Karnali Province

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.

Recommended citation:

Ministry of Social Development, Karnali Province, Nepal; New ERA; and ICF. 2019. *Karnali Province: Key Findings from the 2015 Nepal Health Facility Survey and 2016 Nepal Demographic and Health Survey*. Kathmandu, Nepal: Ministry of Social Development, Karnali Province, Nepal.

Cover photographs: © 2017 Ashess Shakya/Photo Zenith Pokhara/98560 37870, © 2013 Valeria Caldas/JHU CCP, Courtesy of Photoshare, © 2016 Nepal Health Sector Support Program.

USAID
FROM THE AMERICAN PEOPLE

Ministry of Health
and Population

Ministry of Social Development
Karnali Province

UKaid
from the British people

NHSSP Nepal Health Sector Support Programme

UNFPA

World Health Organization
Nepal

प्रदेश सरकार
सामाजिक विकास मन्त्रालय
कर्णाली प्रदेश
वीरेन्द्रनगर, सुर्खेत नेपाल

मा. मन्त्रीज्यू : ०८३-५२४६४०
सचिवज्यू : ०८३-५२५६१२
प्रशासन शाखा : ०८३-५२३६७२
लेखा शाखा : ०८३-५२१७१२
फ्याक्स : ०८३-५२२०२५
mosdsurkhet@gmail.com

Date: April 9, 2019

MESSAGE

I am pleased to know that the 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 the Karnali Province. The document presents the health outcomes, particularly of the mothers and children of the Karnali Province, and also shows the status of the health services availability and readiness in the health facilities of the Karnali Province. 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 officials of the MoSD including Health Division and Health Directorate 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 technical support in developing this report.

Mr. Dala Rawal
Minister
Ministry of Social Development, Karnali Province
Surkhet, Nepal

प्रदेश सरकार
सामाजिक विकास मन्त्रालय
कर्णाली प्रदेश
वीरेन्द्रनगर, सुर्खेत, नेपाल

मा. मन्त्रीज्यू : ०८३-५२४६४०
सचिवज्यू : ०८३-५२५६१२
प्रशासन शाखा : ०८३-५२३६७२
लेखा शाखा : ०८३-५२१७१२
फ्याक्स : ०८३-५२२०२५
mosdsurkhet@gmail.com

Date: April 9, 2019

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 Ministry of Social Development (MoSD) of the Karnali Province.

This Karnali Province 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 this Province. 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 Karnali Province.

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 entire team of Health Division of MoSD and Health Directorate for their contribution. I would like to appreciate the efforts of 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.

Dr. Man Bahadur B.K
Secretary
Ministry of Social Development, Karnali Province
Surkhet, 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 Karnali Province 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 60 are from the 2015 NHFS, and tables 61 through 79 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, sexually transmitted infections (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 Karnali Province, data were successfully collected from a weighted total of 74 facilities, of which 72 were public facilities and 2 were private/other facilities. As there are very few cases at the private/other facility level, these indicators should be interpreted with caution.

Number of Health Facilities Surveyed

	Nepal		*Karnali Province*	
Facility Type	*Weighted*	*Unweighted*	*Weighted*	*Unweighted*
Zonal and above hospitals	6	27	0	2
District-level hospitals	16	76	2	10
Private hospitals	70	144	2	9
Primary health care centers (PHCCs)	42	200	2	12
Health posts (HPs)	775	423	67	39
Urban health centers (UHCs)	32	45	1	2
HIV testing and counseling (HTCs)	23	48	0	1
Managing Authority				
Public	871	771	72	65
Private/other	92	192	2	10
Total	**963**	**963**	**74**	**75**

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%

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 Karnali Province, data were collected from 619 households, 724 women age 15-49, and 203 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).

Number of Respondents in Karnali Province (weighted)	
Households	619
Women age 15-49	724
Men age 15-49	203

NHFS: Health Facilities

Availability of Basic Client Services

More than 6 in 10 (62%) health facilities excluding HTCs in Nepal offer all 6 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 Karnali Province, half of health facilities offer all basic client services. While nearly all facilities in Karnali Province offer child curative care, child growth monitoring, modern methods of family planning, and ANC, only 87% of facilities offer child vaccination services and 63% offer services for STIs.

Basic Amenities

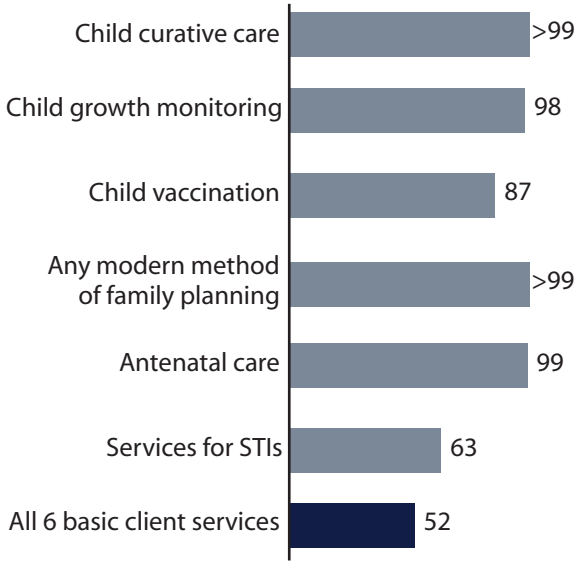
Two-thirds of facilities in Karnali Province lack emergency transport. Three in four facilities lack communication equipment. However, nearly 9 in 10 facilities have regular electricity and 3 in 4 facilities have a client latrine (74%). In the majority of facilities, consultations may take place with visual and auditory privacy (76%). In addition, 65% of facilities have an improved water source. Only 6% of facilities have all 6 basic amenities[1] (excluding computer with internet).

Basic Equipment

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

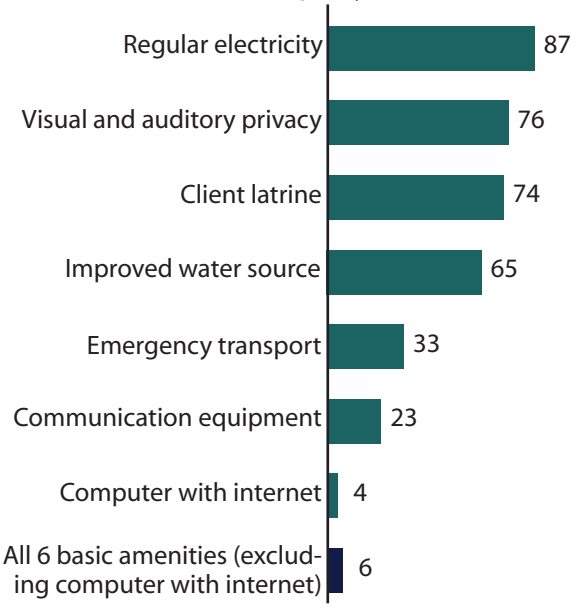
Availability of Basic Client Services: Karnali Province

Among all facilities excluding HTCs (N=74), percent offering indicated basic client services



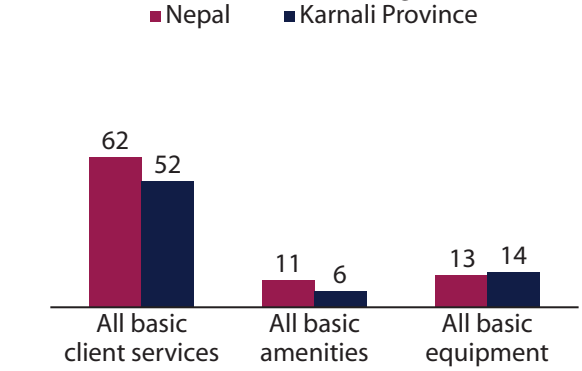
Availability of Basic Amenities for Client Services: Karnali Province

Among all facilities, percent with indicated amenities considered basic for quality services (N=74)



Basic Client Services, Amenities, and Equipment

Percent of facilities offering or with:



[1]Facility has regular electricity, improved water source, visual and auditory privacy, client latrine, communication equipment, and emergency transport.
[2]Facility has an adult scale, child scale, infant scale, thermometer, stethoscope, blood pressure apparatus, and light source all available on the day of the survey.

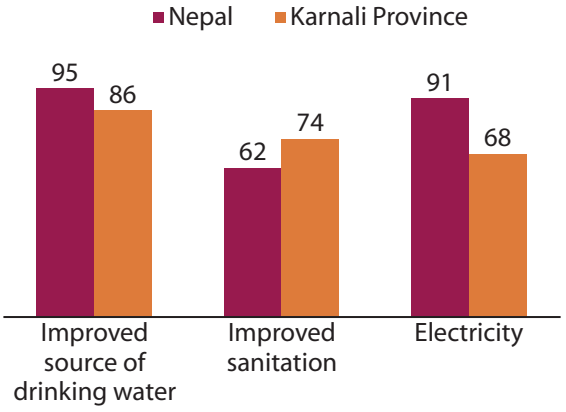
NDHS: Households and Respondents

Housing Characteristics

The majority of households in Nepal (95%) have access to an improved source of drinking water, compared to 86% of households in Karnali Province. More than 6 in 10 households (62%) in Nepal use improved sanitation, while 74% of households in Karnali Province have access to improved sanitation. Ninety-one percent of households in Nepal and 68% of households in Karnali Province have electricity.

Water, Sanitation, and Electricity

Percent of households with:



Distance to 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 Karnali Province, 24% of households are located less than 30 minutes away from the nearest government facility, while 48% are 30 to 60 minutes away, and 29% 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

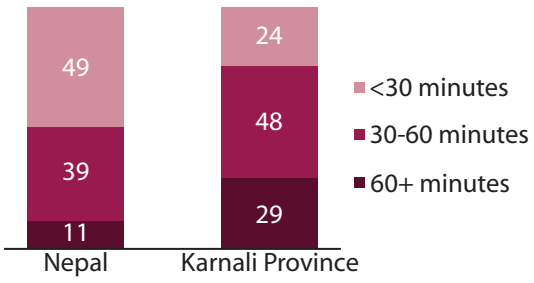


Figure is <100% due to rounding.

Ownership of Goods

Nearly all households in Nepal have a mobile telephone (93%), 52% have a television, and 29% have a radio. In Karnali Province, 89% of households have a mobile phone, 16% have a television, and 31% 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 Leaving Certificate (SLC) or above.

In Karnali Province, 42% of women have no education, 13% have attended primary education, 26% have some secondary education, and 20% have SLC and above education.

Education among Women

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

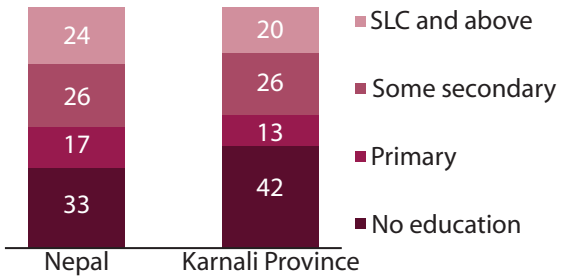


Figure is >100% due to rounding.

Exposure to Mass Media and Internet

The most common form of media for women in Nepal is the television, while the radio is the most common form of media for women in Karnali Province (50% and 33%, respectively). Only 3% of women in Nepal and 1% in Karnali Province access three media types (television, newspaper, and radio) within a week, while 37% of Nepali women and 59% of women in Karnali Province have no access to media on a weekly basis. Overall, 23% of Nepali women and 7% of women in Karnali Province have used the internet in the past year.

NHFS: Family Planning Services

Availability of Family Planning Services

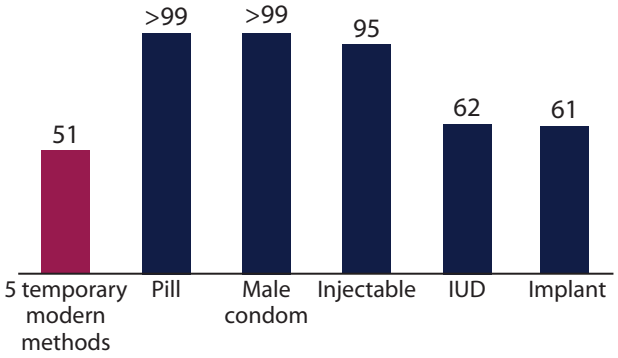
In both Nepal and Karnali Province, nearly all health facilities offer any modern method of family planning such as the pill, injectables (Progestin-only), implants, intrauterine contraceptive devices (IUDs), male condom, or female or male sterilization. In Nepal, 36% of facilities offer female or male sterilization services, compared to 53% of facilities in Karnali Province.

Family Planning Services Offered

Half of facilities in Karnali Province offering any modern method of FP (N=74) offer (provide, prescribe, or counsel clients on) five temporary modern methods—the pill, male condoms, injectables, IUD, and implant. Half of facilities offer male sterilization, one of the most commonly used modern methods according to the NDHS.

Family Planning Methods Offered: Karnali Province

Among facilities offering any modern method of FP (N=74), 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 Karnali Province provide (stock in the facility and make it available to clients) the male condom (97%), the pill (96%), and injectables (89%). The IUD (20%), implants (20%), male sterilization (3%), and female 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. The pill, male condoms, injectables, and IUDs were among the most widely available methods in facilities.

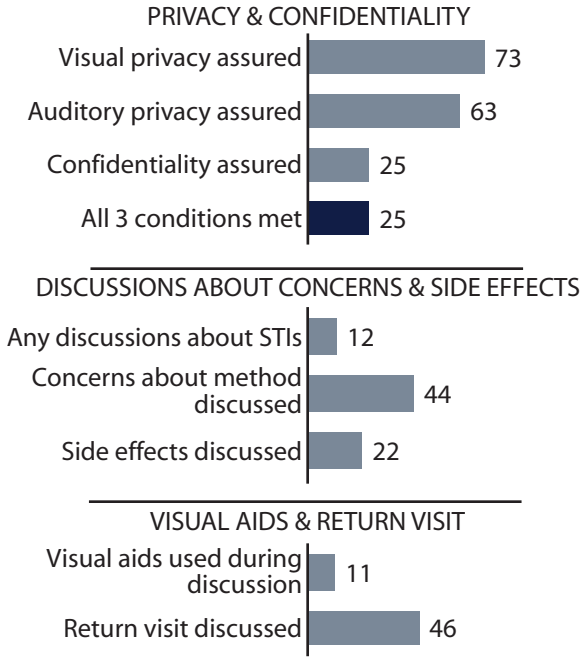
Observed Family Planning Consultations

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 Karnali Province (N=14), 11% 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. Eleven percent of new family planning clients were asked about smoking history, 2% any chronic illness, and <1% symptoms of STIs. Providers measured blood pressure and weighed clients in half of consultations.

Forty-four percent of consultations among all female family planning clients (N=24) included discussions of client concerns about her contraceptive method; fewer included discussions about side effects (22%). Merely 12% of consultations had any discussion related to STIs. Lack of privacy may account for this. One-quarter of consultations took place under conditions of privacy and confidentiality.

Observed Family Planning Consultations: Karnali Province

Among observed consultations with all female FP clients (N=24), percent that include:



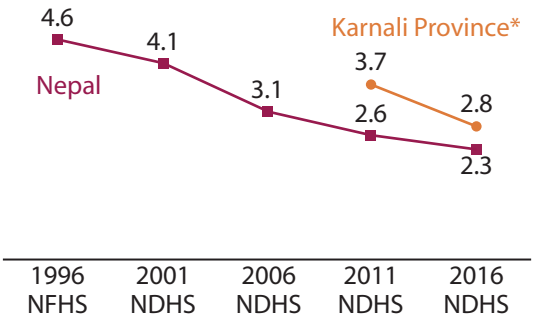
NDHS: Fertility and Family Planning

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



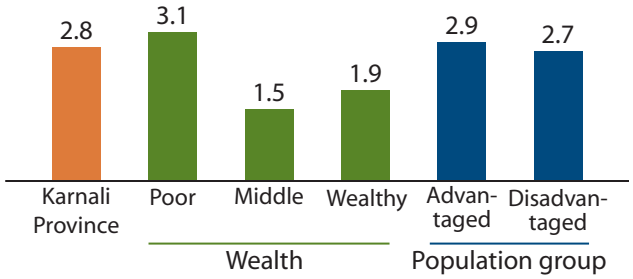
*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

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 Karnali Province have an average of 2.8 children.

In Karnali Province, fertility varies by wealth and population group. Women living in the poorest households in Karnali Province have an average of 3.1 children, compared to less than 2.0 children among women living in the middle and wealthiest households. Women from advantaged population groups have slightly more children than disadvantaged women (2.9 versus 2.7).

