



Madhesh Province

Key Findings from the
2021 Nepal Health Facility Survey &
2022 Nepal Demographic and Health Survey





This report summarizes the key findings from two surveys: the 2021 Nepal Health Facility Survey (NHFS) and 2022 Nepal Demographic and Health Survey (NDHS). The 2021 NHFS received funding from the United States Agency for International Development (USAID), the UK's Foreign, Commonwealth & Development Office (FCDO), and the United Nations Population Fund (UNFPA). New ERA, a national research firm, implemented the survey. The 2022 NDHS was implemented by New ERA under the aegis of the Ministry of Health and Population of Nepal. Funding for the survey was provided by the United States Agency for International Development (USAID). 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 2021 NHFS and 2022 NDHS may be obtained from the Ministry of Health and Population, Ram Shah Path, Kathmandu; Telephone: +977-1-426543/4262802; Internet: <http://www.mohp.gov.np>; and New ERA, Rudramati Marg, Kalopul, P.O. Box 722, Kathmandu 44600, Nepal; Telephone: +977-1-4513603; Email: info@newera.com.np; Internet: <http://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, Madhesh Province, Nepal; and ICF. 2023. *Madhesh Province: Key Findings from the 2021 Nepal Health Facility Survey and 2022 Nepal Demographic and Health Survey*. Kathmandu, Nepal: Ministry of Social Development, Madhesh Province, Nepal.

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Cover art: This mural was commissioned by the Australian Embassy in Kathmandu, to celebrate the Mithila art tradition and Nepali women's perspectives on the Sustainable Development Goals. The mural was painted by Nirmala Jha, Raj Kumari Singh, Anjina Yadav, and Binita Jha from Relative Nepal with the support of Sarangi Social Enterprise and is located at the Australian Embassy entrance wall.

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New ERA



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Ref.no:- 2080/081

Dispatch no:-



MESSAGE

I am pleased to know that the Health Directorate of the Provincial Ministry of Health and Population (MoHP) is bringing out the key findings from the 2022 Nepal Demographic and Health Survey (NDHS) and the 2021 Nepal Health Facility Survey (NHFS) for Madhesh Province. This is the first report that the Health Directorate has developed, which presents the health outcomes and service coverage, particularly of the mothers and children of Madhesh Province, compared with the national aggregated data. Similarly, this report also presents the status of basic and other health service availability and readiness and provides perceptions on the quality of care of key services in the health facilities of Madhesh Province. Quality data is the key to evidence-based planning and program management. This report quenches the thirst for information and evidence gaps in the health sector and helps policymakers and program managers identify program priorities, allocate limited resources wisely, and ensure accountability. I believe the information presented in this report is immensely helpful to understand the type and quality of health services that our health facilities are providing and to triangulate whether people are using them or not.

I appreciate the hard work of the Health Directorate of the MoHP in producing this report. I urge every program planner and manager to make full use of this report when developing health plans and activities for this province. I thank all the staff of the Health Directorate and the MoHP for their contribution to this report. Finally, I would like to express my gratitude to the United States Agency for International Development (USAID), its Demographic and Health Survey Program managed by ICF, and USAID's Adolescent Reproductive Health activity for their financial and technical support in producing this report.

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Mr. Birendra Prasad Singh

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PREFACE

The 2022 Nepal Demographic and Health Survey (NDHS) is the sixth, and the 2021 Nepal Health Facility Survey (NHFS) is the second in the series of nationally representative comprehensive surveys conducted in Nepal as part of the worldwide Demographic and Health Surveys (DHS) Program. Both surveys were implemented by New Era under the aegis of the Ministry of Health and Population (MoHP) of Nepal. ICF provided technical support for the implementation of these surveys. The 2022 NDHS was fully funded by USAID, whereas the 2021 NHFS was funded by USAID, the UK's Foreign, Commonwealth, and Development Office (FCDO), and the United Nations Population Fund (UNFPA).

Under the leadership of the MoHP, USAID's DHS Program has been supporting the national and regional/provincial dissemination of these surveys in each round. In addition, the secondary analysis of the data sets from these surveys is also a regular activity that provides more in-depth knowledge and insights into key technical areas, covering the key issues that emerged based on the data. This Madhesh Province-focused report is the first of its kind and was produced using data from the 2015 NHFS and 2016 NDHS. This report was produced under the leadership of the Ministry of Health and Population (MoHP) of Madhesh Province.

This report provides insights into the performance of selected indicators from both the 2021 NHFS and the 2016 NDHS for Madhesh Province, comparing them with the national average data. This report provides disaggregated data on which population groups are left behind in using health services and which health facility types need more support in terms of service accessibility and quality of care. I believe this report will be tremendously informative for the MoHP to plan, monitor, and evaluate the health activities in Madhesh Province.



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I would like to express my sincere gratitude for the contributions of a number of different organizations and individuals in developing this report. I appreciate the leadership of the Health Directorate team. In particular, I appreciate the efforts of Dr. Rajeev Kumar Jha, Province Health Directorate; Mr. Lalbabu Ray, Statistical Officer; Mr. Saroj Kumar Yadav, Statistical Officer; and My sincere thanks also go to USAID's Adolescent Reproductive Health (ARH) activity, particularly Ms. Suzanne Marleen Reier, Chief of Party; Mr. Min Raj Gyawali, Deputy Chief of Party; Mr. Bidur Bastola, Director for Data Collection Analytics and Use; Mr. Vijay Kumar Jha, Province Coordinator; Ms. Sapana Koirala, MEL Manager, Mr. Bijendra Banjade, Province M&E and MIS Specialist; Dan Bdr. Khadka, Quality Assurance Specialist; Shankar Devkota, Private Sector engagement Specialist and USAID ARH team for facilitation in technical consultation of the report.

The technical support provided by the DHS program team is highly appreciated and acknowledged. My thanks go to Ms. Sarah Balian, Ms. Annette McFarland, and Ms. Lady Ortiz-Parra from ICF. Last but not least, I would like to acknowledge my gratitude to the USAID/Nepal Health Office for their funding support to develop this report. I am thankful to Ms. Patricia Mengech, Health Office Director; Dr. Kimberly Waller, Deputy Director; Ms. Suzie Jacinthe, Deputy Director; Netra P. Bhatta, AOR/Health Office Senior Program Specialist, and Ms. Sabita Tuladhar, Strategic Information and Research Advisor, for their continued support.

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Dr. Pramod Kumar Yadav

Secretary

Ministry of Health and Population, Madhesh Province

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प्रदेश सचिव

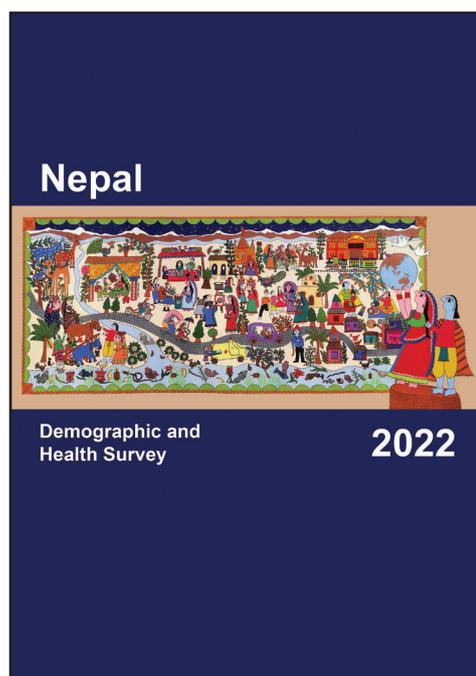
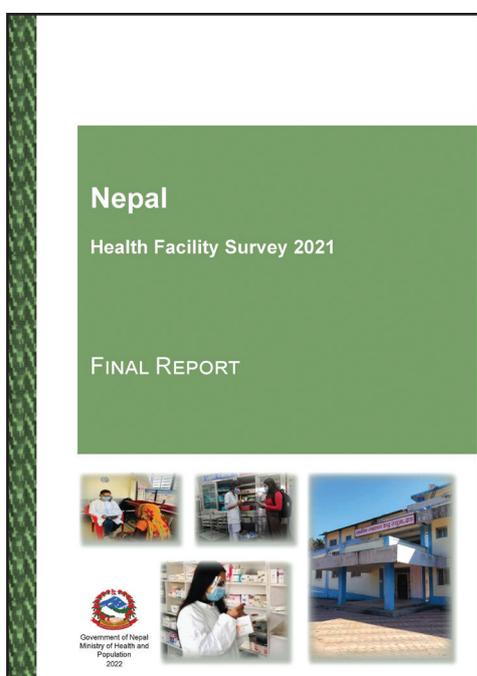
ABOUT THIS REPORT

The Ministry of Health and Population 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 [2021 Nepal Health Facility Survey \(NHFS\)](#) is the second comprehensive assessment of health facilities in Nepal. The [2022 Nepal Demographic and Health Survey \(NDHS\)](#) is a household survey and is the sixth Demographic and Health Survey conducted in Nepal since 1996. This report was prepared in consultation with the Ministry of Social Development of Madhesh Province to provide provincial disaggregation of key results from the 2021 NHFS and 2022 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 Madhesh Province.

This report provides insights into provincial-level indicators from both the 2021 NHFS and the 2022 NDHS. First, the report describes the methodology of the two surveys. Secondly, topical results from the 2021 NHFS are described on the left-side pages highlighted in green, while the results from the 2022 NDHS are described on the right-side pages highlighted in navy blue. Finally, the report provides provincial-level tables at the back of the report. Tables 1 through 52 are from the 2021 NHFS, and tables 53 through 117 are from the 2022 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.



2021 NHFS METHODOLOGY

About the 2021 NHFS

The 2021 Nepal Health Facility Survey (NHFS) is the second comprehensive assessment of health facilities in Nepal that harmonizes various health facility surveys among the Ministry of Health and Population and health development partners. The survey was designed to collect information from 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, mental health, and tuberculosis.

Sample

The 2021 NHFS sampled 1,633 facilities throughout Nepal. Of these, seven were duplicates of other health facilities and 49 facilities were permanently closed, unreachable, or refused to participate. Data were successfully collected from a total of 1,576 facilities. The 2021 NHFS provides reliable estimates at the national level, for urban and rural areas, by facility type, managing authority (public versus private), for each of Nepal's seven provinces, as well as for three ecological zones (mountain, hill, terai).

The 2021 NHFS interviewed 6,934 health service providers who were present in the facility on the day of the survey. The sample consisted of 62%

paramedics, 15% nurses, 11% doctors, 9% technicians, and 3% 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, 2,383 sick children, 1,966 antenatal care clients, and 849 family planning clients were observed. For the labor and delivery component, 475 deliveries were observed, as well as 546 postpartum maternal care consultations.

Questionnaires

The 2021 NHFS used four types of questionnaires:

- Facility inventory questionnaire
- Health provider interview questionnaire
- Observation protocol of consultations of sick children, antenatal care, family planning, and labor and delivery
- Client exit interview questionnaires for caretakers of sick children, women attending antenatal care, family planning clients, and postpartum women

Provincial Focus

In Madhesh Province, data were successfully collected from a weighted total of 247 facilities, of which 231 were public facilities and 16 were private facilities. As there are very few cases at the private facility level, these indicators should be interpreted with caution.

Number of Health Facilities Surveyed in 2021 NHFS				
Facility Type	Nepal		Madhesh Province	
	Weighted	Unweighted	Weighted	Unweighted
Federal/provincial-level hospitals	27	97	3	10
Local-level hospitals	17	45	1	3
Private hospitals	116	258	15	40
Primary health care centers (PHCCs)	51	183	9	32
Health posts (HPs)	1,064	380	209	54
Urban health centers (UHCs)	154	284	8	27
Community health unit (CHUs)	135	288	2	8
HIV testing and counseling (HTCs)	11	41	1	3
Managing Authority				
Public	1,448	1,277	231	134
Private	128	299	16	43
Total	1,576	1,576	247	177

2022 NDHS METHODOLOGY

About the 2022 NDHS

The 2022 Nepal Demographic and Health Survey (NDHS) was designed to provide data for monitoring the population and health situation in Nepal. The survey's objective is to provide up-to-date estimates of fertility, marriage, family planning, breastfeeding practices, nutrition, food insecurity, maternal and child health, childhood mortality, awareness and behavior regarding HIV/AIDS and other STIs, women's empowerment, domestic violence, fistula, mental health, accident and injury, disability, and other health-related issues such as smoking, knowledge of tuberculosis, and prevalence of hypertension that can be used by program managers and policymakers to evaluate and improve existing programs.

Sample

A nationally representative sample of 14,845 women age 15–49 in 13,786 households and 4,913 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 97% of women and 95% of men.

Results of Household and Individual Interviews in the 2022 NDHS

Household Interviews

Households selected	14,243
Households occupied	13,833
Households interviewed	13,786
Response rate	>99%

Interviews with Women age 15–49

Eligible women	15,238
Women interviewed	14,845
Response rate	97%

Interviews with Men age 15–49

Eligible men	5,185
Men interviewed	4,913
Response rate	95%

Number of Respondents in Madhesh Province

Households interviewed	2,044
Women age 15-49 interviewed	2,499
Men age 15-49 interviewed	882

The 2022 NDHS provides reliable estimates at the national level, for urban and rural areas, for each of Nepal's seven provinces and their urban and rural areas, as well as for three ecological zones.

Questionnaires

The 2022 NDHS used four types of questionnaires:

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

Provincial Focus

In Madhesh Province, data were collected from 2,044 households, 2,499 women age 15–49, and 882 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 ethnic groups 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.

The 2016 NDHS was the first to report indicators at the provincial level. However, data from the 2011 NDHS were tabulated at the provincial level to provide provincial trends in [Inequalities in Health Outcomes and Access to Services by Caste/Ethnicity, Province, and Wealth Quintile in Nepal \(Ghimire, Umesh et al. 2019\)](#).

NHFS: HEALTH FACILITIES

Availability of Basic Client Services

Three-quarters of health facilities excluding HTC 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 sexually transmitted infections (STIs).

In Madhesh Province, 73% of health facilities offer all basic client services. While nearly all facilities in Madhesh Province offer child curative care, modern methods of family planning, and ANC, 91% of facilities offer child vaccination services and 88% offer child growth monitoring.

Basic Amenities

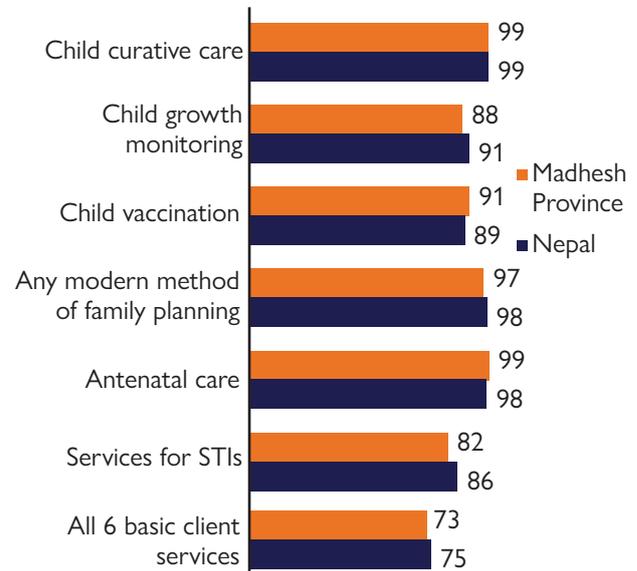
Nine in ten facilities in Madhesh Province have an improved water source, 82% have visual and auditory privacy, and 69% have a client latrine. Three in four facilities have regular electricity and 78% have emergency transport. Just 15% of facilities have communication equipment such as a functioning land-line telephone, cellular phone, or radio. Only 8% of facilities have all 6 basic amenities. Forty-nine percent of facilities have a computer with internet.

Basic Equipment

In Madhesh Province 26% of health facilities have all equipment items considered basic to providing quality client services (adult scale, child scale, infant scale, thermometer, stethoscope, blood pressure apparatus and light source). Child and infant weighing scales are the least commonly available basic equipment in health facilities in Madhesh Province.

Availability of Basic Client Services

Among all facilities excluding HTCs (N=1,565 in Nepal, N=246 in Madhesh Province), percent offering indicated basic client services

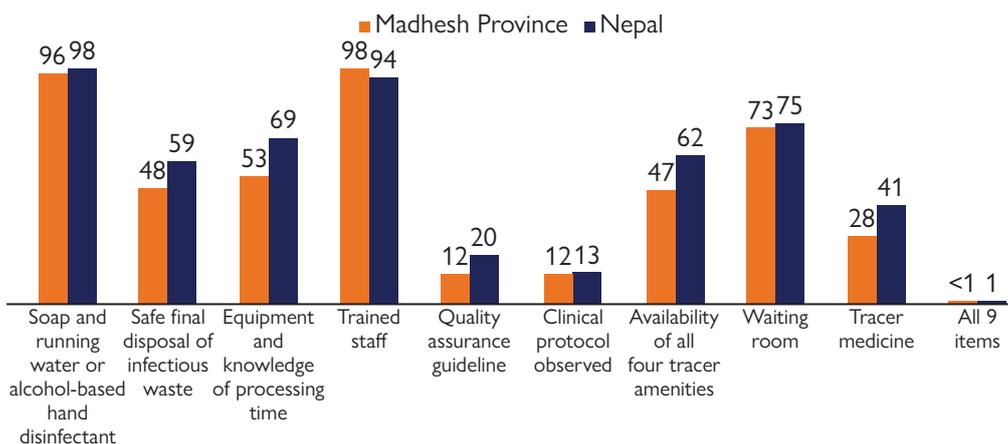


Quality of Care

Less than 1% of health facilities excluding HTCs in Madhesh Province have all nine items to meet the minimum standards of quality of care. Soap and running water or else alcohol-based disinfectant and trained staff are widely available. Nearly three in four facilities have a waiting room. Fewer than half of facilities have safe disposal of infectious waste or four tracer amenities (electricity, improved water source, visual and auditory privacy, and a client latrine), and 53% have equipment and knowledge of processing time. Only 12% of facilities have observed clinical protocol or quality assurance guidelines.

Minimum Standards of Quality of Care

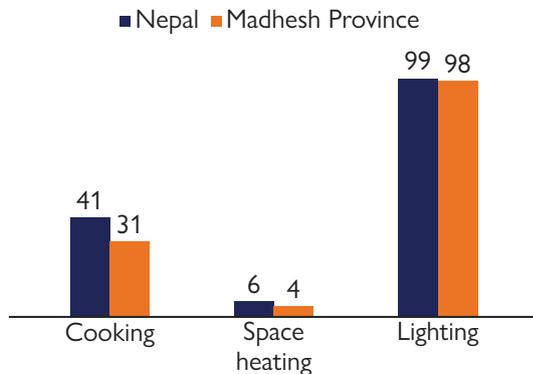
Among all facilities excluding HTCs (N=246 in Madhesh Province, N=1,565 in Nepal), percent with:



NDHS: HOUSEHOLDS AND RESPONDENTS

Primary Reliance on Clean Fuels and Technologies

Percent of de jure population using clean fuels and technologies for:



Cooking, Heating, and Lighting

In Nepal, 97% of the household population has electricity, compared to 98% in Madhesh Province. Overall, 41% of the household population in Nepal and 31% in Madhesh Province use clean fuels and technologies for cooking.

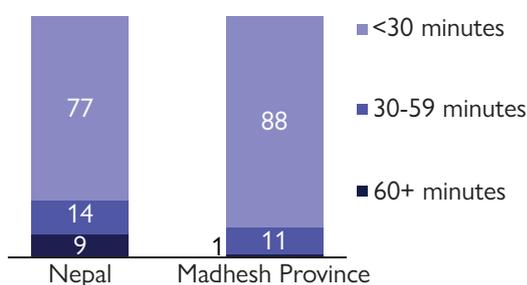
Only 9% of the population in Nepal and 5% of those in Madhesh Province live in households with heating. Nearly three-quarters of those in households with heating use clean fuels and technologies for heating, amounting to just 6% of the population in Nepal and 4% in Madhesh Province. Nearly all of the population uses clean fuels and technologies for lighting.

Distance from Health Care

Three-quarters of women age 15-49 in Nepal are less than 30 minutes distance to the nearest health facility, while 14% of women are 30 to 60 minutes away. In Madhesh Province, 88% of women are less than 30 minutes away from the nearest health facility, while 11% are 30 to 60 minutes away and 1% of women are more than 60 minutes away.

Distance from Health Care

Percent distribution of women age 15-49 by travel time to nearest health facility



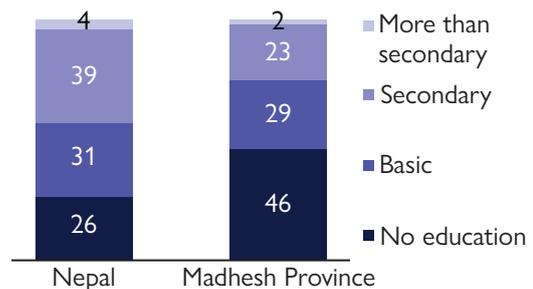
Education

Overall, 26% of Nepali women age 15-49 have no education. Thirty-one percent of women have at least some basic education while 39% of women have some secondary education. Only 4% of women have more than secondary education.

In Madhesh Province, 46% of women have no education, 29% have at least some basic education, 23% have some secondary education, and only 2% have more than secondary education.

Education among Women

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



Information Communication Technology (ICT) and Internet Use

Nearly all households in Nepal own a mobile phone (96%), 49% own a television, 20% own a radio, and 14% own a computer. In Madhesh Province, 95% of households own a mobile phone, 42% own a television, 10% own a radio, and 8% own a computer.

When it comes to weekly exposure to mass media, television is the most common form of media for women in Nepal (36%) and Madhesh Province (33%). Only 2% of women in Nepal and 1% of women in Madhesh Province access all three media types (television, newspaper, and radio) weekly, while 49% of Nepali women and 61% of women in Madhesh Province have no access to media on a weekly basis. Overall, 65% of Nepali women and 65% of women in Madhesh Province have used the internet in the past year.

NHFS: FAMILY PLANNING SERVICES

Availability of Family Planning Services

In both Nepal and Madhesh Province, nearly all health facilities offer any modern method of family planning (FP) such as the pill, injectables (Progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, and female or male sterilization. In Nepal, 4 in 10 facilities offer female or male sterilization services, compared to 24% of facilities in Madhesh Province.

Adherence to Standards for Quality Service Provision

At least nine in ten facilities in Madhesh Province offering any modern method of FP (N=238) have a blood pressure apparatus and family planning register. Eighty-five percent of facilities have an examination bed or table and 83% have an examination light. Fewer facilities have an FP counseling kit (26%), staff who received training on some aspect of family planning in the 24 months before the survey (25%) or guidelines on family planning (17%).

Provision and Availability of Family Planning Commodities

Nearly all facilities offering any modern method of family planning in Madhesh Province provide (stock in the facility and make available to clients) the pill (97%) and the male condom (97%). Ninety-one percent provide injectables. Implants (32%), IUCDs (26%), male sterilization (1%), and female sterilization (2%) are less commonly provided family planning methods.

More than 9 in 10 facilities that provide family planning methods had all methods provided available on the day of the survey. Male condoms, injectables, and the pill were among the most widely available methods in facilities in Madhesh Province.

Postpartum Family Planning Services

Overall, 3% of family planning service providers in Nepal and 3% in Madhesh Province received in-service training on postpartum family planning in the 24 months before the survey.

Observed Family Planning Consultations

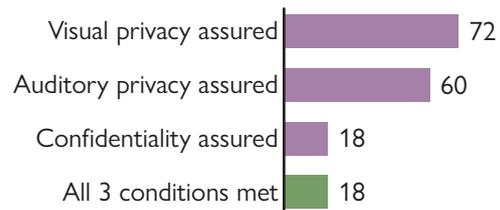
Counseling of new and continuing family planning clients does not include all recommended elements, and providers miss opportunities to screen for STIs and chronic illnesses. Among consultations with new clients in Madhesh Province (N=54), 7% included all elements of reproductive history (age, pregnancy 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. One in four new family planning clients were asked about any chronic illness and 12% were asked about symptoms of STIs. Fifty-six percent of consultations included blood pressure measurement and 32% included weight measurement.

Forty-three percent of consultations among all female family planning clients (N=185) included discussions of client concerns about her family planning method; fewer included discussions about side effects (24%). Nearly one in five consultations took place under conditions of privacy and confidentiality, and 78% of consultations included discussion about a return visit.

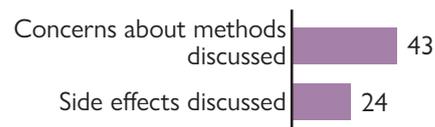
Observed Family Planning Consultations: Madhesh Province

Among observed consultations with all female FP clients (N=185), percent that include:

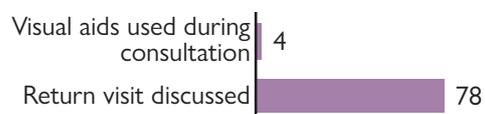
PRIVACY & CONFIDENTIALITY



DISCUSSIONS ABOUT CONCERNS & SIDE EFFECTS



VISUAL AIDS & RETURN VISIT



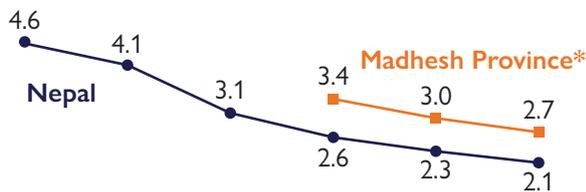
NDHS: FERTILITY AND FAMILY PLANNING

Total Fertility Rate

Women in Nepal have an average of 2.1 children. Since 1996, fertility has decreased from 4.6 children per woman to 2.1 children in 2022. By province, fertility ranges from 1.4 children per woman in Gandaki Province to 2.7 children per woman in Madhesh Province.

Trends in Total Fertility Rate

Births per woman for the three year period before the survey



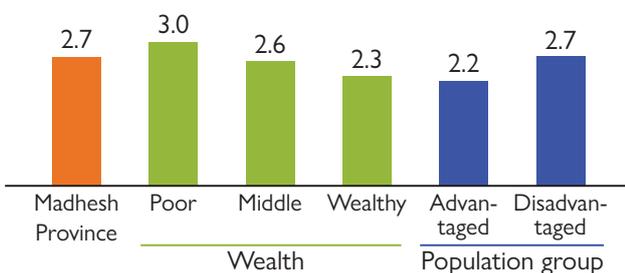
Year	1996	2001	2006	2011	2016	2022
Survey	NFHS	NDHS	NDHS	NDHS	NDHS	NDHS

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

In Madhesh Province, fertility varies by wealth and population group. Women living in the poorest households have an average of 3.0 children, compared to 2.3 children among women in the wealthiest households. Women from advantaged population groups have fewer children than disadvantaged women (2.2 versus 2.7).

Total Fertility Rate: Madhesh Province

Births per woman for the three year period before the survey

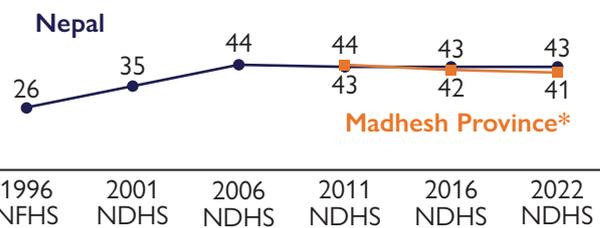


Family Planning

More than half (57%) of married Nepali women age 15–49 use any method of family planning—43% use a modern method and 15% use a traditional method. The use of modern methods of family planning increased from 26% in 1996 to 44% in 2006 and has since stagnated.

Trends in Family Planning Use

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

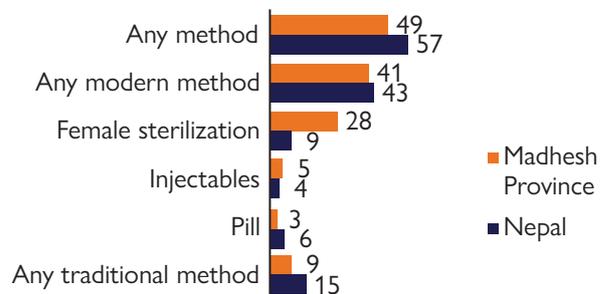


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

Modern method use varies from 35% in Gandaki Province to 47% in Sudurpashchim Province. In Madhesh Province, 41% of married women use a modern method of family planning. Female sterilization (28%) and injectables (5%) are the most popular modern methods in Madhesh Province. Forty-one percent of disadvantaged women use a modern method of family planning compared to 38% of advantaged women.

Family Planning

Percent of married women age 15–49 using family planning



The total demand for family planning among married women in Madhesh Province is 70%. Twenty-one percent of married women have an unmet need for family planning. Overall, 58% of the demand for family planning is satisfied by modern methods.

NHFS: ANTENATAL CARE SERVICES

Availability of Antenatal Care Services

Overall, 98% of health facilities in Nepal and 99% in Madhesh Province offer antenatal care (ANC) services. Among facilities that offer ANC services in Madhesh Province (N=245), 15% of facilities can test urine protein, 12% can conduct a urine glucose test, and 4% can test for HIV. Only 2% of facilities offering ANC services have all three of these basic tests. More than 9 in 10 (94%) facilities offering ANC services had combined iron and folic acid tablets and 97% had albendazole available on the day of the survey.

Observed Antenatal Care Consultations

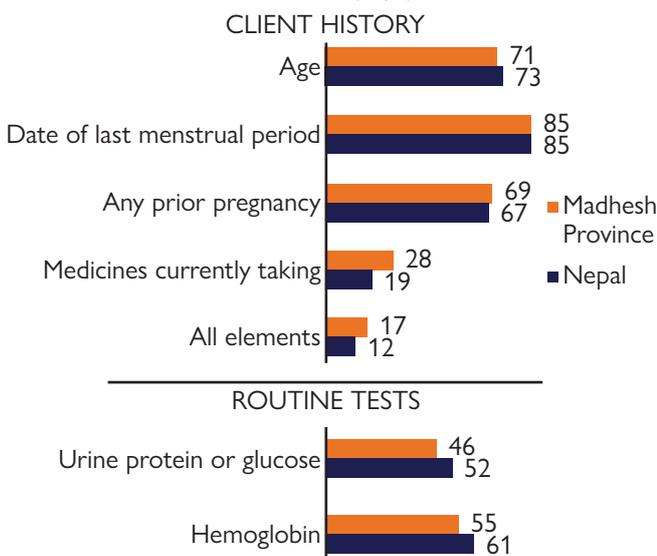
NHFS interviewers observed client-provider interactions for 1,966 ANC clients in Nepal including 420 in Madhesh Province. ANC providers were not thorough in taking client history or providing routine tests in Madhesh Province. Although 85% of first-visit ANC clients in Madhesh Province (N=119) were asked the date of their last menstrual period, only 28% were asked about current medications. Just 17% of consultations with first-visit ANC clients had all elements of client history assessed. More than half of first-visit ANC clients had a hemoglobin test (55%), while 46% had a urine protein or glucose test.

Various components of the basic physical examination were performed in the majority of observed consultations for all ANC clients in Madhesh Province (N=420). In the majority of consultations, pregnant women had their blood pressure measured (93%) and were weighed (77%). In 57% of consultations, the provider listened to the fetal heart. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 68% of consultations, but in only 21% of consultations did the provider administer or prescribe the tetanus diphtheria vaccine.

ANC providers did not routinely inform women of symptoms related to pregnancy complications. Severe lower abdominal pain was discussed in 32% of consultations and vaginal bleeding in 23%. Only 16% of consultations included discussion about loss of, excessive, or normal fetal movement, while 23% had discussions about headache or blurred vision. Only 8% of consultations included discussions about swollen hands, face, or body, while 7% included counseling on birth preparedness. Even fewer consultations included discussion of convulsion or loss of consciousness (2%) or tiredness and shortness of breath (2%). For 49% of the observed consultations, at least one risk symptom was discussed.

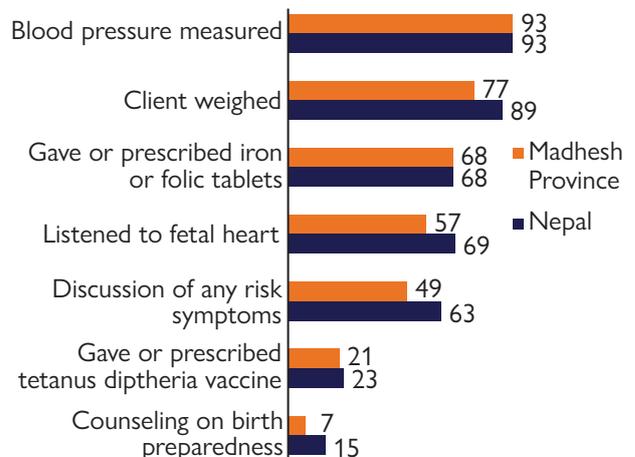
Observed Elements of Client History for First-visit ANC Clients

Among observed consultations with first-visit ANC clients (N=119 in Madhesh Province, N=420 in Nepal), percent that included:



Physical Examinations and Counseling for ANC Clients

Among observed consultations with all ANC clients (N=420 in Madhesh Province, N=1,966 in Nepal), percent of indicated interventions that were observed



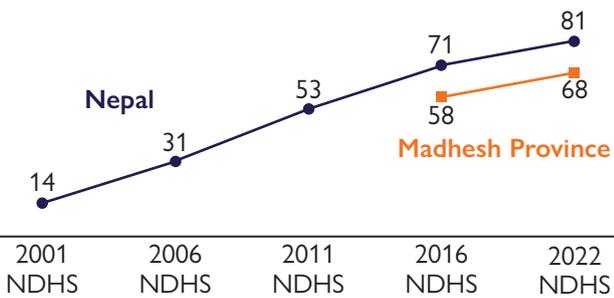
NDHS: ANTENATAL CARE

Antenatal Care (ANC)

More than 9 in 10 Nepali women (94%) age 15–49 who had a live birth in the two years before the survey received ANC from a skilled provider (doctor, nurse, and auxiliary nurse midwife). The timing and quality of ANC are also important. Nearly three in four women have their first ANC visit in the first trimester, as recommended. In Nepal, 81% of women make four or more ANC visits. Since 2001, more women attend four or more ANC visits, receive ANC from a skilled provider, and make their first ANC visit in the first trimester.

Trends in 4+ Antenatal Care (ANC) Visits

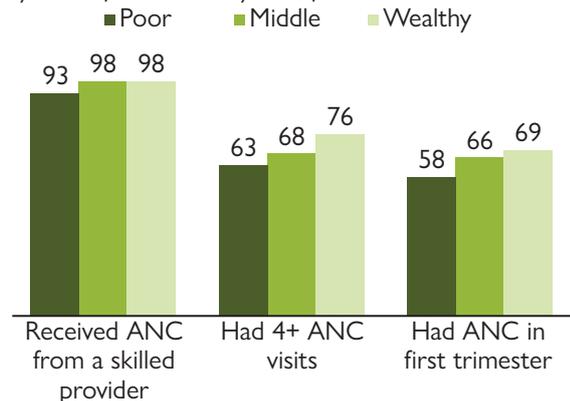
Percent of women age 15–49 who had a live birth in the two years before the survey with four or more antenatal care visits for the most recent birth



In Madhesh Province, 68% of women with a live birth in the two years before the survey attended four or more ANC visits, 96% received ANC from a skilled provider, and 64% made their first ANC visit in the first trimester. These three indicators are higher among women from wealthier households than among women from poorer households.

