



Lumbini 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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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



Lumbini Province Government

Honorable Raju Khanal
Health Minister



Ministry Of Health
Rapti Valley (Deukhuri), Nepal

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MESSAGE FROM MINISTER

I am pleased to know that the Health Directorate of the Ministry of Health (MoH) is bringing out the key findings from the 2022 Nepal Demographic and Health Survey (NDHS) and the 2021 Nepal Health Facility Survey (NHFS) for Lumbini Province. This is the second report that the Health Directorate 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 Lumbini 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 Lumbini Province. Quality data is the key to evidence-based planning and program management. This report quenches the thirst for information and evidence gaps in the health sector and helps policymakers and program managers identify program priorities, allocate limited resources wisely, and ensure accountability. I believe the information presented in this report is immensely helpful to understand the type and quality of health services that our health facilities are providing and to triangulate whether people are using them or not.

I appreciate the hard work of the Health Directorate of the MoH 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 Directorate and the MoH for their contribution to this report. Finally, I would like to express my gratitude to the United States Agency for International Development (USAID), its Demographic and Health Survey Program managed by ICF, and USAID's Adolescent Reproductive Health activity for their support in producing this report.

Date: - 2024 March 19

Hon. Raju Khanal
Minister
Ministry of Health



Government of Lumbini Province

Ministry of Health

Rapti Valley (Deukhuri), Nepal

Ref :

Date :

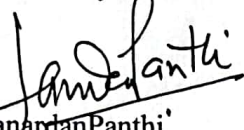


PREFACE

I am extremely delighted that the Ministry of Health (MoH), Health Directorate of Lumbini province is bringing out the key findings from the 2022 Nepal Demographic and Health Survey (NDHS) and the 2021 Nepal Health Facility Survey (NHFS) for Lumbini Province. This is the second report that the MoH, Health Directorate has developed; the first one was published in 2019 using data from the 2016 NDHS and 2015 NHFS.

This report provides an up-to-dated, detailed information about our health status, compared to the national aggregated data. Quality data is the key to evidence-based planning and management. I hope that the information in this report will assist policymakers and program managers in policy formulation and monitoring and designing programs and strategies for improving health services of this Province.

I would like to express my sincere gratitude to the United States Agency for International Development (USAID), New ERA, Demographic and Health Survey Program managed by ICF, and USAID's Adolescent Reproductive Health activity for their support in producing this report. Finally, I would like to thank and congratulate to all who were involved in the preparation of this report directly or indirectly.


Dr. Janardan Panthi

Secretary

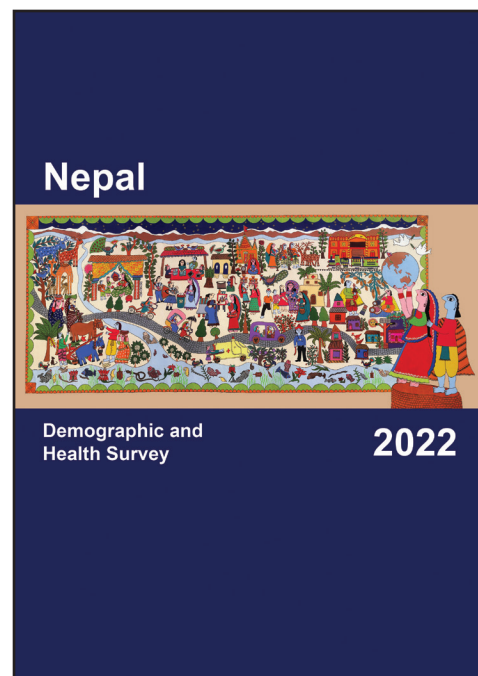
ABOUT THIS REPORT

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 Lumbini 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 Lumbini 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 50 are from the 2021 NHFS, and tables 51 through 109 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 Lumbini Province, data were successfully collected from a weighted total of 243 facilities, of which 224 were public facilities and 19 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		Lumbini Province	
	Weighted	Unweighted	Weighted	Unweighted
Federal/provincial-level hospitals	27	97	4	15
Local-level hospitals	17	45	4	6
Private hospitals	116	258	15	42
Primary health care centers (PHCCs)	51	183	8	30
Health posts (HPs)	1,064	380	157	54
Urban health centers (UHCs)	154	284	27	45
Community health unit (CHUs)	135	288	23	46
HIV testing and counseling (HTCs)	11	41	4	13
Managing Authority				
Public	1,448	1,277	224	196
Private	128	299	19	55
Total	1,576	1,576	243	251

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 Lumbini Province

Households interviewed	995
Women age 15–49 interviewed	2,266
Men age 15–49 interviewed	718

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 Lumbini Province, data were collected from 995 households, 2,266 women age 15–49, and 718 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 Lumbini Province, 84% of health facilities offer all basic client services. While nearly all facilities in Lumbini Province offer child curative care, modern methods of family planning, and ANC, only 89% of facilities offer child vaccination services and 93% offer child growth monitoring.

Basic Amenities

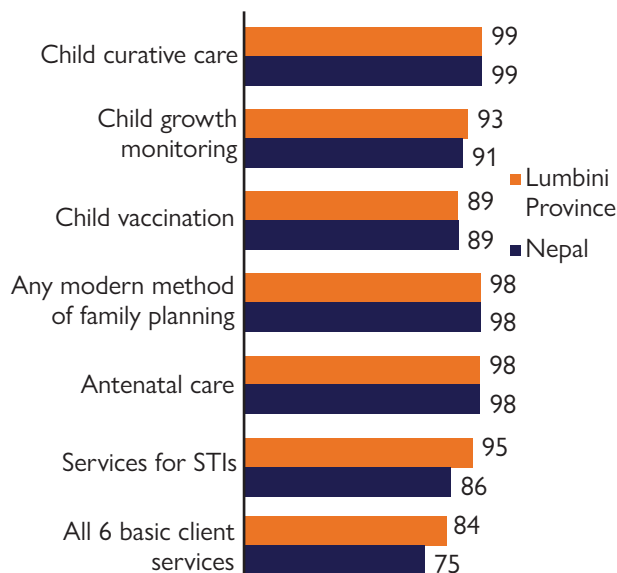
More than 9 in 10 facilities in Lumbini Province have an improved water source, visual and auditory privacy, and a client latrine. Seven in ten facilities have regular electricity and 88% have emergency transport. Just 23% of facilities have communication equipment such as a functioning land-line telephone, cellular phone, or radio. Only 18% of facilities have all 6 basic amenities. Fifty-nine percent of facilities have a computer with internet.

Basic Equipment

In Lumbini Province 54% 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 Lumbini Province.

Availability of Basic Client Services

Among all facilities excluding HTCs (N=1,565 in Nepal, N=239 in Lumbini Province), percent offering indicated basic client services

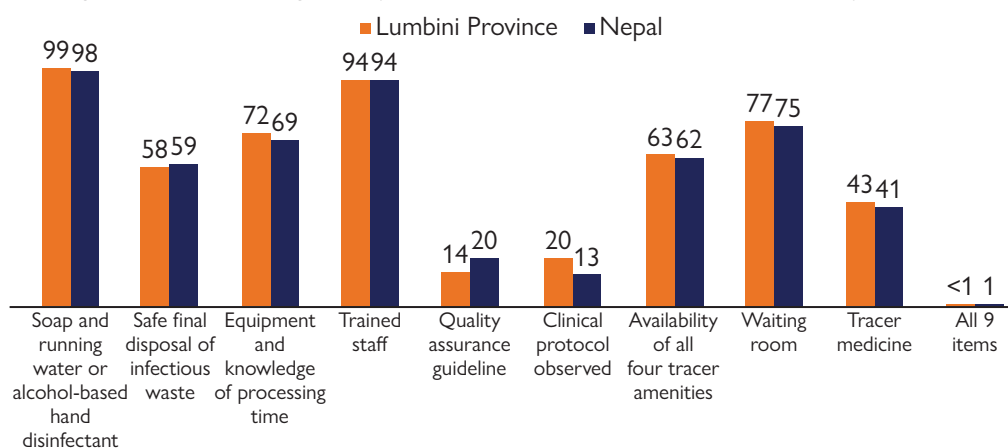


Quality of Care

Less than 1% of health facilities excluding HTCs in Lumbini 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), and a waiting room. Two in 10 facilities have observed clinical protocol and only 14% have quality assurance guidelines.

Minimum Standards of Quality of Care

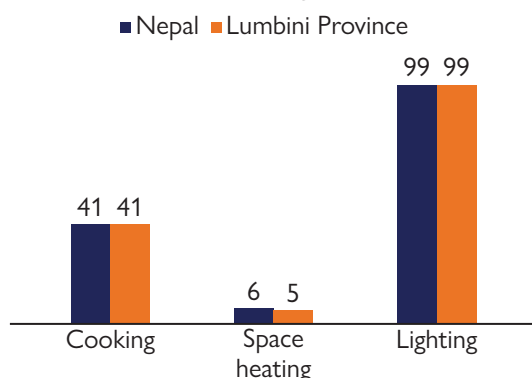
Among all facilities excluding HTCs (N=239 in Lumbini Province, N=1,565 in Nepal), percent with:



NDHS: HOUSEHOLDS AND RESPONDENTS

Primary Reliance on Clean Fuels and Technologies

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



Cooking, Heating, and Lighting

In Nepal and in Lumbini Province, 97% of the household population has electricity. Overall, 41% of the household population in Nepal and in Lumbini Province use clean fuels and technologies for cooking.

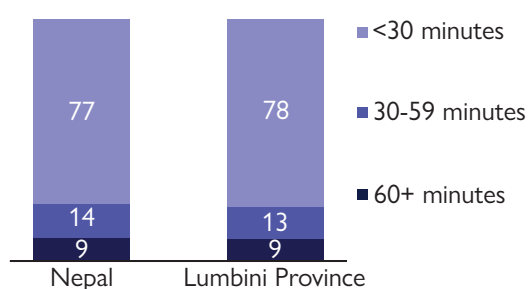
Only 9% of the population in Nepal and 7% of those in Lumbini Province live in households with heating. Nearly three-quarters of those in households with heating use clean fuels and technologies for heating, amounting to just 6% of the population in Nepal and 5% in Lumbini Province. Nearly all of the 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. Similarly in Lumbini Province, 78% of women are less than 30 minutes away from the nearest health facility, while 13% are 30 to 60 minutes away and 9% 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



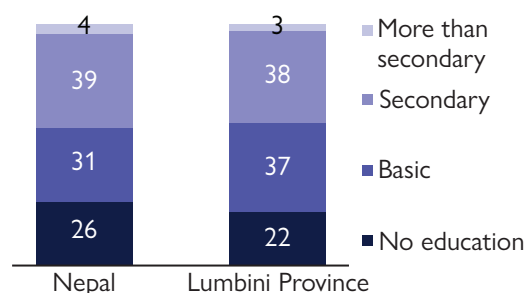
Education

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 Lumbini Province, 22% of women have no education, 37% have at least some basic education, 39% have some secondary education, and only 3% 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 Lumbini Province, 95% of households own a mobile phone, 47% own a television, 18% own a radio, and 11% own a computer.

When it comes to weekly exposure to mass media, the most common form of media for women in Nepal and Lumbini Province is television, with 36% accessing television at least once a week. Only 2% of women in Nepal and in Lumbini Province access all three media types (television, newspaper, and radio) weekly, while 49% of Nepali women and 48% of women in Lumbini Province have no access to media on a weekly basis. Overall, 65% of Nepali women and 67% of women in Lumbini Province have used the internet in the past year.

NHFS: FAMILY PLANNING SERVICES

Availability of Family Planning Services

In both Nepal and Lumbini 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 Lumbini Province.

Adherence to Standards for Quality Service Provision

At least 9 in 10 facilities in Lumbini Province offering any modern method of FP (N=234) have a blood pressure apparatus, family planning register, examination light, and an examination bed or table. Fewer facilities have an FP counseling kit (38%), guidelines on family planning (26%), or staff who received training on some aspect of family planning in the 24 months before the survey (23%).

Provision and Availability of Family Planning Commodities

Nearly all facilities offering any modern method of family planning in Lumbini Province provide (stock in the facility and make available to clients) the pill (99%), the male condom (99%), and injectables (98%). Implants (50%), IUCDs (41%), male sterilization (2%), and female sterilization (2%) are the least commonly provided family planning methods.

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

Postpartum Family Planning Services

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

Observed Family Planning Consultations

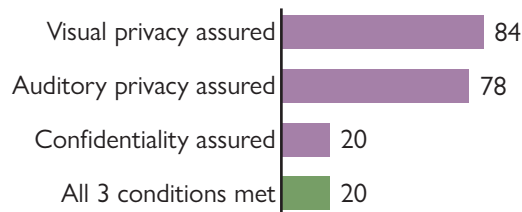
Counseling of new and continuing family planning clients does not include all recommended elements, and providers miss opportunities to screen for STIs and chronic illnesses. Among consultations with new clients in Lumbini Province (N=48), 3% included all elements of reproductive history (age, pregnancy 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. Fourteen percent of new family planning clients were asked about any chronic illness and 1% were asked about symptoms of STIs. Sixty-eight percent of consultations included blood pressure measurement and 60% included weight measurement.

Sixty-five percent of consultations among all female family planning clients (N=148) included discussions of client concerns about her family planning method; fewer included discussions about side effects (44%). One in five consultations took place under conditions of privacy and confidentiality. Four in five consultations included discussion about a return visit.

Observed Family Planning Consultations: Lumbini Province

Among observed consultations with all female FP clients (N=148), percent that include:

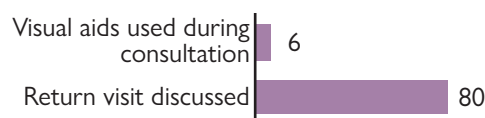
PRIVACY & CONFIDENTIALITY



DISCUSSIONS ABOUT CONCERNS & SIDE EFFECTS



VISUAL AIDS & RETURN VISIT



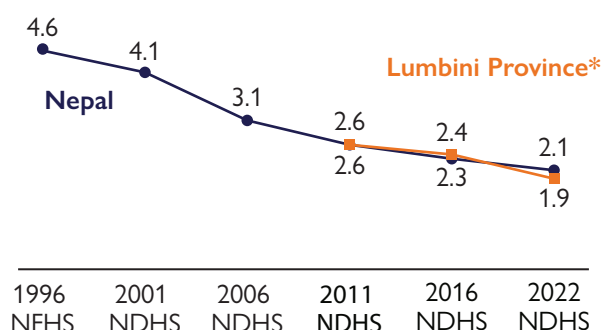
NDHS: FERTILITY AND FAMILY PLANNING

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 Lumbini Province have an average of 1.9 children.

Trends in Total Fertility Rate

Births per woman for the three year period before the survey

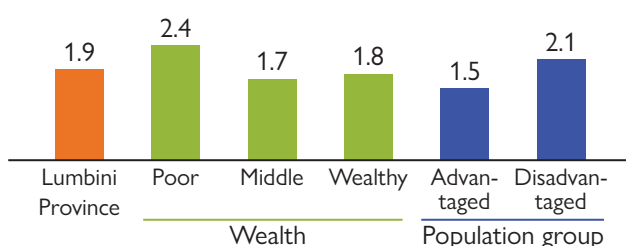


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

In Lumbini Province, fertility varies by wealth and population group. Women living in the poorest households have an average of 2.4 children, compared to 1.8 children among women in the wealthiest and 1.7 in the middle households. Women from advantaged population groups have fewer children than disadvantaged women (1.5 versus 2.1).

Total Fertility Rate: Lumbini Province

Births per woman for the three year period before the survey

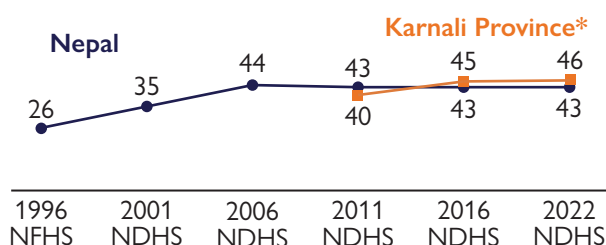


Family Planning

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

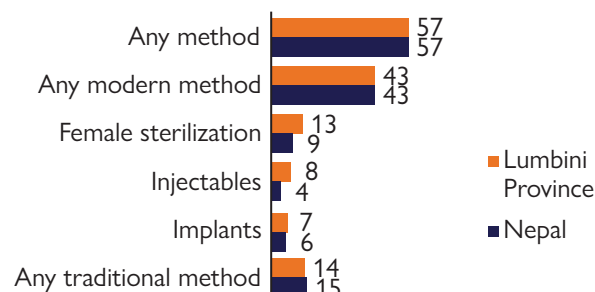


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

Modern method use varies from 35% in Gandaki Province to 47% in Sudurpashchim Province. In Lumbini Province, 43% of married women use a modern method of family planning. Female sterilization (13%) and injectables (8%) are the most popular modern methods in Lumbini Province. Forty-six percent of disadvantaged women use a modern method of family planning compared to 36% of advantaged women.

Family Planning

Percent of married women age 15–49 using family planning



The total demand for family planning among married women in Lumbini Province is 80%. Twenty-three percent of married women have an unmet need for family planning. Overall, 54% 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 Lumbini Province offer antenatal care (ANC) services. Among facilities that offer ANC services in Lumbini Province (N=235), 30% of facilities can test urine protein, 30% can conduct a urine glucose test, and 2% can test for HIV. Only 2% of facilities offering ANC services have all three of these basic tests. More than 9 in 10 (97%) facilities offering ANC services had combined iron and folic acid tablets and 99% had albendazole available on the day of the survey.

Observed Antenatal Care Consultations

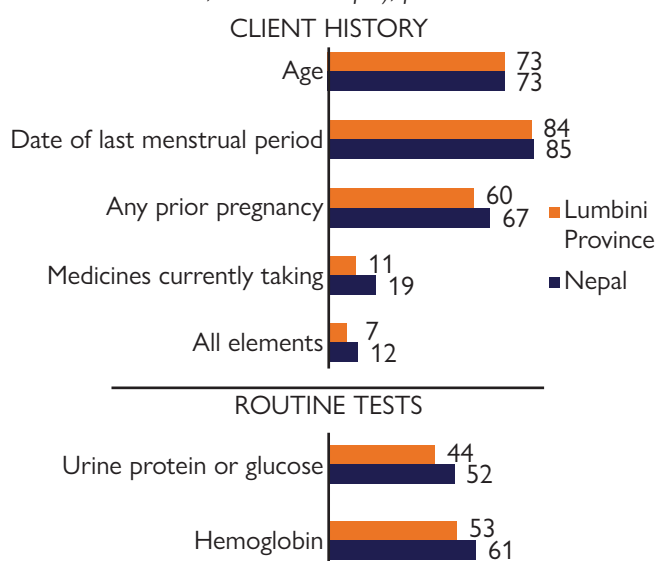
NHFS interviewers observed client-provider interactions for 1,966 ANC clients in Nepal including 384 in Lumbini Province. ANC providers were not thorough in taking client history or providing routine tests in Lumbini Province. Although 84% of first-visit ANC clients in Lumbini Province (N=93) were asked the date of their last menstrual period, only 11% were asked about current medications. Just 7% 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 (53%), while 44% had a urine protein or glucose test.

Various components of the basic physical examination were performed in the majority of observed consultations for all ANC clients in Lumbini Province (N=384). In the majority of consultations, pregnant women had their blood pressure measured (93%) and were weighed (89%). In 76% of consultations, the provider listened to the fetal heart. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 75% 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 38% of consultations and vaginal bleeding in 29%. One in five consultations included discussion about loss of, excessive, or normal fetal movement, while 28% had discussions about headache or blurred vision. One in four consultations included discussions about swollen hands, face, or body, while 14% included counseling on birth preparedness. Even fewer consultations included discussion of convulsion or loss of consciousness (7%) or tiredness and shortness of breath (5%). For 65% of the observed consultations, at least one risk symptom was discussed.

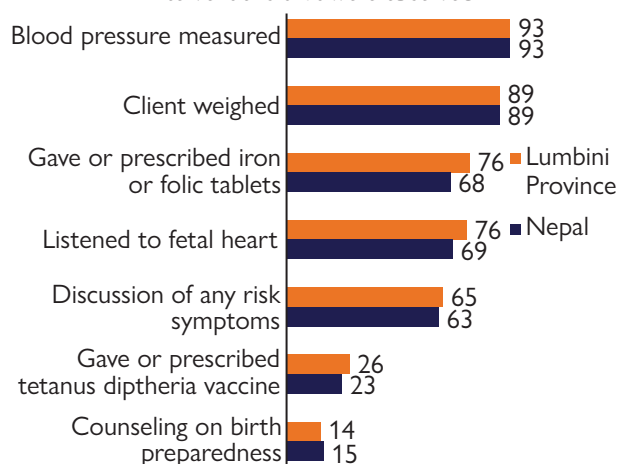
Observed Elements of Client History for First-visit ANC Clients

Among observed consultations with first-visit ANC clients (N=93 in Lumbini Province, N=420 in Nepal), percent that included:



Physical Examinations and Counseling for ANC Clients

Among observed consultations with all ANC clients (N=384 in Lumbini Province, N=1,966 in Nepal), percent of indicated interventions that were observed



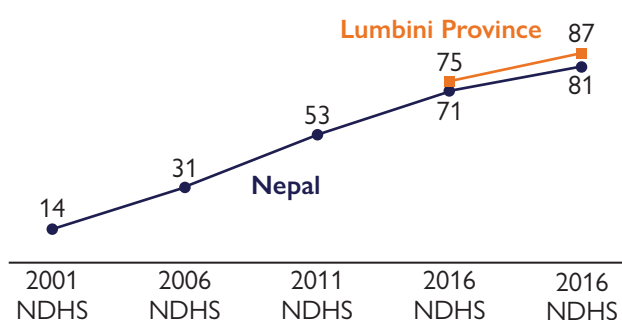
NDHS: ANTENATAL CARE

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

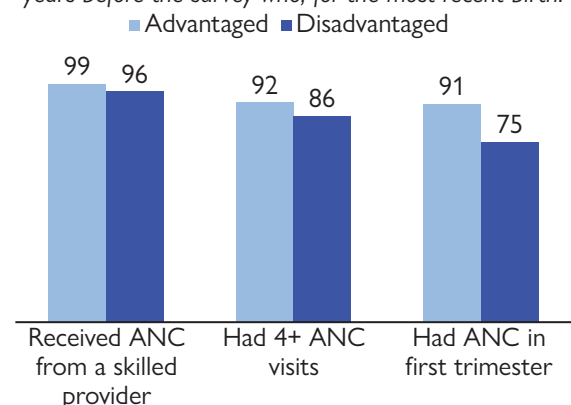
Percent of women age 15–49 who had a live birth in the two years before the survey with four or more antenatal care visits for the most recent birth



In Lumbini Province, 87% of women with a live birth in the two years before the survey attended four or more ANC visits, 97% received ANC from a skilled provider, and 78% made their first ANC visit in the first trimester. These three indicators are higher among women from advantaged population groups in Lumbini Province than among disadvantaged women.

ANC by Population Group: Lumbini Province

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

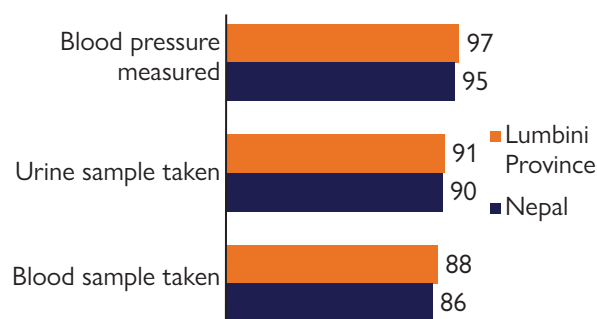


Components of Antenatal Care

Among women in Lumbini Province who received ANC for their most recent birth, 97% had their blood pressure measured, while 91% had a urine sample taken and 88% 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:

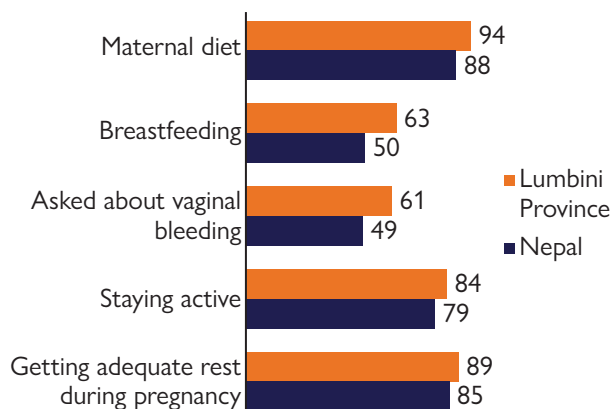


Antenatal Care Counseling

Women in Lumbini Province who received ANC most often received counseling on maternal diet (94%) and getting adequate rest during pregnancy (89%). Only 61% of women in Lumbini 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 Lumbini Province, 57% of facilities offer normal vaginal delivery services and 5% offer Cesarean delivery.

Medicines for Delivery and Newborn Care

Among facilities in Lumbini Province offering normal vaginal delivery services (N=136), the majority of facilities (79%) did not have all four essential medicines for delivery on the day of the survey—injectable uterotonic (oxytocin), injectable antibiotic, skin antiseptic, and intravenous fluids with infusion set. Only 3% of facilities offering normal vaginal delivery services had all five essential medicines for newborns—tetracycline eye ointment, 4% chlorhexidine gel, injectable gentamicin, ceftriaxone powder for injection, and amoxicillin. The eight priority medicines for mothers were also not readily available at facilities. Only 5% of health facilities in Lumbini 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 Lumbini Province have soap and running water or else alcohol-based hand disinfectant and latex gloves. Fewer have a needle destroyer (28%) or waste receptacle (18%). Virtually no facilities offering normal vaginal delivery in Lumbini Province have all infection prevention items.

Newborn Care Practices

In Lumbini Province, 89% 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

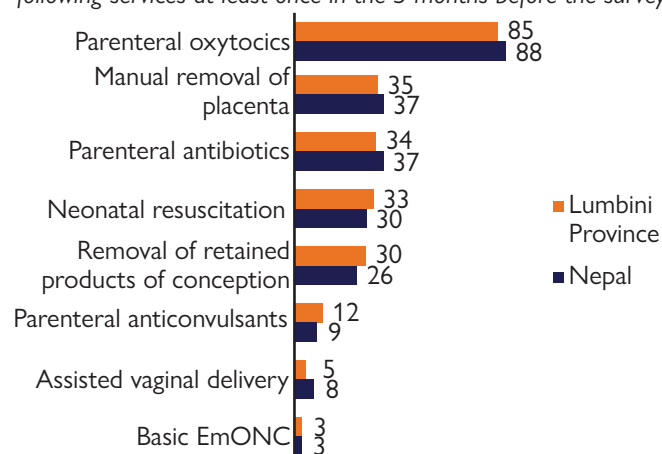
Among interviewed postpartum women in Lumbini Province (N=123), only 14% of mothers received all postpartum checks and advice, though 24% did receive counseling in postpartum FP. Only 22% of interviewed postpartum women received all postpartum checks and advice for the newborn. Fifty-three percent of women left the facility less than 24 hours after delivery.

