



Karnali 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.

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The contents of this report are the sole responsibility of the Ministry of Social Development and ICF and do not necessarily reflect the views of USAID, the United States Government, or other donor agencies.

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



Ministry of Social
Development

Provincial Government

Karnali Province

Ministry of Social Development

Surkhet, Nepal



MESSAGE

I am pleased to know that the Ministry of Social Development (MoSD) is bringing out the key findings from the 2022 Nepal Demographic and Health Survey (NDHS) and the 2021 Nepal Health Facility Survey (NHFS) for Karnali Province. This is the second report that the MoSD has developed; the first one was published in 2019 using data from the 2016 NDHS and 2015 NHFS. This report presents the health outcomes and service coverage, particularly of the mothers and children of Karnali 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 Karnali 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 MoSD in producing this report and believe that this will be as useful as the previous report published in 2019. 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 Service Directorate and the MoSD 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 Strengthening Systems for Better Health (SSBH) Activity for their financial and technical support in producing this report.

Khadga Bahadur Pokharel

Hon. Minister

Ministry of Social Development, Karnali Province

Surkhet, Nepal



Provincial Government
Karnali Province
Ministry of Social Development
Surkhet, Nepal

FOREWORD

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 of these 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 Karnali Province-focused report is the second in the series; the first one was produced in 2019 under the leadership of the MoSD using data from the 2015 NHFS and 2016 NDHS.

This report provides insights into the performance of selected indicators from both the 2021 NHFS and the 2022 NDHS for Karnali province, comparing them with the national indicators. I believe this report will be tremendously informative for the MoSD to plan, monitor, and evaluate the health activities in Karnali.

I would like to express my sincere gratitude for the contributions of several different organizations and individuals in developing this report. I appreciate the efforts of the entire team of the Health Division, MoSD and Health Service Directorate. My sincere thanks also go to USAID's Strengthening Systems for Better Health (SSBH) Activity 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 from ICF. Finally, 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; and Ms. Sabita Tuladhar, Strategic Information and Research Advisor for their continued support.


प्रदेश सचिव

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Secretary

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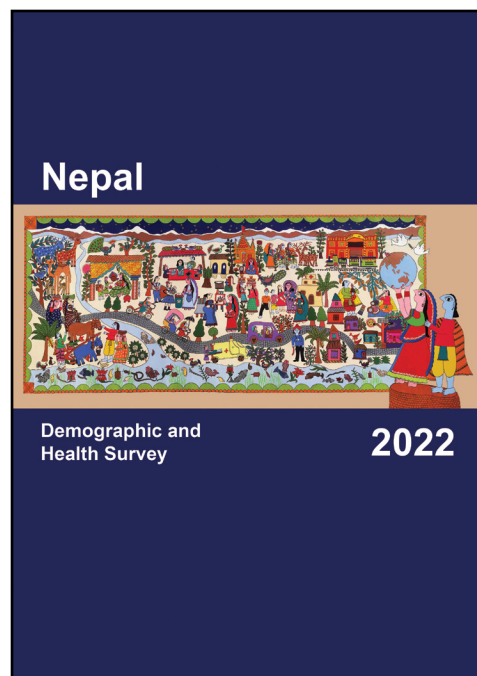
ABOUT THIS REPORT

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 Karnali 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 Karnali 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 51 are from the 2021 NHFS, and tables 52 through 114 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 Karnali Province, data were successfully collected from a weighted total of 129 facilities, of which 126 were public facilities and 2 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		Karnali Province	
	Weighted	Unweighted	Weighted	Unweighted
Federal/provincial-level hospitals	27	97	3	11
Local-level hospitals	17	45	3	4
Private hospitals	116	258	2	7
Primary health care centers (PHCCs)	51	183	4	13
Health posts (HPs)	1,064	380	92	53
Urban health centers (UHCs)	154	284	7	24
Community health unit (CHUs)	135	288	18	45
HIV testing and counseling (HTCs)	11	41	0	1
Managing Authority				
Public	1,448	1,277	126	150
Private	128	299	2	8
Total	1,576	1,576	129	158

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 Karnali Province

Households interviewed	1,753
Women age 15–49 interviewed	1,978
Men age 15–49 interviewed	604

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 Karnali Province, data were collected from 1,753 households, 1,978 women age 15–49, and 604 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 HTCs in Nepal offer all 6 basic client services, including curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning (FP), antenatal care (ANC), and services for sexually transmitted infections (STIs).

In Karnali Province, 82% of health facilities offer all basic client services. While nearly all facilities in Karnali Province offer child curative care, child growth monitoring, modern methods of family planning, and ANC, only 93% of facilities offer child vaccination services and 88% offer services for STIs.

Basic Amenities

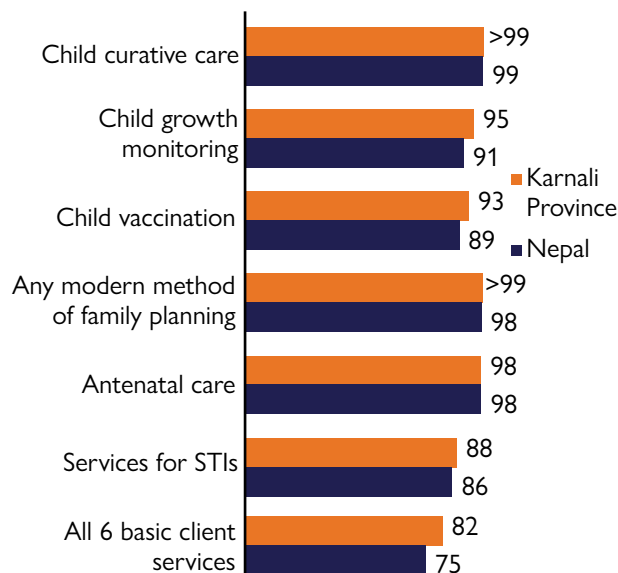
More than 9 in 10 facilities in Karnali Province have an improved water source, visual and auditory privacy, and a client latrine. Eighty-eight percent of facilities have regular electricity and 66% have emergency transport. Just 1 in 10 facilities have communication equipment such as a functioning land-line telephone, cellular phone, or radio. Only 7% of facilities have all 6 basic amenities. Nearly half of facilities have a computer with internet.

Basic Equipment

In Karnali Province 46% 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 Karnali Province.

Availability of Basic Client Services

Among all facilities excluding HTCs (N=1,565 in Nepal, N=128 in Karnali Province), percent offering indicated basic client services

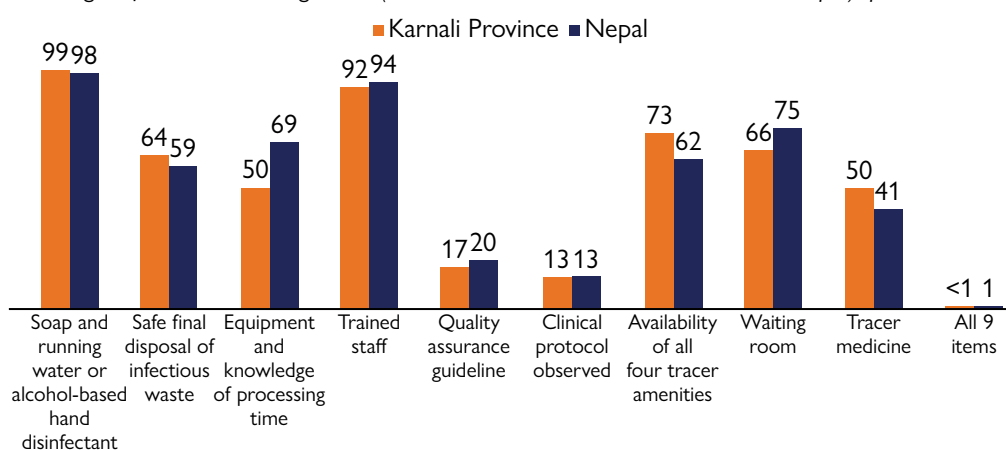


Quality of Care

Less than 1% of health facilities excluding HTCs in Karnali 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. The majority of facilities have safe disposal of infectious waste, equipment and knowledge of processing time, four tracer amenities (electricity, improved water source, visual and auditory privacy, and a client latrine), a waiting room, and tracer medicine. Fewer than 2 in 10 facilities have quality assurance guidelines or observed clinical protocol.

Minimum Standards of Quality of Care

Among all facilities excluding HTCs (N=128 in Karnali Province, N=1,565 in Nepal), percent with:

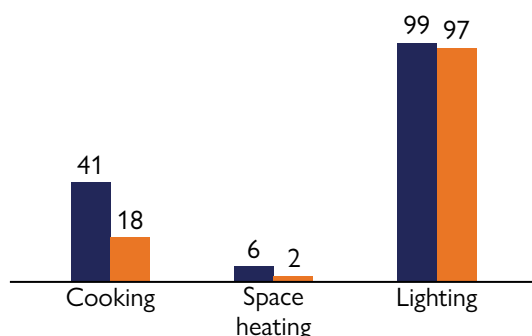


NDHS: HOUSEHOLDS AND RESPONDENTS

Primary Reliance on Clean Fuels and Technologies

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

■ Nepal ■ Karnali Province



Cooking, Heating, and Lighting

In Nepal, 97% of the household population has electricity compared to 83% of the population in Karnali Province. Overall, 42% of the household population uses clean fuels and technologies for cooking compared to 18% in Karnali Province.

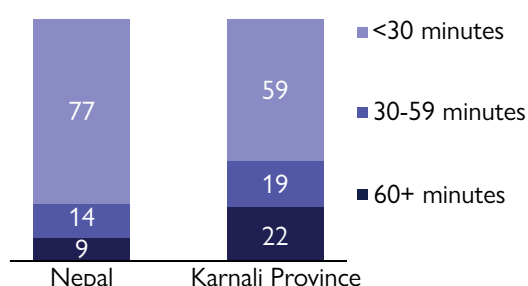
Only 9% of the population in Nepal and 4% of those in Karnali Province have heating. Nearly three-quarters of those in households with heating use clean fuels and technologies for heating, amounting to just 6% of the overall population and 2% in Karnali Province. Nearly all of the household population 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 Karnali Province, 59% of women are less than 30 minutes away from the nearest health facility, while 19% are 30 to 60 minutes away, and 22% 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



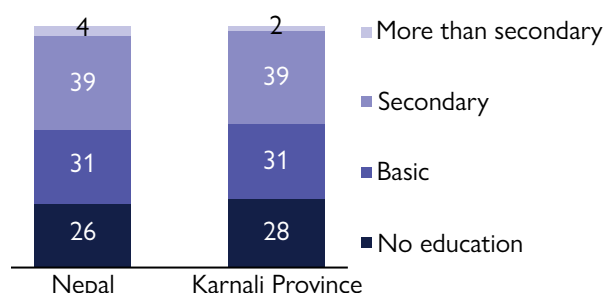
Education

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 Karnali Province, 28% of women have no education, 31% have attended some basic education, 39% 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 Karnali Province, 94% of households own a mobile phone, 21% own a television, 20% own a radio, and 7% own a computer.

The most common form of media for women in Nepal is television, while the radio is the most common form of media for women in Karnali Province (36% and 38%, respectively). Only 2% of women in Nepal and 1% in Karnali Province access three media types (television, newspaper, and radio) weekly, while 49% of Nepali women and 52% of women in Karnali Province have no access to media on a weekly basis. Overall, 65% of Nepali women and 42% of women in Karnali Province have used the internet in the past year.

NHFS: FAMILY PLANNING SERVICES

Availability of Family Planning Services

In both Nepal and Karnali Province, nearly all health facilities offer any modern method of family planning such as the pill, injectables (Progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, and female or male sterilization. In Nepal, 4 in 10 facilities offer female or male sterilization services, compared to 5 in 10 facilities in Karnali Province.

Adherence to Standards for Quality Service Provision

Nine in ten facilities in Karnali Province offering any modern method of FP (N=128) have a blood pressure apparatus, examination light, and an examination bed or table. Fewer facilities have an FP counseling kit (29%), guidelines on family planning (26%), or staff who received training on some aspect of family planning in the 24 months before the survey (21%).

Provision and Availability of Family Planning Commodities

Nearly all facilities offering any modern method of family planning in Karnali Province provide (stock in the facility and make available to clients) the male condom (99%), the pill (98%), and injectables (98%). The IUCD (19%), implants (35%), male sterilization (1%), and female sterilization (1%) are the least commonly provided family planning methods.

Nearly 9 in 10 facilities that provide family planning methods had all methods provided available on the day of the survey. Injectables, the pill, male condoms, and implants were among the most widely available methods in facilities in Karnali Province.

Postpartum Family Planning Services

Overall, 3% of family planning service providers in Nepal received in-service training on postpartum family planning in the 24 months before the survey, compared to 1% in Karnali province.

Observed Family Planning Consultations

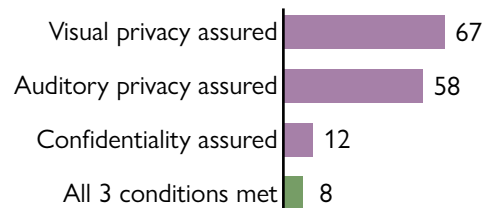
Counseling of new and continuing family planning clients does not include all recommended elements, and providers miss opportunities to screen for STIs and chronic illnesses. Among consultations with new clients in Karnali Province (N=16), 4% included all elements of reproductive history (age, pregnancy 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. Twenty-three percent of new family planning clients were asked about any chronic illness and 15% were asked about symptoms of STIs. Nearly 9 in 10 consultations included blood pressure measurement while only 4 in 10 included weight measurement.

Sixty-two percent of consultations among all female family planning clients (N=48) included discussions of client concerns about her family planning method; fewer included discussions about side effects (35%). Just 8% of consultations took place under conditions of privacy and confidentiality. Three in four consultations included discussion about a return visit.

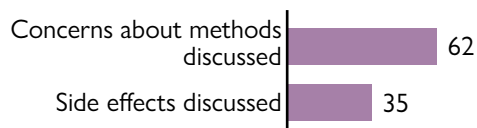
Observed Family Planning Consultations: Karnali Province

Among observed consultations with all female FP clients (N=48), percent that include:

PRIVACY & CONFIDENTIALITY



DISCUSSIONS ABOUT CONCERNS & SIDE EFFECTS



VISUAL AIDS & RETURN VISIT



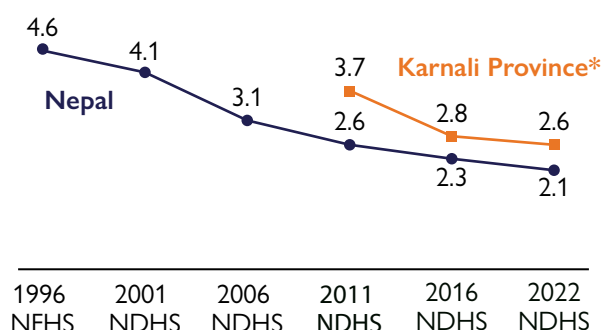
NDHS: FERTILITY AND FAMILY PLANNING

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. Women in Karnali Province have an average of 2.6 children.

Trends in Total Fertility Rate

Births per woman for the three year period before the survey

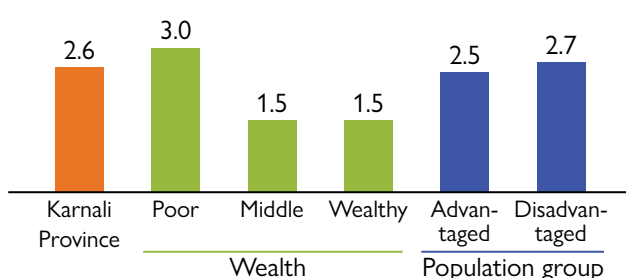


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

In Karnali Province, fertility varies by wealth and population group. Women living in the poorest households have an average of 3.0 children, compared to 1.5 children among women in the middle and wealthiest households. Women from advantaged population groups have slightly fewer children than disadvantaged women (2.5 versus 2.7). This represents a reversal from 2016, when women from advantaged populations in Karnali Province had more children than disadvantaged women (2.9 versus 2.7).

Total Fertility Rate: Karnali Province

Births per woman for the three year period before the survey

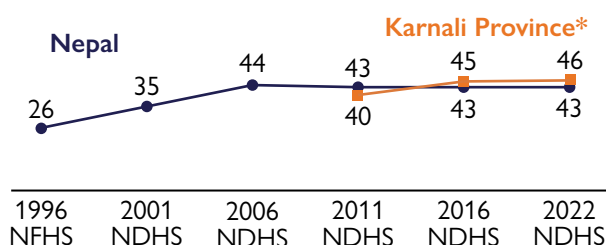


Family Planning

More than half (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

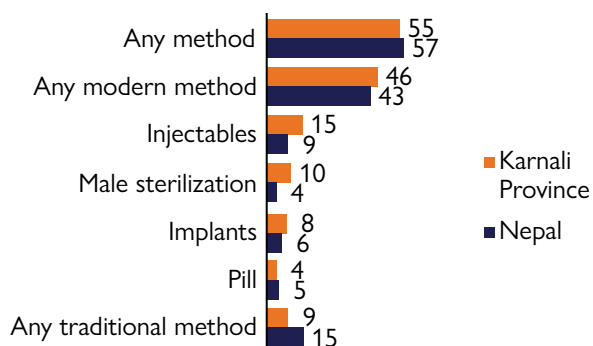


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

Modern method use varies from 35% in Gandaki Province to 47% in Sudurpashchim Province. In Karnali Province, 46% of married women use a modern method of family planning. Injectables (15%) and male sterilization (10%) are the most popular modern methods in Karnali Province. Modern method use varies slightly by wealth and population group, and is highest among poor and disadvantaged women.

Family Planning

Percent of married women age 15–49 using family planning



The total demand for family planning among married women in Karnali Province is 79%. Nearly 1 in 4 married women (23%) 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

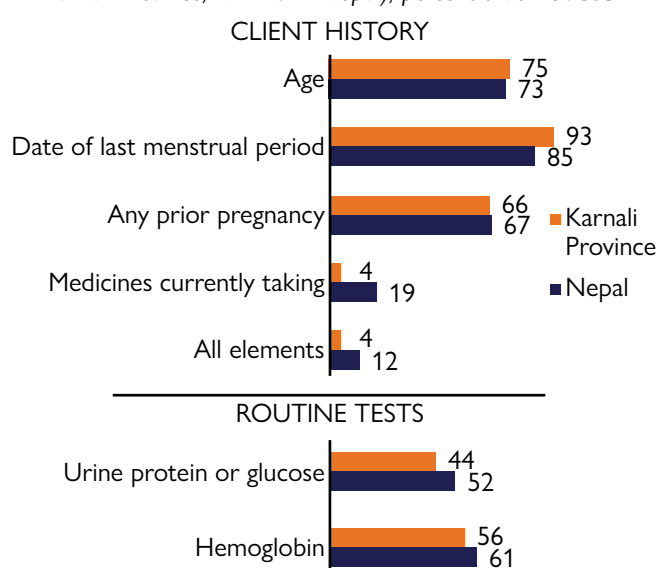
Overall, 98% of health facilities in Nepal and in Karnali Province offer antenatal care (ANC) services. Among facilities that offer ANC services in Karnali Province (N=126), 14% of facilities can test urine protein, 12% can conduct a urine glucose test, and 1% can test for HIV. Only 1% of facilities offering ANC services have all three of these basic tests. More than 9 in 10 (96%) facilities offering ANC services had combined iron and folic acid tablets and 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 101 in Karnali Province. ANC providers were not thorough in taking client history or providing routine tests in Karnali Province. Although 93% of first-visit ANC clients in Karnali Province (N=36) were asked the date of their last menstrual period, only 4% were asked about current medications. Just 4% 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 (56%), while 44% had a urine protein or glucose test.

Observed Elements of Client History for First-visit ANC Clients

Among observed consultations with first-visit ANC clients (N=36 in Karnali Province, N=420 in Nepal), percent that included:

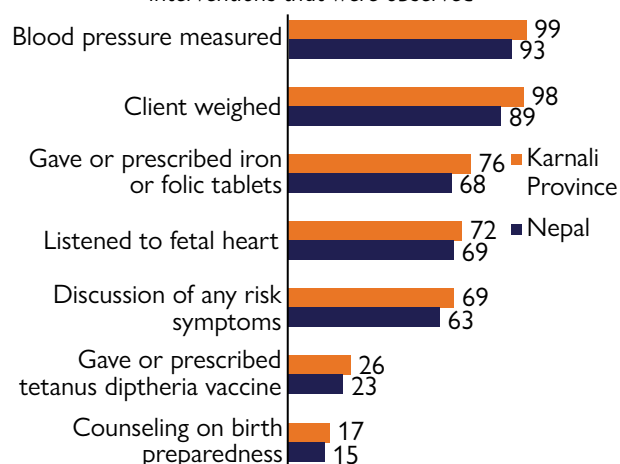


Various components of the basic physical examination were performed in the majority of observed consultations for all ANC clients in Karnali Province (N=101). In virtually all consultations, pregnant women had their blood pressure measured and were weighed. In 7 in 10 consultations, the provider listened to the fetal heart. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 76% of consultations, but in only 26% 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 51% of consultations and vaginal bleeding in 25%. Seventeen percent of consultations included discussion about loss of, excessive, or normal fetal movement, while 30% had discussions about headache or blurred vision. Sixteen percent of consultations included discussions about swollen hands, face, or body, while 17% included counseling on birth preparedness. Even fewer consultations included discussion of convulsion or loss of consciousness (9%) or tiredness and shortness of breath (5%). For 69% of the observed consultations, at least one risk symptom was discussed.

Physical Examinations and Counseling for ANC Clients

Among observed consultations with all ANC clients (N=101 in Karnali Province, N=1,966 in Nepal), percent of indicated interventions that were observed



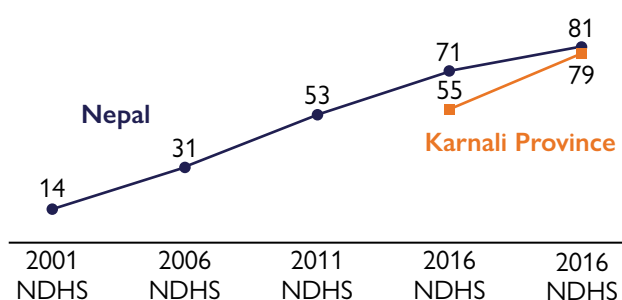
NDHS: ANTENATAL CARE

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

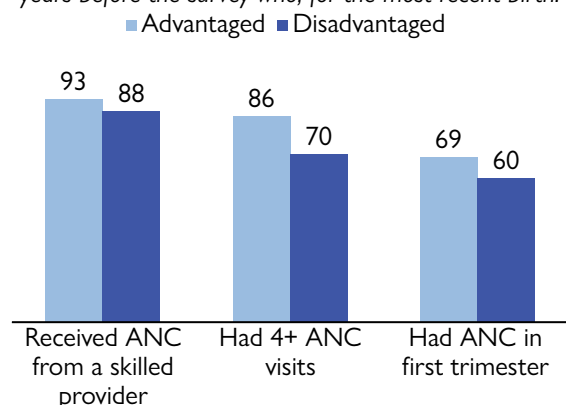
Percent of women age 15–49 who had a live birth in the two years before the survey with four or more antenatal care visits for the most recent birth



In Karnali Province, 79% of women with a live birth in the two years before the survey attended four or more ANC visits, 91% received ANC from a skilled provider, and 66% made their first ANC visit in the first trimester. These three indicators are higher among women from advantaged population groups in Karnali Province than among disadvantaged women.

