Nepal

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2014

Final Report

Government of Nepal
National Planning Commission Secretariat
Central Bureau of Statistics

unicef United Nations Children's Fund

MICS

Nepal

Monitoring the situation of children and women

Multiple Indicator Cluster Survey
2014

Final Report

Government of Nepal
National Planning Commission Secretariat
Central Bureau of Statistics

unicef United Nations Children's Fund

MICS

Government of Nepal
Central Bureau of Statistics
Thapathali
Kathmandu, Nepal
Tel: 977 1 4245947, 4229406
Website: www.cbs.gov.np

United Nations Children's Fund (UNICEF)
United Nations House
Pulchowk, Lalitpur
Tel: 977 1 5523200
PO Box 1187
Kathmandu, Nepal
Website: http://www. unicef.org/nepal

The Nepal Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the Central Bureau of Statistics (CBS) as part of the global MICS programme. Technical and financial support was provided by the United Nations Children's Fund (UNICEF).

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to support countries in the collection of internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

Suggested citation:

Central Bureau of Statistics, 2015. *Nepal Multiple Indicator Cluster Survey 2014, Final Report*. Kathmandu, Nepal: Central Bureau of Statistics and UNICEF Nepal.

Cover Photo: ©UNICEF Nepal/2015/CSKarki

Summary Table of Survey Implementation and Survey Population

Multiple Indicator Cluster Survey, Nepal, 2014

Survey implementation

Sample frame	National Population and Housing Census, 2011	**Questionnaires**	Household Women (aged 15–49) Children under five Water quality testing
- Updated	September–October, 2013		
Interviewer training	January–February, 2014	**Fieldwork**	February–June, 2014
Survey sample			
Households		Children under five	
- Sampled	13,000	- Eligible	5,663
- Occupied	12,598	- Mothers/caretakers interviewed	5,349
- Interviewed	12,405	- Response rate (percent)	94.5
- Response rate (percent)	98.5		
Women		Water quality testing for households	
- Eligible for interviews	14,936	- Selected for testing	1,560
- Interviewed	14,162	- Occupied	1,511
- Response rate (percent)	94.8	- Tested	1,492
		- Response rate (percent)	98.7

Household population

Average household size	4.6	**Percentage of population living in**	
Percentage of population under:		- Urban areas	17.2
- Age 5	10.1	- Rural areas	82.8
- Age 18	40.2		
Percentage of women aged 15–49 years with at least one live birth in the last 2 years	14.5		

Housing characteristics

Percentage of households with	
- Electricity	84.9
- Finished floor	34.9
- Finished roofing	85.3
- Finished walls	41.2
Mean number of persons per room used for sleeping	2.4

Household or personal assets

Percentage of households that own	
- A television	51.5
- A refrigerator	13.6
- Agricultural land	75.5
- Farm animals/livestock	68.8
Percentage of households where at least a member has or owns a	
- Mobile phone	91.2
- Car or truck	1.9

Summary Table of Findings[1]

Multiple Indicator Cluster Surveys (MICS) and
Millennium Development Goals (MDG) Indicators, Nepal, 2014

CHILD MORTALITY

Early childhood mortality*

MICS Indicator		Indicator	Description	Value
1.1		Neonatal mortality rate	Probability of dying within the first month of life	23
1.2	**MDG 4.2**	Infant mortality rate	Probability of dying between birth and the first birthday	33
1.3		Post-neonatal mortality rate	Difference between infant and neonatal mortality rates	11
1.4		Child mortality rate	Probability of dying between the first and the fifth birthdays	5
1.5	**MDG 4.1**	Under-five mortality rate	Probability of dying between birth and the fifth birthday	38

* Rates refer to the five-year period preceding the survey

NUTRITION

Nutritional status

MICS Indicator		Indicator	Description	Value
2.1a 2.1b	**MDG 1.8**	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight-for-age of the WHO standard	 30.1 8.6
2.2a 2.2b		Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height-for-age of the WHO standard	 37.4 15.8
2.3a 2.3b		Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight-for-height of the WHO standard	 11.3 3.2
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight-for-height of the WHO standard	2.1

Breastfeeding and infant feeding

2.5	Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	97.3
2.6	Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	48.7
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	56.9
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	74.9
2.9	Continued breastfeeding at 1 year	Percentage of children aged 12–15 months who received breast milk during the previous day	93.6
2.10	Continued breastfeeding at 2 years	Percentage of children aged 20–23 months who received breast milk during the previous day	86.7
2.11	Median duration of breastfeeding	The age in months when 50 percent of children aged 0–35 months did not receive breast milk during the previous day	36
2.12	Age-appropriate breastfeeding	Percentage of children aged 0–23 months appropriately fed during the previous day	79.3
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants aged 6–8 months who received solid, semi-solid or soft foods during the previous day	73.5
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children aged 6–23 months who received at least 2 milk feedings during the previous day	59.5
2.15	Minimum meal frequency	Percentage of children aged 6–23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day	74.4

[1] *See Appendix E for a detailed description of MICS indicators*

Breastfeeding and infant feeding: continued			
MICS Indicator	**Indicator**	**Description**	**Value**
2.16	Minimum dietary diversity	Percentage of children aged 6–23 months who received foods from 4 or more food groups during the previous day	37.0
2.17a 2.17b	Minimum acceptable diet	(a) Percentage of breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children aged 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	32.3 22.8
2.18	Bottle feeding	Percentage of children aged 0–23 months who were fed with a bottle during the previous day	11.5
Salt iodization			
2.19	Iodized salt consumption	Percentage of households with salt testing 15 parts per million or more of iodide/iodate	81.5
Low birth weight			
2.20	Low-birth-weight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	24.2
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	60.0

CHILD HEALTH

Vaccinations			
MICS Indicator	**Indicator**	**Description**	**Value**
3.1	Tuberculosis immunization coverage	Percentage of children aged 12–23 months who received BCG vaccine by their first birthday	87.5
3.2	Polio immunization coverage	Percentage of children aged 12–23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	85.2
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	Percentage of children aged 12–23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	83.1
3.4 **MDG 4.3**	Measles immunization coverage	Percentage of children aged 12–23 months who received measles vaccine by their first birthday	84.5
3.5	Hepatitis B immunization coverage	Percentage of children aged 12–23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	83.1
3.6	*Haemophilus influenzae* type B (Hib) immunization coverage	Percentage of children aged 12–23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	83.1
3.8	Full immunization coverage	Percentage of children aged 12–23 months who received all vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday)	67.1
Tetanus toxoid			
3.9	Neonatal tetanus protection	Percentage of women aged 15–49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	77.3
Diarrhoea			
-	Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	12.0
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	47.2
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	18.2
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	45.9

Acute respiratory infection (ARI) symptoms			
MICS Indicator	**Indicator**	**Description**	**Value**
-	Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	6.7
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	50.1
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	74.9
Solid fuel use			
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	74.7
Malaria/fever			
-	Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	20.1
3.20	Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	46.4

WATER AND SANITATION				
MICS Indicator		**Indicator**	**Description**	**Value**
4.1	**MDG 7.8**	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	93.3
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	13.6
4.3	**MDG 7.9**	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	60.1
4.4		Safe disposal of child's faeces	Percentage of children aged 0–2 years whose last stools were disposed of safely	48.0
4.5		Place for handwashing	Percentage of households with a specific place for handwashing where water and soap or other cleansing agent are present	72.5
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	94.9
4.C1		*E.coli* concentration in household drinking water	Percentage of household members with *E.coli* risk level in household water ≥ 1 cfu/100ml	82.2
4.C2		*E.coli* concentration in source water	Percentage of households with *E.coli* risk level in source water ≥ 1 cfu/100ml	71.1

REPRODUCTIVE HEALTH				
Contraception and unmet need				
MICS Indicator		**Indicator**	**Description**	**Value**
-		Total fertility rate	Total fertility rate for women aged 15–49 years	2.3
5.1	**MDG 5.4**	Adolescent birth rate	Age-specific fertility rate for women aged 15–19 years	71
5.2		Early childbearing	Percentage of women aged 20–24 years who had at least one live birth before age 18	16.0
5.3	**MDG 5.3**	Contraceptive prevalence rate	Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	49.7
5.4	**MDG 5.6**	Unmet need	Percentage of women aged 15–49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	25.2

Maternal and newborn health				
MICS Indicator		**Indicator**	**Description**	**Value**
5.5a 5.5b	**MDG 5.5** **MDG 5.5**	Antenatal care coverage	Percentage of women aged 15–49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth	
			(a) at least once by skilled health personnel	68.3
			(b) at least four times by any provider	59.5
5.6		Content of antenatal care	Percentage of women aged 15–49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	61.2
5.7	**MDG 5.2**	Skilled attendant at delivery	Percentage of women aged 15–49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	55.6
5.8		Institutional deliveries	Percentage of women aged 15–49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	55.2
5.9		Caesarean section	Percentage of women aged 15–49 years whose most recent live birth in the last 2 years was delivered by caesarean section	8.6
Postnatal health checks				
5.10		Post-partum stay in health facility	Percentage of women aged 15–49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	76.0
5.11		Postnatal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery	57.6
5.12		Postnatal health check for the mother	Percentage of women aged 15–49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	57.9

CHILD DEVELOPMENT			
MICS Indicator	**Indicator**	**Description**	**Value**
6.1	Attendance to early childhood education	Percentage of children aged 36–59 months who are attending an early childhood education programme	50.7
6.2	Support for learning	Percentage of children aged 36–59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	67.2
6.3	Father's support for learning	Percentage of children aged 36–59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	10.1
6.4	Mother's support for learning	Percentage of children aged 36–59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	30.4
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	4.8
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	59.2
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	20.6
6.8	Early child development index	Percentage of children aged 36–59 months who are developmentally on track in at least three of the following four domains: literacy–numeracy, physical, social–emotional, and learning	64.4

LITERACY AND EDUCATION

MICS Indicator		Indicator	Description	Value
7.1	**MDG 2.3**	Literacy rate among young women	Percentage of young women aged 15–24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	84.0
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	74.2
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	41.6
7.4	**MDG 2.1**	Primary school net attendance ratio (adjusted)	Percentage of children of primary-school age currently attending primary or secondary school	76.3
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary-school age currently attending secondary school or higher	62.3
7.9	**MDG 3.1**	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.00
7.10	**MDG 3.1**	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	1.00

CHILD PROTECTION

Birth registration

MICS Indicator	Indicator	Description	Value
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	58.1

Child labour

8.2	Child labour	Percentage of children aged 5–17 years who are involved in child labour	37.4

Child discipline

8.3	Violent discipline	Percentage of children aged 1–14 years who experienced psychological aggression or physical punishment during the last one month	81.7

Early marriage and polygyny

8.4	Marriage before age 15	Percentage of women aged 15–49 years who were first married or in union before age 15	15.5
8.5	Marriage before age 18	Percentage of women aged 20–49 years who were first married or in union before age 18	48.5
8.6	Young women aged 15–19 years currently married or in union	Percentage of women aged 15–19 years who are married or in union	24.5
8.7	Polygyny	Percentage of women aged 15–49 years who are in a polygynous union	4.1
8.8a 8.8b	Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older (a) among women aged 15–19 years (b) among women aged 20–24 years	 6.3 7.5

Attitudes towards domestic violence

8.12	Attitudes towards domestic violence	Percentage of women aged 15–49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	42.9

Children's living arrangements			
MICS Indicator	**Indicator**	**Description**	**Value**
8.13	Children's living arrangements	Percentage of children aged 0–17 years living with neither biological parent	4.8
8.14	Prevalence of children with one or both parents dead	Percentage of children aged 0–17 years with one or both biological parents dead	4.3
8.15	Children with at least one parent living abroad	Percentage of children 0–17 years with at least one biological parent living abroad	18.2

HIV/AIDS AND SEXUAL BEHAVIOUR

HIV/AIDS knowledge and attitudes			
MICS Indicator	**Indicator**	**Description**	**Value**
-	Have heard of AIDS	Percentage of women aged 15–49 years who have heard of AIDS	78.4
9.1 **MDG 6.3**	Knowledge about HIV prevention among young women	Percentage of young women aged 15–24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission	36.4
9.2	Knowledge of mother-to-child transmission of HIV	Percentage of women aged 15–49 years who correctly identify all three means of mother-to-child transmission of HIV	38.4
9.3	Accepting attitudes towards people living with HIV	Percentage of women aged 15–49 years expressing accepting attitudes on all four questions toward people living with HIV	48.6
HIV testing			
9.4	Women who know where to be tested for HIV	Percentage of women aged 15–49 years who state knowledge of a place to be tested for HIV	57.9
9.5	Women who have been tested for HIV and know the results	Percentage of women aged 15–49 years who have been tested for HIV in the last 12 months and who know their results	2.7
9.7	HIV counselling during antenatal care	Percentage of women aged 15–49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	14.1
9.8	HIV testing during antenatal care	Percentage of women aged 15–49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	13.7

ACCESS TO MASS MEDIA AND ICT

Access to mass media			
MICS Indicator	**Indicator**	**Description**	**Value**
10.1	Exposure to mass media	Percentage of women aged 15–49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	11.1
Use of information/communication technology			
10.2	Use of computers	Percentage of young women aged 15–24 years who used a computer during the last 12 months	21.7
10.3	Use of internet	Percentage of young women aged 15–24 years who used the internet during the last 12 months	19.6

SUBJECTIVE WELL-BEING			
MICS Indicator	**Indicator**	**Description**	**Value**
11.1	Life satisfaction	Percentage of young women aged 15–24 years who are very or somewhat satisfied with their life, overall	80.8
11.2	Happiness	Percentage of young women aged 15–24 years who are very or somewhat happy	82.3
11.3	Perception of a better life	Percentage of young women aged 15–24 years whose life improved during the last one year, and who expect that their life will be better after one year	57.0

TOBACCO AND ALCOHOL USE			
Tobacco use			
MICS Indicator	**Indicator**	**Description**	**Value**
12.1	Tobacco use	Percentage of women aged 15–49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	9.2
12.2	Smoking before age 15	Percentage of women aged 15–49 years who smoked a whole cigarette before age 15	3.9
Alcohol use			
12.3	Use of alcohol	Percentage of women aged 15–49 years who had at least one alcoholic drink at any time during the last one month	9.5
12.4	Use of alcohol before age 15	Percentage of women aged 15–49 years who had at least one alcoholic drink before age 15	6.8

Government of Nepal
National Planning Commission
Singha Durbar, Kathmandu, Nepal

Dr. Yuba Raj Katiwada
Vice-Chairman

Ref.:-

Date:.....

PREFACE

The National Planning Commission (NPC) is pleased to share the Nepal Multiple Indicator Cluster Survey (NMICS) 2014, produced by the Central Bureau of Statistics as part of the fifth round of the global MICS household survey programme, with financial and technical support from UNICEF Nepal.

NMICS 2014 provides up-to-date and reliable data on women and children in Nepal. The survey covers child mortality, nutrition, child health, water and sanitation, water quality, reproductive health, child development, literacy and education, child protection, knowledge of HIV and AIDS, access to mass media, alcohol and tobacco use, and women's life satisfaction. Furthermore, NMICS 2014 also provides information on issues such as child labour, newborn care practices, early marriage, and *chhaupadi.* These evidence-based data will be extremely valuable for equity-based planning and programming in the country.

The primary objective of the NMICS 2014 is to support the Government of Nepal to generate statistically sound and comparable data for monitoring the situation of children and women in Nepal. This will help in monitoring progress towards goals and targets stemming from various international agreements such as the Millennium Development Goals (MDGs) and A World Fit for Children. In addition, the NPC would like to acknowledge the importance of NMICS 2014 in providing an important pre-earthquake baseline on how children and women lived in the country and in contributing to the Post-Disaster Need Assessment (PDNA) for earthquake response.

On behalf of the NPC, I would like to extend my sincere appreciation to all members of the Steering Committee and Technical Committee for their valuable technical guidance throughout the survey process. I would also like to thank the Central Bureau of Statistics for successfully undertaking this challenging survey on time. I also acknowledge UNICEF Headquarters, UNICEF Regional Office for South Asia (ROSA) and UNICEF Nepal for their efforts and dedication in the completion of this report.

Dr. Yuba Raj Khatiwada

December 2015

P.O.Box: 1284, Tel: 4211970, Singha Durbar, Kathmandu, Nepal
E-mail: yrkhatiwada@npc.gov.np
Website: www.npc.gov.np

Government of Nepal

National Planning Commission Secretariat

Singhadurbar, Kathmandu, Nepal

Ref. No.:

PREFACE

The Multiple Indicator Cluster Survey (MICS) 2014 is a major achievement for Nepal and it is with great pride that the National Planning Commission, the Central Bureau of Statistics (CBS) and UNICEF make public this report. The report provides vital information on a wide range of social indicators related to the situation of the country's children and women that are statistically sound and internationally comparable.

The CBS and the MICS team – headed by Mr. Suman Raj Aryal, Director General – merit special appreciation for their professionalism, dedication and effort in undertaking this enormous task. I sincerely hope this report will be widely used to inform the planning, implementation and monitoring of national policies and programmes for the enhancement of the welfare of women and children. I am delighted to know the MICS findings were used in the Post Disaster Needs Assessment (PDNA) of earthquake response in 2015. The findings of the survey will also contribute to the UN Secretary-General's report to UN general assembly on the achievements of Millennium Development Goals (MDGs) by Nepal.

Finally, my sincere thanks go to UNICEF for the longstanding partnership with CBS and continuous support at all stages of the survey.

Suresh Man Shrestha
Member-Secretary
National Planning Commission

December 2015

Government of Nepal
National Planning Commission Secretariat
CENTRAL BUREAU OF STATISTICS

Phone 4245946
4245947
4245948
4245848
4241801
4229406
4241803
4245913
4255017

Ref. No.