Signal Functions for Emergency Obstetric and Neonatal Care

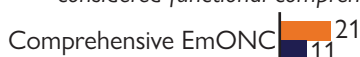
Facilities that offer normal vaginal delivery care should be prepared to provide the most important interventions—emergency obstetric and neonatal care (EmONC) signal functions—to manage delivery complications when they occur. Among signal functions performed in the last three months in Lumbini Province, the most commonly practiced is the administration of parenteral oxytocics (85%) and the least common is assisted vaginal delivery (5%). Only 3% of facilities had performed all seven basic EmONC signal functions. Eleven percent of hospitals and PHCCs in Nepal and 21% of those in Lumbini 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=136 in Lumbini 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=15 in Lumbini Province, N=153 in Nepal), percent considered functional comprehensive EmONC facilities



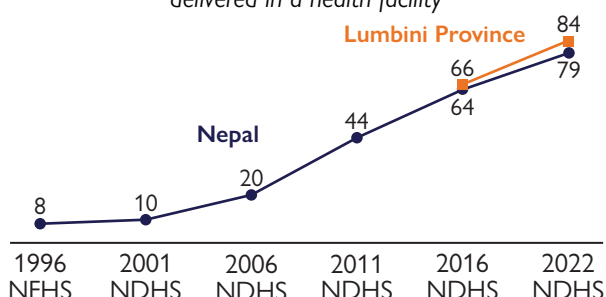
NDHS: DELIVERY AND POSTNATAL CARE

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

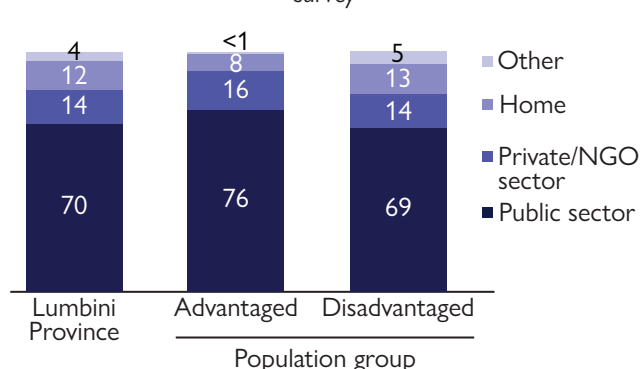


In Lumbini Province, 86% of births are delivered by normal vaginal delivery and 14% by Cesarean section. Health facility births in the two years before the survey increased from 66% in 2016 to 84% of live births in Lumbini Province in 2022. However, 12% of live births in Lumbini Province are delivered at home.

Most live births in Lumbini Province are delivered in a public sector facility (70%), 14% are delivered at private or NGO sector facilities, 12% at home and 4% at other. Births delivered at home are more common in disadvantaged population groups (13%) than advantaged groups (8%).

Place of Delivery by Population Group: Lumbini 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.

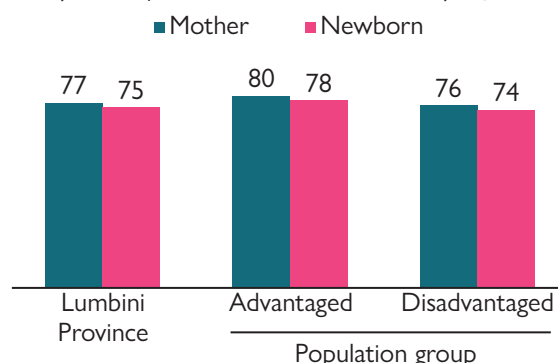
In Lumbini Province, 87% of live births are assisted by a skilled provider, the majority by a nurse or midwife (53%). Six percent of live births are assisted by a relative or other person. Skilled birth assistance is more common among advantaged women (92%) than among disadvantaged women (85%).

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 Lumbini Province, 77% of mothers and 75% of newborns received a postnatal check within two days of delivery. Still, 20% of mothers and 21% of newborns in Lumbini 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: Lumbini 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 Lumbini Province, 31% of women age 15-49 cite distance to a health facility as a problem in accessing care. Seventy-eight percent of women report a travel time of 30 minutes or less to the nearest health facility.

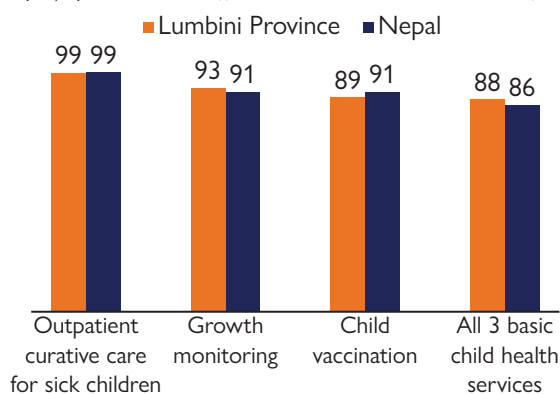
NHFS: CHILD HEALTH SERVICES

Availability of Child Health Services

In Nepal, >99% of health facilities offer outpatient curative care for sick children, 91% offer growth monitoring services, and 89% offer child vaccination services. Overall 86% of health facilities offer all three basic child health services. In Lumbini Province, 99% of health facilities offer outpatient curative care for sick children, 93% offer growth monitoring, and 89% offer child vaccination services. Nearly 9 in 10 facilities offer all three basic child health services.

Availability of Child Health Services

Among all facilities (N=239 in Lumbini 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 Lumbini Province (N=236), 50% can diagnose malaria, 26% have the ability to measure hemoglobin to assess anemia, and 16% have the capacity to do a stool microscopy. Only 12% of facilities can perform all three diagnostic tests.

Availability of Essential Medicines

In Lumbini Province, more than 9 in 10 facilities offering outpatient curative care services for sick children had oral rehydration salts (ORS) (99%), albendazole (99%), and zinc tablets (94%) on the day of the survey. Eighty-nine percent of facilities had paracetamol, 84% had vitamin A capsules, and 58% of facilities in Lumbini Province had amoxicillin.

Infection Prevention of Vaccine Services

Among facilities offering child vaccination services in Lumbini Province (N=214), 96% of facilities have soap and running water or else alcohol-based disinfectant. Fewer have a waste receptacle (17%) or infection prevention guidelines (9%), and just 2% have all infection prevention items.

Observed Sick Child Consultations

A total of 470 sick child consultations were observed in Lumbini Province. Providers checked for all general danger signs in only 1% of consultations: inability to eat or drink anything (19%), vomiting (28%), and convulsions (5%), and child is unconscious or lethargic (6%). Providers assessed all three main symptoms of childhood illness in 30% of observed consultations: cough or difficulty breathing (72%), diarrhea (44%), and fever (83%). Various aspects of the physical examinations were also missing—only 6% of sick children were assessed for dehydration. While 80% of sick children had their temperature taken, only 26% had their respiratory rate assessed. Few providers in Lumbini Province advised caretakers to increase fluids (29%), to continue feeding the child (24%), and the symptoms requiring a return visit (18%).

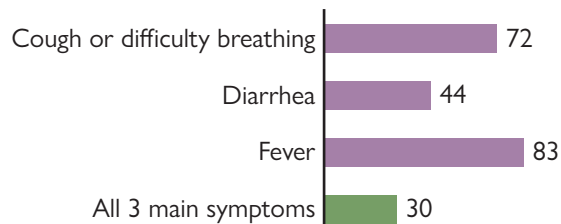
Observed Sick Child Consultations: Lumbini Province

Among observed consultations with sick children (N=470), percent that include:

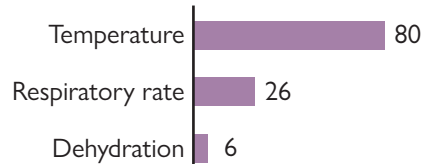
ASSESSMENT OF GENERAL DANGER SIGNS



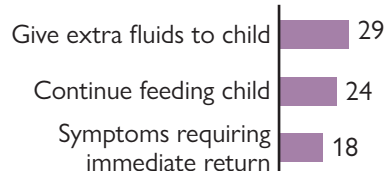
ASSESSMENT OF MAIN SYMPTOMS



PHYSICAL EXAM



ESSENTIAL ADVICE TO CARETAKER



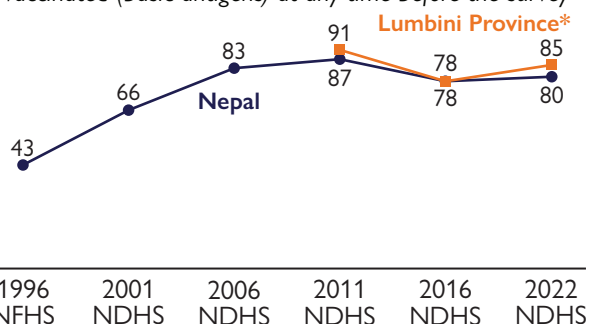
NDHS: CHILD HEALTH AND MORTALITY

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 Lumbini Province, 85% 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

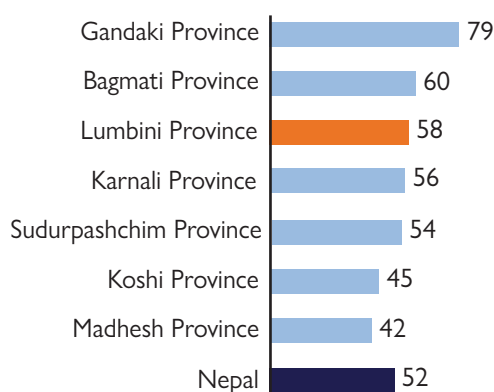


*The sample of the 2011 NDHS was not designed to be representative at the provincial level. See Ghimire, Umesh et al. 2019 for retabulation.

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 58% of those in Lumbini Province are fully vaccinated according to the national schedule.

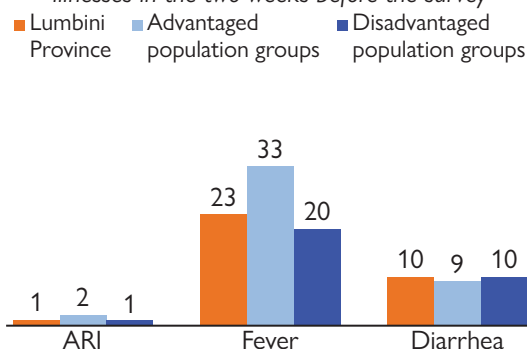
Vaccination Coverage (National Schedule) by Province

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: Lumbini 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 children under age five in Nepal and Lumbini Province were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Twenty-three percent of children had recent fever and 1 in 10 had diarrhea in Nepal and Lumbini Province. Symptoms of ARI and diarrhea do not vary by population group but fever is more common among advantaged children.

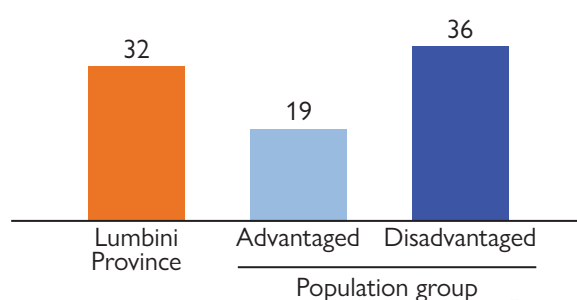
Childhood Mortality Rates

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 Lumbini Province, the infant and under-5 mortality rates for the ten-year period before the survey are 34 and 41 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 32 deaths in Lumbini Province, where perinatal mortality is higher among disadvantaged groups than among advantaged groups.

Perinatal Mortality: Lumbini Province

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



NDHS: NUTRITIONAL STATUS

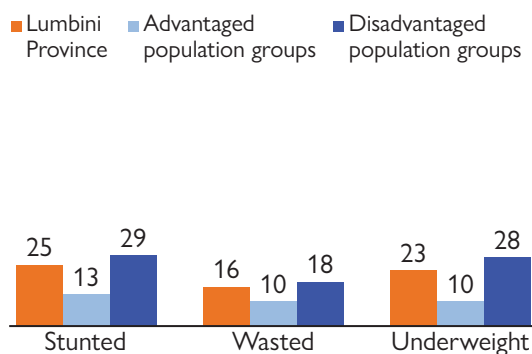
Children's Nutritional Status

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. Twenty-five percent of children under age 5 in Lumbini Province are stunted. Additionally, 16% of children under age 5 are wasted, 23% are underweight, and less than 1% are overweight. Children from disadvantaged population groups in Lumbini Province have higher stunting, wasting, and underweight than advantaged children.

Children's Nutritional Status: Lumbini Province

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



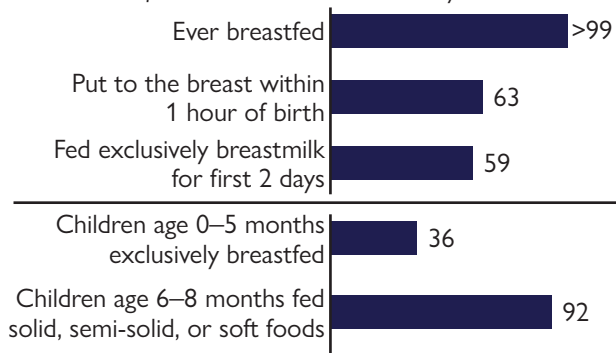
Infant and Young Child Feeding (IYCF) Practices

Nearly all children born in the last two years in Lumbini Province were ever breastfed and 63% were put to the breast in the first hour of life. Thirty-six percent of children under age 6 months are exclusively breastfed. Among children age 6–8 months, 92% were fed solid, semi-solid, or soft foods the previous day.

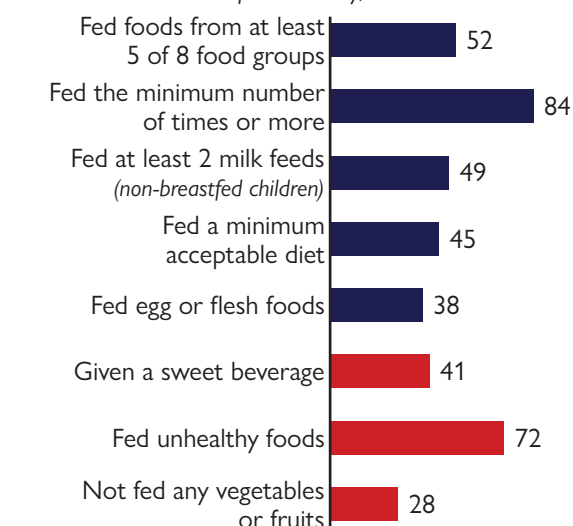
Half of children age 6–23 months were fed foods from 5 of 8 food groups, 84% were fed the minimum number of times, 49% of non-breastfed children were fed at least two milk feeds, and 45% of all children age 6–23 months were fed a minimum acceptable diet during the previous day. Nearly three in four children age 6–23 months were fed unhealthy foods high in sugar, salt, or fat, 41% were given a sweet beverage, and 28% were not fed any vegetables or fruit.

Infant and Young Child Feeding Practices (IYCF) in Lumbini 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 Lumbini Province, 34% of adolescent women are thin and 7% are overweight or obese. Too few adolescent men age 15–19 were interviewed in Lumbini 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 Lumbini Province, 12% of women age 20–49 are thin, while 32% are overweight or obese. Overweight and obesity is higher among advantaged women in Lumbini Province (38%) than among women from disadvantaged population groups (30%).

Nutritional Status of Adult Women in Lumbini Province by Population Group

Percent distribution of women age 20–49 by nutritional status

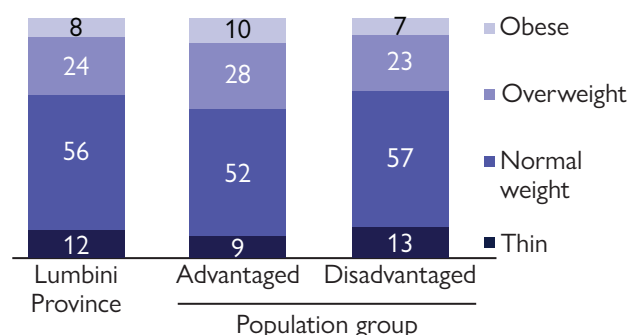


Figure ≠ 100% due to rounding.

Seven percent of Nepali men age 20–49 are thin, while 32% are overweight or obese. In Lumbini Province, 5% of men age 20–49 are thin, while 23% are overweight or obese. Overweight and obesity is higher among advantaged men in Lumbini Province (33%) than among men from disadvantaged population groups (20%).

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 Lumbini Province, 52% of women achieved minimum dietary diversity. Minimum dietary diversity is higher among women from advantaged population groups (67%) than among disadvantaged women (46%) and increases with education and household wealth. In Nepal, 66% of women consumed sweet beverages the day before the survey, compared to 63% of women in Lumbini Province. Similarly, 54% of women in Nepal consumed unhealthy foods high in sugar or salt the day before the survey, compared to 53% of women in Lumbini Province. Consumption of sweet beverages and unhealthy foods is higher among advantaged women in Lumbini Province and also increases with education and household wealth.

Anemia among Women

In Nepal, 34% of women age 15–49 are anemic, compared to 44% of women age 15–49 in Lumbini Province. Anemia prevalence among women in Lumbini Province is higher among women from disadvantaged population groups than among advantaged women (47% versus 38%). Conversely, anemia is more common among women from wealthier 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 28% of women age 15–19 in Lumbini Province.

Nutritional Status of Adult Men in Lumbini Province by Population Group

Percent distribution of men age 20–49 by nutritional status

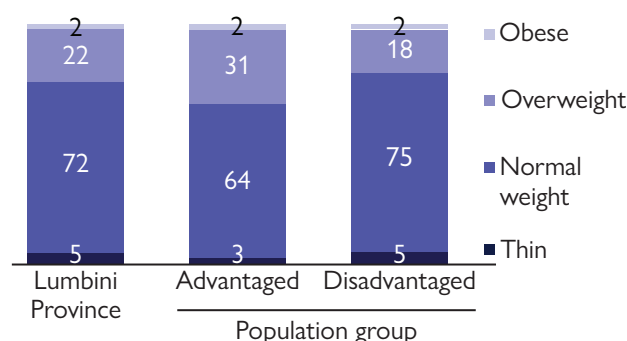


Figure ≠ 100% due to rounding.

NHFS: SERVICES FOR HIV/AIDS AND STIs

HIV Testing and Counseling Services

Few health facilities in Nepal and Lumbini Province have an HIV testing system (5% and 3%, respectively). In Lumbini Province, very few public facilities have an HIV testing system (2%).

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 18% of facilities in Lumbini Province offer services such as treatment for opportunistic infections, fungal infections, or Kaposi's sarcoma; palliative care; nutritional rehabilitation; fortified protein supplementation; care for pediatric patients; preventive treatment for tuberculosis (TB) or opportunistic infections; general family planning counseling; or condoms. HIV/AIDS care and support services are more common in public facilities (19%) than private facilities (14%) in Lumbini Province.

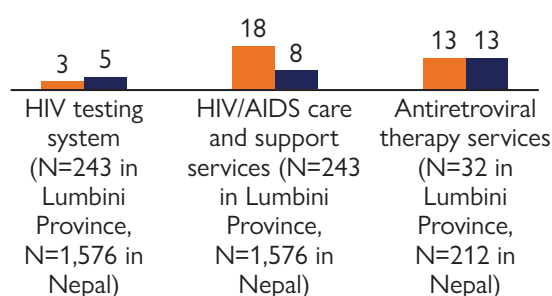
Antiretroviral Therapy Services

Among hospitals and PHCCs in Nepal (N=212), 13% offer antiretroviral therapy (ART) services such as prescribing ART, providing treatment follow-up services, or providing community-based services. In Lumbini Province, the same proportion of these facilities (N=32) offer ART services.

Availability of HIV Services

Percent of facilities offering the following services:

■ Lumbini Province ■ Nepal

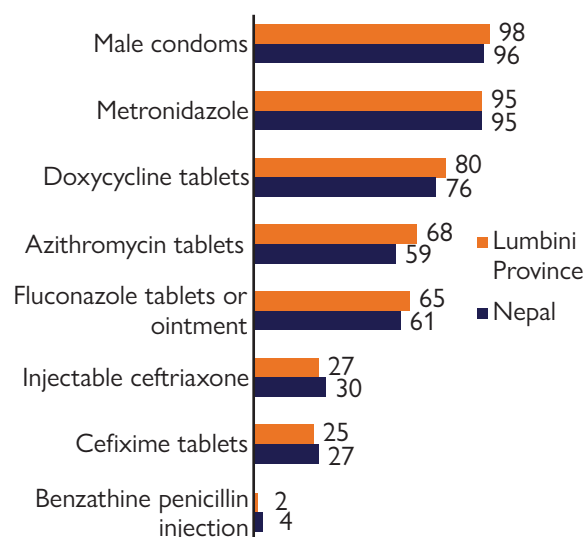


Services for Sexually Transmitted Infections

Overall, 86% of health facilities in Nepal offer services for STIs, compared to 95% in Lumbini Province. Among health facilities offering STI services in Lumbini Province (N=230), 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 2% with benzathine penicillin injection.

Medicines and Commodities for STIs

Among facilities offering services for STIs (N=230 in Lumbini Province, N=1,358 in Nepal), percent with indicated items available on the day of the survey



NDHS: HIV/AIDS

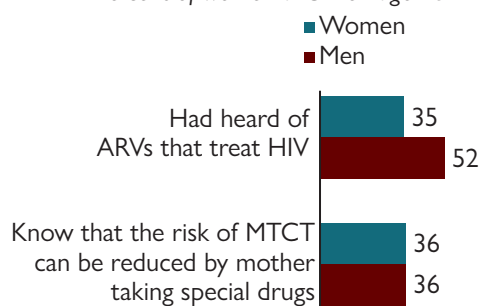
Knowledge of HIV Prevention Methods

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 Lumbini Province, 85% of women and 97% of men have heard of HIV or AIDS. Men in Lumbini Province also have greater knowledge of ARVs (52%) compared to 35% of women. Finally, 36% of both women and men know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy in Lumbini Province.

Knowledge of HIV Prevention Methods: Lumbini Province

Percent of women and men age 15–49 who:

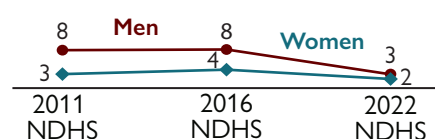


HIV Testing

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

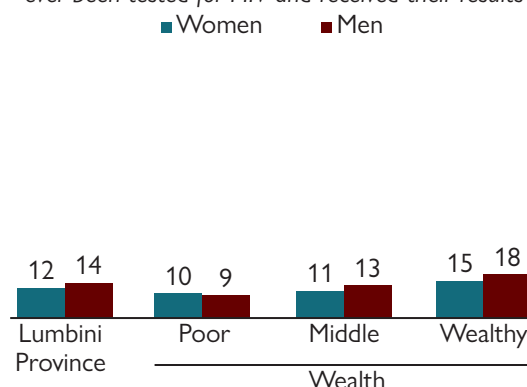
Percent of women and men age 15–49 who were tested for HIV in the 12 months before the survey and received the results



In Lumbini Province, 12% of women and 14% of men have ever been tested for HIV and received their results. Women from the wealthiest households are more likely to have ever been tested for HIV and received their results than poorer women. Within the 12 months before the survey, 3% of women and 2% of men in Lumbini Province had been tested and received the results.

HIV Testing among Adults: Lumbini Province

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



NHFS: SERVICES FOR NON-COMMUNICABLE DISEASES

Diabetes Services

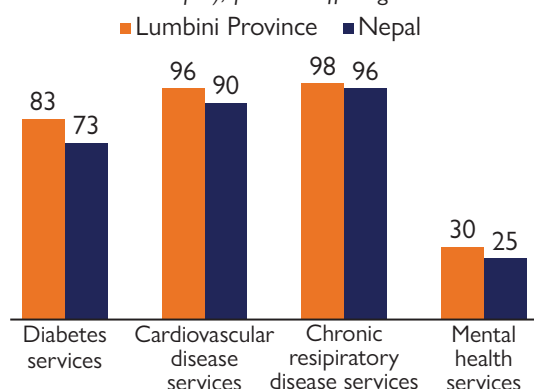
In Nepal, 73% of health facilities excluding stand-alone HTC offer services for diabetes, including diagnosis, prescription of treatment, or management of diabetic patients, compared to 83% of facilities in Lumbini Province. Among facilities offering services for diabetes in Lumbini Province (N=199), diagnostic capacity is generally low. Only 29% of facilities have the capacity to test for blood glucose, 27% have capacity to test urine protein, and 26% have capacity to test for urine glucose. Availability of various diabetes treatments is more variable. While 75% of facilities had Metformin and 48% 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 Lumbini Province (96%) offer services for CVD. Among facilities offering CVD services in Lumbini Province (N=230), only 7% had thiazide diuretic for reducing high blood pressure. While 68% of facilities had calcium channel blockers, fewer had Beta blockers (39%), oxygen (29%), or aspirin (16%).

Services for Non-Communicable Diseases

Among all facilities (N=239 in Lumbini Province, N=1,565 in Nepal), percent offering:



Chronic Respiratory Disease Services

Ninety-six percent of facilities in Nepal and 98% of facilities in Lumbini Province offer support services for chronic respiratory disease including diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. In Lumbini Province, availability of essential medicines and commodities in facilities offering services for chronic respiratory disease (N=234) was relatively low with the exception of salbutamol inhalers (97%). Less than half of facilities had injectable epinephrine or adrenaline (45%), 36% had hydrocortisone tablets, 28% had oxygen, 10% had prednisolone tablets, 6% had ipratropium (MDI/ Rotacap), and 3% had beclomethasone inhalers on the day of the survey.

Mental Health Services

In Nepal, 25% of facilities diagnose, prescribe treatment for, or manage patients with mental health problems, compared to 30% of facilities in Lumbini Province. Availability of essential medicines and commodities in facilities in Lumbini Province offering mental health services (N=72) is relatively low. Nearly half of facilities (45%) have Amitriptylin, 39% have sodium valproate tablets, 31% have injectable Diazepam, and 15% have Risperidone. The availability of essential medicines and commodities for mental health is higher in private facilities than in public facilities in Lumbini Province.

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 Lumbini Province, 18% of both women and men have hypertension.

Mental Health

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

Symptoms of Anxiety and Depression

For international comparison, 22% of women and 11% of men age 15–49 in Nepal experienced symptoms of anxiety in the two weeks before the survey. Symptoms of anxiety are experienced at similar levels in Lumbini Province, with 22% of women and 12% of men.

For international comparison, 5% of women and 2% of men in both Nepal and Lumbini Province experienced symptoms of depression in the two weeks before the survey.

Prevalence of Hypertension: Lumbini 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.