ANC by Population Group: Karnali Province

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

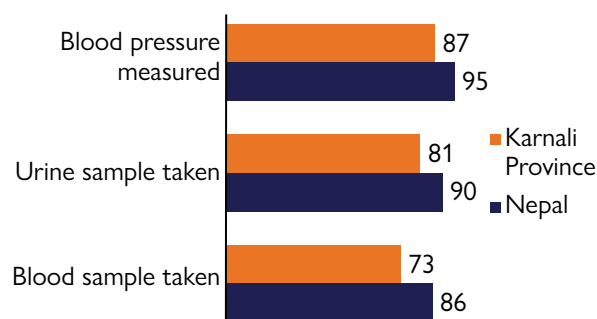


Components of Antenatal Care

Among women in Karnali Province who received ANC for their most recent birth, 87% had their blood pressure measured, while 81% had a urine sample taken and 73% had a blood sample taken. A greater proportion of advantaged women received each of the three ANC components than disadvantaged 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:

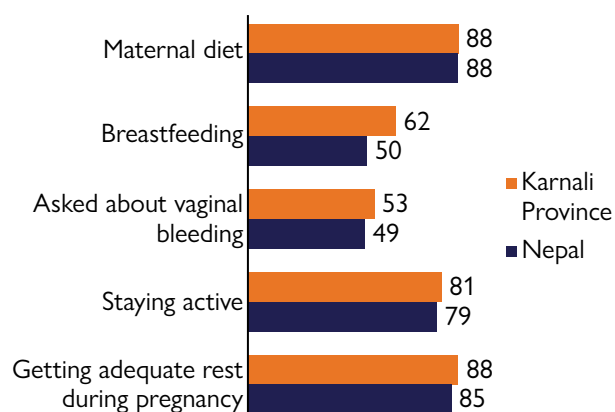


Antenatal Care Counseling

Women in Karnali Province who received ANC most often received counseling on maternal diet and getting adequate rest during pregnancy (88% each). Only 53% of women in Karnali 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 Karnali Province, 78% of facilities offer normal vaginal delivery services and 3% offer Cesarean delivery.

Medicines for Delivery and Newborn Care

Among facilities in Karnali Province offering normal vaginal delivery services (N=100), the majority of facilities (81%) did not have all four essential medicines for delivery on the day of the survey—injectable uterotonic (oxytocin), injectable antibiotic, skin antiseptic, and intravenous fluids with infusion set. Only 1% of facilities offering normal vaginal delivery services had all five essential medicines for newborns—tetracycline eye ointment, 4% chlorhexidine gel, injectable gentamicin, ceftriaxone powder for injection, and amoxicillin. The eight priority medicines for mothers were also not readily available at facilities. Only 1% of health facilities in Karnali Province had all eight medicines—sodium chloride injectable solution, injectable calcium gluconate, ampicillin powder for injection, injectable metronidazole, misoprostol, azithromycin, cefixime, and injectable bethamethasone or dexamethasone.

Infection Control

Nearly all facilities offering normal vaginal delivery services in Karnali Province have soap and running water or else alcohol-based hand disinfectant and latex gloves. Fewer facilities have a needle destroyer (26%) or waste receptacle (39%). Just 4% have all infection prevention items.

Newborn Care Practices

In Karnali Province, 86% 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

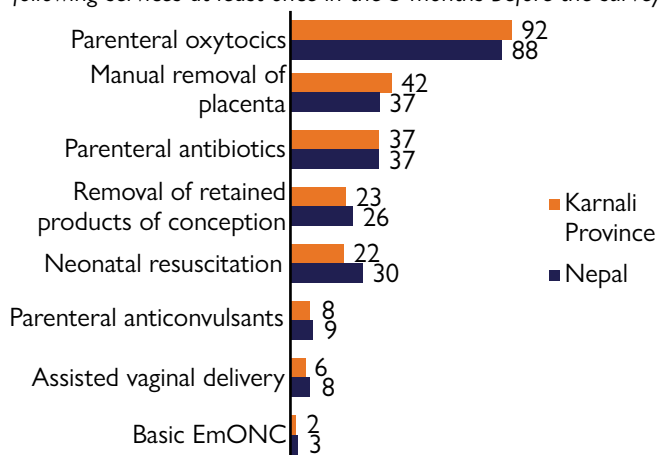
Among interviewed postpartum women in Karnali Province (N=33), only 19% of mothers received all postpartum checks and advice, though 40% did receive counseling in postpartum FP. More than half of interviewed postpartum women received all postpartum checks and advice for the newborn. Three in four women left the facility less than 24 hours after delivery.

Signal Functions for Emergency Obstetric and Neonatal Care

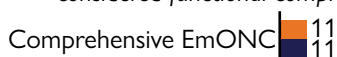
Facilities that offer normal vaginal delivery care should be prepared to provide the most important interventions—emergency obstetric and neonatal care (EmONC) signal functions—to manage delivery complications when they occur. Among signal functions performed in the last three months in Karnali Province, the most commonly practiced was the administration of parenteral oxytocics (92%) and the least common was assisted vaginal delivery (6%). Only 2% of facilities had performed all seven basic EmONC signal functions at least once in the three months before the survey. Eleven percent of hospitals and PHCCs in Nepal and Karnali 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=100 in Karnali 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=10 in Karnali Province, N=153 in Nepal), percent considered functional comprehensive EmONC facilities



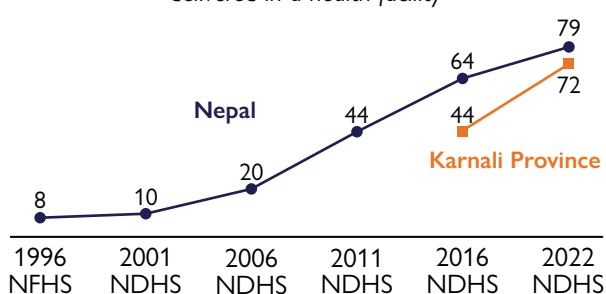
NDHS: DELIVERY AND POSTNATAL CARE

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

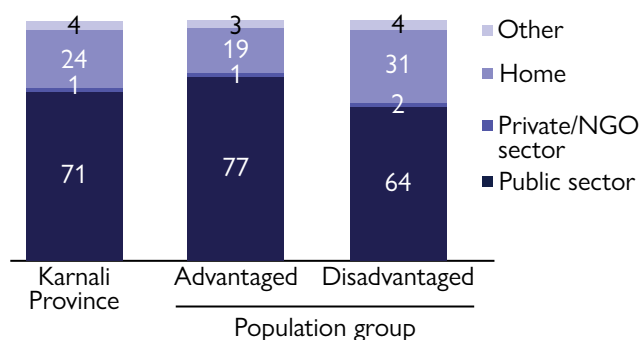


In Karnali Province, 96% of births are delivered by normal vaginal delivery and 4% by Cesarean section. Health facility births in the two years before the survey increased from 44% in 2016 to 72% of live births in Karnali Province in 2022. However, 28% of live births in Karnali Province are delivered at home.

Most live births in Karnali Province are delivered in a public sector facility (71%), 1% are delivered at private or NGO sector facilities, and 28% at home or other. Births delivered at home are more common in disadvantaged population groups (31%) than advantaged groups (19%).

Place of Delivery by Population Group: Karnali 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.

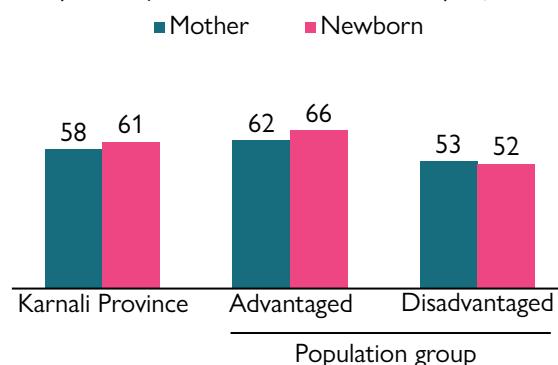
In Karnali Province, 72% of live births are assisted by a skilled provider; the majority by a nurse or midwife (51%). Nearly one in five live births (19%) are assisted by a relative or other person. Skilled birth assistance is more common among advantaged women (78%) than among women from disadvantaged population groups (64%).

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 Karnali Province, 58% of mothers and 61% of newborns received a postnatal check within two days of delivery. Still, 40% of mothers and 37% of newborns in Karnali 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: Karnali 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 Karnali Province, 61% of women age 15-49 say that distance to a health facility is a problem in accessing care, while 59% of women report a travel time of less than 30 minutes to the nearest health facility.

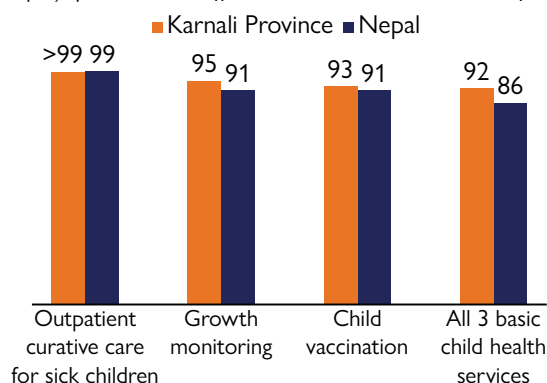
NHFS: CHILD HEALTH SERVICES

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 Karnali Province, >99% of health facilities offer outpatient curative care for sick children, 95% offer growth monitoring, and 93% offer child vaccination services. More than 9 in 10 facilities offer all three basic child health services.

Availability of Child Health Services

Among all facilities (N=128 in Karnali 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 Karnali Province (N=128), 18% can diagnose malaria, 14% have the ability to measure hemoglobin to assess anemia, and 7% have the capacity to do a stool microscopy. Only 5% of facilities can perform all three diagnostic tests.

Availability of Essential Medicines

In Karnali Province, more than 9 in 10 facilities offering outpatient curative care services for sick children had oral rehydration salts (ORS) (97%), albendazole (94%), and zinc tablets (91%) on the day of the survey. Eighty-two percent of facilities had paracetamol, 77% had vitamin A capsules, and 56% of facilities in Karnali Province had amoxicillin.

Infection Prevention of Vaccine Services

Among facilities offering child vaccination services in Karnali Province (N=119), 98% of facilities have soap and running water or else alcohol-based disinfectant. Fewer have a waste receptacle (32%) or infection prevention guidelines (16%), and just 8% have all infection prevention items.

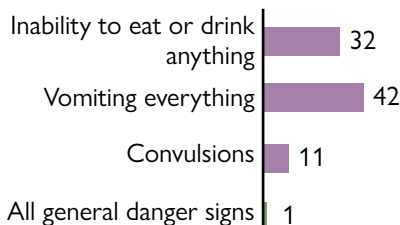
Observed Sick Child Consultations

A total of 143 sick child consultations were observed in Karnali Province. Providers checked for all general danger signs in 1% of consultations: inability to eat or drink anything (32%), vomiting (42%), convulsions (11%), and child is unconscious or lethargic (10%). Providers assessed all 3 main symptoms of childhood illness in 49% of observed consultations: cough or difficulty breathing (76%), diarrhea (63%), and fever (93%). Various aspects of the physical examinations were also missing—only 11% of sick children were assessed for dehydration. Only 35% of sick children had their respiratory rate assessed, and 78% had their temperature taken. Few providers in Karnali Province advised caretakers to increase fluids (29%), to continue feeding the child (15%), and the symptoms requiring a return visit (20%).

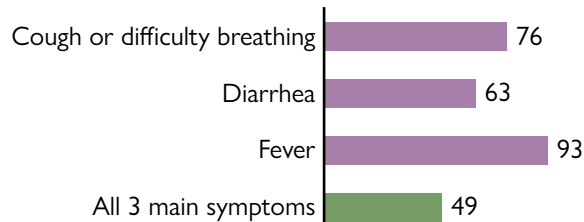
Observed Sick Child Consultations: Karnali Province

Among observed consultations with sick children (N=143), percent that include:

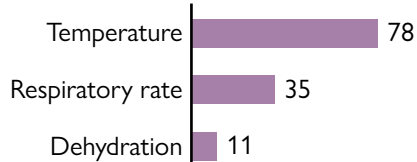
ASSESSMENT OF GENERAL DANGER SIGNS



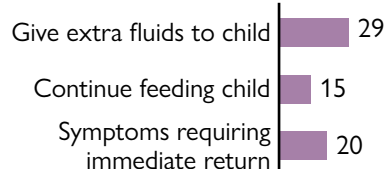
ASSESSMENT OF MAIN SYMPTOMS



PHYSICAL EXAM



ESSENTIAL ADVICE TO CARETAKER



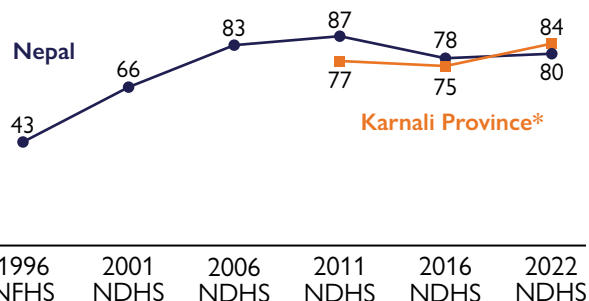
NDHS: CHILD HEALTH AND MORTALITY

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 Karnali Province, 84% 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

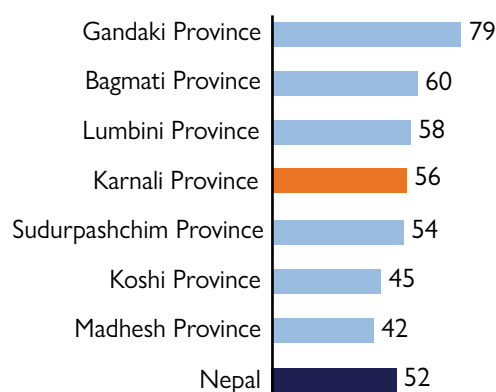


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

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 56% of those in Karnali Province are fully vaccinated according to the national schedule.

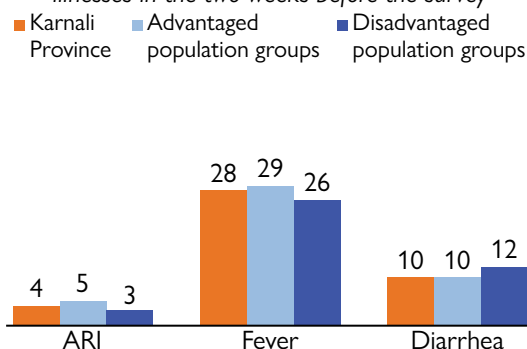
Vaccination Coverage (National Schedule) by Province

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: Karnali Province

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



Childhood Illnesses

In the two weeks before the survey, 1% of Nepali children under age five and 4% of children in Karnali Province were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Twenty-three percent of Nepali children and 28% of those in Karnali Province had recent fever. One in ten children in Nepal and Karnali Province had diarrhea. There is little variation by population group.

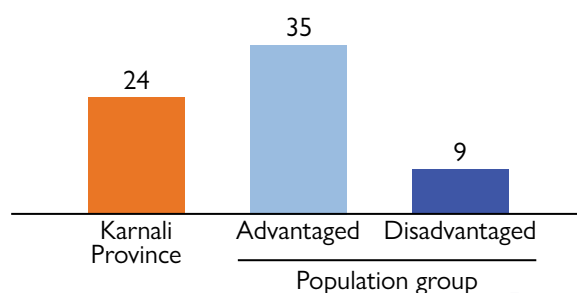
Childhood Mortality Rates

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 Karnali Province, the infant and under-5 mortality rates for the ten-year period before the survey are 36 and 46 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 24 deaths in Karnali Province. Perinatal mortality is higher among advantaged groups than disadvantaged groups in Karnali Province.

Perinatal Mortality: Karnali Province

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



NDHS: NUTRITIONAL STATUS

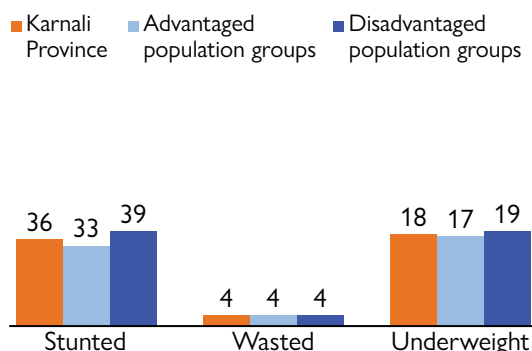
Children's Nutritional Status

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. Additionally in Karnali Province, 4% of children under age 5 are wasted, 18% are underweight, and 1% are overweight. While children from disadvantaged population groups in Karnali Province have higher stunting and underweight than advantaged children, wasting does not vary by population group.

Children's Nutritional Status: Karnali Province

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



Infant and Young Child Feeding (IYCF) Practices

Nearly all children born in the last two years in Karnali Province were ever breastfed and 63% were put to the breast in the first hour of life. Three in four children under age 6 months are exclusively breastfed. Among children age 6–8 months, nearly all were fed solid, semi-solid, or soft foods the previous day.

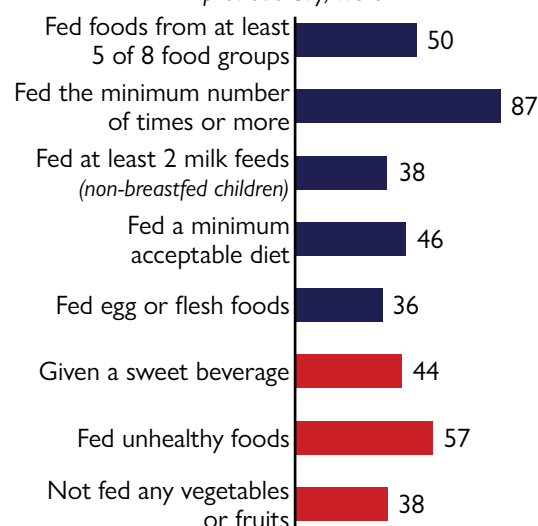
Half of children age 6–23 months were fed foods from 5 of 8 food groups, 87% were fed the minimum number of times, 38% of non-breastfed children were fed at least two milk feeds, and 46% of all children age 6–23 months were fed a minimum acceptable diet during the previous day. Regarding unhealthy feeding practices, 57% of children age 6–23 months were fed unhealthy foods high in sugar, salt, or fat, 44% were given a sweet beverage, and 38% were not fed any vegetables or fruit during the previous day.

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

Percent of children born in the last two years who were:



Percent of children age 6–23 months who, during the previous day, were:



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 Karnali Province, 19% of adolescent women are thin and 3% are overweight or obese. Too few adolescent men age 15-19 were interviewed in Karnali 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 Karnali Province, 10% of women age 20-49 are thin, while 24% are overweight or obese. Overweight and obesity is higher among disadvantaged women in Karnali Province (31%) than among women from advantaged population groups (19%).

Nutritional Status of Adult Women in Karnali Province by Population Group

Percent distribution of women age 20-49 by nutritional status

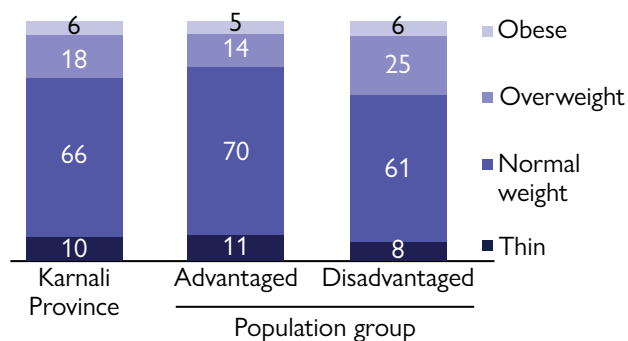


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Seven percent of Nepali men age 20-49 are thin, while 32% are overweight or obese. In Karnali Province, 10% of men age 20-49 are thin, while 15% are overweight or obese. Overweight and obesity is more than two times higher among disadvantaged men in Karnali Province (24%) than among men from advantaged population groups (10%). Fewer than 1% of advantaged men are obese compared to 11% of men from disadvantaged population groups in Karnali Province.

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 Karnali Province, 43% of women achieved minimum dietary diversity. Minimum dietary diversity is higher among women from advantaged population groups (46%) than among disadvantaged women (40%) and increases with education and household wealth. In Nepal, 66% of women consumed sweet beverages the day before the survey, compared to 54% of women in Karnali Province. Similarly, 54% of women in Nepal consumed unhealthy foods high in sugar or salt the day before the survey, compared to 44% of women in Karnali Province. Consumption of sweet beverages and unhealthy foods is higher among advantaged women in Karnali Province and also increases with education and household wealth.

Anemia among Women

In Nepal, 34% of women age 15-49 are anemic, compared to 21% of women age 15-49 in Karnali Province. Anemia prevalence among women in Karnali Province increases slightly with education, from 19% of women with no education to 22% of women with secondary education. Anemia is slightly higher among women from advantaged population groups than among disadvantaged women (22% versus 20%). Anemia is also more common among women from poorer households.

Overall, 17% of women age 15-19 in Nepal received iron and folic acid supplements in the three months before the survey, compared to 23% of women age 15-19 in Karnali Province.

Nutritional Status of Adult Men in Karnali Province by Population Group

Percent distribution of men age 20-49 by nutritional status

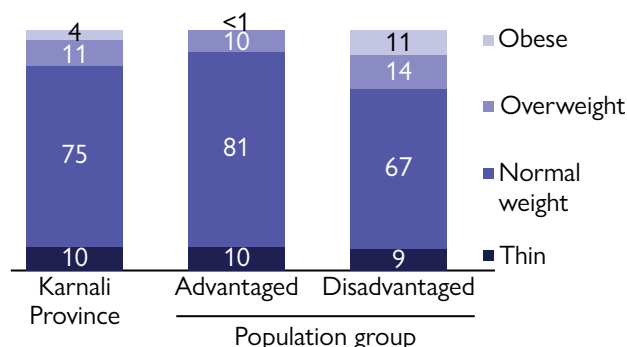


Figure ≠ 100% due to rounding.

NHFS: SERVICES FOR HIV/AIDS AND STIs

HIV Testing and Counseling Services

Few health facilities in Nepal and Karnali Province have an HIV testing system (5% and 1%, respectively). In Karnali Province, very few public facilities have an HIV testing system (1%).

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 1% of facilities in Karnali Province offer services such as treatment for opportunistic infections, fungal infections, or Kaposi's sarcoma; palliative care; nutritional rehabilitation; fortified protein supplementation; care for pediatric patients; preventive treatment for tuberculosis (TB) or opportunistic infections; general family planning counseling; or condoms. Very few public facilities in Karnali Province offer HIV/AIDS care and support services (1%).

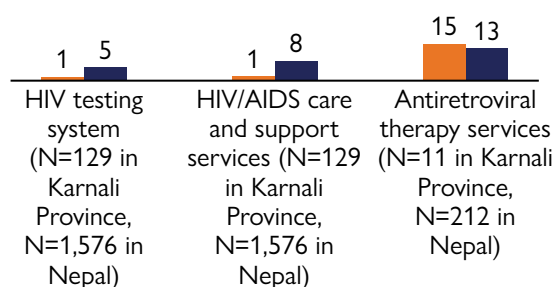
Antiretroviral Therapy Services

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 Karnali Province, 15% of these facilities (N=11) offer ART services.

Availability of HIV Services

Percent of facilities offering the following services:

■ Karnali Province ■ Nepal

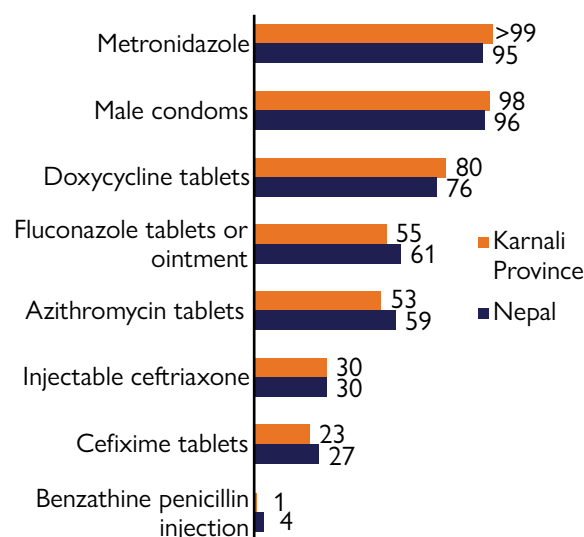


Services for Sexually Transmitted Infections

Overall, 86% of health facilities in Nepal offer services for STIs, compared to 88% in Karnali Province. Among health facilities offering STI services in Karnali Province (N=113), nearly all had metronidazole and male condoms on the day of the survey. The availability of other medicines to treat STIs was more variable, ranging from 80% of facilities with doxycycline tablets to 23% with cefixime tablets to just 1% with benzathine penicillin injection.

Medicines and Commodities for STIs

Among facilities offering services for STIs (N=113 in Karnali Province, N=1,358 in Nepal), percent with indicated items available on the day of the survey



NDHS: HIV/AIDS

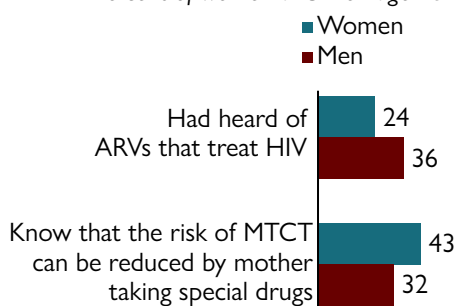
Knowledge of HIV Prevention Methods

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 Karnali Province, 85% of women and 97% of men have heard of HIV or AIDS. Men in Karnali Province also have greater knowledge of ARVs (37%) compared to 26% of women. Finally, 43% of women and 32% of men know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy in Karnali Province.

