Author’s response to reviews

Title: How are gender inequalities facing India's one million ASHAs being addressed? Policy origins and adaptations for the world's largest all-female community health worker program

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Author’s response to reviews:

Dear Dr. Ball,

Thank you for providing this opportunity to revise and resubmit our manuscript “How are gender inequalities facing India’s one million ASHAs being addressed? Policy origins and adaptations for the world’s largest all-female community health worker program.” The reviewer comments have enabled us to greatly improve the manuscript. Please see our point by point response, below. We are also uploading a revised manuscript with tracked changes.

Sincerely,

Kerry Scott on behalf of the authors
COMMENT FROM EDITOR: We'd also request that you carefully review your references for completeness and consistency - as a number of them were not validated by the checking system.

RESPONSE: We have edited the reference list for completeness and consistency. A number of policy documents are cited, which would probably not be validated through your checking system but are nonetheless cited in full.

Reviewer #1: Yotamu Chirwa

COMMENT 1: A good abstract, which captures the essence of the paper. One observation is the inconsistency on the number of ASHAs where in the title and abstract you say there are one million strong but elsewhere in the paper you say close to one million/ just under one million.

RESPONSE: Thank you for noting this inconsistency. We have checked the most recent ASHA numbers and found that different mechanisms for counting come up with slightly different numbers – some at one million, and others slightly below. To err on the side of caution, we now consistently refer to them as close to/just under one million. However, for the sake of brevity, we would like to retain the title as it stands.

COMMENT 2: A good background which situates the paper in good historical context.

RESPONSE: Thank you.

COMMENT 3: The methods section is well presented however I think the objectives of the study should have been clearly stated just before methods. Maybe after the background box so that the reader are able to link objectives and methods.

I guess the broad aim of the paper is captured in this sentence [The paper examines how gender is addressed in CHW programs through an analysis of India's ASHA program]. But a section starting from line 38 reads :[ This analysis, conducted by internal program leaders and external academic partners, takes into consideration published research, policy documents and key informant interviews to explore the gendered design, evolution and ongoing adaptations of the ASHA program. In doing so, our aim is to reflect on the experience and challenges of mainstreaming gender into large-scale CHW programs that are a key but underappreciated foundation of health systems world-wide.]
There is an aim provided in this section and I feel these two aims need to be presented together and probably weight them, so that readers are able to appreciate what the paper’s focus is.

RESPONSE: Thank you, we have presented the broad purpose of the paper “This paper examines how gender is addressed in CHW program…” and the specific objectives “to explore the gendered design, evolution and ongoing adaptations of the ASHA program” and “to reflect on the experience and challenges of mainstreaming gender into large-scale CHW programs.” in the same paragraph, appearing immediately before the methods.

COMMENT #4: The sentence does not read well could be there is a word missing. We trace the evolution?? the ASHA program from its instrumentalist origins that focused on ASHAs as a tool to enable the health system meet its goals to increasing attention to the empowering potential of the program and the challenges faced by the ASHAs.

RESPONSE: Apologies, we have added the missing word “We trace the evolution of the ASHA program”

COMMENT #5: In the paragraph below you cite the KI 02 and KI 01 together with published works I suggest you give the direct quotes to support the scholarly literature that you have cited this will be good triangulation of sources.

The National Rural Health Mission (and later National Health Mission), of which the ASHA program was a cornerstone, focused particularly on maternal, newborn and infant mortality, which were also receiving global attention through Millennium Development Goal 4 and 5 [14,15] (KI_02) and population stabilization, which was of interest to government and external donors [16](KI_01).

RESPONSE: We have added direct quotes from the key informant interviews,

COMMENT #6: What is/are the sources of the table 1? You state that:[ The government's focus on addressing pressing reproductive, maternal and child health needs was reflected in a number of key policy decisions for the ASHA program].could you cite the policy documents as the source.

RESPONSE: Thank you. We have added a number of citations to table 1.
COMMENT #6: Is there a direct quote from the key informant if so it has to be indicated by quotation marks like you do elsewhere in the paper. [Developing a cadre of female CHWs met women's reproductive and maternal health needs in a culturally appropriate manner and worked within existing gendered norms of caregiving to address child health -including women's responsibility for child feeding and immunization (KI_04)]. --This has to be applied across the paper as there are several instances where a KI is cited but without indicating the direct quote.

