Family Planning, Maternal, Newborn and Child Health Situation in Rural Nepal: A Mid-term Survey for NFHP II

March, 2010

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Family Planning, Maternal, Newborn and Child Health Situation in Rural Nepal: A Mid-term Survey for NFHP II

Nepal Family Health Program II
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Kathmandu, Nepal

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March, 2010

New ERA

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Preface

The Nepal Family Health Program (NFHP) II aims to improve the delivery and use of important public sector services, such as family planning; maternal, newborn, and child health (FP/MNCH). In addition NFHP II also supports womens' and girls' and literacy/life skills through adult literacy, girls' access to education and health education. NFHP II evaluates its support basically by using the data from 2006 and 2009 Demographic and Health surveys (DHS). However, it also generates regularly monitoring information that is used for program planning and monitoring. The NFHP II Mid-term survey was conducted with the objective of monitoring the midterm progress made in FP/MNCH in the NFHP II supported districts.

The survey used methodology consistent with 2006 NDHS but focused in rural areas only. The primary purpose is to compare health status in NFHP II core program districts as compared to control districts. However, when the total sample of core program districts and controls districts are pooled the overall estimates does provide reasonable estimate of the national situation with regard to FP/MNCH indicators. Overall, the survey results are very encouraging and the past trends in improvement on MNCH status has continued.

The survey was implemented by New ERA with technical input from NFHP II. I would like to particularly thank Dr. Steve Hodgins, former director of NFHP II, for visualizing the importance of such a survey and providing technical support in the initial phase. I would also like to thank Mr. Bharat Ban, M&E Specialist, and Mr. Sujan Karki, Program Officer M&E, NFHP II for their technical inputs; and Ms. Anjushree Pradhan and Ms. Jyoti Manandhar of New ERA for implementing the survey. I would also like to thank all NFHP II staff who contributed in the design and implementation of this survey.

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SUMMARY OF FINDINGS

The Mid-term Survey 2009 for Nepal Family Health Program (NFHP II) was conducted to monitor change in the impact and outcome indicators of NFHP. This included documenting changes in fertility rate, changes in mortality rates for neonates, infants, children and under-five, family planning, maternal health, newborn care practices, child health status, and maternal and child nutrition. Additionally information on knowledge about services provided by Female Community Health Volunteers, maternal incentive scheme and the free health policy were also included. The survey was conducted in 40 districts, which included 20 Core Program Districts of NFHP II and 20 control districts. As the NFHP has focus on the rural areas, all the survey clusters were rural. These clusters were same as that selected for the 2006 Nepal Demographic and Health Survey as the findings from the rural clusters of NDHS 2006 was treated as the baseline for monitoring the changes. The study area spread over 111 rural clusters whereby a total of 3,932 households were enumerated. Overall, 5,019 women age 15-49 were interviewed.

Fertility

The findings revealed total fertility rate of 2.9 births per woman for rural. The baseline study of 2006 indicated 3.2 births per woman in the study districts, which is close to the national rural estimates of the 2006 NDHS (3.3 births per woman). The total fertility rate is slightly higher in the NFHP-control districts, which stands at 3.0 births per woman; while the figure is 2.8 births per woman in the control districts. However, the findings do not reveal significant change in fertility rates over the last three-year period with the 95 percent confidence interval indicating an overlap for the two rates as revealed by the baseline 2006 and the Mid-term Survey 2009.

The study does indicate that there is a one child (1.1) difference in the wanted fertility tare (1.8 births per woman) and the actual fertility rate (2.9 births per woman) in rural Nepal indicating a desire for smaller family size.

The survey collected complete pregnancy histories from women and hence provided information on pregnancy outcomes. One in ten pregnancies that occurred in the ten years preceding the survey did not end in a live birth; with pregnancy losses highest among women age 35-39 (15 percent).

Family Planning

All rural women in Nepal know of at least one method of contraception. Injectables, female sterilization, condoms, male sterilization, and the contraceptive pill are known to most (97 percent and higher) currently married women. Knowledge on IUD, Implants and emergency contraceptives has also improved significantly over the past three years.

One in two currently married women in rural Nepal was using a method of contraception, with most women using a modern method (45 percent). The most popular modern method among rural women in Nepal is female sterilization (22 percent). There has hardly been any change in the use of modern contraceptive methods among currently married women in rural Nepal in the past three years. A slightly higher proportion of currently married women in the NFHP-supported districts (52 percent) use any contraceptive methods compared to those in the control districts (47 percent).

The study indicates that there has been a significant decline in the government sector being the prime source of contraception, with the non-government sector taking a significant leap over the years. On the other hand, the role of the private sector being a source of contraception has remained stable over the years. Overall, the role of the government sector as a source of contraception declined from 79 percent to 75 percent from the baseline of 2006.

About four in five currently married women who were not using any family planning method at the time of the survey mentioned that they intend to use a method in the future.

The study indicated that 26 percent of currently married women in the rural Nepal have an unmet need for family planning, with 9 percent having an unmet need for spacing and 17 percent for limiting. If all the unmet need was fulfilled, the contraceptive prevalence rate would increase to 76 percent. Currently, 65 percent of the total need for family planning has been met among the currently married women of rural Nepal. This indicates a considerable scope for increased use of family planning.

Further, women whose husbands were living away from home seem to have a very high unmet need for family planning. These women are mostly non-users of family planning methods. On the contrary, women whose husbands live with them more often tend to use a method of family planning (62 percent) reducing the unmet need to 15 percent.

Family planning information is largely received through the radio with limited exposure through the television and print media. Four in five women heard about family planning on the radio compared with 39 percent who heard about it from the television, 49 percent who have seen a message on a poster or billboard, 13 percent who read about it in newspapers or magazines and 6 percent who saw a family planning message at a street drama.

Child Health

Data from this study estimates infant mortality rate to be 41 deaths per 1000 live births while the child mortality rate being 10 deaths per 1000 live births. The under-five mortality is estimated to be 50 deaths per 1000 live births in the three years preceding the survey.

The findings indicate a 15 percent reduction in the infant mortality rate over the last three years and a 22 percent decline in the under-five mortality rate. However, these findings have to be interpreted with caution as the changes monitored in the three years preceding the survey are not statistically significant and inferences may not be accurate. There is an obvious overlap in the confidence intervals for the two rates as indicated by the baseline of 2006 and the Mid-term Survey 2009. The infant mortality rate in NFHP-supported districts is 46 deaths per 1000 live births while it is 35 deaths per 1000 live births in the control districts.

Eighty-nine percent of rural children age 12-23 months had been fully immunized at the time of the survey. However, there has been a significant rise in children not receiving any vaccination, which requires attention. The number of children being fully immunized has increased in both the NFHP-supported districts and in the control districts (89 percent each).

Four percent of children under age five showed symptoms of acute respiratory infection (ARI) in the two weeks before the survey. More than half of the children under five with symptoms of ARI were taken to a health facility or provider.

Nineteen percent of children under five were reported to have had fever in the two weeks preceding the survey. One in three children was taken to a health facility or provider for treatment. Twenty-one percent of children with fever received antibiotics. Six percent of children received treatment from FCHVs in the survey districts.

Fourteen percent of children under age five had diarrhea in the two weeks before the survey, while 2 percent had diarrhea with blood during the same period. The practice of taking children with illness to a health care provider (excluding pharmacy, retail shops and traditional practitioner) has improved over the years, with more than one in three children suffering from diarrhea being taken to a health provider. There has been a significant rise in the proportion of children receiving ORS packets, from 38 percent in 2006 to 46 percent in 2009. Similarly, there is significantly higher proportion of children receiving increased fluids during episodes of diarrhea (28 percent in 2009 compared to 21 percent in 2006). Therefore, more than one in two children (54 percent) either receive ORS or increased fluids during their most recent episode of diarrhea. This is a rise by 19 percent in the last three years.

Maternal Health

About 48 percent of the women in the Mid-term Survey districts who gave birth in the three years preceding the survey received antenatal care from an SBA[1], which is a significant increase from the baseline figure of 45 percent as reported in 2006. There has been a significant rise in women receiving antenatal care from doctors (25 percent), while there is a reduction in ANC services from nurses/ midwives (23 percent). Nineteen percent of women received antenatal care from MCH workers, while 14 percent received care from health assistants or health workers, and 5 percent received care from VHWs.

There has been a significant rise in women who have had four or more antenatal care visits during their pregnancy, from 30 percent in the NDHS 2006 baseline to 47 percent in 2009. One in three women received ANC services within the first trimester, which is a significant improvement since the baseline of 2006.

Eighty-one percent of women with a live birth in the three years preceding the survey had taken iron tablets during their pregnancy, which is a significant rise from the baseline figure by 27 percent. Similarly, 60 percent of women took intestinal parasite drugs during their last pregnancy with the most recent birth, a significant rise from 26 percent in the baseline of 2006. Seventy-eight percent of pregnant women who sought antenatal care were weighed, while 84 percent had their blood pressure taken.

Nearly one out of ten mothers with a live birth in the three years preceding the survey was protected against neonatal tetanus. About 72 percent of pregnant women received two or more tetanus injections during their last pregnancy. The percentage of mothers who received at least two tetanus toxoid injections for their last birth has increased by 7 percent over the past three years.

Twenty-seven percent of rural women in Nepal had an institutional delivery for their last live birth in the three years preceding the survey, which is a significant rise from the baseline 2006 figure of 17 percent.

There has been a significant rise in the proportion of births delivered by an SBA, from 17 percent in 2006 to 29 percent in 2009. There has been a significant rise in births assisted by doctors (9 percent to 19 percent), and health assistants/health workers (5 percent to 8 percent). It is interesting to note that FCHVs have also been attending births, a rise by 46 percent since the baseline of 2006. On the contrary, the role of traditional birth attendants has declined from 26 percent to 15 percent in 2009. Similarly, the number of women delivering with no assistance has also declined from 5 percent to 2 percent in 2009. The role of SBAs during delivery has improved significantly during the past three years in the NFHP-supported districts (16 percent in 2006 to 26 percent in 2009).

About a quarter of women with a live birth in the last three years preceding the survey received oxytocin injection after delivery. More than half the women (54 percent) reported that they saved money before delivery, which is a significant improvement from the baseline of 2006 (35 percent). Other practices such as arranging transportation (8 percent), and identifying a blood donor (1 percent) also improved, while there has been a significant reduction in women making no preparations (46 percent in 2006 to 25 percent in 2009).

Among women giving birth in the three year preceding the survey, more than one in three (36 percent) women received a postnatal checkup for their last live birth. Nearly all of these women received a postnatal checkup within 72 hours of delivery as recommended. Women more often received postnatal checkups from doctors (14 percent), nurses/ midwives (12 percent), and health assistants/ auxiliary health workers (8 percent). Overall, 26 percent of women received postnatal care from SBAs.

Nearly a quarter of women who had a non-institutional delivery reported using a clean home delivery kit to cut the umbilical cord, an increase by 16 percent from 2006. Sixty-four percent of these women mentioned using a new or sterilized blade to cut the cord. One in

[1] *SBA: Skilled providers include doctors, nurses and midwives.*

five women mentioned that they applied oil on the stump while 8 percent applied ointment/ powder and 5 percent applied ash. Nearly one in two women reported that the newborn was dried before the placenta was delivered. This is an increase from 39 percent as reported in the baseline of 2006. Similarly, 53 percent of women reported that the newborn was wrapped in cloth before the placenta was delivered, an increase by 26 percent since the baseline of 2006. Only 18 percent of the newborns were bathed 24 hours after birth as recommended.

Nutritional Status of women and children

The nutritional status of children is assessed in this section in relation to the Infant and Young Child Feeding (IYCF) indicators. The findings reveal that about two in five newborns are breastfed within an hour of delivery. There has been a significant decline in newborns receiving prelacteal feed over the years (39 percent in 2006 to 31 percent in 2009), which is encouraging. Forty-three percent of children 0-5 months were found to be exclusively breastfed with the practice being not very different in the NFHP-supported districts and the control districts. However, this is a declining trend when 52 percent of children 0-5 months being exclusively breastfed in baseline 2006. This is attributable to the early introduction of plain water with breastfeeding. For instance, the practice of giving water with breastfeeding as early as less than 2 months of age has become more common, which has increased from 3 percent in baseline of 2006 to 29 percent in 2009. While 10 percent of children 0-5 months were given complementary food in 2006, this has declined to 6 percent in 2009, indicating mothers' emphasis on breastfeeding. Ninety-seven percent of children aged 12-15 months are currently breastfed, which is encouraging. The median duration of breastfeeding among children less than 36 months is high in the rural areas of Nepal, with the baseline 2006 figure being 33 months and the current status being 34 months in 2009.

The IYCF indicator assesses the proportion of infants at 6-8 months of age to assess the appropriate time for the *introduction of solid, semi-solid, or soft foods.* The proportion of children given any solid, semi-solid, or soft foods rises markedly at the age of 6-8 months, indicating that appropriate practices are being followed for the majority of children (63 percent). The findings indicate that 70 percent of children (including non-breastfed) receive the minimum dietary diversity in rural Nepal. This is a significant increase from the baseline of 2006, when 62 percent of children received this type of dietary diversity. Eighty-two percent of children in rural Nepal get meals at the minimum frequency required for proper growth. Sixty-four percent of the breastfed children of 6-23 months receive the minimum acceptable diet in rural Nepal, which is a significant improvement from the baseline of 2006 (57 percent).

Micronutrient deficiency is an important cause of childhood morbidity and mortality. Data indicates 67 percent of last-born children age 6-35 months living with the mother consumed vitamin A-rich foods in the 24 hours preceding the survey and 25 percent consumed foods rich in iron. Nine-two percent of children age 6-59 months was given vitamin A supplements in the six months preceding the survey. In addition, 89 percent of children 12-59 months were given deworming medication in the six months before the survey, which is a significant rise from the baseline of 2006.

The nutritional status of children was assessed with reference to the WHO Child Growth Standards. The findings reveal that 46 percent of children under five were stunted and some 16 percent were severely stunted in rural Nepal. This is a significant decline from the baseline of 2006 when it was 50 percent and 21 percent, respectively. Similarly, there has been a significant reduction in the proportion of children underweight from 43 percent to 40 percent in the last three years. However, the study indicates a significant rise in the proportion of children having inadequate nutrition in the period immediately preceding the survey, with the proportion of children wasted rising by 17 percent. Similarly, there has been a rise in children severely wasted by 43 percent.

Information on the nutritional status of women age 15-49 was also collected in the survey. The results showed that 27 percent of rural women in Nepal were malnourished, that is, they fall below the cutoff of 18.5 for the body

mass index (BMI), which utilizes both height and weight to measure thinness ($kg/m^{2)}$. Nine percent of women were overweight or obese. There was hardly any improvement in women's nutritional status over the last three years.

HIV/AIDS

The study indicated that 88 percent of rural women in Nepal had heard of AIDS, which has increased significantly from 65 percent in the baseline of 2006. Younger women and those who had never been married are more likely to have heard of AIDS compared to other women. It is encouraging to note that more women are now aware about the misconceptions regarding HIV/AIDS and the level of knowledge has improved significantly. However, the idea that transmission of AIDS is possible through mosquito bites is still widespread. For example, one-third of respondents were aware that the virus cannot be spread through mosquito bites, which means that around two-thirds of the respondents still believe that HIV can be transmitted in this way.

However, comprehensive knowledge on HIV/AIDS has been relatively low with 24 percent of women properly indicating that consistent use of condom at every sexual encounter and limiting sex to one faithful, uninfected partner; rejecting the two misconceptions (HIV can be transmitted through mosquito bites and by sharing food with someone who has AIDS), and knowing that a healthy-looking person can have HIV. There has been quite a significant rise in the level of comprehensive knowledge among rural women in Nepal since the baseline of 2006.

More than half of the rural women were aware of a place to get tested for HIV. Women more often reported government sector as the place where HIV can be tested for. About one in five mentioned the private sector, while only 5 percent mentioned non-government organizations.

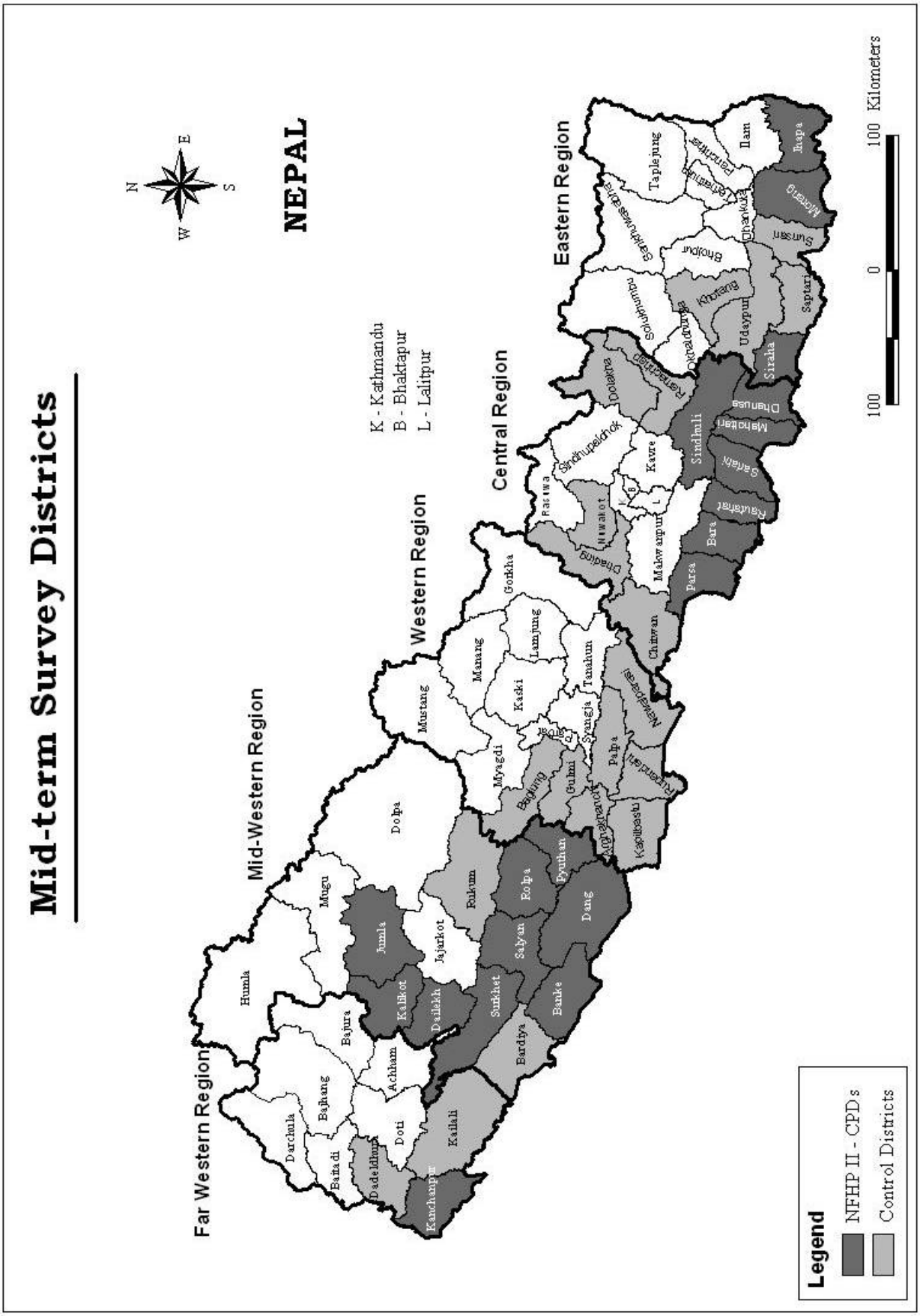
Other health issues

The practice of hand washing has improved significantly over the years with 74 percent of women using soap for hand washing, an increase by 14 percent since the baseline of 2006.

Women were asked whether they were aware of the presence of FCHVs serving in their area. More than nine out of ten women were aware of the presence of FCHVs in their area. Nearly all women were aware that FCHVs provided vitamin A capsules (99 percent) and gave advice to pregnant mother (88 percent). However, they were less aware of the FCHVs providing information on HIV/AIDS.

About three-quarters of rural women were aware that women receive incentive for delivering babies at the government health facilities and 68 percent were aware that the delivery service is free in the government heath facilities. Of the women who delivered their last-born in the three years preceding the survey in a government health facility, 70 percent reported getting incentive for the delivery.

About 46 percent of women who sought medical treatment in the government health facilities in the last 12 months before the survey and received medicine actually got the medicine free of cost



Legend

- NFHP II - CPDs
- Control Districts

INTRODUCTION 1

1.1 Background and Scope of the Survey

The Nepal Family Health Program (NFHP II) (2007-2012) aims to improve the delivery and use of public sector services, such as family planning; maternal, newborn, and child health; and literacy/life skills, in a manner that strengthens local capacity to provide these basic services. The intensive focus of the program is on 20 core program districts: 12 Terai, 6 hill and 2 mountain districts spread over four development regions of the country (excluding the Western region). NFHP-II has an intensive monitoring and evaluation plan to track the program's progress and impact which maximizes the use of existing data sources. To measure program outcome and impact, NFHP-II relies on use of Demographic and Health Survey data (NDHS). The 2006 NDHS data was analyzed to create the baseline statistics for the NFHP-II districts, which was then compared with another 20 control districts which were selected based on a number of background variables such as HDI, health status, literacy, and caste/ethnicity, etc.

The Mid-term Survey for NFHP II was conducted to track the changes in health status in the NFHP II core program districts. In order to have a robust sampling procedure, the same 2006 NDHS sample clusters were selected for the Mid-term Survey 2009. This survey was therefore conducted in the 20 NFHP-supported districts and in 20 control districts. The survey was conducted in rural locations since NFHP II works mainly in the rural areas of the selected districts. A total of 111 rural clusters were enumerated for the purpose of this study, which means it covered 62 percent of the total rural clusters of the 2006 NDHS[2] and therefore the aggregate estimates was expected to be close to the rural national estimates. A total of 3,932 households were visited and interview was conducted successfully in all households. Similarly, all eligible women identified were successfully interviewed (5,019 eligible women).

1.2 Objectives of the Survey

The basic objective of this survey was to monitor NFHP-II's progress in impact and outcome indicators (a list of indicators is presented in Annex-A). The specific objectives included documenting changes in the fertility rate, changes in mortality rates for neonates, infants, children and under-fives, family planning, maternal health, newborn care practices, child health status, and maternal and child nutrition.

1.3 Sample Design

The study adopted basic methodology consistent with the 2006 NDHS, since the information derived from the Mid-term Survey was to be comparable with the baseline data as derived from the 2006 NDHS. The study districts included the 20 NFHP II-supported districts and the 20 control districts, which were selected by NFHP by matching five criteria with the NFHP-II districts. These criteria were the basis of selection of districts for the NFHP-II implementation, which included HDI rank, ecological zone, ethnicity, and wealth quintiles[3].

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[2] *There were 82 urban and 178 rural clusters enumerated in the 2006 NDHS with the total being 260 clusters.*

[3] *Of the 20 NFHP-II districts, one was higher, three were medium, eight were lower and five were lowest in terms of their HDI rank. Similarly, 12 were Terai, six were hill, and two were mountain districts.*

The primary sampling unit (PSUs) in the 2006 NDHS was a ward, sub-ward, or a group of wards in rural clusters selected with probability proportional to their size (PPS). However, large rural PSUs in the 2006 NDHS were divided into subgroups based on the number of households and a random selection of one sub-ward was carried out. The 2006 NDHS included 54 rural clusters in the 20 NFHP-supported districts and 57 rural clusters in the 20 control districts. Therefore, the 2009 survey also covered the same 111 rural clusters spread over the 40 districts.

The second stage of sampling included the selection of households from the household listing, which was carried out during the main survey, unlike the 2006 NDHS where the listing operation was carried out separately from the main survey. Once the household list was updated the selection of households was done using the same procedure as the 2006 NDHS, whereby a group of 12 households was formed and the systematic random selection of three blocks was carried out. Therefore, each sampled cluster had 36 households selected for interview, which provide for some 1,944 households in the program districts and 2,052 households in the control districts with a total of 3,996 households enumerated. Once the households were selected, household interviews were conducted screening for eligible women aged 15-49 years, after which individual questionnaires were administered to all eligible women.

1.4 Survey Instruments

The Mid-term Survey used two types of questionnaires, namely, the household questionnaire and the women's questionnaire. These questionnaires were in line with the 2006 NDHS, allowing for comparative assessment from the baseline to the current 2009 mid-term survey. However, the 2006 NDHS questionnaires were modified based on the objectives of the present study.

The survey included information that would allow the calculation of demographic rates such as fertility, infant mortality and child mortality rates. Similarly, the survey included contraceptive knowledge and practice and reproductive health concerns of women (antenatal visits, place of delivery, assistance at delivery, and newborn care practices) and children (breastfeeding and supplementary feeding practices, immunization, prevalence and treatment of childhood illnesses etc.). Furthermore, women's and children's nutritional status and other health issues are also included.

As the study districts were spread in locations with predominant Maithali and Bhojpuri speaking communities, questionnaires were translated into these languages in addition to Nepali, as in the 2006 NDHS. The basic questionnaires used in the 2006 NDHS were adapted for the current study. Questions on new indicators were also added that went through the process of primary translation and back translation before being finalized. Interviews were conducted in Nepali, Maithali and Bhojpuri languages as required.

As instruments were vigorously pre-tested during the NDHS 2006, they did not require going through pre-testing again. Interviewers' and Supervisors' Field Manuals were developed based on the finalized questionnaires. These manuals followed the 2006 NDHS field guidelines as the data collection procedure for the current survey had to be same as was adopted for the baseline information. These manuals were printed in Nepali for the convenience of the field staff.

1.5 Training and Fieldwork

The field work was carried out by 7 teams, each consisting of a supervisor and three female interviewers. A fortnight-long intensive training session was carried out from 8 - 25 March 2009. Training for interviewers and field supervisors was conducted by core survey team members. Experts in the field of health and family planning issues were identified by New ERA and were requested to present certain topics as resource persons during the training. Resource persons from NFHP were also invited to the training.

The fieldwork was carried out from April 2nd 2009 to 15 July 2009. Quality control teams were mobilized throughout the survey duration to monitor the task and make re-visits. Core staff also made regular visits to monitor the fieldwork.

1.6 Data Processing and Analysis

A software package for data entry was developed using the CSpro package. This package relied heavily on the 2006 NDHS data programming. The SPSS program was also used to carry out statistical analysis along with CSpro. Data coders carried out the task of office editing. There were 8 data entry/coding personnel. The questionnaires were entered twice, which included main entry and verification. Any inconsistencies encountered during this process were corrected by the data programmer before the files were set aside for cleaning. Finally, the data cleaning process was carried out through the secondary editing process. The data entry and processing task was completed about two weeks after the field work.

Data analysis was carried out in close coordination with the NFHP II expert panel that reviewed the data tables and provided feedback.

As the current study focused on 40 districts out of 75, new weights were calculated for the Mid-term Survey. While doing so, new sample weights were developed for both the baseline (2006 NDHS) and the Mid-term Survey 2009.

The statistics for various indicators have been computed by weighted members to adjust for any disproportionate sampling at any stage of the sampling procedure. For this, records of population sizes of the clusters and the actual sample size drawn from the cluster were used in computing appropriate weights for each case. The weights were calculated by dividing population weight by sample weight for each cluster. A population weight for a cluster is the cluster population divided by the total population size from all the clusters. Similarly, a sample weight is the total sample in the cluster divided by the total sample size for all the clusters[4].

<u>Statistical analysis</u>

For the chosen indicators or variables, estimates of the prevalence (percentages) were obtained across the districts with appropriate weighing for the differences in the population sizes of the 40 districts under study. The summarized results show the estimates as well as the actual sample size used for each estimate. Comparisons are made for (i) all the districts between the 2009 Mid-term Survey and the 2006 NDHS baseline; (ii) between the years 2009 and 2006 within NFHP-supported districts; (iii) between the years 2009 and 2006 within

[4] *The details of weights are given the Annex-B.*

NFHP control districts; and (iv) the difference found for the two years in the NFHP districts and the difference found in the control districts.

Comparisons included statistical significance using z-statistic at 0.05 level of significance (two sided). That is, for each comparison, the hypothesis is that the observed difference is indicative of a true difference in the population in the two periods against the null hypothesis that the differences observed are due to chance alone.

Further comparison between the differences observed between the two periods for the NFHP-supported districts and the differences observed between the same two periods for the control districts were made. The statistical significance of this difference reflects the difference due to the project intervention after making allowances for the change that would occur without the intervention[5]. If the difference seen in the project area is significant after making the allowance for the difference that occurred in the control area, this has been indicated in the tables.

As the NFHP indicators give a picture of the rural areas, the national rural figures of the 2006 NDHS has been presented in the summary tables, which will allow for assessment with the national-level indicators.

Similarly, the NFHP-supported districts do not include the Western Development Region, while the control districts include them. Therefore the tables that show information based on the background variables have development region category as East/Central and West/Mid/Far West. However, in case of the national rural figures this category is not shown and is indicated as 'na'.

It can be noted here that the three year period preceding the survey has been taken into account for the assessment of early childhood mortality rates to avoid possible overlaps. Similarly, indicators on maternal health (antenatal care and its components, place and assistance at delivery, postnatal care) have also been assessed for the three years preceding the survey.

[5] *An 'Odds Ratio' approach would perhaps be more rigorous, but the current z-test is easier for interpretation*

BACKGROUND AND CHARACTERISTICS OF RESPONDENTS 2

The analysis of the basic demographic and health situation of any population requires an in-depth understanding of the survey population. This chapter is designed to provide such information, which includes demographic and socioeconomic characteristics, housing characteristics, and assets that help to identify major indicators for the wealth quintile that reflect the status of the household. The chapter also provides information on the background characteristics of the respondents, including their educational status, marital status, caste/ ethnicity and also information on husbands living away from home.

2.1 Household Population by Age and Sex

The de facto population distribution by age and sex in the 40 study districts is presented in Table 2.1. The distribution can be compared between the baseline and the Mid-term Survey. The male-female composition in the last 3 years has remained the same, with females outnumbering males at 54 percent and the overall sex ratio remaining at 87 males per 100 females. However, slight variation can be observed within the different age groups, with males being dramatically less in the age group 30-34 years with a notable adverse sex ratio. This could be partly due to migration being high in this age group. This is discussed at greater length later in this section (Section 2.6).

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Mid-term Survey 2009

	Baseline 2006 NDHS				Mid-term Survey 2009			
Age	Male	Female	Total	Sex ratio	Male	Female	Total	Sex ratio
<5	14.9	12.5	13.6	103.4	13.2	11.4	12.3	100.2
5-9	16.4	13.1	14.6	108.6	14.6	12.8	13.6	98.7
10-14	14.8	13.3	14.0	96.6	15.2	12.6	13.8	104.4
15-19	9.3	10.7	10.0	75.4	10.7	10.6	10.6	87.3
20-24	5.8	9.5	7.8	52.9	6.5	9.7	8.2	57.9
25-29	5.9	7.7	6.8	66.5	6.0	8.0	7.0	64.9
30-34	5.2	6.2	5.7	72.8	4.2	6.6	5.5	55.1
35-39	5.1	5.6	5.4	79.0	5.2	6.1	5.7	73.8
40-44	4.5	4.8	4.6	81.4	4.8	4.5	4.6	92.3
45-49	4.2	4.1	4.1	88.9	4.3	4.0	4.2	93.0
50-54	3.5	3.4	3.4	89.3	3.4	4.2	3.9	70.0
55-59	2.5	2.8	2.7	77.5	3.8	2.8	3.3	117.4
60-64	3.2	2.6	2.8	106.8	2.7	2.8	2.7	83.4
65-69	2.0	1.4	1.7	123.9	2.5	1.8	2.1	120.2
70-74	1.5	1.1	1.3	118.3	1.4	1.1	1.2	110.1
75-79	0.8	0.7	0.8	99.2	0.7	0.8	0.7	75.7
80 +	0.6	0.5	0.5	104.1	0.8	0.5	0.6	138.4
Total	100.0	100.0	100.0	86.8	100.0	100.0	100.0	86.5
Number	9,276	10,689	19,965	19,965	8,854	10,232	19,087	19,087

2.2 Household Characteristics

The findings indicate that nearly two-thirds of households in the rural areas have access to electricity, which is higher than that reported in the 2006 NDHS for the rural locations of Nepal (43 percent). A slightly higher proportion of the households in the control districts (67 percent) have electricity, compared to the NFHP-supported districts (63 percent).

Table 2.2 Household characteristics

Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking and among those using solid fuel, percent distribution by type of fire/stove, Mid-term Survey 2009

Housing characteristic	Households			Population		
	NFHP supported districts	NFHP control districts	Mid-term survey districts	NFHP supported districts	NFHP control districts	Mid-term survey districts
Electricity						
Yes	62.7	67.2	64.7	63.1	69.0	65.7
No	37.3	32.8	35.3	36.9	31.0	34.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth/mud	75.2	82.6	78.5	77.1	82.5	79.5
Dung	1.1	2.1	1.5	1.4	2.1	1.7
Wood planks	6.6	0.5	3.9	6.4	0.5	3.7
Parquet/polished wood	1.1	0.1	0.7	1.0	0.1	0.6
Vinyl/asphalt strips	1.8	1.3	1.6	1.5	1.5	1.5
Ceramic tiles	0.0	0.1	0.1	0.0	0.1	0.0
Cement	13.6	12.7	13.2	12.2	12.8	12.5
Carpet	0.2	0.1	0.2	0.1	0.1	0.1
Straw mat	0.4	0.4	0.4	0.3	0.4	0.3
Other	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	30.4	32.7	31.4	23.5	25.4	24.4
Two	38.5	38.9	38.7	38.0	38.3	38.1
Three or more	31.0	28.1	29.6	38.4	36.0	37.3
Missing	0.1	0.4	0.2	0.1	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	59.7	63.9	61.6	60.5	62.4	61.4
In a separate building	33.6	27.9	31.0	33.3	29.2	31.5
Outdoors	6.1	8.2	7.1	6.0	8.4	7.1
Missing	0.6	0.0	0.3	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	0.0	0.0	0.0	0.0	0.1	0.0
LPG, natural gas, Biogas	9.0	5.9	7.6	8.6	5.9	7.4
Kerosene	0.0	0.1	0.0	0.0	0.0	0.0
Coal, lignite, charcoal, wood	75.4	85.7	80.0	75.7	84.5	79.6
Agricultural crops/straw/shrubs/grass	4.8	1.6	3.4	5.1	1.9	3.7
Dung	10.2	6.7	8.6	10.5	7.6	9.2
No food cooked in household	0.6	0.0	0.3	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	90.4	94.0	92.0	91.3	94.0	92.5
Number of households/population	2,150	1,782	3,932	10,637	8,596	19,233
Type of fire/stove households using solid fuel[1]						
Chulo with chimney	4.5	4.7	4.6	5.2	4.2	4.8
Open fire/stove with chimney/hood	0.6	1.6	1.1	0.8	1.7	1.2
Open fire/stove/chulo without chimney or hood	94.9	93.6	94.3	94.0	94.0	94.0
Missing	0.0	0.1	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel[1]	1,943	1,674	3,618	9,707	8,081	17,788

LPG = Liquid petroleum gas

[1] Includes coal/lignite, charcoal, wood/straw/shrubs, agricultural crops and animal dung

The majority of households (79 percent) still use earth/mud as their major flooring material in the rural location of Nepal, although there has been a noticeable rise in the use of cement (13 percent) and a drop in the use of dung (6 percent in 2006 to 2 percent in 2009) as the flooring material.

Although more households are cooking food in a separate building or outdoors (38 percent in 2009 as opposed to 30 percent in 2006), the use of solid fuel for cooking is still very common (92 percent).

Access to improved source of drinking water has increased to over 90 percent of households having such access (Table 2.3) as compared to 82 percent in 2006. However, proportion of

households boiling water prior to drinking has decreased from 9 percent in 2006 to 2 percent in 2009.

Similarly, access to non-shared toilet has increased from 23 percent in 2006 to 29 percent in 2009. However, it is important to note that the proportion of households not having access to any toilet has not improved and half the population still do not have access to any toilets and use open areas/bushes.

Table 2.3 Household drinking water and sanitation facilities

Percent distribution of households and de jure population by source and treatment of drinking water and sanitation facilities, Mid-term Survey 2009

Housing characteristic	Households			Population		
	NFHP supported districts	NFHP control districts	Mid-term survey districts	NFHP supported districts	NFHP control districts	Mid-term survey districts
Source of drinking water						
Improved source	89.9	95.0	93.3	91.6	94.9	93.1
Piped water into house/yard/plot	2.1	14.3	7.7	2.2	13.1	7.1
Public tap/stand pipe	9.9	28.4	18.3	9.5	24.2	16.1
Tube well or borehole	75.8	50.1	64.1	76.1	55.7	67.0
Protected dug well	2.5	0.8	1.7	2.2	0.7	1.5
Protected spring	0.1	0.6	0.3	0.1	0.5	0.3
Stone tap/dhara	1.5	0.8	1.2	1.5	0.7	1.1
Nonimproved source	8.1	5	6.6	8.4	5.1	6.9
Unprotected dug well	5.0	3.1	4.1	5.3	2.9	4.2
Unprotected spring	0.7	0.3	0.5	0.8	0.3	0.6
Surface water	2.4	1.6	2.0	2.3	1.9	2.1
Other	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking						
Boiled	1.3	2.6	1.9	1.0	2.4	1.6
Bleach/chlorine added	0.9	0.2	0.6	0.8	0.1	0.5
Strained through cloth	3.1	3.5	3.3	3.1	3.2	3.1
Ceramic, sand, or other filter	3.6	4.6	4.0	3.0	4.1	3.5
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.1	0.1	0.1	0.1	0.1
No treatment	91.6	90.3	91.0	92.4	91.4	92.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Sanitation facilities						
Improved, not shared facility	24.4	33.8	28.7	26.3	34.2	29.8
Flush to piped sewer system	0.4	2.6	1.4	0.4	2.9	1.5
Flush to septic tank	19.7	22.9	21.2	21.2	23.0	22.0
Flush to pit latrine	0.4	1.2	1.8	0.4	1.1	0.7
Ventilated improved pit (VIP) latrine	1.1	1.2	1.1	1.4	1.3	1.3
Pit latrine with slab	2.8	5.8	4.2	2.8	5.8	4.1
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.0
Nonimproved facility	75.6	66.3	71.3	73.7	65.8	70.2
Any facility shared with other households	14.9	11.8	13.5	12.7	10.2	11.6
Flush not to sewer/septic tank/pit latrine	1.1	1.0	1.0	1.1	1.1	1.1
Pit latrine without slab/open pit	5.7	6.2	5.9	5.7	4.9	5.3
No facility/bush/field	53.8	47.3	50.8	54.2	49.6	52.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	2,150	1,782	3,932	10,637	8,596	19,233

2.3 Household Possessions

The possession of durable goods in the household and means of transportation is presented in Table 2.4. There has been a significant rise in the number of households possessing durable goods such as a radio, television, mobile telephone and non-mobile telephone in rural areas in the last 3 years. It can be noted here that the number of households possessing a mobile phone has increased from barely one percent in 2006 to 43 percent in 2009. Similarly, rural households owning a bicycle and motorcycle/scooter have also shown a marked rise over the years.

Table 2.4 Household durable goods

Percentage of households possessing various household effects, means of transportation, and agricultural land, according to rural figures 2006 NDHS and Mid-term Survey 2009

Possession	Rural 2006 NDHS	Mid-term survey districts		NFHP Supported Districts		NFHP Control Districts	
		2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP
Household effects							
Radio	59.2	59.0	61.7*	56.7	60.5*†	61.8	63.1
Television	20.8	24.3	34.9*	26.8	38.4*†	21.1	30.6*
Mobile telephone	2.1	0.9	42.7*	0.6	42.6*	1.3	42.8*
Non-mobile telephone	2.1	1.1	4.9*	1.1	5.1*	1.2	4.7*
Means of transport							
Bicycle	31.4	51.8	56.1*	56.3	62.4*†	46.3	48.6
Motorcycle/scooter	2.0	2.1	4.3*	1.9	4.9*	2.3	3.6*
Ownership of agricultural land	73.1	70.2	69.3	70.7	66.7*	69.5	72.4
Number of households	7,234	3,942	3,932	2,156	2,150	1,786	1,782

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Although the proportion of households possessing a radio is less than those in the control districts, there has been a significant rise in the number of households possessing one. Moreover, the difference in the rise between the NFHP-supported and the control districts indicates that the difference is significant in the NFHP-supported districts. The same has been the case with television. A similar proportion of households were found to possess a mobile phone in the NFHP-supported districts and the control districts (43 percent).

2.4 Socioeconomic Status Index

Although Nepal has shown considerable improvement in its demographic and health indicators over the years, the inequality of access to services and the resulting outcomes could be better understood with an in-depth assessment of the socioeconomic differentials. Studies have indicated that socioeconomic status has a strong influence on the health status of the population (Rutstein et. al., 2004; Johnson et. al., 2008). These differentials are better understood with the help of the wealth index that has been tested in many countries and systematically adopted by global DHS. This index is developed in relation to inequities in household income, the use of health services, and health outcomes (Gwatkin et. al., 2007). It is an indicator of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index is constructed using household asset data, which includes ownership of consumer items such as a television, bicycle, or car; and dwelling characteristics such as type of drinking water available, sanitation facilities used, and the roofing and flooring materials of the dwelling units.

Factor analysis scores as used in the 2006 NDHS have been taken into account for this study. There are several approaches to examining the trends in relative wealth, which depend on the purpose of the study. Studies that focus on economic analysis to determine change in the economic status of the population over time takes the population wealth quintile of the first survey in the series into account and the subsequent studies are based on that quintile. However, studies that assess the relative equity based on the socioeconomic background of the population generate quintiles for each study taken into consideration. As the current study assesses the demographic and health issues based on the socioeconomic status of the population, the wealth quintiles were developed separately for this study. This classification of population by quintiles is used as the background variable in the following chapters to assess the demographic and health outcomes in relation to socioeconomic status.

2.5 Characteristics of Survey Respondents

A better understanding of the results of the demographic and health situation of the population is possible with a detailed understanding of the background of the respondents, including their age, level of education, marital status, religion, ethnicity, and wealth status. A detailed assessment of their background characteristics is made in this section (Table 2.5).

More than half of the respondents were under the age of 30 (57 percent) in both the NFHP-supported districts as well the control districts. However, a slightly higher proportion of women in the control districts were between 15-19 years: a 3-point percentage difference from the NFHP-supported districts.

More than two-thirds of the respondents are married in both the NFHP supported districts and the control districts. Consistent with the findings at the national level (2006 NDHS); about one in five women has never been married.

The findings indicate that about one in two woman have not attended formal education. It can be noted here that education is one of the influential factors that affect an individual's attitude, knowledge and practice regarding health-seeking behavior, and other aspects of life. Less than one in five women in the NFHP-supported districts and the control districts has reached primary school. Similarly, some 24 percent of the respondents have attended secondary education while only 10 percent have completed their School Leaving Certificate (SLC) or have gone on to a higher level of education.

The distribution of respondents based on their socioeconomic background as revealed by the wealth quintile shows a similar pattern in the NFHP-supported districts and the control districts. Table 2.4 indicates that 24 percent of the respondents fall under the highest quintile in the NFHP supported districts while it is 21 percent for the control districts.

The distribution of respondents in the hill/mountain and Terai regions vary considerably in the NFHP-supported districts and the control districts. While 86 percent of the respondents in the NFHP-supported districts belonged to the Terai region, 70 percent of the respondents in the control districts belong to the Terai region. This is due to the spread of the NFHP districts being mostly in the Terai (12 out of 20 districts).

Table 2.5 Background characteristics of respondents

Percent distribution of women age 15-49 by selected background characteristics, Mid-term Survey 2009

Background characteristic	NFHP Supported Districts			NFHP Control Districts		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	19.6	539	513	22.5	511	574
20-24	19.6	539	450	18.2	413	491
25-29	17.7	485	438	16.0	364	414
30-34	13.9	383	326	12.3	280	305
35-39	11.9	327	286	12.9	292	331
40-44	9.5	260	231	9.5	217	253
45-49	7.8	213	194	8.6	197	213
Marital status						
Never married	20.2	555	462	20.2	460	539
Married	76.8	2,108	1,910	75.5	1,717	1,956
Divorced/separated	1.0	27	14	1.4	33	31
Widowed	2.0	54	52	2.9	65	55
Education						
No education	50.4	1,382	1,415	50.8	1,156	1,384
Primary	16.1	443	338	15.4	351	394
Some secondary	23.8	655	481	23.7	540	572
SLC and above	9.5	261	198	9.9	225	226
Wealth quintile						
Lowest	16.6	456	566	16.0	364	488
Second	20.2	554	554	15.1	343	500
Middle	19.2	526	528	22.1	502	637
Fourth	19.7	541	412	25.8	587	619
Highest	24.3	668	378	21.0	478	337
Eco Region						
Hill/Mountain	14.4	395	589	29.6	674	951
Terai	85.6	2,350	1,849	70.4	1,601	1,630
Region						
East/Central	56.6	1,552	1,419	42.1	958	928
West/Mid/Far West	43.4	1,192	1,019	57.9	1,317	1,653
Religion						
Hindu	87.4	2,399	2,130	87.5	1,990	2,314
Buddhist	3.2	88	72	5.9	135	165
Muslim	4.1	113	177	1.4	31	40
Kirat	4.0	109	33	3.0	69	25
Christian	1.3	35	26	2.0	45	34
Other	0.0	0	0	0.2	5	3
Ethnicity						
Hill Brahmin	12.6	346	238	11.9	271	254
Hill Chhetri	19.7	540	441	14.4	329	397
Terai/Madhesi Brahman/Chhetri	1.2	32	49	0.7	16	31
Other Terai/Madhesi Castes	12.8	350	392	11.2	256	293
Hill Dalit	6.9	188	162	11.2	254	245
Terai/Madhesi Dalit	4.8	131	209	5.3	121	158
Newar	3.6	99	57	2.9	65	76
Hill Janjati	18.8	517	353	23.8	540	566
Terai Janajati	15.7	432	363	17.2	392	521
Muslim	3.9	108	174	1.4	31	40
Total 15-49	100.0	2,745	2,438	100.0	2,274	2,581

Note: Total includes 5 women with missing information on level of education not shown separately.

Fifty-seven percent of the respondents are from the East and Central region in the NFHP-supported districts, while 42 percent belonged to this region in the control districts. On the other hand, 43 percent of respondents in the NFHP-supported districts and 58 percent in the control districts belong to the Mid, West and Far-west regions.

The majority of the respondents are Hindu (87 percent) in both the NFHP-supported districts as well as the control districts. However, the proportion of Buddhist respondents is higher in the control districts (6 percent as oppose to 3 percent), while Muslim respondents are higher in the NFHP-supported districts (4 percent as opposed to 1 percent).The survey respondents belong to different caste/ethnic groups and represent the country's diverse population. While the hill Chhetris comprises most of the population in the NFHP-supported districts, the hill Janajatis are widespread in the control districts.

Status of Husbands Living Away from Home

The proportion of women whose spouse have been living away from her for a considerable period of time may have different reproductive health demand1s as compared to those women whose husbands usually stay with them. This is one important background characteristic of women to consider when assessing the demographic and health indicators of a population. The current study has collected elaborate information regarding the pattern of husbands living away from home and is systematically presented in this section.

Nearly one third (32 percent) of the women reported that their husbands were living away from them at the time of survey (Table 2.6). This was mostly reported by women under the age of 30 years. This finding supports the assessment of the sex ratio by age group, whereby there is adverse sex ratio in the age group 30-34 years, indicating that the deficit of males in this age group could be the spouses of women less than 30 years. More than two in five women in the age group 20-29 years reported that their husbands live away from them.

Table 2.6 Husband living away from home

Percent distribution of currently married women age 15-49 with information on husband living away from home by selected background characteristics, Mid-term survey 2009

Background characteristic	NFHP Supported Districts			Control Districts			Total		
	Husband is away	Husband living together	Total	Husband is away	Husband living together	Total	Husband is away	Husband living together	Total
Age									
15-19	40.3	59.7	135	32.0	68.0	162	35.8	64.2	297
20-24	44.3	55.7	427	41.1	58.9	314	42.9	57.1	741
25-29	40.9	59.1	450	42.8	57.2	351	41.7	58.3	801
30-34	27.6	72.4	372	38.9	61.1	268	32.3	67.7	641
35-39	17.3	82.7	311	31.7	68.3	277	24.1	75.9	588
40-44	13.0	87.0	236	17.3	82.7	186	14.9	85.1	422
45-49	5.9	94.1	176	14.0	86.0	158	9.8	90.2	334
Education									
No education	25.2	74.8	1269	26.8	73.2	1037	25.9	74.1	2,306
Primary	33.7	66.3	339	49.2	50.8	272	40.6	59.4	611
Some secondary	43.1	56.9	360	41.5	58.5	288	42.4	57.6	648
SLC and above	26.5	73.5	137	39.2	60.8	119	32.4	67.6	256
Wealth quintile									
Lowest	31.1	68.9	366	38.9	61.1	281	34.5	65.5	647
Second	32.0	68.0	448	29.9	70.1	266	31.2	68.8	714
Middle	24.9	75.1	438	38.5	61.5	374	31.1	68.9	812
Fourth	32.9	67.1	406	31.0	69.0	441	31.9	68.1	847
Highest	27.9	72.1	450	30.5	69.5	356	29.1	70.9	806
Eco Region									
Hill/Mountain	35.4	64.6	303	44.6	55.4	480	41.1	58.9	783
Terai	28.7	71.3	1805	29.4	70.6	1237	29.0	71.0	3042
Region									
East/Central	29.3	70.7	1186	29.2	70.8	686	29.3	70.7	1872
West/Mid/Far West	30.1	69.9	922	36.6	63.4	1030	33.6	66.4	1953
Ethnicity									
Hill Brahmin	25.8	74.2	256	50.6	49.4	196	36.5	63.5	452
Hill Chhetri	35.4	64.6	400	40.3	59.7	251	37.3	62.7	651
Terai/Madhesi Brahmin/Chhetri	(9.5)	(90.5)	22	-	-	13	20.1	79.9	35
Other Terai	29.8	70.2	311	19.0	81.0	209	25.5	74.5	520
Hill Dalits	31.8	68.2	163	48.2	51.8	201	40.8	59.2	363
Dalits	18.9	81.1	109	19.5	80.5	103	19.2	80.8	212
Newar	(19.3)	(80.7)	64	26.9	73.1	44	22.4	77.6	108
Hill Janajati	35.9	64.1	347	33.7	66.3	374	34.8	65.2	721
Terai Janajati	21.1	78.9	342	24.1	75.9	302	22.5	77.5	643
Muslim	44.3	55.7	95	23.6	76.4	24	40.2	59.8	119
Total	29.7	70.3	2,108	33.7	66.3	1,717	31.5	68.5	3,825

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 5 women with missing information on level of education not shown separately.

Women with primary education (41 percent) and secondary education (42 percent) more often had their husbands living away from home. Although a distinct pattern is not observed

with regards to wealth quintile, men in hill/mountain regions tend to be away from home more often, with 41 percent of the women reporting their husband living away from home as opposed to only 29 percent of women reporting so in the Terai. Similarly, men among the hill Dalits and those of Muslim ethnicity live away from home, as reported by some two in five women.

Although the proportion of women reporting that their husbands have been living away from home was similar in the Terai regions of both the NFHP-supported districts and the control districts (29 percent), there is a difference in this among women in the hill/mountain regions with more women (45 percent) in the control districts than the NFHP-supported districts (35 percent) reporting so.

Women in the control districts mentioned more often (34 percent) that their husbands were living away from home compared to those in the NFHP-supported districts (30 percent). Women under 30 are more likely to report that their husbands are living away from home, which is true for both the NFHP-supported districts as well as the control districts, as reported by about two in five women.

Table 2.7 Trend in status of husband living away from home

Percent distribution of currently married women age 15-49 by information on husband being away from home, according to rural figures 2006 NDHS and Mid-term survey 2009

Background characteristics	Husband is away	Living with husband	Total
Rural 2006 NDHS	27.4	72.6	7,031
Mid-term survey districts			
Baseline 2006 NDHS	28.7	71.3	4,021
Mid-term survey 2009	31.5*	68.5	3,825
NFHP Supported districts			
Baseline 2006 NDHS	27.4	72.6	2,203
Mid-term survey 2009	29.7	70.3	2,108
NFHP Control districts			
Baseline 2006 NDHS	30.2	69.8	1,818
Mid-term survey 2009	33.7*	66.3	1,717

Note: * This value differs significantly from the value of 2006.

The trend in husbands living away from home has risen significantly from the baseline taken in 2006 (Table 2.7). While 29 percent of women reported that their husbands lived away from home in 2006, by 2009 this figure had gone up to 32 percent. A significant rise has been monitored in the control districts as compared to the NFHP-supported districts.

Even when the current situation of the rural districts is compared to the national rural figures of the 2006 NDHS, it is obvious that there has been a rise in the number of men living away from home, which could be partly contributed to by out-migration of men in search of job opportunities. This has an implication on the trends of various demographic and health indicators, which is discussed at length in the following chapters.

Table 2.8 Trend in the status of women whose husbands are continuously away from home

Percent distribution of currently married women age 15-49 whose husbands are continuously away from home by duration in months according to rural figures 2006 NDHS and Mid-term survey 2009

Background characteristic	<=5	6-11	12-23	24-35	36+	Total
Rural 2006 NDHS	57.5	16.8	13.7	7.5	4.6	1, 928
Mid-term survey districts						
Baseline 2006 NDHS	58.2	16.8	14.1	6.1	4.8	1,153
Mid-term survey 2009	53.6*	17.8	18.0*	7.2	3.4	1,203
NFHP Supported districts						
Baseline 2006 NDHS	60.6	15.7	13.2	6.4	4.1	603
Mid-term survey 2009	52.0*†	19.0	19.2*	6.7	3.1	625
NFHP Control districts						
Baseline 2006 NDHS	55.6	17.9	15.1	5.8	5.6	549
Mid-term survey 2009	55.3	16.5	16.8	7.7	3.8	578

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

In most cases (more than 50 percent), women reported that their husbands had been away from home for less than 6 months,

indicating a very recent phenomenon of husbands living away from home (Table 2.8). The median duration of this type of separation is calculated to be 5 months[6].

When the duration of continuous separation between the husband and wife is observed it can be noted that there has been a significant rise in the proportion of women reporting that their husbands have been away for an extended period of time. For instance, the proportion of women reporting continuous separation of less than 5 months has declined significantly while continuous separation of 12-23 months has increased significantly. These are more obvious in the NFHP-supported districts than in the control districts. In fact, the change is not observed in the control districts.

A more robust assessment of the status of husbands living away from home can be done using analysis of the extended period of separation. The current study measured the duration of separation between husband and wife in the 5 years preceding the survey. All such months when there was complete separation between the spouses is added to derive this type of assessment.

It is seen that more than half of the respondents (54 percent) stated that the total duration of separation from their husband in the last 5 years was less than 5 months. It is interesting to note that some 18 percent of the respondents stated that the total duration of separation was more than 36 months.

The mean duration of separation between husband and wife in the 5 years before the survey is 14 months. The median duration was calculated to be 3 months.

There is not much difference in these status among the women in the NFHP-supported districts and the control districts, although women reporting a separation of more than 36 months was higher in the control districts (20 percent) than in the NFHP- supported districts (17 percent)[7].

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6 *Data not shown. Please refer to Annex – C1.*

7 *Please refer to Annex – C2 for details.*

FERTILITY 3

The dramatic decline in fertility over the past 2 decades has indicated that Nepal has entered into a state of demographic transition from high fertility and high mortality to low fertility and mortality. The latest evidence from the 2009 survey further substantiates this trend. The Government of Nepal hopes to achieve replacement level fertility by reaching TFR of 2.1 by the year 2017.

This section highlights the fertility level, trends and differentials in fertility in the rural areas of Nepal. Similar to the Nepal DHS 2006 this report too has used pregnancy histories from women 15-49 years to estimate fertility levels and patterns and in most cases based on live births in the 3 years preceding the survey.

3.1 Current Fertility and Fertility Trends

The baseline study of 2006 indicated 3.2 births per woman in the study districts, which is close to the national rural estimates of the 2006 NDHS (3.3 births per woman). The present study indicates the total fertility rate to be 2.9 births per woman in rural Nepal. But this decline does not indicate a significant change in fertility rates over the last three- year period as the 95 percent confidence interval for 2006 and 2009 overlap. Consistent with decline in TFR the crude birth rate and general fertility rate indicates a continuing declining trend in fertility.

The total fertility rate is slightly higher in the NFHP-control districts, which stands at 3.0 births per woman; while the figure is 2.8 births per woman in the control districts (Table 3.1).

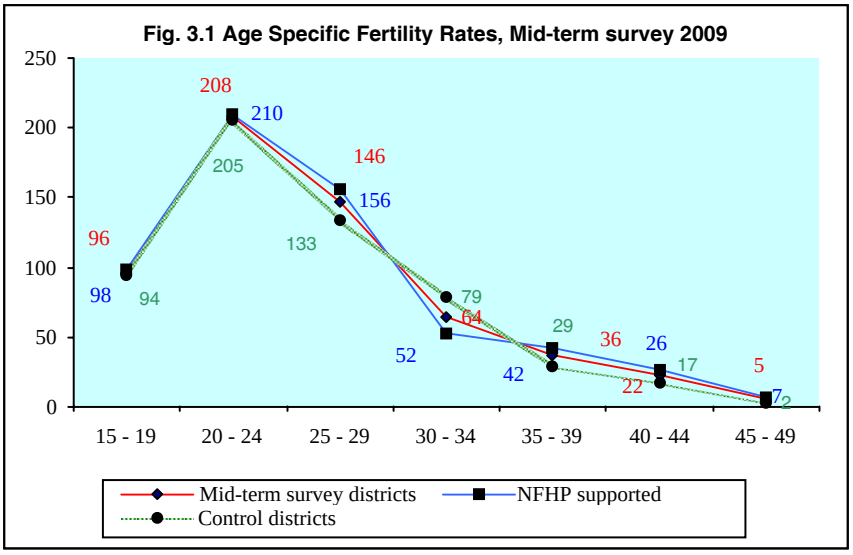
Table 3.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by rural figures 2006 NDHS and Mid-term Survey, 2009

		Mid-term survey districts		NFHP Supported Districts		NFHP Control Districts	
Age group	Rural 2006 NDHS	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP
15-19	103	115	96	116	98	114	94
20-24	248	236	208	249	210	221	205
25-29	151	148	146	144	156	154	133
30-34	93	82	64	74	52	92	79
35-39	52	43	36	31	42	58	29
40-44	17	22	22	24	26	20	17
45-49	2	3	5	3	7	3	2
TFR (15-49)	3.3	3.2	2.9	3.2	3.0	3.3	2.8
95% CI	*(3.084-3.579)*	*(2.912-3.488)*	*(2.622-3.178)*	*(2.810-3.590)*	*(2.617-3.383)*	*(2.866-3.734)*	*(2.394-3.206)*
GFR	123	122	108	122	112	123	104
CBR	29.5	29.3	26.4	29.2	26.8	29.5	25.8

TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population
Notes: Age-specific fertility rates are per 1,000 women.
Rates for age group 45-49 may be slightly biased due to truncation.

Overall, an assessment through the age-specific fertility rates over the three-year period indicates that women do most of their childbearing when they are in the age group 20-29 years. It is important to note that early childbearing among women 15-19 years has continued to decline and this decline is seen in both NFHP II as well as control districts. Similar declines are also seen among women aged 30-39 years.



3.2 Fertility Differentials

There are different determining factors that affect the fertility of women. Table 3.2 clearly indicates the differentials based on the various background characteristics of the women. For instance, the total fertility rate is higher among women living in the hill/mountain regions (3.2 births per woman) compared to those living in the rural Terai (2.8 births per woman).

Similarly, women living in the West/Mid/Far-western regions are more likely to have higher fertility (3.1 births per woman) than those in the East/Central region (2.6 births per woman). Women with no education (3.7 births per woman), and those living in the lowest wealth quintile (4.3 births per woman) have higher fertility rates.

Currently, about six percent of women are pregnant in the study districts, which is only a slight rise from the baseline (5 percent). Although there is hardly any variation in the pregnancy status of women based on the different background characteristics, women with higher education and those from wealthier households are less likely to be pregnant.

More women are pregnant in the control districts (7 percent) than in the NFHP-supported districts (5 percent). Although the current

Table 3.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Mid-term survey, 2009

Background characteristic	Total fertility rate	Percentage of women 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Eco Region			
Hill/Mountain	3.2	5.6	4.8
Terai	2.8	6.1	4.6
Region			
East/Central	2.6	6.1	4.4
West/Mid/Far West	3.1	5.9	5.0
Education			
No education	3.7	5.6	4.8
Primary	3.0	5.9	3.4
Some secondary	2.2	7.6	3.3
SLC and above	2.1	4.5	3.2
Missing	3.3	13.7	9.0
Wealth quintile			
Lowest	4.3	7.8	5.5
Second	3.3	6.4	5.1
Middle	3.0	5.8	4.7
Fourth	2.3	6.0	4.3
Highest	2.0	4.6	3.9
Mid-term survey Districts			
Baseline 2006 NDHS	3.2	5.3	5.0
Mid-term survey 2009	2.9	6.0	4.6
NFHP Supported Districts			
Baseline 2006 NDHS	3.2	5.8	5.0
Mid-term survey 2009	3.0	5.3	4.7
NFHP Control Districts			
Baseline 2006 NDHS	3.3	4.7	4.9
Mid-term survey 2009	2.8	6.8	4.6
Rural 2006 NDHS	3.3	5.9	5.1

Note: Total fertility rates are for the period 1-36 months preceding the survey.

fertility rate is higher in the NFHP- supported districts when compared to the control districts, more pregnancies could influence the fertility rates in the coming days. It is interesting to note that the percentage of pregnant women in the NFHP-supported districts is slightly below the national rural figures (6 percent).

The mean number of children ever born to women in the age range of 40-49 years has been declining over time, which is true for both the NFHP-supported districts (4.7) as well as the control districts (4.6).

3.3 Wanted Fertility Rates

One of the ways of predicting the optimal fertility rate is through information on women's unwanted births. There might be a difference in the actual fertility and desired fertility, which is expressed through the ideal number of children the women would have liked. However, care should be taken during this assessment as women tend to mention that all the children they currently have are what they wished for and therefore a slight underestimation is possible. The wanted fertility rate is calculated in the same way as the total fertility rate is calculated but the unwanted births are excluded from the numerator. The wanted fertility rate indicates the level of fertility that would have prevailed in the three years preceding the survey if all the unwanted births were avoided.