Knowledge of HIV Prevention Methods: Karnali Province

Percent of women and men age 15–49 who:

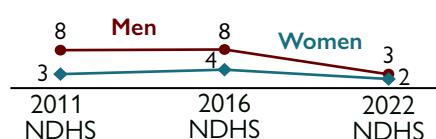


HIV Testing

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

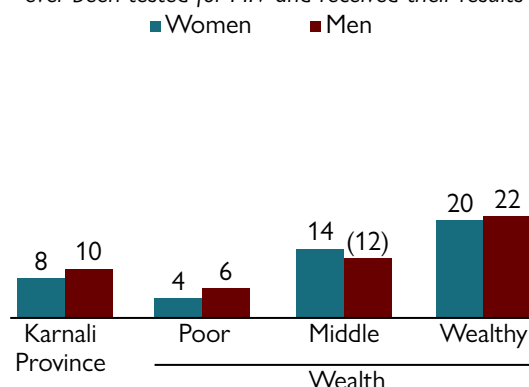
Percent of women and men age 15–49 who were tested for HIV in the 12 months before the survey and received the results



In Karnali Province, 8% of women and 10% of men have ever been tested for HIV and received their results. Women and men from the wealthiest households are more likely to have ever been tested for HIV and received their results than poorer women and men. Within the 12 months before the survey, 3% of women and 1% of men in Karnali Province had been tested and received the results.

HIV Testing among Adults: Karnali Province

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



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

NHFS: SERVICES FOR NON-COMMUNICABLE DISEASES

Diabetes Services

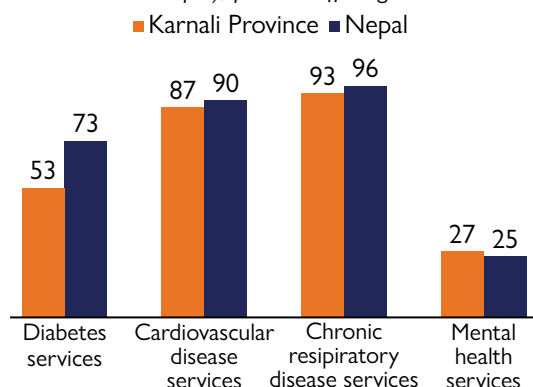
More than 7 in 10 health facilities excluding stand-alone HTC in Nepal offer services for diabetes, including diagnosis, prescription of treatment, or management of diabetic patients, compared to 53% of facilities in Karnali Province. Among facilities offering services for diabetes in Karnali Province (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 Karnali Province (87%) offer services for CVD. Among facilities offering CVD services in Karnali Province (N=111), only 5% had thiazide diuretic for reducing high blood pressure. While 45% of facilities had calcium channel blockers, fewer had oxygen (17%), Beta blockers (14%), or aspirin (14%).

Services for Non-Communicable Diseases

Among all facilities (N=128 in Karnali Province, N=1,565 in Nepal), percent offering:



Chronic Respiratory Disease Services

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

Mental Health Services

About 1 in 4 facilities in Nepal (25%) and in Karnali Province (27%) diagnose, prescribe treatment for, or manage patients with mental health problems. Availability of essential medicines and commodities in facilities in Karnali Province offering mental health services (N=35) is relatively low. While over half of facilities (55%) have Amitriptylin, 31% have injectable Diazepam, 10% have sodium valproate tablets, and 7% have Risperidone. The availability of essential medicines and commodities for mental health is higher in private facilities than in public facilities.

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 Karnali Province, 12% of women and 18% of men have hypertension. Among men the prevalence of hypertension increases with household wealth. The relationship between household wealth and hypertension is less clear among women.

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

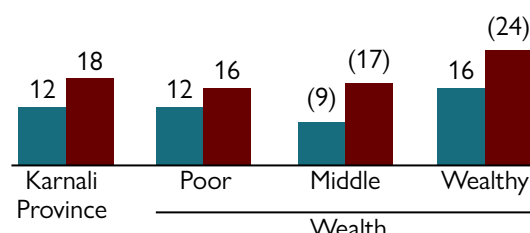
For international comparison, 22% of women and 11% of men age 15-49 in Nepal experienced symptoms of anxiety in the two weeks before the survey. In Karnali Province anxiety is less common, with 14% of women and 6% of men experiencing symptoms of anxiety.

For international comparison, 5% of women and 2% of men in Nepal experienced symptoms of depression in the two weeks before the survey, compared to 9% of women and 4% of men in Karnali Province.

Prevalence of Hypertension: Karnali 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.

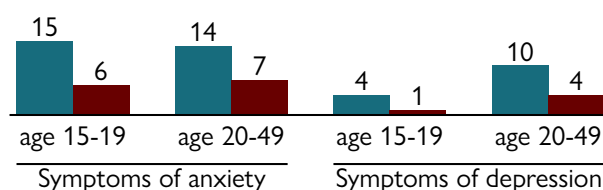
Nepal-Specific Cutoffs

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, adults in Karnali Province are more likely to have symptoms of anxiety and depression than adolescents among both women and men.

Symptoms of Anxiety and Depression in Karnali 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 55% of facilities in Karnali Province offer any tuberculosis (TB) diagnostic or treatment services.

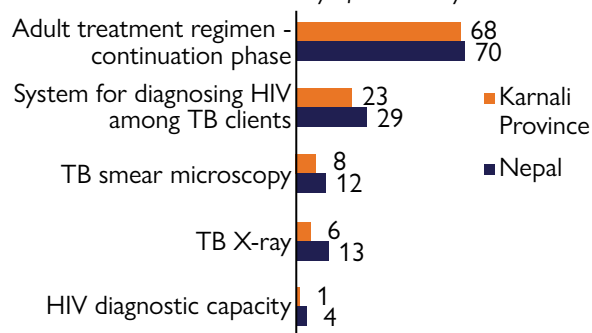
Among facilities in Karnali Province (N=91) offering any TB diagnostic or treatment services, 22% have TB management guidelines and 15% have staff that received in-service training particular to TB in the 24 months before the survey.

Few facilities offering TB services have the capacity to diagnose TB. Only 8% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. Only 6% of facilities have the capacity to conduct TB X-rays. One percent of facilities offering any TB services have HIV diagnostic capacity, yet 23% 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, 68% 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 (70% versus 14%).

Diagnostic Capacity and Availability of Medicines for TB Treatment

Among facilities offering TB diagnostic, treatment, or treatment follow-up services (N=91 in Karnali Province, N=1,250 in Nepal), percent with diagnostic capacity and medicines available on the day of the survey



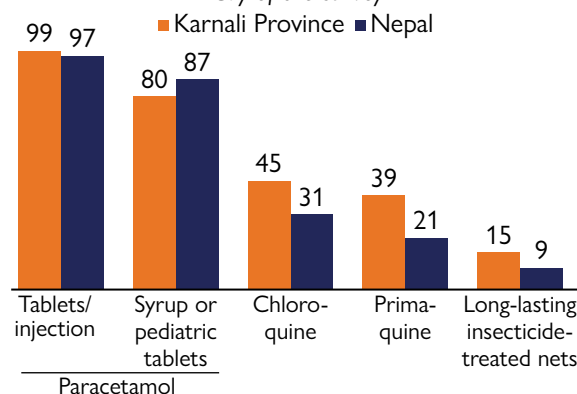
Malaria Services

Nearly half of health facilities in Nepal and 20% of facilities in Karnali Province offer malaria diagnosis or treatment services. In Karnali Province, 19% of public facilities offer malaria diagnosis or treatment, compared to 86% of private facilities.

Among facilities offering malaria diagnosis or treatment services in Karnali Province (N=25), 99% had paracetamol tablets or injection and 80% had paracetamol syrup or dispersible pediatric-dosed tablets for fever. Less than half of facilities (45%) had chloroquine and 39% had primaquine on the day of the survey. Only 15% of facilities had long-lasting insecticide-treated bed nets (LLINs).

Malaria Medicines & Commodities

Among facilities offering malaria diagnosis or treatment services (N=25 in Karnali Province, N=760 in Nepal), percent with indicated medicines and commodities available on the day of the survey



Only 1% of facilities offering curative care for sick children in Karnali Province (N=128) 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 Karnali Province, 64% of the household population age 5 and above have no difficulty, 27% have some difficulty, and 9% 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 Karnali Province, 10% of women and 10% of men have a lot of difficulty or cannot function in at least one domain of disability.

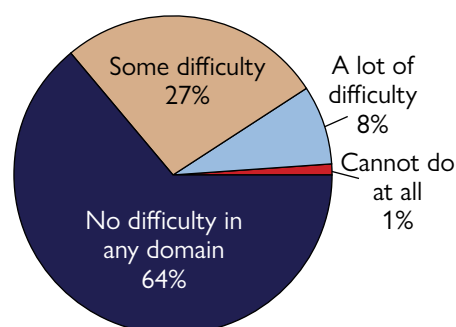
Difficulty in at least one domain of disability is more common among women and men with no education and among those in the poorest households. By marital status, 37% of women and 38% of men who are widowed have a lot of difficulty or cannot function at all in at least one domain.

Functional Disability According to Domain

In Karnali Province, seeing is the most common domain of difficulty among women age 15 and above, with 5% of women having a lot of difficulty or cannot see at all. Among men, seeing and walking or climbing steps are the most common domains of difficulty, with 4% of men having a lot of difficulty or cannot function at all.

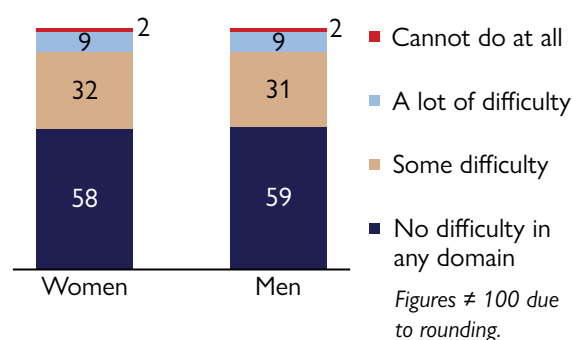
Disability among population age 5+ in Karnali Province

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



Disability among Adults in Karnali Province

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



NDHS: DOMESTIC VIOLENCE

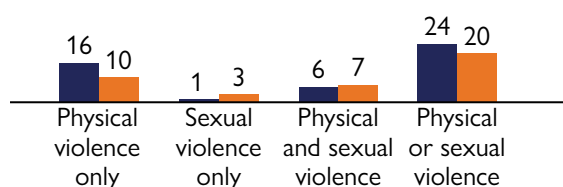
Different Forms of Violence

Overall, 23% of women age 15–49 in Nepal have experienced physical violence since age 15, compared to 17% of women in Karnali Province. Eight percent of women in Nepal have ever experienced sexual violence compared to 10% of women in Karnali Province. Sexual violence is more common among disadvantaged women (12%) than among women from advantaged population groups (8%). In Nepal 24% of women have experienced physical or sexual violence compared to 20% of women in Karnali Province.

Women's Experience of Different Forms of Violence

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

■ Nepal ■ Karnali 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 Karnali Province never sought help and never told anyone (58% and 59%, respectively). Nearly 3 in 10 women sought help to stop the violence, while more than 1 in 10 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

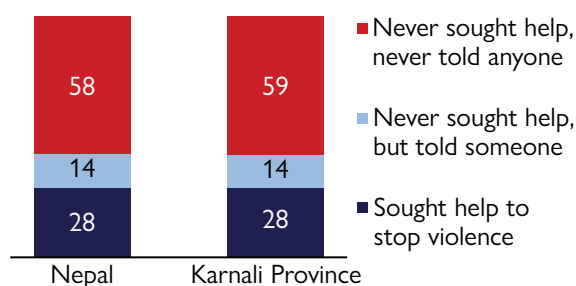


Figure ≠ 100% due to rounding.

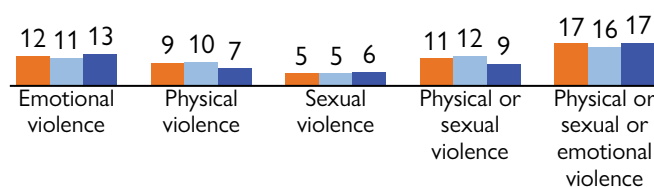
Experience of Intimate Partner Violence

Among women age 15–49 who have ever had a husband or intimate partner in Karnali Province, 12% have experienced emotional violence committed by any husband or intimate partner in the last 12 months. Emotional intimate partner violence is slightly more common among disadvantaged women than among those from advantaged population groups (13% versus 11%). Nine percent of ever-partnered women in Karnali Province experienced physical violence committed by any husband or intimate partner in the last 12 months, while 5% experienced recent sexual violence. Physical intimate partner violence is slightly more common among advantaged women and sexual intimate partner violence is slightly more common among disadvantaged women. In Karnali Province, 17% 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: Karnali 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

■ Karnali Province ■ Advantaged population groups ■ Disadvantaged population groups



2021 Nepal Health Facility Survey (NHFS): Karnali Province

Tables 1-51

Table 1 Distribution of surveyed facilities, by background characteristics: Karnali 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	2.4	3	11
Local-level hospitals	2.0	3	4
Private hospitals	1.5	2	7
PHCCs	2.8	4	13
Basic health care centers	91.0	117	122
HPs	71.6	92	53
UHCs	5.2	7	24
CHUs	14.2	18	45
Stand-alone HTC	0.2	0	1
Managing authority			
Public	98.3	126	150
Private	1.7	2	8
Karnali province total	100.0	129	158

Table 2 Distribution of interviewed providers: Karnali 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	16.2	69	111
Local-level hospitals	4.4	19	26
Private hospitals	4.5	19	29
PHCCs	5.1	22	74
Basic health care centers	69.6	299	290
HPs	61.2	262	170
UHCs	2.7	11	49
CHUs	5.8	25	71
Stand-alone HTCs	0.2	1	4
Managing authority			
Public	95.3	409	501
Private	4.7	20	33
Provider type			
Doctor	4.9	21	50
Nurse	11.1	48	46
Paramedic	74.7	321	386
Technician	8.0	34	49
Other clinical staff	1.4	6	3
Karnali province total	100.0	429	534

Table 3 Distribution of observed consultations: Karnali 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	19.3	28	77
Local-level hospitals	9.6	14	15
Private hospitals	3.2	5	12
PHCCs	7.5	11	29
Basic health care centers	60.5	87	75
HPs	50.8	73	36
UHCs	5.1	7	24
CHUs	4.6	7	15
Managing authority			
Public	96.8	139	196
Private	3.2	5	12
Karnali province total	100.0	143	208
FAMILY PLANNING			
Facility type			
Federal/provincial level hospitals	15.8	8	25
Local-level hospitals	3.1	1	5
Private hospitals	0.0	0	0
PHCCs	9.2	4	15
Basic health care centers	71.9	34	27
HPs	64.4	31	17
UHCs	3.1	1	5
CHUs	4.4	2	5
Managing authority			
Public	100.0	48	72
Private	0.0	0	0
Karnali province total	100.0	48	72
ANTENATAL CARE			
Facility type			
Federal/provincial level hospitals	36.3	37	62
Local-level hospitals	5.1	5	8
Private hospitals	2.3	2	3
PHCCs	3.0	3	9
Basic health care centers	53.2	54	38
HPs	47.2	48	23
UHCs	2.6	3	8
CHUs	3.3	3	7
Managing authority			
Public	97.7	99	117
Private	2.3	2	3
Karnali province total	100.0	101	120
LABOR AND DELIVERY			
Facility type			
Federal/provincial level hospitals	75.8	22	35
Local-level hospitals	4.3	1	2
Private hospitals	0.0	0	0
PHCCs	6.5	2	3
Basic health care centers	13.4	4	1
HPs	13.4	4	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	100.0	29	41
Private	0.0	0	0
Karnali province total	100.0	29	41
POSTPARTUM MATERNAL CARE			
Facility type			
Federal/provincial level hospitals	66.8	22	25
Local-level hospitals	5.3	2	2
Private hospitals	0.0	0	0

PHCCs	8.0	3	3
Basic health care centers	19.9	7	1
HPs	19.9	7	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	100.0	33	31
Private	0.0	0	0
Karnali province total	100.0	33	31
CLIENTS HAVING BOTH LABOR AND DELIVERY OBSERVATION AND POSTPARTUM MATERNAL EXIT			
Facility type			
Federal/provincial level hospitals	85.0	15	17
Local-level hospitals	5.0	1	1
Private hospitals	0.0	0	0
PHCCs	10.0	2	2
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	100.0	18	20
Private	0.0	0	0
Karnali province total	100.0	18	20

Table 4 Availability of basic health services: Karnali 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	81.8	81.8	100.0	100.0	100.0	81.8	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	3	3	3	3
Private hospitals	85.7	28.6	28.6	100.0	85.7	100.0	28.6	57.1	2	2	2	2
PHCCs	100.0	92.3	100.0	100.0	100.0	100.0	92.3	100.0	4	4	4	4
Basic health care centers												
HPs	99.7	96.2	94.1	99.7	98.1	86.5	82.2	86.1	117	117	117	117
UHCs	100.0	100.0	100.0	100.0	100.0	90.6	90.6	94.3	92	92	92	92
CHUs	100.0	87.5	75.0	100.0	79.2	54.2	33.3	50.0	7	7	7	7
	97.8	80.0	71.1	97.8	95.6	77.8	57.8	57.8	18	18	18	18
Managing authority												
Public	99.7	95.8	94.1	99.7	98.3	87.5	82.8	87.1	126	126	126	126
Private	85.7	28.6	28.6	100.0	85.7	100.0	28.6	57.1	2	2	2	2
Karnali province total	99.5	94.8	93.1	99.7	98.1	87.7	82.0	86.7	128	128	128	128

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: Karnali 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	90.9	100.0	100.0	100.0	100.0	90.9	3
Local-level hospitals	100.0	100.0	100.0	100.0	32.6	78.3	100.0	32.6	3
Private hospitals	85.7	100.0	100.0	71.4	85.7	85.7	85.7	57.1	2
PHCCs	100.0	100.0	92.3	92.3	30.8	76.9	76.9	23.1	4
Basic health care centers									
HPs	87.7	96.0	91.2	92.0	5.4	45.9	63.4	3.0	117
UHCs	94.3	100.0	92.5	94.3	5.7	52.8	66.0	3.8	92
CHUs	54.2	79.2	91.7	75.0	4.2	33.3	54.2	0.0	7
CHUs	66.7	82.2	84.4	86.7	4.4	15.6	53.3	0.0	18
Stand-alone HTCs	0.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0
Managing authority									
Public	88.6	96.3	91.4	92.4	9.0	48.8	65.4	6.3	126
Private	75.0	100.0	100.0	75.0	87.5	75.0	75.0	50.0	2
Karnali province total	88.4	96.4	91.5	92.1	10.3	49.2	65.6	7.1	129

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: Karnali 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 thermo-meter	Stetho-scope	Blood pressure apparatus ³	Light source ⁴	All basic equipment ⁵	
Facility type									
Federal/provincial level hospitals	100.0	63.6	54.5	100.0	100.0	100.0	100.0	45.5	3
Local-level hospitals	100.0	89.1	100.0	100.0	100.0	100.0	89.1	89.1	3
Private hospitals	85.7	14.3	42.9	100.0	85.7	71.4	100.0	14.3	2
PHCCs	100.0	61.5	92.3	100.0	100.0	100.0	92.3	53.8	4
Basic health care centers									
HPs	88.2	67.7	72.1	94.3	96.4	94.6	90.6	45.1	117
UHCs	88.7	69.8	75.5	94.3	96.2	94.3	92.5	49.1	92
CHUs	91.7	54.2	45.8	95.8	95.8	95.8	75.0	16.7	7
	84.4	62.2	64.4	93.3	97.8	95.6	86.7	35.6	18
Stand-alone HTC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Managing authority									
Public	89.1	67.9	72.8	94.7	96.7	95.0	90.8	46.3	126
Private	75.0	12.5	37.5	87.5	75.0	62.5	87.5	12.5	2
Karnali province total	88.8	66.9	72.2	94.6	96.3	94.4	90.7	45.7	129

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: Karnali 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	90.9	72.7	90.9	100.0	63.6	18.2	90.9	100.0	72.7	0	3
Local-level hospitals	100.0	89.1	32.6	100.0	78.3	0.0	100.0	78.3	89.1	0	3
Private hospitals	100.0	85.7	100.0	71.4	28.6	0.0	57.1	85.7	57.1	0	2
PHCCs	100.0	69.2	61.5	100.0	30.8	0.0	84.6	100.0	61.5	0	4
Basic health care centers											
HPs	99.2	62.8	48.4	91.8	13.9	13.7	72.1	63.8	47.7	0	117
UHCs	100.0	66.0	54.7	98.1	17.0	17.0	81.1	69.8	50.9	0	92
CHUs	91.7	50.0	20.8	91.7	4.2	0.0	29.2	58.3	41.7	0	7
CHUs	97.8	51.1	26.7	60.0	2.2	2.2	42.2	35.6	33.3	0	18
Managing authority											
Public	99.0	63.8	49.5	92.4	17.0	13.1	73.5	66.0	49.5	0	126
Private	100.0	85.7	100.0	71.4	28.6	0.0	57.1	85.7	57.1	0	2
Karnali province total	99.0	64.1	50.3	92.1	17.1	12.9	73.2	66.3	49.6	0	128

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 Amoxycillin 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: Karnali 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				Number of facilities
	Percentage offering any temporary modern 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	Percentage offering any modern methods of FP ⁴	
Facility type								
Federal/provincial level hospitals	100.0	72.7	100.0	90.9	81.8	90.9	100.0	3
Local-level hospitals	100.0	78.3	100.0	89.1	89.1	89.1	100.0	3
Private hospitals	100.0	57.1	100.0	42.9	42.9	42.9	100.0	2
PHCCs	100.0	76.9	100.0	53.8	53.8	53.8	100.0	4
Basic health care centers								
HPs	99.7	60.3	99.7	47.4	48.9	48.9	99.7	117
HPs	100.0	60.4	100.0	49.1	50.9	50.9	100.0	92
UHCs	100.0	54.2	100.0	33.3	33.3	33.3	100.0	7
CHUs	97.8	62.2	97.8	44.4	44.4	44.4	97.8	18
Managing authority								
Public	99.7	61.5	99.7	49.5	50.7	50.9	99.7	126
Private	100.0	57.1	100.0	42.9	42.9	42.9	100.0	2
Karnali province total	99.7	61.4	99.7	49.4	50.6	50.8	99.7	128

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 provided: Karnali Province¹

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			Karnali 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	42.9	100.0	98.5	98.1	100.0	100.0	97.8
Progestin-only injectable (Depo)	100.0	100.0	57.1	100.0	98.3	98.1	95.8	100.0	97.8
Male condom	100.0	100.0	57.1	100.0	100.0	100.0	100.0	100.0	99.3
Intrauterine contraceptive device	90.9	89.1	14.3	76.9	13.4	17.0	0.0	0.0	18.6
Implant	100.0	100.0	14.3	92.3	30.0	37.7	4.2	0.0	34.7
Male sterilization	45.5	0.0	14.3	0.0	0.0	0.0	0.0	0.0	1.3
Female sterilization	45.5	0.0	14.3	0.0	0.0	0.0	0.0	0.0	1.3
Three temporary modern methods ²	100.0	100.0	42.9	100.0	98.3	98.1	95.8	100.0	97.5
Five temporary modern methods ³	90.9	89.1	14.3	76.9	7.5	9.4	0.0	0.0	13.2
Seven modern methods ⁴	36.4	0.0	14.3	0.0	0.0	0.0	0.0	0.0	1.1
Emergency contraceptive pills	9.1	0.0	28.6	0.0	0.0	0.0	0.0	0.0	0.7
Cycle beads for standard days method	0.0	10.9	0.0	7.7	1.5	1.9	0.0	0.0	1.8
Number of facilities offering any modern method of family planning	3	3	2	4	117	92	7	18	128

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: Karnali 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				Karnali province total
	Federal/provincial level hospitals	Local-level hospitals/PHCCs	Private hospitals	Basic health care centers	
Combined oral contraceptive pills	100.0	100.0	100.0	96.4	96.7
Progestin-only injectables (Depo)	100.0	100.0	100.0	98.1	98.3
Male condoms	100.0	100.0	100.0	97.1	97.4
Intrauterine contraceptive devices	100.0	60.4	100.0	88.9	84.2
Implants	100.0	100.0	100.0	95.0	96.1
Every method provided by facility was available on day of survey	100.0	67.6	100.0	88.7	88.1
Emergency contraceptive pills	100.0	-	100.0	-	100.0

