Reviewer’s report

Title: Assessment of facility and health worker readiness to provide quality antenatal, intrapartum and postpartum care in rural Southern Nepal

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Reviewer: Yubraj Acharya

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Thank you for the opportunity to read this interesting paper. Using data from health facilities in Sarlahi district in southern Nepal, the authors provide a descriptive analysis of the facilities' readiness and providers' knowledge on maternal and newborn care. The descriptive tables are appropriate for the authors' small sample of facilities and providers (recognizing that they have taken the entire population of birthing centers in the district) and the authors are candid about the study's limitations. The paper easy to read and will be an important addition to the emerging literature on the quality of care at the sub-national level in LMICs. I only have a few minor suggestions to strengthen the paper.

In the background section, the authors situate the study in the context of ongoing global efforts on reducing MMR and NMR, and improving the quality of care in LMICs. It is important to also put the study in the national/sub-national context which international readers may not be aware of. With the promulgation of the new constitution and conclusion of federal, provincial and local elections, and the likelihood of a reasonably stable government, there is now a real opportunity for Nepal to continue its momentum in MMR and NRM reductions for which it has been widely praised. There are concerns that the poor quality of care is going to inhibit progress in these areas (and others), but the extent of this problem has so far been inadequately documented. Province 2, where Sarlahi is located, has the second-lowest rate of institutional delivery (45%) among all provinces, according to the 2016 NDHS. It's worth checking recent data, but around 2011, Sarlahi had one of the lowest HDI (around 0.4) among the districts in Nepal. So the data used in the paper are from one of the poorest districts in the country—and therefore likely the lower end of the overall quality of care in Nepal.

In the results section, I found it striking that, although the majority of workers were ANMs—for which only grade 10 level education, plus the training, is required—and although only half of providers responsible for delivery care in Sarlahi birthing centers had received the training, the majority had complete knowledge of AMTSL and diagnosis of severe pre-eclampsia. Some discussion of the potential source of this knowledge, or at least a recognition that this is an interesting area for further exploration, would be useful.
Under study procedures, the authors mention that they assess facility readiness to provide care with respect to infrastructure, medicines and supplies/equipment. 'Accessibility' in the results section does not seem to fall into any of these categories (except may be the ambulance mentioned). How far facilities are from the road—is that really a measure of readiness?

In the discussion, the authors comment on the quality of care in private birthing centers. The suggestion that private birthing center staff should be provided with training is an interesting one. But the lower level of knowledge in private centers may simply reflect the fact that the staff there are less qualified and might be over-reporting their qualification to attack customers (as widely reported by the media).

Some recommendations can be strengthened. Example 1: on public-private partnership, it might be worth highlighting the key features of the program in Gujarat. Example 2: how should the government "strengthen the procurement and distribution chain for basic drugs and equipment" specifically?

Really minor: as someone who makes a living using Stata, I could not help notice that the authors have called Stata STATA.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
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