Table 3.3 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Mid-term survey 2009

Background characteristic	Total wanted fertility rates	Total fertility rate	Difference
Eco Region			
Hill/Mountain	1.9	3.2	1.3
Terai	1.8	2.8	1.0
Region			
East/Central	1.8	2.6	0.8
West/Mid/Far West	1.9	3.1	1.2
Education			
No education	2.5	3.7	1.2
Primary	2.0	3.0	1.0
Some secondary	1.5	2.2	0.7
SLC and above	1.7	2.1	0.4
Wealth quintile			
Lowest	2.3	4.3	2.0
Second	2.0	3.3	1.3
Middle	1.8	3.0	1.2
Fourth	1.7	2.3	0.6
Highest	1.5	2.0	0.5
Mid-term survey Districts			
Baseline 2006 NDHS	2.1	3.2	1.1
Mid-term survey 2009	1.8	2.9	1.1
NFHP Supported Districts			
Baseline 2006 NDHS	2.1	3.2	1.1
Mid-term survey 2009	1.8	3.0	1.2
NFHP Control Districts			
Baseline 2006 NDHS	2.1	3.3	1.2
Mid-term survey 2009	1.8	2.8	1.0
Rural 2006 NDHS	2.1	3.3	1.2

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 2.2.
Excludes women with missing information on education level

Table 3.3 clearly indicates that there is a one child (1.1) difference in the wanted fertility rate (1.8 births per woman) and the actual fertility rate (2.9 births per woman) in rural Nepal. The difference in these rates indicates how far the current fertility rate is away from the desired rates, which, when met, would give the actual fertility rate.

The difference in the actual fertility rate and the desired fertility rate is higher among women living in the hill/mountain region, those in the West/Mid/Far-western region, women with no education, and those living at the lowest level of the wealth quintile. This indicates that these women would have wanted fewer children if they had options to control their fertility.

Although at a lower level, there is no difference in the total fertility and actual fertility in the 2006 baseline and the Mid-term Survey of 2009. It has remained at 1.1 children among women in rural Nepal. When these figures are disaggregated by NFHP-supported districts and the control districts, then the difference is slightly higher in the NFHP-supported districts with a gap of 1.2 children, as against 1 child in the control districts.

3.4 Pregnancy Outcome

It is vital to understand the outcome of pregnancies, which helps in understanding the fertility situation better. If a pregnancy does not end in a live birth there will be likelihood of a woman having more children. Overall, 89 percent of pregnancies in rural Nepal end in live birth, which has been similar (90 percent) over the past three years.

About six percent of the pregnancies end in spontaneous abortion while 3 percent end in induced abortion. Although abortion has become legal in Nepal, it is still possible that women report an induced abortion as spontaneous abortion due to the social stigma attached to it. Still, though negligible, there is a tendency for women to more often report induced abortion when compared with the situation in the baseline of 2006. Some 2 percent of pregnancies end in stillbirth.

The pattern on pregnancy outcomes does not vary much in the NFHP-supported districts and the control districts.

Table 3.4 Pregnancy outcome

Percent of all pregnancies among all women in the ten years preceding the survey by pregnancy outcome according to age at end of pregnancy, Mid-term survey 2009

Age at end of pregnancy	Pregnancy Outcome					
	Spontaneous abortion	Induced abortion	Still birth	Live birth	Total	Number of pregnancies
<20	8.4	1.1	2.4	88.1	100.0	1,262
20-24	5.4	2.7	1.1	90.8	100.0	2,193
25-29	4.0	5.4	1.2	89.4	100.0	1,305
30-34	6.7	2.7	1.5	89.1	100.0	563
35-39	4.9	7.4	2.2	85.5	100.0	304
40-44	8.3	3.9	0.0	87.8	100.0	97
45-49	-	-	-	-	-	4
Mid-term survey Districts						
Baseline 2006 NDHS	5.3	2.6	1.8	90.3	100.0	6,516
Mid-term survey 2009	5.9	3.2	1.5	89.4	100.0	5,729
NFHP Supported Districts						
Baseline 2006 NDHS	5.4	2.4	2.0	90.2	100.0	3,604
Mid-term survey 2009	5.6	3.2	1.6	89.6	100.0	3,275
NFHP Control Districts						
Baseline 2006 NDHS	5.1	2.8	1.6	90.5	100.0	2,912
Mid-term survey 2009	6.3	3.2	1.4	89.1	100.0	2,453
Rural 2006 NDHS	5.3	1.9	2.1	90.7	100.0	11,225

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

3.5 Birth Intervals

Short birth interval is associated with fertility as well as maternal, infant and childhood mortality. Birth interval of less than 24 months increases the risk of death of mother and baby. Table 3.5 provides percent of non-first births in the three years preceding the survey by number of months since the preceding birth. The median birth interval estimated in the rural areas of 40 districts is 36.2 months which has increased by 3 months since the 2006 baseline. Increase in median birth interval has been noted in both NFHP supported districts as well as control districts.

The median number of months since preceding birth increases with age, from 34.1 months among mothers of 20-29 years to a high of 45.4 months among mothers of 40-49 years. Birth interval is also associated with birth order. There is no difference in the length of median birth interval by sex of the preceding birth.

The survival of preceding child is associated with birth interval. Mothers who reported their preceding child had died had shorter birth interval (34.3 months) than mothers whose preceding birth survived (36.2 months). Variation in median birth interval by mother's educational level and wealth quintile is small.

Table 3.5 Birth intervals

Percent distribution of non-first births in the THREE years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Mid-term Survey, 2009

	Months since preceding birth								
Background characteristic	7-17	18-23	24-35	36-47	48-59	60+	Total	Number of non-first births	Median number of months since preceding birth
Age									
15-19	33.8	17.9	9.3	39.0	0.0	0.0	100.0	6	-
20-29	6.1	16.9	31.1	21.0	14.7	10.2	100.0	673	34.1
30-39	5.3	8.8	24.5	18.6	19.3	23.5	100.0	237	42.8
40-49	5.6	5.4	24.8	26.1	12.0	26.0	100.0	50	45.4
Birth order									
2-3	6.0	15.7	28.7	20.0	15.6	14.1	100.0	642	35.8
4-6	6.4	12.5	29.5	19.8	16.3	15.5	100.0	259	36.4
7+	5.8	7.6	30.8	32.4	13.5	9.8	100.0	65	37.5
Sex of preceding birth									
Male	7.1	11.7	30.7	19.7	16.7	14.1	100.0	432	36.2
Female	5.3	16.4	27.7	21.6	14.7	14.3	100.0	535	36.2
Survival of preceding birth									
Living	4.9	14.5	29.9	21.2	15.8	13.7	100.0	887	36.2
Dead	19.6	11.8	19.7	15.9	13.2	19.8	100.0	80	34.3
Eco Region									
Hill/Mountain	4.7	14.3	34.6	22.5	13.0	10.8	100.0	212	34.3
Terai	6.4	14.3	27.5	20.3	16.3	15.1	100.0	755	36.6
Region									
East/Central	7.1	14.9	31.4	17.5	15.7	13.3	100.0	432	34.8
Mid/Far West	5.2	13.8	27.1	23.4	15.5	14.9	100.0	534	37.0
Education									
No education	5.6	13.3	31.5	20.6	13.6	15.5	100.0	596	35.9
Primary	7.5	15.7	31.7	21.1	12.5	11.5	100.0	173	32.8
Some secondary	8.7	16.1	17.7	26.8	20.9	9.9	100.0	139	38.6
SLC and above	1.0	16.6	22.8	8.1	32.5	18.9	100.0	58	48.7
Missing	-	-	-	-	-	-	100.0	1	-
Wealth quintile									
Lowest	6.0	13.7	36.7	20.7	11.4	11.5	100.0	251	34.0
Second	6.4	12.1	31.0	25.6	10.7	14.1	100.0	209	36.1
Middle	10.6	9.9	27.0	24.1	14.3	14.0	100.0	192	36.9
Fourth	3.4	15.5	25.9	20.4	20.4	14.3	100.0	167	37.6
Highest	2.8	22.8	19.3	10.1	26.1	19.0	100.0	148	38.6
Mid-term survey Districts									
Baseline 2006 NDHS	7.5	14.0	34.5	20.1	10.3	13.6	100.0	1,105	33.2
Mid-term survey 2009	6.1	14.3	29.0*	20.8	15.6*	14.2	100.0	967	36.2
NFHP Supported Districts									
Baseline 2006 NDHS	6.9	11.3	37.0	19.9	11.6	13.3	100.0	612	33.6
Mid-term survey 2009	6.9	14.4*	28.9*	22.1	16.0*	11.6	100.0	553	35.9
NFHP Control Districts									
Baseline 2006 NDHS	8.3	17.4	31.3	20.4	8.7	14.0	100.0	493	32.6
Mid-term survey 2009	5.0*	14.2	29.2	19.0	15.1*	17.6*	100.0	414	36.6
Rural 2006 NDHS	7.2	15.1	32.9	21.0	11.1	12.7	100.0	1,972	33.6

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

Note: * This value differs significantly from the value of 2006.

3.6 Age at First Birth

Table 3.6 provides information on age at first birth. The median age at first birth is 19.9 years which indicates that the child bearing among rural women starts at early age. About one quarter of women have given birth before reaching the age 18, while more than one-half have given birth before the age of 20. The median age at first birth is 19.9 years for women aged 25-29 and it is slightly higher (20.5 years) among women age 45-49.

Table 3.6 Age at first birth

Percentage of women who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, NFHP Mid-term Survey, 2009

	Percentage who gave birth by exact age							
Current age	15	18	20	22	25	Percentage who have never given birth	Number of women	Median age at first birth
Age								
15-19	0.2	na	na	na	na	87.5	1,051	a
20-24	1.2	22.7	45.2	na	na	35.0	952	a
25-29	0.7	23.2	52.3	75.7	91.8	5.8	849	19.9
30-34	0.2	25.2	54.1	76.7	92.0	2.8	662	19.7
35-39	1.8	22.1	55.4	77.0	92.9	1.5	619	19.7
40-44	0.5	20.1	50.3	76.9	90.3	4.1	477	20.0
45-49	0.3	20.5	43.7	63.9	83.2	2.1	409	20.5
25-49	0.7	22.6	51.9	74.7	90.7	3.5	3,016	19.9

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 3.7 shows median age at first birth by background characteristics. The median age at first birth is slightly higher among hill/mountain women than the women of terai, and among women of east/central region than among women of Mid/far west region. Similarly, as women's level of education increases, the median age of first birth also increases. There is no clear relationship between the median age at first birth and the level of wealth quintile.

Table 3.7 Median age at first birth

Median age at first birth among women age 25-49 years, according to background characteristics, Mid-term Survey, 2009

Background characteristic	Current age 25-29	30-34	35-39	40-44	45-49	Women age 25-49
Eco Region						
Hill/Mountain	20.1	19.5	20.7	20.7	21.0	20.3
Terai	19.8	19.8	19.6	19.8	20.4	19.8
Region						
East/Central	20.2	20.3	19.8	20.1	21.2	20.2
Mid/Far West	19.5	19.3	19.7	19.8	19.8	19.6
Education						
No education	19.5	19.5	19.6	19.9	20.1	19.7
Primary	19.2	18.9	19.8	20.6	24.6	19.7
Some secondary	20.7	21.0	20.6	21.1	21.4	20.8
SLC and above	21.8	23.1	21.8	20.8	22.3	22.2
Missing	-	-	-	-	-	17.2
Wealth quintile						
Lowest	19.1	19.4	19.8	20.5	20.8	19.8
Second	19.6	19.3	19.6	19.8	19.7	19.6
Middle	19.7	19.7	20.5	19.7	20.0	19.9
Fourth	20.1	20.8	19.4	19.9	19.8	19.9
Highest	20.7	19.4	19.6	20.1	22.5	20.2
Mid-term Survey districts						
Baseline 2006 NDHS	19.3	19.6	19.8	19.8	20.2	19.7
Mid-term survey 2009	19.9	19.7	19.7	20.0	20.5	19.9
NFHP Supported Districts						
Baseline 2006 NDHS	19.2	19.4	19.3	19.7	20.3	19.5
Mid-term survey 2009	20.0	19.6	19.7	19.8	19.8	19.8
NFHP Control Districts						
Baseline 2006 NDHS	19.4	19.9	20.3	20.0	20.2	19.9
Mid-term survey 2009	19.6	20.0	19.7	20.1	21.5	20.0
Rural 2006 NDHS	19.5	19.7	19.9	20.2	20.1	19.8

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

3.7 Adolescent Pregnancy and Motherhood

The 2009 Mid-term survey shows that about 18 percent of rural women age 15-19 have already had a birth or are pregnant with their first child. Of these women 13 percent have had a live birth while 7 percent were pregnant with their first child. Teenage pregnancy has declined by about 1.5 percentage point since the 2006 baseline.

The percentage of women who have begun child bearing increases rapidly with their age- from 3 percent among women at age of 15 to nearly one-half (48 percent) among women at age 19. Teenage pregnancy is slightly higher in the terai and in the Mid/Far western region. As women's level of education increases, teenage pregnancy decreases. For example, compared to 27 percent women who have begun child bearing among women with no education, it is 10 percent among women with SLC and above. Similarly, teenage child bearing is highest among women with lowest wealth quintile (23 percent) and lowest among women with highest wealth quintile (13 percent).

Teenage child bearing has declined in both NFHP supported districts as well as control districts; however more decline has been noted in the NFHP supported districts.

Table 3.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Percentage who: Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	0.0	2.5	2.5	231
16	2.8	1.6	4.4	232
17	9.2	7.5	16.7	237
18	19.8	8.5	28.4	158
19	37.0	11.3	48.3	193
Eco Region				
Hill/Mountain	13.9	3.8	17.7	269
Terai	12.0	6.7	18.7	782
Region				
East/Central	9.8	8.2	18.0	491
Mid/Far West	14.8	4.0	18.8	560
Education				
No education	21.3	5.8	27.1	139
Primary	17.7	8.3	26.0	195
Some secondary	10.5	5.4	15.9	574
SLC and above	4.6	5.6	10.1	138
Missing	0.0	0.0	0.0	4
Wealth quintile				
Lowest	20.8	2.6	23.4	177
Second	11.7	6.6	18.3	172
Middle	9.6	9.3	18.9	228
Fourth	9.9	9.1	19.0	252
Highest	12.2	1.2	13.4	222
Mid-term Survey districts				
Baseline 2006 NDHS	15.5	4.5	19.9	1,115
Mid-term survey 2009	12.5*	6.0*	18.4	1,051
NFHP Supported Districts				
Baseline 2006 NDHS	14.3	5.3	19.6	610
Mid-term survey 2009	11.3*	5.7	17.0	539
NFHP Control Districts				
Baseline 2006 NDHS	16.9	3.5	20.4	505
Mid-term survey 2009	13.7*	6.2*	19.9	511
Rural 2006 NDHS	13.6	5.2	18.8	2,086

Note: * This value differs significantly from the value of 2006.

FAMILY PLANNING 4

The 2006 NDHS indicated that the knowledge and use of family planning methods have improved over the years. With knowledge of any contraceptive methods being nearly universal among women and men, the contraceptive prevalence rate was marked at 48 percent. The National Family Planning Program has been aiming to expand and sustain adequate family planning services at the community level, utilizing all health facilities. Further the NFHP II also aims to improve the delivery and use of basic public sector family planning in a manner that builds local capacity to provide these basic services. The following section reviews the current status on knowledge and use of family planning methods, the demands of family planning services, and exposure to family planning messages in rural Nepal.

4.1 Knowledge of Contraceptive Methods

As indicated by the 2006 NDHS, the Mid-term Survey also showed that the knowledge on any contraceptive methods was universal among women of reproductive age (15-49 years). This holds true for the NFHP-supported districts as well as the control districts (Table 4.1).

Table 4.1 Knowledge of contraceptive methods

Percentage of currently married respondents age 15-49 who know any contraceptive method, by specific method, according to rural figures 2006 NDHS and Mid-term survey 2009

Method	Rural 2006 NDHS	Mid-term survey districts		NFHP supported districts		NFHP control districts	
		2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP
Any method	99.9	99.9	100.0	99.9	100.0	100.0	100.0
Any modern method	99.9	99.9	100.0	99.9	100.0	100.0	100.0
Female sterilization	98.7	99.2	99.6*	99.0	99.8*†	99.4	99.2
Male sterilization	96.2	96.4	96.7	95.4	96.0	97.5	97.7
Pill	95.3	96.8	96.7	96.9	97.0	96.7	96.4
IUD	64.5	66.9	75.2*	66.2	75.1*	67.8	75.4*
Indictable	98.8	99.2	99.4	98.9	99.5* †	99.5	99.3
Implants	82.3	85.6	88.6*	85.5	89.4*	85.7	87.7
Condom	96.7	97.3	99.2*	97.0	99.2*	97.7	99.2*
Emergency contraception	5.3	5.3	9.0*	3.6	8.8* †	7.4	9.2
Any traditional method	49.1	49.0	66.1*	45.0	65.3* †	54.0	67.2*
Rhythm method	31.7	32.1	41.4*	28.0	39.2*	37.1	44.1*
Withdrawal	37.4	38.1	55.9*	34.8	54.5*	42.1	57.6*
Folk method	1.5	1.7	0.9	1.8	0.9	1.5	1.0
Mean number of methods known by respondents 15-49	7.1	7.2	7.6	7.1	7.6	7.3	7.7
Number of respondents	7,031	4,021	3,825	2,203	2,108	1,818	1,717

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Specific knowledge on the various contraceptive methods has improved over the years. For instance, knowledge about IUDs, implants, condoms and emergency contraception has improved significantly from the baseline of 2006 to the Mid-term Survey of 2009. While 67 percent of women of reproductive age had ever heard of the IUD in 2006, this increased to 75 percent in 2009.

Similarly, the knowledge on traditional methods has also improved significantly over the years. While 49 percent of women of reproductive age had ever heard about traditional methods in 2006, this increased to 66 percent in 2009 with a major share being that of withdrawal method (56 percent) and rhythm method (41 percent).

The mean number of methods known has increased from 7.2 to 7.6 among women of reproductive age in the districts where the Mid-term Survey was carried out.

A closer look at the NFHP-supported districts and the control districts indicate a similar pattern, with knowledge about any contraceptive method being universal among women of reproductive age. Similarly, the method-wise assessment on the knowledge of contraceptive methods shows a similar pattern as discussed above (Table 4.1).

4.2 Current Use of Contraception and its Trends

Current use of contraception is defined as the proportion of women who reported the use of a contraceptive method at the time of interview. It can be noted here that the level of current use – usually calculated among currently married women – is the most widely used and valuable measure of the success of family planning programs. The present study also takes into account the level of use among the currently married women for assessment even though information was solicited among the 'never married' and all other women.

Table 4.2 Current use of contraception by age

Percent distribution of all women and currently married women, age 15-49 by contraceptive method currently used, according to age, Mid-term survey 2009

		Modern method								Traditional method						
Age	Any method	Any modern method	Female sterili-zation	Male steriliz-ation	Pill	IUD	Inject-ables	Implants	Condom	Any tradi-tional method	Rhythm method	With-drawal	Folk method	Not currently using	Total	Number of women
CURRENTLY MARRIED WOMEN																
15-19	19.7	14.9	0.0	0.0	0.3	0.0	6.6	0.0	8.0	4.8	0.9	3.9	0.0	80.3	100.0	297
20-24	28.9	24.3	4.5	2.0	2.7	0.0	7.7	0.2	7.3	4.5	0.9	3.6	0.0	71.1	100.0	741
25-29	46.4	43.2	18.6	2.7	2.6	0.5	11.2	2.7	4.9	3.2	0.3	2.9	0.0	53.6	100.0	801
30-34	59.8	55.4	31.1	6.1	5.0	0.2	7.0	2.3	3.6	4.4	0.5	3.7	0.2	40.2	100.0	641
35-39	66.8	62.8	35.1	10.9	5.0	0.3	7.1	1.7	2.7	4.0	0.4	3.6	0.0	33.2	100.0	588
40-44	68.3	62.6	34.8	9.5	4.1	0.4	10.8	0.9	2.1	5.7	1.7	4.0	0.0	31.7	100.0	422
45-49	56.4	49.7	36.5	6.9	2.1	0.2	3.4	0.4	0.3	6.7	0.8	5.9	0.0	43.6	100.0	334
Total	49.6	45.1	22.4	5.3	3.3	0.2	8.1	1.4	4.3	4.5	0.7	3.7	0.0	50.4	100.0	3,825

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

Table 4.2 indicates that one in two women in rural Nepal is using a method of contraception, with 45 percent using a modern contraceptive method. The common method used by women of rural Nepal is female sterilization (22 percent) followed by injectables (8 percent). Male sterilization is used by 5 percent of the rural women while 4 percent use condoms and 3 percent use pills. Nearly 5 percent of rural women are using a traditional method with withdrawal being the most common traditional method (4 percent).

The status of current use and type of contraceptive method used by women varies according to their age. Women in the age group 15-19 years are less likely to use any method of contraception, with only 20 percent using any method, indicating their very early stage of family building. Similarly, women in the older age group (45-49 years) also tend not to use contraceptive methods as they have reached the end of their reproductive age.

The most popular method used by rural women 30 years and above is female sterilization. It is interesting to note that more than one in three currently married women above 34 years are already sterilized. Even in the age group 30-34 years some 31 percent are already sterilized. However, in the younger age group other modern methods like injectables and condoms are more popular. The use of traditional methods is more prevalent among women in the older age group compared to those in the younger age group.

The study does not indicate any significant rise in the current use of contraceptive methods among rural women over the last three years. The current use of any modern method of contraception is 45 percent, while it was 44 percent in 2006.

Table 4.3 Trends in current use of modern contraceptive methods

Percentage of currently married respondents age 15-49 by contraceptive methods currently used, according to rural figures 2006 NDHS and Mid-term survey 2009

Method	Rural 2006	Mid-term survey districts		NFHP Supported districts		Control districts	
		2006	2009	2006	2009	2006	2009
	NDHS	NDHS	NFHP	NDHS	NFHP	NDHS	NFHP
Any method	45.9	47.9	49.6	50.0	51.7	45.3	47.0
Any modern method	42.5	44.1	45.1	45.9	46.6	42.0	43.3
Female sterilization	18.1	22.1	22.4	24.4	24.8	19.3	19.5
Male sterilization	6.2	5.0	5.3	5.0	5.3	5.0	5.3
Pill	3.3	3.4	3.3	3.7	2.9†	3.0	3.8
IUD	0.6	0.6	0.2*	0.6	0.2*	0.6	0.3
Injectables	9.7	8.5	8.1	8.2	7.7	8.9	8.7
Implants	0.7	0.6	1.4*	0.2	1.6*†	1.0	1.1
Condom	3.9	4.0	4.3	3.8	4.1	4.1	4.6
Any traditional method	3.4	3.8	4.5	4.2	5.1	3.3	3.7
Rhythm	1.1	1.2	0.7*	1.5	0.9	0.9	0.5
Withdrawal	2.2	2.6	3.7*	2.6	4.2*	2.5	3.2
Folk method	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Not currently using	54.1	52.1	50.4	50.0	48.3	54.7	53.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	7,031	4,021	3,825	2,203	2,108	1,818	1,717

Note: If more than one method is used, only the most effective method is considered in this tabulation.
* This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

A slightly higher proportion of currently married women in the NFHP-supported districts (52 percent) use any contraceptive methods compared to those in the control districts (47 percent).

4.3 Current Use of Contraception by Background Characteristics

Although significant changes are not observed in the use of contraceptive methods as a whole, an assessment of differentials will provide greater insight into the program implications. The current use of contraceptive methods varies by region, education level of the respondents, the number of children they have, their socioeconomic status, and their ethnicity. The other important differential that can be monitored is whether the husband lives with the wife or elsewhere, which influences how a couple behave in the use of contraceptive methods. All these aspects are highlighted in Table 4.4 and are briefly discussed below.

Table 4.4 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Mid-term Survey 2009

Background characteristic	Any method	Any modern method	Modern method							Any tradi-tional method	Traditional method			Not currently using	Total	Number of women
			Female sterili-zation	Male steriliz-ation	Pill	IUD	Inject-ables	Implants	Condom		Rhythm method	With-drawal	Folk method			
Eco Region																
Hill/Mountain	37.4	32.6	7.5	11.6	2.0	0.4	7.3	1.2	2.5	4.8	0.5	4.2	0.1	62.6	100.0	783
Terai	52.7	48.3	26.2	3.7	3.7	0.2	8.3	1.4	4.8	4.4	0.8	3.6	0.0	47.3	100.0	3,042
Region																
East/Central	50.6	45.1	24.5	3.0	4.4	0.1	8.6	1.3	3.2	5.5	0.9	4.5	0.1	49.4	100.0	1,872
West/Mid/Far West	48.6	45.1	20.4	7.5	2.3	0.4	7.7	1.5	5.4	3.5	0.5	3.0	0.0	51.4	100.0	1,953
Education																
No education	54.6	50.7	29.9	5.6	3.5	0.2	8.4	1.1	1.9	3.9	0.5	3.4	0.1	45.4	100.0	2,306
Primary	42.3	38.1	16.6	6.0	3.1	0.3	6.9	1.5	3.7	4.1	1.0	3.1	0.0	57.7	100.0	611
Some secondary	40.1	35.4	7.6	4.4	2.8	0.0	8.1	1.9	10.6	4.7	0.4	4.3	0.0	59.9	100.0	648
SLC and above	46.8	36.7	6.2	3.6	3.3	1.0	8.7	2.0	12.0	10.1	3.0	7.1	0.0	53.2	100.0	256
Number of living children																
0	8.2	4.2	0.0	0.2	0.0	0.0	0.0	0.0	4.1	4.0	2.2	1.7	0.0	91.8	100.0	354
1-2	42.8	38.2	12.1	4.1	4.7	0.3	9.2	1.4	6.4	4.5	0.5	4.1	0.0	57.2	100.0	1,637
3-4	66.1	62.0	38.5	8.3	3.1	0.2	8.1	1.4	2.4	4.1	0.4	3.7	0.1	33.9	100.0	1,380
5+	56.4	50.4	28.2	4.6	1.5	0.4	10.5	2.4	2.8	6.0	1.6	4.3	0.1	43.6	100.0	454
Wealth quintile																
Lowest	41.1	38.1	19.4	4.9	1.1	0.2	8.6	2.1	1.8	3.0	0.6	2.3	0.0	58.9	100.0	647
Second	50.7	47.1	26.9	5.6	3.4	0.4	7.0	1.0	2.7	3.6	0.4	3.2	0.0	49.3	100.0	714
Middle	50.5	46.3	24.8	5.6	2.8	0.0	8.5	1.1	3.5	4.1	1.2	2.8	0.1	49.5	100.0	812
Fourth	49.3	44.5	21.7	4.9	5.9	0.4	6.0	1.1	4.5	4.8	0.7	4.2	0.0	50.7	100.0	847
Highest	54.9	48.5	19.2	5.4	3.0	0.2	10.5	1.7	8.4	6.5	0.7	5.8	0.0	45.1	100.0	806
Ethnicity																
Hill Brahmin	46.8	35.5	14.1	8.1	0.8	0.3	6.3	1.0	4.8	11.3	1.9	9.4	0.0	53.2	100.0	452
Hill Chhetri	48.9	45.3	14.7	11.5	4.1	0.5	5.9	2.2	6.4	3.6	0.1	3.5	0.0	51.1	100.0	651
Terai/Madhesi Brahman/Chhetri	(65.0)	(53.6)	(28.5)	(0.0)	(2.5)	(1.5)	(13.8)	(0.0)	(7.3)	(11.4)	(6.0)	(5.4)	(0.0)	(35.0)	100.0	35
Other Terai/Madhesi	50.1	47.2	36.8	0.7	2.1	0.1	4.9	1.6	1.0	2.8	0.7	2.1	0.0	49.9	100.0	520
Hill Dalit	41.9	40.7	17.4	6.6	3.0	0.2	6.1	2.0	5.5	1.2	0.0	1.2	0.0	58.1	100.0	363
Terai/Madhesi Dalit	52.4	50.3	42.9	0.2	1.4	0.0	4.7	0.1	1.0	2.0	0.6	1.4	0.0	47.6	100.0	212
Newar	59.9	51.3	8.4	14.8	8.0	0.0	16.0	2.1	2.1	8.7	2.1	6.6	0.0	40.1	100.0	108
Hill Janjati	42.7	38.0	12.3	4.4	4.2	0.1	13.3	1.2	2.5	4.7	0.3	4.3	0.1	57.3	100.0	721
Terai Janajati	66.5	62.6	36.5	2.4	4.8	0.3	9.5	1.2	7.9	3.9	1.1	2.8	0.0	33.5	100.0	643
Muslim	17.0	16.3	8.5	0.0	1.1	0.0	5.8	0.0	0.9	0.8	0.0	0.3	0.5	83.0	100.0	119
Husband living away																
Husband away	22.9	22.5	12.9	4.3	0.4	0.2	3.5	0.3	0.8	0.4	0.0	0.4	0.0	77.1	100.0	1,203
Husband Living together	61.8	55.5	26.8	5.8	4.7	0.3	10.2	1.9	5.9	6.4	1.1	5.2	0.1	38.2	100.0	2,622
Mid-term survey districts	49.6	45.1	22.4	5.3	3.3	0.2	8.1	1.4	4.3	4.5	0.7	3.7	0.0	50.4	100.0	3,825

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 un-weighted cases. Total includes 4 women with missing information on level of education not shown separately. SLC=School leaving certificate

Women in the rural Terai are more likely to use any method of contraception compared to those in the hill/mountain region. While the most popular method among the rural Terai women is female sterilization (26 percent); male sterilization (12 percent) seems to be more popular in the rural hill/mountain region. Similarly, female sterilization is found to be more common in the East/Central region (25 percent) than in the Western region (20 percent). On the other hand, male sterilization is more common in the Western regions (8 percent) than in the East/Central region (3 percent).

As indicated by the 2006 NDHS, women with no education tend to more often use contraceptive methods, with female sterilization being the most popular, though it is true that 'education is contraception' as more education means more access to knowledge and decision making power. Among women with higher education, the practice of using condoms and injectables is higher. The study also shows that educated women more often use rhythm and withdrawal methods.

The desire to use contraceptive methods is partly determined by the number of children a woman has. The proportion of women using a method of contraception increases with the number of children they have. Women with 3 or more children tend to limit child bearing with a higher proportion of these women using sterilization (including male sterilization). The use of sterilization (male and female) is higher among women with 3-4 children (47 percent) compared to women with 5 or more children (33 percent). This could partly be that these women belong to older age group being menopausal and have reached the end of their reproductive age with 44 percent not using any method.

The assessment with regard to wealth index shows that currently married women in the lowest quintile use contraception less often compared to women in the higher quintile. For instance, 38 percent of currently married women in the lowest wealth quintile use any modern method of contraception, compared to 49 percent among women in the highest wealth quintile.

Women of Muslim ethnicity (16 percent) are less likely to use any modern method of contraception. On the other hand, women belonging to Terai Janajati group have the highest proportion of women using a modern method of contraception, with 37 percent using female sterilization.

The present study clearly indicates that women whose husbands were currently living away from home less often used contraceptive methods. While 23 percent of women whose husbands were away used contraceptive methods, 56 percent of women whose husbands lived with them used contraception. Among those women whose husbands were away, 17 percent were already sterilized, while 4 percent used injectables.

4.4 Sources of Modern Methods of Contraception

Information on the sources of contraception gives an insight for program implementation as it helps focus services on the most popular source and also strengthens information on other possible sources. In general, the study indicates that there has been a significant decline in the government sector being the prime source of contraception, with the non-government sector taking a significant leap over the years. On the other hand, the role of the private sector being a source of contraception has remained stable over the years.

Overall, the role of the government sector as a source of contraception declined from 79 percent to 75 percent from the baseline of 2006. However, there has been a rise in the role of PHC outreach (4 percent) and the role of FCHVs (5 percent) as important sources of contraception. Still, government hospitals (31 percent) and mobile clinics (22 percent) are the most important sources of contraception in rural Nepal.

Among the non-government sector, FPAN and Marie Stopes (5 percent each) play an important role. The role of the pharmacy has remained the same over the years, with 9 percent of women receiving their most recent contraceptive method from this source. Although still emerging, the Sangini service center is also gaining some ground as a source of contraception.

Table 4.5 Source of modern methods of contraception

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to rural figures 2006 NDHS and Mid-term survey 2009

Most recent source of method	Rural 2006 NDHS	Mid-term survey districts 2006 NDHS	Mid-term survey districts 2009 NFHP	NFHP Supported districts 2006 NDHS	NFHP Supported districts 2009 NFHP	Control districts 2006 NDHS	Control districts 2009 NFHP
Government Sector	**81.7**	**78.7**	**75.1***	**77.9**	**73.2***	**79.7**	**77.5**
Government hospital	30.3	32.7	31.0	35.4	31.8*	29.3	29.9
PHC center	2.2	2.1	2.3	2.4	1.6	1.8	3.2*
Health post	4.7	5.8	3.3*	6.6	3.5*	4.7	3.1
Sub-health post	14.3	8.8	7.0*	7.2	6.1	10.9	8.1*
PHC outreach	3.1	2.5	3.9*	1.9	4.4*	3.3	3.4
Other public	0.0	0.0	0.6	0.0	0.2	0.0	1.1
Mobile clinic	24.5	24.6	21.9*	22.4	20.7	27.6	23.4
FCHV	2.7	2.1	5.1*	2.1	4.9*	2.1	5.3*
Non-gov't (NGO) Sector	**5.5**	**7.5**	**10.8***	**8.5**	**14.9*†**	**6.2**	**5.6**
FPAN	1.9	3.7	5.1*	3.1	6.8*†	4.4	3.0
Marie Stopes	2.4	3.4	5.0*	5.1	7.5*	1.2	1.7
Nepal Red Cross	0.0	0.1	0.2	0.0	0.2*	0.3	0.1
UMN	0.5	0.1	0.1	0.1	0.0	0.2	0.2
Other NGO	0.7	0.2	0.4*	0.2	0.4	0.1	0.4
Private Medical	**10.0**	**11.8**	**12.2**	**12.0**	**10.5**	**11.7**	**14.4**
Private hospital/clinic	2.9	3.1	2.0*	2.8	2.1	3.5	1.8*
Pharmacy	7.1	8.7	9.0	9.1	6.5*	8.2	12.2*
Sangini service center	0.0	0.0	1.2	0.0	1.9*†	0.0	0.4
Other source	**1.0**	**1.0**	**0.3***	**0.7**	**0.3***	**1.4**	**0.3***
Shop	0.4	0.8	0.2*	0.6	0.2*†	1.1	0.1*
Friend/relative	0.6	0.2	0.1	0.2	0.1	0.4	0.2
Other	0.3	0.2	1.5*	0.2	1.0*	0.1	2.2*
Don't know	0.7	0.5	0.0	0.4	0.0	0.6	0.1
Missing	0.8	0.2	0.1	0.2	0.2	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,037	1,810	1,758	1,028	992	783	766

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

A similar trend is observed in the NFHP-supported districts and control districts, although a significant decline in the role of the government sector is seen in the NFHP-supported districts (78 percent in 2006 to 73 percent in 2009). Although still a major source of contraception, the role of the government hospital is declining significantly in the NFHP-supported districts, while the role of PHC outreach and FCHVs is significantly increasing.

Similarly, the role of the non-government sector has been marked in the NFHP-supported districts, which saw a significant rise from 9 percent in 2006 to 15 percent in 2009. FPAN (7 percent) and Marie Stopes (8 percent) are prominent in the NFHP-supported districts as a source of contraception. This is not the case in the control districts.

It can also be noted that the role of the pharmacy as a source of contraception has declined significantly in the NFHP-supported districts from 9 percent to 7 percent, while it has increased significantly in the control districts. Similarly, the role of the Sangini service center is prominent in the NFHP-supported districts.

An assessment of the most recent source of family planning method by type is carried out in Table 4.6 for the Mid-term Survey districts. It is evident that the government sector is still an important source for male (93 percent) and female sterilization (81 percent). However, the role of the non-government sector in providing female sterilization has more than doubled in the last three years. Female sterilization is being carried out by FPAN (7 percent) and Marie Stopes (8 percent). However, this is not the case for male sterilization.

The role of FCHVs in providing pills to rural women of Nepal has become prominent in recent years, with 38 percent of the women receiving pills from FCHV in 2009 compared to only 13 percent receiving them in 2006. On the contrary, the role of the pharmacy in proving pills has declined from 46 percent in 2006 to 25 percent in 2009, although still one in four women receive pills from pharmacies.

Similarly, 24 percent of rural women received condoms from FCHVs in 2009 compared to 13 percent in 2006. The role of pharmacies as prominent providers of condoms remains the same, with 47 percent of rural women still getting condoms from pharmacies. However, the role of shops has declined steadily over the years from 9 percent to 2 percent in 2009.

Sangini service centers are gaining ground in providing injectables to women; 7 percent of women reported receiving injectable contraceptives from these centers. Similarly, an increasing number of women are receiving injectables from pharmacies (16 percent) compared to some three years ago (6 percent).

Table 4.6 Source of modern methods of contraception

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, rural figures 2006 NDHS and Mid-term survey 2009

Most recent source of method	Female sterilization		Male sterilization		Pill		IUD		Injectables		Implants		condom		Total	
	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009
Government Sector	**91.1**	**81.1**	**83.6**	**92.8**	**46.6**	**62.3**	**(43.4)**	**-**	**82.3**	**73.0**	**(25.6)**	**(47.7)**	**33.4**	**43.5**	**78.7**	**75.1**
Government hospital	52.3	45.8	33.2	46.4	2.7	1.6	(35.2)	-	5.6	6.4	(24.2)	(21.5)	3.7	2.5	32.7	31.0
PHC center	1.5	1.7	0.4	2.2	0.0	3.6	(0.0)	-	6.6	2.1	(0.0)	(14.0)	0.9	1.1	2.1	2.3
Health post	0.0	0.0	0.0	0.0	10.4	9.2	(8.2)	-	22.2	12.1	(1.3)	(2.8)	8.3	4.6	5.8	3.3
Sub-health post	0.0	0.0	0.0	0.0	14.4	9.6	(0.0)	-	37.0	30.5	(0.0)	(0.0)	8.1	9.4	8.8	7.0
PHC outreach	0.0	0.0	0.0	0.0	6.2	0.9	(0.0)	-	10.8	20.8	(0.0)	(0.0)	0.0	2.0	2.5	3.9
Other public	0.0	1.1	0.0	0.0	0.0	0.0	(0.0)	-	0.0	0.3	(0.0)	(0.0)	0.0	0.0	0.0	0.6
Mobile clinic	37.3	32.5	50.0	44.3	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(9.5)	0.0	0.0	24.6	21.9
FCHV	0.0	0.0	0.0	0.0	13.0	37.5	(0.0)	-	0.2	0.8	(0.0)	(0.0)	12.5	23.9	2.1	5.1
Non-gov't (NGO) Sector	**6.4**	**15.4**	**7.3**	**3.7**	**5.6**	**1.5**	**(44.0)**	**-**	**6.3**	**2.5**	**(70.4)**	**(51.5)**	**3.6**	**4.4**	**7.5**	**10.8**
FPAN	1.0	6.9	2.1	2.4	5.6	1.5	(28.4)	-	6.3	2.5	(57.2)	(25.4)	2.3	0.9	3.7	5.1
Marie Stopes	5.0	7.8	4.9	1.3	0.0	0.0	(15.6)	-	0.0	0.1	(7.1)	(26.1)	0.0	0.0	3.4	5.0
Nepal Red Cross	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	1.4	1.7	0.1	0.2
UMN	0.0	0.2	0.3	0.0	0.0	0.0	(0.0)	-	0.0	0.0	(6.1)	(0.0)	0.0	0.0	0.1	0.1
Other NGO	0.3	0.5	0.0	0.0	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	0.0	1.7	0.2	0.4
Private Medical	**2.4**	**1.3**	**2.9**	**0.4**	**46.8**	**36.2**	**(12.6)**	**-**	**11.3**	**24.5**	**(4.0)**	**(0.8)**	**50.1**	**47.4**	**11.8**	**12.2**
Private hospital/clinic	2.4	1.3	2.9	0.4	1.3	11.2	(12.6)	-	5.8	1.9	(4.0)	(0.8)	1.9	0.7	3.1	2.0
Pharmacy	0.0	0.0	0.0	0.0	45.5	24.9	(0.0)	-	5.5	15.8	(0.0)	(0.0)	48.2	46.6	8.7	9.0
Sangini service center	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	-	0.0	6.9	(0.0)	(0.0)	0.0	0.0	0.0	1.2
Other source	**0.0**	**0.0**	**0.0**	**0.0**	**0.9**	**0.0**	**(0.0)**	**-**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**11.0**	**2.8**	**1.0**	**0.3**
Shop	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	9.0	1.7	0.8	0.2
Friend/relative	0.0	0.0	0.0	0.0	0.9	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	2.0	1.1	0.2	0.1
Other	0.0	2.1	0.3	2.8	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	1.9	1.6	0.2	1.5
Don't know	0.0	0.0	4.3	0.2	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	0.0	0.0	0.5	0.0
Missing	0.1	0.1	1.7	0.0	0.0	0.0	(0.0)	-	0.0	0.0	(0.0)	(0.0)	0.0	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	921	888	206	205	136	128	24	9	341	311	23	53	160	165	1,810	1,758

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

4.5 Informed Choice

It is the responsibility and duty of the service providers to fully inform the client about the service they are providing so that the clients have choice of whether to accept the service or not. This holds true for a successful family planning program. Clients should be informed about possible side effects of the contraceptive and should also be informed about what should be done should such a problem arise. Service providers should also inform the clients of other possible methods to give them a choice. In case of sterilization the clients should be made aware that it is a permanent method and irreversible. Information on these norms of family planning services have been solicited from the current study.

Table 4.7 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and source; and among sterilized women, the percentage who were informed that the method is permanent, by initial source of method, Mid-term Survey 2009

Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Among sterilized women, percentage who were informed that sterilization is permanent[1]	Number of women
Method						
Female sterilization	53.5	53.3	38.3	273	80.0	273
Pill	51.8	55.1	53.0	94	na	na
IUD	-	-	-	7	na	na
Injectables	65.5	63.4	51.3	246	na	na
Implants	-	-	-	39	na	na
Initial source of method[2]						
Government sector	61.8	60.3	47.7	446	78.3	217
Government hospital	75.4	72.8	59.9	133	88.1	105
PHC center	-	-	-	20	-	5
Health post	(71.7)	(61.1)	(51.2)	40	na	na
Sub-health post	76.3	74.2	56.9	85	na	na
PHC outreach	(51.8)	(37.5)	(57.0)	27	na	na
Other public	-	-	-	6	-	6
Mobile clinic	31.6	36.7	20.2	106	65.9	101
FCHV	-	-	-	29	na	na
Non gov't/NGO sector	63.5	61.2	45.8	95	84.4	49
FPAN	-	-	-	29	-	3
Marie Stopes	(62.5)	(62.5)	(51.8)	65	(83.3)	46
Other NGO	-	-	-	0	-	0
Other private sector	49.2	55.1	42.0	120	-	7
Private hospital/clinic	-	-	-	24	-	7
Pharmacy	45.4	55.0	41.2	84	na	na
Other private medical	-	-	-	12	-	0
NFHP Supported districts[3]	58.5	55.9	49.1	364	82.2	163
NFHP Control districts[3]	61.3	63.9	43.1	296	76.7	110
Mid-term survey districts[3]	59.8	59.5	46.4	660	80.0	273

Note: Table excludes users who obtained their method from friends/relatives/shops. Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Among women who were sterilized in the five years preceding the survey
[2] Source at start of current episode of use
[3] Also includes users of female condom, diaphragm and foam or jelly for column on percentage who were informed of other methods

Table 4.7 shows that 60 percent of rural women who started their last episode of methods within the five years preceding the survey were informed about possible side effects and were also informed what they should do if such a problem arises. Forty-six percent of women were informed about other possible methods that they could use.

A higher proportion of women using injectables reported being informed about possible side effects and what should be done. About 38 percent of women who used female sterilization reported being informed about other possible methods they could have used. However, four in five women adopting female sterilization were informed that it is a permanent method.

Government sector service providers seem to be equally involved as the non-government sector in informing the clients about the possible side effects of a method and about what should be done if such side effects occur. There seems to be an improvement on the part of the government sector in providing such information, especially in the government hospitals. The 2006 NDHS baseline indicated that 56 percent of the government sector service providers informed their clients about the possible side effects, which increased to 62 percent in 2009 (data not shown). Similarly, they now more often (60 percent) provide information on what has to be done should they experience side effects compared to 2006 (52 percent).

Women in NFHP-supported districts more often report that they were given information on various methods they could use compared to the control districts. However, they were less often provided with information on possible side effects and the strategies they could adopt should such a condition arise compared to the control districts (Table 4.7).

4.6 Future Use of Contraception

It is important to get information about future contraceptive use among non-users so that an appropriate program and strategies can be developed to address the possible demands of family planning methods. This information was derived from currently married women who were not using any method of contraception during the time of the interview.

The findings indicate that four in five women who are not using any method intend to use contraception in the future; this is a significant rise from the baseline information (80 percent as against 75 percent).

Table 4.8 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to rural figures 2006 NDHS and Mid-term survey 2009

Intention to use in the future	Rural 2006 NDHS	Mid-term survey districts 2006 NDHS	Mid-term survey districts 2009 NFHP	NFHP supported districts 2006 NDHS	NFHP supported districts 2009 NFHP	Control districts 2006 NDHS	Control districts 2009 NFHP
Intends to use	74.2	75.4	79.7*	75.3	79.9*	75.4	79.5*
Unsure	3.5	3.0	2.4	2.7	2.2	3.3	2.6
Does not intend to use	22.3	21.7	17.9*	22.0	17.9*	21.3	17.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,807	2,095	1,928	1,101	1,018	994	910

Note: * This value differs significantly from the value of 2006.

The intention to use contraception in the future has increased significantly in both the NFHP-supported districts as well as in the control districts.

4.7 Reason for Non-use of Contraception

An understanding of the reasons for not intending to use any contraceptive methods could guide the family planning program so that strategies could be developed to encourage the non-users to use contraceptive methods in the future. Table 4.9 shows that there has been a sharp decline in women not intending to use a method due to fertility-related reasons, while

there is a significant rise in women being more concerned about the method-related reasons for not intending to use contraceptives.

Table 4.9 Reason for not intending to use contraception in the future

Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use, according to rural figures 2006 NDHS and Mid-term survey 2009

Reason	Rural 2006 NDHS	Mid-term survey districts		NFHP supported districts		Control districts	
		2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP
Fertility-related reasons	**64.6**	**67.2**	**56.1***	**60.3**	**53.7***	**75.1**	**58.8**
Husband away	a	a	5.0	a	3.0	a	7.3
Infrequent sex	11.5	12.1	9.6	11.4	6.8*	12.8	12.8
Menopausal, hysterectomy	13.8	9.1	5.5*	9.0	3.6*	9.3	7.5
Sub-fecund, infecund	38.1	44.7	35.5*	39.3	39.7	50.8	30.7*
Wants more children	1.2	1.3	0.5	0.6	0.6	2.2	0.5
Opposition to use	**12.5**	**12.5**	**10.6**	**19.0**	**12.9***	**5.1**	**8.0**
Respondent opposed	0.7	1.2	0.8	1.6	0.0†	0.8	1.7
Husband opposed	3.4	3.2	3.9	3.8	3.6	2.5	4.3
Others opposed	0.3	0.5	0.1	0.9	0.2	0.0	0.0
Religious prohibit.	7.1	5.5	4.3	9.7	8.1	0.7	0.0
Fatalistic/up to God	1.0	2.1	1.5	3.0	1.0	1.1	2.0
Lack of knowledge	**0.5**	**0.3**	**0.5**	**0.2**	**1.0***	**0.2**	**0.0**
Knows no method	0.3	0.2	0.0	0.2	0.0	0.1	0.0
Knows no source	0.2	0.1	0.5*	0.0	1.0	0.1	0.0
Method-related reasons	**18.3**	**16.1**	**30.7***	**17.3**	**29.4***	**14.8**	**32.1***
Health concerns	6.7	5.8	11.9*	7.0	9.1	4.5	15.1*
Fear side effects	10.7	10.1	18.6*	10.3	20.0*	9.9	17.0*
Lack of access	0.2	0.1	0.2	0.0	0.3	0.2	0.0
Inconvenient to use	0.2	0.1	0.0	0.0	0.0	0.2	0.0
Interfere with body	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Other	3.9	3.7	1.9	3.2	2.6	4.3	1.2
Don't know	0.1	0.2	0.2	0.0	0.4	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	850	454	345	242	183	212	163

Note: a =Option not provided in 2006 NDHS

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

It can be noted here that about five percent of women are not using any family planning method due to the fact that their husbands are currently living away from home. Although this option was not provided in the baseline 2006 NDHS, it seems obvious that women reportedly mentioned infrequent sex.

Among the method-related reasons, 12 percent reported health concerns, while 19 percent feared side effects from the contraceptive methods. This is an important area for family planning programs to focus on, so that more awareness and counseling activities can be promoted to give information not only on possible side effects but also on how to manage them.

A similar pattern can be observed in the NFHP-supported districts and the control districts. Opposition to using contraception has significantly declined in the NFHP-supported districts, while this is not the case in the control districts. Health concerns and fear of side effects are also prominent reasons for non-use of any method in the future in both the program and in the control districts.

4.8 Need for Family Planning Services

An assessment of the extent of the need and potential demand of family planning services in rural Nepal has been carried out in this section. The study indicates that 26 percent of currently married women in the rural Nepal have an unmet need for family planning (Table 4.10). Among them, 9 percent have an unmet need for spacing while 17 percent have an unmet need for limiting. One in two women has a met need for family planning. If all the unmet need was fulfilled, the contraceptive prevalence rate would increase to 76 percent. Table 4.10 indicates that, currently, 65 percent of the total need for family planning has been met among the currently married women of rural Nepal.

Table 4.10 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Mid-term Survey 2009

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	33.4	4.4	37.8	15.7	3.9	19.7	49.2	8.3	57.5	34.2	297
20-24	21.6	12.4	33.9	13.9	15.0	28.9	35.4	27.4	62.8	46.0	741
25-29	8.2	24.6	32.8	4.5	41.9	46.4	12.7	66.4	79.1	58.6	801
30-34	2.7	22.4	25.1	1.0	58.8	59.8	3.7	81.2	84.9	70.5	641
35-39	0.3	18.4	18.6	0.1	66.6	66.8	0.4	85.0	85.4	78.2	588
40-44	0.4	16.3	16.6	0.0	68.3	68.3	0.4	84.6	85.0	80.4	422
45-49	0.0	11.3	11.3	0.2	56.2	56.4	0.2	67.5	67.7	83.3	334
Eco Region											
Hill/Mountain	13.3	25.1	38.4	2.9	34.5	37.4	16.2	59.6	75.8	49.3	783
Terai	7.9	15.2	23.2	5.6	47.1	52.7	13.5	62.4	75.9	69.5	3,042
Region											
East/Central	8.2	17.0	25.2	4.6	46.0	50.6	12.8	63.0	75.8	66.8	1,872
West/Mid/Far West	9.8	17.5	27.3	5.5	43.1	48.6	15.3	60.6	76.0	64.0	1,953
Education											
No education	4.9	15.6	20.5	2.2	52.4	54.6	7.1	68.0	75.1	72.7	2,306
Primary	12.9	23.9	36.8	5.7	36.6	42.3	18.6	60.4	79.1	53.5	611
Some secondary	17.4	18.8	36.2	10.9	29.2	40.1	28.3	48.0	76.3	52.6	648
SLC and above	15.4	12.0	27.4	14.7	32.0	46.8	30.1	44.1	74.2	63.0	256
Wealth quintile											
Lowest	9.3	21.7	31.0	3.8	37.3	41.1	13.1	58.9	72.1	57.0	647
Second	9.5	13.6	23.1	4.3	46.4	50.7	13.8	60.0	73.8	68.7	714
Middle	8.4	17.2	25.6	5.3	45.2	50.5	13.7	62.3	76.1	66.4	812
Fourth	10.8	17.2	28.0	4.2	45.1	49.3	15.1	62.2	77.3	63.8	847
Highest	7.1	17.1	24.2	7.3	47.6	54.9	14.4	64.7	79.1	69.5	806
Ethnicity											
Hill Brahmin	10.8	20.2	31.0	5.0	41.8	46.8	15.7	62.0	77.8	60.1	452
Hill Chhetri	9.4	21.8	31.1	6.4	42.5	48.9	15.8	64.3	80.1	61.1	651
Terai/Madhesi Brahman/ Chhetri	2.5	10.5	13.0	12.3	52.7	65.0	14.8	63.2	78.0	83.3	35
Other Terai/Madhesi Castes	10.2	8.7	18.8	4.0	46.0	50.1	14.2	54.7	68.9	72.6	520
Hill Dalit	11.6	23.4	35.1	3.5	38.4	41.9	15.1	61.9	77.0	54.5	363
Terai/Madhesi Dalit	8.3	8.4	16.7	3.8	48.6	52.4	12.1	57.0	69.1	75.8	212
Newar	2.9	15.9	18.8	5.2	54.8	59.9	8.1	70.6	78.7	76.1	108
Hill Janjati	8.8	25.2	34.0	3.4	39.3	42.7	12.2	64.5	76.7	55.7	721
Terai Janajati	6.3	8.6	14.9	8.0	58.5	66.5	14.3	67.1	81.4	81.7	643
Muslim	12.2	17.3	29.5	1.4	15.6	17.0	13.6	32.9	46.5	36.6	119
Husband living away											
Husband living away	15.6	34.8	50.4	0.7	22.2	22.9	16.3	57.1	73.4	31.3	1,203
Husband living together	6.0	9.2	15.2	7.1	54.8	61.8	13.1	64.0	77.0	80.3	2,622
NFHP Supported districts	9.5	16.4	25.8	4.6	47.1	51.7	14.1	63.5	77.6	66.7	2,108
NFHP Control districts	8.4	18.3	26.8	5.6	41.4	47.0	14.1	59.7	73.8	63.7	1,717
Mid-tern survey districts	9.0	17.3	26.3	5.1	44.5	49.6	14.1	61.8	75.9	65.4	3,825

[1] *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in *unmet need for spacing* are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth.

Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women who are not using family planning, whose last child was unwanted, and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children.

[2] *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another.

Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

Note: Total includes 4 women with missing information on level of education not shown separately.

There are differentials in the level of unmet need depending on background variables. The unmet need for family planning decreases with increased age. For instance, when 38 percent of women in the age group 15-19 had an unmet need for family planning, only 11 percent of women in the age group 44-49 had an unmet need. Younger women (15-24 years) tend to

have an unmet need for spacing, while older women more often have an unmet need for limiting.

The unmet need is relatively higher among women in the hill/mountain regions than in the Terai region. However, regional variation is not prominent. Women in the lowest wealth quintile (31 percent) have a higher unmet need than those in the highest quintile (24 percent).

The unmet need varies among women of different ethnic groups, with Hill Dalits (35 percent) and Hill Janajatis (34 percent) having the highest unmet need. On the other hand, the unmet need is lowest among women belonging to the Terai Janajati group (15 percent).

Women whose husbands were living away from home seem to have a very high unmet need for family planning. These women are mostly non-users of family planning methods as they do not need to use the method all the time. Careful assessment of these groups should be carried out to derive the actual demand for family planning among these women. On the contrary, women whose husbands live with them more often tend to use a method of family planning (62 percent) reducing the unmet need to 15 percent.

There has been a significant rise in the unmet need for family planning in general, with a marked rise in unmet need for limiting. This could be partly due to the fact that the proportion of women using sterilization (including males) has remained stagnant, indicating that the demand for limiting is not being fulfilled. This has a programmatic implication of meeting the demand appropriately. Overall, the total demand for family planning has increased over the years.

Table 4.11 Trend in need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, and by information on husband away, according to rural figures 2006 NDHS and Mid-term survey 2009

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Rural 2006 NDHS	9.7	15.7	25.5	4.1	41.7	45.9	13.9	57.4	71.3	64.3	7,031
Mid-term survey districts											
Baseline 2006 NDHS	9.4	14.7	24.1	4.2	43.7	47.9	13.6	58.4	72.0	66.6	4,021
Mid-term survey 2009	9.0	17.3*	26.3*	5.1	44.5	49.6	14.1	61.8*	75.9*	65.4	3,825
NFHP Supported districts											
Baseline 2006 NDHS	8.5	13.5	22.0	4.3	45.7	50.0	12.8	59.2	72.0	69.4	2,203
Mid-term survey 2009	9.5	16.4*	25.8*	4.6	47.1	51.7	14.1	63.5*	77.6*	66.7	2,108
NFHP Control districts											
Baseline 2006 NDHS	10.4	16.2	26.5	4.1	41.2	45.3	14.5	57.4	71.9	63.1	1,818
Mid-term survey 2009	8.4 *	18.3	26.8	5.6*	41.4	47.0	14.1	59.7	73.8	63.7	1,717
HUSBAND LIVING AWAY											
Baseline 2006 NDHS											
Husband away	18.0	27.1	45.1	1.1	24.8	26.0	19.1	52.0	71.1	36.5	1,153
Husband living together	5.9	9.7	15.6	5.5	51.3	56.7	11.3	61.0	72.3	78.4	2,869
Mid-term survey 2009											
Husband away	15.6	34.8*	50.4*	0.7	22.2	22.9	16.3	57.1*	73.4	31.3*	1,203
Husband living together	6.0	9.2	15.2	7.1*	54.8*	61.8*	13.1*	64.0*	77.0*	80.3	2,622

Note: * This value differs significantly from the value of 2006.

The unmet need for family planning has increased significantly in the NFHP-supported districts, from 22 percent in 2006 to 26 percent in 2009 compared to the control districts. Similarly, the total demand for family planning in the NFHP-supported districts is 78 percent, while it is 74 percent in the control districts.

Among women whose husbands were living away, the unmet need has increased significantly from 45 percent in 2006 to 50 percent in 2009. On the contrary, women whose husbands were living together with them were using some method of family planning and their met need is higher and has increased significantly since the 2006 baseline. Therefore, women whose husbands were living together with them have a higher percentage (80 percent) of their demand met compared to those whose husbands were away (31 percent).

4.9 Exposure to Family Planning Messages

The use of contraception relies heavily on the knowledge the person has on specific methods so that one can choose and decide to adopt a particular method. The print and electronic media have played a significant role in providing messages on different health issues, including those on family planning. Respondents were asked if they had heard or seen any messages on family planning through the print or electronic media in the last few months preceding the survey.

Four in five respondents mentioned that they had heard messages on family planning on the radio. Nearly two in five respondents mentioned that they had seen messages on family planning on television.

Posters/billboards are also important sources for disseminating messages with nearly one in two (49 percent) of women having seen messages on these. Thirteen percent of women had read messages in newspaper/magazines while only 6 percent had seen street dramas. Thirteen percent of women had never seen any messages on family planning from any of these five sources.

While radio and television seem to be proportionately similar, disregarding the age factor; newspapers/magazines seem to be more a common source for the younger generation (15-24 years). Similarly, the radio program called *`Sathi sanga manka kura'* is more often listened to by the younger age group. It is interesting to note that still more than one-third of women of age 35-49 also listen to this radio program.

Education is directly related to access and exposure to media. Women with higher education are more likely to be exposed to different source of media compared to those with no education. This holds true even for women belonging to the different wealth quintiles, with those belonging to the highest quintile being more exposed, compared to those belonging to the lowest quintiles.

As never-married women mostly belong to the younger generation, they are more exposed to the media than other women. Similarly, 72 percent of the never-married women had ever heard the radio program *`Sathi sanga manka kura'*.

There is hardly any variation in the NFHP-supported districts and the control districts (Table 4.12).

Table 4.12 Exposure to family planning messages

Percentage of women age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, and heard radio program `Sathi sanga manka kura' according to background characteristics, Mid-term Survey 2009

Background characteristic	Radio	Television	Newspaper/ magazine	Poster/ bill board	Street drama	None of these five sources	Heard radio program `Sathi sanga manka kura'	Number of women
Age								
15-19	82.3	45.0	22.7	57.6	8.5	10.3	68.2	1,051
20-24	80.6	41.3	20.3	59.4	8.1	11.1	53.0	952
25-29	78.6	39.0	10.5	52.9	6.0	13.3	49.1	849
30-34	80.0	39.0	9.8	49.3	4.6	13.3	51.2	662
35-39	79.2	35.7	4.9	41.7	3.3	14.1	38.3	619
40-44	81.7	32.0	2.8	28.9	1.0	16.6	35.8	477
45-49	71.4	36.5	1.6	25.3	1.3	20.7	35.2	409
Eco Region								
Hill/Mountain	81.8	24.6	11.7	42.3	4.0	14.1	54.3	1,068
Terai	79.2	43.4	13.0	50.5	5.9	13.1	49.3	3,951
Region								
East/Central	79.3	48.0	16.1	43.9	6.9	12.6	54.6	2,510
West/Mid/Far West	80.1	30.8	9.3	53.6	4.2	14.0	46.1	2,509
Education								
No education	73.0	25.9	0.7	31.1	1.9	20.7	33.2	2,538
Primary	83.2	36.7	5.4	52.0	4.1	9.4	56.5	794
Some secondary	86.3	55.4	23.7	67.9	8.9	5.1	71.5	1,194
SLC and above	92.4	75.4	60.4	87.8	18.4	1.0	77.6	485
Marital status								
Never married	83.1	50.6	28.0	64.5	11.2	9.1	72.0	1,015
Married	78.9	36.4	9.0	45.2	4.2	14.2	45.1	3,825
Divorced/separated/widowed	77.7	39.6	4.0	34.7	1.7	17.0	41.3	180
Wealth quintile								
Lowest	70.2	8.7	2.8	33.5	1.3	24.1	32.7	820
Second	74.6	19.8	5.3	38.3	4.8	19.7	44.4	897
Middle	80.6	33.0	9.2	43.7	3.9	12.6	47.7	1,028
Fourth	84.5	51.1	16.9	54.9	6.2	9.1	58.6	1,128
Highest	85.0	70.8	24.5	66.3	9.9	5.2	61.9	1,146
Ethnicity								
Hill Brahmin	90.9	51.0	24.6	62.5	6.7	5.4	65.3	618
Hill Chhetri	86.1	40.4	14.7	64.0	7.7	6.9	56.4	868
Terai/Madhesi Brahman/Chhetri	(80.7)	(59.8)	(38.4)	(50.9)	(10.1)	(12.0)	(38.2)	48
Other Terai/Madhesi Castes	68.8	34.4	7.7	28.0	4.7	24.5	29.2	606
Hill Dalit	79.8	30.2	7.6	51.0	4.5	13.7	47.3	443
Terai/Madhesi Dalit	66.3	25.6	3.5	24.1	8.3	24.6	22.3	252
Newar	87.6	54.6	18.8	55.5	3.2	8.7	70.4	165
Hill Janjati	79.1	49.2	16.7	51.7	4.7	10.8	60.7	1,058
Terai Janajati	78.3	29.0	4.8	45.1	4.3	15.0	46.4	823
Muslim	65.0	20.5	1.0	9.9	3.6	32.4	24.5	139
NFHP Supported districts	79.7	40.7	12.8	50.0	6.7	12.6	47.5	2,745
NFHP Control districts	79.8	37.9	12.5	47.2	4.1	14.1	53.8	2,274
Mid-term survey districts	79.7	39.4	12.7	48.7	5.5	13.3	50.4	5,019

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 7 women with missing information on level of education not shown separately.