Fax: 977-14227720
E-mail: info@cbs.gov.np
E-mail: env@stat.wlink.com.np
Post Box No: 11031
Ramshah Path, Thapathali
Kathmandu, Nepal

ACKNOWLEDGMENTS

The Nepal MICS (NMICS) 2014 was implemented within the collaboration between the Central Bureau of Statistics (CBS), National Planning Commission Secretariat of the Government of Nepal, and UNICEF Nepal Country Office, with the aim to provide key data for monitoring progress of the Millennium Development Goals (MDG) and generate valuable information on the situation of children and women in Nepal. We would like to acknowledge the technical and financial support received from UNICEF Nepal since 2009 to implement the NMICS 2014.

For Nepal, this fifth round of the global MICS was the first survey in the country to capture data specifically on the status of children and women at the national level. In addition, the inclusion of anthropometric measurements and water quality testing in NMICS has significantly developed the capacity of interviewers, supervisors and ultimately CBS to carry out such types of comprehensive and instrumental surveys in the future. CBS strongly acknowledges the efforts made by all involved in the survey process: those involved in household listing work, field supervisors and editors, enumerators and measurers, and those involved in data processing. The names of those who supported the survey in various ways are included in Appendix C of this report.

CBS would also like to extend its gratitude to colleagues from various sections of UNICEF whose inputs were key to finalizing the questionnaires, manuals, data analysis, interpretation and report writing. Special thanks go to colleagues from the Planning, Monitoring and Evaluation Section, namely, Ms. Roselyn Joseph, Mr. Ashok Vaidya, Mr. Sanjay Rijal, Mr. Yendra Kamal Rai, Ms. Sarina KC, Ms. Sita Nepal, Mr. Sujan Karki (Consultant), Mr. Rabi Prasad Kayastha (Consultant) and Mr. Kaji Ratna Awale (Consultant) for their timely technical and administrative support.

Our thanks go to Mr. Rick Johnston, JMP, WHO, for the tremendous technical and financial support extended to water quality testing and providing phase-changing incubators from the University of Bristol. Thanks are also due to Mr. John Feighery for his valuable support in implementing water quality testing. This initiative was accomplished through professional support from Environment and Public Health Organization (ENPHO) based in Nepal that allowed innovation of body-belt incubators, which are now being demanded by several other MICS countries implementing the water quality module. We would like to acknowledge support from Mr. Rajesh Sharma in data analysis and Mr. Peter Wingfield-Digby for guiding the survey design.

Government of Nepal
National Planning Commission Secretariat
CENTRAL BUREAU OF STATISTICS

Phone: 4245946, 4245947, 4245948, 4245848, 4241801, 4229406, 4241803, 4245913, 4255017

Ref. No.

Fax: 977-14227720
E-mail: info@cbs.gov.np
E-mail: env@stat.wlink.com.np
Post Box No: 11031
Ramshah Path, Thapathali
Kathmandu, Nepal

The continuous technical support received from Mr. Turgay Unalan from UNICEF Headquarters in New York, and Ms. Rhiannon James from UNICEF's South Asia Regional Office (ROSA) deserved to be fully acknowledged. Furthermore, CBS are grateful to members of the Steering Committee and Technical Committee for guiding the overall process and providing valuable inputs at critical times.

On behalf of CBS, I would like to extend my sincere appreciation to Dr. Rudra Suwal, Deputy Director General, for taking responsibility for the successful completion of the survey. I feel proud of the Gender and Social Statistics Section—led by Mr. Krishna Tuladhar, Director and MICS Coordinator of the section, and Mr. Suresh Basnyat, Director, who efficiently carried out the survey operations with the support of core team members, namely, Mr. Vishwanath Tripathi, Statistics Officer, Mr. Rishiram Pokharel, Statistics Officer, and Mr. Damodar Neupane, Statistics Assistant—for their tireless efforts in bringing the survey to this end.

Finally, data collection would have not been possible without the many respondents in the sample households and communities in different parts of Nepal who generously gave their time to the realization of this survey.

In conclusion, I believe that the findings of NMICS 2014 will be very useful to all relevant stakeholders in taking appropriate measures to improve the status of children and women in the country.

Suman Raj Aryal
Director General
Central Bureau of Statistics

December 2015

United Nations Children's Fund
UN House, Pulchowk
P O Box 1187, Kathmandu, Nepal

Tel 977 1 5523200
Fax 977 1 5527280
www.unicef.org/nepal

FOREWORD

The Nepal Multiple Indicator Cluster Survey (MICS) 2014 was conducted by the Central Bureau of Statistics (CBS) in 2014 in collaboration with UNICEF Nepal. It is part of the global MICS exercise - the fifth round since its start in Nepal as sub-national MICS in the Mid- and Far Western Regions, 2010. The primary objective of the MICS is to collect data on main indicators related to survival, development and protection of children and women that serve as a reliable information source and a sound basis for informed decision-making by planners, policy-makers and programme implementers.

More specifically, Nepal MICS 2014 collected data on indicators related to child mortality; child and maternal nutrition; child health; reproductive health; water and sanitation; child development; literacy and education; child protection; knowledge of HIV and AIDS; access to mass media and use of information and communication technology among others. The survey provides estimated disaggregated by the country's 15 agro-ecological sub-regions, sex, age, urban and rural location, mother's education and wealth quintiles. For this round, water quality testing was included in the Nepal MICS for the first time and has generated valuable data on the quality of drinking water actually consumed at the household level throughout Nepal by testing for microbiological parameters related to *E. coli* and total coliform.

Nepal MICS data will aid in monitoring progress towards the Millennium Development Goals (MDGs) as well as various international agreements such as A World Fit for Children (WFFC). Data relevant to MDG indicators are expected to be used in the UN Secretary General's final MDG Progress Report. The survey's findings also provide a baseline for the Sustainable Development Goals (SDGs) for Nepal as well as a reference point on the pre-earthquake status of affected districts. The findings with regional level data have also been made available to inform the earthquake recovery planning process including the Post-Disaster Needs Assessment (PDNA) led by the National Planning Commission (NPC). I am confident that the findings from Nepal MICS 2014 will be instrumental in formulating sectoral plans and shaping polices toward the post-MDG agenda. I am also delighted to note that most of the disaggregated results and the dataset have already been available to the public even before the launch of the final report and are being used by policy-makers, planners, researchers, development partners and I/NGOs to formulate programmes and strategies.

On behalf of UNICEF, I would like to thank the NPC for its guidance throughout the planning, implementation and dissemination process of Nepal MICS 2014. I would also like to extend our sincere appreciation to the Director-General of the Central Bureau of Statistics (CBS) for his strong leadership and the promotion of government ownership, and for the professionalism of the CBS team and field teams in successfully completing the report despite interruptions after the earthquake of 25 April 2015.

Tomoo Hozumi
Country Representative
UNICEF Nepal

December 2015

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef

TABLE OF CONTENTS

LIST OF TABLES

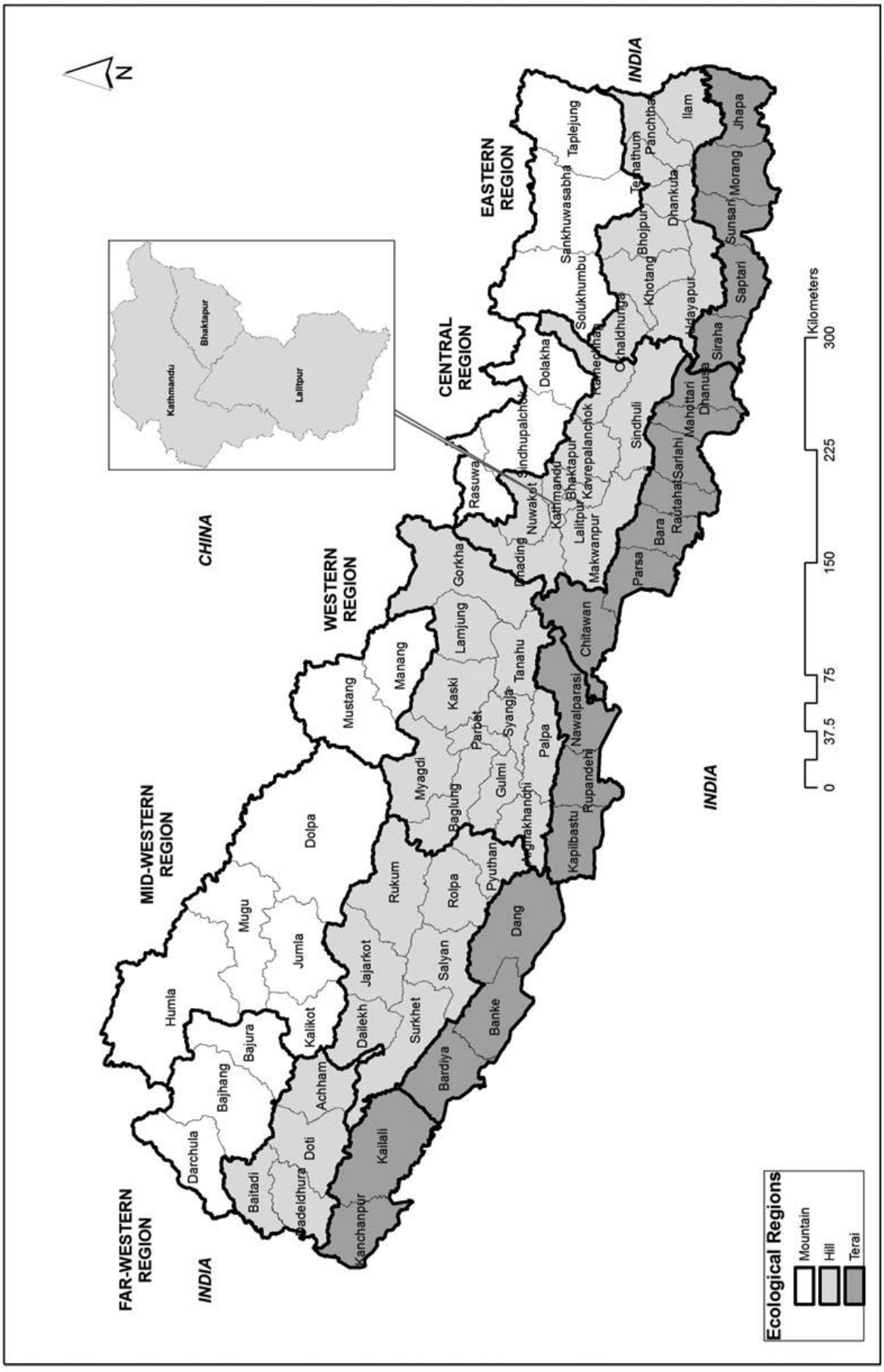
APPENDICES:

LIST OF FIGURES

LIST OF ABBREVIATIONS

ACT	Artemisinin-based combination therapy
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ARI	acute respiratory infection
ASFR	age-specific fertility rate
BCG	Bacillis-Cereus-Geuerin (tuberculosis)
CBR	crude birth rate
CPR	contraceptive prevalence rate
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
DK	don't know
DPT	diphteria pertussis tetanus
EC	*Escherichia coli* (*E. coli*)
ECD	early childhood development
ECDI	early child development index
ENPHO	Environment and Public Health Organization
EPI	Expanded Programme on Immunization
GFR	general fertility rate
GPI	gender parity index
HIV	human immunodeficiency virus
ICT	information/communication technology
IDD	iodine deficiency disorders
I/NGO	international (and national) non-governmental organization
ITN	insecticide-treated bednet
IU	International Unit
IUD	intrauterine device
LAM	lactational amenorrhea method
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MICS5	fifth global round of Multiple Indicator Cluster Survey programme
MoHP	Ministry of Health and Population
NAR	net attendance rate
NDHS	Nepal Demographic and Health Survey
NVAP	National Vitamin A Programme
ORS	oral rehydration salts
ORT	oral rehydration treatment
PNC	postnatal care
ppm	parts per million
SPSS	Statistical Package for Social Sciences
TFR	total fertility rate
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WHO	World Health Organization

Map of Nepal Showing Nepal MICS Sample Domains and Corresponding Districts



Executive Summary

The Nepal Multiple Indicator Cluster Survey (MICS 2014) was conducted by the Central Bureau of Statistics under the National Planning Commission from January to June 2014. Technical and financial support for the survey was provided by the United Nations Children's Fund (UNICEF) Nepal.

Nepal MICS 2014 provides valuable information and the latest evidence on the situation of children and women in Nepal before the country was hit by an earthquake of 7.8 magnitude on 25 April 2015. The survey presents data from an equity perspective by indicating disparities by sex, region, area, education, household wealth, and other characteristics. Nepal MICS 2014 is based on a sample of 12,405 households interviewed and provides a comprehensive picture of children and women in the 15 sub-regions of the country.

Child Mortality

The 2014 MICS provides various measures of childhood calculated from information collected through birth histories of women aged 15–49. According to survey results, in the most recent five-year period prior to the survey, the under-5 mortality rate in Nepal is 38 deaths per 1,000 live births, the infant mortality rate is 33 deaths per 1,000 live births, and the neonatal mortality rate is 23 deaths per 1,000 live births. There are substantial disparities in terms of urban–rural location, mother's education and household wealth status as well as between regions. Infant and under-5 mortality rates in rural areas are both over 50 percent higher than in urban areas. Mortality rates decrease with an increase in the education level of the mother. Children in the poorest households are twice as likely to die before reaching one and five years of age compared to children living in the richest households.

Nutritional Status and Breastfeeding

Some 60 percent of newborns were weighed at birth. For all births, 24 percent of infants were estimated to weigh less than 2,500 grams. There was some regional variation, ranging from 20 percent in the Eastern Terai to 33 percent in the Mid-Western Mountains.

One in three (30 percent) children under five in Nepal were moderately or severely underweight, with 9 percent classified as severely underweight. More than one-third (37 percent) were moderately or severely stunted, with 16 percent severely stunted, and 11 percent were moderately or severely wasted, with 3 percent severely wasted. Only 2 percent of children were moderately or severely overweight.

Children in rural areas were more likely than those in urban areas to be underweight, stunted or wasted. Those children whose mother has secondary or higher education were the least likely to be underweight, stunted or wasted compared to children of mothers with no education. Older children were more likely than younger children to be underweight and/or stunted but less likely to be wasted.

Almost all (97 percent) newborns in Nepal were breastfed at some point after birth. However, only 49 percent started breastfeeding at the recommended time (i.e., within one hour of birth). Some 57 percent of infants under six months of age were exclusively breastfed and 75 percent received breast milk as the predominant source of nourishment during the day prior to the survey. Boys were more likely than girls to be exclusively breastfed. A cultural dimension partially explains this difference, as boys are usually introduced to semi-solid food at six months as compared to girls at five months. Mother's education level was negatively associated with exclusive breastfeeding. Some 94 percent of children aged 12–15 months and 87 percent of children aged 20–23 months were still being breastfed. Approximately 79 percent of all children aged 0–23 months were receiving age-appropriate breastfeeding.

Overall, 74 percent of infants aged 6–8 months had received solid, semi-solid or soft foods at least once during the previous day. Boys were more likely than girls to receive solid, semi-solid or soft foods.

Of children aged 6–23 months, 74 percent had adequate meal frequency and 37 percent had adequate dietary diversity. Overall, 32 percent received a minimum acceptable diet.

Some 12 percent of children aged 0–23 months in Nepal were fed using a bottle with a nipple. Urban children were much more likely than rural children to be bottle fed, and bottle feeding was positively correlated with mother's education level and household wealth status.

Adequately iodized salt, defined as containing 15 or more parts per million (15+ ppm), is used in 82 percent of households, with considerably higher consumption in urban areas (96 percent) and among the richest households (98 percent) than in rural areas (78 percent) and among the poorest households (64 percent). Use of iodized salt was lowest in the Far Western Hills (54 percent) and highest in the Central Hills (92 percent).

Child Health and Care of Illness

Four in every five mothers who gave birth in the two years prior to the survey were adequately protected against neonatal tetanus (77 percent). Regionally, the highest percentage was in the Eastern Terai (86 percent) and the lowest was in the Far Western Hills (60 percent). The likelihood of protection against neonatal tetanus increased with a woman's level of education and household wealth status. Only 67 percent of women with no education were protected compared to 90 percent with higher than secondary education. Further, only 61 percent of women living in the poorest households were protected compared to 88 percent of women living in the richest households.

Twelve percent of children under five had experienced diarrhoea during the two weeks preceding the survey. Of children with diarrhoea, 47 percent were taken to a qualified health care provider for advice or treatment. Mother's education level was positively associated with seeking care: 43 percent of women with no education sought care from a health facility or health provider compared to 58 percent of women with higher education. Some 18 percent were treated with oral rehydration salts (ORS) and zinc as recommended. Children aged 0–11 months (11 percent) were the least likely to receive ORS and zinc. Overall, 46 percent of children received oral rehydration therapy (ORT) and continued feeding during the episode of diarrhoea. Older children (48–59 months), urban children and children whose mother had higher education were much more likely than their counterparts to receive ORT and continued feeding.

Seven percent of children under five showed symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, of whom 50 percent were taken to a qualified health provider. Although appropriate medical care was sought for only 25 percent of children with ARI symptoms, antibiotic treatment was given to 75 percent of these children. Children in poorer households were less likely than others to be taken to a qualified provider for treatment of ARI, and to be given antibiotics. Additionally, only 46 percent of mothers or caretakers recognized at least one of two danger signs of pneumonia (fast and/or difficulty in breathing). Women living in households in the poorest wealth quintile were least likely to recognize the danger signs of pneumonia.

Overall, three-quarters (75 percent) of all households in Nepal used solid fuels for cooking, with the primary source of fuel being wood (65 percent). Use of solid fuels was low in urban areas (24 percent), while only 1 percent of households in Kathmandu Valley used solid fuels for cooking. Differentials with respect to household wealth and the education level of the household head were also important. In households where the head had no education, 89 percent of household members used solid fuels for cooking. Almost all households in the poorest wealth quintile used solid fuels for cooking.