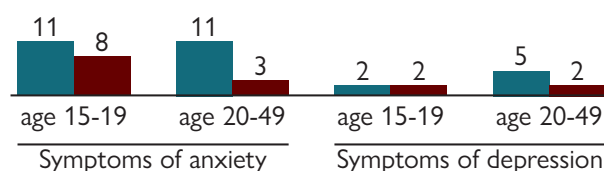
Nepal-Specific Cutoffs

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, adult men in Lumbini Province are less likely to have symptoms of anxiety than adolescent men. Symptoms of anxiety are more common among women, and there is no difference by age. Symptoms of depression in Lumbini Province are low and do not vary much by age or sex, except they are more common among adult women.

Symptoms of Anxiety and Depression in Lumbini 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 77% of facilities in Lumbini Province offer any tuberculosis (TB) diagnostic or treatment services.

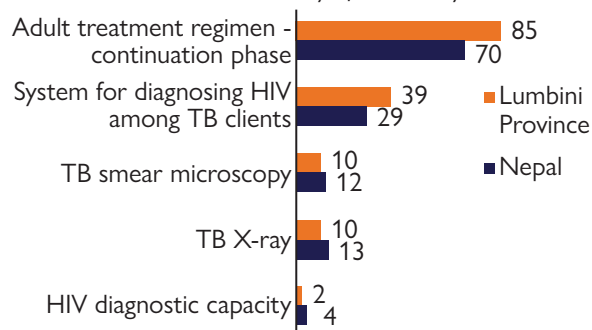
Among facilities in Lumbini Province (N=202) offering any TB diagnostic or treatment services, 38% have TB management guidelines and 10% have staff that received in-service training particular to TB in the 24 months before the survey.

Few facilities offering TB services have the capacity to diagnose TB. Only 10% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. Similarly, 10% of facilities have the capacity to conduct TB X-rays. Two percent of facilities offering any TB services have HIV diagnostic capacity, yet 39% 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, 85% had the adult treatment regimen for the continuation phase available on the day of the survey. The availability of this medicine is higher among public facilities than among private facilities (93% versus 41%).

Diagnostic Capacity and Availability of Medicines for TB Treatment

Among facilities offering TB diagnostic, treatment, or treatment follow-up services (N=202 in Lumbini Province, N=1,250 in Nepal), percent with diagnostic capacity and medicines available on the day of the survey



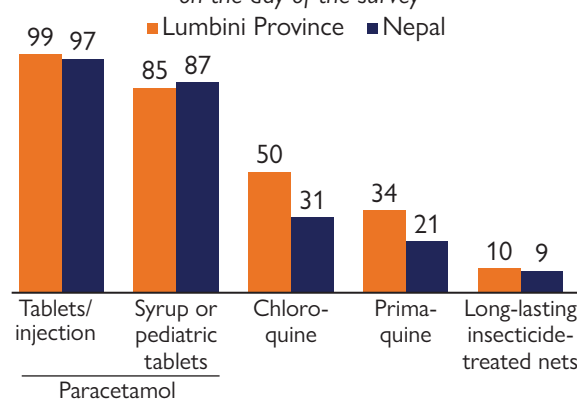
Malaria Services

Nearly half of health facilities in Nepal and 64% of facilities in Lumbini Province offer malaria diagnosis or treatment services. In Lumbini Province, 62% of public facilities offer malaria diagnosis or treatment, compared to 92% of private facilities.

Among facilities offering malaria diagnosis or treatment services in Lumbini Province (N=152), 99% had paracetamol tablets or injection and 85% had paracetamol syrup or dispersible pediatric-dosed tablets for fever. Half of facilities had chloroquine and 34% had primaquine on the day of the survey. Only 10% of facilities had long-lasting insecticide-treated bed nets (LLINs).

Malaria Medicines & Commodities

Among facilities offering malaria diagnosis or treatment services (N=152 in Lumbini Province, N=760 in Nepal), percent with indicated medicines and commodities available on the day of the survey



One in ten facilities offering curative care for sick children in Lumbini Province (N=236) 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 Lumbini Province, 68% of the household population age 5 and above have no difficulty, 26% have some difficulty, and 7% 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 Lumbini Province, 7% of women and 7% of men have a lot of difficulty or cannot function in at least one domain of disability.

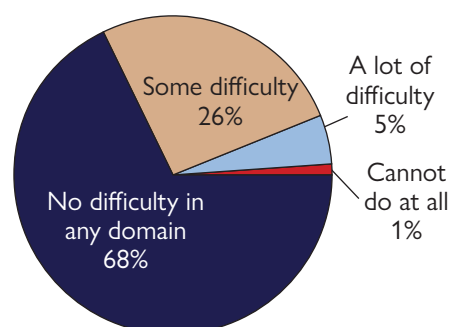
Difficulty in at least one domain of disability is more common among women and men with no education and among those in the poorest households. By marital status, 29% of women who are widowed have a lot of difficulty or cannot function at all in at least one domain.

Functional Disability According to Domain

In Lumbini Province, walking or climbing steps is the most common domain of difficulty among women age 15 and above, with 4% of women having a lot of difficulty or cannot do at all. The same goes for men in Lumbini Province, with 5% having a lot of difficulty or cannot walk or climb steps at all.

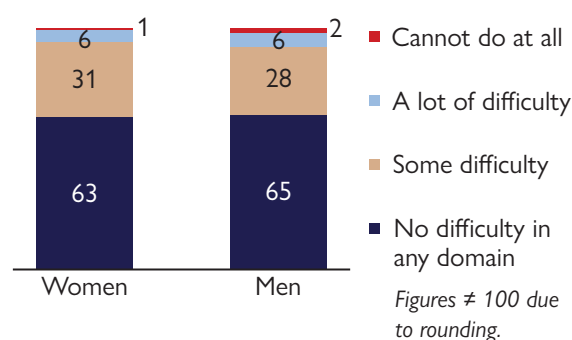
Disability among population age 5+ in Lumbini Province

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



Disability among Adults in Lumbini Province

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



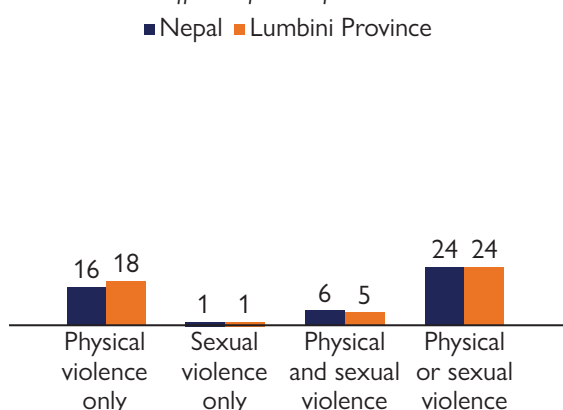
NDHS: DOMESTIC VIOLENCE

Different Forms of Violence

Overall, 23% of women age 15–49 in Nepal and in Lumbini Province have experienced physical violence since age 15. Eight percent of women in Nepal have ever experienced sexual violence compared to 6% of women in Lumbini Province. Sexual violence is slightly more common among disadvantaged women (7%) than among women from advantaged population groups (5%). In both Nepal and Lumbini Province 24% of women have experienced either physical or sexual violence.

Women's Experience of Different Forms of Violence

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



Help Seeking to Stop Violence

The majority of women age 15–49 who have ever experienced physical or sexual violence in Nepal and in Lumbini Province never sought help and never told anyone (58% and 55%, 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

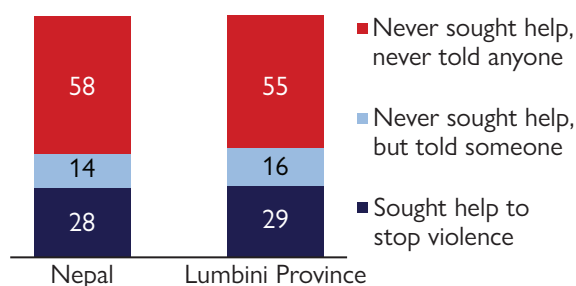


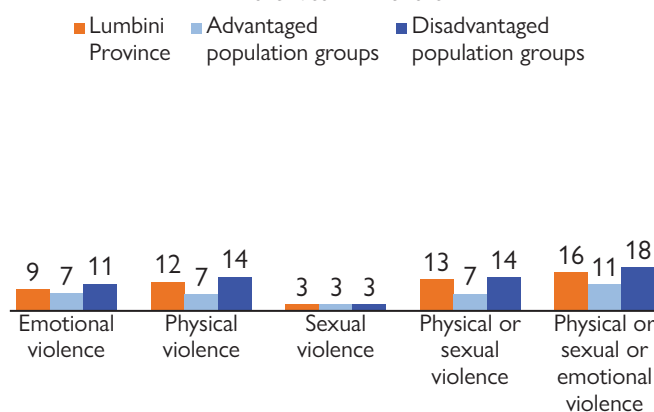
Figure ≠ 100% due to rounding.

Experience of Intimate Partner Violence

Among women age 15–49 who have ever had a husband or intimate partner in Lumbini Province, 9% have experienced emotional violence committed by any husband or intimate partner in the last 12 months. Emotional intimate partner violence is more common among disadvantaged women than among those from advantaged population groups (11% versus 7%). Twelve percent of ever-partnered women in Lumbini Province experienced physical violence committed by any husband or intimate partner in the last 12 months, while 3% experienced recent sexual violence. Physical intimate partner violence is twice as common among disadvantaged women (14%) than among advantaged women (7%). In Lumbini Province, 16% 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: Lumbini 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



2021 Nepal Health Facility Survey (NHFS): Lumbini Province

Tables 1-50

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

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

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Federal/provincial level hospitals	1.8	4	15
Local-level hospitals	1.8	4	6
Private hospitals	6.1	15	42
PHCCs	3.5	8	30
Basic health care centers	85.3	207	145
HPs	64.7	157	54
UHCs	11.3	27	45
CHUs	9.3	23	46
Stand-alone HTC	1.5	4	13
Managing authority			
Public	92.4	224	196
Private	7.6	19	55
Lumbini province total	100.0	243	251

Table 2 Distribution of interviewed providers: Lumbini 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	11.5	125	170
Local-level hospitals	3.3	36	46
Private hospitals	21.6	234	274
PHCCs	5.3	57	204
Basic health care centers	56.7	614	382
HPs	49.2	533	214
UHCs	4.0	43	83
CHUs	3.5	38	85
Stand-alone HTCs	1.5	17	39
Managing authority			
Public	76.8	832	802
Private	23.2	251	313
Lumbini province total	100.0	1,083	1,115

Table 3 Distribution of observed consultations: Lumbini 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	11.1	52	89
Local-level hospitals	7.4	35	35
Private hospitals	17.6	82	96
PHCCs	5.9	28	90
Basic health care centers	58.1	273	147
HPs	48.3	227	70
UHCs	5.5	26	39
CHUs	4.3	20	38
Managing authority			
Public	82.4	388	361
Private	17.6	82	96
Lumbini province total	100.0	470	457
FAMILY PLANNING			
Facility type			
Federal/provincial level hospitals	12.7	19	53
Local-level hospitals	12.1	18	12
Private hospitals	1.0	1	5
PHCCs	6.9	10	35
Basic health care centers	67.3	99	59
HPs	55.7	82	30
UHCs	7.8	11	18
CHUs	3.8	6	11
Managing authority			
Public	99.0	146	159
Private	1.0	1	5
Lumbini province total	100.0	148	164
ANTENATAL CARE			
Facility type			
Federal/provincial level hospitals	20.3	78	93
Local-level hospitals	11.8	45	47
Private hospitals	11.9	46	71
PHCCs	7.0	27	74
Basic health care centers	49.2	189	74
HPs	44.1	169	47
UHCs	3.8	15	19
CHUs	1.3	5	8
Managing authority			
Public	88.1	338	288
Private	11.9	46	71
Lumbini province total	100.0	384	359
LABOR AND DELIVERY			
Facility type			
Federal/provincial level hospitals	64.5	78	91
Local-level hospitals	2.9	3	4
Private hospitals	23.0	28	36
PHCCs	4.2	5	8
Basic health care centers	5.5	7	1
HPs	5.5	7	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	77.0	93	104
Private	23.0	28	36
Lumbini province total	100.0	121	140

POSTPARTUM MATERNAL CARE			
Facility type			
Federal/provincial level hospitals	62.9	77	92
Local-level hospitals	1.4	2	2
Private hospitals	27.3	33	37
PHCCs	3.8	5	5
Basic health care centers	4.5	6	1
HPs	4.5	6	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	72.7	89	100
Private	27.3	33	37
Lumbini province total	100.0	123	137
CLIENTS HAVING BOTH LABOR AND DELIVERY OBSERVATION AND POSTPARTUM MATERNAL EXIT			
Facility type			
Federal/provincial level hospitals	66.4	56	73
Local-level hospitals	0.9	1	1
Private hospitals	23.0	19	18
PHCCs	4.2	4	4
Basic health care centers	5.5	5	1
HPs	5.5	5	1
UHCs	0.0	0	0
CHUs	0.0	0	0
Managing authority			
Public	77.0	65	79
Private	23.0	19	18
Lumbini province total	100.0	84	97

Table 4 Availability of basic health services: Lumbini 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	80.3	73.6	93.3	93.3	100.0	73.6	93.3	4	4	4	4
Local-level hospitals	100.0	33.3	93.3	100.0	100.0	100.0	26.6	100.0	4	4	4	4
Private hospitals	78.4	34.3	18.3	64.4	81.6	96.2	15.7	68.8	15	15	15	15
PHCCs	100.0	96.7	100.0	100.0	100.0	100.0	96.7	100.0	8	8	8	8
Basic health care centers												
HPs	100.0	98.6	94.3	100.0	99.3	94.4	89.8	87.4	207	207	207	207
UHCs	100.0	100.0	100.0	100.0	100.0	98.1	98.1	88.7	157	157	157	157
CHUs	100.0	93.3	82.2	100.0	100.0	86.7	71.1	88.9	27	27	27	27
CHUs	100.0	95.7	69.6	100.0	93.5	78.3	54.3	76.1	23	23	23	23
Managing authority												
Public	100.0	96.9	94.1	99.9	99.2	94.9	88.5	88.2	224	224	224	224
Private	78.4	34.3	18.3	64.4	81.6	96.2	15.7	68.8	15	15	15	15
Lumbini province total	98.7	93.0	89.4	97.7	98.1	95.0	83.9	87.0	239	239	239	239

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: Lumbini 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							All amenities excluding computer with internet ⁸	Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communi- cation equipment ⁵	Computer with Internet ⁶	Emergency transport ⁷		
Facility type									
Federal/provincial level hospitals	100.0	100.0	100.0	100.0	93.3	100.0	93.3	86.6	4
Local-level hospitals	100.0	100.0	93.3	93.3	33.3	100.0	100.0	26.6	4
Private hospitals	100.0	97.4	97.4	100.0	100.0	84.8	94.9	89.8	15
PHCCs	93.3	100.0	100.0	100.0	43.3	73.3	96.7	40.0	8
Basic health care centers									
HPs	64.2	93.3	97.3	93.4	13.9	53.8	86.4	10.0	207
UHCs	69.9	98.1	99.8	94.4	17.2	66.1	90.3	13.2	157
UHCs	46.7	77.8	95.6	91.1	4.4	22.2	68.9	0.0	27
CHUs	45.7	78.3	82.6	89.1	2.2	6.5	80.4	0.0	23
Stand-alone HTCs	92.3	92.3	92.3	100.0	92.3	92.3	76.9	53.8	4
Managing authority									
Public	66.7	93.8	97.4	93.7	16.9	56.4	87.2	13.0	224
Private	98.5	96.4	96.4	100.0	98.5	86.3	91.4	82.7	19
Lumbini province total	69.1	94.0	97.3	94.2	23.1	58.6	87.5	18.3	243

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: Lumbini 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							All basic equipment ⁵	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		
Facility type									
Federal/provincial level hospitals	93.3	66.6	73.2	100.0	100.0	93.3	93.3	66.6	4
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4
Private hospitals	93.0	40.1	49.6	95.6	100.0	100.0	98.1	25.4	15
PHCCs	100.0	86.7	86.7	100.0	96.7	96.7	86.7	70.0	8
Basic health care centers									
HPs	96.3	78.6	79.4	97.2	99.7	98.0	94.0	55.3	207
UHCs	96.2	83.1	84.9	98.1	100.0	98.1	94.4	64.2	157
CHUs	95.6	71.1	55.6	93.3	97.8	97.8	97.8	26.7	27
CHUs	97.8	56.5	69.6	95.7	100.0	97.8	87.0	28.3	23
Stand-alone HTCs	84.6	23.1	53.8	76.9	76.9	76.9	84.6	7.7	4
Managing authority									
Public	96.5	79.1	79.9	97.4	99.6	97.9	93.8	57.0	224
Private	91.4	36.8	50.4	91.9	95.5	95.5	95.5	21.9	19
Lumbini province total	96.1	75.8	77.7	97.0	99.3	97.7	94.0	54.3	243

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: Lumbini 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 of 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	93.3	59.9	100.0	100.0	66.9	33.4	100.0	93.3	33.1	0	4
Local-level hospitals	100.0	86.7	33.3	100.0	26.6	13.3	93.3	100.0	26.6	0	4
Private hospitals	100.0	69.4	100.0	80.2	15.2	1.9	94.9	90.5	29.9	0	15
PHCCs	96.7	66.7	80.0	100.0	20.0	16.7	93.3	100.0	63.3	0	8
Basic health care centers											
HPs	99.2	55.6	69.5	94.6	12.5	21.1	57.5	74.2	43.6	0	207
UHCs	100.0	52.9	75.5	98.1	15.1	26.4	65.9	79.3	51.1	0	157
CHUs	97.8	64.4	60.0	93.3	6.7	6.7	33.3	75.6	15.6	0	27
	95.7	63.0	39.1	71.7	2.2	2.2	28.3	37.0	26.1	0	23
Managing authority											
Public	99.0	56.7	69.8	95.0	14.2	21.0	60.4	76.0	43.8	0	224
Private	100.0	69.4	100.0	80.2	15.2	1.9	94.9	90.5	29.9	0	15
Lumbini province total	99.1	57.5	71.7	94.1	14.2	19.8	62.5	76.9	43.0	0	239

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: Lumbini 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	93.3	73.2	93.3	79.9	79.9	79.9	93.3	4
Local-level hospitals	100.0	86.7	100.0	73.4	80.0	80.0	100.0	4
Private hospitals	64.4	29.9	64.4	38.3	44.0	44.0	64.4	15
PHCCs	100.0	73.3	100.0	53.3	53.3	53.3	100.0	8
Basic health care centers	100.0	54.1	100.0	52.1	53.8	53.8	100.0	207
HPs	100.0	54.8	100.0	52.9	54.8	54.8	100.0	157
UHCs	100.0	53.3	100.0	48.9	51.1	51.1	100.0	27
CHUs	100.0	50.0	100.0	50.0	50.0	50.0	100.0	23
Managing authority								
Public	99.9	55.8	99.9	53.1	54.8	54.8	99.9	224
Private	64.4	29.9	64.4	38.3	44.0	44.0	64.4	15
Lumbini province total	97.7	54.2	97.7	52.2	54.1	54.1	97.7	239

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

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

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

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

⁴ Facility provides, prescribes, or counsels clients on any of the following: combined oral contraceptive pills, progestin-only injectable (Depo), implant, intrauterine contraceptive device (IUCD), the male condoms, female sterilization, or male sterilization.

Table 9 Methods of family planning provided¹: Lumbini Province

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

Methods provided	Facility type				Basic health care centers				Lumbini 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	65.6	100.0	100.0	100.0	100.0	100.0	98.6
Progestin-only injectable (Depo)	100.0	100.0	51.5	96.7	100.0	100.0	100.0	100.0	97.9
Male condom	100.0	100.0	68.5	96.7	100.0	100.0	100.0	100.0	98.6
Intrauterine contraceptive device	100.0	100.0	50.7	70.0	36.5	47.3	4.4	0.0	40.6
Implant	85.7	100.0	17.7	83.3	48.3	60.5	13.3	6.5	50.0
Male sterilization	35.8	0.0	16.7	0.0	0.2	0.2	0.0	0.0	1.5
Female sterilization	28.7	6.7	25.5	0.0	0.2	0.2	0.0	0.0	1.8
Three temporary modern methods ²	100.0	100.0	44.6	93.3	100.0	100.0	100.0	100.0	97.5
Five temporary modern methods ³	85.7	100.0	9.8	63.3	35.0	45.4	4.4	0.0	37.1
Seven modern methods ⁴	21.5	0.0	9.8	0.0	0.2	0.2	0.0	0.0	0.9
Emergency contraceptive pills	0.0	0.0	35.7	6.7	1.4	1.9	0.0	0.0	3.0
Cycle beads for standard days method	21.5	6.7	4.0	6.7	5.2	5.9	2.2	4.3	5.5
Number of facilities offering any modern method of family planning	4	4	10	8	207	157	27	23	234

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: Lumbini 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				Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals/PHCCs	Private hospitals	Basic health care centers	
Combined oral contraceptive pills	92.8	100.0	87.9	99.5	99.1
Progestin-only injectables (Depo)	92.8	97.8	92.3	99.4	99.0
Male condoms	92.8	100.0	100.0	98.3	98.4
Intrauterine contraceptive devices	92.8	100.0	89.9	96.1	96.1
Implants	100.0	97.6	77.6	96.6	96.5
Every method provided by facility was available on day of survey	85.7	95.6	77.7	94.4	93.7
Emergency contraceptive pills	-	100.0	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. Figures of Emergency contraceptive pills should be interpreted cautiously due to small number of cases.

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

Table 11 Guidelines, trained staff, and basic equipment for family planning services: Lumbini 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 plan-ning-specific visual aid ⁵	
Facility type													
Federal/provincial level hospitals	71.3	71.7	35.5	85.7	50.2	100.0	100.0	100.0	78.5	21.5	28.3	85.7	4
Local-level hospitals	13.3	86.7	73.4	100.0	80.0	100.0	100.0	100.0	80.0	80.0	80.0	100.0	4
Private hospitals	10.9	4.0	2.9	33.7	13.0	96.0	100.0	96.0	33.7	9.1	0.0	45.7	10
PHCCs	20.0	30.0	13.3	96.7	43.3	100.0	96.7	100.0	50.0	10.0	10.0	83.3	8
Basic health care centers													
HPs	25.9	33.7	15.2	98.0	20.6	99.4	93.7	91.2	35.8	1.9	8.6	71.2	207
UHCs	32.0	41.7	19.1	98.1	24.5	100.0	94.4	92.5	45.2	1.9	11.3	81.2	157
CHUs	8.9	8.9	2.2	97.8	6.7	95.6	95.6	91.1	4.4	0.0	0.0	42.2	27
	4.3	8.7	4.3	97.8	10.9	100.0	87.0	82.6	8.7	4.3	0.0	37.0	23
Managing authority													
Public	26.3	35.3	16.7	97.8	23.2	99.5	94.1	91.9	38.0	4.1	10.4	72.5	224
Private	10.9	4.0	2.9	33.7	13.0	96.0	100.0	96.0	33.7	9.1	0.0	45.7	10
Lumbini province total	25.7	34.0	16.1	95.2	22.8	99.3	94.3	92.1	37.8	4.3	10.0	71.4	234

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: Lumbini 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			Lumbini province total
	Federal/ provincial level hospitals	Local-level hospitals/PHCCs	Basic health care centers	
Client history				
Age	78.9	60.0	62.6	66.1
Any history of pregnancy	96.5	80.0	82.0	84.8
Current pregnancy status	67.7	80.0	87.2	83.8
Breastfeeding status (if ever pregnant) ¹	21.9	20.0	18.0	19.6
Desired timing for next child or desire for another child	58.5	20.0	26.3	33.1
Regularity of menstrual cycle	74.6	20.0	49.8	53.6
All elements of reproductive history ²	12.7	0.0	0.0	2.8
Client medical history				
Asked about smoking	0.0	0.0	1.4	1.1
Asked about symptoms of sexually transmitted infections (STIs)	0.0	0.0	1.7	1.3
Asked about any chronic illnesses	11.9	40.0	11.4	14.0
Client examination				
Measure blood pressure ⁴	92.3	60.0	62.3	68.2
Measure weight ⁵	88.1	60.0	52.9	60.2
Questions or concerns				
Asked if client had questions or concerns regarding current or past method used	28.1	40.0	47.4	44.1
Number of observed first-visit FP clients	8	1	37	48
Number of observed first-visit FP clients with prior pregnancy ⁶	8	1	37	48

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: Lumbini 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	Lumbini province total
	Lumbini province	
Client history		
Age	66.1	66.1
Any history of pregnancy	84.8	84.8
Current pregnancy status	83.8	83.8
Breastfeeding status (if ever pregnant) ¹	19.6	19.6
Desired timing for next child or desire for another child	33.1	33.1
Regularity of menstrual cycle	53.6	53.6
All elements of reproductive history ²	2.8	2.8
Client medical history		
Asked about smoking	1.1	1.1
Asked about symptoms of sexually transmitted infections (STIs)	1.3	1.3
Asked about any chronic illnesses	14.0	14.0
Client examination		
Measure blood pressure ⁴	68.2	68.2
Measure weight ⁵	60.2	60.2
Questions or concerns		
Asked if client had questions or concerns regarding current or past method used	44.1	44.1
Number of observed first-visit FP clients	48	48
Number of observed first-visit FP clients with prior pregnancy ⁶	48	48

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: Lumbini 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			Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Privacy and confidentiality								
Visual privacy assured	89.2	100.0	65.7	81.5	80.6	83.3	90.9	83.8
Auditory privacy assured	75.9	100.0	62.9	75.3	76.9	61.1	81.8	77.8
Confidentiality assured	5.7	21.2	5.7	23.7	26.3	16.7	0.0	20.0
All three counselling conditions on privacy and confidentiality met ²	5.7	21.2	5.7	23.7	26.3	16.7	0.0	20.0
Discussion related to STIs and condoms								
Use of condoms to prevent STIs	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.2
Any discussion related to STIs ⁴	3.8	0.0	2.9	0.0	0.0	0.0	0.0	0.7
Concerns, side effects and individual client cards								
Concerns about methods discussed ⁴	67.6	74.8	51.4	63.5	64.4	61.1	54.5	64.7
Side effects discussed ⁵	44.7	23.2	31.4	49.2	49.4	50.0	45.5	44.4
Individual client card reviewed during consultation	62.2	63.6	77.1	69.9	73.1	50.0	63.6	69.0
Individual client card written on after consultation	88.9	98.0	94.3	78.0	76.9	88.9	72.7	83.2
Visual aid and return visit								
Visual aids were used during consultation	19.1	2.0	5.7	3.7	3.8	5.6	0.0	5.8
Return visit discussed	71.7	98.0	80.0	79.1	76.3	88.9	100.0	80.3
Number of observed female FP clients	19	18	10	99	82	11	6	148