Total Fertility Rate: Karnali Province

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

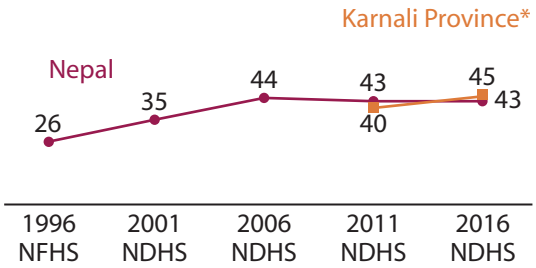


Family Planning

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



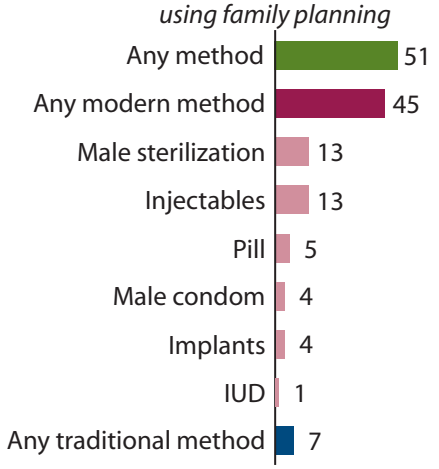
*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

By province, modern method use ranges from a low of 37% in Gandaki Province to a high of 49% in Province 3. In Karnali Province, 45% of married women use a modern method of family planning. Male sterilization and injectables are the most popular modern methods in Karnali Province (both 13%), followed by the pill (5%). Modern method use varies little by wealth or population group.

The total demand for family planning among married women in Karnali Province is 77%. More than 1 in 4 married women (26%) have an unmet need for family planning. Overall, 58% of the demand for family planning is satisfied by modern methods.

Family Planning: Karnali Province

Percent of married women age 15-49 using family planning



NHFS: Antenatal Care Services

Availability of Antenatal Care Services

Overall, 98% of health facilities in Nepal and 99% of facilities in Karnali Province offer antenatal care (ANC) services. Among facilities that offer ANC services in Karnali Province (N=74), 17% 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.

More than 9 in 10 (91%) 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.

Observed Antenatal Care Consultations

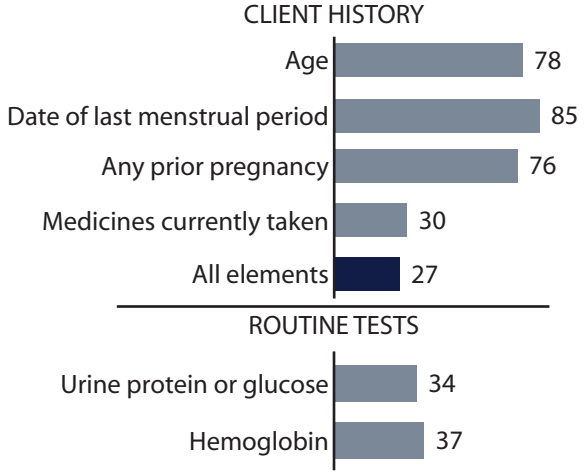
NHFS interviewers observed client-provider interactions for 1,502 ANC clients in Nepal of which 53 were in Karnali Province. In Karnali Province, ANC providers were not thorough in taking client history or providing routine tests. Although 85% of first-visit ANC clients in Karnali Province (N=20) were asked the date of their last menstrual period, only 30% were asked about current medications. More than one-quarter (27%) of consultations had all elements of client history assessed. More than one-third of first-visit ANC clients had a hemoglobin test (37%) or a urine protein or glucose test (34%).

Various components of the basic physical examination were performed in the majority of observed consultations for all ANC clients in Karnali Province (N=53). In 94% of consultations the provider listened to the fetal heart, 89% of pregnant women were weighed, and 84% had their blood pressure measured. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in half of consultations. In only 17% 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 69% of consultations and vaginal bleeding in 59%. Nearly half (46%) of consultations included discussion about loss of, excessive, or normal fetal movement, while 43% had discussions about headache or blurred vision. Three in ten (27%) consultations included discussions about swollen hands, face, or body or provided counseling on birth preparedness. Even fewer consultations included discussion of convulsion or loss of consciousness (23%), tiredness and shortness of breath (13%), or fever (2%). For 94% of the observed consultations, at least one risk symptom was discussed.

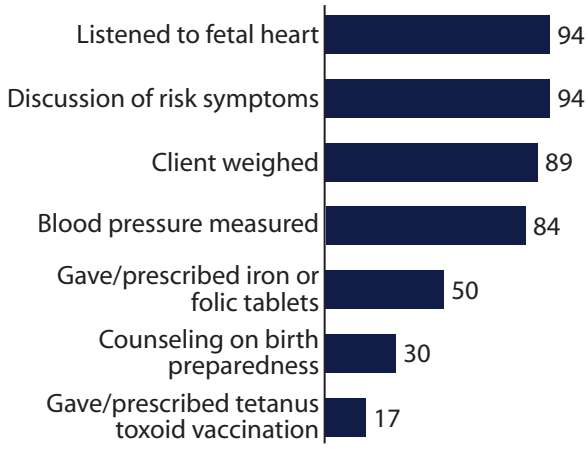
Observed Elements of Client History for First-visit ANC Clients: Karnali Province

Among observed consulations with first-visit ANC clients (N=20), percent that included:



Physical Examinations and Counseling for ANC Clients: Karnali Province

Among observed consultations with all ANC clients (N=53), percent of indicated interventions that were observed



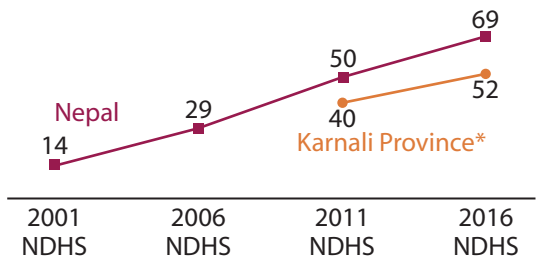
NDHS: Antenatal Care

Antenatal Care

More than 8 in 10 Nepali women (84%) age 15-49 receive 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

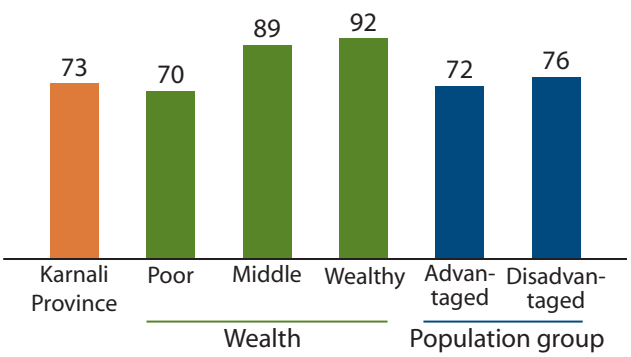


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

In Karnali Province, 73% of women receive ANC from a skilled provider. ANC with a skilled provider increases as the wealth of the household increases. Seven in ten women living in the poorest households in Karnali Province receive ANC from a skilled provider, compared to more than 9 in 10 (92%) women from the wealthiest households.

ANC from a Skilled Provider: Karnali Province

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

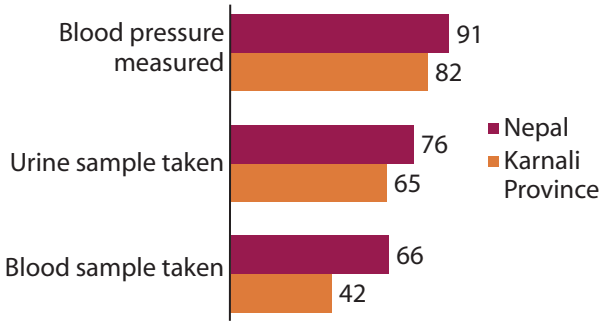


Components of Antenatal Care

Among women in Karnali Province who received ANC for their most recent birth, 82% had their blood pressure measured, while 65% had a urine sample taken and 42% had a blood sample taken. Women from the wealthiest households are more likely to receive each of the three ANC components than 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:

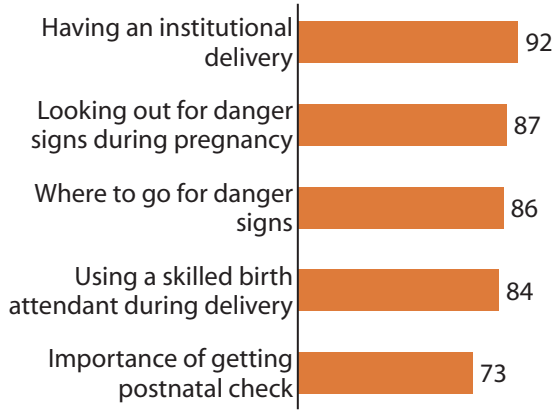


Antenatal Care Counseling

Among the topics women should be counseled on during ANC, women in Karnali Province who attended an ANC visit are most likely to report that they received counseling on the importance of institutional deliveries (92%) and least likely to hear about the importance of getting postnatal checks (73%). Women from the wealthiest households are more likely to receive each of the five components of counseling than poorer women.

ANC Counseling: Karnali Province

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

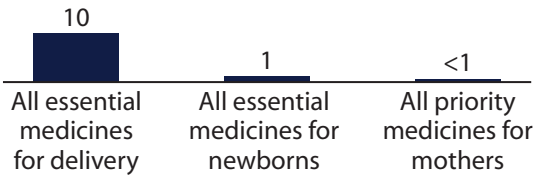
Among all facilities in Nepal, 49% offer normal vaginal delivery services and 5% offer Cesarean delivery. In Karnali Province, 83% of facilities offer normal vaginal delivery services and 3% offer Cesarean delivery.

Medicines for Delivery and Newborn Care

Among facilities in Karnali Province offering normal vaginal delivery services (N=62), the majority of facilities (90%) 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. Less than 1% of health facilities in Karnali Province 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: Karnali Province

Among facilities offering normal vaginal delivery services (N=62), percent that have:

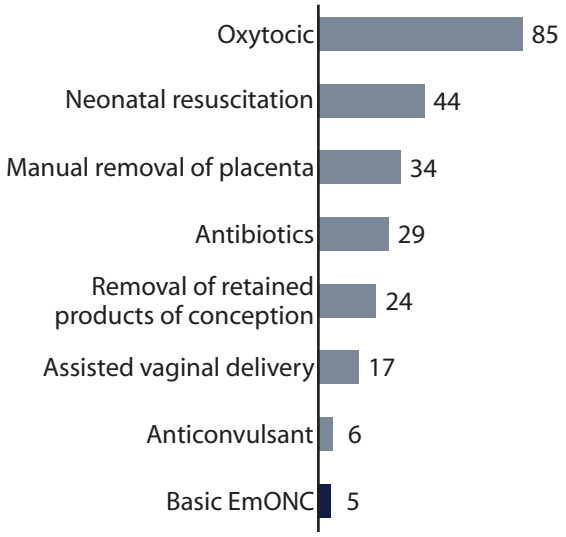


Signal Functions for Emergency Obstetric and Neonatal Care

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 Karnali Province, the most commonly practiced is the administration of parenteral oxytocic (85%) and the least common is the administration of anticonvulsants (6%). Nearly half (44%) of facilities carried out neonatal resuscitation, while 34% of facilities conducted manual removal of the placenta. Three in ten facilities administered parenteral antibiotics at least once during the same time period, while 24% had removed retained products of conception. Seventeen percent of facilities carried out an assisted vaginal delivery. Only 5% of facilities had performed all seven basic EmONC signal functions.

Signal Functions for Emergency Obstetric and Neonatal Care: Karnali Province

Among facilities offering normal vaginal delivery services (N=62), percent that performed the following services at least once during the 3 months before the survey



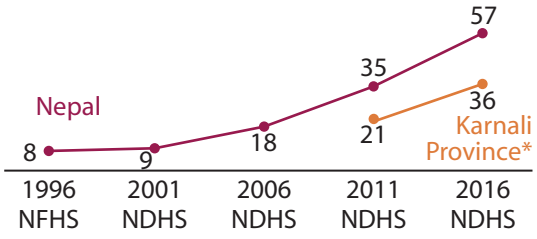
NDHS: Delivery and Postnatal Care

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

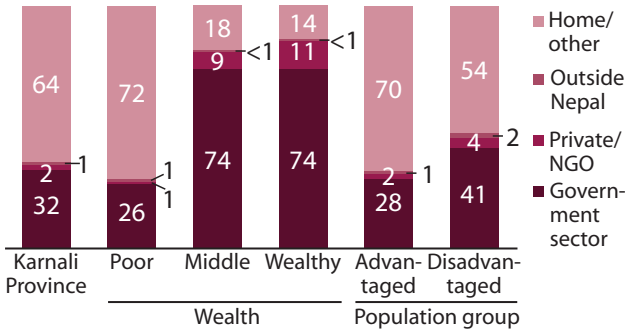


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

In Karnali Province, 98% of births are delivered by normal vaginal delivery and 2% by Cesarean section. More than one-third (36%) of births are delivered in a health facility. While 32% of births are delivered in a government sector facility and 2% at private/NGO sector facilities, 64% are delivered at home/other. More than 80% of births among women from the middle and wealthiest households are delivered in a health facility; in contrast, 72% of births among women from the poorest households are delivered at home/other.

Place of Delivery: Karnali Province

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 Karnali Province, 35% of births are assisted by a skilled provider, the majority by nurses/auxiliary nurse midwives (22%). Four in ten births are assisted by a relative/other. Women from the wealthier households and those from disadvantaged population groups (44%) are most likely to receive delivery assistance from a skilled provider.

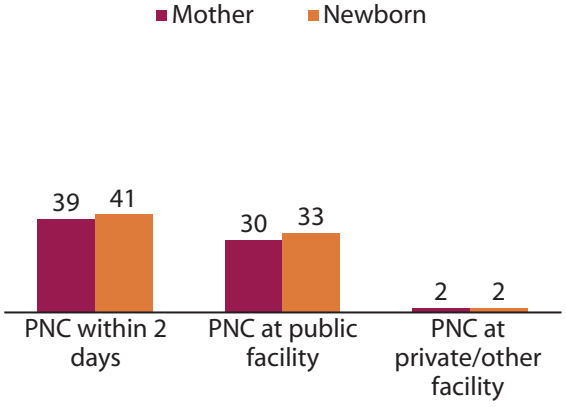
Postnatal Care

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 Karnali Province, 39% of women receive a postnatal check within two days of delivery, the majority at public facilities (30%). Similarly, 41% of newborns receive a postnatal check within two days of birth, the majority at public facilities (33%).

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

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



NHFS: Child Health Services

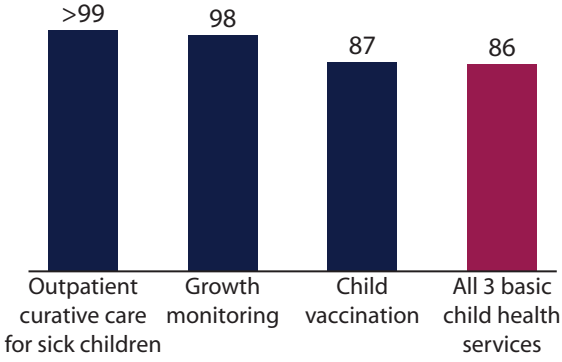
Availability of Child Health Services

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 Karnali Province, >99% of health facilities offer outpatient curative care for sick children, 98% offer growth monitoring, and 87% offer child vaccination services. Nearly 9 in 10 (86%) facilities offer all three basic child health services.

Availability of Child Health Services: Karnali Province

Among all facilities (N=74), percent that offer child health services at the facility



Laboratory Diagnostic Capacity

Among facilities offering outpatient curative care for sick children in Karnali Province (N=74), 14% can diagnose malaria, 9% have the ability to measure hemoglobin to assess anemia, and 6% have the capacity to do a stool microscopy. Only 5% of facilities have the capacity to perform all three diagnostic tests.