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: Karnali 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
	Guide-lines on family planning ¹	Decision making tools/ medical eligibility criteria wheel observed	Preg-nancy roll out job aid observed	Family planning register	Staff trained in family planning ²	Blood pressure apparatus ³	Exami-nation light	Exami-nation bed or table	FP counsel-ing kit	Pelvic model for IUCD ⁴	Model for showing condom use	Other family planning-specific visual aid ⁵	
Facility type													
Federal/ provincial level hospitals	36.4	36.4	27.3	100.0	45.5	100.0	81.8	90.9	27.3	9.1	27.3	81.8	3
Local-level hospitals	0.0	0.0	0.0	100.0	21.7	100.0	89.1	100.0	21.7	0.0	0.0	21.7	3
Private hospitals	14.3	0.0	0.0	28.6	14.3	71.4	100.0	100.0	0.0	0.0	0.0	42.9	2
PHCCs	0.0	46.2	7.7	100.0	53.8	100.0	84.6	100.0	53.8	0.0	38.5	69.2	4
Basic health care centers	27.3	35.3	11.1	93.5	19.5	94.4	91.7	88.7	29.1	1.5	10.7	56.1	117
HPs	32.1	43.4	13.2	94.3	22.6	94.3	94.3	92.5	35.8	1.9	13.2	64.2	92
UHCs	4.2	0.0	0.0	83.3	4.2	91.7	75.0	79.2	8.3	0.0	4.2	33.3	7
CHUs	11.4	6.8	4.5	93.2	9.1	95.5	84.1	72.7	2.3	0.0	0.0	22.7	18
Managing authority													
Public	26.2	34.9	11.2	94.0	21.2	94.8	91.2	89.3	29.7	1.6	11.7	56.4	126
Private	14.3	0.0	0.0	28.6	14.3	71.4	100.0	100.0	0.0	0.0	0.0	42.9	2
Karnali province total	26.0	34.4	11.0	93.0	21.1	94.4	91.3	89.5	29.2	1.6	11.5	56.2	128

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: Karnali Province

Among female first-visit family planning clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type			Karnali province total
	Federal/ provincial level hospitals	Local-level hospitals/PHCCs	Basic health care centers	
Client history				
Age	80.0	90.0	78.8	81.1
Any history of pregnancy	80.0	80.1	78.8	79.3
Current pregnancy status	60.0	80.1	81.8	77.3
Breastfeeding status (if ever pregnant) ¹	30.0	0.0	0.0	5.7
Desired timing for next child or desire for another child	50.0	39.9	36.5	39.7
Regularity of menstrual cycle	50.0	50.2	42.4	45.3
All elements of reproductive history ²	20.0	0.0	0.0	3.8
Client medical history				
Asked about symptoms of sexually transmitted infections (STIs)	10.0	0.0	21.2	15.1
Asked about any chronic illnesses	30.0	19.9	21.2	22.6
Client examination				
Measure blood pressure ⁴	100.0	90.0	81.8	86.8
Measure weight ⁵	80.0	80.1	18.2	41.4
Questions or concerns				
Asked if client had questions or concerns regarding current or past method used	80.0	39.9	60.6	60.5
Number of observed first-visit FP clients	3	3	10	16
Number of observed first-visit FP clients with prior pregnancy ⁶	3	3	10	16

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: Karnali Province

Among female first-visit family planning clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by province, Nepal Health Facility Survey, 2021

Components of consultation	Province	Karnali province total
	Karnali province	
Client history		
Age	81.1	81.1
Any history of pregnancy	79.3	79.3
Current pregnancy status	77.3	77.3
Breastfeeding status (if ever pregnant) ¹	5.7	5.7
Desired timing for next child or desire for another child	39.7	39.7
Regularity of menstrual cycle	45.3	45.3
All elements of reproductive history ²	3.8	3.8
Client medical history		
Asked about symptoms of sexually transmitted infections (STIs)	15.1	15.1
Asked about any chronic illnesses	22.6	22.6
Client examination		
Measure blood pressure ⁴	86.8	86.8
Measure weight ⁵	41.4	41.4
Questions or concerns		
Asked if client had questions or concerns regarding current or past method used	60.5	60.5
Number of observed first-visit FP clients	16	16
Number of observed first-visit FP clients with prior pregnancy ⁶	16	16

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: Karnali 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				Karnali province total
	Federal/ provincial level hospitals	Local-level hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Privacy and confidentiality								
Visual privacy assured	88.0	39.2	80.0	61.4	64.7	80.0	0.0	66.6
Auditory privacy assured	80.0	39.2	80.0	50.8	52.9	80.0	0.0	57.8
Confidentiality assured	36.0	0.0	26.7	5.3	5.9	0.0	0.0	11.9
All three counselling conditions on privacy and confidentiality met ²	36.0	0.0	26.7	0.0	0.0	0.0	0.0	8.1
Concerns, side effects and individual client cards								
Concerns about methods discussed ⁴	88.0	79.7	53.3	57.0	52.9	80.0	100.0	62.3
Side effects discussed ⁵	72.0	79.7	40.0	24.0	23.5	40.0	20.0	34.8
Individual client card reviewed during consultation	72.0	100.0	60.0	65.8	64.7	40.0	100.0	67.3
Individual client card written on after consultation	88.0	100.0	93.3	83.3	82.4	80.0	100.0	85.5
Visual aid and return visit								
Visual aids were used during consultation	12.0	0.0	40.0	5.3	5.9	0.0	0.0	9.4
Return visit discussed	52.0	79.7	73.3	78.1	76.5	80.0	100.0	73.6
Number of observed female FP clients	8	1	4	34	31	1	2	48

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: Karnali 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	9.9	42.2	0.0	2.1	0.0	1.6	0.0	30.5	5.8	34.6	0.0	4.1	0.0	14.8	37
Local-level hospitals	6.5	19.4	0.0	0.0	0.0	0.0	9.7	9.7	0.0	9.7	0.0	0.0	6.5	6.5	10
Private hospitals	0.0	29.3	0.0	0.0	0.0	0.0	0.0	5.9	0.0	11.7	0.0	5.9	0.0	5.9	11
PHCCs	11.2	33.5	0.0	2.2	0.0	2.2	6.7	17.8	8.9	29.0	0.0	4.5	0.0	8.9	14
Basic health care centers															
HPs	5.4	28.0	0.6	0.7	0.6	0.7	1.3	5.7	2.4	12.7	1.2	3.4	1.2	5.4	256
UHCs	5.5	29.6	0.7	0.7	0.7	0.7	1.4	5.5	2.7	13.6	1.4	3.4	1.4	5.7	222
CHUs	2.3	27.3	0.0	0.0	0.0	0.0	0.0	13.6	0.0	11.4	0.0	6.8	0.0	9.1	10
	5.9	13.2	0.0	1.5	0.0	1.5	1.5	4.4	0.0	4.4	0.0	1.5	0.0	1.5	24
Managing authority															
Public	6.2	29.6	0.5	0.9	0.5	0.9	1.7	9.2	3.0	15.8	1.0	3.4	1.2	6.7	316
Private	0.0	29.3	0.0	0.0	0.0	0.0	0.0	5.9	0.0	11.7	0.0	5.9	0.0	5.9	11
Karnali province total															
	6.0	29.6	0.5	0.9	0.5	0.9	1.6	9.1	2.9	15.7	0.9	3.5	1.1	6.7	327

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: Karnali 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
			5 or more days per week	
Facility type				
Federal/provincial level hospitals	100.0	3	100.0	3
Local-level hospitals	100.0	3	100.0	3
Private hospitals	85.7	2	100.0	2
PHCCs	100.0	4	100.0	4
Basic health care centers				
	98.1	117	98.1	115
HPs	100.0	92	98.1	92
UHCs	79.2	7	100.0	5
CHUs	95.6	18	97.7	17
Managing authority				
Public	98.3	126	98.3	124
Private	85.7	2	100.0	2
Karnali province total	98.1	128	98.3	126

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: Karnali 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

	Percentage of facilities offering ANC that have the indicated tests								Number of facilities offering ANC services
Background characteristics	Hemo-globin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	Three basic test ⁷	Determine test kit for HIV	
Facility type									
Federal/provincial level hospitals	100.0	100.0	100.0	27.3	100.0	27.3	27.3	36.4	3
Local-level hospitals	100.0	89.1	89.1	0.0	100.0	0.0	0.0	89.1	3
Private hospitals	100.0	83.3	66.7	16.7	100.0	0.0	0.0	0.0	2
PHCCs	92.3	76.9	84.6	0.0	92.3	0.0	0.0	46.2	4
Basic health care centers									
	6.5	6.9	5.0	0.0	3.5	0.0	0.0	30.2	115
HPs	7.5	7.5	5.7	0.0	3.8	0.0	0.0	34.0	92
UHCs	10.5	10.5	10.5	0.0	10.5	0.0	0.0	10.5	5
CHUs	0.0	2.3	0.0	0.0	0.0	0.0	0.0	16.3	17
Managing authority									
Public	13.3	13.0	11.5	0.7	10.5	0.7	0.7	32.0	124
Private	100.0	83.3	66.7	16.7	100.0	0.0	0.0	0.0	2
Karnali province total	14.5	13.9	12.2	0.9	11.7	0.7	0.7	31.6	126

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: Karnali Province

Among facilities offering antenatal care (ANC) services, percentages with essential medicines for ANC observed to be available on the day of the survey, by 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	63.6	90.9	18.2	9.1	100.0	90.9	3
Local-level hospitals	78.3	100.0	89.1	0.0	100.0	100.0	3
Private hospitals	83.3	83.3	16.7	16.7	83.3	83.3	2
PHCCs	38.5	100.0	76.9	0.0	100.0	100.0	4
Basic health care centres	11.2	97.1	74.5	10.9	98.5	95.6	115
HPs	13.2	98.1	84.9	9.4	98.1	96.2	92
UHCs	5.3	100.0	15.8	26.3	100.0	100.0	5
CHUs	2.3	90.7	37.2	14.0	100.0	90.7	17
Managing authority							
Public	14.7	97.1	73.5	10.3	98.6	95.7	124
Private	83.3	83.3	16.7	16.7	83.3	83.3	2
Karnali province total	15.6	96.9	72.7	10.4	98.4	95.5	126

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: Karnali 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	53.2	46.8	53.2	8.1	45.2	46.8	100.0	37
Local-level hospitals	64.3	35.7	35.7	0.0	64.3	35.7	100.0	5
Private hospitals	66.7	33.3	66.7	66.7	33.3	0.0	100.0	2
PHCCs	55.6	44.4	66.7	11.1	11.1	77.8	100.0	3
Basic health care centers	18.5	81.5	44.3	4.5	43.8	51.8	100.0	54
HPs	17.4	82.6	43.5	4.3	43.5	52.2	100.0	48
UHCs	25.0	75.0	25.0	12.5	50.0	37.5	100.0	3
CHUs	28.6	71.4	71.4	0.0	42.9	57.1	100.0	3
Managing authority								
Public	34.9	65.1	47.9	5.8	44.4	49.9	100.0	99
Private	66.7	33.3	66.7	66.7	33.3	0.0	100.0	2
Karnali province total	35.7	64.3	48.3	7.2	44.1	48.7	100.0	101

Table 20 General assessment and client history for observed first-visit antenatal care clients: Karnali Province

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type				Basic health care centers				Karnali province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Client history									
Client's age	69.7	90.0	50.0	100.0	79.1	75.0	100.0	100.0	74.7
Date of last menstrual period	90.9	90.0	100.0	100.0	95.1	100.0	100.0	50.0	92.8
Any prior pregnancy ¹	78.8	72.2	100.0	80.0	32.5	25.0	100.0	50.0	66.4
Medicines client currently taking	3.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	3.5
All elements relevant to client history ²	3.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	3.5
Gravida (primi or multi)	87.9	90.0	100.0	60.0	74.3	75.0	100.0	50.0	83.5
Routine tests									
Urine protein or glucose test	63.6	27.8	100.0	40.0	3.4	0.0	50.0	0.0	44.2
Hemoglobin test	72.7	27.8	100.0	40.0	29.1	25.0	50.0	50.0	56.2
Ultrasound	81.8	90.0	100.0	60.0	3.4	0.0	50.0	0.0	60.7
Number of first-visit ANC clients	20	3	2	2	10	8	1	1	36
Prior pregnancy-related complications									
Stillbirth	16.7	0.0	0.0	50.0	64.3	100.0	0.0	0.0	25.3
Assisted delivery	0.0	13.9	0.0	0.0	0.0	0.0	0.0	0.0	2.4
Cesarean delivery	8.3	13.9	0.0	0.0	79.3	100.0	0.0	100.0	24.6
Previous spontaneous abortion	25.0	86.1	100.0	0.0	0.0	0.0	0.0	0.0	32.6
Multiple pregnancies	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2
Any aspect of complications during a prior pregnancy	58.3	100.0	100.0	50.0	79.3	100.0	0.0	100.0	72.1
Number of first-visit ANC clients with prior pregnancy	7	2	1	1	3	2	1	0	14

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

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by facility type, Nepal Health Facility Survey, 2021

counseling topics	Facility type				Basic health care centers				Karnali 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	33.3	27.8	0.0	0.0	24.3	25.0	50.0	0.0	27.3
Fever	9.1	0.0	0.0	0.0	20.9	25.0	0.0	0.0	10.7
Headache or blurred vision	18.2	27.8	0.0	40.0	66.0	75.0	50.0	0.0	32.5
Swollen hands, face or body	3.0	17.7	0.0	40.0	45.1	50.0	50.0	0.0	17.6
Tiredness, shortness of breath	0.0	62.2	0.0	0.0	0.0	0.0	0.0	0.0	5.8
Fetal movement: loss of, excessive or normal	24.2	0.0	0.0	0.0	20.9	25.0	0.0	0.0	18.9
Convulsion or loss of consciousness	0.0	0.0	0.0	20.0	24.3	25.0	50.0	0.0	7.6
Severe lower abdominal pain	27.3	90.0	100.0	80.0	29.1	25.0	50.0	50.0	39.2
Any of the above risk symptoms	45.5	90.0	100.0	100.0	91.8	100.0	50.0	50.0	67.2
Number of ANC clients	20	3	2	2	10	8	1	1	36
FOLLOW-UP VISIT ANC CLIENT									
Vaginal bleeding or spotting	17.2	0.0	0.0	50.0	27.1	26.3	50.0	20.0	23.8
Fever	20.7	0.0	0.0	0.0	17.2	15.8	16.7	40.0	17.0
Headache or blurred vision	34.5	18.1	0.0	25.0	27.7	26.3	16.7	60.0	28.8
Swollen hands, face or body	6.9	0.0	0.0	50.0	18.7	15.8	50.0	40.0	15.5
Tiredness, shortness of breath	0.0	0.0	0.0	0.0	7.7	5.3	16.7	40.0	5.2
Fetal movement: loss of, excessive or normal	10.3	0.0	0.0	50.0	17.6	15.8	50.0	20.0	15.6
Convulsion or loss of consciousness	0.0	0.0	0.0	0.0	14.2	15.8	0.0	0.0	9.6
Severe lower abdominal pain	41.4	68.1	0.0	50.0	63.5	63.2	50.0	80.0	56.7
Any of the above risk symptoms	55.2	68.1	0.0	75.0	76.3	73.7	100.0	100.0	69.6
Number of ANC clients	17	2	1	1	44	39	2	2	65
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding or spotting	25.8	17.9	0.0	22.2	26.5	26.1	50.0	14.3	25.1
Fever	14.5	0.0	0.0	0.0	17.9	17.4	12.5	28.6	14.8
Headache or blurred vision	25.8	24.3	0.0	33.3	34.8	34.8	25.0	42.9	30.1
Swollen hands, face or body	4.8	11.4	0.0	44.4	23.6	21.7	50.0	28.6	16.2
Tiredness, shortness of breath	0.0	40.0	0.0	0.0	6.3	4.3	12.5	28.6	5.4
Fetal movement: loss of, excessive or normal	17.7	0.0	0.0	22.2	18.2	17.4	37.5	14.3	16.8
Convulsion or loss of consciousness	0.0	0.0	0.0	11.1	16.1	17.4	12.5	0.0	8.9
Severe lower abdominal pain	33.9	82.1	66.7	66.7	57.1	56.5	50.0	71.4	50.5
Any of the above risk symptoms	50.0	82.1	66.7	88.9	79.2	78.3	87.5	85.7	68.7
Number of ANC clients	37	5	2	3	54	48	3	3	101

Table 22 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning: Karnali Province

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by facility type, Nepal Health Facility Survey, 2021

Counseling topics	Facility type				Basic health care centers				Karnali province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
FIRST VISIT ANC CLIENT									
Nutrition	42.4	82.3	100.0	100.0	74.3	75.0	100.0	50.0	60.1
Progress of pregnancy	27.3	72.2	100.0	40.0	45.1	50.0	50.0	0.0	40.1
Care during pregnancies	18.2	62.2	50.0	60.0	50.0	50.0	50.0	50.0	34.3
Importance of at least 4 ANC visits	18.2	0.0	50.0	20.0	67.5	75.0	0.0	50.0	31.6
Delivery plans/ birth preparedness ¹	3.0	62.2	0.0	60.0	4.9	0.0	0.0	50.0	11.5
Early initiation and prolonged breastfeeding	0.0	62.2	0.0	0.0	0.0	0.0	0.0	0.0	5.8
Exclusive breastfeeding	0.0	62.2	0.0	0.0	4.9	0.0	0.0	50.0	7.1
Family planning post-partum	0.0	0.0	0.0	0.0	4.9	0.0	0.0	50.0	1.3
Provider used any visual aids	0.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	1.9
Number of ANC clients	20	3	2	2	10	8	1	1	36
FOLLOW-UP VISIT ANC CLIENT									
Nutrition	48.3	18.1	100.0	100.0	48.9	47.4	66.7	60.0	49.6
Progress of pregnancy	37.9	81.9	100.0	50.0	43.1	42.1	66.7	40.0	43.7
Care during pregnancies	24.1	0.0	100.0	100.0	16.5	15.8	50.0	0.0	20.8
Importance of at least 4 ANC visits	6.9	0.0	0.0	50.0	21.2	21.1	50.0	0.0	17.2
Delivery plans/ birth preparedness ¹	13.8	36.1	0.0	50.0	21.1	21.1	0.0	40.0	20.0
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	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	0.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0.5
Number of ANC clients	17	2	1	1	44	39	2	2	65
ALL OBSERVED ANC CLIENTS									
Nutrition	45.2	59.3	100.0	100.0	53.6	52.2	75.0	57.1	53.3
Progress of pregnancy	32.3	75.7	100.0	44.4	43.5	43.5	62.5	28.6	42.4
Care during pregnancies	21.0	40.0	66.7	77.8	22.7	21.7	50.0	14.3	25.6
Importance of at least 4 ANC visits	12.9	0.0	33.3	33.3	29.8	30.4	37.5	14.3	22.3
Delivery plans/ birth preparedness ¹	8.1	52.9	0.0	55.6	18.1	17.4	0.0	42.9	17.0
Early initiation and prolonged breastfeeding	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1
Exclusive breastfeeding	0.0	40.0	0.0	0.0	0.9	0.0	0.0	14.3	2.5
Family planning post-partum	0.0	0.0	0.0	0.0	0.9	0.0	0.0	14.3	0.5
Provider used any visual aids	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0	1.0
Number of ANC clients	37	5	2	3	54	48	3	3	101

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.

Table23 Availability of normal vaginal delivery and other maternal health services: Karnali 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:					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	Number of facilities	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	100.0	100.0	100.0	3	100.0	100.0	90.9	100.0	100.0	3
Local-level hospitals	100.0	0.0	100.0	0.0	3	21.7	10.9	10.9	89.1	100.0	3
Private hospitals	28.6	28.6	42.9	14.3	2	50.0	0.0	0.0	50.0	100.0	1
PHCCs	100.0	0.0	100.0	0.0	4	76.9	38.5	38.5	46.2	100.0	4
Basic health care centers	76.9	0.0	76.9	0.0	117	5.8	5.8	0.0	19.3	98.1	90
HPs	92.5	0.0	92.5	0.0	92	6.1	6.1	0.0	20.4	98.0	85
UHCs	0.0	0.0	0.0	0.0	7	-	-	-	-	-	0
CHUs	26.7	0.0	26.7	0.0	18	0.0	0.0	0.0	0.0	100.0	5
Managing authority											
Public	78.6	2.4	78.6	2.4	126	11.7	10.0	4.5	24.6	98.3	99
Private	28.6	28.6	42.9	14.3	2	50.0	0.0	0.0	50.0	100.0	1
Karnali province total	77.8	2.8	78.1	2.6	128	12.0	10.0	4.5	24.8	98.3	100

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

Table 24 Medicines and commodities for delivery and newborn care: Karnali Province

Among facilities offering normal vaginal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by facility type, Nepal Health Facility Survey, 2021

	Facility type				Basic health care centers			Karnali province total
	Federal/ provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	CHUs	
Medicines								
Essential medicines for delivery¹								
Injectable uterotonic (oxytocin) ²	100.0	100.0	100.0	100.0	95.2	95.9	83.3	95.7
Injectable antibiotic ³	90.9	32.6	100.0	84.6	62.0	61.2	75.0	63.1
Skin antiseptic	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intravenous fluids with infusion set ⁴	100.0	100.0	100.0	100.0	98.7	100.0	75.0	98.8
Magnesium Sulphate	90.9	100.0	100.0	84.6	84.7	85.7	66.7	85.4
All essential medicines for delivery	81.8	21.7	50.0	53.8	15.4	16.3	0.0	19.2
Essential medicines for newborns								
Tetracycline eye ointment ¹	27.3	10.9	0.0	30.8	2.4	2.0	8.3	4.4
4% chlorhexidine gel ¹	100.0	21.7	50.0	76.9	72.5	71.4	91.7	72.1
Injectable gentamicin ²	100.0	89.1	100.0	100.0	89.4	89.8	83.3	90.2
Ceftriaxone powder for injection	90.9	89.1	100.0	61.5	29.4	30.6	8.3	34.4
Amoxicillin suspension or dispersible pediatric dosed tablet	72.7	100.0	100.0	61.5	53.3	53.1	58.3	55.7
All essential medicines for newborns	18.2	0.0	0.0	15.4	0.0	0.0	0.0	1.1
Priority medicines for mothers⁵								
Sodium chloride injectable solution	90.9	100.0	100.0	100.0	91.4	91.8	83.3	91.9
Injectable Calcium gluconate	81.8	10.9	100.0	69.2	59.7	61.2	33.3	59.7
Ampicillin powder for injection	90.9	89.1	50.0	53.8	48.0	46.9	66.7	50.6
Injectable metronidazole	100.0	89.1	100.0	76.9	57.8	59.2	33.3	60.8
Misoprostol capsules or tablets	63.6	32.6	50.0	53.8	27.9	28.6	16.7	30.2
Azithromycin capsules or tablets or oral liquid	100.0	78.3	100.0	69.2	51.4	51.0	58.3	54.5
Cefixime capsules or tablets	81.8	78.3	100.0	38.5	18.7	18.4	25.0	23.4
Injectable bethamethasone or dexamethasone	100.0	32.6	100.0	92.3	46.3	49.0	0.0	49.6
All priority medicines for mothers	36.4	0.0	50.0	0.0	0.0	0.0	0.0	1.4
Number of facilities offering normal vaginal delivery services	3	3	1	4	90	85	5	100

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 25 Items for infection control during provision of delivery care: Karnali Province

Among facilities offering normal vaginal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by 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	90.9	90.9	90.9	100.0	100.0	100.0	36.4	54.5	9.1	0.0	90.9	3
Local-level hospitals	89.1	89.1	89.1	89.1	89.1	100.0	32.6	78.3	10.9	0.0	100.0	3
Private hospitals	100.0	100.0	100.0	100.0	100.0	100.0	50.0	100.0	0.0	0.0	100.0	1
PHCCs	92.3	92.3	92.3	100.0	100.0	100.0	38.5	46.2	15.4	0.0	92.3	4
Basic health care centers	75.0	70.7	70.7	97.2	97.6	97.2	25.1	37.1	17.8	3.9	82.6	90
HPs	75.5	71.4	71.4	98.0	98.0	98.0	26.5	38.8	18.4	4.1	81.6	85
CHUs	66.7	58.3	58.3	83.3	91.7	83.3	0.0	8.3	8.3	0.0	100.0	5
Managing authority												
Public	76.5	72.6	72.6	97.2	97.6	97.4	26.1	39.1	17.3	3.5	83.7	99
Private	100.0	100.0	100.0	100.0	100.0	100.0	50.0	100.0	0.0	0.0	100.0	1
Karnali province total	76.7	72.8	72.8	97.2	97.6	97.4	26.3	39.4	17.2	3.5	83.8	100