Twenty percent of under-5s had an episode of fever in the two weeks preceding the survey. Of these, 46 percent were taken to a qualified provider for advice or treatment. However, no advice or treatment was sought in 29 percent of cases. Younger children (0–11 months) were more likely than their counterparts to receive care from a qualified provider (55 percent). Mother's education level and household wealth status were both positively correlated with seeking care from a qualified provider. Less than 1 percent of children with fever were treated with Artemisinin-based combination therapy (ACT) and an additional 1 percent received an antimalarial other than ACT.

Water and Sanitation

Drinking water was used from an improved drinking water source almost universally (93 percent of the population). Among those who did not have access to an improved drinking water source, only 14 percent used an appropriate water treatment method. About 67 percent of users of improved drinking water sources had a water source directly on their premises. In addition, 22 percent used an improved drinking water source with a round trip of less than 30 minutes. In total, 7 percent of household members took more than 30 minutes to collect water. Rural households were more likely than urban households to spend more than 30 minutes collecting water. Some 30 percent of households in the Mid-Western Hills took 30 minutes or more to collect water. Water was usually collected by adult women (84 percent) in the household. The education level of the household head and the household's wealth status were both positively associated with having a water source on the premises.

Approximately 72 percent of the population of Nepal is living in households using improved sanitation facilities. However, only 60 percent are using improved sanitation facilities that are not shared. Some 26 percent still practiced open defecation. Urban areas were much more likely than rural areas to use improved sanitation facilities (94 percent cf. 67 percent), and the use of improved sanitation facilities is strongly correlated with the education level of the household head. Strikingly, the poorest households were less likely than households in the second and middle wealth quintiles to practice open defecation, possibly as a result of recent targeted interventions that provide the poorest with sanitation facilities.

Overall, 56 percent of the household population used an improved drinking water source as well as an improved sanitation facility.

Child faeces were disposed of in a safe manner for 48 percent of children under the age of two years. This was twice as common in urban areas as rural areas (81 percent cf. 43 percent), and there were significant regional differences (24 percent in the Far Western Terai cf. 78 percent in the Eastern Hills).

In households where a place for handwashing was observed, 73 percent had water and soap or another cleansing agent present at that place. The proportion of households with water and soap or cleansing agent available at the handwashing place varied by region, being highest in the Eastern Terai (81 percent) and the lowest in the Mid-Western and Far Western Mountains (41 percent each). It was lower in rural areas than urban areas (69 percent cf. 85 percent). It was positively associated with the education level of the household head and household wealth status.

A water quality testing questionnaire was included in the Nepal MICS for the first time, aiming to collect data on the quality of water actually consumed throughout Nepal through the use of a test for microbiological parameters such as *E. coli* and total coliform. Overall, more than four-fifths (82 percent) of household members were at the risk of *E. coli* concentration $\geq$ 1 cfu/100 ml in their household water. People living in the richest households were less likely than those living in the poorest households to have *E. coli* in their drinking water (64 percent cf. 91 percent).

Likewise, the quality of drinking water at source was also measured. In total, almost three-quarters (71 percent) of the household population were at risk of *E. coli* due to its concentration in their source of drinking water. The poorest households were more likely than the richest households to have *E. coli* in their source of drinking water (88 percent cf. 58 percent). Eight out of 10 households (84 percent) with unimproved sources of drinking water had *E. coli*, whereas it dropped to 70 percent for those households that had an improved source of drinking water. Unimproved sources were much more likely than improved sources to fall into the very high risk category.

Reproductive Health

The total fertility rate in Nepal is 2.3, meaning that a Nepali women, by the end of her reproductive years, will have given birth to an average of 2.3 children. The adolescent birth rate is 71 births per 1,000 women aged 15–19 years. Early childbearing is relatively common, with about one in six (16 percent) women aged 20–24 years having had a live birth before the age of 18.

About 50 percent of women aged 15–49 years and currently married or in a marital union were using some form of contraception, with 47 percent using a modern method and 3 percent using a traditional method. However, contraceptive prevalence was relatively low among women aged 15–19 years (19 percent). Interestingly, women's education level was negatively associated with contraceptive use.

Some 25 percent of women had an unmet need for contraception, with 10 percent requiring it for spacing and 15 percent requiring it for limiting. Notably, unmet need was higher among younger women than older women, ranging from 48 percent for women aged 15–19 years to 11 percent for women aged 45–49 years. Education level was positively associated with unmet need, with only 19 percent of women with no education expressing an unmet need compared to 32 percent of women with higher education.

About 68 percent of women aged 15–49 years with a live birth in the two years preceding the survey received antenatal care from skilled health personnel at least once, and 60 percent had the recommended four antenatal care visits by any provider. Some 61 percent had received all elements of the antenatal checkup (blood pressure checked, urine sample taken and blood sample taken). Urban women were much more likely than rural women to receive all recommended antenatal care practices. Education level and household wealth status were both strongly associated with the likelihood of a woman receiving appropriate antenatal care.

Around 55 percent of women aged 15–49 years with a live birth in the two years preceding the survey delivered at a health facility and 56 percent were attended by a skilled health provider. Importantly, women who had received at least four antenatal care visits were much more likely to deliver in a health facility (73 percent) than those who had 1–3 visits (38 percent) or no visits (10 percent). Urban women were much more likely than rural women to be attended by a skilled provider (90 percent cf. 51 percent). Furthermore, 95 percent of women who gave birth in a health facility were attended by a skilled provider, while only 7 percent of women who gave birth at home were attended by a skilled provider—a 14-fold difference. Women with higher levels of education and those living in the richest households were much more likely than their counterparts to deliver in a health facility and to be assisted by a skilled provider at delivery. Some 9 percent of women were delivered by Caesarean section.

Around 76 percent of women who gave birth in a health facility stayed 12 hours or more in the facility after delivery. Urban women were more likely than rural women to stay for 12 hours or more (86 percent cf. 74 percent). Postnatal checkups were given to 58 percent of newborns and 58 percent of mothers within two days after delivery. Newborns delivered in a health facility were much more likely than those delivered at home to receive a postnatal health check (91 percent cf. 17 percent). An increase in the mother's education level and the household wealth status increased the likelihood of a postnatal health check for both newborns and mothers.

Early Childhood Development

Half of all children (51 percent) aged 36–59 months were attending early childhood education programmes. Four-year-olds were more likely than three-year-olds to be attending (65 percent cf. 37 percent). Children in urban areas were much more likely than those in rural areas to attend (78 percent cf. 47 percent). In addition, two-thirds of children (67 percent) also lived in households where

adults had engaged with them in four or more activities that promote learning and school readiness during the three days prior to the survey. Father's involvement in such activities was somewhat limited, with only 10 percent of children having a father who had engaged with them in four or more activities compared to 30 percent of children whose mother had done so.

In Nepal, only 5 percent of children aged 0–59 months lived in a household where at least three children's books were present, and less than 1 percent lived in a household with 10 or more children's books. Urban children were much more likely than rural children to live in a household with at least three children's books (15 percent cf. 3 percent), with 31 percent of children in Kathmandu valley living in a household with at least three children's books. The presence of children's books was positively correlated with mother's education and household wealth levels. Some 59 percent of under-5s had access to two or more types of playthings.

One in five (21 percent) children under five was left with inadequate care during the week preceding the survey (either left alone or in the care of another child under the age of 10). Rural children were more likely than urban children to have inadequate care (21 percent cf. 15 percent). Mother's education level and household wealth status were both negatively associated with a child being left with inadequate care.

Overall, 64 percent of children aged 36–59 months were developmentally on track according to the early child development index (ECDI). The score is based on the percentage of children who are developmentally on track in at least three of the following four domains: literacy–numeracy, physical, social–emotional and learning. Urban children, children who are attending early childhood education, and children of better educated mothers and from wealthier households have slightly higher development index scores.

Literacy and Education

Some 84 percent of women aged 15–24 years were literate. As expected, literacy was strongly associated with education level: just 5 percent of young women with no education were literate. However, only 62 percent of young women with primary education were considered literate, suggesting major shortcomings in the quality of primary education in the country since such a significant proportion of young women were still unable to read a short simple statement.

Almost three-quarters (74 percent) of children in first grade of primary school had attended preschool during the previous school year. The net intake rate in primary education, i.e., the percentage of children of school-entry age who enter the first grade of primary school, was low at 42 percent. Household wealth status was not correlated with net intake rate; notably, the proportion of children in this age group who were living in households in the poorest wealth quintile and were attending first grade was nine percentage points higher than that of their counterparts living in the richest households (52 percent cf. 43 percent).

The primary school adjusted net attendance ratio was 76 percent. Younger children had lower primary school net attendance ratios than older children, and were more likely to be in preschool or out of school. Some 62 percent of children of secondary-school age were currently attending secondary school or higher, 27 percent were still attending primary school, and 11 percent were out of school. Older children were more likely than younger counterparts to be out of school, with some 22 percent of children who started the school year at age 16 out of school. Mother's education and household wealth status were both positively correlated with secondary school attendance ratios.

The gender parity index (GPI) for both primary and secondary school was 1.00, indicating virtually no difference in the attendance of girls and boys at primary and secondary school. The primary GPI was

higher for rural children than urban children, and the secondary GPI was lower for rural children than urban children.

Child Protection

Although a high proportion of mothers or caretakers of children under five (86 percent) know how to register a birth in Nepal, registration is still not widely practiced, with only 58 percent of births registered. The difference between knowledge and practice persists across all background dimensions.

In total, 37 percent of children aged 5–17 years were involved in child labour, with 30 percent working under hazardous condition. Children from rural areas were much more likely than children from urban areas to be involved in child labour (41 percent cf. 16 percent). Children attending school were less likely than children not attending school to be involved in child labour (36 percent cf. 47 percent). Mother's education and household wealth status were negatively correlated with child labour.

The majority (81 percent) of children aged 1–14 years in Nepal had been subjected to at least one form of psychological or physical punishment by household members in the month prior to the survey. Around 14 percent had experienced severe physical punishment (hitting child on the head, ears or face or hitting child hard and repeatedly). Interestingly, this does not match well with only 35 percent of respondents believing that physical punishment is a necessary part of child-rearing.

Almost one in six (16 percent) women aged 15–49 years was first married before the age of 15, and nearly half (49 percent) of women aged 20–49 years were married before the age of 18. Of women aged 15–19 years, 25 percent were already married. Early marriage is widely practiced in Nepal and is prevalent across all background dimensions; however, trends based on other data sources suggest that it has declined in recent years. Among currently married women aged 15–49 years, 4 percent were in a polygynous marriage.

Spousal age difference is generally not large in Nepal and marriage to a much older husband is not very common. Some 6 percent of women aged 15–19 years and 8 percent of women aged 20–24 years were married to a spouse who is 10 or more years older. Interestingly, marriage to an older spouse was more common for women with better education and living in richer households.

Overall, 43 percent of women felt that a husband was justified in hitting or beating his wife in at least one of five situations (wife neglects the children, wife goes out without telling husband, wife argues with husband, wife refuses to have sex with husband, wife burns the food). Such agreement was more likely in rural areas than urban areas (46 percent cf. 29 percent). Younger women tended to show lower agreement than older women. Agreement was highest among women with no education and those living in households in the poorest wealth quintile.

Around 5 percent of children aged 0–17 years were living with neither of their biological parents, and 4 percent reported that one or both of their biological parents had passed away. About 18 percent of children had at least one biological parent living abroad.

HIV/AIDS and Orphanhood

More than three in four (78 percent) women aged 15–49 years in Nepal had heard of AIDS, but only one in four (26 percent) had comprehensive knowledge, meaning they can correctly identify two ways of preventing HIV infection (know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission). Only two in five (38 percent) women correctly identified all three means of mother-to-child transmission of HIV. Overall, 49 percent of women

expressed an accepting attitude towards people living with HIV. On all HIV/AIDS-related indicators, urban women were more likely than rural women to have knowledge and accepting attitudes. Education level and household wealth status were both positively correlated with knowledge and accepting attitudes.

Around 58 percent of women aged 15–49 years knew of a place where they can be tested for HIV. Knowledge about a place to get tested had a strong positive correlation with both education level and household wealth status. Of women who had received antenatal care during their last pregnancy, 14 percent reported that they had received counselling on HIV during antenatal care, while 9 percent received HIV counselling, were offered an HIV test, were tested, and received the result. Again, education level and household wealth status were strongly associated with the likelihood of being tested and receiving the result.

Finally, as over half of new adult HIV infections are among people aged 15–24 years, changing their behaviour is especially important to reduce new infections. Results for this age group are generally better than for the population aged 15–49 years as a whole. Some 36 percent of young women had comprehensive knowledge, 45 percent knew all three means of HIV transmission from mother to child, and 68 percent knew of a place to get tested for HIV.

Access to Mass Media and ICT

Of all women aged 15–49 years in Nepal, one-fifth (19 percent) read a newspaper or magazine at least once a week, 41 percent listened to the radio, and 57 percent watched television. In total, 11 percent were exposed to all three types of media on a weekly basis. For young women aged 15–24 years, 22 percent had used a computer and 20 percent had used the internet during the 12 months prior to the survey. Access to mass media and information/communication technology was more prevalent among younger women, women who live in urban areas, those with better education and those living in richer households.

Subjective Well-being

In the Nepal MICS 2014, a set of questions related to subjective well-being were asked to women aged 15–24 years to understand how satisfied this group of young people is in different areas of their lives. Life satisfaction is a measure of an individual's level of well-being. Life satisfaction is measured in categories 'very satisfied', 'somewhat satisfied', 'neither satisfied nor unsatisfied', 'somewhat unsatisfied' and 'very unsatisfied'. They were also measured for happiness and for the question on happiness, the same scale was used, ranging from 'very happy' to 'very unhappy', in the same fashion.

For three domains, satisfaction with school, job and income, the denominators are confined to those who are currently attending school, have a job, and have an income. Of the different domains, young women were the most satisfied with their family life (85 percent), their friendships (82 percent), the way they look (81 percent), and their health (78 percent). The proportions were lower for living environment (75 percent) and treatment by others (70 percent). Some 89 percent of young women were satisfied with school, 79 percent were satisfied with their job, and 77 percent were satisfied with their income. More educated women tended to have higher levels of satisfaction than women with little or no education, and women living in households in richer wealth quintiles tended to have higher levels of satisfaction than those living in households in poorer wealth quintiles. Overall, 81 percent of young women expressed satisfaction with their life. In addition, 82 percent of young women said they were very or somewhat happy.

Respondents were also asked whether they thought their life had improved during the year preceding the survey, and whether they thought their life would be better in one year subsequent to the survey. Three in five (60 percent) young women thought their life had improved and four in five (82 percent) expected their life to get better; some 57 percent thought both.

Tobacco and Alcohol Use

In Nepal, 9 percent of women aged 15–49 years reported that they had smoked cigarettes or used other tobacco products on one or more days during the month preceding the survey. Cigarettes were the most commonly used tobacco product. Tobacco use was higher among older, less educated and poorer women. Some 4 percent of women had smoked a whole cigarette before the age of 15 years.

Some 10 percent of women aged 15–49 years had at least one drink of alcohol on one or more days during the month preceding the survey, and 7 percent reported that they had first drunk alcohol before the age of 15. There was great regional variation, ranging from 1 percent of women in the Far Western Hills to 51 percent of women in the Eastern Mountains. Women with no education and those from the poorest household population were about three times more likely than women with higher education and those from the richest household population to have drunk alcohol during the previous month.

CHAPTER 1

Introduction

Background

This report is based on the Nepal Multiple Indicator Cluster Survey (MICS), conducted in 2014 by the Central Bureau of Statistics, Government of Nepal, with technical support from UNICEF. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (A World Fit for Children, paragraph 60)

"…We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions.…" (A World Fit for Children, paragraph 61)

The Plan of Action of the World Fit for Children (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

This survey has also generated information on indicators that are comparable with the ecological sub-regions defined in previous national surveys (e.g. the Nepal Demographic and Health Surveys). The results will contribute to monitoring progress made over the past decade on children's and women's issues. They will also help in identifying the regional and geographic disparities that exist within the country.

The Nepal MICS results will be critically important for final MDG reporting in 2015, and are expected to form part of the baseline data for the post-2015 era.

The Nepal MICS is expected to contribute to the evidence base of several other important initiatives, including Committing to Child Survival: A Promise Renewed, a global movement to end child deaths from preventable causes, and the accountability framework proposed by the Commission on Information and Accountability for the Global Strategy for Women's and Children's Health.

This final report presents the results of the indicators and topics covered in the survey.

Survey Objectives

The Nepal MICS 2014 has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Nepal;
- To generate data for the critical assessment of the progress made in various areas, and to put additional efforts in those areas that require more attention;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;
- To collect disaggregated data for the identification of disparities, to allow for evidence-based policy-making aimed at social inclusion of the most vulnerable;
- To contribute to the generation of baseline data for the post-2015 agenda;
- To validate data from other sources and the results of focused interventions.

CHAPTER 2

Sample and Survey Methodology

Sample Design

The sample for the Nepal MICS was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for the following 15 sub-regions:

- Eastern Mountains
- Eastern Hills
- Eastern Terai
- Central Mountains
- Central Hills
- Central Terai
- Western Mountains
- Western Hills
- Western Terai
- Mid-Western Mountains
- Mid-Western Hills
- Mid-Western Terai
- Far Western Mountains
- Far Western Hills
- Far Western Terai

The urban and rural areas within each sub-region were identified as the main sampling strata and the sample was selected in two stages. Within each stratum, a specified number of census enumeration areas were selected systematically with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 25 households was drawn in each sample enumeration area.

The total sample size consisted of 13,000 households in 520 sample enumeration areas. One of these enumeration areas was not visited because it was inaccessible due to high altitude and heavy snowfall during the field work period. The sample was stratified by region, urban and rural areas, and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A, Sample Design.