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: Lumbini 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	6.3	42.4	0.0	2.9	2.7	12.9	2.5	30.8	4.3	30.7	1.1	10.2	5.0	23.7	50	
Local-level hospitals	20.3	48.5	0.0	3.0	0.0	5.2	2.6	29.9	0.0	40.7	0.0	24.7	0.0	18.6	20	
Private hospitals	2.5	35.6	0.0	11.0	0.0	14.2	4.1	37.1	0.0	20.5	0.0	5.0	0.9	21.3	49	
PHCCs	9.4	39.7	0.0	0.9	1.6	4.2	2.6	19.3	5.9	30.3	1.6	9.5	4.2	15.5	31	
Basic health care centers																
HPs	5.5	35.6	1.0	2.1	1.0	2.3	3.2	13.7	2.2	19.3	1.9	6.9	2.9	11.7	487	
UHCs	5.6	38.4	1.2	2.5	1.2	2.7	3.7	15.0	2.5	21.8	1.9	7.5	3.2	13.2	413	
CHUs	4.1	20.5	0.0	0.0	0.0	0.0	0.0	8.2	0.0	5.5	2.7	4.1	2.7	2.7	38	
	6.3	18.8	0.0	0.0	0.0	0.0	1.3	3.8	1.3	5.0	0.0	3.8	0.0	3.8	36	
Managing authority																
Public	6.3	36.8	0.9	2.1	1.2	3.4	3.1	16.0	2.5	21.6	1.7	8.0	3.0	13.1	588	
Private	2.5	35.6	0.0	11.0	0.0	14.2	4.1	37.1	0.0	20.5	0.0	5.0	0.9	21.3	49	
Lumbini province total	6.0	36.7	0.8	2.8	1.1	4.2	3.2	17.6	2.3	21.5	1.6	7.7	2.9	13.8	637	

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: Lumbini Province

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

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹			Number of facilities offering ANC services
			1–2 days per week	3–4 days per week	5 or more days per week	
Facility type						
Federal/provincial level hospitals	93.3	4	28.7	7.2	57.0	4
Local-level hospitals	100.0	4	13.3	0.0	86.7	4
Private hospitals	81.6	15	0.0	0.0	100.0	12
PHCCs	100.0	8	3.3	0.0	90.0	8
Basic health care centers						
HPs	99.3	207	2.9	1.7	95.4	206
UHCs	100.0	157	3.8	1.9	94.4	157
UHCs	100.0	27	0.0	0.0	100.0	27
CHUs	93.5	23	0.0	2.3	97.7	21
Managing authority						
Public	99.2	224	3.6	1.7	94.4	223
Private	81.6	15	0.0	0.0	100.0	12
Lumbini province total	98.1	239	3.4	1.6	94.6	235

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: Lumbini 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	92.8	92.8	21.5	92.8	71.3	71.3	57.3	4
Local-level hospitals	33.3	20.0	20.0	0.0	33.3	0.0	0.0	86.7	4
Private hospitals	93.7	87.5	90.6	11.8	91.4	9.2	9.2	14.8	12
PHCCs	93.3	86.7	83.3	3.3	93.3	3.3	3.3	80.0	8
Basic health care centers									
HPs	17.1	23.6	23.1	0.0	14.0	0.2	0.0	52.8	206
UHCs	20.9	28.5	28.5	0.0	17.2	0.0	0.0	64.0	157
UHCs	4.4	6.7	6.7	0.0	4.4	0.0	0.0	11.1	27
CHUs	4.7	9.3	4.7	0.0	2.3	2.3	0.0	23.3	21
Managing authority									
Public	21.8	27.2	26.6	0.5	18.8	1.7	1.4	54.5	223
Private	93.7	87.5	90.6	11.8	91.4	9.2	9.2	14.8	12
Lumbini province total	25.5	30.3	29.9	1.1	22.6	2.1	1.8	52.5	235

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: Lumbini 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	64.2	92.8	50.2	28.7	100.0	92.8	4
Local-level hospitals	33.3	100.0	26.6	6.7	100.0	100.0	4
Private hospitals	76.6	79.7	22.0	40.8	86.0	79.7	12
PHCCs	50.0	100.0	90.0	36.7	100.0	100.0	8
Basic health care centers	17.4	98.3	61.3	33.1	100.0	98.3	206
HPs	15.1	98.1	69.9	34.1	100.0	98.1	157
UHCs	35.6	97.8	28.9	24.4	100.0	97.8	27
CHUs	11.6	100.0	39.5	37.2	100.0	100.0	21
Managing authority							
Public	19.9	98.3	61.5	32.7	100.0	98.3	223
Private	76.6	79.7	22.0	40.8	86.0	79.7	12
Lumbini province total	22.8	97.3	59.4	33.1	99.3	97.3	235

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: Lumbini 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 (2–42 weeks)		
Facility type								
Federal/provincial level hospitals	53.8	46.2	55.0	11.8	54.9	33.3	100.0	78
Local-level hospitals	51.4	48.6	49.6	16.8	47.7	35.5	100.0	45
Private hospitals	44.1	55.9	47.1	12.1	51.6	36.3	100.0	46
PHCCs	31.1	68.9	45.9	2.7	51.4	45.9	100.0	27
Basic health care centers	49.4	50.6	44.5	18.0	47.0	35.0	100.0	189
HPs	51.1	48.9	44.7	19.1	46.8	34.0	100.0	169
UHCs	47.4	52.6	31.6	10.5	52.6	36.8	100.0	15
CHUs	0.0	100.0	75.0	0.0	37.5	62.5	100.0	5
Managing authority								
Public	49.2	50.8	47.7	15.2	49.3	35.6	100.0	338
Private	44.1	55.9	47.1	12.1	51.6	36.3	100.0	46
Lumbini province total	48.6	51.4	47.6	14.8	49.5	35.7	100.0	384

Table 20 General assessment and client history for observed first-visit antenatal care clients: Lumbini 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			Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	
Client history								
Client's age	57.7	81.8	76.9	82.6	76.0	75.0	88.9	73.0
Date of last menstrual period	66.0	85.5	85.3	78.3	92.3	91.7	100.0	84.2
Any prior pregnancy ¹	48.1	36.3	67.0	65.2	68.3	66.7	88.9	59.5
Medicines client currently taking	22.0	10.9	18.4	0.0	4.7	4.2	11.1	10.6
All elements relevant to client history ²	8.1	7.3	13.6	0.0	4.7	4.2	11.1	6.5
Gravida (primi or multi)	63.7	70.0	65.9	65.2	63.6	62.5	77.8	64.8
Routine tests								
Urine protein or glucose test	75.8	36.3	62.8	56.5	25.6	25.0	33.3	43.6
Hemoglobin test	77.8	36.3	75.6	56.5	41.1	41.7	33.3	53.1
Ultrasound	83.9	39.9	95.2	60.9	49.6	50.0	44.4	61.5
Number of first-visit ANC clients	42	23	20	8	93	86	7	187
Prior pregnancy-related complications								
Stillbirth	8.1	10.0	43.9	18.8	14.0	15.4	0.0	15.5
Death of infant during first week after birth	4.1	10.0	11.2	6.3	14.0	15.4	0.0	10.9
Heavy bleeding during labor or postpartum	4.1	0.0	5.6	0.0	7.0	7.7	0.0	5.2
Assisted delivery	4.1	10.0	16.8	0.0	7.0	7.7	0.0	7.1
Cesarean delivery	8.5	0.0	24.1	6.3	1.5	0.0	16.7	5.2
Previous spontaneous abortion	26.0	10.0	49.6	37.5	14.0	15.4	0.0	20.9
Previous induced abortion	0.0	10.0	11.2	12.5	0.0	0.0	0.0	2.7
Pregnancy-induced hypertension	0.0	0.0	5.6	0.0	0.0	0.0	0.0	0.5
Pregnancy-related convulsions	0.0	0.0	5.6	0.0	0.0	0.0	0.0	0.5
Any aspect of complications during a prior pregnancy	34.5	10.0	88.8	50.0	36.5	38.5	16.7	39.4
Number of first-visit ANC clients with prior pregnancy	19	8	9	6	51	47	5	93

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: Lumbini 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				Lumbini 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	13.8	10.9	56.8	21.7	25.6	25.0	33.3	-	24.3
Fever	5.9	0.0	9.7	0.0	19.3	20.8	0.0	-	12.0
Headache or blurred vision	19.8	30.0	50.6	26.1	36.4	37.5	22.2	-	33.0
Swollen hands, face or body	6.0	0.0	12.3	8.7	32.5	33.3	22.2	-	19.3
Tiredness, shortness of breath	0.0	15.5	2.4	0.0	4.7	4.2	11.1	-	4.5
Fetal movement: loss of, excessive or normal	0.0	3.6	19.5	13.0	14.0	12.5	33.3	-	10.1
Convulsion or loss of consciousness	0.0	0.0	0.0	0.0	20.9	20.8	22.2	-	10.5
Severe lower abdominal pain	23.9	63.7	46.5	30.4	48.8	50.0	33.3	-	44.0
Any of the above risk symptoms	36.0	67.3	83.0	43.5	74.4	75.0	66.7	-	64.5
Number of ANC clients	42	23	20	8	93	86	7	0	187
FOLLOW-UP VISIT ANC CLIENT									
Vaginal bleeding or spotting	18.6	30.8	77.1	37.3	26.0	21.7	40.0	75.0	32.8
Fever	2.3	0.0	1.9	0.0	7.5	8.7	0.0	0.0	4.3
Headache or blurred vision	16.4	19.2	31.2	29.4	21.6	21.7	10.0	37.5	22.4
Swollen hands, face or body	14.1	15.4	31.8	23.5	39.1	39.1	40.0	37.5	29.5
Tiredness, shortness of breath	0.0	0.0	1.9	5.9	8.3	8.7	10.0	0.0	4.8
Fetal movement: loss of, excessive or normal	11.5	23.1	69.5	33.3	25.4	21.7	40.0	62.5	29.0
Convulsion or loss of consciousness	0.0	3.8	0.0	0.0	5.2	4.3	10.0	12.5	3.0
Severe lower abdominal pain	14.1	42.3	37.4	45.1	33.7	34.8	20.0	37.5	32.6
Any of the above risk symptoms	35.0	61.5	84.7	66.7	71.4	69.6	80.0	87.5	64.9
Number of ANC clients	36	22	25	18	96	83	8	5	197
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding or spotting	16.0	20.5	68.2	32.4	25.8	23.4	36.8	75.0	28.7
Fever	4.3	0.0	5.3	0.0	13.3	14.9	0.0	0.0	8.1
Headache or blurred vision	18.3	24.8	39.8	28.4	28.9	29.8	15.8	37.5	27.5
Swollen hands, face or body	9.7	7.5	23.2	18.9	35.9	36.2	31.6	37.5	24.5
Tiredness, shortness of breath	0.0	8.0	2.1	4.1	6.5	6.4	10.5	0.0	4.7
Fetal movement: loss of, excessive or normal	5.3	13.1	47.5	27.0	19.8	17.0	36.8	62.5	19.8
Convulsion or loss of consciousness	0.0	1.9	0.0	0.0	13.0	12.8	15.8	12.5	6.6
Severe lower abdominal pain	19.3	53.3	41.4	40.5	41.2	42.6	26.3	37.5	38.2
Any of the above risk symptoms	35.5	64.5	84.0	59.5	72.9	72.3	73.7	87.5	64.7
Number of ANC clients	78	45	46	27	189	169	15	5	384

Table 22 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning: Lumbini 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				Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
FIRST VISIT ANC CLIENT									
Nutrition	21.7	67.3	25.7	39.1	84.6	83.3	100.0	-	60.0
Progress of pregnancy	24.0	30.0	46.5	21.7	59.5	62.5	22.2	-	44.8
Care during pregnancies	9.6	37.3	25.1	17.4	51.2	50.0	66.7	-	35.9
Importance of at least 4 ANC visits	17.7	40.9	12.8	43.5	72.7	75.0	44.4	-	48.7
Delivery plans/ birth preparedness ¹	2.0	7.3	2.4	4.3	16.3	16.7	11.1	-	9.9
Care of newborn ²	0.0	0.0	2.4	0.0	3.9	4.2	0.0	-	2.2
Early initiation and prolonged breastfeeding	0.0	0.0	0.0	0.0	3.9	4.2	0.0	-	1.9
Exclusive breastfeeding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	3.9	4.2	0.0	-	1.9
Family planning post-partum	4.0	0.0	2.4	0.0	7.7	8.3	0.0	-	5.0
Provider used any visual aids	2.0	0.0	0.0	13.0	27.8	29.2	11.1	-	14.9
Number of ANC clients	42	23	20	8	93	86	7	0	187
FOLLOW-UP VISIT ANC CLIENT									
Nutrition	20.7	61.5	50.0	54.9	66.0	65.2	60.0	87.5	54.1
Progress of pregnancy	25.6	23.1	61.1	52.9	32.9	26.1	70.0	87.5	36.0
Care during pregnancies	4.5	23.1	37.5	19.6	27.6	21.7	60.0	75.0	23.4
Importance of at least 4 ANC visits	4.5	26.9	0.0	15.7	36.8	39.1	20.0	25.0	23.1
Delivery plans/ birth preparedness ¹	9.0	7.7	12.6	31.4	23.1	21.7	20.0	50.0	18.2
Care of newborn ²	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Early initiation and prolonged breastfeeding	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.0	0.2
Exclusive breastfeeding	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.0	0.2
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Family planning post-partum	4.7	0.0	4.4	0.0	7.5	8.7	0.0	0.0	5.1
Provider used any visual aids	0.0	0.0	0.0	2.0	4.4	4.3	0.0	12.5	2.3
Number of ANC clients	36	22	25	18	96	83	8	5	197
ALL OBSERVED ANC CLIENTS									
Nutrition	21.3	64.5	39.3	50.0	75.2	74.5	78.9	87.5	57.0
Progress of pregnancy	24.7	26.7	54.7	43.2	46.0	44.7	47.4	87.5	40.3
Care during pregnancies	7.3	30.4	32.1	18.9	39.3	36.2	63.2	75.0	29.5
Importance of at least 4 ANC visits	11.6	34.1	5.7	24.3	54.6	57.4	31.6	25.0	35.6
Delivery plans/ birth preparedness ¹	5.3	7.5	8.1	23.0	19.7	19.1	15.8	50.0	14.2
Care of newborn ²	0.0	0.0	1.1	0.0	1.9	2.1	0.0	0.0	1.1
Early initiation and prolonged breastfeeding	0.0	0.0	1.1	0.0	1.9	2.1	0.0	0.0	1.1
Exclusive breastfeeding	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.1
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	1.9	2.1	0.0	0.0	0.9
Family planning post-partum	4.3	0.0	3.5	0.0	7.6	8.5	0.0	0.0	5.0
Provider used any visual aids	1.1	0.0	0.0	5.4	16.0	17.0	5.3	12.5	8.5
Number of ANC clients	78	45	46	27	189	169	15	5	384

¹ Provider advised or counseled client about birth preparedness in any of the following ways: asked client where she plans to deliver and advised client to prepare for delivery by setting aside money, making arrangements for transportation, identifying a blood donor; advised client to use a skilled birth attendant or delivery at a health facility; discussed what items to have on hand at home, e.g., blade, clean delivery kit, 4.1% Chlorhexidine gel.

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

Table 23 Availability of normal vaginal delivery and other maternal health services: Lumbini 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	86.6	79.9	86.6	79.9	4	84.6	100.0	100.0	100.0	100.0	4
Local-level hospitals	100.0	13.3	100.0	13.3	4	20.0	33.3	20.0	33.3	100.0	4
Private hospitals	47.2	45.0	54.2	38.0	15	76.8	64.8	74.2	69.8	94.6	7
PHCCs	100.0	0.0	100.0	0.0	8	23.3	66.7	43.3	63.3	100.0	8
Basic health care centers											
HPs	54.2	0.0	54.2	0.0	207	5.7	23.7	0.0	21.4	100.0	112
UHCs	66.1	0.0	66.1	0.0	157	5.7	25.6	0.0	23.1	100.0	104
CHUs	8.9	0.0	8.9	0.0	27	0.0	0.0	0.0	0.0	100.0	2
CHUs	26.1	0.0	26.1	0.0	23	8.3	0.0	0.0	0.0	100.0	6
Managing authority											
Public	57.4	1.8	57.4	1.8	224	9.7	29.1	6.5	26.9	100.0	129
Private	47.2	45.0	54.2	38.0	15	76.8	64.8	74.2	69.8	94.6	7
Lumbini province total	56.8	4.5	57.2	4.1	239	13.2	31.0	10.0	29.1	99.7	136

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: Lumbini Province

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

Medicines	Facility type				Basic health care centers				Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Essential medicines for delivery¹									
Injectable uterotonic (oxytocin) ²	100.0	100.0	94.6	100.0	97.4	97.2	100.0	100.0	97.5
Injectable antibiotic ³	100.0	33.3	89.2	80.0	60.9	63.0	0.0	50.0	63.8
Skin antiseptic	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intravenous fluids with infusion set ⁴	100.0	93.3	100.0	100.0	96.4	97.2	75.0	91.7	96.8
Magnesium Sulphate	100.0	93.3	85.2	96.7	75.1	77.2	25.0	58.3	78.3
All essential medicines for delivery	100.0	13.3	67.4	43.3	13.5	14.6	0.0	0.0	20.6
Essential medicines for newborns									
Tetracycline eye ointment ¹	15.4	0.0	18.8	13.3	7.9	8.5	0.0	0.0	8.8
4% chlorhexidine gel ¹	84.9	93.3	65.0	90.0	87.6	88.6	75.0	75.0	86.7
Injectable gentamicin ²	76.8	93.3	83.8	86.7	83.0	85.8	25.0	58.3	83.4
Ceftriaxone powder for injection	84.6	100.0	100.0	76.7	29.4	31.3	0.0	8.3	39.8
Amoxicillin suspension or dispersible pediatric dosed tablet	61.4	26.6	72.8	66.7	55.4	54.5	50.0	75.0	56.3
All essential medicines for newborns	0.0	0.0	9.4	10.0	2.6	2.8	0.0	0.0	3.3
Priority medicines for mothers⁵									
Sodium chloride injectable solution	100.0	100.0	100.0	100.0	94.3	94.3	100.0	91.7	95.3
Injectable Calcium gluconate	92.3	26.6	89.0	53.3	47.4	48.8	25.0	33.3	50.5
Ampicillin powder for injection	69.1	20.0	83.8	60.0	32.0	31.7	0.0	50.0	37.0
Injectable metronidazole	92.3	33.3	94.6	83.3	28.9	28.8	0.0	41.7	37.6
Misoprostol capsules or tablets	76.8	26.6	78.2	36.7	33.3	34.5	0.0	25.0	36.8
Azithromycin capsules or tablets or oral liquid	84.6	100.0	89.2	96.7	65.0	65.8	25.0	66.7	69.9
Cefixime capsules or tablets	84.6	33.3	89.2	66.7	18.0	17.4	25.0	25.0	27.1
Injectable bethamethasone or dexamethasone	61.4	26.6	89.0	73.3	51.9	54.1	25.0	25.0	54.6
All priority medicines for mothers	38.2	13.3	60.4	6.7	0.0	0.0	0.0	0.0	5.0
Number of facilities offering normal vaginal delivery services	4	4	7	8	112	104	2	6	136

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: Lumbini 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	100.0	100.0	100.0	100.0	100.0	100.0	84.6	69.5	15.4	7.7	92.3	4
Local-level hospitals	100.0	100.0	100.0	33.3	100.0	100.0	20.0	6.7	6.7	0.0	93.3	4
Private hospitals	94.6	94.6	94.6	100.0	100.0	100.0	64.8	41.6	0.0	0.0	94.6	7
PHCCs	93.3	100.0	93.3	93.3	96.7	100.0	26.7	30.0	3.3	3.3	90.0	8
Basic health care centers												
Basic health care centers	77.5	75.3	72.2	94.3	96.9	100.0	23.7	14.0	7.9	0.0	93.0	112
HPs	80.1	77.2	74.4	94.3	97.2	100.0	25.6	14.6	8.5	0.0	94.3	104
UHCs	75.0	75.0	75.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	100.0	2
CHUs	33.3	41.7	33.3	91.7	91.7	100.0	0.0	8.3	0.0	0.0	66.7	6
Managing authority												
Public	80.0	78.5	75.4	92.3	97.1	100.0	25.6	16.4	7.8	0.4	92.8	129
Private	94.6	94.6	94.6	100.0	100.0	100.0	64.8	41.6	0.0	0.0	94.6	7
Lumbini province total												
Lumbini province total	80.7	79.3	76.4	92.7	97.3	100.0	27.6	17.7	7.4	0.4	92.9	136

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: Lumbini 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	92.3	100.0	69.1	69.1	100.0	92.3	92.3	4	61.4	4	84.9	92.3	54.1	4
Local-level hospitals	33.3	93.3	20.0	13.3	20.0	13.3	20.0	4	6.7	4	0.0	6.7	0.0	4
Private hospitals	64.4	83.8	40.2	36.3	58.0	56.6	41.6	7	16.0	7	60.4	75.2	16.0	7
PHCCs	63.3	93.3	16.7	10.0	43.3	50.0	53.3	8	0.0	8	-	-	-	0
Basic health care centers														
HPs	28.1	83.2	7.9	0.0	31.6	25.0	29.9	112	-	0	-	-	-	0
UHCs	28.8	82.9	8.5	0.0	31.7	26.0	31.3	104	-	0	-	-	-	0
CHUs	25.0	75.0	0.0	0.0	25.0	25.0	0.0	2	-	0	-	-	-	0
	16.7	91.7	0.0	0.0	33.3	8.3	16.7	6	-	0	-	-	-	0
Managing authority														
Public	32.5	84.7	10.7	3.2	34.0	28.3	32.9	129	15.8	17	39.3	46.3	25.0	8
Private	64.4	83.8	40.2	36.3	58.0	56.6	41.6	7	16.0	7	60.4	75.2	16.0	7
Lumbini province total														
	34.1	84.7	12.2	4.9	35.2	29.7	33.4	136	15.9	24	49.0	59.6	20.9	15

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: Lumbini Province

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

Newborn care practices	Facility type				Basic health care centers	Basic health care centers			Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs		HPs	UHCs	CHUs	
Delivery to the abdomen (skin-to-skin)	92.3	100.0	100.0	96.7	100.0	100.0	100.0	100.0	99.6
Drying and wrapping newborns to keep warm	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Kangaroo mother care	92.3	100.0	79.8	86.7	90.7	91.5	75.0	83.3	90.2
Initiation of breastfeeding within the first hour	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Routine complete (head-to-toe) examination of newborns before discharge	100.0	100.0	96.0	96.7	100.0	100.0	100.0	100.0	99.6
Applying chlorhexidine gel to umbilical cord stump	100.0	93.3	85.2	100.0	100.0	100.0	100.0	100.0	99.0
Weighing the newborn immediately upon delivery	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Administration of injectable vitamin K1 to newborn	61.4	6.7	93.0	20.0	3.1	2.8	0.0	8.3	10.5
Applying tetracycline eye ointment to both eyes	7.7	0.0	25.6	3.3	10.5	11.4	0.0	0.0	10.5
Giving the newborn BCG prior to discharge	23.2	6.7	24.2	6.7	5.7	5.7	0.0	8.3	7.2
All new born care practices except injectable vitamin K1, tetracycline eye ointment and new born BCG	92.3	93.3	70.4	83.3	90.7	91.5	75.0	83.3	89.3
Number of facilities offering normal vaginal delivery services	4	4	7	8	112	104	2	6	136

Table 28 Postpartum check/advise at the time of discharge: Lumbini 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		Lumbini province total
	Federal/ provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	
Mother							
Check blood pressure	64.9	50.0	86.1	100.0	100.0	100.0	73.4
Check pulse	44.1	50.0	64.6	40.0	100.0	100.0	52.1
Check temperature	43.0	50.0	51.2	20.0	100.0	100.0	47.0
Check leg for tenderness/swelling	43.0	50.0	37.8	40.0	100.0	100.0	44.1
Inspect perineum for tear, bleeding, swelling	39.7	100.0	67.4	20.0	100.0	100.0	50.1
Examine breast for retracted nipple, cracked nipple, engorgement	27.0	50.0	43.2	20.0	100.0	100.0	34.7
Ask she has passed urine without difficulties	71.5	50.0	86.6	100.0	100.0	100.0	77.7
Check if uterus is well contracted	43.0	50.0	72.8	80.0	100.0	100.0	55.2
Ask about vaginal bleeding	71.5	50.0	73.1	100.0	100.0	100.0	74.0
Cord care advise	66.0	50.0	75.9	80.0	100.0	100.0	70.6
Breastfeeding advise	83.6	50.0	89.3	100.0	100.0	100.0	86.0
Family Planning advise	34.7	0.0	48.2	40.0	0.0	0.0	36.5
Post Natal Care (PNC) check up advise	57.3	50.0	83.8	80.0	100.0	100.0	67.2
Carried out wound site examination	37.5	50.0	53.7	0.0	100.0	100.0	43.5
Advised on danger signs during postpartum period	39.7	50.0	64.6	40.0	100.0	100.0	49.4
All checks/advise	17.1	0.0	13.4	0.0	0.0	0.0	14.4
Mother received postpartum family planning (PPFP) counselling	17.5	0.0	45.5	0.0	0.0	0.0	23.5
Mother adopted postpartum family	1.1	0.0	13.4	0.0	0.0	0.0	4.3
Baby							
Check baby temperature by touching foot and abdomen	41.9	50.0	69.9	20.0	100.0	100.0	51.5
Check any difficulty in breathing, grunting, chest indrawn	80.3	50.0	59.7	100.0	100.0	100.0	75.9
Assess newborns general appearance color, movement and cry	28.8	50.0	70.2	40.0	100.0	100.0	44.0
Check umbilical cord for bleeding and infection	40.8	50.0	64.7	40.0	100.0	100.0	50.1
Check for pustules on skin	43.0	50.0	75.9	40.0	100.0	100.0	54.5
Check eye for discharge	41.9	50.0	61.9	0.0	100.0	100.0	48.5
Look for sign of jaundice in forehead, abdomen, palm, foot	25.5	50.0	56.5	0.0	100.0	100.0	36.7
Ask if newborn is breastfeeding well	24.4	50.0	56.5	0.0	100.0	100.0	36.0
Advise immunization	32.0	50.0	70.4	0.0	100.0	100.0	44.6
All checks/advise	14.5	50.0	29.6	0.0	100.0	100.0	22.4
Time of discharge after delivery - after 24 hours	36.2	0.0	69.9	20.0	100.0	100.0	47.1
- before 24 hours	63.8	100.0	30.1	80.0	0.0	0.0	52.9
Number of postpartum clients	77	2	33	5	6	6	123
Reasons of discharge before 24 hours¹							
Due to having limited beds/ overload of cases in the facilities	49.8	0.0	0.0	0.0	-	-	37.9
Clients did not want to stay for 24 hours	65.2	50.0	55.0	75.0	-	-	63.8
Others	3.8	50.0	45.0	25.0	-	-	12.7
Number of postpartum clients who discharged before 24 hours	49	2	10	4	0	0	65

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: Lumbini 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	80.3	73.6	73.6	86.6	4	4
Local-level hospitals	100.0	33.3	93.3	26.6	100.0	4	4
Private hospitals	78.4	34.3	18.3	18.3	32.4	15	15
PHCCs	100.0	96.7	100.0	96.7	100.0	8	8
Basic health care centers							
HPs	100.0	98.6	94.3	94.0	90.4	207	207
UHCs	100.0	93.3	82.2	80.0	68.9	27	27
CHUs	100.0	95.7	69.6	69.6	63.0	23	23
Managing authority							
Public	100.0	96.9	94.1	92.4	90.9	224	224
Private	78.4	34.3	18.3	18.3	32.4	15	15
Lumbini province total	98.7	93.0	89.4	87.8	87.3	239	239

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: Lumbini 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	86.6	79.9	79.9	4
Local-level hospitals	33.3	100.0	13.3	13.3	4
Private hospitals	96.7	89.3	57.6	54.4	12
PHCCs	93.3	96.7	36.7	33.3	8
Basic health care centers					
HPs	17.0	44.2	11.9	7.4	207
UHCs	20.9	52.9	15.1	9.4	157
UHCs	4.4	20.0	0.0	0.0	27
CHUs	4.3	13.0	4.3	2.2	23
Managing authority					
Public	21.8	48.1	14.2	9.9	224
Private	96.7	89.3	57.6	54.4	12
Lumbini province total	25.5	50.2	16.3	12.1	236

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: Lumbini 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	Para-cetamol syrup or suspension	Vitamin A capsules	Alben-dazole	Ampicillin powder for injection	Genta-mycin injection	Ceftri-axone powder for injection	
Facility type										
Federal/provincial level hospitals	93.3	59.9	59.9	79.9	66.9	100.0	59.9	79.9	86.6	4
Local-level hospitals	100.0	100.0	26.6	100.0	100.0	100.0	20.0	93.3	100.0	4
Private hospitals	94.3	83.0	65.8	91.1	31.0	86.3	73.2	72.4	91.1	12
PHCCs	100.0	96.7	66.7	86.7	100.0	96.7	60.0	86.7	76.7	8
Basic health care centers										
HPs	100.0	96.2	58.6	88.7	96.2	100.0	24.7	79.3	22.6	157
UHCs	100.0	86.7	60.0	95.6	62.2	97.8	11.1	33.3	4.4	27
CHUs	97.8	95.7	54.3	84.8	50.0	100.0	19.6	43.5	2.2	23
Managing authority										
Public	99.7	94.4	58.0	89.1	87.1	99.6	24.4	70.6	23.1	224
Private	94.3	83.0	65.8	91.1	31.0	86.3	73.2	72.4	91.1	12
Lumbini province total	99.4	93.8	58.4	89.2	84.3	98.9	26.9	70.7	26.5	236
ORS = oral rehydration salts.										