RESPONSE: We have now inserted a quotation from KI_04 to expand on this point.

COMMENT #7: The following excerpt, [First, they noted that administrative and monitoring structures in the rural health system were already strained and were struggling to ensure the selection, retention and performance of existing frontline health workers (KI_02).] suggests that several key informants made this observation but you cite (KI 02) only why is this a direct quote from the KI or is it the authors' synthesis.

RESPONSE: We have added specific quotations and attributed them to the KIs.

COMMENT #8: Revise the sentence:[Second, national government actors in the Ministry of Finance were resistant to creating to a large new cadre of government employees, who would be entitled to lifelong employment and pensions.]

RESPONSE: We’re unable to identify the problem with this sentence.

COMMENT #9: Can you provide the source of Table 2 if it is derived from government policy.

RESPONSE: Thank you. We have cited government policy documents.

COMMENT #10: Which is the direct quote in this sentence [The extent of political mobilisation varies by state context. Others have noted that labour strikes have occurred in states where support structures had failed ASHAs (KI_07).

RESPONSE #10: We have now included this quotation.

COMMENT #11: Review this sentence meaning is not clear
In an effort to meet ASHA aspirations for career progression, the National Rural Health Mission has committed to paying tuition fees for all ASHAs seeking to complete secondary school education through the Open School System and to ASHAs give preferred admission to nursing and midwifery schools.

RESPONSE: We are not able to identify the issue with this sentence.

COMMENT #12: Review this sentence meaning is not clear

[Efforts by ASHAs to mobilize their peers to reduce gender based violence [8] were supported by the development with a training module on the same topic]

RESPONSE: We have edited the sentence as follows: “Some ASHAs have begun taking action to mobilize their peers to reduce gender based violence [4]. The NHM sought to further support these efforts by developing a training module on the same topic [45].”

COMMENT #13: A very good discussion and with important messages on this very important subject. I observe that you raise to very important issues age and caste in the discussion but we do not get any reference to this in your results. It is very important to give a bit more insight on what literature says about the intersection of caste and gender in the context of South Asia. I raise this because you have mentioned it in the discussion.

RESPONSE: Thank you for noting this oversight. We have added a section on caste in findings: Although ASHA demographics show adequate representation of all castes [4,28], becoming an ASHA does not transform caste-based aspects of women’s identity. Lower caste ASHAs were often unable to visit higher caste homes and sometimes experienced discrimination from other health workers [29], and higher caste ASHAs avoided and at times disparaged lower caste areas [19,30–33]

COMMENT #14: The conclusion should talk to the key questions which have been well argued in the discussion on how the program addresses the gender inequalities, and the adaptations over time to address the challenges faced by the ASHA’s.

RESPONSE: While we appreciate this comment we are mindful that reiterating the core points in the discussion would significantly increase the length of this manuscript and introduce repetitive content.
COMMENT: List of abbreviations is not exhaustive eg I can see that you have not included [NHM; RMCH]

RESPONSE: Thank you for bringing this to our attention. We have added the missing abbreviations.

Reviewer #2: This is an article of considerable interest on an important topic. It is written in language that is accessible and clear. I think that there is scope to considerably strengthen the analysis in the article. I recommend the publication of the article with major revisions as indicated.

My main comments are as follows:

COMMENT #1: The article seeks to address gender inequalities faced by India's one million ASHAs. It would therefore be important to define and make explicit the concepts and framework / tools for analysis being adopted by the authors. Terms such as "gender lens" and "gendered-aspects of health systems" have been used without explaining what these mean from the authors' perspective. Given that this paper is targeted at a health systems research audience who may not be tuned into gender literature, it become very important to describe the concepts and tools for analysis clearly.

RESPONSE: Thank you for this comment. We have now added significant additional description of the gender concepts and tools. Please see the additional paragraphs on page 6 and top of page 7.

COMMENT #2: The gendered challenges faced by ASHAs could be described in greater detail.

RESPONSE: We have added several sentences on the intersection of caste and gender (page 22 and 24) and note that ASHAs face limitations on movement outside the home, and discouragement from families because the pay is low or delayed. In the section on ongoing and unanticipated challenges we discuss ASHA dissatisfaction with their pay and continued gender based violence.
COMMENT #3: The paper implies that the adaptations to the ASHA program are intended to be 'gender-transformative' - this theme may be developed further, rather than be mentioned in the passing, in the discussion and conclusion.