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 26 Signal Functions for emergency obstetric and neonatal care (EmONC) and functional Basic EmONC and Comprehensive EmONC facilities: Karnali Province

Among facilities offering normal vaginal delivery services, percentages that reported applying or carrying out the signal functions for emergency obstetric and neonatal care at least once in the 3 months preceding the survey, and percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC) and percentages that can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by 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	CEmONC ²	
Facility type														
Federal/provincial level hospitals	100.0	100.0	54.5	81.8	54.5	63.6	81.8	3	36.4	3	72.7	90.9	27.3	3
Local-level hospitals	21.7	89.1	21.7	10.9	100.0	21.7	21.7	3	10.9	3	0.0	0.0	0.0	3
Private hospitals	100.0	100.0	50.0	50.0	50.0	100.0	50.0	1	50.0	1	50.0	50.0	50.0	1
PHCCs	53.8	100.0	15.4	30.8	53.8	46.2	69.2	4	0.0	4	-	-	-	0
Basic health care centers														
HPs	33.7	91.8	5.8	1.9	39.5	19.8	17.8	90	-	0	-	-	-	0
CHUs	34.7	91.8	6.1	2.0	40.8	20.4	18.4	85	-	0	-	-	-	0
	16.7	91.7	0.0	0.0	16.7	8.3	8.3	5	-	0	-	-	-	0
Managing authority														
Public	36.2	92.3	8.1	5.7	42.1	22.1	21.8	99	15.1	9	39.6	49.5	14.8	6
Private	100.0	100.0	50.0	50.0	50.0	100.0	50.0	1	50.0	1	50.0	50.0	50.0	1
Karnali province total	36.6	92.4	8.3	5.9	42.1	22.6	22.0	100	17.0	10	40.5	49.5	18.0	6

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

² Facility reported that it provides delivery and newborn care services, and that that they have done at least one Cesarean delivery in the 3 months before the survey, 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 27 Newborn care practices: Karnali 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			Karnali province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	CHUs	
Delivery to the abdomen (skin-to-skin)	90.9	100.0	100.0	100.0	94.2	93.9	100.0	94.5
Drying and wrapping newborns to keep warm	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Kangaroo mother care	100.0	100.0	100.0	100.0	93.3	93.9	83.3	94.0
Initiation of breastfeeding within the first hour	100.0	100.0	100.0	92.3	98.1	98.0	100.0	98.0
Routine complete (head-to-toe) examination of newborns before discharge	90.9	100.0	100.0	84.6	96.1	95.9	100.0	95.7
Applying chlorhexidine gel to umbilical cord stump	100.0	100.0	100.0	100.0	96.1	95.9	100.0	96.5
Weighing the newborn immediately upon delivery	100.0	100.0	100.0	100.0	98.1	98.0	100.0	98.3
Administration of injectable vitamin K1 to newborn	72.7	21.7	50.0	7.7	4.3	4.1	8.3	7.3
Applying tetracycline eye ointment to both eyes	9.1	67.4	0.0	0.0	1.9	2.0	0.0	3.8
Giving the newborn BCG prior to discharge	18.2	0.0	50.0	0.0	6.2	6.1	8.3	6.5
All new born care practices except injectable vitamin K1, tetracycline eye ointment and new born BCG	81.8	100.0	100.0	84.6	85.6	85.7	83.3	85.9
Number of facilities offering normal vaginal delivery services	3	3	1	4	90	85	5	100

Table 28 Postpartum check/advise at the time of discharge: Karnali 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			Basic health care centers	HPs	Karnali province total
	Federal/ provincial level hospitals	Local-level hospitals	PHCCs			
Mother						
Check blood pressure	84.0	100.0	100.0	100.0	100.0	89.3
Check pulse	80.0	50.0	100.0	100.0	100.0	84.0
Check temperature	80.0	50.0	100.0	100.0	100.0	84.0
Check leg for tenderness/swelling	72.0	50.0	100.0	100.0	100.0	78.6
Inspect perineum for tear, bleeding, swelling	88.0	50.0	100.0	100.0	100.0	89.3
Examine breast for retracted nipple, cracked nipple, engorgement	76.0	0.0	100.0	0.0	0.0	58.8
Ask she has passed urine without difficulties	92.0	50.0	100.0	100.0	100.0	92.0
Check if uterus is well contracted	84.0	50.0	66.7	100.0	100.0	84.0
Ask about vaginal bleeding	92.0	50.0	100.0	0.0	0.0	72.1
Cord care advise	88.0	50.0	100.0	100.0	100.0	89.3
Breastfeeding advise	92.0	50.0	100.0	100.0	100.0	92.0
Family Planning advise	72.0	0.0	66.7	0.0	0.0	53.4
Post Natal Care (PNC) check up advise	88.0	50.0	100.0	100.0	100.0	89.3
Carried out wound site examination	60.0	50.0	33.3	0.0	0.0	45.4
Advised on danger signs during postpartum period	88.0	50.0	100.0	100.0	100.0	89.3
All checks/advise	28.0	0.0	0.0	0.0	0.0	18.7
Mother received postpartum family planning (PPFP) counselling	60.0	0.0	0.0	0.0	0.0	40.1
Mother adopted postpartum family	12.0	0.0	0.0	0.0	0.0	8.0
Baby						
Check baby temperature by touching foot and abdomen	80.0	50.0	66.7	0.0	0.0	61.4
Check any difficulty in breathing, grunting, chest indrawn	80.0	100.0	100.0	100.0	100.0	86.6
Assess newborns general appearance color, movement and cry	84.0	0.0	100.0	0.0	0.0	64.1
Check umbilical cord for bleeding and infection	84.0	50.0	100.0	0.0	0.0	66.8
Check for pustules on skin	88.0	0.0	100.0	0.0	0.0	66.8
Check eye for discharge	80.0	0.0	100.0	0.0	0.0	61.4
Look for sign of jaundice in forehead, abdomen, palm, foot	80.0	0.0	100.0	0.0	0.0	61.4
Ask if newborn is breastfeeding well	80.0	0.0	100.0	0.0	0.0	61.4
Advise immunization	80.0	0.0	100.0	0.0	0.0	61.4
All checks/advise	68.0	0.0	66.7	0.0	0.0	50.7
Time of discharge after delivery - after 24 hours	32.0	0.0	33.3	0.0	0.0	24.0
- before 24 hours	68.0	100.0	66.7	100.0	100.0	76.0
Number of postpartum clients	22	2	3	7	7	33
Reasons of discharge before 24 hours¹						
Due to having limited beds/ overload of cases in the facilities	47.1	0.0	50.0	0.0	0.0	31.6
Clients did not want to stay for 24 hours	41.2	100.0	50.0	100.0	100.0	61.3
Others	11.8	0.0	0.0	0.0	0.0	7.0
Number of postpartum clients who discharged before 24 hours	15	2	2	7	7	25

Note: 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 29 Availability of child health services: Karnali 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	81.8	81.8	81.8	90.9	3	3
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	3	3
Private hospitals	85.7	28.6	28.6	28.6	28.6	2	2
PHCCs	100.0	92.3	100.0	92.3	100.0	4	4
Basic health care centers							
HPs	100.0	100.0	100.0	100.0	96.2	92	92
UHCs	100.0	87.5	75.0	70.8	58.3	7	7
CHUs	97.8	80.0	71.1	66.7	40.0	18	18
Managing authority							
Public	99.7	95.8	94.1	93.0	86.2	126	126
Private	85.7	28.6	28.6	28.6	28.6	2	2
Karnali province total	99.5	94.8	93.1	92.0	85.3	128	128

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 30 Laboratory diagnostic capacity: Karnali 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	100.0	45.5	45.5	3
Local-level hospitals	100.0	78.3	67.4	67.4	3
Private hospitals	100.0	83.3	50.0	33.3	2
PHCCs	92.3	69.2	53.8	30.8	4
Basic health care centers					
HPs	6.4	12.1	3.0	1.5	117
UHCs	7.5	13.2	3.8	1.9	92
UHCs	8.3	16.7	0.0	0.0	7
CHUs	0.0	4.5	0.0	0.0	18
Managing authority					
Public	13.1	17.2	6.8	4.8	126
Private	100.0	83.3	50.0	33.3	2
Karnali province total	14.3	18.1	7.4	5.1	128

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 31 Availability of essential and priority medicines and commodities: Karnali 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	100.0	81.8	72.7	90.9	81.8	100.0	90.9	100.0	90.9	3
Local-level hospitals	100.0	89.1	100.0	100.0	100.0	100.0	89.1	89.1	89.1	3
Private hospitals	100.0	100.0	66.7	100.0	33.3	100.0	50.0	100.0	100.0	2
PHCCs	100.0	76.9	61.5	92.3	76.9	100.0	53.8	100.0	61.5	4
Basic health care centers										
HPs	96.4	91.4	54.4	81.3	76.9	93.3	40.2	81.2	24.7	117
UHCs	96.2	92.5	52.8	81.1	88.7	92.5	43.4	88.7	30.2	92
UHCs	95.8	95.8	75.0	87.5	29.2	100.0	12.5	50.0	8.3	7
CHUs	97.7	84.1	54.5	79.5	34.1	95.5	34.1	54.5	2.3	18
Managing authority										
Public	96.7	90.7	56.0	82.2	77.5	93.8	42.8	82.4	28.7	126
Private	100.0	100.0	66.7	100.0	33.3	100.0	50.0	100.0	100.0	2
Karnali province total	96.7	90.8	56.1	82.4	76.9	93.9	42.9	82.6	29.6	128
ORS = oral rehydration salts.										

ORS = oral rehydration salts.

Table 32 Infection control for vaccination services: Karnali 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	77.8	77.8	77.8	100.0	100.0	22.2	11.1	0.0	100.0	3
Local-level hospitals	100.0	89.1	89.1	100.0	100.0	10.9	10.9	0.0	100.0	3
Private hospitals	100.0	100.0	100.0	100.0	100.0	50.0	0.0	0.0	100.0	1
PHCCs	69.2	76.9	69.2	100.0	100.0	38.5	15.4	7.7	92.3	4
Basic health care centers										
HPs	72.5	69.4	69.4	95.6	97.8	32.8	16.0	8.1	77.0	110
UHCs	71.7	69.8	69.8	96.2	98.1	35.8	18.9	9.4	75.5	92
UHCs	72.2	72.2	72.2	88.9	94.4	44.4	5.6	5.6	94.4	5
CHUs	78.1	65.6	65.6	93.8	96.9	6.3	0.0	0.0	81.3	13
Managing authority										
Public	73.1	70.3	70.0	95.9	98.0	32.2	15.8	7.8	78.5	119
Private	100.0	100.0	100.0	100.0	100.0	50.0	0.0	0.0	100.0	1
Karnali province total	73.2	70.4	70.2	95.9	98.0	32.3	15.7	7.7	78.6	119

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 33 Assessments and examinations of sick children: Karnali Province

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by facility type, Nepal Health Facility Survey, 2021

Components of consultation	Facility type				Basic health care centers				Karnali 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)	27.3	0.0	33.3	0.0	0.0	0.0	0.0	0.0	6.3
Consultation conducted by medical officer (MO)	66.2	89.4	25.0	37.9	0.0	0.0	0.0	0.0	25.0
Consultation conducted by nursing professional	0.0	0.0	0.0	0.0	8.4	8.3	4.2	13.3	5.1
Consultation conducted by a paramedic	6.5	10.6	41.7	62.1	91.6	91.7	95.8	86.7	63.7
History: general danger signs									
Inability to eat or drink anything	33.8	72.1	16.7	20.7	27.5	27.8	25.0	26.7	32.1
Vomiting everything	37.7	81.5	25.0	37.9	38.2	38.9	29.2	40.0	41.8
Convulsions	6.5	34.7	0.0	17.2	7.7	8.3	8.3	0.0	10.5
Child is unconscious/lethargic	3.9	46.8	8.3	13.8	5.2	5.6	0.0	6.7	9.7
All general danger signs	0.0	14.7	0.0	0.0	0.0	0.0	0.0	0.0	1.4
History: main symptom									
Cough or difficulty breathing	79.2	92.1	75.0	86.2	70.3	72.2	66.7	53.3	75.5
Diarrhea	51.9	84.2	25.0	55.2	66.1	69.4	50.0	46.7	63.0
Fever	92.2	100.0	100.0	100.0	91.1	91.7	83.3	93.3	93.1
All three main symptoms ¹	42.9	81.6	16.7	51.7	46.5	50.0	29.2	26.7	48.6
Ear pain or discharge from ear	15.6	17.3	16.7	27.6	33.1	36.1	8.3	26.7	27.3
All 3 main symptoms plus ear pain/ discharge	9.1	14.7	8.3	20.7	20.9	22.2	8.3	20.0	17.6
Physical examination									
Took child's temperature with thermometer ²	72.7	89.3	66.7	96.6	75.9	75.0	87.5	73.3	77.8
Counted respiration (breaths) for 60 seconds	36.4	22.7	33.3	55.2	34.6	36.1	20.8	33.3	35.3
Auscultated child (listen to chest with stethoscope) or count pulse ³	76.6	74.7	83.3	55.2	0.0	0.0	0.0	0.0	28.7
Checked skin turgor for dehydration	14.3	29.4	16.7	10.3	7.4	8.3	4.2	0.0	11.3
Checked for pallor by looking at palms	5.2	2.7	0.0	3.4	2.8	2.8	0.0	6.7	3.2
Checked for pallor by looking at conjunctiva	13.0	44.2	33.3	6.9	2.7	2.8	4.2	0.0	9.9
Looked into child's mouth	11.7	14.7	25.0	3.4	5.2	5.6	0.0	6.7	7.8
Checked for neck stiffness	0.0	29.4	0.0	0.0	0.0	0.0	0.0	0.0	2.8
Looked in child's ear	3.9	2.6	16.7	0.0	3.0	2.8	8.3	0.0	3.4
Felt behind child's ears for tenderness	3.9	14.7	33.3	3.4	3.2	2.8	4.2	6.7	5.4
Pressed both feet to check for edema	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Checked for enlarged lymph nodes	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Measured height	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Weighted the child	75.3	80.0	66.7	72.4	77.6	77.8	79.2	73.3	76.6
Plotted weight on growth chart	20.8	37.5	33.3	55.2	21.7	19.4	33.3	33.3	25.9
Essential advice to caretaker									
Give extra fluids to child	23.4	20.1	41.7	24.1	32.6	33.3	25.0	33.3	29.3
Continue feeding child	31.2	0.0	25.0	20.7	11.6	11.1	8.3	20.0	15.3
Symptoms requiring immediate return	42.9	19.9	16.7	27.6	11.4	11.1	25.0	0.0	19.7
Number of sick child observations	28	14	5	11	87	73	7	7	143

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 34 Availability of HIV testing and counseling services: Karnali 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	Ever-trained provider ⁴	Visual and auditory privacy ⁵	Condoms ⁶	
Facility type								
Federal/provincial level hospitals	36.4	3	75.0	25.0	100.0	100.0	50.0	1
Local-level hospitals	0.0	3	-	-	-	-	-	0
Private hospitals	14.3	2	0.0	0.0	0.0	100.0	0.0	0
PHCCs	7.7	4	0.0	100.0	0.0	100.0	100.0	0
Basic health care centers	0.0	117	-	-	-	-	-	0
HPs	0.0	92	-	-	-	-	-	0
UHCs	0.0	7	-	-	-	-	-	0
CHUs	0.0	18	-	-	-	-	-	0
Stand-alone HTCs	0.0	0	-	-	-	-	-	0
Managing authority								
Public	1.1	126	60.0	40.0	80.0	100.0	60.0	1
Private	12.5	2	0.0	0.0	0.0	100.0	0.0	0
Karnali province total	1.3	129	50.0	33.3	66.7	100.0	50.0	2

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 35 Guidelines, trained staff, and items for HIV/AIDS care and support services: Karnali 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	Percent- age 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:										Number of facilities offering HIV/AIDS care and support services	
			National HIV testing and treatment guide- lines 2020	Refer to commu- nity care center (CCC), CHBC service and PLHIV group	System for screen- ing and testing HIV+ clients for TB ³	IV solution with infusion set	Medicines							
							Flucana- zole tablet or ointment	Cotri- moxazole tablets	First-line treat- ment for TB ⁴	Pain manage- ment ⁵	Male condoms	Male condoms and lubricants		
Facility type														
Federal/provincial level hospitals	36.4	3	100.0	75.0	100.0	75.0	100.0	75.0	100.0	100.0	100.0	50.0	1	
Local-level hospitals	0.0	3	-	-	-	-	-	-	-	-	-	-	0	
Private hospitals	0.0	2	-	-	-	-	-	-	-	-	-	-	0	
PHCCs	0.0	4	-	-	-	-	-	-	-	-	-	-	0	
Basic health care centers														
HPs	0.3	117	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	0.0	0	
UHCs	0.0	92	-	-	-	-	-	-	-	-	-	-	0	
CHUs	0.0	7	-	-	-	-	-	-	-	-	-	-	0	
CHUs	2.2	18	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	0.0	0	
Stand-alone HTCs	0.0	0	-	-	-	-	-	-	-	-	-	-	0	
Managing authority														
Public	1.2	126	73.5	55.1	73.5	81.6	73.5	55.1	73.5	73.5	100.0	36.7	2	
Private	0.0	2	-	-	-	-	-	-	-	-	-	-	0	
Karnali province total	1.2	129	73.5	55.1	73.5	81.6	73.5	55.1	73.5	73.5	100.0	36.7	2	

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 36 Guidelines, trained staff, and items for antiretroviral therapy services: Karnali 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:		Preferred first-line ART regimen available ⁴	Number of facilities offering ART services
			National HIV testing and treatment guidelines 2020	Complete blood count ³	Renal or liver function test		
Facility type							
Federal/provincial level hospitals	45.5	3	80.0	100.0	100.0	100.0	1
Local-level hospitals	10.9	3	0.0	0.0	0.0	100.0	0
Private hospitals	0.0	2	-	-	-	-	0
PHCCs	0.0	4	-	-	-	-	0
Managing authority							
Public	18.1	9	66.7	83.3	83.3	100.0	2
Private	0.0	2	-	-	-	-	0
Karnali province total	14.9	11	66.7	83.3	83.3	100.0	2

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

Among all facilities, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percent- age of facilities offering STI ser- vices ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities								Number of facilities offering STI services
			National STI guide- lines	Trained staff ²	Syphilis rapid diagnos- tic test capa- city ³	Male con- doms	Metroni- dazole	Injec- table ceftria- xone	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	9.1	0.0	100.0	100.0	100.0	90.9	90.9	81.8	100.0	81.8	9.1	3
Local-level hospitals	100.0	3	0.0	0.0	100.0	100.0	100.0	89.1	78.3	78.3	89.1	89.1	0.0	3
Private hospitals	100.0	2	0.0	0.0	100.0	71.4	85.7	85.7	85.7	85.7	85.7	85.7	0.0	2
PHCCs	100.0	4	0.0	0.0	92.3	100.0	100.0	61.5	61.5	38.5	61.5	76.9	0.0	4
Basic health care centers														
	86.5	117	1.7	1.7	4.0	97.9	100.0	24.7	50.0	18.5	79.8	52.2	0.3	101
HPs	90.6	92	2.1	2.1	4.2	97.9	100.0	29.2	47.9	18.8	83.3	52.1	0.0	83
UHCs	54.2	7	0.0	0.0	15.4	100.0	100.0	7.7	69.2	7.7	76.9	69.2	7.7	4
CHUs	77.8	18	0.0	0.0	0.0	97.1	100.0	2.9	57.1	20.0	60.0	48.6	0.0	14
Stand-alone HTCs	0.0	0	-	-	-	-	-	-	-	-	-	-	-	0
Managing authority														
Public	87.5	126	1.8	1.6	11.8	98.1	100.0	29.3	52.2	22.3	80.0	54.7	0.5	111
Private	87.5	2	0.0	0.0	100.0	71.4	85.7	85.7	85.7	85.7	85.7	85.7	0.0	2
Karnali province total	87.5	129	1.8	1.5	13.4	97.6	99.8	30.3	52.7	23.4	80.1	55.3	0.5	113

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 38 Availability of services and guidelines, trained staff, and equipment for diabetes services: Karnali Province

Among all facilities, the percentages offering services for diabetes and, among facilities offering services for diabetes, the percentages 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
Karnali 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 39 Availability of diagnostic capacity and essential medicines for diabetes: Karnali 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

	Diagnostic capacity			Medicines			Number of facilities offering services for diabetes
Background characteristics	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
Karnali 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 40 Availability of services and guidelines, trained staff, and equipment for cardiovascular diseases: Karnali Province

Among all facilities, the percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, the percentages 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
Karnali 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 41 Availability of essential medicines and commodities for cardiovascular diseases: Karnali 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						
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
Karnali province total	5.2	14.1	45.4	14.2	16.7	111

¹ In cylinders or concentrators or an oxygen distribution system

Table 42 Availability of services and guidelines, trained staff, and equipment for chronic respiratory diseases: Karnali Province

Among all facilities, the percentages offering services for chronic respiratory diseases and, among the facilities offering services for chronic respiratory diseases, the percentages 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	92.2	117	19.3	27.6	96.5	3.6	1.6	108
HPs	94.3	92	24.0	32.0	96.0	4.0	2.0	87
UHCs	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
Karnali 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 43 Availability of essential medicines and commodities for chronic respiratory diseases: Karnali 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								
	87.1	0.0	6.7	27.2	1.6	29.4	8.3	108
HPs	86.0	0.0	8.0	32.0	2.0	36.0	10.0	87
UHCs	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
Karnali 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 44 Availability of services and guidelines, trained staff, and equipment for mental health services: Karnali 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:		
			Guidelines for diagnosis and management of mental health problems	Trained staff ²	Number of facilities offering services for mental health
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					
	23.1	117	20.8	12.9	27
HPs	28.3	92	20.0	13.3	26
UHCs	8.3	7	0.0	0.0	1
CHUs	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
Karnali 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 45 Availability of essential medicines and commodities for mental health problems: Karnali 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	Carbama-zepine	Phenobar-bitone tablets	Sodium valproate tablets	Riseroidone 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	47.1	0.0	6.4	6.4	0.0	0.0	12.9	20.3	27
HPs	46.7	0.0	6.7	6.7	0.0	0.0	13.3	20.0	26
UHCs	100.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	1
CHUs	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
Karnali province total	54.6	10.3	14.5	16.9	10.3	7.2	28.3	30.7	35

Table 46 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services: Karnali Province

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, the percentages 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 without X-ray and referral TB diagnosis	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		Trained staff ⁴
Facility type													
Federal/provincial level hospitals	9.1	90.9	36.4	63.6	0.0	63.6	100.0	63.6	100.0	3	54.5	63.6	3
Local-level hospitals	78.3	89.1	78.3	21.7	0.0	89.1	100.0	89.1	100.0	3	89.1	10.9	3
Private hospitals	0.0	28.6	14.3	57.1	0.0	57.1	28.6	14.3	71.4	2	14.3	0.0	2
PHCCs	38.5	61.5	30.8	76.9	0.0	84.6	84.6	69.2	100.0	4	46.2	15.4	4
Basic health care centers													
HPs	12.3	40.3	5.9	62.5	16.5	6.3	49.6	4.5	51.5	117	17.7	13.4	80
UHCs	13.2	50.9	7.5	73.6	18.9	7.5	60.4	5.7	62.3	92	18.6	14.0	75
CHUs	20.8	4.2	0.0	37.5	4.2	0.0	25.0	0.0	25.0	7	11.1	11.1	3
CHUs	4.4	0.0	0.0	15.6	8.9	2.2	4.4	0.0	6.7	18	0.0	0.0	3
Managing authority													
Public	14.3	43.2	8.9	62.1	15.3	11.6	52.9	9.5	55.0	126	22.2	15.1	89
Private	0.0	28.6	14.3	57.1	0.0	57.1	28.6	14.3	71.4	2	14.3	0.0	2
Karnali province total	14.1	42.9	9.0	62.0	15.0	12.3	52.5	9.6	55.3	128	22.0	14.8	91

