Reviewer's report

Title: What do Accredited Social Health Activists need to provide comprehensive care that incorporates non-communicable diseases? Findings from a qualitative study in Andhra Pradesh, India

Version: 0 Date: 23 May 2019

Reviewer: Sundararaman Thiagarajan

Reviewer's report:

This is an important article- but I see this more as a documentation or description of what is happening with regard to CHW role in NCD control. Its analytic role requires to be strengthened. The authors have collected extensive qualitative data from different sources- but have used only parts of it. For example one fails to see the community perceptions despite so many (5) FGDs and interviews with 47 members of the community. I would suggest that the findings present what each stakeholder group has to say on these three themes as different from the others and in what they overlap. Clearly for example medical officers who are permanent employees or regular employees could have a different view from program managers of the ASHA program. The former could be disparaging their role and the latter very supportive of it. Community, ASHA, ANM, MO and program managers may agree that they are unrecognised, overburdened and that they aspire to be part of the systems- but I would have liked to see how they differ on why it is so and the desirability of giving them a different role.

2. The failure of the ASHAs to engage with NPCDCS could be because a) of an implementation failure where the implementing officers are not convinced of desirability and feasibility of it. How much time and effort is going into NPCDCS by the others in the system. the usual experience is that not only ASHAs- everyone is focussed only on some select areas of RCH and two or three disease control programmes. b) because there is a lack of seriousness in implementing NPCDCS itself. If the ASHA or ANM were to identify the cases- is the required continuity of care and organization of services at other levels as required for managing NCDs in place? If they are not in place that could be the main reason- while ASHAs could be held responsible for the same? I find the complete lack of information on the readiness of the program to deliver the required services as a lacunae. ASHA can facilitate and raise awareness- but if the services are not there- she is not responsible, and she would be justified in not pushing the program. or c) is there some design side failure in the organization of NCD services.

3. Despite being overburdened and underpaid the ASHA persists and aspires- this much is clear. Can we say the same about the regular employee? Does the qualitative studies provide
understanding of why she does so? Is it expectation of future state action, is it agency? is it social and community pressures?

Since the study is completed- I do not envisage any further data gathering by the authors. But surely there must be information on these three above areas in such extensive qualitative data. If there is, it would be good to bring it in.

A small edit - pg 7 line 40- I think authors intend to say translated into English. Not back-translated. One could back-translate the translation of the questionnaire- but not an interview?

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