



Province 5

**Key Findings from the
2015 Nepal Health Facility Survey &
2016 Nepal Demographic and Health Survey**



This report summarizes the key findings from two surveys: the 2015 Nepal Health Facility Survey (NHFS) and 2016 Nepal Demographic and Health Survey (NDHS). The 2015 NHFS received funding from USAID, the UK Department for International Development (DFID), and The World Health Organization (WHO). The Nepal Health Sector Support Program (NHSSP), a DFID-funded technical assistance program supporting MoHP to implement the second Nepal Health Sector Program (NHSP-2), also provided technical assistance to the survey. New ERA, a private research firm, implemented the survey. The 2016 NDHS was implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP) of Nepal. Funding for the survey was provided by the United States Agency for International Development (USAID). Strengthening Systems for Better Health (SSBH), a USAID-funded project, provided insights in the production of this report.

ICF provided technical assistance for both surveys through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2015 NHFS and 2016 NDHS may be obtained from the Nepal Ministry of Health and Population, Ramshahpath, Kathmandu; Telephone: +977-1-4262543/4262802; Internet: www.mohp.gov.np; and New ERA, Rudramati Marg, Kathmandu, P.O. Box 722, Kathmandu 44600, Nepal; Telephone: +977-1-4413603; Email: info@newera.com.np; Internet: www.newera.com.np.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

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Ministry of Health
and Population



Ministry of Social Development
Province 5





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Butwal, Nepal

Ref. No.:-

Date:

Letter No.:-

MESSAGE

I am pleased to know that the Health Directorate of the Provincial Ministry of Social Development (MOSD) is bringing out the Key Findings from the 2016 Nepal Demographic and Health Survey and 2015 Nepal Health Facility Survey for Province 5. The document presents the health outcomes, particularly of the mothers and children of Province 5, and also shows the status of the health services availability and readiness in the health facilities of the Province 5. Data-driven and evidence-informed decisions are vital for the successful planning, management and delivery of quality health services. This document quenches the thirst of information and evidence gaps in health sector and helps policy makers and program implementers identify program priorities, allocate limited resources wisely and ensure accountability. These information are immensely helpful to understand the type and quality of health services that our health facilities are providing and to triangulate whether people are using those services or not.

I really appreciate the hard work of the Health Directorate of the MoSD in being so innovative in consolidating a wealth of information in this report, and ask that this information be well used when developing health plans and activities for this province. I would also like to express my gratitude to the United States Agency for International Development, ICF, and Strengthening Systems for Better Health project for their financial and technical support in developing this report.


12/14/2019

Honourable Minister
Sudearshan Baral

Ministry of Social Development, Province 5
Butwal, Nepal



Provincial Government

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FOREWORD

The 2015 Nepal Health Facility Survey (NHFS) is the first nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Survey (DHS) Project in the country. It harmonizes the existing health facility-based survey methodologies in Nepal. The 2016 Nepal Demographic and Health Survey (NDHS) is the fifth nationally representative comprehensive survey conducted as part of the DHS Program in the country. Both the surveys were implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP). Technical support for NHFS was provided by ICF and Nepal Health Sector Support Program, with financial support from the United States Agency for International Development (USAID) and the UK's Department for International Development through their mission in Nepal, while technical support for the NDHS was provided from ICF, with USAID funding.

Under the leadership of the MoHP, DHS project has been supporting to conduct the national and regional/provincial disseminations of these surveys in each round. In addition, secondary analysis of the data sets from these surveys are also common activities that provides more in-depth knowledge and insights into key technical areas covering the key issues that emerged based on the data. The MoHP and the DHS project in Nepal have published four and seven reports using the 2015 NHFS and 2016 NDHS respectively. The province focused report is the first of its kind and is produced under the leadership of the Ministries of Social Development (MoSD) of Province 5.

This Province 5 report provides insights into provincial-level indicators from both the 2015 NHFS and 2016 NDHS. I believe that this report will be tremendously informative to the MoSD to plan, monitor and evaluate the health activities in Province 5. In future if such reports could be made available on time, it will add much value to the evidence-based management of health activities in Province 5.

I would like to express my deep sense of appreciation for the contributions of a number of different stakeholders in the various phases of the report finalization. My sincere gratitude goes to the Health Directorate team. I would particularly like to appreciate the efforts of Mr. Dinesh Kumar Chapagain, Director Health Directorate, and Dr. Umashankar Prasad Chaudhary, Hospital Development and Curative Service Division, MOSD Province 5. My thanks also goes to the USAID's Strengthening Systems for Better Health project for facilitation in technical consultation of the report.

The technical support provided by ICF is highly appreciated and acknowledged. My special thanks goes to Ms. Sally Zweimueller. Lastly, I would like to express my gratitude to the USAID/Nepal Health Office for providing funds to publish this report. I am thankful to Ms. Carries Rasmussen/Director, Ms. Monica Villanueva/Deputy Director and Ms. Sabita Tuladhar/Strategic Information and Research Adviser for their continued support.

Mr. Krishna Prasad Gyawali

Secretary

Ministry of Social Development, Province 5

Butwal, Nepal

ABOUT THIS REPORT

The Ministry of Health and Population (MoHP) of Nepal has recently undertaken two surveys through the USAID-funded Demographic and Health Surveys (DHS) Program. These surveys respond to the ongoing need for data to plan, monitor, and evaluate population and health programs. The [2015 Nepal Health Facility Survey \(NHFS\)](#) is the first comprehensive assessment of health facilities in Nepal. The [2016 Nepal Demographic and Health Survey \(NDHS\)](#) is a household survey and is the fifth Demographic and Health Survey conducted in Nepal since 1996. This report was prepared in consultation with the Ministry of Development of Province 5 to provide provincial disaggregation of key results from the 2015 NHFS and 2016 NDHS.

Nepal has entered into a new federal structure following the promulgation of the new constitution in September 2015. In the new federal structure, the MoHP is responsible for overall national-level planning and policymaking, while the local government has overall responsibility for local-level planning and program execution in alignment with the federal and provincial policies, strategies, and guidelines. The objective of this report is to provide provincial-level program managers with information on the population's health and health facility services. This will help decision makers determine how to allocate available resources within their province.

This report provides insights into provincial-level indicators from both the 2015 NHFS and the 2016 NDHS. First, the report describes the methodology of the two surveys. Secondly, topical results from the 2015 NHFS are described on the left-side pages highlighted in navy blue, while the results from the 2016 NDHS are described on the right-side pages highlighted in magenta. Finally, the report provides provincial-level tables at the back of the report. Tables 1 through 64 are from the 2015 NHFS, and tables 65 through 83 are from the 2016 NDHS.

There are limitations in terms of sample size at the provincial level. There are several indicators that have very few cases, and thus should be interpreted with caution. This should be noted in the interpretation of results.



2015 NHFS METHODOLOGY

About the 2015 NHFS

The 2015 Nepal Health Facility Survey (NHFS) is the first comprehensive assessment of health facilities in Nepal that harmonizes various health facility surveys among the MoHP and health development partners. The survey was designed to collect information from formal-sector health facilities in the country on the delivery of health care services and to examine the preparedness of facilities to provide quality health services in child health, family planning, maternal and newborn care, HIV, STIs, non-communicable diseases, tuberculosis, and malaria.

Sample

The 2015 NHFS sampled 1,000 facilities throughout Nepal. Of the 1,000 formal health facilities in Nepal that were visited during the assessment, 37 facilities were permanently closed, unreachable, duplicates of other facilities, or refused to participate. Data were successfully collected from a total of 963 facilities. The 2015 NHFS provides reliable estimates at the national level, by facility type and managing authority, for 3 ecological regions, 14 highly earthquake-affected districts, and 13 eco-development zones.

The 2015 NHFS interviewed 4,057 health service providers who were present in the facility on the day of the survey. The sample consisted of 43% paramedics, 39% nurses, 9% doctors, 9% technicians, and 1% other clinical providers.

For the observation component of the survey, antenatal care, family planning, and curative care for sick children clients were selected at each service site on the day of the survey. Overall, 2,186 sick children, 772 family planning clients, and 1,509 antenatal care consultations were observed.

Questionnaires

The 2015 NHFS used five types of questionnaires:

- Facility inventory questionnaire
- Health provider interview questionnaire
- Observation protocol of consultations of sick children, antenatal care, and family planning clients
- Client exit interview questionnaires for women attending antenatal care, family planning clients, and caretakers of sick children
- Health Facility Operation and Management Committee/Hospital Development Committee member interview questionnaire

Provincial Focus

The 2015 NHFS was designed to be representative for the 13 eco-development zones, thus all indicators are also representative at the provincial level. At the provincial level, health facilities are further disaggregated by managing authority into public facilities versus private/other facilities. In Province 5, data were successfully collected from a weighted total of 144 facilities, of which 129 were public facilities and 15 were private/other facilities. As there are very few cases at the private/other facility level, these indicators should be interpreted with caution.

Facility Type	Number of Health Facilities Surveyed			
	Nepal		Province 5	
	Weighted	Unweighted	Weighted	Unweighted
Zonal and above hospitals	6	27	1	4
District-level hospitals	16	76	3	12
Private hospitals	70	144	8	18
Primary health care centers (PHCCs)	42	200	6	31
Health posts (HPs)	775	423	116	69
Urban health centers (UHCs)	32	45	4	6
HIV testing and counseling (HTCs)	23	48	6	13
Managing Authority				
Public	871	771	129	122
Private/other	92	192	15	31
Total	963	963	144	153

2016 NDHS METHODOLOGY

About the 2016 NDHS

The 2016 Nepal Demographic and Health Survey (NDHS) was designed to provide data for monitoring the population and health situation in Nepal.

The objective of the survey was to provide up-to-date estimates of fertility levels and preferences, marriage, sexual activity, family planning methods, breastfeeding practices, nutrition, anemia, childhood and maternal mortality, maternal and child health, HIV/AIDS and other STIs, women's empowerment, domestic violence, and hypertension that can be used by program managers and policymakers to evaluate and improve existing programs.

Sample

A nationally representative sample of 12,862 women age 15-49 in 11,040 surveyed households and 4,063 men age 15-49 in half of the surveyed households were interviewed. This represents a response rate of 98% of women and 96% of men. The 2016 NDHS provides reliable estimates at the national level, for urban and rural areas, 3 ecological zones, 5 development regions, and 7 provinces.

Results of Household and Individual Interviews in the 2016 Nepal DHS

Household Interviews

Households selected	11,473
Households occupied	11,203
Households interviewed	11,040
Response rate	99%

Interviews with Women age 15-49

Eligible women	13,089
Women interviewed	12,862
Response rate	98%

Interviews with Men age 15-49

Eligible men	4,235
Men interviewed	4,063
Response rate	96%

Number of Respondents in Province 5 (weighted)

Households	1,793
Women age 15-49	2,274
Men age 15-49	658

Questionnaires

The 2016 NDHS used five types of questionnaires:

- Household questionnaire
- Woman's questionnaire
- Man's questionnaire
- Biomarker questionnaire
- Verbal autopsy questionnaire

Provincial Focus

In Province 5, data were collected from 1,793 households, 2,274 women age 15-49, and 658 men age 15-49. Throughout this report, provincial-level NDHS indicators are disaggregated into two background characteristics: household wealth and population group. Wealth of households is calculated through household assets collected from NDHS surveys – i.e., type of flooring, source of water, availability of electricity, and possession of durable consumer goods. These are combined into a single wealth index. They are then divided into three groups based on their relative standing on the household wealth index. These three wealth groups – poor, middle, and wealthy – represent the bottom 40%, middle 20% and top 40% of the population, respectively.

The provincial-level indicators are also presented by two population groups: advantaged and disadvantaged. Groupings are based on the 2001 Census and analysis by *Bennett, L., Dahal, and Govindasamy 2008*. The advantaged group includes Hill Brahmin, Hill Chhetri, Terai Brahmin/Chhetri, Newars, and other. The disadvantaged group comprises Muslim, Hill Dalit, Terai Dalit, Hill Janajati, Terai Janajati, and other Terai caste.

Since the provincial government structure was enacted in 2015, previous NDHS surveys did not disaggregate data at the provincial level. However, data from the 2011 NDHS were tabulated at the provincial level to provide provincial trends in *Inequalities in Health Outcomes and Access to Services by Caste/Ethnicity, Province, and Wealth Quintile in Nepal* (Ghimire, Umesh et al. 2019).

NHFS: HEALTH FACILITIES

Availability of Basic Client Services

More than 6 in 10 (62%) health facilities excluding HTC in Nepal offer all basic client services, including curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning (FP), antenatal care (ANC), and services for STIs.

In Province 5, 63% of health facilities offer all basic client services. Availability of basic client services is higher in public facilities (67%) than in private/other facilities (7%).

Basic Amenities

More than half of facilities in Province 5 lack regular electricity. Four in five facilities lack communication equipment. However, more than 8 in 10 facilities have an improved water source (85%) and a client latrine (81%). In the majority of facilities, consultations may take place with visual and auditory privacy (75%). In addition, 62% of facilities have emergency transport. Only 12% of facilities have all 6 basic amenities¹ (excluding computer with internet). Private/other facilities are more likely to have all 6 basic amenities (55%) than public facilities (7%).

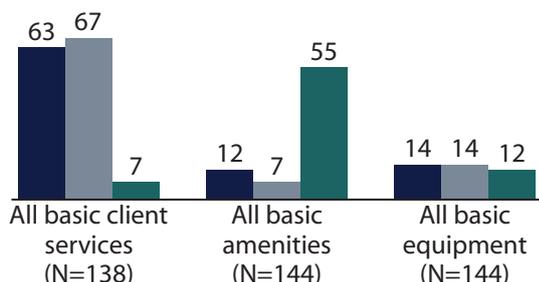
Basic Equipment

Only 14% of health facilities in Province 5 have all equipment items considered basic to providing quality client services.² A stethoscope, blood pressure apparatus, and thermometer are the most commonly available basic equipment in health facilities in Province 5.

Basic Client Services, Amenities, and Equipment: Province 5

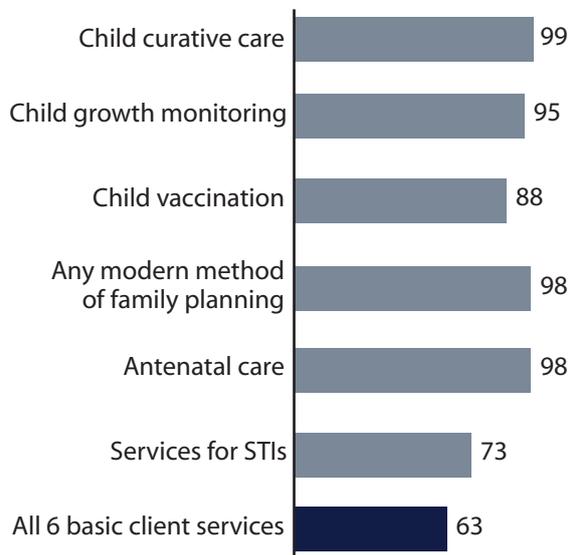
Percent of facilities offering or with:

■ Province 5 ■ Public ■ Private/other



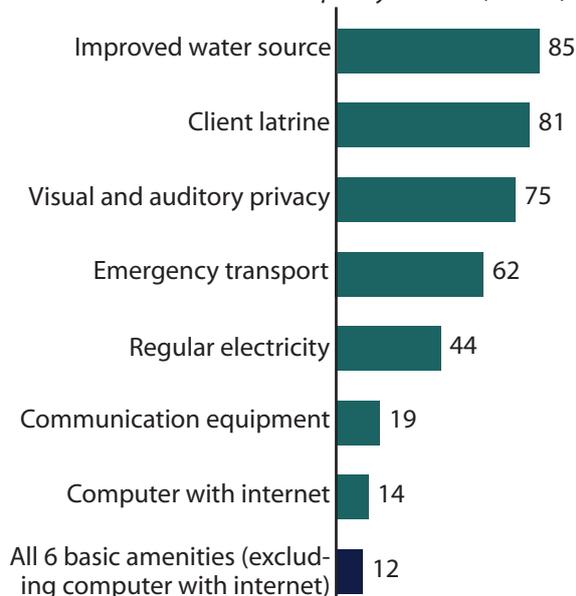
Availability of Basic Client Services: Province 5

Among all facilities excluding HTCs (N=138), percent offering indicated basic client services



Availability of Basic Amenities for Client Services: Province 5

Among all facilities, percent with indicated amenities considered basic for quality services (N=144)



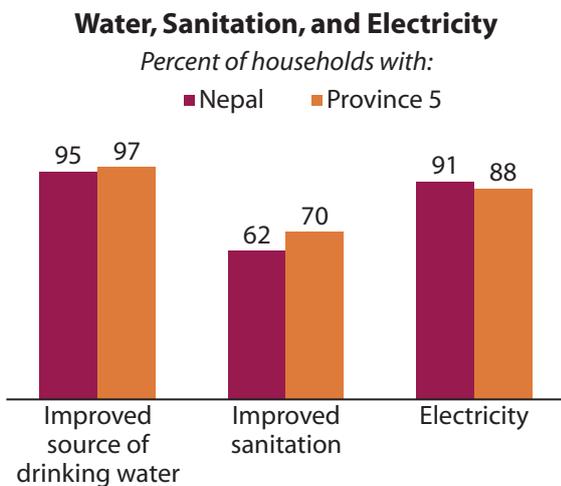
¹Facility has regular electricity, improved water source, visual and auditory privacy, client latrine, communication equipment, and emergency transport.

²Facility has an adult scale, child scale, infant scale, thermometer, stethoscope, blood pressure apparatus, and light source all available on the day of the survey.

NDHS: HOUSEHOLDS AND RESPONDENTS

Housing Characteristics

The majority of households in Nepal (95%) have access to an improved source of drinking water, compared to 97% of households in Province 5. More than 6 in 10 households (62%) in Nepal use improved sanitation, while 7 in 10 households in Province 5 have access to improved sanitation. Ninety-one percent of households in Nepal and 88% of households in Province 5 have electricity.



Distance to Nearest Government Health Facility

Nearly half of households (49%) in Nepal are less than 30 minutes distance to the nearest government health facility, while 39% of households are 30 to 60 minutes away. In Province 5, 45% of households are located less than 30 minutes away from the nearest government facility, while 43% are 30 to 60 minutes away, and 11% of households are more than 60 minutes away.

Distance to Nearest Government Health Facility
Percent distribution of households with distance to the nearest government health facility

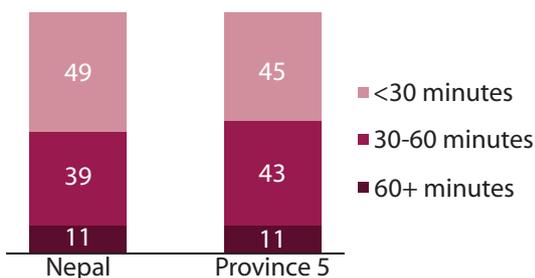


Figure is <100% due to rounding.

Ownership of Goods

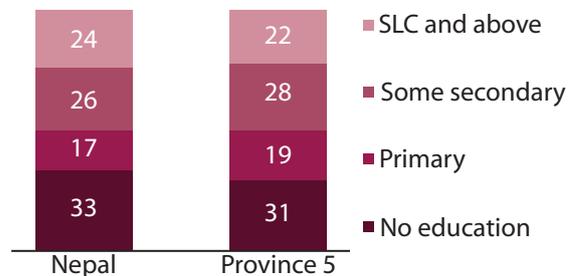
Nearly all households in Nepal have a mobile telephone (93%), 52% have a television, and 29% have a radio. Similarly, nearly all households in Province 5 have a mobile phone (94%), 53% have a television, and 27% have a radio.

Education

One in three Nepali women age 15-49 have no education. Seventeen percent of women have only attended primary school, while 26% of women have attended some secondary education. Nearly one-quarter of women have their School Level Certificate (SLC) or above.

Similarly in Province 5, about 3 in 10 women have no education, 19% have primary education, 28% have some secondary education, and 22% have SLC and above education.

Education among Women
Percent distribution of women age 15-49 by highest level of education attended



Exposure to Mass Media and Internet

The most common form of media for women in Nepal and Province 5 is the television (50% and 47%, respectively). Only 3% of women in Nepal and in Province 5 access three media types (television, newspaper, and radio) within a week, while 37% of Nepali women and 41% of women in Province 5 have no access to media on a weekly basis. Overall, 23% of Nepali women and 19% of women in Province 5 have used the internet in the past year.

NHFS: FAMILY PLANNING SERVICES

Availability of Family Planning Services

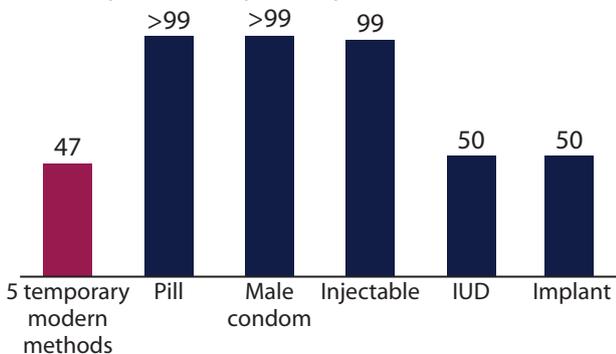
In Nepal and Province 5, 98% of all health facilities offer any modern method of family planning such as the pill, injectables (Progestin-only), implants, intrauterine contraceptive devices (IUDs), male condom, or female or male sterilization. In Province 5, the availability of any modern method of family planning is higher in public facilities compared to private/other facilities (>99% vs. 61%).

Family Planning Services Offered

Nearly half of facilities in Province 5 offering any modern method of FP (N=135) offer (provide, prescribe, or counsel clients on) five temporary modern methods – the pill, male condoms, injectables, IUD, and implant. Two-thirds of private/other facilities offer all five temporary modern methods, compared to 46% of public facilities.

Family Planning Methods Offered: Province 5

Among facilities offering any modern method of FP (N=135), percent that provide, prescribe, or counsel clients



Provision and Availability of Family Planning Commodities

The majority of facilities offering any modern method of family planning in Province 5 provide (stock in the facility and make it available to clients) injectables (95%), the male condom (94%), and the pill (94%). The IUD (23%), implants (23%), female sterilization (2%), and male sterilization (2%) are the least commonly provided family planning methods. The majority of facilities that provide family planning methods had the methods available on the day of the survey. Male condoms, injectables, and pills are among the most widely available methods in facilities.

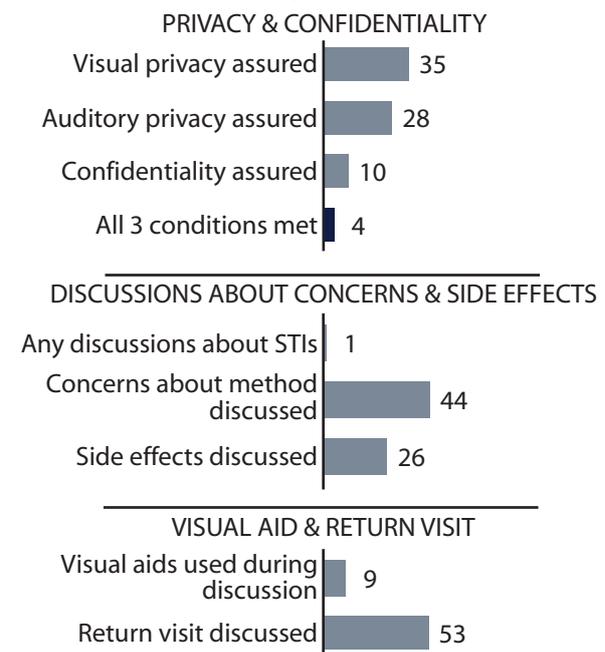
Observed Family Planning Consultations

Counseling of new and continuing family planning clients does not include all recommended elements, and providers miss opportunities to screen for STIs and chronic illnesses. Among consultations with new clients in Province 5 (N=18), none included all elements of reproductive history (age, pregnancy history, current pregnancy status, the desired timing for the next child or desire for another child, breastfeeding status, and regularity of menstrual cycle) as part of the consultation. Among new family planning clients, 45% were asked about any chronic illness, 9% symptoms of STIs, and 8% smoking history. Providers measured blood pressure and weighed clients in 7 in 10 consultations.