There has been a significant rise in the proportion of women hearing messages on family planning from the radio (80 percent). However, there has been a significant decline in the proportion of women seeing messages on television (39 percent) and in newspapers/magazines (13 percent) over the last three years. This could be because family

planning messages are more often broadcasted through radio and are also pasted on posters/bill boards. With various media sources in play, a significant decline is being monitored among those who have never heard any family planning messages from any of these sources.

Table 4.13 Trends in exposure to family planning messages

Percentage of women age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, according to rural figures 2006 NDHS and Mid-term survey 2009

Background characteristic	Radio	Television	Newspaper/ magazine	Poster/ bill board	Street drama	None of these five sources	Number
Mid-term survey districts							
Baseline 2006 NDHS	70.4	42.6	13.5	45.4	6.0	20.7	5,162
Mid-term survey 2009	79.7*	39.4*	12.7*	48.7	5.5	13.3*	5,019
NFHP Supported districts							
Baseline 2006 NDHS	68.9	44.8	12.8	46.8	6.2	20.3	2,823
Mid-term survey 2009	79.7*	40.7*	12.8	50.0*	6.7†	12.6*	2,745
NFHP Control districts							
Baseline 2006 NDHS	72.2	39.9	14.3	43.7	5.8	21.2	2,339
Mid-term survey 2009	79.8*	37.9	12.5	47.2*	4.1*	14.1*	2,274
Rural 2006 NDHS	67.5	33.3	11.4	36.2	5.1	26.1	9,106

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Radio has been significant in providing messages on family planning in both NFHP-supported districts and the control districts. The proportion of women seeing family planning messages on television has declined significantly in the NFHP-supported districts, while the role of posters/billboards and street drama has been prominent.

Women were asked what would be their most preferred source for receiving information on health and family planning issues. Most women reported radio (30 percent) as their most preferred source of information on health and family planning issues, followed by health facility/health workers (28 percent), and FCHVs (23 percent). It is evident that the respondents' preferences reflect their rural location and their access to such sources.

There is hardly any difference in preference for source of information among women in the NFHP-supported districts and the control districts. Slightly more women in the NFHP-supported districts (25 percent) showed a preference for FCHVs as their main source of information on health and family planning issues compared to those in the control districts (22 percent).

Table 4.14 Most preferred source on health and family planning messages

Percentage of women age 15-49 with most preferred source of family planning messages, according to background characteristics, Mid-term Survey 2009

Background characteristic	Main Source of information							Number
	Radio	Television	Health facility/health worker	FCHV	Friends/ neighbors	Other	Don't know	
Age								
15-19	34.4	7.7	24.1	20.7	9.0	3.2	0.9	1051
20-24	29.5	7.7	29.2	24.1	8.0	1.3	0.2	952
25-29	31.7	5.1	28.6	23.4	9.0	1.6	0.7	849
30-34	31.5	4.4	24.6	28.1	9.0	2.1	0.3	662
35-39	24.8	6.7	31.4	22.7	11.2	2.7	0.5	619
40-44	26.4	3.7	25.7	24.8	16.3	0.3	2.7	477
45-49	25.3	4.5	30.4	18.8	18.8	0.7	1.4	409
Eco Region								
Hill/Mountain	27.7	2.9	35.6	20.8	11.2	1.5	0.3	1068
Terai	30.6	6.9	25.3	23.9	10.4	2.0	0.9	3951
Region								
East/Central	32.3	6.4	26.8	21.2	10.4	1.9	1.1	2510
West/Mid/Far West	27.6	5.7	28.1	25.4	10.8	1.8	0.6	2509
Education								
No education	27.7	3.0	28.5	22.9	15.4	1.2	1.4	2538
Primary	30.6	8.3	26.1	23.4	10.5	0.9	0.2	794
Some secondary	33.3	8.5	26.2	25.6	4.1	2.0	0.3	1194
SLC and above	32.6	12.5	27.5	19.3	1.8	6.4	0.0	485
Wealth quintile								
Lowest	26.6	1.1	28.7	24.4	16.6	1.0	1.5	820
Second	31.7	2.7	28.7	22.9	11.9	1.4	0.7	897
Middle	29.6	5.0	28.3	23.3	10.2	3.0	0.6	1,028
Fourth	33.0	7.5	26.1	22.2	9.0	1.4	0.8	1,128
Highest	28.4	11.8	26.1	23.7	7.1	2.3	0.6	1,146
Ethnicity								
Hill Brahmin	32.5	7.8	27.4	22.5	7.5	2.4	0.0	618
Hill Chhetri	26.1	6.2	26.3	32.8	6.9	1.4	0.3	868
Terai/Madhesi Brahman/Chhetri	(40.4)	(10.5)	(29.3)	(10.8)	(9.0)	(0.0)	(0.0)	48
Other Terai/Madhesi Castes	31.4	6.7	31.9	15.5	12.1	1.7	0.6	606
Hill Dalit	23.6	4.6	37.0	23.7	10.0	1.0	0.2	443
Terai/Madhesi Dalit	30.6	5.7	28.7	16.6	15.7	2.1	0.6	252
Newar	27.9	12.5	30.5	13.7	12.8	2.6	0.0	165
Hill Janjati	30.8	6.6	24.0	22.9	13.0	1.8	0.9	1058
Terai Janajati	33.2	3.3	21.9	26.6	10.4	2.6	2.0	823
Muslim	28.3	2.8	37.6	10.7	14.5	1.4	4.7	139
NFHP Supported Districts	30.5	6.4	26.8	24.7	9.0	2.0	0.7	2745
NFHP Control Districts	29.3	5.7	28.2	21.5	12.5	1.7	1.0	2274
Mid-term Survey districts	30.0	6.1	27.5	23.3	10.6	1.9	0.8	5019

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 7 women with missing information on level of education not shown separately.

4.10 Contacts with Family Planning Providers

Information on women's contact with FCHVs and other family planning providers was assessed to review their access to information from the service providers. When FCHVs visit the women in their community they are encouraged to provide information on family planning. Women were asked if FCHVs had visited them within the past 12 months and provided information on family planning. Only 12 percent of the women mentioned that they were visited by FCHVs who discussed family planning issues with them. This was less often reported by younger women (15-19 years) and older women (45-49 years). Women with a higher education level (8 percent) and those in the highest level of wealth quintile (9 percent) were less often visited by FCHVs and discussed family planning.

The other contact point for women with health service providers is when they visit health facilities for any reason. Although 56 percent of women had visited a health facility in the last 12 months preceding the survey, only 11 percent reported that the health workers discussed family planning with them. The practice of health workers discussing family planning with their clients was more often observed among women in the hill/mountain and West/Mid/Far-western region compared to other regions.

It is interesting to note that although FCHVs have been reported as the preferred source of information on family planning (Table 4.14); only 12 percent of women in the NFHP-supported districts and control districts reported FCHVs visiting them and discussing family planning (Table 4.15).

Overall, two in five women have neither discussed family planning with FCHVs nor at a health facility. This information provides room for scaling the contact of FCHVs with the women in the community to provide information on family planning.

Table 4.15 Contact with family planning providers

Among women age 15-49, the percentage who during the last 12 months were visited by an FCHV who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with an FCHV nor at a health facility, by background characteristics, Mid-term Survey 2009

Background characteristic	Percentage of women who were visited by FCHV who discussed family planning	Among women who visited a health facility in the last 12 months		Percentage of women who neither discussed family planning with FCHV nor at a health facility	Number of women
		Percentage who discussed family planning	Percentage who did not discuss family planning		
Age					
15-19	3.5	3.4	35.8	34.1	1051
20-24	15.1	13.8	59.3	52.9	952
25-29	15.9	15.9	57.4	48.5	849
30-34	14.6	15.2	45.1	40.1	662
35-39	13.8	11.1	39.8	35.6	619
40-44	11.1	12.3	29.0	26.4	477
45-49	6.1	4.2	36.4	33.3	409
Eco Region					
Hill/Mountain	10.9	13.6	44.6	39.5	1068
Terai	11.6	10.2	45.1	40.5	3951
Region					
East/Central	10.0	9.9	44.6	40.5	2510
West/Mid/Far west	13.0	11.9	45.4	40.1	2509
Education					
No education	11.9	12.2	41.7	37.3	2538
Primary	14.5	10.5	47.1	41.0	794
Some secondary	10.2	7.9	47.7	42.7	1194
SLC and above	7.7	12.5	51.9	48.8	485
Wealth quintile					
Lowest	10.9	12.8	46.2	41.9	820
Second	14.0	11.5	46.5	41.3	897
Middle	12.9	11.1	42.6	36.8	1,028
Fourth	11.4	11.7	44.3	40.0	1,128
Highest	8.7	8.2	45.9	41.7	1,146
Ethnicity					
Hill Brahmin	9.3	12.2	45.4	41.7	618
Hill Chhetri	13.7	10.8	49.6	42.5	868
Terai/Madhesi Brahman/Chhetri	12.4	9.6	45.0	42.0	48
Other Terai/Madhesi Castes	8.4	7.8	41.6	37.3	606
Hill Dalit	13.0	9.9	56.5	49.8	443
Terai/Madhesi Dalit	13.3	9.6	39.8	36.2	252
Newar	14.3	11.3	40.7	36.5	165
Hill Janjati	8.2	12.1	40.4	37.8	1058
Terai Janajati	15.1	12.1	41.7	36.3	823
Muslim	11.7	8.8	62.6	56.4	139
NFHP Supported districts	11.5	11.2	44.5	40.0	2745
NFHP Control districts	11.5	10.6	45.6	40.6	2274
Mid-term survey districts	11.5	10.9	45.0	40.3	5019

Note: Total includes 7 women with missing information on level of education not shown separately.

INFANT AND CHILD MORTALITY 5

Nepal has been progressing well in terms of levels of infant and child mortality and is one of the seven developing countries on track to achieve Millennium Development Goal 4, and the only country that is ahead of schedule for meeting its target before 2015, by reducing infant and child mortality by two-thirds. It has been recorded that the infant mortality rate has declined by 41 percent (from 82 deaths per 1000 live births to 48) over the past 15 years and the under-five mortality has gone down by 48 percent (from 117 deaths per 1000 live births to 61). This is an important indicator when assessing the socioeconomic development of the country and the improvement in the health status. This study further assesses the situation in rural Nepal after three years of the landmark 2006 NDHS study.

The study calculates the infant and child mortality rates taking into account childhood mortality by age categories, and includes the following[8]:

- Neonatal mortality (NN): the probability of dying within the first months of life
- Post-neonatal mortality (PNN): the difference between infant and neonatal mortality
- Infant mortality (${}_1q_0$): the probability of dying between birth and the first birthday
- Child mortality (${}_4q_1$): the probability of dying between the exact ages of one and five
- Under-five mortality (${}_5q_0$): the probability of dying between birth and the fifth birthday

5.1 Levels and Trends in Infant and Child Mortality

The current study estimates mortality rates allowing for monitoring progress since the 2006 NDHS. Unlike the 2006 NDHS, the assessment of mortality rates has been calculated for the three years prior to the survey (2006-2008), which will avoid possible overlap and reveal the actual change in the three years. Similarly, to make the comparison possible, the baseline 2006 NDHS figures have also been calculated by the three years prior to the survey (2003-2005). Table 5.1 gives the details on the early childhood mortality rates for the Mid-term Survey districts.

Table 5.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for THREE-year periods preceding the survey, Mid-term survey 2009

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
0-2	20	21	41	10	50
3-5	31	12	43	8	51
6-8	56	23	79	24	101

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

This study indicates that the neonatal mortality rates (20 deaths per 1000 live births) and the post-neonatal mortality rates (21 deaths per 1000 live births) are more or less similar, indicating that the risk of dying for children is not less from one month to 11 months of life (1-11 months). The infant mortality rate is estimated to be 41 deaths per 1000 live births

[8] *Also expressed as : neonatal mortality (0 months); post-neonatal mortality (1-11 months); infant mortality (0-11 months); child mortality (12–59 months); and under-five mortality (0-59 months)*

while the child mortality rate is 10 deaths per 1000 live births. The under-five mortality is 50 deaths per 1000 live births in the three years preceding the survey.

There are two ways of analyzing trends in mortality rates. As the current study assesses the mortality rates for the three years prior to the survey, the rates for the three three-year periods as derived from the current survey can be compared. On the other hand, rates as derived by various studies can be compared, but with caution, as the data quality may vary between surveys. As the methodology of data collection in both the baseline 2006 and the Mid-term 2009 survey has been made consistent, such comparison is possible in this study. However, one needs to review the sampling errors related to the mortality estimates.

Table 5.2 indicates that there has been a 38 percent reduction in the neonatal mortality rate in the last three years, while there has been a 15 percent reduction in the infant mortality rate over the last three years. The child mortality rate declined from 17 deaths per 1000 live births in 2003-2005 to 10 deaths per 1000 live births in 2006-2008. Similarly, the under-five mortality rate reduced by 22 percent in the same period, from 64 deaths per 1000 live births to 50 deaths.

Overall, there has been a marked reduction in the child mortality rate by 41 percent. Similarly, there is a decline in neonatal mortality rates. However, a point of concern here is the rise in post-neonatal mortality rates by 31 percent, which is reported as 21 deaths per 1000 live births, an increase from 16 deaths per 1000 live births.

Table 5.2 Trends in early childhood mortality rates

Neonatal, post neonatal, infant, child, and under-five mortality rates for THREE-year periods preceding the survey, rural figures 2006 NDHS and Mid-term survey 2009

Age group	Rural	Mid-term survey districts			
	2006 NDHS	2006 NDHS	*CI 95%*	2009 NFHP	*CI 95%*
Neonatal mortality (NN)	31	32	*(23.2 – 40.1)*	20	*(12.8- 27.3)*
Post neonatal mortality[1] (PNN)	17	16	*(10.0-22.4)*	21	*(13.5-28.6)*
Infant mortality ($_1q_0$)	49	48	*(37.5 – 58.1)*	41	*(30.7 – 51.4)*
Child mortality ($_4q_1$)	12	17	*(10.5-22.7)*	10	*(4.6-14.6)*
Under-five mortality ($_5q_0$)	60	64	*(52.1-75.4)*	50	*(39.1 – 61.4)*

[1] *Computed as the difference between the infant and neonatal mortality rates*

However, these findings have to be interpreted with caution as the changes monitored in the three years preceding the survey are not statistically significant and inferences may not be accurate. There is an obvious overlap in the confidence intervals for the two rates as indicated by the baseline of 2006 and the Mid-term Survey 2009.

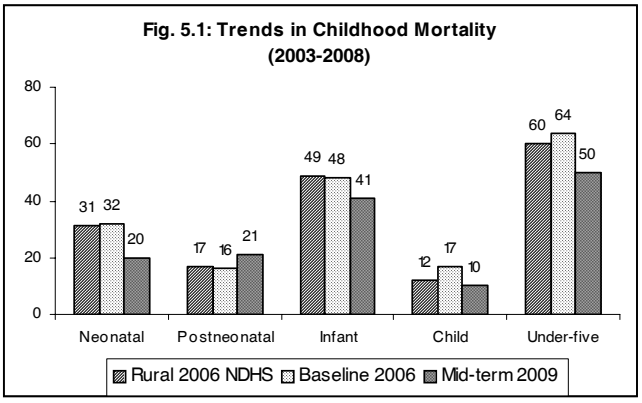
Table 5.3 Trends in early childhood mortality rates in NFHP supported and control districts

Neonatal, post neonatal, infant, child, and under-five mortality rates for THREE-year periods preceding the survey, Mid-term survey 2009

Age group	NFHP supported districts				NFHP Control districts			
	2006 NDHS	*CI 95%*	2009 NFHP	*CI 95%*	2006 NDHS	*CI 95%*	2009 NFHP	*CI 95%*
Neonatal mortality (NN)	30	*(18.8-41.0)*	17	*(7.9-25.6)*	34	*(20.8-46.7)*	24	*(12.2-36.6)*
Post neonatal mortality[1] (PNN)	17	*(8.6-25.9)*	29	*(17.3-40.5)*	15	*(6.1-23.7)*	11	*(2.4-18.8)*
Infant mortality ($_1q_0$)	47	*(33.3-61.0)*	46	*(31.2-59.9)*	49	*(33.3-64.1)*	35	*(20.5-49.6)*
Child mortality ($_4q_1$)	17	*(8.4-24.7)*	13	*(5.4-20.6)*	17	*(7.6-26.1)*	5	*(0.6-10.1)*
Under-five mortality ($_5q_0$)	63	*(47.5-78.4)*	58	*(42.4-73.8)*	65	*(47.1-82.3)*	40	*(24.3-55.0)*

[1] *Computed as the difference between the infant and neonatal mortality rates*

A similar trend can be observed in the NFHP-supported districts and the control districts. However, the decline in the mortality rate is not statistically significant and should be carefully assessed (Table 5.3). The trend shows the neonatal mortality rate reducing in the NFHP-supported districts, with a 43 percent decline, compared to 29 percent in the control districts. However, the serious rise in the post-neonatal mortality rate in the NFHP-supported districts by 71 percent sets off an alarm for the program to focus on this age group. There is hardly any change in the infant mortality rate in the NFHP-supported districts, with the rate being 46 deaths per 1000 live births. Although there a decline in the child mortality and under-five mortality rates in the NFHP-supported districts, this is not as marked in the control districts.



5.2 Socioeconomic Differentials in Childhood Mortality

There are some obvious differentials in the mortality rates based on the different socioeconomic backgrounds of the children, such as the location of residence, the socioeconomic status of the household, and the education level of the mother (Table 5.4).

Table 5.4 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Mid-term Survey, 2009

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Eco Region					
Hill/Mountain	39	25	64	16	80
Terai	40	17	57	15	72
Region					
East/Central	45	11	57	13	69
West/Mid/Far West	35	26	61	19	79
Mother's education					
No education	42	21	63	20	82
Primary	43	16	59	10	68
Some secondary	32	22	54	4	58
SLC and above	30	2	32	0	32
Wealth quintile					
Lowest	34	26	60	22	81
Second	34	22	56	17	72
Middle	41	22	63	15	77
Fourth	42	13	56	14	70
Highest	51	8	60	8	67

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

Children in the hill/mountain regions are less likely to survive than their Terai counterparts. For instance, the infant mortality rate for the hill/mountain region is 64 deaths per 1000 live births compared to 57 deaths per 1000 live births in the Terai. Although the neonatal mortality rate is higher in the East/Central region, the other childhood mortality rates are higher in the West/Mid/Far-west region. This is an indication that the newborn care practices to ensure child survival have not been optimum in these regions. This could partly be due to the socio-cultural practices of that region.

Mothers' education has a direct impact on child survival status, with more children surviving for mothers with some education or even more obviously for those with SLC and higher level of education. For instance, the infant mortality rate for children born to mothers with no education is 63 deaths per 1000 live births, and the under-five mortality rate is 82 deaths per 1000 live births; compared to 32 among children born to mothers with SLC and higher levels of education.

5.3 Demographic Differentials in Mortality

The demographic characteristics of both mothers and children strongly influence children's chances of survival. Table 5.5 highlights these differentials with relation to the sex of the child, the age of the mother at birth, the birth order of the child, the previous birth interval, and the size of the baby at birth.

Table 5.5 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Mid-term Survey, 2009

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Child's sex					
Male	34	19	54	14	67
Female	45	19	64	17	80
Mother's age at birth					
<20	63	15	78	11	89
20-29	35	21	56	16	71
30-39	28	20	49	22	69
40-49	17	2	19	0	19
Birth order					
1	54	16	69	8	77
2-3	33	19	52	17	67
4-6	41	27	68	22	89
7+	16	7	23	19	41
Previous birth interval[2]					
<2 years	60	28	88	32	118
2 years	36	17	54	22	74
3 years	14	17	31	9	39
4+ years	20	20	39	5	43
Birth size[3]					
Small/very small	27	14	41	na	na
Average or larger	20	19	40	na	na

na= Not applicable
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

The study clearly indicates the survival chances of female children as being lower than the male children in the context of rural Nepal. The mother's age at birth also has strong influence on the chances of newborns' survival, with the neonatal mortality rate being as high as 63 deaths per 1000 live births, compared to 35 deaths per 1000 live births among women in the age group 20-29 years at the birth of the child.

Children who are first in birth order are at more risk for dying than those born later. One of the important demographic characteristics that influence chances of survival is the birth interval of the previous birth. A child born within a short birth interval is more likely not to survive. An interval of less than two years indicates under-five mortality rate of 118 deaths per 1000 live births, while an interval of more than 2 years shows a marked improvement with 74 deaths per 1000 live births. Similarly, newborn babies of low birth weight are at higher risk of dying (neonatal mortality being 27 deaths per 1000 live births).

MATERNAL HEALTH 6

Nepal has experienced substantial reduction in maternal mortality ratio in the past one decade- from 539 in 1996 to 281 in 2006. The substantial reduction in maternal mortality was also verified another Maternal Mortality and Morbidity (MMM) study (2009) conducted in the eight districts of Nepal. The Millennium Development Goals (MDG) is to reduce the maternal mortality ratio of 539 by three-fourths. The improvement in maternal health services are key to bringing down the maternal mortality ratio. Therefore, the necessity of exploring the maternal health situation, especially of rural women in Nepal becomes vital. This section looks into several aspects of maternal health conditions in rural Nepal, including antenatal care, delivery, postnatal care and the newborn care situation. It can be noted here that the assessment has been done for the three years preceding the survey to avoid possible overlap from the baseline 2006 NDHS.

6.1 Antenatal Care

Antenatal care involves care for pregnant women throughout their pregnancy, which can be assessed by the type of provider, the number of ANC visits, the timing of first visit, content of service received, and the kind of information mothers are given during their visits. It is recommended that antenatal care should be sought from a Skilled Birth Attendant (SBA) defined as, "An accredited health professional, such as doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the post natal period and in the identification, management and referral of complications in women and newborns." (MoHP, 2007). As in the 2006 NDHS, the current study refers to doctors, nurses and midwives as SBAs. Women were asked to report all the service providers they sought antenatal care from. Therefore, if more than one service provider was reported, the most qualified provider has been considered for assessment.

About 48 percent of the women in the Mid-term Survey districts who gave birth in the three years preceding the survey received antenatal care from an SBA[9], which is a significant increase from the baseline figure of 45 percent as reported in 2006 (Table 6.1). There has been a significant rise in women receiving antenatal care from doctors (25 percent), while there is a reduction in ANC services from nurses/midwives (23 percent). Nineteen percent of women received antenatal care from MCH workers, while 14 percent received care from health assistants or health workers, and 5 percent received care from VHWs. As the practice of seeking antenatal service from qualified providers has increased, the number of women seeking antenatal care from FCHVs only has declined significantly. However, this figure should be assessed carefully, as 41 percent of the women have actually discussed their pregnancy with an FCHV (discussed later). The proportion of women who did not receive any antenatal care has declined significantly from 23 percent in 2006 to 13 percent in 2009.

Women in the younger age group (<20 years) are more likely to receive antenatal care from SBAs (53 percent) compared to women in the age group 35-49 years (30 percent). It can be observed that a higher proportion of women are likely to received antenatal care from SBAs for their first births (62 percent) than for births of order four and higher (29 percent).

[9] *SBA: Skilled providers include doctors, nurses and midwives.*

Table 6.1 Antenatal care

Percent distribution of women who had a live birth in the THREE years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, and the percentage of most recent births receiving antenatal care from SBA, according to background characteristics, Mid-term survey, 2009

Background characteristic	Doctor	Nurse/ midwife	Health assistant/ health worker	MCH worker	VHW	FCHV	No one	Missing	Total	Percentage receiving antenatal care from SBA[1]	Number of women
Mother's age at birth											
<20	29.3	23.5	12.0	17.1	4.1	1.0	13.0	0.0	100.0	52.7	242
20-34	25.0	23.2	14.8	20.7	5.3	0.3	10.6	0.1	100.0	48.2	944
35-49	14.6	15.0	13.6	11.4	3.4	2.6	39.4	0.0	100.0	29.7	84
Birth order											
1	37.0	25.3	13.1	14.2	3.5	0.6	6.3	0.0	100.0	62.3	379
2-3	24.5	23.7	14.6	21.7	4.1	0.1	11.2	0.0	100.0	48.2	593
4-5	10.1	18.5	16.5	26.6	9.8	1.1	17.0	0.3	100.0	28.6	213
6+	14.4	14.3	10.3	8.9	5.6	1.7	44.8	0.0	100.0	28.8	85
Eco Region											
Hill/Mountain	17.4	22.7	9.8	15.5	3.0	1.5	30.1	0.0	100.0	40.1	284
Terai	27.4	22.7	15.4	20.5	5.6	0.3	8.1	0.1	100.0	50.1	986
Region											
East/Central	33.6	15.9	20.5	11.8	8.4	0.4	9.3	0.1	100.0	49.6	562
West/Mid/Far West	18.4	28.1	9.2	25.5	2.3	0.7	15.9	0.0	100.0	46.5	708
Ethnicity											
Hill Brahmin	28.2	30.4	14.1	18.0	2.4	0.0	6.9	0.0	100.0	58.7	116
Hill Chhetri	27.1	28.3	8.2	26.4	0.5	0.0	9.5	0.0	100.0	55.4	227
Terai/Madhesi Brahman/ Chhetri	-	-	-	-	-	-	-	-	100.0	-	7
Other Terai/Madhesi Castes	23.3	18.7	16.8	21.6	10.6	1.1	7.8	0.1	100.0	42.0	194
Hill Dalit	18.7	15.5	16.5	25.3	1.6	0.7	21.7	0.0	100.0	34.2	145
Terai/Madhesi Dalit	15.0	34.4	35.7	7.9	5.8	0.0	1.2	0.0	100.0	49.4	61
Newar	-	-	-	-	-	-	-	-	100.0	-	18
Hill Janjati	32.8	11.6	8.5	14.1	5.0	1.6	26.5	0.0	100.0	44.3	239
Terai Janajati	20.9	31.2	12.0	20.6	4.9	0.0	10.3	0.0	100.0	52.1	192
Muslim	25.1	14.7	30.1	9.3	15.9	0.0	4.1	0.8	100.0	39.8	71
Education											
No education	15.0	20.0	16.0	22.3	8.0	0.8	17.8	0.1	100.0	35.0	660
Primary	25.1	18.4	13.3	27.3	1.9	0.2	13.8	0.0	100.0	43.5	248
Some secondary	36.9	33.7	11.6	10.8	2.1	0.0	4.9	0.0	100.0	70.7	259
SLC and above	61.9	21.5	10.6	3.7	0.6	1.0	0.6	0.0	100.0	83.4	100
Wealth quintile											
Lowest	12.1	13.3	15.8	24.2	6.4	1.6	26.6	0.0	100.0	25.4	301
Second	13.2	27.7	16.2	20.5	8.4	0.3	13.7	0.0	100.0	40.9	266
Middle	24.2	25.8	14.2	23.1	5.1	0.1	7.4	0.1	100.0	50.0	249
Fourth	32.9	28.6	10.7	14.4	2.6	0.1	10.5	0.2	100.0	61.5	244
Highest	50.9	19.4	13.4	12.7	1.3	0.5	1.9	0.0	100.0	70.2	211
Mid-term survey Districts											
Baseline 2006 NDHS	17.3	27.2	12.6	13.5	3.6	2.6	23.0	0.1	100.0	44.5	1,446
Mid-term survey 2009	25.1*	22.7*	14.2	19.4*	5.0*	0.6*	13.0*	0.1	100.0	47.8*	1,270
NFHP Supported Districts											
Baseline 2006 NDHS	16.7	26.9	13.1	12.0	3.9	3.2	23.9	0.3	100.0	43.7	789
Mid-term survey 2009	21.8*	20.8*†	14.2	21.7*†	7.7*†	0.4*	13.2*	0.1	100.0	42.7	708
NFHP Control Districts											
Baseline 2006 NDHS	18.0	27.6	12.1	15.3	3.2	1.9	21.8	0.1	100.0	45.6	657
Mid-term survey 2009	29.3*	25.0	14.2	16.6	1.5*	0.7*	12.7*	0.0	100.0	54.3*	562
Rural 2006 NDHS	16.4	22.2	14.4	16.3	2.4	2.0	26.0	0.4	100.0	38.6	2,542

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

[1] SBA: Skilled provider includes doctor, nurse and midwife

A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Women in the Terai (50 percent) are more likely to receive antenatal care from SBAs than women in the hill/mountain regions (40 percent). Similarly, those in the Eastern/Central region (50 percent) are more likely to received antenatal care from SBAs than those in the West/Mid/Far west region (47 percent).

There is a direct influence of education on the practice of women receiving antenatal care from SBAs. For instance, while 35 percent of women with no education received antenatal care from SBAs, 83 percent of women educated to SLC level and higher received such services. Similarly, this practice is also influenced by the socioeconomic status of women, with 25 percent of women belonging to the lowest wealth quintile seeking antenatal care from SBAs compared to 70 percent in the highest wealth quintile.

The practice of receiving antenatal care from doctors has increased significantly in the NFHP-supported districts (22 percent) as well as the control districts (29 percent). There has been a marked decline in the practice of seeking antenatal care from nurses/midwives and a significant rise in seeking ANC from MCH workers in the NFHP-supported districts impacting the proportion of women receiving services from SBAs, as MCH workers are not considered to be SBAs. Therefore, the proportion of women receiving ANC from SBAs is higher in the control districts (54 percent) compared to the NFHP-supported districts (43 percent).

Number and Timing of Antenatal Visits

The World Health Organization (WHO) recommends that a woman without complications have at least four ANC visits to provide sufficient antenatal care. The antenatal care should be sought early in the pregnancy to avoid any adverse conditions, and it is recommended that the first visit should be sought during the first trimester of pregnancy. However, if any complications are observed, then the frequency of visits should be increased as required.

There has been a significant rise in women who have had four or more antenatal care visits during their pregnancy, from 30 percent in the NDHS 2006 baseline to 47 percent in 2009. This trend has also been indicated for the rural areas of Nepal through a comparison of data from the 1996 NFHS, the 2001 NDHS and the 2006 NDHS; whereby the increase has been monitored by more than 50 percent among women reporting at least one antenatal care visit (Pant et. al. 2008).

One in three women received ANC services within the first trimester, which is a significant improvement since the baseline of 2006. Still, 40 percent of women receive their first ANC service during their 4th to 5th months of pregnancy. This indicates that programs should be focused on encouraging women to make their first ANC visit during the first trimester of their pregnancy. Similarly, there has been a significant rise in the proportion of women making at least four ANC visits during their pregnancy in the NFHP-supported districts and in the control districts.

Table 6.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the THREE years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, rural figures 2006 NDHS and Mid-term survey 2009

Number and timing of ANC visits	Rural 2006 NDHS	Mid-term survey districts		NFHP Supported Districts		NFHP Control Districts	
		2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP	2006 NDHS	2009 NFHP
Number of ANC visits							
None	26.0	23.0	13.0*	23.9	13.2*	21.8	12.7*
1	9.3	9.1	5.0*	8.6	5.6*	9.6	4.1*
2-3	37.4	38.0	35.1*	39.1	37.8	36.6	31.6
4+	27.3	30.0	46.6*	28.4	42.6*	31.8	51.6*
Don't know/missing	0.0	0.0	0.4	0.0	0.7	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of months pregnant at first ANC visit							
No antenatal care	26.0	23.0	13.0*	23.9	13.2*	21.8	12.7*
<4	25.5	23.8	33.4*	23.4	34.0*	24.4	32.6*
4-5	29.9	31.7	39.6*	29.6	36.2*	34.2	43.9*
6-7	15.3	18.2	12.1*	20.7	13.8*	15.1	10.1*
8+	3.3	3.2	1.5*	2.3	2.0	4.2	0.8*
Don't know/missing	0.1	0.2	0.4	0.1	0.7	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,542	1,446	1,270	789	708	657	562
Median months pregnant at first visit (for those with ANC)	4.7	4.8	4.4	4.8	4.4	4.8	4.4
Number of women with ANC	1,878	1,111	1,100	600	609	512	491

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Components of Antenatal Care

The number of ANC visits alone does not indicate the quality of service received by women. It is equally important to assess the components of antenatal care. The basic components of antenatal care includes providing services such as measuring blood pressure, taking a urine test, weighing the woman, prescribing iron tablets and deworming drugs, and providing information on possible pregnancy complications and danger signs during pregnancy, as well as the action to be taken.

Eighty-one percent of women with a live birth in the three years preceding the survey had taken iron tablets during their pregnancy, which is a significant rise from the baseline figure by 27 percent. Similarly, 60 percent of women took intestinal parasite drugs during their last pregnancy with the most recent birth, a significant rise from 26 percent in the baseline of 2006. Women in the younger age group, those pregnant with their first child, those living in the Terai region, and in the Eastern/Central region are more likely to take iron tablets and deworming drugs during their pregnancy.

Table 6.3 Components of antenatal care

Among women with a live birth in the THREE years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the THREE years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Mid-term survey, 2009

Background characteristic	Among women with a live birth in the last three years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the last three years, the percentage with selected services:			
	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the last three years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Number of women with ANC for their most recent birth
Age at birth							
<20	85.4	63.3	242	69.2	80.7	91.1	211
20-34	82.9	61.1	944	66.5	78.2	82.5	844
35-49	51.0	36.0	83	55.5	66.4	74.2	51
Birth order							
1	88.3	69.6	379	72.6	84.8	90.8	355
2-3	85.4	62.9	593	68.8	80.4	84.8	526
4-5	69.3	46.2	213	49.8	61.2	70.3	177
6+	51.1	30.1	86	57.5	66.7	70.2	47
Eco Region							
Hill/Mountain	67.4	43.8	284	69.4	73.9	78.1	198
Terai	85.3	64.5	986	65.9	79.1	85.0	907
Region							
East/Central	85.0	60.3	562	69.0	80.4	84.2	509
West/Mid/Far West	78.4	59.6	708	64.4	76.2	83.4	596
Ethnicity							
Hill Brahmin	84.8	68.3	116	74.9	89.3	87.1	108
Hill Chhetri	86.2	70.7	227	71.9	77.7	84.4	206
Terai/Madhesi Brahman/Chhetri	-	-	7	-	-	-	7
Other Terai/Madhesi Castes	80.0	51.3	194	48.8	72.1	78.4	179
Hill Dalit	78.2	49.0	145	66.9	74.4	85.2	113
Terai/Madhesi Dalit	89.7	63.8	61	53.5	79.0	85.5	61
Newar	-	-	18	-	-	-	16
Hill Janjati	70.7	49.5	239	81.2	81.3	82.7	175
Terai Janajati	85.9	74.6	192	69.4	80.1	86.7	173
Muslim	82.4	50.9	71	49.4	66.0	80.4	68
Education							
No education	74.4	50.8	660	56.6	69.3	77.7	543
Primary	84.6	65.3	249	68.1	78.7	85.6	214
Some secondary	89.9	73.0	259	79.8	89.8	92.3	246
SLC and above	96.1	72.4	101	85.6	96.7	92.4	100
Wealth quintile							
Lowest	66.0	46.9	301	66.0	63.0	71.9	221
Second	81.5	59.5	266	61.1	81.3	85.9	229
Middle	83.2	61.4	249	62.8	79.5	81.4	231
Fourth	83.9	63.3	244	67.0	76.4	84.9	218
Highest	97.5	73.4	210	76.6	91.2	95.6	206
Mid-term survey Districts							
Baseline 2006 NDHS	63.9	25.9	1,446	59.8	73.7	76.8	1,114
Mid-term survey 2009	81.3*	59.9*	1,270	66.5*	78.1*	83.8*	1,105
NFHP Supported Districts							
Baseline 2006 NDHS	64.2	21.7	789	59.9	71.2	74.8	601
Mid-term survey 2009	79.7*	59.5*†	708	64.0	76.3*	81.6*	614
NFHP Control Districts							
Baseline 2006 NDHS	63.5	31.0	657	59.6	76.5	79.2	513
Mid-term survey 2009	83.3*	60.4*	562	69.6*	80.4	86.5*	491
Rural 2006 NDHS	60.9	24.9	2,542	55.0	72.9	76.4	1,881

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Similarly, education and the socioeconomic status of women both have a positive association with their practice of receiving iron tablets and deworming during pregnancy. For instance, while 74 percent of women with no education took iron tablets and 51 percent took deworming drugs, these figures were 96 percent and 72 percent respectively for women with SLC and higher levels of education.

As part of antenatal care, women are supposed to be informed about the signs of pregnancy complications. Among women who received antenatal care for their most recent birth in the three years preceding the survey, 67 percent were told about the signs of pregnancy complications, a rise of 11 percent since the baseline study of 2006. Similarly, there has been a significant rise in the practice of weighing women (78 percent) and taking their blood pressure (84 percent) during their ANC visits. Overall, antenatal care services vary with the background characteristics of women as discussed above.

Similarly, the study indicates that there has been a significant improvement in the antenatal care components in the NFHP-supported districts as well as in the control districts This indicates a marked change in the NFHP-supported districts after allowing for a similar change in the control districts in terms of receiving intestinal parasite drugs during pregnancy.

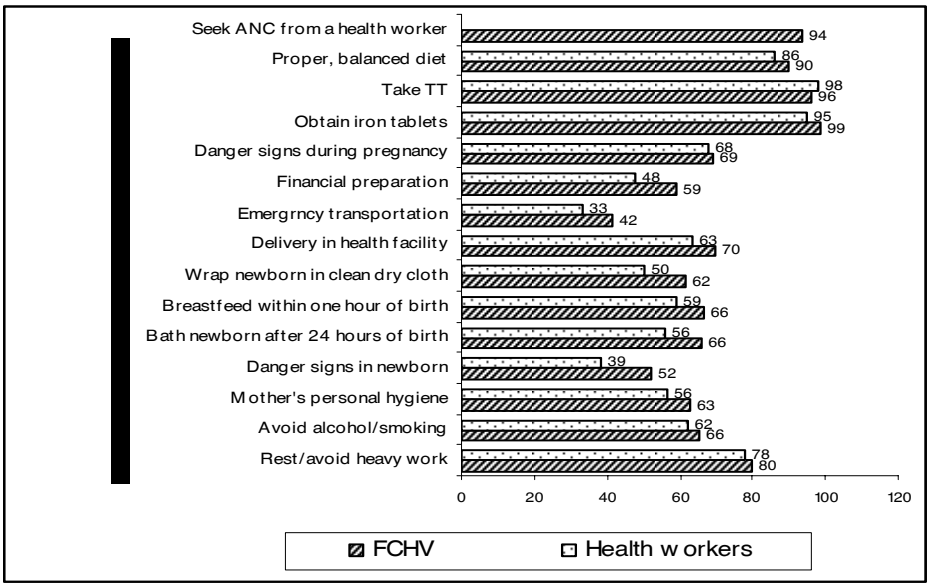
The improvement in antenatal care services has been partly attributed to the work of the FCHVs at the grassroots' level. Two in five women had discussed their most recent pregnancy with FCHVs, which is higher in the NFHP-supported districts as opposed to the control districts. Women in the Terai region (45 percent) and those in the West/Mid/Far west region (43 percent) are more likely to have contacts with FCHVs during their pregnancy. It can be noted here that due attention is needed on women with no education (35 percent) and those on the lowest level of the wealth quintile (35 percent), as they less often discuss their pregnancy with FCHVs. As the FCHVs are community-based, efforts should be made to reach out to these vulnerable women too.

The focus of antenatal care advice provided by FCHVs has been on providing advice on ANC care as opposed to delivery care, neonatal care advice, and other health issues (Fig 6.1). More than 90 percent of women mentioned that FCHVs advised them to seek ANC from a health worker, adopt a proper and balanced diet, to take tetanus toxoid injection, and also take iron tablets during pregnancy. However, only 69 percent of the women stated that they were told about danger signs during pregnancy. This is consistent with the findings of the FCHV survey (2008), whereby more than 90 percent of the FCHVs mentioned that they advised pregnant women to get antenatal check-ups and to take iron tablets: only 19 percent of FCHVs mentioned that they advised pregnant women on the danger signs of pregnancy.

FCHVs also advised women on delivering at a suitable health facility (70 percent), on making financial preparations (59 percent), and about arranging emergency transportation (42 percent). Similarly, two-thirds of women also reported that they were advised by the FCHV on newborn care practices such as breastfeeding the newborn within one hour of birth, bathing the newborn only after 24 hours of birth, and wrapping the newborn in clean, dry cloth. One in two women mentioned that the FCHVs advised them on danger signs in a newborn. Other advice included personal hygiene of the mother (63 percent), avoiding alcohol and smoking during pregnancy (66 percent), and the need to rest and avoid heavy work (80 percent)[10].

[10] *Please refer to Annex-D for detailed information of advice provided by FCHVs and health workers.*

Fig 6.1: Advice from FCHV and Health Workers



Respondents were also what advice they received from FCHVs and health workers. A comparative assessment is presented in Fig. 6.1, which clearly indicates that the role of FCHVs in providing advice to pregnant women on proper care during pregnancy, during delivery, and on neonatal care is vital for rural women in Nepal.

Women were asked about their knowledge of the danger signs in pregnancy, during delivery, during the postpartum period, and in a newborn. Care was taken not to refer to the woman's own situation but to get her general opinion about danger signs. These danger signs were adopted from the standard maternal health guidelines from MOHP.

The danger signs during pregnancy include vaginal bleeding, severe lower abdominal pain, severe headache, convulsions, blurred vision, and swelling of hands and face. Women should be able to identify these five danger signs to avoid unnecessary pregnancy complications. Not all women are aware of these danger signs during pregnancy. The most commonly reported danger sign was vaginal bleeding (71 percent) followed by severe lower abdominal pain (65 percent). Women are less aware about the other danger signs, indicating a strong need for maternal health programs to raise awareness among women (Table 6.4). This holds true for both the NFHP-supported districts as well as the control districts.

The most commonly reported danger sign during delivery is a prolonged labor of more than 8 hours. This was reported by nearly four in five women. More than half of the women (57 percent) reported excessive bleeding before and after delivery as a danger sign during delivery. However, rural women were less aware of the other danger signs such as the position of the baby not being right, with hands or leg or the umbilical cord coming out first. Only 3 percent of women thought that convulsions during delivery could be a danger sign.

About four in five women were aware that excessive bleeding during the postpartum period could be a life-threatening danger sign for women. High fever (51 percent) and pain in the lower abdomen and foul-smelling discharge (46 percent) were also reported as danger signs during the postpartum period. Women seemed to be less aware about the other danger signs during the postpartum period.

Similarly, women were asked to mention the danger signs in newborns. Most women (83 percent) mentioned that fever in a newborn is dangerous and the other signs reported were fast breathing (52 percent), poor suckling (48 percent), and severe chest in-drawing (36 percent). However, women were not so much aware of hypothermia being a danger sign and other danger signs in newborns.

Table 6.4 Knowledge on danger signs

Percent distribution of women who had a live birth in the THREE years preceding the survey by their knowledge on danger signs during pregnancy, delivery, postnatal phase and danger signs in infants, Mid-term survey, 2009

Danger signs	Mid-term survey Districts	NFHP Supported Districts	NFHP Control Districts
Danger signs during pregnancy			
Vaginal bleeding	71.1	69.5	73.2
Severe lower abdominal pain	65.2	64.4	66.1
Severe headache	30.6	29.8	31.6
Convulsion	14.9	17.7	11.5
Blurred vision and swelling of hands/face	21.7	22.9	20.1
Other	12.8	14.2	11.1
Don't know	1.8	2.1	1.5
Danger signs during delivery			
Labor longer than 8 hours	79.1	78.2	80.1
See baby's hands first	28.0	25.9	30.7
See baby's leg first	28.3	25.4	32.0
See umbilical cord first	12.3	10.2	14.8
Excessive bleeding before/after delivery	56.9	57.3	56.4
Convulsion	12.6	13.2	11.7
Other	3.1	2.3	4.2
Don't know	2.5	3.2	1.6
Danger signs during postpartum period			
High fever	51.2	50.6	52.0
Pain lower abdomen smelling discharge	45.5	41.9	50.0
Excessive bleeding	79.5	80.5	78.2
Severe headache	19.2	19.5	18.9
Convulsion and fits	10.8	10.9	10.7
Experience prolapse	4.6	5.3	3.7
Other	3.1	3.6	2.5
Don't know	3.5	4.1	2.8
Danger signs in new born			
Poor suckling	47.5	47.9	47.0
Fast breathing	51.9	46.4	58.9
Severe chest in-drawing	36.4	35.3	37.7
Hypothermia	16.0	13.9	18.7
Fever	82.5	82.4	82.6
Difficult to wake/lethargic/unconscious	5.5	5.3	5.7
Pustules on skin 1 large or >10 small ones	12.0	12.8	11.0
Severe umbilical infection redness of skin cord/foul smelling/discharge or bleeding	8.3	8.8	7.7
Other	13.8	15.2	12.2
Don't know	0.7	0.6	0.8
Number of women	1270	708	562

Overall, the level of knowledge on the danger signs of pregnancy, during delivery, in the postpartum period, and in newborns does not vary much in the NFHP-supported districts and in the control districts (Table 6.4). However, the findings clearly indicate that serious efforts have to be made to raise the level of knowledge of women so that they can take precautions early.

Tetanus Toxoid Vaccination

Information on women receiving the tetanus toxoid injection at the time of their last birth in the three years preceding the survey was solicited. It is essential for a newborn to be well-protected from neonatal tetanus. Although the number of children dying from neonatal tetanus has declined to less than one per 1000 live births as reported by the 2006 NDHS, maternal tetanus toxoid vaccination still prevails in the MOHP protocol. A woman is considered fully protected if she receives at least two doses during each pregnancy. If a woman has been vaccinated during a previous pregnancy or during maternal and neonatal tetanus vaccination campaigns, however, she may only require one dose for the current pregnancy. Five doses are considered to provide lifetime protection.

Table 6.5 indicates that 72 percent of women in rural Nepal receive two or more doses of tetanus toxoid during their pregnancy with the last live birth in the three years preceding the survey. This is a seven percent increase from the baseline of 2006, when 67 percent of the women received such a dose.

Women above the age of 34 years seem to receive the required dose of tetanus toxoid less often. Similarly, women with a lower birth order are more likely to receive two or more doses of tetanus toxoid (82 percent).

Although there is hardly any variation based on the development regions, women in the Terai (77 percent) are more likely than those in the hill/mountain regions (52 percent) to receive the tetanus toxoid injection. Women with no education (66 percent) and those belonging to the lowest wealth quintile (58 percent) are less likely to receive the tetanus toxoid injection.

Overall, 89 percent of rural women have their last birth protected against neonatal tetanus. There has been a 6 percent increase in women whose last birth is protected against neonatal tetanus.

Table 6.5 Tetanus toxoid injections

Among mothers with a live birth in the THREE years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Mid-term survey, 2009

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus[1]	Number of mothers
Age at birth			
<20	72.8	89.0	242
20-34	73.3	90.4	944
35-49	48.6	69.0	83
Birth order			
1	81.6	94.0	379
2-3	72.0	90.8	593
4-5	64.2	84.6	213
6+	42.6	61.3	86
Eco Region			
Hill/Mountain	52.4	69.7	284
Terai	77.1	94.2	986
Region			
East/Central	72.3	91.9	562
Mid/Far West	71.0	86.2	708
Ethnicity			
Hill Brahmin	78.2	95.1	116
Hill Chhetri	78.7	93.2	227
Terai/Madhesi Brahman/Chhetri	-	-	7
Other Terai/Madhesi Castes	78.9	92.7	194
Hill Dalit	54.8	79.2	145
Terai/Madhesi Dalit	81.7	97.0	61
Newar	-	-	18
Hill Janjati	52.1	76.0	239
Terai Janajati	78.3	91.8	192
Muslim	88.8	97.8	71
Education			
No education	66.4	84.4	660
Primary	76.5	88.3	249
Some secondary	75.2	96.9	259
SLC and above	84.3	97.5	101
Wealth quintile			
Lowest	57.5	73.3	301
Second	73.9	88.5	266
Middle	78.3	94.0	249
Fourth	74.3	95.1	244
Highest	77.6	97.4	210
Mid-term survey Districts			
Baseline 2006 NDHS	67.1	83.9	1,446
Mid-term survey 2009	71.6*	88.7*	1,270
NFHP Supported Districts			
Baseline 2006 NDHS	67.6	83.0	789
Mid-term survey 2009	70.9	89.1*†	708
NFHP Control Districts			
Baseline 2006 NDHS	66.4	85.0	657
Mid-term survey 2009	72.5*	88.2	562
Rural 2006 NDHS	63.5	82.5	2,542

[1] Includes mothers with two or more injections during their last pregnancy, mothers with two or more injections (the last within 3 years of the last live birth), mothers with three or more injections (the last within 5 years of the last birth), mothers with 4 or more injections (the last within 10 years of last live birth), and mothers with 5 or more injections prior to the last birth.

Note: A dash indicates figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

Note: * This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

6.2 Delivery Care

With efforts to promote institutional delivery for a safe delivery and proper care of the mother and child there has been a marked impact on women seeking delivery at health facilities. The 2006 NDHS showed only 18 percent of women having an institutional delivery, with only 15 percent in the rural locations in the five years preceding the survey. The present study indicated that 27 percent of rural women in Nepal had an institutional delivery for their last live birth in the three years preceding the survey. This is a significant rise from the baseline 2006 figure of 17 percent, indicating a rise of 59 percent. Similarly, the percentage of non-institutional deliveries has also declined significantly from 82 percent in 2006 to 73 percent in 2009.

Among the institutions chosen for birth, the government sector (20 percent) caters for a larger group of women seeking delivery services than the private sector (5 percent). The non-government sector caters for 2 percent of women.

A quarter of women aged 20 years and above had an institutional delivery, indicating that there is no age barrier to receiving services at a health facility. However, women with births of a lower birth order (46 percent), those in the Terai (29 percent), and those in the Eastern/Central development region are more likely to have an institutional delivery.

Table 6.6 Place of delivery

Percent distribution of live births in the THREE years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Health facility								
	Government sector	Non-government sector	Private sector	Home/Non-Institutional	Other	Missing	Total	Percentage delivered in a health facility	Number of births
Mother's age at birth									
<20	26.1	1.2	5.3	66.9	0.4	0.0	100.0	32.6	272
20-34	17.8	2.5	4.9	74.5	0.2	0.1	100.0	25.3	1,030
35-49	23.4	0.0	1.4	75.1	0.0	0.0	100.0	24.9	95
Birth order									
1	32.6	3.7	9.9	53.5	0.3	0.0	100.0	46.2	429
2-3	16.0	2.0	3.2	78.6	0.0	0.1	100.0	21.3	644
4-5	6.2	0.0	1.0	92.1	0.7	0.0	100.0	7.2	229
6+	20.6	0.0	1.4	78.0	0.0	0.0	100.0	22.0	95
Eco Region									
Hill/Mountain	14.0	0.5	3.5	81.7	0.0	0.2	100.0	18.1	315
Terai	21.5	2.5	5.1	70.5	0.3	0.0	100.0	29.2	1,082
Region									
East/Central	22.3	3.4	5.3	69.0	0.0	0.0	100.0	31.0	625
West/Mid/Far West	17.8	1.0	4.3	76.3	0.4	0.1	100.0	23.2	772
Ethnicity									
Hill Brahmin	24.1	1.0	8.1	66.8	0.0	0.0	100.0	33.2	122
Hill Chhetri	19.2	3.2	6.8	70.1	0.7	0.0	100.0	29.2	248
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	100.0	-	7
Other Terai/Madhesi Castes	17.1	0.8	3.9	78.0	0.1	0.1	100.0	21.8	217
Hill Dalit	12.7	1.9	3.5	80.7	0.8	0.4	100.0	18.1	157
Terai/Madhesi Dalit	16.9	0.0	3.1	80.0	0.0	0.0	100.0	20.0	69
Newar	-	-	-	-	-	-	100.0	-	19
Hill Janjati	24.0	5.2	4.0	66.7	0.0	0.0	100.0	33.3	265
Terai Janajati	20.6	0.6	4.8	74.0	0.0	0.0	100.0	26.0	212
Muslim	20.2	0.0	1.1	78.7	0.0	0.0	100.0	21.3	81
Mother's education									
No education	13.3	0.4	2.2	83.9	0.2	0.0	100.0	15.9	741
Primary	15.5	0.2	3.7	80.3	0.1	0.3	100.0	19.4	265
Some secondary	34.2	7.9	7.4	50.1	0.4	0.0	100.0	49.5	278
SLC and above	38.6	3.7	18.0	39.8	0.0	0.0	100.0	60.2	109
Antenatal care visits[1]									
None	3.2	0.0	0.7	96.1	0.0	0.0	100.0	3.9	165
1-3	10.1	1.6	2.7	85.1	0.3	0.1	100.0	14.4	509
4+	33.8	2.3	7.8	55.9	0.2	0.0	100.0	43.9	591
Don't know/missing	-	-	-	-	-	-	100.0	-	5
Wealth quintile									
Lowest	5.7	0.4	1.8	91.9	0.0	0.2	100.0	8.0	331
Second	9.4	1.8	6.0	81.8	1.0	0.0	100.0	17.2	291
Middle	25.9	0.0	3.1	70.9	0.0	0.0	100.0	29.1	279
Fourth	26.0	2.0	5.8	66.0	0.1	0.1	100.0	33.9	263
Highest	38.5	7.4	8.2	46.0	0.0	0.0	100.0	54.0	233
Mid-term survey Districts									
Baseline 2006 NDHS	10.6	1.5	4.7	81.7	1.5	0.0	100.0	16.8	1,635
Mid-term survey 2009	19.8*	2.1	4.8	73.1*	0.2	0.1	100.0	26.7*	1,397
NFHP Supported Districts									
Baseline 2006 NDHS	8.2	1.9	5.9	83.1	1.0	0.0	100.0	16.0	885
Mid-term survey 2009	13.5*	2.7	6.0	77.6*	0.2	0.0	100.0	22.2*	776
NFHP Control Districts									
Baseline 2006 NDHS	13.5	0.9	3.4	80.0	2.2	0.0	100.0	17.8	749
Mid-term survey 2009	27.7*	1.3	3.2	67.4*	0.3*	0.1	100.0	32.2*	620
Rural 2006 NDHS	9.9	0.9	4.1	83.4	1.7	0.0	100.0	14.9	2,872

[1] Includes only the most recent birth in the five years preceding the survey

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

As expected, women with no education (16 percent) and those belonging to the lowest wealth quintile (8 percent) are least likely to have an institutional delivery. These women need to be focused on in greater depth while developing maternal health programs.

It is interesting to note that women having at least one ANC visit are more likely to have an institutional delivery than women having no ANC visits. Even more pronounced is that women having 4 or more ANC visits are more likely to have an institutional delivery. This can be partly attributed to the efforts made by counseling of FCHVs and other health workers during ANC visits.

Similarly, a trend can be observed in the NFHP-supported districts (22 percent) and the control districts (32 percent) whereby there is a significant rise in women having an institutional delivery from the baseline of 2006 (16 percent and 18 percent, respectively).

Assistance during Delivery

The care provided during delivery is vital for the survival of the mother and the newborn. It is highly recommended that delivery should take place in the presence of health professional and the Government of Nepal has encouraged the presence of an SBA during delivery. There has been a significant rise in the proportion of births delivered by an SBA, from 17 percent in 2006 to 29 percent in 2009, with a 66 percent rise in the past three years. There has been a significant rise in births assisted by doctors (9 percent to 19 percent), and health assistants/health workers (5 percent to 8 percent). It is interesting to note that recently FCHVs have also been attending births, a rise by 46 percent since the baseline of 2006. On the contrary, the role of traditional birth attendants has declined from 26 percent to 15 percent in 2009. Similarly, the number of women delivering with no assistance has also declined from 5 percent to 2 percent in 2009.

Births that take place in health facilities are mostly assisted by SBAs (97 percent), while the majority of the births that take place outside health facility are delivered by relatives/friends (55 percent), traditional birth attendants (21 percent), health assistants/health workers (10 percent), and even FCHVs (6 percent).

Institutional deliveries are more common in the Terai. In the Eastern/Central region the assistance of SBAs during delivery is equally common (about one in three), while proper attention is required to encourage assistance from SBAs in the other regions. Similarly, women with no education (16 percent) and those in the lowest wealth quintile (8 percent) less often get assistance from SBA during delivery.

The role of SBAs during delivery has improved significantly during the past three years in the NFHP-supported districts (16 percent in 2006 to 26 percent in 2009). It can be noted here that a similar change has been monitored even in the control districts (19 percent in 2006 to 33 percent in 2009). It can be clearly seen that there has been a remarkable decline in the role of traditional birth attendants in providing assistance during delivery in the NFHP-supported districts, which has a clear programmatic implication, since even after allowing for similar changes in the control districts the difference is statistically significant. Similarly, the assistance from FCHVs during delivery has also been prominent in the NFHP-supported districts with a significant rise in their role (2 percent in 2006 to 5 percent in 2009). This has been stagnant in the control districts. It is also of interest to note that women delivering

babies without assistance from anyone has also declined over the years in both the NFHP-supported districts and in the control districts (2 percent each).

Table 6.7 Assistance during delivery

Percent distribution of live births in the THREE years preceding the survey by person providing assistance during delivery, percentage of births assisted by SBA, according to background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Person providing assistance during delivery									Percentage delivered by SBA	Number of births
	Doctor	Nurse/ midwife	Health assistant/ health worker	MCHW	Traditional birth attendant	FCHV	Relative/ other	No one	Total		
Mother's age at birth											
<20	25.0	11.3	9.9	1.9	11.1	3.7	36.9	0.1	100	36.3	272
20-34	17.2	9.7	7.6	1.6	16.8	4.2	40.8	2.2	100	26.9	1,030
35-49	14.8	13.5	3.8	0.5	7.4	5.0	50.2	4.9	100	28.3	95
Birth order											
1	32.5	16.7	7.8	1.8	12.6	3.2	25.3	0.1	100	49.2	429
2-3	16.0	7.2	7.6	2.1	18.1	3.8	43.4	1.8	100	23.2	644
4-5	1.5	7.9	10.2	0.2	14.8	8.3	52.5	4.6	100	9.4	229
6+	14.5	7.5	3.1	0.0	6.0	0.5	62.8	5.7	100	22.0	95
Place of delivery											
Health facility	67.8	28.9	2.8	0.1	0.0	0.0	0.4	0.0	100	96.7	373
Elsewhere	0.7	3.4	9.6	2.1	20.5	5.6	55.3	2.7	100	4.1	1,023
Missing	-	-	-	-	-	-	-	-	100	-	1
Eco Region											
Hill/Mountain	10.3	9.2	2.7	2.2	3.8	2.7	66.2	3.0	100	19.5	315
Terai	21.0	10.6	9.3	1.4	18.3	4.5	33.2	1.7	100	31.6	1,082
Region											
East/Central	24.7	7.8	10.2	0.9	14.4	3.6	37.0	1.5	100	32.5	625
West/Mid/Far West	13.6	12.3	5.8	2.1	15.6	4.6	43.7	2.4	100	25.9	772
Ethnicity											
Hill Brahmin	18.1	20.8	2.8	1.7	4.3	7.2	39.6	5.4	100	38.9	122
Hill Chhetri	19.9	14.8	8.2	3.0	7.1	5.1	40.2	1.6	100	34.7	248
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	100	-	7
Other Terai/Madhesi Castes	18.1	5.6	14.0	2.1	16.1	3.1	40.7	0.3	100	23.7	217
Hill Dalit	8.3	12.3	4.4	2.3	6.5	4.2	59.5	2.4	100	20.7	157
Terai/Madhesi Dalit	17.0	3.0	9.8	1.9	34.2	3.1	31.0	0.0	100	20.0	69
Newar	-	-	-	-	-	-	-		100	-	19
Hill Janjati	27.2	7.0	1.8	0.4	6.5	3.8	49.9	3.4	100	34.2	265
Terai Janajati	13.1	12.7	10.9	0.6	37.9	3.1	20.2	1.5	100	25.7	212
Muslim	19.9	2.0	16.6	0.0	21.8	3.8	35.9	0.0	100	21.9	81
Mother's education											
No education	10.7	5.7	8.9	1.4	18.9	2.7	48.7	3.1	100	16.4	741
Primary	14.0	7.2	9.1	0.4	11.0	10.3	46.5	1.6	100	21.1	265
Some secondary	32.2	20.6	6.1	3.0	9.9	3.2	25.0	0.0	100	52.8	278
SLC and above	48.7	22.5	1.5	1.6	11.0	1.6	12.3	0.8	100	71.2	109
Wealth quintile											
Lowest	3.9	4.2	5.1	3.1	14.5	5.2	61.1	2.8	100	8.1	331
Second	12.6	5.7	11.9	0.5	17.4	6.8	43.7	1.4	100	18.3	291
Middle	17.2	11.1	12.0	1.5	17.7	4.6	32.5	3.4	100	28.3	279
Fourth	25.5	15.1	5.3	0.8	14.5	2.0	36.5	0.4	100	40.6	263
Highest	40.6	18.0	4.4	1.6	10.2	1.1	22.5	1.7	100	58.6	233
Mid-term survey Districts											
Baseline 2006 NDHS	8.5	8.8	5.0	na	25.6	2.8	44.0	5.1	100	17.4	1,635
Mid-term survey 2009	18.6*	10.3	7.8*	1.5	15.0*	4.1*	40.7	2.0*	100	28.8*	1,397
NFHP Supported Districts											
Baseline 2006 NDHS	8.8	7.2	5.1	na	32.0	2.3	40.9	3.6	100	16.0	885
Mid-term survey 2009	15.7*	10.1*†	9.2*†	1.4	17.5*†	4.7*†	39.2	2.3	100	25.8*	776
NFHP Control Districts											
Baseline 2006 NDHS	8.3	10.7	4.9	na	18.1	3.4	47.6	6.9	100	19.0	749
Mid-term survey 2009	22.1*	10.5	6.1	1.8	12.0*	3.4	42.5	1.6*	100	32.6*	620
Rural 2006 NDHS	8.2	7.5	5.3	na	19.8	2.7	49.7	6.7	100	15.8	2,872

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

[1] Skilled provider includes doctor, nurse, and midwife.

A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Postpartum hemorrhage (PPH) is a condition whereby maternal death occurs due to heavy loss of blood after delivery. The 1998 Maternal Mortality and Morbidity study indicated that postpartum hemorrhage was a leading cause of maternal death. Although PPH has declined to a large extent from 41 percent to 24 percent in 2009, it is still a direct leading cause of maternal death (Suvedi, et. al., 2009). In order to protect mothers from postpartum hemorrhage it is recommended that women get an oxytocin injection immediately after delivery.