Availability of Essential Medicines

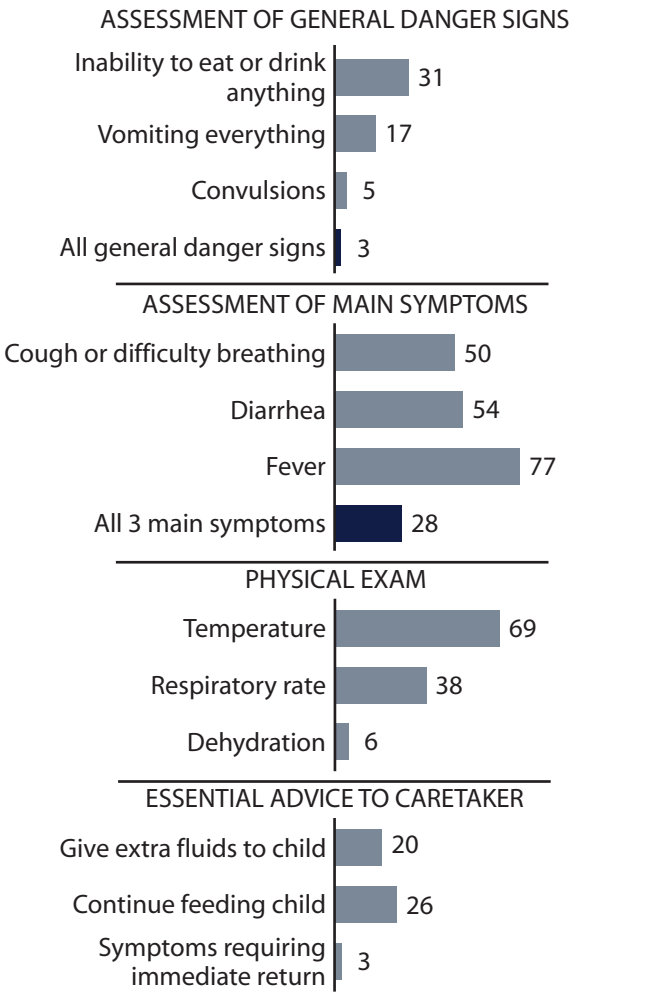
In Karnali Province, more than 9 in 10 facilities offering outpatient curative care services for sick children had oral rehydration salts (ORS) for dehydration (92%), albendazole for worm infestation (95%), and zinc tablets (97%) on the day of the survey. Eighty-four percent of facilities had paracetamol and 81% had vitamin A capsules. Only 37% of facilities had co-trimoxazole and 14% had amoxicillin.

Observed Sick Child Consultations

A total of 150 sick child consultations were observed in Karnali Province. Providers checked for all three major danger signs in only 3% of consultations: ability to eat or drink anything (31%), vomiting (17%), and convulsions (5%). Providers assessed all three main symptoms of childhood illness in 28% of observed consultations: fever (77%), diarrhea (54%), and cough/difficulty breathing (50%). Various aspects of the physical examinations were also missing—only 6% of sick children were assessed for dehydration. Only 38% of sick children had their respiratory rate assessed, and 69% had their temperature taken. Few providers in Karnali Province advised caretakers how to increase fluids (20%), to continue feeding the child (26%), and the symptoms requiring a return visit (3%).

Observed Sick Child Consultations: Karnali Province

Among observed consultations with sick children (N=150), percent that include:



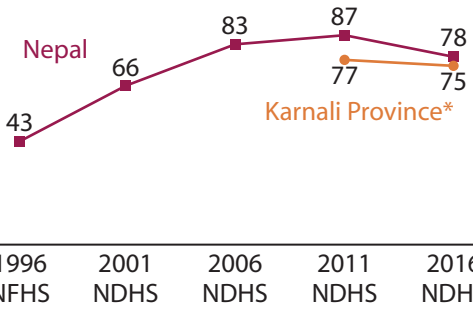
NDHS: Child Health and Mortality

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

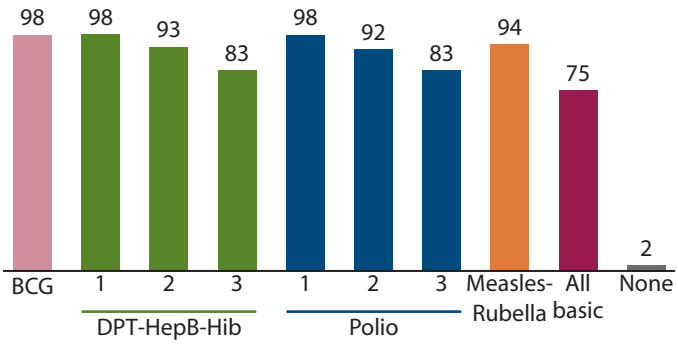


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See *Ghimire, Umesh et al. 2019* for retabulation.

Basic vaccination coverage is lowest in Province 2 (65%) and highest in Gandaki Province (93%). In Karnali Province, 3 in 4 children have received all eight basic vaccinations. Eighty-three percent of children in Karnali Province received the third doses of either DPT-HepB-Hib and polio vaccines. Overall, 2% of children received no basic vaccinations.

Basic Vaccination Coverage: Karnali Province

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

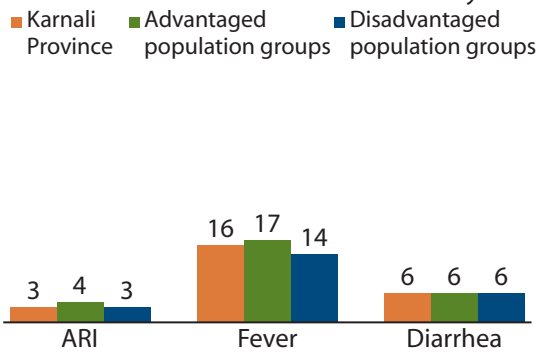


Childhood Illnesses

In the two weeks before the survey, 2% of Nepali children under five and 3% of children in Karnali Province were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Twenty-one percent of Nepali children under five and 16% of children in Karnali Province had recent fever. Eight percent of children under five in Nepal and 6% of children in Karnali Province had diarrhea. There is little variation across all three illnesses by population group.

Childhood Illnesses: Karnali Province

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

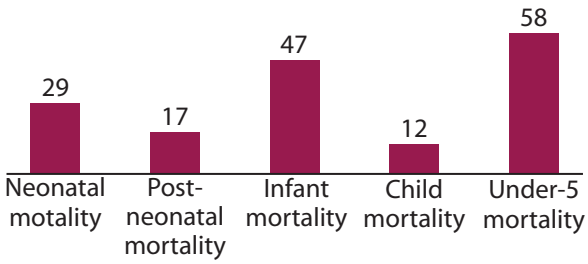


Childhood Mortality Rates

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 Karnali Province, the infant and under-5 mortality rates for the ten-year period before the survey are 47 and 58 deaths per 1,000 live births, respectively.

Childhood Mortality: Karnali Province

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



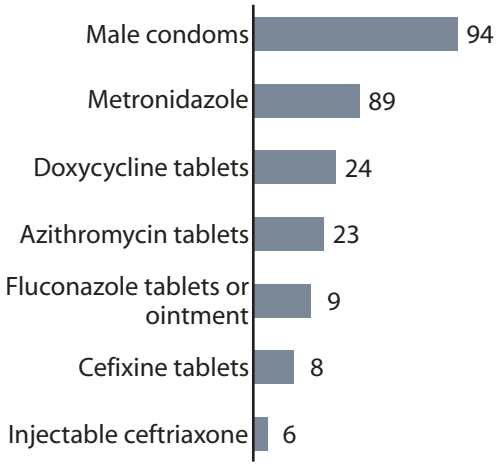
NHFS: Services for HIV/AIDS and STIs

Services for Sexually Transmitted Infections

Three in four health facilities in Nepal offer services for STIs. In Karnali Province, 63% of health facilities offer STI services. Among health facilities offering STI services in Karnali Province (N=47), 94% had male condoms and 89% had metronidazole on the day of the survey. Only 11% of facilities had syphilis rapid diagnostic testing capacity. Nearly one-quarter of facilities had both doxycycline tablets and azithromycin tablets to treat infections.

Medicines and Commodities for STIs: Karnali Province

Among facilities offering services for STIs (N=47), percent with indicated items available on the day of the survey



HIV Testing and Counseling Services

Few health facilities in Nepal and Karnali Province have an HIV testing system (6% and 3%, respectively). In Karnali Province, very few public facilities have an HIV testing system (3%).

HIV/AIDS Care and Support Services

HIV/AIDS care and support services are not readily available at health facilities—only 5% of all health facilities in Nepal and 3% of facilities in Karnali Province 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. Very few public facilities in Karnali Province offer HIV/AIDS care and support services (2%).

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. Only 9% of these facilities in Karnali Province (N=7) offer ART services.

Availability of HIV Services: Karnali Province

Percent of facilities offering the following services:

NDHS: HIV/AIDS

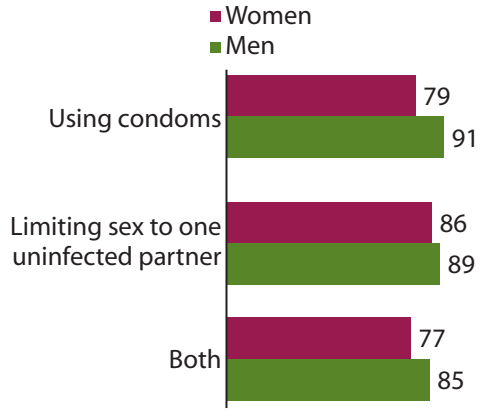
Knowledge of HIV Prevention Methods

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 Karnali Province, men (85%) also have higher knowledge of HIV prevention methods than women (77%). Knowledge of HIV prevention methods is lowest among women and men from the poorest households.

Knowledge of HIV Prevention Methods: Karnali Province

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

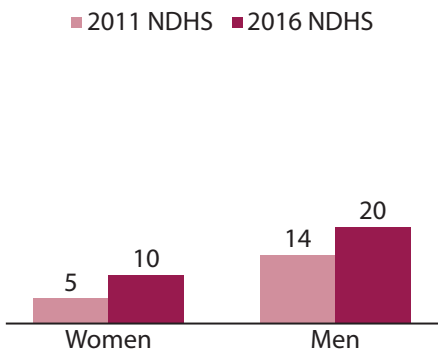


HIV Testing

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

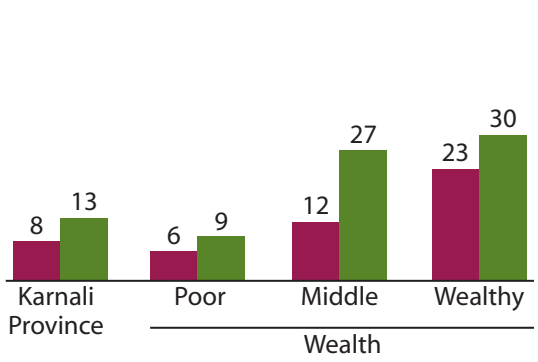
Percent of women and men age 15-49 who were ever tested for HIV and received their results



In Karnali Province, 35% of women and 69% of men know where to get an HIV test. Only 8% of women and 13% of men have ever been tested for HIV and received their results. Women and men from the wealthiest households are more likely to have ever been tested for HIV and received their results than poorer women and men. Within the 12 months before the survey, 3% of women and 5% of men had been tested and received the results.

HIV Testing among Adults: Karnali Province

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



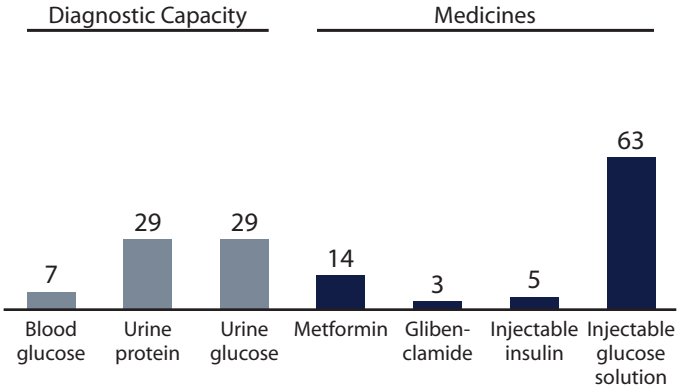
NHFS: Services for Non-communicable Disease

Diabetes Services

One in five health facilities in Nepal and 21% of facilities in Karnali Province offer services for diabetes, including diagnosis, prescription of treatment, or management of diabetic patients. Among facilities offering services for diabetes in Karnali Province (N=16), diagnostic capacity and availability of medicines are generally low. Only 7% of facilities have the capacity to test for blood glucose, 29% have capacity to test urine protein, and 29% have capacity to test for urine glucose. Various diabetes treatments were not readily available. Overall, 3% of facilities had glibenclamide, 5% had injectable insulin, 14% had Metformin, and 63% had injectable glucose solution on the day of the survey.

Diagnostic Capacity and Essential Medicines for Diabetes: Karnali Province

Among facilities offering services for diabetes (N=16), percent with indicated diagnostic capacity and medicines available on the day of the survey

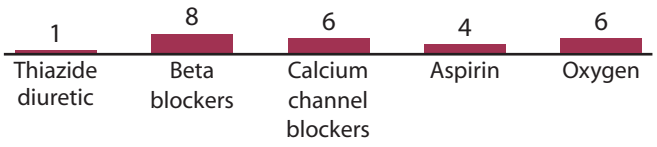


Cardiovascular Disease Services

Nearly three-quarters of health facilities in Nepal and 64% of facilities in Karnali Province offer services for cardiovascular disease (CVD), including diagnosis, prescription of treatment, and management of patients with CVD. However, among facilities offering CVD services in Karnali Province (N=47), only 1% had thiazide diuretic for reducing high blood pressure. Less than 1 in 10 facilities had Beta blockers for angina or hypertension (8%), calcium channel blockers (6%), oxygen (6%), and aspirin (4%).

Essential Medicines and Commodities for Cardiovascular Disease: Karnali Province

Among facilities offering services for cardiovascular disease (N=47), percent with indicated items available on the day of the survey

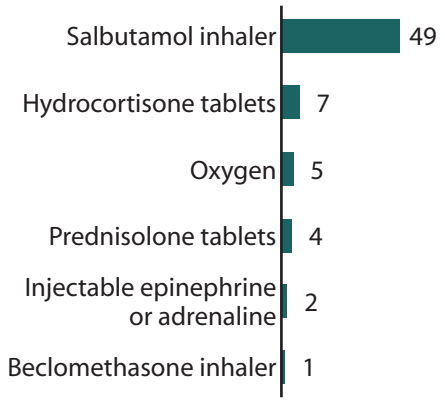


Chronic Respiratory Disease Services

Ninety-four percent of facilities in Nepal and 80% of facilities in Karnali Province offer support services for chronic respiratory disease including diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. In Karnali Province, availability of essential medicines and commodities in facilities offering services for chronic respiratory disease (N=59) was relatively low with the exception of salbutamol inhalers (49%). Less than 1 in 10 facilities had hydrocortisone tablets (7%), oxygen (5%), prednisolone tablets (4%), injectable epinephrine or adrenaline (2%), or beclomethasone inhalers (1%).

Essential Medicines and Commodities for Chronic Respiratory Disease: Karnali Province

Among facilities offering services for chronic respiratory disease (N=59), percent with indicated items available on the day of the survey



NDHS: Non-communicable Disease

Prevalence of Hypertension

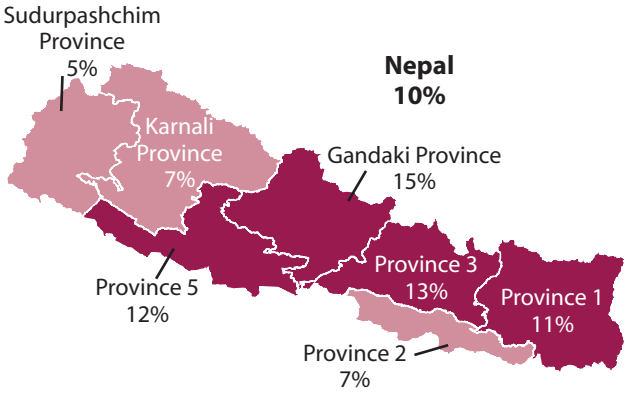
The 2016 NDHS measured the blood pressure of women and men. In Nepal, 10% of women and 17% of men age 15-49 are hypertensive.

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 Karnali Province, 7% of women and 16% of men are hypertensive. Among women, the prevalence of hypertension increases with household wealth. By population group, slightly more women from disadvantaged population groups (10%) are hypertensive than advantaged women (6%). Among men, those from the wealthiest households (35%) and disadvantaged population groups (20%) are more likely to have hypertension.