ANC by Wealth: Madhesh Province

Percent of women age 15–49 with a live birth in the two years before the survey who, for the most recent birth:

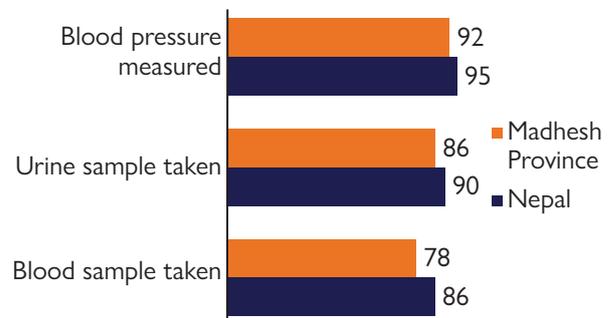


Components of Antenatal Care

Among women in Madhesh Province who received ANC for their most recent birth, 92% had their blood pressure measured, while 86% had a urine sample taken and 78% had a blood sample taken. A greater proportion of wealthy women received each of the three ANC components than poor women.

Components of ANC

Among women age 15–49 who received ANC for their most recent birth in the two years before the survey, percent who had:

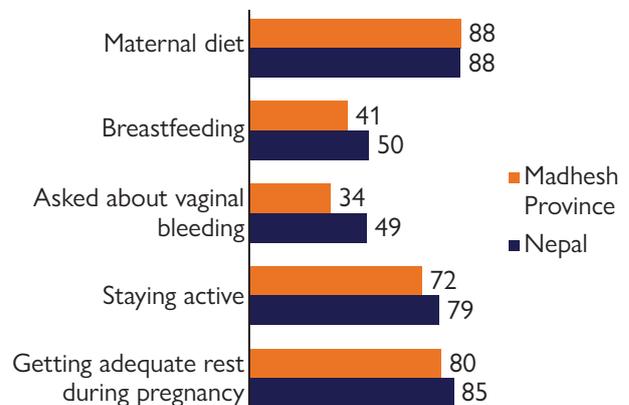


Antenatal Care Counseling

Women in Madhesh Province who received ANC most often received counseling on eating healthy food and maternal diet (88%, respectively). Only 34% of women in Madhesh Province who received ANC were asked about vaginal bleeding.

ANC Counseling

Among women age 15–49 who received ANC for their most recent birth in the two years before the survey, percent who received counseling during ANC about the following:



NHFS: DELIVERY AND NEWBORN CARE SERVICES

Availability of Delivery Services

Among all facilities in Nepal, 51% offer normal vaginal delivery services and 5% offer Cesarean delivery. In Madhesh Province, 25% of facilities offer normal vaginal delivery services and 4% offer Cesarean delivery.

Medicines for Delivery and Newborn Care

Among facilities in Madhesh Province offering normal vaginal delivery services (N=61), the majority of facilities (83%) 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 3% of facilities offering normal vaginal delivery services had all five essential medicines for newborns—tetracycline eye ointment, 4% chlorhexidine gel, injectable gentamicin, ceftriaxone powder for injection, and amoxicillin. The eight priority medicines for mothers were also not readily available at facilities. Only 5% of health facilities in Madhesh 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.

Infection Control

Nearly all facilities offering normal vaginal delivery services in Madhesh Province have soap and running water or else alcohol-based hand disinfectant and latex gloves. Fewer have a needle destroyer (34%) or waste receptacle (23%). Only 1% of facilities offering normal vaginal delivery in Madhesh Province have all infection prevention items.

Newborn Care Practices

In Madhesh Province, 75% of facilities offering normal vaginal delivery services routinely perform all recommended newborn care practices including delivery to the abdomen, drying and wrapping newborns, kangaroo mother care, initiation of breastfeeding within the first hour, routine complete examination of newborns before discharge, applying chlorhexidine gel to umbilical cord stump, and weighing the newborn immediately.

Postpartum care

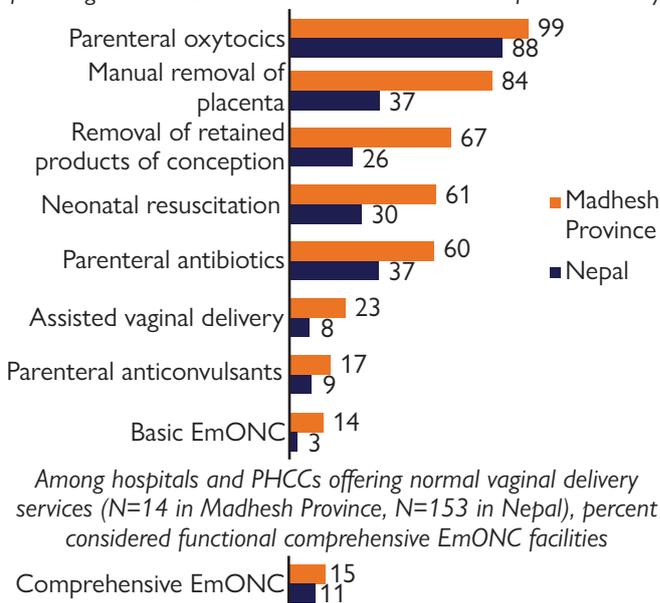
Among interviewed postpartum women in Madhesh Province (N=106), only 1% of mothers received all postpartum checks and advice, though 7% did receive counseling in postpartum FP. Only 2% of interviewed postpartum women received all postpartum checks and advice for the newborn. Nearly two-thirds (64%) of women left the facility less than 24 hours after delivery.

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 Madhesh Province, the most commonly practiced is the administration of parenteral oxytocics (99%) and the least common is parenteral anticonvulsant (17%). Fourteen percent of facilities had performed all seven basic EmONC signal functions. Eleven percent of hospitals and PHCCs in Nepal and 9% of those in Madhesh Province have done at least one Cesarean delivery, blood transfusion in an obstetric context and have carried out each of the seven signal functions at least once in the three months before the survey (comprehensive EmONC).

Signal Functions for Emergency Obstetric and Neonatal Care (EmONC)

Among facilities offering normal vaginal delivery services (N=61 in Madhesh Province, N=804 in Nepal), percent that performed the following services at least once in the 3 months before the survey



Among hospitals and PHCCs offering normal vaginal delivery services (N=14 in Madhesh Province, N=153 in Nepal), percent considered functional comprehensive EmONC facilities

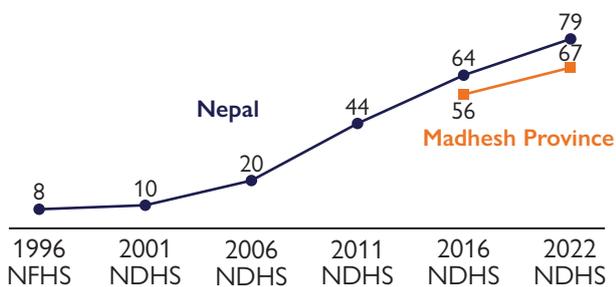
NDHS: DELIVERY AND POSTNATAL CARE

Delivery Care

In Nepal, 82% of live births delivered in the two years before the survey are normal vaginal deliveries, while 18% are delivered by Cesarean section. Health facility deliveries in Nepal have steadily increased from 8% in 1996 to nearly four in five live births in 2022. Still, 19% of live births in Nepal are delivered at home.

Trends in Health Facility Deliveries

Percent of live births in the two years before the survey delivered in a health facility

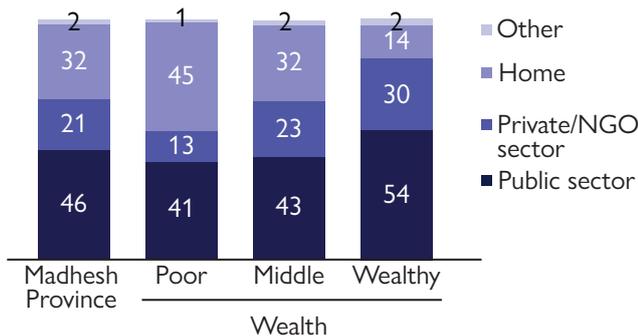


In Madhesh Province, 86% of births are delivered by normal vaginal delivery and 14% by Cesarean section. Health facility births in the two years before the survey increased from 56% in 2016 to 67% of live births in 2022. However, nearly one in three (32%) of live births in Madhesh Province are delivered at home.

Many live births in Madhesh Province are delivered in a public sector facility (46%), 21% are delivered at private or NGO sector facilities, 32% at home and 2% at other. Births delivered at home are more common among poor women (45%) than among women from wealthy households (14%).

Place of Delivery by Population Group: Madhesh Province

Percent distribution of live births in the two years before the survey



Figures ≠ 100% due to rounding.

Skilled Birth Assistance

Overall, four in five live births in Nepal in the two years before the survey were assisted by a skilled provider, most by a nurse or an auxiliary nurse midwife (41%). Still, 10% are assisted by a relative or other person and 1% are assisted by no one. Skilled birth assistance in Nepal has increased from 10% in 1996 to 80% in 2022.

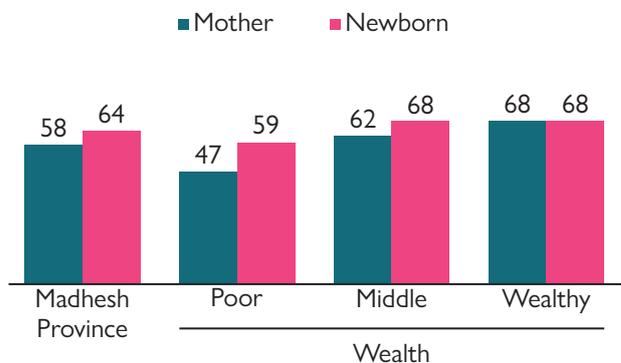
In Madhesh Province, 68% of live births are assisted by a skilled provider, most by a doctor (35%). Nine percent of live births are assisted by a relative or other person, and 1% are assisted by no one. Skilled birth assistance is more common among wealthy women (85%) than among poor women (55%).

Postnatal Care

Postnatal care helps prevent complications after childbirth. Seven in ten Nepali mothers and newborns received a postnatal check within two days of delivery, while 28% of mothers and newborns did not receive a postnatal check. In Madhesh Province, 58% of mothers and 64% of newborns received a postnatal check within two days of delivery. Still, 40% of mothers and 34% of newborns in Madhesh Province did not receive a postnatal check. Postnatal checks for mothers and newborns are more common among advantaged groups than disadvantaged groups.

Postnatal Care by Population Group: Madhesh Province

Percent of most recent live births in the two years before the survey with a postnatal check in the two days after birth



Distance to Nearest Health Facility

In Madhesh Province, 44% of women age 15-49 cite distance to a health facility as a problem in accessing care. Eighty-eight percent of women report a travel time of 30 minutes or less to the nearest health facility.

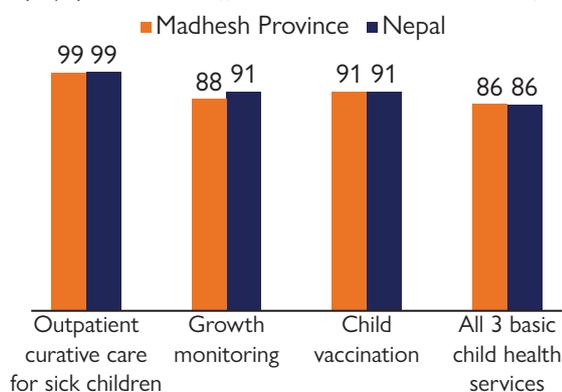
NHFS: CHILD HEALTH SERVICES

Availability of Child Health Services

In Nepal, >99% of health facilities offer outpatient curative care for sick children, 91% offer growth monitoring services, and 89% offer child vaccination services. Overall 86% of health facilities offer all three basic child health services. In Madhesh Province, 99% of health facilities offer outpatient curative care for sick children, 88% offer growth monitoring, and 91% offer child vaccination services. Eighty-six percent of facilities offer all three basic child health services.

Availability of Child Health Services

Among all facilities (N=246 in Madhesh Province, N=1,564 in Nepal), percent that offer child health services at the facility



Laboratory Diagnostic Capacity

Among facilities offering outpatient curative care for sick children in Madhesh Province (N=244), 42% can diagnose malaria, 14% have the ability to measure hemoglobin to assess anemia, and 11% have the capacity to do a stool microscopy. Only 9% of facilities can perform all three diagnostic tests.

Availability of Essential Medicines

In Madhesh Province, more than 9 in 10 facilities offering outpatient curative care services for sick children had oral rehydration salts (ORS) (94%) and albendazole (95%) on the day of the survey. Eighty-nine percent of facilities had zinc tablets, 83% had vitamin A capsules, 80% had paracetamol, and 33% of facilities in Madhesh Province had amoxicillin.

Infection Prevention of Vaccine Services

Among facilities offering child vaccination services in Madhesh Province (N=225), 91% of facilities have soap and running water or else alcohol-based disinfectant. Fewer have a waste receptacle (15%) or infection prevention guidelines (4%), and just 2% have all infection prevention items.

Observed Sick Child Consultations

A total of 593 sick child consultations were observed in Madhesh Province. Providers checked for all general danger signs in no observed consultations: inability to eat or drink anything (15%), vomiting (16%), convulsions (1%), and child is unconscious or lethargic (2%). Providers assessed all three main symptoms of childhood illness in 16% of observed consultations: cough or difficulty breathing (71%), diarrhea (27%), and fever (81%). Various aspects of the physical examinations were also missing—only 5% of sick children were assessed for dehydration. While 57% of sick children had their temperature taken, only 8% had their respiratory rate assessed. Few providers in Madhesh Province advised caretakers to increase fluids (14%), to continue feeding the child (16%), and the symptoms requiring a return visit (3%).

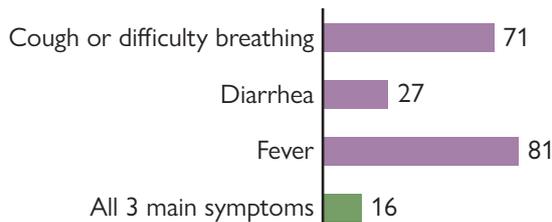
Observed Sick Child Consultations: Madhesh Province

Among observed consultations with sick children (N=593), percent that include:

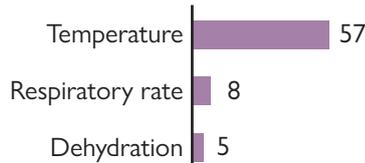
ASSESSMENT OF GENERAL DANGER SIGNS



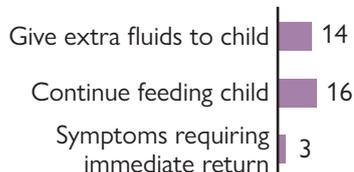
ASSESSMENT OF MAIN SYMPTOMS



PHYSICAL EXAM



ESSENTIAL ADVICE TO CARETAKER



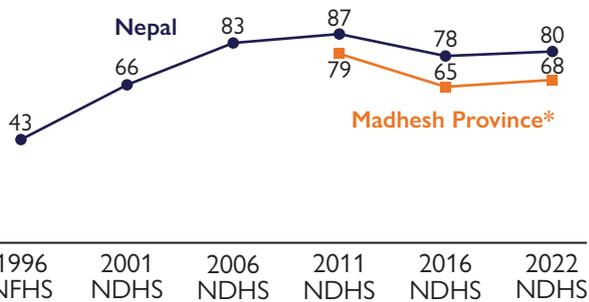
NDHS: CHILD HEALTH AND MORTALITY

Vaccination Coverage

In Nepal, 80% of children age 12–23 months are fully vaccinated against basic antigens—one dose each of BCG and measles-rubella and three doses each of polio vaccine and DPT-containing vaccine. Basic antigen vaccination coverage peaked at 87% in 2011. In Madhesh Province, 68% of children age 12–23 months are fully vaccinated against all basic antigens.

Trends in Vaccination Coverage: Basic Antigens

Percent of children age 12–23 months who were fully vaccinated (basic antigens) at any time before the survey

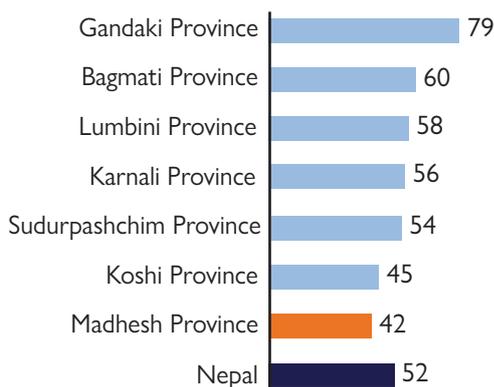


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

To be fully vaccinated according to the Nepali national schedule, children age 12–23 months must be vaccinated against basic antigens and receive two doses of fractional inactivated polio vaccine, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of Japanese encephalitis vaccine. Overall, 52% of Nepali children age 12–23 months and 42% of those in Madhesh Province are fully vaccinated according to the national schedule.

Vaccination Coverage (National Schedule) by Province

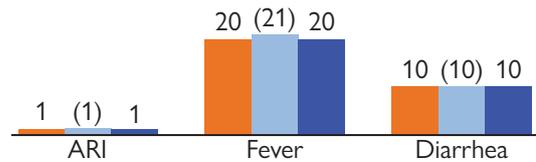
Percent of children age 12–23 months who are fully vaccinated according to the national schedule at any time before the survey



Childhood Illnesses by Population Group: Madhesh Province

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

Legend: Madhesh Province (orange), Advantaged population groups (light blue), Disadvantaged population groups (dark blue)



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

Childhood Illnesses

In the two weeks before the survey, 1% of children under age 5 in Nepal and Madhesh Province were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Twenty percent of children had recent fever and 1 in 10 had diarrhea in Nepal and Madhesh Province. Symptoms of childhood illnesses do not vary by population group.

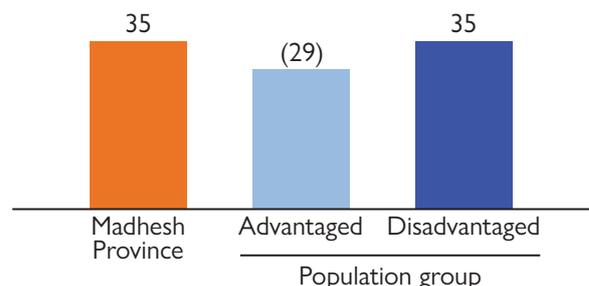
Childhood Mortality Rates

In Nepal, infant and under-5 mortality rates for the five-year period before the survey are 28 and 33 deaths per 1,000 live births, respectively. In Madhesh Province, the infant and under-5 mortality rates for the ten-year period before the survey are 38 and 43 deaths per 1,000 live births, respectively.

Perinatal mortality includes stillbirths and early neonatal deaths within the first seven days of life. The perinatal mortality rate for Nepal is 27 deaths per 1,000 pregnancies lasting 28 or more weeks compared to 35 deaths in Madhesh Province.

Perinatal Mortality: Madhesh Province

Deaths per 1,000 pregnancies lasting 28 or more weeks for the five-year period before the survey



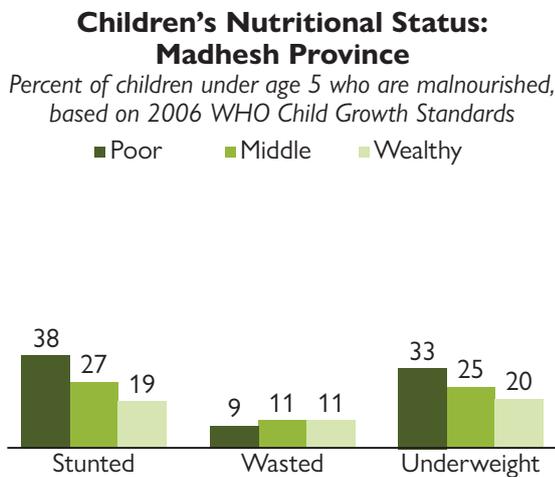
Note: Figure in parentheses based on 25–49 unweighted cases.

NDHS: NUTRITIONAL STATUS

Children’s Nutritional Status

The 2022 NDHS measured children’s nutritional status by comparing height and weight measurements against an international reference standard. One in four children under age 5 in Nepal are stunted, or too short for their age. Overall, 8% of children are wasted, or too thin for their height. In addition, 19% of children are underweight, or too thin for their age. Only 1% of children under age 5 are overweight. 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 25% in 2022.

By province, stunting ranges from 18% in Bagmati Province to 36% in Karnali Province. Twenty-nine percent of children under age 5 in Madhesh Province are stunted. Additionally, 10% of children under age 5 are wasted, 27% are underweight, and less than 1% are overweight. Children in poor households in Madhesh Province have higher stunting and underweight than wealthier children, and lower levels of wasting.

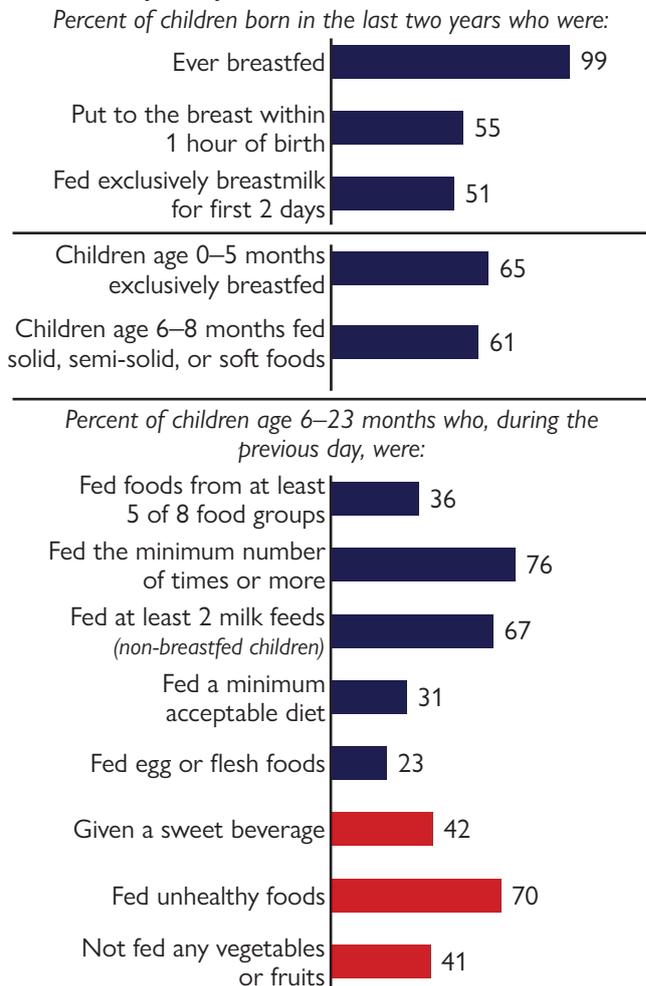


Infant and Young Child Feeding (IYCF) Practices

Nearly all children born in the last two years in Madhesh Province were ever breastfed and 55% were put to the breast in the first hour of life. Sixty-five percent of children under age 6 months are exclusively breastfed. Among children age 6–8 months, 61% were fed solid, semi-solid, or soft foods the previous day.

Thirty-six percent of children age 6–23 months were fed foods from 5 of 8 food groups, 76% were fed the minimum number of times, 31% were fed a minimum acceptable diet, and 67% of non-breastfed children were fed at least two milk feeds the previous day. Seventy percent of children age 6–23 months were fed unhealthy foods high in sugar, salt, or fat, 42% were given a sweet beverage, and 41% were not fed any vegetables or fruit during the previous day.

Infant and Young Child Feeding Practices (IYCF) in Madhesh Province



NDHS: NUTRITIONAL STATUS

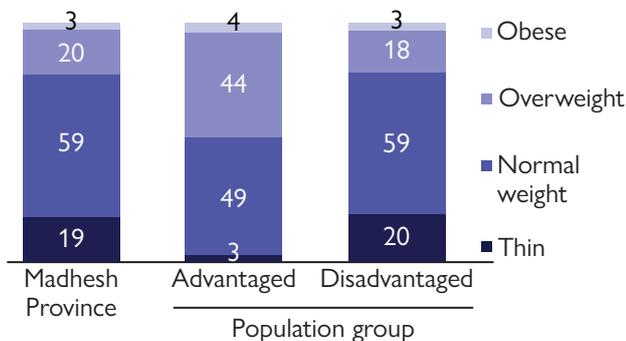
Women’s and Men’s Nutritional Status

The 2022 NDHS included weight and height measurements of women and men age 15–49 to calculate Body Mass Index (BMI) for those age 20–49 and BMI-for-age for adolescents age 15–19. In Nepal, 26% of adolescent women and 41% of adolescent men age 15–19 are thin, while 6% of adolescent women and 7% of adolescent men are overweight or obese. In Madhesh Province, 32% of adolescent women are thin and 3% are overweight or obese. Too few adolescent men age 15–19 were interviewed in Madhesh Province in the 2022 NDHS to produce reliable estimates of their nutritional status.

In Nepal, 10% of women age 20–49 are thin while 35% are overweight or obese. In Madhesh Province, 19% of women age 20–49 are thin, while 23% are overweight or obese. Overweight and obesity is higher among advantaged women in Madhesh Province (48%) than among women from disadvantaged population groups (21%).

Nutritional Status of Adult Women in Madhesh Province by Population Group

Percent distribution of women age 20–49 by nutritional status



Seven percent of Nepali men age 20–49 are thin, while 32% are overweight or obese. In Madhesh Province, 8% of men age 20–49 are thin, while 32% are overweight or obese. Overweight and obesity is higher among wealthy men in Madhesh Province (46%) than among poor men (10%).

Women’s Dietary Practices

Overall 56% of women age 15–49 in Nepal achieved minimum dietary diversity by consuming foods from at least five of ten food groups during the previous day. In Madhesh Province, 43% of women achieved minimum dietary diversity. Minimum dietary diversity is higher among women from advantaged population groups (73%) than among disadvantaged women (41%) and increases with education and household wealth. In Nepal, 66% of women consumed sweet beverages the day before the survey, compared to 53% of women in Madhesh Province. Additionally, 54% of women in Nepal consumed unhealthy foods high in sugar or salt the day before the survey, compared to 42% of women in Madhesh Province. Consumption of sweet beverages and unhealthy foods is higher among advantaged women in Madhesh Province and also increases with education and household wealth.

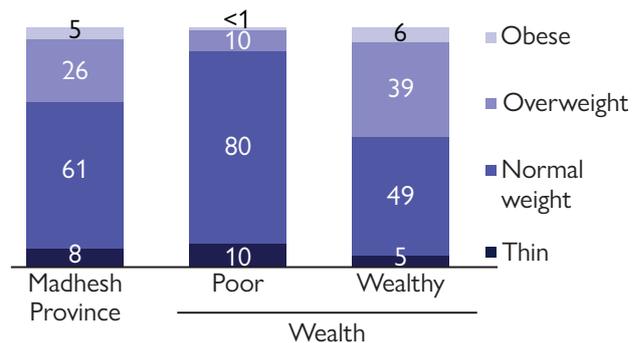
Anemia among Women

In Nepal, 34% of women age 15–49 are anemic, compared to 52% of women age 15–49 in Madhesh Province. Anemia prevalence among women in Madhesh Province is slightly higher among women from advantaged population groups than among disadvantaged women (55% versus 52%). There is no clear pattern of anemia by household wealth.

Overall, 17% of women age 15–19 in Nepal received iron and folic acid supplements in the three months before the survey, compared to 7% of women age 15–19 in Madhesh Province.

Nutritional Status of Adult Men in Madhesh Province by Population Group

Percent distribution of men age 20–49 by nutritional status



NHFS: SERVICES FOR HIV/AIDS AND STIs

HIV Testing and Counseling Services

Few health facilities in Nepal and Madhesh Province have an HIV testing system (5% and 6%, respectively). In Madhesh Province, few public facilities have an HIV testing system (5%).

HIV/AIDS Care and Support Services

HIV/AIDS care and support services are not readily available at health facilities—only 8% of all health facilities in Nepal and 3% of facilities in Madhesh 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. HIV/AIDS care and support services are more common in private facilities (9%) than public facilities (3%) in Madhesh Province.

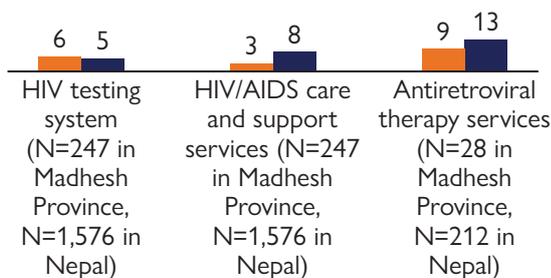
Antiretroviral Therapy Services

Among hospitals and PHCCs in Nepal (N=212), 13% offer antiretroviral therapy (ART) services such as prescribing ART, providing treatment follow-up services, or providing community-based services. In Madhesh Province, 9% of hospitals and PHCCs (N=28) offer ART services.

Availability of HIV Services

Percent of facilities offering the following services:

■ Madhesh Province ■ Nepal

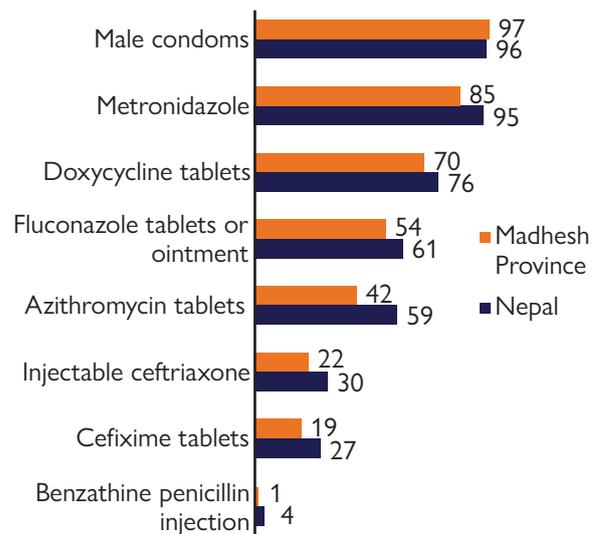


Services for Sexually Transmitted Infections

Overall, 86% of health facilities in Nepal offer services for STIs, compared to 84% in Madhesh Province. Among health facilities offering STI services in Madhesh Province (N=207), 97% had male condoms and 85% had metronidazole on the day of the survey. The availability of other medicines to treat STIs was more variable, ranging from 70% of facilities with doxycycline tablets to 19% with cefixime tablets to just 1% with benzathine penicillin injection.

Medicines and Commodities for STIs

Among facilities offering services for STIs (N=207 in Madhesh Province, N=1,358 in Nepal), percent with indicated items available on the day of the survey



NDHS: HIV/AIDS

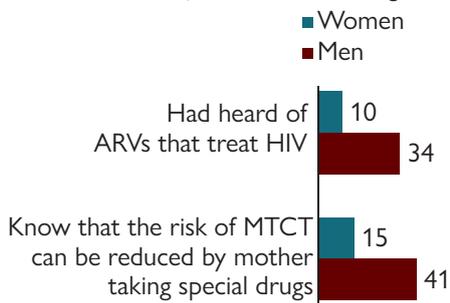
Knowledge of HIV Prevention Methods

In Nepal, 80% of women and 96% of men have heard of HIV or AIDS. Men in Nepal have greater knowledge of medicines to treat and prevent HIV than women. Overall, 37% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV, compared to 26% of women. In Nepal, 37% of women and 33% of men age 15–49 know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy.

In Madhesh Province, 44% of women and 90% of men have heard of HIV or AIDS. Men in Madhesh Province have greater knowledge of ARVs (34%) compared to 10% of women. Additionally, a higher proportion of men than women know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy in Madhesh Province (41% versus 15%).

Knowledge of HIV Prevention Methods: Madhesh Province

Percent of women and men age 15–49 who:

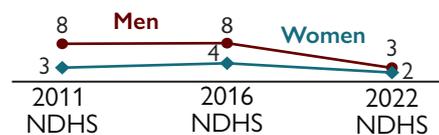


HIV Testing

One in five pregnant women age 15–49 in Nepal were tested for HIV during antenatal care and received the results. Overall, 10% of women and 13% of men age 15–49 have ever been tested for HIV and received the results. Still, 90% of women and 87% of men have never been tested for HIV. In the 12 months before the survey, 3% of women and 2% of men were tested for HIV and received the results. Recent HIV testing among men has declined since 2016, when 8% of men were tested for HIV and received the results in the 12 months before the survey.

Trends in Recent HIV Testing: Nepal

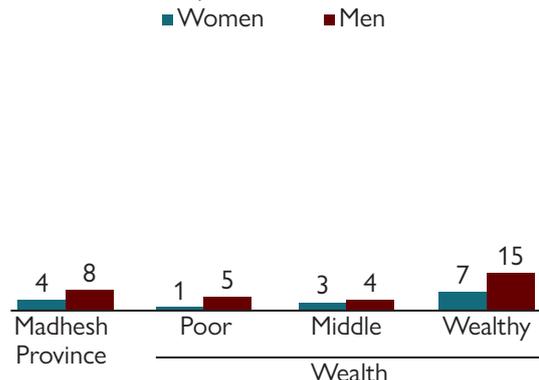
Percent of women and men age 15–49 who were tested for HIV in the 12 months before the survey and received the results



In Madhesh Province, 4% of women and 8% of men have ever been tested for HIV and received their results. HIV testing is more common among women and men from wealthy households than among those from poorer households. Within the 12 months before the survey, 1% of both women and men in Madhesh Province were tested and received the results.

HIV Testing among Adults: Madhesh 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 DISEASES

Diabetes Services

In Nepal, 73% of health facilities excluding stand-alone HTC offer services for diabetes, including diagnosis, prescription of treatment, or management of diabetic patients, compared to 53% of facilities in Madhesh Province. Among facilities offering services for diabetes in Madhesh Province (N=69), diagnostic capacity is generally low. Only 24% of facilities have the capacity to test for blood glucose, 18% have capacity to test urine protein, and 20% have capacity to test for urine glucose. Availability of various diabetes treatments is more variable. While 62% of facilities had Metformin and 56% had injectable glucose solution on the day of the survey, only 5% had injectable insulin.

Cardiovascular Disease Services

Nine in ten health facilities in Nepal offer services for cardiovascular disease (CVD), including diagnosis, prescription of treatment, and management of patients with CVD. A similar proportion of facilities in Madhesh Province (87%) offer services for CVD. Among facilities offering CVD services in Madhesh Province (N=111), only 5% had thiazide diuretic for reducing high blood pressure. While 45% of facilities had calcium channel blockers, fewer had Beta blockers (14%), oxygen (17%), or aspirin (14%).

Chronic Respiratory Disease Services

Ninety-six percent of facilities in Nepal and 93% of facilities in Madhesh Province offer support services for chronic respiratory disease including diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. In Madhesh Province, availability of essential medicines and commodities in facilities offering services for chronic respiratory disease (N=119) was relatively low with the exception of salbutamol inhalers (87%). About one third of facilities had injectable epinephrine or adrenaline (32%), 30% had hydrocortisone tablets, 16% had oxygen, 12% had prednisolone tablets, 3% had ipratropium (MDI/Rotacap), and 1% had beclomethasone inhalers on the day of the survey.