Forty-four percent of consultations among all female family planning clients (N=88) included discussions of client concerns about her contraceptive method; fewer included discussions about side effects (26%). Merely 1% of consultations had any discussion related to STIs. Lack of privacy may account for this. Only 4% of consultations took place under conditions of privacy and confidentiality.

Observed Family Planning Consultations: Province 5

Among observed consultations with all female FP clients (N=88), percent that include:

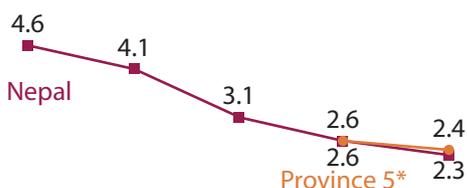


NDHS: FERTILITY AND FAMILY PLANNING

Total Fertility Rate

Women in Nepal have an average of 2.3 children. Since 1996, fertility has decreased from 4.6 children per woman to 2.3 children in 2016.

Trends in Total Fertility Rate
Births per woman for the three-year period before the survey



Year	Survey
1996	NFHS
2001	NDHS
2006	NDHS
2011	NDHS
2016	NDHS

*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

Fertility varies by province. Fertility is lowest in Province 3 (1.8 children per woman) and highest in Province 2 (3.0 children per woman). Women in Province 5 have an average of 2.4 children.

In Province 5, fertility varies by wealth and population group. Fertility decreases as the wealth of the household increases. Women living in the poorest households in Province 5 have an average of 2.7 children, compared to 2.2 children among women living in the wealthiest households. Disadvantaged women have 0.8 more children than advantaged women (2.6 versus 1.8).

Total Fertility Rate: Province 5

Births per woman for the three-year period before the survey

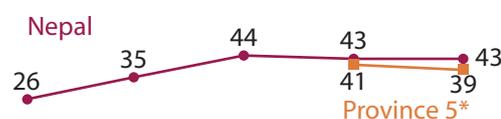


Family Planning

More than half (53%) of married Nepali women age 15-49 use any method of family planning—43% use a modern method and 10% use a traditional method. The use of modern methods of family planning has increased from 26% in 1996 to 43% in 2016.

Trends in Modern Contraceptive Use

Percent of married women age 15-49 using a modern method of family planning



Year	Survey
1996	NFHS
2001	NDHS
2006	NDHS
2011	NDHS
2016	NDHS

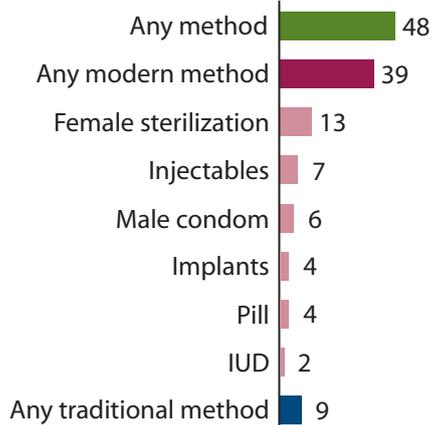
*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

By province, modern method use ranges from a low of 37% in Gandaki Province to a high of 49% in Province 3. In Province 5, 39% of married women use a modern method of family planning. Female sterilization is the most popular modern method in Province 5 (13%), followed by injectables (7%) and male condom (6%). Modern method use varies little by wealth or population group.

The total demand for family planning among married women in Province 5 is 76%. More than 1 in 4 married women in have an unmet need for family planning. Overall, 51% of the demand for family planning is satisfied by modern methods.

Family Planning: Province 5

Percent of married women age 15-49 using family planning



NHFS: ANTENATAL CARE SERVICES

Availability of Antenatal Care

Overall, 98% of health facilities in both Nepal and Province 5 offer ANC services. Among facilities that offer ANC services in Province 5 (N=135), 13% of facilities can test urine protein, 12% can conduct a urine glucose test, and 3% can test for HIV. Only 3% of facilities offering ANC services have all three basic tests. Private/other facilities are more likely to have testing capacity than public facilities.

Nearly all health facilities offering ANC services had all essential medicines available on the day of the survey, which include combined iron and folic acid tablets and albendazole. Nearly all public facilities (99%) had all essential medicines compared to 77% of private/other facilities.

Observed Antenatal Care Consultations

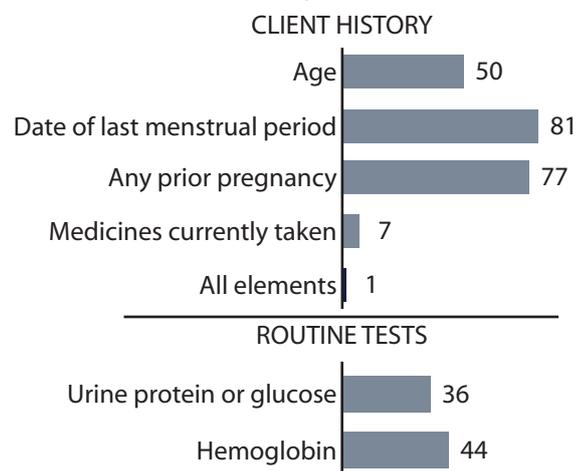
NHFS interviewers observed client-provider interactions of 1,502 ANC clients in Nepal of which 224 were in Province 5. In Province 5, ANC providers were not thorough in taking client history or providing routine tests. Although 81% of first-visit ANC clients in Province 5 (N=84) were asked the date of their last menstrual period, only 7% were asked about current medications. Merely 1% of consultations had all elements of client history assessed. About 4 in 10 first-visit ANC clients had a hemoglobin test (44%) or a urine protein or glucose test (36%).

Various components of the basic physical examination were performed in the majority of observed consultations for all ANC clients in Province 5 (N=224). In 93% of consultations pregnant women had their blood pressure measured, for 91% the provider listened to the fetal heart, and 88% were weighed. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 68% of consultations. In comparison, in only 27% of consultations did the provider administer or prescribe the tetanus toxoid vaccine.

ANC providers did not routinely inform women of symptoms related to pregnancy complications. Severe lower abdominal pain was discussed in 48% of consultations and vaginal bleeding in 35%. More than one-quarter of consultations included discussion about loss of, excessive, or normal fetal movement as well as discussions about swollen hands, face, or body. One-quarter of consultations included discussion of headache or blurred vision. Even fewer consultations included discussion of convulsion or loss of consciousness (14%), fever (6%), or tiredness and shortness of breath (5%). For 72% of the observed consultations, at least one risk symptom was discussed.

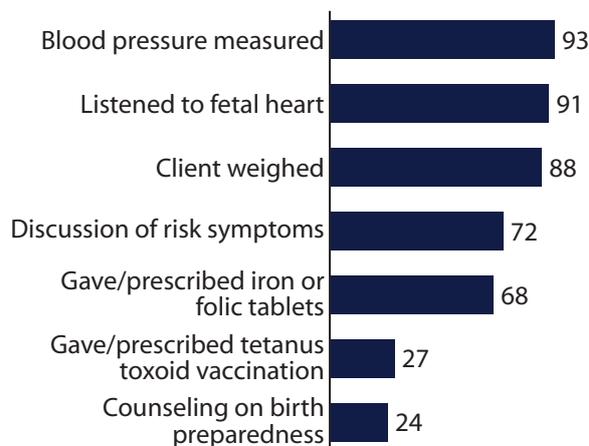
Observed Elements of Client History for First-visit ANC Clients: Province 5

Among observed consultations with first-visit ANC clients (N=84), percent that included:



Physical Examinations and Counseling for ANC Clients: Province 5

Among observed consultations with all ANC clients (N=224), percent of indicated interventions that were observed



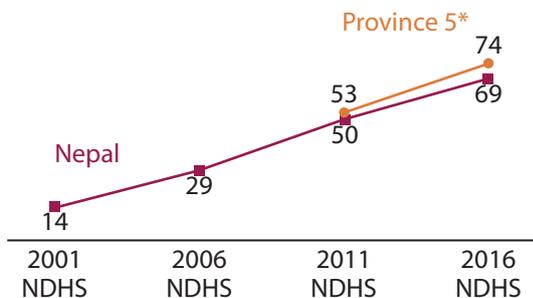
NDHS: ANTENATAL CARE

Antenatal Care

More than 8 in 10 Nepali women (84%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, and auxiliary nurse midwife). The timing and quality of ANC are also important. Two-thirds of women have their first ANC visit in the first trimester, as recommended. Seven in ten women make four or more ANC visits. Since 2001, more women have received ANC from a skilled provider and attended four or more ANC visits.

Trends in 4+ ANC Visits

Percent of women age 15-49 who had a live birth in the 5-year period before the survey with four or more antenatal care visits for the most recent birth

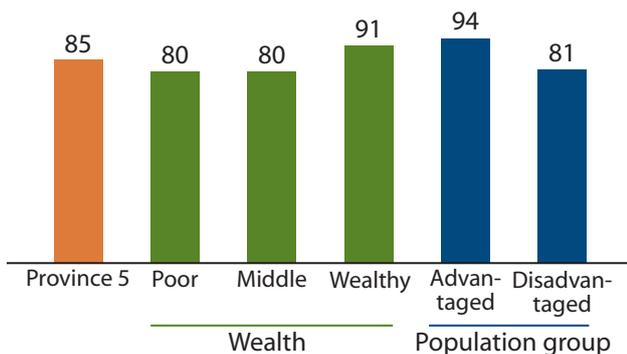


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

In Province 5, 85% of women receive ANC from a skilled provider. Disadvantaged women (81%) and those from the poor and middle wealth groups (80% each) are least likely to receive ANC from a skilled provider.

ANC from a Skilled Provider: Province 5

Percent of women age 15-49 with a live birth in the 5-year period before the survey who received ANC from a skilled provider

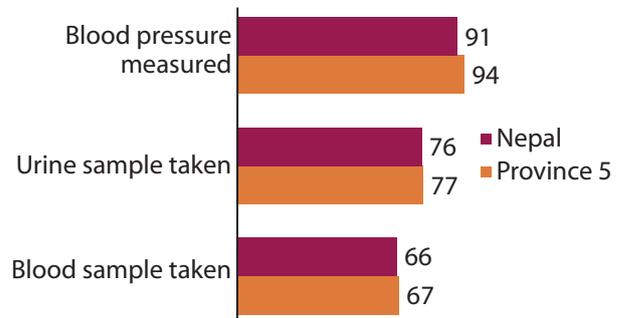


Components of Antenatal Care

Among women in Province 5 who received ANC for their most recent birth, 94% had their blood pressure measured, while 77% had a urine sample taken and 67% had a blood sample taken. Women from advantaged population groups and the wealthiest households are more likely to receive each of the three ANC components than disadvantaged or poorer women.

Components of ANC

Among women age 15-49 who received ANC for their most recent birth in the past 5 years, percent who had:



Antenatal Care Counseling

Among issues women should be counseled on in ANC, women in Province 5 who attended an ANC visit are most likely to receive counseling on the importance of institutional deliveries (87%) and least likely to hear about the importance of getting postnatal checks (65%). Women from advantaged population groups are more likely to receive all five components of counseling than disadvantaged women.

ANC Counseling: Province 5

Among women age 15-49 who received ANC for their most recent birth in the past 5 years, percent who received counseling during ANC about the following:



NHFS: DELIVERY AND NEWBORN CARE SERVICES

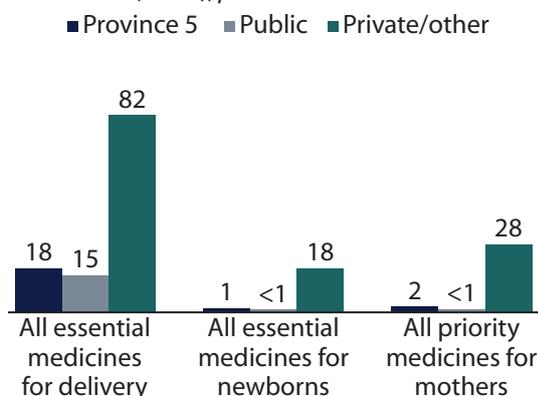
Availability of Delivery Services

Among all facilities in Nepal, 49% offer normal vaginal delivery services and 5% offer Cesarean delivery. In Province 5, 46% of facilities offer normal vaginal delivery services and 3% offer Cesarean delivery.

Medicines for Delivery and Newborn Care

Among facilities in Province 5 offering normal vaginal delivery services (N=63), the majority of facilities (82%) did not have all four essential medicines for delivery on the day of the survey – injectable uterotonic (oxytocin), injectable antibiotic, skin antiseptic, and intravenous fluids with infusion set. Only 1% of facilities offering normal vaginal delivery services had all five essential medicines for newborns – tetracycline eye ointment, 4% chlorhexidine ointment, injectable gentamicin, ceftriaxone powder for injection, and amoxicillin. The eight priority medicines for mothers were also not readily available at facilities. Only 2% of health facilities in Province 5 had all eight medicines – sodium chloride injectable solution, injectable calcium gluconate, ampicillin powder for injection, injectable metronidazole, misoprostol, azithromycin, cefixime, and injectable bethamethasone or dexamethasone.

Medicines for Delivery and Newborn Care: Province 5
Among facilities offering normal vaginal delivery services (N=63), percent that have:

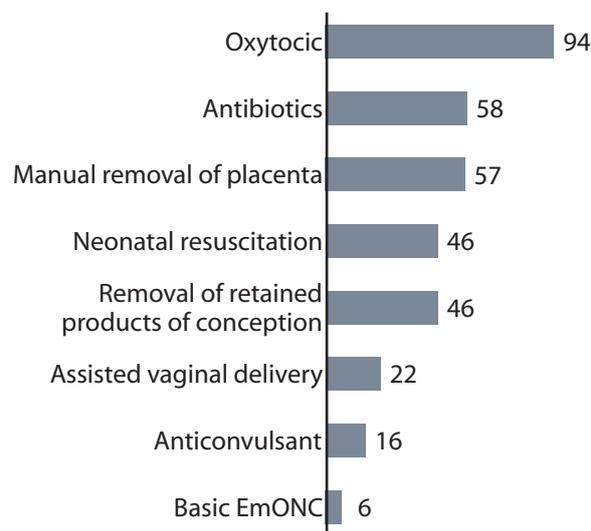


Signal Functions for Emergency Obstetric and Neonatal Care

Facilities that offer normal vaginal delivery care should be prepared to provide the most important interventions – emergency obstetric and neonatal care (EmONC) signal functions – to manage delivery complications when they occur. Among signal functions performed in the last three months in Province 5, the most commonly practiced is the administration of parenteral oxytocic (94%) and the least common is the administration of anticonvulsants (16%). More than half of facilities administered parenteral antibiotics at least once during the same time period. Nearly half (46%) of facilities carried out neonatal resuscitation and removed retained products of conception. Nearly one-quarter of facilities carried out an assisted vaginal delivery. Only 6% of facilities had performed all seven basic EmONC signal functions.

Signal Functions for Emergency Obstetric and Neonatal Care: Province 5

Among facilities offering normal vaginal delivery services (N=63), percent that performed the following services at least once during the 3 months before the survey



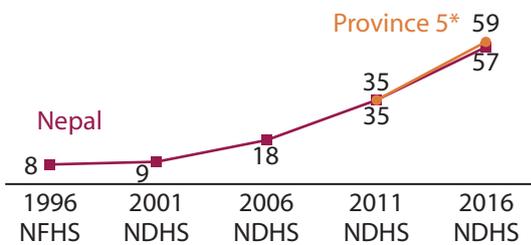
NDHS: DELIVERY AND POSTNATAL CARE

Delivery Care

In Nepal, 91% of births are normal vaginal deliveries, while 9% are delivered by Cesarean section. More than half of births (57%) in Nepal are delivered in a health facility, primarily in government sector facilities. However, 41% of births are delivered at home. Only 8% of births in 1996 were delivered in a health facility, compared to 57% in 2016.

Trends in Health Facility Deliveries

Percent of live births in the 5-year period before the survey delivered in a health facility

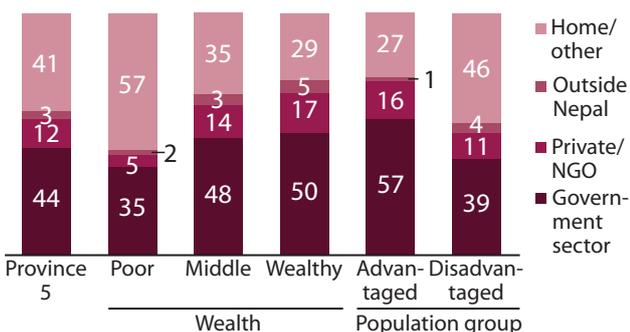


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

In Province 5, 94% of births are delivered by normal vaginal delivery and 6% by Cesarean section. Nearly 6 in 10 births (59%) are delivered in a health facility. While 44% of births are delivered in a government sector facility, 41% are delivered at home/other. Births among women from disadvantaged population group are nearly twice as likely to be delivered at home/other compared to advantaged women. More than half of births among women from the poorest households are delivered at home.

Place of Delivery: Province 5

Percent distribution of live births in the 5-year period before the survey



Figures don't equal 100% due to rounding.

Skilled Birth Assistance

Overall, 58% of births in Nepal are assisted by a skilled provider, the majority by doctors (31%). One in ten births are assisted by no one. Skilled assistance during delivery has increased from 11% in 2001 to 58% in 2016.

In Province 5, 57% of births are assisted by a skilled provider, the majority by doctors (30%). One in four births are assisted by no one. Women from the wealthiest households (68%) and those from advantaged population groups (73%) are most likely to receive delivery assistance from a skilled provider.

Postnatal Care

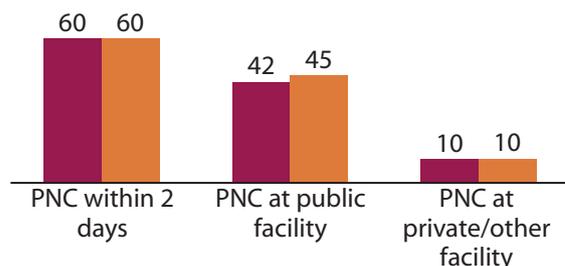
Postnatal care helps prevent complications after childbirth. More than half of Nepali women (57%) receive a postnatal check within two days of delivery, while 42% did not have a postnatal check. Similarly, 57% of newborns receive a postnatal check within two days of birth, while 40% did not have a postnatal check.

In Province 5, 60% of women receive a postnatal check within two days of delivery, the majority at government sector facilities (42%). Disadvantaged women (56%) and women from the poorest households (53%) are least likely to receive a postnatal check within two days of delivery. Similarly, 60% of newborns receive a postnatal check within two days of birth, the majority at government sector facilities (45%).

Postnatal Care (PNC) for Mothers and Newborns: Province 5

Percent of most recent live births in the 2 years before the survey

■ Mother ■ Newborn



NHFS: CHILD HEALTH SERVICES

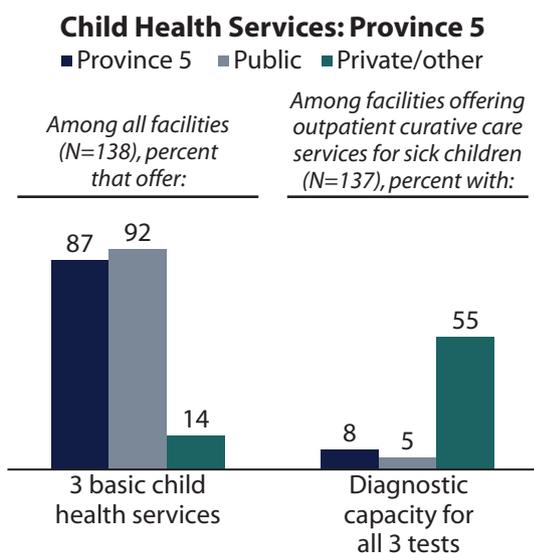
Availability of Child Health Services

In Nepal, all health facilities offer outpatient curative care for sick children, 93% offer growth monitoring services, and 87% offer child vaccination services. Eighty-five percent of health facilities offer all three basic child health services.

In Province 5, 99% of health facilities offer outpatient curative care for sick children, 95% offer growth monitoring, and 88% offer child vaccination services. Nearly 9 in 10 (87%) facilities offer all three basic child health services. By managing authority, 92% of public facilities offer all three basic child health services compared to 14% of private/other facilities.

Laboratory Diagnostic Capacity

Among facilities offering outpatient curative care for sick children in Province 5 (N=137), 28% can diagnose malaria, 15% have the ability to measure hemoglobin to assess anemia, and 9% have the capacity to do a stool microscopy. Overall, less than 1 in 10 facilities have the capacity to perform all three diagnostic tests. More than half of private/other facilities (55%) have the capacity to perform all three diagnostic tests, compared to 5% of public facilities.



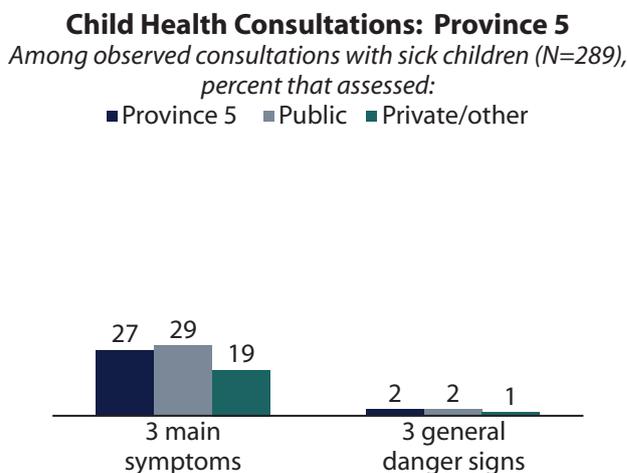
Availability of Essential Medicines

In Province 5, more than 9 in 10 facilities offering outpatient curative care services for sick children had oral rehydration salts (ORS) for dehydration (97%), Albendazole for worm infestation (96%), zinc tablets (96%), and vitamin A capsules (94%) on the day of the survey. Eighty-six percent of facilities had paracetamol, while 59% have co-trimoxazole. Only 21% of facilities had amoxicillin.

Assessment, Examination, and Treatment of Sick Children

A total of 289 sick child consultations were observed in Province 5. Providers checked for all three major danger signs in only 2% of consultations: ability to eat or drink anything (28%), vomiting (23%), and convulsions (5%). Providers assessed all three main symptoms of childhood illness in 27% of observed consultations: fever (71%), cough/difficulty breathing (55%), and diarrhea (45%). Various aspects of the physical examinations were also missing – only 8% of sick children were assessed for dehydration. Only 23% of sick children had their respiratory rate assessed, and 65% had their temperature taken.

Caretakers of sick children must be informed how to take care of their children once they return home. Few providers in Province 5 advised caretakers how to increase fluids (22%), to continue feeding the child (19%), and the symptoms requiring a return visit (10%).