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 47 Diagnostic capacity and availability of medicines for tuberculosis treatment: Karnali 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 the following medicines for treating TB					Number of facilities offering tuberculosis diagnosis and/or treatment services
	TB smear micro-scopy ¹	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 regimen is followed	
Facility type											
Federal/provincial level hospitals	45.5	45.5	27.3	100.0	27.3	27.3	54.5	18.2	81.8	100.0	3
Local-level hospitals	67.4	0.0	0.0	0.0	0.0	0.0	78.3	0.0	100.0	100.0	3
Private hospitals	28.6	14.3	0.0	85.7	0.0	0.0	42.9	0.0	14.3	28.6	2
PHCCs	46.2	46.2	0.0	30.8	0.0	0.0	61.5	0.0	92.3	84.6	4
Basic health care centers											
HPs	2.2	2.2	0.0	0.0	0.0	0.0	17.7	0.0	67.1	72.6	80
UHCs	2.3	2.3	0.0	0.0	0.0	0.0	18.6	0.0	67.4	74.4	75
CHUs	0.0	0.0	0.0	0.0	0.0	0.0	11.1	0.0	100.0	66.7	3
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.6	28.6	3
Managing authority											
Public	7.3	5.4	0.9	4.7	0.9	0.9	22.5	0.6	69.6	74.8	89
Private	28.6	14.3	0.0	85.7	0.0	0.0	42.9	0.0	14.3	28.6	2
Karnali province total	7.8	5.6	0.9	6.4	0.9	0.9	22.9	0.6	68.4	73.8	91

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 48 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services: Karnali Province

Among all facilities, the percentages offering malaria diagnosis or treatment services and, among facilities offering malaria diagnosis or treatment services, the percentages 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 micro-scopy ⁵	Either RDT or micro-scopy ⁶	
Facility type									
Federal/provincial level hospitals	100.0	3	18.2	27.3	18.2	100.0	45.5	100.0	3
Local-level hospitals	89.1	3	0.0	0.0	0.0	87.8	75.6	87.8	2
Private hospitals	85.7	2	0.0	0.0	0.0	100.0	33.3	100.0	2
PHCCs	84.6	4	18.2	9.1	9.1	81.8	54.5	81.8	3
Basic health care centers									
HPs	13.1	117	0.0	1.8	3.7	91.9	11.3	91.9	15
UHCs	13.2	92	0.0	0.0	0.0	100.0	14.3	100.0	12
CHUs	29.2	7	0.0	14.3	28.6	57.1	0.0	57.1	2
CHUs	6.7	18	0.0	0.0	0.0	66.7	0.0	66.7	1
Managing authority									
Public	18.8	126	4.7	5.9	5.9	91.2	27.6	91.2	24
Private	85.7	2	0.0	0.0	0.0	100.0	33.3	100.0	2
Karnali province total	19.9	128	4.4	5.5	5.5	91.8	27.9	91.8	25

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 49 Availability of malaria medicines and commodities

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	9.1	63.6	45.5	18.2	9.1	100.0	90.9	0.0	3
Local-level hospitals	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	2
Private hospitals	0.0	33.3	16.7	16.7	16.7	83.3	83.3	16.7	2
PHCCs	0.0	54.5	36.4	0.0	0.0	100.0	90.9	27.3	3
Basic health care centers									
HPs	0.0	48.0	47.1	0.0	0.0	100.0	72.9	17.6	15
UHCs	0.0	57.1	57.1	0.0	0.0	100.0	71.4	14.3	12
UHCs	0.0	0.0	14.3	0.0	0.0	100.0	85.7	28.6	2
CHUs	0.0	33.3	0.0	0.0	0.0	100.0	66.7	33.3	1
Managing authority									
Public	1.2	46.2	41.0	2.4	1.2	100.0	80.2	14.9	24
Private	0.0	33.3	16.7	16.7	16.7	83.3	83.3	16.7	2
Karnali province total	1.1	45.4	39.4	3.3	2.2	98.9	80.4	15.0	25

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 50 Malaria testing capacity in facilities offering curative care for sick children

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	100.0	45.5	100.0	27.3	45.5	45.5	36.4	27.3	3
Local-level hospitals	78.3	67.4	78.3	0.0	0.0	0.0	0.0	0.0	3
Private hospitals	83.3	16.7	83.3	16.7	16.7	16.7	16.7	16.7	2
PHCCs	69.2	46.2	69.2	7.7	15.4	15.4	15.4	15.4	4
Basic health care centers									
HPs	12.1	1.5	12.1	7.3	9.1	9.1	1.7	0.0	117
UHCs	13.2	1.9	13.2	7.5	9.4	9.4	1.9	0.0	92
UHCs	16.7	0.0	16.7	16.7	16.7	16.7	4.2	0.0	7
CHUs	4.5	0.0	4.5	2.3	4.5	4.5	0.0	0.0	18
Managing authority									
Public	17.2	5.2	17.2	7.6	10.0	10.0	2.9	1.1	126
Private	83.3	16.7	83.3	16.7	16.7	16.7	16.7	16.7	2
Karnali province total	18.1	5.4	18.1	7.7	10.1	10.1	3.1	1.3	128

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.

Table 51 Treatment of malaria in children

Among sick children whose consultations were observed, the percentages diagnosed as having malaria, fever, or both and, among sick children who were diagnosed as having malaria, fever, or both, the percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Among all observed sick children, percentage diagnosed as having:		Total number of observed sick children	Number of sick children diagnosed as having fever	Number of sick children diagnosed as having malaria or fever
	Fever	Malaria ¹ or fever			
Facility type					
Federal/provincial level hospitals	9.1	9.1	28	3	3
Local-level hospitals	17.3	17.3	14	2	2
Private hospitals	33.3	33.3	5	2	2
PHCCs	27.6	27.6	11	3	3
Basic health care centers					
HPs	36.1	36.1	73	26	26
UHCs	29.2	29.2	7	2	2
CHUs	46.7	46.7	7	3	3
Managing authority					
Public	28.4	28.4	139	39	39
Private	33.3	33.3	5	2	2
Karnali province total	28.5	28.5	143	41	41

¹ Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on rapid diagnostic test, microscopy, or clinical judgment. It was not verified by the interviewing team.

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**Table 52 Results of the household and individual interviews:
Karnali Province**

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

	Residence		Karnali province total
Result	Urban	Rural	
Household interviews			
Households selected	900	918	1,818
Households occupied	872	890	1,762
Households interviewed	869	884	1,753
Household response rate ¹	99.7	99.3	99.5
Interviews with women age 15–49			
Number of eligible women	968	1,010	1,978
Number of eligible women interviewed	968	1,010	1,978
Eligible women response rate ²	100.0	100.0	100.0
Household interviews in subsample			
Households selected	450	459	909
Households occupied	437	442	879
Households interviewed	434	438	872
Household response rate in subsample ¹	99.3	99.1	99.2
Interviews with men age 15–49			
Number of eligible men	306	298	604
Number of eligible men interviewed	306	298	604
Eligible men response rate ²	100.0	100.0	100.0

¹ Households interviewed/households occupied

² Respondents interviewed/eligible respondents

Table 53 Household characteristics: Karnali 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	Karnali province total	Poor	Middle	Wealthy	Karnali province total
Electricity								
Yes	76.8	96.5	100.0	82.2	78.5	96.8	100.0	82.8
No	23.2	3.5	0.0	17.8	21.5	3.2	0.0	17.2
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material								
Earth, sand	51.6	23.4	1.7	41.1	50.5	25.8	2.3	42.1
Dung	42.1	11.6	1.6	33.0	43.8	12.7	2.3	35.9
Wood/planks	1.9	0.0	0.0	1.4	1.7	0.0	0.0	1.3
Parquet or polished wood	0.1	0.7	0.0	0.1	0.1	0.6	0.0	0.1
Vinyl or asphalt strips	0.0	1.1	0.7	0.2	0.0	0.6	0.4	0.1
Ceramic tiles	0.1	0.0	1.9	0.4	0.1	0.0	1.8	0.3
Cement	4.1	58.5	93.4	23.2	3.8	57.1	92.5	19.7
Carpet	0.1	4.6	0.4	0.5	0.1	3.2	0.5	0.3
Other	0.0	0.0	0.3	0.1	0.0	0.0	0.2	0.0
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping								
One	29.6	33.0	38.9	31.4	22.4	24.2	26.9	23.1
Two	37.4	43.9	30.8	36.8	37.8	48.4	34.5	38.1
Three or more	33.1	23.2	30.4	31.8	39.8	27.4	38.6	38.7
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of smoking in the home								
Daily	37.2	28.0	14.2	32.7	41.0	30.2	18.6	37.1
Weekly	8.1	5.8	1.4	6.8	8.3	9.3	2.2	7.5
Monthly	3.5	1.1	5.7	3.6	3.2	1.2	4.2	3.2
Less than once a month	6.8	4.5	7.5	6.7	6.4	4.4	7.3	6.4
Never	44.4	60.6	71.4	50.1	41.1	54.9	67.7	45.8
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	618	66	134	819	2,638	240	456	3,334

Table 54 Household characteristics: Cooking: Karnali 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	Karnali province total	Poor	Middle	Wealthy	Karnali province total
Place for cooking								
In the house	82.5	72.6	85.2	82.1	82.4	70.7	81.6	81.4
Separate room/kitchen	54.2	49.4	53.3	53.7	53.2	50.5	57.2	53.5
No separate room/kitchen	28.3	23.2	31.9	28.5	29.2	20.2	24.4	27.9
In a separate building	13.0	19.4	12.1	13.4	13.4	19.3	15.4	14.1
Outdoors	4.4	8.0	2.7	4.4	4.1	10.1	3.1	4.4
Other	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1
No food cooked in household	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Karnali 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	2.5	61.9	91.0	21.8	2.2	56.2	89.4	18.0
Solar cooker	0.2	0.7	0.0	0.2	0.4	0.8	0.0	0.3
LPG/natural gas stove	2.3	60.5	90.2	21.4	1.8	54.0	88.9	17.5
Biogas stove	0.1	0.8	0.8	0.2	0.0	1.5	0.4	0.2
Other fuels and technologies	97.4	38.1	9.0	78.1	97.8	43.8	10.6	82.0
Manufactured solid fuel stove	8.6	6.3	0.3	7.0	8.1	6.9	0.2	7.0
With a chimney	3.5	0.7	0.0	2.7	3.1	0.6	0.0	2.5
Without a chimney	5.1	5.6	0.3	4.3	5.0	6.3	0.2	4.4
Traditional solid fuel stove	33.9	13.7	5.9	27.7	33.9	15.2	7.1	28.9
With a chimney	1.5	1.9	0.0	1.3	1.8	1.6	0.0	1.5
Without a chimney	32.3	11.8	5.9	26.3	32.1	13.5	7.1	27.4
Three stone stove/open fire	34.8	11.3	2.1	27.6	34.7	12.9	2.5	28.7
Smokeless/improved stove	20.1	6.7	0.7	15.8	21.0	8.8	0.8	17.4
Other	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No food cooked in household	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel								
Clean fuels and technologies¹	2.5	61.9	91.0	21.8	2.2	56.2	89.4	18.0
Solid fuels for cooking	97.4	38.1	8.7	78.0	97.7	43.8	10.0	81.9
Wood	97.4	38.1	8.7	78.0	97.7	43.8	10.0	81.9
Other fuels	0.1	0.0	0.3	0.1	0.0	0.0	0.6	0.1
Gasoline/diesel	0.1	0.0	0.3	0.1	0.0	0.0	0.6	0.1
No food cooked in household	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	618	66	134	819	2,638	240	456	3,334

LPG = Liquefied petroleum gas

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

Table 55 Household characteristics: Heating and lighting: Karnali 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	Karnali province total	Poor	Middle	Wealthy	Karnali province total
Heating technology								
Manufactured space heater	0.1	0.0	12.1	2.0	0.1	0.0	13.9	1.9
With a chimney	0.0	0.0	0.5	0.1	0.0	0.0	0.2	0.0
Without a chimney	0.1	0.0	11.5	1.9	0.1	0.0	13.7	1.9
Manufactured cookstove	0.8	0.9	0.2	0.7	0.9	1.2	0.5	0.9
With a chimney	0.5	0.0	0.0	0.4	0.5	0.0	0.0	0.4
Without a chimney	0.3	0.9	0.2	0.3	0.4	1.2	0.5	0.4
Traditional cookstove	0.5	0.0	0.0	0.4	0.5	0.0	0.0	0.4
Without a chimney	0.5	0.0	0.0	0.4	0.5	0.0	0.0	0.4
Three stone stove/open fire	0.6	2.0	0.3	0.6	0.5	3.6	0.4	0.7
No heating in household	98.0	97.1	87.4	96.2	98.1	95.2	85.2	96.1
Karnali 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	0.6	12.4	2.2	0.1	0.8	14.3	2.1
Electricity	0.1	0.6	10.6	1.8	0.1	0.8	12.8	1.9
Liquefied petroleum gas (LPG)/cooking gas	0.1	0.0	1.7	0.3	0.1	0.0	1.5	0.2
Wood	1.8	2.3	0.2	1.6	1.8	3.9	0.5	1.8
No heating in household	98.0	97.1	87.4	96.2	98.1	95.2	85.2	96.1
Karnali 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	96.6	100.0	100.0	97.4	96.7	100.0	100.0	97.4
Electricity	34.1	96.0	100.0	49.9	33.8	96.1	100.0	47.4
Solar lantern	57.0	4.0	0.0	43.4	58.4	3.9	0.0	46.5
Rechargeable flashlight/torch/lantern	2.4	0.0	0.0	1.8	2.0	0.0	0.0	1.5
Battery powered flashlight/torch/lantern	3.1	0.0	0.0	2.4	2.4	0.0	0.0	1.9
Gasoline lamp	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.1
Kerosene lamp	0.4	0.0	0.0	0.3	0.3	0.0	0.0	0.3
Wood	0.7	0.0	0.0	0.6	0.9	0.0	0.0	0.7
Straw/shrubs/grass	1.6	0.0	0.0	1.2	1.5	0.0	0.0	1.2
Oil lamp	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1
No lighting in household	0.5	0.0	0.0	0.4	0.4	0.0	0.0	0.4
Karnali province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	618	66	134	819	2,638	240	456	3,334

LPG = Liquefied petroleum gas

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

Table 56 Household possessions: Karnali 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			Karnali province total
	Poor	Middle	Wealthy	
Household effects				
Radio	20.9	15.5	15.9	19.7
Television	10.3	45.8	54.9	20.5
Mobile phone	92.5	100.0	99.8	94.3
Computer	1.6	6.9	32.5	7.1
Non-mobile telephone	0.3	3.4	4.9	1.3
Refrigerator	0.8	11.8	40.2	8.1
Table	27.9	75.6	92.8	42.4
Chair	32.5	63.8	91.1	44.6
Bed	86.3	99.1	99.6	89.5
Sofa	1.0	5.6	24.9	5.3
Cupboard	21.9	50.6	75.7	33.0
Clock	5.8	14.0	28.9	10.2
Fan	2.3	42.7	91.8	20.3
Invertor	1.1	2.2	5.1	1.8
Dhiki/janto	34.2	10.7	11.3	28.5
Means of transportation				
Bicycle/rickshaw	0.8	4.5	13.9	3.2
Motorcycle/scooter	3.1	15.2	40.0	10.1
Car/truck/tractor	0.5	4.3	1.6	1.0
Three wheel tempo/e-rickshaw	0.6	6.7	4.0	1.6
Ownership of agricultural land	89.7	60.9	46.8	80.4
Ownership of farm animals¹	90.3	59.1	28.6	77.6
Number of households	618	66	134	819

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

Table 57 Background characteristics of respondents: Karnali 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
Marital status						
Never married	20.4	186	402	28.7	76	170
Married/Living together	76.0	691	1,506	69.6	185	425
Divorced/separated	1.0	9	19	1.4	4	7
Widowed	2.5	23	51	0.3	1	2
Population group						
Advantaged	62.8	571	1,247	65.0	173	383
Disadvantaged	37.2	339	731	35.0	93	221
Education						
No education	28.2	256	589	5.1	14	34
Basic education (1–8)	31.0	282	619	37.7	100	242
Secondary (9–12)	39.0	354	742	48.5	129	288
More than secondary (13 and above)	1.8	17	28	8.7	23	40
Household wealth						
Poor	75.1	683	1,637	71.4	190	479
Middle	8.1	73	127	8.0	21	41
Wealthy	16.8	153	214	20.6	55	84
Karnali province total	100.0	909	1,978	100.0	266	604

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 58 Exposure to mass media: Women: Karnali 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	6.0	18.8	40.1	1.5	49.4	571
Disadvantaged	4.3	17.0	33.2	0.5	56.0	339
Education						
No education	0.4	10.8	25.6	0.0	68.0	256
Basic education (1–8)	3.3	17.0	35.7	0.6	54.2	282
Secondary (9–12)	9.6	24.5	47.0	2.3	39.0	354
More than secondary (13 and above)	(28.4)	(14.8)	(49.5)	(3.7)	(38.0)	17
Household wealth						
Poor	4.0	12.3	37.9	1.1	55.7	683
Middle	7.1	34.1	39.5	1.0	39.0	73
Wealthy	10.5	36.5	34.9	1.3	40.9	153
Karnali province total	5.4	18.1	37.5	1.2	51.9	909

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

Table 59 Fertility by background characteristics: Karnali 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	2.5	4.8	4.4
Disadvantaged	2.7	5.7	4.1
Education			
No education	4.4	2.6	4.5
Basic education (1–8)	2.4	6.2	3.6
Secondary (9–12)	2.6	5.4	*
More than secondary (13 and above)	*	(20.5)	*
Household wealth			
Poor	3.0	5.3	4.6
Middle	1.5	6.5	*
Wealthy	1.5	3.9	(2.9)
Karnali province total	2.6	5.1	4.3

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 60 Current use of contraception according to background characteristics: Karnali 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	Karnali Province Total	Number of women
			Female sterilization	Male sterilization	IUCD	Injectables	Implants	Pill	Male condom	Other ¹		Rhythm	Withdrawal			
Population group																
Advantaged	56.8	44.4	2.2	10.7	1.2	14.5	9.1	3.1	3.4	0.1	12.5	0.1	12.4	43.2	100.0	415
Disadvantaged	52.9	48.3	5.4	9.2	1.4	16.6	6.8	5.7	3.1	0.0	4.6	0.3	4.2	47.1	100.0	276
Education																
No education	66.5	60.9	5.7	19.2	2.5	18.4	11.6	2.7	0.8	0.0	5.6	0.2	5.4	33.5	100.0	238
Basic education (1–8)	54.5	47.1	4.4	7.2	0.9	18.2	7.6	5.9	3.0	0.0	7.4	0.2	7.2	45.5	100.0	212
Secondary (9–12)	44.6	30.1	0.4	4.0	0.4	10.0	5.4	3.8	6.0	0.2	14.4	0.2	14.2	55.4	100.0	231
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	10
Household wealth																
Poor	53.7	47.8	3.3	9.9	1.2	17.3	9.4	3.8	2.9	0.0	5.9	0.1	5.8	46.3	100.0	525
Middle	55.4	40.9	4.1	14.3	1.6	6.7	7.6	5.8	0.9	0.0	14.5	1.6	12.9	44.6	100.0	58
Wealthy	62.8	39.8	4.2	9.0	1.4	10.4	2.9	4.8	6.6	0.5	23.1	0.0	23.1	37.2	100.0	109
Karnali province total	55.3	45.9	3.5	10.1	1.3	15.4	8.2	4.1	3.3	0.1	9.3	0.2	9.1	44.7	100.0	691

Note: If more than one method is used, only the most effective method is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Other traditional methods not shown separately due to only 2 cases.

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

Table 61 Need and demand for family planning among currently married women: Karnali 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	Karnali province total	For spacing	For limiting	Karnali province total	For spacing	For limiting	Karnali province total			
Population group												
Advantaged	8.0	14.1	22.0	8.6	48.2	56.8	16.6	62.3	78.9	415	72.0	56.3
Disadvantaged	9.2	16.2	25.4	6.8	46.1	52.9	16.0	62.3	78.3	276	67.6	61.7
Education												
No education	0.5	14.3	14.8	2.0	64.5	66.5	2.6	78.8	81.4	238	81.8	74.9
Basic education (1–8)	7.8	18.0	25.8	6.4	48.1	54.5	14.2	66.1	80.3	212	67.8	58.6
Secondary (9–12)	17.3	12.9	30.2	14.9	29.7	44.6	32.2	42.6	74.8	231	59.6	40.3
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	10	*	*
Household wealth												
Poor	9.0	16.0	25.0	6.9	46.8	53.7	15.9	62.8	78.6	525	68.3	60.8
Middle	10.5	11.9	22.4	13.7	41.8	55.4	24.1	53.7	77.9	58	71.2	52.6
Wealthy	5.1	11.2	16.3	9.5	53.3	62.8	14.6	64.5	79.1	109	79.4	50.3
Karnali province total	8.5	14.9	23.4	7.9	47.4	55.3	16.4	62.3	78.6	691	70.3	58.4

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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 amenorrhea method (LAM), and other modern methods.

Table 62 Ten-year early childhood mortality rates according to additional characteristics: Karnali 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 (iQo)	Child mortality (4Q1)	Under-5 mortality (5Qo)
Population group					
Advantaged	26	7	33	7	40
Disadvantaged	25	16	40	14	54
Education					
No education	31	24	55	14	68
Basic education (1–8)	24	6	30	10	40
Secondary (9–12)	25	3	28	(5)	(32)
Household wealth					
Poor	30	12	42	10	51

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

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

² Excludes first-order births.

Table 63 Perinatal mortality: Karnali 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	3	4	15	20	35	225	0.8
Disadvantaged	1	0	7	2	9	160	3.0
Education							
No education	1	2	12	29	41	77	0.4
Basic education (1–8)	1	0	10	0	10	116	-
Secondary (9–12)	2	3	13	15	27	186	0.9
More than secondary (13 and above)	0	0	*	*	*	6	*
Household wealth							
Poor	4	5	14	15	29	324	0.9
Middle	0	0	(0)	(0)	(0)	20	-
Wealthy	0	0	0	0	0	41	-
Karnali province total	4	5	12	13	24	385	0.9

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 64 Antenatal care: Karnali 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					No ANC	Karnali province total	Percentage receiving antenatal care from a skilled provider ¹	Number of women
	Doctor	Nurse/ midwife	Heath assistant/ auxiliary health worker	Female community health worker	Other				
Population group									
Advantaged	25.1	67.9	3.4	0.4	0.5	2.7	100.0	93.0	88
Disadvantaged	24.5	63.7	7.9	0.0	0.0	3.8	100.0	88.3	61
Education									
No education	(7.0)	(74.4)	(6.0)	(0.0)	(0.0)	(12.5)	100.0	(81.5)	21
Basic education (1–8)	26.9	62.8	7.0	0.0	0.0	3.3	100.0	89.7	45
Secondary (9–12)	27.9	66.5	3.9	0.4	0.5	0.7	100.0	94.4	81
More than secondary (13 and above)	*	*	*	*	*	*	100.0	*	2
Household wealth									
Poor	21.1	69.9	5.4	0.3	0.4	2.9	100.0	91.1	123
Middle	*	*	*	*	*	*	100.0	*	9
Wealthy	*	*	*	*	*	*	100.0	*	17
Karnali province total	24.9	66.2	5.3	0.2	0.3	3.2	100.0	91.0	149

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. 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 Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

Table 65 Number of antenatal care visits and timing of first visit: Karnali 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					Karnali Province Total	4+ ANC visits	Number of months pregnant at time of first ANC visit					Karnali Province 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 ante-natal care	<4	4–6	7+	Don't know				
Population group																
Advantaged	2.7	1.9	9.6	83.4	2.4	100.0	85.8	2.7	69.4	27.4	0.5	0.0	100.0	88	3.6	85
Disadvantaged	3.8	6.4	20.4	68.9	0.6	100.0	69.5	3.8	60.2	34.5	0.8	0.7	100.0	61	3.8	59
Education																
No education	(12.5)	(12.1)	(10.2)	(65.1)	(0.0)	100.0	(65.1)	(12.5)	(40.4)	(43.1)	(1.9)	(2.1)	100.0	21	(4.1)	19
Basic education (1–8)	3.3	1.7	26.8	67.3	0.9	100.0	68.2	3.3	57.7	37.9	1.1	0.0	100.0	45	3.8	43
Secondary (9–12)	0.7	2.7	8.3	85.6	2.7	100.0	88.3	0.7	75.7	23.6	0.0	0.0	100.0	81	3.6	80
More than secondary (13 and above)	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	2	*	2
Household wealth																
Poor	2.9	3.7	14.9	77.9	0.6	100.0	78.5	2.9	64.2	31.8	0.7	0.4	100.0	123	3.7	120
Middle	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	9	*	9
Wealthy	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	17	*	16
Karnali province total	3.2	3.7	14.0	77.4	1.7	100.0	79.1	3.2	65.6	30.3	0.6	0.3	100.0	149	3.7	144

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 66 Components of antenatal care among women receiving ANC: Karnali 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 and/or stillbirth in the last 2 years
	Blood pressure measured	Urine sample taken	Blood sample taken	Baby's heart-beat listened for	Coun-seled about maternal diet	Coun-seled about breast-feeding	Asked about vaginal bleeding	Coun-seled about eating healthy food	Coun-seled about taking one extra meal per day	Weight taken	Coun-seled on weight gain	Abdom-inal exami-nation	Coun-seled on staying active	Coun-seled on getting ade-quate rest during pregnancy	
Population group															
Advantaged	91.5	86.0	79.3	86.3	87.9	60.2	52.4	92.5	87.5	95.8	76.1	91.9	82.9	90.2	85
Disadvantaged	81.4	74.6	64.8	82.5	88.2	64.6	53.3	89.5	79.7	92.2	71.2	86.3	79.4	83.8	59
Education															
No education	(75.9)	(76.8)	(49.2)	(67.5)	(80.5)	(62.5)	(49.2)	(81.7)	(81.1)	(85.2)	(76.2)	(67.8)	(81.4)	(90.2)	19
Basic education (1–8)	86.0	75.8	69.2	83.9	87.2	60.2	51.1	90.6	81.9	94.0	68.1	92.7	72.0	77.6	43
Secondary (9–12)	91.1	84.9	81.1	89.5	90.6	64.1	53.7	93.6	87.3	96.5	77.4	92.7	86.0	92.0	80
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Household wealth															
Poor	85.6	78.6	69.0	82.4	86.8	60.2	50.8	90.2	83.8	93.9	73.5	88.6	78.0	85.5	120
Middle	*	*	*	*	*	*	*	*	*	*	*	*	*	*	9
Wealthy	*	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Karnali province total	87.4	81.3	73.4	84.8	88.0	62.0	52.8	91.3	84.3	94.3	74.1	89.6	81.4	87.6	144

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. 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 67 Place of delivery: Karnali Province

Percent distribution of live births 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				Karnali province total	Percentage delivered in a health facility	Number of births
	Public sector	Private medical sector	Home	Other			
Population group							
Advantaged	76.7	0.8	19.4	3.1	100.0	77.5	89
Disadvantaged	63.6	1.6	30.7	4.1	100.0	65.2	63
Education							
No education	(41.9)	(0.0)	(51.6)	(6.6)	100.0	(41.9)	21
Basic education (1–8)	59.6	2.2	33.7	4.5	100.0	61.8	46
Secondary (9–12)	84.4	0.8	12.5	2.3	100.0	85.3	83
More than secondary (13 and above)	*	*	*	*	100.0	*	2
Household wealth							
Poor	67.8	0.6	27.6	4.0	100.0	68.4	126
Middle	*	*	*	*	100.0	*	9
Wealthy	*	*	*	*	100.0	*	17
Karnali province total	71.3	1.1	24.1	3.5	100.0	72.4	152

Note: 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.