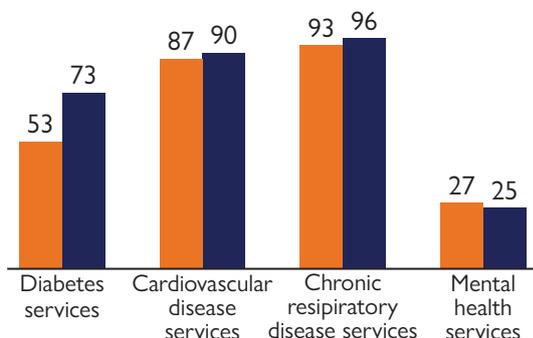
Mental Health Services

In Nepal, 25% of facilities diagnose, prescribe treatment for, or manage patients with mental health problems, compared to 27% of facilities in Madhesh Province. Availability of essential medicines and commodities in facilities in Madhesh Province offering mental health services (N=35) is relatively low. Over half of facilities have Amitriptylin, 10% have sodium valproate tablets, 31% have injectable Diazepam, and 7% have Riseridone. The availability of essential medicines and commodities for mental health is higher in private facilities than in public facilities in Madhesh Province.

Services for Non-Communicable Diseases

Among all facilities (N=246 in Madhesh Province, N=1,565 in Nepal), percent offering:

■ Madhesh Province ■ Nepal



NDHS: Non-Communicable Diseases

Prevalence of Hypertension

The 2022 NDHS collected blood pressure measurements for consenting women and men age 15 and above in a quarter of the total number of households selected. Three blood pressure measurements were taken, and the average of the second and third measurements was used to classify hypertension results according to internationally recommended categories. Written results were immediately provided to respondents, and those found to have high blood pressure were referred to a local health facility.

In Nepal, 18% of women and 23% of men age 15 and above have hypertension—an average systolic blood pressure (SBP) level of 140 mmHG or above, an average diastolic blood pressure (DBP) level of 90 mmHG or above, or currently taking antihypertensive medication. In Madhesh Province, 12% of women and 23% of men have hypertension.

Mental Health

The 2022 NDHS included The DHS Program’s mental health module. Women and men age 15-49 in half of households were screened for symptoms of anxiety and depression using two commonly used tools, the Generalized Anxiety Disorder 7 (GAD-7) and the Patient Health Questionnaire (PHQ-9) that measures severity of depression. Respondents with moderate or severe symptoms of depression or who had thoughts of hurting themselves or that they would be better off dead were referred for mental health services.

Symptoms of Anxiety and Depression

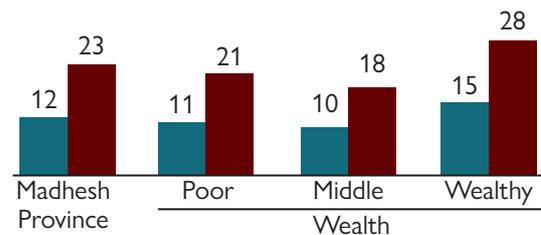
For international comparison, 22% of women and 11% of men age 15–49 in Nepal experienced symptoms of anxiety in the two weeks before the survey. Symptoms of anxiety are experienced at similar levels in Madhesh Province, with 22% of women and 7% of men.

For international comparison, 5% of women in both Nepal and Madhesh Province experienced symptoms of depression in the two weeks before the survey. Men’s experience of symptoms depression is slightly lower in Madhesh Province than the Nepal national average (1% versus 2%).

Prevalence of Hypertension: Madhesh Province

Percent of women and men age 15 and older with hypertension*

■ Women ■ Men



*Hypertension = SBP >140 mmHg or DBP >90 mmHg or taking antihypertensive medication.

Note: Figure in parentheses based on 25–49 unweighted cases.

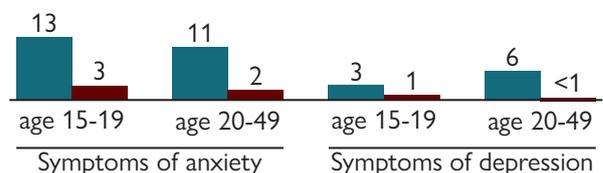
Nepal-Specific Cutoffs

A validation study was conducted to identify national cutoffs for symptoms of anxiety and depression among adolescents age 15-19 and adults in Nepal. Adolescents with GAD-7 scores of 7 or higher and adults with scores of 9 or higher have symptoms of anxiety. Adolescents with PHQ-9 scores of 11 or higher and adults with scores of 10 or higher have symptoms of depression. Based on these Nepal-specific cutoffs, symptoms of anxiety are slightly more common among adolescent women than adult women in Madhesh Province, while symptoms of depression are twice as common among adult women than adolescent women. Symptoms of both anxiety and depression are low among men of all ages, but higher among adolescent men than adult men.

Symptoms of Anxiety and Depression in Madhesh Province according to Nepal-specific Cutoffs

Percent of adolescent women and men age 15–19 and adult women and men age 20–49 with:

■ Women ■ Men



NHFS: TUBERCULOSIS AND MALARIA SERVICES

Tuberculosis Services

Overall, 71% of facilities in Nepal and 83% of facilities in Madhesh Province offer any tuberculosis (TB) diagnostic or treatment services.

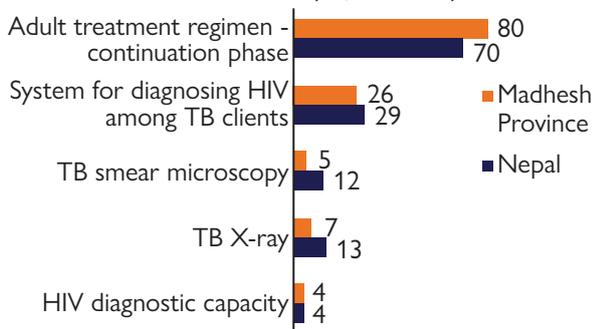
Among facilities in Madhesh Province (N=226) offering any TB diagnostic or treatment services, 34% have TB management guidelines and 13% have staff that received in-service training particular to TB in the 24 months before the survey.

Few facilities offering TB services have the capacity to diagnose TB. Only 5% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. Similarly, 7% of facilities have the capacity to conduct TB X-rays. Four percent of facilities offering any TB services have HIV diagnostic capacity, yet 26% 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, 80% had the adult treatment regimen for the continuation phase available on the day of the survey. The availability of this medicine is higher among public facilities than among private facilities (93% versus 37%).

Diagnostic Capacity and Availability of Medicines for TB Treatment

Among facilities offering TB diagnostic, treatment, or treatment follow-up services (N=226 in Madhesh Province, N=1,250 in Nepal), percent with diagnostic capacity and medicines available on the day of the survey



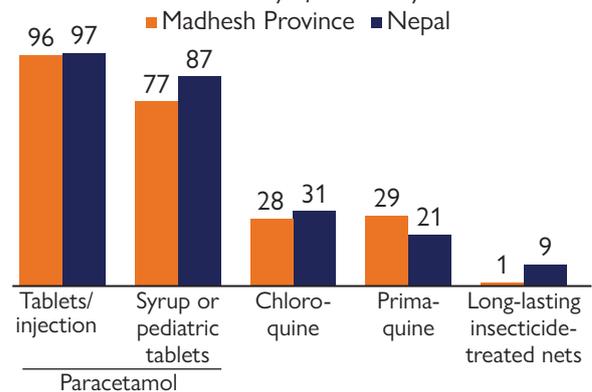
Malaria Services

Nearly half of health facilities in Nepal and 64% of facilities in Madhesh Province offer malaria diagnosis or treatment services. In Madhesh Province, 63% of public facilities offer malaria diagnosis or treatment, compared to 90% of private facilities.

Among facilities offering malaria diagnosis or treatment services in Madhesh Province (N=159), 96% had paracetamol tablets or injection and 77% had paracetamol syrup or dispersible pediatric-dosed tablets for fever. Twenty-nine percent of facilities had primaquine and 28% had chloroquine on the day of the survey. Only 1% of facilities had long-lasting insecticide-treated bed nets (LLINs).

Malaria Medicines & Commodities

Among facilities offering malaria diagnosis or treatment services (N=159 in Madhesh Province, N=760 in Nepal), percent with indicated medicines and commodities available on the day of the survey



Only 3% of facilities offering curative care for sick children in Madhesh Province (N=244) have the capacity to diagnose malaria by having unexpired malaria rapid diagnostic test (RDT) kits or a functioning microscope and glass slides, as well as a staff member recently trained and malaria RDT protocol available in the facility.

NDHS: DISABILITY

Disability by Domain and Age

The 2022 NDHS included questions about six functional domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age 5 and above. In Madhesh Province, 78% of the household population age 5 and above have no difficulty, 17% have some difficulty, and 5% have a lot of difficulty or cannot function at all in at least one domain of disability.

Disability Among Adults

Among the household population age 15 and above in Madhesh Province, 6% of women and 6% of men have a lot of difficulty or cannot function in at least one domain of disability.

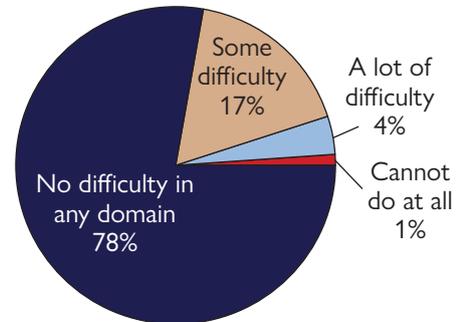
Difficulty in at least one domain of disability is more common among women and men with no education and among men in the poorest households. By marital status, 31% of women and 25% of men who are widowed have a lot of difficulty or cannot function at all in at least one domain.

Functional Disability According to Domain

In Madhesh Province, walking or climbing steps is the most common domain of difficulty among women age 15 and above, with 4% of women having a lot of difficulty or cannot do at all. The same goes for men in Madhesh Province, with 3% having a lot of difficulty or cannot walk or climb steps at all.

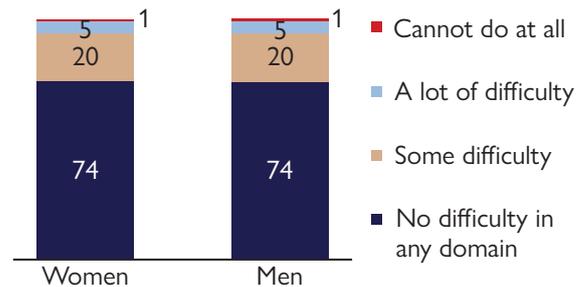
Disability among population age 5+ in Madhesh Province

Percent distribution of household population age 5+ by highest degree of difficulty in at least one domain



Disability among Adults in Madhesh Province

Percent distribution of household population age 15+ by highest degree of difficulty in at least one domain



NDHS: DOMESTIC VIOLENCE

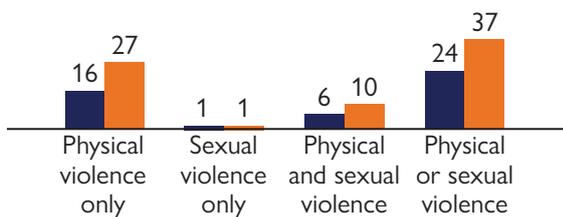
Different Forms of Violence

Overall, 23% of women age 15–49 in Nepal and 37% in Madhesh Province have experienced physical violence since age 15. Eight percent of women in Nepal have ever experienced sexual violence compared to 11% of women in Madhesh Province. Sexual violence is more common among disadvantaged women (11%) than among women from advantaged population groups (7%). Twenty-four percent of women in Nepal and 37% of women in Madhesh Province have experienced either physical or sexual violence.

Women’s Experience of Different Forms of Violence

Percent of women age 15–49 who have ever experienced different forms of violence

■ Nepal ■ Madhesh Province



Help Seeking to Stop Violence

The majority of women age 15–49 who have ever experienced physical or sexual violence in Nepal and in Madhesh Province never sought help and never told anyone (58% and 63%, respectively). Twenty-six percent of women sought help to stop the violence, while 12% did not seek help, but told someone.

Help Seeking to Stop Violence

Percent distribution of women age 15–49 who have ever experienced physical or sexual violence by their help-seeking behavior

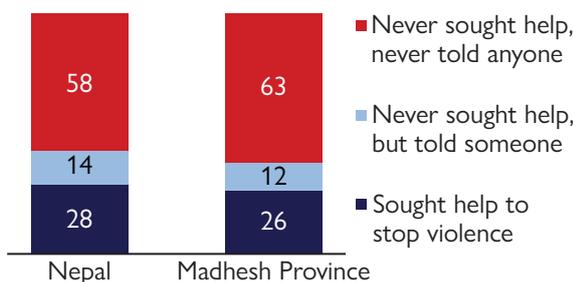


Figure ≠ 100% due to rounding.

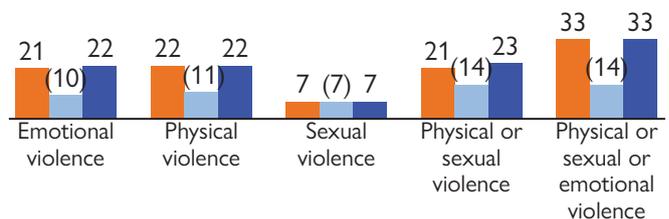
Experience of Intimate Partner Violence

Among women age 15–49 who have ever had a husband or intimate partner in Madhesh Province, 21% have experienced emotional violence committed by any husband or intimate partner in the last 12 months. Emotional intimate partner violence is more common among disadvantaged women than among those from advantaged population groups, though these results should be interpreted with caution as few ever-partnered advantaged women were interviewed in Madhesh Province. Twenty-two percent of ever-partnered women in Madhesh Province experienced physical violence committed by any husband or intimate partner in the last 12 months, while 7% experienced recent sexual violence. Physical intimate partner violence is more common among disadvantaged women than among advantaged women. In Madhesh Province, 32% of ever-partnered women experienced either physical or sexual or emotional violence committed by any husband or intimate partner in the last 12 months.

Intimate Partner Violence: Madhesh Province

Percent of women age 15–49 who have ever had a husband or intimate partner who experienced different forms of intimate partner violence by any husband/intimate partner in the last 12 months

■ Madhesh Province ■ Advantaged population groups ■ Disadvantaged population groups



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

2021 Nepal
Health Facility Survey
(NHFS):
Madhesh Province

Tables 1-52

Table 1 Distribution of surveyed facilities, by background characteristics: Madhesh Province

Percent distribution and number of surveyed facilities, by background characteristics, Nepal Health Facility Survey 2021

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Federal/provincial level hospitals	1.1	3	10
Local-level hospitals	0.3	1	3
Private hospitals	6.1	15	40
PHCCs	3.6	9	32
Basic health care centers			
HPs	84.5	219	89
UHCs	84.5	209	54
CHUs	3.1	8	27
CHUs	0.9	2	8
Stand-alone HTC	0.3	1	3
Managing authority			
Public	93.6	231	134
Private	6.4	16	43
Madhesh province total	100.0	247	177

Table 2 Distribution of interviewed providers: Madhesh Province

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Nepal Health Facility Survey 2021

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Federal/provincial level hospitals	7.0	77	112
Local-level hospitals	1.7	19	29
Private hospitals	18.8	208	278
PHCCs	6.4	71	230
Basic health care centers			
HPs	65.4	726	281
UHCs	63.9	709	209
CHUs	1.3	14	59
CHUs	0.3	3	13
Stand-alone HTC	0.7	8	8
Managing authority			
Public	80.5	893	652
Private	19.5	216	286
Provider type			
Doctor	8.4	94	167
Nurse	8.6	96	127
Paramedic	75.0	832	563
Technician	5.5	62	76
Other clinical staff	2.4	26	5
Madhesh province total	100.0	1,109	938

Table 3 Distribution of observed consultations: Madhesh Province

Percent distribution and weighted and unweighted number of observed consultations for outpatient curative care for sick children, family planning, and antenatal care, and percent distribution and weighted and unweighted number exit interviews with postpartum mothers, by background characteristics, Nepal Health Facility Survey 2021

Background characteristics	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Federal/provincial level hospitals	5.8	34	69
Local-level hospitals	1.4	8	19
Private hospitals	5.6	33	55
PHCCs	7.0	41	125
Basic health care centers	80.2	475	151
HPs	77.7	461	103
UHCs	2.0	12	39
CHUs	0.5	3	9
Managing authority			
Public	94.4	560	364
Private	5.6	33	55
Madhesh province total	100.0	593	419
FAMILY PLANNING			
Facility type			
Federal/provincial level hospitals	8.8	16	31
Local-level hospitals	1.8	3	10
Private hospitals	0.0	0	0
PHCCs	9.0	17	53
Basic health care centers	80.4	149	45
HPs	78.6	145	34
UHCs	1.1	2	7
CHUs	0.6	1	4
Managing authority			
Public	100.0	185	139
Private	0.0	0	0
Madhesh province total	100.0	185	139
ANTENATAL CARE			
Facility type			
Federal/provincial level hospitals	9.3	39	77
Local-level hospitals	2.6	11	21
Private hospitals	18.8	79	101
PHCCs	14.3	60	153
Basic health care centers	55.0	231	59
HPs	53.8	226	44
UHCs	1.0	4	12
CHUs	0.2	1	3
Managing authority			
Public	81.2	341	310
Private	18.8	79	101
Madhesh province total	100.0	420	411
LABOR AND DELIVERY			
Facility type			
Federal/provincial level hospitals	61.0	60	65
Local-level hospitals	4.5	4	5
Private hospitals	21.1	21	16
PHCCs	4.5	4	6
Basic health care centers	8.9	9	1
HPs	8.9	9	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	78.9	77	77
Private	21.1	21	16
Madhesh province total	100.0	98	93

POSTPARTUM MATERNAL CARE

Facility type			
Federal/provincial level			
hospitals	62.5	66	77
Local-level hospitals	6.7	7	8
Private hospitals	24.9	26	20
PHCCs	5.9	6	10
Basic health care centers	0.0	0	0
HPs	0.0	0	0
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	75.1	80	95
Private	24.9	26	20
Madhesh province total	100.0	106	115

CLIENTS HAVING BOTH LABOR AND DELIVERY OBSERVATION
AND POSTPARTUM MATERNAL EXIT

Facility type			
Federal/provincial level			
hospitals	66.5	40	42
Local-level hospitals	8.5	5	5
Private hospitals	19.8	12	7
PHCCs	5.2	3	5
Basic health care centers	0.0	0	0
HPs	0.0	0	0
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	80.2	48	52
Private	19.8	12	7
Madhesh province total	100.0	60	59

Table 4 Availability of basic health services (NHSS RF: OP3.1.1): Madhesh Province

Among all facilities, the percentages offering indicated basic health services and all basic health services, by background characteristics, Nepal Health Facility Survey 2021

Background characteristics	Child curative care	Child growth monitoring	Child vaccination ¹	Any modern methods of family planning ²	Antenatal care	Services for STIs	All basic client services ³	Postnatal newborn services	Number of facilities excluding HTCs ⁴	Number of facilities excluding HTCs and two federal level hospitals ⁵	Number of facilities excluding HTCs and one federal level hospital ⁶	Number of facilities excluding HTCs and two federal level hospitals ⁴
Facility type												
Federal/provincial level hospitals	100.0	50.0	40.0	90.0	100.0	100.0	40.0	100.0	3	3	3	3
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1	1	1	1
Private hospitals	84.2	21.4	9.0	48.1	90.2	94.7	9.0	78.9	15	15	15	15
PHCCs	100.0	93.8	100.0	100.0	100.0	100.0	93.8	100.0	9	9	9	9
Basic health care centers												
HPs	100.0	94.4	98.1	100.0	100.0	81.5	77.8	55.6	209	209	209	209
UHCs	100.0	66.7	85.2	100.0	100.0	59.3	51.9	51.9	8	8	8	8
CHUs	100.0	62.5	50.0	87.5	87.5	50.0	25.0	0.0	2	2	2	2
Managing authority												
Public	100.0	92.7	96.6	99.8	99.9	81.5	76.7	57.3	231	231	231	231
Private	84.2	21.4	9.0	48.1	90.2	94.7	9.0	78.9	15	15	15	15
Madhesh province total												
	99.0	88.3	91.3	96.6	99.3	82.3	72.5	58.6	246	246	246	246

¹ Routine provision of BCG, pentavalent, oral polio, measles-rubella (MR) vaccinations, pneumococcal conjugate vaccine (PCV), rota-virus vaccine, fractional dose of inactivated polio vaccine (fIPV) and Japanese encephalitis (JE) vaccinations at the facility or through outreach.

² Facility provides, prescribes, or counsels clients on any of the following 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 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, two federal level hospitals were also excluded from the denominator; for the indicator "child growth monitoring" services, one federal level hospital was excluded from the denominator, and for the indicator "any modern methods of family planning", two federal level hospitals were also excluded from the denominator.

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

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, Nepal Health Facility Survey 2021

Background characteristics	Amenities								Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communication equipment ⁵	Computer with Internet ⁶	Emergency transport ⁷	All amenities excluding computer with internet ⁸	
Facility type									
Federal/provincial level hospitals	100.0	100.0	100.0	90.0	90.0	70.0	100.0	80.0	3
Local-level hospitals	100.0	100.0	100.0	100.0	66.7	100.0	66.7	66.7	1
Private hospitals	100.0	100.0	94.7	94.7	86.8	76.3	92.9	77.1	15
PHCCs	90.6	100.0	96.9	90.6	12.5	75.0	87.5	6.2	9
Basic health care centers									
HPs	71.7	88.6	80.4	66.2	9.1	46.0	76.1	1.8	219
UHCs	72.2	88.9	81.5	66.7	9.3	46.3	75.9	1.9	209
CHUs	66.7	88.9	55.6	66.7	3.7	44.4	81.5	0.0	8
	37.5	62.5	62.5	25.0	12.5	25.0	75.0	0.0	2
Stand-alone HTC	100.0	100.0	100.0	66.7	100.0	33.3	66.7	33.3	1
Managing authority									
Public	72.9	89.2	81.3	67.6	10.4	47.6	76.8	3.1	231
Private	100.0	100.0	95.0	93.2	87.5	74.0	91.5	74.7	16
Madhesh province total	74.6	89.9	82.2	69.2	15.4	49.3	77.8	7.7	247

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 back-up 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 The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet.

⁵ The 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 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 6 Availability of basic equipment: Madhesh Province

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Nepal Health Facility Survey 2021

Background characteristics	Equipment								Number of facilities
	Adult weighing scale	Child weighing scale ¹	Infant weighing scale/ Pan scale ²	Digital thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	All basic equipment ⁵	
Facility type									
Federal/provincial level hospitals	100.0	80.0	80.0	100.0	100.0	100.0	100.0	60.0	3
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
Private hospitals	87.6	42.5	47.8	92.9	98.1	98.1	95.5	17.7	15
PHCCs	93.8	75.0	78.1	84.4	96.9	93.8	100.0	43.7	9
Basic health care centers									
HPs	90.5	62.2	52.4	90.4	98.1	92.7	87.0	25.3	219
UHCs	90.7	63.0	53.7	90.7	98.1	92.6	87.0	25.9	209
CHUs	85.2	44.4	22.2	81.5	100.0	96.3	85.2	7.4	8
CHUs	87.5	50.0	37.5	87.5	87.5	87.5	87.5	25.0	2
Stand-alone HTC	100.0	66.7	33.3	100.0	100.0	100.0	100.0	0.0	1
Managing authority									
Public	90.8	63.0	54.0	90.3	98.1	92.8	87.7	26.7	231
Private	88.3	43.8	47.0	93.2	98.2	98.2	95.7	16.7	16
Madhesh province total	90.6	61.8	53.5	90.5	98.1	93.2	88.2	26.0	247

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 7 Meeting minimum standards of quality of care at point of delivery (NHSS RF. OC2.1): Madhesh Province

Among all facilities, the percentages of facilities meeting minimum standard of quality of care at point of service delivery, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Soap and running water or alcohol-based hand disinfectant	Safe final disposal or infectious waste ¹	Equipment and knowledge of processing time ²	Trained staff ³	QA guideline ⁴	Clinical protocol observed ⁵	Availability of all four tracer amenities ⁶	Waiting room	Tracer medicine ⁷	All nine items	Number of facilities
Facility type											
Federal/provincial level hospitals	100.0	80.0	100.0	100.0	60.0	30.0	90.0	100.0	30.0	0	3
Local-level hospitals	100.0	33.3	100.0	100.0	100.0	33.3	100.0	100.0	100.0	0	1
Private hospitals	92.9	59.4	87.6	81.6	22.9	2.6	89.5	89.5	16.9	0	15
PHCCs	90.6	50.0	71.9	100.0	28.1	15.6	81.3	90.6	50.0	0	9
Basic health care centers											
HPs	95.8	46.7	49.2	99.4	9.1	12.4	42.0	70.2	27.2	0	219
UHCs	96.3	46.3	50.0	100.0	9.3	13.0	42.6	70.4	27.8	0	209
CHUs	85.2	63.0	40.7	92.6	7.4	0.0	33.3	66.7	14.8	0	8
	87.5	25.0	0.0	62.5	0.0	0.0	12.5	62.5	12.5	0	2
Managing authority											
Public	95.7	47.1	50.8	99.4	10.8	12.8	44.3	71.4	28.4	0	231
Private	92.9	59.4	87.6	81.6	22.9	2.6	89.5	89.5	16.9	0	15
Madhesh province total	95.5	47.9	53.1	98.3	11.5	12.2	47.0	72.5	27.7	0	246

Note: This table excludes stand-alone HTC sites.

¹ The process of infectious waste disposal is autoclave or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

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

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

- Autoclave: Wrapped items processed for at least 30 minutes, 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 or child health or newborn or delivery or ANC or PNC or FP available on the day of survey.

⁴ QA guidelines also include the minimum service standard guideline i.e observed on the day of visit.

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

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

⁷ Facility were observed to be available of all those tracer medicine Amoxicillin or Cotrimoxazole & Gentamycin & ORS & Zinc & At least 3 FP methods & Iron and Folic acid & Albendazole on the day of survey.

Table 8 Availability of family planning services: Madhesh Province

Among all facilities, the percentages offering temporary methods of family planning, male sterilization, female sterilization, and the percentage offering any modern family planning, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Temporary methods of family planning (FP)			Sterilization			Percentage offering any modern methods of FP ⁴	Number of facilities
	Percentage offering any temporary method of FP ¹	Percentage offering counselling on periodic abstinence/rhythm	Percentage offering any temporary modern method of FP or counselling on periodic abstinence/rhythm	Percentage offering male sterilization ²	Percentage offering female sterilization ³	Percentage offering male or female sterilization		
Facility type								
Federal/provincial level hospitals	90.0	50.0	90.0	70.0	70.0	70.0	90.0	3
Local-level hospitals	100.0	66.7	100.0	0.0	0.0	0.0	100.0	1
Private hospitals	48.1	32.2	50.7	24.0	25.1	30.4	48.1	15
PHCCs	100.0	65.6	100.0	34.4	37.5	37.5	100.0	9
Basic health care centers								
HPs	99.9	64.3	99.9	22.8	22.9	22.9	99.9	219
UHCs	100.0	64.8	100.0	22.2	22.2	22.2	100.0	209
CHUs	100.0	55.6	100.0	40.7	44.4	44.4	100.0	8
	87.5	50.0	87.5	12.5	12.5	12.5	87.5	2
Managing authority								
Public	99.8	64.2	99.8	23.7	23.9	23.9	99.8	231
Private	48.1	32.2	50.7	24.0	25.1	30.4	48.1	15
Madhesh province total	96.6	62.3	96.8	23.7	24.0	24.3	96.6	246

Note: This table, and other tables in this chapter exclude stand-alone HTC sites and two federal hospitals.

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

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 injectable (Depo), implant, intrauterine contraceptive device (IUCD), the male condoms, female sterilization, or male sterilization.

Table 9 Methods of family planning provided¹: Madhesh Province

Among facilities offering any modern method of family planning, the percentages that provide clients with specific modern family planning methods, by facility type, Nepal Health Facility Survey, 2021

Methods provided	Facility type				Basic health care centers			Madhesh province total	
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs		CHUs
Combined oral contraceptive pills	100.0	100.0	51.6	93.8	98.1	98.1	96.3	100.0	96.5
Progestin-only injectable (Depo)	100.0	100.0	31.3	96.9	92.5	92.6	88.9	100.0	90.9
Male condom	100.0	100.0	53.9	96.9	98.2	98.1	100.0	100.0	96.9
Intrauterine contraceptive device	100.0	66.7	36.8	59.4	23.0	24.1	0.0	0.0	25.8
Implant	100.0	100.0	20.3	81.3	28.8	29.6	11.1	14.3	31.6
Male sterilization	77.8	0.0	14.8	3.1	0.0	0.0	0.0	0.0	1.4
Female sterilization	77.8	0.0	29.7	3.1	0.0	0.0	0.0	0.0	1.8
Three temporary modern methods ²	100.0	100.0	31.3	93.8	88.9	88.9	85.2	100.0	87.5
Five temporary modern methods ³	100.0	66.7	14.8	59.4	17.7	18.5	0.0	0.0	20.2
Seven modern methods ⁴	77.8	0.0	5.5	3.1	0.0	0.0	0.0	0.0	1.1
Emergency contraceptive pills	0.0	0.0	25.8	6.2	1.8	1.9	0.0	0.0	2.6
Cycle beads for standard days method	11.1	0.0	5.5	0.0	0.3	0.0	7.4	0.0	0.5
Number of facilities offering any modern method of family planning	3	1	7	9	218	209	8	2	238

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 injectable (Depo), and the male condom.

³ Combined oral contraceptive pills, progestin-only injectable (Depo), the male condom, implant and intrauterine contraceptive device (IUCD).

⁴ Combined oral contraceptive pills, progestin-only injectable (Depo), the male condom, implant, intrauterine contraceptive device, male sterilization, and female sterilization.

Table 10 Availability of family planning commodities: Madhesh Province

Among facilities that provide¹ the indicated modern method of family planning, the percentages where the commodity was observed to be available on the day of the survey, by facility type, Nepal Health Facility Survey, 2021

Method	Facility type			Basic health care centers	Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals/PHCCs	Private hospitals		
Combined oral contraceptive pills	100.0	97.0	92.5	96.4	96.4
Progestin-only injectables (Depo)	88.9	97.1	87.6	96.2	96.0
Male condoms	100.0	100.0	100.0	100.0	100.0
Intrauterine contraceptive devices	88.9	95.2	100.0	92.3	92.8
Implants	88.9	96.6	100.0	93.9	94.1
Every method provided by facility was available on day of survey	88.9	91.2	87.0	91.1	91.0
Emergency contraceptive pills	-	50.0	100.0	100.0	95.5

Note: The denominator for each method is different and are shown in table 5.5.1w. 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.

Figures of Emergency contraceptive pills should be interpreted cautiously due to small number of cases.

Table 11 Guidelines, trained staff, and basic equipment for family planning services: Madhesh Province

Among facilities offering any modern method of family planning, the percentage having family planning guidelines, the percentage having 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering any modern family planning and having:					Equipment							Number of facilities offering any modern method of family planning
	Guidelines on family planning ¹	Decision making tools/medical criteria wheel observed	Pregnancy roll out job aid observed	Family planning register	Staff trained in family planning ²	Blood pressure apparatus ³	Examination light	Examination bed or table	FP counseling kit	Pelvic model for IUCD ⁴	Model for showing condom use	Other family planning-specific visual aid ⁵	
Facility type													
Federal/provincial level hospitals	44.4	33.3	22.2	88.9	55.6	100.0	100.0	88.9	33.3	22.2	11.1	66.7	3
Local-level hospitals	33.3	33.3	33.3	100.0	66.7	66.7	100.0	66.7	66.7	0.0	33.3	66.7	1
Private hospitals	16.5	5.5	11.0	21.9	0.0	96.1	90.6	94.5	20.3	9.4	5.5	27.4	7
PHCCs	21.9	28.1	9.4	96.9	37.5	93.8	93.8	96.9	56.2	3.1	18.7	75.0	9
Basic health care centers													
HPs	16.2	17.8	8.9	98.2	24.9	92.9	81.9	84.7	25.1	1.8	11.0	50.9	218
HPs	16.7	18.5	9.3	98.1	25.9	92.6	81.5	85.2	25.9	1.9	11.1	51.9	209
UHCs	7.4	3.7	0.0	100.0	3.7	100.0	88.9	74.1	7.4	0.0	11.1	37.0	8
CHUs	0.0	0.0	0.0	100.0	0.0	100.0	100.0	71.4	0.0	0.0	0.0	0.0	2
Managing authority													
Public	16.8	18.5	9.1	98.1	25.9	92.9	82.6	85.1	26.5	2.0	11.4	52.0	231
Private	16.5	5.5	11.0	21.9	0.0	96.1	90.6	94.5	20.3	9.4	5.5	27.4	7
Madhesh province total	16.8	18.1	9.2	95.8	25.1	93.0	82.9	85.4	26.3	2.3	11.2	51.3	238

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 IUCD = intrauterine contraceptive device.

⁵ Flip charts or leaflets.

Table 12 Client history and physical examinations for first-visit female family planning clients: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type			Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals/PHCCs	Basic health care centers	
Client history				
Age	86.9	62.1	67.7	69.7
Any history of pregnancy	91.2	81.3	56.9	64.8
Current pregnancy status	86.9	62.1	45.3	53.4
Breastfeeding status (if ever pregnant) ¹	46.2	9.4	22.3	24.2
Desired timing for next child or desire for another child	73.7	38.3	12.3	24.3
Regularity of menstrual cycle	63.7	47.7	56.1	56.2
All elements of reproductive history ²	41.9	0.0	0.7	6.6
Client medical history				
Asked about smoking	4.4	0.0	0.0	0.6
Asked about symptoms of sexually transmitted infections (STIs)	18.7	0.0	12.3	11.7
Asked about any chronic illnesses	0.0	9.8	33.1	25.4
Client examination				
Measure blood pressure ⁴	100.0	66.8	46.1	56.4
Measure weight ⁵	100.0	66.8	12.3	31.7
Questions or concerns				
Asked if client had questions or concerns regarding current or past method used	69.4	71.5	66.2	67.3
Number of observed first-visit FP clients	8	7	40	54
Number of observed first-visit FP clients with prior pregnancy ⁶	8	7	40	54

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.

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."

⁷ The total number of observed first-visit FP clients includes two private hospitals for which results are not shown. The total number of observed FP clients in this table includes two private hospitals for which results are shown.

Table 13 Client history and physical examinations for first-visit female family planning clients: Madhesh 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 province, Nepal Health Facility Survey, 2021

Components of consultation	Province	
	Madhesh province	Madhesh province total
Client history		
Age	69.7	69.7
Any history of pregnancy	64.8	64.8
Current pregnancy status	53.4	53.4
Breastfeeding status (if ever pregnant) ¹	24.2	24.2
Desired timing for next child or desire for another child	24.3	24.3
Regularity of menstrual cycle	56.2	56.2
All elements of reproductive history ²	6.6	6.6
Client medical history		
Asked about smoking	0.6	0.6
Asked about symptoms of sexually transmitted infections (STIs)	11.7	11.7
Asked about any chronic illnesses	25.4	25.4
Client examination		
Measure blood pressure ⁴	56.4	56.4
Measure weight ⁵	31.7	31.7
Questions or concerns		
Asked if client had questions or concerns regarding current or past method used	67.3	67.3
Number of observed first-visit FP clients	54	54
Number of observed first-visit FP clients with prior pregnancy ⁶	54	54

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.