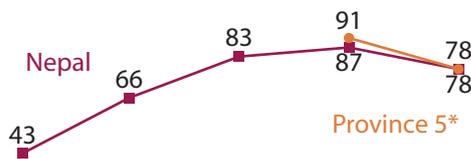
NDHS: CHILD HEALTH AND MORTALITY

Vaccination Coverage

In Nepal, 78% of children age 12-23 months have received all eight basic vaccinations — one dose each of BCG and Measles-Rubella and three doses each of DPT-HepB-Hib and polio vaccine. Basic vaccination coverage has increased since 1996 when 43% of children had received all basic vaccinations, but has declined since 2011.

Trends in Basic Vaccination Coverage

Percent of children age 12-23 months who have received all basic vaccinations



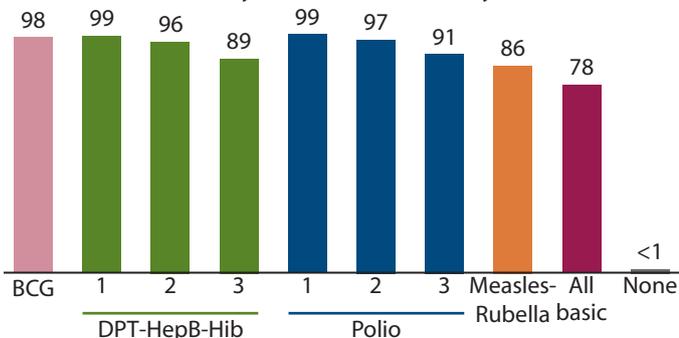
Year	1996	2001	2006	2011	2016
Survey	NFHS	NDHS	NDHS	NDHS	NDHS

*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

Basic vaccination coverage is lowest in Province 2 (65%) and highest in Gandaki Province (93%). In Province 5, 78% of children have received all eight basic vaccinations. About 90% of children in Province 5 received the third dose of either DPT-HepB-Hib or polio vaccinations.

Basic Vaccination Coverage: Province 5

Percent of children age 12-23 months vaccinated at any time before the survey



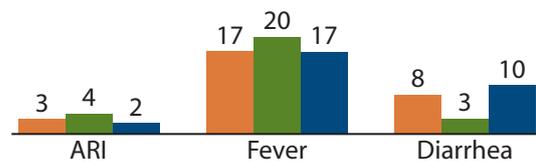
Childhood Illnesses

In the two weeks before the survey, 2% of Nepali children under five and 3% of children in Province 5 were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Twenty-one percent of Nepali children under five and 17% of children in Province 5 had recent fever. In both Nepal and Province 5, 8% of children under five had diarrhea. Children from advantaged population groups are more likely to have experienced recent symptoms of ARI and fever, while disadvantaged children are more likely to have experienced recent diarrhea.

Childhood Illnesses: Province 5

Percent of children under 5 with symptoms of specific illnesses in the 2 weeks before the survey

Province 5 Advantaged population groups Disadvantaged population groups

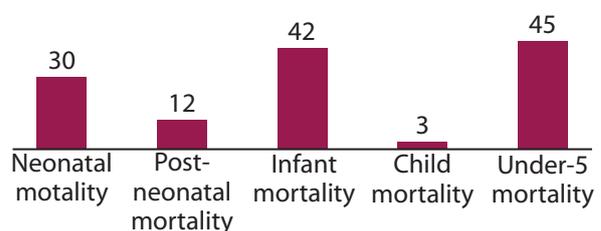


Childhood Mortality Rates

In Nepal, infant and under-5 mortality rates for the five-year period before the survey are 32 and 39 deaths per 1,000 live births, respectively. Childhood mortality rates have declined since 1996. In Province 5, the infant and under-5 mortality rates for the ten-year period before the survey are 42 and 45 deaths per 1,000 live births, respectively.

Childhood Mortality: Province 5

Deaths per 1,000 live births for the 10-year period before the survey



NHFS: SERVICES FOR HIV/AIDS AND STIs

Services for Sexually Transmitted Infections

Three in four health facilities in Nepal offer services for STIs. Similarly in Province 5, 73% of health facilities offer STI services. Among health facilities offering STI services in Province 5 (N=105), 98% had male condoms and 94% had metronidazole on the day of the survey. Only 16% of facilities had syphilis rapid diagnostic testing capacity. Nearly 4 in 10 facilities had doxycycline tablets and 1 in 4 had azithromycin tables to treat infections.

HIV Testing and Counseling Services

Few health facilities in Nepal and Province 5 have an HIV testing system (6% each). In Province 5, private/other facilities are ten times more likely to have an HIV testing system (38%) than public facilities (3%). Among facilities with an HIV testing system (N=9), 94% have HIV testing capacity. More than 3 in 4 facilities have condoms available on the day of the survey. Only 8% of facilities have all HIV testing components – HIV testing capacity, national HTC guidelines, trained provider, visual and auditory privacy, and condoms available at site.

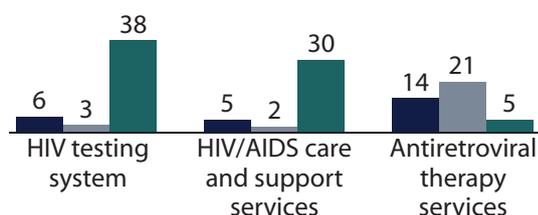
Availability of HIV Services: Province 5

Percent of facilities offering the following services:

■ Province 5 ■ Public ■ Private/other

Among all facilities (N=144),
percent with:

Among hospitals
and PHCCs (N=18),
percent with:



HIV Care and Support Services

HIV care and support services are not readily available at health facilities – only 5% of all health facilities in both Nepal and Province 5 offer services such as treatment for opportunistic infections, fungal infections, or Kaposi’s sarcoma; palliative care; nutritional rehabilitation; fortified protein supplementation; care for pediatric patients; preventive treatment for tuberculosis (TB) or opportunistic infections; general family planning counseling; or condoms. In Province 5, 30% of private/other facilities offer HIV care and support services.

Among facilities offering HIV care and support services (N=8), one-third have a system for screening and testing HIV positive clients for tuberculosis (TB). This is a major cause for concern because people living with HIV are at high risk for contracting TB. Most facilities providing HIV care and support services have male condoms (>99%) and fluconazole tablet or ointment (65%) for fungal infections. Facilities are less likely to have IV solution with infusion set (57%), cotrimoxazole tablets (55%) to treat infections, pain management (50%), and first-line treatment for TB (46%).

Antiretroviral Therapy Services

Among hospitals and PHCCs in Nepal (N=134), 12% offer antiretroviral therapy (ART) services such as prescribing ART, providing treatment follow-up services, or providing community-based services. Fourteen percent of facilities in Province 5 (N=18) offer ART services. Twenty-one percent of public facilities and 5% of private/other facilities in Province 5 offer ART services.

NDHS: HIV/AIDS

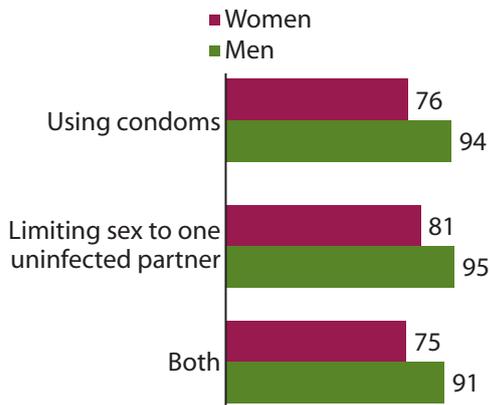
Knowledge of HIV Prevention Methods

In Nepal, 70% women and 89% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner.

In Province 5, men (91%) have higher knowledge of HIV prevention methods than women (75%). Knowledge of HIV prevention methods is higher among women from advantaged population groups.

Knowledge of HIV Prevention Methods: Province 5

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:

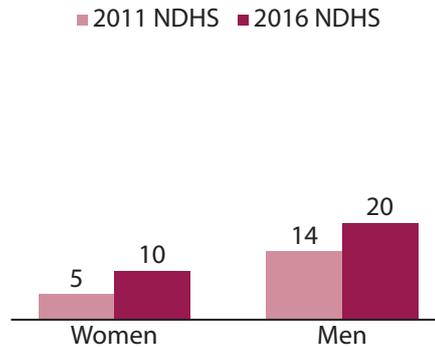


HIV Testing

Only one-third of Nepali women and 58% of men know where to get an HIV test. One in ten women and 2 in 10 men have ever been tested for HIV and received the results, while the majority of women (89%) and men (80%) have never been tested for HIV. Within the 12 months before the survey, 4% of women and 8% of men had been tested and received the results. HIV testing has slightly increased since 2011 when 5% of women and 14% of men had ever been tested for HIV and received the results.

Trends in HIV Testing: Nepal

Percent of women and men age 15-49 who were ever tested for HIV and received their results

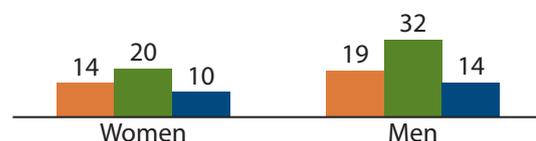


In Province 5, 41% of women and 49% of men know where to get an HIV test. Only 14% of women and 19% of men have ever been tested for HIV and received the results. Women and men from advantaged population groups are twice as likely to have ever been tested for HIV and received their results than disadvantaged women and men. Within the 12 months before the survey, 6% of both women and men had been tested and received the results.

HIV Testing among Adults: Province 5

Percent of women and men age 15-49 who have ever been tested for HIV and received their results

Province 5 Advantaged population groups Disadvantaged population groups



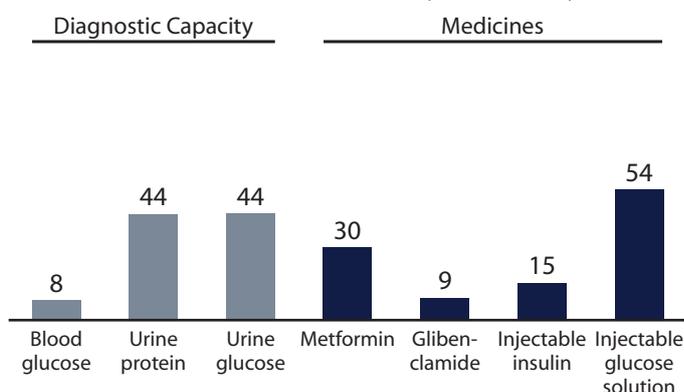
NHFS: SERVICES FOR NON-COMMUNICABLE DISEASE

Diabetes Services

One in five health facilities in Nepal and 23% of facilities in Province 5 offer services for diabetes, including diagnosis, prescription of treatment, or management of diabetic patients. In Province 5, diabetes services are most likely offered in private/other facilities (>99%) than public facilities (18%). Among facilities offering services for diabetes in Province 5 (N=31), diagnostic capacity and availability of medicines are generally low. Only 8% of facilities have the capacity to test for blood glucose, 44% have capacity to test urine protein, and 44% have capacity to test for urine glucose. Various diabetes treatments were not readily available. Overall, 9% of facilities had glibenclamide, 15% had injectable insulin, 30% had Metformin, and 54% had injectable glucose solution.

Diagnostic Capacity and Essential Medicines for Diabetes: Province 5

Among facilities offering services for diabetes (N=31), percent with indicated diagnostic capacity and medicines available on the day of the survey

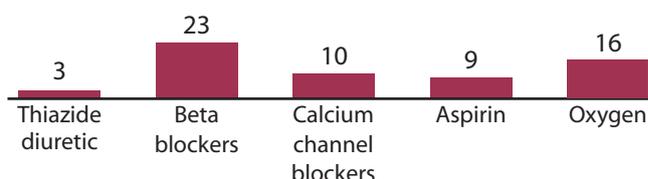


Cardiovascular Disease Services

Nearly three-quarters of health facilities in Nepal and 68% of facilities in Province 5 offer services for cardiovascular disease (CVD), including diagnosis, prescription of treatment, and management of patients with CVD. However, among facilities offering CVD services (N=94), only 3% had Thiazide diuretic for reducing high blood pressure. Only 1 in 10 facilities had calcium channel blockers or aspirin. Less than 20% of facilities had oxygen. Nearly one-quarter had Beta blockers for angina or hypertension. By managing authority, private/other facilities were more likely to have each of the CVD medicines and commodities than public facilities.

Essential Medicines and Commodities for Cardiovascular Disease: Province 5

Among facilities offering services for cardiovascular disease (N=94), percent with indicated items available on the day of the survey

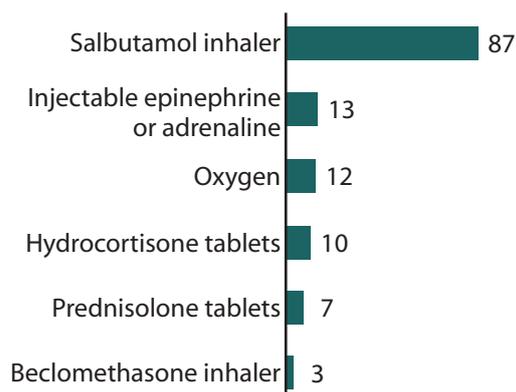


Chronic Respiratory Disease Services

Ninety-four percent of facilities in both Nepal and Province 5 offer support services for chronic respiratory disease including diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. In Province 5, availability of essential medicines and commodities in facilities offering services for chronic respiratory disease (N=129) was relatively low with the exception of salbutamol inhalers (87%). Fewer facilities had other medications for treating irregular heart rhythm and lowering cholesterol. Private/other facilities were more likely to have each of the medicines and commodities than public facilities, with the exception of salbutamol inhalers.

Essential Medicines and Commodities for Chronic Respiratory Disease: Province 5

Among facilities offering services for chronic respiratory disease (N=129), percent with indicated items available on the day of the survey



NDHS: NON-COMMUNICABLE DISEASE

Prevalence of Hypertension

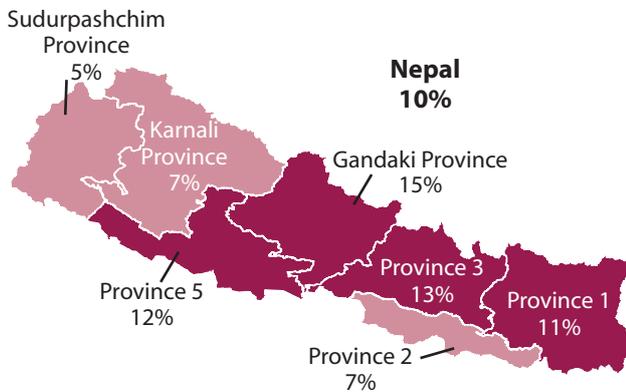
The 2016 NDHS measured the blood pressure of women and men. In Nepal, 10% of women and 17% of men age 15-49 are hypertensive.

By province, hypertension among women ranges from a low of 5% in Sudurpashchim Province to a high of 15% in Gandaki Province. Among men, hypertension ranges from a low of 11% in Province 2 to a high of 22% in Province 3 and Gandaki Province.

In Province 5, 12% of women and 19% of men are hypertensive. Among women, there is no variation by wealth. By population group, advantaged women (14%) are slightly more likely to be hypertensive than disadvantaged women (11%). Among men, those from the poorest households (22%) and disadvantaged population groups (20%) are more likely to have hypertension.

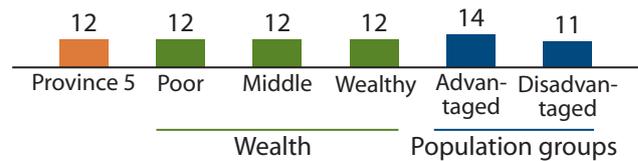
Hypertension among Women by Province

Prevalence of hypertension among women age 15-49



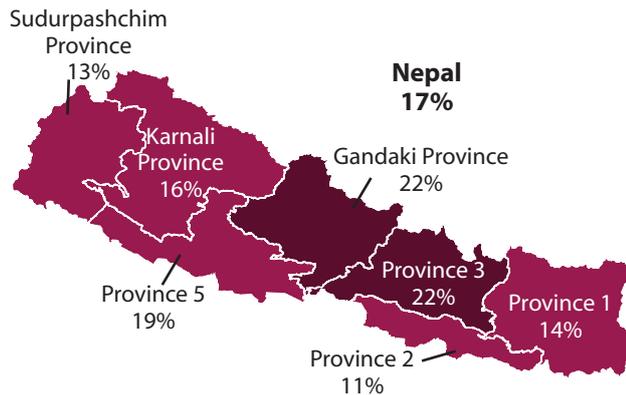
Hypertension among Women: Province 5

Prevalence of hypertension among women age 15-49



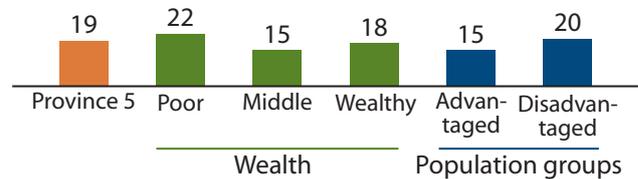
Hypertension among Men by Province

Prevalence of hypertension among men age 15-49



Hypertension among Men: Province 5

Prevalence of hypertension among men age 15-49



NHFS: TUBERCULOSIS AND MALARIA SERVICES

Tuberculosis Services

Forty-four percent of facilities in Nepal and 47% of facilities in Province 5 offer screening and referrals for TB diagnosis. One-third of facilities in Nepal and 38% of facilities in Province 5 offer any TB diagnostic service. Overall, 94% of facilities in Nepal and 97% of facilities in Province 5 offer any TB diagnostic or treatment and/or treatment follow-up services.

Among facilities in Province 5 (N=134) offering TB services (diagnosis or treatment and/or treatment follow-up services), 45% of facilities have guidelines on the diagnosis and treatment of TB and 7% have guidelines on HIV and TB co-infection.

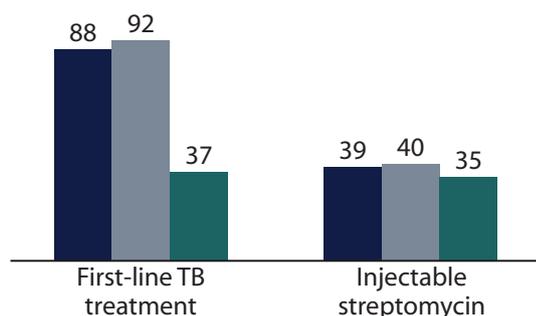
Few facilities offering TB services have the equipment to diagnose TB. Among facilities that offer any TB services, only 8% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. One in ten facilities has the capacity to conduct TB x-rays. Three percent of facilities offering any TB services have HIV diagnostic capacity, and only 8% have a system for diagnosing HIV among TB clients. This system includes a record or register indicating TB clients who have been tested for HIV.

Among facilities offering any TB services, 88% had the first-line treatment for TB, four-drug fix dose combination available on the day of the survey. Four in ten facilities had injectable streptomycin. Public facilities were more likely to have TB medicines on the day of the survey than private/other facilities.

Medicines for Tuberculosis: Province 5

Among facilities offering TB diagnosis or treatment and/or treatment follow-up services (N=134), percent with diagnostic capacity and medicines available on the day of the survey

■ Province 5 ■ Public ■ Private/other



Malaria Services

Half of health facilities in Nepal and 73% of facilities in Province 5 offer malaria diagnosis and/or treatment services. In Province 5, private/other facilities are more likely to offer malaria diagnosis or treatment than public facilities (98% vs. 71%).

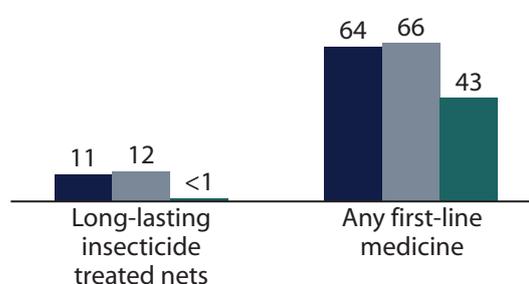
Only 2% of facilities offering curative care for sick children in Province 5 (N=137) have the capacity to diagnose malaria by having unexpired malaria rapid diagnostic test (RDT) kits or a functioning microscope as well as staff member recently trained and malaria RDT protocol available in the facility. Eleven percent of private/other facilities and 1% of public facilities have malaria diagnostic capacity.

Among facilities offering the malaria diagnosis and/or treatment services in Province 5 (N=101), 64% of facilities had any first-line treatment such as ACT, quinine, chloroquine, or primaquine on the day of the survey. Two-thirds of public facilities had any first-line treatment, compared to 43% of private/other facilities. Nearly all facilities had paracetamol tablets or injections. One in 10 facilities had long-lasting insecticidal nets (LLINs) available on the day of the survey.

Malaria Medicines and Commodities: Province 5

Among facilities offering malaria diagnosis or treatment services (N=101), percent with indicated medicines and commodities available on the day of the survey

■ Province 5 ■ Public ■ Private/other



NDHS: NUTRITIONAL STATUS

Children's Nutritional Status

More than one-third (36%) of children under five in Nepal are stunted, or too short for their age. Overall, 10% of children are wasted, or too thin for their height. In addition, 27% of children are underweight, or too thin for their age. The nutritional status of children in Nepal has improved since 1996. More than half (57%) of children under five were stunted in 1996 compared to 36% in 2016.

By province, stunting ranges from 29% in both Province 3 and Gandaki Province to 55% in Karnali Province. In Province 5, 39% of children under 5 are stunted, 8% are wasted, and 27% are underweight. Children from disadvantaged population groups in Province 5 have higher stunting, wasting, and underweight than advantaged children.

Children's Nutritional Status: Province 5

Percent of children under 5, based on 2006 WHO Child Growth Standards

■ Province 5
 ■ Advantaged population groups
 ■ Disadvantaged population groups



Women and Men's Nutritional Status

In Nepal, 17% of women are thin and 22% are overweight or obese. Since 2006, overweight or obesity among women has more than doubled from 9% to 22% in 2016. Among Nepali men, 17% are thin and 17% are overweight or obese.

In Province 5, 19% of women and 16% of men are overweight or obese. Overweight and obesity among adults increases with household wealth, as women and men from the wealthiest households (25% and 21%, respectively) are more likely to be overweight or obese.

Anemia

In Nepal, more than half (53%) of children age 6-59 months are anemic. Anemia prevalence among children has increased since 2011 when 46% of children were anemic. Four in ten women age 15-49 in Nepal are anemic. Since 2006, anemia among women has increased from 36% to 41% in 2016.

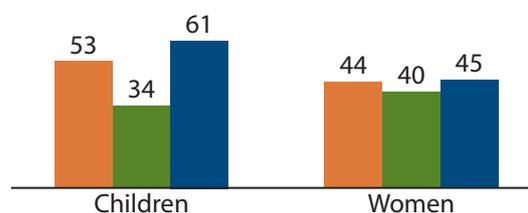
Anemia in children ranges from a low of 43% in Province 3 to a high of 59% in Province 2. Among women, anemia prevalence ranges from a low of 28% in Gandaki Province to 58% in Province 2.

In Province 5, 53% of children and 44% of women are anemic. Children from disadvantaged population groups are nearly twice as likely to be anemic than advantaged children.