Among women with a live birth in the last three years preceding the survey, about a quarter received oxytocin injection after delivery (Table 6.8). Although there is hardly any influence of age of the women at the time of birth it is more likely that women with a first order birth will receive such an injection. Three-fourths of women who delivered in a health facility received oxytocin injection, while those delivering elsewhere were least likely to receive it. Again, those women in the Terai (28 percent) and those in the Eastern/Central regions (32 percent) are more likely to have access to this service.

Women with no education (18 percent) and those in the lowest wealth quintile (9 percent) less often received oxytocin injection after delivery.

Table 6.8 Care and support during delivery

Percent distribution of live births in the THREE years preceding the survey by care and support received for delivery, according to background characteristics, Mid-term survey, 2009

Background characteristic	Care and support during delivery: Oxytocin injection received in thigh	Number of women	Received cash incentive after delivery	Number of women
Mother's age at birth				
<20	22.6	771	67.9	137
20-34	28.5	625	71.4	140
35-49	na	na	na	na
Birth order				
1	41.5	429	80.0	140
2-3	20.1	644	59.6	103
4-5	12.4	229	-	14
6+	17.7	95	-	20
Place of delivery				
Health facility	74.5	373	69.7	277
Elsewhere	7.3	1,023	na	na
Eco Region				
Hill/Mountain	14.4	315	81.5	44
Terai	28.4	1,082	67.5	233
Region				
East/Central	31.9	625	65.3	139
West/Mid/Far West	19.8	772	74.1	138
Ethnicity				
Hill Brahmin	25.6	122	-	29
Hill Chhetri	25.9	248	72.0	47
Terai/Madhesi Brahman/Chhetri	-	7	-	2
Other Terai/Madhesi Castes	28.4	217	(89.1)	37
Hill Dalit	14.9	157	-	20
Terai/Madhesi Dalit	25.5	69	-	12
Newar	-	19	-	5
Hill Janjati	27.0	265	(58.2)	64
Terai Janajati	24.1	212	(72.2)	44
Muslim	29.1	81	-	16
Mother's education				
No education	17.5	741	66.2	99
Primary	20.0	265	(57.4)	41
Some secondary	40.8	278	80.5	95
SLC and above	51.6	109	(65.5)	42
Wealth quintile				
Lowest	9.0	331	-	19
Second	17.2	291	-	27
Middle	31.2	279	78.1	72
Fourth	30.0	263	(69.0)	68
Highest	45.7	233	66.6	90
Mid-term survey Districts	25.2	1,397	69.7	277
NFHP Supported Districts	23.0	776	78.5	105
NFHP Control Districts	28.0	620	64.3	172

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education and 1 woman with missing information on place of delivery not shown separately.

While 23 percent of women in the NFHP-supported districts received oxytocin injection after delivery, 28 percent received one in the control districts.

As part of the government strategy to promote institutional delivery, women who deliver in a health facility are provided with a cash incentive in the form of transportation cost. The services provided in the government health facility are free of cost. A transportation incentive

of Rs.500 is provided in the Terai region, while the incentive is Rs.1000 in the hills and Rs.1500 in the mountain regions.

Seventy percent of women who delivered in a government health facility reported receiving such cash incentives for their last birth in the three years preceding the survey. While 82 percent of women in the hill/mountain region reported receiving such incentives only 68 percent reported receiving this in the Terai. Similarly, those in the West/Mid /Far west region (74 percent) are more likely to receive such incentives than those in the East/Central region (65 percent).

Women in the NFHP-supported districts (79 percent) are more likely to receive cash incentives after delivery than women in the control districts (64 percent).

Women who did not deliver in a health facility were asked for the reason for not doing so. Nearly three quarters mentioned that it was not necessary to deliver in a health facility. Although the number of women thinking that delivery in a health facility is not necessary has declined significantly over the years, it is still a predominant reason. However, the number of women reporting cost as a barrier to delivering at a health facility has declined significantly from 11 percent to 6 percent, which could partly be because of the incentives the government gives for delivering at facility (Table 6.9).

On the other hand, women reporting distance to the facility and lack of available transport as barriers has increased remarkably from 7 percent to 13 percent in 2009. This is mainly true in the hill/mountain regions (29 percent) mostly of the West/Mid-west/Far-west regions.

The proportion of women reporting their intention to go to a facility for delivery but that the child was born before they could reach it has declined significantly since 2006. This indicates that more women who planned to deliver in the facility are reaching the facility on time. Similarly, the proportion of women having no confidence in the services of the health facilities has also reduced over the years. However, health facilities not being open or staff not being available is still a concern, as reported by 3 percent of women.

Women belonging to the lowest wealth quintile (9 percent) more often reported the cost of getting the service as a hindrance to delivering at a health facility. This could partly be due to their lack of knowledge on free delivery services in health facilities and the cash incentives among these women.

Table 6.9 Reasons for not giving birth to the child in a health facility

Percent distribution of women providing reasons for not giving birth to the last child in a health facility, according to background characteristics, Mid-term Survey 2009

Background characteristic	Cost too much	Facility not open	Too far/ no transport	Don't trust facility/poor quality service	No female provider at facility	Husband/ family did not allow	Security concerns	Planning but child born before that	Not necessary	Not Customary	Other	Total no. of birth
Eco Region												
Hill/Mountain	8.9	2.6	29.0	3.0	0.1	5.0	0.3	0.7	55.1	23.0	0.7	232
Terai	4.3	3.6	8.2	1.0	0.6	2.0	1.3	2.0	79.7	10.3	2.3	698
Region												
East/Central	5.4	2.2	8.2	1.6	1.2	2.4	0.9	2.0	77.7	12.2	1.3	388
West/Mid/Far West	5.5	4.2	17.1	1.4	0.0	3.0	1.2	1.4	70.6	14.4	2.4	542
Ethnicity												
Hill Brahmin	4.4	1.3	16.9	3.3	0.0	0.0	0.0	2.6	80.8	2.3	1.6	78
Hill Chhetri	6.7	8.4	18.4	0.7	0.0	3.2	3.3	1.7	63.8	8.0	1.2	160
Terai/Madhesi/ Brahman/Chhetri	-	-	-	-	-	-	-	-	-	-	-	3
Other Terai/Madhesi	5.0	1.6	5.0	2.0	2.1	2.9	1.8	0.9	78.6	21.1	1.1	152
Hill Dalit	5.3	1.2	20.1	0.8	0.0	2.4	0.0	0.3	66.2	14.6	4.6	118
Terai/Madhesi Dalit	5.7	0.0	4.7	0.8	2.3	0.0	2.3	2.9	87.0	16.4	3.0	48
Newar	-	-	-	-	-	-	-	-	-	-	-	12
Hill Janjati	8.2	1.2	24.2	3.1	0.2	5.2	0.0	3.3	66.5	20.8	0.4	157
Terai Janajati	0.3	5.7	4.7	0.0	0.0	3.0	0.0	0.9	82.5	9.2	2.3	144
Muslim	7.7	3.1	1.0	0.5	0.0	1.0	1.5	1.8	82.2	6.8	3.2	58
Education												
No education	5.2	3.2	12.3	1.0	0.8	3.3	0.6	0.6	74.3	16.3	2.6	557
Primary	7.9	1.9	14.7	1.0	0.0	1.5	0.7	1.6	76.6	10.7	0.3	202
Some secondary	4.3	5.4	16.2	2.7	0.0	3.4	4.0	5.9	68.1	6.2	2.0	133
SLC and above	(0.0)	(6.3)	(13.7)	(7.9)	(0.7)	(0.0)	(0.0)	(2.9)	(67.6)	(10.5)	(0.0)	36
Wealth Quintile												
Lowest	9.3	1.4	20.5	2.7	0.5	2.0	2.2	0.8	66.9	21.0	1.0	279
Second	5.7	5.3	11.7	0.7	1.5	5.4	0.6	3.2	70.0	12.4	0.4	222
Middle	4.2	5.0	4.9	0.2	0.0	2.9	0.6	0.0	81.7	9.3	3.2	177
Fourth	2.1	3.3	13.8	2.0	0.0	1.9	0.4	3.1	74.9	11.5	2.6	159
Highest	1.3	1.6	11.5	1.3	0.0	0.0	0.9	1.2	84.5	4.8	4.8	93
Mid-term survey districts												
NDHS baseline 2006	11.2	0.4	7.1	2.1	0.4	3.2	0.8	2.9	80.9	10.7	2.8	1,207
Mid-term survey 2009	5.5*	3.4*	13.4*	1.5*	0.5	2.8	1.1	1.6*	73.6*	13.5*	1.9*	930
NFHP Supported districts												
NDHS baseline 2006	14.2	0.1	4.3	1.7	0.1	2.5	0.7	2.8	83.7	9.2	4.0	668
Mid-term survey 2009	4.3*†	3.3*	12.3*	1.7	0.8*	2.2	1.4*	1.8	70.6*	13.5*	1.6*†	556
NFHP Control districts												
NDHS baseline 2006	7.5	0.8	10.5	2.5	0.7	4.1	0.9	2.9	77.4	12.5	1.4	539
Mid-term survey 2009	7.2	3.5*	15.0*	1.2	0.1	3.6	0.6	1.4	78.0	13.5	2.5	374
Rural NDHS 2006	10.2	0.7	10.2	1.9	0.2	3.2	0.8	3.3	71.9	18.2	3.4	2,165

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

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Birth Preparedness

MOHP, in an effort to prevent unnecessary delays related to delivery care, has made essential birth preparedness package for women. This preparedness is said to reduce two out of three delays in getting delivery services, which can save lives of women in Nepal, especially those living in rural locations. It is recommended that families should save money for emergencies, arrange transportation based on local conditions before hand, identify persons who can and are eligible to donate blood if required, identify and contact the health facility and the health workers who can provide services, and keeping a clean delivery kit handy.

More than half the women (54 percent) reported that they saved money before delivery, which is a significant improvement from the baseline of 2006 (35 percent). Other practices such as arranging transportation (8 percent), and identifying a blood donor (1 percent) also improved, while there has been a significant reduction in women making no preparations (46 percent in 2006 to 25 percent in 2009). Although not specified in the government strategy, women more often focused on preparing food and clothing before the delivery, which is also essential (65 percent).

Table 6.10 Birth preparedness

Percent distribution of women who had made preparation beforehand for delivery of the last birth in the THREE years preceding the survey, according to background characteristics, Mid-term survey 2009

Background characteristic	Birth Preparedness Package							No preparation	Number
	Saved money	Arranged for transport	Found blood donor	Contacted Health worker	Bought clean delivery kit	Food and clothing	Other		
Eco Region									
Hill/Mountain	38.1	4.4	0.3	2.0	6.6	62.7	0.0	30.2	284
Terai	58.7	9.3	0.7	1.6	8.6	66.0	0.1	23.2	986
Region									
East/Central	65.2	12.0	0.6	1.8	8.0	78.9	0.0	15.0	562
West/Mid/Far West	45.2	5.2	0.5	1.6	8.3	54.4	0.2	32.6	708
Ethnicity									
Hill Brahmin	54.0	12.1	1.2	2.4	11.5	66.7	0.0	22.0	116
Hill Chhetri	57.6	12.3	1.6	3.6	12.7	55.5	0.0	25.1	227
Terai/Madhesi Brahmn/Chhetri	-	-	-	-	-	-	-	-	7
Other Terai/Madhesi	50.7	4.6	0.5	0.0	6.6	69.1	0.7	27.9	194
Hill Dalit	43.3	4.3	0.0	0.3	9.1	50.3	0.0	35.4	145
Terai/Madhesi Dalit	67.4	4.1	0.0	1.0	7.6	78.6	0.0	13.7	61
Newar	-	-	-	-	-	-	-	-	18
Hill Janjati	49.7	11.2	0.3	3.8	4.7	73.6	0.0	21.1	239
Terai Janajati	51.5	3.9	0.0	0.2	7.9	59.1	0.0	30.9	192
Muslim	77.2	6.2	0.0	0.0	6.8	87.9	0.0	8.4	71
Mother's education									
No education	45.8	2.1	0.1	0.4	4.5	63.6	0.2	30.5	660
Primary	54.6	8.2	0.5	0.8	11.5	64.1	0.0	22.5	249
Some secondary	64.5	16.8	0.8	5.8	12.7	67.6	0.0	19.5	259
SLC and above	81.4	26.7	3.0	1.9	12.5	73.7	0.0	6.3	101
Wealth quintile									
Lowest	38.4	0.9	0.0	0.8	6.5	63.1	0.0	28.7	301
Second	53.8	7.9	0.0	2.6	9.3	63.0	0.0	24.8	266
Middle	56.3	5.1	0.3	0.0	9.0	65.7	0.0	24.6	249
Fourth	61.9	11.3	1.5	0.7	9.2	64.8	0.0	26.7	244
Highest	65.2	19.3	1.3	5.1	6.9	71.2	0.6	17.4	210
Mid-term survey Districts									
Baseline 2006 NDHS	34.6	1.4	0.2	3.5	11.3	22.9	2.6	46.4	1,446
Mid-term survey 2009	54.1*	8.2*	0.6*	1.7*	8.2*	65.2*	0.1*	24.8*	1,270
NFHP Supported Districts									
Baseline 2006 NDHS	35.7	1.9	0.0	3.0	11.6	21.0	2.3	48.5	789
Mid-term survey 2009	54.3*	8.7*	0.7*	1.3*	9.4	68.5*†	0.0	22.8*†	708
NFHP Control Districts									
Baseline 2006 NDHS	33.3	0.9	0.3	3.9	11.0	25.2	3.1	44.0	657
Mid-term survey 2009	53.7*	7.6*	0.3	2.1	6.7*	61.2*	0.2*	27.4*	562
Rural 2006 NDHS	34.1	1.3	0.1	3.3	9.8	25.9	3.4	46.0	2,542

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Consistent with the above discussion, women in the Terai, those living in the Eastern/Central region, those with some education, and the economically better off are more likely to make preparations before delivery. This factor re-emphasizes the need to focus on the more vulnerable women.

Although there has been a significant improvement in the practice among women of making arrangements before delivery in the NFHP-supported districts and in the control districts, the percentage of women making no preparations has significantly declined in the NFHP-supported districts when allowing for similar changes in the control districts, indicating gradual programmatic implications.

6.3 Postnatal Care

One of the critical stages of maternal health is the postpartum period, when women may develop serious complications after delivery that might threaten their life. Evidence has shown that a large proportion of maternal deaths occur during this period, with postpartum hemorrhage being an important cause. Therefore, it is highly recommended that women should receive at least three postnatal checkups, the first being within 24 hours of delivery, second visit on the third day following delivery and the third being on the seventh day after delivery (FHD, DoHS, 2009).

Among women giving birth in the three year preceding the survey, more than one in three (36 percent) women received a postnatal checkup for their last live birth. About 31 percent of these women received a postnatal checkup within 24 hours of delivery as recommended (Table 6.11). Twenty-four percent of the women received their first postnatal checkup within less than 4 hours, while 6 percent received one within 4-23 hours.

Women in the older age group (35-49 years), those having births of a higher order, those living in the hills/mountains, and those in the West/Mid /Far west are least likely to receive postnatal checkups. Similarly, women with no education (73 percent) and those in the lowest wealth quintile (82 percent) did not receive postnatal checkups.

About one in three women in the NFHP-supported districts received postnatal checkups for their last live birth.

Table 6.11 Timing of first postnatal checkup

Among women giving birth in the THREE years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, according to background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Timing after delivery of mother's first postnatal checkup							
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Don't know/ missing	No check-up	Total	Number of women
Mother's age at birth								
<20	28.6	3.7	4.1	2.3	0.0	61.2	100.0	242
20-34	23.6	7.0	3.2	1.7	0.1	64.3	100.0	944
35-49	15.8	6.7	0.5	2.5	0.0	74.4	100.0	83
Birth order								
1	35.8	9.3	4.0	3.2	0.0	47.6	100.0	379
2-3	22.1	4.3	3.6	1.0	0.1	69.0	100.0	593
4-5	14.9	6.9	1.2	1.5	0.3	75.2	100.0	213
6+	8.4	6.6	2.3	2.5	0.0	80.3	100.0	86
Eco Region								
Hill/Mountain	15.0	2.6	2.1	1.9	0.0	78.5	100.0	284
Terai	26.7	7.5	3.6	1.8	0.1	60.3	100.0	986
Region								
East/Central	29.4	6.0	2.7	1.6	0.2	60.0	100.0	562
West/Mid/Far West	19.8	6.6	3.7	2.0	0.0	67.9	100.0	708
Ethnicity								
Hill Brahmin	30.2	11.4	2.2	1.4	0.0	54.7	100.0	116
Hill Chhetri	27.5	6.5	3.6	1.4	0.0	61.0	100.0	227
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	100.0	7
Other Terai/Madhesi Castes	27.0	8.2	1.4	2.8	0.0	60.6	100.0	194
Hill Dalit	9.1	3.5	3.1	5.1	0.0	79.3	100.0	145
Terai/Madhesi Dalit	27.0	2.4	7.2	0.8	0.0	62.6	100.0	61
Newar	-	-	-	-	-	-	100.0	18
Hill Janjati	21.3	8.8	2.2	1.1	0.0	66.6	100.0	239
Terai Janajati	23.3	4.8	5.8	1.3	0.0	64.9	100.0	192
Muslim	31.3	0.4	3.3	0.4	0.8	63.6	100.0	71
Education								
No education	17.4	4.7	3.5	1.3	0.1	72.9	100.0	660
Primary	15.5	10.7	2.6	2.4	0.0	68.8	100.0	249
Some secondary	40.9	7.7	2.4	0.9	0.0	48.1	100.0	259
SLC and above	45.7	3.3	5.0	6.5	0.5	39.0	100.0	101
Missing	-	-	-	-	-	100.0	100.0	2
Wealth quintile								
Lowest	11.7	3.0	0.9	2.1	0.0	82.2	100.0	301
Second	18.7	5.4	4.0	0.6	0.0	71.3	100.0	266
Middle	27.5	8.3	4.1	2.1	0.0	58.1	100.0	249
Fourth	27.5	9.8	2.3	2.1	0.4	57.9	100.0	244
Highest	40.4	6.2	5.6	2.5	0.0	45.2	100.0	210
Mid-term survey Districts								
Baseline 2006 NDHS	21.9	6.8	3.7	1.3	0.3	66.0	100.0	1,446
Mid-term survey 2009	24.1	6.4	3.2	1.8	0.1	64.4	100.0	1,270
NFHP Supported Districts								
Baseline 2006 NDHS	22.2	7.8	4.9	1.7	0.0	63.4	100.0	789
Mid-term survey 2009	23.1	7.0	2.4*†	1.4	0.2	66.0†	100.0	708
NFHP Control Districts								
Baseline 2006 NDHS	21.5	5.7	2.4	0.8	0.6	69.1	100.0	657
Mid-term survey 2009	25.3	5.6	4.3	2.4*	0.0	62.4*	100.0	562
Rural 2006 NDHS	18.3	6.3	4.4	1.1	0.4	69.4	100.0	2,542

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
* This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Women more often received postnatal checkups from doctors (14 percent), nurses/midwives (12 percent), and health assistants/auxiliary health workers (8 percent). There has been a significant rise in the role of these service providers over the years (Table 6.12).

Table 6.12 Provider of first postnatal checkup

Among women giving birth in the THREE years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check for the last live birth, according to background characteristics, Mid-term survey, 2009

Background characteristic	Type of health provider of mother's first postnatal checkup									
	Doctor	Nurse/ midwife	Health assistant/ AHW	MCH worker	VHW	Other	Don't know/ missing	No check-up	Total	Number of women
Mother's age at birth										
<20	18.0	14.8	4.7	1.3	0.0	0.0	0.0	61.2	100.0	242
20-34	13.1	11.5	9.2	1.4	0.4	0.0	0.1	64.3	100.0	944
35-49	10.6	9.7	3.6	0.5	1.1	0.0	0.0	74.4	100.0	83
Birth order										
1	26.1	18.8	5.9	1.5	0.1	0.0	0.0	47.6	100.0	379
2-3	10.3	10.3	8.2	1.6	0.5	0.0	0.0	69.0	100.0	593
4-5	3.5	7.0	13.3	0.7	0.0	0.0	0.3	75.2	100.0	213
6+	10.2	5.8	1.9	0.7	1.1	0.0	0.0	80.3	100.0	86
Eco Region										
Hill/Mountain	7.0	10.4	2.7	1.4	0.0	0.0	0.0	78.5	100.0	284
Terai	15.8	12.5	9.5	1.3	0.5	0.0	0.1	60.3	100.0	986
Region										
East/Central	19.2	9.0	10.8	0.6	0.2	0.0	0.1	60.0	100.0	562
Mid/Far West	9.6	14.4	5.7	1.9	0.4	0.0	0.0	67.9	100.0	708
Ethnicity										
Hill Brahmin	16.2	24.3	4.8	0.0	0.0	0.0	0.0	54.7	100.0	116
Hill Chhetri	12.0	17.8	6.5	2.8	0.0	0.0	0.0	61.0	100.0	227
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	100.0	7
Other Terai/Madhesi Castes	16.7	7.5	13.2	1.8	0.2	0.0	0.0	60.6	100.0	194
Hill Dalit	6.1	10.9	2.0	1.8	0.0	0.0	0.0	79.3	100.0	145
Terai/Madhesi Dalit	17.8	4.6	14.4	0.7	0.0	0.0	0.0	62.6	100.0	61
Newar	-	-	-	-	-	-	-	-	100.0	18
Hill Janjati	18.6	10.0	3.7	1.1	0.0	0.0	0.0	66.6	100.0	239
Terai Janajati	8.6	11.7	12.2	0.8	1.6	0.1	0.0	64.9	100.0	192
Muslim	13.4	5.1	15.7	0.0	1.3	0.0	0.8	63.6	100.0	71
Education										
No education	7.8	8.4	9.5	0.9	0.3	0.0	0.1	72.9	100.0	660
Primary	10.5	9.7	8.8	1.3	0.9	0.0	0.0	68.8	100.0	249
Some secondary	24.1	19.1	5.9	2.8	0.0	0.0	0.0	48.1	100.0	259
SLC and above	35.7	23.4	1.5	0.4	0.0	0.0	0.0	39.0	100.0	101
Wealth quintile										
Lowest	3.1	4.5	7.3	2.8	0.0	0.0	0.0	82.2	100.0	301
Second	6.8	9.8	10.8	0.8	0.4	0.0	0.0	71.3	100.0	266
Middle	16.5	12.7	10.6	1.3	0.7	0.1	0.0	58.1	100.0	249
Fourth	22.4	12.9	5.3	0.6	0.7	0.0	0.2	57.9	100.0	244
Highest	25.1	23.7	5.2	0.9	0.0	0.0	0.0	45.2	100.0	210
Mid-term survey Districts										
Baseline 2006 NDHS	6.3	8.8	2.5	0.9	0.2	15.4	0.0	66.0	100.0	1,446
Mid-term survey 2009	13.9*	12.0*	8.0*	1.3	0.3	0.0	0.0	64.4	100.0	1,270
NFHP Supported Districts										
Baseline 2006 NDHS	5.4	8.3	2.5	0.5	0.4	19.4	0.0	63.4	100.0	789
Mid-term survey 2009	12.3*	9.5	10.3*†	1.5	0.4	0.0	0.1	66.0	100.0	708
NFHP Control Districts										
Baseline 2006 NDHS	7.3	9.4	2.6	1.2	0.0	10.5	0.0	69.1	100.0	657
Mid-term survey 2009	15.8*	15.2*	5.1*	1.2	0.2	0.0	0.0	62.4*	100.0	562
Rural 2006 NDHS	5.9	8.1	2.5	1.0	0.3	12.9	0.0	69.4	100.0	2,542

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

Other includes TBA in 2006

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Overall, 26 percent of women received postnatal care from SBAs. While 31 percent of women received postnatal care from SBAs in the control districts, only 22 percent received such services from SBAs in the NFHP-supported districts.

Table 6.13 Postnatal visit by FCHV

Among women giving birth in the THREE years preceding the survey, the percent distribution of the mothers visited by FCHV for postnatal check up by time of first visit and frequency of visit in first month of delivery, according to background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Timing after delivery of visit by FCHV								Frequency of visit in the first month of delivery among those visited by FCHV			
	<4 hours	4-23 hours	1-2 days	3-41 days	Don't know/ missing	Not visited	Total	Number of women	Once	2-3 times	3+ times	Number of women
Mother's age at birth												
<20	3.4	1.9	8.2	9.9	0.0	76.6	100.0	771	40.3	45.8	13.9	181
20-34	4.1	1.5	6.8	14.1	0.1	73.3	100.0	625	51.6	33.6	14.8	166
Birth order												
1	4.6	0.1	5.8	15.3	0.0	74.2	100.0	429	41.5	44.7	13.8	111
2-3	3.4	2.7	8.8	13.8	0.0	71.2	100.0	644	54.5	33.7	11.7	185
4-5	3.4	2.5	8.7	3.1	0.3	82.0	100.0	229	14.8	55.4	29.7	41
6+	2.7	0.0	4.7	3.0	0.0	89.6	100.0	95	53.9	41.0	5.0	10
Eco Region												
Hill/Mountain	2.7	0.5	4.4	9.2	0.0	83.3	100.0	315	48.2	39.7	12.1	53
Terai	4.0	2.1	8.5	12.6	0.1	72.8	100.0	1,082	45.3	40.0	14.7	294
Region												
East/Central	4.6	3.0	5.1	13.2	0.1	74.1	100.0	625	44.3	40.1	15.6	161
West/Mid/Far West	3.0	0.7	9.7	10.7	0.0	75.9	100.0	772	47.0	39.8	13.2	186
Ethnicity												
Hill Brahmin	2.8	4.3	10.9	10.7	0.0	71.2	100.0	122	56.2	31.2	12.6	35
Hill Chhetri	3.1	2.8	10.7	17.3	0.0	66.0	100.0	248	44.0	41.6	14.4	84
Terai/Madhesi Brahman/ Chhetri	-	-	-	-	-	-	100.0	7	-	-	-	0
Other Terai/Madhesi Castes	7.4	0.6	2.9	5.7	0.0	83.5	100.0	217	30.4	51.8	17.8	36
Hill Dalit	1.5	0.3	2.8	8.8	0.0	86.6	100.0	157	36.8	59.0	4.3	21
Terai/Madhesi Dalit	6.8	0.0	6.3	7.3	0.0	79.6	100.0	69	34.4	48.6	17.0	14
Newar	-	-	-	-	-	-	100.0	-	-	-	-	9
Hill Janjati	2.0	2.5	3.3	14.4	0.0	77.7	100.0	265	53.9	27.7	18.4	59
Terai Janajati	3.6	1.5	18.5	13.7	0.0	62.7	100.0	212	49.9	36.0	14.1	79
Muslim	5.6	0.0	1.1	5.1	0.7	87.4	100.0	81	-	-	-	10
Education												
No education	3.1	1.4	6.2	7.6	0.1	81.6	100.0	741	50.0	41.6	8.4	136
Primary	4.1	3.9	10.2	12.9	0.0	69.0	100.0	265	38.5	47.9	13.5	82
Some secondary	5.1	1.2	8.1	18.1	0.0	67.5	100.0	278	37.9	38.6	23.5	90
SLC and above	3.5	0.0	9.6	21.3	0.0	65.6	100.0	109	63.7	20.6	15.7	38
Wealth quintile												
Lowest	2.9	1.9	6.3	5.3	0.0	83.6	100.0	331	57.3	36.3	6.4	54
Second	6.3	1.8	9.7	6.8	0.0	75.4	100.0	291	27.6	43.1	29.3	71
Middle	1.9	0.6	11.8	9.6	0.0	76.2	100.0	279	58.3	24.2	17.5	67
Fourth	3.2	1.1	6.6	21.0	0.2	67.9	100.0	263	48.4	46.6	5.0	84
Highest	4.5	3.4	3.0	19.5	0.0	69.6	100.0	233	40.2	46.6	13.3	71
Mid-term survey districts	3.7	1.7	7.6	11.8	0.0	75.1	100.0	1,397	45.7	40.0	14.3	347
NFHP Supported districts	5.5	2.0	9.4	10.2	0.1	72.8	100.0	776	42.2	37.2	20.7	210
NFHP Control districts	1.5	1.3	5.4	13.8	0.0	78.0	100.0	620	51.2	44.3	4.5	137

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

Women were asked if they were visited by an FCHV after the delivery of their last live birth. A quarter of women mentioned that they were visited by an FCHV after the delivery of their last live birth with most of them being visited from 3 to 41 days of delivery (12 percent). Only some 13 percent of women were visited within 72 hours of delivery (Table 6.13).

Although there is no distinct pattern of FCHVs' visits to women in the community, it can be noted here that those women with no education (82 percent) and those living in the lowest wealth quintile (84 percent) were least likely to have been visited by FCHVs. This is also true for women living in the hill/mountain region (83 percent).

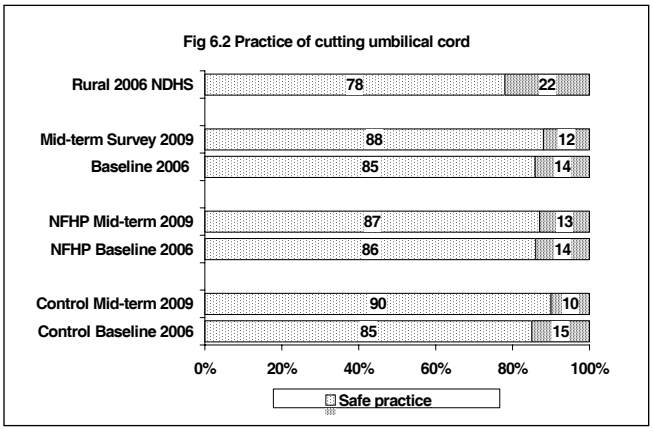
Among women who were visited by an FCHV, 46 percent reported that they made just one visit in the first month of delivery, while 40 percent reported two to three times, and some 14 percent reported more than three visits by an FCHV in the first month after delivery.

6.4 Newborn Care

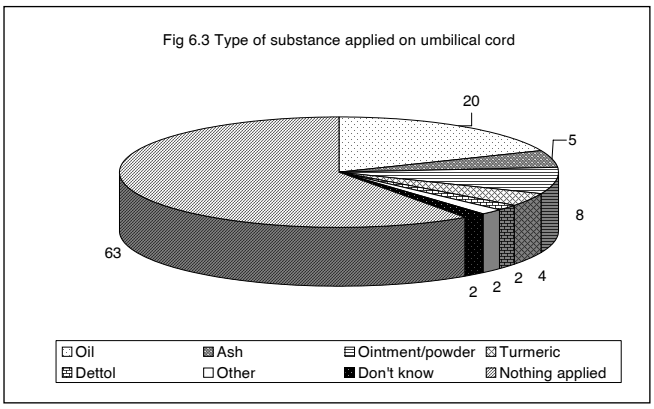
With neonatal mortality accounting for 69 percent of infant deaths, the focus on care of the newborn has been important, with due attention having been paid by the Government of Nepal. MOHP has developed a service package for the care of the newborn. It is essential to understand the current situation of newborn care practices and to monitor progress over the years. Newborn care involves the use of safe delivery kits, cord care practice, drying and bathing the newborn, and other health care services for the newborn.

Questions on the care practices of the newborn were asked to women giving birth outside an institutional setting. One important practice is care of the umbilical cord. Nearly a quarter of women reported using a clean home delivery kit to cut the cord, an increase by 16 percent from 2006. Still, the majority (64 percent) mentioned using a new or sterilized blade to cut the cord. About 7 percent of women mentioned using a sickle for cutting the cord. However, there has been a decline in women reporting having employed a used blade (3 percent) and a knife (1 percent).

The use of unsafe practice such as the use of a sickle is found to be more common in the hill/mountain regions (23 percent) and among Hill Janajati groups (21 percent)[11]. Safe practices of using a clean home delivery kit and a sterile blade is seen in most cases (Fig. 6.2). Safe practices include using a clean home delivery kit and new/boiled blade, while unsafe practice includes employing a used blade, knife, sickle, *khukuri* etc.



Women were asked if anything was placed on the stump of the newborn's umbilical cord. One in five women mentioned that they applied oil on the stump while 8 percent applied ointment/powder and 5 percent applied ash. The other substances that were applied are turmeric (4 percent) and Dettol (2 percent). Sixty-three percent of women mentioned that nothing was applied on the stump of the newborn. There is hardly any difference in the practice of applying substances on the stump of the newborn's umbilical cord in the NFHP-supported districts and the control districts.



[11] *Please see Annex-D2 for details.*

Table 6.14 Newborn care practices

Percentage of non-institutional live births in the THREE years preceding the survey that were dried before the placenta was delivered, the percentage kept warm, wrapped in cloth before the placenta was delivered, and the percent distribution of live births by timing of first bath, according to background characteristics, Mid-term survey 2009

Background characteristic	Dried before the placenta was delivered	Wrapped in cloth before placenta was delivered	Placed on belly/breast before placenta delivered	Bathing practice after birth: Within 1 hour	2-24 hours	After 24 hours	DK/ Missing	Total	Number of births
Eco Region									
Hill/Mountain	61.2	62.1	3.7	69.3	25.5	4.7	0.5	100.0	232
Terai	44.5	50.1	5.4	34.5	42.9	22.1	0.5	100.0	698
Region									
East/Central	34.6	46.2	6.2	34.8	30.4	34.6	0.2	100.0	388
Mid/Far West	58.7	58.0	4.2	49.2	44.4	5.7	0.8	100.0	542
Ethnicity									
Hill Brahmin	77.0	74.4	5.6	40.2	57.2	2.6	0.0	100.0	78
Hill Chhetri	66.8	67.3	5.5	40.8	52.3	6.9	0.0	100.0	160
Terai/Madhesi Brahman/ Chhetri	-	-	-	-	-	-	-	100.0	3
Other Terai/Madhesi Castes	25.2	40.4	2.9	37.9	26.1	34.9	1.1	100.0	152
Hill Dalit	69.9	70.8	6.5	46.9	40.6	11.5	1.0	100.0	118
Terai/Madhesi Dalit	35.8	43.0	8.1	29.6	28.7	41.0	0.6	100.0	48
Newar	-	-	-	-	-	-	-	100.0	12
Hill Janjati	38.1	42.3	3.3	67.3	27.2	5.5	0.0	100.0	157
Terai Janajati	41.8	39.8	3.7	34.8	50.8	13.2	1.2	100.0	144
Muslim	29.3	48.5	11.8	20.9	14.7	64.5	0.0	100.0	58
Mother's education									
No education	39.5	45.1	3.9	46.1	32.3	20.9	0.7	100.0	557
Primary	54.9	59.5	3.0	44.0	42.3	13.1	0.6	100.0	202
Some secondary	67.0	67.9	8.9	37.0	54.8	8.2	0.0	100.0	133
SLC and above	(85.2)	(84.6)	(19.1)	(16.3)	(56.1)	(27.6)	(0.0)	100.0	36
Wealth quintile									
Lowest	51.3	53.8	4.5	54.7	32.1	12.7	0.5	100.0	279
Second	42.4	49.1	6.6	41.9	40.5	17.6	0.0	100.0	222
Middle	45.0	51.6	3.6	40.7	35.4	23.7	0.2	100.0	177
Fourth	54.1	53.3	3.6	36.4	45.2	17.4	1.0	100.0	159
Highest	53.5	63.1	7.7	28.0	48.3	22.3	1.4	100.0	93
Mid-term survey Districts									
NDHS baseline 2006	39.3	42.2	na	69.9	21.4	8.0	0.8	100.0	1,207
Mid-term survey 2009	48.7*	53.1*	5.0	43.2*	38.6*	17.7*	0.5	100.0	930
NFHP Supported Districts									
NDHS baseline 2006	37.7	37.7	na	67.9	22.9	8.3	0.9	100.0	668
Mid-term survey 2009	50.2*†	55.5*†	6.1	39.4*†	40.7*	19.8*†	0.1	100.0	556
NFHP Control Districts									
NDHS baseline 2006	41.2	47.8	na	72.2	19.6	7.5	0.7	100.0	539
Mid-term survey 2009	46.3	49.5	3.4	48.8*	35.5*	14.6*	1.1	100.0	374
Rural NDHS 2006	41.5	42.8	na	70.1	18.5	10.4	0.9	100.0	2,165

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
* This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Table 6.14 presents the details of the other aspects of newborn care, which includes drying, the newborn, wrapping the newborn in cloth, keeping the newborn warm, and bathing practices after birth.

Nearly one in two women reported that the newborn was dried before the placenta was delivered. This is an increase from 39 percent as reported in the baseline of 2006. Similarly, 53 percent of women reported that the newborn was wrapped in cloth before the placenta was delivered, an increase by 26 percent since the baseline of 2006. Only 5 percent of newborns were placed on the belly/breast before the placenta was delivered.

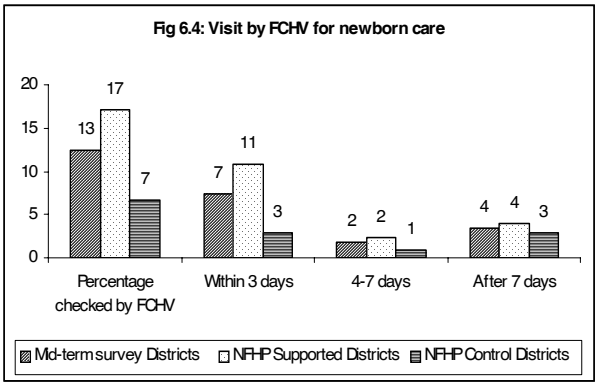
These practices were more pronounced in the hill/mountain regions and in the West/Mid/Far west regions. There has been a significant rise in these practices in the NFHP-supported districts than in the control districts.

The practice of bathing newborn after 24 hours of birth has been recommended by the MOHP to protect the newborn from hypothermia. However, only 18 percent of the newborns were bathed 24 hours after birth. Most often the newborns were bathed within an hour of birth. However, this practice has decreased significantly from 70 percent in 2006 to 43 percent in 2009.

Significant improvements have been monitored in the NFHP-supported districts when allowing for similar changes in the control districts with respect to bathing the newborn 24 hours after birth. Similarly, there has been a significant reduction in the practice of bathing newborns within an hour of birth.

Appropriate messages on bathing practices have been relayed in the Terai (22 percent) and in the Eastern/Central region (35 percent). The community-level FCHVs should be given the credit of disseminating these messages on newborn care practices. About 13 percent of the respondents were visited by an FCHV within 2 months of delivery to provide care for the newborn. Seven percent of women were visited within 3 days of delivery (Fig 6.4).

A higher proportion of women in the NFHP-supported districts (17 percent) were visited by an FCHV within two months of delivery, compared to those in the control districts (7 percent). The practice of FCHVs visiting the respondents within 3 days of delivery was better in the NFHP-supported districts (11 percent)[12].



The health care providers who checked on the health of the newborn within two months of delivery in case of non-institutional delivery are presented in Table 6.15. The proportion of non-institutional deliveries that were checked by an SBA has increased significantly by 74 percent since the baseline of 2006. Similarly, there has been a significant decline in newborns not being checked by any health care provider from 86 percent in 2006 to 76 percent in 2009.

[12] *Please refer to Anne –D4 for details by background characteristics.*

Table 6.15 Care for newborn within 2 months of delivery for non-institutional delivery

Percent distribution of non-institutional live births by care for newborn within 2 months of delivery by health workers, according to background characteristics, Mid-term survey 2009

Background characteristic	Percentage checked by health worker (Doctor/Nurse/Midwife)	Percentage checked by others	Not checked/DK	Total	Timing after birth for first checkup			Number of births
					Within 3 days	4-7 days	After 7 days	
Eco Region								
Hill/Mountain	3.8	8.4	87.8	100.0	4.8	0.5	6.8	229
Terai	7.8	20.5	71.7	100.0	10.8	0.4	17.0	689
Region								
East/Central	5.6	12.3	82.0	100.0	8.1	0.1	9.8	382
Mid/Far West	7.7	21.1	71.2	100.0	10.2	0.7	17.9	536
Ethnicity								
Hill Brahmin	15.9	17.4	66.7	100.0	17.0	0.0	16.3	78
Hill Chhetri	6.9	19.9	73.3	100.0	12.6	0.5	13.6	159
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	3
Other Terai/Madhesi Castes	5.8	12.6	81.6	100.0	11.2	0.0	7.2	152
Hill Dalit	7.3	26.1	66.6	100.0	1.8	1.8	29.8	116
Terai/Madhesi Dalit	8.1	10.9	81.0	100.0	12.1	0.0	6.9	48
Newar	-	-	-	-	-	-	-	12
Hill Janjati	5.9	12.4	81.7	100.0	8.2	0.2	9.8	148
Terai Janajati	5.3	20.7	74.0	100.0	6.4	0.5	19.1	143
Muslim	2.9	18.0	79.1	100.0	10.4	0.0	10.5	58
Mother's education								
No education	5.8	15.4	78.8	100.0	8.5	0.1	12.6	552
Primary	10.9	18.2	70.9	100.0	10.3	1.4	17.3	199
Some secondary	5.0	27.4	67.6	100.0	11.1	0.0	21.3	128
SLC and above	(6.8)	(10.1)	(83.1)	100.0	(11.0)	(1.2)	(4.7)	36
Wealth quintile								
Lowest	3.9	17.1	79.0	100.0	8.2	0.8	12.0	275
Second	6.1	18.2	75.7	100.0	8.2	0.3	15.7	216
Middle	4.3	15.2	80.5	100.0	9.2	0.0	10.3	176
Fourth	13.5	14.7	71.8	100.0	12.3	0.6	15.4	158
Highest	10.5	25.8	63.6	100.0	10.7	0.2	25.5	91
Mid-term survey Districts								
Baseline 2006 NDHS	3.9	9.8	86.3	100.0	5.1	0.8	7.8	1,207
Mid-term survey 2009	6.8*	17.4*	75.7*	100.0	9.3*	0.4	14.5*	917
NFHP Supported Districts								
Baseline 2006 NDHS	4.2	12.4	83.4	100.0	5.3	0.8	10.5	668
Mid-term survey 2009	6.7	20.2*	73.1*	100.0	12.4*	0.1	14.4*	547
NFHP Control Districts								
Baseline 2006 NDHS	3.4	6.6	89.9	100.0	4.8	0.9	4.4	539
Mid-term survey 2009	7.0*	13.4*	79.6*	100.0	4.8	0.9	14.6*	370
Rural 2006 NDHS	2.7	8.0	89.3	100.0	4.5	1.0	5.2	2,165

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

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Among the service providers, 28 percent can be accounted for by SBAs, 35 percent by health assistants/health workers, 21 percent by MCH workers, and 7 percent by VHWs (Fig. 6.5).

The role of VHWs seems to be more prominent in the NFHP-supported districts (21 percent) compared to the control districts (9 percent). More newborns received care from SBAs in the control districts (34 percent) than in the NFHP-supported districts (25 percent) within two months of delivery. The MCHWs seem to be more active in the control districts (25 percent) compared to the NFHP-supported districts (19 percent).

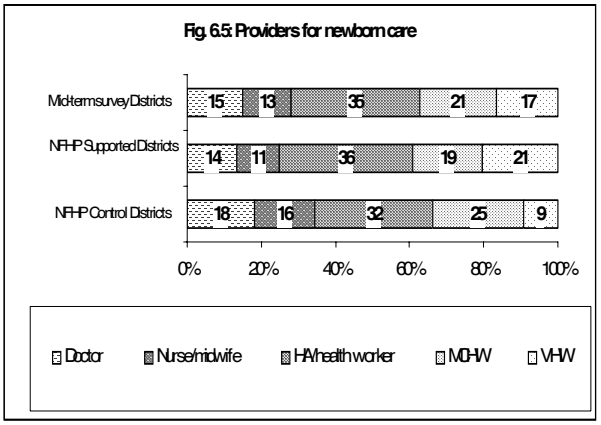


Table 6.15 further demonstrates that there has been a significant rise in the proportion of newborns receiving care from health care providers within 72 hours of birth (5 percent in 2006 to 9 percent in 2009).

A marked improvement in newborn care from service providers within 72 hours of delivery can be observed in the NFHP-supported districts (12 percent),a figure which has more than doubled in the past three years. On the contrary, there has been no change regarding this in the control districts. However, a significant rise has been monitored in the control districts of newborns receiving initial care only after 7 days of delivery, which is not the best practice.

CHILD HEALTH 7

Nepal has achieved landmark progress in meeting Millennium Development Goal 4 in relation to child survival. In the international partners' forum held in Hanoi on 18-20 November 2009, Nepal along with Vietnam, were the only two among the seventy-two developing countries to receive awards for significant progress made in the area of child survival. This has been attributed to the concerted efforts of national programs such as immunization, community-based integrated management of childhood illnesses like diarrhea, pneumonia and ARI, and the vitamin A program. It can also be noted that MOHP has been awarded the prestigious Global Alliance for Vaccine and Immunization (GAVI) award. This chapter reviews the situation of child health in the rural Nepal three years after the 2006 NDHS.

7.1 Immunization Coverage

The coverage of immunization focuses on children 12-23 months of age, while the source of information on immunization includes both from those recorded on immunization cards and also based on mothers' recollection if such a card is not available and the child was, in fact, immunized. The universal immunization of children against the six vaccine-preventable diseases, namely, tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles is vital to prevent infant and child mortality. The basic vaccines as recommended by the WHO guidelines to consider a child fully immunized are one dose of vaccine against tuberculosis (BCG) given at birth or first clinical contact, three doses of DPT and polio vaccines at 6, 10 and 14 weeks of age, and one dose of measles vaccine given soon after 9 months of age.

Table 7.1 indicates that 89 percent of children of 12-23 months of age are fully immunized in rural Nepal. While reviewing the individual vaccines it can be noted that 95 percent of children receive the BCG vaccine; 94 percent received DPT 1; 93 percent receive DPT 2; and 90 percent receive the DPT 3 vaccine. Although the DPT and polio vaccines are given at the same time there is a one percent difference in the polio coverage compared to the DPT, which is primarily due to the immunization campaigns. However, this gap has narrowed over the years. Ninety-two percent of children of 12-23 months of age are vaccinated against measles (Table 7.1). Overall, only 4 percent of children are not vaccinated at all.

Table 7.1 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, NFHP Mid-term Survey, 2009

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All basic vaccina-tions[1]	No vaccina-tions	Number of children
Vaccinated at any time before survey														
Vaccination card	30.7	30.7	30.6	30.1	30.7	30.6	30.1	30.6	30.4	30.0	29.9	29.8	0.0	132
Mother's report	64.6	63.6	62.3	60.1	64.9	63.2	61.1	62.9	61.4	59.2	61.9	59.0	4.1	298
Either source	95.4	94.3	92.8	90.3	95.6	93.8	91.2	93.5	91.8	89.2	91.7	88.8	4.1	430
Vaccinated by 12 months of age[2]	95.4	94.3	92.4	89.8	95.6	93.3	90.7	93.5	91.4	88.8	85.6	83.5	4.1	430

[1] BCG, measles and three doses each of DPT and polio vaccine

[2] For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

There is a slight gender disparity, with female children less often receiving the basic vaccines. For instance, while 91 percent of male children are fully immunized, only 87

percent of female children are fully immunized. Moreover, 6 percent of female children compared to 2 percent of male children did not receive any vaccines. While 37 percent of the male children had vaccination cards, it was observed that only 24 percent of female children had a vaccination card available and seen. Children of first birth order are more likely to receive all vaccinations (95 percent).

There is hardly any regional variation in those receiving all the recommended vaccinations, although a higher proportion of children in the hill/mountain region (8 percent) are likely not to receive any vaccinations. This is more often concentrated in the West/Mid/Far western regions of the country (5 percent).

Children with mothers having no education are less likely to be fully immunized (84 percent) compared to mothers who have achieved some level of education. Similarly, children living in the lowest wealth quintile are less likely to be fully immunized (82 percent) compared to those living in the highest wealth quintile (98 percent).

Table 7.2 also provides an insight into trends in immunization coverage in rural Nepal. Overall, there has been a rise in the proportion of children who are fully immunized, from 85 percent in 2006 to 89 percent in 2009. However, there is still a significant rise in the proportion of children not immunized at all, to 4 percent in 2009. There is a declining trend in polio coverage over the last three years, reducing the gap between the DPT and polio coverage. On the other hand, the coverage of Hepatitis B is improving significantly as this dose is now given along with the DPT doses. A significant rise in measles coverage has been monitored, with a 6 percent increase in the last three years (Fig. 7.1).

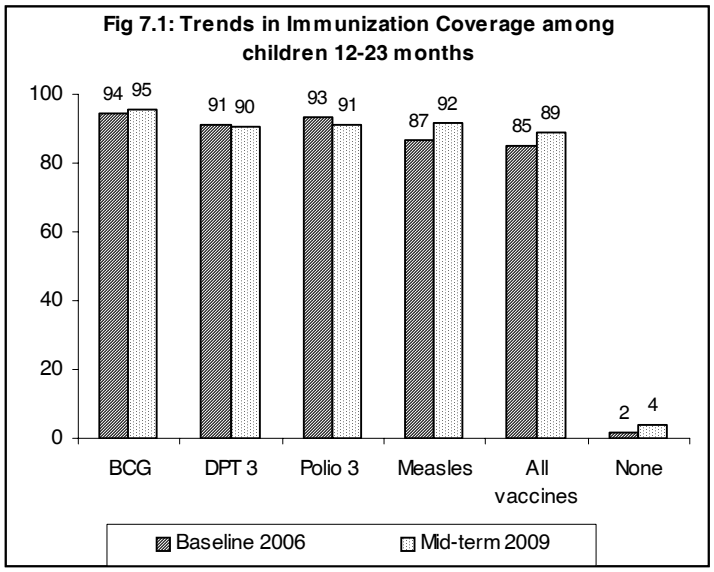


Table 7.2 Vaccinations by background characteristics

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), and percentage with a vaccination card, by background characteristics, Mid-term survey, 2009

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All basic vaccina tions	No vaccina-tions	Percen tage with a vaccina tion card seen	Number of children
Sex															
Male	97.4	95.9	93.5	91.0	97.7	95.3	92.4	95.3	92.9	90.4	95.5	90.6	2.0	36.6	224
Female	93.1	92.6	92.1	89.5	93.4	92.0	89.9	91.6	90.6	87.9	87.6	86.8	6.3	24.4	206
Birth order															
1	97.4	97.4	97.1	94.9	97.4	97.4	96.8	96.9	96.3	94.1	96.6	94.7	2.6	29.0	126
2-3	95.8	94.5	93.4	90.6	96.1	94.0	91.0	93.7	92.4	89.6	90.8	88.0	3.9	34.7	212
4-5	98.0	95.4	89.8	87.2	98.0	92.3	88.1	93.4	87.7	85.1	92.1	86.8	1.1	24.3	66
6+	(75.0)	(75.0)	(75.0)	(72.4)	(77.4)	(77.4)	(72.4)	(75.0)	(75.0)	(72.4)	(74.9)	(71.2)	(20.4)	(22.4)	25
Eco Region															
Hill/Mountain	90.9	90.9	90.5	90.1	92.3	92.3	90.5	90.2	89.8	89.4	89.9	89.1	7.7	22.7	83
Terai	96.5	95.2	93.4	90.3	96.5	94.1	91.3	94.3	92.3	89.2	92.2	88.7	3.2	32.7	346
Region															
East/Central	96.0	94.4	92.9	89.3	96.6	94.2	91.2	92.9	90.9	87.3	91.5	87.3	2.8	19.6	198
West/Mid/Far West	94.8	94.3	92.8	91.1	94.8	93.3	91.1	94.0	92.5	90.9	91.9	90.1	5.2	40.2	232
Ethnicity															
Hill Brahmin	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(98.1)	(98.1)	(98.1)	(100.0)	(100.0)	(0.0)	(23.0)	32
Hill Chhetri	99.2	99.2	96.2	95.7	99.2	96.7	96.2	99.2	96.2	95.7	98.8	95.3	0.8	44.0	66
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Other Terai/Madhesi	92.7	88.3	84.5	78.0	92.7	86.6	80.3	88.3	83.4	76.9	82.7	73.5	7.3	8.8	88
Hill Dalit	(89.1)	(89.1)	(87.9)	(87.9)	(89.1)	(87.9)	(87.9)	(89.1)	(87.9)	(87.9)	(87.2)	(87.2)	(10.9)	(32.0)	39
Terai/Madhesi Dalit	(86.1)	(86.1)	(86.1)	(80.5)	(86.1)	(86.1)	(82.1)	(83.2)	(83.2)	(77.7)	(79.7)	(78.2)	(13.9)	(10.6)	27
Newar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Hill Janjati	94.0	94.0	94.0	94.0	95.4	95.4	94.0	94.0	94.0	94.0	94.8	93.4	3.2	37.6	83
Terai Janajati	100.0	100.0	100.0	96.9	100.0	100.0	96.9	99.4	99.4	96.2	96.9	96.9	0.0	53.9	62
Muslim	(100.0)	(97.4)	(94.8)	(90.9)	(100.0)	(97.4)	(96.1)	(89.8)	(87.2)	(83.3)	(93.5)	(90.9)	(0.0)	(11.8)	23
Mother's education															
No education	92.1	90.1	88.1	85.2	92.6	89.7	85.8	88.9	86.7	83.8	87.5	83.9	7.1	22.1	220
Primary	97.0	97.0	95.0	91.8	97.0	95.0	91.8	96.5	94.5	91.4	90.7	88.0	2.3	42.2	83
Some secondary	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.7	99.7	0.0	42.6	88
SLC and above	(100.0)	(100.0)	(99.2)	(93.9)	(100.0)	(100.0)	(100.0)	(98.5)	(96.5)	(91.2)	(100.0)	(93.9)	(0.0)	(28.2)	39
Wealth quintile															
Lowest	86.4	85.2	84.4	82.6	87.7	86.8	83.1	84.4	83.0	81.3	84.8	82.0	11.1	32.9	94
Second	94.2	92.9	91.5	87.2	94.2	92.8	87.4	92.9	91.5	87.2	89.0	86.4	5.8	24.6	85
Middle	97.3	96.7	91.8	90.6	97.3	92.4	91.0	95.3	90.4	89.2	91.2	86.2	2.7	21.1	82
Fourth	100.0	99.5	99.2	94.7	100.0	98.1	97.5	98.0	97.7	93.3	95.6	93.4	0.0	40.1	107
Highest	100.0	97.9	97.9	97.9	100.0	100.0	97.9	97.9	97.2	97.2	100.0	97.9	0.0	32.3	62
Mid-term survey Baseline 2006 NDHS	94.2	93.9	92.5	91.2	98.1	96.4	93.2	81.9	78.7	76.3	86.5	85.0	1.6	32.2	501
Mid-term survey 2009	95.4	94.3	92.8	90.3	95.6*	93.8	91.2	93.5*	91.8*	89.2*	91.7*	88.8	4.1*	30.7	430
NFHP Supported Baseline 2006 NDHS	93.4	93.4	91.9	90.6	97.7	95.4	93.5	77.5	75.9	72.7	87.0	85.9	2.0	32.0	255
Mid-term survey 2009	95.4	94.1	93.1	90.3	95.9	94.0	91.9	93.0*†	91.9*†	89.1*†	91.0	88.5	4.1	29.7†	247
NFHP Control Baseline 2006 NDHS	95.0	94.4	93.1	91.9	98.5	97.4	92.9	86.5	81.6	79.9	86.0	84.0	1.2	32.4	246
Mid-term survey 2009	95.3	94.6	92.5	90.2	95.3*	93.4*	90.2	94.2*	91.7*	89.4*	92.7*	89.2	4.1	32.1	182
Rural 2006 NDHS	93.1	92.2	90.0	88.1	96.9	94.2	91.0	74.8	71.0	68.1	84.5	82.4	2.6	30.3	863

[1] BCG, measles and three doses each of DPT and polio vaccine

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

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

It is evident that the number of children being fully immunized is increasing in both the NFHP-supported districts and in the control districts (89 percent each). The proportion of children not immunized at all is the same in both the NFHP-supported and in the control districts. A significant rise in the coverage of Hepatitis B is seen in the NFHP-supported districts, while accounting for a similar change in the control districts. However, there is a significant decline in the percentage of vaccination cards seen for children in the NFHP-supported districts in the last three years compared to the control districts, where no change has been monitored.

7.2 Acute Respiratory Infections

The 2006 NDHS explored the causes of death of children under five years through verbal autopsy and indicated that Acute Respiratory Infection (ARI) is still a single major cause of death among children under five years, accounting for 23 percent of the deaths. In recognition of this important fact, a community-based ARI intervention program has been put in place by MOHP with support from WHO, UNICEF, and USAID in Nepal. The program involves female community health volunteers who diagnose pneumonia with the help of a sound timer and then treat infected children at the community level with Cotrimoxazole, a recommended antibiotic.

Information on ARI was collected for the two weeks preceding the survey from mothers' recollection. Mothers were asked if their children under five years had been ill with a cough accompanied by short, rapid breathing and difficulty breathing as a result of a problem in the chest, which are symptoms of ARI. However, there was no clinical verification carried out on this and the assessment is based on the mothers' recollection only.

The findings indicate that 4 percent of children showed any symptoms of ARI in the two weeks preceding the survey, a decline of 25 percent from the baseline in 2006. Younger children (<12 months) are more likely to show symptoms of ARI than older children, although there is hardly any gender difference.

Similarly, children in the hill/mountain region (9 percent) and those living in the West/Mid/Far western region (6 percent) are more likely to show symptoms of ARI.

It is interesting there has been a significant decline in the percentage of children showing signs of ARI in the NFHP-supported districts, from 7 percent in 2006 to 3 percent in 2009. On the other hand, this trend has not been observed in the control districts, which indicates the possible impact of early detection of the illness.

More than half of the children (54 percent) who showed symptoms of ARI were taken to a health facility or to a health provider for treatment. The practice of seeking treatment from a health facility or health provider is more common in the Terai region (60 percent) than in the hill/mountain region (47 percent). Although a higher proportion of children in the hill/mountain region show symptoms of ARI, the treatment practices are not optimal. Given the low number of cases, assessment through different background variables is constrained (Table 7.3).

Table 7.3 Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection, (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage who received specific treatments, according to background characteristics, Mid-term survey, 2009

Background characteristic	Among children under age five:			Among children under age five with symptoms of ARI:	
	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom treatment was sought from a health facility or provider [2]	Percentage who received antibiotics	Number of children
Age in months					
<6	5.9	226	-	-	13
6-11	6.6	204	-	-	13
12-23	5.9	430	(50.7)	(29.4)	25
24-35	4.6	482	(33.1)	(17.6)	22
36-47	2.7	483	-	-	13
48-59	3.0	484	-	-	15
Sex					
Male	4.8	1,156	50.6	32.5	56
Female	4.0	1,152	59.1	25.3	46
Cooking fuel					
LPG, natural gas, Biogas	6.9	152	-	-	10
Coal, lignite, charcoal, wood	4.4	1,847	50.7	29.2	82
Agricultural crops/straw/shrubs/grass	4.0	106	-	-	4
Dung	2.7	200	-	-	5
No food cooked in household	-	1	-	-	0
Other	-	1	-	-	0
Eco Region					
Hill/Mountain	8.9	513	47.3	30.8	46
Terai	3.1	1,795	60.2	27.9	56
Region					
East/Central	2.9	1,097	(50.0)	(43.4)	32
West/Mid/Far West	5.8	1,210	56.5	22.7	70
Ethnicity					
Hill Brahmin	3.8	224	-	-	9
Hill Chhetri	5.0	400	(65.0)	(19.7)	20
Terai/Madhesi Brahman/Chhetri	(4.4)	14	-	-	1
Other Terai/Madhesi Castes	2.9	332	-	-	10
Hill Dalit	6.5	250	-	-	16
Terai/Madhesi Dalit	2.2	129	-	-	3
Newar	(7.4)	48	-	-	4
Hill Janjati	5.2	438	(41.0)	(42.8)	23
Terai Janajati	4.8	353	-	-	17
Muslim	0.5	119	-	-	1
Mother's education					
No education	3.5	1,253	48.0	34.1	44
Primary	8.1	435	(63.1)	(21.5)	35
Some secondary	3.2	454	-	-	14
SLC and above	5.4	162	-	-	9
Wealth quintile					
Lowest	5.0	534	-	-	27
Second	5.3	456	-	-	24
Middle	3.3	477	-	-	16
Fourth	4.7	442	-	-	21
Highest	3.7	398	-	-	15
Mid-term survey districts					
NDHS baseline 2006	5.5	2,637	36.1	26.8	145
Mid-term survey 2009	4.4	2,307	54.4*	29.2	102
NFHP Supported districts					
NDHS baseline 2006	6.7	1,446	37.6	21.7	97
Mid-term survey 2009	3.4*	1,302	42.1	23.1	45
NFHP Control districts					
NDHS baseline 2006	4.1	1,191	32.9	37.2	48
Mid-term survey 2009	5.7	1,005	64.2*	34.0	57
Rural 2006 NDHS	5.3	4,600	41.5	26.6	244

[1] Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.
[2] Excludes pharmacy, shop, and traditional practitioner
Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 4 children with missing formation on mother's education not shown separately.
* This value differs significantly from the value of 2006.

There has been an improvement in seeking treatment for ARIs from health facilities or from health providers in the NFHP-supported districts (42 percent) and the control districts (64 percent).

Overall, 29 percent of children under five years old with symptoms of ARI received antibiotics, with 23 percent receiving the medicine in the NFHP-supported districts and 34 percent in the control districts.

7.4 Prevalence and Treatment of Fevers

Fever alone may not be a major problem, but may indicate other illnesses such as infection or malaria in children. Therefore it is vital to assess the prevalence of fevers among children. The findings indicate that 19 percent of children in rural Nepal had suffered from a fever, which is a significant rise from 2006. This difference in prevalence could partly be due to the seasonal factor. It is obvious that more children under the age of five in the hill/mountain region (26 percent) suffered from a fever in the two weeks preceding the survey. This is mostly seen in the West/Mid/Far western region (23 percent) of the country.

More children in the control districts (21 percent) suffered from a fever in the two weeks before the survey than in the NFHP-supported districts (18 percent). This could be due to the difference in terrain of these study locations.

Nearly one in three children who suffered from a fever was taken to a health facility or to a health provider for treatment. Children belonging to educated mothers and those living in the higher level of the wealth quintile are more likely to receive treatment from a health facility or a health provider.

Twenty-nine percent of children under five who had a fever in the two weeks preceding the survey in the NFHP-supported districts received treatment from a health facility or from a health provider, compared to 34 percent in the control districts. However, the percentage who received antibiotics for a fever increased from 18 percent to 22 percent in the NFHP-supported districts, compared to the control districts.

It is evident that the services of FCHVs are prominent in the treatment of fevers, with 6 percent of children receiving treatment from FCHVs in the survey districts. However, this is a decline from 9 percent as seen in the baseline of 2006. Service from FCHVs is more prominent in the hill/mountain region (7 percent) and West/Mid/Far western region (7 percent). The role of FCHVs in the treatment of fevers has declined significantly in the NFHP-supported districts as opposed to the control districts (Table 7.4).

