[3078] Failure of Public health system to address maternal health in rural Rajasthan: Case studies

**Internal review comments**:

This article has the potential to be good stage, though currently not-strongly written. The author may consider re-submitting as a fresh article after incorporating the points below, to be reviewed afresh.

(1) The abstract says: "This article is based on the field report of situational analysis of maternal health in two blocks of Rajasthan (Banswara and Govindgarh)."

The two cases of Parvati and Rekha are from Govindgarh; the demographic details on page 2 are also of Govindgarh. Banswara is mentioned twice only as a foil to Govindgarh's data (viz. Banswara has a lower percentage of ANC registration than Govindgarh, and the percentage of women from Banswara who did go ahead to receive the complete AC care). This does not qualify as a 'situational analysis' of Banswara. The author needs to address this huge disjunct between the claim in the abstract and the way that claim has been attended to in the article. There is no harm in saying the article focuses only on Govindgarh.

(2) The role of PRIA and its objectives as a stakeholder have to be elaborated.

(3) The abstract claims: "The article attempts to analyse gaps in addressing maternal health issues in India." This is not the right thing to say since this article focuses only on a very limited geographical area; the author needs to limit the claims accordingly. The pan-Indian context need not necessarily get represented by the Govindgarh scenario. The pan-Indian context would have *far* more complex realities than those a block or two represent.

(4) While the author does say that "The burden of entire women’s health system falls under front line works without active collaboration of other line departments", the tone used in the para starting with "PRIA, long work experience of grassroots level governance in Rajasthan, ...." (on page 3) makes it seem that the author is inclined to make the ASHAs and ANMs squarely responsible for the failure ("ASHA and ANM failed to realise some important factors like her age, her anaemia and ANC coverage. She just took two ANC but the ASHA whether due to lack of her knowledge or any other reason did not push Parvati to complete three cycles of ANC. Similarly, in Rekha’s case, we again see that the frontline workers failed to provide timely care and information"). There is a huge volume of literature exploring the precarious and challenging situation of the ASHAs themselves, as community women who are roped in to fulfil an ever increasing requirement of the state; there are ASHA training programs that go on; they have supervisors and so on. So, at what point are the failures really taking place and why the ASHA and ANMs might not be blamed right away, are important things to discuss.

(5) The author also flags a contradiction: "On the other hand, while talking to ASHA workers, we were informed that they did ask both the families to consult doctors but there was delay in decision making at the family level", but does not unpack this. After seemingly putting the responsibility on the ASHAs and ANMs, if such a counter reality comes up, then it becomes a moral imperative to dwell on this more than what has been done. What is the responsibility of the ASHA if, say, the family resists sending the woman? Can she force them? What can she do?

(6) Finally, even as the abstract ends with the argument that "The article stresses a collaborative and participatory approach to deal with failing system of maternal and child health by strengthening governance along with financial planning process", the argument on collaboration comes only as the last line of the article (The governance mechanism and financial planning should be strengthened to provide comprehensive preventive health care delivery system.); this is not equal to the article "stressing on collaborative and participatory approach"; this then calls for more elaboration and reflection in the Discussion section itself. Just mentioning that maternal health issues are not discussed at Panchayat meetings or VHWSNC is not adequate; that is only stating the existing reality, not calling for collaboration. Also, to keep expecting that all possible forums shall discuss maternal health issues might not be fair, esp. when the govt programs on maternal health are huge, at least in intent. Different forums and platforms are designed with different objectives in mind; how fair is it to ask that all of those prioritize only a few issues? I am not suggesting this demand (for inclusion of the topics of maternal health at panchayat meetings) is wrong, but only saying that such arguments have to have more points and stronger rationalisations.

Overall, the article tends to focus on a important issue and the journal is requesting the author to consider rewriting the article in the light of these structural comments, and resubmitting it as a fresh article. We would be very happy to engage with it once more.

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