Table 68 Caesarean section: Karnali 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	4.2	89
Disadvantaged	3.9	63
Education		
No education	(1.6)	21
Basic education (1–8)	4.0	46
Secondary (9–12)	3.8	83
More than secondary (13 and above)	*	2
Household wealth		
Poor	2.5	126
Middle	*	9
Wealthy	*	17
Karnali province total	4.1	152

Notes: 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.

Table 69 Assistance during delivery: Karnali 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							Karnali 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	Heath assistant/ auxiliary health worker	Traditional birth attendant	Female commu- nity health volunteer	Relative/ other	No one				Percent-age with skin-to-skin contact immed- iately after birth	Number of live births
Population group												
Advantaged	23.8	54.5	1.5	1.4	2.3	12.6	3.8	100.0	78.3	89	53.8	88
Disadvantaged	18.6	45.0	2.6	2.1	0.8	27.6	3.4	100.0	63.5	63	55.3	61
Education												
No education	(5.3)	(36.5)	(0.0)	(2.4)	(2.5)	(38.3)	(14.9)	100.0	(41.9)	21	(35.2)	21
Basic education (1–8)	21.3	39.1	3.7	2.8	3.3	27.7	2.2	100.0	60.4	46	46.0	45
Secondary (9–12)	25.6	60.1	1.5	1.0	0.7	9.5	1.7	100.0	85.7	83	63.3	81
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	2	*	2
Household wealth												
Poor	15.0	52.9	2.4	2.1	2.0	21.3	4.4	100.0	67.9	126	51.7	123
Middle	*	*	*	*	*	*	*	100.0	*	9	*	9
Wealthy	*	*	*	*	*	*	*	100.0	*	17	*	17
Karnali province total	21.7	50.5	2.0	1.7	1.7	18.8	3.6	100.0	72.2	152	54.4	149

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. 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 Skilled provider includes doctor, nurse, and auxiliary nurse midwife.

Table 70 Timing of first postnatal check for the mother: Karnali 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	Karnali 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	3–6 days	7–41 days	Don't know/missing				
Population group										
Advantaged	42.6	15.4	3.6	1.4	0.5	0.0	36.5	100.0	61.6	88
Disadvantaged	44.6	5.4	2.7	1.9	0.0	1.2	44.3	100.0	52.6	61
Education										
No education	(28.1)	(5.9)	(2.5)	(2.2)	(0.0)	(0.0)	(61.2)	100.0	(36.6)	21
Basic education (1–8)	47.2	7.3	0.9	1.5	1.1	0.0	42.0	100.0	55.4	45
Secondary (9–12)	46.0	15.3	4.7	1.1	0.0	0.9	32.0	100.0	66.0	81
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	2
Household wealth										
Poor	41.2	9.6	3.1	0.9	0.4	0.0	44.7	100.0	54.0	123
Middle	*	*	*	*	*	*	*	100.0	*	9
Wealthy	*	*	*	*	*	*	*	100.0	*	17
Karnali province total	43.4	11.3	3.2	1.6	0.3	0.5	39.7	100.0	57.9	149

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

¹ Includes women who received a 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 71 Timing of first postnatal check for the newborn: Karnali 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	Karnali province total	Percent-age 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	3–6 days	Don't know				
Population group										
Advantaged	11.1	37.9	12.6	4.6	0.9	0.4	32.4	100.0	66.3	88
Disadvantaged	14.3	26.2	7.8	4.1	2.5	1.2	43.9	100.0	52.4	61
Education										
No education	(9.2)	(18.9)	(3.9)	(4.4)	(4.2)	(0.0)	(59.3)	100.0	(36.5)	21
Basic education (1–8)	11.2	33.2	5.1	4.7	1.5	0.8	43.5	100.0	54.2	45
Secondary (9–12)	14.2	37.7	15.8	4.3	0.6	0.9	26.4	100.0	72.1	81
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	2
Household wealth										
Poor	12.4	29.9	9.1	4.6	1.3	0.3	42.4	100.0	56.0	123
Middle	*	*	*	*	*	*	*	100.0	*	9
Wealthy	*	*	*	*	*	*	*	100.0	*	17
Karnali province total	12.4	33.1	10.7	4.4	1.6	0.7	37.1	100.0	60.6	149

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 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 72 Problems in accessing health care: Karnali Province

Percentage of women age 15–49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to 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	36.6	54.6	61.5	69.3	80.7	571
Disadvantaged	39.3	56.9	61.1	73.2	85.7	339
Education						
No education	49.7	69.0	79.7	84.3	93.0	256
Basic education (1–8)	43.6	60.1	64.3	74.4	87.0	282
Secondary (9–12)	25.8	44.0	48.0	60.4	74.2	354
More than secondary (13 and above)	(0.0)	(10.5)	(14.8)	(19.9)	(25.9)	17
Household wealth						
Poor	41.6	60.0	70.6	77.2	88.6	683
Middle	27.2	45.5	38.6	63.1	74.4	73
Wealthy	24.7	39.6	31.1	45.4	59.5	153
Karnali province total	37.6	55.4	61.4	70.7	82.6	909

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

Table 73 Distance from health care: Karnali 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				Karnali province total	Means of transport to nearest health facility			Karnali 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	45.8	23.2	21.3	9.6	100.0	2.5	0.5	97.0	100.0	558
Distance to health facility is not a problem	78.5	13.0	6.6	1.9	100.0	3.8	0.1	96.1	100.0	351
Means of transport to nearest health facility										
Motorized ¹	57.6	35.5	6.9	0.0	100.0	na	na	na	na	27
Not motorized ²	*	*	*	*	100.0	na	na	na	na	3
Walking	58.3	18.8	16.0	6.8	100.0	na	na	na	na	879
Population group										
Advantaged	60.0	17.8	15.6	6.7	100.0	2.7	0.4	96.9	100.0	571
Disadvantaged	55.9	21.8	15.7	6.5	100.0	3.4	0.3	96.3	100.0	339
Education										
No education	51.3	22.8	17.7	8.2	100.0	1.1	0.5	98.4	100.0	256
Basic education (1–8)	55.3	21.8	16.6	6.3	100.0	3.3	0.0	96.7	100.0	282
Secondary (9–12)	64.7	15.4	13.9	6.1	100.0	3.7	0.5	95.8	100.0	354
More than secondary (13 and above)	(90.2)	(5.1)	(4.7)	(0.0)	100.0	(11.7)	(0.0)	(88.3)	100.0	17
Household wealth										
Poor	48.4	23.0	19.8	8.8	100.0	2.4	0.3	97.2	100.0	683
Middle	77.1	14.2	8.7	0.0	100.0	4.7	0.0	95.3	100.0	73
Wealthy	94.5	5.2	0.3	0.0	100.0	4.7	0.7	94.6	100.0	153
Karnali province total	58.5	19.3	15.6	6.6	100.0	3.0	0.3	96.7	100.0	909

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.

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 74 Vaccinations by background characteristics: Karnali Province

Percentage of children age 12–23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage 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			flPV		Pneumococcal			Rotavirus		Measles rubella 1	Japanese Encephalitis	Fully vaccinated (basic anti-gens) ³	Fully vaccinated (ac-cord-ing to na-tional sched-ule) ⁴	No vac-cin-ations	Num-ber of chil-dren
		1	2	3	1	2	3	1	2	3	1	2								
Population group																				
Advantaged	98.0	97.0	96.0	93.8	97.0	94.1	87.9	95.1	89.3	96.0	92.6	85.9	72.6	70.6	92.6	86.2	85.8	56.7	2.0	43
Disadvantaged	94.7	93.5	93.5	90.1	93.8	92.5	87.6	85.8	82.5	90.7	90.7	81.5	76.5	71.9	91.0	79.8	82.5	54.7	4.0	36
Education																				
No education	(93.7)	(93.7)	(93.7)	(84.3)	(93.7)	(90.7)	(87.6)	(90.7)	(83.5)	(90.4)	(83.6)	(70.0)	(60.0)	(60.0)	(79.7)	(70.0)	(73.3)	(46.1)	(6.3)	13
Basic education (1–8)	96.2	94.5	93.0	93.0	94.9	90.1	85.2	85.4	81.1	90.8	90.8	79.1	75.1	68.5	93.1	83.1	82.1	52.2	2.1	27
Secondary (9–12)	97.6	96.5	96.5	94.0	96.5	96.5	89.3	94.3	90.3	96.5	95.1	91.8	78.3	76.3	95.1	87.6	89.3	60.5	2.4	38
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
Household wealth																				
Poor	96.7	95.3	94.7	91.3	95.5	92.9	86.8	91.3	86.2	94.7	92.5	83.5	75.8	72.0	91.1	81.1	82.7	54.6	2.6	66
Middle	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
Wealthy	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	9
Karnali province total	96.5	95.4	94.9	92.1	95.5	93.4	87.8	90.8	86.2	93.6	91.8	83.9	74.4	71.2	91.9	83.2	84.3	55.8	2.9	79

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. 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.

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 75 Children with symptoms of ARI: Karnali 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	4.6	215
Disadvantaged	2.5	156
Education		
No education	4.3	72
Basic education (1–8)	3.6	114
Secondary (9–12)	2.9	179
More than secondary (13 and above)	*	6
Household wealth		
Poor	3.8	310
Middle	(2.3)	20
Wealthy	3.9	41
Karnali province total	3.7	371

Note: 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.

² 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 76 Children with fever and careseeking for fever: Karnali 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	29.3	215	73.9	33.5	35.9	63
Disadvantaged	26.3	156	64.5	25.1	25.7	41
Education						
No education	27.6	72	(59.4)	(15.4)	(18.6)	20
Basic education (1–8)	26.3	114	67.1	22.2	29.7	30
Secondary (9–12)	28.9	179	76.7	39.2	38.8	52
More than secondary (13 and above)	*	6	*	*	*	2
Household wealth						
Poor	27.7	310	67.8	28.6	27.2	86
Middle	(29.9)	20	*	*	*	6
Wealthy	29.4	41	*	*	*	12
Karnali province total	28.0	371	70.2	30.2	31.9	104

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 77 Children with diarrhea and careseeking for diarrhea: Karnali 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	9.5	215	(59.4)	20
Disadvantaged	11.5	156	(53.1)	18
Education				
No education	10.5	72	*	8
Basic education (1–8)	12.4	114	(55.1)	14
Secondary (9–12)	9.2	179	(54.4)	16
More than secondary (13 and above)	*	6	*	0
Household wealth				
Poor	10.2	310	61.9	32
Middle	(8.6)	20	*	2
Wealthy	12.6	41	*	5
Karnali province total	10.4	371	56.4	38

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 78 Nutritional status of children: Karnali Province

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, 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	6.7	33.4	-1.6	109	0.4	3.9	0.8	-0.4	109	2.1	16.6	-1.2	109
Disadvantaged	11.0	38.8	-1.7	86	0.9	3.6	0.6	-0.4	86	2.5	19.0	-1.3	86
Education													
No education	17.4	46.8	-2.0	37	0.7	1.8	1.1	-0.4	37	4.3	24.3	-1.5	37
Basic education (1–8)	11.1	41.8	-1.8	60	0.8	5.5	0.0	-0.3	60	3.4	17.7	-1.3	60
Secondary (9–12)	3.9	28.2	-1.4	93	0.5	3.2	1.0	-0.4	93	0.9	15.8	-1.1	93
More than secondary (13 and above)	*	*	*	4	*	*	*	*	4	*	*	*	4
Household wealth													
Poor	10.3	38.5	-1.7	162	0.8	4.3	0.8	-0.4	162	2.7	19.4	-1.3	162
Middle	*	*	*	10	*	*	*	*	10	*	*	*	10
Wealthy	(0.0)	(21.2)	-1.2	23	(0.0)	(0.0)	(0.0)	-0.2	23	(0.0)	(9.1)	-0.8	23
Karnali province total	8.6	35.8	-1.6	195	0.6	3.8	0.7	-0.4	195	2.3	17.7	-1.2	195

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

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

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

Table 79 Infant and young child feeding (IYCF) indicators: Karnali 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	99.5	152
Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	63.0	152
Percentage of children born in the last 2 years who were fed exclusively with breastmilk for the first 2 days after birth	88.4	152
Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	73.8	34
Percentage of children age 0–5 months who were fed both breastmilk and formula or animal milk during the previous day	10.0	34
Percentage of children age 12–23 months who were fed breastmilk during the previous day	96.7	79
Percentage of children age 6–8 months who were fed solid, semi-solid or soft foods during the previous day	100.0	19
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	49.8	114
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	86.7	114
Percentage of non-breastfed children age 6–23 months who were given at least two milk feeds during the previous day	37.7	2
Percentage of children age 6–23 months who were fed a minimum acceptable diet during the previous day	45.9	114
Percentage of children age 6–23 months who were fed egg and/or flesh food during the previous day	36.3	114
Percentage of children age 6–23 months who were given a sweet beverage during the previous day	44.3	114
Percentage of children age 6–23 months who were fed selected sentinel unhealthy foods during the previous day	56.8	114
Percentage of children age 6–23 months who were not fed any vegetables or fruits during the previous day	37.5	114
Percentage of children age 0–23 months who were fed from a bottle with a nipple during the previous day	10.8	149

Table 80 Nutritional status of women age 20–49: Karnali 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		Mean body mass index (BMI)	Body Mass Index ¹							Number of women
	Height below 145 cm	Number of women		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	6.9	210	22.4	69.5	11.4	7.6	3.8	19.1	14.0	5.1	196
Disadvantaged	11.8	133	23.4	61.3	7.9	6.8	1.2	30.8	24.7	6.1	126
Education											
No education	11.9	128	22.3	72.4	8.9	5.6	3.3	18.7	14.7	4.0	123
Basic education (1–8)	13.5	89	23.0	63.7	10.1	9.7	0.3	26.2	21.5	4.7	84
Secondary (9–12)	2.6	115	22.9	63.0	11.8	7.5	4.3	25.2	18.8	6.3	105
More than secondary (13 and above)	*	12	*	*	*	*	*	*	*	*	9
Household wealth											
Poor	8.9	255	22.0	74.7	10.0	7.1	2.9	15.3	13.7	1.6	239
Middle	12.3	29	(24.2)	(53.0)	(8.6)	(8.6)	(0.0)	(38.4)	(28.5)	(9.9)	27
Wealthy	6.7	59	25.6	36.8	10.8	7.2	3.5	52.5	32.5	20.0	56
Karnali province total	8.8	343	22.8	66.3	10.1	7.3	2.8	23.7	18.2	5.5	321

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

Table 81 Nutritional status of adolescent women age 15–19: Karnali 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		Mean BMI-for-age Z-score	Body mass index-for-age ¹							Number of women
	Height-for-age below -2 SD	Number of women		-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 over-weight or obese) ³	Above +1 SD to +2 SD (over-weight)	Above +2 SD (obese)	
Population group											
Advantaged	25.4	73	-0.4	75.9	20.2	17.0	3.2	3.9	2.4	1.5	69
Disadvantaged	29.6	34	-0.3	81.8	15.8	15.8	0.0	2.4	2.4	0.0	31
Education											
Basic education (1–8)	30.1	45	-0.3	77.8	18.0	18.0	0.0	4.2	1.8	2.4	42
Secondary (9–12)	24.2	62	-0.4	77.7	19.4	15.6	3.7	2.9	2.9	0.0	58
Household wealth											
Poor	29.0	86	-0.4	79.2	18.9	16.9	2.0	1.8	1.8	0.0	80
Middle	*	10	*	*	*	*	*	*	*	*	10
Wealthy	*	11	*	*	*	*	*	*	*	*	10
Karnali province total	26.7	107	-0.4	77.8	18.8	16.6	2.2	3.4	2.4	1.0	100

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. 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 82 Nutritional status of men age 20–49: Karnali 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	Body Mass Index								Number of men
	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 (Over-weight)	≥30.0 (Obese)	
Population group									
Advantaged	21.6	80.5	10.1	7.8	2.3	9.5	9.5	0.0	50
Disadvantaged	23.3	66.9	9.0	7.8	1.2	24.1	13.5	10.5	34
Education									
No education	21.8	80.2	10.5	8.7	1.8	9.3	5.2	4.1	23
Basic education (1–8)	22.9	66.3	9.2	8.2	0.9	24.5	15.6	8.9	30
Secondary (9–12)	22.0	82.8	8.6	7.4	1.2	8.5	8.5	0.0	28
More than secondary (13 and above)	*	*	*	*	*	*	*	*	3
Household wealth									
Poor	21.3	79.6	11.7	9.1	2.6	8.7	8.1	0.6	60
Middle	*	*	*	*	*	*	*	*	6
Wealthy	*	*	*	*	*	*	*	*	18
Karnali province total 20–49	22.3	74.9	9.6	7.8	1.8	15.4	11.1	4.3	84

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.

Table 83 Minimum dietary diversity and unhealthy food and beverage consumption among women: Karnali 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	45.6	57.2	46.5	571
Disadvantaged	39.6	47.8	39.9	339
Education				
No education	28.0	47.2	27.6	256
Basic education (1–8)	37.9	50.3	41.1	282
Secondary (9–12)	56.4	59.8	57.0	354
More than secondary (13 and above)	(92.4)	(81.1)	(70.8)	17
Household wealth				
Poor	34.7	48.9	39.4	683
Middle	59.3	61.7	64.4	73
Wealthy	74.3	71.4	54.8	153
Karnali province total	43.3	53.7	44.0	909

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.

Table 84 Prevalence of anemia in women: Karnali 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	22.2	13.1	8.5	0.6	283
Disadvantaged	19.5	13.6	5.6	0.3	167
Education					
No education	19.2	10.1	8.7	0.4	126
Basic education (1–8)	20.3	13.8	6.2	0.3	135
Secondary (9–12)	22.3	14.7	6.9	0.7	177
More than secondary (13 and above)	*	*	*	*	12
Household wealth					
Poor	22.4	14.2	7.8	0.4	341
Middle	17.4	8.1	7.5	1.9	39
Wealthy	17.7	11.7	6.0	0.0	70
Karnali province total	21.2	13.3	7.5	0.4	450

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.

Table 85 Iron-folic acid supplementation for adolescent women age 15–19: Karnali 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	22.0	133.1
Disadvantaged	23.4	70.2
Education		
No education	*	0.4
Basic education (1–8)	26.0	84.1
Secondary (9–12)	20.1	118.7
Household wealth		
Poor	23.7	160.7
Middle	(26.6)	16.6
Wealthy	(12.2)	26.0
Karnali province total	22.5	203.2

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 86 Pregnant women tested for HIV: Karnali 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 who:		Percentage who had an HIV test during ANC or labor and who: ¹		Number of women who gave birth in the last two years ²
	Received results	Did not receive results	Received results	Did not receive results	
Population group					
Advantaged	14.2	1.8	15.2	2.4	88
Disadvantaged	10.2	1.3	11.3	1.9	61
Education					
No education	(7.9)	(0.0)	(7.9)	(0.0)	21
Basic education (1–8)	5.8	1.9	6.5	2.7	45
Secondary (9–12)	16.8	1.9	18.3	2.6	81
More than secondary (13 and above)	*	*	*	*	2
Household wealth					
Poor	7.6	1.0	8.5	1.3	123
Middle	*	*	*	*	9
Wealthy	*	*	*	*	17
Karnali province total	12.5	1.6	13.6	2.2	149

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 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 87 Coverage of prior HIV testing: Women: Karnali 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			Karnali 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	Ever tested, did not receive results	Never tested ¹				
Population group							
Advantaged	7.6	0.4	91.9	100.0	8.1	2.7	571
Disadvantaged	7.2	0.6	92.2	100.0	7.8	2.2	339
Education							
No education	2.7	0.1	97.2	100.0	2.8	0.1	256
Basic education (1–8)	5.8	0.6	93.6	100.0	6.4	2.1	282
Secondary (9–12)	10.9	0.7	88.4	100.0	11.6	3.6	354
More than secondary (13 and above)	(35.3)	(0.0)	(64.7)	100.0	(35.3)	(21.6)	17
Household wealth							
Poor	3.9	0.4	95.7	100.0	4.3	1.1	683
Middle	13.9	0.0	86.1	100.0	13.9	3.7	73
Wealthy	20.3	1.1	78.6	100.0	21.4	8.0	153
Karnali province total	7.5	0.5	92.1	100.0	7.9	2.5	909

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 88 Coverage of prior HIV testing: Men: Karnali 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			Karnali 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	Ever tested, did not receive results	Never tested ¹				
Population group							
Advantaged	10.2	0.0	89.8	100.0	10.2	1.7	173
Disadvantaged	9.9	0.3	89.9	100.0	10.1	0.4	93
Education							
No education	(0.0)	(1.8)	(98.2)	100.0	(1.8)	(0.0)	14
Basic education (1–8)	5.8	0.0	94.2	100.0	5.8	1.2	100
Secondary (9–12)	11.9	0.0	88.1	100.0	11.9	1.7	129
More than secondary (13 and above)	(24.4)	(0.0)	(75.6)	100.0	(24.4)	(0.0)	23
Household wealth							
Poor	6.4	0.1	93.4	100.0	6.6	1.3	190
Middle	(11.9)	(0.0)	(88.1)	100.0	(11.9)	(0.0)	21
Wealthy	22.0	0.0	78.0	100.0	22.0	1.5	55
Karnali province total	10.1	0.1	89.8	100.0	10.2	1.3	266

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 89 Blood pressure status of women: Karnali 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						Karnali province total	Blood pressure less than SBP140/DBP90 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	52.4	18.3	11.4	11.8	4.3	1.8	100.0	1.3	19.3	144
Basic education (1–8)	67.6	13.7	10.0	4.5	3.2	1.0	100.0	0.5	9.3	87
Secondary (9–12)	72.6	14.5	9.8	3.1	0.0	0.0	100.0	0.0	3.1	92
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	12
Missing	*	*	*	*	*	*	*	*	*	0
Household wealth										
Poor	64.3	14.7	9.9	7.6	2.1	1.4	100.0	0.6	11.7	262
Middle	(55.0)	(21.6)	(14.9)	(7.2)	(1.3)	(0.0)	(100.0)	(0.0)	(8.5)	28
Wealthy	51.3	24.9	9.7	5.8	8.4	0.0	100.0	1.9	16.0	46
Karnali province total	61.7	16.7	10.3	7.3	2.9	1.1	100.0	0.7	12.0	336

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. 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.