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 14 Components of counselling and discussions during consultations for all female family planning clients: Madhesh Province

Among all female family planning clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type			Basic health care centers			Madhesh province total	
	Federal/provincial level hospitals	Local-level hospitals	PHCCs	Basic health care centers	HPs	UHCs		CHUs
Privacy and confidentiality								
Visual privacy assured	57.5	80.0	73.6	72.9	73.5	42.9	50.0	71.8
Auditory privacy assured	49.1	60.0	54.7	61.4	61.8	42.9	50.0	59.7
Confidentiality assured	17.5	20.0	22.6	17.7	17.6	28.6	0.0	18.1
All three counselling conditions on privacy and confidentiality met ²	17.5	20.0	22.6	17.7	17.6	28.6	0.0	18.1
Concerns, side effects and individual client cards								
Concerns about methods discussed ⁴	65.7	60.0	60.4	38.4	38.2	42.9	50.0	43.2
Side effects discussed ⁵	29.5	60.0	37.7	20.7	20.6	28.6	25.0	23.8
Individual client card reviewed during consultation	35.8	80.0	75.5	61.6	61.8	42.9	75.0	60.9
Individual client card written on after consultation	89.5	90.0	94.3	76.4	76.5	57.1	100.0	79.4
Visual aid and return visit								
Visual aids were used during consultation	33.4	20.0	11.3	0.0	0.0	0.0	0.0	4.3
Return visit discussed	67.2	90.0	79.2	78.9	79.4	42.9	75.0	78.1
Number of observed female FP clients	16	3	17	149	145	2	1	185

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.

The total number of observed FP clients in this table includes three private hospitals for which results are shown.

Table 15 Training for family planning service providers: Madhesh Province

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of providers of FP services who report receiving in-service training ¹ on:														Number of interviewed providers of family planning services
	General counselling for FP		Non-scalpel vasectomy (NSV)		Minilap tubal ligation		Insertion/removal of IUCD ²		Insertion/removal of Implant		FP for HIV+ clients		Post-partum family planning, including PPIUCD		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type															
Federal/provincial level hospitals	12.3	46.8	2.4	7.8	4.8	23.5	7.7	45.1	9.3	37.0	2.4	17.5	8.3	27.9	24
Local-level hospitals	6.6	18.2	6.6	6.6	11.6	16.7	11.6	16.7	6.6	11.6	6.6	6.6	11.6	16.7	11
Private hospitals	0.0	26.0	0.0	8.0	0.0	12.2	0.0	12.9	0.0	12.6	0.0	8.9	0.0	17.4	31
PHCCs	4.7	45.2	0.0	1.7	2.3	7.2	4.1	25.4	4.9	23.9	0.7	5.6	2.1	13.3	36
Basic health care centers															
HPs	6.4	42.5	0.6	3.4	0.6	5.1	2.9	12.2	2.3	13.2	2.3	8.1	2.9	15.1	598
UHCs	6.5	43.1	0.6	3.5	0.6	5.3	3.0	12.3	2.4	13.4	2.4	8.2	3.0	15.2	584
CHUs	2.1	17.1	0.0	0.0	0.0	0.0	0.0	4.3	0.0	6.4	0.0	4.3	0.0	6.4	11
	0.0	25.0	0.0	0.0	0.0	0.0	0.0	8.3	0.0	8.3	0.0	8.3	0.0	25.0	3
Managing authority															
Public	6.5	42.4	0.7	3.6	1.0	6.1	3.3	14.1	2.8	14.6	2.3	8.3	3.2	15.4	669
Private	0.0	26.0	0.0	8.0	0.0	12.2	0.0	12.9	0.0	12.6	0.0	8.9	0.0	17.4	31
Madhesh province total															
	6.2	41.7	0.7	3.8	1.0	6.4	3.1	14.1	2.7	14.5	2.2	8.3	3.0	15.5	700

¹ 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 IUCD = intrauterine contraceptive device

Table 16 Availability of antenatal care services: Madhesh Province

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentages offering the service on the indicated number of days per week, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹			Number of facilities offering ANC services
			1–2 days per week	3–4 days per week	5 or more days per week	
Facility type						
Federal/provincial level hospitals	100.0	3	0.0	0.0	100.0	3
Local-level hospitals	100.0	1	0.0	0.0	100.0	1
Private hospitals	90.2	15	5.8	0.0	94.2	14
PHCCs	100.0	9	0.0	0.0	100.0	9
Basic health care centers						
HPs	99.9	219	1.9	1.8	96.2	218
UHCs	100.0	209	1.9	1.9	96.3	209
CHUs	100.0	8	3.7	0.0	92.6	8
CHUs	87.5	2	0.0	0.0	100.0	2
Managing authority						
Public	99.9	231	1.8	1.7	96.4	231
Private	90.2	15	5.8	0.0	94.2	14
Madhesh province total	99.3	246	2.0	1.6	96.3	245

Note: Stand alone HTC sites and two federal level hospitals are excluded from this and other tables in this chapter.

¹ Some facilities offer ANC services less often than one day per week, and so the total percentage may be less than 100 percent.

Table 17 Testing capacity: Madhesh Province

Among facilities offering antenatal care (ANC) services, the percentages having the capacity to conduct the indicated tests at the facility, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering ANC that have the indicated tests								Number of facilities offering ANC services
	Hemo-globin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	Three basic tests ⁷	Determine test kit for HIV	
Facility type									
Federal/provincial level hospitals	100.0	90.0	90.0	20.0	90.0	90.0	80.0	80.0	3
Local-level hospitals	100.0	100.0	100.0	0.0	100.0	33.3	33.3	66.7	1
Private hospitals	85.4	85.4	82.5	12.9	85.4	13.7	13.7	17.5	14
PHCCs	84.4	71.9	78.1	3.1	78.1	0.0	0.0	84.4	9
Basic health care centers									
HPs	5.6	7.3	3.8	0.0	7.3	1.8	0.0	41.8	218
UHCs	5.6	7.4	3.7	0.0	7.4	1.9	0.0	42.6	209
UHCs	7.4	7.4	7.4	0.0	7.4	0.0	0.0	29.6	8
CHUs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2
Managing authority									
Public	10.1	11.2	8.1	0.4	11.4	2.9	1.1	44.0	231
Private	85.4	85.4	82.5	12.9	85.4	13.7	13.7	17.5	14
Madhesh province total	14.3	15.3	12.2	1.1	15.5	3.5	1.8	42.5	245

Note: Some of the figures might interpreted cautiously due to low number of cases.

¹ Capacity to conduct any hemoglobin test in the facility.

² Dip sticks for urine protein.

³ Dip sticks for urine glucose.

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

⁵ Rapid test for syphilis or Venereal Disease Research Laboratory (VDRL) test or 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 18 Availability of medicines for routine antenatal care: Madhesh 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering ANC that have indicated medicines						Number of facilities offering ANC services
	Folic acid tablets	Iron and folic acid combined tablets	Chlorhexidine gel	Calcium	Albendazole tablet	Iron and folic acid combined tablets and albendazole tablet	
Facility type							
Federal/provincial level hospitals	80.0	100.0	50.0	40.0	100.0	100.0	3
Local-level hospitals	66.7	100.0	100.0	0.0	100.0	100.0	1
Private hospitals	65.8	64.9	31.6	50.3	70.8	64.9	14
PHCCs	59.4	93.8	87.5	25.0	100.0	93.8	9
Basic health care centers	29.2	96.1	37.8	12.5	98.1	94.3	218
HPs	29.6	96.3	38.9	13.0	98.1	94.4	209
UHCs	18.5	92.6	11.1	3.7	96.3	92.6	8
CHUs	28.6	85.7	28.6	0.0	100.0	85.7	2
Managing authority							
Public	31.2	96.0	40.1	13.3	98.2	94.4	231
Private	65.8	64.9	31.6	50.3	70.8	64.9	14
Madhesh province total	33.1	94.3	39.7	15.4	96.7	92.7	245

Note: Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17.

Table 19 Characteristics of observed antenatal care clients: Madhesh Province

Among antenatal care (ANC) clients whose consultations were observed, the percentages making a first or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age			Total percent	Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy		First trimester (< 13 weeks)	Second trimester (13–26 weeks)	Third trimester (27–42 weeks)		
Facility type								
Federal/provincial level hospitals	56.4	43.6	41.3	16.9	38.6	44.5	100.0	39
Local-level hospitals	42.9	57.1	42.9	9.5	47.6	42.9	100.0	11
Private hospitals	52.7	47.3	44.4	22.0	30.9	47.1	100.0	79
PHCCs	47.1	52.9	38.6	24.8	40.5	34.6	100.0	60
Basic health care centers	41.5	58.5	31.3	11.4	45.8	42.8	100.0	231
HPs	40.9	59.1	31.8	11.4	45.5	43.2	100.0	226
UHCs	66.7	33.3	8.3	0.0	66.7	33.3	100.0	4
CHUs	66.7	33.3	0.0	66.7	33.3	0.0	100.0	1
Managing authority								
Public	44.2	55.8	34.1	14.3	44.1	41.6	100.0	341
Private	52.7	47.3	44.4	22.0	30.9	47.1	100.0	79
Madhesh province total	45.8	54.2	36.0	15.8	41.6	42.6	100.0	420

Table 20 General assessment and client history for observed first-visit antenatal care clients: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type				Basic health care centers				Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Client history									
Client's age	74.8	66.7	52.1	69.4	78.6	77.8	100.0	100.0	70.8
Date of last menstrual period	79.5	100.0	75.4	84.7	89.3	88.9	100.0	100.0	84.8
Any prior pregnancy ¹	73.3	88.9	71.2	66.7	67.1	66.7	87.5	50.0	69.2
Medicines client currently taking	30.8	11.1	21.6	19.4	33.6	33.3	50.0	0.0	28.0
All elements relevant to client history ²	23.7	11.1	15.7	15.3	17.1	16.7	37.5	0.0	17.2
Gravida (primi or multi)	89.0	100.0	81.3	69.4	83.6	83.3	87.5	100.0	82.0
Routine tests									
Urine protein or glucose test	67.7	66.7	74.9	50.0	27.2	27.8	12.5	0.0	46.4
Hemoglobin test	74.8	77.8	82.8	52.8	38.2	38.9	25.0	0.0	55.1
Ultrasound	84.3	44.4	98.5	38.9	32.9	33.3	25.0	0.0	54.1
Number of first-visit ANC clients	22	5	42	28	96	92	3	1	192
Prior pregnancy-related complications									
Stillbirth	26.6	25.0	12.8	8.7	17.2	18.2	0.0	0.0	16.1
Death of infant during first week after birth	4.0	0.0	5.7	0.0	8.6	9.1	0.0	0.0	6.0
Heavy bleeding during labor or postpartum	0.0	0.0	0.0	2.2	0.0	0.0	0.0	0.0	0.3
Assisted delivery	12.0	0.0	11.3	4.3	17.7	18.2	12.5	0.0	13.4
Cesarean delivery	0.0	0.0	28.7	4.3	0.6	0.0	12.5	0.0	7.1
Previous spontaneous abortion	8.0	0.0	22.3	2.2	17.7	18.2	12.5	0.0	15.0
Previous induced abortion	0.0	0.0	22.3	2.2	0.0	0.0	0.0	0.0	5.1
Multiple pregnancies	4.0	0.0	3.2	0.0	0.0	0.0	0.0	0.0	1.1
Prolonged labor	8.0	0.0	0.0	0.0	0.6	0.0	12.5	0.0	1.2
Pregnancy-induced hypertension	0.0	0.0	16.0	0.0	0.0	0.0	0.0	0.0	3.4
Pregnancy-related convulsions	0.0	0.0	6.4	0.0	0.0	0.0	0.0	0.0	1.4
Any aspect of complications during a prior pregnancy	38.7	25.0	48.9	19.6	52.6	54.5	25.0	0.0	44.8
Number of first-visit ANC clients with prior pregnancy	13	2	26	18	60	56	3	1	119

¹ This includes any questions that would indicate whether the client has had a prior pregnancy, such as date when last menstruation started.

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 21 Basic physical examinations and preventive interventions for antenatal care clients: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type				Basic health care centers				Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
FIRST VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	83.4	100.0	100.0	94.4	94.3	94.4	87.5	100.0	94.4
Weighed client	52.1	100.0	94.1	88.9	71.8	72.2	62.5	50.0	77.6
Checked fetal position (at least 8m pregnant)	48.1	50.0	78.2	33.3	66.7	66.7	-	-	66.1
Checked uterine/fundal height ¹	14.0	22.2	13.7	8.3	10.7	11.1	0.0	0.0	11.7
Listened to fetal heart (at least 5m pregnant) ²	37.0	60.0	53.0	76.9	84.1	85.7	0.0	-	68.2
Examine conjunctiva/palms for anemia	16.6	0.0	29.0	16.7	22.1	22.2	25.0	0.0	21.6
Examine legs/feet/hands for edema	2.4	11.1	23.1	11.1	16.1	16.7	0.0	0.0	15.2
Examine the client's nipple and breasts	0.0	0.0	0.0	2.8	0.0	0.0	0.0	0.0	0.4
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	70.2	66.7	55.3	73.6	82.9	83.3	87.5	0.0	73.7
Provider explained purpose of iron or folic acid tablets	19.6	33.3	7.8	19.4	28.2	27.8	50.0	0.0	21.7
Provider explained how to take tablets	23.7	44.4	3.1	43.1	49.3	50.0	37.5	0.0	35.3
Provider gave or prescribed tetanus diphtheria vaccine	28.4	22.2	11.3	27.8	28.2	27.8	50.0	0.0	24.4
Provider explained purpose of tetanus diphtheria vaccine	19.0	11.1	3.1	19.4	28.6	27.8	62.5	0.0	20.2
Provider gave or prescribed albendazole	23.7	22.2	3.5	38.9	64.7	66.7	12.5	0.0	41.9
Provider explained purpose of albendazole	14.2	11.1	0.0	15.3	6.1	5.6	25.0	0.0	7.2
Number of ANC clients	22	5	42	28	96	92	3	1	192
FOLLOW-UP VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	66.3	100.0	96.1	91.4	92.2	92.3	75.0	100.0	91.0
Weighed client	46.0	100.0	95.6	84.0	72.9	73.1	50.0	100.0	76.9
Checked fetal position (at least 8m pregnant)	53.3	100.0	54.5	60.0	66.0	66.7	0.0	-	63.0
Checked uterine/fundal height ¹	15.3	0.0	8.7	16.0	0.0	0.0	0.0	0.0	4.8
Listened to fetal heart (at least 5m pregnant) ²	22.5	88.9	64.3	60.9	49.4	50.0	0.0	-	52.5
Examine conjunctiva/palms for anemia	9.2	16.7	36.7	14.8	26.8	26.9	25.0	0.0	25.2
Examine legs/feet/hands for edema	3.1	50.0	21.4	13.6	3.8	3.8	0.0	0.0	9.3
Examine the client's nipple and breasts	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.2
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	54.0	58.3	47.8	59.3	69.1	69.2	50.0	100.0	62.8
Provider explained purpose of iron or folic acid tablets	17.3	25.0	2.2	23.5	15.7	15.4	50.0	0.0	14.9
Provider explained how to take tablets	9.2	25.0	0.0	27.2	15.4	15.4	25.0	0.0	14.3
Provider gave or prescribed tetanus diphtheria vaccine	14.2	8.3	14.8	16.0	19.0	19.2	0.0	0.0	17.2
Provider explained purpose of tetanus diphtheria vaccine	12.3	16.7	4.4	9.9	11.4	11.5	0.0	0.0	10.2
Provider gave or prescribed albendazole	3.1	0.0	0.0	12.3	11.4	11.5	0.0	0.0	8.7
Provider explained purpose of albendazole	0.0	8.3	0.0	4.9	7.6	7.7	0.0	0.0	5.4
Number of ANC clients	17	6	37	32	135	134	1	0	228
ALL OBSERVED ANC CLIENTS									
Basic physical examination									
Measured blood pressure	75.9	100.0	98.2	92.8	93.0	93.2	83.3	100.0	92.6
Weighed client	49.4	100.0	94.8	86.3	72.5	72.7	58.3	66.7	77.2
Checked fetal position (at least 8m pregnant)	51.3	83.3	63.9	57.9	66.1	66.7	0.0	-	63.7
Checked uterine/fundal height ¹	14.6	9.5	11.4	12.4	4.4	4.5	0.0	0.0	8.0
Listened to fetal heart (at least 5m pregnant) ²	28.5	78.6	59.9	63.4	57.8	58.6	0.0	-	56.9

5m pregnant) ²									
Examine conjunctiva/palms for anemia	13.4	9.5	32.6	15.7	24.9	25.0	25.0	0.0	23.5
Examine legs/feet/hands for edema	2.7	33.3	22.3	12.4	8.9	9.1	0.0	0.0	12.0
Examine the client's nipple and breasts	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.3
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	63.2	61.9	51.8	66.0	74.8	75.0	75.0	33.3	67.8
Provider explained purpose of iron or folic acid tablets	18.6	28.6	5.2	21.6	20.9	20.5	50.0	0.0	18.0
Provider explained how to take tablets	17.4	33.3	1.6	34.6	29.5	29.5	33.3	0.0	24.0
Provider gave or prescribed tetanus diphtheria vaccine	22.2	14.3	13.0	21.6	22.8	22.7	33.3	0.0	20.5
Provider explained purpose of tetanus diphtheria vaccine	16.0	14.3	3.7	14.4	18.5	18.2	41.7	0.0	14.8
Provider gave or prescribed albendazole	14.7	9.5	1.8	24.8	33.5	34.1	8.3	0.0	23.9
Provider explained purpose of albendazole	8.0	9.5	0.0	9.8	7.0	6.8	16.7	0.0	6.2
Number of ANC clients	39	11	79	60	231	226	4	1	420

Note: See Table 6.18 for information on long-lasting insecticidal nets (LLINs).

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 fetal stethoscope or by using an ultrasound device.

Table 22 Content of antenatal care counseling related to risk symptoms: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Counseling topics	Facility type					Basic health care centers			Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
FIRST VISIT ANC CLIENT									
Vaginal bleeding or spotting	32.1	11.1	45.5	16.7	16.8	16.7	25.0	0.0	24.6
Fever	7.1	22.2	17.2	13.9	0.0	0.0	0.0	0.0	7.1
Headache or blurred vision	19.0	22.2	46.0	22.2	16.8	16.7	25.0	0.0	24.3
Swollen hands, face or body	8.6	11.1	15.3	4.2	10.7	11.1	0.0	0.0	10.5
Tiredness, shortness of breath	8.6	0.0	3.9	1.4	0.0	0.0	0.0	0.0	2.0
Fetal movement: loss of, excessive or normal	25.0	11.1	23.1	11.1	11.1	11.1	12.5	0.0	15.3
Convulsion or loss of consciousness	0.0	0.0	0.0	2.8	0.0	0.0	0.0	0.0	0.4
Severe lower abdominal pain	40.1	11.1	47.9	16.7	27.5	27.8	25.0	0.0	31.4
Any of the above risk symptoms	55.8	44.4	72.5	33.3	38.9	38.9	50.0	0.0	47.4
Number of ANC clients	22	5	42	28	96	92	3	1	192
FOLLOW-UP VISIT ANC CLIENT									
Vaginal bleeding or spotting	29.5	16.7	51.2	32.1	11.6	11.5	25.0	0.0	22.5
Fever	15.3	8.3	10.4	7.4	11.6	11.5	0.0	100.0	11.0
Headache or blurred vision	33.7	16.7	37.4	19.8	15.4	15.4	0.0	100.0	21.0
Swollen hands, face or body	3.1	8.3	17.5	3.7	3.8	3.8	0.0	0.0	6.1
Tiredness, shortness of breath	0.0	0.0	4.4	2.5	0.0	0.0	0.0	0.0	1.1
Fetal movement: loss of, excessive or normal	17.3	16.7	40.3	24.7	7.8	7.7	25.0	0.0	16.5
Convulsion or loss of consciousness	0.0	0.0	2.2	3.7	0.0	0.0	0.0	0.0	0.9
Severe lower abdominal pain	38.7	33.3	49.5	39.5	26.6	26.9	0.0	0.0	33.2
Any of the above risk symptoms	63.2	50.0	70.4	58.0	42.3	42.3	25.0	100.0	50.9
Number of ANC clients	17	6	37	32	135	134	1	0	228
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding or spotting	31.0	14.3	48.2	24.8	13.8	13.6	25.0	0.0	23.4
Fever	10.7	14.3	14.0	10.5	6.8	6.8	0.0	33.3	9.2
Headache or blurred vision	25.4	19.0	41.9	20.9	16.0	15.9	16.7	33.3	22.5
Swollen hands, face or body	6.2	9.5	16.3	3.9	6.7	6.8	0.0	0.0	8.1
Tiredness, shortness of breath	4.9	0.0	4.1	2.0	0.0	0.0	0.0	0.0	1.5
Fetal movement: loss of, excessive or normal	21.6	14.3	31.2	18.3	9.2	9.1	16.7	0.0	15.9
Convulsion or loss of consciousness	0.0	0.0	1.0	3.3	0.0	0.0	0.0	0.0	0.7
Severe lower abdominal pain	39.5	23.8	48.7	28.8	27.0	27.3	16.7	0.0	32.4
Any of the above risk symptoms	59.1	47.6	71.5	46.4	40.9	40.9	41.7	33.3	49.3
Number of ANC clients	39	11	79	60	231	226	4	1	420

Table 23 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Counseling topics	Facility type					Basic health care centers			Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
FIRST VISIT ANC CLIENT									
Nutrition	46.3	66.7	37.3	54.2	77.2	77.8	75.0	0.0	61.4
Progress of pregnancy	25.0	11.1	29.4	30.6	28.6	27.8	62.5	0.0	28.2
Care during pregnancies	11.0	0.0	23.5	26.4	12.8	11.1	75.0	0.0	16.6
Importance of at least 4 ANC visits	11.8	11.1	18.7	47.2	39.3	38.9	62.5	0.0	32.2
Delivery plans/birth preparedness ¹	2.4	0.0	0.0	5.6	0.3	0.0	12.5	0.0	1.3
Care of newborn ²	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.4
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Exclusive breastfeeding	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.4
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Family planning post-partum	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Provider used any visual aids	2.4	0.0	0.0	4.2	0.3	0.0	12.5	0.0	1.1
Number of ANC clients	22	5	42	28	96	92	3	1	192
FOLLOW-UP VISIT ANC CLIENT									
Nutrition	20.3	66.7	47.6	38.3	57.5	57.7	50.0	0.0	50.6
Progress of pregnancy	26.5	25.0	55.3	35.8	8.1	7.7	50.0	0.0	21.5
Care during pregnancies	18.4	16.7	42.7	18.5	19.5	19.2	50.0	0.0	23.0
Importance of at least 4 ANC visits	11.1	33.3	10.4	23.5	23.3	23.1	50.0	0.0	20.6
Delivery plans/birth preparedness ¹	6.1	25.0	6.6	16.0	11.6	11.5	25.0	0.0	11.4
Care of newborn ²	0.0	0.0	0.0	3.7	0.0	0.0	0.0	0.0	0.5
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.2
Exclusive breastfeeding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.2	0.0	25.0	0.0	0.1
Family planning post-partum	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.2
Provider used any visual aids	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.2
Number of ANC clients	17	6	37	32	135	134	1	0	228
ALL OBSERVED ANC CLIENTS									
Nutrition	35.0	66.7	42.1	45.8	65.6	65.9	66.7	0.0	55.6
Progress of pregnancy	25.6	19.0	41.7	33.3	16.6	15.9	58.3	0.0	24.6
Care during pregnancies	14.2	9.5	32.6	22.2	16.7	15.9	66.7	0.0	20.1
Importance of at least 4 ANC visits	11.5	23.8	14.8	34.6	29.9	29.5	58.3	0.0	25.9
Delivery plans/birth preparedness ¹	4.0	14.3	3.1	11.1	7.0	6.8	16.7	0.0	6.7
Care of newborn ²	0.0	0.0	1.0	2.0	0.0	0.0	0.0	0.0	0.5
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.1
Exclusive breastfeeding	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.2
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.1	0.0	8.3	0.0	0.1
Family planning post-partum	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.1
Provider used any visual aids	1.3	0.0	0.0	2.6	0.1	0.0	8.3	0.0	0.6
Number of ANC clients	39	11	79	60	231	226	4	1	420

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, 4.1% Chlorhexidine gel.

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

Table 24 Availability of normal vaginal delivery and other maternal health services: Madhesh Province

Among all facilities, the percentages that offer normal vaginal delivery and cesarean delivery services, and among facilities that offer normal vaginal delivery services, the percentages offering specific maternal health services and having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering:				Number of facilities	Percentage of facilities offering normal vaginal delivery services that offer/have:					
	Normal vaginal delivery service	Cesarean delivery	Normal vaginal delivery service or cesarean delivery	Normal vaginal delivery service and cesarean delivery		Assisted delivery	Medical abortion	Comprehensive abortion care (CAC)	Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Number of facilities offering normal vaginal delivery services
Facility type											
Federal/provincial level hospitals	100.0	90.0	100.0	90.0	3	90.0	90.0	100.0	90.0	100.0	3
Local-level hospitals	100.0	0.0	100.0	0.0	1	33.3	33.3	0.0	100.0	100.0	1
Private hospitals	68.4	55.2	71.0	52.6	15	53.7	67.6	57.1	61.0	100.0	10
PHCCs	96.9	0.0	96.9	0.0	9	25.8	51.6	12.9	67.7	100.0	9
Basic health care centers											
HPs	17.7	0.0	17.7	0.0	219	20.0	40.0	0.0	40.0	100.0	39
UHCs	18.5	0.0	18.5	0.0	209	20.0	40.0	0.0	40.0	100.0	39
CHUs	0.0	0.0	0.0	0.0	8	-	-	-	-	-	0
CHUs	0.0	0.0	0.0	0.0	2	-	-	-	-	-	0
Managing authority											
Public	22.1	1.1	22.1	1.1	231	25.1	44.6	7.7	48.5	100.0	51
Private	68.4	55.2	71.0	52.6	15	53.7	67.6	57.1	61.0	100.0	10
Madhesh province total	24.9	4.4	25.1	4.2	246	29.9	48.5	16.0	50.6	100.0	61

Note: Stand-alone HTC sites, and three federal level hospitals are excluded in this and all the tables of this chapter.

Table 25 Medicines and commodities for delivery and newborn care: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Medicines	Facility type				Basic health care centers		Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	
Essential medicines for delivery¹							
Injectable uterotonic (oxytocin) ²	100.0	100.0	88.4	100.0	100.0	100.0	98.1
Injectable antibiotic ³	100.0	100.0	74.1	74.2	50.0	50.0	60.5
Skin antiseptic	100.0	100.0	89.6	100.0	100.0	100.0	98.2
Intravenous fluids with infusion set ⁴	100.0	100.0	84.6	96.8	100.0	100.0	97.0
Magnesium Sulphate	90.0	100.0	73.0	64.5	50.0	50.0	58.4
All essential medicines for delivery	90.0	100.0	56.0	16.1	0.0	0.0	17.2
Essential medicines for newborns							
Tetracycline eye ointment ¹	30.0	33.3	10.4	9.7	10.0	10.0	11.3
4% chlorhexidine gel ¹	90.0	100.0	58.3	83.9	90.0	90.0	83.9
Injectable gentamicin ²	80.0	100.0	73.0	90.3	50.0	50.0	61.6
Ceftriaxone powder for injection	90.0	100.0	84.6	45.2	20.0	20.0	38.7
Amoxicillin suspension or dispersible pediatric dosed tablet	90.0	66.7	49.4	29.0	20.0	20.0	30.1
All essential medicines for newborns	30.0	33.3	7.7	0.0	0.0	0.0	3.1
Priority medicines for mothers⁵							
Sodium chloride injectable solution	100.0	100.0	88.4	100.0	100.0	100.0	98.1
Injectable Calcium gluconate	70.0	33.3	66.4	41.9	30.0	30.0	39.7
Ampicillin powder for injection	70.0	66.7	32.9	29.0	20.0	20.0	26.4
Injectable metronidazole	90.0	66.7	66.4	58.1	30.0	30.0	43.3
Misoprostol capsules or tablets	60.0	66.7	70.3	51.6	30.0	30.0	41.7
Azithromycin capsules or tablets or oral liquid	90.0	100.0	84.6	87.1	70.0	70.0	76.2
Cefixime capsules or tablets	80.0	100.0	80.7	16.1	20.0	20.0	33.5
Injectable bethamethasone or dexamethasone	100.0	66.7	73.0	58.1	50.0	50.0	57.5
All priority medicines for mothers	20.0	0.0	19.7	3.2	0.0	0.0	4.7
Number of facilities offering normal vaginal delivery services	3	1	10	9	39	39	61

¹ All essential medicines for delivery, antibiotic eye ointment, and 4.1% chlorhexidine gel were assessed and must be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, 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 is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 26 Items for infection control during provision of delivery care: Madhesh 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering normal vaginal delivery services that have items for infection control											Number of facilities offering normal vaginal delivery services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Needle destroyer/needle cutter	Waste receptacle ²	IP and health care guideline	All infection prevention items ³	Medical masks (surgical or N95)	
Facility type												
Federal/provincial level hospitals	90.0	90.0	90.0	90.0	100.0	100.0	70.0	40.0	0.0	0.0	100.0	3
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	100.0	33.3	66.7	33.3	0.0	100.0	1
Private hospitals	81.9	88.4	81.9	93.4	93.4	93.4	48.3	29.7	14.3	7.7	78.0	10
PHCCs	80.6	93.5	77.4	93.5	100.0	93.5	25.8	16.1	6.5	0.0	80.6	9
Basic health care centers												
HPs	80.0	70.0	70.0	100.0	100.0	100.0	30.0	20.0	10.0	0.0	90.0	39
HPs	80.0	70.0	70.0	100.0	100.0	100.0	30.0	20.0	10.0	0.0	90.0	39
Managing authority												
Public	81.0	75.6	72.9	98.4	100.0	98.9	31.5	21.2	9.2	0.0	89.1	51
Private	81.9	88.4	81.9	93.4	93.4	93.4	48.3	29.7	14.3	7.7	78.0	10
Madhesh province total	81.1	77.8	74.4	97.5	98.9	98.0	34.4	22.6	10.1	1.3	87.3	61

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

² Waste receptacle with plastic bin liner.

³ IP guideline includes IP and health care waste management (HCWM) reference manual 2015 or 2020.

⁴ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, needle destroyer or needle cutter, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Table 27 Signal Functions for emergency obstetric and neonatal care (EmONC) and functional Basic EmONC and Comprehensive EmONC facilities: Madhesh 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities that carried out:							Number of facilities offering normal vaginal delivery services	Percentage of facilities that carried out:	Number of hospitals and PHCCs offering normal vaginal delivery services	Percentage of facilities that carried out:			Number of hospitals offering normal vaginal delivery services
	Parenteral antibiotics	Parenteral oxytocics	Parenteral anticonvulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation				BEmONC ¹	Blood transfusion	Cesarean delivery	
Facility type														
Federal/provincial level hospitals	100.0	100.0	100.0	80.0	100.0	90.0	100.0	3	70.0	3	80.0	90.0	50.0	3
Local-level hospitals	100.0	100.0	33.3	0.0	33.3	33.3	100.0	1	0.0	1	0.0	0.0	0.0	1
Private hospitals	84.6	96.1	41.7	29.0	73.0	61.0	56.0	10	9.3	10	57.1	74.1	6.6	10
PHCCs	58.1	96.8	32.3	16.1	67.7	58.1	58.1	9	3.2	9	-	-	-	0
Basic health care centers														
HPs	50.0	100.0	0.0	20.0	90.0	70.0	60.0	39	-	0	-	-	-	0
HPs	50.0	100.0	0.0	20.0	90.0	70.0	60.0	39	-	0	-	-	-	0
Managing authority														
Public	54.9	99.5	11.5	22.3	85.8	68.5	62.5	51	18.2	12	61.5	69.2	38.5	4
Private	84.6	96.1	41.7	29.0	73.0	61.0	56.0	10	9.3	10	57.1	74.1	6.6	10
Madhesh province total	59.9	98.9	16.6	23.4	83.7	67.2	61.4	61	14.1	23	58.3	72.9	14.9	14

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 they have done at least one Cesarean delivery in the 3 months before the survey, that they have done blood transfusion in an obstetric context at least once in the 3 months before the survey, and have 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 28 Newborn care practices: Madhesh Province

Among facilities offering normal vaginal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by facility type, Nepal Health Facility Survey, 2021

Newborn care practices	Facility type				Basic health care centers	Basic health care centers HPs	Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs			
Delivery to the abdomen (skin-to-skin)	100.0	100.0	86.8	96.8	90.0	90.0	91.0
Drying and wrapping newborns to keep warm	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Kangaroo mother care	100.0	100.0	78.0	90.3	100.0	100.0	94.9
Initiation of breastfeeding within the first hour	100.0	100.0	96.1	100.0	100.0	100.0	99.4
Routine complete (head-to-toe) examination of newborns before discharge	80.0	100.0	85.7	93.5	90.0	90.0	89.5
Applying chlorhexidine gel to umbilical cord stump	90.0	100.0	59.4	93.5	100.0	100.0	91.8
Weighing the newborn immediately upon delivery	100.0	100.0	100.0	100.0	90.0	90.0	93.7
Administration of injectable vitamin K1 to newborn	60.0	0.0	75.3	16.1	10.0	10.0	24.0
Applying tetracycline eye ointment to both eyes	20.0	0.0	14.3	6.5	10.0	10.0	10.5
Giving the newborn BCG prior to discharge	10.0	0.0	5.4	6.5	10.0	10.0	8.6
All new born care practices except injectable vitamin K1, tetracycline eye ointment and new born BCG	80.0	100.0	49.0	77.4	80.0	80.0	74.7
Number of facilities offering normal vaginal delivery services	3	1	10	9	39	39	61

Table 29 Postpartum check/advise at the time of discharge: Madhesh Province

Among interviewed postpartum exit women, the percentages whose consultation included check/advise on topics related to mother and baby at the time of discharge, by facility type, Nepal Health Facility Survey, 2021

Type of check/advise	Facility type				Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	
Mother					
Check blood pressure	54.1	50.0	95.3	60.0	64.5
Check pulse	35.6	50.0	73.4	50.0	46.9
Check temperature	27.2	50.0	81.3	20.0	41.8
Check leg for tenderness/swelling	23.1	12.5	45.3	20.0	27.8
Inspect perineum for tear, bleeding, swelling	46.3	37.5	71.9	40.0	51.7
Examine breast for retracted nipple, cracked nipple, engorgement	15.4	37.5	32.7	10.0	20.9
Ask she has passed urine without difficulties	50.4	100.0	71.9	30.0	57.9
Check if uterus is well contracted	46.1	87.5	67.3	50.0	54.4
Ask about vaginal bleeding	59.3	87.5	73.4	50.0	64.2
Cord care advise	42.1	12.5	57.9	40.0	43.9
Breastfeeding advise	76.3	100.0	95.3	70.0	82.3
Family Planning advise	18.5	50.0	9.4	30.0	19.0
Post Natal Care (PNC) check up advise	51.9	37.5	64.0	60.0	54.4
Carried out wound site examination	22.2	12.5	62.6	40.0	32.7
Advised on danger signs during postpartum period	28.3	37.5	34.5	40.0	31.2
All checks/advise	1.2	0.0	0.0	10.0	1.4
Mother received postpartum family planning (PPFP) counselling	7.7	12.5	0.0	20.0	6.8
Baby					
Check baby temperature by touching foot and abdomen	45.0	37.5	57.9	50.0	48.0
Check any difficulty in breathing, grunting, chest indrawn	68.7	100.0	81.3	40.0	72.2
Assess newborns general appearance color, movement and cry	41.3	50.0	67.3	50.0	48.9
Check umbilical cord for bleeding and infection	50.2	25.0	57.9	50.0	50.4
Check for pustules on skin	56.8	50.0	50.0	60.0	54.8
Check eye for discharge	32.6	12.5	43.9	30.0	33.9
Look for sign of jaundice in forehead, abdomen, palm, foot	9.3	25.0	26.6	20.0	15.3
Ask if newborn is breastfeeding well	17.0	0.0	21.9	30.0	17.9
Advise immunization	25.5	37.5	34.5	10.0	27.7
All checks/advise	0.0	0.0	7.9	0.0	2.0
Time of discharge after delivery - after 24 hours	35.9	37.5	45.3	0.0	36.2
- before 24 hours	64.1	62.5	54.7	100.0	63.8
Number of postpartum clients	66	7	26	6	106
Reasons of discharge before 24 hours¹					
Due to having limited beds/ overload of cases in the facilities	36.0	0.0	17.1	10.0	27.2
Clients did not want to stay for 24 hours	75.9	100.0	51.3	80.0	72.6
Others	2.1	0.0	48.7	20.0	13.6
Number of postpartum clients who discharged before 24 hours	42	4	14	6	68

Due to low number of cases, figures in UHCs should be interpreted cautiously. ¹ Respondents may report multiple treatment methods, so the sum of treatment may exceed 100%.