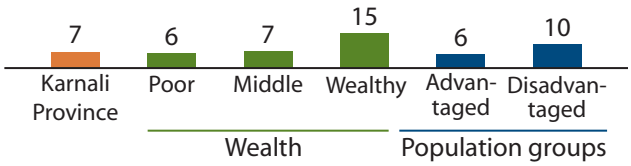
Hypertension among Women by Province

Prevalence of hypertension among women age 15-49



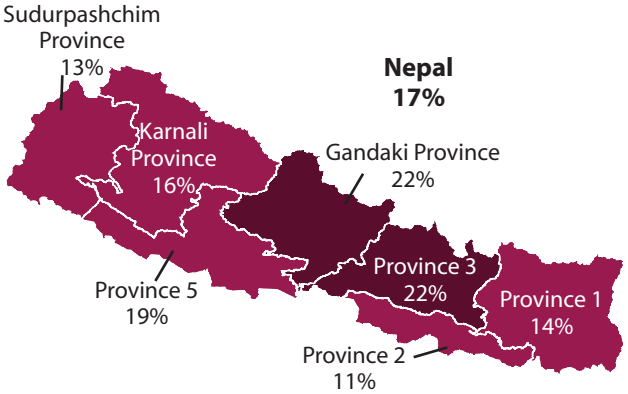
Hypertension among Women: Karnali Province

Prevalence of hypertension among women age 15-49



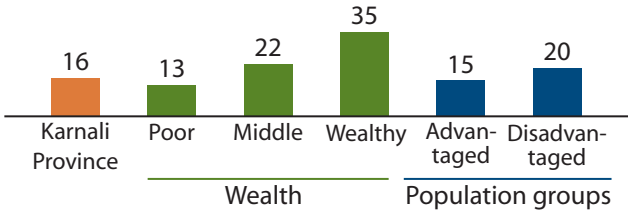
Hypertension among Men by Province

Prevalence of hypertension among men age 15-49



Hypertension among Men: Karnali Province

Prevalence of hypertension among men age 15-49



NHFS: Tuberculosis and Malaria Services

Tuberculosis Services

Forty-four percent of facilities in Nepal and 45% of facilities in Karnali Province offer screening and referrals for TB diagnosis. One-third of facilities in Nepal and 13% of facilities in Karnali Province offer any TB diagnostic service. Overall, 94% of facilities in Nepal and 91% of facilities in Karnali Province offer any TB diagnostic or treatment and/or treatment follow-up services.

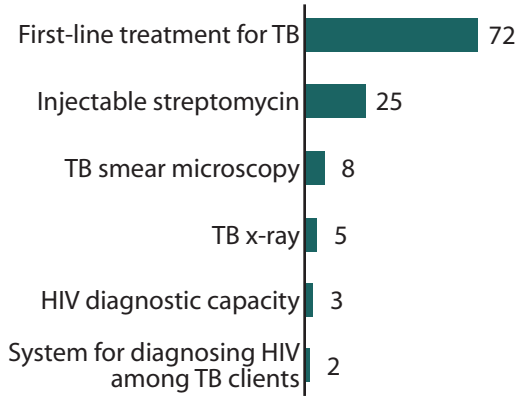
Among facilities in Karnali Province (N=67) offering TB services (diagnosis or treatment and/or treatment follow-up services), one-quarter of facilities have guidelines on the diagnosis and treatment of TB and 2% have guidelines on HIV and TB co-infection.

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. Only 5% of facilities has the capacity to conduct TB x-rays. Three percent of facilities offering any TB services have HIV diagnostic capacity, and only 2% 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, 72% had the first-line treatment for TB, four-drug fix dose combination available on the day of the survey. One-quarter of facilities have injectable streptomycin.

Diagnostic Capacity and Availability of Medicines for TB Treatment: Karnali Province

Among facilities offering TB diagnosis or treatment and/or treatment follow-up services (N=67), percent with diagnostic capacity and medicines available on the day of the survey



Malaria Services

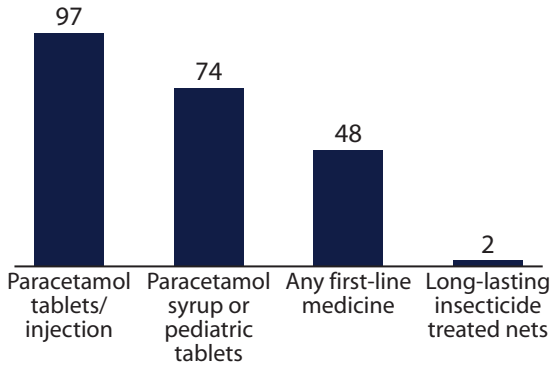
Half of health facilities in Nepal and 30% of facilities in Karnali Province offer malaria diagnosis and/or treatment services. In Karnali Province, 28% of public facilities offer malaria diagnosis or treatment.

Only 2% of facilities offering curative care for sick children in Karnali Province (N=74) 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.

Among facilities offering malaria diagnosis and/or treatment services in Karnali Province (N=22), 97% had paracetamol tablets or injection and 74% had paracetamol syrup or dispersible pediatric-dozed tablets for fever. Half of facilities had any first-line treatment such as ACT, quinine, chloroquine, or primaquine on the day of the survey. Only 2% of facilities had long-lasting insecticidal nets (LLINs).

Malaria Medicines & Commodities: Karnali Province

Among facilities offering malaria diagnosis or treatment services (N=22), percent with indicated medicines and commodities available on the day of the survey



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. Additionally in Karnali Province, 8% of children under 5 are wasted and 36% are underweight. Children from advantaged population groups in Karnali Province have higher stunting, wasting, and underweight than disadvantaged children.

Anemia

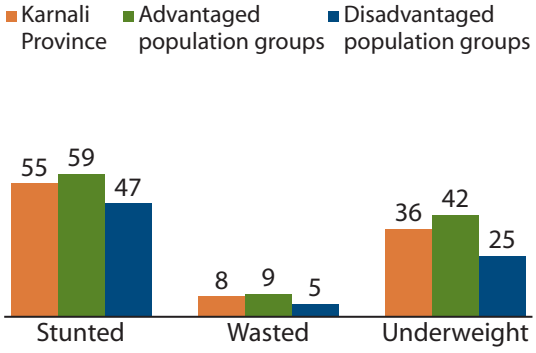
In Nepal, more than half (53%) of children age 6-59 months are anemic. Anemia prevalence among children has increased since 2011 when 46% of children were anemic. Four in ten women age 15-49 in Nepal are anemic. Since 2006, anemia among women has increased from 36% to 41% in 2016.

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 Karnali Province, 48% of children and 35% of women are anemic. Anemia prevalence among children and women varies little by population group.

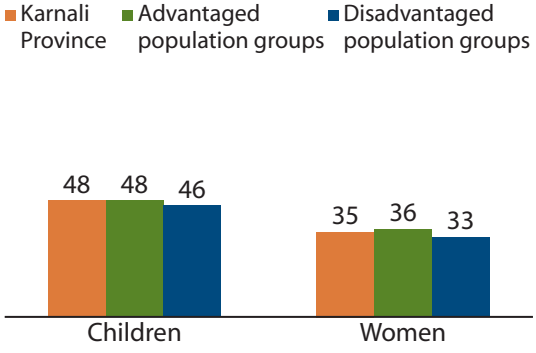
Children's Nutritional Status: Karnali Province

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



Anemia among Children & Women: Karnali Province

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



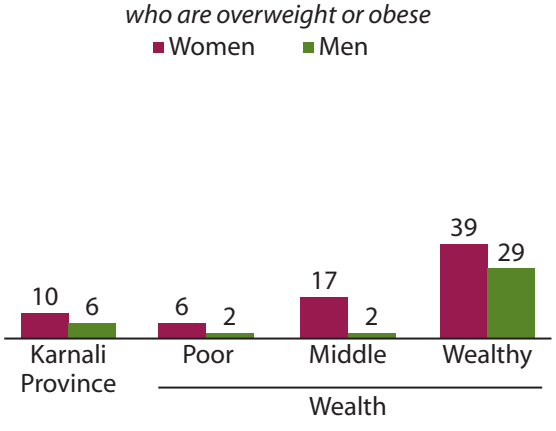
Women and Men's Nutritional Status

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 Karnali Province, 10% of women and 6% of men are overweight or obese. Overweight and obesity among adults increases with household wealth, as women and men from the wealthiest households (39% and 29%, respectively) are most likely to be overweight or obese.

Adult Overnutrition: Karnali Province

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



2015 Nepal Health Facility Survey (NHFS): Karnali Province

Tables 1-60

Table 1 Distribution of surveyed facilities: Karnali Province

Percent distribution and number of surveyed facilities, by 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	2.9	0.0	2.8	1.6
Private hospitals	0.0	90.0	2.5	7.2
PHCCs	3.4	0.0	3.3	4.4
HPs	92.3	0.0	89.7	80.5
UHCs	0.9	0.0	0.8	3.3
Stand-alone HTCs	0.0	10.0	0.3	2.3
Total	100.0	100.0	100.0	100.0
Number of unweighted facilities	65	10	75	963
Number of weighted facilities	72	2	74	963

Table 2 Availability of basic client services: Karnali Province

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	99.7	100.0	99.7	99.4
Child growth monitoring	100.0	22.2	98.1	92.7
Child vaccination[1]	88.7	11.1	86.7	86.8
Any modern methods of family planning[2]	100.0	100.0	100.0	97.7
Antenatal care	100.0	77.8	99.4	97.8
Services for STIs	62.3	100.0	63.2	73.5
All basic client services[3]	53.4	11.1	52.3	62.0
Number of facilities excluding HTCs[4]	72	2	74	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”, “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: Karnali Province

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]	86.9	90.0	87.0	48.9
Improved water source[2]	63.8	90.0	64.5	81.0
Visual and auditory privacy[3]	75.0	100.0	75.7	78.6
Client latrine[4]	73.6	100.0	74.3	81.6
Communication equipment[5]	21.2	90.0	23.1	20.2
Computer with Internet[6]	2.6	70.0	4.4	11.4
Emergency transport[7]	31.1	90.0	32.7	59.4
All amenities excluding computer with Internet[8]	4.4	60.0	6.0	11.4
Number of facilities	72	2	74	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 shortwave 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: Karnali Province

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	89.6	90.0	89.6	88.5
Child weighing scale[1]	45.7	20.0	45.0	38.5
Infant weighing scale[2]	54.5	30.0	53.8	55.2
Thermometer	89.0	100.0	89.3	92.7
Stethoscope	98.3	100.0	98.3	97.6
Blood pressure apparatus[3]	96.3	100.0	96.4	94.0
Light source[4]	38.4	80.0	39.5	51.2
All basic equipment[5]	13.7	20.0	13.9	12.7
Number of facilities	72	2	74	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: Karnali Province

Among all facilities, percentages reporting that they segregate wastes generated at the facilitate 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

	Managing authority			
Waste management	Public	Private and others	Provincial average	National average
Segregates waste at time of collection	67.5	100.0	68.4	85.9
Safe final disposal of both sharps and medical waste	82.2	60.0	81.6	77.4
Number of facilities	72	2	74	963

Table 6 Management meetings and quality assurance: Karnali Province

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

	Managing authority			
Management systems	Public	Private and others	Provincial average	National average
Regular management meetings at least once every 6 months	30.2	0.0	29.4	37.4
Community participation in management meetings at least once every 6 months	33.6	0.0	32.8	35.3
Regular quality assurance activities[1]	17.8	11.1	17.7	19.9
Client feedback system in place	3.9	0.0	3.8	2.5
Number of facilities	72	2	74	940

Note: Stand-alone HTCs 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 at the facility level: Karnali Province

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

	Managing authority			
Human resources	Public	Private and others	Provincial average	National average
Have routine staff training[1]	96.5	30.0	93.7	87.5
Personal supervision[2]	75.9	60.0	75.2	80.0
Training and personal supervision	66.5	20.0	64.6	68.9
Supportive management practices[3]	58.4	20.0	56.8	67.8
Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire[4]	47	2	49	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): Karnali Province

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

	Managing authority			
Health management information system	Public	Private and others	Provincial average	National average
Compile HMIS report regularly	88.2	77.8	87.9	94.1
Have a designated HMIS focal person	28.3	44.4	28.7	54.2
Last month's HMIS report observed	70.4	22.2	69.2	76.7
Number of facilities	72	2	74	940

Note: Stand-alone HTCs are excluded.

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

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

	Managing authority	Provincial	National
Logistic management information system	Public	average	average
Compile LMIS report regularly	90.2	90.2	94.1
Have a designated LMIS focal person	51.9	51.9	61.2
Latest LMIS report observed	66.4	66.4	70.3
Number of facilities	72	72	871

Note: Stand-alone HTCs and private hospitals are excluded.

Table 10 Financial audit and disaster preparedness: Karnali Province

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

	Managing authority	Provincial	National
Financial audits and contingency plans	Public	average	average
Completed financial audit for last fiscal year	46.3	46.3	49.2
Completed financial audit for last three successive fiscal years	40.8	40.8	42.9
Disaster preparedness contingency plan observed	3.3	3.3	1.4
Number of facilities	72	72	839

Note: Stand-alone HTCs, UHC, and private hospitals are excluded.

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

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		Provincial average	National average
	Public	Private and others		
Soap and running water or alcohol-based hand disinfectant	45.1	66.7	45.6	54.9
Safe final disposal or infectious waste[1]	85.2	66.7	84.7	81.0
Equipment and knowledge of processing time[2]	52.2	77.8	52.8	63.8
Trained staff[3]	88.3	88.9	88.3	91.9
"Swasthye sewako gunasthar sudhar padhatee" QA guideline [4]	9.5	0.0	9.3	5.7
Clinical protocol observed[5]	40.8	11.1	40.0	28.4
Availability of all four tracer amenities[6]	26.8	77.8	28.1	29.8
Waiting room	77.2	88.9	77.5	79.0
Tracer medicine[7]	28.1	55.6	28.8	32.8
All nine items	0.3	0.0	0.3	0.7
Number of facilities	72	2	74	940

Note: Stand-alone HTCs 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 off site.

[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, 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 backup 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 rainwater, 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: Karnali Province

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

Indicators	Managing authority		Provincial average	National average
	Public	Private and others		
Temporary methods of family planning (FP)				
Any temporary modern method of FP[1]	100.0	100.0	100.0	97.7
Counseling on periodic abstinence/rhythm	60.1	55.6	60.0	62.2
Any temporary modern method of FP or counseling on periodic abstinence/rhythm	100.0	100.0	100.0	97.7
Sterilization				
Male sterilization[2]	52.3	66.7	52.6	35.4
Female sterilization[3]	50.0	55.6	50.2	34.7
Male or female sterilization	52.3	66.7	52.6	36.1
Any modern methods of FP[4]	100.0	100.0	100.0	97.7
Number of facilities	72	2	74	940

Note: Stand-alone HTCs, 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: Karnali Province

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		Provincial average	National average
	Public	Private and others		
Combined oral contraceptive pills	99.7	100.0	99.7	99.0
Progestin-only injectable (Depo)	94.7	100.0	94.9	98.2
Male condom	100.0	100.0	100.0	99.5
Intrauterine contraceptive device	61.2	77.8	61.6	49.9
Implant	61.0	66.7	61.1	48.6
Male sterilization	52.3	66.7	52.6	36.3
Female sterilization	50.0	55.6	50.2	35.6
Three temporary modern methods[1]	94.5	100.0	94.6	97.2
Five temporary modern methods[2]	50.4	66.7	50.8	43.6
Seven modern methods[3]	36.1	44.4	36.3	27.9
Emergency contraceptive pills	34.7	100.0	36.4	30.7
Periodic abstinence/rhythm	60.1	55.6	60.0	63.6
Number of facilities offering any modern method of family planning	72	2	74	919

Note: Stand-alone HTCs, 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 provided[1]: Karnali Province

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

	Managing authority			
Methods provided	Public	Private and others	Provincial average	National average
Combined oral contraceptive pills	97.1	66.7	96.4	95.1
Progestin-only injectable (Depo)	89.4	66.7	88.9	95.0
Male condom	98.0	66.7	97.2	96.5
Intrauterine contraceptive device	19.6	22.2	19.7	20.9
Implant	20.1	11.1	19.9	19.8
Male sterilization	2.9	11.1	3.1	2.4
Female sterilization	1.4	11.1	1.7	2.5
Three temporary modern methods[2]	88.6	66.7	88.0	93.1
Five temporary modern methods[3]	7.9	11.1	8.0	14.0
Seven modern methods[4]	1.1	11.1	1.4	1.4
Emergency contraceptive pills	8.8	66.7	10.2	9.9
Number of facilities offering any modern method of family planning	72	2	74	919

Note: Stand-alone HTCs, 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: Karnali Province

Among facilities that provide[1] 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

	Managing authority			
Method	Public	Private and others	Provincial average	National average
Combined oral contraceptive pills	98.2	100.0	98.3	99.5
Progestin-only injectables (Depo)	96.1	100.0	96.2	99.0
Male condoms	96.6	100.0	96.7	99.5
Intrauterine contraceptive devices (IUCDs)	95.6	100.0	95.8	90.0
Implants	80.7	100.0	81.0	90.5
Every method provided by facility was available on day of survey	88.9	100.0	89.1	94.8
Emergency contraceptive pills	67.3	83.3	69.9	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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Guidelines, register, and trained staff				
Guidelines on family planning[1]	20.0	11.1	19.8	12.8
Family planning register	91.5	0.0	89.2	89.0
Staff trained in family planning[2]	27.1	33.3	27.3	31.3
Equipment				
Blood pressure apparatus[3]	87.1	88.9	87.2	86.6
Examination light	40.7	77.8	41.6	46.6
Examination bed or table	86.9	88.9	87.0	84.0
FP kit or counseling kit	40.7	0.0	39.7	29.4
Pelvic model for IUCD	10.9	11.1	10.9	6.6
Model for showing condom use	27.4	11.1	27.0	9.9
Other family planning-specific visual aid[4]	68.5	22.2	67.3	60.3
Number of facilities offering any modern method of family planning	72	2	74	919