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 90 Blood pressure status of men: Karnali 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						Karnali 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	47.1	18.1	15.6	13.5	4.4	1.3	100.0	4.3	23.5	79
Basic education (1–8)	55.5	22.7	9.4	7.9	3.0	1.5	100.0	0.5	13.0	67
Secondary (9–12)	62.4	13.7	12.0	8.6	2.0	1.3	100.0	2.8	14.6	67
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	9
Household wealth										
Poor	57.1	17.4	10.7	9.9	3.7	1.2	100.0	1.6	16.4	162
Middle	(47.5)	(16.0)	(23.8)	(12.7)	(0.0)	(0.0)	(100.0)	(4.1)	(16.9)	26
Wealthy	(48.3)	(21.2)	(11.6)	(10.6)	(5.3)	(3.0)	(100.0)	(5.4)	(24.3)	34
Karnali province total	54.6	17.8	12.4	10.3	3.5	1.3	100.0	2.5	17.7	223

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. 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.

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 91 Severity of symptoms of anxiety: Women: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	73.7	24.9	1.3	100.0	26.3	287
Disadvantaged	69.6	28.9	1.6	100.0	30.4	172
Education						
No education	59.5	37.6	2.9	100.0	40.5	129
Basic education (1–8)	75.0	23.2	1.9	100.0	25.0	148
Secondary (9–12)	79.1	20.9	0.0	100.0	20.9	178
More than secondary (13 and above)	*	*	*	100.0	*	4
Household wealth						
Poor	70.2	28.2	1.6	100.0	29.8	341
Middle	77.2	22.8	0.0	100.0	22.8	34
Wealthy	78.2	20.5	1.3	100.0	21.8	82
Karnali province total	72.2	26.4	1.4	100.0	27.8	458

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

GAD-7 = General Anxiety Disorder 7

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

Table 92 Severity of symptoms of anxiety: Men: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	81.6	17.9	0.5	100.0	18.4	173
Disadvantaged	83.4	15.2	1.4	100.0	16.6	93
Education						
No education	(78.1)	(21.9)	(0.0)	100.0	(21.9)	14
Basic education (1–8)	79.1	19.5	1.4	100.0	20.9	100
Secondary (9–12)	83.2	16.2	0.6	100.0	16.8	129
More than secondary (13 and above)	(92.8)	(7.2)	(0.0)	100.0	(7.2)	23
Household wealth						
Poor	80.3	18.6	1.2	100.0	19.7	190
Middle	(94.4)	(5.6)	(0.0)	100.0	(5.6)	21
Wealthy	84.2	15.8	0.0	100.0	15.8	55
Karnali province total	82.2	17.0	0.8	100.0	17.8	266

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 93 Severity of symptoms of depression: Women: Karnali 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					Karnali province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	73.8	18.8	5.6	1.8	0.0	100.0	7.4	287
Disadvantaged	66.3	21.1	8.9	3.5	0.2	100.0	12.6	172
Education								
No education	58.0	26.4	10.9	4.4	0.3	100.0	15.6	129
Basic education (1–8)	71.9	18.5	6.9	2.6	0.0	100.0	9.6	148
Secondary (9–12)	79.8	15.4	4.0	0.9	0.0	100.0	4.8	178
More than secondary (13 and above)	*	*	*	*	*	100.0	*	4
Household wealth								
Poor	68.5	20.8	8.2	2.4	0.1	100.0	10.7	341
Middle	74.1	19.5	4.2	2.1	0.0	100.0	6.3	34
Wealthy	80.0	15.2	2.2	2.6	0.0	100.0	4.8	82
Karnali province total	71.0	19.7	6.8	2.4	0.1	100.0	9.3	458

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

PHQ-9 = Patient Health Questionnaire

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

Table 94 Severity of symptoms of depression: Men: Karnali 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				Karnali province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	81.7	14.3	3.8	0.2	100.0	4.0	173
Disadvantaged	80.1	17.0	1.8	1.0	100.0	2.9	93
Education							
No education	(76.3)	(13.8)	(9.9)	(0.0)	100.0	(9.9)	14
Basic education (1–8)	76.5	17.3	4.8	1.3	100.0	6.1	100
Secondary (9–12)	83.8	14.6	1.6	0.0	100.0	1.6	129
More than secondary (13 and above)	(88.9)	(11.1)	(0.0)	(0.0)	100.0	(0.0)	23
Household wealth							
Poor	78.5	17.1	3.7	0.7	100.0	4.4	190
Middle	(95.3)	(3.2)	(1.5)	(0.0)	100.0	(1.5)	21
Wealthy	84.5	13.7	1.8	0.0	100.0	1.8	55
Karnali province total	81.1	15.3	3.1	0.5	100.0	3.6	266

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

PHQ-9 = Patient Health Questionnaire

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

Table 95 Severity of symptoms of anxiety: Women: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	83.9	15.3	0.8	100.0	10.0	60
Disadvantaged	77.8	22.2	0.0	100.0	22.2	36
Education						
No education	100.0	0.0	0.0	100.0	0.0	0
Basic education (1–8)	82.9	15.9	1.2	100.0	15.3	39
Secondary (9–12)	80.6	19.4	0.0	100.0	14.2	57
Household wealth						
Poor	82.6	16.8	0.6	100.0	13.7	75
Middle	79.8	20.2	0.0	100.0	20.2	7
Wealthy	77.4	22.6	0.0	100.0	16.3	15
Karnali province total	81.6	17.9	0.5	100.0	14.6	96

GAD-7 = Generalized Anxiety Disorder

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

Table 96 Severity of symptoms of anxiety: Women: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	71.0	27.5	1.5	100.0	12.7	227
Disadvantaged	67.3	30.7	2.0	100.0	16.6	135
Education						
No education	59.4	37.7	2.9	100.0	20.7	128
Basic education (1–8)	72.1	25.8	2.1	100.0	13.9	109
Secondary (9–12)	78.4	21.6	0.0	100.0	7.5	121
More than secondary (13 and above)	68.6	31.4	0.0	100.0	9.5	4
Household wealth						
Poor	66.7	31.4	1.8	100.0	16.7	267
Middle	76.5	23.5	0.0	100.0	10.4	27
Wealthy	78.4	20.0	1.6	100.0	5.7	68
Karnali province total	69.7	28.7	1.7	100.0	14.1	362

GAD-7 = Generalized Anxiety Disorder

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

Table 97 Severity of symptoms of anxiety: Men: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	88.5	11.5	0.0	100.0	5.8	39
Disadvantaged	87.4	10.9	1.7	100.0	5.8	20
Education						
Basic education (1–8)	85.3	14.7	0.0	100.0	6.5	18
Secondary (9–12)	89.3	9.8	0.8	100.0	5.5	41
Household wealth						
Poor	87.8	11.4	0.7	100.0	7.5	46
Middle	81.7	18.3	0.0	100.0	0.0	5
Wealthy	93.6	6.4	0.0	100.0	0.0	8
Karnali province total	88.1	11.3	0.6	100.0	5.8	59

GAD-7 = Generalized Anxiety Disorder

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

Table 98 Severity of symptoms of anxiety: Men: Karnali 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			Karnali province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	79.6	19.7	0.7	100.0	7.8	134
Disadvantaged	82.3	16.4	1.3	100.0	5.4	73
Education						
No education	78.1	21.9	0.0	100.0	9.5	14
Basic education (1–8)	77.7	20.6	1.7	100.0	8.8	82
Secondary (9–12)	80.3	19.2	0.5	100.0	6.1	88
More than secondary (13 and above)	92.8	7.2	0.0	100.0	2.3	23
Household wealth						
Poor	77.9	20.8	1.3	100.0	8.9	144
Middle	98.1	1.9	0.0	100.0	0.0	16
Wealthy	82.5	17.5	0.0	100.0	3.4	46
Karnali province total	80.5	18.6	0.9	100.0	6.9	207

GAD-7 = Generalized Anxiety Disorder

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

Table 99 Severity of symptoms of depression: Women: Karnali 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				Karnali province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	81.0	15.6	2.6	0.8	100.0	2.1	60
Disadvantaged	73.5	17.5	4.8	4.2	100.0	7.9	36
Education							
No education	0.0	100.0	0.0	0.0	100.0	0.0	0
Basic education (1–8)	74.0	18.3	6.5	1.2	100.0	5.7	39
Secondary (9–12)	81.6	14.4	1.4	2.6	100.0	3.4	57
Household wealth							
Poor	79.0	15.2	4.4	1.3	100.0	4.2	75
Middle	66.0	34.0	0.0	0.0	100.0	0.0	7
Wealthy	79.3	13.9	0.0	6.8	100.0	6.8	15
Karnali province total	78.2	16.3	3.4	2.1	100.0	4.3	96

PHQ-9 = Patient Health Questionnaire

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

Table 100 Severity of symptoms of depression: Women: Karnali 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					Karnali province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	71.9	19.6	6.4	2.1	0.0	100.0	8.5	227
Disadvantaged	64.3	22.1	10.0	3.3	0.2	100.0	13.5	135
Education								
No education	58.2	26.1	11.0	4.4	0.3	100.0	15.7	128
Basic education (1–8)	71.2	18.6	7.1	3.1	0.0	100.0	10.2	109
Secondary (9–12)	78.9	15.9	5.2	0.0	0.0	100.0	5.2	121
More than secondary (13 and above)	64.9	35.1	0.0	0.0	0.0	100.0	0.0	4
Household wealth								
Poor	65.5	22.3	9.3	2.7	0.1	100.0	12.1	267
Middle	76.1	15.9	5.3	2.6	0.0	100.0	7.9	27
Wealthy	80.2	15.5	2.7	1.6	0.0	100.0	4.4	68
Karnali province total	69.1	20.6	7.7	2.5	0.1	100.0	10.4	362

PHQ-9 = Patient Health Questionnaire

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

Table 101 Severity of symptoms of depression: Men: Karnali 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			Karnali province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14			
Population group						
Advantaged	82.7	17.3	0.0	100.0	0.0	39
Disadvantaged	83.7	12.8	3.5	100.0	1.7	20
Education						
Basic education (1–8)	76.9	23.1	0.0	100.0	0.0	18
Secondary (9–12)	85.7	12.6	1.7	100.0	0.8	41
Household wealth						
Poor	79.4	19.1	1.5	100.0	0.7	46
Middle	100.0	0.0	0.0	100.0	0.0	5
Wealthy	93.6	6.4	0.0	100.0	0.0	8
Karnali province total	83.0	15.8	1.2	100.0	0.6	59

PHQ-9 = Patient Health Questionnaire

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

Table 102 Severity of symptoms of depression: Men: Karnali 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				Karnali province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	81.4	13.5	4.9	0.3	100.0	5.1	134
Disadvantaged	79.1	18.2	1.4	1.3	100.0	2.7	73
Education							
No education	76.3	13.8	9.9	0.0	100.0	9.9	14
Basic education (1–8)	76.4	16.1	5.9	1.6	100.0	7.5	82
Secondary (9–12)	82.9	15.6	1.5	0.0	100.0	1.5	88
More than secondary (13 and above)	88.9	11.1	0.0	0.0	100.0	0.0	23
Household wealth							
Poor	78.3	16.5	4.4	0.9	100.0	5.3	144
Middle	94.0	4.2	1.9	0.0	100.0	1.9	16
Wealthy	82.9	15.0	2.1	0.0	100.0	2.1	46
Karnali province total	80.6	15.2	3.6	0.6	100.0	4.3	207

PHQ-9 = Patient Health Questionnaire

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

Table 103 Knowledge of HIV or AIDS: Karnali 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	91.3	186	97.9	76
Ever had sex	*	1	100.0	31
Never had sex	91.2	185	96.5	45
Married/Living together	82.9	691	97.0	185
Divorced/Separated/Widowed	79.5	32	*	5
Karnali province total	84.5	909	97.3	266

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

Table 104 Knowledge of and attitudes about medicines to treat HIV or prevent HIV transmission: Karnali Province

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	22.3	49.1	186
Ever had sex	*	*	1
Never had sex	22.2	49.1	185
Married/Living together	23.8	40.9	691
Divorced/Separated/Widowed	23.7	49.3	32
Population group			
Advantaged	25.3	44.2	571
Disadvantaged	20.5	40.6	339
Education			
No education	14.7	30.3	256
Basic education (1-8)	18.5	41.5	282
Secondary (9-12)	32.1	52.3	354
More than secondary (13 and above)	(60.4)	(61.7)	17
Household wealth			
Poor	18.8	42.4	683
Middle	28.1	46.7	73
Wealthy	42.5	43.4	153
Karnali province total	23.5	42.9	909
MEN			
Marital status			
Never married	25.3	29.3	76
Ever had sex	34.2	38.2	31
Never had sex	19.0	23.1	45
Married/Living together	40.4	33.0	185
Divorced/Separated/Widowed	*	*	5
Population group			
Advantaged	35.7	32.1	173
Disadvantaged	37.4	32.4	93
Education			
No education	(25.5)	(13.2)	14
Basic education (1-8)	31.1	28.9	100
Secondary (9-12)	38.8	36.6	129
More than secondary (13 and above)	(51.2)	(32.8)	23
Household wealth			
Poor	33.5	33.6	190
Middle	(51.4)	(38.8)	21
Wealthy	40.0	24.8	55
Karnali province total	36.3	32.2	266

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 105 Disability by domain and age: Karnali 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					Karnali 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	80.0	16.5	3.4	0.0	0.0	100.0	3.4	1,463
Difficulty hearing	88.2	9.1	2.3	0.4	0.0	100.0	2.7	1,463
Difficulty communicating	94.9	4.0	0.8	0.4	0.0	100.0	1.2	1,463
Difficulty remembering or concentrating	86.0	12.4	1.4	0.2	0.0	100.0	1.6	1,463
Difficulty walking or climbing steps	86.7	10.6	2.4	0.4	0.0	100.0	2.8	1,463
Difficulty washing all over or dressing	94.5	3.3	1.6	0.6	0.0	100.0	2.2	1,463
Difficulty in at least one domain¹								
5–9	72.0	18.2	7.9	2.0	0.0	100.0	9.8	196
10–14	82.6	13.8	3.5	0.1	0.0	100.0	3.6	242
15–19	85.7	12.2	1.4	0.7	0.0	100.0	2.1	165
20–29	80.0	17.8	1.7	0.4	0.0	100.0	2.2	259
30–39	68.0	28.8	2.7	0.4	0.2	100.0	3.1	194
40–49	40.4	49.0	8.5	2.1	0.0	100.0	10.6	155
50–59	29.3	51.3	16.4	3.0	0.0	100.0	19.4	124
60+	11.6	49.1	34.1	5.3	0.0	100.0	39.3	127
Age 15 and over	58.0	31.7	8.7	1.6	0.0	100.0	10.3	1,024
Karnali province total	64.0	26.9	7.7	1.4	0.0	100.0	9.1	1,463

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

Table 106 Disability among adults according to background characteristics: Women: Karnali 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	Wash-ing all over or dressing	Some difficulty	A lot of difficulty	Cannot do at all		
Marital status												
Never married	83.7	5.9	5.9	5.3	6.4	4.1	1.8	10.2	2.4	3.7	6.1	96
Married/living together	57.9	26.1	12.1	3.2	15.1	17.2	2.4	34.3	7.4	0.3	7.7	452
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	14.9	67.6	42.4	15.6	45.0	53.9	25.9	48.2	29.1	7.8	36.9	59
Education												
No education	34.4	49.0	24.6	8.0	27.8	34.3	10.0	45.6	16.7	3.3	20.0	254
Basic education (1–8)	64.9	17.3	9.4	4.1	12.7	11.8	0.9	30.3	4.8	0.0	4.8	162
Secondary (9–12)	83.2	5.6	4.6	1.1	5.7	3.6	0.3	14.6	1.4	0.6	2.0	189
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	5
Household wealth												
Poor	54.9	29.8	15.3	5.3	17.9	19.8	4.9	33.6	9.8	1.6	11.4	464
Middle	60.1	22.9	15.7	0.8	13.5	19.2	2.7	34.9	5.0	0.0	5.0	44
Wealthy	69.6	15.9	8.4	3.8	12.8	13.4	3.9	23.0	5.0	2.3	7.4	101
Karnali Province Total	57.7	27.0	14.2	4.7	16.7	18.7	4.6	31.9	8.7	1.6	10.3	609

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 107 Disability among adults according to background characteristics: Women: Karnali 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	Remem- bering or concentrating	Walking or climbing steps	Washing all over or dressing	
Marital status								
Never married	83.7	0.3	3.2	3.4	2.1	1.3	1.0	96
Married/living together	57.9	3.6	1.9	0.4	1.2	2.5	0.6	452
Divorced or separated	*	*	*	*	*	*	*	3
Widowed	14.9	19.5	16.2	2.4	7.4	18.0	7.3	59
Education								
No education	34.4	9.7	6.4	2.0	4.4	7.3	3.0	254
Basic education (1–8)	64.9	2.1	1.4	0.5	0.5	1.4	0.4	162
Secondary (9–12)	83.2	0.0	1.5	0.5	0.0	1.0	0.0	189
More than secondary (13 and above)	*	*	*	*	*	*	*	5
Household wealth								
Poor	54.9	5.3	3.6	0.9	2.2	4.1	1.3	464
Middle	60.1	0.9	2.2	0.8	0.0	3.2	0.0	44
Wealthy	69.6	3.2	3.8	2.3	1.5	2.3	2.0	101
Karnali Province Total	57.7	4.6	3.5	1.1	2.0	3.8	1.3	609

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

Table 108 Disability among adults according to background characteristics: Men: Karnali 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	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	85.8	5.3	5.3	4.9	6.7	2.7	3.2	9.4	2.4	2.4	4.9	2.4	85
Married/living together	53.5	31.4	15.5	4.0	17.2	18.4	3.4	36.2	9.5	0.9	10.4	2.7	310
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	*	6
Widowed	(19.1)	(64.7)	(32.3)	(17.0)	(34.3)	(48.6)	(19.7)	(43.2)	(24.0)	(13.7)	(37.6)	(17.7)	13
Education													
No education	28.3	57.8	34.6	11.5	34.6	44.5	12.8	41.9	24.0	5.8	29.8	11.0	78
Basic education (1–8)	55.5	27.5	14.0	5.0	15.5	14.6	3.2	35.2	7.9	1.4	9.3	2.1	153
Secondary (9–12)	73.0	14.5	7.2	1.8	9.6	6.5	0.9	23.8	3.2	0.0	3.2	0.9	157
More than secondary (13 and above)	(79.5)	(13.1)	(4.7)	(0.0)	(7.2)	(4.2)	(0.0)	(20.5)	(0.0)	(0.0)	(0.0)	(0.0)	26
Household wealth													
Poor	52.4	32.5	16.6	5.5	19.5	19.5	4.7	34.6	10.9	2.1	13.0	4.1	313
Middle	68.1	17.5	11.2	4.7	9.1	7.7	1.5	28.5	3.4	0.0	3.4	1.5	30
Wealthy	81.0	9.3	8.2	1.2	5.4	7.3	1.8	17.8	1.2	0.0	1.2	0.0	72
Karnali Province Total	58.5	27.4	14.7	4.7	16.3	16.5	4.0	31.2	8.7	1.6	10.3	3.2	415

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 109 Disability among adults according to background characteristics: Men: Karnali 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	Communicating	Remembering or concentrating	Walking or climbing steps	
Marital status							
Never married	85.8	0.6	2.2	3.7	1.4	0.8	85
Married/living together	53.5	5.0	2.1	0.7	1.0	4.1	310
Divorced or separated	*	*	*	*	*	*	6
Widowed	(19.1)	(17.0)	(14.7)	(7.7)	(11.7)	(17.3)	13
Education							
No education	28.3	13.8	10.3	5.5	4.4	9.9	78
Basic education (1–8)	55.5	3.9	1.5	1.2	1.1	3.7	153
Secondary (9–12)	73.0	1.1	0.6	0.6	0.6	1.6	157
More than secondary (13 and above)	(79.5)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	26
Household wealth							
Poor	52.4	5.9	3.4	1.9	1.8	4.7	313
Middle	68.1	0.0	1.5	1.5	1.5	3.4	30
Wealthy	81.0	0.0	0.0	1.2	0.0	0.0	72
Karnali Province Total	58.5	4.4	2.7	1.7	1.4	3.8	415

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 110 Experience of physical violence by any perpetrator: Karnali 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	16.3	1.4	6.3	8.0	198
Disadvantaged	17.5	1.7	4.3	6.5	126
Education					
No education	24.6	2.1	5.5	8.0	91
Basic education (1–8)	19.8	1.6	6.5	9.0	110
Secondary (9–12)	8.4	1.0	4.7	5.7	121
More than secondary (13 and above)	*	*	*	*	2
Household wealth					
Poor	15.7	1.9	4.4	6.8	241
Middle	(14.5)	(0.0)	(4.4)	(4.4)	25
Wealthy	21.9	0.7	10.6	11.3	58
Karnali province total	16.7	1.5	5.5	7.4	324

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 111 Experience of sexual violence by any perpetrator: Karnali 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	7.9	3.8	198
Disadvantaged	12.1	5.8	126
Education			
No education	14.1	4.6	91
Basic education (1–8)	8.4	4.1	110
Secondary (9–12)	7.2	5.0	121
More than secondary (13 and above)	*	*	2
Household wealth			
Poor	10.8	5.3	241
Middle	(10.2)	(1.5)	25
Wealthy	4.0	2.8	58
Karnali province total	9.5	4.5	324

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 experience of sexual violence in the last 12 months

Table 112 Experience of different forms of violence: Karnali 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	0.8	0.4	3.2	4.4	67
15–17	0.7	0.6	2.4	3.6	43
18–19	(1.0)	(0.0)	(4.6)	(5.6)	24
20–24	6.7	6.9	3.0	16.6	61
25–29	7.7	0.6	6.1	14.4	47
30–39	14.8	1.9	8.9	25.6	84
40–49	18.5	4.4	11.2	34.2	64
Karnali province total	10.1	2.8	6.7	19.6	324

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

Table 113 Violence by any husband or intimate partner in the last 12 months: Karnali 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	10.6	9.8	4.7	2.6	1.4	11.8	15.8	159
Disadvantaged	12.9	7.0	6.4	4.1	2.8	9.4	17.4	113
Education								
No education	9.1	7.7	4.7	2.0	1.3	10.4	15.9	90
Basic education (1–8)	14.6	10.8	5.0	2.6	2.6	13.1	17.7	90
Secondary (9–12)	11.1	7.6	6.7	5.2	2.1	9.1	16.1	91
More than secondary (13 and above)	*	*	*	*	*	*	*	1
Household wealth								
Poor	10.1	8.0	6.4	3.9	2.2	10.5	15.5	198
Middle	(4.6)	(4.8)	(1.6)	(0.0)	(0.0)	(6.4)	(6.4)	23
Wealthy	20.4	12.9	3.2	2.1	2.1	14.0	24.6	51
Karnali province total	11.6	8.6	5.4	3.2	2.0	10.8	16.5	272

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 114 Help seeking to stop violence: Karnali 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	Karnali Province Total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced					
Physical only	22.2	20.8	57.0	100.0	33
Sexual only	*	*	*	100.0	9
Both physical and sexual	(42.3)	(8.5)	(49.3)	100.0	22
Population group					
Advantaged	32.3	13.6	54.1	100.0	36
Disadvantaged	21.9	13.6	64.5	100.0	27
Education					
No education	27.5	7.7	64.8	100.0	26
Basic education (1–8)	(36.0)	(22.2)	(41.9)	100.0	24
Secondary (9–12)	(14.8)	(9.8)	(75.4)	100.0	14
Household wealth					
Poor	26.3	9.4	64.2	100.0	47
Middle	*	*	*	100.0	4
Wealthy	*	*	*	100.0	13
Karnali province total	27.9	13.6	58.5	100.0	63

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.