Questionnaires

Four sets of questionnaires were used in the survey: (1) a household questionnaire which was used to collect basic demographic information on all de jure household members (usual residents), the household, and the dwelling; (2) a questionnaire for individual women administered in each household to all women aged 15–49 years; (3) an under-5 questionnaire, administered to mothers (or caretakers) for all children under five years of age living in the household; and (4) a water quality testing questionnaire to test for bacteria and measure *E. coli* content in household drinking water and water source in a sub-sample of the households.

The Household Questionnaire included the following modules:

- List of Household Members
- Education
- Child Labour
- Child Discipline
- Household Characteristics
- Water and Sanitation
- Handwashing
- Salt Iodization

The Questionnaire for Individual Women was administered to all women aged 15–49 years living in the households, and included the following modules:

- Woman's Background
- Access to Mass Media and Use of Information/Communication Technology
- Fertility/Birth History
- Desire for Last Birth
- Maternal and Newborn Health
- Postnatal Health Checks
- Illness Symptoms
- Contraception
- Unmet Need
- Attitudes Toward Domestic Violence
- Marriage/Union
- HIV/AIDS
- Tobacco and Alcohol Use
- Life Satisfaction

The Questionnaire for Children Under Five was administered to mothers (or caretakers) of children under five years of age[1] living in the households. Normally, the questionnaire was administered to mothers of under-5s; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Age
- Birth Registration
- Early Childhood Development
- Breastfeeding and Dietary Intake
- Immunization
- Care of Illness
- Anthropometry

[1] *The terms 'children under five', 'children aged 0–4 years', and 'children aged 0–59 months' are used interchangeably in this report.*

The Questionnaire for Water Quality Testing was administered to a sub-sample of selected households for measuring *E. coli* content in the household drinking water and included only one module:

- Water Quality

The questionnaires are based on the MICS5 model questionnaire[2]. From the MICS5 model English version, the questionnaires were customized and translated into Nepali, Maithili and Bhojpuri. Pre-test training was conducted in Dhulikhel, Kavre District, from 25 October to 2 November 2013. Pre-test fieldwork was conducted in 25 households of both urban and rural locations in Sindhupalchowk District (Mountains), Tanahun District (Hills) and Dhanusa District (Terai) during November 2013. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Nepal MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place for handwashing, and measured the weights and heights of children under five. Details and findings of these observations and measurements are provided in the respective sections of the report.

In each cluster, water from three households and one source of drinking water were tested for *E. coli*. Testing was conducted by the team measurer. As a routine quality control measure, the supervisor regularly observed the measurer in the testing of blanks. In addition, professional laboratory technicians from an external agency were engaged for the purpose. They visited field teams during the survey and observed the measurers during testing, giving corrective support as needed.

Training and Fieldwork

Master training of trainers was held 12–20 January 2014. This was followed by three weeks of residential training for fieldworkers from 30 January to 19 February 2014 in Banepa, Kavre District. Training included lectures on interviewing techniques and the contents of the questionnaires, mock interviews between trainees to gain practice in asking questions, and demonstration on anthropometric measurement and water quality test. Towards the end of the training period, trainees spent four days in practice interviewing in villages near to Banepa.

The data were collected by 15 teams; each comprised three female interviewers, one editor, one measurer and one supervisor. Fieldwork began in February 2014 and concluded in June 2014.

Data Processing

Data were entered using CSPro software, Version 5.0. Data were entered on 10 laptop computers by 10 data-entry operators, one questionnaire administrator, overseen by one data-entry supervisor with two secondary editors. For quality assurance purposes, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS programme and adapted to the Nepal questionnaire were used throughout. Data processing began simultaneously with data collection in March 2014 and was completed in July 2014. Data were analysed using the Statistical Package for Social Sciences (SPSS) software, Version 21.0. Model syntax and tabulation plans developed by UNICEF were customized and used for this purpose.

[2] *The model MICS5 questionnaires can be found at http://mics.unicef.org/tools*

CHAPTER 3

Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 13,000 households selected for the sample, 12,598 were found to be occupied. Of these, 12,405 were successfully interviewed for a household response rate of 98.5 percent. One cluster was dropped due to remote location and heavy snowfall.

In the interviewed households, 14,936 women (aged 15–49 years) were identified. Of these, 14,162 were successfully interviewed, yielding a response rate of 94.8 percent for women within the interviewed households.

There were 5,663 children under five listed in the household questionnaires. Questionnaires were completed for 5,349 of these children, which corresponds to a response rate of 94.5 percent for children under five within interviewed households.

Overall response rates of 93.4 percent and 93.0 percent are calculated for the individual interviews of women and children under five, respectively (Table HH.1).

The household response rates were similar across regions and areas, with a slightly lower rate in the Far Western Terai. The response rates for women and children under five show a similar pattern, with the exception of the Western Mountains, where the women's overall response rate was 85.8 percent.

Table HH.1: Results of household, women's and under-5 interviews

Number of households, women and children under five by interview results, and household, women's and under-5s' response rates, Nepal, 2014

	Total	Area				Region														
		Urban			Rural	Eastern Mountains	Eastern Hills	Eastern Terai	Central Mountains	Central Hills	Central Terai	Western Mountains	Western Hills	Western Terai	Mid-Western Mountains	Mid-Western Hills	Mid-Western Terai	Far Western Mountains	Far Western Hills	Far Western Terai
		Total Urban	Kathmandu valley	Other urban																
Households																				
Sampled	13,000	3,150	800	2,350	9,850	800	800	1,000	800	1,600	1,000	400	1,000	800	800	800	800	800	800	800
Occupied	12,598	3,058	769	2,289	9,540	778	781	981	778	1,548	971	380	977	787	752	780	772	775	757	781
Interviewed	12,405	2,992	739	2,253	9,413	776	777	974	771	1,503	956	374	973	782	743	778	759	759	736	744
Household response rate	98.5	97.8	96.1	98.4	98.7	99.7	99.5	99.3	99.1	97.1	98.5	98.4	99.6	99.4	98.8	99.7	98.3	97.9	97.2	95.3
Women																				
Eligible	14,936	3,668	888	2,780	11,268	857	877	1,160	748	1,739	1,220	296	1,081	1,108	853	925	998	987	980	1,107
Interviewed	14,162	3,479	843	2,636	10,683	840	855	1,097	720	1,655	1,118	258	1,000	1,049	817	883	949	965	927	1,029
Women's response rate	94.8	94.8	94.9	94.8	94.8	98.0	97.5	94.6	96.3	95.2	91.6	87.2	92.5	94.7	95.8	95.5	95.1	97.8	94.6	93.0
Women's overall response rate	93.4	92.8	91.2	93.3	93.5	97.8	97.0	93.9	95.4	92.4	90.2	85.8	92.1	94.1	94.6	95.2	93.5	95.8	92.0	88.6
Children under five																				
Eligible	5,663	956	184	772	4,707	336	293	415	241	440	561	82	387	416	549	431	316	434	469	293
Mothers/ caretakers interviewed	5,349	907	176	731	4,442	325	284	384	238	418	504	77	358	389	517	414	303	420	435	283
Under-5s response rate	94.5	94.9	95.7	94.7	94.4	96.7	96.9	92.5	98.8	95.0	89.8	93.9	92.5	93.5	94.2	96.1	95.9	96.8	92.8	96.6
Under-5s overall response rate	93.0	92.8	91.9	93.2	93.1	96.5	96.4	91.9	97.9	92.2	88.5	92.4	92.1	92.9	93.0	95.8	94.3	94.8	90.2	92.0

Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. This distribution is also used to produce the population pyramid in Figure HH.1. In the 12,405 households successfully interviewed for the survey, 56,539 household members were listed. Of these, 26,983 were males and 29,556 were females.

Table HH.2 shows the age–sex structure of the household population. The proportions of child, working and old-age age groups (0–14 years, 15–64 years, and 65 years and over) in the household population of the sample were 34.0 percent, 60.1 percent and 5.9 percent, respectively. In the Nepal National Population and Housing Census 2011, these figures were 34.9 percent, 59.8 percent and 5.3 percent, respectively. More significantly, the proportion of children aged 0–4 years was 10.1 percent in this survey compared to 9.7 percent in the 2011 census.

The surveyed population indicated a sex ratio of 90.0, lower than the 94.2 indicated in the 2011 census. However, the dependency ratio was 66.5 percent, consistent with the 67.1 percent found in the 2011 census. Similarly, the proportion of children aged 0–17 years was 40.2 percent in this survey, close to the 41.8 percent in the 2011 census. Complete reporting of birth year and month was 93.1 percent among the surveyed population, while 4.9 percent were able to report year only. Among women aged 15–49 years, it was 96.8 percent, and for children, it was 100 percent.

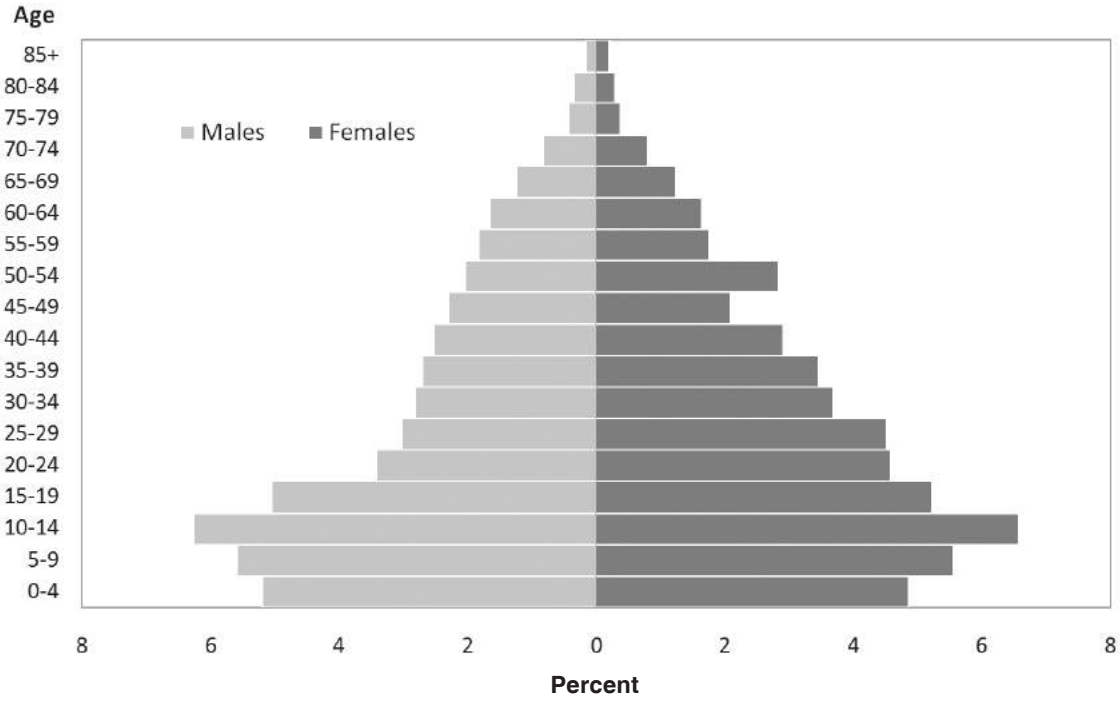
Table HH.2: Household age distribution by sex

Percentage and frequency distribution of household population by five-year age groups, dependency age groups, and by child (aged 0–17 years) and adult populations (aged 18 or more), by sex, Nepal, 2014

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	**56,824**	**100.0**	**26,917**	**100.0**	**29,907**	**100.0**
Age (years)						
0–4	5,715	10.1	2,951	11.0	2,764	9.2
5–9	6,332	11.1	3,176	11.8	3,157	10.6
10–14	7,293	12.8	3,553	13.2	3,740	12.5
15–19	5,836	10.3	2,866	10.6	2,970	9.9
20–24	4,551	8.0	1,946	7.2	2,604	8.7
25–29	4,288	7.5	1,718	6.4	2,570	8.6
30–34	3,695	6.5	1,597	5.9	2,098	7.0
35–39	3,498	6.2	1,532	5.7	1,966	6.6
40–44	3,085	5.4	1,434	5.3	1,651	5.5
45–49	2,499	4.4	1,308	4.9	1,191	4.0
50–54	2,775	4.9	1,159	4.3	1,616	5.4
55–59	2,034	3.6	1,035	3.8	999	3.3
60–64	1,870	3.3	940	3.5	930	3.1
65–69	1,406	2.5	702	2.6	704	2.4
70–74	917	1.6	465	1.7	451	1.5
75–79	457	0.8	246	0.9	211	0.7
80–84	366	0.6	197	0.7	169	0.6
85+	205	0.4	89	0.3	115	0.4
DK/ Missing	3	0.0	1	0.0	2	0.0
Dependency age groups						
0–14	19,341	34.0	9,680	36.0	9,660	32.3
15–64	34,131	60.1	15,536	57.7	18,595	62.2
65+	3,349	5.9	1,699	6.3	1,650	5.5
DK/ Missing	3	0.0	1	0.0	2	0.0
Child and adult populations						
Children aged 0–17 years	22,862	40.2	11,462	42.6	11,400	38.1
Adults aged 18+ years	33,958	59.8	15,454	57.4	18,505	61.9
DK/ Missing	3	0.0	1	0.0	2	0.0

Figure HH.1 shows age and sex distribution of the household population.

Figure HH.1: Age and sex distribution of household population, Nepal, 2014



Note: Four household members with missing age and/or sex are excluded

Tables HH.3, HH.4 and HH.5 provide basic information on the households, female respondents aged 15–49 years, and children under five. Both unweighted and weighted numbers are presented. Such information is essential for the interpretation of findings presented later in the report and provides background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers.[1]

Table HH.3 provides basic background information on the households, including the sex of the household head, region, area, number of household members, and education of household head. These background characteristics are used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

[1] *See Appendix A: Sample Design, for more details on sample weights.*

Table HH.3: Household composition

Percentage and frequency distribution of households by selected characteristics, Nepal, 2014

	Weighted percent	Number of households	
		Weighted	Unweighted
Total	100.0	12,405	12,405
Sex of household head			
Male	70.6	8,762	8,943
Female	29.4	3,643	3,462
Region			
Eastern Mountains	1.4	179	776
Eastern Hills	6.2	767	777
Eastern Terai	14.9	1,845	974
Central Mountains	2.4	299	771
Central Hills	17.6	2,182	1,503
Central Terai	15.5	1,924	956
Western Mountains	0.1	10	374
Western Hills	13.1	1,628	973
Western Terai	7.5	924	782
Mid-Western Mountains	1.3	156	743
Mid-Western Hills	6.2	763	778
Mid-Western Terai	5.4	672	759
Far Western Mountains	1.5	185	759
Far Western Hills	2.8	346	736
Far Western Terai	4.2	524	744
Area			
Urban	20.0	2,476	2,992
Kathmandu valley	6.3	782	739
Other urban	13.7	1,694	2,253
Rural	80.0	9,929	9,413
Number of household members			
1	4.6	575	651
2	12.2	1,518	1,533
3	16.6	2,058	2,002
4	20.9	2,598	2,493
5	17.7	2,192	2,228
6	12.4	1,538	1,528
7+	15.5	1,924	1,970
Education of household head			
None	41.9	5,202	5,267
Primary	19.5	2,419	2,441
Secondary	19.7	2,446	2,422
Higher	18.7	2,314	2,249
DK/ Missing	0.2	24	26
Mean household size (persons)	4.6	12,405	12,405

The weighted and unweighted total numbers of households are equal, since sample weights were normalized. The table also shows the weighted mean household size estimated by the survey. The weighted and unweighted numbers indicate over-sampling in all five Mountain regions, the Far Western Hills and the Terai. Under-sampling was found in the Eastern Terai, Central Hills, Central Terai and Western Hills. Overall, the urban areas, except Kathmandu valley, are over-sampled and the rural areas are under-sampled.

More than two-thirds (71 percent) of surveyed households were headed by a male; this was a decrease from the 74 percent found in the 2011 census. Only one in five households (20 percent) was located in urban areas, with 6 percent in Kathmandu valley and 14 percent in other urban areas. Around half (50 percent) of households had 2–4 members, and 46 percent had five or more members. However, a few (5 percent) had a single member. The average household size was 4.6 members, a reduction from the 4.9 found in the 2011 census. Some 42 percent of households were headed by a person with no education. The remaining households were headed by a person with primary education (20 percent), secondary education (20 percent) and higher education (19 percent).

Characteristics of Female Respondents 15–49 Years of Age and Children Under Five

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents aged 15–49 years and children under five. In both tables, the total number of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). The tables also show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4: Women's background characteristics

Percentage and frequency distribution of women aged 15–49 years by selected characteristics, Nepal, 2014

	Weighted percent	Number of women	
		Weighted	Unweighted
Total	100.0	14,162	14,162
Region			
Eastern Mountains	1.3	186	840
Eastern Hill	5.7	807	855
Eastern Terai	14.6	2,071	1,097
Central Mountains	1.9	274	720
Central Hills	16.4	2,320	1,655
Central Terai	16.4	2,327	1,118
Western Mountains	0.1	8	258
Western Hills	11.7	1,659	1,000
Western Terai	8.7	1,236	1,049
Mid-Western Mountains	1.2	169	817
Mid-Western Hills	6.0	856	883
Mid-Western Terai	6.0	855	949
Far Western Mountains	1.6	225	965
Far Western Hills	3.1	433	927
Far Western Terai	5.2	735	1,029
Area			
Urban	19.7	2,792	3,479
Kathmandu valley	6.1	868	843
Other urban	13.6	1,924	2,636
Rural	80.3	11,370	10,683
Age (years)			
15–19	19.2	2,721	2,781
20–24	17.0	2,402	2,475
25–29	17.0	2,414	2,322
30–34	14.1	2,003	1,922
35–39	13.4	1,901	1,871
40–44	11.2	1,582	1,598
45–49	8.0	1,139	1,193
Marital/union status			
Currently married/in union	76.5	10,830	10,688
Widowed	1.8	248	271
Divorced	0.1	19	15
Separated	0.2	28	36
Never married/in union	21.4	3,037	3,152
Motherhood and recent births			
Never gave birth	28.9	4,086	4,209
Ever gave birth	71.1	10,076	9,953
Gave birth in last two years	14.5	2,048	2,086
No birth in last two years	56.8	8,038	7,876
Education			
None	37.4	5,294	5,510
Primary	14.2	2,004	1,969
Secondary	27.0	3,830	3,779
Higher	21.4	3,032	2,903
DK/ Missing	0.0	1	1
Wealth index quintile			
Poorest	17.3	2,453	4,000
Second	19.2	2,720	2,873
Middle	19.4	2,752	2,141
Fourth	21.3	3,020	2,402
Richest	22.7	3,218	2,746

Table HH.4 provides background characteristics of female respondents aged 15–49 years. The table includes information on the distribution of women according to region, area, age, marital/union status, motherhood status, births in last two years, education[2] and wealth index quintiles[3,4].

