the Discussion section to state that at the field level, the ASHA scheme has resulted in bringing out the best of some activists and the darker side in some cases, and that future design changes should be configured to strengthen the motivation for the inspirational behavior and curb the dark side.

Authors’ response: We have added a sentence on this on page 20. Its true that there were a few instances of ASHA’s unaccountability. Still, the overall contribution of ASHA’s to maternal healthcare is much higher than a few of their perverse behaviors. Lack of proper monitoring and adequate incentives (as per their perception) could be a few reasons for this unaccountability.

4. While the overall empirical findings of the paper are valid, there is some questionable content regarding a theory that has no bearing on the relationship of beneficiaries and the government in this case. The authors start off with a statement about "Principal-Agent theory." See the definition of this Principle-agent theory: It arises in a context where a principal (usually the employer or investor or owner) is seeking a behavioral outcome in an employer-contractor or employer-employee relationship, where there is an adversarial or at least non-congruent motivation of the two and the principal is trying to get the agent to apply their best effort and use resources to act in the principal's best interest (Spence and Zeckhauser, 1971; Ross, 1973). In DSF, the woman already knows that it is in her best interest to deliver at institutions and to protect her won and the baby's welfare by using ANC and PNC, so there is no divergence of interests. It does not apply and the authors should delete reference to this theory in their introduction.

Authors’ response: The concepts and knowledge on DSF is still evolving. This proposition of the Editor is definitely true when we look at consumer behavior from one dimension. However, the empirical evidences show that consumer behavior is inconclusive and therefore there is a degree of divergence (many examples exist on many diseases). Thus, this ‘principal-agent’ theory holds true while testing the DSF concepts on comprehensive consumer behaviors. There is still divergence whenever an incentive is being tested expecting a particular consumer behavior in the interest of the principal. Sometimes, having knowledge alone is not sufficient to showcase a particular behavior change and hence exists uncertainty. Even the level of consumer knowledge (e.g. institutionalized delivery is better) seems to be not sufficient. In our example, many women were not aware of the proper benefits of institutionalized child birth.

We agree that in due course of time, with substantial demand-side interventions, the asymmetry on consumer knowledge will gradually come down. Still, there could be some other imperfections (e.g. time constraints etc), which might still persist the divergence.
5. The paper needs thorough and professional language editing both for grammatical errors and malapropisms used in several locations. The authors may please get it professionally edited and then review carefully the final product to make sure their original intent is not misrepresented in the course of editing.

Authors’ response: We have done a round of external editing and made some corrections.

6. The authors should carefully review the paper to fill in gaps that appear self evident to the authors but still remain. For example, in the study setting section, there is no specific mention that JSY implementation started in 2005 or 2004 (it is still not clear). State the year here, and in the results section state which was pre-JSY and which was post JSY initiation "During 2004-05 (pre-JSY), the total number of deliveries was 743,711 and it came down to 701,215 (2007-08, 3 years since JSY initiation) and 672,585 (2009-10) thereafter". Similarly, while this entire study is about the outcomes of JSY, there is no mention of the conditions for payment of the FIs to women and the ASHAs. DSF is a conditional payment. Please specify clearly what conditions had to be fulfilled (instead of what you now have "After conditions were met." This has a bearing on the results observed. I noted that a good percentage of JSY beneficiaries had delivered at home. Give some discussion of why this would be the case (perhaps arrangements for transportation not possible, delivered or went into Stage 2/3 labor early, whatever?) (I am assuming that this did not violate the conditions, we need to see the conditions listed out.)

Authors’ response: The year of JSY’s initiation is mentioned on page 5, last paragraph and page 8, last paragraph. The conditionality aspect is mentioned on page 5. The issue of transportation is brought out in the discussion on page 19, first paragraph.

7. The authors state that review of MIS information and trends is "qualitative." Needless to state it is not. "Data collectionThis qualitative assessment was performed in the first half of 2010. It involved a review of Health Management Information System (HMIS) and focus group discussions (FGDs) with mothers (JSY beneficiaries) and ASHAs (JSY intermediaries). " In the Results they present trends in institutional deliveries from these data. These are quantitative, though secondary data. Please revise to state that this is a qualitative study of stakeholder perspectives examined against secondary data collected from government sources on maternal health care and MCH indicators.

Authors’ response: We have now mentioned that it was a mixed-methods study design on page 6, last paragraph.

8. Please review for missing references. For example they state the maternal mortality rate is 540, please provide the reference and comparative national average MMR. What is the source, is this well established validated rate or an estimate. Several locations through the text bear similar statements that either should have a reference or get deleted otherwise.
Authors’ response: These suggestions are addressed on page 6 under ‘study setting’. Further, references are also added in relevant places.

9. When you state scheduled caste, please state in parentheses please note that this is an international journal and non-Indian readers will not understand what is meant. You could clarify with a statement in parentheses. (E.g for SC, lower castes who have been culturally discriminated against through centuries, currently socio-economically backward on average, and provided affirmative action protections since Indian independence). For scheduled tribe state please clarify. (for example you could state in parentheses, indigenous peoples who are also subject to special affirmative action protections to facilitate socio-economic catch-up with the mainstream society).

Authors’ response: This classification of SC and ST populations are given on page 6, paragraph 10.

10. The authors make some cryptic statements that need elaboration. For example: "However, it may affect quality of care in institutions with supply constraints and create disincentives as what Nepal had experienced. Under the JSY scheme, the synergy between the demand-and-supply sides is enhanced through the intermediation of ASHAs. Further, there were instances of neutralizing the supply-side gaps, especially on supplies, when ASHAs buy them for the mothers." State in a succinct sentence or two what were the alluded Nepal experiences. Clarify what the later sentences above mean.

Authors’ response: These sentences are either elaborated or explained in a simple way on page 17, last paragraph.