Anemia among Children & Women: Province 5

Percent of children age 6-59 months and women age 15-49 with anemia

■ Province 5
 ■ Advantaged population groups
 ■ Disadvantaged population groups



Adult Overnutrition: Province 5

Percent of women and men age 15-49 who are overweight or obese

■ Women
 ■ Men



2015 Nepal Health Facility Survey (NHFS): Province 5

Tables 1-64

Table 1 Distribution of surveyed facilities: Province 5

Percent distribution and number of surveyed facilities, by facility type and managing authority, Nepal Health Facility Survey 2015

Facility type	Managing authority		Provincial average	National average
	Public	Private and others		
Zonal and above hospitals	0.6	0.0	0.6	0.6
District level hospitals	1.9	0.0	1.7	1.6
Private hospitals	0.0	57.1	5.9	7.2
PHCCs	4.9	0.0	4.4	4.4
HPs	89.4	0.0	80.2	80.5
UHCs	3.1	0.0	2.8	3.3
Stand-alone HTC	0.0	42.9	4.4	2.3
Total	100.0	100.0	100.0	100.0
Number of unweighted facilities	122	31	153	963
Number of weighted facilities	129	15	144	963

Table 2 Availability of basic client services: Province 5

Among all facilities, the percentages offering indicated basic client services and all basic client services, by managing authority, Nepal Health Facility Survey 2015

Client services	Managing authority		Provincial average	National average
	Public	Private and others		
Child curative care	100.0	89.8	99.4	99.4
Child growth monitoring	98.7	42.3	95.3	92.7
Child vaccination ¹	92.3	24.0	88.1	86.8
Any modern methods of family planning ²	100.0	61.4	97.6	97.7
Antenatal care	100.0	62.6	97.7	97.8
Services for STIs	72.7	71.5	72.7	73.5
All basic client services ³	66.8	7.3	63.1	62.0
Number of facilities excluding HTCs ⁴	129	8	138	940

¹ Facility routinely provides pentavalent, polio, measles-rubella (MR), and BCG vaccinations at the facility.

² Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: combined oral contraceptive pills, progestin-only injectable (Depo), Implants, intrauterine contraceptive device (IUCDs), the male condom, male sterilization, or female sterilization.

³ Includes outpatient curative care for sick children, child growth monitoring, child vaccination services, any temporary modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). These services also constitute the basic health care package of the Nepal Health Sector Strategy (NHSS).

⁴ This denominator applies only to the indicator "services for STIs". For the indicators "child curative care", "a child vaccination", and "antenatal care services", Sukra Raj and Bir hospitals were also excluded from the denominator; for the indicator "child growth monitoring services", Sukra Raj hospital was excluded from the denominator, and for the indicator "any modern methods of family planning", Sukra Raj and Kanti hospitals were also excluded from the denominator.

Table 3 Availability of basic amenities for client services: Province 5

Among all facilities, the percentages with indicated amenities considered basic for quality services, by managing authority, Nepal Health Facility Survey 2015

Amenities	Managing authority		Provincial average	National average
	Public	Private and others		
Regular electricity ¹	39.0	85.8	43.8	48.9
Improved water source ²	83.4	93.6	84.5	81.0
Visual and auditory privacy ³	72.6	100.0	75.4	78.6
Client latrine ⁴	79.5	91.9	80.8	81.6
Communication equipment ⁵	10.8	91.1	19.1	20.2
Computer with Internet ⁶	6.8	80.1	14.3	11.4
Emergency transport ⁷	60.2	79.9	62.2	59.4
All amenities excluding computer with Internet ⁸	6.9	55.1	11.8	11.4
Number of facilities	129	15	144	963

¹ Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has backup solar power.

² Water is piped into facility or piped onto facility grounds, or bottled water, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, and the outlet from this source is within 500 meters of the facility.

³ A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.

⁴ Facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet.

⁵ Facility had a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning short wave radio available in the facility.

⁶ Facility had a functioning computer with access to the internet that is not interrupted for more than two hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility.

⁷ Facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁸ Facility has regular electricity, improved water source, visual and auditory privacy, client latrine, communication equipment, and emergency transport.

Table 4 Availability of basic equipment: Province 5

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by managing authority, Nepal Health Facility Survey 2015

Equipment	Managing authority		Provincial average	National average
	Public	Private and others		
Adult weighing scale	88.7	92.2	89.1	88.5
Child weighing scale ¹	44.7	33.7	43.5	38.5
Infant weighing scale ²	66.7	27.3	62.7	55.2
Thermometer	96.2	88.6	95.4	92.7
Stethoscope	99.8	96.7	99.5	97.6
Blood pressure apparatus ³	98.8	92.9	98.2	94.0
Light source ⁴	54.6	86.4	57.9	51.2
All basic equipment ⁵	13.8	11.5	13.6	12.7
Number of facilities	129	15	144	963

¹ A scale with gradations of 250 grams, or a digital standing scale with gradations of 250 grams or less, where an adult can hold a child to be weighed, available somewhere in the general outpatient area.

² A scale with gradations of 100 grams, or a digital standing scale with gradations of 100 grams, where an adult can hold an infant to be weighed, available somewhere in the general outpatient area.

³ A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area.

⁴ A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area.

⁵ Facility has adult scale, child scale, infant scale, thermometer, stethoscope, blood pressure apparatus, and light source all available on the day of the survey.

Table 5 Waste management: Province 5

Among all facilities, percentages reporting that they segregate waste generated at the facility at the time of collection and percentages with proper disposal of sharps waste and proper disposal of other medical waste, by managing authority, Nepal Health Facility Survey 2015

Waste management	Managing authority		Provincial average	National average
	Public	Private and others		
Segregates waste at time of collection	87.1	94.2	87.9	85.9
Safe final disposal of both sharps and medical waste	83.2	57.9	80.6	77.4
Number of facilities	129	15	144	963

Table 6 Management meetings and quality assurance: Province 5

Among all facilities, the percentages with regular management meetings and documentation of a recent meeting, the percentages with quality assurance activities and documentation of quality assurance activities, and the percentages with a system for eliciting client opinion, by managing authority, Nepal Health Facility Survey 2015

Management systems	Managing authority		Provincial average	National average
	Public	Private and others		
Regular management meetings at least once every 6 months	46.6	38.2	46.0	37.4
Community participation in management meetings at least once every 6 months	41.4	8.9	39.4	35.3
Regular quality assurance activities ¹	22.6	4.9	21.5	19.9
Client feedback system in place	3.0	6.5	3.2	2.5
Number of facilities	129	8	138	940

Note: Stand-alone HTC are excluded.

¹ Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review, or an audit of records or registers.

Table 7 Supportive management practices: Province 5

Among all facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by managing authority, Nepal Health Facility Survey 2015

Human resources	Managing authority		Provincial average	National average
	Public	Private and others		
Staff training ¹	94.4	52.0	89.6	87.5
Personal supervision ²	85.5	76.1	84.4	80.0
Training and personal supervision	80.1	50.4	76.7	68.9
Supportive management practices ³	79.2	50.4	75.9	67.8
Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire ⁴	100	13	112	740

¹ At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision.

² At least half of all interviewed providers reported that they had been personally supervised at least once during the six months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

³ Facility had an external supervisory visit during the six months before the survey, and staff has received routine training and supervision.

⁴ Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Table 8 Health management information system (HMIS): Province 5

Among all health facilities, percentages that compile HMIS reports regularly, percentages that have a designated HMIS focal person, and percentages with the previous month's HMIS report, by managing authority, Nepal Health Facility Survey 2015

Health management information system	Managing authority		Provincial average	National average
	Public	Private and others		
Compile HMIS report regularly	90.1	89.8	90.1	94.1
Have a designated HMIS focal person	47.5	73.2	49.1	54.2
Last month's HMIS report observed	78.3	56.5	76.9	76.7
Number of facilities	129	8	138	940

Note: Stand-alone HTC's are excluded.

Table 9 Logistic management information system status (LMIS): Province 5

Among all public facilities, percentages that compile an LMIS report regularly, percentages that have designated an LMIS focal person, and percentages with the previous month's LMIS report, by managing authority, Nepal Health Facility Survey 2015

Logistic management information system	Managing authority		Provincial average	National average
	Public	Private and others		
Compile LMIS report regularly	96.9	96.9	96.9	94.1
Have a designated LMIS focal person	57.9	57.9	57.9	61.2
Latest LMIS report observed	78.9	78.9	78.9	70.3
Number of facilities	129	129	129	871

Note: Stand-alone HTC's and private hospitals are excluded.

Table 10 Financial audit and disaster preparedness: Province 5

Among all facilities, the percentages with completed financial audits and disaster preparedness plans, by managing authority, Nepal Health Facility Survey 2015

Financial audits and contingency plans	Managing authority		Provincial average	National average
	Public	Private and others		
Completed financial audit for last fiscal year	61.6	61.6	61.6	49.2
Completed financial audit for last three successive fiscal years	56.4	56.4	56.4	42.9
Disaster preparedness contingency plan observed	2.4	2.4	2.4	1.4
Number of facilities	125	125	125	839

Note: Stand-alone HTC's, UHC, and private hospitals are excluded.

Table 11 Health facilities meeting minimum standards of quality of care at point of delivery: Province 5

Among all facilities, the percentages of facilities meeting minimum standard of quality of care at point of service delivery, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			
	Public	Private and others	Provincial average	National average
Soap and running water or alcohol-based hand disinfectant	64.5	76.8	65.3	54.9
Safe final disposal or infectious waste ¹	88.9	64.2	87.4	81.0
Equipment and knowledge of processing time ²	49.2	100.0	52.3	63.8
Trained staff ³	97.4	73.2	95.9	91.9
"Swasthye sewako gunasthar sudhar padhatee" QA guideline ⁴	14.3	10.2	14.1	5.7
Clinical protocol observed ⁵	51.0	2.4	48.0	28.4
Availability of all four tracer amenities ⁶	22.7	92.7	27.0	29.8
Waiting room	87.6	100.0	88.4	79.0
Tracer medicine ⁷	34.9	17.5	33.8	32.8
All nine items	0.3	0.0	0.3	0.7
Number of facilities	129	8	138	940

Note: Stand-alone HTC's are excluded.

¹ The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were a functioning equipment and the following processing conditions:

- Dry heat sterilization: Temperature at 160°C - 169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes.

- Autoclave: Wrapped items processed for at least 30 minutes, and unwrapped items processed for at least 20 minutes.

- Boiling or steaming: Items processed for at least 20 minutes.

- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or formaldehyde solution and soaked for at least 20 minutes.

³ Facility has at least one ever trained staff on infection prevention, child health, newborn, delivery, ANC, PNC, or FP available on the day of survey.

⁴ Facility has "Swasthye sewako gunasthar sudhar padhatee" available on the day of survey.

⁵ Facility has national medical standard contraceptive services volume I or other job aids on family planning and RH clinical protocol for medical officers, staff nurses, ANM or any other ANC guidelines like maternity guideline/national medical standard volume III or IEC materials related to ANC or maternal health register and IMNCI guidelines or any guidelines for the diagnosis and management of childhood illness available on the day of survey.

⁶ Facility has regular electricity, improved water source, visual and auditing privacy and client latrine. Regular electricity means facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power. Improved water source means water is piped into facility or piped onto facility grounds, or bottled water, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, and the outlet from this source is within 500 meters of the facility. Visual and auditing privacy means a private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others. Client latrine means the facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

⁷ The following were observed to be available on the day of the survey: amoxicillin or cotrimoxazole, and gentamycin, ORS, zinc, at least three FP methods, iron, folic acid, and albendazole.

Table 12 Availability of family planning services: Province 5

Among all facilities, the percentages offering temporary methods of family planning, male sterilization, female sterilization, and any modern family planning, by managing authority, Nepal Health Facility Survey 2015

	Managing authority			National average
	Public	Private and others	Provincial average	
Temporary methods of family planning (FP)				
Any temporary modern method of FP ¹	100.0	61.4	97.6	97.7
Counseling on periodic abstinence/rhythm	65.1	56.1	64.6	62.2
Any temporary modern method of FP or counseling on periodic abstinence/rhythm	100.0	63.8	97.8	97.7
Sterilization				
Male sterilization ²	30.7	38.6	31.2	35.4
Female sterilization ³	29.5	38.6	30.1	34.7
Male or female sterilization	31.5	38.6	31.9	36.1
Any modern methods of FP ⁴	100.0	61.4	97.6	97.7
Number of facilities	129	8	138	940

Note: Stand-alone HTC's, Sukra Raj hospitals, and Kanti hospitals are excluded.

¹ Facility provides, prescribes, or counsels clients on any of the following temporary modern methods of family planning: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), or male condoms.

² Providers in the facility perform male sterilization or counsel clients on male sterilization.

³ Providers in the facility perform female sterilization or counsel clients on female sterilization.

⁴ Facility provides, prescribes, or counsels clients on any of the following: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization, or male sterilization.

Table 13 Family planning services offered: Province 5

Among facilities offering any modern method of family planning, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by managing authority, Nepal Health Facility Survey 2015

Methods provided, prescribed, or counseled	Managing authority			National average
	Public	Private and others	Provincial average	
Combined oral contraceptive pills	100.0	100.0	100.0	99.0
Progestin-only injectable (Depo)	99.8	87.4	99.4	98.2
Male condom	100.0	100.0	100.0	99.5
Intrauterine contraceptive device	48.6	79.5	49.8	49.9
Implant	49.2	66.9	49.9	48.6
Male sterilization	30.7	62.9	32.0	36.3
Female sterilization	29.5	62.9	30.8	35.6
Three temporary modern methods ¹	99.8	87.4	99.4	97.2
Five temporary modern methods ²	46.1	66.9	46.9	43.6
Seven modern methods ³	23.0	62.9	24.5	27.9
Emergency contraceptive pills	28.2	88.1	30.5	30.7
Periodic abstinence/rhythm	65.1	87.4	66.0	63.6
Number of facilities offering any modern method of family planning	129	5	135	919

Note: Stand-alone HTC's, Sukra Raj hospitals, and Kanti hospitals are excluded.

¹ Facility provides, prescribes, or counsels clients on all the following three temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectable (Depo), and the male condom.

² Facility provides, prescribes, or counsels clients on all the following five temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectable (Depo), the male condom, implant, and intrauterine contraceptive device (IUCD).

³ Facility provides, prescribes or counsels clients on all the following 7 modern methods: combined oral contraceptive pills, progestin-only injectable (Depo), the male condom, implant, intrauterine contraceptive device, male sterilization, and female sterilization.

Table 14 Methods of family planning provided¹: Province 5

Among facilities offering any modern method of family planning, the percentages that provide clients with specific modern family planning methods, by managing authority, Nepal Health Facility Survey 2015

Methods provided	Managing authority			National average
	Public	Private and others	Provincial average	
Combined oral contraceptive pills	96.8	32.5	94.3	95.1
Progestin-only injectable (Depo)	97.0	36.4	94.6	95.0
Male condom	97.1	19.9	94.2	96.5
Intrauterine contraceptive device	23.9	11.9	23.4	20.9
Implant	23.9	11.9	23.4	19.8
Male sterilization	1.1	16.6	1.7	2.4
Female sterilization	1.3	20.5	2.0	2.5
Three temporary modern methods ²	96.7	19.9	93.7	93.1
Five temporary modern methods ³	20.6	11.9	20.2	14.0
Seven modern methods ⁴	1.0	4.0	1.1	1.4
Emergency contraceptive pills	8.2	4.0	8.1	9.9
Number of facilities offering any modern method of family planning	129	5	135	919

Note: Stand-alone HTC, Sukra Raj hospitals, and Kanti hospitals are excluded.

¹ The facility reports that it stocks the method at the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures.

² Combined oral contraceptive pills, progestin-only injectables (Depo), and male condoms.

³ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, and intrauterine contraceptive devices (IUCD).

⁴ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, intrauterine contraceptive devices (IUCDs), male sterilization, and female sterilization.

Table 15 Availability of family planning commodities: Province 5

Among facilities that provide¹ the indicated modern method of family planning, the percentages where the commodity was observed to be available on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Method	Managing authority			National average
	Public	Private and others	Provincial average	
Combined oral contraceptive pills	98.9	100.0	98.9	99.5
Progestin-only injectables (Depo)	99.8	89.1	99.7	99.0
Male condoms	100.0	100.0	100.0	99.5
Intrauterine contraceptive devices (IUCDs)	94.8	100.0	94.9	90.0
Implants	96.7	100.0	96.7	90.5
Every method provided by facility was available on day of survey	96.9	91.9	96.8	94.8
Emergency contraceptive pills	88.4	100.0	88.6	87.9

Note: The denominator for each method is different and are not shown in the table; the denominators are shown in a working table for reference purposes. Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid (i.e., within expiration date).

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 16 Guidelines, trained staff, and basic equipment for family planning services: Province 5

Among facilities offering any modern method of family planning, the percentage with family planning guidelines, the percentage with at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Guidelines, register, and trained staff				
Guidelines on family planning ¹	31.7	7.9	30.8	12.8
Family planning register	92.2	7.9	89.0	89.0
Staff trained in family planning ²	26.7	31.8	26.8	31.3
Equipment				
Blood pressure apparatus ³	95.7	87.4	95.4	86.6
Examination light	51.7	70.9	52.5	46.6
Examination bed or table	82.6	100.0	83.2	84.0
FP kit or counseling kit	40.2	7.9	39.0	29.4
Pelvic model for IUCD	11.8	4.0	11.5	6.6
Model for showing condom use	18.0	7.9	17.6	9.9
Other family planning-specific visual aid ⁴	74.0	7.9	71.4	60.3
Number of facilities offering any modern method of family planning	129	5	135	919

Note: Stand-alone HTC, Sukra Raj hospitals, and Kanti hospitals are excluded.

¹ National guidelines on family planning (Nepal Medical Standard Contraceptive Services Volume I) available at the service site on the day of the survey.

² The facility had at least one interviewed staff member providing the service who reported receiving in-service training in some aspect of family planning during the 24 months preceding the survey. The training must involve structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope.

⁴ Flip charts or leaflets.

Table 17 Items for infection control during provision of family planning: Province 5

Among facilities offering any modern method of family planning, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	77.6	100.0	78.4	55.5
Running water ¹	59.5	100.0	61.1	48.5
Soap and running water	57.9	100.0	59.5	44.4
Alcohol-based hand disinfectant	35.9	26.5	35.6	25.9
Soap and running water or else alcohol-based hand disinfectant	67.1	100.0	68.4	54.4
Latex gloves	90.6	96.0	90.9	86.0
Safety box	92.5	74.8	91.8	87.1
Needle destroyer	3.2	4.0	3.3	2.9
Waste receptacle ²	7.7	12.6	7.9	6.3
Injection safety precaution guideline	3.1	7.9	3.3	3.9
All infection prevention items ³	0.7	0.0	0.7	0.2
Number of facilities offering any modern method of family planning	129	5	135	919

Note: Stand-alone HTC, Sukra Raj hospitals, and Kanti hospitals are excluded.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

Table 18 Client history and physical examinations for first-visit female family planning clients: Province 5

Among female first-visit family planning clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
Client history				
Age	45.6	100.0	47.6	54.0
Any history of pregnancy	77.5	100.0	78.3	55.8
Current pregnancy status	62.5	100.0	63.9	53.4
Breastfeeding status (if ever pregnant) ¹	0.0	0.0	0.0	9.6
Desired timing for next child or desire for another child	18.8	0.0	18.1	16.9
Regularity of menstrual cycle	68.9	100.0	70.0	50.5
All elements of reproductive history ²	0.0	0.0	0.0	1.9
Client medical history³				
Asked about smoking	8.3	0.0	8.0	3.0
Asked about symptoms of sexually transmitted infections (STIs)	8.9	0.0	8.6	4.3
Asked about any chronic illnesses	46.2	0.0	44.5	18.8
Client examination				
Measure blood pressure ⁴	72.1	100.0	73.1	65.2
Measure weight ⁵	69.3	100.0	70.4	56.8
Questions or concerns				
Asked if client had questions or concerns regarding current or past method used	41.4	100.0	43.5	30.0
Number of observed first-visit FP clients	18	1	18	147
Number of observed first-visit FP clients with prior pregnancy ⁶	18	1	18	145

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ The client was asked about smoking, symptoms of STIs, and any chronic illness.

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁵ Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁶ Applies only to the indicator "breastfeeding status."

Table 19 Components of counseling and discussions during consultations for female first-visit family planning clients: Province 5

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
Discussion related to partner				
Partner's attitude toward family planning	10.6	0.0	10.2	10.1
Partner's status ¹	15.6	0.0	15.0	3.0
Privacy and confidentiality				
Visual privacy assured	36.3	100.0	38.6	47.2
Auditory privacy assured	30.2	100.0	32.7	38.1
Confidentiality assured	2.7	100.0	6.3	9.5
All three counseling conditions on privacy and confidentiality met ²	2.7	100.0	6.3	8.2
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	2.7	0.0	2.6	0.7
Use of condoms as dual method ³	2.7	0.0	2.6	2.3
Any discussion related to STIs ⁴	8.9	0.0	8.6	6.7
Individual client cards				
Individual client card reviewed during consultation	55.1	100.0	56.7	64.0
Individual client card written on after consultation	98.6	100.0	98.6	90.3
Visual aid and return visit				
Visual aids were used during consultation	21.7	0.0	20.9	15.1
Return visit discussed	73.9	100.0	74.8	66.6
Concerns, side effects, and individual client cards				
Concerns about methods discussed ⁵	74.2	100.0	75.1	40.9
Side effects discussed ⁶	44.5	100.0	46.6	21.9
Number of observed first-visit FP clients	18	1	18	147

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.

² Visual and auditory privacy and confidentiality assured during consultation.

³ Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI (e.g., abnormal vaginal discharge).

⁵ Provider asked client about concerns with family planning method.

⁶ Method-specific side effect discussed with client, if client was provided or prescribed a method.

Table 20 Components of counseling and discussions during consultations for all female family planning clients: Province 5

Among all female family planning clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
Privacy and confidentiality				
Visual privacy assured	34.2	100.0	34.9	47.8
Auditory privacy assured	27.6	100.0	28.4	39.9
Confidentiality assured	9.0	72.7	9.7	7.3
All three counseling conditions on privacy and confidentiality met ¹	3.3	72.7	4.1	6.0
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	0.6	0.0	0.5	0.1
Use of condoms as dual method ²	0.6	0.0	0.5	1.2
Any discussion related to STIs ³	0.6	0.0	0.5	1.3
Concerns, side effects, and individual client cards				
Concerns about methods discussed ⁴	43.4	100.0	43.9	32.4
Side effects discussed ⁵	25.3	100.0	26.1	23.2
Individual client card reviewed during consultation	71.2	100.0	71.5	66.3
Individual client card written on after consultation	93.2	100.0	93.2	83.6
Visual aid and return visit				
Visual aids were used during consultation	9.1	27.3	9.3	5.8
Return visit discussed	53.1	72.7	53.4	61.6
Number of observed female FP clients	87	1	88	768

¹ Visual and auditory privacy and confidentiality assured during consultation.

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method.

⁴ Provider asked client about concerns with family planning method.

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method.

Table 21 Client satisfaction: Province 5

Among all interviewed female family planning clients, the percentages who were very satisfied, satisfied, neutral, or dissatisfied with the service received during the visit, by managing authority, Nepal Health Facility Survey 2015

Client satisfaction	Managing authority		Provincial average	National average
	Public	Private and others		
Very satisfied	44.6	27.3	44.4	51.8
Satisfied	47.9	72.7	48.2	36.7
Neutral	7.5	0.0	7.4	9.6
Dissatisfied	0.0	0.0	0.0	1.9
Number of interviewed FP clients	87	1	88	770

Table 22 Availability of antenatal care services: Province 5

Among all facilities, the percentage offering antenatal care (ANC) services, by managing authority, Nepal Health Facility Survey 2015

Indicator	Managing authority		Provincial average	National average
	Public	Private and others		
ANC services	100.0	62.6	97.7	97.8
Number of facilities	129	8	138	940

Note: Stand-alone HTC's, Sukraraj hospitals, and Kanti hospitals are excluded.