Like the household sample, there was over-sampling of female respondents in all Mountain and Far Western regions, and the Western Mountains had it to an extreme degree. On the other hand, there was under-sampling in the Eastern Terai, Central Hills, Central Terai and Western Hills. Women living in households in the poorest quintile were highly over-sampled while those living in households in the fourth and the richest quintiles were under-sampled. Women with no education were also over-sampled.

Overall, 80 percent of female respondents were from rural areas compared to 20 percent from urban areas (6 percent in Kathmandu valley and 14 percent in other urban areas). The proportion of female respondents in the youngest age group (15–19 years) was 19 percent and it gradually decreased to 8 percent in the oldest age group (45–49 years). A large proportion of surveyed women (77 percent) were married or in a marital union, and slightly over one-fifth (21 percent) had never been married.

Over two-thirds of women (71 percent) had given birth at least once in their lifetime, and 15 percent had given birth in the two years preceding the survey. Over one-third of female respondents (37 percent) had never been to school, while 14 percent had completed primary education, 27 percent had completed secondary education and 21 percent had completed higher education. The distribution of women by wealth index quintile shows the smallest proportion in households in the poorest quintile (17 percent) increasing gradually to the largest proportion in households in the richest quintile (23 percent).

Background characteristics of children under five are presented in Table HH.5. These include the distribution of children by sex, region and area, age in months, respondent type, mother's (or caretaker's) education, and wealth.

The proportion of boys (52 percent) was slightly higher than that of girls (48 percent). In total, 87 percent of children under five lived in rural areas and 13 percent lived in urban areas, of which 3 percent lived in Kathmandu valley. However, urban areas were over-sampled, except for Kathmandu valley.

---

[2]Throughout this report, unless otherwise stated, 'education' refers to highest educational level ever attended by the respondent when it is used as a background variable.

[3]The wealth index is a composite indicator of wealth. To construct the wealth index, principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimize the urban bias in the wealth index values.

Each household in the total sample is then assigned a wealth score based on the assets owned by that household and on the final factor scores obtained as described above. The survey household population is then ranked according to the wealth score of the household they are living in, and is finally divided into five equal parts (quintiles) from lowest (poorest) to highest (richest).

In the Nepal MICS, the following assets were used in these calculations: radio, television, non-mobile telephone, refrigerator, table and chair set, sofa, fan, desktop computer, improved cooking stove, wardrobe, wall clock, microwave oven, dhiki/janto, washing machine, car or truck, boat, mobile telephone, bicycle/rickshaw, motorbike/scooter, animal-drawn cart, laptop computer, ownership of dwelling, agricultural land, bank account and animals/livestock.

The wealth index is assumed to capture the underlying long-term wealth through information on the household's assets, and is intended to produce a ranking of households by wealth from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular dataset they are based on.

Further information on the construction of the wealth index can be found in: Filmer, D. and Pritchett, L., 2001. Estimating wealth effects without expenditure data - or tears: An application to educational enrolments in states of India. Demography 38(1): 115–132; Rutstein, S.O. and Johnson, K., 2004. The DHS Wealth Index. DHS Comparative Report No. 6. Calverton, Maryland: ORC Macro; and Rutstein, S.O., 2008. The DHS Wealth Index: Approaches for Rural and Urban Areas. DHS Working Paper No. 60. Calverton, Maryland: Macro International Inc.

[4]When describing survey results by wealth quintiles, appropriate terminology is used when referring to individual household members, such as 'women in the richest household population', which is used interchangeably with 'women in the wealthiest survey population' and similar.

The proportion of children under five with an uneducated mother was 42 percent. In terms of wealth quintile, 15 percent of under-5s with an uneducated mother were living in households in the richest quintile, while between 20 percent and 22 percent were living in households in each of the other wealth quintiles. As evident from the unweighted numbers of children, over-sampling occurred in all Mountain regions, and the Far Western Hills and Far Western Terai. Under-sampling occurred in the Eastern Terai, Central Hills, Central Terai and Western Hills.

Table HH.5: Under-5s background characteristics

Percentage and frequency distribution of children under five by selected characteristics, Nepal, 2014

	Weighted percent	Number of children under five	
		Weighted	Unweighted
Total	100.0	5,349	5,349
Sex			
Male	51.7	2,766	2,801
Female	48.3	2,583	2,548
Region			
Eastern Mountains	1.4	72	325
Eastern Hills	5.1	272	284
Eastern Terai	14.5	775	384
Central Mountains	1.8	95	238
Central Hills	11.6	620	418
Central Terai	21.1	1,131	504
Western Mountains	0.0	2	77
Western Hills	11.2	601	358
Western Terai	8.8	469	389
Mid-Western Mountains	2.0	108	517
Mid-Western Hills	7.6	409	414
Mid-Western Terai	5.4	291	303
Far Western Mountains	1.9	100	420
Far Western Hills	3.9	210	435
Far Western Terai	3.7	197	283
Area			
Urban	13.1	699	907
Kathmandu valley	3.4	181	176
Other urban	9.7	518	731
Rural	86.9	4,650	4,442
Age			
0–5 months	8.5	455	452
6–11 months	9.8	523	527
12–23 months	18.8	1,008	1,029
24–35 months	20.2	1,079	1,062
36–47 months	21.3	1,137	1,123
48–59 months	21.5	1,147	1,156
Respondent to under-5 questionnaire			
Mother	98.7	5,279	5,271
Other primary caretaker	1.3	70	78
Mother's education [a]			
None	42.3	2,265	2,396
Primary	17.2	921	908
Secondary	22.0	1,179	1,113
Higher	18.3	980	927
DK/ Missing	0.1	4	5
Wealth index quintile			
Poorest	22.1	1,183	1,994
Second	20.3	1,085	1,079
Middle	22.0	1,176	808
Fourth	20.3	1,086	809
Richest	15.3	819	659

[a] In this table and throughout the report, mother's education refers to educational attainment of mothers as well as caretakers of children under five, who are the respondents to the under-5 questionnaire if the mother is deceased or is living elsewhere.

Housing Characteristics, Asset Ownership, and Wealth Quintiles

Tables HH.6, HH.7 and HH.8 provide further details on household characteristics. Table HH.6 presents characteristics of housing, disaggregated by area and region, distributed by whether the dwelling has electricity, the main materials of the flooring, roof and exterior walls, as well as the number of rooms used for sleeping.

Some 85 percent of households had electricity (98 percent of urban households compared to 82 percent of rural households). Over 90 percent of households in the Central Hills, Central Mountains and Eastern Terai had access to electricity, while only 51 percent of households in the Mid-Western Hills and 69 percent in the Mid-Western Mountains had it.

Some 64 percent of households had natural flooring; this was more common in rural areas (76 percent) than urban areas (17 percent). Finished flooring was found in 83 percent of urban households. The proportion of households with natural flooring was highest in the Far Western Hills (99 percent) and lowest in the Central Hills (34 percent). Most households had finished roofs (85 percent) with the highest proportion in the Central Hills (97 percent) and the lowest in the Mid-Western Mountains (24 percent). Exterior walls were rudimentary in 49 percent of households and finished in 41 percent. Rudimentary walls were most common in rural areas (58 percent) and finished walls were most common in urban areas (86 percent). Some 39 percent of households had two rooms for sleeping, while 31 percent had one and 29 percent had three or more.

The average number of persons using each sleeping room was 2.4; it was higher in rural areas (2.5 persons) than urban areas (2.2 persons). The mean number ranged from 1.8 persons in the Western Mountains to 2.8 persons in the Far Western Hills.

Table HH.6: Housing characteristics

Percentage of households by selected housing characteristics, according to area of residence and regions, Nepal, 2014

	Total	Area				Region														
		Urban	Kath-mandu valley	Other urban	Rural	Eastern Moun-tains	Eastern Hills	Eastern Terai	Central Moun-tains	Central Hills	Central Terai	Western Moun-tains	Western Hills	Western Terai	Mid-Western Moun-tains	Mid-Western Hills	Mid-Western Terai	Far Western Moun-tains	Far Western Hills	Far Western Terai
Electricity																				
Yes	84.9	97.7	99.7	96.8	81.7	77.7	83.1	93.0	92.5	94.4	81.8	86.5	88.2	86.8	69.3	50.9	79.4	75.6	70.1	89.8
No	15.1	2.3	0.3	3.2	18.2	22.3	16.9	6.9	7.5	5.6	18.2	13.5	11.8	13.2	30.7	49.1	20.6	24.4	29.9	10.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Flooring																				
Natural floor	64.1	17.0	3.1	23.4	75.8	85.5	82.4	61.6	87.9	33.6	65.0	37.0	65.8	49.2	96.8	92.2	76.2	95.9	98.7	69.7
Rudimentary floor	0.8	0.3	0.5	0.2	0.9	8.5	3.0	1.2	1.0	0.6	0.5	52.5	0.2	0.0	1.7	0.1	0.0	0.5	0.0	0.0
Finished floor	34.9	82.5	95.9	76.4	23.0	5.1	14.5	37.1	9.1	65.5	34.6	9.8	33.9	50.8	1.4	6.5	23.8	3.3	1.1	30.3
Other	0.2	0.2	0.5	0.1	0.2	0.4	0.0	0.1	1.9	0.3	0.0	0.4	0.2	0.0	0.0	1.2	0.0	0.3	0.0	0.0
DK/ Missing	0.0	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0
Roof																				
Natural roofing	13.4	1.9	0.0	2.7	16.3	42.8	33.0	15.1	2.0	1.5	9.0	57.8	9.2	8.2	64.2	39.4	21.5	5.8	8.7	5.5
Rudimentary roofing	0.8	0.2	0.1	0.3	0.9	7.4	0.3	0.1	2.4	1.3	1.4	3.1	0.2	0.1	5.4	0.1	0.0	0.1	0.0	0.4
Finished roofing	85.3	97.8	99.9	96.8	82.2	46.8	66.5	84.7	95.5	97.0	88.8	25.3	90.7	91.5	24.2	59.8	78.4	90.8	90.9	93.9
Other	0.5	0.1	0.0	0.2	0.5	3.0	0.1	0.1	0.1	0.2	0.8	13.7	0.0	0.3	6.2	0.7	0.2	3.2	0.5	0.2
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Exterior walls																				
Natural walls	8.8	2.7	0.5	3.7	10.4	5.1	4.6	7.2	4.9	5.2	3.5	6.8	21.1	9.0	4.4	10.1	25.7	3.1	1.5	5.9
Rudimentary walls	48.9	11.3	1.5	15.8	58.3	83.0	73.8	50.9	85.8	24.6	53.5	71.1	42.4	17.5	94.6	81.3	28.8	88.0	96.8	52.7
Finished walls	41.2	85.5	97.8	79.8	30.2	8.5	17.4	39.6	8.6	69.8	43.1	22.1	36.4	73.5	0.9	8.4	43.4	8.6	1.8	39.6
Other	0.9	0.5	0.2	0.7	1.0	3.5	4.1	2.2	0.6	0.4	0.0	0.0	0.1	0.0	0.0	0.2	2.2	0.3	0.0	1.7
DK/ Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Rooms used for sleeping																				
1	31.4	38.0	38.5	37.8	29.7	47.1	37.9	32.0	36.1	33.1	26.5	43.5	37.4	22.6	31.0	35.9	28.3	19.1	25.7	24.1
2	38.7	32.5	31.2	33.1	40.2	35.5	37.0	41.8	38.8	34.5	37.3	31.0	38.8	36.8	39.5	40.8	43.9	42.1	44.9	41.3
3 or more	29.2	28.5	28.1	28.6	29.4	17.1	24.9	25.6	25.1	30.4	35.9	25.4	23.9	39.7	29.5	23.3	27.3	37.5	29.1	32.4
DK/ Missing	0.7	1.0	2.2	0.5	0.7	0.4	0.3	0.6	0.0	2.1	0.2	0.0	0.0	0.9	0.0	0.0	0.5	1.3	0.3	2.2
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	100.0	100.0	100.0	100.0	100.0
Number of households	12,405	2,476	782	1,694	9,929	179	767	1,845	299	2,182	1,924	10	1,628	924	156	763	672	185	346	524
Mean number of persons per room used for sleeping	2.4	2.2	2.1	2.2	2.5	2.8	2.3	2.4	2.1	2.1	2.5	1.8	2.2	2.4	2.8	2.7	2.6	2.6	2.8	2.5

Table HH.7 shows distribution of households by ownership of assets and ownership of dwelling. Some 40 percent of households owned a radio and 52 percent owned a television. No urban–rural difference was observed in possession of a radio, while 80 percent of urban households owned a television compared to 44 percent of rural households. Ownership of a television was highest in the Central Hills (72 percent) and lowest in the Far Western Hills (7 percent). Some 14 percent of households possessed a refrigerator; this was five times more likely in urban areas (38 percent) than in rural areas (8 percent).

The majority of households owned agricultural land (76 percent) and farm animals/livestock (69 percent). More households in rural areas owned these assets (83 percent and 80 percent, respectively) than in urban areas (48 percent and 25 percent, respectively). The highest proportion of households with agricultural land was in the Far Western Mountains (97 percent) and the lowest proportion was in the Central Terai (64 percent).

In 91 percent of households at least one person owned a mobile phone (97 percent in urban areas and 90 percent in rural areas). The highest proportion was in the Central and Western Hills (94 percent) and the lowest proportion was in the Mid-Western Mountains (70 percent). In 57 percent of households at least one person had a bank account (79 percent in urban areas and 52 percent in rural areas). It was highest in the Central Hills (71 percent) and lowest in the Mid-Western Mountains (19 percent).

Most households (87 percent) owned their dwelling. It was more common in rural areas (93 percent) than urban areas (59 percent), where 39 percent of households rented their accommodation. Ownership of the dwelling was the highest in Far Western Hills and Mountains (99 percent) and lowest in the Central Hills (66 percent).

Table HH.7: Household assets

Percentage of households by ownership of assets and ownership of dwelling, Nepal, 2014