ORS = oral rehydration salts.

Table 32 Infection control for vaccination services: Lumbini 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	90.9	90.9	90.9	100.0	100.0	45.5	18.2	0.0	81.8	3
Local-level hospitals	14.3	7.1	7.1	100.0	100.0	0.0	7.1	0.0	92.9	4
Private hospitals	89.7	89.7	89.7	100.0	100.0	34.6	0.0	0.0	100.0	3
PHCCs	80.0	76.7	76.7	93.3	93.3	16.7	3.3	3.3	86.7	8
Basic health care centers										
HPs	59.6	58.8	54.9	93.6	96.2	17.1	9.1	1.5	71.5	195
UHCs	60.5	60.5	56.7	94.1	96.2	19.1	11.3	1.9	69.9	157
CHUs	54.1	51.4	43.2	94.6	97.3	13.5	0.0	0.0	86.5	23
	59.4	53.1	53.1	87.5	93.8	3.1	0.0	0.0	65.6	16
Managing authority										
Public	60.0	59.0	55.4	93.8	96.2	17.2	9.0	1.5	72.6	211
Private	89.7	89.7	89.7	100.0	100.0	34.6	0.0	0.0	100.0	3
Lumbini province total	60.4	59.4	55.8	93.9	96.2	17.4	8.8	1.5	73.0	214

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: Lumbini 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	Basic health care centers			Lumbini province total
	Federal/provincial level hospitals	Local-level hospitals	Private hospitals	PHCCs		HPs	UHCs	CHUs	
Qualification of provider									
Consultation conducted by consultant/specialist or medical doctor general practitioner (MD-GP)	61.6	0.0	93.0	0.0	0.0	0.0	0.0	0.0	23.1
Consultation conducted by medical officer (MO)	30.2	46.1	2.1	42.2	1.2	1.4	0.0	0.0	10.3
Consultation conducted by a paramedic	8.3	53.9	4.9	57.8	98.8	98.6	100.0	100.0	66.6
History: general danger signs									
Inability to eat or drink anything	29.0	0.0	23.0	30.0	17.5	17.1	17.9	21.1	19.2
Vomiting everything	43.2	12.4	40.6	27.8	24.0	22.9	25.6	34.2	28.4
Convulsions	4.7	0.0	4.5	2.2	5.4	5.7	2.6	5.3	4.6
Child is unconscious/lethargic	7.1	0.0	15.8	2.2	3.1	2.9	5.1	2.6	5.5
All general danger signs	0.0	0.0	1.1	0.0	1.4	1.4	2.6	0.0	1.0
History: main symptom									
Cough or difficulty breathing	72.8	85.8	71.8	73.3	70.2	70.0	71.8	71.1	72.1
Diarrhea	53.2	59.2	44.9	36.7	41.1	37.1	56.4	65.8	44.2
Fever	78.7	83.5	84.8	83.3	83.3	82.9	82.1	89.5	83.1
All three main symptoms ¹	31.9	46.3	31.2	23.3	28.6	25.7	43.6	42.1	30.4
Ear pain or discharge from ear	10.1	12.9	0.0	12.2	21.9	22.9	10.3	26.3	15.5
All 3 main symptoms plus ear pain/ discharge	5.3	11.1	0.0	8.9	15.5	15.7	7.7	23.7	11.0
History: other information									
Asked about TB disease in any parent in last 5 years	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.3
Physical examination									
Took child's temperature with thermometer ²	86.4	84.0	86.2	77.8	76.5	72.9	89.7	100.0	79.9
Counted respiration (breaths) for 60 seconds	21.3	41.0	13.8	21.1	29.4	31.4	7.7	34.2	26.1
Count pulse	11.8	0.0	1.7	2.2	2.8	2.9	0.0	5.3	3.3
Auscultated child (listen to chest with stethoscope) or count pulse ³	65.7	23.1	81.6	64.4	0.0	0.0	0.0	0.0	27.1
Checked skin turgor for dehydration	15.4	5.3	12.2	3.3	3.4	2.9	2.6	10.5	6.4
Checked for pallor by looking at palms	4.7	0.0	3.4	2.2	2.9	2.9	5.1	0.0	2.9
Checked for pallor by looking at conjunctiva	14.8	5.3	10.2	13.3	5.1	4.3	7.7	10.5	7.5
Looked into child's mouth	17.7	1.8	28.1	12.2	7.7	8.6	0.0	7.9	12.2
Checked for neck stiffness	3.6	0.0	3.4	0.0	0.0	0.0	0.0	0.0	1.0
Looked in child's ear	5.3	1.8	2.8	3.3	6.2	7.1	2.6	0.0	5.0
Felt behind child's ears for tenderness	7.1	3.5	3.3	1.1	5.0	5.7	2.6	0.0	4.6
Pressed both feet to check for edema	2.4	0.0	0.0	2.2	2.4	2.9	0.0	0.0	1.8
Checked for enlarged lymph nodes	4.7	3.5	4.5	2.2	0.0	0.0	0.0	0.0	1.7
Measured height	7.1	0.0	5.6	12.2	1.2	1.4	0.0	0.0	3.2
Weighted the child	89.3	76.9	93.5	62.2	83.0	81.4	87.2	94.7	83.8
Plotted weight on growth chart	58.0	0.0	12.2	40.0	24.0	20.0	28.2	63.2	24.8
Essential advice to caretaker									
Give extra fluids to child	22.5	12.9	22.3	25.6	34.9	34.3	41.0	34.2	29.1
Continue feeding child	21.3	18.7	24.6	24.4	25.6	22.9	38.5	39.5	24.3
Symptoms requiring immediate return	31.9	35.2	16.6	17.8	14.1	14.3	5.1	23.7	18.3
Number of sick child observations	52	35	82	28	273	227	26	20	470

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: Lumbini Province

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

Background characteristics	Percentage of all facilities with HIV testing system ¹	Number of facilities	Percentage of facilities with HIV testing system that have:							Number of facilities having HIV testing system
			HIV testing capacity ²	National HIV testing and treatment guidelines 2020	Trained provider ³	Ever-trained provider ⁴	Visual and auditory privacy ⁵	Condoms ⁶	All items ⁷	
Facility type										
Federal/provincial level hospitals	66.6	4	100.0	69.8	50.3	89.9	100.0	79.9	20.1	3
Local-level hospitals	0.0	4	-	-	-	-	-	-	-	0
Private hospitals	19.6	15	38.4	9.6	22.6	51.4	87.0	67.8	9.6	3
PHCCs	6.7	8	50.0	50.0	50.0	100.0	100.0	100.0	50.0	1
Basic health care centers										
HPs	0.2	207	100.0	0.0	0.0	0.0	0.0	100.0	0.0	0
UHCs	0.0	157	-	-	-	-	-	-	-	0
UHCs	0.0	27	-	-	-	-	-	-	-	0
CHUs	2.2	23	100.0	0.0	0.0	0.0	0.0	100.0	0.0	0
Stand-alone HTCs	23.1	4	100.0	100.0	33.3	100.0	100.0	100.0	33.3	1
Managing authority										
Public	1.8	224	93.0	58.5	44.0	80.3	87.7	85.2	21.8	4
Private	20.3	19	52.1	29.8	25.0	62.2	89.9	75.0	14.9	4
Lumbini province total	3.2	243	73.1	44.5	34.8	71.5	88.8	80.2	18.5	8

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: Lumbini 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:				Medicines							Male con- doms and lubri- cants	Number of facilities offering HIV/AIDS care and support services
			National HIV testing and treat- ment guide- lines 2020	Refer to commu- nity care center (CCC), CHBC service and PLHIV group	Trained staff ²	System for screen- ing and testing HIV+ clients for TB ³	IV solution with infusion set	Fluca- nazole tablet or ointment	Cotri- moxa- zole tablets	First-line treat- ment for TB ⁴	Pain manage- ment ⁵	Male con- doms			
Facility type															
Federal/provincial level hospitals	66.9	4	80.0	80.0	20.0	100.0	90.0	90.0	50.0	100.0	100.0	100.0	20.0	3	
Local-level hospitals	0.0	4	-	-	-	-	-	-	-	-	-	-	-	0	
Private hospitals	9.6	15	19.6	19.6	0.0	39.2	80.4	100.0	39.2	39.2	100.0	100.0	0.0	1	
PHCCs	26.7	8	12.5	0.0	12.5	25.0	100.0	100.0	100.0	87.5	100.0	100.0	12.5	2	
Basic health care centers															
HPs	17.6	207	0.0	8.1	0.0	0.0	95.3	53.4	91.9	85.5	61.5	100.0	0.0	36	
UHCs	20.7	157	0.0	9.1	0.0	0.0	100.0	54.5	90.9	90.9	63.6	100.0	0.0	33	
CHUs	8.9	27	0.0	0.0	0.0	0.0	50.0	50.0	100.0	25.0	50.0	100.0	0.0	2	
CHUs	6.5	23	0.0	0.0	0.0	0.0	66.7	33.3	100.0	66.7	33.3	100.0	0.0	1	
Stand-alone HTCs	30.8	4	50.0	75.0	25.0	25.0	50.0	50.0	25.0	25.0	50.0	75.0	50.0	1	
Managing authority															
Public	18.6	224	6.3	12.8	2.1	8.4	95.2	58.5	89.4	86.6	66.3	100.0	2.1	42	
Private	13.8	19	32.9	43.9	11.0	32.9	67.1	78.0	32.9	32.9	78.0	89.0	22.0	3	
Lumbini province total	18.2	243	7.9	14.6	2.6	9.8	93.6	59.6	86.1	83.5	67.0	99.4	3.2	44	

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: Lumbini Province

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

Background characteristics	Percentage of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:				Number of facilities offering ART services
			National HIV testing and treatment guidelines 2020	Trained staff ²	Complete blood count ³	PCR-DNA-EID	Renal or liver function test	Preferred first-line ART regimen available ⁴	
Facility type									
Federal/provincial level hospitals	79.9	4	83.3	33.5	100.0	0.0	100.0	91.6	4
Local-level hospitals	0.0	4	-	-	-	-	-	-	0
Private hospitals	1.9	15	100.0	100.0	100.0	100.0	100.0	100.0	0
PHCCs	3.3	8	100.0	100.0	100.0	0.0	100.0	100.0	0
Managing authority									
Public	22.1	17	84.5	38.4	100.0	0.0	100.0	92.2	4
Private	1.9	15	100.0	100.0	100.0	100.0	100.0	100.0	0
Lumbini province total	12.7	32	85.6	42.6	100.0	6.9	100.0	92.8	4

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: Lumbini 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 services 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 capacity ³	Male con- doms	Metroni- dazole	Inject- able ceftri- axone	Azithro- mycin tablets	Cefixime tablets	Doxy- cycline tablets	Fluco- nazole tablets or ointment	Benza- thine penicillin injection	
Facility type														
Federal/provincial level hospitals	100.0	4	13.4	13.4	93.3	93.3	100.0	86.6	86.6	86.6	79.9	86.6	20.1	4
Local-level hospitals	100.0	4	6.7	0.0	33.3	100.0	100.0	100.0	100.0	33.3	93.3	100.0	13.3	4
Private hospitals	96.2	15	0.0	0.0	84.8	75.6	87.4	92.0	84.8	87.4	82.1	84.8	13.1	14
PHCCs	100.0	8	16.7	3.3	90.0	96.7	100.0	76.7	93.3	66.7	96.7	93.3	6.7	8
Basic health care centers														
HPs	94.4	207	3.0	0.0	14.7	99.7	96.2	17.5	64.2	16.0	79.1	60.7	0.2	196
HPs	98.1	157	3.8	0.0	17.5	100.0	96.2	21.1	61.6	15.6	82.7	61.6	0.2	154
UHCs	86.7	27	0.0	0.0	5.1	100.0	97.4	5.1	76.9	17.9	69.2	66.7	0.0	24
CHUs	78.3	23	0.0	0.0	2.8	97.2	94.4	2.8	69.4	16.7	61.1	44.4	0.0	18
Stand-alone HTCs	76.9	4	60.0	20.0	90.0	90.0	50.0	20.0	60.0	60.0	60.0	50.0	20.0	3
Managing authority														
Public	94.9	224	3.9	0.4	19.7	99.5	96.5	23.0	66.6	19.8	80.1	63.3	1.1	213
Private	92.4	19	9.8	3.3	85.6	77.9	81.3	80.3	80.7	82.9	78.5	79.1	14.3	17
Lumbini province total	94.7	243	4.3	0.6	24.6	97.9	95.3	27.3	67.6	24.5	80.0	64.5	2.1	230

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: Lumbini 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	4	0.0	26.8	93.3	93.3	59.9	4
Local-level hospitals	100.0	4	6.7	20.0	100.0	100.0	93.3	4
Private hospitals	100.0	15	6.3	3.8	100.0	95.6	23.1	15
PHCCs	96.7	8	27.6	41.4	96.6	100.0	75.9	8
Basic health care centers								
HPs	80.6	207	22.1	20.4	97.9	96.2	34.9	167
HPs	83.1	157	27.5	25.2	97.7	95.5	36.5	131
UHCs	84.4	27	2.6	5.3	100.0	100.0	36.8	23
CHUs	58.7	23	3.7	0.0	96.3	96.3	14.8	13
Managing authority								
Public	82.0	224	21.5	21.5	97.8	96.4	38.7	184
Private	100.0	15	6.3	3.8	100.0	95.6	23.1	15
Lumbini province total	83.1	239	20.3	20.2	98.0	96.3	37.5	199

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: Lumbini Province

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

Background characteristics	Diagnostic capacity			Medicines			Number of facilities offering services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ²	Metformin	Injectable insulin	Injectable glucose solution (5% dextrose)	
Facility type							
Federal/provincial level hospitals	33.1	93.3	93.3	93.3	39.8	100.0	4
Local-level hospitals	13.3	20.0	13.3	100.0	0.0	33.3	4
Private hospitals	46.6	77.7	80.2	79.7	55.2	75.8	15
PHCCs	34.5	86.2	86.2	89.7	3.4	79.3	8
Basic health care centers							
HPs	27.4	18.4	16.7	72.6	0.0	42.8	167
UHCs	31.7	22.7	20.4	70.5	0.0	47.9	131
CHUs	10.5	5.3	5.3	81.6	0.0	26.3	23
	14.8	0.0	0.0	77.8	0.0	22.2	13
Managing authority							
Public	27.5	23.3	21.5	74.6	1.1	45.6	184
Private	46.6	77.7	80.2	79.7	55.2	75.8	15
Lumbini province total	29.0	27.3	25.9	74.9	5.2	47.9	199

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: Lumbini 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	4	0.0	26.8	100.0	93.3	93.3	4
Local-level hospitals	100.0	4	6.7	20.0	100.0	100.0	100.0	4
Private hospitals	100.0	15	6.3	1.9	100.0	100.0	95.6	15
PHCCs	100.0	8	30.0	43.3	96.7	96.7	100.0	8
Basic health care centers								
	95.4	207	17.2	16.0	100.0	98.3	96.4	198
HPs	96.2	157	21.8	19.8	100.0	98.0	96.1	151
UHCs	86.7	27	2.6	2.6	100.0	100.0	97.4	24
CHUs	100.0	23	2.2	4.3	100.0	97.8	97.8	23
Managing authority								
Public	95.7	224	17.1	17.3	99.9	98.1	96.6	215
Private	100.0	15	6.3	1.9	100.0	100.0	95.6	15
Lumbini province total	96.0	239	16.4	16.3	99.9	98.2	96.5	230

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: Lumbini 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	33.1	59.9	93.3	73.2	73.2	4
Local-level hospitals	93.3	26.6	26.6	26.6	100.0	4
Private hospitals	44.6	66.9	84.1	76.5	80.4	15
PHCCs	20.0	50.0	76.7	46.7	80.0	8
Basic health care centers	1.1	36.4	66.9	9.0	19.8	198
HPs	0.3	39.1	66.8	9.8	25.4	151
UHCs	5.1	23.1	69.2	10.3	2.6	24
CHUs	2.2	32.6	65.2	2.2	0.0	23
Managing authority						
Public	4.4	37.3	67.0	12.1	24.9	215
Private	44.6	66.9	84.1	76.5	80.4	15
Lumbini province total	7.0	39.2	68.1	16.3	28.5	230

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: Lumbini 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

		Percentage of facilities offering services for chronic respiratory diseases that have:			Equipment			Number of facilities offering services for chronic respiratory diseases
Background characteristics	Percentage of facilities offering services for chronic respiratory diseases ¹	Number of facilities	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	4	0.0	33.4	100.0	73.2	39.8	4
Local-level hospitals	100.0	4	6.7	20.0	100.0	93.3	13.3	4
Private hospitals	98.1	15	6.4	2.6	100.0	57.2	33.7	15
PHCCs	100.0	8	26.7	43.3	96.7	43.3	23.3	8
Basic health care centers								
	97.7	207	16.8	18.5	100.0	11.7	4.6	202
HPs	98.1	157	21.3	23.3	100.0	15.3	5.8	154
UHCs	93.3	27	2.4	2.4	100.0	0.0	0.0	26
CHUs	100.0	23	2.2	4.3	100.0	0.0	2.2	23
Managing authority								
Public	97.9	224	16.6	19.8	99.9	15.8	6.2	220
Private	98.1	15	6.4	2.6	100.0	57.2	33.7	15
Lumbini province total	97.9	239	16.0	18.7	99.9	18.4	7.9	234

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: Lumbini 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	93.3	26.4	73.2	73.2	46.5	79.9	73.2	4
Local-level hospitals	93.3	13.3	33.3	26.6	13.3	100.0	100.0	4
Private hospitals	76.7	37.5	81.2	91.0	48.0	71.5	80.0	15
PHCCs	96.7	10.0	43.3	80.0	23.3	73.3	80.0	8
Basic health care centers								
HPs	98.1	0.0	1.8	29.2	1.5	39.6	19.3	202
UHCs	98.1	0.0	1.9	32.9	1.9	48.2	24.9	154
CHUs	100.0	0.0	2.4	21.4	0.0	9.5	2.4	26
	95.7	0.0	0.0	13.0	0.0	15.2	0.0	23
Managing authority								
Public	97.8	1.2	5.4	32.0	3.4	42.9	24.3	220
Private	76.7	37.5	81.2	91.0	48.0	71.5	80.0	15
Lumbini province total	96.5	3.4	10.2	35.7	6.2	44.7	27.8	234

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: Lumbini Province

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

Background characteristics	Percentage of facilities offering services for mental health problems ¹	Number of facilities	Percentage of facilities offering services for mental health diseases that have:		Number of facilities offering services for mental health
			Guidelines for diagnosis and management of mental health problems	Trained staff ²	
Facility type					
Federal/provincial level hospitals	86.6	4	0.0	15.4	4
Local-level hospitals	100.0	4	6.7	6.7	4
Private hospitals	71.4	15	3.6	8.9	11
PHCCs	86.7	8	7.7	38.5	7
Basic health care centers					
	22.1	207	30.6	32.3	46
HPs	26.4	157	28.6	35.7	41
UHCs	8.9	27	50.0	0.0	2
CHUs	8.7	23	50.0	0.0	2
Managing authority					
Public	27.3	224	24.3	30.1	61
Private	71.4	15	3.6	8.9	11
Lumbini province total	30.1	239	21.2	27.0	72

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: Lumbini 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	Riseridone tablets	Alprazolam tablets	Diazepam Injection	
Facility type									
Federal/provincial level hospitals	69.1	61.4	45.9	38.2	69.1	45.9	61.4	100.0	4
Local-level hospitals	100.0	86.7	86.7	13.3	86.7	80.0	26.6	33.3	4
Private hospitals	80.4	44.5	37.4	50.8	67.0	37.4	70.6	65.1	11
PHCCs	65.4	26.9	19.2	23.1	30.8	19.2	34.6	61.5	7
Basic health care centers	26.9	0.0	6.5	0.0	25.8	0.0	14.2	12.9	46
HPs	28.6	0.0	7.1	0.0	28.6	0.0	14.3	14.3	41
UHCs	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	2
CHUs	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2
Managing authority									
Public	39.4	13.3	16.2	6.1	33.5	10.9	20.5	25.6	61
Private	80.4	44.5	37.4	50.8	67.0	37.4	70.6	65.1	11
Lumbini province total	45.4	17.9	19.4	12.7	38.5	14.8	27.9	31.4	72

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

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Nepal Health Facility Survey, 2021

Background characteristics	Percentage of all facilities offering:										Percentage of facilities offering tuberculosis diagnosis and/or treatment services that have:			Number of facilities offering tuberculosis diagnosis and/or treatment services	
	CB-DOTS	FB-DOTS	DR-TB	TB screening with X-ray and referral TB diagnosis	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	National HIV testing and treatment guideline 2020		Trained staff ⁴
Facility type															
Federal/provincial level hospitals	33.4	93.3	46.5	0.0	46.5	0.0	93.3	100.0	93.3	100.0	4	53.2	0.0	20.1	4
Local-level hospitals	13.3	100.0	20.0	0.0	93.3	0.0	20.0	100.0	20.0	100.0	4	100.0	0.0	6.7	4
Private hospitals	12.1	28.5	19.6	8.9	45.9	13.3	34.3	39.2	21.5	52.0	15	9.7	2.1	5.6	14
PHCCs	36.7	90.0	16.7	0.0	60.0	0.0	73.3	100.0	73.3	100.0	8	60.0	3.3	26.7	8
Basic health care centers															
HPs	29.1	64.3	13.7	0.0	74.2	0.5	16.4	76.5	16.1	76.8	207	36.6	3.4	9.4	172
UHCs	34.1	77.2	16.9	0.0	88.5	0.0	20.9	90.6	20.9	90.6	157	38.6	3.8	9.8	154
CHUs	15.6	28.9	4.4	0.0	35.6	2.2	2.2	35.6	0.0	37.8	27	11.1	0.0	0.0	11
CHUs	10.9	17.4	2.2	0.0	21.7	2.2	2.2	28.3	2.2	28.3	23	30.8	0.0	15.4	6
Managing authority															
Public	29.2	66.5	14.6	0.0	73.5	0.5	20.1	78.3	19.9	78.6	224	39.5	3.3	10.4	189
Private	12.1	28.5	19.6	8.9	45.9	13.3	34.3	39.2	21.5	52.0	15	9.7	2.1	5.6	14
Lumbini province total	28.1	64.1	14.9	0.6	71.8	1.3	21.0	75.9	20.0	76.9	239	37.5	3.2	10.0	202

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: Lumbini Province

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

Background characteristics	Percentage of facilities that have the following TB screening and diagnostic capacity					Percentage of facilities that have			Percentage of facilities that have the following medicines for treating TB			Number of facilities offering tuberculosis diagnosis and/or treatment services
	TB smear microscopy ¹	Culture medium ²	All Pulmonary Bacteriologically Confirmed (PBC) cases are tested	TB rapid diagnostic test kits	TB X-ray for screening	Gene-Xpert test	HIV diagnostic capacity ³	System for diagnosing HIV among TB clients ⁴	Treatment regimen-intensive phase HRZE for adult	Treatment regimen-continuation phase HR for adult	Treatment regimen is followed	
Facility type												
Federal/provincial level hospitals	79.9	0.0	86.6	73.6	93.3	73.6	66.6	59.9	13.0	86.6	100.0	4
Local-level hospitals	13.3	0.0	93.3	6.7	20.0	6.7	0.0	26.6	0.0	100.0	100.0	4
Private hospitals	27.0	2.1	17.9	4.1	88.0	4.1	8.2	20.0	4.1	17.9	40.8	14
PHCCs	33.3	0.0	46.7	3.3	43.3	3.3	3.3	66.7	0.0	96.7	100.0	8
Basic health care centers												
HPs	5.5	0.0	25.0	0.0	0.0	0.0	0.3	38.6	2.3	89.4	92.4	172
UHCs	5.8	0.0	25.2	0.0	0.0	0.0	0.0	40.5	2.2	90.4	92.3	154
CHUs	0.0	0.0	27.8	0.0	0.0	0.0	0.0	16.7	5.6	77.8	88.9	11
	7.7	0.0	15.4	0.0	0.0	0.0	7.7	30.8	0.0	84.6	100.0	6
Managing authority												
Public	8.6	0.0	29.0	2.0	4.6	2.0	2.0	40.1	2.4	89.9	93.1	189
Private	27.0	2.1	17.9	4.1	88.0	4.1	8.2	20.0	4.1	17.9	40.8	14
Lumbini province total	9.9	0.1	28.2	2.2	10.2	2.2	2.4	38.7	2.5	85.0	89.6	202