Note: Stand-alone HTCs, 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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Items for infection control				
Soap	51.4	44.4	51.2	55.5
Running water[1]	56.7	44.4	56.4	48.5
Soap and running water	45.4	44.4	45.3	44.4
Alcohol-based hand disinfectant	22.4	55.6	23.2	25.9
Soap and running water or else alcohol-based hand disinfectant	49.2	77.8	49.9	54.4
Latex gloves	82.7	100.0	83.1	86.0
Safety box	85.2	66.7	84.8	87.1
Needle destroyer	3.2	0.0	3.1	2.9
Waste receptacle[2]	5.0	11.1	5.2	6.3
Injection safety precaution guideline	4.2	0.0	4.1	3.9
All infection prevention items[3]	0.6	0.0	0.6	0.2
Number of facilities offering any modern method of family planning	72	2	74	919

Note: Stand-alone HTCs, 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: Karnali Province

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: Public	Provincial average	National average
Client history			
Age	59.9	59.9	54.0
Any history of pregnancy	47.2	47.2	55.8
Current pregnancy status	49.5	49.5	53.4
Breastfeeding status (if ever pregnant)[1]	11.0	11.0	9.6
Desired timing for next child or desire for another child	30.4	30.4	16.9
Regularity of menstrual cycle	72.0	72.0	50.5
All elements of reproductive history[2]	11.0	11.0	1.9
Client medical history[3]			
Asked about smoking	11.0	11.0	3.0
Asked about symptoms of sexually transmitted infections (STIs)	0.0	0.0	4.3
Asked about any chronic illnesses	2.2	2.2	18.8
Client examination			
Measure blood pressure[4]	51.4	51.4	65.2
Measure weight[5]	51.4	51.4	56.8
Questions or concerns			
Asked if client had questions or concerns regarding current or past method used	51.2	51.2	30.0
Number of observed first-visit FP clients	14	14	147
Number of observed first-visit FP clients with prior pregnancy[6]	14	14	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: Karnali Province

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: Public	Provincial average	National average
Discussion related to partner			
Partner's attitude toward family planning	25.3	25.3	10.1
Partner's status[1]	2.2	2.2	3.0
Privacy and confidentiality			
Visual privacy assured	63.7	63.7	47.2
Auditory privacy assured	63.7	63.7	38.1
Confidentiality assured	21.1	21.1	9.5
All three counseling conditions on privacy and confidentiality met[2]	21.1	21.1	8.2
Discussion related to STIs and condoms			
Use of condoms to prevent STIs	0.0	0.0	0.7
Use of condoms as dual method[3]	21.1	21.1	2.3
Any discussion related to STIs[4]	21.1	21.1	6.7
Individual client cards			
Individual client card reviewed during consultation	70.8	70.8	64.0
Individual client card written on after consultation	74.7	74.7	90.3
Visual aid and return visit			
Visual aids were used during consultation	15.5	15.5	15.1
Return visit discussed	49.4	49.4	66.6
Concerns, side effects, and individual client cards			
Concerns about methods discussed[5]	55.6	55.6	40.9
Side effects discussed[6]	21.3	21.3	21.9
Number of observed first-visit FP clients	14	14	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: Karnali Province

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

	Managing authority			
Components of consultation	Public	Private and others	Provincial average	National average
Privacy and confidentiality				
Visual privacy assured	72.2	*	72.5	47.8
Auditory privacy assured	62.4	*	62.8	39.9
Confidentiality assured	25.2	*	24.9	7.3
All three counseling conditions on privacy and confidentiality met[1]	25.2	*	24.9	6.0
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	0.0	*	0.0	0.1
Use of condoms as dual method[2]	12.0	*	11.8	1.2
Any discussion related to STIs[3]	12.0	*	11.8	1.3
Concerns, side effects, and individual client cards				
Concerns about methods discussed[4]	44.2	*	43.7	32.4
Side effects discussed[5]	22.5	*	22.3	23.2
Individual client card reviewed during consultation	61.7	*	62.1	66.3
Individual client card written on after consultation	76.8	*	77.1	83.6
Visual aid and return visit				
Visual aids were used during consultation	10.9	*	10.8	5.8
Return visit discussed	46.9	*	46.4	61.6
Number of observed female FP clients	24	0	24	768

Note: An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.
[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: Karnali Province

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

	Managing authority			
Client satisfaction	Public	Private and others	Provincial average	National average
Very satisfied	57.2	*	57.6	51.8
Satisfied	25.7	*	25.4	36.7
Neutral	14.5	*	14.3	9.6
Dissatisfied	2.7	*	2.6	1.9
Number of interviewed FP clients	24	0	24	770

Note: An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.

Table 22 Availability of antenatal care services: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
ANC services	100.0	77.8	99.4	97.8
Number of facilities	72	2	74	940

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

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

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Guidelines, register, and trained staff				
Guidelines on ANC[1]	25.1	14.3	24.8	25.0
Maternal and newborn health register	72.1	14.3	71.0	75.7
Staff trained for ANC[2]	33.8	0.0	33.1	26.9
Equipment				
Blood pressure apparatus[3]	78.6	100.0	79.0	85.9
Stethoscope	85.8	100.0	86.1	88.9
Adult weighing scale	86.0	100.0	86.3	86.6
Fetescope	86.5	57.1	86.0	91.1
Measuring tape[4]	20.8	28.6	20.9	29.9
All items[5]	0.6	0.0	0.6	2.0
Number of facilities offering ANC services	72	1	74	919

Note: Stand-alone HTCs, 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, fetescope, and measuring tape.

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

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		Provincial average	National average
	Public	Private and others		
Items for infection control				
Soap	54.4	57.1	54.4	54.7
Running water[1]	57.5	57.1	57.5	49.0
Soap and running water	49.0	57.1	49.1	44.3
Alcohol-based hand disinfectant	26.0	28.6	26.0	25.6
Soap and running water or else alcohol-based hand disinfectant	52.8	57.1	52.9	53.4
Latex gloves	82.9	100.0	83.3	84.7
Safety box	85.2	42.9	84.4	85.2
Needle destroyer	3.2	0.0	3.1	3.1
Waste receptacle[2]	5.0	0.0	4.9	6.6
Injection safety precaution guideline	4.2	0.0	4.1	4.2
All infection prevention items[3]	0.6	0.0	0.6	0.3
Number of facilities offering ANC services	72	1	74	919

Note: Stand-alone HTCs, 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: Karnali Province

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		Provincial average	National average
	Public	Private and others		
Indicated tests				
Hemoglobin[1]	7.1	85.7	8.6	14.8
Urine protein[2]	15.4	100.0	17.0	15.2
Urine glucose[3]	10.4	100.0	12.2	13.3
Blood grouping and Rhesus factor[4]	0.3	0.0	0.3	1.6
Syphilis[5]	4.9	100.0	6.7	11.1
HIV[6]	2.6	0.0	2.5	3.3
Three basic tests[7]	2.6	0.0	2.5	3.1
Number of facilities offering ANC services	72	1	74	919

Note: Stand-alone HTCs, 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: Karnali Province

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		Provincial average	National average
	Public	Private and others		
Medicines				
Folic acid tablets	11.4	42.9	12.0	10.3
Iron and folic acid combined tablets	94.4	71.4	93.9	90.8
Albendazole tablets	97.3	71.4	96.8	97.6
All essential medicines[1]	91.7	71.4	91.3	90.4
Number of facilities offering ANC services	72	1	74	919

Note: Stand-alone HTCs, Sukraraj hospitals, and Kanti hospitals are excluded.
[1]All 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: Karnali Province

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		Provincial average	National average
	Public	Private and others		
Client history				
Client's age	80.3	58.3	77.8	53.5
Date of last menstrual period	84.3	91.7	85.2	77.6
Any prior pregnancy[1]	73.9	91.7	75.9	63.2
Medicines client is currently taking	33.3	0.0	29.5	11.6
All elements relevant to client history[2]	30.2	0.0	26.8	6.5
Routine tests				
Urine protein or glucose test	26.9	91.7	34.2	40.6
Hemoglobin test	30.0	91.7	37.0	42.5
Number of first-visit ANC clients	18	2	20	523
Prior pregnancy-related complications				
Stillbirth	21.5	50.0	24.3	10.5
Death of infant during first week after birth	20.0	0.0	18.0	2.0
Heavy bleeding during labor or postpartum	0.0	0.0	0.0	1.2
Assisted delivery	0.0	0.0	0.0	5.0
Cesarean delivery	0.0	0.0	0.0	12.0
Previous spontaneous abortion	27.1	75.0	31.9	13.9
Previous induced abortion	17.6	12.5	17.1	8.5
Multiple pregnancies	0.0	0.0	0.0	1.8
Prolonged labor	17.6	0.0	15.8	2.3
Pregnancy-induced hypertension	0.0	12.5	1.2	1.2
Pregnancy-related convulsions	0.0	12.5	1.2	0.9
Any aspect of complications during a prior pregnancy	67.2	87.5	69.2	35.9
Number of first-visit ANC clients with prior pregnancy	14	2	16	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: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
FIRST VISIT ANC CLIENTS				
Basic physical examination				
Measured blood pressure	87.6	75.0	86.1	89.8
Weighed client	86.4	83.3	86.1	81.7
Checked fetal position (at least 8 m pregnant)	50.0	100.0	85.2	80.2
Checked uterine/fundal height[1]	43.3	83.3	47.9	39.0
Listened to fetal heart (at least 5 m pregnant)[2]	100.0	100.0	100.0	85.7
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	66.8	66.7	66.7	71.1
Provider explained purpose of iron or folic acid tablets	34.4	16.7	32.4	26.1
Provider explained how to take tablets	50.0	8.3	45.2	30.5
Provider gave or prescribed tetanus toxoid vaccine	44.8	8.3	40.7	31.2
Provider explained purpose of tetanus toxoid vaccine	16.7	0.0	14.8	15.6
Provider gave or prescribed albendazole	54.1	8.3	48.9	46.6
Provider explained purpose of albendazole	1.1	0.0	1.0	9.4
Number of first-visit ANC clients	18	2	20	523
FOLLOW-UP ANC CLIENTS				
Basic physical examination				
Measured blood pressure	82.3	*	81.9	85.2
Weighed client	92.5	*	91.4	81.6
Checked fetal position (at least 8 m pregnant)	94.4	*	94.4	87.5
Checked uterine/fundal height[1]	46.5	*	47.1	52.4
Listened to fetal heart (at least 5 m pregnant)[2]	92.2	*	92.2	92.1
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	39.3	*	40.0	58.0
Provider explained purpose of iron or folic acid tablets	2.3	*	2.9	12.9
Provider explained how to take tablets	12.8	*	12.7	12.4
Provider gave or prescribed tetanus toxoid vaccine	2.3	*	2.9	17.1
Provider explained purpose of tetanus toxoid vaccine	0.6	*	0.6	5.9
Provider gave or prescribed albendazole	4.5	*	5.0	4.9
Provider explained purpose of albendazole	0.0	*	0.0	1.9
Number of follow-up ANC clients	33	0	33	980
ALL OBSERVED ANC CLIENTS				
Basic physical examination				
Measured blood pressure	84.2	71.4	83.6	86.8
Weighed client	90.3	71.4	89.3	81.6
Checked fetal position (at least 8 m pregnant)	93.7	100.0	94.0	86.7
Checked uterine/fundal height[1]	45.3	85.7	47.4	47.7
Listened to fetal heart (at least 5 m pregnant)[2]	93.2	100.0	93.5	90.9
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	49.1	71.4	50.2	62.6
Provider explained purpose of iron or folic acid tablets	13.8	21.4	14.2	17.5
Provider explained how to take tablets	26.1	7.1	25.1	18.7
Provider gave or prescribed tetanus toxoid vaccine	17.5	14.3	17.3	22.0
Provider explained purpose of tetanus toxoid vaccine	6.4	0.0	6.0	9.3
Provider gave or prescribed albendazole	22.2	14.3	21.8	19.4
Provider explained purpose of albendazole	0.4	0.0	0.4	4.5
Number of ANC clients	51	3	53	1,502

Note: An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.
[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 fetescope or by using an ultrasound device.
An asterisk

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

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: Public	Managing authority: Private and others	Provincial average	National average
FIRST VISIT ANC CLIENTS				
Vaginal bleeding or spotting	56.2	75.0	58.3	24.2
Fever	0.0	8.3	0.9	7.4
Headache or blurred vision	43.7	25.0	41.6	21.9
Swollen hands, face, or body	36.6	41.7	37.2	19.4
Tiredness, shortness of breath	3.1	0.0	2.7	3.3
Fetal movement: loss of, excessive, or normal	41.4	66.7	44.3	18.4
Convulsion or loss of consciousness	25.1	0.0	22.3	8.9
Severe lower abdominal pain	55.4	83.3	58.5	37.8
Any of the above risk symptoms	90.9	100.0	91.9	58.2
All of the above symptoms	0.0	0.0	0.0	0.7
Number of first-visit ANC clients	18	2	20	523
FOLLOW-UP ANC CLIENTS				
Vaginal bleeding or spotting	59.2	*	59.1	46.3
Fever	3.0	*	2.9	6.6
Headache or blurred vision	43.6	*	43.1	25.5
Swollen hands, face, or body	27.3	*	26.9	24.5
Tiredness, shortness of breath	19.1	*	18.9	6.6
Fetal movement: loss of, excessive, or normal	46.4	*	46.4	41.2
Convulsion or loss of consciousness	23.8	*	23.6	5.9
Severe lower abdominal pain	76.4	*	76.1	43.7
Any of the above risk symptoms	95.9	*	96.0	71.1
All of the above symptoms	0.0	*	0.0	0.1
Number of follow-up ANC clients	33	0	33	980
ALL OBSERVED ANC CLIENTS				
Vaginal bleeding or spotting	58.1	71.4	58.8	38.6
Fever	1.9	7.1	2.2	6.9
Headache or blurred vision	43.6	21.4	42.5	24.3
Swollen hands, face, or body	30.6	35.7	30.9	22.7
Tiredness, shortness of breath	13.4	0.0	12.7	5.4
Fetal movement: loss of, excessive, or normal	44.6	64.3	45.6	33.3
Convulsion or loss of consciousness	24.3	0.0	23.1	6.9
Severe lower abdominal pain	68.9	78.6	69.4	41.6
Any of the above risk symptoms	94.1	100.0	94.4	66.6
All of the above symptoms	0.0	0.0	0.0	0.3
Number of ANC clients	51	3	53	1,502

Note: An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.