	Total	Area				Region														
		Urban	Kath-mandu valley	Other urban	Rural	Eastern Moun-tains	Eastern Hills	Eastern Terai	Central Moun-tains	Central Hills	Central Terai	Western Moun-tains	Western Hills	Western Terai	Mid-Western Moun-tains	Mid-Western Hills	Mid-Western Terai	Far Western Moun-tains	Far Western Hills	Far Western Terai
Households that own a																				
Radio	40.4	41.9	42.0	41.8	40.0	54.1	51.4	31.9	50.9	42.0	37.5	38.6	52.5	29.3	30.6	37.6	34.9	60.6	42.1	34.7
Television	51.5	80.2	88.7	76.3	44.3	22.1	33.6	63.6	39.7	72.4	55.9	51.4	55.8	57.7	11.2	15.0	42.2	8.5	6.7	46.0
Non-mobile phone	9.0	25.8	37.9	20.2	4.8	4.5	4.8	8.7	2.8	24.1	4.9	13.2	7.1	7.1	3.4	1.5	3.9	5.6	1.8	6.7
Refrigerator	13.6	38.3	47.3	34.2	7.5	2.2	1.9	14.4	2.7	31.0	10.4	9.4	13.5	19.2	1.0	1.8	8.8	0.0	0.1	9.9
Improved stove	9.0	2.3	1.9	2.5	10.7	8.3	19.7	6.3	8.9	5.0	1.6	75.1	22.1	1.9	50.2	17.0	5.8	3.0	3.8	3.4
Table	57.7	83.5	85.8	82.4	51.3	42.4	60.5	75.2	25.6	69.0	65.8	65.8	51.9	55.3	14.5	24.4	56.7	21.3	12.6	67.3
Chair	57.4	77.0	77.0	77.0	52.5	29.6	46.9	73.9	35.3	63.7	76.4	55.7	46.3	60.0	17.0	25.8	53.0	32.6	21.8	67.2
Bed/cot	92.4	98.4	99.4	97.9	90.9	85.2	94.5	95.7	95.4	97.4	95.0	81.8	93.0	99.2	69.7	74.5	92.8	77.0	54.0	96.7
Sofa	15.9	40.2	55.8	33.0	9.9	1.9	4.3	17.4	3.9	37.6	11.0	6.4	15.4	17.6	2.6	3.1	9.4	0.7	0.9	12.4
Wardrobe	45.4	74.4	86.3	68.9	38.1	27.6	34.5	48.0	45.7	73.5	40.2	51.6	48.9	48.8	20.7	14.3	36.9	12.5	3.7	45.2
Computer (desktop)	8.6	25.2	42.2	17.3	4.5	1.3	2.8	8.0	3.3	24.9	4.0	5.9	5.6	8.5	1.3	2.1	4.9	1.2	0.6	8.3
Wall clock	45.7	71.9	82.1	67.2	39.1	33.9	41.0	53.9	25.9	64.2	40.3	42.5	44.2	48.5	8.5	15.6	48.3	43.5	18.3	51.3
Electric fan	40.6	69.2	55.3	75.6	33.5	2.7	7.2	65.8	1.8	39.6	60.7	0.0	24.1	70.1	.5	8.0	45.2	0.3	0.7	61.2
Dhiki/ janto	31.6	11.8	3.5	15.6	36.6	67.7	53.3	25.1	34.0	12.2	24.9	9.3	52.4	23.2	29.9	51.3	31.7	49.3	46.0	21.1
Microwave oven	1.8	6.5	16.4	1.9	0.6	0.1	0.1	0.5	0.0	7.9	0.4	3.2	1.1	0.6	0.0	0.1	0.4	0.0	0.3	0.7
Washing machine	1.5	6.0	13.2	2.7	0.4	0.1	0.0	1.1	0.2	5.9	0.3	2.1	0.9	0.8	0.0	0.1	0.3	0.0	0.0	0.8
Households that own																				
Agricultural land	75.5	47.6	44.5	49.1	82.5	92.7	91.9	65.3	95.7	67.0	63.7	71.1	77.9	77.1	88.5	94.0	83.3	96.9	94.7	78.1
Farm animals/ livestock	68.8	25.1	7.3	33.4	79.6	92.2	88.7	69.6	87.8	41.3	61.9	63.3	72.0	65.3	84.5	88.0	78.4	96.5	94.4	81.7
Households where at least one member owns or has a																				
Watch	75.0	86.0	90.9	83.8	72.2	77.0	83.4	72.8	76.1	85.1	72.0	83.6	80.7	68.1	60.5	67.2	63.6	75.7	68.4	66.2
Mobile phone	91.2	96.8	98.3	96.1	89.8	83.3	92.4	92.3	86.4	94.0	91.6	87.9	94.0	92.4	70.1	85.3	90.3	79.2	83.3	93.2
Bicycle/ rickshaw	38.1	33.8	15.8	42.2	39.2	1.4	9.0	72.2	0.7	12.5	70.5	0.5	5.3	74.5	0.1	6.0	68.6	0.0	0.0	78.0
Motorcycle/ scooter	15.6	34.6	45.6	29.5	10.8	1.5	5.1	17.6	3.6	31.2	16.7	12.9	10.4	20.9	0.6	2.6	11.7	0.1	0.3	16.0
Animal-drawn cart	3.0	1.3	0.2	1.8	3.4	0.1	0.4	4.1	0.0	0.4	4.7	0.0	0.0	5.8	0.0	0.0	3.6	0.0	0.0	21.7
Car or truck	1.9	5.1	9.9	2.8	1.2	0.3	1.1	0.8	0.3	6.2	1.0	2.4	1.7	1.5	0.4	0.2	0.8	0.1	0.0	2.4
Boat	0.1	0.1	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.2
Laptop computer	8.4	23.9	38.5	17.2	4.6	1.8	3.9	8.2	2.9	22.3	5.1	6.5	8.6	7.3	1.2	1.3	4.3	0.2	0.1	3.2
Bank account	56.9	78.5	85.5	75.3	51.5	33.6	54.6	67.1	43.5	71.1	52.8	53.1	66.8	54.6	18.5	33.2	44.6	29.9	30.6	56.9
Households by ownership of dwelling																				
Owned	86.5	59.4	43.6	66.7	93.2	90.6	92.4	89.4	95.5	65.9	91.1	70.0	83.4	89.5	94.8	96.4	94.0	99.1	98.8	94.5
Not owned	13.5	40.6	56.4	33.3	6.8	9.3	7.6	10.3	4.5	34.1	8.9	30.0	16.6	10.5	5.2	3.6	6.0	0.9	1.2	5.5
Rented	12.1	38.9	55.4	31.3	5.4	6.0	6.6	8.5	3.7	32.8	7.8	17.7	14.2	9.9	2.8	2.5	5.1	0.5	0.4	4.3
Other	1.4	1.7	1.0	2.0	1.3	3.3	1.0	1.8	0.8	1.3	1.1	12.3	2.4	0.6	2.5	1.1	0.9	0.4	0.8	1.2
DK/ Missing	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
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	100.0	100.0	100.0	100.0	100.0
Number of households	12,405	2,476	782	1,694	9,929	179	767	1,845	299	2,182	1,924	10	1,628	924	156	763	672	185	346	524

Table HH.8 shows the distribution of household members by wealth index quintiles, according to area of residence and regions.

The proportions of households were evenly distributed between wealth index quintiles (20 percent in each quintile). Most urban households (67 percent) were in the richest quintile, with 89 percent of Kathmandu valley households and 57 percent of other urban households falling into this category. Urban households were 6.5 times more likely than rural households to be in the richest quintile. Some 23 percent of rural households were in the poorest quintile. Rural households were 5.8 times more likely than urban households to be in the poorest quintile.

Table HH.8: Wealth quintiles

Percentage of the household population by wealth index quintiles, according to area of residence and regions, Nepal, 2014

	Wealth index quintile					Total	Number of household members
	Poorest	Second	Middle	Fourth	Richest		
Total	20.0	20.0	20.0	20.0	20.0	100.0	56,824
Area							
Urban	4.0	5.1	5.6	18.4	66.8	100.0	9,753
Kathmandu valley	0.0	0.1	0.4	10.2	89.3	100.0	2,971
Other urban	5.8	7.4	7.8	22.0	57.0	100.0	6,782
Rural	23.3	23.1	23.0	20.3	10.3	100.0	47,071
Region							
Eastern Mountains	58.7	27.6	7.1	5.9	0.7	100.0	9,753
Eastern Hills	35.1	33.6	18.2	9.4	3.7	100.0	2,971
Eastern Terai	1.2	16.1	31.4	30.9	20.3	100.0	6,782
Central Mountains	31.4	48.5	11.1	5.2	3.8	100.0	47,071
Central Hills	9.3	13.5	7.2	18.6	51.4	100.0	8,746
Central Terai	1.4	19.7	35.1	26.5	17.3	100.0	10,248
Western Mountains	16.7	30.9	21.3	24.2	7.0	100.0	32
Western Hills	30.9	27.2	10.8	9.9	21.2	100.0	6,371
Western Terai	5.5	14.3	22.4	34.0	23.8	100.0	4,825
Mid-Western Mountains	79.5	15.3	3.8	1.4	0.0	100.0	798
Mid-Western Hills	74.3	14.3	5.4	3.7	2.3	100.0	3,591
Mid-Western Terai	8.7	29.2	28.4	22.8	10.9	100.0	3,276
Far Western Mountains	71.8	20.6	5.9	1.6	0.1	100.0	1,014
Far Western Hills	85.3	12.0	1.8	0.9	0.0	100.0	1,880
Far Western Terai	8.5	20.2	28.0	31.3	11.9	100.0	2,697

CHAPTER 4

Child Mortality

One of the overarching goals of the MDGs is to reduce infant and under-5 mortality. Specifically, the MDGs call for the reduction of under-5 mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective.

Mortality rates presented in this chapter are calculated from information collected in the birth histories of the Questionnaire for Individual Women. All interviewed women were asked whether they had ever given birth, and if yes, they were asked to report the number of sons and daughters who live with them, the number who live elsewhere, and the number who have died. In addition, they were asked to provide a detailed birth history of live births of children in chronological order starting with the firstborn. Women were asked whether births were single or multiple, the sex of the children, the date of birth (month and year), and survival status. Further, for children still alive, they were asked the current age of the child and, if not alive, the age at death. Childhood mortality rates are expressed by conventional age categories and are defined as follows:

- Neonatal mortality (NN): probability of dying within the first month of life
- Post-neonatal mortality (PNN): difference between infant and neonatal mortality rates
- Infant mortality ($_1q_0$): probability of dying between birth and the first birthday
- Child mortality ($_4q_1$): probability of dying between the first and fifth birthdays
- Under-5 mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

Rates are expressed as deaths per 1,000 live births, except in the case of child mortality, which is expressed as deaths per 1,000 children surviving to age 1, and post-neonatal mortality, which is the difference between infant and neonatal mortality rates.

Table CM.1: Early childhood mortality rates

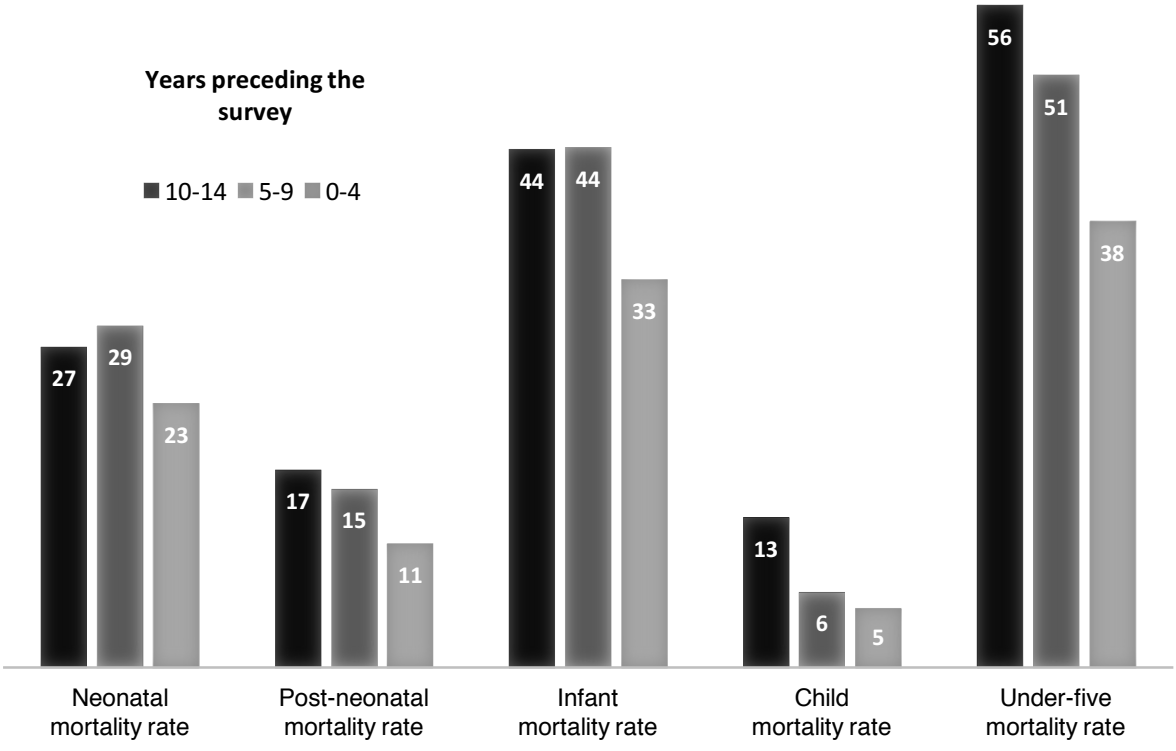
Neonatal, post-neonatal, infant, child and under-5 mortality rates for five-year periods preceding the survey, Nepal, 2014

	Neonatal mortality rate [1]	Post-neonatal mortality rate [2] [a]	Infant mortality rate [3]	Child mortality rate [4]	Under-5 mortality rate [5]
Years preceding the survey					
0–4	23	11	33	5	38
5–9	29	15	44	6	51
10–14	27	17	44	13	56

[1] MICS indicator 1.1 – Neonatal mortality rate
[2] MICS indicator 1.3 – Post-neonatal mortality rate
[3] MICS indicator 1.2; MDG indicator 4.2 – Infant mortality rate
[4] MICS indicator 1.4 – Child mortality rate
[5] MICS indicator 1.5; MDG indicator 4.1 – Under-5 mortality rate
[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

Table CM.1 and Figure CM.1 present neonatal, post-neonatal, infant, child, and under-5 mortality rates for the three most recent five-year periods before the survey. Neonatal mortality in the most recent five-year period was estimated at 23 deaths per 1,000 live births, while the post-neonatal mortality rate was estimated at 11 deaths per 1,000 live births. The infant mortality rate in the five years preceding the survey was 33 deaths per 1,000 live births and under-5 mortality was 38 deaths per 1,000 live births for the same period, indicating that 87 percent of under-5 deaths were infant deaths.

Figure CM.1: Early childhood mortality rates, Nepal, 2014



Early childhood mortality rates per 1,000 live births

The table and figure also show a declining trend at the national level over the last 15 years, with under-5 mortality at 56 deaths per 1,000 live births during the 10–14 year period preceding the survey, and 38 deaths per 1,000 live births during the most recent five-year period, roughly referring to the years 2009–2014. A similar pattern is observed in all other indicators.

Table CM.2 provides estimates of child mortality by socioeconomic characteristics. Mortality rates are higher among rural children than urban children. Mother's education level and household wealth status are both negatively associated with mortality rates: the likelihood of dying decreases with an increase in each of these two variables.

Table CM.2: Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, infant, child and under-5 mortality rates for the five-year period preceding the survey, by socioeconomic characteristics, Nepal, 2014

	Neonatal mortality rate [1]	Post-neonatal mortality rate [2] [a]	Infant mortality rate [3]	Child mortality rate [4]	Under-5 mortality rate [5]
Total	**23**	**11**	**33**	**5**	**38**
Area					
Urban	15	6	21	5	26
Rural	24	11	35	5	40
Mother's education					
None	26	15	41	7	48
Primary	26	8	33	5	38
Secondary	22	7	28	3	31
Higher	12	7	19	1	20
Wealth index quintile					
Poorest	32	16	48	10	57
Second	22	14	36	7	42
Middle	20	8	28	3	31
Fourth	21	7	29	2	31
Richest	14	5	20	2	22

[1] MICS indicator 1.1 – Neonatal mortality rate
[2] MICS indicator 1.3 – Post-neonatal mortality rate
[3] MICS indicator 1.2; MDG indicator 4.2 – Infant mortality rate
[4] MICS indicator 1.4 – Child mortality rate
[5] MICS indicator 1.5; MDG indicator 4.1 – Under-5 mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

Figure CM.2 provides under-5 mortality rates by area.

Figure CM.2: Under-5 mortality rates by area, Nepal, 2014

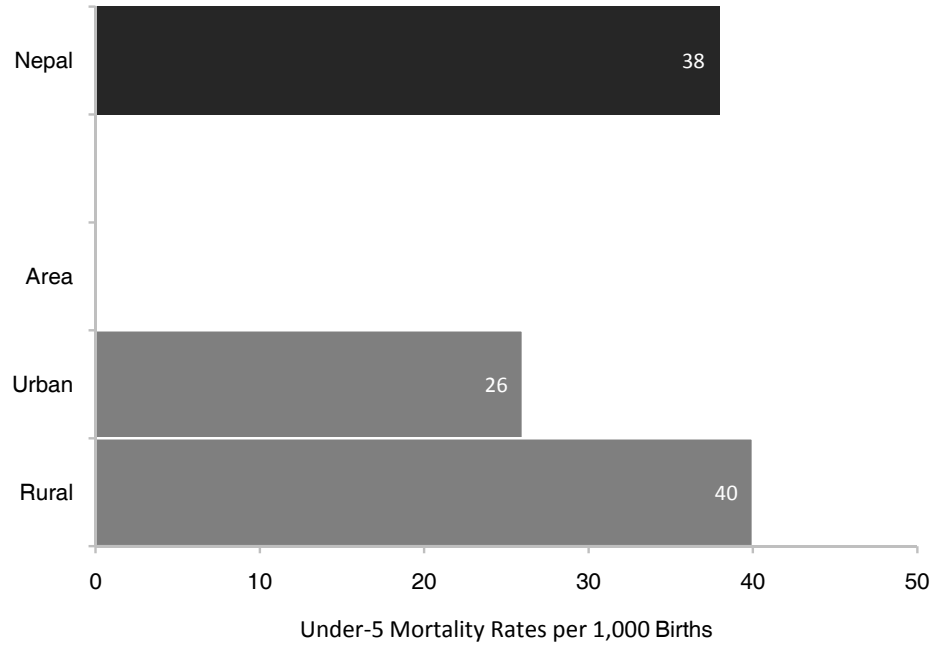


Table CM.3 provides estimates of child mortality by demographic characteristics. Younger and older mothers had an increased likelihood of her child dying compared to mothers aged 20–34 years. Firstborn children had an increased chance of dying, especially during the neonatal period, and children whose birth order was seven or greater were more likely than other children to die by the age of five years. A short birth interval also greatly increased mortality rates.