Table 7.4 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage of children for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs and the percentage who took antibiotic drugs, by background characteristics, Mid-term survey, 2009

Background characteristic	Among children under age five:		Among children under age five with fever:			
	Percentage with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider[1]	Percentage who took antibiotic drugs	Percentage who received treatment from FCHV	Number of children
Eco Region						
Hill/Mountain	25.8	513	28.2	18.5	6.6	132
Terai	17.6	1,795	32.2	22.4	6.4	316
Region						
East/Central	15.6	1,097	30.6	26.2	4.9	171
West/Mid/Far West	22.9	1,210	31.3	18.2	7.4	277
Ethnicity						
Hill Brahmin	21.3	224	(25.9)	(31.2)	(8.9)	48
Hill Chhetri	23.3	400	29.8	18.1	7.7	93
Terai/Madhesi Brahman/Chhetri	(18.6)	14	-	-	-	3
Other Terai/Madhesi Castes	16.8	332	37.0	15.1	8.6	56
Hill Dalit	21.4	250	39.8	20.4	11.1	54
Terai/Madhesi Dalit	18.5	129	(46.7)	(18.8)	(4.6)	24
Newar	(35.0)	48	50.9	-	-	17
Hill Janjati	16.9	438	21.9	27.5	3.4	74
Terai Janajati	19.5	353	24.3	17.9	1.6	69
Muslim	9.8	119	-	-	-	12
Mother's education						
No education	19.5	1,253	25.1	17.3	5.4	244
Primary	21.6	435	33.2	15.8	10.0	94
Some secondary	16.4	454	37.2	36.8	6.1	74
SLC and above	21.2	162	(53.9)	(31.9)	(5.6)	34
Wealth quintile						
Lowest	20.1	534	26.2	14.9	6.5	107
Second	23.8	456	23.2	18.2	6.5	108
Middle	18.4	477	27.9	19.6	3.7	88
Fourth	16.1	442	43.8	25.3	3.5	71
Highest	18.5	398	41.0	33.2	12.4	74
Mid-term survey districts						
NDHS baseline 2006	17.0	2,637	30.5	21.1	9.2	448
Mid-term survey 2009	19.4*	2,307	31.0	21.3	6.5*	448
NFHP Supported districts						
NDHS baseline 2006	19.8	1,446	32.0	17.6	9.2	286
Mid-term survey 2009	18.0	1,302	28.5	21.8	6.3*	234
NFHP Control districts						
NDHS baseline 2006	13.6	1,191	28.0	27.2	9.0	162
Mid-term survey 2009	21.3*	1,005	33.9	20.7	6.6	214
Rural 2006 NDHS	16.2	4,600	32.3	20.4	7.6	745

[1] Excludes pharmacy, shop, and traditional practitioner

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 4 children with missing formation on mother's education not shown separately.

* This value differs significantly from the value of 2006.

7.5 Prevalence of Diarrhea

Diarrhea still accounts for 5 percent of death among children under five years and 13 percent of deaths among children of 12-59 months of age, as reported by the 2006 NDHS. Therefore, an insight into the state of the prevalence of diarrhea becomes vital. There has been a significant rise over the last three years with the prevalence of diarrhea still being 14 percent among rural children under five years (Table 7.5). Some two percent of these had blood in their stool. The baseline of 2006 indicated that 11 percent of children of this age suffered from diarrhea in these districts. The national rural figure as indicated by the 2006 NDHS was 12 percent. As the fieldwork was conducted during the similar seasons there seems to be little impact of seasonal variation.

Diarrhea is more prevalent among children of 6-11 months, when infants are weaned from breastfeeding and start solid, semi-solid, and soft foods. This could partly be due to feeding practices and the maintenance of hygiene while feeding. As indicated by the baseline of 2006 (12 percent) the prevalence of diarrhea is more common among male children than female children (16 percent vs. 12 percent). Children living in the hill/mountain region (16 percent) and those specifically in West/Mid/Far western region (18 percent) are more likely to suffer from diarrhea.

Children belonging to the lowest wealth quintile (19 percent) are more likely to suffer from diarrhea, with 3 percent of these children having diarrhea with blood.

The findings indicate a strong association between hygiene practices and the prevalence of diarrhea. For instance, children living in households with an improved source of drinking water are less likely to suffer from diarrhea (14 percent)

Table 7.5 Prevalence of diarrhea

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, NFHP Mid-term Survey, 2009

Background characteristic	Diarrhea in the two weeks preceding the survey		
	All diarrhea	Diarrhea with blood	Number of children
Age in months			
<6	11.8	0.2	226
6-11	28.5	3.7	204
12-23	25.1	5.3	430
24-35	12.3	1.7	482
36-47	9.2	1.3	483
48-59	7.0	0.3	484
Sex			
Male	16.4	2.6	1,156
Female	12.1	1.4	1,152
Eco Region			
Hill/Mountain	16.2	2.9	513
Terai	13.7	1.8	1,795
Region			
East/Central	10.8	1.3	1,097
West/Mid/Far West	17.5	2.7	1,210
Ethnicity			
Hill Brahmin	14.7	1.7	224
Hill Chhetri	18.6	2.5	400
Terai/Madhesi Brahman/Chhetri	(23.5)	(3.2)	14
Other Terai/Madhesi Castes	15.9	1.9	332
Hill Dalit	11.8	2.8	250
Terai/Madhesi Dalit	17.0	0.0	129
Newar	(8.5)	(0.0)	48
Hill Janjati	13.5	2.2	438
Terai Janajati	10.3	2.4	353
Muslim	12.9	1.0	119
Mother's education			
No education	13.8	2.6	1,253
Primary	19.0	2.0	435
Some secondary	14.5	0.9	454
SLC and above	4.9	0.5	162
Wealth quintile			
Lowest	18.6	2.9	534
Second	14.5	1.4	456
Middle	12.1	2.8	477
Fourth	14.8	1.8	442
Highest	10.3	0.9	398
Source of drinking water			
Improved	13.9	1.8	2,068
Not improved	17.9	4.4	240
Toilet facility			
Improved, not shared	11.9	1.2	571
Non-improved or shared	15.1	2.3	1,733
Mid-term survey Districts			
NDHS baseline 2006	10.5	1.8	2,637
Mid-term survey 2009	14.3*	2.0	2,307
NFHP Supported Districts			
NDHS baseline 2006	11.7	2.3	1,446
Mid-term survey 2009	14.2	2.1	1,302
NFHP Control Districts			
NDHS baseline 2006	9.1	1.2	1,191
Mid-term survey 2009	14.4*	1.9	1,005
Rural NDHS 2006	11.9	2.1	4,600

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 4 children with missing formation on mother's education not shown separately.

Note: * This value differs significantly from the value of 2006.

compared to children living in households with a non-improved source (18 percent). It is noticeable that 4 percent of children living in households with a non-improved source of drinking water had diarrhea with blood as opposed to 2 percent among those living in households with an improved source of drinking water. Furthermore, children living in households with improved toilet facilities that were not shared with other households were less likely to suffer from diarrhea (12 percent compared to 15 percent).

The prevalence of diarrhea was found to be similar in both the NFHP-supported districts and in the control districts (14 percent each). However, a significant rise in the prevalence of diarrhea has been observed in the control districts compared to the NFHP supported districts.

7.6 Diarrhea Treatment

Early and proper management of diarrhea is essential if children's lives are to be saved. The practice of taking children with illness to a health care provider (excluding pharmacy, retail shops and traditional practitioner) has improved over the years, with more than one in three children suffering from diarrhea being taken to a health provider. This is a 24 percent increase in the appropriate practice of seeking care from a health provider (Table 7.6). It is recommended that oral rehydration therapy (ORT) should be conducted for children suffering from diarrhea. This includes giving Oral Rehydration Solution (ORS) or increased fluids. It is very common in Nepal to provide ORS packets, while pre-packaged ORS liquids are not very common. There has been a significant rise in the proportion of children receiving ORS packets, from 38 percent in 2006 to 46 percent in 2009. Similarly, there is a significantly higher proportion of children receiving increased fluids during episodes of diarrhea (28 percent in 2009 compared to 21 percent in 2006). Therefore, more than one in two children (54 percent) either receive ORS or increased fluids during their most recent episode of diarrhea. This is a rise by 19 percent in the last three years.

The promotion of zinc supplements during episodes of diarrhea has been recommended by WHO and adopted by the Government of Nepal's MOHP. There has been a significant rise in the proportion of children treated with zinc supplements during diarrhea (7 percent). It is indeed heartening to note that the practice of not seeking treatment when children have diarrhea has declined remarkably by 49 percent.

A higher proportion of female children do not receive any treatment when they have diarrhea. For instance, 26 percent of female children did not receive any treatment during an episode of diarrhea compared to 14 percent of male children not receiving any treatment. Similarly, while 57 percent of male children either received ORS or increased fluids when they had diarrhea, only 51 percent of female children received the same.

Children in the hill/mountain region (36 percent) are less likely to receive any treatment for diarrhea. Children of mothers with no education (21 percent) or with only primary education (23 percent) are less likely to receive treatment when they have diarrhea than those with mother having some secondary education (7 percent). Similarly, children living in households belonging to the lowest wealth quintile are least likely to receive treatment for diarrhea (31 percent).

Table 7.6 Diarrhea treatment

Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage who were taken for treatment to a health provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Mid-term Survey, 2009

Background characteristic	Percentage of children with diarrhea taken to a health provider[1]	Oral rehydration therapy (ORT)			Other treatments										
		ORS packets or pre-packaged liquid	Increased fluids	ORS or increased fluids	Anti-biotic pill or syrup	Anti-motility drugs	Zinc supple-ments	Other pill or syrup	Unknown pill or syrup	Unknown injection	Home remedy	Other	Missing	No treatment	Number of children
Age in months															
<6	(33.9)	(30.6)	(6.7)	(35.9)	(0.0)	(0.0)	(7.2)	(22.1)	(1.6)	(0.0)	(0.0)	(0.0)	(3.9)	(35.1)	27
6-11	36.8	37.7	26.6	50.7	1.0	0.0	7.7	9.7	9.0	0.5	4.9	2.5	21.1	21.3	58
12-23	33.9	52.2	27.8	57.4	3.1	1.1	5.1	29.3	11.0	0.3	5.7	2.7	10.9	6.8	108
24-35	34.9	45.7	34.0	52.6	0.8	2.5	7.6	9.0	11.0	0.0	4.0	3.5	4.5	29.5	59
36-47	44.3	52.7	24.2	59.2	0.0	0.0	10.1	8.9	14.2	0.0	7.0	2.2	3.1	23.2	44
48-59	(28.2)	(40.7)	(46.5)	(60.1)	(0.6)	(1.0)	(2.4)	(15.4)	(26.2)	(0.0)	(9.6)	(0.0)	(9.7)	(15.0)	34
Sex															
Male	34.1	46.3	30.7	56.6	1.1	1.4	6.1	23.7	9.9	0.2	5.0	1.8	12.3	13.6	189
Female	37.2	44.8	25.3	50.8	1.8	0.3	7.3	9.0	14.5	0.2	5.8	2.8	6.4	25.8	140
Type of diarrhea															
Non bloody	35.8	47.1	29.0	56.3	0.9	0.8	7.5	16.6	12.8	0.2	3.8	2.6	8.8	20.0	282
Bloody	33.0	37.0	24.9	41.6	4.2	1.8	1.1	23.0	6.0	0.0	14.8	0.0	15.8	11.6	47
Eco Region															
Hill/Mountain	27.5	36.0	33.4	47.9	0.0	0.4	8.9	3.3	4.2	0.0	3.4	0.5	6.2	35.6	83
Terai	38.1	48.9	26.7	56.3	1.9	1.1	5.8	22.3	14.5	0.2	6.0	2.8	11.1	13.1	246
Region															
East/Central	34.4	50.1	19.8	53.3	2.1	1.8	7.2	19.2	13.6	0.5	7.4	3.5	7.6	20.6	118
West/Mid/Far West	36.0	43.1	33.2	54.6	1.0	0.4	6.3	16.5	10.9	0.0	4.2	1.6	11.1	17.8	211
Ethnicity															
Hill Brahmin	(27.6)	(48.0)	(70.8)	(75.6)	(0.0)	(0.0)	(4.9)	(16.0)	(4.9)	(0.0)	(0.0)	(4.3)	(11.7)	(2.5)	33
Hill Chhetri	40.4	60.5	36.7	64.9	0.0	0.0	6.3	23.9	15.1	0.0	4.0	0.0	7.9	18.2	74
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Other Terai/Madhesi	30.7	51.4	14.6	54.2	1.8	2.8	0.4	13.9	24.7	0.0	5.0	4.8	13.3	14.6	53
Hill Dalit	(30.0)	(23.5)	(21.9)	(36.3)	(0.0)	(0.0)	(6.8)	(1.5)	(10.9)	(0.0)	(9.1)	(0.0)	(14.8)	(32.9)	30
Terai/Madhesi Dalit	(58.8)	(44.1)	(1.9)	(44.1)	(2.1)	(0.0)	(21.5)	(25.6)	(12.9)	(0.0)	(0.0)	(1.7)	(6.0)	(23.4)	22
Newar	--	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Hill Janjati	31.8	40.3	22.7	48.0	1.0	0.0	10.7	16.2	3.9	0.0	7.6	0.0	5.3	33.4	59
Terai Janajati	(40.5)	(39.3)	(27.0)	(51.0)	(5.6)	(3.3)	(4.6)	(21.1)	(7.3)	(0.0)	(10.9)	(5.3)	(11.3)	(4.4)	36
Muslim	(32.9)	(30.7)	(16.1)	(30.7)	(3.8)	(0.0)	(3.9)	(21.5)	(14.7)	(3.9)	(2.0)	(7.6)	(17.6)	(18.6)	15
Mother's education															
No education	35.9	37.3	21.1	44.1	1.9	1.3	6.7	13.8	14.5	0.4	7.0	2.9	12.2	21.2	172
Primary	38.5	47.6	20.0	54.9	0.5	1.0	3.7	30.3	12.8	0.0	5.2	2.5	5.0	22.9	83
Some secondary	29.9	63.2	54.0	75.9	1.2	0.0	9.5	10.7	5.3	0.0	2.0	0.7	11.0	7.2	66
SLC and above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Wealth quintile															
Lowest	31.0	33.6	29.2	44.4	1.7	0.0	7.9	8.6	9.6	0.0	6.0	0.4	9.1	31.1	99
Second	36.5	36.8	20.9	44.2	0.7	0.5	7.1	23.0	10.3	0.5	6.4	5.8	11.0	16.9	66
Middle	34.2	50.3	34.1	59.3	4.0	3.2	4.6	10.5	11.3	0.5	1.7	3.8	11.8	13.9	58
Fourth	45.3	64.8	19.4	66.4	0.3	1.3	5.4	39.0	19.8	0.0	5.0	1.5	7.1	8.2	65
Highest	30.1	51.9	45.1	67.1	0.0	0.0	7.3	5.5	7.9	0.0	7.9	0.0	11.1	15.7	41
Mid-term survey															
NDHS baseline 2006	28.5	37.7	21.2	45.4	8.6	1.4	0.4	16.4	25.2	1.2	4.8	3.1	0.0	28.0	277
Mid-term survey 2009	35.4	45.6*	28.4*	54.2*	1.4*	0.9	6.6*	17.5	11.9*	0.2	5.4	2.3	9.8	18.8*	329
NFHP Supported															
NDHS baseline 2006	31.9	42.9	22.8	51.9	9.0	1.6	0.7	19.3	25.3	1.3	5.8	4.7	0.0	23.3	169
Mid-term survey 2009	29.6	45.9	30.2	52.5	1.4*	0.8	5.8*	19.0	15.1*	0.3	3.0	2.2	11.0	19.4	184
NFHP Control															
NDHS baseline 2006	23.1	29.8	18.7	35.4	7.9	1.3	0.0	12.0	25.0	1.0	3.1	0.6	0.0	35.4	109
Mid-term survey 2009	42.8*	45.3*	26.2	56.2*	1.4*	1.1	7.6*	15.5	7.7*	0.0	8.4	2.3	8.3	18.0*	145
Rural NDHS 2006	26.7	29.3	22.6	40.9	7.6	1.4	0.5	13.7	23.5	0.8	6.7	1.5	0.0	33.4	548

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and increased fluids. Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 child with missing formation on mother's education not shown separately.

[1] Excludes pharmacy, shop and traditional practitioner

Note: * This value differs significantly from the value of 2006.

The practice of taking children to a health provider when they have diarrhea was better in the NFHP-supported districts (32 percent) than in the control districts (23 percent) in the baseline of 2006. Although the practice remained more or the less same in the NFHP-supported districts, a significant change can be observed in the control districts. More than half of the children suffering from diarrhea are given ORS or increased fluids in the NFHP-supported districts, with some 6 percent of the children receiving zinc supplements when they have diarrhea. Nineteen percent of the children (compared to 23 percent in 2006) do not receive any treatment during episodes of diarrhea.

One in five children suffering from diarrhea receives treatment from government sector providers, while 47 percent receive treatment from the private sector. It is reported that 15 percent of the children were taken to an FCHV for treatment.

Table 7.7 Source of treatment for diarrhea

Percent distribution of children under age five by place where treatment for diarrhea was sought, according to background characteristics, Mid-term survey, 2009

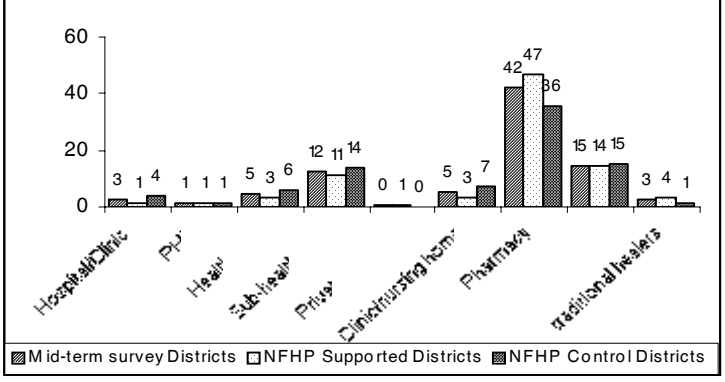
Background characteristic	Type of source				Number of children
	Government sector	Non-government sector	Private sector	FCHV	
Eco Region					
Hill/Mountain	18.7	0.0	26.0	10.4	83
Terai	20.9	0.5	54.6	16.1	246
Region					
East/Central	20.0	0.0	47.7	13.9	118
West/Mid/Far West	20.5	0.6	47.2	15.0	211
Ethnicity					
Hill Brahmin	(6.3)	(0.0)	(68.5)	(30.1)	33
Hill Chhetri	18.6	1.7	49.0	22.6	74
Terai/Madhesi Brahman/Chhetri	-	-	-	-	3
Other Terai/Madhesi	24.1	0.0	52.3	4.5	53
Hill Dalit	(22.5)	(0.0)	(25.6)	(16.2)	30
Terai/Madhesi Dalit	(43.2)	(0.0)	(38.9)	(7.0)	22
Newar	-	-	-	-	4
Hill Janjati	13.8	0.0	35.6	17.4	59
Terai Janajati	(22.0)	(0.0)	(62.2)	(6.3)	36
Muslim	(32.9)	(0.0)	(54.5)	(2.0)	15
Mother's education					
No education	26.4	0.0	42.9	7.4	172
Primary	12.3	0.0	51.7	27.9	83
Some secondary	12.4	1.9	51.5	16.2	66
SLC and above	-	-	-	-	8
Wealth quintile					
Lowest	21.0	0.0	32.4	6.9	99
Second	23.8	0.0	44.2	14.5	66
Middle	22.8	0.0	60.5	8.7	58
Fourth	14.5	1.9	61.2	31.3	65
Highest	18.8	0.0	48.4	18.4	41
Mid-term survey districts	20.3	0.4	47.4	14.6	329
NFHP Supported districts	17.1	0.0	51.0	14.3	184
NFHP Control districts	24.5	0.9	42.8	15.0	145

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 child with missing formation on mother's education not shown separately.

It is evident that the role of the private sector is important in providing services during times of diarrhea, which includes private hospitals, clinics/nursing homes, and pharmacies. It can be noted here that pharmacies cater for a large proportion of children suffering from diarrhea (Fig.7.2). Although the pharmacy is not treated as a health provider, further analysis of the 2006 NDHS on the treatment of childhood illness in Nepal indicates that two-thirds of pharmacy visits were in fact visits to a clinic where there was a check-up by a health provider (Quinley, at. el., 2008). Hence, in the context of Nepal, a visit to a pharmacy is in fact a visit to a health provider from the private sector.

The role of the private sector seems predominant in the NFHP-supported districts (51 percent) and in the control districts (43 percent).

Fig. 7.2: Source of treatment for diarrhea



The government sector seems more prominent in the control districts (25 percent) than in the NFHP-supported districts (17 percent).

7.7 Feeding Practices during Diarrhea

The management of diarrhea in children depends on feeding practices. It is recommended that children should be given an increased amount of fluids and they should be given continued feeding as under normal conditions. The best practice is, however, to provide ORT (ORS or increased fluids) and to continue feeding as usual. With community-based advocacy programs in place there has been a significant improvement in the feeding practices of children during episodes of diarrhea. For instance, while 20 percent of children used to receive increased fluids and continued feeding during diarrhea in 2006, this figure has increased by 35 percent in the last three years (27 percent). Similarly, children receiving ORT and continued feeding has increased from 45 percent to 53 percent (Table 7.8).

The proportion of children receiving an increased amount of fluids during diarrhea increased by 34 percent. It is still disheartening to see that 6 percent of children do not receive any liquids during diarrhea. While 11 percent of children received more than the usual amount of food during episodes of diarrhea, some 55 percent received continued feeding as usual.

An assessment through the different background characteristics shows that the right message has not yet been received by the community on feeding practices during diarrhea. It is evident that the need to increase fluid intake during episodes of diarrhea has reached about a quarter of the population, although most tend to continue giving the usual amount of fluids, even during episodes of diarrhea. However, the proportion of children getting continued feeding when they have diarrhea is higher. It is evident that the correct practice is seen among male children (54 percent), those living in the Terai (55 percent), those with mothers having at least some secondary education (70 percent), and those living in better-off households.

A higher proportion of children in the NFHP-supported districts (28 percent) received increased fluids and continued feeding during diarrhea than in the control districts (24 percent). However, those receiving ORT and continued feeding is higher in the control districts (55 percent) than in the NFHP-supported districts (51 percent). The baseline situation regarding this was better in the NFHP-supported districts compared to the control districts, but the practice of ORT and continued feeding has taken off remarkably well in the control districts over the last three years.

Table 7.8 Feeding practices during diarrhea

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children given ORT or increased fluids and continued feeding during the episode of diarrhea, by background characteristics, NFHP Mid-term Survey, 2009

	Amount of liquids offered						Amount of food offered									
Background characteristic	More	Same as usual	Somewhat less	Much less	None	Total	More	Same as usual	Somewhat less	Much less	None	Never gave food	Total	Percentage given increased fluids and continued feeding[1,2]	Percentage given ORT[3] and continued feeding[1]	Number of children with diarrhea
Age in months																
<6	(6.7)	(67.5)	(11.3)	(0.0)	(14.5)	100.0	(0.0)	(5.2)	(1.6)	(0.0)	(0.0)	(93.2)	100.0	(0.0)	(30.6)	27
6-11	26.6	57.5	5.0	0.0	10.9	100.0	6.8	45.1	15.1	1.0	7.7	24.3	100.0	19.8	45.6	58
12-23	27.8	57.7	7.9	0.0	6.7	100.0	13.4	64.9	11.7	5.0	4.0	1.1	100.0	27.2	56.9	108
24-35	34.0	57.9	4.3	1.2	2.7	100.0	11.4	64.7	21.3	1.2	1.4	0.0	100.0	34.0	52.6	59
36-47	24.2	69.2	6.6	0.0	0.0	100.0	13.9	56.3	29.0	0.8	0.0	0.0	100.0	24.2	59.2	44
48-59	(46.5)	(48.9)	(0.9)	(0.0)	(3.6)	100.0	(15.6)	(55.7)	(27.8)	(0.9)	(0.0)	(0.0)	100.0	(46.5)	(60.1)	34
Sex																
Male	30.7	56.4	6.9	0.0	6.0	100.0	14.4	51.7	14.1	2.4	3.5	13.9	100.0	28.2	54.3	189
Female	25.3	62.9	5.0	0.5	6.3	100.0	6.6	58.1	21.3	2.0	2.1	9.8	100.0	24.2	50.4	140
Type of diarrhea																
Non bloody	29.0	60.2	5.4	0.2	5.1	100.0	11.3	54.1	16.8	2.1	1.8	13.8	100.0	27.0	54.5	282
Bloody	24.9	52.4	10.2	0.0	12.5	100.0	9.7	56.4	19.4	2.9	9.3	2.3	100.0	23.6	41.6	47
Eco Region																
Hill/Mountain	33.4	50.3	13.5	0.0	2.8	100.0	8.7	43.2	32.4	2.9	2.4	10.5	100.0	29.7	45.9	83
Terai	26.7	62.1	3.6	0.3	7.3	100.0	11.9	58.2	12.0	2.0	3.1	12.7	100.0	25.4	54.9	246
Region																
East/Central	19.8	67.1	6.0	0.6	6.4	100.0	11.1	58.4	13.2	5.0	1.4	11.0	100.0	18.7	52.8	118
West/Mid/Far West	33.2	54.6	6.1	0.0	6.0	100.0	11.1	52.3	19.4	0.6	3.8	12.8	100.0	30.9	52.6	211
Ethnicity																
Hill Brahmin	(70.8)	(21.7)	(7.5)	(0.0)	(0.0)	100.0	(15.5)	(58.4)	(22.4)	(0.0)	(0.0)	(3.7)	100.0	(67.1)	(71.9)	33
Hill Chhetri	36.7	53.1	3.4	0.0	6.8	100.0	16.1	43.1	24.1	1.5	6.6	8.6	100.0	34.7	64.1	74
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	100.0	-	-	-	-	-	-	100.0	-	-	3
Other Terai/Madhesi	14.6	69.7	7.0	0.0	8.6	100.0	13.9	51.7	6.8	7.0	3.6	16.9	100.0	14.6	54.2	53
Hill Dalit	(21.9)	(67.5)	(10.6)	(0.0)	(0.0)	100.0	(4.8)	(61.6)	(26.4)	(0.0)	(1.8)	(5.4)	100.0	(18.0)	(32.4)	30
Terai/Madhesi Dalit	(1.9)	(85.7)	(3.4)	(3.1)	(5.8)	100.0	(1.9)	(62.7)	(2.1)	(3.1)	(0.0)	(30.2)	100.0	(1.9)	(44.1)	22
Newar	-	-	-	-	-	100.0	-	-	-	-	-	-	100.0	-	-	4
Hill Janjati	22.7	63.8	7.0	0.0	6.5	100.0	9.2	60.4	14.2	2.1	1.7	12.4	100.0	22.0	48.0	59
Terai Janajati	(27.0)	(60.8)	(7.4)	(0.0)	(4.8)	100.0	(4.7)	(62.9)	(21.0)	(1.3)	(0.0)	(10.2)	100.0	(21.4)	(45.4)	36
Muslim	(16.1)	(60.5)	(4.9)	(0.0)	(18.5)	100.0	(9.1)	(54.8)	(7.9)	(0.0)	(3.9)	(24.3)	100.0	(16.1)	(30.7)	15
Mother's education																
No education	21.1	63.8	5.0	0.4	9.7	100.0	6.7	55.7	17.4	2.0	3.9	14.2	100.0	20.8	44.0	172
Primary	20.0	69.4	9.2	0.0	1.3	100.0	11.6	57.4	17.8	3.2	2.7	7.3	100.0	18.2	53.5	83
Some secondary	54.0	38.3	4.0	0.0	3.7	100.0	22.4	45.7	15.7	1.7	0.0	14.4	100.0	47.6	70.4	66
SLC and above	-	-	-	-	-	100.0	-	-	-	-	-	-	100.0	-	-	8
Wealth quintile																
Lowest	29.2	59.7	6.9	0.0	4.2	100.0	13.8	56.2	16.1	1.5	2.4	10.0	100.0	27.4	43.3	99
Second	20.9	66.3	6.8	1.0	4.9	100.0	7.2	53.7	20.1	4.1	1.3	13.7	100.0	17.0	41.5	66
Middle	34.1	55.7	3.6	0.0	6.6	100.0	18.5	52.8	15.7	0.8	0.5	11.7	100.0	34.1	59.3	58
Fourth	19.4	59.6	10.3	0.0	10.7	100.0	4.7	52.3	17.8	4.0	6.4	14.7	100.0	19.4	66.4	65
Highest	45.1	50.2	0.0	0.0	4.7	100.0	10.4	57.2	16.1	0.0	4.5	11.8	100.0	40.2	62.1	41
Mid-term survey Districts																
NDHS baseline 2006	21.2	65.7	9.0	1.6	2.5	100.0	7.4	59.1	21.5	0.6	2.1	9.2	100.0	19.6	45.0	277
Mid-term survey 2009	28.4*	59.1	6.1	0.2	6.1*	100.0	11.1	54.5	17.2	2.2	2.9	12.2	100.0	26.5*	52.7	329
NFHP Supported Districts																
NDHS baseline 2006	22.8	66.1	7.6	1.4	2.0	100.0	9.5	63.8	17.1	0.2	1.3	8.1	100.0	20.9	51.9	169
Mid-term survey 2009	30.2	58.9	5.0	0.4	5.5	100.0	12.3	56.7†	14.0	2.9*†	3.1	11.0	100.0	28.2	50.9	184
NFHP Control Districts																
NDHS baseline 2006	18.7	65.1	11.1	1.8	3.3	100.0	4.2	51.8	28.4	1.3	3.4	11.0	100.0	17.6	34.4	109
Mid-term survey 2009	26.2	59.3	7.5	0.0	7.0	100.0	9.5	51.6	21.2	1.3	2.7	13.7	100.0	24.3	54.9*	145
Rural NDHS 2006	22.6	62.2	11.2	1.5	2.3	100.0	5.8	59.7	24.2	1.0	1.7	7.6	100.0	20.5	39.5	548

[1] Equivalent to the UNICEF/WHO indicator "Home management of diarrhea."

[2] Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode

[3] ORT includes solution prepared from packets of oral rehydration salts (ORS), pre-packaged ORS liquid, and increased fluids.

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 child with missing information on mother's education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

NUTRITION OF CHILDREN AND WOMEN 8

It has been a challenge for Nepal to meet the Millennium Development Goal regarding the nutritional status of women and children in Nepal, and more so in the context of rural areas. The target of reducing the proportion of underweight children and malnutrition still poses a challenge, with one in two children under five years stunted and nearly two in five underweight. The nutritional development of children begins in the womb, and is then influenced by the feeding practices that impact the overall growth pattern of children. Included is the impact of the micronutrient intake that affects the overall mental and cognitive development of children. This chapter reveals the findings regarding the nutritional status of women and children in rural Nepal.

The nutritional status of children is assessed in this section in relation to the Infant and Young Child Feeding (IYCF) indicators developed at the WHO Global Consensus Meeting on Indicators of IYCF, 2007. The following section systematically elaborates the findings on IYCF practices in the Mid-term Survey districts and assesses the trend in the last three years. Similarly, an assessment based on the NFHP-supported program districts and the control districts is also made.

8.1 Initiation of Breastfeeding

Studies have indicated that the breastfeeding of children is universal in Nepal with the current study indicating that nearly all children born in the last 24 months were ever breastfed. This is one of the optional indicators of IYCF. Although the 2006 NDHS presented this figure based on children born in the five years preceding the survey, not much variation is seen. There is hardly any difference in children ever breastfed based on the background characteristics of women.

Early initiation of breastfeeding, defined as the proportion of children born in the last 24 months who were put to the breast within one hour of birth, is highly recommended as it benefits the mother through the release of oxytocin that helps contract the uterus and reduces postpartum blood loss. Similarly, the first breast milk contains colostrum, which helps to protect the newborn from infection. The findings reveal that about two in five newborns are given breast milk within an hour of delivery.

There is no gender difference in the practice of initial breastfeeding. Women in the West/Mid/Far western region are more likely to initiate breastfeeding early. It is clearly seen that women belonging to the Terai caste groups (25 percent) and to the Terai Dalits (17 percent) are least likely to initiate breastfeeding early. Similarly, women with no education (35 percent) and those in the lower wealth quintile are less likely than other women to initiate early breastfeeding.

Children who are born in a health facility (50 percent) are more likely than those born at home (37 percent) to be breastfed within one hour of birth. Similarly, those born with the assistance of an SBA are more likely to be breastfed early (48 percent). The practice of early initiation of breastfeeding is more prominent in the NFHP-supported districts (44 percent) than in the control districts (37 percent).

Table 8.1 Initial breastfeeding

Percentage of children born in the 24 months preceding the survey who were ever breastfed, and among last born children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a pre-lacteal feed, by background characteristics, Mid-term survey 2009

Background characteristic	Among children 24 months:		Among last-born children ever breastfed			
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Percentage who received a pre-lacteal feed[2]	Number of children
Sex						
Male	98.6	447	40.3	86.2	34.3	427
Female	99.7	447	41.3	87.4	28.5	426
Eco Region						
Hill/Mountain	99.3	187	41.1	94.9	11.5	182
Terai	99.1	706	40.7	84.6	36.8	671
Region						
East/Central	99.2	400	32.4	79.9	42.4	382
Mid/Far West	99.1	493	47.5	92.4	22.5	471
Ethnicity						
Hill Brahmin	100.0	70	59.5	93.6	21.9	68
Hill Chhetri	99.2	161	51.5	99.2	15.1	158
Terai/Madhesi Brahmin/Chhetri	-	5	-	-	-	5
Other Terai/Madhesi Castes	99.0	144	24.5	61.4	68.0	139
Hill Dalit	98.7	85	45.6	96.8	12.0	81
Terai/Madhesi Dalit	99.4	49	17.0	63.9	57.3	47
Newar	-	16	-	-	-	16
Hill Janjati	99.3	166	37.6	98.1	14.0	157
Terai Janajati	98.9	140	43.9	88.9	27.1	128
Muslim	99.0	56	35.6	71.7	62.4	53
Mother's education						
No education	98.9	450	34.5	81.2	38.9	428
Primary	98.9	165	42.9	92.6	23.1	161
Some secondary	99.8	198	51.4	95.0	21.8	191
SLC and above	100.0	80	45.5	85.3	31.2	73
Assistance at delivery						
SBA	99.0	284	47.8	93.2	28.6	270
Other health worker	99.5	62	35.7	75.5	42.6	62
Traditional birth attendant	100.0	139	32.6	74.2	40.6	126
Other	99.2	392	38.9	87.8	28.6	380
No one	-	15	-	-	-	13
Place of delivery						
Health facility	99.0	265	49.9	93.7	28.5	253
At home	99.3	625	36.6	83.8	32.8	597
Other	-	3	-	-	-	3
Wealth quintile						
Lowest	99.8	188	40.5	86.5	25.0	185
Second	99.3	175	41.0	85.4	36.8	170
Middle	98.4	190	36.2	78.9	37.9	179
Fourth	98.6	198	37.6	92.1	25.4	187
Highest	100.0	142	51.4	92.3	33.1	133
Mid-term survey districts						
Baseline 2006 NDHS	98.2	1,056	37.5	84.6	38.7	1,002
Mid-term survey 2009	99.2	893	40.8	86.8	31.4*	853
NFHP Supported districts						
Baseline 2006 NDHS	98.7	570	40.4	84.4	40.1	546
Mid-term survey 2009	99.3	504	43.5	86.5	34.1*	485
NFHP Control districts						
Baseline 2006 NDHS	97.6	487	33.9	84.8	37.1	456
Mid-term survey 2009	99.0	389	37.2	87.2	27.8*	368
Rural 2006 NDHS	98.3	1,818	35.3	85.3	38.2	1,721

Note: Table is based on births in the last 24 months whether the children are living or dead at the time of interview.

[1] Includes children who started breastfeeding within one hour of birth

[2] Children given something other than breast milk during the first three days of life before the child started to breastfeed regularly

A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 child with missing information on mother's level of education and 1 case with missing information on assistance at delivery not shown separately.

* This value differs significantly from the value of 2006.

Most children are likely to be breastfed in the first day of birth (87 percent). However, there should be some focus on the remaining 13 percent of children who were not breastfed in the first day of birth. This delay could be harmful for the newborn. These children most often receive prelacteal feed, which includes items (honey, glucose, sugar syrup. etc) other than

breast milk. However, there has been significant decline in newborns receiving prelacteal feed over the years (39 percent in 2006 to 31 percent in 2009). A significant decline has been monitored in the NFHP-supported districts (34 percent) and in the control districts 28 percent).

8.2 Breastfeeding Status by Age

As an important indicator of IYCF, WHO recommends that children should be exclusively breastfed 0-5 months of age (<6 months). This indicator includes breastfeeding by a wet nurse and feeding expressed breast milk. The indicator is based on the recall of the previous day's practice, which might slightly overestimate the practice as some children could have received other liquids irregularly before the survey. However, this indicator is still considered to be a measure of exclusive breastfeeding status.

Table 8.2 shows the practice of breastfeeding for children less than three years of age, whereby 43 percent of children 0-5 months were found to be exclusively breastfed with the practice being not very different in the NFHP-supported districts and the control districts[13]. However, this is a declining trend with 52 percent of children 0-5 months being exclusively breastfed in baseline 2006.

Children less than 2 months are more often exclusively breastfed (67 percent) although the practice has been reducing in the last three years, when 88 percent of the children less than 2 months were exclusively breastfed (Fig 8.1). The practice of giving water with breastfeeding has become more common, which has increased from 3 percent to 29 percent among children less than 2 months. However, introducing complementary food as early as less than 2 months is still not common (1 percent).

[13] *As most figures are based on a small number (25-49 unweighted cases) the disaggregated table is not shown here. Please refer to Annex E1 for details.*

Table 8.2 Breastfeeding status by age under three years

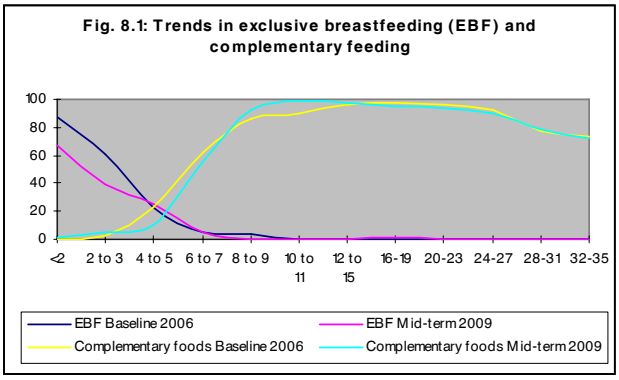
Percent distribution of youngest children under three years living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Mid-term survey, 2009

	Breastfeeding and consuming:										
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest child	Percentage using a bottle with a nipple[1]	Number of children
<2	0.0	66.9	28.9	0.0	2.9	1.4	100.0	100.0	63	0.5	64
2-3	0.0	39.7	40.2	4.1	10.6	5.4	100.0	100.0	87	3.2	88
4-5	0.0	24.8	37.0	3.5	24.6	10.0	100.0	100.0	74	14.0	74
6-7	0.0	5.6	25.1	2.3	11.6	55.4	100.0	100.0	62	5.2	62
8-9	0.0	0.0	7.2	0.7	0.0	92.1	100.0	100.0	64	6.0	64
10-11	0.0	0.0	0.9	0.0	0.5	98.6	100.0	100.0	73	12.5	78
12-15	2.8	0.0	0.4	0.0	0.0	96.9	100.0	97.2	127	4.6	130
16-19	2.6	1.6	0.0	1.2	0.0	94.7	100.0	97.4	165	1.6	168
20-23	5.1	0.0	0.0	1.0	0.0	93.9	100.0	94.9	115	0.4	132
24-27	9.6	0.0	0.0	0.0	0.0	90.4	100.0	90.4	119	0.6	139
28-31	20.3	0.0	1.2	0.0	0.0	78.5	100.0	79.7	151	5.3	177
32-35	28.0	0.0	0.0	0.0	0.0	72.0	100.0	72.0	129	0.4	165
<6	0.0	42.5	36.0	2.7	13.0	5.8	100.0	100.0	224	5.9	226
6-9	0.0	2.7	16.0	1.5	5.7	74.1	100.0	100.0	125	5.6	126
12-23	3.3	0.6	0.1	0.7	0.0	95.1	100.0	96.7	408	2.1	430
20-23	5.1	0.0	0.0	1.0	0.0	93.9	100.0	94.9	115	0.4	132

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

Overall, 36 percent of the children 0-5 months are given plain water with breast milk, which is a rise from 21 percent. However, the practice of giving non-milk liquids/juice (3 percent) and other milk (13 percent) has remained more or less same over the years. While 10 percent of children 0-5 months were given complementary food in 2006, this has declined to 6 percent in 2009, indicating mothers' emphasis on breastfeeding.



However, the message of not providing even plain water with breastfeeding till the age of 0-5 months has to reach a larger proportion of rural women in Nepal.

One of the important IYCF indicators is the practice of ***continued breastfeeding at 1 year*** of age, which accounts for a proportion of children 12-15 months of age who are fed breast milk. Table 8.2 indicates that 97 percent of children aged 12-15 months are currently breastfed, which is encouraging. A higher proportion of children aged 12-15 months are breastfed in the NFHP-supported districts (99 percent) as opposed to the control districts (95 percent)[14].

Information on proportion of children being **bottle fed** was collected, which helps to assess the level of interference of bottle feeding with optimal breastfeeding practices. Of particular interest for this indicator is the age group 0-5 months, when it is recommended that a child should be exclusively breastfed. There has been a rise in the proportion of children being

[14] *Please refer to Annex-E1.*

bottle fed at the age of 0-5 months from 4 percent to 6 percent in 2009. This factor shows there is a need to discourage early bottle feeding and that this needs to be considered when designing the next program.

The median ***duration of breastfeeding*** among children less than 36 months is high in the rural areas of Nepal, with the baseline 2006 figure being 33 months and the current status being 34 months in 2009 (data not shown).

8.3 Types of Complementary Foods

It is recommended by WHO that solid, semi-solid, or soft food should be introduced to infants at around the age of 6 months when breast milk cannot fulfill children's optimal growth requirements. The IYCF indicator assesses the proportion of infants at 6-8 months of age to assess the appropriate time for the ***introduction of solid, semi-solid, or soft foods***.

Table 8.3 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific types of foods in the day or night preceding the interview, by breastfeeding status and age, Mid-term survey, 2009

	Liquids			Solid or semi-solid foods											
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains [3]	Fruits and vegetables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any other solid or semi-solid food	Food made with oil, fat and butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN – NFHP supported districts															
<2	(0.0)	(5.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	25
2-3	(0.0)	(12.5)	(6.6)	(2.0)	(2.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.0)	(0.0)	(0.0)	54
4-5	(3.9)	(25.5)	(0.0)	(0.0)	(8.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(8.8)	(0.0)	(5.0)	35
6-8	0.0	41.9	28.6	6.4	55.5	26.0	10.3	20.1	39.3	11.0	0.8	58.9	7.3	35.1	51
9-11	8.5	61.8	29.3	7.7	83.8	42.9	15.9	51.2	70.3	6.9	3.4	92.9	22.9	40.4	62
12-17	0.4	40.2	32.5	2.9	94.7	58.5	21.6	61.6	63.0	18.1	14.7	96.2	19.1	60.6	109
18-23	0.9	36.7	38.8	3.1	97.8	57.6	29.3	61.7	65.0	32.2	9.9	99.1	28.5	71.7	126
24-35	0.0	51.4	45.2	1.9	98.0	59.9	36.1	61.9	68.2	31.0	18.1	99.0	21.5	66.3	173
<6	1.2	14.9	3.1	1.0	3.6	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0	1.5	114
6-23	2.0	43.0	33.7	4.3	88.1	50.6	21.7	53.7	61.5	20.2	8.9	91.2	21.4	57.3	348
Total	1.3	40.3	31.3	3.1	75.7	44.1	21.8	46.3	52.3	19.5	9.8	77.6	17.6	49.7	635
BREASTFEEDING CHILDREN – Control districts															
0-1	(0.0)	(1.3)	(0.0)	(0.0)	(2.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.3)	(0.0)	(0.0)	38
2-3	(7.2)	(16.3)	(0.0)	(2.2)	(8.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(8.2)	(0.0)	(6.4)	33
4-5	(20.8)	(16.2)	(10.2)	(0.0)	(11.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(11.1)	(1.0)	(2.3)	39
6-8	(0.0)	(42.1)	(32.0)	(3.5)	(65.7)	(26.6)	(11.5)	(21.4)	(44.4)	(15.7)	(1.2)	(67.4)	(15.1)	(34.8)	41
9-11	0.0	57.6	49.9	11.0	95.8	47.1	14.7	38.0	65.6	17.1	11.9	100.0	26.5	50.6	44
12-17	0.7	32.1	63.7	3.0	98.3	59.4	42.7	64.8	80.6	26.4	8.5	100.0	45.9	61.6	71
18-23	0.0	50.7	49.5	1.4	96.5	60.5	19.5	68.8	64.8	29.1	15.6	97.8	25.1	69.7	89
24-35	1.1	43.3	61.5	4.6	97.6	68.7	26.1	69.2	70.7	26.0	17.9	98.6	26.0	77.8	148
<6	9.5	11.0	3.6	0.7	7.2	0.0	0.0	0.0	0.0	0.0	0.0	7.2	0.4	2.7	110
6-23	0.2	45.1	50.7	3.9	91.7	52.1	24.0	54.2	66.1	23.9	10.5	93.7	29.7	58.1	244
Total	2.5	37.1	43.5	3.4	74.9	45.5	19.4	46.7	52.9	19.3	10.4	76.1	22.2	51.7	502
BREASTFEEDING CHILDREN – Mid-term survey districts															
0-1	0.0	2.9	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	63
2-3	2.7	13.9	4.1	2.1	4.4	0.0	0.0	0.0	0.0	0.0	0.0	4.4	0.0	2.4	87
4-5	12.8	20.6	5.4	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.5	3.6	74
6-8	0.0	42.0	30.1	5.1	60.0	26.3	10.8	20.7	41.6	13.1	1.0	62.7	10.8	35.0	92
9-11	5.0	60.0	37.8	9.0	88.8	44.6	15.4	45.7	68.4	11.1	6.9	95.8	24.4	44.6	106
12-17	0.5	37.0	44.8	2.9	96.1	58.8	29.9	62.9	69.9	21.4	12.2	97.7	29.6	61.0	179
18-23	0.5	42.5	43.2	2.4	97.3	58.8	25.3	64.6	64.9	30.9	12.2	98.6	27.1	70.9	215
24-35	0.5	47.7	52.7	3.2	97.8	64.0	31.5	65.3	69.4	28.7	18.0	98.8	23.6	71.6	321
<6	5.3	13.0	3.4	0.8	5.4	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.2	2.1	224
6-23	1.2	43.9	40.7	4.2	89.6	51.2	22.7	53.9	63.4	21.7	9.5	92.2	24.8	57.6	592
Total	1.8	38.9	36.7	3.2	75.3	44.7	20.7	46.5	52.6	19.4	10.1	77.0	19.6	50.6	1,138

Note: Breastfeeding status and food consumed refer to a 24-hour" period (yesterday and last night).

[1] Other milk includes fresh, tinned and powdered cow or other animal milk

[2] Does not include plain water

[3] Includes fortified baby food

[4] Includes pumpkin, yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A.

Table 8.3 indicates that the proportion of children given any solid, semi-solid, or soft foods rises drastically at the age of 6-8 months, indicating that appropriate practices are being followed for the majority of children (63 percent). There is a sudden rise from 10 percent at the immediate lower cohort (4-5 months). The most common practice is giving foods made from grains (60 percent) followed by legumes and nuts (42 percent). About 26 percent of these children (6-8 months) receive fruits and vegetables rich in Vitamin A, and 11 percent received other fruits. Only 13 percent receive meat, fish, poultry, and/or eggs.

It can also be noted that the introduction of other liquids starts earlier than the recommended age of 6 months, with 13 percent of children aged 4-5 months receiving infant formula and 21 percent receiving other milk, which includes fresh, tinned, and powered animal milk.

The children who were not breastfed start supplements at an earlier age than the breastfed children. However, there were not enough cases on non-breastfed children and assessment at this level was not possible.

The other core indicators of IYCF include an assessment of dietary diversity and frequency depending on the age of the child so that optimal growth of a child is ensured. The assessment was carried out for children 6-23 months, which implies excluding children 0-5 months who rely heavily on breastfeeding.

The food groups as indicated by the IYCF indicator accounts for 7 groups, while the 2006 NDHS indicates 8 groups. The additional food category in the 2006 NDHS included foods made from oil, fat and butter. However, as it was thought later that oil, fat and butter do not add significant micronutrients to the diet that ensure proper growth of children, and this category was removed from the IYCF dietary diversity food group. However, for the present study the 2006 NDHS category has been used to allow for comparison over a period of time.

It is recommended that ***minimum dietary diversity*** of at least one item from 4 or more of these food groups is required for the optimal growth of children. Based on the 2006 NDHS the assessment has been done for 3 or more groups for breastfed children and 4 or more groups for non-breastfed children. The findings indicate that 70 percent of children (including non-breastfed) receive the minimum dietary diversity in rural Nepal. This is a significant increase from the baseline of 2006, when 62 percent of children received this type of dietary diversity[15]. Children receiving the minimum dietary diversity improve with age as older children tend to get a variety of foods.

[15] *This includes 3+ food groups for breastfed children and 4+ food groups for non-breastfed children.*

Table 8.4 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF practices based on breastfeeding status, number of food groups and times they are fed during the day or night preceding the survey by background characteristics, Mid-term survey 2009

	Among breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:				
Background characteristic	3+ food groups[1]	Minimum times or more [2]	Both 3+ food groups and minimum times or more	Number of children	Breast-milk or milk products	3+ or 4+ food groups [6]	Minimum times or more[7]	With all 3 IYCF practices	Number of children
Age									
6-7	21.2	47.3	21.2	62	100.0	21.2	47.3	21.2	62
8-9	60.9	71.0	52.5	64	100.0	60.9	71.0	52.5	64
10-11	77.2	73.4	61.0	73	100.0	77.2	73.4	61.0	73
12-15	77.9	93.5	75.1	124	100.0	78.0	91.5	73.7	127
16-19	76.0	90.5	73.0	161	100.0	76.6	89.7	72.7	165
20-23	76.1	92.4	72.8	110	97.5	76.1	91.5	70.2	115
6-11	54.5	64.5	45.9	198	100.0	54.5	64.5	45.9	198
12-27	78.8	91.9	75.7	179	100.0	79.1	90.7	74.8	184
18-23	74.7	92.0	71.9	215	98.7	75.1	90.8	70.2	224
Sex									
Male	70.8	84.4	67.0	317	99.6	70.9	83.9	66.0	323
Female	67.4	81.0	61.3	275	99.4	68.1	80.3	60.9	283
Eco Region									
Hill/Mountain	71.7	85.6	67.9	127	100.0	71.7	85.8	67.9	130
Terai	68.6	82.0	63.4	465	99.4	69.0	81.2	62.5	476
Region									
East/Central	70.9	78.9	64.8	264	99.9	71.1	78.4	64.3	271
West/Mid/Far West	67.9	85.9	64.0	328	99.2	68.4	85.3	63.2	335
Mother's education									
No education	61.3	77.0	55.7	301	99.5	62.1	76.0	55.0	311
Primary	70.1	89.2	67.5	118	99.0	70.5	89.4	66.9	119
Some secondary	80.4	89.6	76.8	125	100.0	80.2	89.4	76.3	127
SLC and above	87.7	85.5	78.7	49	100.0	87.7	85.5	78.7	49
Wealth quintile									
Lowest	60.8	81.8	55.2	136	99.1	61.6	80.9	54.0	139
Second	68.5	82.2	65.4	121	100.0	69.2	82.1	65.6	124
Middle	68.2	79.5	64.5	118	100.0	68.9	78.9	64.2	121
Fourth	65.8	86.2	61.7	133	99.1	65.2	84.9	60.0	137
Highest	91.2	84.6	81.9	83	99.6	91.4	84.9	81.8	85
Mid-term survey districts									
NDHS baseline 2006	61.4	82.3	56.7	727	99.8	61.6	82.2	56.8	739
Mid-term survey 2009	69.2*	82.8	64.4*	592	99.5	69.6*	82.2	63.7*	606
NFHP Supported districts									
NDHS baseline 2006	56.2	86.2	53.9	379	99.6	56.7	85.9	54.1	387
Mid-term survey 2009	67.5*	82.9	63.4*	348	99.9	67.7*	82.6	63.2*	352
NFHP Control districts									
NDHS baseline 2006	67.0	78.2	59.8	348	100.0	67.0	78.2	59.8	352
Mid-term survey 2009	71.7	82.6	65.7	244	99.0	72.2	81.7	64.3	254
Rural NDHS 2006	60.4	82.8	56.1	1,227	99.6	60.4	82.4	55.8	1,255

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, butter.

[2] At least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

[4] Including breast milk substitutes

[6] 3+ food groups for breastfed children and 4+ food groups for non-breastfed children

[7] Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

* This value differs significantly from the value of 2006.

Although not significant, a slight variation in children receiving the minimum dietary diversity can be observed by sex, with slightly more male children meeting the minimum requirement. Children living in the hill/mountain regions and those in the East/Central region are slightly more likely to meet the requirement. The level of education of the mother and the socioeconomic status of the household directly affect the diets of the children (Table 8.4).

Although children in the control districts (72 percent) more often received the minimum dietary requirement, a significant improvement in the proportion of children of 6-23 months receiving the minimum dietary diversity has been monitored. There is an increase by 19 percent in 2009 compared to the baseline of 2006.

The other indicator for the IYCF is the ***minimum meal frequency*** for the children, which is defined as the proportion of breastfed and non-breastfed children of 6-23 months of age who receive solid, semi-solid, or soft foods (including milk feeds for non-breastfed children) the minimum number of times or more. The minimum number of times is defined as twice for breastfed infants of 6-8 months; 3 times for breastfed children of 9-23 months; and 4 times for non-breastfed children of 6-23 months.

Table 8.4 indicates that 82 percent of children in rural Nepal get meals at the minimum frequency required for proper growth. This has remained the same for the last three years. Although there is not much variation in the practice of providing food at the required frequency for children it is slightly poor in the East/Central region (78 percent) and among women with no education (76 percent).

A composite indicator has been developed from the above indicators, namely, '*minimum dietary diversity*' and '*minimum meal frequency*' to get the ***minimum acceptable diet*** required for optimal growth of children. This indicator is defined as the proportion of children at 6-23 months of age who receive an acceptable minimum diet (apart from breast milk).

Table 8.4 indicates that 64 percent of the breastfed children of 6-23 months receive the minimum acceptable diet in rural Nepal, which is a significant improvement from the baseline of 2006 (57 percent). As there are only few non-breastfed children at 6-23 months (just 14 children) an assessment is not possible for these children. Overall, when all these three IYCF practices are taken into account, 64 percent of the children of 6-23 months are being given proper feeding as recommended by WHO. It is encouraging to note that this is a significant improvement from the baseline of 2006 (57 percent).

8.4 Foods Consumed by Mothers

In order to gain a holistic overview of the nutritional status of children it is equally important to learn about the nutritional status of women and the quality and quantity of food a mother eats. This information is gathered from women having at least one child under three years of age.

Most women have food made from grains as their staple diet (98 percent) with legumes (71 percent) and roots/tubers (74 percent) crops being other common foods. It is interesting to note that there has been a significant rise in the proportion of women taking Vitamin A-rich fruit and vegetables in their diet (71 percent); an increase by 11 percent since the baseline of 2006. However, the practice of eating meat/fish/poultry and eggs has not improved over the years (29 percent).

Table 8.5 Foods consumed by mothers in the day or night preceding the interview

Among mothers age 15-49 with a child under age three years living with them, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Mid-term Survey, 2009

Background characteristic	Foods made from grains	Foods made from roots/ tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A -rich fruits/ vege-tables [1]	Other fruits/ vege-tables	Foods made with oil/ fat/ butter	Sugary foods	Milk	Tea/ coffee	Other liquids	Number of women
Age													
15-19	99.0	58.7	74.2	36.0	11.0	72.8	38.3	35.7	30.8	34.7	48.9	43.0	123
20-29	98.3	76.8	72.7	29.0	18.5	71.4	32.0	29.4	17.6	36.0	43.5	39.4	859
30-39	97.1	74.1	64.7	27.8	16.2	72.1	34.6	33.0	10.6	29.9	42.3	38.5	206
40-49	94.2	61.4	50.6	23.6	11.2	61.8	18.0	28.8	6.0	29.8	17.9	26.2	42
Eco Region													
Hill/Mountain	97.0	61.2	56.4	35.3	28.4	74.6	23.4	24.5	16.1	33.8	40.6	30.7	273
Terai	98.3	77.7	74.9	27.6	13.9	70.4	35.2	32.4	17.7	34.9	43.6	41.6	956
Region													
East/Central	98.7	81.8	69.6	32.9	13.1	80.0	27.3	33.2	17.2	40.8	55.4	52.2	549
West/Mid/Far West	97.4	67.8	71.7	26.4	20.3	64.4	36.9	28.6	17.4	29.7	32.9	28.7	681
Education													
No education	97.4	74.0	64.3	26.9	12.8	67.5	20.8	28.6	9.6	28.7	30.0	30.7	635
Primary	100.0	71.8	70.6	30.7	23.5	78.5	37.1	30.0	19.1	29.4	48.1	41.6	246
Some secondary	97.4	75.4	80.3	32.2	19.5	69.2	48.7	35.1	30.8	45.9	54.3	49.0	247
SLC and above	98.3	76.1	88.4	33.5	22.7	83.9	56.1	34.3	29.3	58.1	84.5	63.4	101
Wealth quintile													
Lowest	96.6	61.2	56.8	32.9	19.3	68.6	18.9	28.7	13.8	24.3	24.1	27.3	291
Second	99.0	74.2	69.0	30.1	17.0	63.7	29.4	25.4	15.4	27.9	35.1	34.5	254
Middle	99.4	81.6	74.1	22.1	14.6	67.2	31.7	33.0	9.7	37.4	40.2	34.8	240
Fourth	97.4	79.5	71.9	25.1	13.7	77.8	29.8	27.5	18.6	39.1	53.4	43.6	237
Highest	98.0	76.9	87.2	36.4	20.8	82.0	59.5	40.4	31.8	49.2	69.9	61.3	209
Mid-term survey districts													
NDHS baseline 2006	97.1	73.1	58.0	28.8	19.3	64.0	33.7	18.2	12.4	31.9	39.3	51.0	1,403
Mid-term survey 2009	98.0	74.0	70.8*	29.3	17.1	71.3*	32.6	30.6*	17.3*	34.7	42.9	39.2*	1,230
NFHP Supported districts													
NDHS baseline 2006	97.9	74.3	60.2	27.8	17.0	64.0	32.7	14.7	11.8	33.8	38.6	51.2	765
Mid-term survey 2009	98.7	72.7	71.4*	30.4	16.9	70.4*	35.0†	27.8*	14.7	38.3	40.5	35.9*	679
NFHP Control districts													
NDHS baseline 2006	96.2	71.8	55.3	30.0	22.1	64.0	35.0	22.3	13.2	29.6	40.0	50.7	638
Mid-term survey 2009	97.2	75.6	70.0*	28.0	17.3*	72.5*	29.6	34.1*	20.5*	30.2	46.0*	43.2*	551
Rural NDHS 2006	97.4	70.6	51.6	28.3	23.2	63.6	28.4	19.7	10.3	32.1	42.8	49.2	2,458

Note: Foods consumed in the last "24-hour" period (yesterday and last night).

[1] Includes pumpkin, yams or squash, carrots, sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

Note: * This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

8.5 Micronutrient Intake

Often known as the 'hidden hunger', micronutrients have equally important role to play in the overall growth and development of human beings. Micronutrient deficiencies can have a long-term impact on cognitive development and is a result of an inadequate intake of micronutrient-rich foods and an under-utilization of available micronutrients in the diet due to infections and other factors. This section assesses the practice of having a diet that is rich in micronutrients like Vitamin A, iron, and also Vitamin A and iron supplementation for women and children.

8.5.1 Micronutrient Intake among Children

Information on the intake of micronutrients through diet was collected for children under three years. An assessment has been made in Table 8.6 for children aged 6-35 months. Among the vital micronutrients, information on foods rich in Vitamin A, and foods rich in

iron has been categorically assessed. Information on children aged 6-59 months receiving Vitamin A supplements and receiving de-worming medication for children 12-59 months was also collected, both of which was asked for the 6 months prior to the survey.

Mothers were asked to recall the intake of micronutrients in the 24 hours preceding the survey. The intake of Vitamin A-rich foods was recorded. It was found that two in three children (67 percent) consumed foods rich in Vitamin A in the 24 hours before the survey. Although not statistically significant, this is a slight improvement from the baseline 2006 status (63 percent). Children are more likely to consume Vitamin A-rich foods as they grow older, with 29 percent of children aged 6-8 months taking Vitamin A-rich food, compared to 76 percent in the age group of 24-35 months. There is a slight gender difference in the practice of taking Vitamin A-rich foods, with more female children taking it: 71 percent compared to 63 percent among male children.

Children in the hill/mountain regions are more likely to receive foods rich in Vitamin A (75 percent) compared to those in the Terai (65 percent). This finding is consistent with the baseline 2006 figures (67 percent and 62 percent, respectively). In terms of children receiving Vitamin A-rich food, the education level of the mothers and the wealth quintile they belong to have less impact than the availability of such foods, which is a more important determining factor.

Although on a rising trend, there is not much difference in the practice of taking Vitamin A-rich foods in the NFHP-supported districts (66 percent) and the control districts (69 percent).

Similarly, food rich in iron is vital to enhance the body's iron store. Only a quarter of children were found to have consumed iron-rich food in the 24 hours prior to the survey. This has remained stagnant over the years. The influence of the children's background characteristics seems to influence the practice, similar to the intake of Vitamin A. However, a slight change in the status has been observed in the NFHP-supported districts, which is a significant difference from the value of 2006 after allowing for similar change in the control districts.