Table 23 Guidelines, trained staff, and basic equipment for antenatal care services: Province 5

Among facilities offering antenatal care (ANC) services, the percentage with guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Guidelines, register, and trained staff				
Guidelines on ANC ¹	48.1	11.7	46.7	25.0
Maternal and newborn health register	81.5	11.7	78.8	75.7
Staff trained for ANC ²	36.0	0.0	34.6	26.9
Equipment				
Blood pressure apparatus ³	91.2	100.0	91.5	85.9
Stethoscope	93.0	100.0	93.3	88.9
Adult weighing scale	86.9	100.0	87.4	86.6
Fetoscope	95.3	100.0	95.5	91.1
Measuring tape ⁴	32.1	72.7	33.7	29.9
All items ⁵	7.4	0.0	7.1	2.0
Number of facilities offering ANC services	129	5	135	919

Note: Stand-alone HTC's, Sukraraj hospitals, and Kanti hospitals are excluded.

¹ Reproductive health clinical protocol for medical officers, staff nurses, and auxiliary nurse midwives or other guidelines relevant to antenatal care, such as maternity guidelines or National Medical Standard (NMS) Volume III.

² Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope.

⁴ For measuring fundal height.

⁵ All items include guidelines on ANC, maternal and newborn health register, staff trained in ANC, blood pressure apparatus, stethoscope, adult weighing scale, fetoscope, and measuring tape.

Table 24 Items for infection control during provision of antenatal care: Province 5

Among facilities offering antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
Items for infection control				
Soap	73.5	85.7	74.0	54.7
Running water ¹	59.4	85.7	60.4	49.0
Soap and running water	54.8	85.7	56.0	44.3
Alcohol-based hand disinfectant	30.0	29.9	30.0	25.6
Soap and running water or else alcohol-based hand disinfectant	60.4	89.6	61.5	53.4
Latex gloves	85.2	96.1	85.6	84.7
Safety box	89.5	69.5	88.7	85.2
Needle destroyer	3.2	3.9	3.3	3.1
Waste receptacle ²	7.4	20.1	7.9	6.6
Injection safety precaution guideline	4.0	7.8	4.1	4.2
All infection prevention items ³	0.7	3.9	0.9	0.3
Number of facilities offering ANC services	129	5	135	919

Note: Stand-alone HTC, Sukraraj hospitals, and Kanti hospitals are excluded.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, sharps container or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Table 25 Testing capacity: Province 5

Among facilities offering antenatal care (ANC) services, the percentages with the capacity to conduct the indicated tests at the facility, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
Tests				
Hemoglobin ¹	9.8	100.0	13.3	14.8
Urine protein ²	9.5	96.1	12.9	15.2
Urine glucose ³	8.1	96.1	11.6	13.3
Blood grouping and Rhesus factor ⁴	0.5	22.1	1.3	1.6
Syphilis ⁵	6.6	89.6	9.8	11.1
HIV ⁶	2.8	15.6	3.3	3.3
Three basic tests ⁷	2.6	15.6	3.2	3.1
Number of facilities offering ANC services	129	5	135	919

Note: Stand-alone HTC, Sukraraj hospitals, and Kanti hospitals are excluded.

¹ Capacity to conduct any hemoglobin test in the facility.

² Dip sticks for urine protein.

³ Dip sticks for urine.

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides.

⁵ Rapid test for syphilis, Venereal Disease Research Laboratory (VDRL) test, polymerase chain reaction (PCR), or rapid plasma reagin (RPR).

⁶ Facility reports conducting HIV testing at the facility and had at least one unexpired Determine, at least one unexpired Uni-Gold, and at least one unexpired Stat Pak HIV rapid diagnostic test kit available somewhere in the facility on the day of the survey, or else facility had ELISA testing capacity or other HIV testing capacity observed in the facility on the day of the survey.

⁷ Facility had the capacity to conduct the following three tests at the facility on the day of the survey: urine protein test, urine glucose test, and HIV diagnostic test.

Table 26 Availability of medicines for routine antenatal care: Province 5

Among facilities offering antenatal care (ANC) services, percentages with essential medicines for ANC observed to be available on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
Medicines				
Folic acid tablets	4.8	69.5	7.3	10.3
Iron and folic acid combined tablets	99.4	77.3	98.5	90.8
Albendazole tablets	100.0	77.3	99.1	97.6
All essential medicines ¹	99.4	77.3	98.5	90.4
Number of facilities offering ANC services	129	5	135	919

Note: Stand-alone HTC's, Sukraraj hospitals, and Kanti hospitals are excluded.

¹All essential medicines include iron and folic acid combined tablets, and albendazole tablets.

Table 27 General assessment and client history for observed first-visit antenatal care clients: Province 5

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests; and among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority			National average
	Public	Private and others	Provincial average	
Client history				
Client's age	50.1	44.7	49.9	53.5
Date of last menstrual period	81.8	62.3	80.9	77.6
Any prior pregnancy ¹	76.0	100.0	77.1	63.2
Medicines client is currently taking	6.9	16.2	7.3	11.6
All elements relevant to client history ²	0.4	11.2	0.9	6.5
Routine tests				
Urine protein or glucose test	34.0	69.8	35.7	40.6
Hemoglobin test	43.0	74.0	44.4	42.5
Number of first-visit ANC clients	80	4	84	523
Prior pregnancy-related complications				
Stillbirth	8.2	10.5	8.3	10.5
Death of infant during first week after birth	1.5	0.0	1.4	2.0
Heavy bleeding during labor or postpartum	0.0	10.5	0.4	1.2
Assisted delivery	9.5	0.0	9.1	5.0
Cesarean delivery	5.4	0.0	5.2	12.0
Previous spontaneous abortion	9.5	0.0	9.1	13.9
Previous induced abortion	0.5	0.0	0.5	8.5
Multiple pregnancies	0.0	0.0	0.0	1.8
Prolonged labor	4.2	10.5	4.5	2.3
Pregnancy-induced hypertension	0.0	0.0	0.0	1.2
Pregnancy-related convulsions	4.2	10.5	4.5	0.9
Any aspect of complications during a prior pregnancy	30.6	21.1	30.3	35.9
Number of first-visit ANC clients with prior pregnancy	44	2	45	294

¹ This includes any questions that would indicate whether the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy.

³ A provider performed the test as part of the visit, referred client for the test elsewhere, or provider looked at a test result during the visit on the day of the survey.

Table 28 Basic physical examinations and preventive interventions for antenatal care clients: Province 5

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
FIRST-VISIT ANC CLIENTS				
Basic physical examination				
Measured blood pressure	95.6	88.8	95.3	89.8
Weighed client	92.3	78.8	91.7	81.7
Checked fetal position (at least 8 m pregnant)	89.4	46.9	77.4	80.2
Checked uterine/fundal height ¹	41.4	87.4	43.5	39.0
Listened to fetal heart (at least 5 m pregnant) ²	93.9	100.0	94.5	85.7
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	83.5	16.2	80.4	71.1
Provider explained purpose of iron or folic acid tablets	22.7	11.2	22.1	26.1
Provider explained how to take tablets	38.5	0.0	36.8	30.5
Provider gave or prescribed tetanus toxoid vaccine	53.1	5.0	50.9	31.2
Provider explained purpose of tetanus toxoid vaccine	16.9	16.2	16.9	15.6
Provider gave or prescribed albendazole	51.3	11.2	49.4	46.6
Provider explained purpose of albendazole	4.3	0.0	4.1	9.4
Number of first-visit ANC clients	80	4	84	523
FOLLOW-UP ANC CLIENTS				
Basic physical examination				
Measured blood pressure	93.5	63.9	91.7	85.2
Weighed client	88.1	53.5	86.0	81.6
Checked fetal position (at least 8 m pregnant)	72.0	100.0	74.4	87.5
Checked uterine/fundal height ¹	52.9	83.2	54.7	52.4
Listened to fetal heart (at least 5 m pregnant) ²	89.5	87.8	89.4	92.1
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	63.3	15.5	60.5	58.0
Provider explained purpose of iron or folic acid tablets	13.9	36.1	15.2	12.9
Provider explained how to take tablets	10.4	5.2	10.1	12.4
Provider gave or prescribed tetanus toxoid vaccine	12.9	0.0	12.2	17.1
Provider explained purpose of tetanus toxoid vaccine	4.8	10.3	5.1	5.9
Provider gave or prescribed albendazole	1.6	0.0	1.5	4.9
Provider explained purpose of albendazole	0.9	0.0	0.9	1.9
Number of follow-up ANC clients	132	8	140	980
ALL OBSERVED ANC CLIENTS				
Basic physical examination				
Measured blood pressure	94.3	71.8	93.1	86.8
Weighed client	89.7	61.5	88.1	81.6
Checked fetal position (at least 8 m pregnant)	73.4	86.0	74.7	86.7
Checked uterine/fundal height ¹	48.6	84.6	50.5	47.7
Listened to fetal heart (at least 5 m pregnant) ²	90.5	91.5	90.6	90.9
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	70.9	15.7	67.9	62.6
Provider explained purpose of iron or folic acid tablets	17.2	28.2	17.8	17.5
Provider explained how to take tablets	21.0	3.5	20.1	18.7
Provider gave or prescribed tetanus toxoid vaccine	28.1	1.6	26.6	22.0
Provider explained purpose of tetanus toxoid vaccine	9.4	12.2	9.5	9.3
Provider gave or prescribed albendazole	20.3	3.5	19.4	19.4
Provider explained purpose of albendazole	2.2	0.0	2.1	4.5
Number of ANC clients	212	12	224	1,502

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure the fundal height.

² Either with a fetoscope or by using an ultrasound device.

Table 29 Content of antenatal care counseling related to risk symptoms: Province 5

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by managing authority, Nepal Health Facility Survey 2015

Counseling topics	Managing authority		Provincial average	National average
	Public	Private and others		
FIRST VISIT ANC CLIENTS				
Vaginal bleeding or spotting	26.0	22.6	25.8	24.2
Fever	2.2	0.0	2.1	7.4
Headache or blurred vision	19.2	0.0	18.3	21.9
Swollen hands, face, or body	22.2	5.0	21.4	19.4
Tiredness, shortness of breath	2.3	0.0	2.2	3.3
Fetal movement: loss of, excessive, or normal	16.3	22.6	16.6	18.4
Convulsion or loss of consciousness	17.1	0.0	16.3	8.9
Severe lower abdominal pain	45.2	41.3	45.0	37.8
Any of the above risk symptoms	62.0	58.9	61.9	58.2
All of the above symptoms	0.0	0.0	0.0	0.7
Number of first-visit ANC clients	80	4	84	523
FOLLOW-UP ANC CLIENTS				
Vaginal bleeding or spotting	38.1	83.2	40.8	46.3
Fever	5.7	36.1	7.5	6.6
Headache or blurred vision	25.7	72.9	28.5	25.5
Swollen hands, face, or body	32.6	20.6	31.9	24.5
Tiredness, shortness of breath	5.2	16.1	5.8	6.6
Fetal movement: loss of, excessive, or normal	32.8	67.7	34.9	41.2
Convulsion or loss of consciousness	12.4	5.2	12.0	5.9
Severe lower abdominal pain	47.8	78.7	49.7	43.7
Any of the above risk symptoms	76.5	100.0	77.9	71.1
All of the above symptoms	0.9	0.0	0.8	0.1
Number of follow-up ANC clients	132	8	140	980
ALL OBSERVED ANC CLIENTS				
Vaginal bleeding or spotting	33.5	64.1	35.2	38.6
Fever	4.4	24.7	5.5	6.9
Headache or blurred vision	23.3	49.9	24.7	24.3
Swollen hands, face, or body	28.7	15.7	28.0	22.7
Tiredness, shortness of breath	4.1	11.0	4.5	5.4
Fetal movement: loss of, excessive, or normal	26.6	53.5	28.0	33.3
Convulsion or loss of consciousness	14.2	3.5	13.6	6.9
Severe lower abdominal pain	46.9	66.9	47.9	41.6
Any of the above risk symptoms	71.0	87.0	71.9	66.6
All of the above symptoms	0.5	0.0	0.5	0.3
Number of ANC clients	212	12	224	1,502

Table 30 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning: Province 5

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by managing authority, Nepal Health Facility Survey 2015

Counseling topics	Managing authority		Provincial average	National average
	Public	Private and others		
FIRST VISIT ANC CLIENTS				
Nutrition	72.8	11.2	69.9	53.0
Progress of pregnancy	25.7	21.2	25.5	24.3
Importance of at least 4 ANC visits	51.6	11.2	49.7	30.6
Delivery plans/birth preparedness ¹	24.2	0.0	23.1	12.7
Care of newborn ²	0.0	0.0	0.0	1.3
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	1.6
Exclusive breastfeeding	1.1	0.0	1.1	1.0
Importance of vaccination for newborn	0.0	0.0	0.0	0.8
Family planning post-partum	2.2	0.0	2.1	1.4
Provider used any visual aids	7.7	0.0	7.3	7.9
Number of first-visit ANC clients	80	4	84	523
FOLLOW-UP ANC CLIENTS				
Nutrition	61.5	31.0	59.7	45.7
Progress of pregnancy	39.3	83.2	41.9	36.7
Importance of at least 4 ANC visits	24.8	5.2	23.6	12.3
Delivery plans/birth preparedness ¹	25.3	10.3	24.4	19.5
Care of newborn ²	1.1	0.0	1.1	0.3
Early initiation and prolonged breastfeeding	1.1	0.0	1.1	1.3
Exclusive breastfeeding	0.0	0.0	0.0	0.9
Importance of vaccination for newborn	1.1	0.0	1.1	0.3
Family planning post-partum	1.3	0.0	1.2	1.0
Provider used any visual aids	10.0	0.0	9.4	5.0
Number of follow-up ANC clients	132	8	140	980
ALL OBSERVED ANC CLIENTS				
Nutrition	65.7	24.7	63.5	48.3
Progress of pregnancy	34.2	63.6	35.8	32.4
Importance of at least 4 ANC visits	34.9	7.1	33.4	18.7
Delivery plans/birth preparedness ¹	24.9	7.1	23.9	17.1
Care of newborn ²	0.7	0.0	0.7	0.7
Early initiation and prolonged breastfeeding	0.7	0.0	0.7	1.4
Exclusive breastfeeding	0.4	0.0	0.4	0.9
Importance of vaccination for newborn	0.7	0.0	0.7	0.5
Family planning post-partum	1.6	0.0	1.6	1.1
Provider used any visual aids	9.2	0.0	8.7	6.0
Number of ANC clients	212	12	224	1,502

¹ Provider advised or counseled client about birth preparedness in any of the following ways: asked client where she plans to deliver and advised client to prepare for delivery by setting aside money, making arrangements for transportation, identifying a blood donor; advised client to use a skilled birth attendant or delivery at a health facility; discussed what items to have on hand at home, e.g., blade, clean delivery kit, 4% chlorhexidine.

² Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 31 Client satisfaction: Province 5

Among all interviewed ANC clients, the percentages who were very satisfied, satisfied, neutral, or dissatisfied with the service received during the visit, by managing authority, Nepal Health Facility Survey 2015

Client satisfaction	Managing authority		Provincial average	National average
	Public	Private and others		
Very satisfied	48.1	50.9	48.3	42.8
Satisfied	39.9	45.5	40.2	40.8
Neutral	10.4	3.5	10.1	14.2
Dissatisfied	1.5	0.0	1.4	2.2
Number of interviewed ANC clients	212	12	224	1,502

Table 32 Availability of delivery services: Province 5

Among all facilities, the percentages offering normal vaginal delivery and Cesarean delivery services, by managing authority, Nepal Health Facility Survey 2015

Delivery services	Managing authority		Provincial average	National average
	Public	Private and others		
Normal vaginal delivery services	46.4	35.4	45.7	48.7
Cesarean delivery	1.8	26.4	3.3	5.1
Number of facilities	129	8	138	940

Note: Stand-alone HTC's and Sukra Raj, Bir, and Kanti hospitals are excluded. The total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

Table 33 Guidelines, trained staff, and equipment for delivery services: Province 5

Among facilities that offer normal vaginal delivery services, the percentages with guidelines for delivery care, at least one staff member recently trained in delivery care, and basic equipment and supplies for routine delivery care available at the facility on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Guidelines on delivery care ¹	43.7	0.0	41.6	21.8
Staff trained in delivery care ²	35.0	25.3	34.5	35.1
Equipment				
Emergency transport ³	62.3	100.0	64.1	62.3
Examination light ⁴	61.6	100.0	63.5	60.7
Delivery pack ⁵	100.0	100.0	100.0	92.4
Suction apparatus (mucus extractor)	49.6	100.0	52.0	62.0
Manual vacuum extractor	13.7	81.6	16.9	20.7
Vacuum aspiration kit or MVA kit ⁶	13.9	93.1	17.7	19.2
Neonatal bag and mask	87.6	100.0	88.2	82.8
Partograph ⁷	90.6	100.0	91.1	80.0
Gloves ⁸	96.1	81.6	95.4	92.5
Delivery bed	100.0	93.1	99.7	96.3
Number of facilities offering normal vaginal delivery services	60	3	63	457

Note: Stand-alone HTC's and Sukra Raj, Bir, and Kanti hospitals are excluded. The total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

¹ Nepal Medical Standards (NMS) Volume III or Reproductive Health Clinical Guideline.

² At least one interviewed provider of delivery services at the facility reported receiving the skilled birth attendant (SBA) training, the advanced skilled birth attendant (ASBA) training, maternal and newborn health update, training on routine care during labor and normal vaginal delivery, or training in active management of third stage of labor (AMTSL) during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁴ A functioning flashlight is acceptable.

⁵ Either the facility had a sterile delivery pack available at the delivery site or else all the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder and -piece wrapper (update specs).

⁶ Facility had a functioning vacuum aspirator or else a MVA kit available.

⁷ A blank partograph at the service site.

⁸ Disposable latex gloves or equivalent available at the service site.

Table 34 Medicines and commodities for delivery and newborn care: Province 5

Among facilities offering normal vaginal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Medicines	Managing authority		Provincial average	National average
	Public	Private and others		
Essential medicines for delivery¹				
Injectable uterotonic (oxytocin) ²	95.3	100.0	95.5	88.2
Injectable antibiotic ³	46.0	100.0	48.6	40.9
Skin antiseptic	93.6	100.0	93.9	91.4
Intravenous fluids with infusion set ⁴	92.5	100.0	92.9	90.3
All essential medicines for delivery	15.2	81.6	18.3	12.0
Essential medicines for newborns				
Tetracycline eye ointment ¹	49.3	25.3	48.2	39.5
4% chlorhexidine gel ¹	76.5	60.9	75.7	58.0
Injectable gentamicin ²	80.7	52.9	79.4	74.8
Ceftriaxone powder for injection	8.4	74.7	11.5	12.0
Amoxicillin suspension or dispersible pediatric dose tablet	13.3	46.0	14.9	25.7
All essential medicines for newborns	0.0	18.4	0.9	0.7
Priority medicines for mothers⁵				
Sodium chloride injectable solution	52.8	74.7	53.8	60.4
Injectable Calcium gluconate	26.4	74.7	28.7	22.0
Ampicillin powder for injection	5.2	52.9	7.5	9.9
Injectable metronidazole	23.4	74.7	25.8	30.3
Misoprostol capsules or tablets	30.7	67.8	32.5	29.7
Azithromycin capsules or tablets or oral liquid	16.5	74.7	19.3	18.9
Cefixime capsules or tablets	15.8	52.9	17.6	15.7
Injectable bethamethasone or dexamethasone	35.7	56.3	36.7	33.3
All priority medicines for mothers	0.3	27.6	1.6	3.0
Number of facilities offering normal vaginal delivery services	60	3	63	457

Note: Stand-alone HTC and Sukra Raj, Bir, and Kanti hospitals are excluded. The total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin) and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable antibiotic, e.g., ceftriaxone and ampicillin.

⁴ Any intravenous fluid with infusion sets.

⁵ The priority medicines for mothers are defined by WHO; the list can be viewed at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 35 Items for infection control during provision of delivery care: Province 5

Among facilities offering normal vaginal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	84.3	93.1	84.7	71.9
Running water ¹	73.3	93.1	74.3	69.1
Soap and running water	73.0	93.1	74.0	65.0
Alcohol-based hand disinfectant	38.7	67.8	40.0	32.2
Soap and running water or else alcohol-based hand disinfectant	84.5	100.0	85.2	75.0
Latex gloves	96.1	81.6	95.4	92.5
Safety box	92.6	52.9	90.7	86.4
Needle destroyer	9.6	34.5	10.8	7.5
Waste receptacle ²	20.8	13.8	20.5	12.8
Injection safety precaution guideline	11.1	25.3	11.8	7.1
All infection prevention items ³	0.7	6.9	1.0	1.3
Number of facilities offering normal vaginal delivery services	60	3	63	457

Note: Stand-alone HTC and Sukra Raj, Bir, and Kanti hospitals are excluded. The total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Table 36 Signal Functions for emergency obstetric and neonatal care (EmONC) and functional Basic EmONC and Comprehensive EmONC facilities: Province 5

Among facilities offering normal vaginal delivery services, percentages that reported applying or carrying out the signal functions for emergency obstetric and neonatal care at least once in the 3 months preceding the survey, and percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC), and percentages that can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Signal functions				
Parenteral antibiotics	56.6	81.6	57.8	40.7
Parenteral oxytocics	94.4	81.6	93.8	85.8
Parenteral anticonvulsant	12.8	74.7	15.8	10.0
Assisted vaginal delivery (AVD)	19.4	81.6	22.4	16.1
Manual removal of placenta	56.6	67.8	57.1	42.8
Removal of retained products of conception (MVA)	44.9	67.8	46.0	33.0
Neonatal resuscitation	44.3	81.6	46.1	36.8
BEmONC ¹	2.7	60.9	5.5	4.2
Number of facilities offering normal vaginal delivery services	60	3	63	457
Signal functions				
Blood transfusion	23.4	52.9	30.4	32.7
Cesarean delivery	21.3	74.7	33.9	37.0
CEmONC ²	12.8	32.2	17.3	11.5
Number of hospitals and PHCCs offering normal vaginal delivery services	10	3	13	106

Note: Stand-alone HTC and Sukra Raj, Bir, and Kanti hospitals are excluded. The total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

¹ Facility reported that it provides delivery and newborn care services and applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: 1) parenteral administration of antibiotics, 2) parenteral administration of oxytocin or other uterotonic, 3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, 4) assisted vaginal delivery, 5) manual removal of placenta, 6) removal of retained products of conception, and 7) neonatal resuscitation.

² Facility reported that it provides delivery and newborn care services, and that that they have done at least one Cesarean delivery in the 3 months before the survey, had provided a blood transfusion in an obstetric context at least once in the 3 months before the survey, and had also applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: 1) parenteral administration of antibiotics, 2) parenteral administration of oxytocin or other uterotonic, 3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, 4) assisted vaginal delivery, 5) manual removal of placenta, 6) removal of retained products of conception, and 7) neonatal resuscitation.

Table 37 Availability of child health services: Province 5

Among all facilities, the percentages offering specific child health services at the facility, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Outpatient curative care for sick children	100.0	89.8	99.4	99.4
Growth monitoring	98.7	42.3	95.3	92.7
Child vaccination ¹	92.3	24.0	88.1	86.8
All three basic child health services	92.1	13.8	87.3	84.7
Child vaccination plus ²	44.3	17.5	42.6	22.9
Child health services with all vaccinations ³	44.1	7.3	41.8	22.2
Routine vitamin A supplementation	99.5	55.3	96.8	94.4
Number of facilities excluding Sukra Raj hospital ⁴	129	8	138	940

Note: Stand-alone HTC's are excluded. Sukra Raj and Bir hospitals are excluded from this table for analysis of child curative care and child vaccination services. Sukra Raj hospital is excluded from this table for analysis of child growth monitoring services.