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

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

	Managing authority			
Counseling topics	Public	Private and others	Provincial average	National average
FIRST VISIT ANC CLIENTS				
Nutrition	44.5	16.7	41.3	53.0
Progress of pregnancy	1.1	25.0	3.8	24.3
Importance of at least 4 ANC visits	46.8	16.7	43.3	30.6
Delivery plans/birth preparedness[1]	20.0	16.7	19.7	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	0.0	0.0	0.0	1.0
Importance of vaccination for newborn	0.0	0.0	0.0	0.8
Family planning post-partum	0.0	0.0	0.0	1.4
Provider used any visual aids	15.8	0.0	14.0	7.9
Number of first-visit ANC clients	18	2	20	523
FOLLOW-UP ANC CLIENTS				
Nutrition	47.1	*	46.5	45.7
Progress of pregnancy	25.4	*	25.1	36.7
Importance of at least 4 ANC visits	10.0	*	9.9	12.3
Delivery plans/birth preparedness[1]	36.6	*	36.2	19.5
Care of newborn[2]	0.0	*	0.0	0.3
Early initiation and prolonged breastfeeding	0.0	*	0.0	1.3
Exclusive breastfeeding	0.0	*	0.0	0.9
Importance of vaccination for newborn	0.0	*	0.0	0.3
Family planning post-partum	0.0	*	0.0	1.0
Provider used any visual aids	30.8	*	30.4	5.0
Number of follow-up ANC clients	33	0	33	980
ALL OBSERVED ANC CLIENTS				
Nutrition	46.2	14.3	44.5	48.3
Progress of pregnancy	16.7	21.4	17.0	32.4
Importance of at least 4 ANC visits	23.1	14.3	22.7	18.7
Delivery plans/birth preparedness[1]	30.7	14.3	29.9	17.1
Care of newborn[2]	0.0	0.0	0.0	0.7
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	1.4
Exclusive breastfeeding	0.0	0.0	0.0	0.9
Importance of vaccination for newborn	0.0	0.0	0.0	0.5
Family planning post-partum	0.0	0.0	0.0	1.1
Provider used any visual aids	25.4	0.0	24.1	6.0
Number of ANC clients	51	3	53	1,502

Note: An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.
[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: Karnali Province

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

	Managing authority			
Client satisfaction	Public	Private and others	Provincial average	National average
Very satisfied	37.6	57.1	38.6	42.8
Satisfied	44.0	28.6	43.2	40.8
Neutral	16.1	14.3	16.1	14.2
Dissatisfied	2.2	0.0	2.1	2.2
Number of interviewed ANC clients	51	3	53	1,502

Table 32 Availability of delivery services: Karnali Province

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

	Managing authority			
Delivery services	Public	Private and others	Provincial average	National average
Normal vaginal delivery services	84.3	44.4	83.3	48.7
Cesarean delivery	2.0	33.3	2.8	5.1
Number of facilities	72	2	74	940

Note: Stand-alone HTCs 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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Guidelines on delivery care[1]	20.6	0.0	20.4	21.8
Staff trained in delivery care[2]	32.2	0.0	31.7	35.1
Equipment				
Emergency transport[3]	36.9	100.0	37.7	62.3
Examination light[4]	37.2	100.0	38.1	60.7
Delivery pack[5]	91.7	75.0	91.5	92.4
Suction apparatus (mucus extractor)	30.9	75.0	31.5	62.0
Manual vacuum extractor	13.6	50.0	14.1	20.7
Vacuum aspiration kit or MVA kit[6]	10.3	50.0	10.8	19.2
Neonatal bag and mask	71.4	75.0	71.5	82.8
Partograph[7]	83.1	50.0	82.7	80.0
Gloves[8]	85.8	100.0	85.9	92.5
Delivery bed	93.2	100.0	93.3	96.3
Number of facilities offering normal vaginal delivery services	61	1	62	457

Note: Stand-alone HTCs 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: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Essential medicines for delivery[1]				
Injectable uterotonic (oxytocin)[2]	78.4	100.0	78.7	88.2
Injectable antibiotic[3]	38.5	75.0	39.0	40.9
Skin antiseptic	83.5	100.0	83.7	91.4
Intravenous fluids with infusion set[4]	83.3	75.0	83.2	90.3
All essential medicines for delivery	9.5	50.0	10.0	12.0
Essential medicines for newborns				
Tetracycline eye ointment[1]	44.8	75.0	45.2	39.5
4% chlorhexidine gel[1]	37.8	25.0	37.6	58.0
Injectable gentamicin[2]	94.9	50.0	94.3	74.8
Ceftriaxone powder for injection	2.0	50.0	2.7	12.0
Amoxicillin suspension or dispersible pediatric dose tablet	13.2	50.0	13.6	25.7
All essential medicines for newborns	0.7	0.0	0.7	0.7
Priority medicines for mothers[5]				
Sodium chloride injectable solution	45.5	50.0	45.6	60.4
Injectable Calcium gluconate	22.5	0.0	22.2	22.0
Ampicillin powder for injection	9.9	25.0	10.1	9.9
Injectable metronidazole	26.2	50.0	26.5	30.3
Misoprostol capsules or tablets	17.2	25.0	17.3	29.7
Azithromycin capsules or tablets or oral liquid	15.5	50.0	16.0	18.9
Cefixime capsules or tablets	3.7	50.0	4.3	15.7
Injectable bethamethasone or dexamethasone	19.7	50.0	20.1	33.3
All priority medicines for mothers	0.3	0.0	0.3	3.0
Number of facilities offering normal vaginal delivery services	61	1	62	457

Note: Stand-alone HTCs 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: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Items for infection control				
Soap	58.5	75.0	58.7	71.9
Running water[1]	60.6	75.0	60.8	69.1
Soap and running water	50.7	75.0	51.1	65.0
Alcohol-based hand disinfectant	21.7	50.0	22.1	32.2
Soap and running water or else alcohol-based hand disinfectant	60.8	100.0	61.3	75.0
Latex gloves	85.8	100.0	85.9	92.5
Safety box	86.4	75.0	86.3	86.4
Needle destroyer	1.4	0.0	1.3	7.5
Waste receptacle[2]	12.2	25.0	12.4	12.8
Injection safety precaution guideline	5.3	0.0	5.2	7.1
All infection prevention items[3]	0.7	0.0	0.7	1.3
Number of facilities offering normal vaginal delivery services	61	1	62	457

Note: Stand-alone HTCs 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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Signal functions				
Parenteral antibiotics	27.6	100.0	28.6	40.7
Parenteral oxytocics	85.4	75.0	85.3	85.8
Parenteral anticonvulsant	4.9	50.0	5.5	10.0
Assisted vaginal delivery (AVD)	16.7	0.0	16.5	16.1
Manual removal of placenta	34.5	25.0	34.4	42.8
Removal of retained products of conception (MVA)	23.8	25.0	23.9	33.0
Neonatal resuscitation	43.5	50.0	43.5	36.8
BEmONC[1]	4.5	0.0	4.5	4.2
Number of facilities offering normal vaginal delivery services	61	1	62	457
Signal functions:				
Blood transfusion	29.2	25.0	28.6	32.7
Cesarean delivery	25.0	50.0	28.6	37.0
CEmONC[2]	8.3	0.0	7.1	11.5
Number of hospitals and PHCCs offering normal vaginal delivery services	5	1	6	106

Note: Stand-alone HTCs 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: Karnali Province

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	99.7	100.0	99.7	99.4
Growth monitoring	100.0	22.2	98.1	92.7
Child vaccination[1]	88.7	11.1	86.7	86.8
All three basic child health services	88.4	11.1	86.4	84.7
Child vaccination plus[2]	9.5	0.0	9.3	22.9
Child health services with all vaccinations[3]	9.5	0.0	9.3	22.2
Routine vitamin A supplementation	98.3	11.1	96.1	94.4
Number of facilities excluding Sukra Raj hospital[4]	72	2	74	940

Note: Stand-alone HTCs 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: Karnali Province

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	67.3	0.0	65.6	61.0
Trained staff				
IMCI/IMNCI[1]	29.6	22.2	29.5	21.9
Infant and young child feeding training[2]	25.1	11.1	24.7	14.7
Equipment				
Child weighing scale[3]	54.3	22.2	53.5	45.5
Infant weighing scale[4]	59.1	44.4	58.7	63.7
Length or height board	19.3	11.1	19.1	24.2
Tape for head circumference	24.8	22.2	24.7	29.2
Tape for MUAC	26.2	0.0	25.6	23.5
Thermometer	96.6	100.0	96.7	95.0
Stethoscope	98.3	100.0	98.3	98.4
Child health card (HMIS 2.1)	66.0	0.0	64.3	76.1
Timer	94.7	100.0	94.8	94.2
All items	0.0	0.0	0.0	0.0
Number of facilities offering outpatient curative care for sick children	72	2	74	934

Note: Stand-alone HTCs 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: Karnali Province

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	54.4	55.6	54.5	56.0
Running water[1]	56.2	55.6	56.2	48.0
Soap and running water	42.7	55.6	43.0	44.1
Alcohol-based hand disinfectant	21.9	44.4	22.4	27.1
Soap and running water or else alcohol-based hand disinfectant	47.9	66.7	48.3	54.0
Latex gloves	80.0	88.9	80.2	79.1
Safety box	81.0	55.6	80.3	80.8
Needle destroyer	2.9	0.0	2.8	3.3
Waste receptacle[2]	4.7	11.1	4.9	6.4
Injection safety precaution guideline	1.1	0.0	1.1	3.0
All infection prevention items[3]	0.6	0.0	0.6	0.3
Number of facilities offering outpatient curative care for sick children	72	2	74	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: Karnali Province

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]	6.8	88.9	8.9	15.1
Malaria[2]	12.3	88.9	14.3	21.8
Stool microscopy[3]	4.0	88.9	6.1	10.5
All three tests	3.2	66.7	4.7	8.8
Number of facilities offering outpatient curative care for sick children	72	2	74	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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Essential medicines				
ORS[1]	92.0	88.9	92.0	92.4
Zinc tablets	97.6	55.6	96.5	95.6
Amoxicillin syrup, suspension, or dispersible[1]	13.0	66.7	14.4	24.1
Co-trimoxazole syrup, suspension, or dispersible	37.3	33.3	37.2	49.1
Paracetamol syrup or suspension[1]	84.5	66.7	84.1	85.3
Vitamin A capsules[1]	83.2	11.1	81.4	89.7
Albendazole	95.3	66.7	94.6	96.7
Priority medicines				
Ampicillin powder for injection	8.3	22.2	8.7	6.2
Ceftriaxone powder for injection	1.7	66.7	3.4	8.3
Gentamycin injection	87.1	66.7	86.6	63.6
Number of facilities offering outpatient curative care for sick children	72	2	74	934

Note: Stand-alone HTCs 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: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Guidelines[1]	59.3	*	59.5	54.7
Trained staff [2]	12.9	*	12.9	20.7
Equipment				
Vaccine carrier with ice pack[3]	80.7	*	80.7	74.7
Safety box	79.9	*	80.0	88.1
Syringes and needles[4]	89.2	*	89.2	88.0
Needle destroyer	3.2	*	3.2	3.0
All items[5]	4.7	*	4.7	7.2
Number of facilities offering child vaccination services	64	0	64	816

Note: Stand-alone HTCs are excluded. An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed
[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: Karnali Province

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	4.5	*	4.8	9.8
Receive all vaccines from higher-level center and store for short time	64.1	*	63.9	71.2
Do not store any vaccines	31.4	*	31.3	19.0
Number of facilities offering child vaccination services	64	0	64	816

Note: Stand-alone HTCs are excluded. An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.

Table 44 Infection control for vaccination services: Karnali Province

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		
Facilities offering child vaccination services that have indicated items for infection control				
Soap	53.3	*	53.5	54.6
Running water[1]	54.1	*	54.3	46.6
Soap and running water	41.9	*	42.1	43.0
Alcohol-based hand disinfectant	24.6	*	24.8	25.9
Soap and running water or else alcohol-based hand disinfectant	48.1	*	48.3	52.1
Latex gloves	77.8	*	77.9	80.5
Safety box	79.9	*	80.0	88.1
Needle destroyer	3.2	*	3.2	3.0
Waste receptacle[2]	5.3	*	5.3	6.4
Injection safety precaution guideline	1.3	*	1.3	3.7
All infection prevention items[3]	0.6	*	0.6	0.7
Number of facilities offering child vaccination services	64	0	64	816

Note: Stand-alone HTCs are excluded. An asterisk indicates that a figure is based on less than 1 weighted case and has been suppressed.

[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: Karnali Province

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

	Managing authority			
Components of consultation	Public	Private and others	Provincial average	National average
Qualification of provider				
Consultation conducted by consultant/specialist or medical doctor general practitioner (MD-GP)	1.5	33.3	2.1	15.5
Consultation conducted by medical officer (MO)	7.5	41.7	8.1	15.7
Consultation conducted by nursing professional, including degree nurse or degree midwife	32.0	0.0	31.4	12.8
Consultation conducted by paramedic	59.0	25.0	58.4	55.6
History: assessment of general danger signs				
Inability to eat or drink anything	31.2	25.0	31.0	21.6
Vomiting everything	16.5	16.7	16.5	20.5
Convulsions	5.3	0.0	5.2	4.7
All general danger signs	2.6	0.0	2.5	2.0
History: assessment of main symptom				
Cough or difficulty breathing	50.1	41.7	49.9	56.0
Diarrhea	54.1	25.0	53.6	40.8
Fever	77.1	66.7	76.9	77.2
All three main symptoms[1]	27.7	16.7	27.5	24.8
Ear pain or discharge from ear	26.2	0.0	25.7	17.4
All 3 main symptoms plus ear pain/discharge	14.3	0.0	14.1	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	0.0	0.0	0.0	0.4
Physical examination				
Took child's temperature with thermometer[2]	68.8	58.3	68.6	56.2
Counted respiration (breaths) for 60 seconds	38.0	16.7	37.6	23.9
Checked skin turgor for dehydration	6.5	0.0	6.4	6.5
Checked for pallor by looking at palms	2.3	0.0	2.2	3.8
Checked for pallor by looking at conjunctiva	9.7	8.3	9.7	12.1
Looked into child's mouth	6.6	8.3	6.7	11.4
Checked for neck stiffness	0.8	0.0	0.8	1.0
Looked in child's ear	6.6	0.0	6.5	10.0
Felt behind child's ears for tenderness	2.1	0.0	2.0	5.8
Pressed both feet to check for edema	2.7	0.0	2.7	1.7
Checked for enlarged lymph nodes	1.2	8.3	1.4	3.0
Weighted the child	69.8	50.0	69.4	62.3
Plotted weight on growth chart	24.4	0.0	23.9	29.0
Essential advice to caretaker				
Give extra fluids to child	20.0	33.3	20.3	17.5
Continue feeding child	25.5	25.0	25.5	16.8
Symptoms requiring immediate return	2.3	25.0	2.8	7.0
Number of sick child observations	147	3	150	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: Karnali Province

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

	Managing authority			
Components of consultation	Public	Private and others	Provincial average	National average
IMCI assessment				
3 main symptoms[1]	27.7	16.7	27.5	24.8
3 general danger signs[2]	2.6	0.0	2.5	2.0
Current eating or drinking habits	19.2	50.0	19.8	16.3
Caretaker advised to continue feeding and to increase fluid intake	11.3	16.7	11.4	6.8
Physical exam				
Temperature	68.8	58.3	68.6	56.2
Respiratory rate	38.0	16.7	37.6	23.9
Dehydration	6.5	0.0	6.4	6.5
Anemia	11.8	8.3	11.7	14.4
Ear (looked in ear/felt behind ear)	7.1	0.0	6.9	12.8
Edema	2.7	0.0	2.7	1.7
Referred for any laboratory test	2.2	8.3	2.4	6.6
Number of children	147	3	150	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: Karnali Province

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

	Managing authority			
Client satisfaction	Public	Private and others	Provincial average	National average
Very satisfied	40.9	25.0	40.6	40.1
Satisfied	33.6	25.0	33.4	42.5
Neutral	22.7	50.0	23.2	14.4
Dissatisfied	2.9	0.0	2.9	3.1
Number of clients	147	3	150	2,186

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

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
STI services[1]	62.3	100.0	63.3	73.8
Number of facilities	72	2	74	963
Guidelines, trained staff, and diagnostic capacity				
National STI guidelines	15.0	10.0	14.8	8.1
Trained staff[2]	5.0	20.0	5.6	8.4
Syphilis rapid diagnostic test capacity[3]	7.3	90.0	11.0	15.9
Medicines and commodities				
Male condoms	94.7	80.0	94.1	96.2
Metronidazole	89.9	70.0	89.1	95.5
Injectable ceftriaxone	2.8	70.0	5.7	10.9
Azithromycin tablets	21.0	70.0	23.2	19.2
Cefixine tablets	5.0	70.0	7.8	15.8
Doxycycline tablets	22.0	60.0	23.7	35.0
Fluconazole tablets or ointment	5.9	70.0	8.7	15.6
Number of facilities offering STI services	45	2	47	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/AIDS services: Karnali Province

Among all facilities, the percentages that report having an HIV testing system and percentages offering HIV/AIDS care and support services; and among hospitals and PHCCs, the percentages offering antiretroviral therapy (ART) services, by managing authority, Nepal Health Facility Survey 2015

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
HIV testing system[1]	2.6	20.0	3.1	5.9
HIV/AIDS care and support services[2]	1.7	40.0	2.8	4.7
Number of facilities	72	2	74	963
ART services[3]	8.3	11.1	9.1	11.5
Number of PHCCs and hospitals	5	2	7	134

[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 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.

[3] 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 49 Guidelines, trained staff, and equipment for diabetes services: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Services for diabetes[1]	19.3	100.0	21.3	21.1
Number of facilities	72	2	74	940
Guidelines and trained staff				
Guidelines for the diagnosis and management of diabetes	5.9	0.0	5.2	4.1
Trained staff[2]	1.5	11.1	2.6	1.9
Equipment				
Blood pressure apparatus[3]	89.9	100.0	91.1	94.2
Adult weighing scale	98.5	100.0	98.7	87.7
Height board or stadiometer	23.5	11.1	22.0	29.8
Number of facilities offering services for diabetes	14	2	16	198

Note: Stand-alone HTCs 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 50 Diagnostic capacity and essential medicines for diabetes: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Diagnostic capacity				
Blood glucose[1]	4.4	22.2	6.5	11.9
Urine protein[2]	20.8	88.9	28.8	53.9
Urine glucose[3]	20.8	88.9	28.8	55.2
Medicines				
Metformin	8.9	55.6	14.4	34.3
Glibenclamide	1.5	11.1	2.6	14.3
Injectable insulin	4.4	11.1	5.2	19.9
Injectable glucose solution (5% dextrose)	63.8	55.6	62.9	54.5
Number of facilities offering services for diabetes	14	2	16	198

Note: Stand-alone HTCs 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 51 Guidelines, trained staff, and equipment for cardiovascular diseases: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Services for cardiovascular diseases[1]	63.2	88.9	63.8	73.1
Number of facilities	72	2	74	940
Guidelines and trained staff				
Guidelines for diagnosis and management of cardiovascular diseases	1.4	0.0	1.3	1.4
Trained staff[2]	0.0	0.0	0.0	1.3
Equipment				
Stethoscope	97.3	100.0	97.4	97.8
Blood pressure apparatus[3]	94.2	100.0	94.4	93.5
Adult scale	91.6	100.0	91.9	87.6
Number of facilities offering services for cardiovascular diseases	46	2	47	687

Note: Stand-alone HTCs 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 52 Availability of essential medicines and commodities for cardiovascular diseases: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Medicines and commodities				
Thiazide diuretic	0.5	25.0	1.3	4.4
Beta blockers (atenolol)	7.3	37.5	8.3	18.0
Calcium channel blockers (amiodipine)	3.6	62.5	5.7	11.2
Aspirin	2.3	37.5	3.5	9.9
Oxygen[1]	2.7	87.5	5.7	9.3
Number of facilities offering services for cardiovascular diseases	46	2	47	687

Note: Stand-alone HTCs are excluded.
[1] In cylinders or concentrators or an oxygen distribution system.