Table CM.3: Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child and under-5 mortality rates for the five-year period preceding the survey, by demographic characteristics, Nepal, 2014

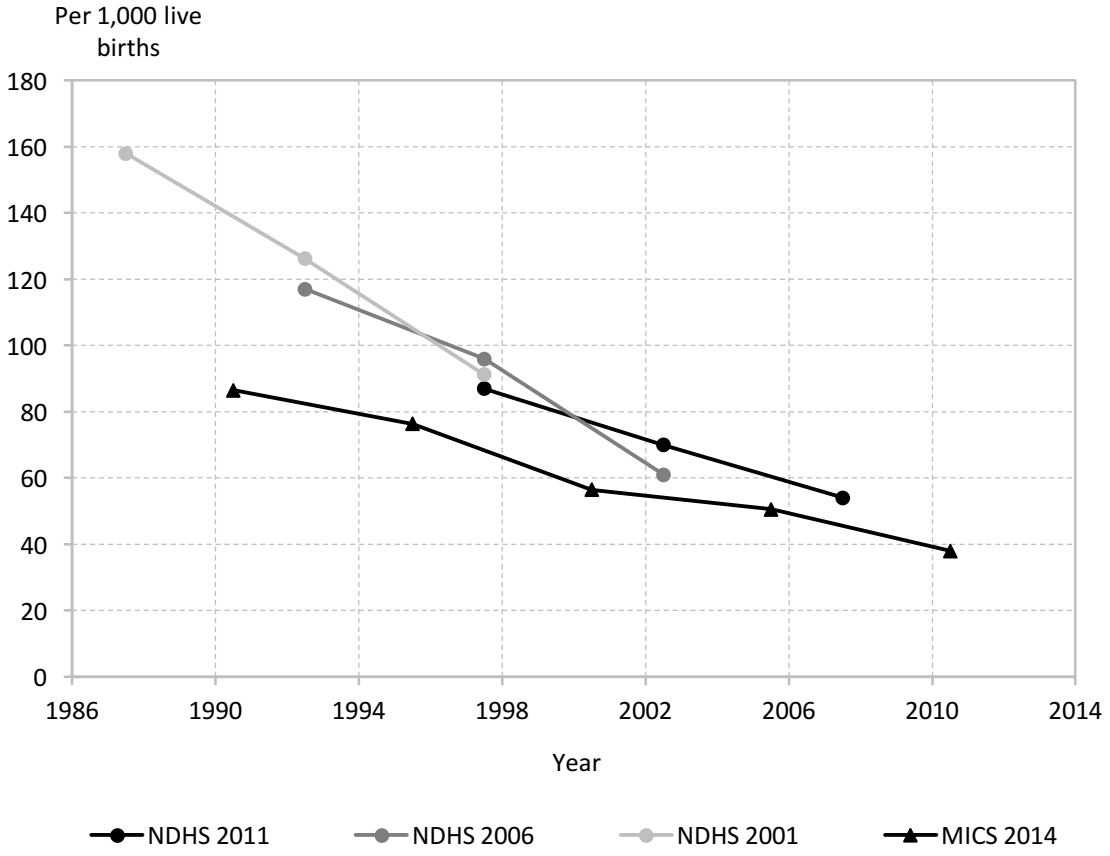
	Neonatal mortality rate [1]	Post-neonatal mortality rate [2] [a]	Infant mortality rate [3]	Child mortality rate [4]	Under-5 mortality rate [5]
Total	**23**	**11**	**33**	**5**	**38**
Sex of child					
Male	24	11	35	6	40
Female	21	10	32	4	36
Mother's age at birth					
Less than 20 years	29	13	42	2	44
20–34 years	21	9	30	4	34
35–49 years	26	19	46	22	67
Birth order					
1	27	10	37	3	40
2–3	21	8	28	2	31
4–6	19	13	31	11	42
7+	20	66	86	41	124
Previous birth interval [b]					
< 2 years	45	24	69	8	77
2 years	18	8	25	5	30
3 years	11	11	22	10	32
4+ years	13	5	18	3	21

[1] MICS indicator 1.1 – Neonatal mortality rate
[2] MICS indicator 1.3 – Post-neonatal mortality rate
[3] MICS indicator 1.2; MDG indicator 4.2 – Infant mortality rate
[4] MICS indicator 1.4 – Child mortality rate
[5] MICS indicator 1.5; MDG indicator 4.1 – Under-5 mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates
[b] Excludes first-order births

Figure CM.3 compares the findings of the Nepal MICS 2014 on under-5 mortality rates with those from other data sources. The Nepal MICS findings are obtained from Table CM.1. The MICS estimates indicate a decline in mortality during the last 15 years. The most recent U5MR estimate (38 deaths per 1,000 live births) from the MICS is about 16 points lower than the estimate from the Nepal Demographic and Health Survey 2011[1]. The mortality trend depicted by the Nepal Demographic and Health Survey 2011 is also a declining one; however, the MICS results are lower. Further qualification of these apparent declines and differences as well as its determinants should be taken up in a more detailed and separate analysis.

Figure CM.3: Trend in under-5 mortality rates, Nepal, 2014



[1] *Ministry of Health and Population, New ERA, and ICF International Inc., 2012. Nepal Demographic and Health Survey 2011. Kathmandu: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.*

CHAPTER 5

Nutrition

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (defined as less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early days, months and years. Those who survive may have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born with low birth weight also risk a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have the most impact: the mother's poor nutritional status before conception, short stature (due mostly to undernutrition and infections during her childhood), and poor nutrition during pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run a higher risk of bearing low birth weight babies.

One of the major challenges in measuring the incidence of low birth weight is that more than half of infants in the developing world are not weighed at birth. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2,500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.[1]

[1] *For a detailed description of the methodology, see Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E., 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? Bulletin of the World Health Organization, 74(2): 209–16.*

Table NU.1: Low birth weight infants

Percentage of last live-born children born in the two years preceding the survey that are estimated to have weighed below 2,500 grams at birth and percentage of live births weighed at birth, Nepal, 2014

	Percent of births by mother's assessment of size at birth:					Total	Percent of live births:		Number of last live-born children in the last two years
	Very small	Smaller than average	Average	Larger than average or very large	DK		Below 2,500 grams [1]	Weighed at birth [2]	
Total	**0.9**	**12.9**	**61.4**	**23.0**	**1.8**	**100.0**	**24.2**	**60.0**	**2,048**
Region									
Eastern Mountains	0.4	16.7	51.4	30.1	1.4	100.0	24.4	30.3	32
Eastern Hills	1.7	19.0	48.1	29.4	1.8	100.0	26.6	41.5	123
Eastern Terai	0.8	6.2	64.5	26.3	2.2	100.0	20.3	72.4	277
Central Mountains	0.8	9.7	55.4	33.4	0.7	100.0	21.0	52.7	38
Central Hills	0.8	13.2	57.3	27.3	1.4	100.0	23.7	76.8	241
Central Terai	0.0	9.8	75.4	13.1	1.7	100.0	23.8	47.8	400
Western Mountains	(0.0)	(17.7)	(57.6)	(21.9)	(2.8)	100.0	(26.1)	(56.2)	1
Western Hills	0.7	12.7	59.4	25.5	1.7	100.0	23.3	66.6	222
Western Terai	0.4	9.6	67.6	22.4	0.0	100.0	22.3	69.7	178
Mid-Western Mountains	3.5	27.3	43.0	25.6	0.6	100.0	32.5	37.6	43
Mid-Western Hills	2.0	14.0	47.9	33.2	3.0	100.0	23.8	43.7	166
Mid-Western Terai	1.0	19.8	49.5	29.6	0.1	100.0	26.5	73.5	113
Far Western Mountains	0.6	16.0	71.4	10.7	1.3	100.0	27.2	36.9	33
Far Western Hills	1.4	21.4	72.9	2.2	2.1	100.0	32.1	49.3	75
Far Western Terai	2.4	19.2	53.7	19.5	5.3	100.0	28.5	74.2	106
Area									
Urban	0.3	7.6	65.0	26.0	1.1	100.0	20.8	90.4	262
Kathmandu valley	0.0	1.5	76.1	22.4	0.0	100.0	18.5	100.0	65
Other urban	0.4	9.7	61.3	27.1	1.5	100.0	21.6	87.2	197
Rural	1.0	13.7	60.8	22.6	1.9	100.0	24.7	55.6	1,786
Mother's age at birth									
Less than 20 years	0.7	17.4	59.4	19.7	2.7	100.0	26.6	62.3	349
20–34 years	0.9	11.3	62.5	23.8	1.4	100.0	23.3	61.0	1,580
35–49 years	0.9	22.0	51.6	21.8	3.7	100.0	28.8	41.2	119
Birth order									
1	0.8	13.6	59.8	24.2	1.5	100.0	24.2	74.5	768
2–3	0.6	11.7	63.4	22.6	1.8	100.0	23.4	56.6	953
4–5	2.6	14.0	62.2	19.3	1.9	100.0	26.6	40.4	248
6+	0.0	18.2	50.4	28.1	3.2	100.0	25.3	22.0	79
Mother's education									
None	0.7	16.7	62.4	18.2	2.1	100.0	26.5	39.6	754
Primary	1.0	13.8	64.1	19.6	1.5	100.0	25.3	55.9	346
Secondary	1.3	11.8	58.1	27.2	1.7	100.0	23.2	71.7	503
Higher	0.8	7.3	61.2	29.2	1.5	100.0	20.5	84.8	445
Wealth index quintile									
Poorest	2.3	19.4	54.5	20.9	2.8	100.0	28.5	37.7	458
Second	0.3	16.8	58.8	22.7	1.4	100.0	25.5	46.8	425
Middle	1.2	10.3	67.5	19.9	1.0	100.0	23.8	60.7	448
Fourth	0.4	10.4	64.4	23.0	1.8	100.0	22.5	72.0	405
Richest	0.0	5.3	62.1	31.0	1.5	100.0	18.8	94.3	312

[1] MICS indicator 2.20 – Low birth weight infants
[2] MICS indicator 2.21 – Infants weighed at birth

( ) Figures that are based on 25–49 unweighted cases

Overall, 60 percent of live births were weighed at birth and approximately 24 percent of infants were estimated to weigh less than 2,500 grams (Table NU.1). There was some regional variation, ranging from 20 percent in the Eastern Terai to 33 percent in the Mid-Western Mountains. Mother's education level and household wealth status were both positively correlated with the likelihood of having a child with low birth weight.

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate and nutritious food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Undernutrition is associated with more than half of all child deaths worldwide. Under-nourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of children who die from causes related to malnutrition were only mildly or moderately malnourished—showing no outward sign of their vulnerability. The MDG target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age 5. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards[2]. Each of the three nutritional status indicators—weight-for-age, height-for-age, and weight-for-height—can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

[2] *http://www.who.int/childgrowth/standards/technical_report*

Weight-for-height can be used to assess wasting and overweight status. Children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are classified as severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator of wasting may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Children whose weight-for-height is more than two standard deviations above the median reference population are classified as moderately or severely overweight.

In MICS, weights and heights of all children under five were measured using the anthropometric equipment recommended[3] by UNICEF. Findings in this section are based on the results of these measurements.

Table NU.2 shows percentages of children classified into each of the above-described categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes mean z-scores for all three anthropometric indicators.

Children whose full birth date (month and year) were not obtained and children whose measurements were outside a plausible range are excluded from Table NU.2. Children were excluded from one or more of the anthropometric indicators when their weight or height had not been measured, whichever was applicable. For example, if a child had been weighed but his/her height had not been measured, the child was included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix D. The tables show that due to incomplete dates of birth, implausible measurements, and/or missing weight and/or height, 2 percent of children have been excluded from calculations of the weight-for-age indicator, 4 percent from the height-for-age indicator, and 4 percent for the weight-for-height indicator.

[3] *See MICS Supply Procurement Instructions here: http://mics.unicef.org/tools#survey-design*

Table NU.2: Nutritional status of children

Percentage of children under five by nutritional status according to three anthropometric indices: weight-for-age, height-for-age, and weight-for-height, Nepal, 2014

	Weight-for-age				Height-for-age				Weight-for-height				
	Underweight		Mean z-score (SD)	Number of children	Stunted		Mean z-score (SD)	Number of children	Wasted		Overweight	Mean z-score (SD)	Number of children under five
	Percent below				Percent below				Percent below		Above		
	- 2 SD [1]	- 3 SD [2]			- 2 SD [3]	- 3 SD [4]			- 2 SD [5]	- 3 SD [6]	+ 2 SD [7]		
Total	**30.1**	**8.6**	**-1.4**	**5,206**	**37.4**	**15.8**	**-1.6**	**5,114**	**11.3**	**3.2**	**2.1**	**-0.6**	**5,113**
Sex													
Male	28.8	7.8	-1.3	2,686	36.2	15.6	-1.5	2,637	11.6	3.7	2.2	-0.6	2,646
Female	31.5	9.4	-1.4	2,520	38.6	16.0	-1.6	2,477	10.9	2.7	2.1	-0.6	2,466
Region													
Eastern Mountains	17.2	3.0	-0.9	71	30.9	10.1	-1.3	70	5.9	1.7	1.7	-0.2	70
Eastern Hills	20.1	5.8	-0.9	268	26.9	9.9	-1.2	268	10.8	4.2	1.6	-0.3	2,64
Eastern Terai	27.4	7.7	-1.2	758	25.0	9.5	-1.2	743	13.3	4.9	3.0	-0.7	7,40
Central Mountains	19.4	6.3	-1.1	94	36.6	16.4	-1.4	93	7.3	2.0	1.2	-0.5	93
Central Hills	16.7	1.6	-0.8	604	27.7	11.5	-1.2	590	5.9	2.1	4.4	-0.1	593
Central Terai	40.7	13.2	-1.7	1,092	41.6	19.1	-1.6	1,075	17.0	3.8	1.6	-1.0	1,072
Western Mountains	15.5	6.4	-0.8	2	45.6	22.6	-2.1	2	2.5	0.0	8.4	0.3	2
Western Hills	25.3	9.0	-1.3	560	37.6	12.9	-1.7	554	7.4	3.8	1.2	-0.5	550
Western Terai	32.8	8.4	-1.6	465	36.0	12.9	-1.5	461	13.1	2.9	0.2	-0.9	463
Mid-Western Mountains	45.2	15.7	-1.9	106	64.2	38.9	-2.5	104	9.0	2.4	1.9	-0.6	105
Mid-Western Hills	33.5	8.6	-1.5	407	50.3	21.7	-2.0	405	6.9	1.0	2.2	-0.5	406
Mid-Western Terai	31.2	5.8	-1.5	283	41.6	15.0	-1.8	281	10.3	2.2	1.1	-0.7	287
Far Western Mountains	29.0	7.4	-1.6	98	47.8	19.7	-1.9	95	8.6	2.7	1.8	-0.6	95
Far Western Hills	43.7	17.8	-1.9	207	62.7	37.2	-2.5	199	11.0	3.7	1.8	-0.7	199
Far Western Terai	22.5	4.8	-1.1	189	30.5	10.1	-1.2	174	12.6	2.4	5.0	-0.6	173
Area													
Urban	16.5	3.2	-0.9	688	23.7	7.5	-1.1	683	6.0	1.6	1.9	-0.3	677
Kathmandu valley	6.7	1.5	-0.5	176	19.0	5.6	-1.0	175	5.7	2.4	3.6	0.1	175
Other urban	19.9	3.8	-1.0	512	25.4	8.2	-1.2	507	6.1	1.4	1.3	-0.5	502
Rural	32.2	9.4	-1.4	4,517	39.4	17.0	-1.6	4,431	12.1	3.5	2.2	-0.7	4,435
Age													
0–5 months	20.9	7.2	-1.0	445	15.1	7.2	-0.6	431	17.3	8.5	4.9	-0.7	424
6–11 months	18.4	6.3	-1.0	510	15.6	4.7	-0.8	509	14.1	5.4	2.6	-0.7	507
12–17 months	25.2	6.3	-1.2	476	28.9	8.5	-1.2	468	15.5	3.9	1.5	-0.8	469
18–23 months	34.3	9.1	-1.5	511	39.6	15.6	-1.7	500	16.2	3.1	1.2	-0.9	500
24–35 months	31.0	7.4	-1.4	1,048	41.3	18.0	-1.7	1,014	9.5	2.1	1.9	-0.6	1,020
36–47 months	33.5	10.9	-1.5	1,105	48.7	22.2	-2.0	1,090	7.9	2.5	2.1	-0.5	1,094
48–59 months	35.1	9.7	-1.5	1,111	43.8	19.0	-1.8	1,101	8.5	1.6	1.8	-0.6	1,099

Table NU.2: Continued

Percentage of children under five by nutritional status according to three anthropometric indices: weight-for-age, height-for-age, and weight-for-height, Nepal, 2014

	Weight-for-age				Height-for-age				Weight-for-height				
	Underweight		Mean z-score (SD)	Number of children	Stunted		Mean z-score (SD)	Number of children	Wasted		Overweight	Mean z-score (SD)	Number of children under five
	Percent below				Percent below				Percent below		Above		
	- 2 SD [1]	- 3 SD [2]			- 2 SD [3]	- 3 SD [4]			- 2 SD [5]	- 3 SD [6]	+ 2 SD [7]		
Mother's education													
None	39.0	13.0	-1.7	2,196	48.3	22.1	-1.9	2,165	13.0	3.6	1.8	-0.8	2,172
Primary	34.7	7.0	-1.5	903	41.4	18.6	-1.7	886	12.0	3.5	2.3	-0.7	886
Secondary	23.7	6.3	-1.2	1,157	29.7	9.1	-1.3	1,131	11.3	3.6	1.4	-0.6	1,123
Higher	12.7	2.7	-0.8	945	17.3	6.4	-1.0	929	6.2	1.5	3.6	-0.3	928
Wealth index quintile													
Poorest	37.1	12.5	-1.6	1,155	54.7	27.2	-2.1	1,129	8.6	2.6	1.9	-0.6	1,130
Second	34.0	9.9	-1.5	1,042	41.8	17.2	-1.7	1,029	12.3	2.5	1.5	-0.7	1,028
Middle	37.7	10.0	-1.6	1,154	39.6	15.5	-1.6	1,128	16.8	5.5	2.8	-0.9	1,133
Fourth	24.6	6.2	-1.2	1,051	28.6	10.2	-1.3	1,033	10.8	3.3	1.5	-0.7	1,029
Richest	11.3	2.2	-0.7	804	15.2	5.2	-0.9	796	6.4	1.6	3.0	-0.3	792

