Reviewer’s report

Title: The impact of India’s Accredited Social Health Activist (ASHA) programme on the utilization of maternity services: a nationally representative longitudinal modelling study

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Reviewer: Caroline Homer

Reviewer's report:

Thank you for the opportunity to review this interesting paper. The study describes the impact of the Accredited Social Health Activist (ASHA) program in India. There are many positive aspects to this paper. I raise a few issues below for consideration.

The ASHA program is said to be the largest CHW program globally. Exactly what it is though is to clear. For example - how are the individuals identified/recruited to become CHWs? Are the all women? What is their training? What do they actually do? What maternity interventions do they provide? Is the program similar/exactly the same across different states and regions? How is the fidelity of the program and the CHWs monitored, managed and regulated? What is the relationship between the CHWs and the formal health system? How did they target marginalized communities? Are they really volunteers given the compensation they receive? Some of this is included in a Box but needs clearer signposting and a brief explanation in the Introduction.

Some of the sample need explaining to a non-informed audience. For example, what is a scheduled tribe or a scheduled caste?

The women who reported ASHA contact were older (>30 years), with some or full education (page 10). The next sentence in this paragraph suggests that the most disadvantaged women accessed ASHA services which I found a little internally inconsistent. Equally, in access to services with ASHA the crude model showed no difference but the multiple regression model showed the complete opposite. It is not usual to show completely different results surely when confounders are included which again was concerning.

The effect of cash incentives seems strong. Could this be what was driving the effect of the ASHA services?

It seems likely that the quality of the health services will drive access and utility as well as ASS services. I was surprised to see very little on this in the paper. In the past decade considerable efforts have taken places in India and other countries to improve the provision of quality care.
that includes respectful and kind care. Surely these issues will also impact on women choosing to give birth in a health facility or even accessing antenatal care?

One further point is that many journals are removing the word delivery and using 'to give birth' instead. Perhaps this journal and such papers could do the same. Giving birth is a much more empowered term than delivering - the latter usually refers to someone else delivering the baby. Giving birth places the power and agency with the woman.

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