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

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Reviewer: Julie Balen

Reviewers report:

Thank you for submitting this article. Overall, it was a relevant piece of work with some interesting findings particularly within the Indian context. I outline my reflections below, including suggesting some important revisions that stem from this review.

The introduction reads as if ASHAs have been deployed as part of the current health care system to take on the NPCDCS tasks. However, in conclusion it states they are unrecognized and aspire to be part of health system. Please clarify what you mean by this for readers who may not be familiar, given that you initially state that they are part of the health system.

The manuscript has clearly defined questions about understanding the role of ASHAs and challenges in their work conditions, especially related to taking on additional tasks related to NCD control. However, the paper doesn't clarify what they are expected to deliver. NCDs cover a wide breadth of very variable chronic conditions - what is expected of them? What is part of their (new) remit? What kind of training have they received? If this was part of the process - which it appears to be - this needs to be explicitly stated or clarified.

Overall study design is appropriate, just requires the descriptive data to be further clarified. The ASHA are a recognized member of the team at policy level. So arguably they are a formal member of the team bureaucratically, but it appears that what you have reported is that on the ground they are not recognized nor empowered to fulfill their role(s). Rather than simply unrecognized, they are not empowered at the local level. You need to be explicit about what specific NCDs issues ASHAs have been / will be offered formal training in. Also to explicitly say they receive no formal training to date, if this is the case. This is a key finding in itself. Also is there anything in place formally to assess their ability and determine the quality of care they are providing (in relation to NCD control, or more generally)? What do you mean by "official delegation of services" - can you explain that with examples? You state they are a recognized member of the team at policy level but is that an official recognition? It appears that you are getting at the fact that this is not clearly defined at an official level. Recognition of the breadth required to be covered by these workers and the reality on the ground of achieving this level of training and experience in an ad hoc fashion should be discussed.
One thing that hasn't been discussed is the level of experience and exposure of ASHAs prior to taking on these roles. The recommendations are very broad and well known, however they don't add to current knowledge - can you highlight more clearly what is novel in this study? There are issues around the baseline knowledge and breadth of knowledge these community health workers are expected to obtain in real-time in order to fulfil their roles and responsibilities. This may mean that this current strategy isn't workable and perhaps focusing on key areas of interventions for particular NCDs might be something to consider in the discussion. The area around the ASHAs feeling out of depth and lacking knowledge and formal training in addition to lack of empowerment from co-workers at a primary health care workers is an important one. However, perhaps the key message should be framed around focused structuring of training and the magnitude of expectation as to what individuals should cover. The perceived breath of knowledge required as great by the workers is an interesting issue as is the perception of colleagues at the local health centre.

A recent Lancet collection would seem relevant to add to the discussion. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32172-X/fulltext

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