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: Lumbini 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	4	20.1	20.1	20.1	86.6	79.9	86.6	4
Local-level hospitals	100.0	4	73.4	13.3	13.3	100.0	0.0	100.0	4
Private hospitals	91.6	15	4.8	4.1	4.1	97.2	45.0	97.2	14
PHCCs	100.0	8	40.0	26.7	23.3	96.7	36.7	96.7	8
Basic health care centers									
HPs	58.4	207	28.3	23.3	22.9	73.3	7.3	75.7	121
UHCs	68.0	157	30.4	24.9	24.9	75.1	8.3	77.9	107
CHUs	35.6	27	12.5	6.3	6.3	56.3	0.0	56.3	10
CHUs	19.6	23	11.1	22.2	11.1	66.7	0.0	66.7	4
Managing authority									
Public	61.6	224	30.2	23.1	22.5	76.0	11.2	78.1	138
Private	91.6	15	4.8	4.1	4.1	97.2	45.0	97.2	14
Lumbini province total	63.5	239	27.9	21.4	20.9	77.9	14.2	79.8	152

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: Lumbini Province

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

	Antimalarial medicines					Other medicines and commodities			Number of facilities offering malaria diagnosis or treatment services
Background characteristics	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	6.7	46.5	20.1	13.0	6.7	100.0	79.9	20.1	4
Local-level hospitals	73.4	86.7	80.0	6.7	13.3	100.0	100.0	0.0	4
Private hospitals	3.6	52.2	14.5	2.8	2.1	92.4	85.5	7.6	14
PHCCs	10.0	60.0	56.7	10.0	0.0	100.0	86.7	3.3	8
Basic health care centers									
HPs	7.3	48.1	33.1	0.0	0.0	100.0	84.8	10.2	121
UHCs	8.3	49.8	33.2	0.0	0.0	100.0	83.4	11.1	107
CHUs	0.0	31.3	31.3	0.0	0.0	100.0	93.8	0.0	10
CHUs	0.0	44.4	33.3	0.0	0.0	100.0	100.0	11.1	4
Managing authority									
Public	9.6	50.0	35.6	1.2	0.6	100.0	85.3	9.8	138
Private	3.6	52.2	14.5	2.8	2.1	92.4	85.5	7.6	14
Lumbini province total	9.1	50.2	33.7	1.4	0.8	99.3	85.3	9.6	152

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: Lumbini Province

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

Background characteristics	Malaria diagnostics			Personnel trained in:			Percentage of facilities offering curative care for sick children and having:		Number of facilities offering curative care for sick children
	Malaria RDT ¹	Microscopy ²	Either RDT or microscopy	RDT ³	Microscopy ⁴	Either RDT or microscopy	Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
Facility type									
Federal/provincial level hospitals	86.6	79.9	86.6	20.1	26.8	26.8	33.4	20.1	4
Local-level hospitals	100.0	0.0	100.0	13.3	13.3	13.3	73.4	6.7	4
Private hospitals	89.3	37.2	89.3	7.2	7.2	7.2	21.8	7.2	12
PHCCs	96.7	36.7	96.7	23.3	23.3	26.7	40.0	20.0	8
Basic health care centers									
HPs	42.8	4.3	44.2	16.5	13.2	16.8	16.5	9.1	207
UHCs	51.1	5.6	52.9	19.1	15.3	19.1	20.7	11.3	157
CHUs	20.0	0.0	20.0	6.7	6.7	8.9	4.4	2.2	27
	13.0	0.0	13.0	10.9	6.5	10.9	2.2	2.2	23
Managing authority									
Public	46.8	6.9	48.1	16.8	13.8	17.3	18.9	9.7	224
Private	89.3	37.2	89.3	7.2	7.2	7.2	21.8	7.2	12
Lumbini province total	48.9	8.4	50.2	16.3	13.5	16.8	19.0	9.6	236

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

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

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

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

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

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

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

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

Tables 51-109

**Table 51 Results of the household and individual interviews:
Lumbini Province**

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

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	1,051	1,019	2,070
Households occupied	1,017	983	2,000
Households interviewed	1,015	979	1,994
Household response rate ¹	99.8	99.6	99.7
Interviews with women age 15-49			
Number of eligible women	1,214	1,052	2,266
Number of eligible women interviewed	1,214	1,052	2,266
Eligible women response rate ²	100.0	100.0	100.0
Household interviews in subsample			
Households selected	525	509	1,034
Households occupied	505	492	997
Households interviewed	505	490	995
Household response rate in subsample ¹	100.0	99.6	99.8
Interviews with men age 15-49			
Number of eligible men	386	332	718
Number of eligible men interviewed	386	332	718
Eligible men response rate ²	100.0	100.0	100.0

¹ Households interviewed/households occupied

² Respondents interviewed/eligible respondents

Table 52 Household characteristics: Lumbini 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	Lumbini province total	Poor	Middle	Wealthy	Lumbini province total
Electricity								
Yes	90.8	100.0	100.0	96.4	91.3	100.0	100.0	96.9
No	9.2	0.0	0.0	3.6	8.7	0.0	0.0	3.1
Lumbini province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material								
Earth, sand	67.5	39.2	3.4	36.5	66.7	41.9	3.5	35.3
Dung	24.1	17.1	3.0	14.4	25.2	18.3	4.4	15.2
Parquet or polished wood	0.0	0.1	0.7	0.3	0.0	0.1	0.5	0.2
Vinyl or asphalt strips	0.0	0.2	2.4	1.0	0.0	0.2	2.4	1.0
Ceramic tiles	0.0	0.2	3.7	1.5	0.0	0.2	3.0	1.3
Cement	8.4	41.8	80.1	43.4	8.1	38.0	80.1	44.3
Carpet	0.0	1.4	6.7	2.9	0.0	1.2	6.0	2.7
Lumbini province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping								
One	35.7	20.2	17.0	25.1	29.5	14.7	11.0	18.5
Two	37.8	41.7	37.0	38.4	37.7	37.7	31.8	35.3
Three or more	26.5	38.1	46.0	36.6	32.8	47.6	57.2	46.2
Lumbini 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	28.1	20.8	12.8	20.6	29.7	20.5	14.0	21.2
Weekly	4.5	6.3	3.5	4.5	5.1	7.1	3.9	5.1
Monthly	4.1	4.8	1.5	3.3	4.1	4.9	1.6	3.3
Less than once a month	7.9	10.8	6.5	8.0	8.0	10.1	6.6	7.9
Never	55.3	57.3	75.7	63.6	53.1	57.4	73.9	62.6
Lumbini province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	913	522	896	2,332	3,402	2,238	3,822	9,462

Table 53 Household characteristics: Cooking: Lumbini 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	Lumbini province total	Poor	Middle	Wealthy	Lumbini province total
Place for cooking								
In the house	65.8	48.6	79.2	67.1	63.5	46.2	74.6	63.9
Separate room/kitchen	44.7	32.9	64.0	49.4	43.3	32.7	62.6	48.6
No separate room/kitchen	21.1	15.8	15.2	17.6	20.2	13.5	12.0	15.3
In a separate building	20.6	37.4	15.7	22.5	22.7	40.1	18.7	25.2
Outdoors	13.5	13.6	4.8	10.2	13.8	13.4	6.6	10.8
Other	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0
No food cooked in household	0.1	0.4	0.2	0.2	0.0	0.3	0.0	0.1
Lumbini 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								
Electric stove	6.1	34.0	86.4	43.2	5.4	27.8	80.1	40.8
Solar cooker	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.5
LPG/natural gas stove	0.0	0.3	0.7	0.3	0.0	0.2	1.1	0.5
Piped natural gas stove	5.5	32.2	83.3	41.4	4.8	25.8	76.4	38.7
Biogas stove	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Other fuels and technologies								
Manufactured solid fuel stove	0.0	1.0	1.9	1.0	0.0	1.3	2.2	1.2
Without a chimney	93.8	65.6	13.4	56.6	94.6	72.0	19.9	59.1
Traditional solid fuel stove	7.6	7.9	1.3	5.3	6.4	7.3	1.5	4.6
With a chimney	7.6	7.9	1.3	5.3	6.4	7.3	1.5	4.6
Without a chimney	59.8	45.8	11.4	38.1	62.0	52.9	17.5	41.9
Three stone stove/open fire	3.2	1.1	0.0	1.5	3.1	0.9	0.0	1.3
Smokeless/ improved stove	56.6	44.7	11.4	36.6	58.9	52.0	17.5	40.6
No food cooked in household								
No food cooked in household	10.3	5.0	0.6	5.4	10.7	4.8	0.8	5.3
Lumbini province total	16.1	6.8	0.1	7.9	15.4	7.0	0.1	7.2
Lumbini province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel								
Clean fuels and technologies¹								
Solid fuels for cooking	6.1	34.0	86.4	43.2	5.4	27.8	80.1	40.8
Charcoal	93.8	65.6	13.4	56.6	94.6	72.0	19.9	59.1
Wood	0.0	0.3	0.0	0.1	0.0	0.2	0.0	0.0
Straw/shrubs/grass	90.9	60.8	12.3	53.9	91.2	65.9	18.1	55.7
Agricultural crop	0.0	0.2	0.1	0.1	0.0	0.3	0.2	0.1
Animal dung/waste	0.2	1.1	0.0	0.3	0.2	1.1	0.0	0.3
No food cooked in household	2.7	3.3	1.1	2.2	3.2	4.4	1.6	2.9
Lumbini province total	0.1	0.4	0.2	0.2	0.0	0.3	0.0	0.1
Number of households/ population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	913	522	896	2,332	3,402	2,238	3,822	9,462

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

Table 54 Household characteristics: Heating and lighting: Lumbini 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	Lumbini province total	Poor	Middle	Wealthy	Lumbini province total
Heating technology								
Central heating	0.0	0.4	2.5	1.1	0.0	0.5	2.1	1.0
Manufactured space heater	0.0	0.1	9.5	3.7	0.0	0.2	9.6	3.9
With a chimney	0.0	0.0	0.8	0.3	0.0	0.0	0.7	0.3
Without a chimney	0.0	0.1	8.7	3.4	0.0	0.2	8.9	3.6
Traditional space heater	0.1	0.0	0.3	0.2	0.1	0.0	0.2	0.1
Without a chimney	0.1	0.0	0.3	0.2	0.1	0.0	0.2	0.1
Manufactured cookstove	0.2	0.3	0.3	0.2	0.1	0.3	0.2	0.2
Without a chimney	0.2	0.3	0.3	0.2	0.1	0.3	0.2	0.2
Traditional cookstove	2.0	0.9	0.2	1.1	1.9	0.8	0.1	0.9
With a chimney	0.3	0.4	0.0	0.2	0.3	0.3	0.0	0.2
Without a chimney	1.7	0.5	0.2	0.9	1.6	0.5	0.1	0.7
Three stone stove/open fire	0.6	0.4	0.3	0.4	0.6	0.4	0.3	0.5
No heating in household	97.1	97.8	86.9	93.3	97.3	97.9	87.4	93.4
Lumbini 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	0.0	0.6	12.5	4.9	0.0	0.7	12.0	5.0
Central heating	0.0	0.4	2.5	1.1	0.0	0.5	2.1	1.0
Electricity	0.0	0.1	9.8	3.8	0.0	0.2	9.8	4.0
Solar air heater	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Wood	2.9	1.6	0.5	1.7	2.7	1.4	0.4	1.5
Straw/shrubs/grass	0.0	0.0	0.1	0.1	0.0	0.0	0.2	0.1
No heating in household	97.1	97.8	86.9	93.3	97.3	97.9	87.4	93.4
Lumbini 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	98.1	100.0	100.0	99.3	98.3	100.0	100.0	99.4
Electricity	85.4	98.9	99.8	94.0	85.0	98.5	99.9	94.2
Solar lantern	7.2	1.1	0.2	3.1	7.9	1.5	0.1	3.2
Rechargeable flashlight/torch/lantern	1.8	0.0	0.0	0.7	2.1	0.0	0.0	0.8
Battery powered flashlight/torch/lantern	3.7	0.0	0.0	1.4	3.3	0.0	0.0	1.2
Gasoline lamp	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Kerosene lamp	0.9	0.0	0.0	0.3	0.6	0.0	0.0	0.2
Oil lamp	0.3	0.0	0.0	0.1	0.2	0.0	0.0	0.1
Candle	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0
No lighting in household	0.5	0.0	0.0	0.2	0.7	0.0	0.0	0.2
Lumbini province total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	913	522	896	2,332	3,402	2,238	3,822	9,462

LPG = Liquefied petroleum gas

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

Table 55 Household possessions: Lumbini 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			Lumbini province total
	Poor	Middle	Wealthy	
Household effects				
Radio	19.8	14.7	17.7	17.9
Television	23.9	44.8	71.7	46.9
Mobile phone	89.3	98.5	99.2	95.1
Computer	1.5	4.7	25.1	11.3
Non-mobile telephone	0.2	0.6	6.8	2.8
Refrigerator	1.5	10.9	59.1	25.7
Table	31.3	72.1	87.5	62.0
Chair	45.2	83.8	92.4	72.0
Bed	90.8	98.6	99.6	95.9
Sofa	1.4	6.4	34.2	15.1
Cupboard	23.4	60.5	83.4	54.8
Clock	11.4	24.5	55.3	31.2
Fan	28.1	81.2	95.5	65.9
Invertor	0.4	0.7	16.7	6.8
Dhiki/janto	40.0	25.5	17.0	27.9
Means of transportation				
Bicycle/rickshaw	32.9	64.2	59.1	50.0
Animal drawn cart	1.7	4.1	1.9	2.3
Motorcycle/scooter	5.3	20.1	52.3	26.7
Car/truck/tractor	1.2	3.3	10.9	5.4
Three wheel tempo/e-rickshaw	0.5	3.1	2.5	1.9
Ownership of agricultural land	80.1	73.4	61.4	71.4
Ownership of farm animals¹	83.5	75.5	48.2	68.2
Number of households	913	522	896	2,332

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

Table 56 Background characteristics of respondents: Lumbini Province

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

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Self-reported health status						
Very good	3.6	96	77	5.5	45	40
Good	27.0	728	598	33.9	275	242
Moderate	59.2	1,593	1,361	54.7	444	394
Bad	9.3	250	208	5.7	47	41
Very bad	0.9	24	22	0.2	1	1
Religion						
Hindu	91.9	2,472	2,082	90.1	732	646
Buddhist	1.5	39	30	1.8	14	13
Muslim	4.1	111	94	5.6	46	40
Christian	2.6	69	60	2.4	19	18
Other	0.0	0	0	0.1	1	1
Marital status						
Never married	20.8	559	464	31.4	255	227
Married/ Living together	75.1	2,020	1,709	67.9	551	487
Divorced/separated	2.1	55	46	0.3	3	2
Widowed	2.1	57	47	0.3	2	2
Population group						
Advantaged	29.5	795	670	28.6	233	207
Disadvantaged	70.5	1,896	1,596	71.4	579	511
Education						
No education	22.3	600	513	6.9	56	50
Basic education (1–8)	36.6	985	838	43.6	354	321
Secondary (9–12)	37.7	1,015	846	42.9	348	304
More than secondary (13 and above)	3.4	91	69	6.7	54	43
Household wealth						
Poor	33.1	891	817	30.1	244	235
Middle	23.9	642	551	22.7	184	165
Wealthy	43.0	1,158	898	47.2	384	318
Lumbini province total	100.0	2,691	2,266	100.0	812	718

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 57 Exposure to mass media: Women: Lumbini 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	12.5	47.9	37.4	5.3	34.3	795
Disadvantaged	3.3	31.4	22.5	1.0	54.4	1,896
Education						
No education	0.2	24.5	20.2	0.2	63.6	600
Basic education (1–8)	2.8	35.0	25.1	1.2	50.2	985
Secondary (9–12)	11.1	42.2	33.0	3.9	39.3	1,015
More than secondary (13 and above)	21.9	60.6	21.4	10.1	30.8	91
Household wealth						
Poor	3.1	24.3	34.4	1.4	53.5	891
Middle	5.3	34.5	28.5	2.2	49.9	642
Wealthy	8.6	46.4	20.1	3.0	43.7	1,158
Lumbini province total	6.0	36.3	26.9	2.3	48.4	2,691

Table 58 Fertility by background characteristics: Lumbini 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	1.5	3.1	2.9
Disadvantaged	2.1	3.7	3.3
Education			
No education	2.9	2.3	3.6
Basic education (1–8)	2.2	4.3	2.8
Secondary (9–12)	1.7	3.6	(2.2)
More than secondary (13 and above)	(1.4)	3.3	*
Household wealth			
Poor	2.4	3.7	3.6
Middle	1.7	2.8	3.1
Wealthy	1.8	3.7	2.9
Lumbini province total	1.9	3.5	3.2

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 59 Current use of contraception according to background characteristics: Lumbini 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	Lumbini Province Total	Number of women
			Female sterilization	Male sterilization	IUCD	Injectables	Implants	Pill	Male condom	Other ¹		Rhythm	Withdrawal			
Number of living children																
0	23.8	12.0	0.7	0.0	0.0	0.6	0.0	2.2	8.4	0.0	11.7	0.0	11.7	76.2	100.0	181
1–2	59.9	44.1	11.7	1.4	2.2	9.1	6.9	6.3	6.4	0.0	15.8	1.3	14.3	40.1	100.0	1,265
3–4	59.5	50.1	20.3	2.5	1.9	8.0	9.7	4.2	3.3	0.3	9.4	1.1	8.3	40.5	100.0	501
5+	60.0	51.2	11.0	2.9	0.0	13.0	10.0	7.4	6.9	0.0	8.8	0.0	8.8	40.0	100.0	74
Population group																
Advantaged	56.2	36.3	7.5	3.0	3.2	7.1	3.9	4.6	7.0	0.0	20.0	1.0	19.0	43.8	100.0	566
Disadvantaged	56.7	45.6	14.9	1.0	1.4	8.6	8.4	5.8	5.4	0.1	11.1	1.2	9.8	43.3	100.0	1,454
Education																
No education	62.6	53.8	26.9	1.9	1.4	7.4	7.8	6.4	1.8	0.0	8.8	1.3	7.5	37.4	100.0	558
Basic education (1–8)	52.6	41.4	11.3	2.2	1.0	9.5	7.8	5.2	4.3	0.2	11.3	1.2	9.8	47.4	100.0	778
Secondary (9–12)	55.4	36.2	2.9	0.7	3.2	8.2	6.2	5.2	9.8	0.0	19.2	0.5	18.7	44.6	100.0	614
More than secondary (13 and above)	61.4	34.1	5.0	0.0	3.8	0.0	1.9	3.4	20.0	0.0	27.3	2.7	24.6	38.6	100.0	70
Household wealth																
Poor	48.4	41.2	10.3	1.4	1.2	11.1	8.7	4.5	3.7	0.2	7.2	0.4	6.7	51.6	100.0	689
Middle	63.1	51.3	16.2	2.1	2.5	10.4	9.0	5.9	5.1	0.0	11.8	1.3	10.5	36.9	100.0	492
Wealthy	59.4	39.6	12.9	1.4	2.0	4.6	4.7	6.0	8.0	0.0	19.8	1.5	18.1	40.6	100.0	839
Lumbini province total	56.5	43.0	12.8	1.6	1.9	8.2	7.1	5.5	5.8	0.1	13.6	1.1	12.4	43.5	100.0	2,020

Note: If more than one method is used, only the most effective method is considered in this tabulation. Other traditional methods not shown separately due to only 2 cases.

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

Table 60 Need and demand for family planning among currently married women: Lumbini 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	Percent- age of demand satisfied ²	Percent- age of demand satisfied by modern methods ³
	For spacing	For limiting	Lumbini province total	For spacing	For limiting	Lumbini province total	For spacing	For limiting	Lumbini province total			
Ethnic group												
Brahmin/Chhetri	5.7	20.1	25.8	10.5	45.0	55.5	16.2	65.1	81.2	520	68.3	44.9
Dalit	10.4	20.4	30.8	12.0	37.8	49.8	22.5	58.2	80.6	399	61.7	48.7
Janajati	6.3	13.5	19.8	10.4	53.3	63.7	16.7	66.8	83.5	783	76.3	60.9
Madhesi	3.6	11.4	15.0	6.3	48.2	54.5	9.9	59.6	69.5	239	78.4	62.0
Muslim	11.3	17.8	29.1	2.9	30.6	33.5	14.2	48.5	62.6	78	53.6	42.5
Population group												
Advantaged	5.4	19.3	24.7	10.2	46.0	56.2	15.7	65.3	81.0	566	69.4	44.8
Disadvantaged	7.4	15.4	22.8	9.9	46.8	56.7	17.2	62.2	79.4	1,454	71.3	57.4
Education												
No education	1.6	15.8	17.4	1.2	61.4	62.6	2.9	77.2	80.0	558	78.2	67.2
Basic education (1–8)	8.1	20.8	28.9	7.3	45.4	52.6	15.4	66.1	81.5	778	64.6	50.8
Secondary (9–12)	10.1	12.1	22.2	19.6	35.8	55.4	29.7	47.9	77.6	614	71.4	46.6
More than secondary (13 and above)	5.5	13.2	18.8	24.7	36.6	61.4	30.3	49.9	80.1	70	76.6	42.6
Household wealth												
Poor	7.4	22.7	30.1	6.1	42.2	48.4	13.5	64.9	78.4	689	61.7	52.5
Middle	5.4	14.7	20.1	12.9	50.3	63.1	18.2	65.0	83.3	492	75.9	61.7
Wealthy	7.3	12.4	19.7	11.4	48.0	59.4	18.7	60.4	79.1	839	75.1	50.0
Lumbini province total	6.8	16.5	23.3	10.0	46.6	56.5	16.8	63.1	79.9	2,020	70.8	53.8

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

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 61 Ten-year early childhood mortality rates according to additional characteristics: Lumbini 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) ²	Infant mortality (1Q0)	Child mortality (4Q1)	Under-5 mortality (5Q0)
Mother's age at birth					
<20	(32)	(22)	(53)	(8)	(61)
20–29	19	6	24	7	31
Birth order					
1	26	13	39	8	47
2–3	20	9	28	5	33
Previous birth interval²					
4+ years	(9)	(9)	(18)	(2)	(20)
Population group					
Advantaged	(7)	(13)	(19)	(5)	(24)
Disadvantaged	29	9	39	9	47
Education					
No education	(30)	(18)	(48)	(13)	(60)
Basic education (1–8)	28	13	40	6	46
Secondary (9–12)	(14)	(2)	(16)	(5)	(20)
Household wealth					
Poor	29	12	41	8	49
Middle	(25)	(12)	(37)	(12)	(48)
Wealthy	17	7	24	(5)	(29)

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 62 Perinatal mortality: Lumbini 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
Mother's age at birth							
<20	1	1	8	6	14	135	1.3
20–29	14	7	22	11	32	628	2.1
30–39	4	3	31	22	52	132	1.5
40–49	0	0	*	*	*	11	*
Previous pregnancy interval in months⁷							
First pregnancy	9	5	25	14	39	357	1.8
<15	1	4	7	26	32	151	0.3
15–26	1	1	9	13	22	107	0.7
27–38	1	0	13	0	13	80	-
39+	7	0	32	0	32	210	-
Population group							
Advantaged	4	0	19	0	19	213	-
Disadvantaged	15	10	21	15	36	692	1.4
Education							
No education	5	4	32	25	57	155	1.3
Basic education (1–8)	5	5	14	12	26	375	1.1
Secondary (9–12)	9	2	25	6	31	343	4.7
More than secondary (13 and above)	0	0	(0)	(0)	(0)	32	-
Household wealth							
Poor	9	6	23	15	38	378	1.6
Middle	1	2	5	12	17	192	0.4
Wealthy	9	2	27	7	34	334	3.7
Lumbini province total	19	10	21	11	32	905	1.8

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 63 Antenatal care: Lumbini 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	Lumbini 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				
Population group								
Advantaged	54.6	44.1	1.3	0.0	0.0	100.0	98.7	74
Disadvantaged	39.9	56.3	1.0	1.4	1.4	100.0	96.2	255
Education								
No education	(32.7)	(67.3)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	39
Basic education (1–8)	40.1	57.1	1.9	0.0	1.0	100.0	97.2	133
Secondary (9–12)	47.4	47.9	0.6	2.4	1.6	100.0	95.3	147
More than secondary (13 and above)	*	*	*	*	*	100.0	*	10
Household wealth								
Poor	21.5	73.7	1.8	1.0	2.0	100.0	95.2	120
Middle	31.2	65.6	0.0	3.2	0.0	100.0	96.8	71
Wealthy	68.3	29.8	0.9	0.0	0.9	100.0	98.1	138
Lumbini province total	43.2	53.6	1.0	1.1	1.1	100.0	96.8	329

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.

² Birth order refers to the order of the birth among the respondent's live births.