¹ Facility routinely provides BCG, pentavalent, polio, and MR vaccinations at the facility.

² Facility routinely provides BCG, pentavalent, polio, and MR vaccinations, as well as PCV and JE vaccinations at the facility.

³ Includes outpatient curative care for sick children, child growth monitoring and all six child vaccinations.

⁴ This denominator applies only to the indicators child curative care and child vaccination services.

Table 38 Guidelines, trained staff, and equipment for child curative care services: Province 5

Among all facilities offering outpatient curative care for sick children, the percentages with indicated guidelines, trained staff, and equipment, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
IMCI/IMNCI guidelines	76.8	5.4	72.9	61.0
Trained staff				
IMCI/IMNCI ¹	25.0	14.0	24.4	21.9
Infant and young child feeding training ²	18.1	8.6	17.5	14.7
Equipment				
Child weighing scale ³	53.6	54.8	53.7	45.5
Infant weighing scale ⁴	71.1	48.0	69.8	63.7
Length or height board	31.4	35.3	31.7	24.2
Tape for head circumference	30.1	57.9	31.6	29.2
Tape for MUAC	15.9	12.7	15.7	23.5
Thermometer	98.1	100.0	98.2	95.0
Stethoscope	100.0	100.0	100.0	98.4
Child health card (HMIS 2.1)	84.8	8.1	80.5	76.1
Timer	96.4	82.8	95.6	94.2
All items	0.2	0.0	0.2	0.0
Number of facilities offering outpatient curative care for sick children	129	8	137	934

Note: Stand-alone HTC's are excluded. MUAC= Mid-upper arm circumference

¹ At least one interviewed provider of child health services in the facility reported receiving in-service training in integrated management of childhood illness (IMCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² At least one interviewed provider of child health services in the facility reported receiving infant and young child feeding (IYCF) training during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A weighing scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed.

⁴ A weighing scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed.

Table 39 Items for infection control: Province 5

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	76.9	74.2	76.8	56.0
Running water ¹	58.9	74.2	59.8	48.0
Soap and running water	58.6	74.2	59.5	44.1
Alcohol-based hand disinfectant	35.9	18.1	35.0	27.1
Soap and running water or else alcohol-based hand disinfectant	64.4	76.9	65.1	54.0
Latex gloves	83.7	62.9	82.6	79.1
Safety box	88.7	39.8	86.0	80.8
Needle destroyer	3.1	2.7	3.1	3.3
Waste receptacle ²	8.0	11.3	8.2	6.4
Injection safety precaution guideline	1.6	12.7	2.2	3.0
All infection prevention items ³	0.2	2.7	0.3	0.3
Number of facilities offering outpatient curative care for sick children	129	8	137	934

Note: Stand-alone HTCs are excluded.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

Table 40 Laboratory diagnostic capacity: Province 5

Among facilities offering outpatient curative care services for sick children, the percentages with the indicated laboratory diagnostic capacity in the facility, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Laboratory diagnostic capacity				
Hemoglobin ¹	9.8	100.0	14.8	15.1
Malaria ²	24.4	92.8	28.2	21.8
Stool microscopy ³	6.4	55.2	9.1	10.5
All three tests	5.3	55.2	8.1	8.8
Number of facilities offering outpatient curative care for sick children	129	8	137	934

Note: Stand-alone HTCs are excluded.

¹ Facility had functioning equipment and reagents for colorimeter, hemoglobinometer, or HemoCue.

² Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy.

³ Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

Table 41 Availability of essential and priority medicines and commodities: Province 5

Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Essential medicines				
ORS ¹	97.3	84.2	96.6	92.4
Zinc tablets	98.6	59.7	96.4	95.6
Amoxicillin syrup, suspension, or dispersible ¹	18.9	52.9	20.8	24.1
Co-trimoxazole syrup, suspension, or dispersible	61.4	8.1	58.5	49.1
Paracetamol syrup or suspension ¹	86.7	74.2	86.1	85.3
Vitamin A capsules ¹	96.4	51.6	93.9	89.7
Albendazole	98.2	67.0	96.4	96.7
Priority medicines				
Ampicillin powder for injection	2.4	39.8	4.5	6.2
Ceftriaxone powder for injection	3.9	59.7	7.0	8.3
Gentamycin injection	61.7	51.1	61.1	63.6
Number of facilities offering outpatient curative care for sick children	129	8	137	934

Note: Stand-alone HTC are excluded. ORS = oral rehydration salts.

¹ These medicines and commodities are also in the group of priority medicines for children.

Table 42 Guidelines, trained staff, and equipment for vaccination services: Province 5

Among facilities offering child vaccination services, the percentages with EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Guidelines ¹	72.9	20.3	72.0	54.7
Trained staff ²	15.8	10.2	15.7	20.7
Equipment				
Vaccine carrier with ice pack ³	77.5	100.0	77.9	74.7
Safety box	93.9	57.6	93.3	88.1
Syringes and needles ⁴	89.8	89.8	89.8	88.0
Needle destroyer	3.5	0.0	3.4	3.0
All items ⁵	7.5	10.2	7.5	7.2
Number of facilities offering child vaccination services	119	2	121	816

Note: Stand-alone HTC are excluded.

¹ National immunization manual for child vaccinations or other guidelines for vaccinations, such as *Khopko Byawaharik Gyan 2070* or *Measles Rubella Khop sambandhi Nirdeshika*, available at the service site.

² At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs.

⁴ Single-use standard disposable syringes with needles or auto-disable syringes with needles.

⁵ All items include: guidelines, trained staff, vaccine carrier with ice pack, safety box or needle destroyer, and syringes and needles.

Table 43 Vaccine storage: Province 5

Among facilities offering child vaccination services, the percentages reporting that they store vaccines, and percentage reporting that they do not store any vaccines, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Routinely store vaccines	7.1	62.7	8.1	9.8
Receive all vaccines from higher-level center and store for short time	72.0	27.1	71.2	71.2
Do not store any vaccines	20.9	10.2	20.7	19.0
Number of facilities offering child vaccination services	119	2	121	816

Note: Stand-alone HTC's are excluded.

Table 44 Infection control for vaccination services: Province 5

Among facilities offering child vaccination services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	76.4	100.0	76.8	54.6
Running water ¹	59.8	100.0	60.4	46.6
Soap and running water	59.4	100.0	60.1	43.0
Alcohol-based hand disinfectant	35.9	79.7	36.6	25.9
Soap and running water or else alcohol-based hand disinfectant	64.8	100.0	65.4	52.1
Latex gloves	87.1	79.7	87.0	80.5
Safety box	93.9	57.6	93.3	88.1
Needle destroyer	3.5	0.0	3.4	3.0
Waste receptacle ²	8.2	0.0	8.0	6.4
Injection safety precaution guideline	4.3	10.2	4.4	3.7
All infection prevention items ³	0.2	0.0	0.2	0.7
Number of facilities offering child vaccination services	119	2	121	816

Note: Stand-alone HTC's are excluded.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

Table 45.1 Assessments and examinations of sick children: Province 5

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
Qualification of provider				
Consultation conducted by consultant/specialist or medical doctor general practitioner (MD-GP)	2.8	72.0	16.2	15.5
Consultation conducted by medical officer (MO)	11.4	19.4	12.9	15.7
Consultation conducted by nursing professional, including degree nurse or degree midwife	9.7	0.0	7.8	12.8
Consultation conducted by paramedic	75.1	8.6	62.3	55.6
History: assessment of general danger signs				
Inability to eat or drink anything	29.2	21.8	27.8	21.6
Vomiting everything	21.0	31.3	23.0	20.5
Convulsions	4.3	10.0	5.4	4.7
All general danger signs	2.2	1.2	2.0	2.0
History: assessment of main symptom				
Cough or difficulty breathing	52.2	65.5	54.8	56.0
Diarrhea	48.8	29.3	45.1	40.8
Fever	68.9	80.8	71.2	77.2
All three main symptoms ¹	28.7	18.5	26.8	24.8
Ear pain or discharge from ear	18.8	10.0	17.1	17.4
All 3 main symptoms plus ear pain/discharge	11.6	1.2	9.6	8.4
History: other assessment				
Asked about TB disease in any parent in last 5 years	0.0	0.0	0.0	0.0
Asked if 2 or more episodes of diarrhea in child each lasting more than 14 days	0.8	0.0	0.7	0.4
Physical examination				
Took child's temperature with thermometer ²	66.2	61.5	65.3	56.2
Counted respiration (breaths) for 60 seconds	24.6	13.7	22.5	23.9
Checked skin turgor for dehydration	8.7	2.5	7.5	6.5
Checked for pallor by looking at palms	4.7	10.7	5.9	3.8
Checked for pallor by looking at conjunctiva	12.9	28.9	16.0	12.1
Looked into child's mouth	7.5	4.5	6.9	11.4
Checked for neck stiffness	1.7	1.2	1.6	1.0
Looked in child's ear	8.2	2.9	7.1	10.0
Felt behind child's ears for tenderness	6.6	3.7	6.1	5.8
Pressed both feet to check for edema	1.4	0.0	1.1	1.7
Checked for enlarged lymph nodes	4.8	3.7	4.6	3.0
Weighted the child	74.1	72.0	73.7	62.3
Plotted weight on growth chart	54.7	45.0	52.8	29.0
Essential advice to caretaker				
Give extra fluids to child	23.4	15.6	21.9	17.5
Continue feeding child	20.0	14.8	19.0	16.8
Symptoms requiring immediate return	10.9	3.7	9.5	7.0
Number of sick child observations	233	56	289	2,186

¹ Cough or difficulty breathing, diarrhea, and fever.

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table 45.2 Assessments and examinations of sick children: Province 5

Among sick children whose consultations with a provider were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI/IMNCI assessment and physical examination, by managing authority, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Provincial average	National average
	Public	Private and others		
IMCI assessment				
3 main symptoms ¹	28.7	18.5	26.8	24.8
3 general danger signs ²	2.2	1.2	2.0	2.0
Current eating or drinking habits	17.7	12.8	16.7	16.3
Caretaker advised to continue feeding and to increase fluid intake	11.8	6.6	10.8	6.8
Physical exam				
Temperature	66.2	61.5	65.3	56.2
Respiratory rate	24.6	13.7	22.5	23.9
Dehydration	8.7	2.5	7.5	6.5
Anemia	15.9	30.8	18.8	14.4
Ear (looked in ear/felt behind ear)	12.7	6.6	11.5	12.8
Edema	1.4	0.0	1.1	1.7
Referred for any laboratory test	3.0	23.1	6.9	6.6
Number of children	233	56	289	2,186

¹ The three IMCI/IMNCI main symptoms are cough/difficulty breathing, diarrhea, and fever.

² The three IMCI/IMNCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion.

Table 46 Client satisfaction: Province 5

Among interviewed caretakers of sick children, the percentages who were very satisfied, satisfied, neutral, or dissatisfied with the service received during the visit, by managing authority, Nepal Health Facility Survey 2015

Client satisfaction	Managing authority		Provincial average	National average
	Public	Private and others		
Very satisfied	36.1	68.5	42.4	40.1
Satisfied	45.7	30.3	42.8	42.5
Neutral	15.6	1.2	12.8	14.4
Dissatisfied	2.6	0.0	2.1	3.1
Number of clients	233	56	289	2,186

Table 47 Guidelines, trained staff, and items for sexually transmitted infection services: Province 5

Among all facilities, the percentages offering services for sexually transmitted infections (STIs); and among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
STI services ¹	72.7	76.0	73.1	73.8
Number of facilities	129	15	144	963
Guidelines, trained staff, and diagnostic capacity				
National STI guidelines	7.5	28.6	9.7	8.1
Trained staff ²	6.7	12.8	7.4	8.4
Syphilis rapid diagnostic test capacity ³	8.8	77.6	16.1	15.9
Medicines and commodities				
Male condoms	100.0	77.7	97.6	96.2
Metronidazole	97.0	72.1	94.4	95.5
Injectable ceftriaxone	5.1	45.9	9.5	10.9
Azithromycin tablets	20.8	62.8	25.3	19.2
Cefixime tablets	14.0	61.4	19.0	15.8
Doxycycline tablets	36.4	57.6	38.6	35.0
Fluconazole tablets or ointment	10.6	67.2	16.6	15.6
Number of facilities offering STI services	94	11	105	710

¹ Providers in the facility diagnose STIs or prescribe treatment for STIs or both.

² At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had unexpired syphilis rapid test kit available in the facility.

Table 48 Availability of HIV testing and counseling services: Province 5

Among all facilities, the percentages that report having an HIV testing system; and among facilities with an HIV testing system, percentage that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counseling services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
HIV testing system ¹	2.8	37.7	6.4	5.9
Number of facilities	129	15	144	963
HIV testing capacity and other items to support provision of HIV testing and counseling services:				
HIV testing capacity ²	100.0	90.1	94.0	80.8
National HIV testing and counseling guidelines	28.4	44.3	38.0	34.1
Trained provider ³	34.0	66.7	53.8	38.8
Ever-trained provider ⁴	94.3	96.3	95.5	69.2
Visual and auditory privacy ⁵	94.3	100.0	97.8	96.3
Condoms ⁶	83.0	73.9	77.5	62.1
All items ⁷	0.0	13.3	8.1	13.4
Number of facilities having HIV testing system	4	6	9	57

¹ Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility.

² Facility reports conducting HIV testing at the facility and had at least one unexpired Determine, at least one unexpired Uni-Gold, and at least one unexpired Stat Pak HIV rapid diagnostic test kit available somewhere in the facility on the day of the survey, or else facility had ELISA testing capacity or other HIV testing capacity observed in the facility on the day of the survey.

³ At least one interviewed provider of HIV testing and counseling services in the facility reported receiving in-service training in some aspect of HIV testing and counseling during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ At least one interviewed provider of HIV testing and counseling services in the facility reported ever receiving in-service training in some aspect of HIV testing and counseling. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ Private room or screened-off space available in HIV testing and counseling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard, and the client could not be observed by others.

⁶ Condoms available at the HIV testing and counseling site on the day of the survey.

⁷ Facility had all of the following items available on the day of the survey: HIV testing capacity, national HIV testing and counseling guideline, at least one interviewed provider trained in the past 24 months in HIV testing and counseling, visual and auditory privacy, and condoms available at the HIV testing site.

Table 49 Items for infection control during provision of HIV testing services at the service site: Province 5

Among facilities with HIV testing capacity, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	32.0	43.4	38.6	31.9
Running water ¹	11.3	43.4	30.0	29.8
Soap and running water	11.3	43.4	30.0	29.8
Alcohol-based hand disinfectant	32.0	0.0	13.4	18.2
Soap and running water or else alcohol-based hand disinfectant	32.0	43.4	38.6	32.8
Latex gloves	43.3	41.8	42.4	33.3
Safety box	37.6	42.6	40.5	29.5
Needle destroyer	0.0	31.1	18.1	16.3
Waste receptacle ²	5.7	4.1	4.8	9.7
Injection safety precaution guideline	5.7	9.8	8.1	6.2
All infection prevention items ³	0.0	0.0	0.0	2.4
Number of facilities having HIV testing capacity	4	5	9	46

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Waste receptacle with plastic bin liner.

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Table 50 Items for infection control during provision of HIV testing services in the laboratory: Province 5

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	100.0	78.7	87.0	90.4
Running water ¹	76.7	82.8	80.4	90.1
Soap and running water	76.7	78.7	77.9	86.5
Alcohol-based hand disinfectant	61.6	32.8	44.1	57.4
Soap and running water or else alcohol-based hand disinfectant	100.0	82.8	89.5	92.5
Latex gloves	100.0	100.0	100.0	97.5
Safety box	87.2	64.8	73.5	78.2
Needle destroyer	36.0	63.9	53.0	49.9
Waste receptacle ²	29.7	18.0	22.6	22.5
Injection safety precaution guideline	6.4	13.9	11.0	5.9
All infection prevention items ³	6.4	9.8	8.5	2.8
Number of facilities with laboratory HIV testing capacity	3	5	8	40.1

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Table 51 Guidelines, trained staff, and items for HIV/AIDS care and support services: Province 5

Among all facilities, the percentages offering HIV/AIDS care and support services; and among facilities offering HIV/AIDS care and support services, the percentages with indicated items to support the provision of quality HIV/AIDS care and support services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
HIV/AIDS care and support services ¹	2.4	30.4	5.2	4.7
Number of facilities	129	15	144	963
Guidelines, trained staff, and system for screening and testing				
National guidelines for the clinical management of HIV/AIDS	33.7	39.4	37.1	27.9
Guidelines on CHBC ²	13.5	37.6	27.8	9.7
Trained staff ³	20.2	25.7	23.5	18.0
System for screening and testing HIV+ clients for TB ⁴	53.9	20.2	33.8	23.8
Medicines				
IV solution with infusion set	93.3	32.1	56.9	60.7
Flucanazole tablet or ointment	66.3	63.3	64.5	45.2
Cotrimoxazole tablets	93.3	28.4	54.7	76.3
First-line treatment for TB ⁵	100.0	9.2	46.0	66.9
Pain management ⁶	73.0	34.9	50.3	39.2
Male condoms	100.0	100.0	100.0	93.1
Number of facilities offering HIV/AIDS care and support services	3	4	8	45

¹ Facility reports that providers at the facility prescribe or provide any of the following services:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for pediatric HIV/AIDS patients;
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment;
- General family planning counseling and/or services for HIV-positive clients;
- Condoms

² Facility provides community care center (CCC) services and had guidelines on community and home based care (CHBC) available on the day of the survey.

³ Facility had at least one interviewed provider of HIV/AIDS care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Record or register indicating HIV-positive clients who have been screened and tested for TB.

⁵ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and Ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

⁶ Diclofenac tablet or injection, or else indomethacin tablets.

Table 52 Availability of antiretroviral therapy services: Province 5

Among hospitals and PHCCs, the percentages offering antiretroviral therapy (ART) services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
ART services ¹	21.3	4.9	13.6	11.5
Number of facilities	10	8	18	134

Note: The denominator for this table includes only PHCCs and hospitals. An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.

¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.

Table 53 Guidelines, trained staff, and equipment for diabetes services: Province 5

Among all facilities, the percentages offering services for diabetes; and among facilities offering services for diabetes, the percentages with guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Services for diabetes ¹	17.6	100.0	22.7	21.1
Number of facilities	129	8	138	940
Guidelines and trained staff				
Guidelines for the diagnosis and management of diabetes	19.7	4.9	15.7	4.1
Trained staff ²	5.3	0.0	3.8	1.9
Equipment				
Blood pressure apparatus ³	98.2	93.5	96.9	94.2
Adult weighing scale	89.2	100.0	92.1	87.7
Height board or stadiometer	25.6	22.8	24.8	29.8
Number of facilities offering services for diabetes	23	8	31	198

Note: Stand-alone HTC are excluded.

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

² At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instructions that a provider might have received during routine supervision.

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope.

Table 54 Diagnostic capacity and essential medicines for diabetes: Province 5

Among facilities offering services for diabetes, the percentages with indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Diagnostic capacity				
Blood glucose ¹	2.7	22.8	8.1	11.9
Urine protein ²	36.0	63.8	43.5	53.9
Urine glucose ³	36.0	63.8	43.5	55.2
Medicines				
Metformin	19.4	60.2	30.4	34.3
Glibenclamide	2.7	24.0	8.5	14.3
Injectable insulin	5.1	41.1	14.8	19.9
Injectable glucose solution (5% dextrose)	51.6	60.2	53.9	54.5
Number of facilities offering services for diabetes	23	8	31	198

Note: Stand-alone HTC are excluded.

¹ Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey.

² Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

³ Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the survey.

Table 55 Guidelines, trained staff, and equipment for cardiovascular diseases: Province 5

Among all facilities, the percentages offering services for cardiovascular diseases; and among facilities offering services for cardiovascular diseases, the percentages with guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Services for cardiovascular diseases ¹	66.5	97.6	68.4	73.1
Number of facilities	129	8	138	940
Guidelines and trained staff				
Guidelines for diagnosis and management of cardiovascular diseases	5.0	2.5	4.8	1.4
Trained staff ²	0.2	0.0	0.2	1.3
Equipment				
Stethoscope	99.8	100.0	99.8	97.8
Blood pressure apparatus ³	98.4	93.3	97.9	93.5
Adult scale	89.5	100.0	90.4	87.6
Number of facilities offering services for cardiovascular diseases	86	8	94	687

Note: Stand-alone HTC are excluded.

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

² At least one interviewed provider of cardiovascular diseases services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital BP machine or manual sphygmomanometer with stethoscope.

Table 56 Availability of essential medicines and commodities for cardiovascular diseases: Province 5

Among facilities offering services for cardiovascular diseases, the percentages with indicated essential medicines and commodities observed at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Medicines and commodities				
Thiazide diuretic	0.7	22.1	2.6	4.4
Beta blockers (atenolol)	20.2	51.3	22.9	18.0
Calcium channel blockers (amiodipine)	4.7	61.7	9.7	11.2
Aspirin	3.5	61.7	8.6	9.9
Oxygen ¹	9.4	82.1	15.8	9.3
Number of facilities offering services for cardiovascular diseases	86	8	94	687

Note: Stand-alone HTC are excluded.

¹ In cylinders or concentrators or an oxygen distribution system.

Table 57 Guidelines, trained staff, and equipment for chronic respiratory diseases: Province 5

Among all facilities, the percentages offering services for chronic respiratory diseases; and among the facilities offering services for chronic respiratory diseases, the percentages with guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Services for chronic respiratory diseases ¹	93.3	97.6	93.6	94.1
Number of facilities	129	8	138	940
Guidelines and trained staff				
Guidelines for diagnosis and management of chronic respiratory diseases	9.5	2.5	9.1	4.6
Trained staff ²	10.2	0.0	9.6	9.0
Equipment				
Stethoscope	99.8	100.0	99.8	97.7
Oxygen flow meter	6.5	71.3	10.7	6.0
Spacers for inhalers	5.1	23.7	6.3	3.8
Number of facilities offering services for chronic respiratory diseases	121	8	129	885

Note: Stand-alone HTC are excluded.

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.

² At least one interviewed provider of service for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 58 Availability of essential medicines and commodities for chronic respiratory diseases: Province 5

Among facilities offering services for chronic respiratory diseases, the percentages with the indicated essential medicines and commodities observed at the service site on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Medicines and commodities				
Salbutamol inhaler	87.9	69.6	86.7	78.8
Beclomethasone inhaler	1.5	25.8	3.0	5.3
Prednisolone tablets	3.3	60.4	7.0	8.0
Hydrocortisone tablets	6.4	62.9	10.0	11.6
Injectable epinephrine or adrenaline	9.9	60.4	13.2	9.2
Oxygen ¹	6.9	82.1	11.7	7.2
Number of facilities offering services for chronic respiratory diseases	121	8	129	885

Note: Stand-alone HTC are excluded.

¹ In cylinders or concentrators or an oxygen distribution system.

Table 59 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services: Province 5

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services; and among facilities offering any TB services, the percentages with TB guidelines and at least one staff member recently trained in TB services, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
TB services				
Screening and referral for TB diagnosis ¹	49.1	8.9	46.7	44.0
Any TB diagnostic services ²	34.0	92.3	37.6	34.3
Any TB treatment and/or treatment follow-up services ³	96.1	51.2	93.4	85.8
Any TB diagnostic and treatment and/or treatment follow-up services	33.9	51.2	34.9	30.2
Any TB diagnostic or treatment and/or treatment follow-up services	97.4	92.3	97.0	93.7
Number of facilities	129	8	138	940
Guidelines and trained staff				
Guidelines on diagnosis and treatment of TB ⁴	47.3	10.6	45.2	34.6
PAL guidelines	6.6	0.0	6.2	3.6
Guidelines on management of HIV and TB co-infection	7.1	2.6	6.8	4.7
Trained staff ⁵	21.7	15.0	21.3	17.0
Number of facilities offering tuberculosis diagnostic or treatment and/or treatment follow-up services	126	8	134	882

Note: Stand-alone HTC's are excluded.