RESPONSE: Thank you for this comment. As you can see, we have substantially expanded the discussion to include a deeper analysis of the gender transformative process within the program. We explain that a linear understanding and an attempt to attribute a gender transformative goal to the whole program is too simplistic. Instead, the program is a complex set of policies that have arisen through responsiveness to anticipated and unanticipated challenges. Please see middle of page 25.

COMMENT #4: 'Intersectionality' is introduced in the Discussion section. However, the entire article treats ASHAs as if they were a homogeneous entity across the country, and the adaptations have also been described as applying across the board. More on the stratification among ASHAs and how policy adaptations have or have not factored these-in would be very useful.

RESPONSE: Thank you for this suggestion. We have added more description of the intersection of caste and gender, and how this influences ASHA work, on page 24.

COMMENT #5: More could be said about how the program has empowered ASHAs, and in turn, has made them challenge the terms of their employment

RESPONSE: We have added content on ASHA protests (page 20).

COMMENT #6: There is no indication of ASHAs' responses to the policy adaptations. Do they think these are changes in the right direction? Are all ASHAs likely to benefit from these, or do the adaptations cater to the aspirations of the creamy layer of ASHAs, while leaving behind those from disadvantaged groups? There is nothing mentioned about support for ASHAs from SC and ST communities, support for single women to become ASHAs etc.?

RESPONSE: Unfortunately, We agree with this valuable observation: just because ASHAs are aligned with the community does not mean they are aligned with the marginalized groups in the community. We have added text in the discussion to delve into these within-community power dynamics and call for future research on this.
Specific comments:

COMMENT #7: Page 1, Abstract - the acronym ASHA may please be expanded when presenting here for the first time

RESPONSE: Thank you. This has been added.

COMMENT #8: Page 5, line 26 'men from different families' may be replaced with 'men who are not members of the ASHA's family'

RESPONSE: We have edited this to read “who are not members of the same family” because the sentence is broadly about CHWs not just about ASHAs.

COMMENT #9: page 5 line 48 'mainstreaming gender into large-scale CHW programs': if using, explain what this means. Many gender terms are used cursorily without defining and elaborating on it, which is not helpful to a reader not introduced to the gender literature

RESPONSE: We have edited out discussion of gender mainstreaming and clarified our terms.

COMMENT #10: pages 10-11: The Analysis section does not explain (lines 46-58) what exactly was done when health systems components 'most pertinent to gender' were identified. What are these components? What are the gendered dimensions of components such as remuneration, training, opportunities for career progression etc.? What is meant by 'political and economic empowerment' of the ASHAs? When would an ASHA be considered politically empowered? economically empowered?

RESPONSE: We have simplified the analysis section to list the gendered dimensions (remuneration, career progression/ training, community recognition and relations, gender-based violence and safety). The findings section then engages with each of these dimensions. Our final paragraph in the discussion highlights the complex and non-linear nature of CHW empowerment.

COMMENT #11: page 12: Lines 36-39 - not clear, may please be rephrased

RESPONSE: We have heavily edited this section and added a quotation.
COMMENT #12: page 17 lines 51 - 58: belong in the gendered challenges sub-section rather than in the one on policy adaptations

RESPONSE: we have shifted this section as suggested.

COMMENT #13: page 18 line 48 'in an effort to meet ASHA aspirations for career progression' - this issue is not mentioned in the gendered challenges section, no literature is cited to show that ASHAs wanted career progression

RESPONSE: Thank you for bringing this to our attention. We have added a sentence explaining the issue of career progression (top of page 18).

COMMENT #14: Page 19, lines 24-36, citation [44]: have the changes mentioned here been implemented all over the country? Have there been any evaluations on how far this has been implemented?

RESPONSE: We have noted “While these policy changes are developed at the national level – with state level consultation – implementation varies widely according to state priorities.” (page 18).

COMMENT #15: Page 20, lines 51-58: Not clear, suggest rephrasing

RESPONSE: Apologies for the missing word. The sentence now reads “this does NOT negate the fact that…”

COMMENT #16: page 21, lines 36-41: sudden mention of ASHAs standing up for women's rights in the face of pervasively conservative gender norms. Shouldn't this come in the main text, as part of the description on gendered challenges faced by ASHAs?

RESPONSE: We have added a description of this gender-related activism in the main text (page 17).