³ For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 64 Number of antenatal care visits and timing of first visit: Lumbini 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						Lumbini Province Total	Number of months pregnant at time of first ANC visit						Lumbini 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+	Don't know		4+ ANC visits	No ante-natal care	<4	4–6	7+					
Population group																	
Advantaged	0.0	0.0	7.1	86.6	5.2	1.1	100.0	91.8	0.0	90.5	9.5	0.0	100.0	74	3.4	74	
Disadvantaged	1.4	0.6	12.4	82.8	2.7	0.0	100.0	85.5	1.4	74.9	23.1	0.5	100.0	255	3.6	251	
Education																	
No education	(0.0)	(0.0)	(24.3)	(75.7)	(0.0)	(0.0)	100.0	(75.7)	(0.0)	(71.0)	(29.0)	(0.0)	100.0	39	(3.7)	39	
Basic education (1–8)	1.0	1.1	11.2	83.4	3.3	0.0	100.0	86.7	1.0	76.4	21.6	1.0	100.0	133	3.6	132	
Secondary (9–12)	1.6	0.0	8.5	85.9	3.4	0.5	100.0	89.3	1.6	81.5	16.9	0.0	100.0	147	3.5	144	
More than secondary (13 and above)	*	*	*	*	*	*	100.0	*	*	*	*	*	100.0	10	*	10	
Household wealth																	
Poor	2.0	1.2	12.7	81.8	1.6	0.7	100.0	83.4	2.0	79.7	18.3	0.0	100.0	120	3.5	118	
Middle	0.0	0.0	17.0	81.9	1.1	0.0	100.0	83.0	0.0	77.6	20.5	1.9	100.0	71	3.6	71	
Wealthy	0.9	0.0	7.0	86.2	5.8	0.0	100.0	92.0	0.9	77.7	21.3	0.0	100.0	138	3.5	137	
Lumbini province total	1.1	0.5	11.2	83.7	3.3	0.2	100.0	86.9	1.1	78.4	20.1	0.4	100.0	329	3.5	326	

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 65 Components of antenatal care among women receiving ANC: Lumbini 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	Counseled about maternal diet	Counseled about breastfeeding	Asked about vaginal bleeding	Counseled about eating healthy food	Counseled about taking one extra meal per day	Weight taken	Counseled on weight gain	Abdominal examination	Counseled on staying active	Counseled on getting adequate rest during pregnancy	
Population group															
Advantaged	100.0	97.2	93.3	97.5	91.0	68.6	68.9	92.4	84.3	98.6	69.8	98.6	94.5	95.1	74
Disadvantaged	95.5	88.5	86.9	94.5	95.2	61.2	59.0	92.8	87.2	97.2	64.9	95.5	81.3	87.2	251
Education															
No education	(97.5)	(80.9)	(69.6)	(91.8)	(94.6)	(41.4)	(36.1)	(83.4)	(78.2)	(93.5)	(58.6)	(91.9)	(58.6)	(66.0)	39
Basic education (1–8)	95.6	89.4	87.0	96.6	94.8	65.0	60.0	92.7	86.3	97.4	58.0	96.6	83.9	89.0	132
Secondary (9–12)	96.9	94.2	94.7	94.6	93.9	66.7	68.8	95.3	88.2	98.6	74.6	96.8	91.3	95.1	144
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	10
Household wealth															
Poor	94.4	83.8	77.9	90.9	94.5	61.6	56.1	93.1	85.9	95.1	64.0	95.5	77.6	90.1	118
Middle	95.1	87.7	87.6	93.2	95.5	60.6	57.8	96.2	83.3	98.3	73.4	93.6	86.7	86.9	71
Wealthy	99.2	97.6	97.8	100.0	93.4	65.3	67.5	90.4	88.9	99.2	63.9	98.2	88.8	89.1	137
Lumbini province total	96.6	90.5	88.3	95.2	94.2	62.9	61.3	92.7	86.6	97.5	66.0	96.2	84.3	89.0	326

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.

¹ Birth order refers to the order of the birth among the respondent's live births.

² For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 66 Place of delivery: Lumbini 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					Lumbini province total	Percentage delivered in a health facility	Number of births
	Public sector	Private medical sector	NGO medical sector	Home	Other			
Population group								
Advantaged	76.1	14.7	1.5	7.7	0.0	100.0	92.3	74
Disadvantaged	68.6	13.6	0.0	13.3	4.5	100.0	82.2	261
Education								
No education	(76.8)	(0.0)	(0.0)	(17.7)	(5.5)	100.0	(76.8)	40
Basic education (1–8)	61.2	12.3	0.0	20.1	6.3	100.0	73.5	136
Secondary (9–12)	76.3	18.3	0.8	3.9	0.7	100.0	95.4	149
More than secondary (13 and above)	*	*	*	*	*	100.0	*	10
Household wealth								
Poor	70.3	7.0	0.0	18.3	4.4	100.0	77.2	123
Middle	71.0	14.3	0.0	10.8	3.8	100.0	85.4	73
Wealthy	69.8	19.6	0.8	7.1	2.6	100.0	90.3	139
Lumbini province total	70.2	13.8	0.3	12.1	3.5	100.0	84.4	335

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.

NGO = nongovernmental organization

Table 67 Caesarean section: Lumbini 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	29.0	74
Disadvantaged	9.3	261
Education		
No education	(4.9)	40
Basic education (1–8)	11.5	136
Secondary (9–12)	17.1	149
More than secondary (13 and above)	*	10
Household wealth		
Poor	6.1	123
Middle	14.3	73
Wealthy	19.9	139
Lumbini province total	13.6	335

Note: The question on C-section is asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in health facility did not receive a C-section. Total includes 2 cases where the respondent did not know the number of antenatal care visits made. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 68 Assistance during delivery: Lumbini 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							Lumbini 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	Tradi-tional birth attendant	Female commu-nity health volunteer	Relative/ other	No one				Percent-age with skin-to-skin contact immedi-ately after birth	Number of live births
Population group												
Advantaged	49.1	43.2	0.0	0.0	1.4	4.6	1.6	100.0	92.3	74	56.4	74
Disadvantaged	29.1	56.2	1.3	5.1	1.4	6.0	0.9	100.0	85.3	261	53.7	255
Education												
No education	(27.2)	(55.1)	(2.9)	(5.9)	(2.6)	(6.4)	(0.0)	100.0	(82.3)	40	(50.8)	39
Basic education (1–8)	27.1	50.9	1.6	7.1	1.9	9.7	1.7	100.0	78.0	136	46.8	133
Secondary (9–12)	39.7	55.7	0.0	0.8	0.7	2.3	0.8	100.0	95.4	149	62.1	147
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	10	*	10
Household wealth												
Poor	16.9	62.8	0.0	4.4	2.9	10.1	2.9	100.0	79.7	123	49.9	120
Middle	40.5	48.6	0.0	1.6	0.0	9.2	0.0	100.0	89.2	73	55.4	71
Wealthy	44.6	47.4	2.4	4.9	0.8	0.0	0.0	100.0	92.0	139	57.6	138
Lumbini province total	33.6	53.3	1.0	4.0	1.4	5.7	1.0	100.0	86.9	335	54.3	329

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 69 Timing of first postnatal check for the mother: Lumbini 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 or stillbirth 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	Lumbini 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	64.3	9.4	6.3	4.5	1.4	0.0	14.1	100.0	80.0	74
Disadvantaged	61.2	12.0	3.2	0.4	0.0	0.9	22.3	100.0	76.4	255
Education										
No education	(62.8)	(9.0)	(0.0)	(0.0)	(0.0)	(0.0)	(28.2)	100.0	(71.8)	39
Basic education (1–8)	56.8	10.7	3.5	0.8	0.0	0.9	27.3	100.0	71.0	133
Secondary (9–12)	68.2	11.5	4.6	1.5	0.7	0.0	13.5	100.0	84.3	147
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	10
Household wealth										
Poor	59.9	10.3	1.5	2.7	0.9	0.0	24.8	100.0	71.7	120
Middle	63.3	11.8	3.6	0.0	0.0	0.0	21.4	100.0	78.6	71
Wealthy	62.9	12.3	6.2	0.8	0.0	1.6	16.1	100.0	81.4	138
Lumbini province total	61.9	11.4	3.9	1.3	0.3	0.7	20.4	100.0	77.2	329

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 70 Timing of first postnatal check for the newborn: Lumbini 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	Lumbini province total	Percentage of births with a postnatal check during the first 2 days after birth ¹	Number of births
	Less than 1 hour	1–3 hours	4–23 hours	1–2 days	3–6 days	Don't know				
Population group										
Advantaged	16.2	41.8	9.7	10.2	4.0	2.9	15.2	100.0	77.9	74
Disadvantaged	27.3	34.4	9.6	2.9	0.4	2.8	22.5	100.0	74.2	255
Education										
No education	(31.8)	(39.8)	(4.0)	(0.0)	(0.0)	(0.0)	(24.4)	100.0	(75.6)	39
Basic education (1–8)	27.5	31.5	6.6	4.5	0.8	2.8	26.4	100.0	70.0	133
Secondary (9–12)	20.7	39.7	13.8	6.2	2.0	2.2	15.5	100.0	80.3	147
More than secondary (13 and above)	*	*	*	*	*	*	*	100.0	*	10
Household wealth										
Poor	19.0	41.6	6.8	3.5	3.3	1.5	24.2	100.0	71.0	120
Middle	30.0	32.2	13.9	5.7	0.0	0.0	18.2	100.0	81.8	71
Wealthy	27.1	33.2	9.9	4.9	0.0	5.5	19.3	100.0	75.2	138
Lumbini province total	24.8	36.1	9.6	4.6	1.2	2.8	20.9	100.0	75.1	329

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 71 Problems in accessing health care: Lumbini 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	11.7	26.0	26.8	44.2	52.6	795
Disadvantaged	15.8	34.5	32.8	53.1	63.5	1,896
Education						
No education	23.5	47.2	44.5	59.5	70.4	600
Basic education (1–8)	16.8	36.3	34.4	55.0	66.6	985
Secondary (9–12)	7.8	20.3	21.4	42.9	50.2	1,015
More than secondary (13 and above)	7.2	15.2	13.0	25.7	37.1	91
Household wealth						
Poor	25.2	49.2	51.9	65.7	77.3	891
Middle	13.5	31.8	29.7	53.2	63.0	642
Wealthy	7.0	18.8	15.7	37.2	45.6	1,158
Lumbini province total	14.6	32.0	31.0	50.4	60.3	2,691

Table 72 Distance from health care: Lumbini 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				Lumbini province total	Means of transport to nearest health facility			Lumbini 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	50.3	26.6	19.2	4.0	100.0	12.0	2.9	85.1	100.0	835
Distance to health facility is not a problem	90.2	7.4	2.0	0.4	100.0	10.7	9.5	79.8	100.0	1,856
Means of transport to nearest health facility										
Motorized ¹	86.0	11.6	1.7	0.7	100.0	na	na	na	na	299
Not motorized ²	89.4	9.4	1.2	0.0	100.0	na	na	na	na	201
Walking	75.6	14.0	8.7	1.7	100.0	na	na	na	na	2,191
Population group										
Advantaged	77.6	12.7	7.9	1.7	100.0	11.9	6.2	81.8	100.0	795
Disadvantaged	77.9	13.6	7.1	1.4	100.0	10.8	8.0	81.2	100.0	1,896
Education										
No education	72.7	18.4	8.0	0.9	100.0	10.4	7.8	81.9	100.0	600
Basic education (1–8)	74.3	14.0	9.1	2.7	100.0	9.6	7.4	83.0	100.0	985
Secondary (9–12)	83.2	10.3	5.6	0.8	100.0	12.4	7.8	79.8	100.0	1,015
More than secondary (13 and above)	89.7	7.1	3.2	0.0	100.0	18.2	2.4	79.4	100.0	91
Household wealth										
Poor	53.5	24.6	17.8	4.1	100.0	6.8	5.6	87.5	100.0	891
Middle	80.1	13.6	5.8	0.5	100.0	9.1	10.4	80.5	100.0	642
Wealthy	95.3	4.6	0.1	0.0	100.0	15.5	7.2	77.3	100.0	1,158
Lumbini province total	77.8	13.4	7.3	1.5	100.0	11.1	7.5	81.4	100.0	2,691

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 73 Vaccinations by background characteristics: Lumbini Province

Percentage of children age 12–23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated (according to national schedule), and percentage who received no vaccinations, according to background characteristics, Nepal DHS 2022

Background characteristic	BCG	DPT-HepB-Hib			OPV			fIPV		Pneumococcal			Rotavirus		Measles rubella	Japanese Encephalitis	Fully vaccinated (basic anti-gens) ¹	Fully vaccinated (ac-cording to na-tional sche-dule) ²	No vac-cina-tions	Num-ber of chil-dren	
		1	2	3	OPV 1	OPV 2	OPV 3	1	2	1	2	3	1	2							
Population group																					
Advantaged	(97.8)	(97.8)	(97.8)	(97.8)	(97.8)	(97.8)	(92.1)	(97.8)	(94.6)	(97.8)	(97.8)	(91.9)	(82.9)	(76.5)	(97.8)	(90.0)	(92.1)	(63.6)	(2.2)	37	
Disadvantaged	96.3	96.3	96.3	88.8	96.3	95.5	92.3	93.7	88.4	96.3	95.6	87.7	83.9	77.2	91.0	83.7	83.4	56.0	3.7	135	
Education																					
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	23
Basic education (1–8)	94.2	94.2	94.2	87.5	94.2	92.5	89.3	92.7	88.3	94.2	92.8	89.6	84.7	80.5	92.5	83.5	84.1	63.0	5.8	68	
Secondary (9–12)	99.0	99.0	99.0	93.2	99.0	99.0	94.9	97.6	90.7	99.0	99.0	92.3	78.8	70.5	96.5	91.8	88.0	55.2	1.0	78	
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Household wealth																					
Poor	93.4	93.4	93.4	89.8	93.4	93.4	91.6	91.5	91.5	93.4	93.4	84.4	85.0	79.6	84.1	75.7	82.3	61.3	6.6	55	
Middle	(98.1)	(98.1)	(98.1)	(94.1)	(98.1)	(98.1)	(93.2)	(98.1)	(89.1)	(98.1)	(98.1)	(95.4)	(83.4)	(74.4)	(98.1)	(88.2)	(89.2)	(55.0)	(1.9)	43	
Wealthy	98.1	98.1	98.1	89.6	98.1	96.6	92.2	94.8	88.8	98.1	96.8	87.8	82.9	76.8	95.4	90.2	85.2	56.3	1.9	74	
Lumbini province total	96.6	96.6	96.6	90.8	96.6	96.0	92.3	94.6	89.7	96.6	96.1	88.6	83.7	77.1	92.5	85.1	85.3	57.6	3.4	172	

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.

Table 74 Children with symptoms of ARI: Lumbini Province

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

Background characteristic	Among children under age 5:	
	Percentage with symptoms of ARI ¹	Number of children
Population group		
Advantaged	1.5	207
Disadvantaged	0.6	656
Education		
No education	0.7	143
Basic education (1–8)	0.8	357
Secondary (9–12)	0.6	331
More than secondary (13 and above)	(3.1)	32
Household wealth		
Poor	1.4	357
Middle	0.0	188
Wealthy	0.6	318
Lumbini province total	0.8	862

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

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

Table 75 Children with fever and careseeking for fever: Lumbini 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	33.2	207	75.1	52.2	37.7	69
Disadvantaged	19.8	656	80.4	62.5	41.7	130
Education						
No education	15.1	143	*	*	*	22
Basic education (1–8)	20.4	357	75.8	55.2	35.7	73
Secondary (9–12)	29.7	331	78.6	60.0	43.3	98
More than secondary (13 and above)	(18.0)	32	*	*	*	6
Household wealth						
Poor	23.1	357	69.3	43.3	36.5	82
Middle	20.9	188	(80.1)	(64.7)	(33.2)	39
Wealthy	24.1	318	87.7	72.7	48.1	77
Lumbini province total	23.0	862	78.5	58.9	40.3	198

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 76 Children with diarrhea and careseeking for diarrhea: Lumbini 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	8.5	207	*	18
Disadvantaged	10.2	656	65.6	67
Education				
No education	11.8	143	*	17
Basic education (1–8)	8.8	357	(52.2)	31
Secondary (9–12)	10.0	331	(67.7)	33
More than secondary (13 and above)	(9.1)	32	*	3
Household wealth				
Poor	9.4	357	(62.8)	34
Middle	9.1	188	*	17
Wealthy	10.6	318	(66.3)	34
Lumbini province total	9.8	862	65.0	84

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 77 Nutritional status of children: Lumbini 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	3.1	12.7	-1.0	106	2.8	9.9	0.0	-0.5	104	2.2	9.7	-0.9	106
Disadvantaged	8.8	29.1	-1.4	329	3.4	18.2	0.4	-0.9	327	7.3	27.7	-1.4	329
Education													
No education	26.0	49.2	-2.0	63	8.2	22.7	0.0	-1.1	63	22.7	43.0	-1.9	63
Basic education (1–8)	5.0	29.8	-1.4	163	2.3	17.9	0.8	-0.8	162	3.9	25.1	-1.3	163
Secondary (9–12)	2.8	12.3	-1.0	194	2.7	13.3	0.0	-0.7	193	2.5	15.2	-1.1	194
More than secondary (13 and above)	*	*	*	15	*	*	*	*	14	*	*	*	15
Household wealth													
Poor	9.3	31.6	-1.5	178	2.7	13.0	0.0	-0.7	178	6.3	23.6	-1.3	178
Middle	4.5	14.9	-1.2	103	1.2	8.6	1.3	-0.5	103	2.2	13.8	-1.1	103
Wealthy	7.2	24.5	-1.1	154	5.4	25.1	0.0	-1.1	150	8.4	29.4	-1.4	154
Lumbini province total	7.4	25.1	-1.3	435	3.3	16.2	0.3	-0.8	431	6.1	23.3	-1.3	435

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Total includes 1 case where size at birth of the child is not known. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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

Table 78 Infant and young child feeding (IYCF) indicators: Lumbini 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	99.6	335
Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	62.6	335
Percentage of children born in the last 2 years who were fed exclusively with breastmilk for the first 2 days after birth	59.1	335
Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	36.3	73
Percentage of children age 0–5 months who were fed both breastmilk and formula or animal milk during the previous day	24.0	73
Percentage of children age 12–23 months who were fed breastmilk during the previous day	95.9	172
Percentage of children age 6–8 months who were fed solid, semi-solid or soft foods during the previous day	92.2	48
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	52.3	253
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	84.0	253
Percentage of non-breastfed children age 6–23 months who were given at least two milk feeds during the previous day	48.9	7
Percentage of children age 6–23 months who were fed a minimum acceptable diet during the previous day	45.0	253
Percentage of children age 6–23 months who were fed egg and/or flesh food during the previous day	37.6	253
Percentage of children age 6–23 months who were given a sweet beverage during the previous day	40.5	253
Percentage of children age 6–23 months who were fed selected sentinel unhealthy foods during the previous day	72.2	253
Percentage of children age 6–23 months who were not fed any vegetables or fruits during the previous day	28.3	253
Percentage of children age 0–23 months who were fed from a bottle with a nipple during the previous day	24.1	330

Table 79 Nutritional status of women age 20–49: Lumbini Province

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

Background characteristic	Short stature		Body Mass Index ¹								Number of women
	Height below 145 cm	Number of women	Mean body mass index (BMI)	18.5–24.9 (total normal)	<18.5 (total thin)	17.0–18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total over-weight or obese)	25.0–29.9 (over-weight)	≥30.0 (obese)	
Population group											
Advantaged	8.6	318	24.0	52.4	9.4	6.1	3.3	38.2	28.1	10.1	305
Disadvantaged	10.7	789	23.2	57.2	12.8	9.2	3.6	30.0	22.7	7.3	756
Education											
No education	12.8	299	23.2	55.8	14.9	9.7	5.2	29.3	21.8	7.5	295
Basic education (1–8)	10.7	394	23.8	54.4	9.6	6.8	2.9	36.0	26.4	9.6	377
Secondary (9–12)	8.0	365	23.1	59.5	13.1	9.9	3.3	27.4	20.3	7.1	343
More than secondary (13 and above)	(4.8)	49	(25.2)	(41.3)	(0.0)	(0.0)	(0.0)	(58.7)	(51.7)	(7.0)	46
Household wealth											
Poor	13.2	378	22.5	62.1	13.6	9.4	4.2	24.3	20.6	3.7	365
Middle	7.4	273	22.7	60.8	15.6	10.6	5.0	23.7	16.8	6.9	265
Wealthy	9.2	456	24.7	47.6	8.0	5.9	2.1	44.5	31.9	12.5	431
Lumbini province total	10.1	1,107	23.5	55.9	11.8	8.3	3.5	32.3	24.2	8.1	1,060

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.

Table 80 Nutritional status of adolescent women age 15–19: Lumbini Province

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

Background characteristic	Short stature		Body mass index-for-age ¹								Number of women
	Height-for-age below -2 SD	Number of women	Mean BMI-for-age Z-score	-1 SD to +1 SD (total normal)	Below -1 SD (total thin) ²	Below -1 SD to -2 SD (mildly thin)	Below -2 SD (moderately or severely thin)	Above +1 SD (total over-weight or obese) ³	Above +1 SD to +2 SD (over-weight)	Above +2 SD (obese)	
Population group											
Advantaged	14.9	73	-0.8	58.3	41.7	29.2	12.5	0.0	0.0	0.0	71
Disadvantaged	30.2	136	-0.5	59.3	30.2	25.3	4.9	10.5	7.7	2.7	128
Education											
No education	*	3	*	*	*	*	*	*	*	*	3
Basic education (1–8)	33.5	89	-0.7	56.9	36.5	27.8	8.7	6.6	2.4	4.2	83
Secondary (9–12)	17.2	117	-0.5	60.1	32.9	25.9	7.0	7.1	7.1	0.0	112
Household wealth											
Poor	25.1	73	-0.5	56.9	35.3	32.1	3.2	7.8	7.8	0.0	70
Middle	(24.1)	48	-0.6	(64.5)	(33.4)	(31.8)	(1.6)	(2.1)	(2.1)	(0.0)	47
Wealthy	25.0	88	-0.7	57.6	33.9	19.2	14.8	8.5	4.2	4.3	82
Lumbini province total	24.8	209	-0.6	59.0	34.3	26.7	7.6	6.7	5.0	1.8	199

Note: Height-for-age and body mass index (BMI)-for-age are expressed in standard deviation units (SD) from the median of the WHO Growth Reference for adolescent women age 15–19. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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

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

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

Table 81 Nutritional status of men age 20–49: Lumbini 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 (Overweight)	≥30.0 (Obese)
Population group								
Advantaged	23.5	64.3	3.1	3.1	0.0	32.6	30.8	1.8
Disadvantaged	22.6	74.6	5.3	4.7	0.6	20.1	18.4	1.7
Education								
No education	(22.3)	(68.6)	(11.2)	(8.9)	(2.3)	(20.2)	(20.2)	(0.0)
Basic education (1–8)	22.7	75.7	3.5	3.5	0.0	20.8	17.6	3.2
Secondary (9–12)	23.2	68.4	3.3	3.3	0.0	28.2	26.8	1.4
More than secondary (13 and above)	*	*	*	*	*	*	*	*
Household wealth								
Poor	21.8	73.1	11.7	10.3	1.3	15.3	15.3	0.0
Middle	22.2	87.3	1.5	1.5	0.0	11.1	11.1	0.0
Wealthy	24.2	60.5	1.0	1.0	0.0	38.4	34.1	4.3
Lumbini province total 20–49	22.9	71.8	4.7	4.3	0.4	23.4	21.7	1.7

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²). Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 82 Minimum dietary diversity and unhealthy food and beverage consumption among women: Lumbini 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	67.3	74.0	57.1	795
Disadvantaged	45.5	58.8	51.8	1,896
Education				
No education	34.2	56.2	35.0	600
Basic education (1–8)	45.1	59.7	53.4	985
Secondary (9–12)	66.2	70.0	64.3	1,015
More than secondary (13 and above)	83.9	73.8	51.0	91
Household wealth				
Poor	33.9	58.4	48.4	891
Middle	45.3	53.9	48.7	642
Wealthy	69.4	72.3	59.7	1,158
Lumbini province total	51.9	63.3	53.3	2,691

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 83 Prevalence of anemia in women: Lumbini 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	38.1	22.0	14.5	1.6	392
Disadvantaged	47.1	24.0	21.7	1.4	926
Education					
No education	44.5	21.8	21.5	1.2	303
Basic education (1–8)	42.6	21.8	19.9	0.9	483
Secondary (9–12)	45.9	25.5	18.0	2.4	482
More than secondary (13 and above)	(47.8)	(28.5)	(19.2)	(0.0)	49
Household wealth					
Poor	34.1	19.8	13.6	0.6	453
Middle	48.6	24.9	21.1	2.7	322
Wealthy	50.6	25.5	23.6	1.5	543
Lumbini province total	44.4	23.4	19.5	1.5	1,318

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

Table 84 Iron-folic acid supplementation for adolescent women age 15–19: Lumbini 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	33.0	133.7
Disadvantaged	25.8	300.7
Education		
No education	*	6.9
Basic education (1–8)	28.2	175.5
Secondary (9–12)	27.8	252.0
Household wealth		
Poor	37.8	152.3
Middle	24.7	99.3
Wealthy	21.7	182.9
Lumbini province total	28.0	434.5

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

Table 81 Knowledge of HIV or AIDS: Lumbini 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	88.2	559	97.3	255
Ever had sex	*	6	98.0	92
Never had sex	88.1	553	96.9	164
Married/Living together	84.0	2,020	97.3	551
Divorced/Separated/Widowed	93.6	112	*	5
Lumbini province total	85.3	2,691	97.2	812

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

Table 82 Knowledge of and attitudes about medicines to treat HIV or prevent HIV transmission: Lumbini 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	31.5	37.0	559
Ever had sex	*	*	6
Never had sex	31.8	36.5	553
Married/Living together	35.4	35.5	2,020
Divorced/Separated/Widowed	34.9	45.2	112
Population group			
Advantaged	42.4	48.7	795
Disadvantaged	31.3	30.9	1,896
Education			
No education	22.6	24.1	600
Basic education (1–8)	27.9	32.3	985
Secondary (9–12)	44.7	45.7	1,015
More than secondary (13 and above)	71.4	51.4	91
Household wealth			
Poor	24.4	31.5	891
Middle	33.5	32.5	642
Wealthy	43.0	41.8	1,158
Lumbini province total	34.6	36.2	2,691
MEN			
Marital status			
Never married	41.9	32.9	255
Ever had sex	47.3	42.7	92
Never had sex	38.9	27.5	164
Married/Living together	56.4	37.1	551
Divorced/Separated/Widowed	*	*	5
Population group			
Advantaged	58.6	33.1	233
Disadvantaged	49.3	36.8	579
Education			
No education	42.9	33.6	56
Basic education (1–8)	46.1	35.0	354
Secondary (9–12)	55.2	35.2	348
More than secondary (13 and above)	(79.9)	(45.9)	54
Household wealth			
Poor	50.9	38.2	244
Middle	50.3	41.6	184
Wealthy	53.5	31.4	384
Lumbini province total	52.0	35.8	812

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 83 Pregnant women tested for HIV: Lumbini 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	41.9	1.6	41.9	1.6	74
Disadvantaged	21.0	0.0	21.9	0.0	255
Education					
No education	(3.1)	(0.0)	(3.1)	(0.0)	39
Basic education (1–8)	17.5	0.0	18.3	0.0	133
Secondary (9–12)	36.4	0.8	37.3	0.8	147
More than secondary (13 and above)	*	*	*	*	10
Household wealth					
Poor	19.9	1.0	20.8	1.0	120
Middle	19.6	0.0	21.5	0.0	71
Wealthy	33.8	0.0	33.8	0.0	138
Lumbini province total	25.7	0.4	26.4	0.4	329