¹ Facility reports that it refers clients outside the facility for TB diagnosis, and there is documentation on the day of the survey visit to support the contention.

² Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, TB rapid diagnostic test (Gene Expert) only, sputum and X-ray and Gene Expert, or based on clinical symptoms only.

³ Facility reports that they follow one of the following TB treatment regimens or approaches:

- Directly observe for two months and follow up for four months
- Directly observe for six months
- Follow up clients only after the first two months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients, and then discharge elsewhere for follow-up
- Provide clients with the full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up.

⁴ The national TB control program general manual.

⁵ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the survey: TB diagnosis and treatment, management of HIV and TB co-infection, multidrug-resistance tuberculosis (MDR-TB) treatment, identification of need for referral, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 60 Diagnostic capacity and availability of medicines for tuberculosis treatment: Province 5

Among facilities offering any tuberculosis (TB) diagnostic, treatment, and/or follow-up services, the percentages with TB and HIV diagnostic capacity and medicines for TB treatment available at the facility on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
TB diagnostic capacity				
TB smear microscopy ¹	6.7	31.3	8.1	9.9
Culture medium ²	0.0	2.6	0.2	0.5
TB rapid diagnostic test kits	0.0	2.6	0.2	0.2
TB X-ray	3.9	94.7	9.2	9.6
HIV diagnostic capacity				
HIV diagnostic capacity ³	2.9	10.6	3.3	3.5
System for diagnosing HIV among TB clients ⁴	7.4	13.7	7.7	5.2
Medicines for treating TB				
First-line treatment for TB ⁵	91.6	37.4	88.4	77.2
Injectable streptomycin	39.5	34.8	39.2	29.3
Number of facilities offering tuberculosis diagnostic or treatment and/or follow-up services	126	8	134	882

Note: Stand-alone HTC's are excluded.

¹ Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulphuric acid, and methyl blue) all were available in the facility on the day of the survey visit or else fluorescence microscope with auramine stain and glass slides.

² Solid or liquid culture medium, (MGIT 960).

³ HIV rapid diagnostic test kits available, or ELISA with reader, incubator, and specific assay.

⁴ Record or register indicating TB clients who had been tested for HIV.

⁵ Four-drug fix-dose combination (4FDC) available, or else isoniazid, pyrazinamide, rifampicin, and Ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

Table 61 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services: Province 5

Among all facilities, the percentages offering malaria diagnosis or treatment services; and among facilities offering malaria diagnosis or treatment services, the percentages with guidelines, trained staff, and diagnostic capacity to support the provision of quality services for malaria, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Malaria diagnosis and/or treatment services ¹	71.4	97.6	73.0	51.2
Number of facilities	129	8	138	940
Guidelines				
National treatment wallchart for malaria or national clinical protocol for malaria	24.9	0.0	22.9	19.6
Trained staff				
Staff trained in malaria diagnosis ²	22.9	0.0	21.1	22.8
Staff trained in malaria treatment ³	18.3	0.0	16.8	17.6
Diagnostics				
Malaria RDT ⁴	31.8	76.3	35.4	40.1
Malaria microscopy ⁵	6.8	44.2	9.9	16.3
Any malaria diagnostics ⁶	34.2	85.4	38.4	43.1
Number of facilities offering malaria diagnosis and/or treatment services	92	8	101	481

Note: Stand-alone HTC's are excluded.

¹ This is based on facilities self-reporting that they offer malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnosis tests (RDTs) or were found on the day of the survey visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis or treatment services.

² Facility has at least one interviewed provider of malaria services who reported receiving in-service training on malaria diagnosis during the 24 months preceding the survey. The training must have involved structured sessions and does not include individual instructions that a provider might have received during routine supervision.

³ Facility had at least one interviewed provider of malaria services who reported receiving in-service training on malaria treatment during the 24 months preceding the survey. The training must have involved structured sessions and does not include individual instructions that a provider might have received during routine supervision.

⁴ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility.

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁶ Facility had either malaria RDT capacity or malaria microscopy capacity.

Table 62 Availability of malaria medicines and commodities: Province 5

Among facilities offering malaria diagnosis and/or treatment services, the percentages with malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and insecticide-treated bed nets (ITNs) available in the facility on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Antimalarial medicines				
ACT (Coartem)	1.7	0.0	1.6	1.8
Quinine tablets	6.3	11.7	6.7	7.8
Chloroquine tablets	58.8	42.9	57.5	57.0
Primaquine tablets	32.6	14.2	31.1	32.5
Any first-line medicine ¹	65.5	42.9	63.7	59.9
Other oral antimalarial tablets	1.5	0.0	1.4	2.2
Quinine injection	0.4	5.0	0.8	1.5
Artesunate injection	0.2	2.5	0.4	0.6
Other medicines and commodities				
Sulfadoxine+pyrimethamine (SP) ²	0.0	0.0	0.0	1.5
Paracetamol tablets/injection	100.0	76.3	98.1	95.5
Paracetamol syrup or dispersible pediatric-dozed tablets	89.5	76.3	88.4	85.2
LLIN ³	12.0	0.0	11.1	10.8
Number of facilities offering malaria diagnosis and/or treatment services	92	8	101	481

Note: Stand-alone HTCs are excluded. ACT = Artemisinin combination therapy; SP = sulfadoxine/pyrimethamine (Fansidar).

¹ Facility had any of the following recommended first-line antimalarial medicines available in the facility on the day of the survey: ACT (Coartem) tablets, quinine tablets, chloroquine tablets, or primaquine tablets.

² Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp).

³ Facility had long-lasting insecticide-treated bed nets (LLINs) available in the facility store or at ANC site for distribution to clients.

Table 63 Malaria testing capacity in facilities offering curative care for sick children: Province 5

Among facilities offering curative care for sick children, the percentages with malaria testing capacity on the day of the survey, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
Malaria diagnostics				
Malaria RDT ¹	22.7	82.8	26.0	20.3
Microscopy ²	4.8	48.0	7.2	8.2
Either RDT or microscopy	24.4	92.8	28.2	21.8
Staff trained in:				
RDT ³	12.0	2.7	11.5	12.4
Microscopy ⁴	14.4	11.3	14.3	13.2
Either RDT or microscopy	17.6	11.3	17.3	16.1
Diagnostics				
Malaria RDT protocol ⁵	6.9	7.2	6.9	7.4
Diagnostic capacity ⁶	1.3	11.3	1.8	2.5
Number of facilities offering curative care for sick children	129	8	137	934

Note: Stand-alone HTC are excluded.

¹ Facility had unexpired malaria rapid diagnostic test (RDT) kit available somewhere in the facility.

² Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

³ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria RDT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria microscopy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ RDT protocol refers to any written instruction on how to perform a malaria RDT.

⁶ Facility had unexpired malaria RDT kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility.

Table 64 Malaria treatment in facilities offering curative care for sick children: Province 5

Among facilities offering curative care for sick children, the percentages with indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by managing authority, Nepal Health Facility Survey 2015

Indicators	Managing authority			National average
	Public	Private and others	Provincial average	
Guidelines and trained staff				
Malaria treatment guidelines	12.9	0.0	12.2	8.3
First-line treatment medicine ¹	46.8	38.0	46.3	31.3
Trained staff ²	18.2	11.3	17.8	16.7
Malaria service readiness index³	0.3	0.0	0.3	0.9
Number of facilities offering curative care for sick children	129	8	137	934

Note: Stand-alone HTC are excluded.

¹ Facility had any of the following recommended first-line antimalarial medicines available in the facility on the day of the survey: ACT (Coartem) tablets, quinine tablets, chloroquine tablets, or primaquine tablets.

² At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis or treatment during the 24 months preceding the survey. The training must have involved structured session and does not include individual instruction that a provider might have received during routine supervision.

³ Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test [RDT] kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in facility), malaria treatment guideline, first-line medicines, as well as staff recently trained in malaria diagnosis and/or treatment available.

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Table 65 Characteristics of households: Province 5

Percentage of households, according to household wealth status, Nepal DHS 2016

Indicators	Household wealth			Provincial average	National average
	Poor	Middle	Wealthy		
Water access and treatment					
Access to an improved source of drinking water ¹	94.2	96.4	99.8	97.0	94.6
Obtain drinking water within less than 30 minutes (round trip)	30.6	15.3	6.3	17.3	26.0
Treat water with an appropriate method ²	11.4	14.2	31.7	20.5	23.1
Sanitation					
Access to improved sanitation	68.4	68.1	73.1	70.3	61.7
Electricity					
Access to electricity	71.0	96.9	99.5	88.2	90.5
Household possessions					
Radio	30.0	25.9	25.0	27.1	29.3
Television	21.4	55.4	81.1	53.3	51.6
Mobile phone	88.5	95.5	99.2	94.4	92.8
Non-mobile telephone	0.6	1.3	11.4	5.3	7.1
Computer	0.8	4.9	22.8	10.9	12.7
Refrigerator	0.0	1.3	43.7	18.7	15.5
Table	20.9	58.1	87.9	56.5	57.1
Chair	24.5	63.6	91.0	60.3	56.3
Bed	89.6	100.0	99.5	95.8	94.5
Sofa	1.2	4.7	37.0	17.0	16.2
Cupboard	16.4	41.5	80.5	48.4	49.4
Clock	17.4	37.4	61.2	39.8	39.2
Fan	14.6	58.8	88.0	54.3	47.4
Invertor	0.7	2.3	19.8	9.1	11.0
Dhiki/ Janto	49.1	35.4	16.7	32.7	34.1
Distance to the nearest government health facility					
<30 min	22.8	39.6	68.2	45.3	49.3
30-60 min	54.0	51.9	29.9	43.4	38.8
60+ min	23.0	8.5	1.8	11.2	11.3
Number of migrants in the household					
0	47.3	45.8	55.8	50.6	53.5
1	33.1	36.2	28.1	31.6	26.8
2	13.7	10.5	9.2	11.2	11.5
3+	5.9	7.5	6.9	6.6	8.1
Number of households	680	356	756	1,793	11,040

¹ Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or unimproved source according to their water source for cooking and hand washing.

² Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

Table 66 Characteristics of interviewed women: Province 5

Percentage of women age 15-49, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Education							
No education	40.8	40.7	19.3	14.4	39.1	31.0	33.3
Primary	24.2	17.2	15.5	12.9	21.6	18.8	16.7
Some secondary	26.2	28.9	29.0	32.3	25.9	28.0	25.6
SLC and above	8.8	13.2	36.2	40.4	13.4	22.2	24.4
Occupation							
Professional/technical/managerial	0.5	1.1	5.3	5.9	1.3	2.8	3.8
Clerical	0.1	0.0	2.2	2.3	0.5	1.1	1.3
Sales and services	1.7	4.3	11.5	10.6	4.9	6.7	8.8
Skilled manual	2.8	3.9	5.4	2.7	5.0	4.2	3.8
Unskilled manual	2.2	2.0	1.3	0.6	2.3	1.7	2.3
Agriculture	79.9	65.6	26.0	46.9	54.9	52.3	46.7
Other	0.0	0.0	0.3	0.0	0.2	0.1	0.1
Unemployed	12.8	23.2	47.9	31.1	31.0	31.0	33.1
Exposure to mass media and internet							
Reads a newspaper at least once a week	1.1	1.8	11.0	13.1	2.2	5.8	8.7
Watches television at least once a week	21.7	42.1	68.4	66.5	37.9	47.3	50.3
Listens to the radio at least once a week	33.3	21.5	22.7	38.0	20.1	26.0	27.7
Accesses all three media at least once a week	0.4	0.4	5.5	6.3	1.0	2.7	3.2
Accesses none of the three media at least once a week	55.0	49.4	25.9	21.4	49.9	40.6	37.2
Used internet in the past 12 months	6.4	10.7	32.7	36.9	10.7	19.3	23.1
Exposure to family planning messages through media							
Exposure to family planning messages through media ¹	64.3	66.3	75.1	78.0	65.5	69.6	65.4
Tobacco use (any type)							
Tobacco use (any type) ²	8.9	2.6	1.5	3.5	4.6	4.2	5.8
Number of women	758	478	1,038	746	1,528	2,274	12,862

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

¹ Percent of women age 15-49 who hear or saw a family planning message on radio, on television, in a newspaper or magazine, on a poster/hoarding board, or in a street drama in the past few months² Includes daily and occasional (less than daily) use. Types include manufactured cigarettes, hand-rolled cigarettes, pipes, cigars, sulpha, chilam, and water pipes.

Table 67 Fertility, median age at first birth, and wanted fertility: All Provinces

Total fertility rate for the 3 years preceding the survey; median age at first birth among women age 25-49; and total wanted fertility rates for the 3 years preceding the survey, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators by Province	Household wealth			Population group		Total
	Poor	Middle	Wealthy	Advantaged	Disadvantaged	
Total fertility rate						
Province 1	2.9	2.2	1.8	2.1	2.5	2.3
Province 2	3.4	3.2	2.7	2.3	3.1	3.0
Province 3	2.7	1.9	1.4	1.5	2.1	1.8
Gandaki Province	2.4	1.8	1.7	2.0	1.9	2.0
Province 5	2.7	2.3	2.2	1.8	2.6	2.4
Karnali Province	3.1	1.5	1.9	2.9	2.7	2.8
Sudurpashchim Province	2.9	1.7	1.3	2.4	2.0	2.2
National total						2.3
Median age at first birth among women age 25-49						
Province 1	21.2	21.2	22.0	22.0	21.0	21.5
Province 2	19.4	19.2	19.1	19.8	19.2	19.2
Province 3	20.2	20.4	22.0	22.2	20.4	21.4
Gandaki Province	20.3	19.9	21.1	21.3	20.1	20.6
Province 5	19.8	20.2	20.8	20.8	20.0	20.3
Karnali Province	19.8	19.3	20.1	20.1	19.2	19.8
Sudurpashchim Province	19.8	19.6	20.1	20.2	19.3	19.8
National total						20.4
Wanted fertility rate						
Province 1	1.9	1.7	1.4	1.5	1.8	1.7
Province 2	2.3	2.2	1.9	1.8	2.2	2.2
Province 3	1.8	1.3	1.2	1.3	1.5	1.4
Gandaki Province	1.7	1.5	1.5	1.7	1.5	1.6
Province 5	1.9	1.7	1.8	1.5	2.0	1.8
Karnali Province	1.9	1.3	1.5	1.8	1.8	1.8
Sudurpashchim Province	1.7	1.4	1.1	1.5	1.4	1.4
National total						1.7

Note: Total fertility rates are for the period 1-36 months prior to the interview.

Table 68 Birth intervals, teenage childbearing, and spousal separation: Province 5

Percent distribution of non-first births in the 5 years before the survey by number of months since preceding birth; percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing; and percentage of currently married women age 15-49 whose husbands live away from home, and among those whose husbands live away, percent distribution away from home, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Birth intervals by months since preceding birth¹							
7-17	8.1	9.7	7.7	9.0	8.0	8.2	8.8
18-23	9.6	10.5	7.0	7.5	9.0	8.7	12.6
24-35	19.8	30.7	26.5	19.6	26.3	24.8	26.7
36-47	24.5	18.7	21.9	15.5	24.3	22.2	19.6
48-59	17.0	6.6	13.4	20.3	11.4	13.4	12.0
60+	21.1	23.8	23.5	28.2	21.0	22.6	20.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of non-first births	205	106	223	125	410	535	3,058
Teenage childbearing							
Women age 15-19 who have had a live birth	18.4	3.4	7.3	9.6	10.7	10.3	12.9
Women age 15-19 who are pregnant with first child	3.0	5.8	1.6	2.6	3.2	3.0	3.8
Women age 15-19 who have begun childbearing	21.4	9.2	9.0	12.3	13.9	13.4	16.7
Number of women age 15-19	162	101	200	144	320	464	2,598
Spousal separation (currently married women)							
Percentage whose husband live away	36.5	36.2	31.6	38.3	32.3	34.2	34.0
Number of currently married woman age 15-49	597	367	785	564	1,185	1,749	9,875
Duration away from home							
<7 months	44.4	41.0	42.7	45.6	41.5	43.0	39.4
7-11 months	11.3	9.2	14.2	14.5	10.6	12.0	11.3
12+ months	44.2	49.8	43.1	39.9	47.9	45.0	49.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women whose husband live away	218	133	248	216	383	599	3,353

¹ First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

Table 69 Contraceptive use and need and demand for family planning among currently married women: Province 5

Percentage of currently married women age 15-49 by contraceptive method currently used, percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied by modern methods, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Any modern method¹	41.1	39.8	36.8	37.7	39.5	38.9	42.8
Modern method¹							
Female sterilization	13.7	13.3	11.4	9.5	14.1	12.6	14.7
Male sterilization	2.8	2.5	3.0	5.4	1.6	2.8	5.5
Pill	4.2	4.0	3.8	4.2	3.9	4.0	4.6
IUD	1.7	1.1	2.0	2.0	1.5	1.7	1.4
Injectables	7.8	6.4	7.0	5.7	7.8	7.1	8.9
Implants	4.9	5.5	3.3	2.8	5.0	4.3	3.3
Male condom	6.0	7.0	6.4	8.1	5.6	6.4	4.2
Other ²	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Unmet need for family planning³							
For spacing	7.9	7.6	7.1	8.8	6.8	7.5	8.1
For limiting	21.7	18.6	20.2	22.8	19.2	20.4	15.6
Total	29.6	26.3	27.3	31.6	26.1	27.9	23.7
Met need for family planning (currently using)³							
For spacing	5.4	6.5	7.5	6.5	6.6	6.6	6.9
For limiting	42.7	41.9	40.2	43.1	40.6	41.4	45.7
Total	48.1	48.4	47.7	49.7	47.2	48.0	52.6
Total demand for family planning^{3,4}							
For spacing	13.3	14.1	14.6	15.4	13.5	14.1	15.1
For limiting	64.4	60.6	60.4	65.9	59.8	61.8	61.3
Total	77.7	74.7	75.0	81.3	73.3	75.9	76.3
Demand satisfied by modern methods⁵	52.9	53.3	49.1	46.4	53.9	51.3	56.0
Number of women	597	367	785	564	1,185	1,749	9,875

¹ If more than one method is used, only the most effective method is considered in this tabulation.

² Other modern methods include the lactational amenorrhea method (LAM) and emergency contraception.

³ Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.

⁴ Total demand is the sum of unmet need and met need.

⁵ Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, emergency contraception, lactational amenorrhea method (LAM), and other modern methods.

Table 70 Antenatal care: Province 5

Percentage of women age 15-49 who had a live birth in the 5 years preceding the survey who received antenatal care (ANC) for the most recent live birth and the percentage receiving ANC from a skilled provider; among women age 15-49 with a live birth in the 5 years preceding the survey who received ANC for the most recent live birth, percentage receiving ANC during the recommended months of pregnancy; and among women age 15-49 with a live birth in the past 5 years who received ANC for the most recent live birth, percentage receiving counseling about 5 specific issues during ANC visits, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Number of ANC visits							
Percentage of women who had any ANC visit	89.3	98.9	98.7	97.5	94.4	95.3	94.1
Percentage of women who had 4 or more ANC visits	69.9	68.4	79.6	89.6	67.6	73.7	69.4
Number of women	266	145	308	201	519	720	3,998
Provider of ANC¹							
Doctor	24.8	35.7	57.7	55.3	35.6	41.1	43.0
Nurse/auxiliary nurse midwife	55.5	44.5	32.9	38.2	45.7	43.6	40.6
Health assistant/AHW	7.5	16.0	7.5	2.9	11.7	9.2	8.6
MCH worker	1.1	1.5	0.0	0.6	0.7	0.7	0.8
Female community health volunteer	0.4	0.0	0.4	0.6	0.2	0.3	0.9
Other	0.0	1.2	0.2	0.0	0.5	0.3	0.2
Received ANC from a skilled provider ²	80.3	80.2	90.6	93.5	81.3	84.7	83.6
Number of women	266	145	308	201	519	720	3,998
Place of antenatal care							
Government hospital	31.2	35.3	43.4	47.1	33.4	37.2	33.3
Government primary health care center	5.9	10.0	9.3	4.0	9.8	8.2	6.4
Government health post/sub health post	48.0	52.6	29.0	45.0	39.2	40.8	45.9
Other public	11.7	7.9	4.0	2.1	9.8	7.6	5.3
Private hospital/nursing home	7.4	7.3	19.3	24.6	7.8	12.5	13.5
Other private (including NGO facilities)	3.9	4.5	9.9	7.2	6.3	6.6	11.1
Home	3.0	8.3	1.2	2.3	3.7	3.3	2.5
Number of women who had a live birth in the 5 years preceding the survey	266	145	308	201	519	720	3,998
ANC during recommended months of pregnancy							
In the 4th month	80.5	78.2	86.3	86.7	80.9	82.6	76.3
In the 4th and 6th months	77.9	73.4	80.7	85.0	75.5	78.2	71.3
In the 4th, 6th, and 8th months	73.3	66.6	76.4	82.6	69.6	73.3	65.8
During all specified months ³	65.8	61.4	71.2	76.5	63.6	67.3	58.8
Number of women with ANC for their most recent birth	238	144	304	196	490	686	3,762
ANC components							
Blood pressure measured	91.6	90.6	97.2	97.7	92.3	93.9	91.3
Urine sample taken	76.7	67.4	80.5	86.9	72.3	76.5	76.1
Blood sample taken	60.5	58.5	76.1	75.0	63.8	67.0	66.3
Number of women with ANC for their most recent birth	238	144	304	196	490	686	3,762
Counseling received during ANC about the following:							
Using a skilled birth attendant during delivery	79.9	74.0	81.0	82.8	77.7	79.2	74.4
Having an institutional delivery	89.1	82.2	86.5	89.3	85.4	86.5	80.6
Looking out for danger signs during pregnancy	85.0	78.2	84.6	87.9	81.6	83.4	78.6
Where to go for danger signs	84.1	82.5	87.5	91.0	82.9	85.3	79.2
Importance of getting postnatal check	66.9	60.9	66.2	70.9	63.1	65.3	59.1
Number of women with ANC for their most recent birth	238	144	304	196	490	686	3,762

¹ If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

² Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

³ Received ANC at 4, 6, 8, and 9 months

AHW = Auxiliary health worker

MCHW = Maternal and child health worker

FCHV = Female community health volunteer

Table 71 Delivery Care: Province 5

Percentage of live births in the 5 years preceding the survey by place of delivery; percentage of live births in the 5 years preceding the survey by person providing assistance during delivery; and percentage of live births in the 5 years preceding the survey delivered by vaginal delivery or Cesarean section, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Delivery place							
Government sector	35.2	47.8	50.0	57.2	39.4	44.1	43.1
Private sector	4.0	13.0	16.2	15.3	9.6	11.1	10.2
Non-government sector	1.0	1.3	0.3	0.5	0.9	0.8	0.6
Outside Nepal	2.3	3.1	4.5	0.5	4.4	3.4	3.4
Home	54.3	34.2	28.6	23.5	44.7	39.1	41.4
Others	3.1	0.7	0.5	3.1	0.9	1.5	1.2
Percentage delivery in a health facility	42.6	65.1	71.0	73.5	54.3	59.4	57.4
Assistance during delivery¹							
Doctor	15.2	30.3	41.6	39.6	26.1	29.6	31.4
Nurse/auxiliary nurse midwife	25.9	31.5	25.9	32.9	24.9	27.0	26.7
Health assistant/AHW	1.7	3.1	1.8	1.0	2.4	2.0	3.9
MCH worker	1.2	0.0	0.3	1.5	0.3	0.6	0.3
Female community health volunteer	5.8	4.0	1.6	2.4	4.1	3.6	2.9
Traditional birth attendant	4.3	2.3	0.7	1.0	2.9	2.4	5.3
Relative/other	16.9	9.4	6.7	8.8	11.8	11.0	19.6
No one	29.0	19.4	21.4	12.9	27.7	23.8	10.0
Percentage delivered by a skilled provider ²	41.1	61.8	67.5	72.5	51.0	56.6	58.0
Type of delivery³							
Vaginal delivery	98.5	97.1	87.9	90.0	94.9	93.6	91.0
C-section	1.5	2.9	12.1	10.0	5.1	6.4	9.0
Number of live births in the 5 years preceding the survey	331	180	389	237	662	899	5,060

¹ If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

² Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

³ The question on C-section was asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in a health facility did not receive a C-section.