Table 30 Availability of child health services: Madhesh Province

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities that offer:					Number of facilities excluding HTCs and two federal level hospitals ⁴	Number of facilities excluding HTCs and one federal level hospital ⁵
	Outpatient curative care for sick children ¹	Growth monitoring ²	Child vaccination ³	All three basic child health services	Routine vitamin A supplementation		
Facility type							
Federal/provincial level hospitals	100.0	50.0	40.0	40.0	80.0	3	3
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	1	1
Private hospitals	84.2	21.4	9.0	9.0	31.9	15	15
PHCCs	100.0	93.8	100.0	93.8	100.0	9	9
Basic health care centers							
HPs	100.0	94.4	98.1	92.6	100.0	209	209
UHCs	100.0	66.7	85.2	66.7	70.4	8	8
CHUs	100.0	62.5	50.0	50.0	62.5	2	2
Managing authority							
Public	100.0	92.7	96.6	90.8	98.4	231	231
Private	84.2	21.4	9.0	9.0	31.9	15	15
Madhesh province total	99.0	88.3	91.3	85.8	94.4	246	246

Note: Stand alone HTC sites are excluded from this table and other tables in this chapter.

Two federal level hospitals are excluded from this table and other tables for analysis of child curative care and child vaccination services.

One federal level hospital is excluded from this table for analysis of child growth monitoring services.

¹ Child Curative care services are services pertaining to diagnosis, treatment and therapies provided to a child patient with intent to improve symptoms and cure the patient's medical problem. It also includes major childhood illnesses like Pneumonia, Diarrhea, Malaria, Measles and Malnutrition in a holistic way and major problem of sick newborn such as birth asphyxia, bacterial infection, jaundice, hypothermia, low birth weight, counseling of breastfeeding.

² Growth monitoring is both a service for diagnosing inadequate child growth in its earliest stages and a delivery platform for nutrition counselling. It is the regular monitoring of a "well" child, to see how he/she is developing. The rate of growth is checked against a chart to assure they are within an acceptable range. It usually involves (1) the routine measurement of a child's weight and length/height; (2) the plotting of the child's measurements and comparison of the child's status to a standardized growth chart to assess growth adequacy; (3) growth-informed counselling; and, if necessary, (4) the undertaking of remedial, health-promoting action.

³ Routine provision of BCG, pentavalent, oral polio, measles-rubella (MR) vaccinations, pneumococcal conjugate vaccine (PCV), rota-virus vaccine, fractional dose of inactivated polio vaccine (fIPV) and Japanese encephalitis (JE) vaccinations at the facility or through outreach.

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

⁵ This denominator applies only to the indicators "child growth monitoring" services.

Table 31 Laboratory diagnostic capacity: Madhesh Province

Among all facilities offering outpatient curative care services for sick children, the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Laboratory diagnostic capacity				Number of facilities offering outpatient curative care for sick children
	Hemoglobin ¹	Malaria ²	Stool microscopy ³	All three tests	
Facility type					
Federal/provincial level hospitals	100.0	90.0	50.0	40.0	3
Local-level hospitals	100.0	100.0	66.7	66.7	1
Private hospitals	90.6	90.6	52.7	52.7	13
PHCCs	84.4	90.6	62.5	62.5	9
Basic health care centers					
HPs	5.6	35.8	5.3	3.5	219
UHCs	5.6	37.0	5.6	3.7	209
CHUs	7.4	7.4	0.0	0.0	8
	0.0	12.5	0.0	0.0	2
Managing authority					
Public	10.1	38.8	8.3	6.5	231
Private	90.6	90.6	52.7	52.7	13
Madhesh province total	14.3	41.5	10.6	8.9	244

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 32 Availability of essential and priority medicines and commodities: Madhesh Province

Among all 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Essential medicines								Priority medicines	Number of facilities offering outpatient curative care for sick children
	ORS ¹	Zinc tablets	Amoxicillin syrup, suspension or dispersible	Paracetamol syrup or suspension	Vitamin A capsules	Albendazole	Ampicillin powder for injection	Gentamycin injection	Ceftriaxone powder for injection	
Facility type										
Federal/provincial level hospitals	90.0	80.0	90.0	100.0	80.0	100.0	70.0	80.0	90.0	3
Local-level hospitals	100.0	100.0	66.7	66.7	66.7	100.0	66.7	100.0	100.0	1
Private hospitals	78.1	65.6	49.5	75.9	24.5	75.0	29.8	71.8	78.1	13
PHCCs	100.0	93.8	31.2	81.3	90.6	93.8	31.2	90.6	43.7	9
Basic health care centers										
HPs	94.4	90.7	31.5	79.6	87.0	96.3	18.5	70.4	16.7	209
UHCs	100.0	85.2	22.2	77.8	70.4	96.3	7.4	44.4	11.1	8
CHUs	87.5	87.5	25.0	87.5	37.5	87.5	12.5	62.5	0.0	2
Managing authority										
Public	94.7	90.5	31.9	79.9	86.0	96.2	19.4	70.5	18.6	231
Private	78.1	65.6	49.5	75.9	24.5	75.0	29.8	71.8	78.1	13
Madhesh province total	93.9	89.2	32.9	79.7	82.8	95.1	19.9	70.5	21.7	244

ORS = oral rehydration salts.

Table 33 Infection control for vaccination services: Madhesh Province

Among all 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering child vaccination services that have indicated items for infection control									Number of facilities offering child vaccination services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Waste receptacle ²	Infection prevention (IP) guideline ³	All infection prevention items ⁴	Medical masks (surgical or N95)	
Facility type										
Federal/provincial level hospitals	50.0	50.0	50.0	100.0	100.0	0.0	0.0	0.0	50.0	1
Local-level hospitals	66.7	66.7	66.7	100.0	100.0	66.7	33.3	33.3	100.0	1
Private hospitals	70.7	70.7	70.7	100.0	100.0	29.3	29.3	29.3	50.0	1
PHCCs	50.0	75.0	50.0	87.5	90.6	12.5	6.2	0.0	78.1	9
Basic health care centers										
HPs	53.2	36.0	32.4	88.3	90.4	14.8	3.8	2.0	69.6	213
UHCs	52.8	35.8	32.1	88.7	90.6	15.1	3.8	1.9	69.8	205
CHUs	56.5	39.1	39.1	73.9	82.6	8.7	4.3	4.3	60.9	6
CHUs	100.0	50.0	50.0	100.0	100.0	0.0	0.0	0.0	75.0	1
Managing authority										
Public	53.1	37.8	33.3	88.4	90.5	14.8	4.0	2.0	69.9	223
Private	70.7	70.7	70.7	100.0	100.0	29.3	29.3	29.3	50.0	1
Madhesh province total	53.2	38.0	33.5	88.4	90.5	14.9	4.1	2.1	69.8	225

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

² Waste receptacle with plastic bin liner.

³ IP guideline includes infection prevention (IP) and Health care waste management (HCWM) Reference Manual 2015 or 2020.

⁴ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, waste receptacle with plastic bin liner, and IP and HCWM reference manual 2015 or 2020.

Table 34 Assessments and examinations of sick children: Madhesh 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 facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type				Basic health care centers				Madhesh province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Qualification of provider									
Consultation conducted by consultant/specialist or medical doctor general practitioner (MD-GP)	58.8	0.0	82.6	0.0	0.0	0.0	0.0	0.0	8.1
Consultation conducted by medical officer (MO)	41.2	78.9	14.2	40.0	0.1	0.0	5.1	0.0	7.2
Consultation conducted by nursing professional	0.0	0.0	0.0	0.0	0.1	0.0	5.1	0.0	0.1
Consultation conducted by a paramedic	0.0	21.1	3.2	60.0	99.7	100.0	89.7	100.0	84.6
History: general danger signs									
Inability to eat or drink anything	15.1	47.4	19.7	19.2	13.3	13.6	5.1	0.0	14.7
Vomiting everything	28.0	26.3	31.7	17.6	13.5	13.6	10.3	11.1	15.8
Convulsions	3.9	5.3	5.2	4.8	0.1	0.0	2.6	0.0	1.0
Child is unconscious/lethargic	7.7	5.3	9.5	2.4	1.0	1.0	2.6	0.0	2.0
All general danger signs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
History: main symptom									
Cough or difficulty breathing	85.8	78.9	83.9	73.6	68.9	68.9	69.2	66.7	71.2
Diarrhea	14.2	31.6	22.2	28.0	27.6	28.2	12.8	0.0	26.6
Fever	83.9	89.5	84.4	75.2	80.3	80.6	71.8	77.8	80.6
All three main symptoms ¹	12.9	21.1	20.7	17.6	16.1	16.5	2.6	0.0	16.3
Ear pain or discharge from ear	3.9	5.3	3.2	15.2	19.1	19.4	10.3	0.0	16.8
All 3 main symptoms plus ear pain/ discharge	2.6	0.0	0.0	3.2	9.4	9.7	0.0	0.0	7.9
Physical examination									
Took child's temperature with thermometer ²	74.3	57.9	89.0	77.6	51.6	51.5	56.4	55.6	56.9
Counted respiration (breaths) for 60 seconds	11.3	21.1	14.5	19.2	5.7	5.8	0.0	11.1	7.7
Count pulse	0.0	10.5	3.6	2.4	2.0	1.9	5.1	0.0	2.1
Auscultated child (listen to chest with stethoscope) or count pulse ³	70.7	73.7	79.8	52.8	0.0	0.0	0.0	0.0	13.3
Checked skin turgor for dehydration	3.9	15.8	9.3	6.4	4.0	3.9	7.7	0.0	4.6
Checked for pallor by looking at palms	1.3	5.3	3.6	3.2	0.9	1.0	0.0	0.0	1.3
Checked for pallor by looking at conjunctiva	24.4	21.1	16.1	11.2	5.8	5.8	5.1	0.0	8.0
Looked into child's mouth	7.4	10.5	17.0	2.4	4.7	4.9	0.0	0.0	5.5
Checked for neck stiffness	1.3	0.0	2.1	0.0	0.1	0.0	0.0	11.1	0.2
Looked in child's ear	1.3	0.0	7.3	6.4	3.9	3.9	5.1	0.0	4.0
Felt behind child's ears for tenderness	2.6	0.0	6.8	2.4	7.6	7.8	2.6	0.0	6.8
Pressed both feet to check for edema	0.0	10.5	0.0	2.4	1.0	1.0	0.0	11.1	1.1
Checked for enlarged lymph nodes	3.9	0.0	3.2	1.6	0.9	1.0	0.0	0.0	1.3
Measured height	7.1	0.0	3.6	7.2	0.0	0.0	0.0	0.0	1.1
Weighted the child	82.3	84.2	95.3	69.6	49.3	49.5	38.5	55.6	55.7
Plotted weight on growth chart	27.0	15.8	38.5	32.0	13.5	13.6	5.1	33.3	17.0
Essential advice to caretaker									
Give extra fluids to child	3.9	52.6	22.2	12.0	13.4	13.6	5.1	11.1	13.8
Continue feeding child	11.3	31.6	29.5	8.0	16.1	16.5	0.0	11.1	16.2
Symptoms requiring immediate return	1.3	21.1	7.3	3.2	2.9	2.9	2.6	0.0	3.3
Number of sick child observations	34	8	33	41	475	461	12	3	593

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.

³ Not Applicable below PHCC level.

Table 35 Availability of HIV testing and counseling services: Madhesh Province

Among all facilities, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counseling (HTC) services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of all facilities with HIV testing system ¹	Number of facilities	Percentage of facilities with HIV testing system that have:							Number of facilities having HIV testing system
			HIV testing capacity ²	National HIV testing and treatment guidelines 2020	Trained provider ³	Ever-trained provider ⁴	Visual and auditory privacy ⁵	Condoms ⁶	All items ⁷	
Facility type										
Federal/provincial level hospitals	90.0	3	100.0	77.8	44.4	100.0	100.0	100.0	33.3	3
Local-level hospitals	33.3	1	100.0	0.0	100.0	100.0	0.0	100.0	0.0	0
Private hospitals	22.2	15	55.9	0.0	11.9	35.7	100.0	67.8	0.0	3
PHCCs	0.0	9	-	-	-	-	-	-	-	0
Basic health care centers										
HPs	3.7	209	50.0	0.0	0.0	100.0	50.0	100.0	0.0	8
UHCs	0.0	8	-	-	-	-	-	-	-	0
CHUs	0.0	2	-	-	-	-	-	-	-	0
Stand-alone HTCs	33.3	1	100.0	0.0	100.0	100.0	100.0	100.0	0.0	0
Managing authority										
Public	4.6	231	63.3	18.6	13.3	100.0	60.6	100.0	8.0	11
Private	22.8	16	59.4	0.0	18.7	40.6	100.0	70.3	0.0	4
Madhesh province total	5.7	247	62.3	13.9	14.7	84.8	70.7	92.4	5.9	14

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

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

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

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

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

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

⁷ Facility had all of the following items available on the day of the survey: HIV testing capacity, National HIV Testing and Treatment Guidelines 2020, at least one interviewed provider trained in the past 24 months in HIV testing and counseling, visual and auditory privacy and condoms available at the HIV testing site.

Table 36 Guidelines, trained staff, and items for HIV/AIDS care and support services: Madhesh Province

Among all facilities, the percentages offering HIV/AIDS care and support services and, among facilities offering HIV care and support services, the percentages having indicated items to support the provision of quality HIV/AIDS care and support services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering HIV/AIDS care and support services ¹	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:			Medicines							Number of facilities offering HIV/AIDS care and support services	
			National HIV testing and treatment guidelines 2020	Refer to community care center (CCC), CHBC and PLHIV group	System for screening and testing HIV+ clients for TB ³	IV solution with infusion set	Flucanazole tablet or ointment	Cotrimoxazole tablets	First-line treatment for TB ⁴	Pain management ⁵	Male condoms	Male condoms and lubricants		
Facility type														
Federal/provincial level hospitals	60.0	3	50.0	83.3	66.7	100.0	66.7	50.0	50.0	100.0	100.0	50.0	2	
Local-level hospitals	0.0	1	-	-	-	-	-	-	-	-	-	-	0	
Private hospitals	9.8	15	19.0	27.0	0.0	100.0	46.0	0.0	19.0	73.0	73.0	19.0	1	
PHCCs	9.4	9	0.0	33.3	33.3	100.0	100.0	100.0	100.0	66.7	100.0	0.0	1	
Basic health care centers														
HPs	1.8	219	0.0	100.0	0.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	4	
HPs	1.9	209	0.0	100.0	0.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	4	
UHCs	0.0	8	-	-	-	-	-	-	-	-	-	-	0	
CHUs	0.0	2	-	-	-	-	-	-	-	-	-	-	0	
Stand-alone HTC	0.0	1	-	-	-	-	-	-	-	-	-	-	0	
Managing authority														
Public	2.8	231	13.2	86.8	21.9	39.5	30.7	86.8	86.8	95.6	100.0	73.7	6	
Private	9.3	16	19.0	27.0	0.0	100.0	46.0	0.0	19.0	73.0	73.0	19.0	1	
Madhesh province total	3.2	247	14.3	75.6	17.8	50.8	33.6	70.6	74.1	91.4	94.9	63.5	8	

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

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

² Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Record or register indicating HIV-positive clients who have been screened and tested for TB.

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

⁵ Diclofenac tablet or injection, or else indomethacin tablets.

Table 37 Guidelines, trained staff, and items for antiretroviral therapy services: Madhesh Province

Among hospitals and PHCCs, the percentages offering antiretroviral therapy (ART) services and, among PHCCs and hospitals offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:					Number of facilities offering ART services
			National HIV testing and treatment guidelines 2020	Trained staff ²	Complete blood count ³	PCR-viral load	PCR-DNA-EID	Renal or liver function test	Preferred first-line ART regimen available ⁴	
Facility type										
Federal/provincial level hospitals	80.0	3	75.0	37.5	87.5	25.0	12.5	87.5	100.0	2
Local-level hospitals	0.0	1	-	-	-	-	-	-	-	0
Private hospitals	1.9	15	100.0	0.0	100.0	0.0	0.0	100.0	0.0	0
PHCCs	0.0	9	-	-	-	-	-	-	-	0
Managing authority										
Public	17.8	13	75.0	37.5	87.5	25.0	12.5	87.5	100.0	2
Private	1.9	15	100.0	0.0	100.0	0.0	0.0	100.0	0.0	0
Madhesh province total	9.1	28	77.8	33.3	88.9	22.2	11.1	88.9	88.9	3

Note: The denominator for this table included only PHCCs and hospitals.

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

² Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART 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 hematology analyzer or functioning hematological counter with the necessary reagents available in the facility.

⁴ Facility had any of the following ART medicines for adults available at the facility on the day of the survey: TENOFOVIR+LAMIVUDINE+DOLUTEGRAVIR (TDF+3TC+DTG).

Table 38 Guidelines, trained staff, and items for sexually transmitted infection services

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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities								Number of facilities offering STI services
			National STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Male condoms	Metro-nidazole	Injec-table ceftri-axone	Azithro-mycin tablets	Cefi-xime tablets	Doxy-cycline tablets	Fluco-nazole tablets or oint-ment	Benza-thine penicil-lin injection	
Facility type														
Federal/provincial level hospitals	100.0	3	0.0	0.0	90.0	100.0	90.0	90.0	90.0	80.0	100.0	80.0	30.0	3
Local-level hospitals	100.0	1	66.7	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	1
Private hospitals	94.7	15	0.0	2.8	86.1	54.3	72.2	75.0	75.0	75.0	59.9	64.6	11.1	14
PHCCs	100.0	9	6.2	12.5	78.1	100.0	100.0	43.7	87.5	15.6	87.5	84.4	3.1	9
Basic health care centers														
HPs	82.2	219	0.0	0.0	8.9	100.0	84.9	15.1	36.2	13.2	68.8	51.1	0.2	180
HPs	83.3	209	0.0	0.0	8.9	100.0	84.4	15.6	35.6	13.3	68.9	51.1	0.0	174
UHCs	59.3	8	0.0	0.0	12.5	100.0	100.0	0.0	50.0	12.5	56.3	56.3	6.3	4
CHUs	50.0	2	0.0	0.0	0.0	100.0	100.0	0.0	75.0	0.0	100.0	25.0	0.0	1
Stand-alone HTC	100.0	1	100.0	66.7	100.0	100.0	66.7	0.0	66.7	66.7	66.7	66.7	0.0	1
Managing authority														
Public	83.1	231	0.6	0.6	13.7	100.0	85.8	17.9	39.6	14.7	70.2	53.3	0.7	192
Private	95.0	16	5.6	6.3	86.9	56.9	71.9	70.8	74.5	74.5	60.3	64.8	10.5	15
Madhesh province total														
total	83.9	247	0.9	1.0	19.1	96.9	84.8	21.7	42.2	19.1	69.5	54.1	1.4	207

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 39 Availability of services and guidelines, trained staff, and equipment for diabetes services: Madhesh Province

Among all facilities, the percentages offering services for diabetes and, among facilities offering services for diabetes, the percentages having 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for diabetes ¹	Number of facilities	Percentage of facilities offering services for diabetes that have:		Equipment			Number of facilities offering services for diabetes
			Guidelines for the diagnosis and management of diabetes ²	Trained staff ³	Blood pressure apparatus ⁴	Adult weighing scale	Height board or stadiometer	
Facility type								
Federal/provincial level hospitals	100.0	3	36.4	18.2	100.0	100.0	36.4	3
Local-level hospitals	100.0	3	10.9	10.9	100.0	100.0	89.1	3
Private hospitals	100.0	2	0.0	0.0	71.4	85.7	14.3	2
PHCCs	100.0	4	23.1	23.1	100.0	100.0	84.6	4
Basic health care centers	49.0	117	27.3	29.0	93.9	90.2	21.2	57
HPs	54.7	92	31.0	31.0	93.1	89.7	24.1	50
UHCs	66.7	7	0.0	12.5	100.0	100.0	0.0	4
CHUs	13.3	18	0.0	16.7	100.0	83.3	0.0	2
Managing authority								
Public	52.7	126	26.8	27.5	94.8	91.6	28.0	67
Private	100.0	2	0.0	0.0	71.4	85.7	14.3	2
Madhesh province total	53.4	128	26.1	26.7	94.1	91.4	27.6	69

Note: Stand alone HTC sites are excluded from this and other tables in this chapter.

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

² Any guidelines (e.g. Package of Essential Non-Communicable Disease (PEN) handbook) for the diagnosis and management of diabetes available in the service site.

³ At least one interviewed provider of diabetes services reported receiving in-service training (like PEN) 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.

⁴ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope.

Table 40 Availability of diagnostic capacity and essential medicines for diabetes: Madhesh Province

Among facilities offering services for diabetes, the percentages having indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Diagnostic capacity			Medicines			Number of facilities offering services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ²	Metformin	Injectable insulin	Injectable glucose solution (5% dextrose)	
Facility type							
Federal/provincial level hospitals	45.5	100.0	100.0	81.8	36.4	90.9	3
Local-level hospitals	0.0	67.4	89.1	100.0	0.0	32.6	3
Private hospitals	28.6	57.1	57.1	85.7	28.6	85.7	2
PHCCs	7.7	69.2	76.9	76.9	7.7	84.6	4
Basic health care centers	24.7	7.0	7.0	58.0	3.0	52.1	57
HPs	27.6	6.9	6.9	55.2	3.4	55.2	50
UHCs	6.3	12.5	12.5	93.7	0.0	18.8	4
CHUs	0.0	0.0	0.0	50.0	0.0	50.0	2
Managing authority							
Public	23.8	17.1	18.3	61.7	4.7	54.9	67
Private	28.6	57.1	57.1	85.7	28.6	85.7	2
Madhesh province total	24.0	18.2	19.5	62.4	5.4	55.8	69

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.

Table 41 Availability of services and guidelines, trained staff, and equipment for cardiovascular diseases: Madhesh Province

Among all facilities, the percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, the percentages having 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for cardio-vascular diseases ¹	Number of facilities	Percentage of facilities offering services for cardio-vascular diseases that have:		Equipment			Number of facilities offering services for cardio-vascular diseases
			Guidelines for diagnosis and management of cardio-vascular diseases ²	Trained staff ³	Stethoscope	Blood pressure apparatus ⁴	Adult scale	
Facility type								
Federal/provincial level hospitals	100.0	3	27.3	18.2	100.0	100.0	100.0	3
Local-level hospitals	100.0	3	10.9	10.9	100.0	100.0	100.0	3
Private hospitals	100.0	2	0.0	0.0	85.7	71.4	85.7	2
PHCCs	100.0	4	23.1	15.4	100.0	100.0	100.0	4
Basic health care centers	85.2	117	20.9	27.5	96.2	94.5	88.7	100
HPs	88.7	92	25.5	31.9	95.7	93.6	89.4	82
UHCs	75.0	7	0.0	11.1	94.4	94.4	88.9	5
CHUs	71.1	18	0.0	6.3	100.0	100.0	84.4	13
Managing authority								
Public	86.3	126	20.9	26.5	96.6	95.0	89.7	109
Private	100.0	2	0.0	0.0	85.7	71.4	85.7	2
Madhesh province total	86.5	128	20.6	26.0	96.4	94.5	89.6	111

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

² Any guidelines (e.g. PEN handbook) for the diagnosis and management of cardiovascular diseases available in the service site.

³ At least one interviewed provider of cardiovascular diseases services reported receiving in-service training (like PEN) 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.

⁴ Functioning digital BP machine or manual sphygmomanometer with stethoscope

Table 42 Availability of essential medicines and commodities for cardiovascular diseases: Madhesh Province

Among facilities offering services for cardiovascular diseases, the percentages having indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for cardio-vascular diseases that have the indicated medicines and commodities					Number of facilities offering services for cardio-vascular diseases
	Thiazide diuretic	Beta blockers (atenolol)	Calcium channel blockers (amlodipine)	Aspirin	Oxygen ¹	
Facility type						
Federal/provincial level hospitals	27.3	45.5	90.9	81.8	81.8	3
Local-level hospitals	10.9	78.3	67.4	78.3	100.0	3
Private hospitals	57.1	85.7	85.7	71.4	71.4	2
PHCCs	0.0	38.5	69.2	23.1	84.6	4
Basic health care centers	3.5	9.1	41.8	9.0	9.0	100
HPs	4.3	10.6	42.6	8.5	10.6	82
UHCs	0.0	0.0	88.9	0.0	5.6	5
CHUs	0.0	3.1	18.8	15.6	0.0	13
Managing authority						
Public	4.2	12.8	44.7	13.2	15.7	109
Private	57.1	85.7	85.7	71.4	71.4	2
Madhesh province total	5.2	14.1	45.4	14.2	16.7	111

¹ In cylinders or concentrators or an oxygen distribution system

Table 43 Availability of services and guidelines, trained staff, and equipment for chronic respiratory diseases: Madhesh Province

Among all facilities, the percentages offering services for chronic respiratory diseases and, among the facilities offering services for chronic respiratory diseases, the percentages having 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases ¹	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that have:		Equipment			Number of facilities offering services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases ²	Trained staff ³	Stethoscope	Oxygen flow meter	Spacers for inhalers	
Facility type								
Federal/provincial level hospitals	100.0	3	27.3	18.2	100.0	45.5	27.3	3
Local-level hospitals	100.0	3	10.9	10.9	100.0	100.0	78.3	3
Private hospitals	100.0	2	0.0	0.0	85.7	28.6	14.3	2
PHCCs	100.0	4	23.1	15.4	100.0	69.2	15.4	4
Basic health care centers								
HPs	92.2	117	19.3	27.6	96.5	3.6	1.6	108
UHCs	94.3	92	24.0	32.0	96.0	4.0	2.0	87
CHUs	83.3	7	0.0	20.0	95.0	0.0	0.0	6
CHUs	84.4	18	0.0	5.3	100.0	2.6	0.0	15
Managing authority								
Public	92.7	126	19.5	26.6	96.8	8.9	4.4	117
Private	100.0	2	0.0	0.0	85.7	28.6	14.3	2
Madhesh province total	92.9	128	19.2	26.1	96.6	9.2	4.6	119

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

² Any guidelines (e.g. PEN handbook) for the diagnosis and management of chronic respiratory diseases available in the service site.

³ At least one interviewed provider of service for chronic respiratory diseases reported receiving in-service training (like PEN) 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 44 Availability of essential medicines and commodities for chronic respiratory diseases: Madhesh Province

Among facilities offering services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medications and commodities							Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler	Beclomethasone inhaler	Prednisolone tablets	Hydrocortisone tablets	Ipratropium (MDI/ROTACAP)	Injectable epinephrine or adrenaline	Oxygen ¹	
Facility type								
Federal/provincial level hospitals	100.0	9.1	72.7	90.9	27.3	81.8	81.8	3
Local-level hospitals	89.1	0.0	67.4	10.9	0.0	21.7	100.0	3
Private hospitals	85.7	28.6	85.7	71.4	28.6	42.9	71.4	2
PHCCs	76.9	7.7	38.5	46.2	7.7	69.2	84.6	4
Basic health care centers								
HPs	87.1	0.0	6.7	27.2	1.6	29.4	8.3	108
UHCs	86.0	0.0	8.0	32.0	2.0	36.0	10.0	87
CHUs	90.0	0.0	5.0	5.0	0.0	0.0	5.0	6
CHUs	92.1	0.0	0.0	7.9	0.0	2.6	0.0	15
Managing authority								
Public	87.1	0.5	10.8	29.1	2.4	31.8	14.6	117
Private	85.7	28.6	85.7	71.4	28.6	42.9	71.4	2
Madhesh province total	87.1	0.9	12.0	29.8	2.9	32.0	15.6	119

¹ In cylinders or concentrators or an oxygen distribution system

Table 45 Availability of services and guidelines, trained staff, and equipment for mental health services: Madhesh Province

Among all facilities, the percentages offering services for mental health problems and, among facilities offering services for mental health problems, the percentages having guidelines, at least one staff member recently trained on mental health, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for mental health problems ¹	Number of facilities	Percentage of facilities offering services for mental health diseases that have:		Number of facilities offering services for mental health
			Guidelines for diagnosis and management of mental health problems	Trained staff ²	
Facility type					
Federal/provincial level hospitals	81.8	3	0.0	33.3	3
Local-level hospitals	100.0	3	0.0	21.7	3
Private hospitals	42.9	2	0.0	0.0	1
PHCCs	61.5	4	12.5	50.0	2
Basic health care centers					
HPs	23.1	117	20.8	12.9	27
UHCs	28.3	92	20.0	13.3	26
CHUs	8.3	7	0.0	0.0	1
	2.2	18	100.0	0.0	0
Managing authority					
Public	27.2	126	17.2	17.4	34
Private	42.9	2	0.0	0.0	1
Madhesh province total	27.4	128	16.8	17.0	35

Note: Stand-alone HTC sites are excluded from this and other tables in this chapter.

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with mental health problems.

² At least one interviewed provider of mental health services reported receiving in-service training in mental health services 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 46 Availability of essential medicines and commodities for mental health problems: Madhesh Province

Among facilities offering services for mental health problems, the percentages having the essential medicines observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering services for mental health that have the indicated medications							Number of facilities offering services for mental health	
	Amitriptylin	Fluoxetine	Carbamazepine	Phenobarbitone tablets	Sodium valproate tablets	Risperidone tablets	Alprazolam tablets		Diazepam Injection
Facility type									
Federal/provincial level hospitals	77.8	44.4	66.7	66.7	44.4	66.7	66.7	100.0	3
Local-level hospitals	89.1	10.9	0.0	0.0	10.9	10.9	78.3	10.9	3
Private hospitals	100.0	66.7	100.0	100.0	100.0	0.0	100.0	100.0	1
PHCCs	62.5	75.0	37.5	75.0	62.5	25.0	87.5	75.0	2
Basic health care centers									
HPs	47.1	0.0	6.4	6.4	0.0	0.0	12.9	20.3	27
UHCs	46.7	0.0	6.7	6.7	0.0	0.0	13.3	20.0	26
CHUs	100.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Managing authority									
Public	53.5	9.0	12.4	14.8	8.1	7.3	26.6	29.0	34
Private	100.0	66.7	100.0	100.0	100.0	0.0	100.0	100.0	1
Madhesh province total	54.6	10.3	14.5	16.9	10.3	7.2	28.3	30.7	35

Table 47 Guidelines, trained staff, and items for sexually transmitted infection services: Madhesh 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 background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities								Number of facilities offering STI services
			National STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Male condoms	Metro-nidazole	Injec-table ceftri-axone	Azithro-mycin tablets	Cefixime tablets	Doxy-cycline tablets	Fluco-nazole tablets or ointment	Benza-thine penicillin injection	
Facility type														
Federal/provincial level hospitals	100.0	3	0.0	0.0	90.0	100.0	90.0	90.0	90.0	80.0	100.0	80.0	30.0	3
Local-level hospitals	100.0	1	66.7	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	1
Private hospitals	94.7	15	0.0	2.8	86.1	54.3	72.2	75.0	75.0	75.0	59.9	64.6	11.1	14
PHCCs	100.0	9	6.2	12.5	78.1	100.0	100.0	43.7	87.5	15.6	87.5	84.4	3.1	9
Basic health care centers														
Basic health care centers	82.2	219	0.0	0.0	8.9	100.0	84.9	15.1	36.2	13.2	68.8	51.1	0.2	180
HPs	83.3	209	0.0	0.0	8.9	100.0	84.4	15.6	35.6	13.3	68.9	51.1	0.0	174
UHCs	59.3	8	0.0	0.0	12.5	100.0	100.0	0.0	50.0	12.5	56.3	56.3	6.3	4
CHUs	50.0	2	0.0	0.0	0.0	100.0	100.0	0.0	75.0	0.0	100.0	25.0	0.0	1
Stand-alone HTC	100.0	1	100.0	66.7	100.0	100.0	66.7	0.0	66.7	66.7	66.7	66.7	0.0	1
Managing authority														
Public	83.1	231	0.6	0.6	13.7	100.0	85.8	17.9	39.6	14.7	70.2	53.3	0.7	192
Private	95.0	16	5.6	6.3	86.9	56.9	71.9	70.8	74.5	74.5	60.3	64.8	10.5	15
Madhesh province total														
Madhesh province total	83.9	247	0.9	1.0	19.1	96.9	84.8	21.7	42.2	19.1	69.5	54.1	1.4	207

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 tuberculosis services, guidelines, and trained staff for tuberculosis services: Madhesh 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 having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of all facilities offering:										Percentage of facilities offering tuberculosis diagnosis and/or treatment services that have:			Number of facilities offering tuberculosis diagnosis and/or treatment services	
	CB-DOTS	FB-DOTS	DR-TB	TB screening with X-ray and referral	TB screening without X-ray and referral	Clinically symptoms and X-ray	Any TB diagnostic services ¹	Any TB treatment services ²	Any TB diagnostic and treatment services	Any TB diagnostic or treatment services	Number of facilities	TB management guideline 2019 ³	National HIV testing and treatment guideline 2020		Trained staff ⁴
Facility type															
Federal/provincial level hospitals	30.0	70.0	60.0	0.0	20.0	0.0	70.0	90.0	60.0	100.0	3	60.0	0.0	30.0	3
Local-level hospitals	66.7	33.3	66.7	0.0	66.7	0.0	33.3	100.0	33.3	100.0	1	33.3	0.0	33.3	1
Private hospitals	11.6	17.2	10.9	9.8	43.3	15.0	31.9	38.3	16.1	54.1	15	4.2	0.0	10.9	13
PHCCs	43.7	75.0	37.5	0.0	78.1	0.0	90.6	100.0	90.6	100.0	9	59.4	0.0	25.0	9
Basic health care centers															
HPs	36.0	60.9	30.3	0.1	80.7	28.7	24.9	84.4	24.9	84.4	219	34.1	3.9	11.7	200
UHCs	37.0	63.0	31.5	0.0	83.3	29.6	25.9	87.0	25.9	87.0	209	33.3	3.9	11.8	197
CHUs	14.8	18.5	3.7	3.7	29.6	11.1	3.7	33.3	3.7	33.3	8	80.0	0.0	10.0	3
CHUs	12.5	12.5	12.5	0.0	12.5	0.0	0.0	12.5	0.0	12.5	2	100.0	0.0	0.0	0
Managing authority															
Public	36.4	61.5	31.1	0.1	79.9	27.1	28.0	85.1	27.9	85.3	231	35.5	3.6	12.6	213
Private	11.6	17.2	10.9	9.8	43.3	15.0	31.9	38.3	16.1	54.1	15	4.2	0.0	10.9	13
Madhesh province total	34.8	58.8	29.9	0.7	77.6	26.4	28.3	82.3	27.2	83.4	246	33.6	3.4	12.5	226

Note: Stand alone HTC sites are excluded from this and other tables in this chapter.

