Reviewer’s report

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

Version: 0 Date: 14 Aug 2018

Reviewer: Sundari Ravindran

Reviewer's report:

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:

- 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.

- The gendered challenges faced by ASHAs could be described in greater detail.

- 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

- '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.

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

- 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.?

Specific comments:

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

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

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

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?

Page 12: Lines 36-39 - not clear, may please be rephrased

Page 17 lines 51 - 58: belong in the gendered challenges sub-section rather than in the one on policy adaptations

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

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?

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

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?
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