AHW = Auxiliary health worker

MCHW = Maternal and child health worker

Table 72 Postnatal care: Province 5

Among women age 15-49 giving birth in the 2 years preceding the survey, percentage of the mother's first postnatal checkup for the last live birth by time and by place after delivery; percentage of most recent live births in the 2 years preceding the survey by time after birth and place of first postnatal check; and percentage of most recent live births in the 2 years preceding the survey put immediately after birth on the bare skin of the mother's chest, percentage dried before the placenta was delivered, percentage wrapped in cloth before the placenta was delivered, and the percentage bathed within 24 hours, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Timing of first postnatal checkup for the mother¹							
Within 24 hours	49.2	56.5	64.2	69.6	53.1	57.5	54.5
Within 2 days	52.8	57.2	66.4	71.6	55.7	59.9	56.7
Place of first postnatal checkup for the mother							
Government sector	38.5	40.6	45.7	60.0	35.8	42.2	39.4
Private sector	6.7	6.1	12.2	9.0	9.1	9.0	10.0
Non-government sector	0.9	1.6	0.7	0.0	1.3	1.0	1.0
Outside Nepal	1.0	3.8	4.0	0.0	3.9	2.9	2.3
Home	5.7	5.2	3.9	2.6	5.6	4.8	4.0
Timing of first postnatal checkup for the newborn²							
less than 1 hour	20.4	17.9	24.1	29.6	18.8	21.6	20.5
1-3 hours	27.8	30.2	28.7	28.7	28.6	28.7	26.4
4-23 hours	7.6	5.0	11.5	9.6	8.6	8.8	6.9
1-2 days	0.9	2.4	0.0	0.6	0.9	0.8	3.0
3-6 days	0.9	2.1	0.0	1.6	0.4	0.7	2.0
No postnatal check ³	42.3	42.4	35.1	28.9	42.7	39.1	40.4
Within the first 2 days ²	56.7	55.5	64.3	68.6	56.8	59.9	56.8
Place of first postnatal checkup for the newborn							
Government sector	45.8	37.8	46.9	59.1	39.5	44.7	40.6
Non-government sector	0.9	1.6	0.7	0.0	1.3	1.0	0.9
Private sector	4.9	7.5	12.2	6.9	9.4	8.8	9.8
Outside Nepal	1.0	1.7	1.7	0.0	2.0	1.4	1.4
Home	4.1	6.9	2.8	2.6	4.6	4.1	4.1
Essential newborn care practices							
Put immediately after birth on the bare skin of the mother's chest/belly	50.1	69.3	75.3	69.3	64.0	65.4	62.6
Dried before placenta was delivered	88.2	92.3	97.0	96.5	91.7	93.0	86.7
Wrapped in cloth before the placenta was delivered	88.6	94.1	98.5	97.8	92.9	94.2	88.1
Bathed within 24 hours	44.4	18.6	16.3	31.1	24.8	26.5	28.8
Number of live births in the 2 years preceding the survey	126	73	165	96	268	364	1,978

¹ Includes women who received a checkup from a doctor, nurse, auxiliary nurse midwife, community health worker, or traditional birth attendant.

² Includes newborns who received a checkup from a doctor, nurse, auxiliary nurse midwife, community health worker, or traditional birth attendant.

³ Includes newborns who received a checkup after the first week

Table 73 Problems in accessing health care: Province 5

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Problems in accessing health care							
Getting permission to go for treatment	19.6	22.5	10.9	7.4	20.6	16.3	23.5
Getting money for treatment	58.8	58.4	34.6	27.9	57.3	47.6	54.9
Distance to health facility	67.5	62.0	33.9	34.0	59.3	51.0	53.0
Not wanting to go alone	78.0	74.8	52.6	51.8	72.6	65.7	67.8
No female health service provider	70.0	73.4	53.3	51.2	68.9	63.1	66.9
At least one problem accessing health care	90.0	90.0	70.1	70.7	85.9	80.9	83.2
Number of women	758	478	1,038	746	1,528	2,274	12,862

Table 74 Vaccinations: Province 5

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage with all basic vaccinations, and percentage with all age appropriate vaccinations, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
BCG	96.2	(100.0)	99.3	(98.7)	98.3	98.4	97.5
DPT-HepB-Hib							
1	97.6	(95.5)	100.0	(100.0)	97.9	98.5	96.6
2	96.2	(92.4)	96.6	(100.0)	94.1	95.7	93.8
3	96.2	(76.9)	88.9	(100.0)	84.8	89.1	85.9
Polio							
1	100.0	(100.0)	98.3	(98.7)	99.3	99.1	97.7
2	100.0	(92.6)	96.8	(98.7)	96.5	97.1	95.3
3	98.0	(69.9)	93.4	(98.7)	87.7	90.8	88.0
IPV-IM	81.6	(67.1)	67.8	(86.1)	66.5	72.0	69.7
Pneumococcal							
1	74.9	(82.9)	87.0	(83.7)	82.0	82.5	72.8
2	68.7	(62.6)	76.6	(71.1)	71.9	71.7	58.7
3	56.7	(48.3)	62.3	(66.5)	54.7	58.1	45.5
Measles/rubella (MR)	94.1	(62.1)	88.8	(95.7)	82.0	85.9	90.4
All basic vaccinations¹	90.6	(55.1)	78.5	(94.4)	71.9	78.3	77.8
All age appropriate vaccinations²	54.6	(40.8)	59.3	(63.0)	51.3	54.6	42.6
No vaccinations	0.0	(0.0)	0.0	(0.0)	0.0	0.0	0.8
Number of children	62	34	100	55	141	196	1,034

Note: Figures in parentheses are based on 25-49 unweighted cases.

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother.

¹ BCG, three doses of DPT-HepB-Hib (pentavalent), three doses of oral polio vaccine, and one dose of measles/rubella.

² BCG, three doses of DPT-HepB-Hib (pentavalent), three doses of oral polio vaccine, three doses of pneumococcal vaccine, and one dose of measles/rubella.

Table 75 Prevalence of childhood illnesses: Province 5

Among children under age 5, percentage who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey, percentage who had a fever in the two weeks preceding the survey, and percentage who had diarrhea in the 2 weeks preceding the survey, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Percentage with symptoms of ARI ¹	3.9	2.4	2.1	4.3	2.3	2.9	2.4
Percentage with fever	17.3	23.9	14.6	20.0	16.5	17.4	21.2
Percentage with diarrhea	7.2	10.7	8.0	3.3	10.0	8.2	7.6
Number of children	321	171	377	232	637	869	4,887

¹ Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.

Table 76 Ten-year early childhood mortality rates: All Provinces

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators by Province	Household wealth			Population group		Provincial average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged	
Neonatal mortality (NN)						
Province 1	35	(15)	(6)	(13)	26	22
Province 2	37	30	24	*	29	30
Province 3	(33)	*	(5)	(8)	25	17
Gandaki Province	(25)	*	(7)	(14)	16	15
Province 5	30	(33)	29	(17)	35	30
Karnali Province	32	*	*	30	28	29
Sudurpashchim Province	46	(44)	(19)	34	53	41
Post-neonatal mortality (PNN)¹						
Province 1	9	(11)	(9)	(5)	11	9
Province 2	15	13	10	*	13	13
Province 3	(13)	*	(12)	(13)	11	12
Gandaki Province	(8)	*	(9)	(16)	5	8
Province 5	8	(23)	10	(8)	13	12
Karnali Province	17	*	*	18	16	17
Sudurpashchim Province	18	(25)	(7)	14	24	17
Infant mortality (1q0)						
Province 1	44	(26)	(15)	(18)	37	31
Province 2	51	43	34	*	42	43
Province 3	(47)	*	(17)	(20)	36	29
Gandaki Province	(34)	*	(16)	(30)	21	23
Province 5	38	(56)	39	(24)	48	42
Karnali Province	49	*	*	48	44	47
Sudurpashchim Province	64	(69)	(26)	48	77	58
Child mortality (4q1)						
Province 1	6	(0)	(7)	(3)	6	5
Province 2	22	4	7	*	11	10
Province 3	(12)	*	(3)	(4)	10	7
Gandaki Province	(5)	*	(0)	(0)	6	4
Province 5	2	(3)	5	(0)	4	3
Karnali Province	12	*	*	12	13	12
Sudurpashchim Province	14	(11)	(7)	13	9	12
Under-five mortality (5q0)						
Province 1	49	(26)	(21)	(21)	43	36
Province 2	72	47	40	*	52	52
Province 3	(58)	*	(20)	(24)	46	36
Gandaki Province	(38)	*	(16)	(30)	26	27
Province 5	39	(59)	44	(24)	52	45
Karnali Province	61	*	*	59	56	58
Sudurpashchim Province	77	(79)	(33)	60	85	69

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a rate is based on fewer than 250 person-years of exposure to the risk of death and has been suppressed.

¹ Computed as the difference between the infant and neonatal mortality rates

Table 77 Knowledge of HIV prevention methods and coverage of prior HIV testing among Women: Province 5

Among women age 15-49, percentage who say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, percentage who know where to get an HIV test, percent distribution of women by testing status and by whether they received the results of the last test, percentage ever tested, and percentage who were tested in the past 12 months and received the results of the last test, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Percentage who say HIV can be prevented by:							
Using condoms ¹	79.4	71.1	76.2	89.0	70.0	76.2	72.1
Limiting sexual intercourse to one uninfected partner ²	84.6	76.4	81.0	95.8	74.1	81.2	76.6
Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	77.7	69.9	74.9	87.5	68.6	74.8	69.7
Percentage who know where to get an HIV test							
Percentage who know where to get an HIV test	40.2	39.0	43.1	54.7	34.8	41.3	33.8
Percent distribution of women by testing status and by whether they received the results of the last test							
Ever tested and received results	14.6	11.6	14.0	20.4	10.4	13.7	10.3
Ever tested, did not receive results	1.3	0.4	0.5	0.9	0.7	0.8	0.5
Never tested ³	84.1	88.0	85.4	78.7	88.9	85.5	89.2
Percentage ever tested							
Percentage ever tested	15.9	12.0	14.6	21.3	11.1	14.5	10.8
HIV test last 12 months							
Percentage who have been tested for HIV in the past 12 months and received the results of the last test	5.6	6.2	5.7	8.3	4.5	5.8	4.3
Number of women	758	478	1,038	746	1,528	2,274	12,862

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners

³ Includes "don't know/missing."

Table 78 Knowledge of HIV prevention methods and coverage of prior HIV testing among Men: Province 5

Among women age 15-49, percentage who say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, percentage who know where to get an HIV test, percent distribution of women by testing status and by whether they received the results of the last test, percentage ever tested, and percentage who were tested in the past 12 months and received the results of the last test, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Percentage who say HIV can be prevented by:							
Using condoms ¹	90.4	93.9	96.2	93.1	94.1	93.8	92.0
Limiting sexual intercourse to one uninfected partner ²	92.9	96.8	95.4	93.3	95.5	94.8	92.7
Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	86.8	92.0	92.9	88.9	91.4	90.7	88.5
Percentage who know where to get an HIV test							
Percentage who know where to get an HIV test	44.7	39.7	56.9	79.8	36.6	49.4	58.1
Percent distribution of men by testing status and by whether they received the results of the last test							
Ever tested and received results	20.3	14.4	20.5	31.8	13.9	19.3	19.8
Ever tested, did not receive results	0.0	0.0	1.5	2.3	0.0	0.7	0.7
Never tested ³	79.7	85.6	78.1	65.9	86.1	80.1	79.5
Percentage ever tested							
Percentage ever tested	20.3	14.4	21.9	34.1	13.9	19.9	20.5
HIV test last 12 months							
Percentage who have been tested for HIV in the past 12 months and received the results of the last test	5.0	6.4	6.6	9.1	4.7	6.0	8.1
Number of men	224	128	307	195	463	658	4,063

¹ Using condoms every time they have sexual intercourse.

² Partner who has no other partners.

³ Includes "don't know/missing."

Table 79 Blood pressure status among Women and Men: All ProvincesPrevalence of hypertension¹ among women and men age 15-49, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
PROVINCE 1							
Prevalence of hypertension among women	12.3	10.9	9.0	9.5	11.4	10.7	10.4
Number of women	435	231	409	377	699	1,076	6,390
Prevalence of hypertension among men	15.4	12.4	13.5	14.4	13.8	14.1	16.8
Number of men	300	135	279	255	459	714	4,086
PROVINCE 2							
Prevalence of hypertension among women	5.6	5.6	8.0	10.6	6.3	6.6	10.4
Number of women	263	489	522	83	1,191	1,274	6,390
Prevalence of hypertension among men	7.4	11.9	12.5	(14.9)	11.2	11.4	16.8
Number of men	145	293	391	48	780	828	4,086
PROVINCE 3							
Prevalence of hypertension among women	11.7	10.5	14.3	14.1	12.5	13.3	10.4
Number of women	382	109	919	707	703	1,410	6,390
Prevalence of hypertension among men	19.8	11.5	23.4	20.8	22.4	21.7	16.8
Number of men	198	79	679	417	539	956	4,086
GANDAKI PROVINCE							
Prevalence of hypertension among women	14.0	16.1	16.3	12.2	17.2	15.4	10.4
Number of women	244	107	276	232	395	627	6,390
Prevalence of hypertension among men	18.0	20.1	25.6	23.7	20.5	21.7	16.8
Number of men	162	52	176	146	244	390	4,086
PROVINCE 5							
Prevalence of hypertension among women	12.1	12.4	11.5	13.5	11.1	11.9	10.4
Number of women	375	230	473	364	715	1,078	6,390
Prevalence of hypertension among men	21.6	15.2	17.5	15.3	19.8	18.5	16.8
Number of men	228	129	305	193	469	662	4,086
KARNALI PROVINCE							
Prevalence of hypertension among women	6.4	6.7	15.3	6.1	9.8	7.4	10.4
Number of women	288	32	41	232	130	362	6,390
Prevalence of hypertension among men	12.5	22.3	35.0	14.7	19.9	16.4	16.8
Number of men	156	21	26	136	67	203	4,086
SUDURPASHCHIM PROVINCE							
Prevalence of hypertension among women	3.3	6.0	8.4	5.0	5.2	5.1	10.4
Number of women	318	116	130	350	213	563	6,390
Prevalence of hypertension among men	13.1	12.0	14.6	13.8	12.5	13.3	16.8
Number of men	174	66	92	196	136	332	4,086

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ A woman or man is classified as having hypertension if they have an average systolic blood pressure level ≥ 140 mmHg and/or an average diastolic pressure level ≥ 90 mmHg at the time of the survey, or their average blood pressure is $< 140/90$ mmHg and they are currently taking antihypertensive medication to control their blood pressure. The term hypertension used in this table is not meant to be a clinical diagnosis of the disease; rather, it is intended to provide an indication of the occurrence of raised blood pressure as a risk factor in the population at the time of the survey.

Table 80 Nutritional status of children and infant and young child feeding (IYCF) practices: Province 5

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age; and percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Height-for-age¹							
Percentage below -3 SD	9.5	22.7	8.0	6.1	13.4	11.4	12.0
Percentage below -2 SD ²	41.0	44.5	33.2	29.6	41.0	38.5	35.8
Mean Z-score (SD)	-1.6	-1.9	-1.4	-1.4	-1.6	-1.6	-1.5
Number of children	179	87	188	124	320	454	2,421
Weight-for-height							
Percentage below -3 SD	1.4	2.5	0.9	0.0	2.0	1.4	1.8
Percentage below -2 SD ²	8.4	6.5	7.4	5.8	8.5	7.6	9.7
Percentage above +2 SD	2.0	0.0	2.5	2.6	1.5	1.8	1.2
Mean Z-score (SD)	-0.6	-0.7	-0.5	-0.4	-0.6	-0.6	-0.6
Number of children	177	87	188	124	319	452	2,417
Weight-for-age							
Percentage below -3 SD	5.6	5.1	2.8	0.0	5.8	4.4	5.4
Percentage below -2 SD ²	27.9	40.0	20.8	17.3	30.8	27.2	27.0
Percentage above +2 SD	0.0	0.0	0.6	0.0	0.3	0.2	0.3
Mean Z-score (SD)	-1.4	-1.6	-1.1	-1.1	-1.4	-1.3	-1.3
Number of children	179	87	188	124	320	454	2,428
Among all children 6-23 months, percentage fed:							
Breastmilk, milk, or milk products ³	97.4	(95.9)	97.8	98.0	97.0	97.3	98.5
Minimum dietary diversity ⁴	46.9	(38.9)	63.0	77.5	44.2	52.8	46.5
Minimum meal frequency ⁵	72.4	(67.5)	80.5	90.5	69.9	75.2	71.4
Minimum acceptable diet ⁶	34.6	(31.1)	53.8	71.4	32.8	42.8	35.8
Number of all children 6-23 months	95	52	128	71	204	275	1,497

Note: Each of the three indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ Recumbent length is measured for children under age 2; standing height is measured for all other children.

² Includes children who are below -3 standard deviations (SD) from the WHO Growth Standards population median

³ Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt.

⁴ Children receive foods from four or more of the following food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

⁵ Children are fed the minimum recommended number of times per day according to their age and breastfeeding status: For breastfed children, minimum meal frequency is receiving solid or semisolid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months. For non-breastfed children age 6-23 months, minimum meal frequency is receiving solid or semisolid food or milk feeds at least four times a day.

⁶ Children age 6-23 months are considered to be fed a minimum acceptable diet if they receive breastmilk, other milk or milk products as described in footnote 3, are fed the minimum dietary diversity as described in footnote 4, and are fed the minimum meal frequency as described in footnote 5.

Table 81 Prevalence of anemia in children and women: Province 5

Percentage of children age 6-59 months and women age 15-49 classified as having anemia, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Anemia status among children age 6-59 months by hemoglobin level¹							
Any anemia (<11.0 g/dl)	45.8	68.8	53.3	34.4	60.7	53.4	52.7
Mild anemia (10.0-10.9 g/dl)	28.8	32.5	26.7	21.0	31.6	28.7	26.2
Moderate anemia (7.0-9.9 g/dl)	16.2	36.3	26.6	13.4	28.7	24.4	26.0
Severe anemia (< 7.0 g/dl)	0.8	0.0	0.0	0.0	0.4	0.3	0.5
Number of children age 6-59 months	156	79	161	107	280	396	2,165
Anemia status among women age 15-49 by hemoglobin level²							
Any (NP <12.0 g/dl / P <11.0 g/dl)	38.2	46.6	46.1	40.0	45.2	43.5	40.8
Mild (NP 10.0-11.9 g/dl / P 10.0-10.9 g/dl)	31.8	42	37.3	34.9	37.1	36.4	33.5
Moderate (NP 7.0-9.9 g/dl / P 7.0-9.9 g/dl)	6.1	4.1	8.5	4.8	7.8	6.7	7
Severe (NP < 7.0 g/dl / P < 7.0 g/dl)	0.3	0.5	0.3	0.3	0.4	0.3	0.3
Number of women	379	229	478	370	716	1,086	6,414

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Table is based on children who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude using formulas in CDC 1998. Hemoglobin is measured in grams per deciliter (g/dl).

² Prevalence is adjusted for altitude and for smoking status, if known, using formulas (CDC 1998). NP = non-pregnant; P = pregnant.

Table 82 Adult nutritional status: Province 5

Among women age 15-49 and men age 15-49, percentage with specific body mass index (BMI) levels, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Body Mass Index in Adult Women¹							
Overweight or obese	13.3	14.3	24.6	24.8	15.3	18.5	22.2
Overweight (25.0-29.9)	10.6	13.2	19.6	20.2	12.5	15.2	17.1
Obese (>=30.0)	2.7	1.1	5.0	4.6	2.7	3.4	5.1
Number of women	356	213	460	353	675	1,029	6,069
Body Mass Index in Adult Men							
Overweight or obese	8.9	13.5	21.4	20.4	13.6	15.6	17.1
Overweight (25.0-29.9)	8.0	11.6	18.2	16.8	12.0	13.5	14.6
Obese (>=30.0)	1.0	1.8	3.2	3.6	1.6	2.2	2.5
Number of men	222	127	304	193	460	653	4,033

Note: The body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

¹ Excludes pregnant women and women with a birth in the preceding 2 months

Table 83 Physical violence, sexual violence, spousal violence, and help seeking behavior: Province 5

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey; percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey; percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband; and percent distribution of women age 15-49 who have ever experienced physical or sexual violence by their help seeking behavior, according to household wealth status and advantaged/disadvantaged status, Nepal DHS 2016

Indicators	Household wealth			Population group		Provincial average	National average
	Poor	Middle	Wealthy	Advantaged	Disadvantaged		
Percentage who have experienced physical violence since age 15¹	26.6	24.5	18.5	12.4	27.9	22.6	21.8
Percentage who have experienced physical violence in the past 12 months							
Often	1.2	2.2	2.0	0.5	2.4	1.8	1.3
Sometimes	12.6	5.1	6.3	2.6	11.1	8.3	7.8
Often or sometimes ²	13.8	7.3	8.2	3.1	13.5	10.0	9.1
Percentage who have experienced sexual violence:							
Ever ³	8.0	6.4	9.5	6.2	9.4	8.3	6.9
In the past 12 months	5.9	2.9	5.9	2.2	6.9	5.3	3.3
Number of women	270	163	330	258	505	762	4,444
Percentage of ever-married women who have ever experienced spousal violence⁴							
Emotional violence	14.2	18.2	13.8	9.4	17.6	14.8	12.3
Physical violence	25.9	28.6	20.4	10.2	31.1	24.0	22.8
Sexual violence	7.4	8.8	8.9	4.2	10.5	8.3	7.0
Physical and sexual	6.7	6.7	3.8	1.1	7.7	5.4	5.6
Physical and sexual and emotional	4.7	5.4	3.1	1.1	5.7	4.1	3.9
Physical or sexual	26.6	30.7	25.5	13.3	33.9	26.9	24.3
Physical or sexual or emotional	28.5	32.1	27.7	16.1	35.4	28.8	26.3
Number of ever-married women	226	118	273	210	407	618	3,562
Help seeking to stop violence							
Sought help to stop violence	22.6	(15.4)	18.2	(31.0)	16.1	19.3	22.2
Never sought help but told someone	6.6	(6.5)	15.7	(9.8)	10.4	10.3	11.5
Never sought help, never told anyone	70.8	(78.2)	66.1	(59.2)	73.5	70.4	66.4
Number of women who have ever experienced any physical or sexual violence	75	41	80	43	153	196	1,039

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes violence in the past 12 months. For women who were married before age 15 and reported physical violence only by their husband, the violence could have occurred before age 15.

² Includes women for whom frequency in the past 12 months is not known.

³ Includes violence in the past 12 months.

⁴ Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