CB-DOTS = community based- directly observed treatment, short course. This is defined as the method whereby TB patients take TB drugs under the direct observation of trained volunteer at a place convenient to the patient.

FB-DOTS = facility based- directly observed treatment, short course. This is defined as the method whereby TB patients take TB drugs on daily basis under the direct observation of health worker at a health facility.

DRTB = Drug resistance tuberculosis. It is defined if the providers in this facility prescribed treatment for DRTB or manage patients who are on DRTB treatment.

¹ Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, sputum only, both sputum, TB rapid diagnostic test (Gene xpert) only, or sputum and Gene xpert.

² Facility reports that they prescribe treatment for TB or manage patients who are on TB treatment and provide HRZE for 2 months (Intensive phase) AND HR for four months (Continuation phase) regimen newly diagnosed Pulmonary TB.

³ The national TB control program general manual.

⁴ 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; 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 49 Diagnostic capacity and availability of medicines for tuberculosis treatment: Madhesh Province

Among facilities offering any tuberculosis (TB) diagnostic, treatment or treatment follow-up services, the percentages that have TB and HIV diagnostic capacity and medicines for TB treatment available at the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of facilities that have the following TB screening and diagnostic capacity					Percentage of facilities that have			Percentage of facilities that have the following medicines for treating TB			Number of facilities offering tuberculosis diagnosis and/or treatment services
	TB smear microscopy ¹	Culture medium ²	All Pulmonary Bacteriologically Confirmed (PBC) cases are tested	TB rapid diagnostic test kits	TB X-ray for screening	Gene-Xpert test	HIV diagnostic capacity ³	System for diagnosing HIV among TB clients ⁴	Treatment regimen – intensive phase HRZE for adult	Treatment regimen – continuation phase HR for adult	Treatment regimens followed	
Facility type												
Federal/provincial level hospitals	20.0	10.0	70.0	50.0	80.0	50.0	90.0	70.0	40.0	60.0	90.0	3
Local-level hospitals	33.3	0.0	66.7	0.0	66.7	0.0	33.3	66.7	33.3	100.0	100.0	1
Private hospitals	15.9	2.1	12.1	2.9	82.3	2.9	13.9	8.0	10.1	13.0	36.9	13
PHCCs	59.4	0.0	34.4	9.4	15.6	9.4	0.0	59.4	21.9	96.9	100.0	9
Basic health care centers												
HPs	1.9	0.0	31.0	0.0	0.3	0.0	1.9	25.4	8.0	84.1	92.1	200
UHCs	2.0	0.0	31.4	0.0	0.0	0.0	2.0	25.5	7.8	84.3	92.2	197
CHUs	0.0	0.0	10.0	0.0	20.0	0.0	0.0	20.0	10.0	70.0	90.0	3
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	100.0	0
Managing authority												
Public	4.7	0.1	31.8	1.1	2.2	1.1	3.1	27.6	9.1	84.4	92.5	213
Private	15.9	2.1	12.1	2.9	82.3	2.9	13.9	8.0	10.1	13.0	36.9	13
Madhesh province total	5.4	0.2	30.7	1.2	7.0	1.2	3.8	26.4	9.2	80.2	89.2	226

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, e.g., 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

Table 50 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services: Madhesh Province

Among all facilities, the percentages offering malaria diagnosis or treatment services and, among facilities offering malaria diagnosis or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality service for malaria, by background characteristics, Nepal HFS 2015

Background characteristics	Percentage of all facilities offering malaria diagnosis or treatment services ¹		Guidelines	Trained staff		Diagnostics			Number of facilities offering malaria diagnosis or treatment services
		Number of facilities	National malaria treatment protocol 2019 or algorithm for malaria	Staff trained in malaria diagnosis ²	Staff trained in malaria treatment ³	Malaria RDT ⁴	Malaria microscopy ⁵	Either RDT or microscopy ⁶	
Facility type									
Federal/provincial level hospitals	100.0	3	20.0	30.0	30.0	90.0	50.0	90.0	3
Local-level hospitals	100.0	1	33.3	0.0	0.0	100.0	33.3	100.0	1
Private hospitals	89.5	15	5.0	8.0	10.1	94.1	55.5	94.1	13
PHCCs	100.0	9	25.0	25.0	18.7	90.6	50.0	90.6	9
Basic health care centers									
HPs	60.7	219	5.8	5.8	2.9	59.0	3.1	59.0	133
HPs	63.0	209	5.9	5.9	2.9	58.8	2.9	58.8	131
UHCS	7.4	8	0.0	0.0	0.0	100.0	50.0	100.0	1
CHUs	25.0	2	0.0	0.0	0.0	50.0	0.0	50.0	1
Managing authority									
Public	62.8	231	7.4	7.4	4.4	61.8	7.1	61.8	145
Private	89.5	15	5.0	8.0	10.1	94.1	55.5	94.1	13
Madhesh province total	64.4	246	7.2	7.5	4.9	64.5	11.2	64.5	159

Note: Stand-alone HTC facilities are excluded from this table and all subsequent tables in this chapter.

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 (RDT) 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 51 Availability of malaria medicines and commodities: Madhesh Province

Among facilities offering malaria diagnosis or treatment services, the percentages that have malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and long-lasting insecticide-treated bed nets (LLINs) available in the facility on the day of the survey, by background characteristics, Nepal HFS 2015

Background characteristics	Antimalarial medicines					Other medicines and commodities			Number of facilities offering malaria diagnosis or treatment services
	ACT (Coartem)	Chloroquine tablets	Primaquine tablets	Other oral antimalarial tablets	Artesunate injection	Paracetamol tablets/injection	Paracetamol syrup or dispersible paediatric-dosed tablets	LLIN ¹	
Facility type									
Federal/provincial level hospitals	30.0	60.0	40.0	20.0	10.0	100.0	100.0	20.0	3
Local-level hospitals	33.3	33.3	33.3	0.0	0.0	100.0	66.7	33.3	1
Private hospitals	10.9	23.9	17.7	10.9	8.8	85.3	74.4	0.0	13
PHCCs	6.2	46.9	31.2	6.2	0.0	96.9	81.3	9.4	9
Basic health care centers									
HPs	2.9	26.5	29.2	2.9	2.9	97.1	76.7	0.0	133
UHCs	2.9	26.5	29.4	2.9	2.9	97.1	76.5	0.0	131
CHUs	0.0	50.0	0.0	0.0	0.0	100.0	100.0	0.0	1
CHUs	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	1
Managing authority									
Public	3.8	28.4	29.5	3.4	2.9	97.1	77.3	1.2	145
Private	10.9	23.9	17.7	10.9	8.8	85.3	74.4	0.0	13
Madhesh province total									
	4.4	28.0	28.5	4.1	3.4	96.1	77.1	1.1	159

ACT = Artemisinin combination therapy

¹ Facility had long-lasting insecticide-treated bed nets (LLINs) available in the facility store or at ANC site for distribution to clients.

Table 52 Malaria testing capacity in facilities offering curative care for sick children: Madhesh Province

Among facilities offering curative care for sick children, the percentages having malaria testing capacity on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Malaria diagnostics			Personnel trained in:			Percentage of facilities offering curative care for sick children and having:		Number of facilities offering curative care for sick children
	Malaria RDT ¹	Microscopy ²	Either RDT or microscopy	RDT ³	Microscopy ⁴	Either RDT or microscopy	Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
Facility type									
Federal/provincial level hospitals	90.0	50.0	90.0	20.0	20.0	20.0	20.0	0.0	3
Local-level hospitals	100.0	33.3	100.0	0.0	0.0	0.0	0.0	0.0	1
Private hospitals	90.6	49.5	90.6	11.6	8.5	11.6	16.9	8.5	13
PHCCs	90.6	50.0	90.6	31.2	21.9	31.2	31.2	15.6	9
Basic health care centers									
HPs	35.8	1.9	35.8	13.2	11.1	14.9	8.8	1.8	219
UHCs	37.0	1.9	37.0	13.0	11.1	14.8	9.3	1.9	209
CHUs	7.4	3.7	7.4	14.8	11.1	14.8	0.0	0.0	8
CHUs	12.5	0.0	12.5	25.0	12.5	25.0	0.0	0.0	2
Managing authority									
Public	38.8	4.5	38.8	13.9	11.6	15.6	9.8	2.3	231
Private	90.6	49.5	90.6	11.6	8.5	11.6	16.9	8.5	13
Madhesh province total									
	41.5	6.8	41.5	13.8	11.4	15.4	10.2	2.6	244

Note: See chapter 4 (Table 4.1) for information on the proportion of all facilities offering curative care for sick children.

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 and 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 and 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 malaria RDT protocol available in the facility.

2022 Nepal Demographic and Health Survey (NDHS): Madhesh Province

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Table 53 Results of the household and individual interviews: Madhesh Province

Number of households, number of interviews, and response rates, according to residence (unweighted), Nepal DHS 2022

Result	Residence		Madhesh province total
	Urban	Rural	
Household interviews			
Households selected	1,181	934	2,115
Households occupied	1,141	910	2,051
Households interviewed	1,135	909	2,044
Household response rate ¹	99.5	99.9	99.7
Interviews with women age 15-49			
Number of eligible women	1,422	1,077	2,499
Number of eligible women interviewed	1,422	1,077	2,499
Eligible women response rate ²	100.0	100.0	100.0
Household interviews in subsample			
Households selected	590	469	1,059
Households occupied	569	457	1,026
Households interviewed	569	457	1,026
Household response rate in subsample ¹	100.0	100.0	100.0
Interviews with men age 15-49			
Number of eligible men	487	395	882
Number of eligible men interviewed	487	395	882
Eligible men response rate ²	100.0	100.0	100.0

¹ Households interviewed/households occupied² Respondents interviewed/eligible respondents

Table 54 Household characteristics: Madhesh Province

Percent distribution of households and de jure population by housing characteristics and percent distribution by frequency of smoking in the home, according to residence, Nepal DHS 2022

Characteristic	Households				Population			
	Poor	Middle	Wealthy	Madhesh province total	Poor	Middle	Wealthy	Madhesh province total
Electricity								
Yes	94.4	100.0	100.0	97.9	94.0	100.0	100.0	97.7
No	5.6	0.0	0.0	2.1	6.0	0.0	0.0	2.3
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material								
Earth, sand	47.6	32.7	5.0	29.0	46.9	34.1	6.0	29.6
Dung	48.1	29.3	5.2	28.3	49.1	29.9	6.0	29.2
Wood/planks	0.3	0.2	0.0	0.2	0.2	0.1	0.0	0.1
Parquet or polished wood	0.0	0.0	0.3	0.1	0.0	0.0	0.3	0.1
Vinyl or asphalt strips	0.0	0.0	2.8	1.0	0.0	0.0	1.6	0.5
Ceramic tiles	0.0	0.0	0.2	0.1	0.0	0.0	0.2	0.1
Cement	4.0	37.7	84.5	40.7	3.8	35.9	84.4	39.9
Carpet	0.0	0.0	2.0	0.7	0.0	0.0	1.4	0.5
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping								
One	39.8	23.3	14.5	26.6	32.5	16.8	8.4	19.9
Two	43.4	42.0	31.0	38.8	44.3	39.1	25.8	36.6
Three or more	16.9	34.6	54.5	34.6	23.2	44.1	65.8	43.5
Madhesh total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of smoking in the home								
Daily	11.8	10.6	11.2	11.3	12.8	12.6	13.1	12.8
Weekly	4.1	3.5	4.3	4.0	4.4	3.5	3.9	4.0
Monthly	1.3	1.8	0.8	1.3	1.2	1.7	1.0	1.3
Less than once a month	3.1	3.0	3.1	3.1	2.9	2.4	2.8	2.7
Never	79.6	81.1	80.5	80.4	78.7	79.8	79.3	79.2
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	940	686	837	2,462	4,345	3,332	3,833	11,511

Table 55 Household characteristics: Cooking: Madhesh Province

Percent distribution of households and de jure population by place for cooking, cooking technology, and cooking fuel, according to residence, Nepal DHS 2022

Characteristic	Households				Population			
	Poor	Middle	Wealthy	Madhesh total	Poor	Middle	Wealthy	Madhesh total
Place for cooking								
In the house	47.9	46.2	65.4	53.4	47.3	45.9	62.8	52.1
Separate room/kitchen	26.2	33.6	53.2	37.4	26.2	34.9	52.2	37.4
No separate room/kitchen	21.7	12.6	12.2	15.9	21.1	11.0	10.6	14.7
In a separate building	19.0	27.8	25.7	23.7	20.5	28.2	27.9	25.2
Outdoors	32.0	25.9	8.4	22.3	31.7	25.9	9.2	22.5
No food cooked in household	1.2	0.1	0.5	0.6	0.6	0.0	0.2	0.3
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Main cooking technology								
Clean fuels and technologies	5.5	25.4	73.0	34.0	4.5	21.0	69.0	30.8
Electric stove	0.3	0.8	0.5	0.5	0.2	0.6	0.4	0.4
Solar cooker	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
LPG/natural gas stove	5.0	24.6	71.1	32.9	4.3	20.4	67.3	29.9
Biogas stove	0.2	0.0	1.3	0.5	0.1	0.0	1.2	0.4
Other fuels and technologies	93.3	74.5	26.5	65.4	94.9	79.0	30.8	69.0
Manufactured solid fuel stove	0.0	0.2	0.0	0.1	0.1	0.2	0.0	0.1
Without a chimney	0.0	0.2	0.0	0.1	0.1	0.2	0.0	0.1
Traditional solid fuel stove	93.3	74.2	26.5	65.3	94.8	78.7	30.8	68.8
With a chimney	0.2	1.1	0.2	0.5	0.2	1.2	0.3	0.5
Without a chimney	93.0	73.1	26.3	64.8	94.6	77.5	30.5	68.3
Three stone stove/open fire	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0
No food cooked in household	1.2	0.1	0.5	0.6	0.6	0.0	0.2	0.3
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel								
Clean fuels and technologies¹	5.5	25.4	73.0	34.0	4.5	21.0	69.0	30.8
Solid fuels for cooking	93.2	74.4	26.5	65.3	94.6	78.9	30.8	68.8
Coal/lignite	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Charcoal	0.0	0.5	0.0	0.1	0.0	0.4	0.0	0.1
Wood	61.0	50.2	18.0	43.4	61.3	54.5	20.7	45.8
Straw/shrubs/grass	17.2	8.7	1.6	9.5	19.0	8.9	1.7	10.3
Agricultural crop	4.8	3.0	0.5	2.9	4.6	3.4	0.6	2.9
Animal dung/waste	9.9	11.9	6.4	9.3	9.4	11.6	7.9	9.5
Processed biomass (pellets) or woodchips	0.2	0.0	0.0	0.1	0.3	0.0	0.0	0.1
Other fuels	0.2	0.1	0.0	0.1	0.3	0.1	0.0	0.2
Gasoline/diesel	0.2	0.1	0.0	0.1	0.3	0.1	0.0	0.2
No food cooked in household	1.2	0.1	0.5	0.6	0.6	0.0	0.2	0.3
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	940	686	837	2,462	4,345	3,332	3,833	11,511

LPG = Liquefied petroleum gas

¹ Includes stoves/cookers using electricity, LPG/natural gas/biogas, and solar

Table 56 Household characteristics: Heating and lighting: Madhesh Province

Percent distribution of households and de jure population by heating technology, heating fuel, and main lighting fuel or technology, according to residence, Nepal DHS 2022

Characteristic	Households				Population			
	Poor	Middle	Wealthy	Madhesh province total	Poor	Middle	Wealthy	Madhesh province total
Heating technology								
Central heating	0.0	0.0	4.3	1.5	0.0	0.0	3.9	1.3
Manufactured space heater	0.0	0.2	7.2	2.5	0.0	0.1	7.3	2.5
Without a chimney	0.0	0.2	7.2	2.5	0.0	0.1	7.3	2.5
Traditional space heater	0.0	0.5	0.1	0.2	0.0	0.4	0.0	0.1
Without a chimney	0.0	0.5	0.1	0.2	0.0	0.4	0.0	0.1
Traditional cookstove	1.2	1.5	0.5	1.0	0.9	2.0	0.4	1.1
Without a chimney	1.2	1.5	0.5	1.0	0.9	2.0	0.4	1.1
Three stone stove/open fire	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.1
Other	0.0	0.0	0.2	0.1	0.0	0.0	0.2	0.1
No heating in household	98.7	97.6	87.8	94.7	99.0	97.3	88.1	94.9
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Heating fuel								
Clean fuels and technologies ¹	0.1	0.2	11.3	4.0	0.1	0.1	11.2	3.8
Central heating	0.0	0.0	4.3	1.5	0.0	0.0	3.9	1.3
Electricity	0.1	0.2	6.7	2.4	0.1	0.1	7.0	2.4
Liquefied petroleum gas (LPG)/cooking gas	0.0	0.0	0.2	0.1	0.0	0.0	0.2	0.1
Wood	1.1	1.6	0.8	1.1	0.9	1.6	0.7	1.0
Straw/shrubs/grass	0.1	0.4	0.0	0.1	0.1	0.7	0.0	0.2
Agricultural crop	0.0	0.2	0.0	0.1	0.0	0.3	0.0	0.1
Animal dung/waste	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
No heating in household	98.7	97.6	87.8	94.7	99.0	97.3	88.1	94.9
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Main lighting fuel or technology								
Clean fuels and technologies	95.1	99.5	100.0	98.0	95.0	99.6	100.0	98.0
Electricity	94.2	99.5	100.0	97.7	93.8	99.6	100.0	97.5
Solar lantern	0.3	0.0	0.0	0.1	0.5	0.0	0.0	0.2
Rechargeable flashlight/torch/lantern	0.2	0.0	0.0	0.1	0.2	0.0	0.0	0.1
Battery powered flashlight/torch/lantern	0.4	0.0	0.0	0.1	0.6	0.0	0.0	0.2
Gasoline lamp	0.6	0.0	0.0	0.2	0.5	0.0	0.0	0.2
Kerosene lamp	3.4	0.0	0.0	1.3	3.4	0.0	0.0	1.3
Straw/shrubs/grass	0.1	0.2	0.0	0.1	0.2	0.3	0.0	0.2
Agricultural crop	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.0
Oil lamp	0.2	0.0	0.0	0.1	0.2	0.0	0.0	0.1
Candle	0.4	0.0	0.0	0.1	0.4	0.0	0.0	0.1
No lighting in household	0.2	0.0	0.0	0.1	0.3	0.0	0.0	0.1
Madhesh province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	940	686	837	2,462	4,345	3,332	3,833	11,511

LPG = Liquefied petroleum gas

¹ Includes central heating, electricity, LPG/natural gas/biogas, and solar air heater

Table 57 Household possessions: Madhesh Province

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals by residence, Nepal DHS 2022

Possession	Household wealth			Madhesh province total
	Poor	Middle	Wealthy	
Household effects				
Radio	3.8	8.9	17.0	9.7
Television	17.8	43.4	68.7	42.2
Mobile phone	88.3	98.7	99.1	94.9
Computer	0.2	2.7	22.1	8.3
Non-mobile telephone	0.2	0.2	2.2	0.8
Refrigerator	1.0	4.4	41.6	15.7
Table	37.7	77.7	94.7	68.2
Chair	56.9	87.6	94.3	78.2
Bed	89.9	99.3	99.9	95.9
Sofa	0.7	2.8	26.4	10.0
Cupboard	13.7	46.6	79.2	45.1
Clock	5.8	22.1	53.2	26.4
Fan	79.1	97.4	99.1	91.0
Invertor	0.2	1.1	12.5	4.6
Dhiki/janto	35.5	46.5	44.8	41.7
Means of transportation				
Bicycle/rickshaw	61.0	72.5	66.2	66.0
Animal drawn cart	2.5	4.8	4.0	3.7
Motorcycle/scooter	10.4	34.0	62.5	34.7
Car/truck/tractor	0.6	4.0	7.9	4.1
Three wheel tempo/e-rickshaw	0.9	1.6	1.7	1.3
Ownership of agricultural land	41.7	67.7	72.0	59.2
Ownership of farm animals¹	74.0	79.0	52.5	68.1
Number of households	940	686	837	2,462

¹ Cows, bulls, buffalo, horses, donkeys, mules, goats, sheep, pigs, yaks, ducks, chickens or other poultry

Table 58 Background characteristics of respondents: Madhesh Province

Percent distribution of women and men age 15–49 by selected background characteristics, Nepal DHS 2022

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Self-reported health status						
Very good	18.5	555	449	17.4	174	149
Good	40.4	1,217	1,030	36.5	364	324
Moderate	31.1	937	766	41.6	414	366
Bad	9.3	280	240	4.0	39	37
Very bad	0.7	21	14	0.6	6	6
Religion						
Hindu	83.8	2,521	2,136	86.6	863	779
Buddhist	1.1	33	34	0.9	9	10
Muslim	14.8	444	322	11.8	118	90
Kirat	0.2	7	3	0.1	1	1
Christian	0.1	4	4	0.5	5	2
Population group						
Advantaged	6.3	190	154	5.6	56	52
Disadvantaged	93.7	2,820	2,345	94.4	941	830
Education						
No education	45.9	1,380	1,123	19.1	191	161
Basic education (1–8)	29.2	879	754	38.6	385	354
Secondary (9–12)	23.1	694	578	38.6	385	337
More than secondary (13 and above)	1.9	57	44	3.7	37	30
Household wealth						
Poor	36.8	1,107	880	34.0	339	278
Middle	29.3	883	796	28.3	282	281
Wealthy	33.9	1,020	823	37.8	377	323
Madhesh province total	100.0	3,010	2,499	100.0	997	882

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Education classification is based on the Education Act Eight Amendment Bill 2016.

Table 59 Exposure to mass media: Women: Madhesh Province

Percentage of women age 15–49 who are exposed to specific media on a weekly basis, according to background characteristics, Nepal DHS 2022

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Population group						
Advantaged	9.4	50.8	26.8	3.3	34.1	190
Disadvantaged	2.2	32.2	9.3	0.6	63.2	2,820
Education						
No education	0.1	21.2	5.6	0.0	75.7	1,380
Basic education (1–8)	2.5	34.0	10.4	0.5	60.1	879
Secondary (9–12)	6.4	54.7	18.3	1.7	36.9	694
More than secondary (13 and above)	(23.1)	(56.5)	(29.3)	(13.2)	(30.4)	57
Household wealth						
Poor	0.7	15.8	6.3	0.1	79.8	1,107
Middle	1.5	32.9	12.1	0.4	60.1	883
Wealthy	5.9	52.8	13.3	1.9	42.3	1,020
Madhesh province total	2.7	33.3	10.4	0.8	61.3	3,010

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

Table 60 Fertility by background characteristics: Madhesh Province

Total fertility rate for the 3 years preceding the survey, percentage of women age 15–49 currently pregnant, and mean number of children ever born to women age 40–49 years, according to background characteristics, Nepal DHS 2022

Background characteristic	Total fertility rate	Percentage of women age 15–49 currently pregnant	Mean number of children ever born to women age 40–49
Population group			
Advantaged	2.2	4.3	(3.5)
Disadvantaged	2.7	6.8	4.0
Education			
No education	3.2	4.6	4.2
Basic education (1–8)	2.5	8.6	3.5
Secondary (9–12)	2.3	8.8	(2.7)
More than secondary (13 and above)	(2.6)	(1.2)	*
Household wealth			
Poor	3.0	6.6	4.2
Middle	2.6	6.7	4.2
Wealthy	2.3	6.7	3.5
Madhesh province total	2.7	6.7	4.0

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

Table 61 Current use of contraception according to background characteristics: Madhesh Province

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to background characteristics, Nepal DHS 2022

Background characteristic	Any method	Any modern method	Modern method								Any traditional method	Traditional method		Not currently using	Madhesh province total	Number of women
			Female sterilization	Male sterilization	IUCD	Injectables	Implants	Pill	Male condom	Other ¹		Rhythm	Withdrawal			
Number of living children																
0	8.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	5.9	1.0	4.9	92.0	100.0	231
1–2	39.4	28.9	13.7	0.5	0.5	6.2	2.1	3.4	2.4	0.1	10.5	4.7	5.8	60.6	100.0	980
3–4	66.0	58.1	45.8	0.6	1.1	5.3	1.8	2.6	0.9	0.1	7.9	5.0	2.9	34.0	100.0	1,014
5+	57.2	53.1	44.5	0.3	0.8	1.3	2.4	1.2	2.4	0.0	4.2	2.8	1.3	42.8	100.0	195
Population group																
Advantaged	56.8	38.0	21.7	3.7	1.0	2.3	1.9	4.2	2.8	0.4	18.8	8.0	10.8	43.2	100.0	144
Disadvantaged	48.5	40.7	28.7	0.3	0.7	5.0	1.8	2.5	1.7	0.1	7.8	4.1	3.7	51.5	100.0	2,275
Education																
No education	52.6	47.9	38.0	0.5	0.6	4.5	1.5	1.9	0.9	0.0	4.7	2.7	2.0	47.4	100.0	1,265
Basic education (1–8)	45.2	35.8	23.8	0.5	0.7	4.7	2.3	2.2	1.6	0.0	9.4	5.3	4.1	54.8	100.0	663
Secondary (9–12)	43.3	27.1	8.7	0.4	1.2	5.7	1.6	5.3	4.2	0.0	16.2	7.3	9.0	56.7	100.0	449
More than secondary (13 and above)	(60.4)	(37.8)	(18.7)	(0.0)	(0.0)	(5.9)	(5.1)	(0.0)	(3.2)	(4.9)	(22.7)	(6.4)	(16.2)	(39.6)	100.0	42
Household wealth																
Poor	48.0	41.9	33.3	0.2	0.4	3.7	2.1	1.6	0.6	0.0	6.1	3.6	2.5	52.0	100.0	896
Middle	45.9	38.8	28.0	0.2	1.1	5.4	1.2	1.9	1.1	0.0	7.1	3.9	3.3	54.1	100.0	701
Wealthy	52.6	40.5	23.1	1.1	0.8	5.5	2.0	4.2	3.5	0.3	12.1	5.5	6.7	47.4	100.0	823
Madhesh province total	49.0	40.5	28.3	0.5	0.7	4.8	1.8	2.6	1.7	0.1	8.5	4.3	4.1	51.0	100.0	2,419

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25–49 unweighted cases. Other traditional methods not shown separately due to only 2 cases.

¹ Other modern methods include lactational amenorrhea method (LAM) and emergency contraception.

Table 62 Need and demand for family planning among currently married women: Madhesh Province

Percentage of currently married women age 15–49 with unmet need for family planning, percentage with met need for family planning, total demand for family planning, and percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied by modern methods, according to background characteristics, Nepal DHS 2022

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Number of women	Percentage of demand satisfied ²	Percentage of demand satisfied by modern methods ³
	For spacing	For limiting	Madhesh total	For spacing	For limiting	Madhesh total	For spacing	For limiting	Madhesh total			
Population group												
Advantaged	4.2	11.3	15.5	5.8	51.0	56.8	9.9	62.4	72.3	144	78.5	52.5
Disadvantaged	10.3	11.2	21.5	4.3	44.2	48.5	14.6	55.4	69.9	2,275	69.3	58.2
Education												
No education	6.4	11.6	18.0	1.8	50.8	52.6	8.1	62.5	70.6	1,265	74.5	67.8
Basic education (1–8)	12.3	9.3	21.7	4.7	40.5	45.2	17.0	49.9	66.9	663	67.6	53.5
Secondary (9–12)	15.2	12.7	27.9	10.5	32.8	43.3	25.7	45.5	71.2	449	60.8	38.0
More than secondary (13 and above)	(21.6)	(11.6)	(33.2)	(14.9)	(45.6)	(60.4)	(36.5)	(57.2)	(93.7)	42	(64.5)	(40.3)
Household wealth												
Poor	11.5	9.8	21.4	3.2	44.8	48.0	14.8	54.6	69.4	896	69.2	60.4
Middle	8.3	13.0	21.3	3.4	42.5	45.9	11.7	55.5	67.2	701	68.3	57.7
Wealthy	9.5	11.2	20.7	6.6	46.1	52.6	16.1	57.3	73.3	823	71.8	55.2
Madhesh province total	9.9	11.2	21.1	4.4	44.6	49.0	14.3	55.8	70.1	2,419	69.9	57.8

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012. Figures in parentheses are based on 25–49 unweighted cases.

¹ Total demand is the sum of unmet need and met need.

² Percentage of demand satisfied is met need divided by total demand.

³ Modern methods include female sterilization, male sterilization, IUCD, injectables, implants, pill, male condom, emergency contraception, standard days method (SDM), lactational amenorrhoea method (LAM), and other modern methods.

Table 63 Ten-year early childhood mortality rates according to additional characteristics: Madhesh Province

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the ten-year period preceding the survey, according to additional characteristics, Nepal DHS 2022

Characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
Population group					
Advantaged	*	*	*	*	*
Disadvantaged	27	11	39	5	44
Education					
No education	27	14	41	6	48
Basic education (1–8)	37	7	44	2	45
Secondary (9–12)	(11)	(11)	(21)	*	*
Household wealth					
Poor	37	18	55	7	62
Middle	25	4	29	0	30
Wealthy	14	7	22	7	28

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

² Excludes first-order births.

Table 64 Perinatal mortality characteristics: Madhesh Province

Number of stillbirths, number of early neonatal deaths, stillbirth rate, early neonatal rate, perinatal mortality rate, and the ratio of stillbirths to early neonatal deaths for the 5-year period preceding the survey, according to background characteristics, Nepal DHS 2022

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Stillbirth rate ³	Early neonatal rate ⁴	Perinatal mortality rate ⁵	Number of pregnancies of 28+ weeks duration ⁶	Ratio of stillbirths to early neonatal deaths
Population group							
Advantaged	0	2	(0)	(29)	(29)	56	(0.0)
Disadvantaged	15	33	11	25	35	1,364	0.4
Education							
No education	8	16	13	27	40	607	0.5
Basic education (1–8)	2	15	5	33	37	472	0.1
Secondary (9–12)	4	3	12	11	23	317	1.1
More than secondary (13 and above)	1	0	*	*	*	25	*
Household wealth							
Poor	9	21	15	36	51	595	0.4
Middle	3	10	8	27	35	395	0.3
Wealthy	2	3	5	8	13	430	0.7
Madhesh province total	15	35	10	25	35	1,420	0.4

Note: Respondents may choose to report the duration of their pregnancy in either weeks or months. 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 Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

² Early neonatal deaths are deaths at age 0–6 days among live-born children.

³ Stillbirth rate: the number of stillbirths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000.

⁴ Early neonatal rate: the number of early neonatal deaths divided by the number of live births, expressed per 1,000.

⁵ Perinatal mortality rate: the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000.

⁶ Includes pregnancies lasting 7 or more months when duration of pregnancy is reported in months.

⁷ Pregnancy interval categories correspond to birth interval categories of <24 months, 24–35 months, 36–47 months, and 48+ months assuming a pregnancy duration of 9 months.