Table 8.6 Micronutrient intake among children

Percentage of youngest children age 6-35 months living with their mother who consumed vitamin A-rich and foods rich in iron in the 24 hours preceding the survey, and percentage of children age 6-59 months who were given vitamin A supplements and deworming medication in the six months preceding the survey, by background characteristics, Mid-term Survey, 2009

Background characteristic	Among last-born children age 6-35 months: Percentage consumed foods rich in vitamin A in last 24 hours1	Percentage consumed foods rich in iron in last 24 hours2	Number of children	Percentage given vitamin A supple-ments in last 6 months among 6-59 children	Number of children	Percentage given deworming medication in last 6 months among 12-59 children3	Number of children
Age in months							
6-8	28.5	13.1	92	46.9	93	na	na
9-11	51.4	11.1	106	80.9	111	na	na
12-17	66.9	21.0	184	91.8	188	62.4	188
18-23	71.2	31.8	224	96.2	241	86.1	241
24-35	77.5	28.3	400	95.8	482	92.5	482
36-47	na	na	0	94.6	483	93.3	483
48-59	na	na	0	94.9	484	92.3	484
Sex							
Male	62.9	22.2	514	92.4	1,062	90.2	952
Female	71.1	27.0	491	91.7	1,019	87.3	926
Breastfeeding status							
Breastfeeding	65.1	24.2	913	90.0	1,096	85.5	892
Not breastfeeding	85.1	28.2	92	94.3	982	91.8	982
Missing	-	-	0	-	4	-	4
Eco Region							
Hill/Mountain	75.2	33.2	226	91.1	465	90.7	416
Terai	64.5	22.0	780	92.3	1,616	88.3	1,461
Region							
East/Central	68.6	24.3	442	90.9	988	88.8	902
Mid/Far West	65.6	24.8	563	93.0	1,093	88.8	976
Ethnicity							
Hill Brahmin	70.5	12.5	93	96.1	206	90.5	191
Hill Chhetri	69.5	21.5	177	92.9	361	90.8	316
Terai/Madhesi Brahman/Chhetri	-	-	6	(81.5)	14	-	13
Other Terai/Madhesi Castes	55.0	16.0	168	91.6	309	89.5	277
Hill Dalit	72.6	30.6	118	88.6	229	87.5	208
Terai/Madhesi Dalit	67.6	19.2	48	91.0	117	86.0	108
Newar	-	-	14	(81.2)	44	(90.4)	38
Hill Janjati	74.7	43.9	182	90.4	387	87.2	358
Terai Janajati	63.4	22.4	150	95.8	314	90.8	281
Muslim	61.9	19.2	50	91.2	102	82.6	88
Mother's education							
No education	63.7	23.7	531	91.9	1,147	89.2	1,044
Primary	73.6	27.4	206	88.8	395	86.6	357
Some secondary	67.7	25.5	192	94.8	400	89.9	354
SLC and above	69.7	19.9	76	93.9	137	88.9	120
Mother's age at birth							
15-19	65.9	31.3	191	90.6	417	87.1	375
20-29	67.2	21.9	669	92.0	1,341	88.9	1,217
30-39	71.3	29.5	121	94.1	266	90.8	242
40-49	(44.8)	(20.5)	25	93.3	57	89.8	44
Wealth quintile							
Lowest	69.5	32.4	251	91.5	495	89.2	447
Second	66.1	23.9	214	91.9	416	88.4	374
Middle	65.7	17.7	188	92.3	425	89.5	380
Fourth	64.0	19.7	192	91.6	397	89.2	359
Highest	69.0	27.0	161	93.1	348	87.5	318
Mid-term survey districts							
NDHS baseline 2006	62.9	23.8	1,167	89.2	2,398	82.0	2,138
Mid-term survey 2009	66.9	24.5	1,005	92.0*	2,081	88.8*	1,877
NFHP Supported districts							
NDHS baseline 2006	62.3	21.9	622	89.2	1,303	82.7	1,157
Mid-term survey 2009	65.7	23.7†	565	91.3	1,188	87.8*†	1,070
NFHP Control districts							
NDHS baseline 2006	63.5	26.0	545	89.2	1,095	81.1	980
Mid-term survey 2009	68.5	25.6	441	93.0*	893	90.2*	807
Rural NDHS 2006	63.4	23.1	2,041	88.5	4,177	82.9	3,740

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. na = Not applicable

1 Includes meat (and organ meat), fish, poultry, eggs, pumpkin, squash, carrots, sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A.

2 Includes meat, (including organ meat) fish and poultry, eggs

3 Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 3 children with missing information on mother's level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

In order to supplement the dietary requirement of Vitamin A-rich food, the Government of Nepal, in response to the international call for addressing Vitamin A deficiency (VAD), has adopted the National Vitamin A Program (NVAP), which covers the entire country. During this biannual supplementation program, children aged 6-11 months receive 100,000 international units (IU) and children 12-59 months receive 200,000 international units (IU) of Vitamin A through supplement with capsules.

The findings revealed that 92 percent of children in rural Nepal received Vitamin A capsules during the recent round of NVAP. This is a significant rise from the status in the 2006 baseline when 89 percent of the rural children received it. As this program has blanket coverage the likelihood of having serious differences based on the background characteristics does not seem to be obvious, although younger children are slightly less likely than older children to receive the capsule. For instance, about 47 percent of the children age 6-8 months received Vitamin A capsules during NVAP, when more than 90 percent of children 12 months and above received it.

Besides the intake of iron-rich foods, it is equally important to avoid worm infestation, which can lead to anemia due to blood loss. The Government of Nepal has therefore integrated the supplementation of deworming tablets during the biannual NVAP to give tablets to children aged 12-59 months. The study indicated that 89 percent of children received deworming tablets during the recent round of NVAP, which is a significant improvement from the baseline of 2006. Similar to the Vitamin A supplementation program, children in the younger age group are less likely to receive deworming tablets.

It is interesting to note that even children in the same age group, such as 12-17 months, are more likely to receive Vitamin A supplements (92 percent) than to receive the de-worming tablets (62 percent). This gap gets smaller with the increasing age of the child. This was observed even during the baseline of 2006, which could be partly explained by the fact that children in the younger groups could still have been ineligible to receive the supplement during the distribution round; while the analysis in Table 8.6 was based on the age of the child at interview. This might have lead to a slight underestimation of coverage at these cut-off age groups.

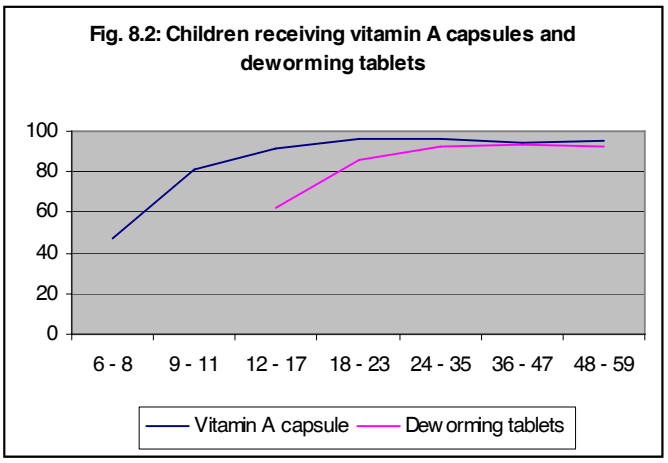


Fig. 8.2: Children receiving vitamin A capsules and deworming tablets

A significant improvement in the coverage of de-worming tablets among children has been observed both the NFHP-supported districts (88 percent) as well as in the control districts (90 percent), although the change in the control districts is more remarkable.

8.5.2 Micronutrient Intake among Mothers

It is very essential for women to receive sufficient micronutrients, especially during pregnancy to meet the requirements of the fetus as well as retaining sufficient stores in their own body. The prominent micronutrient deficiencies encountered during pregnancy are Vitamin A deficiency expressed through signs of night blindness among pregnant women. Information on women having young children under three years was solicited to assess micronutrient intake among mothers, especially intake of Vitamin A-rich foods and iron-rich foods. Women reporting night blindness during their last pregnancy was assessed to see if they suffered from Vitamin A deficiency. Information on women receiving iron supplement during pregnancy, receiving iron and vitamin A during the postpartum period is also explored.

Four in five (80 percent) women with a child under three years old reported receiving Vitamin A-rich foods in the 24 hours before the survey; while 29 percent reported taking iron-rich foods. Women in the younger age group were found to be more likely to eat food rich in Vitamin A and iron. Those living in the hill/mountain regions and those in the eastern/central regions are more likely to receive food rich in Vitamin A and iron. Similarly, women with no education are more likely not to eat food rich in Vitamin A and iron.

There has been significant rise in the proportion of women eating food rich in Vitamin A over the years, while little change has been monitored in terms of women receiving food rich in iron. A more significant rise in the proportion of women eating food rich in Vitamin A has been observed in the NFHP-supported districts (80 percent) than in the control districts. Similarly, there has been an increase in the proportion of women eating iron-rich foods in the NFHP-supported districts (30 percent) than in the control districts.

About 10 percent of women reported having experienced night blindness: this has declined significantly over the years. When this has been adjusted to account for those women who only reported night blindness but did not report having difficulty with vision in the day time, only 4 percent had night blindness during their most recent pregnancy in the last three years before the survey.

The proportion of women not receiving iron tablets during their last pregnancy has declined significantly in the last three years, from 36 percent to 19 percent. This has also been monitored in the NFHP-supported districts (20 percent) and in the control districts (17 percent). Only one in four women reported taking iron tablets for the recommended period during pregnancy. However, this is a remarkable improvement from the baseline, when only 4 percent of women reported taking iron tablets for the recommended duration of 180 days.

There has been a significant rise in the proportion of women taking iron tablets (46 percent) and Vitamin A supplements (48 percent) postpartum since the baseline of 2006. Similarly, a, significant improvement has also been observed in the NFHP-supported districts and the control districts (Table 8.7).

Table 8.7 Micronutrient intake among mothers

Percentage of women age 15-49 with a child under age three years living with her who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; the percentage of women with a child born in the last THREE years who received a vitamin A dose in the first two months after the birth of the last child; the percentage of mothers who during the pregnancy of the last child born in the THREE years prior to the survey suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, by background characteristics, Mid-term Survey, 2009

Background characteristics	Consumption of Vitamin A-rich and iron-rich food in the 24 hours preceding the survey among women with a child under three					Number of days women took iron tablets or syrup during pregnancy						
	Percentage consumed Vitamin A rich foods[1]	Percentage consumed iron-rich foods [2]	Number of women with a child under 3	Night blindness reported	Night blindness adjusted[3]	None	<180	180+	Don't know/ missing	Percentage who received post-partum iron[4]	Percentage of women who received vitamin A dose postpartum[4]	Number of women
Age												
15-19	86.1	36.0	123	18.5	3.6	14.9	53.6	31.5	0.0	61.7	52.2	125
20-29	78.5	29.0	859	7.9	4.3	15.6	57.6	26.8	0.0	45.4	50.3	886
30-39	82.8	27.8	206	12.2	5.6	27.8	55.6	16.3	0.3	42.7	38.1	217
40-49	70.0	23.6	42	3.2	1.6	47.4	50.2	2.4	0.0	18.8	24.5	42
Eco Region												
Hill/Mountain	82.9	35.3	273	13.4	4.0	32.6	53.2	14.2	0.0	33.7	36.5	284
Terai	78.8	27.6	956	8.4	4.5	14.7	57.6	27.7	0.1	49.1	50.8	986
Region												
East/Central	88.0	32.9	549	8.0	4.5	14.9	51.5	33.4	0.1	48.5	52.1	562
Mid/Far West	73.0	26.4	681	10.7	4.3	21.6	60.7	17.7	0.0	43.4	44.0	708
Ethnicity												
Hill Brahmin	77.7	10.8	111	5.7	2.2	15.2	60.1	24.7	0.0	59.3	59.5	116
Hill Chhetri	81.4	25.9	217	9.4	3.9	13.8	57.5	28.7	0.0	62.4	57.6	227
Terai/Madhesi Brahman/Chhetri	-	-	6	-	-	-	-	-	-	-	-	7
Other Terai/Madhesi	69.7	19.3	191	9.8	6.0	20.0	53.0	27.0	0.0	37.0	38.3	194
Hill Dalit	76.9	31.4	139	17.9	5.7	21.8	59.1	19.0	0.0	36.7	39.7	145
Terai/Madhesi Dalit	85.8	26.9	61	12.8	10.3	10.3	58.2	31.4	0.0	42.7	43.1	61
Newar	-	-	18	-	-	-	-	-	-	-	-	18
Hill Janjati	88.5	49.4	233	9.5	3.1	29.3	51.1	19.6	0.0	37.6	42.6	239
Terai Janajati	75.0	28.9	189	5.7	3.0	14.1	57.0	29.0	0.0	53.7	56.3	192
Muslim	83.2	33.4	66	6.4	5.9	16.7	71.4	11.1	0.8	23.7	32.9	71
Education												
No education	73.6	26.9	635	10.0	5.3	25.5	58.6	15.9	0.1	32.8	35.1	660
Primary	86.2	30.7	246	11.0	5.2	15.4	57.7	27.0	0.0	48.4	56.3	249
Some secondary	84.8	32.2	247	8.9	2.2	10.1	51.5	38.4	0.0	65.0	61.0	259
SLC and above	91.0	33.5	101	4.0	1.6	3.9	55.0	41.1	0.0	74.4	74.1	101
Wealth quintile												
Lowest	76.5	32.9	291	12.5	5.5	34.0	55.8	10.2	0.0	28.2	32.2	301
Second	76.2	30.1	254	6.6	2.5	18.5	58.3	23.3	0.0	47.7	50.6	266
Middle	74.1	22.1	240	11.3	6.7	16.8	62.8	20.4	0.0	47.2	48.3	249
Fourth	83.0	25.1	237	7.1	4.1	15.8	50.4	33.5	0.2	47.2	50.5	244
Highest	91.1	36.4	209	9.7	2.6	2.5	55.6	41.9	0.0	64.5	61.6	210
Mid-term survey districts												
NDHS baseline 2006	75.2	28.8	1,403	11.5	6.2	36.0	59.9	4.1	0.0	26.7	35.9	1,446
Mid-term survey 2009	79.7*	29.3	1,230	9.5*	4.4*	18.7*	56.6*	24.7*	0.0	45.7*	47.6*	1,270
NFHP Supported districts												
NDHS baseline 2006	75.1	27.8	765	11.2	7.5	35.8	59.9	4.4	0.0	25.5	34.7	789
Mid-term survey 2009	79.9*	30.4†	679	9.6*	5.0*	20.2*	56.8*	22.9*	0.1	42.5*†	46.1*	708
NFHP Control districts												
NDHS baseline 2006	75.4	30.0	638	11.8	4.6	36.4	59.8	3.7	0.1	28.1	37.3	657
Mid-term survey 2009	79.5	28.0	551	9.4	3.6*	16.7*	56.4*	26.8*	0.0	49.7*	49.5*	562
Rural NDHS 2006	75.5	28.3	2,458	13.4	5.5	39.0	55.2	5.8	0.0	23.9	31.1	2,542

[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, yams or squash, carrots, red sweet potatoes, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A.
[2] Includes meat (and organ meat), fish, poultry, eggs
[3] Women who reported night blindness but did not report difficulty with vision during the day
[4] In the first two months after delivery
Note: A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

8.6 Nutritional Status

The nutritional status of young children and women is a measure of the general health status of a country, as they are the most vulnerable group in the community. This study therefore reviews the nutritional status of young children and women in rural Nepal. The nutritional status of children and women is assessed through anthropometric measurements.

8.6.1 Nutritional Status of Children

In line with the 2006 NDHS, this study collected information on the nutritional status of children under five years of age for the three indices, namely, weight-for-age, height-for-age and weight-for-height, in relation to the age and the sex of the children. As in the 2006 NDHS, the weight measurements were taken using the SECA scale designed and manufactured under the guidance of UNICEF. These scales allow the weighing of very young children through an automatic mother-child adjustment that eliminate the mother's weight while she stands on the scale with her baby. Shorr measuring boards were used to take the height/length. Standing height was measured for children 24 months and above, while younger children were measured lying down (recumbent length) on the board.

The recent WHO Child Growth Standards were used to assess the nutritional status of children. This standard is based on international sample of ethnically, culturally, and genetically diverse healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential (WHO, 2006).

The three nutritional indices (*weight-for-height*, *weight-for-age*, and *height-for-weight*) are expressed in standard deviation units (Z-scores) from the median of the reference population. The ***height-for-age*** index indicates linear growth retardation and cumulative growth deficits. Children with a height-for-age Z-score below minus two standard deviation (-2 SD) from the median of the reference population are considered short for their age (stunted) and are chronically malnourished. Children falling below minus three standard deviation (-3 SD) from the median of the reference population are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. Therefore, height-for-age represents the long-term effects of malnutrition in a population and does not vary according to recent dietary intake.

The weight-for-height index measures body mass in relation to body length and describes current nutritional status. Children whose Z-scores are below minus two standard deviations (-2 SD) from the median of the reference population are considered to be thin (wasted) for their height and are acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake during a recent episode of illness, causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely underweight.

Table 8.8 reveals that 46 percent of children under five are stunted and some 16 percent are severely stunted in rural Nepal. This is a significant decline from the baseline of 2006 when it was 50 percent and 21 percent, respectively. This indicates that the nutritional status of children is improving over time.

However, the study indicates a significant rise in the proportion of children having inadequate nutrition in the period immediately preceding the survey, with the proportion of children wasted rising by 17 percent. Similarly, there has been a rise in children severely wasted by 43 percent.

There has been a significant reduction in the proportion of children underweight from 43 percent to 40 percent in the last three years. This indicates a reduction in the situation of acute and chronic malnutrition among children in rural Nepal.

The nutritional status of children does vary with the specific background characteristics of the children (Table 8.8). While 9 percent of children under the age of 6 months are stunted, this increases with the age of the child, whereby more than one in two children above 24 months is stunted. Similarly, the number of children underweight also increases by age. However, wasting does increase up to two years of age and then gradually declines, indicating the better recent feeding practices as the age of the child increases. This pattern is consistent with the baseline of 2006. It can be noted here that a considerably higher proportion of children (11 percent) are wasted at the age of 10-11 months.

The study indicates that there is hardly any variation based on the sex of the child. Children who were small at birth are more likely to be malnourished when taking into account all the three indices. Children living in the hill/mountain regions are more likely to be stunted (52 percent) than those in the Terai (44 percent). However, recent nutritional deficiency is observed more among children in the Terai, with one in five children being wasted. Overall, a higher proportion of children in the Terai reveal chronic malnutrition (41 percent) compared to the hill/mountain region (36 percent). Children of mothers with no education and those living in the lowest wealth quintile tend to be more malnourished, as indicated by all the three indices.

There has been a significant improvement in the nutritional status of children in the NFHP-supported districts with the proportion of children stunted (45 percent), and underweight (38 percent) reducing. On the other hand, except for a reduction in the number of children severely stunted (17 percent), not much improvement can be seen in the control districts.

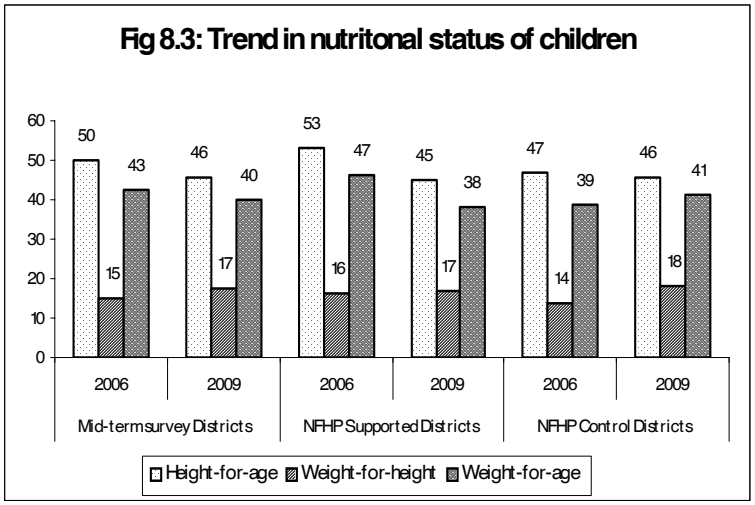


Table 8.8 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Mid-term Survey, 2009

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	
Age in months										
<6	2.5	9.2	0.2	4.6	13.8	(0.1)	4.3	19.5	(0.2)	215
6-9	6.4	23.3	(1.1)	8.8	20.6	(1.0)	7.9	28.3	(1.4)	123
10-11	6.5	32.2	(1.3)	11.3	38.8	(1.5)	16.6	42.0	(1.8)	77
12-23	12.7	45.7	(1.9)	7.4	27.9	(1.4)	16.3	46.8	(1.9)	425
24-35	19.6	51.8	(2.0)	2.8	16.4	(0.9)	15.4	40.8	(1.7)	468
36-47	22.7	57.8	(2.2)	1.6	12.4	(0.9)	12.6	43.5	(1.9)	486
48-59	17.5	51.0	(2.0)	1.9	11.7	(0.9)	11.2	40.1	(1.8)	478
Sex										
Male	15.7	46.2	(1.7)	4.6	18.1	(0.9)	12.1	39.3	(1.6)	1,145
Female	15.8	44.8	(1.8)	3.3	16.8	(0.9)	13.3	40.1	(1.7)	1,127
Birth interval in months[2]										
First birth[3]	12.8	41.9	(1.7)	2.8	14.9	(0.9)	8.2	33.9	(1.6)	626
<24	18.9	51.5	(1.8)	4.1	16.7	(1.0)	15.1	41.4	(1.7)	394
24-47	17.8	49.0	(1.9)	4.5	19.7	(1.1)	16.1	43.8	(1.9)	809
48+	13.6	41.9	(1.7)	5.7	19.1	(1.1)	11.5	43.1	(1.7)	366
Size at birth[2]										
Very small	29.3	66.2	(2.3)	5.1	26.1	(1.3)	22.5	61.1	(2.3)	86
Small	20.6	54.2	(2.1)	6.2	25.1	(1.3)	22.6	54.6	(2.1)	383
Average or larger	14.1	43.5	(1.7)	3.6	15.6	(0.9)	10.3	36.2	(1.6)	1,725
Mother's status										
Interviewed	15.9	46.2	(1.8)	4.1	17.7	(1.0)	12.9	40.4	(1.7)	2,195
Not interviewed/not in household[4]	12.3	26.1	0.3	0.0	10.1	1.4	6.2	20.1	0.6	78
Eco Region										
Hill/Mountain	21.6	51.9	(2.0)	1.4	7.6	(0.7)	11.6	35.7	(1.7)	453
Terai	14.3	43.9	(1.7)	4.6	19.9	(1.0)	12.9	40.7	(1.7)	1,820
Region										
East/Central	16.0	43.3	(1.8)	2.8	16.4	(0.9)	11.0	37.8	(1.6)	1,056
West/Mid/Far West	15.5	47.5	(1.7)	5.1	18.3	(1.0)	14.1	41.4	(1.7)	1,216
Mother's education[5]										
No education	22.1	53.0	(2.0)	6.0	21.8	(1.2)	18.4	48.3	(2.0)	1,206
Primary	11.2	45.9	(1.7)	2.5	14.7	(0.9)	8.2	35.8	(1.6)	401
Some secondary	6.4	34.3	(1.4)	1.6	11.8	(0.7)	5.2	28.4	(1.3)	539
SLC and above	2.2	12.2	(1.1)	0.0	6.2	(0.8)	0.0	14.5	(1.2)	46
Wealth quintile										
Lowest	27.0	58.8	(2.2)	5.4	18.2	(1.1)	19.0	49.2	(2.0)	493
Second	19.3	55.1	(1.7)	5.6	21.8	(0.8)	16.5	47.5	(1.6)	457
Middle	12.1	43.9	(1.8)	3.4	19.2	(1.1)	10.9	40.8	(1.8)	467
Fourth	12.4	39.5	(1.6)	4.1	17.1	(0.9)	9.4	35.8	(1.6)	441
Highest	6.1	27.4	(1.3)	1.2	10.1	(0.7)	6.2	22.8	(1.2)	414
Ethnicity										
Hill Brahmin	7.5	37.0	(1.6)	1.3	13.3	(1.0)	6.8	34.1	(1.6)	217
Hill Chhetri	10.6	42.0	(1.7)	1.9	11.5	(0.8)	8.0	29.4	(1.5)	371
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	-	15
Other Terai/Madhesi Castes	22.6	52.6	(2.1)	9.6	30.8	(1.5)	22.9	57.2	(2.2)	334
Hill Dalit	22.0	54.7	(1.5)	1.8	9.4	(0.2)	12.7	38.3	(1.1)	242
Terai/Madhesi Dalit	25.1	54.3	(2.1)	10.5	33.1	(1.4)	24.0	56.9	(2.2)	136
Newar	0.0	18.5	(1.1)	0.0	1.8	(0.5)	0.0	8.9	(1.0)	53
Hill Janjati	17.5	46.1	(1.9)	0.9	5.7	(0.4)	7.2	29.2	(1.4)	396
Terai Janajati	9.8	40.8	(1.6)	5.0	25.2	(1.4)	12.7	43.8	(1.9)	382
Muslim	23.2	48.0	(1.9)	5.1	24.2	(1.3)	18.7	51.0	(2.0)	126
Mid-term survey districts										
NDHS baseline 2006	20.8	50.0	(1.9)	2.8	14.9	(1.0)	12.1	42.6	(1.8)	3,213
Mid-term survey 2009	15.7*	45.5*	(1.7)	4.0*	17.4*	(0.9)	12.7	39.7*	(1.7)	2,272
NFHP Supported districts										
NDHS baseline 2006	21.8	53.0	(2.0)	3.2	16.2	(1.0)	13.1	46.5	(1.9)	1,653
Mid-term survey 2009	15.9*	45.2*†	(1.7)	2.9	16.8	(0.9)	12.3	38.4	(1.6)	1,286
NFHP Control districts										
NDHS baseline 2006	19.8	47.0	(1.9)	2.4	13.6	(0.9)	11.0	38.5	(1.7)	1,561
Mid-term survey 2009	15.6*	45.9	(1.8)	5.4*	18.2*	(1.0)	13.2	41.4	(1.7)	986
Rural NDHS 2006	21.0	51.1	(2.0)	2.8	13.3	(0.9)	11.4	40.7	(1.8)	4,622

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

[2] Excludes children whose mothers were not interviewed

[3] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

[4] Includes children whose mothers are deceased

[5] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household.

A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 child with missing information on mother's level of education not shown separately.

* This value differs significantly from the value of 2006.

† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

8.6.2 Nutritional Status of Women

This study solicited information on the height and weight of women to assess their nutritional status, as expressed as optimum height and the Body Mass Index (BMI). Women's stature and their BMI impact the reproductive health of a woman and the health of the baby. A woman with poor BMI and stature is more likely to experience obstructed labor, have a low birth weight baby, to have postpartum hemorrhage, and both mother and child could be at increased risk of infection.

The cut-off height as recommended by WHO for women is 145 cm, whereby 12 percent of rural Nepalese women fall below this cut-off. Although not significant, there is a declining trend since the baseline 2006.

Younger women are less likely to fall below the cut-off height compared to older women. Similarly, women in the hill/mountain region (16 percent) and those in the East/Central region (14 percent) are more likely to fall below the cut-off height. As expected, women with no education (15 percent) and those living in the category of the lowest wealth quintile (18 percent) are more likely to fall below the cut-off height.

The Body Mass Index (BMI) as derived by dividing the weight in kilograms by the height squared in meters (kg/m^2) provides a comprehensive measure of thinness or obesity. WHO recommends a cut-off of 18.5 to define thinness or acute malnutrition and recommends that when a prevalence of 20 percent of women fall below this cut-off it should be seen as a public health problem.

There has not been any significant change in the proportion of women falling under the cut-off value of 18.5 in the BMI, with 27 percent of rural women in Nepal suffering from acute malnutrition. Similarly, obesity is also an indication of malnutrition, which has risen significantly by 44 percent in the last three years. Although the national 2006 NDHS indicated obesity to be more of an urban phenomenon it is becoming a feature of rural areas as well.

Women in the younger age group (15-19 years) are more likely to be thin (30 percent) while women in the older age group are more likely to be obese (14 percent). The proportion of women being 'malnourished' or thin (30 percent) and those being obese (9 percent) is higher in the Terai compared to the hill/mountain regions (16 percent and 7 percent, respectively).

Women with no education (30 percent) and those living in the lowest wealth quintile (33 percent) are more likely to be thin (with a BMI less than 18.5). A higher proportion of women living in the highest wealth quintile (18 percent) are obese or over weight (BMI >=25.0).

Table 8.9 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Mid-term Survey, 2009

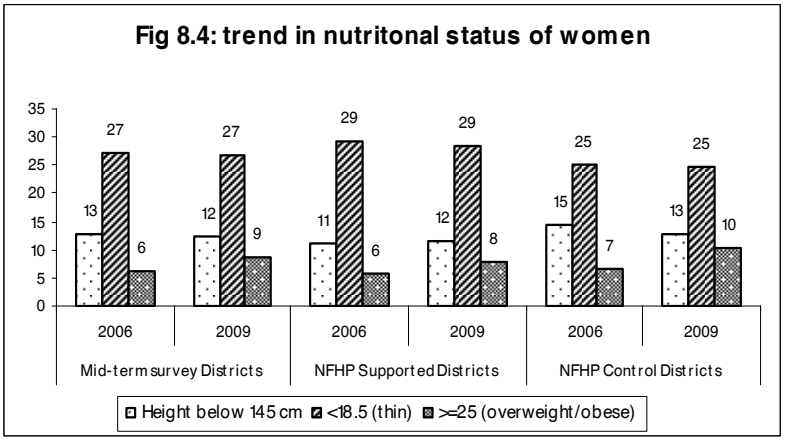
	Height		Body Mass Index [1]								
Background characteristic	Percent-age below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total over-weight or obese)	25.0-29.9 (Over-weight)	>=30.0 (Obese)	Number of women
Age											
15-19	10.5	1,049	19.6	69.0	30.4	18.0	12.4	0.6	0.6	0.0	968
20-29	12.2	1,795	20.4	67.6	25.8	18.5	7.3	6.6	5.7	1.0	1,585
30-39	12.3	1,278	21.1	60.1	25.3	16.3	9.0	14.6	12.7	1.9	1,210
40-49	13.9	883	21.1	59.7	26.7	17.7	9.0	13.5	10.6	2.9	879
Marital status											
Never married	10.9	1,011	19.7	67.6	31.2	19.4	11.9	1.1	1.0	0.1	1,012
Married	12.3	3,815	20.8	63.6	25.7	16.9	8.8	10.7	8.9	1.8	3,452
Divorced/separated/widowed	16.3	179	21.3	62.5	23.7	22.4	1.3	13.8	13.3	0.4	179
Eco Region											
Hill/Mountain	16.0	1,064	20.9	76.7	16.2	11.1	5.2	7.0	6.1	1.0	992
Terai	11.1	3,941	20.4	61.1	29.7	19.5	10.2	9.2	7.7	1.5	3,651
Region											
East/Central	14.2	2,502	20.7	63.0	26.5	16.4	10.2	10.5	8.5	2.0	2,311
West/Mid/Far West	10.2	2,503	20.4	65.9	27.1	19.0	8.1	7.0	6.3	0.7	2,332
Education											
No education	15.1	2,531	20.4	61.1	30.1	19.6	10.5	8.8	7.1	1.7	2,363
Primary	10.8	794	21.2	62.5	22.8	15.7	7.1	14.7	12.7	1.9	738
Some secondary	9.0	1,189	20.4	71.2	23.4	15.0	8.3	5.4	4.7	0.7	1,088
SLC and above	6.9	485	20.6	69.0	24.1	17.4	6.8	6.8	6.5	0.3	449
Wealth quintile											
Lowest	16.3	816	19.7	64.8	32.8	21.3	11.5	2.4	2.3	0.1	747
Second	12.9	894	19.8	64.3	31.8	20.1	11.7	3.9	3.6	0.3	827
Middle	13.5	1,027	20.1	64.0	30.1	17.6	12.5	5.9	5.3	0.6	951
Fourth	11.8	1,126	20.9	65.7	24.0	15.8	8.2	10.4	7.9	2.5	1,043
Highest	7.9	1,142	21.8	63.4	18.6	15.1	3.5	17.9	15.1	2.8	1,075
Mid-term survey districts											
NDHS baseline 2006	12.8	5,132	20.3	66.6	27.3	18.3	9.0	6.1	5.5	0.6	4,806
Mid-term survey 2009	12.2	5,005	20.6	64.4*	26.8	17.7	9.1	8.8*	7.4*	1.4*	4,643
NFHP Supported districts											
NDHS baseline 2006	11.3	2,809	20.2	65.2	29.1	19.7	9.4	5.7	5.1	0.6	2,616
Mid-term survey 2009	11.6	2,739	20.4	63.9	28.5	18.7	9.7	7.7*	6.6*	1.1*	2,569
NFHP Control districts											
NDHS baseline 2006	14.5	2,323	20.4	68.3	25.2	16.7	8.5	6.5	6.0	0.6	2,190
Mid-term survey 2009	12.9	2,266	20.7	65.1*	24.8	16.4	8.4	10.1*	8.4*	1.7*	2,074
Rural NDHS 2006	14.4	9,058	20.3	67.8	25.9	17.4	8.5	6.3	5.9	0.4	8,422

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

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

A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 7 women with missing information on level of education not shown separately.

* This value differs significantly from the value of 2006.



Slightly more women in the NFHP-supported districts (29 percent) are malnourished compared to the control districts (25 percent). However, not much change has taken place over the years regarding women falling below the cut-off point with a BMI of 18.5.

HIV/AIDS 9

Since the first AIDS case was reported in 1988, the HIV epidemic in Nepal has evolved from a “low prevalence” to a “concentrated epidemic”. As of October 2009, a total of 14,787 cases of HIV and 2,627 cases of AIDS were reported to the National Centre for AIDS and STD control (NCASC). Studies have indicated that efforts to control HIV infection by the government and various national and international non-governmental organizations in Nepal have helped to limit the concentrated epidemic in most-at-risk populations. This chapter examines the current level of knowledge on HIV/AIDS, preventive measures, and places where one can get tested for the virus that causes HIV.

9.1 Knowledge of HIV/AIDS and Transmission and Prevention Methods

It is vital to have knowledge on HIV/AIDS its transmission routes and the methods of prevention. HIV prevention needs to reach both people who are at risk of HIV infection and those who are already infected. Respondents were asked if they had ever heard of HIV/AIDS and their knowledge on prevention and transmission.

Table 9.1 presents respondents’ knowledge on HIV/AIDS and the various methods of prevention by background characteristics. The results of Mid-term Survey of 2009 show that 88 percent of rural women in Nepal had heard of AIDS. This has increased significantly from 65 percent in the baseline of 2006.

Younger women and those who had never been married are more likely to have heard of AIDS compared to other women. In addition, knowledge is much higher among women residing in hill/mountain areas (95 percent) than in the Terai (86 percent) and among respondents in the West/Mid/Far western regions (95 percent) than in the East/Central regions (81 percent).

Awareness of HIV/AIDS is likely to increase with a rise in the level of education and wealth. For instance, knowledge on AIDS ranges from a low of 79 percent among women with no education to a high of 100 percent among women with SLC level education or higher. Similarly, respondents belonging to the lowest wealth quintile are less likely to have heard of AIDS as compared to those in the higher quintile groups.

The level of awareness has increased significantly in both the NFHP-supported districts and in the control districts from the baseline of 2006. The increase in the level of knowledge on HIV had been marked in the NFHP-supported districts, with a significant rise being monitored, which allows for similar change in the control districts.

Table 9.1 Knowledge of HIV prevention methods

Percentage of women age 15-49 who has ever heard of AIDS and who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Mid-term survey 2009

	Heard of AIDS		HIV prevention methods			
Background characteristic	Has heard of AIDS	Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms and limiting sexual intercourse to one uninfected partner	Abstaining from sexual intercourse	Number of women
Age						
15-24	90.4	79.6	84.3	76.9	79.5	2,003
..15-19	91.3	79.8	85.4	77.7	80.0	1,051
..20-24	89.4	79.4	83.1	76.1	79.1	952
25-29	90.3	78.1	84.0	75.2	79.3	849
30-39	88.5	73.3	79.6	69.4	77.5	1,281
40-49	80.3	60.6	66.7	55.6	65.5	887
Marital status						
Never married	93.2	82.1	87.0	79.8	81.7	1,015
Married	86.7	72.4	78.2	68.8	74.9	3,825
Divorced/Separated/Widowed	89.4	73.6	77.3	67.6	82.2	180
Eco Region						
Hill/Mountain	94.7	75.1	83.8	71.4	75.4	1,068
Terai	86.3	74.2	78.9	70.8	76.8	3,951
Region						
East/Central	81.1	68.9	72.0	65.3	73.0	2,510
West/Mid/Far West	95.1	79.9	87.9	76.6	80.0	2,509
Education						
No education	78.9	62.0	68.9	58.1	66.8	2,538
Primary	93.8	76.9	82.7	71.2	81.3	794
Some secondary	99.1	91.5	95.0	90.0	88.8	1,194
SLC and above	100.0	92.9	96.5	90.7	89.1	485
Wealth quintile						
Lowest	81.9	61.4	70.2	57.2	67.3	820
Second	80.9	65.9	71.4	62.4	67.4	897
Middle	85.6	72.5	74.9	66.9	73.4	1,028
Fourth	92.4	78.8	85.9	76.6	80.0	1,128
Highest	96.3	87.6	92.2	85.5	89.6	1,146
Mid-term survey Districts						
NDHS baseline 2006	64.6	51.6	57.3	48.9	53.4	6,355
Mid-term survey 2009	88.1*	74.4*	80.0*	70.9*	76.5*	5,019
NFHP Supported Districts						
NDHS baseline 2006	60.1	46.7	53.6	44.7	48.5	3,081
Mid-term survey 2009	87.1*†	74.3*†	79.8 *†	71.2*†	76.4*†	2,745
NFHP Control Districts						
NDHS baseline 2006	68.8	56.2	60.7	52.9	57.9	3,274
Mid-term survey 2009	89.4*	74.4*	80.1*	70.6 *	76.6 *	2,274
Rural NDHS 2006	69.2	55.1	61.5	52.1	57.6	9,106

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

Knowledge on different modes of HIV prevention has improved significantly among rural women in Nepal in the last three years. This rise has been observed by more than 40 percent regarding all the preventive measures highlighted in Table 9.1, namely, using condoms, limiting the number of sexual partners, and abstaining from sexual intercourse.

This level of knowledge is relatively higher among younger women and those who have never been married, than among older and married women. Educated women tend to have a better level of knowledge on HIV and methods of prevention. Table 9.1 indicates that women who have an education to SLC level and above have the highest level of awareness compared to women with no education on how to prevent HIV, Methods of prevention they cited included using a condom (93 percent); limiting sexual intercourse to one sexual partner (97 percent); and abstaining from sexual intercourse (89 percent). Likewise, women residing in

the hill/mountain regions and in the West/Mid/Far western regions have more knowledge about the various modes of prevention compared to women in the Terai and in the East/Central region.

Among the different HIV prevention methods, most women in the survey districts in both NFHP-supported districts and in the control districts (80 percent each) are aware that limiting sexual intercourse to one uninfected partner could prevent the transmission of HIV. The percentage reporting this has increased significantly from 57 percent from the baseline of 2006, to 80 percent in 2009. The increase is more prominent in the NFHP-supported districts while accounting for similar change in the control districts. Awareness of the use of condoms in order to prevent HIV has increased significantly from the baseline of 2006 to 2009, especially in the NFHP-supported districts (from 47 percent to 74 percent).

9.2 Comprehensive Knowledge about HIV/AIDS Transmission

Comprehensive knowledge is defined as correctly identifying the two major ways of preventing sexual transmission of HIV: by consistently using condom at every sexual encounter and by limiting sex to one faithful, uninfected partner and rejecting the two most common local misconception that HIV can be transmitted through mosquito bites or can be transmitted by sharing food with someone who has AIDS, and knowing that a healthy-looking person can have HIV.

Table 9.2 indicates that more women are now aware about the misconceptions regarding AIDS and the level of knowledge has improved significantly. However, compared to the other misconceptions, the idea that the transmission of AIDS is possible through mosquito bites is still widespread. For example, around one-third of respondents in the Mid-term Survey districts were aware that the virus cannot be spread through mosquito bites, which means that around two-thirds of the respondents still believe that HIV can be transmitted in this way.

Comprehensive knowledge about AIDS is likely to decrease with age. The knowledge is higher among women who have never been married, compared to ever-married women. Similarly, comprehensive knowledge is much higher among women in the Terai (26 percent) than in the hill/mountain regions (17 percent).

Table 9.2 also indicates that the higher the level of education and wealth, the higher the comprehensive knowledge about AIDS. For instance, comprehensive knowledge about AIDS ranges from 9 percent among women with no education, to a high of 61 percent among women with SLC or higher levels of education; and 8 percent among women belonging to the lowest wealth quintile to 43 percent among women from the highest quintile groups.

The level of knowledge on different misconceptions regarding HIV/AIDS was found to be similar in the NFHP-supported districts and in the control districts. Table 9.2 shows that comprehensive knowledge about HIV/AIDS has increased significantly, especially in the NFHP program districts, from 17 percent at the baseline to 25 percent in the Mid-term Survey, with the rise being statistically significant, allowing for a similar rise in the control districts.

Table 9.2 Comprehensive knowledge about AIDS

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Mid-term survey, 2009

Background characteristic	Percentage of respondents who say that:				Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	A person cannot become infected by sharing food with a person who has AIDS	A person cannot get the AIDS virus by touching someone who has AIDS			
Age							
15-24	74.9	41.9	62.3	77.6	33.1	30.7	2,003
15-19	75.1	43.7	64.6	80.7	34.0	31.8	1,051
20-24	74.6	39.8	59.7	74.1	32.1	29.5	952
25-29	73.5	37.0	55.9	72.2	28.9	26.9	849
30-39	65.5	31.8	49.1	69.3	22.5	20.9	1,281
40-49	58.3	19.9	33.9	55.9	12.9	11.1	887
Marital status							
Never married	78.3	49.6	71.1	84.2	41.0	38.2	1,015
Married	67.2	30.8	48.0	67.1	22.4	20.5	3,825
Divorced/Separated/Widowed	63.5	31.1	51.2	70.8	21.2	21.0	180
Education							
No education	56.7	17.5	31.9	53.0	9.7	8.7	2,538
Primary	70.0	34.8	54.8	78.2	22.7	20.3	794
Some secondary	84.8	56.8	79.4	92.4	47.1	44.6	1,194
SLC and above	96.0	68.7	93.1	97.5	65.7	60.6	485
Wealth quintile							
Lowest	57.7	19.2	34.0	54.7	9.8	8.2	820
Second	60.0	21.2	38.2	58.2	13.7	12.4	897
Middle	65.4	30.8	46.9	65.5	21.2	18.9	1,028
Fourth	74.4	41.9	60.0	77.4	32.6	30.9	1,128
Highest	83.4	52.3	75.9	90.0	45.5	42.6	1,146
Eco Region							
Hill/Mountain	70.0	30.1	49.0	68.3	19.3	16.9	1,068
Terai	69.1	35.8	53.8	71.4	27.9	26.0	3,951
Region							
East/Central	63.5	35.9	51.1	64.6	27.7	26.1	2,510
Mid/Far West	75.2	33.3	54.5	76.8	24.5	22.1	2,509
Mid-term survey Districts							
NDHS baseline 2006	58.5	27.8	46.2	59.4	21.7	18.6	5,162
Mid-term survey 2009	69.3*	34.6*	52.8*	70.7*	26.1*	24.1*	5,019
NFHP Supported Districts							
NDHS baseline 2006	55.8	26.8	45.0	57.3	21.1	17.4	2,823
Mid-term survey 2009	68.7*†	35.7*†	52.4*	70.2*	27.1*†	25.3*†	2,745
NFHP Control Districts							
NDHS baseline 2006	61.7	29.0	47.7	61.9	22.5	19.9	2,339
Mid-term survey 2009	70.1*	33.2*	53.4*	71.3*	24.8	22.6*	2,274
Rural NDHS 2006	55.9	25.7	40.1	53.2	19.2	16.9	9,106

[1] Two most common local misconceptions: from mosquito bites and share food someone with who has AIDS.

[2] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Note: * This value differs significantly from the value of 2006.
† This value differs significantly from the value of 2006 after allowing for the similar difference in the control districts.

9.3 Knowledge on HIV Testing

HIV counseling and testing is very important for HIV prevention. People living with HIV are less likely to transmit the virus to others and care for their own health if they know they are infected. Those who are uninfected can also benefit by receiving counseling on how to remain uninfected. It is therefore important to increase awareness on HIV testing, especially among those who are most at risk of getting infected to help improve their health and prevent themselves and others from transmitting the virus.

In order to assess knowledge on HIV testing, respondents were asked whether they knew of a place where people can get tested for HIV. They were also asked whether they themselves have had ever been tested for HIV (Table 9.3).

Table 9.3 Knowledge of source of HIV testing and ever tested

Percentage of women age 15-49 who know where to get an HIV test, and the percentage who were ever tested, according to background characteristics, Mid-term survey 2009

Background characteristic	Among women who know where to get an HIV test					Percentage of women ever tested	Number of women
	Government sector	Non-govt sector	Private	Other	Don't know		
Age							
15-19	55.8	3.5	22.1	0.0	40.4	2.5	959
20-24	51.1	7.0	28.0	0.0	41.4	5.4	851
25-29	48.9	6.4	23.5	0.3	46.5	6.1	766
30-34	43.8	5.9	19.2	0.2	50.6	5.2	603
35-39	42.2	4.1	17.9	0.0	53.8	4.9	531
40-44	33.8	3.6	11.2	0.0	63.8	1.7	389
45-49	39.0	5.3	13.5	0.0	60.2	1.9	323
Marital status							
Never married	57.7	4.3	25.9	0.0	37.6	0.8	945
Married	44.9	5.2	19.5	0.1	50.8	5.2	3316
Divorced/Separated/Widowed	36.0	12.0	22.0	0.0	57.2	4.7	161
Eco Region							
Hill/Mountain	57.8	2.2	22.1	0.1	40.8	1.9	1012
Terai	44.1	6.1	20.6	0.1	50.4	4.9	3411
Region							
East/Central	47.3	2.6	20.5	0.0	49.1	4.0	2037
West/Mid/Far West	47.2	7.4	21.4	0.2	47.4	4.4	2386
Ethnicity							
Hill Brahmin	61.6	7.5	30.5	0.4	35.4	5.0	610
Hill Chhetri	58.5	8.6	25.6	0.2	35.0	6.0	846
Terai/Madhesi Brahman/Chhetri	56.7	6.8	30.4	0.0	39.3	2.4	42
Other Terai/Madhesi Castes	32.8	1.4	13.1	0.0	66.0	3.0	397
Hill Dalit	52.9	5.1	21.3	0.0	44.3	5.2	425
Terai/Madhesi Dalit	23.7	2.2	7.7	0.0	74.5	1.9	147
Newar	54.3	4.4	26.4	0.0	43.2	3.3	158
Hill Janjati	45.4	3.7	20.9	0.0	49.3	3.6	1006
Terai Janajati	34.8	4.8	13.8	0.0	58.6	3.5	740
Muslim	11.2	0.6	8.2	0.0	88.8	0.0	50
Education							
No education	33.5	3.1	10.9	0.1	64.1	2.2	2002
Primary	47.6	5.5	24.6	0.0	46.7	5.2	745
Some secondary	59.1	7.1	24.6	0.2	34.7	6.4	1183
SLC and above	75.3	9.2	48.4	0.0	17.2	5.8	485
Wealth quintile							
Lowest	43.2	2.7	13.2	0.2	54.7	1.9	671
Second	39.2	3.8	15.2	0.0	58.2	2.9	726
Middle	46.5	4.8	19.0	0.0	49.2	4.5	880
Fourth	49.0	6.6	24.2	0.2	45.7	4.4	1,043
Highest	54.1	6.7	28.0	0.0	39.2	6.2	1,104
Mid-term survey districts	47.3	5.2	21.0	0.1	48.2	4.2	4423
NFHP Supported districts	46.9	5.1	19.9	0.2	48.2	2.8	2391
NFHP Control districts	47.8	5.4	22.3	0.0	47.9	5.9	2032

Note: Total includes 6 women with missing information on level of education not shown separately.

Table 9.3 shows that slightly more than 50 percent of respondents were aware of a place to get tested for HIV. Women more often reported the government sector as the place where HIV can be tested for. About one in five mentioned the private sector, while only 5 percent mentioned non-government organizations.

Knowledge of HIV testing in government facilities is higher among younger women (15-19 years) and lowest among older women (40-44 years). Similarly, knowledge of testing in non-government and private facilities is highest among younger women. Women who have never been married are more likely to know of a place to get tested for HIV than ever-married

women. Knowledge is relatively higher among women residing in the hill/mountain regions than in the Terai.

Very few respondents reported ever having taken an HIV test. Ever married women, women with higher level of education, and those belonging to wealthy families and residing in the Terai are more likely to have been tested than women in other categories.

In the NFHP-supported and control districts, slightly less than 50 percent reported the government sector as a place where HIV can be tested. After the government sector, the private sector was known to approximately one in five respondents in both the NFHP-supported districts and in the control districts. The percentage tested for HIV in the NFHP-supported districts is comparatively small, when compared to the control districts. Similarly, the percentage tested is highest among women age 25-29 years and lowest among women age 40-44 years.

OTHER HEALTH ISSUES 10

This chapter covers some health-related issues such as hand washing practices; knowledge on the presence of FCHVs in communities, and the kind of services provided by them; and knowledge about mothers' groups meeting with FCHVs. This chapter also explores women's awareness and practices of health services in government facilities and respondents' practices of visiting health facilities and pharmacies. This section assesses the knowledge and practices among all women in the survey.

10.1 Hand Washing Practices

Hand washing with soap is among the most effective and inexpensive ways to prevent the spread of bacteria and viruses that causes food-borne diseases. Since 2008, October 15th has been marked as 'Global Hand Washing Day'. The campaign is dedicated to raising awareness of hand washing with soap as a key approach to disease prevention.

Table 10.1: Hand Washing Practices

Percentage of women age 15-49 who used soap and hand washing by background characteristics, Mid-term survey, 2009

Background characteristics	Use of soap yesterday	Hand washing with soap	Frequency of hand washing							Mean	Number of Women
			1	2	3	4	5	6	7		
Age											
15-19	90.5	80.0	9.4	28.3	24.8	11.9	3.0	1.8	0.9	2.4	1,051
20-24	88.6	77.5	8.7	22.6	25.8	12.5	4.5	1.7	1.7	2.5	952
25-29	88.2	73.8	10.1	23.6	21.4	11.5	2.7	1.0	3.5	2.4	849
30-34	86.1	73.4	9.1	25.5	23.4	9.0	3.5	1.8	1.2	2.4	662
35-39	83.8	70.6	10.1	25.7	20.7	10.1	2.1	1.2	0.3	2.2	619
40-44	78.3	63.7	13.7	26.9	15.7	5.0	1.7	0.2	0.5	1.9	477
45-49	79.9	64.2	13.5	26.0	19.5	3.1	0.5	0.0	1.6	1.9	409
Eco Region											
Hill/Mountain	80.9	72.0	11.9	29.6	20.9	6.2	1.9	0.8	0.7	2.2	1,068
Terai	87.8	74.0	9.7	24.3	22.8	11.0	3.1	1.4	1.7	2.4	3,951
Region											
East/Central	88.9	71.0	9.9	24.2	23.2	9.1	2.1	1.2	1.4	2.2	2,510
West/Mid/Far West	83.7	76.3	10.5	26.7	21.7	10.8	3.6	1.4	1.5	2.5	2,509
Highest educational level											
No education	79.3	61.3	12.0	25.0	16.8	5.1	1.3	0.3	0.7	1.8	2,538
Primary	88.0	78.8	10.9	26.7	26.3	10.1	2.1	0.4	2.1	2.4	794
Some secondary	95.1	89.0	7.5	28.8	29.1	14.7	4.9	2.6	1.5	2.8	1,194
SLC and Above	98.6	91.7	6.5	16.7	29.2	23.3	7.2	4.3	4.5	3.2	485
Wealth quintile											
Lowest	72.3	55.0	12.6	24.3	13.4	2.2	1.5	0.0	1.0	1.7	820
Second	81.1	64.9	10.3	27.1	17.4	6.6	2.5	0.6	0.3	2.0	897
Middle	86.1	70.1	8.8	27.0	21.6	9.7	1.7	0.6	0.7	2.1	1,028
Fourth	90.7	81.7	10.3	27.0	25.7	9.7	4.1	2.9	2.0	2.6	1,128
Highest	96.2	88.9	9.5	22.0	30.3	18.5	4.0	1.7	3.0	2.8	1,146
Mid-term survey Districts											
Baseline 2006 NDHS	78.8	64.5	12.9	23.3	15.6	6.6	3.4	1.2	1.2	2.1	5,162
Mid-term survey 2009	86.3*	73.6*	10.2*	25.4*	22.4*	9.9*	2.9	1.3	1.5	2.3	5,019
NFHP Supported Districts											
Baseline 2006 NDHS	79.2	66.1	13.0	22.5	15.8	7.4	4.1	1.6	1.5	2.2	2,823
Mid-term survey 2009	86.6*	74.7*	9.9*	25.6 *	22.1*	11.3*	2.5*	1.5	1.6	2.4	2,745
NFHP Control Districts											
Baseline 2006 NDHS	78.3	62.6	12.8	24.3	15.5	5.6	2.5	0.8	0.7	2.0	2,339
Mid-term survey 2009	86.0*	72.3*	10.5*	25.1	22.8*	8.3*	3.3	1.0	1.3*	2.3	2,274
Rural 2006 NDHS	75.9	60.6	13.4	22.5	14.7	6.0	2.2	0.7	1.0	2.0	9,106

Note: * This value differs significantly from the value of 2006.

The survey included some questions on hand washing practices, like whether respondents had used soap for any purpose in the 24 hours prior to the survey, and if so, for what purpose and how many times did they wash their hands with soap.

Table 10.1 indicates a significant increase in the percentage of respondents using soap as well as using soap for hand washing in the Mid-term Survey of 2009, an increase by 10 percent and 14 percent respectively, from the baseline of 2006. Nearly nine in ten women (86 percent) used soap for any purpose. Similarly, three-fourths of women used soap to wash their hands. On average, women washed their hands with soap twice in the baseline and the mean number remains constant in the Mid-term Survey.

Women in the Terai (74 percent) and those residing in the Mid/Far/West region (76 percent) are more likely to wash their hands with soap than women residing in the hill/mountain regions (72 percent) and in the East/Central region (71 percent).

Similarly, a very positive impact of education and wealth can be seen in the practice of hand washing with soap. The higher the level of education and wealth, the better is the practice of hand washing with soap. For instance, hand washing with soap ranges from a low of 61 percent among women with no education to a high of 92 percent among women with SLC and above. Likewise, only 55 percent of women belonging to the lowest wealth quintile washed their hands with soap, compared to 89 percent of women in the highest quintile.

The findings indicate that there has been a significant rise in the percentage of women using soap in the day preceding the survey in the NFHP-supported districts (87 percent) and the control districts (86 percent) from the baseline situation. Similarly, women using soap for hand washing has improved significantly over the three year period in the NFHP-supported districts and in the control districts.

10.2 Knowledge on FCHVs in Communities

Female Community Health Volunteers (FCHVs) are local women voluntarily serving the community with community-based health education and primary health care services. FCHVs are selected by local mothers' groups with the help of local health personnel and are provided 18 days of training. The prime responsibilities of FCHVs include addressing maternal and child health and family planning issues and participating in the bi-annual distribution of Vitamin A capsules and the National Immunization Days (NIDS). They provide community-based treatment of acute respiratory infections (ARI) and referral to health facilities. They also provide some basic health information to women, including information on pregnancy.

Realizing the importance of the role of FCHVs in rural communities, there were a series of questions included in the Mid-term Survey regarding the knowledge and kind of services provided by them.

Respondents were asked whether they were aware of the presence of FCHVs serving in their area and the time taken to reach their home. Table 10.2 shows a large majority, more than nine out of ten women, were aware of the presence of FCHVs in their area. There is hardly any difference in their knowledge on the presence of FCHVs in their area by background characteristics. This clearly shows how popular the FCHVs are in the rural communities of Nepal.

Table 10.2 Knowledge on FCHV

Percentage of women age 15-49 with knowledge on presence of FCHV in the community and time taken to reach the residence of FCHV by background characteristics, Mid-term survey 2009

Background characteristics	Knows FCHV	Number of Women	Time taken to reach FCHV's residence in minutes						
			0-5 minutes	6-10 minutes	11-30 minutes	30+ minutes	Don't know	Mean	Number of Women
Age									
15-19	92.0	1,051	49.7	21.2	23.1	5.5	0.4	12.3	967
20-24	95.2	952	43.6	26.9	23.9	5.2	0.4	12.5	906
25-29	98.0	849	39.8	29.6	25.4	4.8	0.5	12.8	831
30-34	97.3	662	40.7	22.8	30.2	5.9	0.5	14.0	644
35-39	95.6	619	42.9	25.3	24.7	6.5	0.6	13.2	592
40-44	94.7	477	40.6	26.5	26.7	5.9	0.2	13.5	452
45-49	95.4	409	44.6	28.0	23.8	3.4	0.3	11.6	391
Eco Region									
Hill/Mountain	95.4	1,068	28.7	19.8	36.0	14.9	0.6	20.4	1,020
Terai	95.2	3,951	47.5	27.1	22.3	2.8	0.4	10.8	3,763
Region									
East/Central	94.2	2,510	42.8	28.4	23.5	5.1	0.3	12.8	2,366
West/Mid/Far West	96.3	2,509	44.2	22.7	26.9	5.7	0.5	12.9	2,417
Ethnicity									
Hill Brahmin	94.9	618	40.1	29.7	23.8	6.4	0.0	14.1	586
Hill Chhetri	96.6	868	45.4	23.9	25.7	4.4	0.6	12.0	838
Terai/Madhesi Brahman/Chhetri	96.5	48	58.7	35.3	5.9	0.0	0.0	6.9	46
Other Terai/Madhesi Castes	94.7	606	51.6	34.0	13.7	0.4	0.3	8.3	574
Hill Dalit	99.4	443	38.9	21.0	30.8	8.2	1.1	15.0	440
Terai/Madhesi Dalit	97.2	252	50.2	32.7	16.8	0.0	0.3	8.4	244
Newar	94.2	165	37.2	25.0	31.0	6.8	0.0	14.6	155
Hill Janjati	92.6	1,058	35.7	19.0	33.2	11.4	0.7	17.9	979
Terai Janajati	95.2	823	50.1	21.5	25.7	2.6	0.0	10.8	784
Muslim	96.8	139	35.6	50.9	12.1	0.6	0.8	8.1	134
Education									
No education	96.0	2,538	41.0	27.3	25.6	5.5	0.5	13.1	2,436
Primary	92.5	794	42.6	22.3	26.2	8.4	0.6	14.9	735
Some secondary	95.8	1,194	47.6	23.5	24.9	3.8	0.1	11.6	1,145
SLC and above	94.7	485	47.7	26.5	21.9	3.4	0.4	11.2	460
Wealth quintile									
Lowest	96.2	820	36.7	17.8	29.9	14.8	0.8	19.6	788
Second	96.7	897	36.6	27.3	31.1	4.7	0.3	13.3	867
Middle	94.4	1,028	46.0	28.1	22.5	3.3	0.1	11.2	971
Fourth	96.3	1,128	49.2	26.0	21.4	3.2	0.2	10.7	1,087
Highest	93.3	1,146	46.1	26.9	23.2	3.0	0.8	11.0	1,069
Mid-term survey districts	95.3	5,019	43.5	25.5	25.2	5.4	0.4	12.8	4,782
NFHP Supported districts	94.9	2,745	39.5	27.2	26.9	5.8	0.6	13.6	2,603
NFHP Control districts	95.8	2,274	48.3	23.5	23.1	4.8	0.2	11.9	2,179

Note: Total includes 7 women with missing information on level of education not shown separately.

Being represented at the ward level or selected on the basis of population-based catchment areas, FCHVs are supposed to be in close vicinity of the rural community so that services can be readily available to them (Ministry of Health, 2008). Women were asked for the distance to the residence of the FCHV in their locality. Overall, the average distance to the residence of the FCHV was 13 minutes in rural Nepal, About 44 percent of the women reported FCHVs being within 0-5 minutes from their home. Only 5 percent reported that the FCHV lived at a distance of more than 30 minutes from their home.

As expected, due to the difficult terrain in the hill/mountain regions, the average time taken to reach the residence of FCHVs was almost double when compared to the Terai (20 minutes and 11 minutes, respectively).

Furthermore, women with no education (mean distance of 13 minutes) or primary education (mean distance of 15 minutes) are likely to have least access to FCHVs compared to women with higher education. The socioeconomic condition also seem to have an influence, with

FCHVs being further away from women belonging to the lowest wealth quintile (20 minutes) when compared to those living in the highest wealth quintile (11 minutes).

In the control districts, slightly less than 50 percent of women reported that the distance to the FCHV's residence was just 0-5 minutes from their house. While in the NFHP-supported districts, only 40 percent of respondents said so. The average time taken to reach FCHV's residence in the NFHP-supported districts was slightly more when compared to the control districts (14 minutes and 12 minutes, respectively).

10.3 Services Provided by FCHVs

In the context of rural Nepal where trained health workers are scarce and maternal and child mortality rates are high, the role of FCHVs has made health care more accessible and acceptable to communities by acting as a key referral link between the health services and communities.

To assess the role of FCHVs in communities, respondents were asked if they were aware of the kinds of services that FCHVs provide. It is imperative to mention that almost 100 percent of respondents were aware that FCHVs provide Vitamin A to women and children. Similarly, around nine out of ten women were aware that FCHVs provide advice to pregnant mothers.

A large majority were also aware of the other type of services that FCHVs provide, such as advice and treatment of diarrhea, advice to postpartum mothers, information on health, advice on newborn care, advice and treatment of ARI, and the supply of condoms and pills. About one in three respondents mentioned that FCHVs discuss topics related to HIV/AIDS.

Women residing in the West/Mid/Far West region are more likely to be aware of the kinds of services provided by FCHVs than women residing in the East/Central region.

Table 10.3 indicates that the role of FCHVs in the NFHP-supported districts is more prominent than in the control districts.