Table 53 Guidelines, trained staff, and equipment for chronic respiratory diseases: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Services for chronic respiratory diseases[1]	79.7	100.0	80.2	94.1
Number of facilities	72	2	74	940
Guidelines and trained staff				
Guidelines for diagnosis and management of chronic respiratory diseases	6.7	0.0	6.5	4.6
Trained staff[2]	4.4	0.0	4.3	9.0
Equipment				
Stethoscope	97.8	100.0	97.9	97.7
Oxygen flow meter	1.8	66.7	3.8	6.0
Spacers for inhalers	3.2	22.2	3.8	3.8
Number of facilities offering services for chronic respiratory diseases	58	2	59	885

Note: Stand-alone HTCs 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 54 Availability of essential medicines and commodities for chronic respiratory diseases: Karnali Province

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

	Managing authority			
Indicators	Public	Private and others	Provincial average	National average
Medicines and commodities				
Salbutamol inhaler	48.4	66.7	49.0	78.8
Beclomethasone inhaler	0.7	11.1	1.0	5.3
Prednisolone tablets	1.8	55.6	3.5	8.0
Hydrocortisone tablets	5.7	55.6	7.2	11.6
Injectable epinephrine or adrenaline	1.8	22.2	2.4	9.2
Oxygen[1]	2.1	77.8	4.5	7.2
Number of facilities offering services for chronic respiratory diseases	58	2	59	885

Note: Stand-alone HTCs are excluded.
[1] In cylinders or concentrators or an oxygen distribution system.

Table 55 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services: Karnali Province

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]	44.6	55.6	44.9	44.0
Any TB diagnostic services[2]	10.6	100.0	12.9	34.3
Any TB treatment and/or treatment follow-up services[3]	87.3	44.4	86.2	85.8
Any TB diagnostic and treatment and/or treatment follow-up services	10.6	44.4	11.5	30.2
Any TB diagnostic or treatment and/or treatment follow-up services	90.6	100.0	90.8	93.7
Number of facilities	72	2	74	940
Guidelines and trained staff				
Guidelines on diagnosis and treatment of TB[4]	25.3	11.1	24.9	34.6
PAL guidelines	2.5	0.0	2.4	3.6
Guidelines on management of HIV and TB co-infection	2.2	0.0	2.2	4.7
Trained staff[5]	13.0	0.0	12.6	17.0
Number of facilities offering tuberculosis diagnostic or treatment and/or treatment follow-up services	65	2	67	882

Note: Stand-alone HTCs 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 56 Diagnostic capacity and availability of medicines for tuberculosis treatment: Karnali Province

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]	6.3	55.6	7.6	9.9
Culture medium[2]	0.0	11.1	0.3	0.5
TB rapid diagnostic test kits	0.0	0.0	0.0	0.2
TB X-ray	2.5	77.8	4.6	9.6
HIV diagnostic capacity				
HIV diagnostic capacity[3]	2.8	0.0	2.8	3.5
System for diagnosing HIV among TB clients[4]	1.9	11.1	2.1	5.2
Medicines for treating TB				
First-line treatment for TB[5]	74.1	11.1	72.4	77.2
Injectable streptomycin	25.6	11.1	25.2	29.3
Number of facilities offering tuberculosis diagnostic or treatment and/or follow-up services	65	2	67	882

Note: Stand-alone HTCs 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 57 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Malaria diagnosis and/or treatment services[1]	28.4	100.0	30.2	51.2
Number of facilities	72	2	74	940
Guidelines				
National treatment wallchart for malaria or national clinical protocol for malaria	14.8	0.0	13.5	19.6
Trained staff				
Staff trained in malaria diagnosis[2]	26.4	11.1	25.1	22.8
Staff trained in malaria treatment[3]	15.8	11.1	15.4	17.6
Diagnostics				
Malaria RDT[4]	40.3	88.9	44.4	40.1
Malaria microscopy[5]	10.1	66.7	14.8	16.3
Any malaria diagnostics[6]	44.4	88.9	48.1	43.1
Number of facilities offering malaria diagnosis and/or treatment services	20	2	22	481

Note: Stand-alone HTCs 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 58 Availability of malaria medicines and commodities: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Antimalarial medicines				
ACT (Coartem)	0.0	0.0	0.0	1.8
Quinine tablets	6.9	0.0	6.3	7.8
Chloroquine tablets	48.0	44.4	47.7	57.0
Primaquine tablets	28.5	0.0	26.2	32.5
Any first-line medicine[1]	48.0	44.4	47.7	59.9
Other oral antimalarial tablets	6.9	0.0	6.3	2.2
Quinine injection	1.0	0.0	0.9	1.5
Artesunate injection	0.0	0.0	0.0	0.6
Other medicines and commodities				
Sulfadoxine+pyrimethamine (SP)[2]	0.0	0.0	0.0	1.5
Paracetamol tablets/injection	100.0	66.7	97.2	95.5
Paracetamol syrup or dispersible pediatric-dozed tablets	74.6	66.7	73.9	85.2
LLIN[3]	2.0	0.0	1.8	10.8
Number of facilities offering malaria diagnosis and/or treatment services	20	2	22	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 59 Malaria testing capacity in facilities offering curative care for sick children: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Malaria diagnostics				
Malaria RDT[1]	11.2	88.9	13.1	20.3
Microscopy[2]	2.6	66.7	4.2	8.2
Either RDT or microscopy	12.3	88.9	14.3	21.8
Staff trained in:				
RDT[3]	9.1	0.0	8.9	12.4
Microscopy[4]	14.4	11.1	14.3	13.2
Either RDT or microscopy	14.4	11.1	14.3	16.1
Diagnostics				
Malaria RDT protocol[5]	4.5	22.2	4.9	7.4
Diagnostic capacity[6]	2.2	0.0	2.2	2.5
Number of facilities offering curative care for sick children	72	2	74	934

Note: Stand-alone HTCs 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 60 Malaria treatment in facilities offering curative care for sick children: Karnali Province

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: Public	Managing authority: Private and others	Provincial average	National average
Guidelines and trained staff				
Malaria treatment guidelines	3.9	0.0	3.8	8.3
First-line treatment medicine[1]	13.7	44.4	14.4	31.3
Trained staffl[2]	14.9	11.1	14.9	16.7
Malaria service readiness index[3]	2.0	0.0	1.9	0.9
Number of facilities offering curative care for sick children	72	2	74	934

Note: Stand-alone HTCs 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.

2016 Nepal Demographic and Health Survey (NDHS): Karnali Province

Tables 61-79

Table 61 Characteristics of households: Karnali Province

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]	84.2	92.7	98.0	86.3	94.6
Obtain drinking water within less than 30 minutes (round trip)	45.9	24.6	16.7	41.1	26.0
Treat water with an appropriate method[2]	9.0	26.5	55.4	15.4	23.1
Sanitation					
Access to improved sanitation	77.5	70.5	53.5	74.4	61.7
Electricity					
Access to electricity	60.5	95.2	100.0	67.5	90.5
Household possessions					
Radio	29.6	39.2	33.0	30.7	29.3
Television	5.3	49.2	73.8	16.1	51.6
Mobile phone	86.2	98.1	98.8	88.5	92.8
Non-mobile telephone	0.5	7.6	17.6	2.9	7.1
Computer	0.9	8.9	27.8	4.4	12.7
Refrigerator	0.1	3.9	25.9	3.2	15.5
Table	14.9	80.0	93.2	28.5	57.1
Chair	15.4	65.9	86.2	27.1	56.3
Bed	81.9	100.0	99.7	85.2	94.5
Sofa	0.6	6.5	23.9	3.6	16.2
Cupboard	18.6	54.4	71.9	27.2	49.4
Clock	10.5	28.1	49.1	16.0	39.2
Fan	1.1	22.5	48.7	7.9	47.4
Invertor	1.2	4.6	8.5	2.3	11.0
Dhiki/Janto	41.7	22.7	16.9	37.5	34.1
Distance to the nearest government health facility					
<30 min	19.0	36.4	49.3	23.6	49.3
30-60 min	47.3	54.9	46.6	47.9	38.8
60+ min	33.6	8.8	4.1	28.5	11.3
Number of migrants in the household					
0	57.8	67.6	61.6	59.0	53.5
1	25.4	21.9	25.6	25.2	26.8
2	9.9	9.0	8.4	9.7	11.5
3+	6.8	1.5	4.4	6.2	8.1
Number of households	503	49	67	619	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 62 Characteristics of interviewed women: Karnali Province

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	46.9	25.2	16.1	44.1	37.9	41.9	33.3
Primary	12.5	17.4	10.8	10.6	16.7	12.7	16.7
Some secondary	25.9	25.4	24.9	23.0	30.8	25.8	25.6
SLC and above	14.7	31.9	48.2	22.4	14.6	19.6	24.4
Occupation							
Professional/technical/managerial	1.8	4.8	12.6	3.6	2.4	3.2	3.8
Clerical	0.2	0.0	0.7	0.3	0.0	0.2	1.3
Sales and services	3.4	11.8	25.0	6.3	6.3	6.3	8.8
Skilled manual	1.0	4.5	2.9	1.0	2.4	1.5	3.8
Unskilled manual	1.6	4.9	1.7	0.6	4.2	1.9	2.3
Agriculture	66.8	44.1	19.4	60.0	59.9	60.0	46.7
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Unemployed	25.3	29.8	37.8	28.1	24.9	26.9	33.1
Exposure to mass media and internet							
Reads a newspaper at least once a week	0.6	3.2	16.7	2.9	1.7	2.5	8.7
Watches television at least once a week	5.3	44.6	69.5	14.2	17.0	15.2	50.3
Listens to the radio at least once a week	31.4	41.0	40.6	35.4	29.1	33.1	27.7
Accesses all three media at least once a week	0.2	0.3	6.3	1.1	0.3	0.9	3.2
Accesses none of the three media at least once a week	66.6	31.8	16.3	58.4	58.6	58.5	37.2
Used internet in the past 12 months	3.0	17.5	31.3	7.5	6.6	7.2	23.1
Exposure to family planning messages through media							
Exposure to family planning messages through media[1]	63.8	82.8	92.1	68.1	68.8	68.3	65.4
Tobacco use (any type)							
Tobacco use (any type)[2]	17.0	7.3	4.3	14.1	16.3	14.9	5.8
Number of women	589	61	75	465	259	724	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 months

[2] Includes daily and occasional (less than daily) use. Types include manufactured cigarettes, hand-rolled cigarettes, pipes, cigars, sulpha, chilam, and water pipes.

Table 63 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

	Household wealth			Population group		
Indicators by Province	Poor	Middle	Wealthy	Advantaged	Disadvantaged	Total
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 64 Birth intervals, teenage childbearing, and spousal separation: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Birth intervals by months since preceding birth[1]							
7-17	8.0	(7.1)	4.9	7.4	8.8	7.8	8.8
18-23	17.2	(10.4)	1.6	16.9	13.8	16.0	12.6
24-35	33.1	(17.7)	16.6	33.2	27.3	31.4	26.7
36-47	19.6	(12.5)	27.7	18.0	23.9	19.8	19.6
48-59	11.4	(30.4)	17.4	13.1	11.6	12.6	12.0
60+	10.6	(21.8)	31.8	11.4	14.6	12.4	20.3
Total	100.0	(100.0)	100.0	100.0	100.0	100.0	100.0
Number of non-first births	201	10	13	157	68	225	3,058
Teenage childbearing							
Women age 15-19 who have had a live birth	12.4	(8.9)	(12.2)	7.4	19.6	12.1	12.9
Women age 15-19 who are pregnant with first child	6.7	(8.9)	(3.3)	5.3	8.9	6.7	3.8
Women age 15-19 who have begun childbearing	19.1	(17.8)	(15.5)	12.7	28.5	18.8	16.7
Number of women age 15-19	140	13	10	101	62	163	2,598
Spousal separation (currently married women)							
Percentage whose husband live away	34.4	29.9	31.6	29.1	41.9	33.8	34.0
Number of currently married woman age 15-49	478	47	61	371	215	586	9,875
Duration away from home							
<7 months	61.2	(51.9)	63.4	60.7	60.8	60.7	39.4
7-11 months	12.1	(12.2)	8.7	13.1	10.2	11.8	11.3
12+ months	26.7	(35.9)	27.9	26.2	29.0	27.5	49.3
Total	100.0	(100.0)	100.0	100.0	100.0	100.0	100.0
Number of women whose husband live away	165	14	19	108	90	198	3,353

Note: Figures in parentheses are based on 25-49 unweighted cases
[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 65 Contraceptive use and need and demand for family planning among currently married women: Karnali Province

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 method[1]	43.3	52.8	47.1	45.1	43.4	44.5	42.8
Modern method[1]							
Female sterilization	2.5	10.5	11.8	2.0	7.6	4.1	14.7
Male sterilization	13.4	16.9	10.7	15.4	10.0	13.4	5.5
Pill	5.2	4.2	4.7	5.3	4.7	5.0	4.6
IUD	1.0	0.4	3.4	1.5	0.8	1.2	1.4
Injectables	13.5	12.2	8.7	12.8	13.0	12.9	8.9
Implants	4.4	4.1	2.7	3.8	4.8	4.2	3.3
Male condom	3.4	4.4	4.4	4.2	2.4	3.6	4.2
Other[2]	0.0	0.0	0.7	0.1	0.0	0.1	0.1
Unmet need for family planning[3]							
For spacing	10.2	11.1	5.6	9.2	10.9	9.8	8.1
For limiting	16.1	10.8	18.4	13.1	20.8	15.9	15.6
Total	26.3	22.0	24.0	22.3	31.7	25.7	23.7
Met need for family planning (currently using)[3]							
For spacing	5.3	6.7	11.7	7.5	3.5	6.1	6.9
For limiting	44.2	51.7	46.6	45.3	44.7	45.1	45.7
Total	49.5	58.5	58.4	52.8	48.2	51.1	52.6
Total demand for family planning[3,4]							
For spacing	15.5	17.8	17.4	16.7	14.4	15.9	15.1
For limiting	60.3	62.6	65.1	58.3	65.5	61.0	61.3
Total	75.8	80.4	82.4	75.0	79.9	76.8	76.3
Demand satisfied by modern methods[5]	57.2	65.7	57.1	60.1	54.4	57.9	56.0
Number of women	478	47	61	371	215	586	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 66 Antenatal care: Karnali Province