Table 65 Antenatal care: Madhesh Province

Percent distribution of women age 15–49 who had a live birth in the 2 years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent live birth and percentage receiving antenatal care from a skilled provider for the most recent live birth, according to background characteristics, Nepal DHS 2022

Background characteristic	Antenatal care provider					Madhesh province total	Percentage receiving antenatal care from a skilled provider ¹	Number of women
	Doctor	Nurse/midwife	Health assistant/auxiliary health worker	Female community health worker	No ANC			
Population group								
Advantaged	*	*	*	*	*	100.0	*	27
Disadvantaged	74.4	22.0	1.2	0.0	2.5	100.0	96.4	472
Education								
No education	67.9	27.3	1.2	0.0	3.5	100.0	95.2	200
Basic education (1–8)	71.4	24.7	2.0	0.0	2.0	100.0	96.0	153
Secondary (9–12)	84.0	12.7	0.0	1.1	2.2	100.0	96.7	132
More than secondary (13 and above)	*	*	*	*	*	100.0	*	15
Household wealth								
Poor	59.0	33.8	2.3	0.0	5.0	100.0	92.7	204
Middle	77.0	21.4	0.6	0.0	1.0	100.0	98.4	139
Wealthy	90.5	7.7	0.0	0.9	0.9	100.0	98.1	157
Madhesh province total	73.9	22.1	1.1	0.3	2.6	100.0	96.0	500

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

Table 66 Number of antenatal care visits and timing of first visit: Madhesh Province

Percent distribution of women age 15–49 who had a live birth in the 2 years preceding the survey by number of antenatal care (ANC) visits during pregnancy for the most recent live birth, and by the timing of the first visit; and among women with ANC, median months pregnant at first visit, according to background characteristics, Nepal DHS 2022

Background characteristic	Number of ANC visits					Madhesh province total	4+ ANC visits	Number of months pregnant at time of first ANC visit			Madhesh total	Number of women	Median months pregnant at first visit (for those with ANC)	Number of women with ANC	
	None	1	2–3	4–7	8+			No antenatal care	<4	4–6					7+
Population group															
Advantaged	*	*	*	*	*	100.0	*	*	*	*	*	100.0	27	*	26
Disadvantaged	2.5	4.4	25.5	63.0	4.6	100.0	67.6	2.5	62.1	32.3	3.1	100.0	472	3.7	461
Education															
No education	3.5	6.9	27.2	60.5	2.0	100.0	62.4	3.5	60.9	30.9	4.7	100.0	200	3.8	193
Basic education (1–8)	2.0	3.9	30.0	55.5	8.6	100.0	64.1	2.0	60.5	34.5	3.0	100.0	153	3.7	150
Secondary (9–12)	2.2	1.3	14.3	77.8	4.3	100.0	82.2	2.2	69.0	28.3	0.5	100.0	132	3.5	129
More than secondary (13 and above)	*	*	*	*	*	100.0	*	*	*	*	*	100.0	15	*	15
Household wealth															
Poor	5.0	6.7	25.6	58.0	4.8	100.0	62.8	5.0	58.0	34.9	2.2	100.0	204	3.8	194
Middle	1.0	2.7	27.9	66.9	1.4	100.0	68.3	1.0	65.5	27.6	5.8	100.0	139	3.7	138
Wealthy	0.9	2.5	20.8	68.1	7.6	100.0	75.7	0.9	69.0	28.7	1.3	100.0	157	3.6	155
Madhesh province total	2.6	4.3	24.7	63.6	4.7	100.0	68.4	2.6	63.5	30.9	2.9	100.0	500	3.7	486

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 67 Components of antenatal care among women receiving ANC: Madhesh Province

Among women age 15–49 receiving antenatal care (ANC) for the most recent live birth in the 2 years preceding the survey, percentage receiving specific antenatal services from a healthcare provider, according to background characteristics, Nepal DHS 2022

Background characteristic	Among women who received antenatal care for their most recent live birth or stillbirth in the last 2 years, percentage who received specific services during ANC from a healthcare provider:														Number of women with ANC for their most recent live birth in the last 2 years
	Blood pressure measured	Urine sample taken	Blood sample taken	Baby's heartbeat listened for	Counseled about maternal diet	Counseled about breast-feeding	Asked about vaginal bleeding	Counseled about eating healthy food	Counseled about taking one extra meal per day	Weight taken	Counseled on weight gain	Abdominal examination	Counseled on staying active	Counseled on getting adequate rest during pregnancy	
Population group															
Advantaged	*	*	*	*	*	*	*	*	*	*	*	*	*	*	26
Disadvantaged	91.6	84.8	77.4	86.8	87.2	40.1	33.8	87.8	71.8	89.1	67.8	94.2	71.9	80.1	461
Education															
No education	87.3	77.4	64.5	83.4	81.7	32.7	25.5	83.6	63.3	85.0	65.4	90.7	61.6	74.3	193
Basic education (1–8)	92.4	85.0	80.7	85.6	87.8	44.2	38.7	89.0	74.8	87.5	68.7	94.5	74.3	80.7	150
Secondary (9–12)	97.8	97.1	94.1	95.8	94.3	49.0	40.5	93.3	79.9	97.6	66.2	99.5	83.6	87.1	129
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	15
Household wealth															
Poor	86.7	78.5	67.6	80.0	86.3	40.5	29.9	84.8	71.8	87.1	71.0	89.3	68.5	75.2	194
Middle	94.7	84.5	74.9	91.5	85.0	36.3	32.8	86.8	71.8	88.3	65.7	96.1	73.1	78.8	138
Wealthy	95.9	95.1	94.7	91.9	91.2	44.8	40.0	93.2	71.3	93.9	62.2	99.1	75.6	86.9	155
Madhesh province total	91.9	85.5	78.3	87.1	87.5	40.7	33.9	88.0	71.6	89.6	66.7	94.4	72.0	79.9	486

Note: The denominator for this table includes all women with a birth in the 2 years preceding the survey who received ANC for this birth. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 68 Place of delivery: Madhesh Province

Percent distribution of live births and/or stillbirths in the 2 years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Nepal DHS 2022

Background characteristic	Health facility		Home	Other	Madhesh province total	Percentage delivered in a health facility	Number of births
	Public sector	Private medical sector					
Population group							
Advantaged	*	*	*	*	100.0	*	27
Disadvantaged	45.2	19.9	33.4	1.4	100.0	65.2	487
Education							
No education	41.0	13.3	45.4	0.3	100.0	54.3	206
Basic education (1–8)	47.3	18.3	33.4	1.0	100.0	65.6	160
Secondary (9–12)	50.2	33.5	11.8	4.6	100.0	83.7	133
More than secondary (13 and above)	*	*	*	*	100.0	*	15
Household wealth							
Poor	41.2	12.9	45.3	0.6	100.0	54.1	210
Middle	43.3	22.6	31.9	2.3	100.0	65.9	140
Wealthy	54.2	29.7	13.9	2.3	100.0	83.8	163
Madhesh province total	45.9	20.9	31.6	1.6	100.0	66.8	514

Note: Total includes 2 cases where the respondent did not know the number of antenatal care visits made. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
NGO = nongovernmental organization

Table 69 Caesarean section: Madhesh Province

Percentage of live births in the 2 years preceding the survey delivered by Caesarean section (C-section), according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage delivered by C-section	Number of births
Population group		
Advantaged	*	27
Disadvantaged	13.5	487
Education		
No education	10.0	206
Basic education (1–8)	10.0	160
Secondary (9–12)	21.7	133
More than secondary (13 and above)	*	15
Household wealth		
Poor	9.8	210
Middle	13.4	140
Wealthy	19.6	163
Madhesh province total	13.9	514

Note: The question on C-section is asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in health facility did not receive a c-section. Total includes 2 cases where the respondent did not know the number of antenatal care visits made. 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 Birth order refers to the order of the birth among the respondent's live births.

² Includes only the most recent birth in the 2 years preceding the survey.

Table 70 Assistance during delivery: Madhesh Province

Percent distribution of live births in the 2 years preceding the survey by person providing assistance during delivery and percentage assisted by a skilled provider; among most recent live births in the 2 years preceding the survey, percentage with skin-to-skin contact immediately after birth, according to background characteristics, Nepal DHS 2022

Background characteristic	Person providing assistance during delivery							Madhesh province total	Percent- age delivered by a skilled provider ¹	Number of live births and/or stillbirths	Among most recent live births	
	Doctor	Nurse/ midwife	Health assistant/ auxiliary health worker	Traditional birth attendant	Female community health volunteer	Relative/ other	No one				Percent- age with skin-to-skin contact immediately after birth	Number of live births
Population group												
Advantaged	*	*	*	*	*	*	*	100.0	*	27	*	27
Disadvantaged	33.9	32.3	2.4	20.4	1.1	9.0	0.9	100.0	66.2	487	46.7	472
Education												
No education	26.7	28.2	3.1	29.1	1.1	11.7	0.0	100.0	54.9	206	39.3	200
Basic education (1–8)	39.0	27.0	2.3	18.4	1.8	9.9	1.6	100.0	66.0	160	51.4	153
Secondary (9–12)	42.1	45.0	1.1	7.5	0.0	3.0	1.4	100.0	87.1	133	53.0	132
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	15	*	15
Household wealth												
Poor	27.7	26.9	2.9	27.2	1.7	12.4	1.2	100.0	54.6	210	40.5	204
Middle	36.8	31.5	3.3	19.4	1.2	7.9	0.0	100.0	68.3	140	51.9	139
Wealthy	43.0	42.1	0.5	9.1	0.0	4.2	1.1	100.0	85.1	163	52.5	157
Madhesh province total	35.0	33.0	2.2	19.3	1.0	8.6	0.9	100.0	68.0	514	47.4	500

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = not applicable

¹ Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

Table 71 Timing of first postnatal check for the mother: Madhesh Province

Among women age 15–49 with a live birth in the 2 years preceding the survey, percent distribution of the mother's first postnatal check for the most recent live birth by time after delivery, and percentage of women with a live birth during the 2 years preceding the survey who received a postnatal check in the first 2 days after giving birth, according to background characteristics, Nepal DHS 2022

Background characteristic	Time after delivery of mother's first postnatal check ¹					No postnatal check ²	Madhesh province total	Percentage of women with a postnatal check during the first 2 days after birth ¹	Number of women
	Less than 4 hours	4–23 hours	1–2 days	7–41 days	Don't know/ missing				
Population group									
Advantaged	*	*	*	*	*	*	100.0	*	27
Disadvantaged	45.1	6.8	4.8	1.5	0.6	41.3	100.0	56.7	472
Education									
No education	41.1	3.7	3.9	0.0	0.5	50.9	100.0	48.7	200
Basic education (1–8)	42.2	8.2	5.4	2.3	1.2	40.8	100.0	55.8	153
Secondary (9–12)	54.1	12.9	4.4	3.8	0.0	24.9	100.0	71.3	132
More than secondary (13 and above)	*	*	*	*	*	*	100.0	*	15
Household wealth									
Poor	36.9	5.4	4.7	1.7	0.9	50.4	100.0	47.0	204
Middle	48.0	8.1	5.7	1.3	0.7	36.3	100.0	61.8	139
Wealthy	53.9	10.0	4.4	2.1	0.0	29.6	100.0	68.3	157
Madhesh province total	45.3	7.6	4.9	1.7	0.5	40.0	100.0	57.8	500

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes women who received a check from a doctor, nurse/midwife, health assistant/auxiliary health worker, female community health volunteer, or traditional birth attendant.

² Includes women who received a check after 41 days

Table 72 Timing of first postnatal check for the newborn: Madhesh Province

Percent distribution of most recent live births in the 2 years preceding the survey by time after birth of first postnatal check, and percentage of births with a postnatal check during the first 2 days after birth, according to background characteristics, Nepal DHS 2022

Background characteristic	Time after delivery of newborn's first postnatal check ¹					No postnatal check ²	Madhesh province total	Percentage of births with a postnatal check during the first 2 days after birth ¹	Number of births
	Less than 1 hour	1–3 hours	4–23 hours	1–2 days	Don't know				
Population group									
Advantaged	*	*	*	*	*	*	100.0	*	27
Disadvantaged	19.7	35.9	4.2	4.1	1.6	34.4	100.0	64.0	472
Education									
No education	20.7	31.7	3.4	4.1	2.2	38.0	100.0	59.9	200
Basic education (1–8)	19.8	34.2	5.2	4.5	0.5	35.8	100.0	63.7	153
Secondary (9–12)	21.7	40.1	4.2	3.9	2.4	27.7	100.0	69.9	132
More than secondary (13 and above)	*	*	*	*	*	*	100.0	*	15
Household wealth									
Poor	22.4	28.5	5.6	2.8	0.4	40.3	100.0	59.3	204
Middle	17.3	41.4	2.8	6.4	1.9	30.3	100.0	67.8	139
Wealthy	19.5	38.0	4.3	5.9	3.1	29.1	100.0	67.7	157
Madhesh province total	20.1	35.1	4.4	4.8	1.7	34.0	100.0	64.3	500

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes newborns who received a check from a doctor, nurse/midwife, health assistant/auxiliary health worker, female community health volunteer, or traditional birth attendant.

² Includes newborns who received a check after the first week of life

Table 73 Problems in accessing health care: Madhesh 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 background characteristics, Nepal DHS 2022

Background characteristic	Problems in accessing health care					Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Population group						
Advantaged	9.1	28.2	29.4	48.3	61.6	190
Disadvantaged	14.7	39.4	45.4	64.3	73.6	2,820
Education						
No education	15.8	46.8	52.0	67.5	78.8	1,380
Basic education (1–8)	17.7	36.5	45.3	66.2	75.1	879
Secondary (9–12)	8.0	27.1	30.6	53.7	61.2	694
More than secondary (13 and above)	(3.7)	(16.8)	(14.2)	(32.3)	(39.6)	57
Household wealth						
Poor	19.6	49.4	56.5	69.8	81.5	1,107
Middle	12.9	35.3	43.2	63.6	71.1	883
Wealthy	9.9	30.0	32.4	56.0	65.1	1,020
Madhesh province total	14.3	38.7	44.4	63.3	72.9	3,010

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

Table74 Distance from health care: Madhesh Province

Percent distributions of women age 15–49 by travel time to nearest health facility and by means of transport to nearest health facility, according to background characteristics, Nepal DHS 2022

Background characteristic	Travel time to nearest health facility				Madhesh province total	Means of transport to nearest health facility			Madhesh province total	Number of women
	<30 minutes	30–59 minutes	60–119 minutes	≥2 hours		Motorized ¹	Not motorized ²	Walking		
Accessing health care										
Distance to health facility is a problem	82.2	15.1	2.6	0.0	100.0	8.2	2.4	89.4	100.0	1,337
Distance to health facility is not a problem	91.6	7.9	0.4	0.1	100.0	11.4	3.4	85.2	100.0	1,673
Means of transport to nearest health facility										
Motorized ¹	91.2	8.6	0.3	0.0	100.0	na	na	na	na	299
Not motorized ²	88.2	11.8	0.0	0.0	100.0	na	na	na	na	90
Walking	87.0	11.4	1.6	0.0	100.0	na	na	na	na	2,620
Population group										
Advantaged	93.8	6.2	0.0	0.0	100.0	15.9	2.7	81.4	100.0	190
Disadvantaged	87.0	11.4	1.5	0.0	100.0	9.5	3.0	87.4	100.0	2,820
Education										
No education	84.6	13.1	2.2	0.0	100.0	6.5	1.3	92.2	100.0	1,380
Basic education (1–8)	87.7	11.1	1.2	0.0	100.0	9.6	3.3	87.1	100.0	879
Secondary (9–12)	91.9	7.8	0.2	0.2	100.0	16.0	5.8	78.2	100.0	694
More than secondary (13 and above)	(97.4)	(2.6)	(0.0)	(0.0)	100.0	(25.5)	(3.9)	(70.6)	100.0	57
Household wealth										
Poor	81.5	16.0	2.5	0.0	100.0	4.6	2.7	92.7	100.0	1,107
Middle	86.6	12.2	1.3	0.0	100.0	11.0	3.5	85.5	100.0	883
Wealthy	94.7	4.8	0.4	0.1	100.0	14.8	2.9	82.3	100.0	1,020
Madhesh province total	87.5	11.1	1.4	0.0	100.0	9.9	3.0	87.1	100.0	3,010

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

na = not applicable

¹ Includes car/truck, public bus, motorcycle/scooter, and three-wheeler

² Includes animal-drawn cart, bicycle/rickshaw and boat without motor

Table 75 Vaccinations by background characteristics: Madhesh 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 fully vaccinated (basic antigens), percentage fully vaccinated (according to national schedule), and percentage who received no vaccinations, according to background characteristics, Nepal DHS 2022

Background characteristic	BCG	DPT-HepB-Hib			OPV			fIPV		Pneumococcal			Rotavirus		Measles rubella 1	Japanese encephalitis	Fully vaccinated (basic antigens) ³	Fully vaccinated (according to national schedule) ⁴	No vaccinations	Number of children	
		1	2	3	OPV 1	OPV 2	OPV 3	1	2	1	2	3	1	2							
Population group																					
Advantaged	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Disadvantaged	94.7	94.5	91.4	82.4	95.1	91.1	75.8	88.4	76.4	92.6	88.5	69.9	77.2	69.5	79.7	72.7	67.3	42.3	4.3	253	
Education																					
No education	91.7	91.2	87.1	72.0	93.2	86.2	66.4	85.7	69.7	89.6	83.9	57.5	76.8	66.7	68.8	63.3	54.1	31.6	6.0	113	
Basic education (1–8)	97.0	97.0	93.1	87.2	95.9	94.2	82.1	90.3	78.5	95.6	91.8	78.2	74.0	67.4	84.1	75.4	75.1	38.7	3.0	84	
Secondary (9–12)	97.6	97.6	95.3	94.0	97.6	96.6	84.2	92.1	82.2	94.8	91.2	81.0	80.0	68.5	95.3	88.9	79.5	58.0	2.4	62	
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	10
Household wealth																					
Poor	91.2	91.4	85.4	72.7	92.7	85.4	64.2	84.0	68.0	90.5	82.9	61.5	71.9	61.5	74.7	67.4	55.7	29.1	7.3	118	
Middle	96.7	95.6	94.6	86.1	95.6	93.7	78.9	88.5	75.7	90.4	88.3	77.0	78.5	68.3	83.9	71.7	73.6	49.0	3.3	68	
Wealthy	99.0	99.0	95.4	93.2	99.0	99.0	92.8	97.1	89.4	99.0	95.4	77.8	84.9	77.1	87.4	86.6	80.0	54.6	0.0	82	
Madhesh province total	95.0	94.8	90.8	82.4	95.4	91.6	76.7	89.2	76.5	93.1	88.1	70.4	77.6	68.0	80.9	74.4	67.7	41.9	4.0	269	

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. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. This table does not present results for children age 24–35 months on their status on fully vaccinated according to national schedule as rotavirus vaccine was introduced in July 2020 and most of these children would not have received this vaccine.

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

BCG = Bacille Calmette-Guerin; DPT = Diphtheria-pertussis-tetanus; HepB = Hepatitis B; Hib = Haemophilus influenzae type b; OPV = Oral polio vaccine; fIPV = Fractional inactivated polio vaccine

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

² BCG, three doses of DPT-HepB-Hib, three doses of OPV, two doses of fIPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, one dose of measles rubella, and one dose of Japanese Encephalitis.

³ Vaccination card, booklet, or other home-based record.

Table 76 Children with symptoms of ARI: Madhesh Province

Among children under age 5, percentage who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey according to background characteristics, Nepal DHS 2022

Background characteristic	Among children under age 5:	
	Percentage with symptoms of ARI ¹	Number of children
Population group		
Advantaged	(1.2)	54
Disadvantaged	1.0	1,298
Education		
No education	1.1	576
Basic education (1–8)	1.0	448
Secondary (9–12)	1.0	304
More than secondary (13 and above)	*	24
Household wealth		
Poor	1.1	554
Middle	1.8	378
Wealthy	0.2	421
Madhesh province total	1.0	1,352

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 Symptoms of ARI include short, rapid breathing which was chest-related and/or difficult breathing which was chest-related.

Table 77 Children with fever and careseeking for fever: Madhesh Province

Among children under age 5, percentage who had a fever in the 2 weeks preceding the survey; and among children with fever in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage for whom advice or treatment was sought the same or next day following the onset of fever, and percentage who received antibiotics as treatment, according to background characteristics, Nepal DHS 2022

Background characteristic	Among children under age 5:		Among children under age 5 with fever:			
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought ¹	Percentage for whom advice or treatment was sought the same or next day ¹	Percentage who took antibiotics	Number of children with fever
Population group						
Advantaged	(21.0)	54	*	*	*	11
Disadvantaged	19.7	1,298	88.2	71.3	51.8	255
Education						
No education	18.5	576	87.4	65.9	57.0	106
Basic education (1–8)	22.6	448	86.8	73.1	45.7	101
Secondary (9–12)	19.1	304	94.1	78.3	59.5	58
More than secondary (13 and above)	*	24	*	*	*	1
Household wealth						
Poor	21.1	554	86.0	65.4	55.6	117
Middle	20.5	378	86.7	74.5	50.6	77
Wealthy	17.3	421	95.2	78.0	52.0	73
Madhesh province total	19.7	1,352	88.7	71.5	53.2	267

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 advice or treatment from the following sources: public sector, private sector, non-government sector, and shop. Excludes advice or treatment from a traditional practitioner.

Table 78 Children with diarrhea and careseeking for diarrhea: Madhesh Province

Percentage of children under age 5 who had diarrhea in the 2 weeks preceding the survey; and among children with diarrhea in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage with diarrhea	Number of children	Among children under age 5 with diarrhea:	
			Percentage for whom advice or treatment was sought ¹	Number of children with diarrhea
Population group				
Advantaged	(9.7)	54	*	5
Disadvantaged	10.0	1,298	56.4	130
Education				
No education	9.7	576	(55.1)	56
Basic education (1–8)	10.1	448	(53.0)	45
Secondary (9–12)	11.0	304	(65.8)	34
More than secondary (13 and above)	*	24	*	1
Household wealth				
Poor	10.1	554	(54.9)	56
Middle	12.0	378	(61.0)	45
Wealthy	8.1	421	(54.2)	34
Madhesh province total	10.0	1,352	56.8	135

Note: Advice or treatment for children with diarrhea may have been sought from more than one source. 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 advice or treatment from the following sources: public sector, private sector, non-government sector, and shop. Excludes advice or treatment from a traditional practitioner.

Table 79 Nutritional status of children: Madhesh 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, according to background characteristics, Nepal DHS 2022

Background characteristic	Height-for-age ¹				Weight-for-height				Weight-for-age				
	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean z score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean z score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean z score (SD)	Number of children
Population group													
Advantaged	*	*	*	19	*	*	0.0	*	20	*	*	*	19
Disadvantaged	6.7	30.0	-1.4	668	0.3	10.3	0.0	-0.8	668	5.2	27.4	-1.4	672
Education													
No education	9.7	33.3	-1.6	264	0.3	11.2	0.0	-0.9	264	8.2	31.6	-1.5	266
Basic education (1–8)	4.8	32.0	-1.4	266	0.0	9.3	0.0	-0.8	266	3.1	24.7	-1.4	266
Secondary (9–12)	4.7	16.8	-1.1	149	0.6	9.7	0.0	-0.8	150	3.4	22.7	-1.2	151
More than secondary (13 and above)	*	*	*	8	*	*	0.0	*	8	*	*	*	8
Household wealth													
Poor	8.4	37.8	-1.7	299	0.3	9.3	0.0	-0.9	299	7.9	32.5	-1.6	299
Middle	4.5	26.5	-1.3	191	0.5	10.5	0.0	-0.9	191	2.7	24.8	-1.3	191
Wealthy	5.9	19.3	-1.2	197	0.0	11.1	0.0	-0.7	197	3.2	20.1	-1.2	201
Madhesh province total	6.6	29.3	-1.4	687	0.2	10.1	0.0	-0.8	687	5.1	26.8	-1.4	691

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Total includes 1 case where size at birth of the child is not known. 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 Child Growth standards population median

Table 80 Infant and young child feeding (IYCF) indicators: Madhesh Province

Percentage of children fed according to various IYCF practices, Nepal DHS 2022

Indicator	Percentage	Number
Percentage of children born in the last 2 years who were ever breastfed	99.0	514
Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	54.8	514
Percentage of children born in the last 2 years who were fed exclusively with breastmilk for the first 2 days after birth	51.0	514
Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	65.0	137
Percentage of children age 0–5 months who were fed both breastmilk and formula or animal milk during the previous day	9.5	137
Percentage of children age 12–23 months who were fed breastmilk during the previous day	90.8	269
Percentage of children age 6–8 months who were fed solid, semi-solid or soft foods during the previous day	60.9	57
Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	35.9	349
Percentage of children age 6–23 months who were fed solid, semi-solid, or soft foods (...) the minimum number of times or more during the previous day	75.9	349
Percentage of non-breastfed children age 6–23 months who were given at least two milk feeds during the previous day	66.8	17
Percentage of children age 6–23 months who were fed a minimum acceptable diet during the previous day	31.2	349
Percentage of children age 6–23 months who were fed egg and/or flesh food during the previous day	23.0	349
Percentage of children age 6–23 months who were given a sweet beverage during the previous day	41.8	349
Percentage of children age 6–23 months who were fed selected sentinel unhealthy foods during the previous day	70.3	349
Percentage of children age 6–23 months who were not fed any vegetables or fruits during the previous day	41.3	349
Percentage of children age 0–23 months who were fed from a bottle with a nipple during the previous day	12.0	501

Table 81 Nutritional status of women age 20–49: Madhesh Province

Among women age 20–49, percentage with height below 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, according to background characteristics, Nepal DHS 2022

Background characteristic	Short stature		Body Mass Index ¹								
	Height below 145 cm	Number of women	Mean body mass index (BMI)	18.5–24.9 (total normal)	<18.5 (total thin)	17.0–18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0–29.9 (overweight)	≥30.0 (obese)	Number of women
Population group											
Advantaged	8.8	77	24.3	48.9	3.4	3.4	0.0	47.7	43.7	3.9	68
Disadvantaged	13.5	1,086	21.9	59.3	19.5	12.7	6.8	21.1	18.2	3.0	1,006
Education											
No education	16.2	598	21.8	60.4	21.1	13.3	7.7	18.6	16.3	2.2	570
Basic education (1–8)	9.8	310	22.0	56.9	18.6	12.6	6.0	24.5	21.5	3.0	278
Secondary (9–12)	10.7	226	22.7	57.8	12.8	8.8	4.0	29.3	26.3	3.0	198
More than secondary (13 and above)	*	29	*	*	*	*	*	*	*	*	28
Household wealth											
Poor	20.6	419	20.8	61.0	27.6	17.9	9.7	11.4	9.8	1.6	394
Middle	9.5	344	22.1	64.4	15.0	8.6	6.4	20.6	17.3	3.3	318
Wealthy	8.6	400	23.4	51.2	11.7	8.9	2.8	37.1	32.9	4.3	363
Madhesh province total	13.2	1,163	22.1	58.7	18.5	12.1	6.4	22.8	19.8	3.0	1,074

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²). An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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

Table 82 Nutritional status of adolescent women age 15–19: Madhesh Province

Among women age 15–19, percentage with height-for-age below -2 standard deviations (SD), mean body mass index (BMI) for age z score, and percentage with specific BMI-for-age levels, according to background characteristics, Nepal DHS 2022

Background characteristic	Short stature		Body mass index-for-age ¹							
	Height-for-age below -2 SD	Number of women	Mean BMI-for-age z score	-1 SD to +1 SD (total normal)	Below -1 SD (total thin) ²	Below -1 SD to -2 SD (mildly thin)	Below -2 SD (moderately or severely thin)	Above +1 SD (total overweight or obese) ³	Above +1 SD to +2 SD (overweight)	Number of women
Population group										
Advantaged	*	15	*	*	*	*	*	*	*	15
Disadvantaged	34.6	293	-0.6	65.8	31.2	26.5	4.8	3.0	3.0	267
Education										
No education	(38.2)	48	-0.8	(62.4)	(34.2)	(24.8)	(9.5)	(3.4)	(3.4)	42
Basic education (1–8)	38.9	155	-0.7	66.9	33.1	27.5	5.7	0.0	0.0	148
Secondary (9–12)	23.7	105	-0.6	62.6	30.2	25.0	5.3	7.1	7.1	92
Household wealth										
Poor	43.3	135	-0.7	68.7	30.1	22.4	7.7	1.2	1.2	125
Middle	27.7	92	-0.7	62.7	37.3	36.5	0.8	0.0	0.0	83
Wealthy	24.1	81	-0.5	60.5	30.6	21.2	9.4	8.9	8.9	74
Madhesh province total	33.6	308	-0.7	64.8	32.3	26.3	6.1	2.8	2.8	282

Note: Height-for-age and body mass index (BMI)-for-age are expressed in standard deviation units (SD) from the median of the WHO Growth Reference for adolescent women age 15–19. 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 Excludes pregnant women and women with a birth in the preceding 2 months

² Includes adolescent women age 15–19 who are below -1 standard deviations (SD) from the WHO Growth Reference population median

³ Includes adolescent women age 15–19 who are above +1 standard deviations (SD) from the WHO Growth Reference population median

Table 83 Nutritional status of men age 20–49: Madhesh Province

Among men age 20–49, mean body mass index (BMI), and percentage with specific BMI levels, according to background characteristics, Nepal DHS 2022

Background characteristic	Mean Body Mass Index (BMI)	Body Mass Index							Number of men
		18.5–24.9 (Total normal)	<18.5 (Total thin)	17.0–18.4 (Mildly thin)	<17 (Moderately and severely thin)	≥25.0 (Total over-weight or obese)	25.0–29.9 (Over-weight)	≥30.0 (Obese)	
Population group									
Advantaged	*	*	*	*	*	*	*	*	17
Disadvantaged	23.4	62.0	8.0	4.4	3.6	30.0	25.2	4.8	206
Education									
No education	22.5	60.2	14.1	8.6	5.5	25.7	21.0	4.6	81
Basic education (1–8)	23.6	62.7	6.3	2.4	3.9	31.1	27.7	3.4	76
Secondary (9–12)	(25.0)	(57.9)	(1.2)	(1.2)	(0.0)	(40.9)	(32.1)	(8.8)	64
More than secondary (13 and above)	*	*	*	*	*	*	*	*	2
Household wealth									
Poor	21.7	80.3	10.1	8.3	1.9	9.6	9.6	0.0	77
Middle	(24.1)	(53.0)	(8.3)	(3.9)	(4.4)	(38.8)	(26.6)	(12.2)	47
Wealthy	24.9	49.1	5.4	1.4	4.0	45.5	39.3	6.3	98
Madhesh province total 20–49	23.6	60.7	7.6	4.3	3.3	31.7	26.3	5.3	223

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²). 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.

Table 84 Minimum dietary diversity and unhealthy food and beverage consumption among women: Madhesh Province

Percentage of women age 15–49 consuming sweet beverages, percentage consuming unhealthy foods, and percentage achieving minimum dietary diversity for women, according to background characteristics, Nepal DHS 2022

Background characteristic	Minimum dietary diversity for women ¹	Sweet beverage consumption ²	Unhealthy food consumption ³	Number of women
Population group				
Advantaged	73.4	80.3	61.5	190
Disadvantaged	40.7	51.1	40.2	2,820
Education				
No education	33.4	42.6	27.0	1,380
Basic education (1–8)	43.8	55.9	47.0	879
Secondary (9–12)	57.0	68.1	62.2	694
More than secondary (13 and above)	(83.0)	(74.3)	(58.0)	57
Household wealth				
Poor	30.7	41.1	31.7	1,107
Middle	38.3	50.8	38.0	883
Wealthy	59.8	67.7	55.3	1,020
Madhesh province total	42.8	53.0	41.5	3,010

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

¹ Minimum dietary diversity for women defined as consuming foods from 5 or more of the 10 food groups: a. grains, white/pale starchy roots, tubers, and plantains; b. pulses (beans, peas, lentils); c. nuts and seeds; d. dairy (milk, cheese, yogurt, other milk products); e. meat, fish, poultry, organ meats; f. eggs; g. dark green leafy vegetables; h. other vitamin A-rich fruits and vegetables; i. other vegetables; j. other fruits

² Sweet beverages include fruit juice and fruit-flavored drinks, sodas, malt drinks, sports drinks, and energy drinks, sweetened tea, coffee, herbal drinks, sweet lassi, Horlicks, Bournvita, or Viva and other sweetened liquids.

³ Unhealthy foods include sweet foods such as cakes, biscuits, cookies, jeri/jalebi, mithai, toffees, or ice-cream; and fried and salty foods such as chips, kurekure, chisbal, instant noodles (wai wai, yum, yum), samosa, pakora, puri, or tareko khaja.

⁴ Includes women who do not know if they are pregnant.

Table 85 Prevalence of anemia in women: Madhesh Province

Percentage of women age 15–49 classified as having anemia, according to background characteristics, Nepal DHS 2022

Background characteristic	Anemia status by hemoglobin level				Number of women
	Any (NP <12.0 g/dl / P <11.0 g/dl)	Mild (NP 10.0–11.9 g/dl / P 10.0–10.9 g/dl)	Moderate (NP 7.0–9.9 g/dl / P 7.0–9.9 g/dl)	Severe (NP < 7.0 g/dl / P < 7.0 g/dl)	
Population group					
Advantaged	55.4	31.5	20.2	3.8	91
Disadvantaged	52.2	24.8	25.6	1.8	1,367
Education					
No education	53.6	24.8	27.6	1.2	642
Basic education (1–8)	51.7	23.2	25.8	2.7	459
Secondary (9–12)	52.1	28.3	21.4	2.4	329
More than secondary (13 and above)	*	*	*	*	29
Household wealth					
Poor	51.0	24.5	25.1	1.3	547
Middle	54.3	25.3	27.8	1.2	433
Wealthy	52.4	26.0	23.2	3.3	479
Madhesh province total	52.4	25.2	25.3	1.9	1,458

Note: Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude and for cigarette smoking, if known, using formulas in CDC, 1998 and cutoffs defined in WHO, 2017. Hemoglobin is measured in grams per deciliter (g/dl) using the [HemoCue 201+] device. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes women who do not know if they are pregnant

Table 86 Iron-folic acid supplementation for adolescent women age 15–19: Madhesh Province

Among women age 15–19, percentage who received iron-folic acid supplementation in the last 3 months prior to the survey, according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage of women who received iron-folic acid supplementation	Number of women
Population group		
Advantaged	(6.9)	32
Disadvantaged	7.5	586
Education		
No education	4.6	115
Basic education (1–8)	6.3	288
Secondary (9–12)	10.4	216
Household wealth		
Poor	6.6	247
Middle	7.1	186
Wealthy	8.8	186
Madhesh province total	7.4	619

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

Table 87 Knowledge of HIV or AIDS: Madhesh Province

Percentage of women and men age 15–49 who have heard of HIV or AIDS, by background characteristics, Nepal DHS 2022

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Marital status				
Never married	52.1	526	86.9	364
Ever had sex	*	2	95.8	66
Never had sex	52.2	524	84.9	298
Married/Living together	42.0	2,419	92.4	631
Divorced/Separated/Widowed	38.8	64	*	2
Madhesh province total	43.7	3,010	90.4	997

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.

Table 88 Knowledge of and attitudes about medicines to treat HIV or prevent HIV transmission

Percentage of women and men age 15–49 who have heard of antiretroviral medicines (ARVs) that treat HIV, percentage who know that the risk of mother to child transmission (MTCT) of HIV can be reduced by mother taking special drugs according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage who had heard of ARVs that treat HIV	Percentage who know that the risk of MTCT can be reduced by mother taking special drugs	Number of respondents
WOMEN			
Marital status			
Never married	8.1	19.9	526
Ever had sex	*	*	2
Never had sex	8.2	19.9	524
Married/Living together	10.4	14.1	2,419
Divorced/Separated/Widowed	13.3	24.3	64
Population group			
Advantaged	32.4	34.0	190
Disadvantaged	8.6	14.1	2,820
Education			
No education	2.1	6.1	1,380
Basic education (1–8)	8.8	11.4	879
Secondary (9–12)	26.0	36.6	694
More than secondary (13 and above)	(28.6)	(42.0)	57
Household wealth			
Poor	3.1	8.0	1,107
Middle	8.9	15.5	883
Wealthy	18.7	23.2	1,020
Madhesh province total	10.1	15.4	3,010
MEN			
Marital status			
Never married	22.0	41.9	364
Ever had sex	18.0	41.3	66
Never had sex	22.9	42.0	298
Married/Living together	40.9	39.8	631
Divorced/Separated/Widowed	*	*	2
Population group			
Advantaged	58.0	40.6	56
Disadvantaged	32.5	40.5	941
Education			
No education	24.2	28.9	191
Basic education (1–8)	28.5	38.0	385
Secondary (9–12)	42.0	46.5	385
More than secondary (13 and above)	(58.7)	(65.1)	37
Household wealth			
Poor	24.8	32.9	339
Middle	30.2	42.4	282
Wealthy	45.0	45.9	377
Madhesh province total	34.0	40.5	997

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.

Table 89 Knowledge of HIV or AIDS: Madhesh Province

Percentage of women and men age 15-49 who have heard of HIV or AIDS, by background characteristics, Nepal DHS 2022

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Marital status				
Never married	52.1	526	86.9	364
Ever had sex	*	2	95.8	66
Never had sex	52.2	524	84.9	298
Married/Living together	42.0	2,419	92.4	631
Divorced/Separated/Widowed	38.8	64	*	2
Madhesh province total	43.7	3,010	90.4	997

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 90 Discriminatory attitudes towards people living with HIV: Madhesh Province

Among women and men age 15-49 who have heard of HIV or AIDS, percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative, percentage who would not buy fresh vegetables from a shopkeeper who has HIV, and percentage with discriminatory attitudes towards people living with HIV, according to background characteristics, Nepal DHS 2022

Background characteristic	Women				Men			
	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV ¹	Number of women who have heard of HIV or AIDS	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV ¹	Number of men who have heard of HIV or AIDS
Marital status								
Never married	48.9	65.0	69.0	274	49.1	56.1	62.9	316
Ever had sex	*	*	*	1	44.5	56.3	61.4	63
Never had sex	48.8	64.9	69.0	274	50.2	56.0	63.3	253
Married/Living together	59.3	66.4	69.9	1,015	61.7	67.1	71.4	584
Divorced/Separated/Widowed	*	*	*	25	*	*	*	2
Madhesh province total	57.2	66.0	69.7	1,314	57.3	63.1	68.4	902

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative and/or would not buy fresh vegetables from a shopkeeper who has HIV

Table 91 Pregnant women tested for HIV: Madhesh Province

Among all women age 15–49 who gave birth in the 2 years preceding the survey, percentage who received an HIV test during antenatal care (ANC) for their most recent birth by whether they received their results and percentage who received an HIV test during ANC or labor for their most recent birth by whether they received their test results, according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage who were tested for HIV during antenatal care and received results	Percentage who had an HIV test during ANC or labor and received results ¹	Number of women who gave birth in the last two years ²
Population group			
Advantaged	*	*	27
Disadvantaged	8.4	8.4	472
Education			
No education	2.6	2.6	200
Basic education (1–8)	7.2	7.2	153
Secondary (9–12)	21.9	21.9	132
More than secondary (13 and above)	*	*	15
Household wealth			
Poor	3.4	3.4	204
Middle	6.5	6.5	139
Wealthy	20.7	20.7	157
Madhesh province total	9.7	9.7	500

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Women are asked whether they received an HIV test during labor only if they were not tested for HIV during ANC.