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 84 Coverage of prior HIV testing: Women: Lumbini 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			Lumbini 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	17.1	0.3	82.6	100.0	17.4	4.0	795
Disadvantaged	9.8	0.2	89.9	100.0	10.1	2.6	1,896
Education							
No education	3.1	0.0	96.9	100.0	3.1	0.2	600
Basic education (1–8)	10.0	0.2	89.8	100.0	10.2	2.3	985
Secondary (9–12)	17.0	0.4	82.6	100.0	17.4	4.5	1,015
More than secondary (13 and above)	36.1	0.0	63.9	100.0	36.1	11.1	91
Household wealth							
Poor	9.7	0.4	89.9	100.0	10.1	2.7	891
Middle	10.6	0.3	89.1	100.0	10.9	1.5	642
Wealthy	14.5	0.1	85.4	100.0	14.6	4.1	1,158
Lumbini province total	12.0	0.2	87.8	100.0	12.2	3.0	2,691

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

Table 85 Coverage of prior HIV testing: Men: Lumbini 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			Lumbini 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				
Marital status							
Never married	7.2	0.0	92.8	100.0	7.2	1.5	255
Ever had sex	12.1	0.0	87.9	100.0	12.1	0.9	92
Never had sex	4.4	0.0	95.6	100.0	4.4	1.8	164
Married/Living together	17.1	0.7	82.2	100.0	17.8	2.0	551
Divorced/Separated/Widowed	*	*	*	100.0	*	*	5
Population group							
Advantaged	20.2	0.0	79.8	100.0	20.2	3.1	233
Disadvantaged	11.6	0.6	87.8	100.0	12.2	1.3	579
Education							
No education	7.8	0.0	92.2	100.0	7.8	0.0	56
Basic education (1–8)	8.7	0.7	90.5	100.0	9.5	1.3	354
Secondary (9–12)	17.4	0.3	82.3	100.0	17.7	1.4	348
More than secondary (13 and above)	(33.9)	(0.0)	(66.1)	100.0	(33.9)	(10.2)	54
Household wealth							
Poor	9.4	0.6	90.0	100.0	10.0	0.3	244
Middle	13.1	0.0	86.9	100.0	13.1	1.6	184
Wealthy	17.5	0.6	81.9	100.0	18.1	2.9	384
Lumbini province total	14.1	0.5	85.5	100.0	14.5	1.8	812

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

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

Table 86 Blood pressure status of women: Lumbini 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						Lumbini 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	46.0	16.4	11.2	18.5	5.9	2.0	100.0	5.6	32.0	399
Basic education (1–8)	67.1	15.4	10.4	6.6	0.0	0.5	100.0	3.5	10.6	294
Secondary (9–12)	77.4	12.0	5.3	4.8	0.4	0.0	100.0	0.9	6.0	284
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	29
Missing	*	*	*	*	*	*	*	*	*	2
Household wealth										
Poor	56.1	16.2	9.7	12.8	3.5	1.8	100.0	2.8	20.9	379
Middle	64.9	14.2	8.9	9.6	2.0	0.5	100.0	2.0	14.0	232
Wealthy	65.9	13.7	9.1	9.1	1.8	0.3	100.0	5.3	16.5	397
Lumbini province total	62.0	14.8	9.3	10.6	2.5	0.9	100.0	3.6	17.6	1,008

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

SBP = systolic blood pressure

DBP = diastolic blood pressure

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

Table 87 Blood pressure status of men: Lumbini 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						Lumbini 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	55.7	19.8	13.0	7.1	3.5	0.9	100.0	2.1	13.6	259
Basic education (1–8)	57.8	17.3	11.8	6.4	5.6	1.1	100.0	4.7	17.8	212
Secondary (9–12)	54.5	16.1	12.6	12.0	3.7	1.2	100.0	5.1	22.0	268
More than secondary (13 and above)	*	*	*	*	*	*	*	*	*	24
Missing	*	*	*	*	*	*	*	*	*	2
Household wealth										
Poor	49.5	20.3	14.6	8.5	5.8	1.3	100.0	2.4	18.0	265
Middle	60.5	15.5	12.1	9.0	1.9	1.1	100.0	3.7	15.6	199
Wealthy	56.2	17.7	11.2	10.3	3.9	0.7	100.0	5.1	20.0	300
Lumbini province total	55.0	18.1	12.6	9.3	4.0	1.0	100.0	3.8	18.1	765

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

SBP = systolic blood pressure

DBP = diastolic blood pressure

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

Table 88 Severity of symptoms of anxiety: Women: Lumbini 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			Lumbini province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	77.2	21.9	0.9	100.0	22.8	398
Disadvantaged	78.5	20.1	1.4	100.0	21.5	962
Education						
No education	74.8	23.5	1.7	100.0	25.2	295
Basic education (1–8)	75.6	22.9	1.6	100.0	24.4	497
Secondary (9–12)	81.8	17.6	0.6	100.0	18.2	526
More than secondary (13 and above)	(85.0)	(11.6)	(3.3)	100.0	(15.0)	42
Household wealth						
Poor	75.9	22.7	1.4	100.0	24.1	436
Middle	76.9	21.2	1.9	100.0	23.1	319
Wealthy	80.4	18.8	0.8	100.0	19.6	605
Lumbini province total	78.1	20.6	1.3	100.0	21.9	1,360

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 89 Severity of symptoms of anxiety: Men: Lumbini 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			Lumbini province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	85.2	13.5	1.3	100.0	14.8	233
Disadvantaged	89.5	10.3	0.2	100.0	10.5	579
Education						
No education	96.4	3.6	0.0	100.0	3.6	56
Basic education (1–8)	86.5	13.5	0.0	100.0	13.5	354
Secondary (9–12)	89.3	10.0	0.7	100.0	10.7	348
More than secondary (13 and above)	(84.6)	(12.2)	(3.3)	100.0	(15.4)	54
Household wealth						
Poor	86.0	14.0	0.0	100.0	14.0	244
Middle	89.4	10.6	0.0	100.0	10.6	184
Wealthy	89.1	9.8	1.1	100.0	10.9	384
Lumbini province total	88.3	11.2	0.5	100.0	11.7	812

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 90 Severity of symptoms of depression: Women: Lumbini 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					Lumbini province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	79.5	16.3	3.0	0.8	0.3	100.0	4.1	398
Disadvantaged	80.7	14.1	3.3	1.4	0.6	100.0	5.3	962
Education								
No education	78.8	14.8	4.1	1.6	0.7	100.0	6.4	295
Basic education (1–8)	78.9	15.7	3.1	1.9	0.4	100.0	5.4	497
Secondary (9–12)	81.6	14.5	3.0	0.2	0.6	100.0	3.9	526
More than secondary (13 and above)	(92.3)	(5.3)	(0.0)	(2.4)	(0.0)	100.0	(2.4)	42
Household wealth								
Poor	78.2	16.5	2.6	2.1	0.5	100.0	5.3	436
Middle	78.3	14.4	5.7	0.7	0.9	100.0	7.3	319
Wealthy	82.9	13.6	2.3	0.8	0.4	100.0	3.5	605
Lumbini province total	80.3	14.7	3.2	1.2	0.6	100.0	4.9	1,360

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 91 Severity of symptoms of depression: Men: Lumbini 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				Lumbini province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	87.3	10.4	2.3	0.0	100.0	2.3	233
Disadvantaged	88.3	9.7	1.8	0.2	100.0	2.0	579
Education							
No education	93.8	6.2	0.0	0.0	100.0	0.0	56
Basic education (1–8)	86.8	10.4	2.5	0.3	100.0	2.8	354
Secondary (9–12)	88.5	9.6	1.9	0.0	100.0	1.9	348
More than secondary (13 and above)	(87.2)	(12.8)	(0.0)	(0.0)	100.0	(0.0)	54
Household wealth							
Poor	85.9	11.4	2.7	0.0	100.0	2.7	244
Middle	88.0	10.2	1.2	0.7	100.0	1.8	184
Wealthy	89.4	8.8	1.8	0.0	100.0	1.8	384
Lumbini province total	88.0	9.9	1.9	0.2	100.0	2.1	812

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 92 Severity of symptoms of anxiety: Women: Lumbini 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			Lumbini province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	82.9	17.1	0.0	100.0	10.1	59
Disadvantaged	84.3	13.9	1.8	100.0	11.2	164
Education						
No education	100.0	0.0	0.0	100.0	0.0	3
Basic education (1–8)	87.1	11.7	1.2	100.0	10.5	87
Secondary (9–12)	81.4	17.1	1.4	100.0	11.5	133
Household wealth						
Poor	87.1	12.9	0.0	100.0	10.2	79
Middle	83.2	11.0	5.8	100.0	14.7	51
Wealthy	81.6	18.4	0.0	100.0	9.4	92
Lumbini province total	83.9	14.8	1.3	100.0	10.9	223

GAD-7 = Generalized Anxiety Disorder 7

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

Table 93 Severity of symptoms of anxiety: Women: Lumbini 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			Lumbini province total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Population group						
Advantaged	76.2	22.8	1.0	100.0	12.2	338
Disadvantaged	77.3	21.3	1.3	100.0	10.3	799
Education						
No education	74.5	23.8	1.7	100.0	13.0	291
Basic education (1–8)	73.1	25.2	1.6	100.0	13.1	410
Secondary (9–12)	82.0	17.8	0.3	100.0	7.6	394
More than secondary (13 and above)	85.0	11.6	3.3	100.0	5.7	42
Household wealth						
Poor	73.4	24.9	1.7	100.0	13.2	356
Middle	75.7	23.1	1.2	100.0	11.8	268
Wealthy	80.1	18.9	0.9	100.0	8.8	513
Lumbini province total	77.0	21.8	1.3	100.0	10.9	1,137

GAD-7 = Generalized Anxiety Disorder 7

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

Table 94 Severity of symptoms of anxiety: Men: Lumbini 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		Lumbini province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14			
Population group					
Advantaged	92.6	7.4	100.0	4.5	45
Disadvantaged	89.1	10.9	100.0	8.8	99
Education					
Basic education (1–8)	96.0	4.0	100.0	4.0	57
Secondary (9–12)	86.4	13.6	100.0	9.7	88
Household wealth					
Poor	91.4	8.6	100.0	5.8	39
Middle	96.7	3.3	100.0	3.3	33
Wealthy	86.5	13.5	100.0	10.3	72
Lumbini province total	90.2	9.8	100.0	7.5	144

GAD-7 = Generalized Anxiety Disorder 7

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

Table 95 Severity of symptoms of anxiety: Men: Lumbini 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			Lumbini province total	Percentage with symptoms of anxiety ¹	Number of men
	0–5	6–14	15–21			
Population group						
Advantaged	83.4	15.0	1.6	100.0	3.5	187
Disadvantaged	89.6	10.2	0.2	100.0	3.0	480
Education						
No education	96.4	3.6	0.0	100.0	0.0	56
Basic education (1–8)	84.7	15.3	0.0	100.0	4.0	297
Secondary (9–12)	90.3	8.8	0.9	100.0	2.7	260
More than secondary (13 and above)	84.6	12.2	3.3	100.0	3.3	54
Household wealth						
Poor	85.0	15.0	0.0	100.0	4.0	205
Middle	87.8	12.2	0.0	100.0	1.6	151
Wealthy	89.8	8.9	1.3	100.0	3.2	311
Lumbini province total	87.8	11.5	0.6	100.0	3.1	667

GAD-7 = Generalized Anxiety Disorder 7

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

Table 96 Severity of symptoms of depression: Women: Lumbini 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				Lumbini province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	20–27			
Population group							
Advantaged	85.8	14.2	0.0	0.0	100.0	0.0	59
Disadvantaged	87.9	8.3	2.7	1.2	100.0	3.2	164
Education							
No education	100.0	0.0	0.0	0.0	100.0	0.0	3
Basic education (1–8)	90.6	7.0	2.4	0.0	100.0	1.2	87
Secondary (9–12)	84.9	11.9	1.7	1.4	100.0	3.2	133
Household wealth							
Poor	90.7	7.8	1.5	0.0	100.0	1.5	79
Middle	85.5	8.7	2.0	3.7	100.0	3.7	51
Wealthy	85.5	12.2	2.3	0.0	100.0	2.3	92
Lumbini province total	87.4	9.8	2.0	0.9	100.0	2.3	223

PHQ-9 = Patient Health Questionnaire

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

Table 97 Severity of symptoms of depression: Women: Lumbini 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					Lumbini province total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Population group								
Advantaged	78.4	16.7	3.5	0.9	0.4	100.0	4.8	338
Disadvantaged	79.2	15.2	3.4	1.7	0.5	100.0	5.6	799
Education								
No education	78.5	15.0	4.1	1.7	0.7	100.0	6.5	291
Basic education (1–8)	76.4	17.5	3.2	2.3	0.5	100.0	6.1	410
Secondary (9–12)	80.5	15.4	3.5	0.3	0.4	100.0	4.1	394
More than secondary (13 and above)	92.3	5.3	0.0	2.4	0.0	100.0	2.4	42
Household wealth								
Poor	75.4	18.4	2.9	2.6	0.6	100.0	6.1	356
Middle	76.9	15.5	6.4	0.8	0.4	100.0	7.6	268
Wealthy	82.4	13.9	2.2	1.0	0.5	100.0	3.7	513
Lumbini province total	79.0	15.7	3.4	1.4	0.5	100.0	5.4	1,137

PHQ-9 = Patient Health Questionnaire

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

Table 98 Severity of symptoms of depression: Men: Lumbini 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			Lumbini province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14			
Population group						
Advantaged	92.6	5.3	2.2	100.0	0.0	45
Disadvantaged	85.8	11.8	2.4	100.0	2.4	99
Education						
Basic education (1–8)	90.0	8.1	1.9	100.0	1.9	57
Secondary (9–12)	86.6	10.8	2.6	100.0	1.5	88
Household wealth						
Poor	82.8	14.5	2.7	100.0	2.7	39
Middle	93.8	6.2	0.0	100.0	0.0	33
Wealthy	88.1	8.8	3.2	100.0	1.8	72
Lumbini province total	87.9	9.8	2.3	100.0	1.6	144

PHQ-9 = Patient Health Questionnaire

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

Table 99 Severity of symptoms of depression: Men: Lumbini 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				Lumbini province total	Percentage with symptoms of depression ¹	Number of men
	0–4	5–9	10–14	15–19			
Population group							
Advantaged	86.0	11.7	2.4	0.0	100.0	2.4	187
Disadvantaged	88.8	9.3	1.6	0.3	100.0	1.9	480
Education							
No education	93.8	6.2	0.0	0.0	100.0	0.0	56
Basic education (1–8)	86.2	10.8	2.6	0.4	100.0	3.0	297
Secondary (9–12)	89.1	9.2	1.7	0.0	100.0	1.7	260
More than secondary (13 and above)	87.2	12.8	0.0	0.0	100.0	0.0	54
Household wealth							
Poor	86.5	10.9	2.7	0.0	100.0	2.7	205
Middle	86.7	11.0	1.4	0.8	100.0	2.2	151
Wealthy	89.7	8.8	1.5	0.0	100.0	1.5	311
Lumbini province total	88.0	10.0	1.8	0.2	100.0	2.0	667

PHQ-9 = Patient Health Questionnaire

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

Table 100 Disability by domain and age: Lumbini 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					Lumbini 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	84.3	14.2	1.3	0.1	0.0	100.0	1.4	4,332
Difficulty hearing	92.8	5.9	1.3	0.1	0.0	100.0	1.4	4,332
Difficulty communicating	96.6	2.3	0.6	0.6	0.0	100.0	1.2	4,332
Difficulty remembering or concentrating	88.8	9.7	1.1	0.3	0.0	100.0	1.4	4,332
Difficulty walking or climbing steps	86.0	10.6	2.7	0.7	0.0	100.0	3.4	4,332
Difficulty washing all over or dressing	95.0	3.1	1.3	0.6	0.0	100.0	2.0	4,332
Difficulty in at least one domain¹								
5–9	74.6	17.5	6.2	1.8	0.0	100.0	7.9	528
10–14	88.8	9.1	1.5	0.7	0.0	100.0	2.1	521
15–19	89.3	9.3	0.2	1.2	0.0	100.0	1.4	415
20–29	88.2	10.3	0.8	0.7	0.0	100.0	1.5	788
30–39	75.8	22.6	1.1	0.5	0.0	100.0	1.6	656
40–49	51.8	43.6	4.0	0.7	0.0	100.0	4.7	480
50–59	37.4	53.2	8.0	1.0	0.3	100.0	9.0	462
60+	21.8	49.7	24.6	3.9	0.0	100.0	28.5	483
Age 15 and over	63.6	29.3	5.8	1.2	0.0	100.0	7.0	3,284
Lumbini province total	68.0	25.5	5.3	1.2	0.0	100.0	6.5	4,332

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

Table 101 Disability among adults according to background characteristics: Women: Lumbini 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	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
	No difficulty in any domain	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		
Marital status												
Never married	88.8	4.3	2.6	2.8	4.0	3.0	1.1	8.2	1.6	1.5	3.0	314
Married/living together	62.7	20.2	6.8	2.1	12.4	16.6	1.8	32.6	4.3	0.4	4.7	1,414
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	20
Widowed	20.9	48.4	31.6	16.1	39.7	58.4	13.8	49.7	24.9	4.5	29.4	190
Education												
No education	37.9	37.5	16.8	7.8	24.7	37.9	6.5	47.6	12.1	2.4	14.5	753
Basic education (1–8)	70.0	13.4	5.4	1.4	10.1	8.8	0.9	26.5	3.2	0.3	3.4	581
Secondary (9–12)	85.9	6.0	1.6	0.5	4.1	4.0	0.3	13.5	0.6	0.0	0.6	540
More than secondary (13 and above)	(91.8)	(6.5)	(3.9)	(0.0)	(0.0)	(0.0)	(0.0)	(8.2)	(0.0)	(0.0)	(0.0)	60
Missing	*	*	*	*	*	*	*	*	*	*	*	4
Household wealth												
Poor	59.4	23.6	12.2	4.4	16.4	19.9	3.0	31.8	7.1	1.7	8.8	656
Middle	58.7	23.5	6.8	3.8	14.1	21.8	3.5	34.3	5.2	1.8	7.0	455
Wealthy	67.6	16.4	6.9	2.8	11.5	15.5	2.4	27.2	5.2	0.0	5.2	825
Lumbini province total	62.7	20.5	8.7	3.6	13.8	18.5	2.9	30.5	5.8	1.0	6.8	1,937

Note: Total includes 11 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 102 Disability among adults according to background characteristics: Women: Lumbini 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	Communicating	Remembering or concentrating	Walking or climbing steps	Washing all over or dressing	
Marital status								
Never married	88.8	0.4	0.8	2.2	1.7	1.1	0.7	314
Married/living together	62.7	1.5	0.9	0.3	0.7	2.0	0.4	1,414
Divorced or separated	*	*	*	*	*	*	*	20
Widowed	20.9	8.1	10.0	3.4	7.0	22.7	3.3	190
Household wealth								
Poor	59.4	3.0	2.1	1.4	1.9	5.0	1.1	656
Middle	58.7	1.9	1.5	1.2	1.4	4.6	1.4	455
Wealthy	67.6	1.1	1.7	0.4	1.2	2.6	0.0	825
Lumbini province total	62.7	1.9	1.8	0.9	1.5	3.9	0.7	1,937

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

Table 103 Disability among adults according to background characteristics: Men: Lumbini 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	88.6	3.5	4.3	3.7	5.4	4.3	3.2	8.2	0.0	3.2	3.2	3.2	285
Married/living together	60.9	21.8	8.5	2.8	10.6	17.5	3.0	32.1	5.8	1.0	6.8	2.7	1,002
Divorced or separated	*	*	*	*	*	*	*	*	*	*	*	*	10
Widowed	(16.4)	(56.9)	(35.1)	(13.5)	(53.8)	(56.0)	(15.2)	(44.6)	(37.1)	(2.0)	(39.0)	(11.6)	49
Education													
No education	38.9	38.8	18.1	8.4	27.8	36.4	9.6	42.1	14.6	4.4	19.0	8.2	251
Basic education (1–8)	62.7	21.7	7.4	3.8	8.5	16.0	2.9	30.3	5.5	1.5	7.0	2.6	565
Secondary (9–12)	79.4	7.8	6.4	1.0	6.3	6.3	1.6	18.1	1.8	0.3	2.2	1.6	461
More than secondary (13 and above)	80.5	6.5	1.4	0.0	6.0	7.3	0.0	19.5	0.0	0.0	0.0	0.0	70
Household wealth													
Poor	57.4	25.8	10.9	3.7	15.5	20.8	3.9	33.6	7.4	1.6	9.0	4.1	428
Middle	66.7	20.0	6.1	3.2	9.6	14.5	2.0	26.8	5.2	1.2	6.5	1.6	302
Wealthy	69.3	14.5	8.5	3.5	9.0	13.5	4.0	24.1	4.7	1.7	6.4	3.3	616
Lumbini province total	64.9	19.4	8.7	3.5	11.2	16.0	3.5	27.7	5.6	1.6	7.2	3.2	1,347

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 104 Disability among adults according to background characteristics: Men: Lumbini 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	Communi-cating	Remem-bering or concentrating	Walking or climbing steps	
Marital status							
Never married	88.6	0.4	0.8	2.8	2.8	2.3	285
Married/living together	60.9	1.7	1.1	0.9	0.7	4.2	1,002
Divorced or separated	*	*	*	*	*	*	10
Widowed	(16.4)	(6.8)	(10.5)	(2.0)	(5.3)	(31.2)	49
Education							
No education	38.9	3.4	4.3	4.5	4.5	15.2	251
Basic education (1–8)	62.7	1.9	0.9	1.1	0.9	3.7	565
Secondary (9–12)	79.4	0.5	0.9	0.3	0.6	1.0	461
More than secondary (13 and above)	80.5	0.0	0.0	0.0	0.0	0.0	70
Household wealth							
Poor	57.4	2.8	2.0	1.5	1.6	5.1	428
Middle	66.7	0.3	0.8	1.0	0.5	5.2	302
Wealthy	69.3	1.3	1.5	1.6	1.7	4.2	616
Lumbini province total	64.9	1.6	1.5	1.4	1.4	4.7	1,347

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 Experience of physical violence by any perpetrator: Lumbini 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	
Marital status					
Never married	6.5	0.7	2.8	4.5	217
Never ever had intimate partner	4.8	0.7	2.4	3.1	194
Ever had intimate partner	*	*	*	*	23
Ever married	28.4	1.9	9.7	11.9	730
Married/living together	26.5	1.8	10.4	12.3	682
Divorced/separated/widowed	(55.7)	(4.2)	(0.0)	(6.5)	48
Population group					
Advantaged	14.4	0.6	4.3	5.2	279
Disadvantaged	27.2	2.1	9.7	12.3	668
Education					
No education	29.3	0.6	8.8	9.4	195
Basic education (1–8)	31.6	3.4	9.5	13.2	337
Secondary (9–12)	14.6	0.7	6.7	8.3	389
More than secondary (13 and above)	*	*	*	*	27
Household wealth					
Poor	26.6	2.4	9.0	11.3	304
Middle	22.9	1.9	7.2	9.2	217
Wealthy	21.4	1.0	8.0	9.9	425
Lumbini province total	23.4	1.6	8.1	10.2	947

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 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 106 Experience of sexual violence by any perpetrator: Lumbini 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	
Marital status			
Never married	0.9	0.0	217
Never ever had intimate partner	1.0	0.0	194
Ever had intimate partner	*	*	23
Ever married	7.9	3.1	730
Married/living together	6.6	3.2	682
Divorced/separated/widowed	(27.2)	(1.9)	48
Population group			
Advantaged	4.9	1.9	279
Disadvantaged	6.9	2.6	668
Education			
No education	7.4	2.1	195
Basic education (1–8)	9.6	3.6	337
Secondary (9–12)	3.1	1.6	389
More than secondary (13 and above)	*	*	27
Household wealth			
Poor	8.7	4.2	304
Middle	6.0	2.6	217
Wealthy	4.8	1.0	425
Lumbini province total	6.3	2.4	947

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 107 Experience of different forms of violence: Lumbini 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	10.3	1.2	1.4	13.0	163
15–17	(10.4)	(1.0)	(3.3)	(14.7)	71
18–19	10.3	1.3	0.0	11.6	92
20–24	11.7	0.0	4.4	16.1	194
25–29	20.4	1.3	6.1	27.8	172
30–39	20.4	1.2	7.6	29.2	241
40–49	26.2	0.9	6.7	33.8	177
Lumbini province total	18.0	0.9	5.4	24.3	947

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

Table 108 Violence by any husband or intimate partner in the last 12 months: Lumbini 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
Marital status								
Never married	*	*	*	*	*	*	*	23
Currently has intimate partner	*	*	*	*	*	*	*	20
Had intimate partner	*	*	*	*	*	*	*	3
Ever married	9.4	11.8	3.0	2.4	1.5	12.4	15.9	730
Married/living together	9.5	12.2	3.1	2.4	1.4	12.8	16.4	682
Divorced/separated/widowed	(8.3)	(6.5)	(1.9)	(1.9)	(1.9)	(6.5)	(8.3)	48
Population group								
Advantaged	6.5	7.0	2.6	2.3	1.1	7.3	10.8	207
Disadvantaged	10.6	13.8	3.0	2.3	1.6	14.4	17.8	546
Education								
No education	10.2	9.6	2.1	1.3	0.8	10.4	16.3	191
Basic education (1–8)	10.0	14.5	3.9	3.5	2.4	14.9	18.5	291
Secondary (9–12)	8.5	11.3	2.6	2.0	0.9	11.9	13.5	246
More than secondary (13 and above)	*	*	*	*	*	*	*	25
Household wealth								
Poor	9.5	13.5	4.8	3.4	2.0	14.9	18.4	250
Middle	10.6	10.6	3.1	2.6	1.7	11.1	15.8	187
Wealthy	8.7	11.4	1.3	1.3	0.8	11.4	13.9	316
Lumbini province total	9.4	11.9	2.9	2.3	1.4	12.5	15.9	753

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 109 Help seeking to stop violence: Lumbini 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	Lumbini province total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced					
Physical only	19.5	17.6	62.9	100.0	170
Sexual only	*	*	*	100.0	9
Both physical and sexual	59.8	14.0	26.2	100.0	51
Marital status					
Never married	*	*	*	100.0	16
Never ever had intimate partner	*	*	*	100.0	11
Ever had intimate partner	*	*	*	100.0	5
Ever married	29.0	15.4	55.5	100.0	214
Married/living together	25.2	17.1	57.8	100.0	187
Divorced/separated/widowed	*	*	*	100.0	27
Population group					
Advantaged	(38.3)	(13.9)	(47.8)	100.0	41
Disadvantaged	26.9	16.7	56.5	100.0	189
Education					
No education	29.4	10.6	60.0	100.0	61
Basic education (1–8)	33.2	17.9	48.9	100.0	109
Secondary (9–12)	(21.1)	(19.2)	(59.7)	100.0	59
More than secondary (13 and above)	*	*	*	100.0	1
Household wealth					
Poor	31.0	15.7	53.3	100.0	87
Middle	(38.6)	(11.5)	(50.0)	100.0	52
Wealthy	21.4	19.4	59.3	100.0	91
Lumbini province total	28.9	16.2	54.9	100.0	230

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.