Table 10.3 Services Provided by FCHV

Percentage of women age 15-49 with knowledge on services provided by FCHV by background characteristics, Mid-term survey 2009

Background characteristics	Health information	Advice to pregnant mothers	Advice to postpartum mothers	Advice on newborn care	Advice and treatment of diarrhea	Advice and treatment of ARI	Supply condoms and pills	Provide vitamin A to women and children	HIV/ AIDS information	Number of women
Age										
15-19	77.1	86.9	74.8	67.7	79.2	62.8	50.4	99.6	36.2	967
20-24	76.0	86.9	73.0	66.8	77.4	59.4	61.9	99.4	32.5	906
25-29	75.9	87.6	71.5	61.8	77.0	60.4	63.9	99.4	29.1	831
30-34	76.0	89.7	75.1	68.5	78.6	62.6	68.7	98.9	35.6	644
35-39	73.4	91.3	76.7	66.2	80.5	65.2	63.6	99.8	35.7	592
40-44	77.6	84.5	73.9	62.4	78.6	55.2	59.2	99.1	24.4	452
45-49	74.5	89.5	70.6	62.7	80.2	55.3	52.7	99.7	24.8	391
Eco Region										
Hill/Mountain	81.5	85.2	71.8	66.3	80.7	67.8	41.6	99.0	23.9	1,020
Terai	74.4	88.7	74.3	65.3	78.0	58.8	65.0	99.5	34.3	3,763
Region										
East/Central	70.7	85.2	69.2	60.7	72.8	47.3	53.0	99.3	25.8	2,366
West/Mid/Far West	81.0	90.6	78.1	70.2	84.2	73.8	66.9	99.5	38.2	2,417
Ethnicity										
Hill Brahmin	84.7	90.4	78.9	70.3	86.4	70.9	61.0	99.6	39.4	586
Hill Chhetri	85.7	93.2	82.5	76.1	87.5	77.3	70.4	99.9	42.5	838
Terai/Madhesi Brahman/Chhetri	78.7	86.3	74.2	63.3	62.1	37.3	52.7	100.0	23.7	46
Other Terai/Madhesi Castes	65.2	85.5	62.1	49.9	57.7	36.8	52.2	99.6	17.9	574
Hill Dalit	86.3	90.0	78.0	70.1	87.2	75.3	59.4	99.6	40.9	440
Terai/Madhesi Dalit	64.6	85.4	65.7	53.0	60.3	42.3	57.8	99.2	24.7	244
Newar	77.5	89.3	83.1	73.6	87.0	61.6	63.0	100.0	21.7	155
Hill Janjati	70.1	82.5	70.6	66.8	81.2	56.7	48.1	98.8	26.8	979
Terai Janajati	71.9	87.8	74.0	63.3	80.9	62.6	69.9	99.2	37.2	784
Muslim	71.0	92.9	56.5	48.6	45.4	25.0	58.7	100.0	4.0	134
Mother's education										
No education	73.5	86.9	69.8	59.3	73.9	55.5	59.2	99.5	26.0	2,436
Primary	77.1	88.8	78.9	68.8	83.6	69.4	63.2	99.4	33.3	735
Some secondary	79.6	88.5	77.6	73.1	83.7	66.5	60.2	99.2	41.7	1,145
SLC and above	77.6	90.5	77.1	74.8	82.3	59.8	59.0	99.4	37.9	460
Wealth quintile										
Lowest	75.2	84.9	69.4	59.4	72.3	60.0	57.6	99.3	27.6	788
Second	75.4	87.5	73.9	62.7	75.2	61.5	58.8	99.5	27.9	867
Middle	75.1	87.4	73.3	63.7	76.5	58.4	58.3	99.4	29.5	971
Fourth	77.2	90.4	74.4	67.7	82.0	62.2	62.5	99.5	33.9	1,087
Highest	76.2	88.5	76.5	71.7	84.3	61.1	61.8	99.3	39.1	1,069
Mid-term survey districts	75.9	87.9	73.7	65.5	78.6	60.7	60.0	99.4	32.1	4,782
NFHP Supported districts	76.1	90.1	76.8	67.7	80.7	63.1	63.9	99.7	33.2	2,603
NFHP Control districts	75.7	85.3	70.1	62.9	76.0	57.8	55.4	99.0	30.7	2,179

Note: Total includes 7 women with missing information on level of education not shown separately.

10.4 Mothers' Group Meetings with FCHVs

Every ward has a mothers' group, also known as *Ama Samuha*, where mothers are active, take initiative and dedicate their time to development activities, cultural programs, and income generation activities. Since FCHVs are also members of the group, they play an important role in motivating and educating local mothers and community members in the promotion of family planning, safe motherhood, child health and other community health services.

In the Mid-term Survey, respondents were asked whether they were aware of the mothers' group meetings with FCHVs in their community, and if so, whether they had participated in the meeting and when the most recent meeting they had participated in was. Table 10.4 shows that 50 percent of respondents were aware of mothers' group meetings with the participation of FCHVs in their community, including both the NFHP-supported districts and the control districts. Women with a secondary level of education and those belonging to the

wealthiest families were more likely to be aware of the meetings in their communities than women in other categories.

The large majority of respondents (72 percent) had never participated in a mothers' group meeting. However, around 12 percent said they had participated a month earlier and around 8 percent before 3 months prior to the survey in both the NFHP-supported and control districts.

Table 10.4 Mothers' Group Meeting

Percentage of women age 15-49 with knowledge on mothers' group meeting with FCHV, participation in such meeting, and when such last meeting was held by background characteristics, Mid-term survey 2009

Background characteristics	Know mothers' group meeting with FCHV	Number of Women	Participation among those knowing about it					Number of Women
			<1 month	1-<2 months	2-<3 months	3+ months	Never participated	
Age								
15-19	47.3	1,051	3.1	2.4	1.6	3.8	89.1	496
20-24	48.5	952	11.3	4.7	2.5	5.6	76.0	462
25-29	50.2	849	13.8	7.9	1.1	8.5	68.8	426
30-34	49.5	662	16.4	10.1	0.8	9.4	63.2	328
35-39	51.5	619	13.5	8.5	3.9	12.1	62.0	319
40-44	50.5	477	14.9	8.6	3.7	7.2	65.6	241
45-49	57.9	409	12.4	8.7	1.8	12.7	64.4	237
Eco Region								
Hill/Mountain	52.7	1,068	16.1	7.4	1.7	6.7	68.1	563
Terai	49.3	3,951	10.2	6.5	2.2	8.2	72.9	1,946
Region								
East/Central	45.3	2,510	10.3	8.1	2.0	6.5	73.1	1,138
West/Mid/Far West	54.6	2,509	12.5	5.6	2.2	9.0	70.7	1,371
Ethnicity								
Hill Brahmin	51.4	618	11.0	5.0	1.9	7.0	75.2	318
Hill Chhetri	62.2	868	13.1	3.3	2.6	6.7	74.4	540
Terai/Madhesi Brahman/Chhetri	34.4	48	(1.2)	(11.3)	(12.6)	(2.2)	(72.7)	17
Other Terai/Madhesi Castes	36.4	606	7.1	9.0	2.2	5.1	76.6	221
Hill Dalit	63.8	443	11.5	8.5	1.3	12.0	66.7	282
Terai/Madhesi Dalit	41.8	252	2.0	21.7	1.8	6.5	68.0	105
Newar	43.6	165	24.5	5.6		10.8	59.0	72
Hill Janjati	50.2	1,058	11.2	4.6	1.1	5.9	77.1	531
Terai Janajati	46.3	823	14.6	9.1	3.7	12.1	60.5	381
Muslim	30.3	139	0.0	7.5	0.0	4.3	88.2	42
Education								
No education	48.0	2,538	12.6	8.0	2.4	9.2	67.7	1,219
Primary	49.7	794	14.2	6.9	1.6	7.5	69.8	394
Some secondary	55.2	1,194	8.9	5.2	2.4	4.7	78.8	659
SLC and above	48.4	485	8.7	3.7	0.3	10.5	76.8	235
Wealth quintile								
Lowest	51.4	820	12.3	6.2	2.1	6.3	73.2	421
Second	45.8	897	11.0	9.0	3.5	10.5	65.9	411
Middle	47.4	1,028	14.8	8.3	2.1	6.3	68.4	487
Fourth	49.4	1,128	10.1	4.7	3.0	7.6	74.6	558
Highest	55.1	1,146	10.1	6.1	0.3	8.6	74.9	632
Mid-term survey districts	50.0	5,019	11.5	6.7	2.1	7.9	71.8	2,509
NFHP Supported districts	49.9	2,745	11.4	6.2	2.4	8.3	71.7	1,371
NFHP Control districts	50.0	2,274	11.6	7.3	1.7	7.4	71.9	1,138

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 7 women with missing information on level of education not shown separately.

Women with a higher level of education were more likely to participate in mothers' group meetings than women with a lower level of education.

10.5 Awareness and Practice of Health Services in Government Facilities

The Government of Nepal, through the Interim Constitution, has embraced "health for all" as a fundamental human right. To realize this vision, MOHP committed itself to providing free health services to all citizens nationwide from January 2008. In order to encourage women to use the services of SBA and to opt for a facility birth, the Maternity Incentive Scheme was

introduced in January 2005. The scheme provides free services to women delivering at government health facilities. Women are also given incentives to cover transportation costs of Rs. 1,500 in the mountains, Rs. 1,000 in the Hills and Rs. 500 in the Terai.

The Mid-term Survey included some questions to assess women's knowledge about free delivery and other health services provided by the government. More than two-thirds of women knew about the free delivery service in government facilities. Similarly, three in four respondents were aware of the incentives given in the government facilities for delivery. It can be noted here that about 70 percent of the respondents who delivered in the government health facility received a cash incentive[16].

Women residing in hill/mountain regions and in the West/Mid/Far West region are more likely to be aware of the health facilities provided by the government. Data by age shows that knowledge is highest among women aged 35-39, and lowest among women aged 40-44. Similarly, women with a higher level of education and those belonging to wealthy families are more likely to be aware of these facilities introduced by the government.

The number of women visiting government health facilities and paying a registration fee in the 12 months prior to the survey is higher in the Terai and in the East/Central region than in the hills/mountains and the West/Mid/Far West region. Also, women belonging to the Terai and to the East/Central region are less likely to get medicines free of cost. Findings also show that women with a higher level of education and wealth are more likely to pay a registration fee and are less likely to receive medicines free of cost.

Furthermore, Table 10.5 shows that women who are aware that deliveries at government health facilities are free of cost, and that incentives are given if deliveries are done in a government facility, are somewhat higher in the control districts than in NFHP-supported districts. However, the number of women receiving medicines free of cost is slightly higher in the NFHP-supported districts than in the control districts (48 percent and 43 percent).

[16] *Please refer to Table 6.8 in Chapter 6.*

Table 10.5 Awareness and Practice of Health Services in Government Facilities

Percentage of women age 15-49 with knowledge on services and practice in the government health facilities by background characteristics, Mid-term survey 2009

Background characteristics	Knowledge on services			Services received among those visiting health facility last 12 months				
	Free delivery service	Incentives for govt. facility delivery	Number of Women	Paid registration fee	Received prescribed medicine	Number of Women	Received medicine free of cost	Number of Women
Age								
15-19	68.3	73.7	1,051	35.8	77.1	314	50.0	242
20-24	67.1	77.5	952	34.1	74.7	582	39.8	434
25-29	70.6	77.7	849	27.7	75.6	515	50.4	389
30-34	71.3	78.0	662	33.8	72.5	317	48.5	230
35-39	72.2	72.1	619	32.2	76.0	233	49.1	177
40-44	59.7	66.8	477	35.9	75.8	142	43.7	107
45-49	60.4	75.4	409	45.3	83.0	128	31.3	106
Eco Region								
Hill/Mountain	73.7	79.0	1,068	27.5	75.3	532	58.6	401
Terai	66.3	73.9	3,951	35.2	75.7	1,698	41.5	1,285
Region								
East/Central	61.4	69.5	2,510	37.7	76.4	1,085	42.0	830
West/Mid/Far West	74.3	80.4	2,509	29.2	74.8	1,144	49.1	856
Ethnicity								
Hill Brahmin	80.0	82.9	618	36.3	69.9	250	45.5	175
Hill Chhetri	77.3	82.7	868	28.7	78.6	421	52.1	331
Terai/Madhesi Brahman/Chhetri	70.0	83.4	48	(34.0)	(56.3)	20	-	11
Other Terai/Madhesi	57.2	64.1	606	29.4	72.7	255	35.0	185
Hill Dalit	75.9	76.7	443	35.0	79.0	233	54.4	184
Terai/Madhesi Dalit	57.3	73.5	252	41.2	69.6	119	27.1	83
Newar	70.4	81.5	165	29.0	60.6	58	(26.0)	35
Hill Janjati	61.5	70.5	1,058	37.8	82.6	422	50.7	348
Terai Janajati	67.9	76.4	823	27.6	75.8	363	46.9	275
Muslim	39.9	50.7	139	48.4	65.2	91	19.8	59
Mother's education								
No education	62.4	69.8	2,538	30.2	73.1	1,134	46.7	829
Primary	68.6	75.2	794	31.0	71.2	367	45.3	261
Some secondary	75.2	82.7	1,194	37.2	80.8	517	45.5	417
SLC and above	77.8	82.9	485	45.8	84.2	208	40.6	175
Wealth quintile								
Lowest	60.8	66.5	820	25.7	70.2	432	53.1	303
Second	61.5	71.8	897	31.8	75.1	443	52.1	333
Middle	69.3	76.0	1,028	31.6	70.8	459	40.1	325
Fourth	70.4	78.2	1,128	30.8	80.3	492	44.3	395
Highest	74.1	79.5	1,146	48.5	81.7	403	39.0	329
Mid-term survey districts	67.9	75.0	5,019	33.4	75.6	2,230	45.6	1,686
NFHP Supported districts	65.3	71.9	2,745	33.7	76.5	1,180	47.6	903
NFHP Control districts	70.9	78.6	2,274	33.0	74.5	1,050	43.3	783

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Total includes seven women with missing information on education and not shown separately.

10.6 Visits to Health Facilities and Pharmacies

Women's access to services is also determined by their practice of visiting health service providers. Information on their status of visiting health facilities and pharmacies was solicited from all women and is presented in the following table.

Table 10.6 Visit to health facility and pharmacy

Among women age 15-49, the percentage who during the last 12 months visited health facility by types of facilities and pharmacy, by background characteristics, Mid-term Survey 2009

Background characteristic	Percentage of women who visited pharmacy	Percentage of women who visited health facility	Number of women	Among women who visited a health facility in the last 12 months			Number of women
				Govt. sector	Non-govt. sector	Private sector	
Age							
15-19	44.0	39.2	1051	76.4	7.7	33.1	411
20-24	67.8	73.4	952	83.3	3.6	29.1	698
25-29	67.7	73.3	849	82.8	4.4	30.1	622
30-34	65.5	60.3	662	79.4	1.9	32.6	399
35-39	58.9	50.9	619	73.8	2.9	33.2	315
40-44	49.8	41.2	477	72.0	5.6	36.1	197
45-49	45.3	40.6	409	77.0	4.1	37.7	166
Eco Region							
Hill/Mountain	55.9	58.2	1068	85.5	1.7	24.4	622
Terai	58.4	55.4	3951	77.6	5.0	34.0	2187
Region							
East/Central	57.7	54.5	2510	79.3	5.2	28.3	1368
West/Mid/Far west	58.0	57.4	2509	79.4	3.3	35.2	1441
Education							
No education	53.4	53.9	2538	82.8	3.1	25.4	1369
Primary	62.3	57.9	794	79.9	4.6	33.4	459
Some secondary	60.3	55.6	1194	77.8	6.6	37.4	664
SLC and above	68.3	64.4	485	66.6	3.5	46.1	313
Wealth quintile							
Lowest	50.3	59.2	820	89.0	1.2	17.7	485
Second	53.6	58.0	897	85.2	5.5	29.0	520
Middle	57.8	53.7	1,028	83.1	2.1	28.1	552
Fourth	58.7	56.0	1,128	77.9	3.4	34.0	632
Highest	65.9	54.0	1,146	65.2	8.4	46.5	619
Ethnicity							
Hill Brahmin	59.6	57.7	618	70.1	4.9	42.5	356
Hill Chhetri	62.7	60.3	868	80.3	3.9	35.5	524
Terai/Madhesi/Brahmin/Chetri	38.5	54.5	48	(76.1)	(0.0)	(38.4)	26
Other Terai/Madhesi Castes	47.0	49.4	606	85.1	3.7	18.6	299
Hill Dalit	56.0	66.8	443	78.7	6.3	32.8	296
Terai/Madhesi Dalit	46.8	49.3	252	95.6	0.3	11.5	124
Newar	67.3	52.1	165	68.0	4.3	41.3	86
Hill Janjati	63.4	52.5	1058	75.9	6.0	33.5	555
Terai Janajati	56.8	53.8	823	81.8	3.0	33.2	443
Muslim	53.2	71.4	139	91.4	0.6	12.2	99
NFHP Supported districts	56.8	55.7	2745	77.1	4.4	35.2	1530
NFHP Control districts	59.1	56.3	2274	82.1	4.0	27.8	1279
Mid-term survey districts	57.9	56.0	5019	79.4	4.2	31.9	2809

Note: Total includes 7 women with missing information on level of education not shown separately.

Overall, 58 percent of women had visited a pharmacy and 56 percent had visited a health facility in the 12 months preceding the survey. Women in the younger age group (15-19 years) and those in the older age group (44-49 years) were slightly less likely to visit pharmacies and health facilities, partly because the younger group may not have started having children while those in the older group already have grown-up children.

Educated women are more likely to visit pharmacies and health facilities compared to those with no education. When it comes to socio-economic status, it can be observed that women in the higher level of the wealth quintile are more likely to visit pharmacies; while those in the lower quintile are more likely to visit health facilities. Furthermore, those women in the lower level of the wealth quintile are more likely to visit government health facilities (89 percent) compared to those in the highest level (65 percent). Women in the highest quintile more often visit non-government sector facilities or those mostly in the private sector. The education status of women also traces a similar pattern. On the whole, 79 percent of women who visited a health facility in the 12 months preceding the survey went to a government sector facility, while 4 percent went to a non-government sector facility. About 32 percent of these women visited health facilities in the private sector.

While a higher proportion of women in the NFHP-supported districts (35 percent) went to the private sector compared to the control districts (28 percent), it was just the reverse in the case of the government sector, with 77 percent of women in the NFHP-supported districts going to health facilities in the government sector, as opposed to 82 percent in the control districts.

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Annex – A
Indicators for NFHP II Mid-term Survey

No.	Indicators
1.	Housing Characteristics
2.	Household Possessions
3.	Wealth Quintiles
4.	Birth registration
5.	Background characteristics of respondents
6.	Exposure to mass media
7.	Exposure to specific health programs on radio and television
8.	Current Fertility
9.	Fertility by Background Characteristics
10.	Pregnancy Outcomes
11.	Knowledge of contraceptive methods
12.	Current use of contraception by age
13.	Informed choice
14.	Reason for not intending to use contraception in the future
15.	Exposure to FP messages
16.	Discussion of family planning with spouse
17.	Need and Demand for family planning among currently married women
18.	Wanted Fertility rates
19.	Early childhood mortality rates
20.	Antenatal care
21.	Number of Antenatal care visits and timing of first visit
22.	Components of Antenatal care
23.	Tetanus Toxoid Injections
24.	Place of Delivery
25.	Reasons for not delivering in a health facility by background characteristics
26.	Assistance during delivery
27.	Birth Preparedness (Women)
28.	Timing of first postnatal check up
29.	Provider at first postnatal check up
30.	Use of clean home delivery kits and other instruments to cut the umbilical cord
31.	Newborn care practices
32.	Immunization by background characteristics
33.	Prevalence and treatment of symptoms of ARI
34.	Prevalence and treatment of fever
35.	Prevalence of diarrhea
36.	Diarrhea treatment
37.	Feeding practices during diarrhea
38.	Initial breastfeeding
39.	Breastfeeding status by age
40.	Median duration and frequency of breastfeeding
41.	Micronutrient intake among children
42.	Micronutrient intake among mothers

Annex B
District Level Weight Calculation for NFHP II Survey – 2009

Serial No.	Cluster No.	No. of HHs (Population)	No. of HHs Interviewed	Population Weight = A/(Total of A)	Sample Weight = B/(Total of B)	The Final Weight (to be entered in data file) = C/D
		A	B	C	D	E
1	401	581	38	0.0260	0.0097	2.687808402
2	402	310	36	0.0139	0.0092	1.513787673
3	403	262	36	0.0117	0.0092	1.279394743
4	404	964	34	0.0431	0.0086	4.984296719
5	501	456	36	0.0204	0.0092	2.226732836
6	502	105	31	0.0047	0.0079	0.595433653
7	503	447	35	0.0200	0.0089	2.245149423
8	504	220	35	0.0098	0.0089	1.104995242
9	601	204	41	0.0091	0.0104	0.874685812
10	602	513	36	0.0229	0.0092	2.505074440
11	603	1106	36	0.0494	0.0092	5.400803763
12	1301	67	36	0.0030	0.0092	0.327173465
13	1302	57	39	0.0025	0.0099	0.256930712
14	1303	91	39	0.0041	0.0099	0.410187628
15	1401	78	35	0.0035	0.0089	0.391771040
16	1402	431	36	0.0193	0.0092	2.104653185
17	1501	79	38	0.0035	0.0097	0.365467924
18	1502	91	35	0.0041	0.0089	0.457066214
19	1503	78	36	0.0035	0.0092	0.380888511
20	1504	121	36	0.0054	0.0092	0.590865511
21	1601	141	36	0.0063	0.0092	0.688529232
22	1602	77	36	0.0034	0.0092	0.376005325
23	1603	107	36	0.0048	0.0092	0.522500907
24	1701	224	36	0.0100	0.0092	1.093833674
25	1702	58	36	0.0026	0.0092	0.283224790
26	1703	84	34	0.0038	0.0086	0.434316312
27	1801	167	36	0.0075	0.0092	0.815492069
28	1802	158	36	0.0071	0.0092	0.771543395
29	1803	127	36	0.0057	0.0092	0.620164627
30	1901	387	36	0.0173	0.0092	1.889792999
31	1902	483	36	0.0216	0.0092	2.358578859
32	1903	89	36	0.0040	0.0092	0.434603558
33	1904	180	31	0.0080	0.0079	1.020743405
34	2001	103	36	0.0046	0.0092	0.502968162
35	2002	136	36	0.0061	0.0092	0.664113302
36	2101	82	36	0.0037	0.0092	0.400421256
37	2102	46	36	0.0021	0.0092	0.224626558
38	2201	78	33	0.0035	0.0084	0.415514740
39	2202	151	36	0.0068	0.0092	0.737361092
40	2203	177	36	0.0079	0.0092	0.864323930
41	2801	81	36	0.0036	0.0092	0.395538069
42	2802	45	27	0.0020	0.0069	0.292991163
43	3001	93	35	0.0042	0.0089	0.467111625
44	3002	93	36	0.0042	0.0092	0.454136302
45	3201	108	39	0.0048	0.0099	0.486816086
46	3202	74	31	0.0033	0.0079	0.419638955
47	3203	209	36	0.0093	0.0092	1.020585883
48	3301	107	36	0.0048	0.0092	0.522500907
49	3302	97	36	0.0043	0.0092	0.473669046
50	3303	190	35	0.0085	0.0089	0.954314072
51	3401	164	34	0.0073	0.0086	0.847950894
52	3402	103	36	0.0046	0.0092	0.502968162
53	3501	429	36	0.0192	0.0092	2.094886812
54	3502	77	30	0.0034	0.0076	0.451206390
55	4501	155	36	0.0069	0.0092	0.756893837
56	4502	125	31	0.0056	0.0079	0.708849587
57	4601	91	36	0.0041	0.0092	0.444369930
58	4602	74	36	0.0033	0.0092	0.361355767
59	4701	190	30	0.0085	0.0076	1.113366418
60	4702	311	36	0.0139	0.0092	1.518670859
61	4801	53	39	0.0024	0.0099	0.238900486
62	4802	59	40	0.0026	0.0102	0.259297179
63	4803	103	34	0.0046	0.0086	0.532554525

Serial No.	Cluster No.	No. of HHs (Population)	No. of HHs Interviewed	Population Weight = A/(Total of A)	Sample Weight = B/(Total of B)	The Final Weight (to be entered in data file) = C/D
		A	B	C	D	E
64	4804	126	38	0.0056	0.0097	0.582898208
65	4805	209	34	0.0093	0.0086	1.080620347
66	4901	211	36	0.0094	0.0092	1.030352255
67	4902	216	36	0.0097	0.0092	1.054768185
68	4903	286	36	0.0128	0.0092	1.396591208
69	4904	122	36	0.0055	0.0092	0.595748697
70	4905	292	36	0.0131	0.0092	1.425890325
71	5001	183	36	0.0082	0.0092	0.893623046
72	5002	154	36	0.0069	0.0092	0.752010651
73	5003	108	36	0.0048	0.0092	0.527384093
74	5004	130	36	0.0058	0.0092	0.634814186
75	5101	103	36	0.0046	0.0092	0.502968162
76	5102	96	36	0.0043	0.0092	0.468785860
77	5201	84	36	0.0038	0.0092	0.410187628
78	5202	60	36	0.0027	0.0092	0.292991163
79	5203	106	35	0.0047	0.0089	0.532406798
80	5301	226	33	0.0101	0.0084	1.203927323
81	5302	108	36	0.0048	0.0092	0.527384093
82	5401	83	36	0.0037	0.0092	0.405304442
83	5402	98	36	0.0044	0.0092	0.478552232
84	5501	83	36	0.0037	0.0092	0.405304442
85	5601	209	36	0.0093	0.0092	1.020585883
86	5602	225	35	0.0101	0.0089	1.130108770
87	5603	293	36	0.0131	0.0092	1.430773511
88	5701	228	30	0.0102	0.0076	1.336039701
89	5702	247	35	0.0110	0.0089	1.240608294
90	5703	702	35	0.0314	0.0089	3.525939362
91	5704	141	34	0.0063	0.0086	0.729030952
92	5801	334	36	0.0149	0.0092	1.630984138
93	5802	203	36	0.0091	0.0092	0.991286767
94	5803	384	36	0.0172	0.0092	1.875143440
95	5901	117	35	0.0052	0.0089	0.587656560
96	5902	268	35	0.0120	0.0089	1.346085113
97	6001	223	34	0.0100	0.0086	1.153006399
98	6002	127	34	0.0057	0.0086	0.656644900
99	6301	52	30	0.0023	0.0076	0.304710809
100	6401	66	33	0.0030	0.0084	0.351589395
101	7101	274	37	0.0123	0.0094	1.301831003
102	7102	368	36	0.0165	0.0092	1.797012464
103	7103	93	35	0.0042	0.0089	0.467111625
104	7104	358	36	0.0160	0.0092	1.748180603
105	7105	149	36	0.0067	0.0092	0.727594720
106	7106	20	35	0.0009	0.0089	0.100454113
107	7201	654	36	0.0292	0.0092	3.193603672
108	7202	296	36	0.0132	0.0092	1.445423069
109	7203	294	36	0.0131	0.0092	1.435656697
110	7204	505	36	0.0226	0.0092	2.466008952
111	7301	106	36	0.0047	0.0092	0.517617721
		22367	3932	1	1	110.8536

* Population Source: Nepal Census 2001

Annex –C1

Table C1. Women whose husbands are continuously living away from home

Percent distribution of currently married women age 15-49 whose husbands are continuously living away from home by selected background characteristics, Mid-term survey 2009

Background characteristic	NFHP Supported Districts						Control Districts						Total					
	0-5	6-11	12-23	24-35	36+	Total	0-5	6-11	12-23	24-35	36+	Total	0-5	6-11	12-23	24-35	36+	Total
Age																		
15-19	88.1	7.6	4.3	0.0	0.0	55	59.8	21.3	10.8	7.2	1.0	52	74.4	14.3	7.4	3.5	0.5	106
20-24	47.1	17.0	22.7	6.7	6.6	189	56.6	17.5	14.8	9.0	2.0	129	51.0	17.2	19.5	7.6	4.7	318
25-29	44.5	24.7	17.4	12.0	1.5	184	52.4	15.3	19.3	8.0	5.0	150	48.0	20.5	18.2	10.2	3.0	334
30-34	50.3	17.2	28.4	1.8	2.3	103	47.8	23.6	17.3	4.6	6.7	105	49.0	20.4	22.8	3.2	4.5	207
35-39	53.4	31.8	8.1	6.7	0.0	54	56.9	9.3	20.7	9.6	3.4	88	55.6	17.8	16.0	8.5	2.1	142
40-44	(61.9)	(8.1)	(24.2)	(0.0)	(5.8)	31	(65.2)	(8.6)	(14.3)	(10.2)	(1.7)	32	63.6	8.4	19.1	5.2	3.7	63
45-49	-	-	-	-	-	10	-	-	-	-	-	22	(68.1)	(9.2)	(13.5)	(6.8)	(2.5)	33
Education																		
No education	57.5	19.8	14.7	6.6	1.5	319	60.9	15.2	12.4	8.5	3.0	278	59.1	17.6	13.6	7.5	2.2	597
Primary	41.5	14.9	33.1	8.7	1.8	114	55.1	14.7	20.2	6.1	4.0	134	48.8	14.8	26.1	7.3	3.0	248
Some secondary	43.4	20.9	20.6	7.1	8.0	155	43.3	20.8	24.1	6.5	5.3	119	43.4	20.8	22.1	6.8	6.8	274
SLC and above	(72.5)	(17.8)	(9.7)	(0.0)	(0.0)	36	52.2	18.7	14.4	10.8	4.0	46	61.1	18.3	12.3	6.1	2.2	83
Wealth quintile																		
Lowest	70.5	8.9	15.6	2.3	2.7	114	53.4	18.2	17.6	6.3	4.5	109	62.1	13.5	16.6	4.3	3.6	223
Second	60.4	19.5	12.6	5.9	1.5	143	50.0	15.3	21.7	8.1	4.9	79	56.7	18.0	15.9	6.7	2.7	223
Middle	52.1	21.7	16.2	9.3	0.7	109	51.3	19.6	18.2	6.6	4.4	144	51.6	20.5	17.3	7.8	2.8	253
Fourth	35.0	22.4	27.8	8.6	6.2	134	60.3	13.0	16.9	8.4	1.5	137	47.8	17.6	22.3	8.5	3.8	270
Highest	43.6	21.6	23.3	7.4	4.1	126	59.9	16.0	10.5	9.3	4.3	108	51.2	19.0	17.4	8.3	4.2	234
Eco Region																		
Hill/Mountain	56.1	20.5	15.0	5.9	2.4	107	49.7	18.5	21.5	7.5	2.9	214	51.8	19.1	19.3	7.0	2.7	321
Terai	51.1	18.7	20.1	6.9	3.2	518	58.6	15.3	14.0	7.8	4.3	364	54.2	17.3	17.6	7.3	3.7	882
Region																		
East/Central	44.3	20.4	21.4	8.7	5.2	347	54.5	14.9	15.5	12.4	2.7	200	48.1	18.4	19.3	10.0	4.3	548
West/Mid/Far West	61.5	17.3	16.4	4.2	0.5	278	55.6	17.3	17.5	5.2	4.4	377	58.1	17.3	17.0	4.8	2.7	656
Ethnicity																		
Hill Brahmin	50.2	10.4	31.6	0.0	7.8	66	46.7	15.6	20.1	9.2	8.3	99	48.1	13.5	24.7	5.5	8.1	165
Hill Chhetri	54.2	23.1	14.2	7.0	1.5	141	54.5	23.2	16.8	4.8	0.7	101	54.3	23.1	15.3	6.1	1.2	243
Terai/Madhesi Brahmin/ Chhetri	-	-	-	-	-	2	-	-	-	-	-	5	-	-	-	-	-	7
Other Terai	57.7	16.8	17.5	5.4	2.6	93	45.8	18.6	21.2	12.1	2.3	40	54.1	17.3	18.6	7.4	2.5	132
Hill Dalits	(74.8)	(14.0)	(10.5)	(0.0)	(0.7)	52	64.2	15.4	14.2	2.9	3.2	97	67.9	14.9	12.9	1.9	2.4	148
Dalits	-	-	-	-	-	21	-	-	-	-	-	20	66.9	12.2	13.4	5.7	1.8	41
Newar	-	-	-	-	-	12	-	-	-	-	-	12	-	-	-	-	-	24
Hill Janajati	33.0	27.6	23.2	11.2	5.0	125	57.3	12.1	20.1	5.9	4.6	126	45.2	19.8	21.6	8.5	4.8	251
Terai Janajati	54.0	15.3	15.8	12.4	2.5	72	57.2	13.7	11.7	14.8	2.6	73	55.6	14.5	13.7	13.6	2.6	145
Muslim	50.8	22.5	21.1	2.8	2.8	42	-	-	-	-	-	6	54.8	19.9	20.4	2.5	2.5	48
Mean duration away	1.8	7.8	15.8	28.0	44.1	8.7	2.0	8.1	15.8	29.0	45.1	9.0	1.9	7.9	15.8	28.5	44.6	8.9
Median duration away	2.0	8.0	14.0	27.0	43.0	5.0	2.0	8.0	15.0	29.9	41.0	5.0	2.0	8.0	15.0	29.0	42.0	5.0
Total	52.0	19.0	19.2	6.7	3.1	625	55.3	16.5	16.8	7.7	3.8	578	53.6	17.8	18.0	7.2	3.4	1203

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 woman with missing information on level of education not shown separately.

Annex – C2

Table C2 Women who lived separately in the past 5 years

Percent distribution of currently married women age 15-49 who lived separately from their husbands in the past 5 years by selected background characteristics, Mid-term survey 2009

Background characteristic	NFHP Supported Districts						Control Districts						Total					
	<=5	6-11	12-23	24-35	36+	Total	<=5	6-11	12-23	24-35	36+	Total	<=5	6-11	12-23	24-35	36+	Total
Age																		
15-19	65.2	17.4	9.1	5.0	3.3	135	66.7	11.6	12.4	7.3	1.9	162	66.0	14.2	10.9	6.3	2.6	297
20-24	39.8	11.9	17.9	14.2	16.2	427	40.8	10.9	14.5	17.5	15.1	314	40.2	11.5	16.5	15.6	15.7	741
25-29	44.7	5.5	13.3	17.1	19.3	450	43.8	4.7	10.8	14.4	26.1	351	44.3	5.1	12.2	15.9	22.3	801
30-34	50.8	3.8	10.9	9.1	25.4	372	45.6	3.0	7.5	17.4	26.6	268	48.6	3.5	9.4	12.6	25.9	641
35-39	62.8	9.6	4.3	7.9	15.5	311	52.2	3.4	7.8	8.6	27.8	277	57.8	6.7	5.9	8.2	21.3	588
40-44	75.3	4.6	5.1	2.6	12.4	236	74.2	2.8	2.7	7.3	12.3	186	74.8	3.8	4.1	4.7	12.3	422
45-49	75.4	2.9	6.2	5.3	10.3	176	74.2	1.6	2.3	7.6	14.4	158	74.8	2.3	4.4	6.4	12.2	334
Education																		
No education	58.6	6.2	11.0	9.9	14.3	1269	57.9	5.0	7.1	12.2	17.2	1037	58.3	5.7	9.3	10.9	15.6	2306
Primary	49.3	8.6	9.5	7.8	24.7	339	40.3	5.0	12.7	13.5	28.1	272	45.3	7.0	11.0	10.4	26.2	611
Some secondary	43.1	12.0	7.8	17.7	19.2	360	50.1	7.4	9.4	10.0	23.1	288	46.2	9.9	8.5	14.3	20.9	648
SLC and above	63.5	5.1	17.8	1.7	11.8	137	48.5	6.4	15.3	17.5	12.3	119	56.6	5.7	16.6	9.1	12.0	256
Wealth quintile																		
Lowest	49.5	13.0	13.3	13.2	11.0	366	47.7	9.1	11.8	13.3	17.4	281	48.8	11.3	12.6	13.2	13.8	647
Second	55.3	6.1	14.4	10.4	13.8	448	53.5	6.4	10.2	14.3	15.3	266	54.6	6.2	12.9	11.8	14.4	714
Middle	61.6	5.5	7.4	9.5	16.0	438	48.2	6.3	8.4	12.7	24.4	374	55.4	5.9	7.8	10.9	19.9	812
Fourth	54.0	8.0	8.8	10.6	18.6	406	59.2	3.8	7.4	9.5	19.8	441	56.7	5.8	8.1	10.0	19.2	847
Highest	52.5	6.1	9.7	8.6	22.9	450	54.9	3.4	8.3	13.8	19.2	356	53.6	4.9	9.1	10.9	21.2	806
Eco Region																		
Hill/Mountain	43.2	11.6	14.6	13.3	17.2	303	43.7	6.8	11.4	11.4	26.6	480	43.5	8.7	12.6	12.2	22.9	783
Terai	56.7	6.9	10.0	9.8	16.5	1805	56.8	5.0	8.0	12.8	16.9	1237	56.8	6.1	9.2	11.1	16.7	3042
Region																		
East/Central	57.9	6.0	9.9	10.3	15.8	1186	62.0	4.1	5.8	11.9	15.9	686	59.4	5.3	8.4	10.8	15.9	1872
West/Mid/Far West	50.7	9.5	11.7	10.4	17.7	922	47.3	6.5	11.1	12.8	22.0	1030	48.9	7.9	11.4	11.7	20.0	1953
Ethnicity																		
Hill Brahmin	59.4	5.5	7.6	6.1	21.3	256	39.2	4.0	12.1	12.2	32.5	196	50.6	4.9	9.6	8.8	26.2	452
Hill Chhetri	42.5	11.1	12.5	11.9	21.7	400	38.4	3.9	11.6	15.6	30.1	251	40.9	8.3	12.2	13.3	24.9	651
Terai/Madhesi Brahmin/ Chhetri	76.1	0.0	2.4	4.8	16.7	22	-	-	-	-	-	13	73.9	2.8	4.3	4.8	14.2	35
Other Terai	59.0	6.7	13.1	10.7	10.5	311	70.0	4.3	6.5	8.9	9.8	209	63.4	5.7	10.4	10.0	10.2	520
Hill Dalits	45.1	12.8	11.4	8.3	22.3	163	37.4	5.5	11.0	16.6	28.8	201	40.9	8.8	11.2	12.9	25.9	363
Dalits	74.5	5.1	4.8	7.7	7.9	109	70.8	8.7	7.3	6.0	6.7	103	72.7	6.9	6.0	6.9	7.3	212
Newar	74.6	0.0	10.6	5.6	9.3	64	55.5	5.7	3.6	11.3	23.9	44	66.7	2.3	7.7	7.9	15.3	108
Hill Janajati	42.8	8.4	15.6	13.0	20.3	347	59.0	4.7	7.4	11.6	17.3	374	51.2	6.5	11.3	12.3	18.7	721
Terai Janajati	70.2	5.0	6.6	9.7	8.5	342	58.7	9.0	8.6	13.3	10.3	302	64.8	6.9	7.5	11.4	9.3	643
Muslim	44.2	7.2	7.5	17.4	23.7	95	(56.8)	(0.0)	(7.2)	(12.6)	(17.9)	24	46.7	5.8	7.5	16.4	22.5	119
Mean duration	0.5	8.2	17.7	29.3	46.6	13.6	0.6	8.3	17.4	29.5	47.7	15.4	0.6	8.2	17.6	29.4	47.1	14.4
Median duration	0.0	8.0	18.0	30.0	46.0	3.0	0.0	8.0	17.0	30.0	48.0	4.0	0.0	8.0	17.3	30.0	47.0	3.0
Total	54.8	7.6	10.7	10.3	16.6	2108	53.2	5.5	9.0	12.4	19.6	1717	54.0	6.6	9.9	11.3	18.0	3825

Annex – D1

Advice from FCHV

Table 5.4 Advice from FCHV and health workers during pregnancy

Percent distribution of women who had a live birth in the THREE years preceding the survey by advice received during pregnancy from FCHV and health workers, according to background characteristics, Mid-term survey, 2009

Background characteristic	Discussed pregnancy with FCHV	ANC advice					Delivery advice			Neonatal care advice				Other advice			Total
		Seek ANC from a health worker	Proper, balanced diet	Take TT	Obtain iron tablets	Danger signs for pregnant woman	Financial preparations for delivery	Emergency transport options	Delivery in a suitable health facility	Wrap the new born in a clean and dry cloth	Breastfeed within one hour of birth	Bath new born only after 24 hours of birth	Danger signs in new born	Personal hygiene of mother	Avoid alcohol & smoking	Take rest and avoid heavy work	
Advice from FCHV																	
Eco Region																	
Hill/Mountain	28.8	85.5	86.8	93.4	99.1	64.9	52.8	42.7	73.5	66.5	65.8	63.6	54.0	69.0	67.8	82.3	91
Terai	45.0	95.3	90.7	96.6	98.8	70.3	60.0	41.3	69.1	60.7	66.5	66.6	51.8	61.4	65.2	79.3	487
Region																	
East/Central	39.8	94.1	90.8	97.1	98.4	71.3	62.7	48.5	71.1	63.3	69.5	65.3	58.4	67.9	70.0	82.0	248
West/Mid/Far West	42.6	93.5	89.6	95.4	99.2	68.0	55.9	36.3	68.8	60.4	64.1	66.7	47.4	58.6	62.3	78.1	329
Ethnicity																	
Hill Brahmin	(37.8)	(98.7)	(92.4)	(97.9)	(100.0)	(69.2)	(44.0)	(42.9)	(65.8)	(65.2)	(65.2)	(56.9)	(54.6)	(63.6)	(63.6)	(69.9)	46
Hill Chhetri	53.2	95.1	90.1	93.8	99.3	72.5	59.6	47.7	75.1	81.8	71.9	75.1	60.0	68.7	67.6	86.5	132
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Other Terai/Madhesi Castes	28.9	89.7	82.2	97.0	94.8	63.5	42.7	21.3	48.6	38.0	42.8	40.2	39.9	43.9	46.4	66.2	63
Hill Dalit	44.5	92.0	93.8	100.0	100.0	62.9	77.8	52.3	70.3	58.9	71.8	72.4	50.4	69.5	71.3	79.5	70
Terai/Madhesi Dalit	(38.4)	(94.1)	(91.2)	(97.1)	(98.4)	(75.2)	(57.3)	(24.7)	(61.0)	(51.9)	(59.5)	(61.7)	(47.8)	(63.8)	(63.3)	(89.0)	26
Newar	-	-	-	-	-	-	-	-	-	-	-	-	--	-	-	-	8
Hill Janjati	36.0	88.6	86.1	93.5	100.0	80.1	73.9	69.2	81.5	73.0	76.5	77.5	66.2	77.4	80.1	81.6	96
Terai Janajati	52.4	96.4	95.5	96.4	98.7	73.0	56.0	26.8	72.1	53.6	68.3	68.9	45.4	53.9	63.7	83.1	111
Muslim	(29.6)	(97.5)	(86.0)	(100.0)	(98.7)	(33.3)	(33.9)	(5.2)	(46.2)	(15.9)	(33.9)	(20.6)	(20.7)	(40.2)	(52.3)	(70.9)	24
Mother's education																	
No education	34.7	91.9	88.0	95.4	97.7	63.3	53.6	28.1	60.6	47.6	57.8	55.9	42.6	55.3	59.2	73.9	257
Primary	51.0	91.9	89.8	96.9	99.7	66.0	59.2	42.8	70.7	66.6	70.2	70.9	52.3	62.6	68.0	82.3	135
Some secondary	49.0	98.0	91.9	96.0	100.0	81.4	66.0	61.0	79.1	77.6	72.7	74.6	65.3	72.4	72.4	85.1	136
SLC and above	(43.6)	(98.0)	(98.2)	(98.2)	(98.9)	(78.7)	(67.3)	(55.7)	(90.5)	(77.4)	(84.6)	(83.5)	(66.9)	(75.4)	(75.9)	(90.3)	48
Wealth quintile																	
Lowest	33.7	87.6	85.9	94.5	98.8	65.7	60.9	38.7	58.9	55.7	63.8	60.4	51.8	60.7	62.5	74.1	111
Second	43.4	95.0	91.0	93.7	98.0	70.9	54.8	33.7	67.3	56.9	65.4	70.9	45.8	58.5	65.4	73.9	126
Middle	43.0	95.3	88.9	98.1	98.3	69.6	55.3	31.4	74.2	62.5	66.8	63.7	48.8	64.9	68.1	83.4	120
Fourth	44.3	92.2	88.9	97.1	99.6	61.2	49.9	34.9	64.8	53.2	56.2	56.3	41.2	53.2	56.4	80.7	116
Highest	44.3	98.8	96.1	97.5	99.5	80.9	75.8	73.5	84.9	82.2	81.5	80.3	76.4	77.7	76.9	88.0	103
Mid-term survey districts	41.4	93.8	90.1	96.1	98.8	69.4	58.8	41.5	69.8	61.6	66.4	66.1	52.1	62.6	65.6	79.8	578
NFHP Supported districts	43.0	94.1	88.5	96.0	99.0	71.2	56.6	41.5	71.4	62.4	66.2	66.8	51.4	61.7	65.1	79.2	334
NFHP Control districts	39.3	93.3	92.3	96.3	98.5	67.0	61.9	41.6	67.5	60.6	66.7	65.1	53.1	63.8	66.3	80.7	244

Advice from Health workers

Background characteristic	Discussed pregnancy with FCHV	ANC advice				Delivery advice			Neonatal care advice				Other advice			Total
		Seek ANC from a health worker	Proper, balanced diet	Take TT	Obtain iron tablets	Danger signs for pregnant woman	Financial preparations for delivery	Emergency transport options	Delivery in a suitable health facility	Wrap the new born in a clean and dry cloth	Breastfeed within one hour of birth	Bath new born only after 24 hours of birth	Danger signs in new born	Personal hygiene of mother	Avoid alcohol & smoking	Take rest and avoid heavy work	
Advice from Health workers																	
Eco Region																	
Hill/Mountain			88.5	97.2	95.9	69.5	44.5	35.9	70.1	64.7	66.9	65.4	48.5	62.8	66.8	80.8	194
Terai			85.3	98.2	94.5	67.8	48.6	32.3	61.7	46.9	57.3	54.0	36.5	55.0	61.3	77.0	903
Region																	
East/Central			87.7	98.6	95.1	72.4	54.8	34.8	58.9	47.7	60.5	53.3	37.8	58.4	65.7	78.5	507
West/Mid/Far West			84.3	97.7	94.4	64.4	41.9	31.4	66.8	52.1	57.6	58.3	39.2	54.6	59.4	77.0	591
Ethnicity																	
Hill Brahmin			88.8	98.8	95.2	74.4	45.9	43.0	70.0	66.5	63.3	57.6	39.8	58.3	68.3	78.8	108
Hill Chhetri			87.1	96.8	96.5	69.1	59.0	44.0	79.0	65.3	64.5	70.8	49.9	60.7	66.3	85.4	206
Terai/Madhesi Brahman/Chhetri			-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Other Terai/Madhesi Castes			72.5	97.6	90.7	58.3	32.7	9.0	40.0	24.6	44.3	37.1	26.1	41.3	42.3	63.8	177
Hill Dalit			94.9	97.6	95.4	67.8	42.0	31.1	64.5	61.5	70.2	65.7	49.8	66.4	75.2	84.5	112
Terai/Madhesi Dalit			81.6	100.0	92.6	57.4	42.3	12.4	33.0	26.1	40.1	41.1	30.9	50.8	55.1	70.9	61
Newar			-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Hill Janjati			89.1	97.8	94.7	81.2	63.7	59.6	76.7	68.1	73.6	64.0	37.1	63.0	69.3	81.8	171
Terai Janajati			87.3	98.5	97.1	68.8	45.7	29.9	69.9	42.5	54.6	59.2	37.0	53.3	60.8	78.3	173
Muslim			87.1	100.0	93.2	60.6	38.2	8.8	35.3	15.5	40.6	22.4	27.0	54.7	65.3	71.9	68
Mother's education																	
No education			79.1	97.9	92.0	59.1	36.8	17.1	47.9	34.2	46.1	44.0	29.5	45.6	54.3	70.5	536
Primary			86.5	96.0	96.5	71.6	56.7	40.5	71.8	58.7	64.2	66.1	46.3	65.9	68.0	80.3	214
Some secondary			94.5	99.4	97.4	79.6	59.3	51.5	80.6	68.6	73.1	70.1	48.0	65.2	72.6	87.2	246
SLC and above			99.7	100.0	100.0	81.8	60.2	56.8	84.0	71.4	82.7	64.1	48.4	72.7	67.5	87.2	99
Wealth quintile																	
Lowest			79.9	96.6	93.3	65.5	44.9	24.7	56.9	47.4	57.2	56.2	42.5	56.5	64.0	76.0	216
Second			87.3	98.0	94.7	64.0	43.2	26.7	56.1	40.9	53.5	53.1	32.9	48.2	56.3	73.6	228
Middle			81.4	96.9	92.4	66.9	39.5	26.9	59.4	47.0	52.0	50.9	34.0	51.6	58.8	74.4	230
Fourth			84.8	99.0	94.3	66.3	51.1	34.6	67.2	49.0	59.3	55.3	34.5	54.9	58.4	75.4	217
Highest			96.6	100.0	99.4	78.5	62.3	53.6	77.5	67.6	74.4	65.3	50.2	72.2	75.3	90.2	205
Mid-term survey districts			85.9	98.1	94.7	68.1	47.9	33.0	63.2	50.1	59.0	56.0	38.6	56.4	62.3	77.7	1097
NFHP Supported districts			84.3	97.9	93.2	66.0	48.5	33.8	62.2	49.8	58.1	54.6	35.7	57.4	62.8	77.9	610
NFHP Control districts			87.8	98.3	96.7	70.7	47.1	32.0	64.3	50.4	60.1	57.7	42.2	55.0	61.7	77.4	487

Note: Figures in parentheses are based on 25-49 unweighted cases. A dash indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 2 women with missing information on level of education not shown separately.

Annex – D2

Table 5.14 (CS-9E) Use of clean home delivery kits and other instruments to cut the umbilical cord

Percent distribution of non-institutional live births in the THREE years preceding the survey, by type of instruments used to cut the umbilical cord, and the percentage who had something placed on stump after the umbilical cord was cut, according to background characteristics, Mid-term survey 2009

Background characteristic	Use of other instruments to cut the umbilical cord									
	Clean home delivery kit	New/boiled blade	Used blade	Knife	Hasiya (sickle)	Khukuri (curved knife)	Other	Don't know	Total	Number of births
Eco Region										
Hill/Mountain	18.0	47.6	7.7	2.7	22.8	0.2	0.5	0.4	100.0	232
Terai	26.0	69.5	0.8	0.0	1.6	0.8	1.1	0.2	100.0	700
Region										
East/Central	21.5	68.5	3.5	0.4	4.5	0.4	1.2	0.1	100.0	391
West/Mid/Far West	25.8	60.8	1.9	0.9	8.7	0.8	0.8	0.3	100.0	542
Ethnicity										
Hill Brahmin	34.1	65.2	0.0	0.0	0.0	0.7	0.0	0.0	100.0	78
Hill Chhetri	33.7	51.5	2.8	0.4	6.0	2.8	2.8	0.0	100.0	163
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	-	100.0	3
Other Terai/Madhesi Castes	14.5	85.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	152
Hill Dalit	24.6	50.8	4.7	1.7	16.6	0.0	0.0	1.5	100.0	118
Terai/Madhesi Dalit	17.9	82.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	48
Newar	-	-	-	-	-	-	-	-	100.0	12
Hill Janjati	13.9	53.5	6.3	2.4	20.5	0.4	3.0	0.2	100.0	157
Terai Janajati	30.0	67.9	1.1	0.0	1.0	0.0	0.0	0.0	100.0	144
Muslim	27.2	70.2	2.2	0.0	0.0	0.5	0.0	0.0	100.0	58
Education										
No education	16.1	70.5	2.7	1.1	8.9	0.3	0.4	0.0	100.0	557
Primary	30.3	56.8	3.6	0.1	5.3	0.3	3.4	0.3	100.0	202
Some secondary	38.0	54.4	0.7	0.0	3.2	2.8	0.0	0.9	100.0	136
SLC and above	(57.7)	(42.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	36
Wealth quintile										
Lowest	19.0	56.6	4.7	1.7	15.9	0.4	1.5	0.3	100.0	279
Second	24.1	68.2	1.9	0.6	4.5	0.0	0.3	0.5	100.0	222
Middle	20.9	69.2	2.6	0.1	4.1	0.5	2.5	0.0	100.0	177
Fourth	26.7	67.9	1.3	0.2	1.9	2.0	0.0	0.0	100.0	159
Highest	39.6	59.8	0.0	0.0	0.0	0.6	0.0	0.0	100.0	95
Mid-term survey Districts										
Baseline 2006 NDHS	20.7	64.7	4.7	1.7	6.7	0.3	1.0	0.1	100.0	1,209
Mid-term survey 2009	24.0*	64.0	2.5*	0.7*	6.9	0.6	1.0	0.2	100.0	933
NFHP Supported Districts										
Baseline 2006 NDHS	20.0	65.9	3.2	2.1	7.8	0.6	0.3	0.2	100.0	670
Mid-term survey 2009	24.3	62.4	2.3	0.9	8.1	0.7	1.0	0.2	100.0	559
NFHP Control Districts										
Baseline 2006 NDHS	21.6	63.2	6.6	1.3	5.5	0.0	1.8	0.0	100.0	539
Mid-term survey 2009	23.5	66.5	3.0*	0.3	5.1	0.5	0.9	0.2	100.0	374
Rural 2006 NDHS	18.6	59.0	5.3	2.3	13.2	0.3	0.9	0.4	100.0	2,165

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

* This value differs significantly from the value of 2006.

Annex – D3

Table D3: Type of substance applied on umbilical cord

Percent distribution of non-institutional live births in the THREE years preceding the survey, by type of substance placed on stump after the umbilical cord was cut, according to background characteristics, Mid-term survey 2009

	Placed anything on stump after cutting cord								
Background characteristic	Oil	Ash	Ointment/ powder	Turmeric	Dettol	Other	DK/ Missing	Nothing applied	No. of births
Eco Region									
Hill/Mountain	23.6	0.0	1.7	8.0	0.0	1.7	1.2	70.9	232
Terai	18.2	7.2	10.5	3.0	2.1	1.9	2.1	60.7	698
Region									
East/Central	18.0	9.3	7.5	0.5	2.6	0.4	1.7	61.1	388
Mid/Far West	20.7	2.6	8.8	6.9	0.8	2.8	2.0	64.9	542
Ethnicity									
Hill Brahmin	23.6	0.0	3.0	2.4	1.6	4.7	0.0	70.4	78
Hill Chhetri	17.8	0.0	4.4	8.4	0.0	2.0	5.7	69.1	160
Terai/Madhesi Brahman/Chhetri	-	-	-	-	-	-	-	100.0	3
Other Terai/Madhesi Castes	16.4	11.9	21.3	0.0	2.4	0.7	0.0	52.3	152
Hill Dalit	27.4	0.0	1.0	17.6	0.0	0.0	0.5	70.6	118
Terai/Madhesi Dalit	7.2	15.5	17.1	0.9	6.4	0.0	0.0	54.5	48
Newar	-	-	-	-	-	-	-	84.1	12
Hill Janjati	20.0	0.0	3.1	1.8	0.0	3.0	3.7	70.5	157
Terai Janajati	21.0	7.6	9.0	0.0	3.2	2.2	1.3	61.1	144
Muslim	19.1	23.8	13.4	0.0	3.6	2.1	0.0	38.6	58
Mother's education									
No education	20.7	8.2	10.0	3.9	1.7	2.1	0.6	59.2	557
Primary	26.3	1.5	2.9	7.7	0.8	1.1	0.5	67.9	202
Some secondary	7.3	1.3	9.8	1.0	2.3	2.4	9.7	67.7	133
SLC and above	(9.7)	(0.0)	(5.8)	(1.6)	(1.0)	(0.0)	(0.0)	(83.5)	36
Wealth quintile									
Lowest	24.6	5.6	6.3	6.6	1.2	1.7	0.3	60.8	279
Second	18.0	9.1	8.3	2.7	1.9	1.3	0.8	65.5	222
Middle	21.2	4.6	12.5	4.7	1.7	1.1	0.2	58.6	177
Fourth	14.6	2.8	7.9	4.1	0.7	4.4	8.3	63.8	159
Highest	14.0	2.1	6.5	0.0	3.0	0.5	1.3	73.4	93
Mid-term survey Districts	19.6	5.4	8.3	4.2	1.6	1.8	1.9	63.3	930
NFHP Supported Districts	20.2	6.6	6.3	3.8	1.2	2.0	2.6	63.2	556
NFHP Control Districts	18.7	3.7	11.1	4.9	2.0	1.6	0.7	63.4	374

Annex -D4

Table 6.15 (CS-9G) Care for newborn within 2 months of delivery by FCHV

Percent distribution of live births by care for newborn within 2 months of delivery by FCHV, according to background characteristics, Mid-term Survey 2009

Background characteristic	Percentage checked by FCHV	Not checked/DK	Timing after birth for first checkup: Within 3 days	4-7 days	After 7 days	Number of births
Eco Region						
Hill/Mountain	8.4	91.6	3.8	1.6	3.0	284
Terai	13.7	86.3	8.3	1.8	3.6	986
Region						
East/Central	8.4	91.6	3.6	0.9	3.9	562
Mid/Far West	15.8	84.2	10.2	2.4	3.1	708
Ethnicity						
Hill Brahmin	17.6	82.4	12.2	3.4	2.0	116
Hill Chhetri	18.6	81.4	11.4	3.2	4.0	227
Terai/Madhesi Brahmin/Chhetri	-	-	-	-	-	7
Other Terai/Madhesi Castes	8.3	91.7	2.1	0.9	5.3	194
Hill Dalit	5.1	94.9	4.4	0.0	0.7	145
Terai/Madhesi Dalit	11.9	88.1	2.7	2.8	6.3	61
Newar	-	-	-	-	-	18
Hill Janjati	5.9	94.1	3.5	0.3	2.2	239
Terai Janajati	22.2	77.8	15.2	2.0	5.1	192
Muslim	6.5	93.5	3.8	0.4	2.3	71
Mother's education						
No education	9.4	90.6	4.9	0.7	3.8	660
Primary	17.2	82.8	11.4	2.7	3.1	249
Some secondary	17.3	82.7	11.0	3.7	2.6	259
SLC and above	8.3	91.7	3.1	0.7	4.5	101
Wealth quintile						
Lowest	8.2	91.8	5.7	0.3	2.2	301
Second	14.3	85.7	10.4	1.2	2.8	266
Middle	17.8	82.2	10.1	1.6	6.0	249
Fourth	10.2	89.8	5.7	3.2	1.2	244
Highest	12.8	87.2	4.0	3.0	5.7	210
Mid-term survey Districts	12.5	87.5	7.3	1.8	3.5	1,270
NFHP Supported Districts	17.2	82.8	10.8	2.4	4.0	708
NFHP Control Districts	6.6	93.4	2.9	0.9	2.8	562

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

Annex-E1

Table 8.2 (12.2) Breastfeeding status by age under three years

Percent distribution of youngest children under three years living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Mid-term survey, 2009

Age in months	Breastfeeding and consuming: Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest child	Percentage using a bottle with a nipple[1]	Number of children
NFHP Supported Districts											
<2	(0.0)	(65.3)	(29.5)	(0.0)	(5.2)	(0.0)	100.0	(100.0)	25	(1.2)	25
2-3	(0.0)	(29.8)	(51.1)	(6.6)	(10.5)	(2.0)	100.0	(100.0)	54	(2.0)	54
4-5	(0.0)	(43.1)	(27.4)	(0.0)	(20.7)	(8.8)	100.0	(100.0)	35	(6.4)	35
6-7	(0.0)	(6.2)	(30.9)	(4.0)	(8.4)	(50.4)	100.0	(100.0)	35	(3.3)	36
8-9	(0.0)	(0.0)	(7.1)	(1.3)	(0.0)	(91.6)	100.0	(100.0)	36	(0.0)	36
10-11	(0.0)	(0.0)	(1.6)	(0.0)	(0.8)	(97.5)	100.0	(100.0)	42	(19.3)	47
12-15	1.2	0.0	0.6	0.0	0.0	98.2	100.0	98.8	76	4.0	79
16-19	2.3	2.6	0.0	0.0	0.0	95.1	100.0	97.7	99	0.0	101
20-23	1.1	0.0	0.0	1.8	0.0	97.2	100.0	98.9	63	0.9	67
24-27	6.9	0.0	0.0	0.0	0.0	93.1	100.0	93.1	63	0.0	77
28-31	18.5	0.0	1.9	0.0	0.0	79.7	100.0	81.5	95	6.5	108
32-35	31.9	0.0	0.0	0.0	0.0	68.1	100.0	68.1	54	0.0	76
<6	0.0	41.7	39.1	3.1	12.5	3.6	100.0	100.0	114	3.2	114
6-9	0.0	3.1	18.9	2.6	4.2	71.1	100.0	100.0	71	1.6	72
12-23	1.6	1.1	0.2	0.5	0.0	96.6	100.0	98.4	239	1.5	247
20-23	1.1	0.0	0.0	1.8	0.0	97.2	100.0	98.9	63	0.9	67
Control Districts											
<2	(0.0)	(68.0)	(28.5)	(0.0)	(1.3)	(2.3)	100.0	(100.0)	38	(0.0)	39
2-3	(0.0)	(55.9)	(22.4)	(0.0)	(10.8)	(10.9)	100.0	(100.0)	33	(5.0)	34
4-5	(0.0)	(8.5)	(45.6)	(6.6)	(28.1)	(11.1)	100.0	(100.0)	39	(20.8)	39
6-7	(0.0)	(4.7)	(17.3)	(0.0)	(15.9)	(62.1)	100.0	(100.0)	26	(7.8)	26
8-9	(0.0)	(0.0)	(7.3)	(0.0)	(0.0)	(92.7)	100.0	(100.0)	28	(13.5)	28
10-11	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	100.0	(100.0)	31	(2.3)	31
12-15	5.1	0.0	0.0	0.0	0.0	94.9	100.0	94.9	51	5.5	51
16-19	3.1	0.0	0.0	2.9	0.0	94.0	100.0	96.9	66	4.0	66
20-23	10.0	0.0	0.0	0.0	0.0	90.0	100.0	90.0	52	0.0	65
24-27	12.6	0.0	0.0	0.0	0.0	87.4	100.0	87.4	56	1.3	62
28-31	23.5	0.0	0.0	0.0	0.0	76.5	100.0	76.5	55	3.7	70
32-35	25.2	0.0	0.0	0.0	0.0	74.8	100.0	74.8	75	0.7	89
<6	0.0	43.4	32.7	2.3	13.6	8.0	100.0	100.0	110	8.7	112
6-9	0.0	2.2	12.1	0.0	7.7	77.9	100.0	100.0	54	10.8	55
12-23	5.8	0.0	0.0	1.1	0.0	93.0	100.0	94.2	169	3.0	182
20-23	10.0	0.0	0.0	0.0	0.0	90.0	100.0	90.0	52	0.0	65
Mid-term survey districts											
<2	0.0	66.9	28.9	0.0	2.9	1.4	100.0	100.0	63	0.5	64
2-3	0.0	39.7	40.2	4.1	10.6	5.4	100.0	100.0	87	3.2	88
4-5	0.0	24.8	37.0	3.5	24.6	10.0	100.0	100.0	74	14.0	74
6-7	0.0	5.6	25.1	2.3	11.6	55.4	100.0	100.0	62	5.2	62
8-9	0.0	0.0	7.2	0.7	0.0	92.1	100.0	100.0	64	6.0	64
10-11	0.0	0.0	0.9	0.0	0.5	98.6	100.0	100.0	73	12.5	78
12-15	2.8	0.0	0.4	0.0	0.0	96.9	100.0	97.2	127	4.6	130
16-19	2.6	1.6	0.0	1.2	0.0	94.7	100.0	97.4	165	1.6	168
20-23	5.1	0.0	0.0	1.0	0.0	93.9	100.0	94.9	115	0.4	132
24-27	9.6	0.0	0.0	0.0	0.0	90.4	100.0	90.4	119	0.6	139
28-31	20.3	0.0	1.2	0.0	0.0	78.5	100.0	79.7	151	5.3	177
32-35	28.0	0.0	0.0	0.0	0.0	72.0	100.0	72.0	129	0.4	165
<6	0.0	42.5	36.0	2.7	13.0	5.8	100.0	100.0	224	5.9	226
6-9	0.0	2.7	16.0	1.5	5.7	74.1	100.0	100.0	125	5.6	126
12-23	3.3	0.6	0.1	0.7	0.0	95.1	100.0	96.7	408	2.1	430
20-23	5.1	0.0	0.0	1.0	0.0	93.9	100.0	94.9	115	0.4	132

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

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

Annex-F

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28 March 2009

MID-TERM SURVEY OF NEPAL FAMILY HEALTH PROGRAM II
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE _____

WARD NUMBER . . . . . .

CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

NAME OF RESPONDENT _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 6
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LANGUAGE OF QUESTIONNAIRE ENGLISH 5

LANGUAGE OF INTERVIEW _____

NATIVE LANGUAGE OF RESPONDENT _____

TRANSLATOR USED (YES=1; NO=2) . . . . . .

LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; THARU=4; OTHER=5

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	
DATE _____	DATE _____	

Introduction and Consent

Hello. My name is _____ and I am working with New ERA.
We are conducting a mid-term survey for Nepal Family Health Program on various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 20 and 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer:_____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 10 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-11 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(11)
			M F	Y N	Y N	IN YEARS			
01			1 2	1 2	1 2			01	01
02			1 2	1 2	1 2			02	02
03			1 2	1 2	1 2			03	03
04			1 2	1 2	1 2			04	04
05			1 2	1 2	1 2			05	05
06			1 2	1 2	1 2			06	06
07			1 2	1 2	1 2			07	07
08			1 2	1 2	1 2			08	08
09			1 2	1 2	1 2			09	09
10			1 2	1 2	1 2			10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

							IF AGE 10 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-11 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(11)
			M F	Y N	Y N	IN YEARS			
11			1 2	1 2	1 2			11	11
12			1 2	1 2	1 2			12	12
13			1 2	1 2	1 2			13	13
14			1 2	1 2	1 2			14	14
15			1 2	1 2	1 2			15	15
16			1 2	1 2	1 2			16	16
17			1 2	1 2	1 2			17	17
18			1 2	1 2	1 2			18	18
19			1 2	1 2	1 2			19	19
20			1 2	1 2	1 2			20	20

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER		
		PIPED INTO HOUSE	11	
		PIPED TO YARD/PLOT	12	106
		PUBLIC TAP/STANDPIPE	13	
		TUBE WELL OR BOREHOLE	21	
		DUG WELL		
		PROTECTED WELL	31	
		UNPROTECTED WELL	32	
		WATER FROM SPRING		
		PROTECTED SPRING	41	
		UNPROTECTED SPRING	42	
		RAINWATER	51	106
		TANKER TRUCK	61	
		SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CANAL)	71	
		STONE TAP/DHARA	81	
		BOTTLED WATER	91	106
		OTHER _____ (SPECIFY)	96	
103	Where is that water source located?	IN OWN HOUSE	1	
		IN OWN YARD/PLOT	2	
		ELSEWHERE	3	
106	Do you do anything to the water to make it safer to drink?	YES	1	
		NO	2	
		DON'T KNOW	8	108
107	What do you usually do to make the water safer to drink?	BOIL	A	
		ADD BLEACH/CHLORINE/ PIYUSH/WATERGUARD	B	
	Anything else?	STRAIN THROUGH A CLOTH	C	
		USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)	D	
	RECORD ALL MENTIONED.	SOLAR DISINFECTION	E	
		LET IT STAND AND SETTLE	F	
		OTHER _____ (SPECIFY)	X	
		DON'T KNOW	Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET		
		FLUSH TO PIPED SEWER SYSTEM	11	
		FLUSH TO SEPTIC TANK	12	
		FLUSH TO PIT LATRINE	13	
		FLUSH TO SOMEWHERE ELSE	14	
		FLUSH, DON'T KNOW WHERE	15	
		PIT LATRINE		
		VENTILATED IMPROVED PIT LATRINE	21	
		PIT LATRINE WITH SLAB	22	
	IF NECESSARY OBSERVE.	PIT LATRINE WITHOUT SLAB/ OPEN PIT	23	
		COMPOSTING TOILET	31	
		BUCKET TOILET	41	
		NO FACILITY/BUSH/FIELD	51	111
		OTHER _____ (SPECIFY)	96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
109	Do you share this toilet facility with other households?	YES	1	
		NO	2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10	0 [ ]	
		10 OR MORE HOUSEHOLDS	95	
		DON'T KNOW	98	
111	Does your household have:		YES / NO	
	a. Electricity?	ELECTRICITY	1 / 2	
	b. A radio?	RADIO	1 / 2	
	c. A television?	TELEVISION	1 / 2	
	d. A mobile telephone?	MOBILE TELEPHONE	1 / 2	
	e. A non-mobile telephone?	NON-MOBILE TELEPHONE	1 / 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY	01	
		LPG	02	→ 115
		NATURAL GAS	03	
		BIOGAS	04	
		KEROSENE	05	
		COAL, LIGNITE	06	
		CHARCOAL	07	
		WOOD	08	
		STRAW/SHRUBS/GRASS	09	
		AGRICULTURAL CROP	10	
		ANIMAL DUNG	11	
		NO FOOD COOKED IN HOUSEHOLD	95	→ 117
		OTHER _____ (SPECIFY)	96	
113	In this household, is food cooked on an open fire, a stove, or a chulo?	OPEN FIRE	1	
		STOVE	2	
		CHULO	3	
	PROBE FOR TYPE.	OTHER _____ (SPECIFY)	6	
114	Does this (fire/stove/chulo/other) have a chimney, a hood, or neither of these?	CHIMNEY	1	
		HOOD	2	
		NEITHER	3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE	1	
		IN A SEPARATE BUILDING	2	
		OUTDOORS	3	→ 117
		OTHER _____ (SPECIFY)	6	
116	Do you have a separate room which is used as a kitchen?	YES	1	
		NO	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/MUD . . . . . 11 DUNG . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/STRAW . . . . . 12 RUDIMENTARY ROOFING RUSTIC MAT . . . . . 21 BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 CARDBOARD . . . . . 24 FINISHED ROOFING GALVANIZED SHEET . . . . . 31 WOOD . . . . . 32 ASBESTOS . . . . . 33 CERAMIC TILES/SLATE . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 MUD/SAND . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 PLYWOOD . . . . . 23 CARDBOARD . . . . . 24 REUSED WOOD . . . . . 25 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 WOOD PLANKS . . . . . 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How many rooms in this household are used for sleeping?	ROOMS . . . . . [ ][ ]	
121	Does any member of this household own: A bicycle/rickshaw? A motorcycle or motor scooter?	YES NO BICYCLE/RICKSHAW . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 127
123	How many bighas/ropani of agricultural land do members of this household own? CIRCLE '1' FOR BIGHAS AND '2' FOR ROPANI	BIGHAS . . . . . 1 [ ][ ] ROPANI . . . . . 2 [ ][ ] 99 OR MORE BIGHAS/ROPANI .. .. [ ] 95 DON'T KNOW 998	
127	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 201
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . [ ]	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
204	CHECK 203: CHILD BORN IN BAISAKH 2060 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]
206	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
204	CHECK 203: CHILD BORN IN BAISAKH 2060 OR LATER	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]
206	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. [ ]

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

215	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN SIX WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
217	WEIGHT IN KILOGRAMS	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]
218	HEIGHT IN CENTIMETERS	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

		WOMAN 4	WOMAN 5	WOMAN 6
216	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
217	WEIGHT IN KILOGRAMS	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]
218	HEIGHT IN CENTIMETERS	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

28 March 2009

MID-TERM SURVEY OF NEPAL FAMILY HEALTH PROGRAM II
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE _____

WARD NUMBER . . . . . .

CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 6
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1	COMPLETED	5	PARTLY COMPLETED
2	NOT AT HOME	6	INCAPACITATED
3	POSTPONED	7	OTHER _____ (SPECIFY)
4	REFUSED		

LANGUAGE OF QUESTIONNAIRE ENGLISH 5

LANGUAGE OF INTERVIEW _____

NATIVE LANGUAGE OF RESPONDENT _____

TRANSLATOR USED (YES=1; NO=2) . . . . . .

LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; THARU=4; OTHER=5

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	
DATE _____	DATE _____	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with New ERA.
We are conducting a mid-term survey for Nepal Family Health Program (NFHP) that asks women about various health issues.
We would very much appreciate your participation in this survey. This information will help NFHP plan and monitor its program.
The survey usually takes about 1 hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... [ ][ ] MINUTES ..... [ ][ ]	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNISATIONS.		
107	In what month and year were you born?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
109	Have you ever attended school?	YES ..... 1 NO 2	→ 112
110	What is the highest grade you completed?	GRADE ..... [ ][ ]	
111	CHECK 110: GRADE 5 OR LOWER [ ] ↓ GRADE 6 OR HIGHER [ ]		→ 118
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
118	What is your religion?	HINDU 1 BUDDHIST . . . . . 2 MUSLIM . . . . . 3 KIRAT . . . . . 4 CHRISTIAN . . . . . 5 OTHER _____ 6 (SPECIFY)	
119	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED. LEAVE BOX BLANK. CODE WILL BE FILLED BY SUPERVISOR.	[ ][ ] _____ (CASTE/ETHNICITY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the pregnancies that you have had during your life. By this I mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.		
202	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 207
203	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 205
204	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
205	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 207
206	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
207	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 209
208	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
209	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . . 1 NO 2	→ 211
210	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES . . . . . [ ][ ]	
211	SUM ANSWERS TO 204, 206, 208 AND 210 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
212	CHECK 211: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES [ ] ↓ NO [ ] → PROBE AND CORRECT 202-211 AS NECESSARY.		
213	CHECK 211: ONE OR MORE PREGNANCIES [ ] ↓ NO PREGNANCIES [ ]		→ 236

214	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES IN 216. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 10 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

215	216	217	218	219	220	221	222	223	224	225
								IF BORN ALIVE AND STILL LIVING:		
	Think back to your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was name born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).
01	SING ... 1 MULT ... 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (NEXT PREGNANCY)
02	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
03	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
04	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
05	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
06	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRl ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)

226	227	228	229	230	231
IF BORN ALIVE BUT NOW DEAD		IF BORN DEAD OR LOST BEFORE BIRTH			
How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did (NAME) die?	In what month and year did this pregnancy end?	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (NEXT PREGNANCY)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.

215	216	217	218	219	220	221	222	223	224	225
								IF BORN ALIVE AND STILL LIVING:		
	Think back to your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was name born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).
07	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRI ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
08	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRI ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
09	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRI ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)
10	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219) BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)	YES . . 1 NO . . . 2 228	_____ NAME	BOY ... 1 GIRI ... 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 226	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] (SKIP TO 231)

232	Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE.	YES ..... 1 NO 2

233 COMPARE 211 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME [ ] → NUMBERS ARE DIFFERENT [ ] → (PROBE AND RECONCILE)

CHECK:
- FOR EACH PREGNANCY: YEAR OF IS RECORDED IN 221, 227 AND 228. [ ]
- FOR EACH BIRTH SINCE BAISAKH 2060: MONTH AND YEAR OF BIRTH ARE RECORDED. [ ]
- FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 223. [ ]
- FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 226. [ ]
- FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT [ ]

234 CHECK 221 AND ENTER THE NUMBER OF BIRTHS IN 2060 OR LATER.
IF NONE, RECORD '0'. [ ]

226	227	228	229	230	231
IF BORN ALIVE BUT NOW DEAD		IF BORN DEAD OR LOST BEFORE BIRTH			
How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did (NAME) die?	In what month and year did this pregnancy end?	How many months did this pregnancy last? RECORD IN COM-PLETED MONTHS.	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
DAYS . . . 1 MONTHS 2 YEARS . . 3	MONTH YEAR (SKIP TO 231)	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	FOR EACH BIRTH SINCE BAISAKH 2060, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) CHECK 228 FOR EACH PREGNANCY THAT DID NOT END IN A LIFE BIRTH. CHECK 230. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'T' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.		
236	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 239
237	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . [ ][ ]	
238	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	

SECTION 3A. MARRIAGE AND COHABITATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED, GAUNA NOT PERFORMED 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 NEVER MARRIED 6	→ 304A
302	Are you living with your husband now or is he staying elsewhere?	LIVING WITH HUSBAND ..... 1 STAYING ELSEWHERE 2	→ 303A
302A	Where does he live? IF OTHER THAN NEPAL AND INDIA WRITE NAME OF THE COUNTRY.	NEPAL ..... 1 INDIA ..... 2 OTHER _____ 6 (SPECIFY COUNTRY)	
303	For how long have you and your husband not been continuously living together? RECORD IN MONTHS	MONTHS ..... [ ][ ]	
303A	In the past 5 years how many months have you and your husband lived separately? DETERMINE THE MONTHS LIVING SEPARATELY WITH HUSBAND SINCE BAISAKH 2060. ENTER `O' IN COLUMN 2 OF CALENDAR FOR EACH MONTH NOT LIVED TOGETHER. ENTER `X' FOR EACH MONTH LIVING WITH HUSBAND.	MONTHS ..... [ ][ ]	
304	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. ..... [ ][ ]	
304A	CHECK Q.301: IF CODES `2' OR `6' CIRCLED GO TO THE CALENDAR AND ENTER `O' FOR NOT LIVED WITH TOGETHER.  IF CODES `3', `4' OR `5' CIRCLED DETERMINE THE MONTHS LIVING SEPARATELY WITH HUSBAND SINCE BAISAKH 2060. ENTER `O' IN COLUMN 2 OF CALENDAR FOR EACH MONTH NOT LIVED TOGETHER. ENTER `X' FOR EACH MONTH LIVING WITH HUSBAND. IF CODE `6' CIRCLED SKIP TO Q.312 AFTER COMPLETING THIS QUESTION.		
307	Have you been married only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE 2	→ 308A
308	In what month and year did you get married?	MONTH ..... [ ][ ] DON'T KNOW MONTH 98	
308A	Now I would like to ask about when you married your first husband. In what month and year was that?	YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 310
309	How old were you when you (first) got married?	AGE ..... [ ][ ]	
310	CHECK 307: MARRIED ONLY ONCE → In what month and year did you start living with your husband? MARRIED MORE THAN ONCE → Now I would like to ask about when you started living with your first husband. In what month and year was that?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR ..... 9998 HAS NOT STARTED LIVING WITH HIM 9996	→ 312 → 312
311	How old were you when you first started living with him? PROMPT: At gauna?	AGE ..... [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
313	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	 → 314 → 314
313A	Do you intend to wait until you get married or until gauna has taken place to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 3B. CONTRACEPTION

314	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 314 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 314, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. PERFORM THE CHECK IN 315. IF '00' IS NOT CIRCLED IN 313, THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 314, ASK 316.		316 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
315	CHECK 313: CODE 'OO' CIRCLED → SKIP TO 319 CODE 'OO' NOT CIRCLED → GO TO 316 FOR KNOWN METHODS		
317	CHECK 316: NOT A SINGLE "YES" (NEVER USED) → AT LEAST ONE "YES" (EVER USED) → 321		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 320
319	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 345
320	What have you used or done? CORRECT 316 AND 317 (AND 314 IF NECESSARY).		
321	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . [ ][ ]	
322	CHECK 316 (01): WOMAN NOT STERILIZED [ ] ↓ WOMAN STERILIZED [ ]		→ 325A
323	CHECK 236: NOT PREGNANT OR UNSURE [ ] ↓ PREGNANT [ ]		→ 334
324	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 334
325 325A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 326A → 326A → 326A → 331A
325B	RECORD IF CODE 'C' OR `G' IS CIRCLED IN 325/325A. YES (USING PILL) [ ] ↓ May I see the package of pills you are using? NO (USING CONDOM BUT NOT PILL) [ ] ↓ May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ [ ][ ] (SPECIFY) PACKAGE NOT SEEN 2	→ 325D
325C	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ [ ][ ] (SPECIFY) DON'T KNOW 98	
325D	CHECK 325B: USING CONDOM [ ] ↓ USING PILLS [ ]		→ 326A
325E	Where would you want the product you are currently using to be available for sale?	SUPERMARKETS . . . . . A PHARMACY . . . . . B FUEL STATION . . . . . C RESTAURANT/BAR/CLUB/HOTEL ..... D TRUCK STOP . . . . . E FOOD STORE . . . . . F PAN STALL . . . . . G ANY GOVERNMENT HEALTH FACILITY H OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325F	Can you remember any names of condom brands available in Nepal?	YES . . . . . 1 NO 2	→ 326A
325G	What brand names can you remember? Probe: Any other? CIRCLE ALL MENTIONED.	NUMBER 1 . . . . . A DHAAL . . . . . B PANTHER . . . . . C KAMASUTRA . . . . . D JODI . . . . . E BLACK COBRA . . . . . F CONDOM WITHOUT BRAND (MOHP- RED, WHITE) . . . . . G LILY . . . . . I VEGA . . . . . J SKINLESS SKIN . . . . . L SAFETY . . . . . M OTHER _____ X (SPECIFY)	
326A	CHECK 325/325A: WOMAN/MAN STERILIZED (CODE 'A' OR 'B' CIRCLED) ↓ WOMAN/MAN NOT STERILIZED (CODE 'A' OR 'B' NOT CIRCLED) → 331A		
327	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . 11 PHC CENTER . . . . . 12 MOBILE CLINIC . . . . . 13 OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT (NGO) SECTOR FPAN . . . . . 21 MARIE STOPES . . . . . 22 ADRA . . . . . 23 NEPAL RED CROSS . . . . . 24 UMN . . . . . 25 OTHER NGO _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME . . . . . 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	CHECK 325/325A: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
331	In what month and year was the sterilization performed?		
331A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
332	CHECK 331/331A, 221 AND 228: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 331/331A — YES → GO BACK TO 331/331A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). — NO →		
333	CHECK 331/331A: YEAR IS 2060 OR LATER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE WITH 334. YEAR IS 2059 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2060. THEN SKIP TO → 343		
334	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISAKH 2060. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?		
335	CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 → 345 FEMALE STERILIZATION . . . . . 01 → 338 MALE STERILIZATION . . . . . 02 → 346A PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 12 → 336A WITHDRAWAL . . . . . 13 → 346A OTHER METHOD . . . . . 96 → 346A	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
336 336A	Where did you obtain (CURRENT METHOD) when you started using it? Where did you learn to use the rhythm method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... 11 PHC CENTER ..... 12 HEALTH POST ..... 13 SUB-HEALTH POST ..... 14 PHC OUTREACH ..... 15 MOBILE CLINIC ..... 17 FCHV ..... 18 CONDOM BOX ..... 19 OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... 21 MARIE STOPES ..... 22 ADRA ..... 23 NEPAL RED CROSS ..... 24 UMN ..... 25 OTHER NGO. _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... 31 PHARMACY ..... 32 SANGINI OUTLET ..... 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE SHOP ..... 41 FRIEND/RELATIVE ..... 42 OTHER _____ 96 (SPECIFY)	
337	CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 RHYTHM METHOD 12	→344 →341 →341 →346A
338	You obtained (CURRENT METHOD FROM 335) from (SOURCE OF METHOD FROM 327 OR 336) in (DATE FROM 331/331A). At that time, wereyou told about side effects or problems you might have with the method?	YES ..... 1 NO 2	→340
339	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO 2	→341
340	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO 2	
341	CHECK 338: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD FROM 335) from (SOURCE OF METHOD FROM 327 OR 336) were you told about other methods of family planning that you could use?	YES ..... 1 NO 2	→343
342	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO 2	
343	CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD 96	→346A →346A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
344	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... 11 PHC CENTER ..... 12 HEALTH POST ..... 13 SUB-HEALTH POST ..... 14 PHC OUTREACH ..... 15 MOBILE CLINIC ..... 17 FCHV ..... 18 CONDOM BOX ..... 19 OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... 21 MARIE STOPES ..... 22 ADRA ..... 23 NEPAL RED CROSS ..... 24 UMN ..... 25 OTHER NGO. _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... 31 PHARMACY ..... 32 SANGINI OUTLET ..... 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE SHOP ..... 41 FRIEND/RELATIVE ..... 42 OTHER _____ 96 (SPECIFY)	
344A	How long did it take you to travel from your house to this place?	MINUTES ..... 1 [ ][ ] HOURS ..... 2 [ ][ ] DON'T KNOW 998	→ 346A
345	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO 2	→ 347
346	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A PHC CENTER ..... B HEALTH POST ..... C SUB-HEALTH POST ..... D PHC OUTREACH ..... E MOBILE CLINIC ..... F FCHV ..... G CONDOM BOX ..... H OTHER GOVT. _____ I (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... J MARIE STOPES ..... K ADRA ..... L NEPAL RED CROSS ..... M UMN ..... N OTHER NGO. _____ O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... P PHARMACY ..... Q SANGINI OUTLET ..... R OTHER PRIVATE MEDICAL _____ S (SPECIFY) OTHER SOURCE SHOP ..... T FRIEND/RELATIVE ..... U OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
346A	CHECK 314 (10): CODE '1' CIRCLED CODE '2' CIRCLED		347
346B	Where is the emergency contraception available?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A PHC CENTER ..... B HEALTH POST ..... C SUB-HEALTH POST ..... D PHC OUTREACH ..... E MOBILE CLINIC ..... F FCHV ..... G CONDOM BOX ..... H OTHER GOVT. _____ I (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... J MARIE STOPES ..... K ADRA ..... L NEPAL RED CROSS ..... M UMN ..... N OTHER NGO. _____ O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... P PHARMACY ..... Q SANGINI OUTLET ..... R OTHER PRIVATE MEDICAL _____ S (SPECIFY) OTHER SOURCE SHOP ..... T FRIEND/RELATIVE ..... U OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
347	In the last 12 months, were you visited by an FCHV who talked to you about family planning?	YES ..... 1 NO 2	
348	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO 2	350
348A	Which health faciltiies did you visit during the last 12 months for care for yourself or your children? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A PHC CENTER ..... B HEALTH POST ..... C SUB-HEALTH POST ..... D PHC OUTREACH ..... E MOBILE CLINIC ..... F OTHER GOVT. _____ I (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... J MARIE STOPES ..... K ADRA ..... L NEPAL RED CROSS ..... M UMN ..... N OTHER NGO. _____ O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... P OTHER PRIVATE MEDICAL _____ S (SPECIFY) OTHER _____ X (SPECIFY)	
349	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO 2	
350	In the last 12 months, have you visited a pharmacy for care for yourself (or your children)?	YES ..... 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 234:	ONE OR MORE BIRTHS IN 2060 OR LATER ☐	NO BIRTHS IN 2060 OR LATER ☐ → 548	
402	CHECK 221: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2060 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 215	LAST BIRTH LINE NO. ☐☐	NEXT-TO-LAST BIRTH LINE NO. ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ☐☐
404	FROM 219 AND 222	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)	THEN . . . . . 1 (SKIP TO 414) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 414)	THEN . . . . . 1 (SKIP TO 414) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 414)
406	How much longer would you have liked to wait?	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B HEALTH ASST./ HLTH. WKR . C MCH WORKER . D VHW . . . . . E OTHER PERSON TRADITIONAL BIRTH ATTENDANT . F FCHV . . . . . G OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 413_1)		
407A	CHECK 407:	☐ FCHV NOT CIRCLED (SKIP TO 407C)	FCHV CIRCLED ☐	
407B	Did you discuss your pregnancy with an FCHV?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 408)		
407C	During this pregnancy did you receive following advices from the FCHV?	YES NO		
	a. Seek ANC from a health worker?	ANC SERVICE.... .... 1 2		
	b. Proper, balanced diet?	NUTRITIOUS FOOD... 1 2		
	c. Tetanus toxoid vaccination?	TT SHOTS..... .... 1 2		
	d. Obtain iron tablets	IRON TABLETS 1 2		
	e. Danger signs for pregnant woman?	DANGER SIGNS..... 1 2		
	f. Financial preparations for delivery?	FINANCIAL..... 1 2		
	g. Identifying emergency transport options?	TRANSPORTATION... 1 2		
	h. Delivery in a suitable health facility?	HEALTH FACILITY..... 1 2		
	i. Wrap the new born in a clean and dry cloth?	WRAP NEW BORN .... NEW CLOTH 1 2		
	j. Breastfeed the newborn within one hour after birth?	BREASTFEED WITHIN ONE HOUR 1 2		
	k. Bathing new born only after 24 hours of birth?	BATHING AFTER 24 HOURS OF BIRTH 1 2		
	l. Danger signs in new born?	NEWBORN DANGER.. 1 2		
	m. Personal hygiene of mother?	HYGIENE..... 1 2		
	n. Avoid alchohol & smoking during preganacy?	ALCHOHOL/SMOKING 1 2		
	o. Take rest and avoid heavy work?	HEAVY WORKS 1 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME ..... A OTHER HOME ..... B GOVT. SECTOR GOVT. HOSPITAL ..... C PHC CENTER ..... D HEALTH POST ..... E SUB-HEALTH POST ..... F PHC OUTREACH ..... G OTHER GOVT. _____ H (SPECIFY) NON-GOVT. (NGO) UMN/RED CROSS HOSPITAL ..... I OTHER NGO _____ J (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/NURSING HOME ..... K OTHER PRIVATE MED. _____ L (SPECIFY) OTHER _____ X (SPECIFY)
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... [ ][ ] DON'T KNOW 98
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .. [ ][ ] DON'T KNOW 98
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? a. Were you weighed? b. Was your blood pressure measured?	YES NO WEIGHT ..... 1 2 BP 1 2
412	During (any of) your antenatal care visit(s), were you advised to use a skilled birth attendant?	YES ..... 1 NO ..... 2 DON'T KNOW 8
412A	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 413_1) ← DON'T KNOW 8
413	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8
413_1	What are the symptoms during pregnancy indicating the need to seek immediate care? PROBE: Any other? RECORD ALL MENTIONED	VAGINAL BLEEDING ..... A SEVERE LOWER ABDOMINAL PAIN ..... B SEVERE HEADACHE ..... C CONVULSION ..... D BLURRED VISION AND SWELLING OF HANDS AND FACE ..... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
413_2	CHECK 407:	CODE `Y' CIRCLED `A-E' CIRCLED [ ] (SKIP TO 413A2) ← [ ] `F' AND/OR `G' ONLY CIRCLED [ ] (SKIP TO 413B) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____		
413A	Did you discuss your pregnancy with an FCHV?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413B)		
413A1	During this pregnancy did you receive following advices from the FCHV?	YES NO		
	a. Seek ANC from a health worker?	ANC SERVICE.... 1 2		
	b. Proper, balanced diet?	NUTRITIOUS FOOD... 1 2		
	c. Tetanus toxoid vaccination?	TT SHOTS..... 1 2		
	d. Obtain iron tablets	IRON TABLETS 1 2		
	e. Danger signs for pregnant woman?	DANGER SIGNS..... 1 2		
	f. Financial preparations for delivery?	FINANCIAL..... 1 2		
	g. Identifying emergency transport options?	TRANSPORTATION... 1 2		
	h. Delivery in a suitable health facility?	HEALTH FACILITY..... 1 2		
	i. Wrap the new born in a clean and dry new cloth?	WRAP NEW BORN NEW CLOTH 1 2		
	j. Breastfeed the newborn within one hour after birth?	BREASTFEED WITHIN ONE HOUR 1 2		
	k. Bathing new born only after 24 hours of birth?	BATHING AFTER 24 HOURS OF BIRTH 1 2		
	l. Danger signs in new born?	NEWBORN DANGER.. 1 2		
	m. Personal hygiene of mother?	HYGIENE..... 1 2		
	n. Avoid alchohol & smoking during preganacy?	ALCHOHOL/SMOKING 1 2		
	o. Take rest and avoid heavy work?	HEAVY WORKS .... 1 2 (SKIP TO 413B)		
413A2	During this pregnancy did you receive following advice from a health worker?	YES NO		
	a. Proper, balanced diet?	NUTRITIOUS FOOD... 1 2		
	b. Tetanus toxoid vaccination?	TT SHOTS..... 1 2		
	c. Obtain iron tablets	IRON TABLETS 1 2		
	d. Danger signs for pregnant woman?	DANGER SIGNS..... 1 2		
	e. Financial preparations for delivery?	FINANCIAL..... 1 2		
	f. Identifying emergency transport options?	TRANSPORTATION... 1 2		
	g. Delivery in a suitable health facility?	HEALTH FACILITY..... 1 2		
	h. Wrap the new born in a clean and dry new cloth?	WRAP NEW BORN NEW CLOTH 1 2		
	i. Breastfeed the newborn within one hour after birth?	BREASTFEED WITHIN ONE HOUR 1 2		
	j. Bathing new born only after 24 hours of birth?	BATHING AFTER 24 HOURS OF BIRTH 1 2		
	k. Danger signs in new born?	NEWBORN DANGER.. 1 2		
	l. Personal hygiene of mother?	HYGIENE..... 1 2		
	m. Avoid alchohol & smoking during preganacy?	ALCHOHOL/SMOKING 1 2		
	n. Take rest and avoid heavy work?	HEAVY WORKS 1 2		
413B	What kind of preparation did you make beforehand for the delivery of (NAME)? Anything else? CIRCLE ALL MENTIONED	SAVED MONEY . . . . . A ARRANGED FOR TRANSPORT . . . . . B FOUND BLOOD DONOR . . . . . C CONTACTED HLTH WKR TO HELP WITH DELIVERY . . . . . D BOUGHT SAFE DELIVERY KIT . . . . . E ARRANGED FOOD . . . . . F ARRANGED CLOTHES . . . . . G OTHER _____ X (SPECIFY) NO PREPARATION . . . . . Y		
414	During this pregnancy, were you given an injection in the arm to prevent you and the baby from getting tetanus?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 416) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) DON'T KNOW 8
415	During this pregnancy, how many times did you get this tetanus injection? IF MORE THAN 7, WRITE '7'.	TIMES . . . . . [ ] DON'T KNOW 8	TIMES . . . . . [ ] DON'T KNOW . . . 8	TIMES . . . . . [ ] DON'T KNOW . . . 8
416	During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 418) DON'T KNOW 8		
416A	Where did you receive the iron/folic acid tablets from? PROBE: Any other? If "FCHV" is not mentioned, then prompt *"Did you receive iron/folic acid tablets from the FCHV?"* RECORD ALL MENTIONED	HOSPITAL ..... A PHCC ..... B HEALTH POST ..... C SUB-HEALTH POST ..... D PHC/OR CLINIC ..... E PRIVATE HOSPITAL/ CLINIC/NURSING HOME ... F PHARMACY ..... G FCHV ..... H OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . [ ][ ][ ] DON'T KNOW 998		
418	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
419	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
420	During this pregnancy, did you suffer from night blindness (ratandho) [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
420A	During this pregnancy, did you eat less than usual, about the same amount, or more than usual?	SOMEWHAT LESS ..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 DON'T KNOW 8		
420B	What are the signs/symptoms during labour indicating the need to seek immediate care? PROBE: Any other? RECORD ALL MENTIONED	LABOR LONGER THAN 8 HOURS ..... A SEE BABY'S HANDS FIRST .. B SEE BABY'S LEG FIRST ..... C SEE UMBILICAL CORD FIRST D EXCESSIVE BLEEDING BEFORE AND AFTER DELIVERY ..... E CONVULSION ..... F OTHER_____ X (SPECIFY) DON'T KNOW ..... Z		
421	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8
424	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK. .... C MCHW ..... G OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV ..... E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 425)	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK. .... C MCHW ..... G OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV ..... E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 425)	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK. .... C MCHW ..... G OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV ..... E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 425)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
424A	Immediately ***after*** delivery of (NAME), did you receive an injection in the thigh or buttock?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
425	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . 11 (SKIP TO 432) OTHER HOME . . . . 12 GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST . . . . . 24 OTHER GOVT. _____ 26 (SPECIFY) NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) (SKIP TO 428) OTHER _____ 96 (SPECIFY) (SKIP TO 432)	HOME YOUR HOME . . . 11 (SKIP TO 433) OTHER HOME . . . 12 GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST . . . . . 24 OTHER GOVT. _____ 26 (SPECIFY) NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) (SKIP TO 428) OTHER _____ 96 (SPECIFY) (SKIP TO 433)	HOME YOUR HOME . . . 11 (SKIP TO 433) OTHER HOME . . . 12 GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST . . . . . 24 OTHER GOVT. _____ 26 (SPECIFY) NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) (SKIP TO 428) OTHER _____ 96 (SPECIFY) (SKIP TO 433)
425A1	Did you receive cash incentive after the delivery of (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8
428	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 431)	YES . . . . . 1 (SKIP TO 444) NO 2	YES . . . . . 1 (SKIP TO 444) NO 2
429	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
430	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW . . . . . 13 MCH WORKER ... 14 VHW . . . . . 15 OTHER _____ 96 (SPECIFY) (SKIP TO 435A)		
431	After you were discharged, did any health care provider check on your health?	YES . . . . . 1 (SKIP TO 434) NO . . . . . 2 (SKIP TO 435A)	YES . . . . . 1 (SKIP TO 444) NO 2	YES . . . . . 1 (SKIP TO 444) NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . ..... A FACILITY NOT OPEN . ..... B TOO FAR/ NO TRANS-PORTATION ..... C DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... D NO FEMALE PROVID-ER AT FACILITY ..... E HUSBAND/FAMILY DID NOT ALLOW ..... F SECURITY CONCERNS ..... G NOT NECESSARY ..... H NOT CUSTOMARY ..... I CHILD BORN BEFORE REACHING FACILITY ..... J OTHER _____ (SPECIFY) X		
432A	Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT MARKETED BY CRS	YES . . . . . 1 (SKIP TO 432C) NO . . . . . 2 DON'T KNOW 8		
432B	When (NAME) was born, what instrument was used to cut the umblical cord?	NEW/BOILED BLADE . . . . . 1 USED BLADE . . . . 2 KNIFE . . . . . 3 HASIYA . . . . . 4 KHUKURI . . . . . 5 SCISSORS . . . . . 7 OTHER _____ (SPECIFY) 6 DON'T KNOW 8		
432C	Was anything placed on the stump after the umblical cord was cut?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432D) DON'T KNOW 8		
432C1	What was placed on the stump? PROBE: Any other things? RECORD ALL MENTIONED	OIL . . . . . A ASH . . . . . B VERMILON . . . . . C OINTMENT/POWDER . . . . . D ANIMAL DUNG . . . . . E TURMERIC . . . . . F GHEE . . . . . G OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z		
432D	Was (NAME) dried before the placenta was delivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
432D1	Was (NAME) placed on your belly or to the breast before delivery of the placenta?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
432E	Was (NAME) wrapped or covered with cloth before the placenta was delivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
432F	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	After (NAME) was born, did any health care provider check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435A)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
434	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
435	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW . . . . . 13 MCH WORKER ... 14 VHW . . . . . 15 OTHER _____ 96 (SPECIFY)		
435A	After (NAME) was born, did an FCHV visit you?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 437)		
435B	How long after the delivery did you see the FCHV? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
435C	Altogether how many such visits did the FCHV make over the first month after the delivery? IF MORE THAN 7, WRITE '7'.	VISITS . . . . . . DON'T KNOW 8		
437	CHECK 425:	`11',`12' OR `96' CIRCLED OTHER CODES CIRCLED (SKIP TO 440A)		
438	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440A) DON'T KNOW 8		
439	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 DON'T KNOW 998		
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW . . . . . 13 MCH WORKER ... 14 VHW . . . . . 15 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440A	In the two months after (NAME) was born, did a FCHV check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440C) ← DON'T KNOW 8		
440B	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 [ ][ ] DAYS AFTER BIRTH . . 2 [ ][ ] WKS AFTER BIRTH . . 3 [ ][ ] DON'T KNOW 998		
440C	What are the symptoms of the infant within one month after delivery indicating the need to seek immediate health care? PROBE: Any other? RECORD ALL MENTIONED	POOR SUCKLING . . . . . A FAST BREATHING . . . . . B SEVERE CHEST INDRAWING . . C HYPOTHERMIA . . . . . D FEVER . . . . . E DIFFICULT TO WAKE/ LETHARGIC/UNCONSC ..... F PUSTULES ON SKIN 1 LARGE OR >10 SMALL ONES ..... G SEVERE UMBILICAL INFECTION REDNESS OF SKIN CORD/ FOUL SMELLING/DISCHARGE OR BLEEDING FROM CORD H OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
442	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
442A	After delivery were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442C) ← DON'T KNOW 8		
442B	After delivery, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... [ ][ ] DON'T KNOW 98		
442C	What are the symptoms of the mother indicating the need for her to seek immediate health care during the six weeks after delivery? PROBE: Any other? RECORD ALL MENTIONED	HIGH FEVER . . . . . A PAIN LOWER ABDOMEN SMELLING DISCHARGE .. B EXCESSIVE BLEEDING ..... C SEVERE HEADACHE ..... D CONVULSION AND FITS ..... E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
443	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 445) ← NO . . . . . 2 (SKIP TO 446) ←		
444	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 448) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 448) ←
445	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	CHECK 236: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 448)		
447	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 449)		
448	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
449	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 456)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 456)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 456)
450	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
451	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		
452	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . . B SUGAR OR GLU-COSE WATER . . . . C GRIPE WATER . . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)		
453	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 455)		
454	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 457) NO 2		
455	For how many months did you breastfeed (NAME)?	MONTHS . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
456	CHECK 404: IS CHILD LIVING?	LIVING ☐ (SKIP TO 459) DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ (SKIP TO 459) DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ (SKIP TO 459) DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
457	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
458	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
459	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
460		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2060 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 215	LAST BIRTH LINE NUMBER . . . . . [ ][ ]	NEXT-TO-LAST BIRTH LINE NUMBER . . . . . [ ][ ]	SECOND-FROM-LAST BIRTH LINE NUMBER . . . . . [ ][ ]
503	FROM 219 AND 222	NAME _____ LIVING [ ] DEAD [ ] → (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545)	NAME _____ LIVING [ ] DEAD [ ] → (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545)	NAME _____ LIVING [ ] DEAD [ ] → (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 545)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 508) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 508) ← NO 2	YES . . . . . 1 (SKIP TO 508) ← NO 2	YES . . . . . 1 (SKIP TO 508) ← NO 2

506
(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF HEP. B IS GIVEN IN COMBINATION WITH DPT, RECORD SEPARATELY FOR BOTH DPT AND HEP. B.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG				BCG			BCG		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
HEP. B 1				H1			H1		
HEP. B 2				H2			H2		
HEP. B 3				H3			H3		
MEASLES				MEA			MEA		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP. B 1-3 AND/OR MEASLES VACCINES.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 3	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 3	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 3
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 3	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 3	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 3
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the right arm that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509D) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509D) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509D) DON'T KNOW 8
509C	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509D	A DPT vaccination, that is, an injection given in the left thigh, sometimes given at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509F) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509F) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509F) DON'T KNOW 8
509E	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509F	A HEP.B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509H) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509H) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509H) DON'T KNOW 8
509G	How many times was a HEP.B vaccination received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509H	A measles injection, that is, a shot in the arm at the age of 9 months or older, to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive the polio vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	BHADRA 2065 .. A MANGSIR 2065 ... B FALGUN 2065 ... C BAISAKH 2066 ... D NOT GIVEN ..... E	BHADRA 2065 .. A MANGSIR 2065 ... B FALGUN 2065 ... C BAISAKH 2066 ... D NOT GIVEN ..... E	BHADRA 2065 .. A MANGSIR 2065 ... B FALGUN 2065 ... C BAISAKH 2066 ... D NOT GIVEN ..... E
511A	At which national immunization day campaigns did (NAME) receive the measles injections? RECORD ALL CAMPAIGNS MENTIONED.	BHADRA 2065 ... A MANGSIR 2065 ... B NOT GIVEN C	BHADRA 2065 ... A MANGSIR 2065 ... B NOT GIVEN C	BHADRA 2065 ... A MANGSIR 2065 ... B NOT GIVEN C
512	Do you remember the recent vitamin A capsule distribution? IF NO, ASK: Does anyone in the household remember the event? SPEAK TO THAT PERSON.	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8
513	Did (NAME) receive a vitamin A capsule during the event in Kartik/Baisakh? IF THE INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF THE INTERVIEW IS AFTER BAISAKH, ASK ABOUT BAISAKH.	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ←┤ DON'T KNOW 8
514	Please tell me what happened when you took (NAME) for vitamin A? IF MENTIONS SPONTANEOUSLY, CIRCLE CODE '1'. FOR ALL NOT MENTIONED, PROBE AND CIRCLE '2' IF YES AND '8' IF NO OR DON'T KNOW. SHOW CAPSULE.	YES SPN. / YES PF / NO DK. a.RED CAPSULE 1 2 8 b.CAPSULE WAS CUT 1 2 8 c.CHILD'S NAME WRITTEN 1 2 8 d.CENTRAL SITE 1 2 8	YES SPN. / YES PF / NO DK. a.RED CAPSULE 1 2 8 b.CAPSULE WAS CUT 1 2 8 c.CHILD'S NAME WRITTEN 1 2 8 d.CENTRAL SITE 1 2 8	YES SPN. / YES PF / NO DK. a.RED CAPSULE 1 2 8 b.CAPSULE WAS CUT 1 2 8 c.CHILD'S NAME WRITTEN 1 2 8 d.CENTRAL SITE 1 2 8
515	Has (NAME) taken any drug for intestinal worms in the last six months (including any deworming tablet given during the vitamin A distribution?)	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
516	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 529) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ←┤ DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ←┤ DON'T KNOW 8
517	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
519	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519A	Over the week to two weeks after (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, or somewhat more than usual?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NEVER GAVE FOOD 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NEVER GAVE FOOD 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NEVER GAVE FOOD 5 DON'T KNOW 8
520	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524A)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524A)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524A)
521	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)
521A	CHECK 521:	FCHV NOT CIRCLED FCHV CIRCLED (SKIP TO 521C)	FCHV NOT CIRCLED FCHV CIRCLED (SKIP TO 521C)	FCHV NOT CIRCLED FCHV CIRCLED (SKIP TO 521C)
521B	Did you seek advice or treatment from an FCHV?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521C	CHECK 521:	PHARM. CIRCLED → (SKIP TO 522) PHARM. NOT CIRCLED	PHARM. CIRCLED → (SKIP TO 522) PHARM. NOT CIRCLED	PHARM. CIRCLED → (SKIP TO 522) PHARM. NOT CIRCLED
521D	At the pharmacy: a. Was (NAME) examined? b. Did you get advice on type of medication to buy? c. Did you know exactly what medication to buy and only went there to buy it?	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8
522	CHECK 521:	TWO OR MORE CODES CIRCLED → (SKIP TO 524) ONLY ONE CODE CIRCLED	TWO OR MORE CODES CIRCLED → (SKIP TO 524) ONLY ONE CODE CIRCLED	TWO OR MORE CODES CIRCLED → (SKIP TO 524) ONLY ONE CODE CIRCLED
523	Where did you first seek advice or treatment? USE LETTER CODE FROM 521.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
524	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . (SKIP TO 525)	DAYS . . . . . (SKIP TO 525)	DAYS . . . . . (SKIP TO 525)
524A	Did you seek advice or treatment from an FCHV?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
525	Does (NAME) still have diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
526	Was he/she given a fluid made from a special packet such as Jeevan Jal/Navajeevan to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
527	Was anything (else) given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL E SYRUP ANTIBIOTIC . . . . . F ANTIMOTILITY . G OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY H UNKNOWN SYRUP I INJECTION ANTIBIOTIC . . . . . J NON-ANTIBIOTIC . K UNKNOWN INJECTION . . . L (IV) INTRAVENOUS . M HOME REMEDY/ HERBAL MED-ICINE . . . . . N OTHER _____ X (SPECIFY)	PILL ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL E SYRUP ANTIBIOTIC . . . . . F ANTIMOTILITY . G OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY H UNKNOWN SYRUP I INJECTION ANTIBIOTIC . . . . . J NON-ANTIBIOTIC . K UNKNOWN INJECTION . . . L (IV) INTRAVENOUS . M HOME REMEDY/ HERBAL MED-ICINE . . . . . N OTHER _____ X (SPECIFY)	PILL ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL E SYRUP ANTIBIOTIC . . . . . F ANTIMOTILITY . G OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY H UNKNOWN SYRUP I INJECTION ANTIBIOTIC . . . . . J NON-ANTIBIOTIC . K UNKNOWN INJECTION . . . L (IV) INTRAVENOUS . M HOME REMEDY/ HERBAL MED-ICINE . . . . . N OTHER _____ X (SPECIFY)
529	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
530	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8
531	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 536) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 536) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 536) DON'T KNOW 8
532	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 536)
533	CHECK 529: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)
536	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 540A)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 540A)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 540A)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVT HOSPITAL/ CLINIC . . . . . A PHC CENTER . . . B HEALTH POST . . . C SUB-HTH POST . D PHC OUTREACH E FCHV . . . . . F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC . . . . . A PHC CENTER . . . B HEALTH POST . . . C SUB-HTH POST . D PHC OUTREACH E FCHV . . . . . F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC . . . . . A PHC CENTER . . . B HEALTH POST . . . C SUB-HTH POST . D PHC OUTREACH E FCHV . . . . . F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY . . . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)
537A	CHECK 537:	[ ] FCHV NOT CIRCLED [ ] FCHV CIRCLED (SKIP TO 537C)	[ ] FCHV NOT CIRCLED [ ] FCHV CIRCLED (SKIP TO 537C)	[ ] FCHV NOT CIRCLED [ ] FCHV CIRCLED (SKIP TO 537C)
537B	Did you seek advice or treatment from an FCHV?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
537C	CHECK 537:	[ ] PHARM. CIRCLED [ ] PHARM. NOT CIRCLED (SKIP TO 538)	[ ] PHARM. CIRCLED [ ] PHARM. NOT CIRCLED (SKIP TO 538)	[ ] PHARM. CIRCLED [ ] PHARM. NOT CIRCLED (SKIP TO 538)
537D	At the pharmacy:	YES NO DK	YES NO DK	YES NO DK
	a. Was (NAME) examined?	1 2 8	1 2 8	1 2 8
	b. Did you get advice on type of medication to buy?	1 2 8	1 2 8	1 2 8
	c. Did you know exactly what medication to buy and only went there to buy it?	1 2 8	1 2 8	1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	CHECK 537:	TWO OR MORE CODES CIRCLED [ ] ONLY ONE CODE CIRCLED [ ] (SKIP TO 540)	TWO OR MORE CODES CIRCLED [ ] ONLY ONE CODE CIRCLED [ ] (SKIP TO 540)	TWO OR MORE CODES CIRCLED [ ] ONLY ONE CODE CIRCLED [ ] (SKIP TO 540)
539	Where did you first seek advice or treatment? USE LETTER CODE FROM 537.	FIRST PLACE . . . [ ]	FIRST PLACE . . . [ ]	FIRST PLACE . . . [ ]
540	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . [ ][ ] (SKIP TO 541)	DAYS . . . . . [ ][ ] (SKIP TO 541)	DAYS . . . . . [ ][ ] (SKIP TO 541)
540A	Did you seek advice or treatment from an FCHV?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
541	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
542	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)
543	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
544		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545.	(GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
545	CHECK 221 AND 224, ALL ROWS: NUMBER OF CHILDREN BORN IN 2060 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓	NONE ☐ →	548
547	CHECK 526, ALL COLUMNS: NO CHILD RECEIVED JEEVAN JAL OR NAVAJEEVAN OR OTHER ORS OR NOT ASKED ☐ ↓	ANY CHILD RECEIVED JEEVAN JAL OR NAVAJEEVAN OR OTHER ORS ☐ →	549
548	Have you ever heard of a special product called Jeevan Jal or Navajeevan you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	→ 549
548A	Have you ever seen a packet like this? SHOW PACKET OF JEEVAN JAL OR NAVAJEEVAN OR OTHER TYPES OF ORS.	YES . . . . . 1 NO 2	
549	CHECK 221 AND 224, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2062 OR LATER AND LIVING WITH HER ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 550) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2062 OR LATER AND LIVING WITH HER ☐ →	601
550	Now I would like to ask you about liquids or foods (NAME FROM 549) had yesterday during the day or at night. Did (NAME FROM 549) (drink/eat): a. Plain water? b. Commercially produced infant formula such as Lactogen? c. Any fortified baby food such as Cerelac, Nestum, Champion? d. Any (other) porridge or gruel, such as Lito, Sarbottam Pitho?	YES NO DK PLAIN WATER . . . . . 1 2 8 FORMULA . . . . . 1 2 8 BABY CEREAL . . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

551 Now I would like to ask you about (other) liquids or foods that (NAME FROM 549)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.

Did (NAME FROM 549)/you drink (eat):		CHILD			MOTHER		
		YES	NO	DK	YES	NO	DK
a. Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8
b Tea or coffee?	b	1	2	8	1	2	8
c. Any other liquids?	c	1	2	8	1	2	8
d. Any food such as roti or porridge, made from grains, like rice, millet, wheat, maize, buckwheat or barley ?	d	1	2	8	1	2	8
e. Pumpkin, carrots, squash or sweet potatoes (shakharkhanda) that are yellow or orange inside?	e	1	2	8	1	2	8
f. White potatoes, white yams, colocasia, or any other foods made from roots?	f	1	2	8	1	2	8
g. Any dark green, leafy vegetables such as colocasia leaves, spinach, amaranth leaves, mustard leaves, swiss chard?	g	1	2	8	1	2	8
h. Ripe mangoes, papayas, apricot, persimmom?	h	1	2	8	1	2	8
i. Any other fruits or vegetables such as banana, apple, guava, amala, orange, tomatoes?	i	1	2	8	1	2	8
j. Liver, kidney, heart or other organ meats?	j	1	2	8	1	2	8
k. Chicken, goat, lamb, buffalo, pork, duck or any other meat?	k	1	2	8	1	2	8
l. Eggs?	l	1	2	8	1	2	8
m. Fresh or dried fish or shellfish?	m	1	2	8	1	2	8
n. Any foods made from beans, peas, lentils (daal) or nuts?	n	1	2	8	1	2	8
o. Cheese, yogurt or other milk products?	o	1	2	8	1	2	8
p. Any ghee, oil, fats, or butter, or foods made with any of these?	p	1	2	8	1	2	8
q. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1	2	8	1	2	8
r. Any other solid or semi-solid food?	r	1	2	8	1	2	8

552 CHECK 550 (LAST 2 CATEGORIES: BABY CEREALS OR OTHER PORRIDGE/GRUEL) AND 551 (CATEGORIES d THROUGH r FOR CHILD):

AT LEAST ONE "YES' ☐ ↓

NOT A SINGLE "YES" ☐ → 601

553 How many times did (NAME FROM 549) eat solid, semisolid, or soft foods yesterday during the day or at night?

IF 7 OR MORE TIMES, RECORD '7'.

NUMBER OF TIMES . . . . . ☐

DON'T KNOW 8

SECTION 6. SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 313: HAS NOT HAD SEXUAL INTERCOURSE (313 = 00) ☐ → 701 ☐ HAS HAD SEXUAL INTERCOURSE		
	READ TO RESPONDENTS Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.		
606	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS AGO.	DAYS AGO . . . . . 11 ☐☐ WEEKS AGO . . . . . 22 ☐☐ MONTHS AGO . . . . . 33 ☐☐ YEARS AGO . . . . . 44 ☐☐	→ 701

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
608	The last time you had sexual intercourse (with this/other person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 610)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 610)
609	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
610	What was this person's relationship to you?	HUSBAND . . . . . 01 LIVE-IN PARTNER . . . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 RELATIVE . . . . . 04 CASUAL ACQUAINTANCE . . . . . 05 SEX WORKER CLIENT . . . . . 06 OTHER _____ 96 (SPECIFY)	HUSBAND . . . . . 01 LIVE-IN PARTNER . . . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 RELATIVE . . . . . 04 CASUAL ACQUAINTANCE . . . . . 05 SEX WORKER CLIENT . . . . . 06 OTHER _____ 96 (SPECIFY)
615	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 608 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 701)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LAST 12 MONTHS . . . . . ☐☐ DON'T KNOW 98	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 301: NEVER MARRIED WIDOWED/DIVORCED/SEPARATED → 713 OTHER (CODE 1 AND 2) ↓		
702	CHECK 325/325A: CODE 'A' OR CODE 'B' CIRCLED → 713 OTHER ↓		
703	CHECK 236: NOT PREGNANT OR UNSURE ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . 3 UNDECIDED/DON'T KNOW: AND PREGNANT . . . . . 4 AND NOT PREGNANT OR UNSURE 5	 → 705 → 713 → 710 → 709
704	CHECK 236: NOT PREGNANT OR UNSURE ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 [ ][ ] YEARS . . . . . 2 [ ][ ] SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER GAUNA . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 709 → 713 → 709
705	CHECK 236: NOT PREGNANT OR UNSURE ↓ PREGNANT → 709		
706	CHECK 324: USING A CONTRACEPTIVE METHOD? NOT ASKED ↓ NOT CURRENTLY USING ↓ CURRENTLY USING → 713		
707	CHECK 704: NOT ASKED ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ↓ 00-23 MONTHS OR 00-01 YEAR → 710		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 703: WANTS TO HAVE A/ANOTHER CHILD → You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? WANTS NO MORE/ NONE → You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? RECORD ALL REASONS MENTIONED.	FERTILITY-RELATED REASONS HUSBAND AWAY . . . . . V NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC/UP TO GOD . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND OPPOSED . . . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T DON'T LIKE EXISTING METHODS . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
709	CHECK 324: USING A CONTRACEPTIVE METHOD? NOT ASKED → NO, NOT CURRENTLY USING → YES, CURRENTLY USING		713
710	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	712 713
711	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD/LOOP . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER _____ 96 (SPECIFY) UNSURE 98	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS HUSBAND AWAY ..... 16 INFREQUENT SEX/NO SEX ..... 11 MENOPAUSAL/HYSTERECTOMY 12 SUBFECUND/INFECUND ..... 13 FATALISTIC ..... 14 WANTS AS MANY CHILDREN AS POSSIBLE ..... 15 OPPOSITION TO USE RESPONDENT OPPOSED ..... 21 HUSBAND OPPOSED ..... 22 OTHERS OPPOSED ..... 23 RELIGIOUS PROHIBITION ..... 24 LACK OF KNOWLEDGE KNOWS NO METHOD ..... 31 KNOWS NO SOURCE ..... 32 METHOD-RELATED REASONS HEALTH CONCERNS ..... 41 FEAR OF SIDE EFFECTS ..... 42 LACK OF ACCESS/TOO FAR ..... 43 COSTS TOO MUCH ..... 44 INCONVENIENT TO USE ..... 45 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 46 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
713	CHECK 222: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... ☐☐ OTHER _____ 96 (SPECIFY)	→ 714A → 714A
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714A	What is your most preferred source of information on health and family planning issues?	RADIO . . . . . 01 TELEVISION . . . . . 02 POSTER . . . . . 03 LEAFLETS . . . . . 04 BANNER/BILL BOARD . . . . . 05 STREET DRAMA . . . . . 06 HEALTH EXHIBITION . . . . . 07 HEALTH FACILITY/HEALTH WORKERS 08 FCHV . . . . . 09 MOTHERS' GROUP . . . . . 10 FRIENDS/NEIGHBORS . . . . . 11 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
715	In the last few months have you heard or seen any message about family planning:	YES NO	
	a. On the radio?	RADIO 1 2	
	b. On the television?	TELEVISION 1 2	
	c. In a newspaper, magazine or brochure?	NEWSPAPER/MAG./BROCH. . . . 1 2	
	d. On a poster, hoarding board or billboard?	POSTER/HBOARD 1 2	
	e. Street dramas?	STREET DRAMAS 1 2	
715A	In the last few months have you heard the program Sathi Sanga Manka Kura on the radio?	YES . . . . . 1 NO 2	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 1005A
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Can people get the AIDS virus by touching someone who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908A	Have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 909
908B	Did you test positive for the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 1005A
910	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVERNMENT HOSPITAL . . . . . A VCT CENTER . . . . . B OTHER GOVT. _____ C (SPECIFY) NON-GOVT. SECTOR FPAN . . . . . D AMDA . . . . . E INF . . . . . F NEPAL RED CROSS . . . . . G OTHER GOVT. _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005A	Do you have a tetanus injection card (s)? IF YES: May I see it please?	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 NO CARD 3	1005C
1005B	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD(S). (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR TT1 TT2 TT3 TT4 TT5	1005E
1005C	CHECK 414: HAS NOT RECEIVED TETANUS INJECTION OR NOT ASKED HAS RECEIVED TETANUS INJECTION		1005E
1005D	Have you ever received a tetanus injection?	YES . . . . . 1 NO 2	1011
1005E	How many tetanus injections have you received in your lifetime?	NUMBER . . . . . . DON'T KNOW 98	
1011	Did you use soap for any purpose yesterday?	YES . . . . . 1 NO 2	1015
1012	For what purpose did you use soap? Any other purpose? RECORD ALL MENTIONED.	HANDWASHING . . . . . A WASHING OWN BODY . . . . . B WASHING CHILD'S HANDS . . . . . C WASHING CHILD'S BODY . . . . . D WASHING CLOTHES . . . . . E OTHER X	
1013	CHECK 1012: CODE 'A' CIRCLED CODE 'A' NOT CIRCLED		1015
1014	How many times did you wash your hands with soap yesterday? IF MORE THAN 7 TIMES, RECORD '7.'	TIMES . . . . . . DON'T KNOW 8	
1015	To your knowledge is there a Mothers' Group meeting with the FCHV in this community?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 1018 1018
1016	If yes, have you ever participated in the Mothers' Group meeting?	YES . . . . . 1 NO 2	1018
1017	If yes, when was the most recent Mothers' Group meeting you attended ?	< 1 MONTH . . . . . 1 1 - <2 MONTHS . . . . . 2 2 - <3 MONTHS . . . . . 3 3+ MONTHS 4	
1018	Do you know the FCHV who serves in your area? *Prompt: `Do you know the woman who gives out vitamin A to children under five in your area twice a year'*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 1021
1019	How long does it take you to go to her home?	MINUTES ..... DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1020	Please tell me which of the following kinds of help or services does your FCHV provide?		YES	NO	
	a. Health information including mothers' group?	HEALTH INFORMATION	1	2	
	b. Provide advice to pregnant women?	ADVICE PREGNANT WOMEN	1	2	
	c. Provide advice to post-partum mothers?	ADVICE POST-PARTUM	1	2	
	d. Provide advice regarding newborn?	ADVICE ON NEWBORN	1	2	
	e. Provide advice and treatment regarding child diarrhea?	DIARRHEA TREATMENT	1	2	
	f. Provide advice and treatment regarding child respiratory infection (including pneumonia)?	ARI ADVICE TREATMENT	1	2	
	g. Supply condoms and pills	SUPPLY CONDOMS/PILLS	1	2	
	h. Vitamin A for mother /child	VITAMIN A	1	2	
	i. Provide HIV/AIDS/STI information?	HIV/AIDS/STI	1	2	
1021	Is delivery at a government health facility free of cost/charge?	YES NO DON'T KNOW	1 2 8		
1022	Does a woman get cash incentive if she delivers her baby at a government health facility?	YES NO DON'T KNOW	1 2 8		
1023	CHECK 348A: CODES A-I CIRCLED ☐ ↓ CODES A-I NOT CIRCLED ☐ →				1114
1024	Did you pay the registration fee during your last visit to the health facility?	YES NO DON'T KNOW	1 2 8		
1025	Were you or your child prescribed any medicines/drug by the health care provider the last time you visited the health facility?	YES NO DON'T KNOW	1 2 8		 → 1114
1026	Did you get any medicine/drug free of cost from the health facility?	NOT AT ALL YES, PARTIALLY YES, FULLY	1 2 3		
1114	RECORD THE TIME.	HOUR MINUTES	☐☐ ☐☐		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- A INDUCED ABORTIONS
- T STILLBIRTHS/MISCARRIAGE

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL 2: LIVING/NOT LIVING WITH HUSBAND

- X LIVING TOGETHER
- O NOT LIVED TOGETHER

				1	2
	12	CHAITRA	01		
	11	FALGUN	02		
	10	MAGH	03		
	09	POUSH	04		
2	08	MANGSIR	05		
0	07	KARTIK	06		
6	06	ASHWIN	07		
6	05	BHADRA	08		
	04	SRAWAN	09		
	03	ASHAR	10		
	02	JAISTHA	11		
	01	BAISHAK	12		
	12	CHAITRA	13		
	11	FALGUN	14		
	10	MAGH	15		
	09	POUSH	16		
2	08	MANGSIR	17		
0	07	KARTIK	18		
6	06	ASHWIN	19		
5	05	BHADRA	20		
	04	SRAWAN	21		
	03	ASHAR	22		
	02	JAISTHA	23		
	01	BAISHAK	24		
	12	CHAITRA	25		
	11	FALGUN	26		
	10	MAGH	27		
	09	POUSH	28		
	08	MANGSIR	29		
2	07	KARTIK	30		
0	06	ASHWIN	31		
6	05	BHADRA	32		
4	04	SRAWAN	33		
	03	ASHAR	34		
	02	JAISTHA	35		
	01	BAISHAK	36		
	12	CHAITRA	37		
	11	FALGUN	38		
	10	MAGH	39		
	09	POUSH	40		
2	08	MANGSIR	41		
0	07	KARTIK	42		
6	06	ASHWIN	43		
3	05	BHADRA	44		
	04	SRAWAN	45		
	03	ASHAR	46		
	02	JAISTHA	47		
	01	BAISHAK	48		
	12	CHAITRA	49		
	11	FALGUN	50		
	10	MAGH	51		
	09	POUSH	52		
2	08	MANGSIR	53		
0	07	KARTIK	54		
6	06	ASHWIN	55		
2	05	BHADRA	56		
	04	SRAWAN	57		
	03	ASHAR	58		
	02	JAISTHA	59		
	01	BAISHAK	60		
	12	CHAITRA	61		
	11	FALGUN	62		
	10	MAGH	63		
	09	POUSH	64		
2	08	MANGSIR	65		
0	07	KARTIK	66		
6	06	ASHWIN	67		
1	05	BHADRA	68		
	04	SRAWAN	69		
	03	ASHAR	70		
	02	JAISTHA	71		
	01	BAISHAK	72		
	12	CHAITRA	73		
	11	FALGUN	74		
	10	MAGH	75		
	09	POUSH	76		
2	08	MANGSIR	77		
0	07	KARTIK	78		
6	06	ASHWIN	79		
0	05	BHADRA	80		
	04	SRAWAN	81		
	03	ASHAR	82		
	02	JAISTHA	83		
	01	BAISHAK	84		

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