² Denominator for percentages includes women who did not receive antenatal care for their last birth in the last two years.

Table 92 Coverage of prior HIV testing: Women: Madhesh Province

Percent distribution of women by HIV testing status and by whether they received the results of the last test, percentage of women ever tested, and percentage of women who were tested in the last 12 months and received the results of the last test, according to background characteristics, Nepal DHS 2022

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test		Madhesh province total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
	Ever tested and received results	Never tested ¹				
Population group						
Advantaged	13.7	86.3	100.0	13.7	3.0	190
Disadvantaged	2.9	97.1	100.0	2.9	0.9	2,820
Education						
No education	0.7	99.3	100.0	0.7	0.1	1,380
Basic education (1–8)	2.4	97.6	100.0	2.4	1.0	879
Secondary (9–12)	9.5	90.5	100.0	9.5	2.8	694
More than secondary (13 and above)	(20.0)	(80.0)	100.0	(20.0)	(2.1)	57
Household wealth						
Poor	1.0	99.0	100.0	1.0	0.5	1,107
Middle	2.5	97.5	100.0	2.5	1.0	883
Wealthy	7.3	92.7	100.0	7.3	1.7	1,020
Madhesh province total	3.6	96.4	100.0	3.6	1.0	3,010

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

¹ Includes respondents who have not heard of HIV or who refused to answer questions on testing

Table 93 Coverage of prior HIV testing: Men: Madhesh Province

Percent distribution of men by HIV testing status and by whether they received the results of the last test, percentage of men ever tested, and percentage of men age 15–49 who were tested in the last 12 months and received the results of the last test, according to background characteristics, Nepal DHS 2022

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test		Madhesh province total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
	Ever tested and received results	Never tested ¹				
Marital status						
Never married	4.2	95.8	100.0	4.2	1.0	364
Ever had sex	10.5	89.5	100.0	10.5	1.2	66
Never had sex	2.8	97.2	100.0	2.8	0.9	298
Married/Living together	10.9	89.1	100.0	10.9	1.6	631
Divorced/Separated/Widowed	*	*	100.0	*	*	2
Population group						
Advantaged	18.2	81.8	100.0	18.2	3.2	56
Disadvantaged	7.8	92.2	100.0	7.8	1.3	941
Education						
No education	0.5	99.5	100.0	0.5	0.0	191
Basic education (1–8)	5.9	94.1	100.0	5.9	0.5	385
Secondary (9–12)	12.6	87.4	100.0	12.6	2.7	385
More than secondary (13 and above)	(30.6)	(69.4)	100.0	(30.6)	(3.8)	37
Household wealth						
Poor	4.6	95.4	100.0	4.6	0.7	339
Middle	4.2	95.8	100.0	4.2	0.3	282
Wealthy	14.9	85.1	100.0	14.9	2.8	377
Madhesh province total	8.4	91.6	100.0	8.4	1.4	997

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 respondents who have not heard of HIV or who refused to answer questions on testing

Table 94 Blood pressure status of women: Madhesh Province

Among women age 15 and above, percent distribution of blood pressure values, percentage having normal blood pressure and taking antihypertensive medication, and prevalence of hypertension, according to background characteristics, Nepal DHS 2022

Background characteristic	Classification of blood pressure						Madhesh province total	Blood pressure less than SBP140/DBP 90 mmHg and currently taking antihypertensive medication	Prevalence of hypertension ¹	Number of women ²
	Optimal SBP <120 and DBP <80 mmHg	Normal SBP 120–129 and DBP 80–84 mmHg	High normal SBP 130–139 and DBP 85–89 mmHg	Mildly elevated (Grade 1) SBP 140–159 or DBP 90–99 mmHg	Moderately elevated (Grade 2) SBP 160–179 or DBP 100–109 mmHg	Severely elevated (Grade 3) SBP 180+ or DBP 110+ mmHg				
Education										
No education	61.7	15.0	10.6	8.9	3.0	0.7	100.0	5.0	17.6	602
Basic education (1–8)	78.6	11.1	5.1	3.9	1.0	0.2	100.0	1.4	6.5	299
Secondary (9–12)	79.0	8.3	8.4	3.6	0.7	0.0	100.0	0.4	4.7	198
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	21
Missing	*	*	*	*	*	*	*	*	*	1
Household wealth										
Poor	72.4	12.4	7.6	4.7	2.8	0.0	100.0	3.3	10.8	435
Middle	74.4	10.6	8.4	6.1	0.5	0.0	100.0	3.1	9.7	293
Wealthy	62.6	15.5	9.7	8.7	2.1	1.3	100.0	3.0	15.2	393
Madhesh province total	69.5	13.0	8.6	6.5	2.0	0.5	100.0	3.1	12.0	1,122

Note: When a respondent's SBP and DBP fell into different classifications categories, the respondent is classified into the higher classification of blood pressure. If blood pressure was measured 3 times, the average of the 2nd and 3rd blood pressure measurements is used to classify individuals with respect to hypertension. If the 3rd blood pressure measurement is missing, the 2nd measurement is considered the average. If the 3rd and the 2nd blood pressure measurements are missing, the 1st measurement is considered the average. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure

¹ A person is classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above, or an average DBP level of 90 mmHg or above, or was currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

Table 95 Blood pressure status of men: Madhesh Province

Among women age 15 and above, percent distribution of blood pressure values, percentage having normal blood pressure and taking antihypertensive medication, and prevalence of hypertension, according to background characteristics, Nepal DHS 2022

Background characteristic	Classification of blood pressure						Madhesh province total	Blood pressure less than SBP140/DBP90 mmHg and currently taking antihypertensive medication	Prevalence of hypertension ¹	Number of men
	Optimal SBP <120 and DBP <80 mmHg	Normal SBP 120–129 and DBP 80–84 mmHg	High normal SBP 130–139 and DBP 85–89 mmHg	Mildly elevated (Grade 1) SBP 140–159 or DBP 90–99 mmHg	Moderately elevated (Grade 2) SBP 160–179 or DBP 100–109 mmHg	Severely elevated (Grade 3) SBP 180+ or DBP 110+ mmHg				
Education										
No education	57.1	15.1	9.3	11.9	5.0	1.6	100.0	3.9	22.5	346
Basic education (1–8)	54.2	16.5	8.4	12.9	5.9	2.1	100.0	1.3	22.2	211
Secondary (9–12)	48.2	18.9	11.5	17.3	4.0	0.0	100.0	2.9	24.2	201
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	20
Missing	*	*	*	*	*	*	*	*	*	3
Household wealth										
Poor	59.7	13.0	10.0	10.7	5.3	1.4	100.0	3.4	20.8	266
Middle	58.2	16.7	9.4	11.9	2.4	1.5	100.0	2.4	18.2	201
Wealthy	43.5	21.0	11.3	16.4	6.7	1.1	100.0	3.3	27.5	314
Madhesh province total	52.8	17.2	10.4	13.3	5.1	1.3	100.0	3.1	22.8	781

Note: When a respondent's SBP and DBP fell into different classifications categories, the respondent is classified into the higher classification of blood pressure. If blood pressure was measured 3 times, the average of the 2nd and 3rd blood pressure measurements is used to classify individuals with respect to hypertension. If the 3rd blood pressure measurement is missing, the 2nd measurement is considered the average. If the 3rd and the 2nd blood pressure measurements are missing, the 1st measurement is considered the average. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure.

¹ A person is classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above, or an average DBP level of 90 mmHg or above, or was currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

Table 96 Severity of symptoms of anxiety: Men: Madhesh Province

Percent distribution of men age 15-49 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score			Madhesh province total	Percentage with symptoms of anxiety ¹	Number of men
	0-5	6-14	15-21			
Population group						
Advantaged	91.7	8.3	0.0	100.0	8.3	56
Disadvantaged	93.6	6.3	0.1	100.0	6.4	941
Education						
No education	96.7	3.3	0.0	100.0	3.3	191
Basic education (1-8)	93.0	7.0	0.0	100.0	7.0	385
Secondary (9-12)	92.5	7.2	0.3	100.0	7.5	385
More than secondary (13 and above)	(93.3)	(6.7)	(0.0)	100.0	(6.7)	37
Household wealth						
Poor	92.3	7.7	0.0	100.0	7.7	339
Middle	93.8	6.2	0.0	100.0	6.2	282
Wealthy	94.4	5.3	0.3	100.0	5.6	377
Madhesh province total	93.5	6.4	0.1	100.0	6.5	997

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

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 6 or higher on GAD-7

Table 97 Severity of symptoms of depression: Men: Madhesh Province

Percent distribution of men age 15-49 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score				Madhesh province total	Percentage with symptoms of depression ¹	Number of men
	0-4	5-9	10-14	15-19			
Population group							
Advantaged	97.5	2.5	0.0	0.0	100.0	0.0	56
Disadvantaged	95.2	4.3	0.3	0.2	100.0	0.5	941
Education							
No education	97.1	2.9	0.0	0.0	100.0	0.0	191
Basic education (1-8)	95.6	4.1	0.4	0.0	100.0	0.4	385
Secondary (9-12)	94.2	4.9	0.4	0.5	100.0	0.9	385
More than secondary (13 and above)	(96.2)	(3.8)	(0.0)	(0.0)	100.0	(0.0)	37
Household wealth							
Poor	96.1	3.5	0.4	0.0	100.0	0.4	339
Middle	94.0	5.7	0.3	0.0	100.0	0.3	282
Wealthy	95.7	3.6	0.3	0.5	100.0	0.7	377
Madhesh province total	95.3	4.2	0.3	0.2	100.0	0.5	997

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

PHQ = Patient Health Questionnaire

¹ Respondents with a score of 10 or higher on PHQ-9.

Table 98 Severity of symptoms of anxiety: Women: Madhesh Province

Percent distribution of women age 15–49 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score			Madhesh province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	80.4	17.0	2.6	100.0	19.6	97
Disadvantaged	77.8	20.7	1.5	100.0	22.2	1,415
Education						
No education	76.7	21.7	1.7	100.0	23.3	722
Basic education (1–8)	74.3	22.7	3.0	100.0	25.7	407
Secondary (9–12)	84.0	16.0	0.0	100.0	16.0	354
More than secondary (13 and above)	*	*	*	100.0	*	28
Household wealth						
Poor	75.3	21.9	2.8	100.0	24.7	546
Middle	78.6	20.7	0.7	100.0	21.4	432
Wealthy	80.1	18.8	1.1	100.0	19.9	534
Madhesh province total	77.9	20.4	1.6	100.0	22.1	1,512

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 6 or higher on GAD-7

Table 99 Severity of symptoms of depression: Women: Madhesh Province

Percent distribution of women age 15–49 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score					Madhesh province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	77.2	16.8	3.5	2.6	0.0	100.0	6.1	97
Disadvantaged	80.2	14.9	3.6	1.1	0.2	100.0	4.9	1,415
Education								
No education	78.2	17.0	3.3	1.3	0.2	100.0	4.8	722
Basic education (1–8)	79.0	12.3	6.5	1.8	0.4	100.0	8.7	407
Secondary (9–12)	84.0	14.4	1.2	0.4	0.0	100.0	1.6	354
More than secondary (13 and above)	*	*	*	*	*	100.0	*	28
Household wealth								
Poor	77.1	16.9	4.7	0.8	0.5	100.0	6.0	546
Middle	81.1	14.5	3.1	1.1	0.1	100.0	4.4	432
Wealthy	82.1	13.4	2.9	1.6	0.0	100.0	4.5	534
Madhesh province total	80.0	15.0	3.6	1.2	0.2	100.0	5.0	1,512

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

PHQ = Patient Health Questionnaire

¹ Respondents with a score of 10 or higher on PHQ-9

Table 100 Severity of symptoms of anxiety: Women: Madhesh Province

Percent distribution of women age 15–19 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score			Madhesh province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	89.0	0.0	11.0	100.0	11.0	16
Disadvantaged	82.2	17.1	0.6	100.0	12.8	286
Education						
No education	87.7	12.3	0.0	100.0	12.3	65
Basic education (1–8)	78.0	19.2	2.7	100.0	15.9	132
Secondary (9–12)	85.2	14.8	0.0	100.0	8.9	105
Household wealth						
Poor	79.4	18.9	1.6	100.0	17.3	110
Middle	83.9	16.1	0.0	100.0	11.0	89
Wealthy	84.9	13.4	1.7	100.0	9.3	104
Madhesh province total	82.6	16.2	1.2	100.0	12.7	303

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 7 or higher on GAD-7

Table 101 Severity of symptoms of anxiety: Women: Madhesh Province

Percent distribution of women age 20–49 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score			Madhesh province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	78.6	20.5	0.9	100.0	7.1	81
Disadvantaged	76.7	21.6	1.8	100.0	10.9	1,129
Education						
No education	75.6	22.6	1.8	100.0	11.6	657
Basic education (1–8)	72.5	24.4	3.1	100.0	12.4	275
Secondary (9–12)	83.5	16.5	0.0	100.0	7.4	249
More than secondary (13 and above)	87.8	12.2	0.0	100.0	0.0	28
Household wealth						
Poor	74.3	22.6	3.1	100.0	14.0	436
Middle	77.2	21.8	0.9	100.0	7.5	343
Wealthy	78.9	20.1	1.0	100.0	9.7	431
Madhesh province total	76.8	21.5	1.7	100.0	10.6	1,210

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 9 or higher on GAD-7

Table 102 Severity of symptoms of anxiety: Men: Madhesh Province

Percent distribution of men age 15–19 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score		Madhesh province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14			
Population group					
Advantaged	100.0	0.0	100.0	0.0	9
Disadvantaged	95.9	4.1	100.0	2.9	229
Education					
No education	100.0	0.0	100.0	0.0	21
Basic education (1–8)	95.2	4.8	100.0	2.3	118
Secondary (9–12)	96.1	3.9	100.0	3.9	100
Household wealth					
Poor	98.1	1.9	100.0	0.0	88
Middle	95.7	4.3	100.0	3.4	61
Wealthy	94.2	5.8	100.0	5.0	89
Madhesh province total	96.0	4.0	100.0	2.7	238

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 7 or higher on GAD-7

Table 103 Severity of symptoms of anxiety: Men: Madhesh Province

Percent distribution of men age 20–49 by their GAD-7 score, and percentage with symptoms of anxiety, according to background characteristics, Nepal DHS 2022

Background characteristic	GAD score			Madhesh province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	90.1	9.9	0.0	100.0	3.7	47
Disadvantaged	92.9	7.0	0.1	100.0	2.2	712
Education						
No education	96.3	3.7	0.0	100.0	1.2	170
Basic education (1–8)	92.0	8.0	0.0	100.0	1.8	267
Secondary (9–12)	91.2	8.4	0.4	100.0	3.2	285
More than secondary (13 and above)	93.3	6.7	0.0	100.0	2.9	37
Household wealth						
Poor	90.2	9.8	0.0	100.0	3.4	251
Middle	93.2	6.8	0.0	100.0	2.8	220
Wealthy	94.5	5.2	0.4	100.0	0.8	288
Madhesh province total	92.7	7.1	0.1	100.0	2.3	759

GAD-7 = Generalized Anxiety Disorder 7

¹ Respondents with a score of 9 or higher on GAD-7

Table 104 Severity of symptoms of depression: Women: Madhesh Province

Percent distribution of women age 15–19 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score				Madhesh province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	77.6	11.4	11.0	0.0	100.0	11.0	16
Disadvantaged	84.7	12.7	1.4	1.2	100.0	2.6	286
Education							
No education	89.5	9.5	0.0	1.0	100.0	1.0	65
Basic education (1–8)	82.9	10.7	4.4	2.0	100.0	6.4	132
Secondary (9–12)	82.9	17.1	0.0	0.0	100.0	0.0	105
Household wealth							
Poor	85.1	12.1	2.2	0.6	100.0	2.8	110
Middle	88.2	10.0	1.8	0.0	100.0	1.8	89
Wealthy	80.1	15.6	1.7	2.6	100.0	4.3	104
Madhesh province total	84.3	12.6	1.9	1.1	100.0	3.0	303

PHQ-9 = Patient Health Questionnaire

¹ Respondents with a score of 11 or higher on PHQ-9

Table 105 Severity of symptoms of depression: Women: Madhesh Province

Percent distribution of women age 20–49 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score					Madhesh province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	77.1	17.8	1.9	3.2	0.0	100.0	5.1	81
Disadvantaged	79.0	15.4	4.2	1.1	0.3	100.0	5.5	1,129
Education								
No education	77.1	17.8	3.6	1.3	0.2	100.0	5.2	657
Basic education (1–8)	77.0	13.1	7.5	1.7	0.6	100.0	9.8	275
Secondary (9–12)	84.4	13.3	1.7	0.6	0.0	100.0	2.3	249
More than secondary (13 and above)	91.9	8.1	0.0	0.0	0.0	100.0	0.0	28
Household wealth								
Poor	75.1	18.1	5.4	0.9	0.6	100.0	6.8	436
Middle	79.2	15.7	3.4	1.4	0.2	100.0	5.0	343
Wealthy	82.6	12.9	3.1	1.4	0.0	100.0	4.5	431
Madhesh province total	78.9	15.6	4.0	1.2	0.3	100.0	5.5	1,210

PHQ-9 = Patient Health Questionnaire

¹ Respondents with a score of 10 or higher on PHQ-9

Table 106 Severity of symptoms of depression: Men: Madhesh Province

Percent distribution of men age 15–19 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score				Madhesh province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	100.0	0.0	0.0	0.0	100.0	0.0	9
Disadvantaged	95.4	3.3	0.6	0.8	100.0	1.4	229
Education							
No education	100.0	0.0	0.0	0.0	100.0	0.0	21
Basic education (1–8)	94.6	4.2	1.1	0.0	100.0	1.1	118
Secondary (9–12)	95.7	2.5	0.0	1.8	100.0	1.8	100
Household wealth							
Poor	94.8	3.6	1.5	0.0	100.0	1.5	88
Middle	97.3	2.7	0.0	0.0	100.0	0.0	61
Wealthy	95.0	3.0	0.0	2.0	100.0	2.0	89
Madhesh province total	95.5	3.2	0.6	0.7	100.0	1.3	238

PHQ-9 = Patient Health Questionnaire

¹ Respondents with a score of 11 or higher on PHQ-9

Table 107 Severity of symptoms of depression: Men: Madhesh Province

Percent distribution of men age 20–49 by their PHQ-9 score, and percentage with symptoms of depression, according to background characteristics, Nepal DHS 2022

Background characteristic	PHQ score			Madhesh province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14			
Population group						
Advantaged	97.0	3.0	0.0	100.0	0.0	47
Disadvantaged	95.2	4.6	0.2	100.0	0.2	712
Education						
No education	96.7	3.3	0.0	100.0	0.0	170
Basic education (1–8)	96.0	4.0	0.0	100.0	0.0	267
Secondary (9–12)	93.7	5.7	0.6	100.0	0.6	285
More than secondary (13 and above)	96.2	3.8	0.0	100.0	0.0	37
Household wealth						
Poor	96.5	3.5	0.0	100.0	0.0	251
Middle	93.1	6.6	0.3	100.0	0.3	220
Wealthy	95.9	3.7	0.4	100.0	0.4	288
Madhesh province total	95.3	4.5	0.2	100.0	0.2	759

PHQ-9 = Patient Health Questionnaire

¹ Respondents with a score of 10 or higher on PHQ-9

Table 108 Disability by domain and age: Madhesh Province

Percent distribution of de facto household population age 5 and over by the degree of difficulty in functioning according to domain, and percent distribution by the highest degree of difficulty in functioning in at least one domain by age, Nepal DHS 2022

Domain and age	Degree of difficulty					Madhesh province total	A lot of difficulty, or cannot do at all	Number of persons
	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Don't know			
Domain								
Difficulty seeing	88.6	10.2	1.1	0.1	0.0	100.0	1.2	5,146
Difficulty hearing	95.0	4.0	0.9	0.1	0.0	100.0	1.0	5,146
Difficulty communicating	97.6	1.8	0.3	0.3	0.0	100.0	0.6	5,146
Difficulty remembering or concentrating	95.5	3.6	0.5	0.4	0.0	100.0	0.9	5,146
Difficulty walking or climbing steps	90.6	6.6	2.3	0.5	0.0	100.0	2.7	5,146
Difficulty washing all over or dressing	97.0	1.9	0.6	0.5	0.0	100.0	1.0	5,146
Difficulty in at least one domain¹								
5-9	84.0	14.1	1.5	0.4	0.0	100.0	1.9	617
10-14	95.6	3.6	0.3	0.5	0.0	100.0	0.9	723
15-19	93.9	4.5	1.2	0.4	0.0	100.0	1.6	591
20-29	94.6	3.8	0.7	0.9	0.0	100.0	1.5	899
30-39	81.4	16.6	1.4	0.6	0.0	100.0	2.0	658
40-49	67.9	29.8	1.8	0.5	0.0	100.0	2.3	557
50-59	59.0	34.9	5.3	0.9	0.0	100.0	6.1	499
60+	31.8	43.4	21.6	3.1	0.0	100.0	24.7	602
Age 15 and over	73.7	20.3	5.0	1.0	0.0	100.0	6.0	3,806
Madhesh province total	78.0	17.2	3.9	0.9	0.0	100.0	4.8	5,146

¹ If a person was reported to have difficulty in more than one domain, only the highest level of difficulty is shown.

Table 109 Disability among adults according to background characteristics: Women: Madhesh Province

Percentage of the de facto female household population age 15 and over who have difficulty in functioning according to domain, by the highest degree of difficulty in at least one domain, and percentage with a lot of difficulty or cannot do at all in more than one domain, according to background characteristics, Nepal DHS 2022

Background characteristic	No difficulty in any domain	Domain						Difficulty in at least one domain ¹				A lot of difficulty or cannot do at all in more than one domain	Number of women
		Seeing	Hearing	Communicating	Remembering or concentrating	Walking or climbing steps	Washing all over or dressing	Some difficulty	A lot of difficulty	Cannot do at all	A lot of difficulty or cannot do at all		
Marital status													
Never married	91.9	2.1	2.1	4.4	5.1	1.5	1.3	4.1	2.3	1.7	4.1	3.4	280
Married/living together	75.2	13.7	5.0	1.4	3.0	11.5	1.6	21.0	3.5	0.3	3.7	0.9	1,693
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	*	6
Widowed	31.9	41.2	18.9	13.2	20.6	47.0	14.5	37.4	27.0	3.7	30.7	13.1	178
Education													
No education	64.1	20.2	8.1	4.5	6.7	18.8	3.8	26.5	8.2	1.2	9.3	3.4	1,258
Basic education (1-8)	84.2	7.5	3.4	0.3	2.8	7.1	0.9	14.0	1.9	0.0	1.9	0.5	469
Secondary (9-12)	91.3	4.8	1.5	0.2	0.5	2.9	0.9	8.0	0.5	0.2	0.7	0.7	401
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	30
Household wealth													
Poor	75.5	15.8	6.4	2.8	3.5	10.7	2.4	18.6	4.9	1.0	5.8	2.0	751
Middle	72.4	14.2	5.8	2.8	5.4	13.4	3.0	21.0	5.6	1.0	6.6	2.8	609
Wealthy	73.2	13.5	5.1	2.6	5.4	15.3	2.5	21.1	5.4	0.3	5.7	2.0	797
Madhesh province total	73.8	14.5	5.7	2.7	4.7	13.1	2.6	20.2	5.3	0.7	6.0	2.2	2,157

Note: Total includes 11 cases with missing information on level of education. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ If a person was reported to have difficulty in more than one domain, only the highest level of difficulty is shown.

Table 110 Disability among adults according to background characteristics: Women: Madhesh Province

Percentage of the de facto female household population age 15 and over who have difficulty in functioning according to domain, by the highest degree of difficulty in at least one domain, and percentage with a lot of difficulty or cannot do at all in more than one domain, according to background characteristics, Nepal DHS 2022

Background characteristic	No difficulty in any domain	A lot of difficulty, or cannot do at all					Number of women	
		Seeing	Hearing	Communi-cating	Remembering or concentrating	Walking or climbing steps		Washing all over or dressing
Marital status								
Never married	91.9	0.4	1.4	4.1	3.4	1.3	1.3	280
Married/living together	75.2	0.8	0.6	0.2	0.6	2.5	0.6	1,693
Divorced or separated	*	*	*	*	*	*	*	6
Widowed	31.9	11.4	7.8	1.4	3.6	19.0	9.0	178
Education								
No education	64.1	2.6	2.2	1.3	1.8	5.6	2.2	1,258
Basic education (1–8)	84.2	0.3	0.2	0.2	0.5	1.4	0.2	469
Secondary (9–12)	91.3	0.3	0.0	0.2	0.2	0.6	0.2	401
More than secondary (13 and above)	*	*	*	*	*	*	*	30
Household wealth								
Poor	75.5	2.5	1.5	0.8	1.2	3.4	1.6	751
Middle	72.4	1.7	1.5	1.4	1.4	3.2	1.5	609
Wealthy	73.2	0.8	1.0	0.3	1.0	4.3	1.0	797
Madhesh province total	73.8	1.6	1.3	0.8	1.2	3.7	1.4	2,157

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 111 Disability among adults according to background characteristics: Men: Madhesh Province

Percentage of the de facto male household population age 15 and over who have difficulty in functioning according to domain, by the highest degree of difficulty in at least one domain, and percentage with a lot of difficulty or cannot do at all in more than one domain, according to background characteristics, Nepal DHS 2022

Background characteristic	No difficulty in any domain	Domain						Difficulty in at least one domain ¹				A lot of difficulty or cannot do at all in more than one domain	Number of men
		Seeing	Hearing	Communi-cating	Remem-bering or concen-trating	Walking or climbing steps	Washing all over or dressing	Some difficulty	A lot of difficulty	Cannot do at all	A lot of difficulty or cannot do at all		
Marital status													
Never married	91.5	2.9	2.8	2.6	3.5	2.9	0.9	5.1	1.0	2.4	3.3	2.2	391
Married/living together	69.1	19.3	7.6	1.9	4.4	12.9	1.8	24.9	5.1	0.9	6.0	1.2	1,203
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	*	1
Widowed	47.0	28.0	20.3	18.8	23.3	39.3	9.6	27.5	18.8	6.6	25.4	6.6	54
Education													
No education	61.2	22.0	14.5	6.1	11.0	20.4	3.8	26.5	9.2	3.1	12.3	3.8	501
Basic education (1–8)	74.0	16.2	4.4	1.1	2.6	9.7	1.2	21.7	3.4	0.8	4.3	0.6	565
Secondary (9–12)	84.9	9.4	2.7	1.1	1.3	4.4	0.5	13.3	1.5	0.3	1.8	0.5	525
More than secondary (13 and above)	(76.3)	(11.7)	(3.0)	(0.0)	(5.6)	(13.3)	(2.8)	(18.1)	(2.8)	(2.8)	(5.6)	(2.8)	58
Missing	*	*	*	*	*	*	*	*	*	*	*	*	1
Household wealth													
Poor	70.8	15.8	7.1	3.0	5.5	13.8	1.5	22.2	5.9	1.1	7.0	1.0	550
Middle	73.3	17.9	7.1	3.1	3.6	11.2	2.8	20.3	4.5	1.8	6.4	2.2	465
Wealthy	76.3	14.0	6.6	1.9	5.2	9.5	1.5	18.8	3.5	1.4	4.9	1.7	634
Madhesh province total	73.6	15.7	6.9	2.6	4.8	11.4	1.8	20.3	4.6	1.4	6.0	1.6	1,649

Note: Total includes 31 cases with missing information on level of education. 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 If a person was reported to have difficulty in more than one domain, only the highest level of difficulty is shown.

Table 112 Disability among adults according to background characteristics: Men: Madhesh Province

Percentage of the de facto male household population age 15 and over who have difficulty in functioning according to domain, by the highest degree of difficulty in at least one domain, and percentage with a lot of difficulty or cannot do at all in more than one domain, according to background characteristics, Nepal DHS 2022

Background characteristic	No difficulty in any domain	A lot of difficulty, or cannot do at all					Number of men	
		Seeing	Hearing	Communicat- ing	Remembering or concentrat- ing	Walking or climbing steps		Washing all over or dressing
Marital status								
Never married	91.5	0.4	0.9	2.0	2.2	1.0	0.4	391
Married/living together	69.1	1.8	1.2	0.1	0.2	3.7	0.7	1,203
Divorced or separated	*	*	*	*	*	*	*	1
Widowed	47.0	4.1	3.7	2.5	6.3	16.7	5.6	54
Education								
No education	61.2	3.7	2.6	2.0	2.5	6.0	1.8	501
Basic education (1–8)	74.0	0.4	0.7	0.0	0.1	3.6	0.2	565
Secondary (9–12)	84.9	0.5	0.6	0.1	0.1	0.6	0.3	525
More than secondary (13 and above)	(76.3)	(2.8)	(0.0)	(0.0)	(0.0)	(5.6)	(2.8)	58
Missing	*	*	*	*	*	*	*	1
Household wealth								
Poor	70.8	2.1	0.8	0.5	0.8	3.9	0.2	550
Middle	73.3	2.0	1.8	0.4	0.8	3.4	1.5	465
Wealthy	76.3	0.7	1.2	1.0	1.0	3.0	0.8	634
Madhesh province total	73.6	1.5	1.2	0.6	0.9	3.4	0.8	1,649

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.

Table 113 Experience of physical violence by any perpetrator: Madhesh Province

Percentage of women age 15–49 who have experienced physical violence by any perpetrator since age 15 and percentage who have experienced physical violence by any perpetrator in the 12 months preceding the survey, according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage who have experienced physical violence since age 15 ¹	Percentage who have experienced physical violence in the last 12 months			Number of women
		Often	Sometimes	Often or sometimes ²	
Population group					
Advantaged	11.1	1.6	6.7	8.3	66
Disadvantaged	38.2	2.7	18.4	21.0	975
Education					
No education	45.8	4.7	20.6	25.3	498
Basic (1–8)	39.5	0.9	18.9	19.7	279
Secondary (9–12)	15.8	0.4	11.4	11.8	250
More than secondary (13 and above)	*	*	*	*	15
Household wealth					
Poor	48.4	4.7	24.7	29.4	382
Middle	32.1	1.6	14.1	15.7	299
Wealthy	27.5	1.2	13.1	14.3	361
Madhesh province total	36.5	2.6	17.6	20.2	1,042

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes physical violence in the last 12 months. For women who were married or living together before age 15 and reported violence only by their husband and for never married women who had an intimate partner before age 15 and reported violence only by their intimate partner, the violence could have occurred before age 15.

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

Table 114 Experience of sexual violence by any perpetrator: Madhesh Province

Percentage of women age 15–49 who have ever experienced sexual violence by any perpetrator and percentage who have experienced sexual violence by any perpetrator in the 12 months preceding the survey, according to background characteristics, Nepal DHS 2022

Background characteristic	Percentage who have experienced sexual violence by any perpetrator:		Number of women
	Ever ¹	In the last 12 months	
Population group			
Advantaged	6.8	4.9	66
Disadvantaged	10.8	5.6	975
Education			
No education	12.5	6.2	498
Basic education (1–8)	14.4	8.6	279
Secondary (9–12)	3.0	1.1	250
More than secondary (13 and above)	*	*	15
Household wealth			
Poor	16.1	7.2	382
Middle	6.8	3.9	299
Wealthy	7.9	5.1	361
Madhesh province total	10.6	5.5	1,042

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹Includes experience of sexual violence in the last 12 months

Table 115 Experience of different forms of violence: Madhesh Province

Percentage of women age 15–49 who have ever experienced different forms of violence by current age, Nepal DHS 2022

Age	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	Number of women
15–19	15.2	1.9	4.9	22.0	222
15–17	15.0	2.2	3.4	20.6	122
18–19	15.3	1.7	6.6	23.6	100
20–24	23.5	0.6	9.7	33.7	206
25–29	30.6	0.8	12.3	43.7	159
30–39	37.2	0.7	10.5	48.4	265
40–49	26.6	0.7	11.6	38.9	190
Madhesh province total	26.8	1.0	9.6	37.4	1,042

Table 116 Violence by any husband or intimate partner in the last 12 months: Madhesh Province

Percentage of women age 15–49 who have ever had a husband or intimate partner who have experienced emotional, physical or sexual violence by any husband/intimate partner in the last 12 months, according to background characteristics, Nepal DHS 2022

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of women who ever had a husband/intimate partner
Population group								
Advantaged	(9.8)	(11.3)	(6.7)	(4.3)	(2.1)	(13.7)	(13.7)	48
Disadvantaged	21.5	22.1	6.6	5.7	4.2	23.0	32.9	822
Education								
No education	22.5	25.2	6.6	5.5	3.3	26.3	36.5	468
Basic education (1–8)	25.7	21.3	10.9	9.8	8.5	22.3	34.3	221
Secondary (9–12)	11.5	13.0	1.6	1.0	1.0	13.7	17.9	169
More than secondary (13 and above)	*	*	*	*	*	*	*	13
Household wealth								
Poor	25.3	30.7	8.6	7.9	6.2	31.4	40.7	322
Middle	19.8	17.1	4.8	3.9	2.8	17.9	30.5	244
Wealthy	17.0	15.2	6.1	4.7	3.0	16.6	23.5	305
Madhesh province total	20.9	21.5	6.6	5.6	4.1	22.5	31.8	871

Note: The term husband includes a partner with whom a woman is living as if married. Any husband/intimate partner includes all current, most recent, and former husbands for ever-married women and all current, most recent, or former intimate partners for never married women. 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.

Table 117 Help seeking to stop violence: Madhesh Province

Percent distribution of women age 15–49 who have ever experienced physical or sexual violence by their help-seeking behavior, according to type of violence and background characteristics, Nepal DHS 2022

Type of violence/ Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Madhesh total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced					
Physical only	20.0	11.4	68.7	100.0	280
Sexual only	*	*	*	100.0	10
Both physical and sexual	37.4	14.8	47.7	100.0	100
Population group					
Advantaged	*	*	*	100.0	9
Disadvantaged	25.3	11.6	63.1	100.0	380
Education					
No education	26.7	13.5	59.8	100.0	231
Basic education (1–8)	21.8	7.3	70.8	100.0	113
Secondary (9–12)	(29.4)	(16.3)	(54.3)	100.0	44
More than secondary (13 and above)	*	*	*	100.0	2
Household wealth					
Poor	28.7	13.2	58.1	100.0	187
Middle	13.5	5.6	80.9	100.0	98
Wealthy	31.4	15.7	52.9	100.0	104
Madhesh province total	25.6	12.0	62.5	100.0	390

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.