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 visit							
Percentage of women who had any ANC visit	83.1	98.9	96.8	83.9	88.0	85.3	94.1
Percentage of women who had 4 or more ANC visits	46.6	74.6	90.1	49.0	58.4	52.2	69.4
Number of women	217	16	23	168	87	255	3,998
Provider of ANC[1]							
Doctor	12.1	46.2	53.0	18.4	16.8	17.9	43.0
Nurse/auxiliary nurse midwife	57.8	42.8	38.5	53.1	59.1	55.1	40.6
Health assistant/AHW	9.5	9.9	5.3	8.0	11.2	9.1	8.6
MCH worker	1.4	0.0	0.0	1.4	0.9	1.2	0.8
Female community health volunteer	1.8	0.0	0.0	2.3	0.0	1.5	0.9
Other	0.6	0.0	0.0	0.8	0.0	0.5	0.2
Received ANC from a skilled provider[2]	69.9	89.0	91.5	71.5	75.9	73.0	83.6
Number of women	217	16	23	168	87	255	3,998
Place of antenatal care							
Government hospital	17.2	52.1	50.0	20.8	25.2	22.3	33.3
Government primary health care center	3.3	3.5	1.9	3.5	2.5	3.1	6.4
Government health post/sub health post	60.0	39.0	41.9	57.8	55.7	57.1	45.9
Other public	6.2	3.5	1.9	5.6	5.6	5.6	5.3
Private hospital/nursing home	0.4	9.9	13.0	2.1	2.0	2.1	13.5
Other private (including NGO facilities)	1.9	11.5	10.0	3.7	2.4	3.2	11.1
Home	8.5	0.0	3.5	6.5	9.5	7.5	2.5
Number of women who had a live birth in the 5 years preceding the survey	217	16	23	168	87	255	3,998
ANC during recommended months of pregnancy							
In the 4th month	63.8	66.5	91.3	65.1	69.9	66.8	76.3
In the 4th and 6th months	58.4	61.6	89.4	61.2	62.7	61.8	71.3
In the 4th, 6th, and 8th months	52.3	60.2	89.4	56.2	57.3	56.6	65.8
During all specified months[3]	42.4	55.7	81.8	46.0	49.7	47.3	58.8
Number of women with ANC for their most recent birth	180	15	22	141	77	218	3,762
ANC components							
Blood pressure measured	79.7	91.4	98.0	80.1	86.4	82.4	91.3
Urine sample taken	60.9	73.2	96.4	62.7	70.3	65.4	76.1
Blood sample taken	34.9	55.9	84.9	40.3	43.6	41.5	66.3
Number of women with ANC for their most recent birth	180	15	22	141	77	218	3,762
Counselling received during ANC about the following:							
Using a skilled birth attendant during delivery	83.5	77.9	94.1	84.7	83.2	84.2	74.4
Having an institutional delivery	91.2	87.8	96.7	90.9	92.5	91.5	80.6
Looking out for danger signs during pregnancy	86.0	86.5	92.6	84.0	91.7	86.7	78.6
Where to go for danger signs	85.8	85.4	90.1	83.9	90.5	86.2	79.2
Importance of getting postnatal check	72.7	73.1	78.3	71.5	76.7	73.3	59.1
Number of women with ANC for their most recent birth	180	15	22	141	77	218	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 67 Delivery Care: Karnali Province

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	25.5	74.0	74.1	28.0	40.6	32.1	43.1
Private sector	1.2	8.5	10.7	1.7	3.6	2.3	10.2
Non-government sector	0.0	0.0	0.7	0.0	0.2	0.1	0.6
Outside Nepal	1.3	0.0	0.0	0.7	2.0	1.1	3.4
Home	70.3	17.6	14.4	67.7	52.8	62.8	41.4
Others	1.8	0.0	0.0	1.9	0.8	1.5	1.2
Percentage delivery in a health facility	28.0	82.4	85.6	30.4	46.4	35.6	57.4
Assistance during delivery[1]							
Doctor	8.3	31.9	50.8	13.2	12.6	13.0	31.4
Nurse/auxiliary nurse midwife	19.6	51.6	31.5	18.0	31.4	22.4	26.7
Health assistant/AHW	3.8	2.7	1.3	2.4	5.8	3.5	3.9
MCH worker	1.7	1.8	2.0	2.3	0.5	1.7	0.3
Female community health volunteer	8.0	0.0	9.1	10.6	1.7	7.7	2.9
Traditional birth attendant	0.8	0.0	0.0	1.0	0.0	0.7	5.3
Relative/other	46.7	10.1	5.3	40.5	43.2	41.4	19.6
No one	11.1	1.8	0.0	12.1	4.7	9.6	10.0
Percentage delivered by a skilled provider[2]	27.9	83.5	82.3	31.1	44.0	35.3	58.0
Type of delivery[3]							
Vaginal delivery	98.8	97.0	87.2	97.3	98.9	97.8	91.0
C-section	1.2	3.0	12.8	2.7	1.1	2.2	9.0
Number of live births in the 5 years preceding the survey	292	19	27	228	110	338	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 68 Postnatal care: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Timing of first postnatal checkup for the mother[1]							
Within 24 hours	30.9	*	(78.8)	35.7	39.8	37.2	54.5
Within 2 days	32.2	*	(81.1)	36.7	41.7	38.5	56.7
Place of first postnatal checkup for the mother							
Government sector	23.9	*	(65.5)	26.5	36.4	30.1	39.4
Private sector	1.3	*	(13.3)	2.0	2.5	2.2	10.0
Non-government sector	0.0	*	(0.0)	0.0	0.0	0.0	1.0
Outside Nepal	0.5	*	(0.0)	0.7	0.0	0.4	2.3
Home	6.4	*	(2.4)	7.5	2.7	5.8	4.0
Timing of first postnatal checkup for the newborn[2]							
less than 1 hour	11.8	*	(14.1)	12.2	11.4	11.9	20.5
1-3 hours	17.6	*	(47.5)	18.6	28.2	22.1	26.4
4-23 hours	2.7	*	(15.4)	4.1	4.3	4.2	6.9
1-2 days	2.7	*	(4.0)	2.7	2.4	2.6	3.0
3-6 days	2.1	*	(4.5)	2.6	1.7	2.3	2.0
No postnatal check[3]	63.2	*	(14.5)	59.8	51.9	57.0	40.4
Within the first 2 days[2]	34.8	*	(81.0)	37.5	46.3	40.7	56.8
Place of first postnatal checkup for the newborn							
Government sector	26.4	*	(67.7)	27.6	41.1	32.5	40.6
Non-government sector	0.0	*	(0.0)	0.0	0.0	0.0	0.9
Private sector	1.1	*	(13.3)	1.7	2.5	2.0	9.8
Outside Nepal	1.0	*	(0.0)	1.4	0.0	0.9	1.4
Home	6.2	*	(0.0)	6.9	2.7	5.4	4.1
Essential newborn care practices							
Put immediately after birth on the bare skin of the mother's chest/belly	55.1	*	(87.1)	57.3	61.5	58.8	62.6
Dried before placenta was delivered	89.7	*	(90.9)	90.8	89.7	90.4	86.7
Wrapped in cloth before the placenta was delivered	93.2	*	(93.8)	91.8	97.0	93.7	88.1
Bathed within 24 hours	45.2	*	(30.9)	44.8	39.3	42.8	28.8
Number of live births in the 2 years preceding the survey	104	7	10	77	44	121	1,978

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] 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 69 Problems in accessing health care: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Problems in accessing health care							
Getting permission to go for treatment	37.2	18.4	10.3	33.0	32.6	32.8	23.5
Getting money for treatment	64.0	48.2	29.2	60.8	56.1	59.1	54.9
Distance to health facility	80.5	45.4	27.5	73.8	69.0	72.1	53.0
Not wanting to go alone	82.8	68.5	52.1	78.6	78.2	78.5	67.8
No female health service provider	70.3	57.1	45.3	67.6	64.9	66.6	66.9
At least one problem accessing health care	94.6	84.7	72.8	92.4	89.9	91.5	83.2
Number of women	589	61	75	465	259	724	12,862

Table 70 Vaccinations: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
BCG	97.1	*	*	100.0	94.4	97.5	97.5
DPT-HepB-Hib							
1	97.1	*	*	100.0	94.4	97.5	96.6
2	92.4	*	*	92.7	93.7	93.2	93.8
3	82.5	*	*	80.4	87.1	83.3	85.9
Polio							
1	97.1	*	*	100.0	94.4	97.5	97.7
2	90.1	*	*	91.0	92.1	91.5	95.3
3	80.5	*	*	78.3	88.1	82.6	88.0
IPV-IM	58.9	*	*	57.4	62.9	59.8	69.7
Pneumococcal							
1	64.5	*	*	64.4	68.8	66.3	72.8
2	55.9	*	*	52.1	62.8	56.8	58.7
3	43.4	*	*	40.0	50.3	44.5	45.5
Measles/rubella (MR)	92.9	*	*	92.5	95.7	93.9	90.4
All basic vaccinations[1]	73.4	*	*	69.3	82.0	74.9	77.8
All age appropriate vaccinations[2]	38.9	*	*	32.9	48.4	39.7	42.6
No vaccinations	1.8	*	*	0.0	3.5	1.5	0.8
Number of children	54	5	4	36	27	63	1,034

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
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 71 Prevalence of childhood illnesses: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Percentage with symptoms of ARI[1]	3.8	2.2	0.0	3.8	2.5	3.4	2.4
Percentage with fever	13.9	21.8	28.2	16.5	13.5	15.5	21.2
Percentage with diarrhea	5.7	4.1	10.2	6.1	5.9	6.0	7.6
Number of children	277	18	27	216	106	322	4,887

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

Table 72 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 73 Knowledge of HIV prevention methods and coverage of prior HIV testing among Women: Karnali Province

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]	76.1	91.1	92.3	77.6	81.6	79.0	72.1
Limiting sexual intercourse to one uninfected partner[2]	84.2	97.1	95.2	83.5	91.6	86.4	76.6
Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	73.8	90.0	89.6	75.3	79.6	76.8	69.7
Percentage who know where to get an HIV test							
Percentage who know where to get an HIV test	29.6	55.2	65.1	34.8	36.5	35.4	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	6.1	12.3	23.2	8.5	8.3	8.4	10.3
Ever tested, did not receive results	0.0	0.0	0.2	0.1	0.0	0.1	0.5
Never tested[3]	93.8	87.7	76.5	91.4	91.7	91.5	89.2
Percentage ever tested							
Percentage ever tested	6.2	12.3	23.5	8.6	8.3	8.5	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	2.1	5.3	6.9	3.0	2.7	2.9	4.3
Number of women	589	61	75	465	259	724	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 74 Knowledge of HIV prevention methods and coverage of prior HIV testing among Men: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Percentage who say HIV can be prevented by:							
Using condoms[1]	90.1	88	97.6	91.4	89.6	90.8	92.0
Limiting sexual intercourse to one uninfected partner[2]	86.6	94.8	94.9	87.2	91.2	88.5	92.7
Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	82.8	85.4	94.1	84.1	85.5	84.5	88.5
Percentage who know where to get an HIV test							
Percentage who know where to get an HIV test	66.3	79.6	78.2	68.7	70.0	69.1	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	9.0	27.0	30.0	12.6	15.2	13.4	19.8
Ever tested, did not receive results	0.7	0.0	0.7	0.3	1.4	0.6	0.7
Never tested[3]	90.3	73.0	69.3	87.1	83.4	85.9	79.5
Percentage ever tested							
Percentage ever tested	9.7	27.0	30.7	12.9	16.6	14.1	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	2.9	10.5	16.7	5.5	5.2	5.4	8.1
Number of men	157	20	26	138	65	203	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 75 Blood pressure status among Women and Men: All Provinces

Prevalence of hypertension[1] 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 76 Nutritional status of children and infant and young child feeding (IYCF) practices: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Height-for-age[1]							
Percentage below -3 SD	27.4	(6.8)	14.3	28.4	19.8	24.9	12.0
Percentage below -2 SD[2]	58.5	(32.7)	32.1	58.6	47.1	54.5	35.8
Mean Z-score (SD)	-2.2	(-1.5)	-1.5	-2.2	-1.9	-2.1	-1.5
Number of children	132	9	15	99	51	156	2,421
Weight-for-height							
Percentage below -3 SD	2.5	(0.0)	0.0	3.4	0.0	2.2	1.8
Percentage below -2 SD[2]	7.9	(5.9)	5.5	9.2	4.9	7.5	9.7
Percentage above +2 SD	1.4	(0.0)	2.6	1.2	2.2	1.5	1.2
Mean Z-score (SD)	-0.5	(-0.5)	-0.5	-0.6	-0.4	-0.5	-0.6
Number of children	132	9	15	100	50	156	2,417
Weight-for-age							
Percentage below -3 SD	11.2	(5.6)	10.4	12.2	9.2	10.8	5.4
Percentage below -2 SD[2]	38.0	(18.3)	25.2	41.9	24.8	35.6	27.0
Percentage above +2 SD	0.0	(0.0)	2.6	0.0	0.8	0.2	0.3
Mean Z-score (SD)	-1.7	(-1.2)	-1.2	-1.8	-1.4	-1.6	-1.3
Number of children	132	10	15	101	51	157	2,428
Among all children 6-23 months, percentage fed:							
Breastmilk, milk, or milk products[3]	99.7	*	100.0	99.6	99.5	99.5	98.5
Minimum dietary diversity[4]	50.5	*	71.9	53.7	53.3	53.6	46.5
Minimum meal frequency[5]	70.0	*	64.3	75.0	64.8	70.9	71.4
Minimum acceptable diet[6]	39.1	*	39.6	45.3	32.9	40.3	35.8
Number of all children 6-23 months	72	6	8	51	35	86	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. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[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 77 Prevalence of anemia in children and women: Karnali Province

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 level[1]							
Any anemia (<11.0 g/dl)	49.6	(47.3)	39.0	48.1	45.9	48.4	52.7
Mild anemia (10.0-10.9 g/dl)	22.1	(25.6)	18.6	21.6	22.2	22.0	26.2
Moderate anemia (7.0-9.9 g/dl)	26.0	(21.7)	20.4	24.6	23.7	25.2	26.0
Severe anemia (< 7.0 g/dl)	1.4	(0.0)	0.0	1.9	0.0	1.2	0.5
Number of children age 6-59 months	116	8	14	88	45	138	2,165
Anemia status among women age 15-49 by hemoglobin level[2]							
Any (NP <12.0 g/dl / P <11.0 g/dl)	36.0	27.8	32.5	36.2	32.5	34.9	40.8
Mild (NP 10.0-11.9 g/dl / P 10.0-10.9 g/dl)	30.5	25.4	25.3	30.9	26.8	29.4	33.5
Moderate (NP 7.0-9.9 g/dl / P 7.0-9.9 g/dl)	5.4	2.4	7.2	5.1	5.8	5.3	7.0
Severe (NP < 7.0 g/dl / P < 7.0 g/dl)	0.2	0.0	0.0	0.2	0.0	0.2	0.3
Number of women	295	33	42	241	128	369	6,414

Note: Figures in parentheses are based on 25-49 unweighted cases.
[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 78 Adult nutritional status: Karnali Province

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 Women[1]							
Overweight or obese	5.5	16.9	38.8	7.3	15.9	10.3	22.2
Overweight (25.0-29.9)	5.0	12.6	32.6	6.3	13.5	8.8	17.1
Obese (>=30.0)	0.5	4.3	6.2	1.0	2.5	1.5	5.1
Number of women	278	31	40	228	120	348	6,069
Body Mass Index in Adult Men							
Overweight or obese	2.1	1.7	28.9	5.0	6.5	5.5	17.1
Overweight (25.0-29.9)	2.0	1.7	22.1	3.9	5.9	4.5	14.6
Obese (>=30.0)	0.1	0.0	6.8	1.1	0.6	0.9	2.5
Number of men	156	20	26	138	65	202	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 79 Physical violence, sexual violence, spousal violence, and help seeking behavior: Karnali Province

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

	Household wealth			Population group		Provincial	National
Indicators	Poor	Middle	Wealthy	Advantaged	Disadvantaged	average	average
Percentage who have experienced physical violence since age 15[1]	14.7	13.8	17.8	15.1	14.9	15.0	21.8
Percentage who have experienced physical violence in the past 12 months							
Often	1.7	2.7	2.9	2.2	1.6	2.0	1.3
Sometimes	4.8	3.7	7.4	5.3	4.6	5.0	7.8
Often or sometimes[2]	6.6	6.3	10.3	7.4	6.1	7.0	9.1
Percentage who have experienced sexual violence:							
Ever[3]	7.6	6.4	8.9	8.1	6.8	7.7	6.9
In the past 12 months	5.6	4.5	4.8	5.8	4.7	5.4	3.3
Number of women	207	23	29	169	90	259	4,444
Percentage of ever-married women who have ever experienced spousal violence[4]							
Emotional violence	8.7	13.1	10.0	7.2	12.9	9.2	12.3
Physical violence	14.3	15.3	19.5	14.8	15.1	14.9	22.8
Sexual violence	7.2	7.2	9.2	7.4	7.4	7.4	7.0
Physical and sexual	4.4	5.6	5.4	4.5	4.8	4.6	5.6
Physical and sexual and emotional	3.1	5.6	4.6	3.5	3.4	3.5	3.9
Physical or sexual	17.0	16.9	23.3	17.7	17.7	17.7	24.3
Physical or sexual or emotional	18.3	21.3	23.3	18.6	19.9	19.1	26.3
Number of ever-married women	179	18	25	143	79	222	3,562
Help seeking to stop violence							
Sought help to stop violence	29.8	*	(20.9)	29.5	29.2	29.4	22.2
Never sought help but told someone	9.3	*	(16.5)	10.8	12.1	11.2	11.5
Never sought help, never told anyone	61.0	*	(62.6)	59.7	58.7	59.4	66.4
Number of women who have ever experienced any physical or sexual violence	35	3	6	29	16	45	1,039

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] 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.