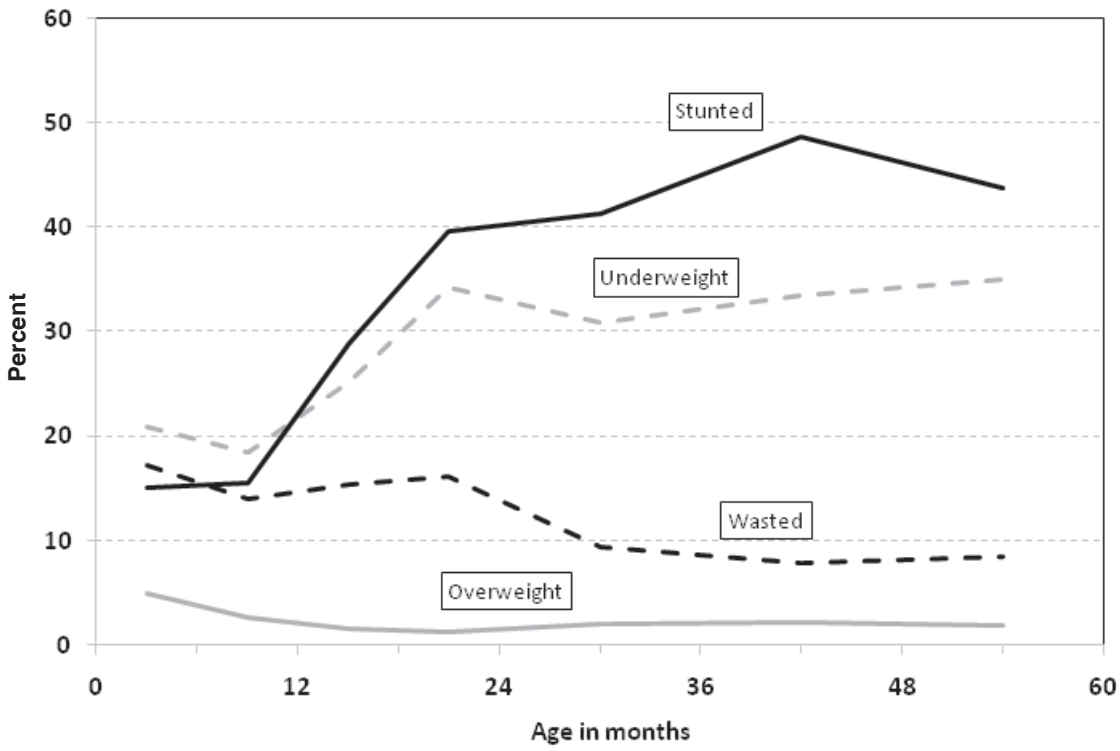
[1] MICS indicator 2.1a and MDG indicator 1.8 – Underweight prevalence (moderate and severe)
[2] MICS indicator 2.1b – Underweight prevalence (severe)
[3] MICS indicator 2.2a – Stunting prevalence (moderate and severe)
[4] MICS indicator 2.2b – Stunting prevalence (severe)
[5] MICS indicator 2.3a – Wasting prevalence (moderate and severe)
[6] MICS indicator 2.3b – Wasting prevalence (severe)
[7] MICS indicator 2.4 – Overweight prevalence

Note: 3 cases of missing 'mother's education' not shown

One in three children under five in Nepal were moderately or severely underweight (30 percent) and 9 percent were classified as severely underweight (Table NU.2). More than one-third (37 percent) were moderately or severely stunted or too short for their age and 16 percent were severely stunted, and 11 percent were moderately or severely wasted or too thin for their height and 3 percent were severely wasted. Only 2 percent of children were moderately or severely overweight.

Children in the Mid-Western Mountains were more likely to be underweight and stunted than other children. In contrast, the percentage wasted is highest in the Central Terai. Children in rural areas were more likely than those in urban areas to be underweight, stunted or wasted. Those children whose mothers have secondary or higher education were the least likely to be underweight, stunted or wasted compared to children of mothers with no education. Older children were more likely than younger children to be underweight and/or stunted but less likely to be wasted. Figure NU.1 shows that a higher percentage of children aged 18–59 months were underweight or stunted in comparison to younger children. This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and the environment. Both underweight and stunting gradually increases with age until the age of 23 months and then more or less plateaus in contrast of wasting where it peaks at 23 months and gradually decreases. This signifies that the nutrition interventions need to reach the children as soon as possible in their infancy, within the critical window of 1,000 days.

Figure NU.1: Underweight, stunted, wasted and overweight children under five (moderate and severe), Nepal, 2014



Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from conception to two years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers don't start to breastfeed early enough, and do not breastfeed exclusively for the recommended six months or stop breastfeeding too soon. There are often tendencies to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water, are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of nutrient dense, adequate and safe solid, semi-solid and soft foods from the age of six months onwards leads to better health and growth outcomes, with potential to reduce stunting during the first two years of life.[4]

UNICEF and WHO recommend that infants be breastfed within one hour of birth, are breastfed exclusively for the first six months of life, and continue to be breastfed for up to two years of age and beyond.[5] Starting at six months, breastfeeding should be combined with nutrient dense and diverse, safe, age-appropriate feeding of solid, semi-solid and soft foods.[6] A summary of key guiding principles[7,8], for feeding 6–23-month-olds is provided in the table below along with proximate measures for these guidelines collected in this survey.

The guiding principles for which proximate measures and indicators exist are:

- continued breastfeeding;
- appropriate frequency of meals (but not energy density); and
- appropriate dietary diversity and nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Diet diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For diet diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).[9]

---

[4]Bhuta Z. et al., 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? The Lancet June 6, 2013.

[5]WHO, 2003. Implementing the Global Strategy for Infant and Young Child Feeding. Meeting Report Geneva, 3–5 February 2003.

[6]WHO, 2003. Global strategy for infant and young child feeding.

[7]PAHO, 2003. Guiding principles for complementary feeding of the breastfed child.

[8]WHO, 2005. Guiding principles for feeding non-breastfed children 6–24 months of age

[9]WHO, 2008. Indicators for assessing infant and young child feeding practices. Part 1: Definitions.

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of 'minimum acceptable diet'. To have a minimum acceptable diet in the previous day, a child must have received:

- the appropriate number of meals/snacks/milk feeds;
- food items from at least four food groups; and
- breast milk or at least two milk feeds (for non-breastfed children).

Guiding principle (aged 6–23 months)	Proximate measures	Table
Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours	NU.4
Appropriate frequency and energy density of meals	Breastfed children: Depending on age, two or three meals/snacks provided in the last 24 hours Non-breastfed children: Four meals/snacks and/or milk feeds provided in the last 24 hours	NU.6
Appropriate nutrient content of food	Four food groups* eaten in the last 24 hours	NU.6
Appropriate amount of food	No standard indicator exists	Na
Appropriate consistency of food	No standard indicator exists	Na
Use of vitamin–mineral supplements or fortified products for infant and mother	No standard indicator exists	Na
Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple	NU.9
Practice responsive feeding, applying the principles of psycho-social care	No standard indicator exists	Na

*Note: * Food groups used for assessment of this indicator are: (1) grains, roots and tubers; (2) legumes and nuts; (3) dairy products (milk, yogurt, cheese); (4) flesh foods (meat, fish, poultry and liver/organ meats); (5) eggs; (6) vitamin-A rich fruits and vegetables; and (7) other fruits and vegetables.*

Table NU.3: Initial breastfeeding

Percentage of last live-born children born in the two years preceding the survey who were ever breastfed, breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Nepal, 2014

	Percent who were ever breastfed [1]	Percent who were first breastfed:		Percent who received a prelacteal feed	Number of last live-born children in the last two years
		Within one hour of birth [2]	Within one day of birth		
Total	**97.3**	**48.7**	**85.9**	**15.9**	**2,048**
Region					
Eastern Mountains	98.6	42.4	88.6	13.3	32
Eastern Hills	96.4	43.9	82.2	9.1	123
Eastern Terai	97.2	29.6	80.3	26.7	277
Central Mountains	98.6	74.6	95.9	1.9	38
Central Hills	97.4	45.6	83.5	20.8	241
Central Terai	97.1	58.2	82.5	18.8	400
Western Mountains	(97.2)	(41.9)	(77.1)	(27.1)	1
Western Hills	98.3	45.3	88.8	18.3	222
Western Terai	96.7	49.0	85.7	16.6	178
Mid-Western Mountains	96.2	67.5	88.9	3.8	43
Mid-Western Hills	96.3	51.1	92.0	4.9	166
Mid-Western Terai	99.9	41.4	84.9	15.8	113
Far Western Mountains	100.0	48.4	98.6	2.2	33
Far Western Hills	97.9	65.2	96.7	0.6	75
Far Western Terai	95.5	59.3	92.0	10.6	106
Area					
Urban	97.4	44.6	84.1	27.4	262
Kathmandu valley	98.6	36.8	80.0	43.5	65
Other urban	97.0	47.3	85.5	22.1	197
Rural	97.3	49.3	86.2	14.2	1,786
Months since last birth					
0–11	97.8	48.5	85.7	17.0	995
12–23	96.9	48.8	86.2	14.9	1,053
Assistance at delivery					
Skilled attendant	98.5	48.7	86.9	16.5	1,138
Other health workers	98.9	55.5	85.8	18.1	122
Other	98.4	49.0	86.7	15.9	729
No one/ Missing	58.3	29.6	57.1	0.4	59
Place of delivery					
Home	98.9	49.8	87.0	15.6	872
Health facility	98.2	49.1	86.8	16.5	1,130
Public	98.2	53.5	89.4	13.5	915
Private	98.9	31.5	76.5	27.8	188
NGO	(*)	(*)	(*)	(*)	27
Other/ Missing	47.1	18.1	44.5	7.8	47
Mother's education					
None	97.5	54.0	85.3	15.9	754
Primary	96.7	49.9	88.2	13.3	346
Secondary	97.2	48.5	88.5	13.8	503
Higher	97.6	38.8	82.4	20.4	445
Wealth index quintile					
Poorest	96.2	52.6	90.0	6.7	454
Second	98.9	53.6	87.2	15.7	436
Middle	97.4	49.5	83.7	14.4	441
Fourth	96.6	45.2	86.0	19.0	401
Richest	97.4	39.7	81.3	27.7	316

[1] MICS indicator 2.5 – Children ever breastfed

[2] MICS indicator 2.6 – Early initiation of breastfeeding

( ) Figures that are based on 25–49 unweighted cases

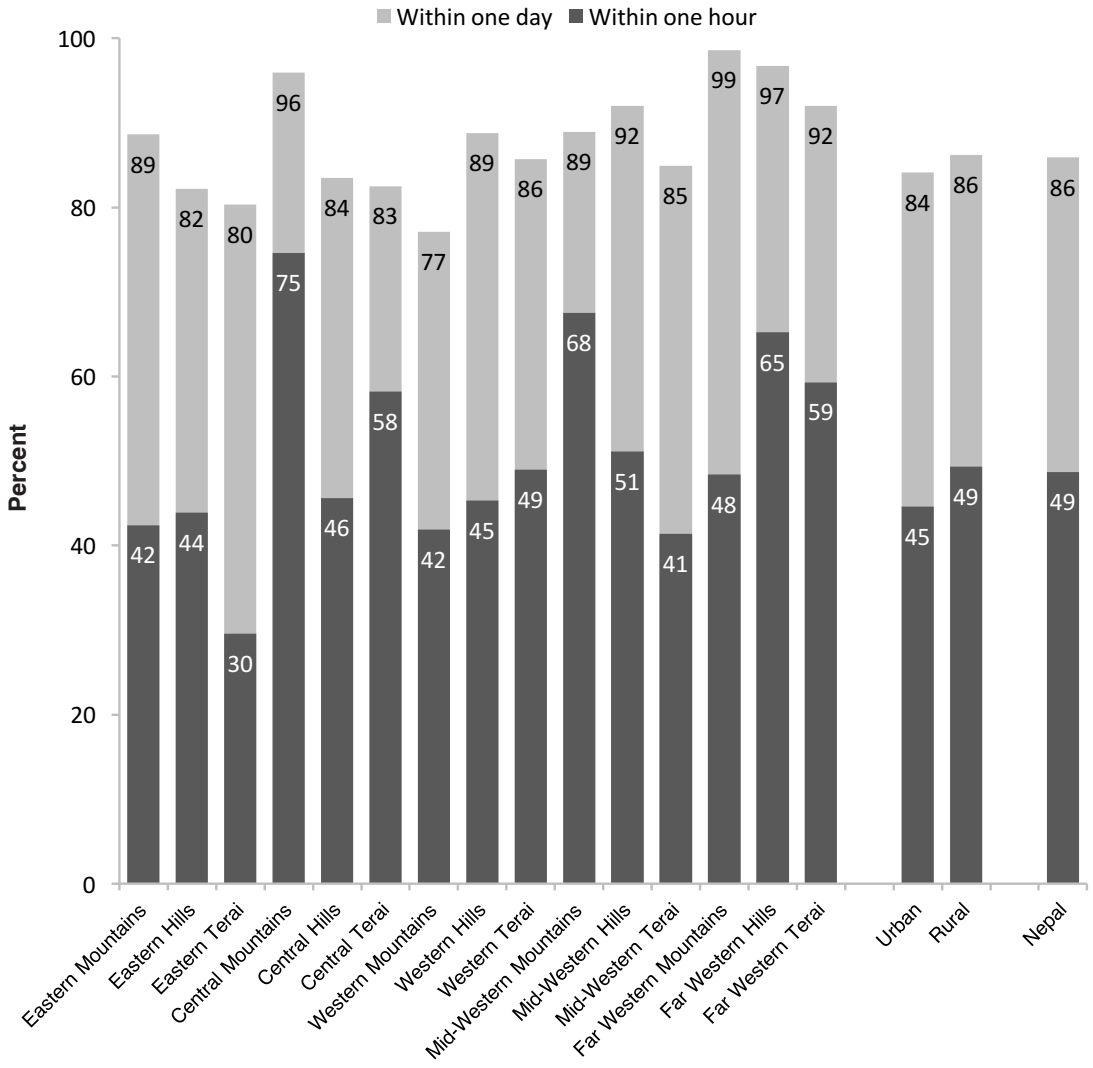
(*) Figures that are based on fewer than 25 unweighted cases

Table NU.3 is based on mothers' reports of what their last-born child, born in the two years preceding the survey, was fed in the first few days of life. It indicates the proportion who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed.[10] Some 97 percent of children were ever breast fed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 49 percent of babies were breastfed for the first time within one hour of birth, while 86 percent of newborns started breastfeeding within one day of birth. Some 16 percent received a prelacteal feed.

There was considerable variation in initiation of breastfeeding by region, with the highest proportion of children breastfed within one hour of birth in the Central Mountains. In contrast, nearly one in three babies received a prelacteal feed in the Western Mountains. Children born to mothers with higher education and in the richest households were least likely to initiate early breastfeeding and most likely to receive a prelacteal feed.

Figure NU.2 shows variation in initiation of breastfeeding by region and area.

Figure NU.2: Initiation of breastfeeding, Nepal, 2014



[10]*Prelacteal feed refers to the provision any liquid or food, other than breastmilk, to a newborn during the period when breastmilk flow is generally being established (estimated here as the first 3 days of life).*

The set of infant and young child feeding indicators reported in Tables NU.4 through NU.8 are based on the mother's report of consumption of food and fluids during the day or night prior to being interviewed. Data are subject to a number of limitations, some are related to the respondent's ability to provide a full report on the child's liquid and food intake due to recall errors as well as lack of knowledge in cases where the child was fed by other individuals.

In Table NU.4, breastfeeding status is presented for both exclusively breastfed and predominantly breastfed; this refers to infants aged less than six months who are breastfed, distinguished by the former only allowing vitamins, mineral supplements and medicine, and the latter allowing also plain water and non-milk liquids. The table also shows continued breastfeeding of children at 12–15 months and 20–23 months of age.

Table NU.4: Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, Nepal, 2014

	Children aged 0–5 months			Children aged 12–15 months		Children aged 20–23 months	
	Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	Number of children	Percent breastfed (continued breastfeeding at one year) [3]	Number of children	Percent breastfed (continued breastfeeding at two years) [4]	Number of children
Total	**56.9**	**74.9**	**455**	**93.6**	**318**	**86.7**	**338**
Sex							
Male	63.8	76.8	251	92.3	178	90.0	173
Female	48.6	72.5	204	95.3	140	83.3	165
Region							
Eastern Mountains	(46.4)	(70.5)	8	(*)	5	(*)	4
Eastern Hills	(*)	(*)	21	(*)	16	(*)	23
Eastern Terai	(56.0)	(65.7)	59	(*)	39	(*)	39
Central Mountains	(*)	(*)	6	(*)	6	(*)	5
Central Hills	(54.3)	(66.9)	52	(93.1)	40	(*)	37
Central Terai	65.1	89.5	110	(94.6)	58	(79.2)	98
Western Mountains	(*)	(*)		(*)		(*)	
Western Hills	(68.9)	(86.8)	50	(*)	36	(*)	35
Western Terai	(33.5)	(66.0)	37	(*)	31	(*)	25
Mid-Western Mountains	(69.6)	(78.4)	9	(95.0)	8	(96.5)	6
Mid-Western Hills	(53.6)	(57.5)	27	(100.0)	24	(*)	18
Mid-Western Terai	(*)	(*)	22	(96.6)	21	(*)	15
Far Western Mountains	(49.9)	(66.3)	8	(*)	5	(86.1)	6
Far Western Hills	(59.6)	(70.5)	16	(*)	11	(96.5)	14
Far Western Terai	(72.2)	(80.2)	30	(*)	16	(*)	13
Area							
Urban	53.9	73.6	59	81.7	38	(92.1)	35
Kathmandu valley	(*)	(*)	18	(*)	12	(*)	9
Other urban	58.1	79.7	40	(77.0)	27	(93.8)	26
Rural	57.4	75.1	396	95.3	279	86.1	303
Mother's education							
None	61.1	77.7	162	96.3	114	82.0	150
Primary	52.2	64.8	75	92.5	60	92.5	57
Secondary	58.8	79.5	132	97.3	66	86.7	71
Higher	50.4	71.1	86	87.1	76	92.9	60
Wealth index quintile							
Poorest	43.3	62.3	86	99.0	67	94.1	63
Second	70.8	83.0	106	96.5	67	83.5	81
Middle	57.5	80.4	111	97.8	67	(86.2)	75
Fourth	56.0	68.3	77	(90.8)	70	85.8	75
Richest	52.9	76.4	75	(80.1)	47	(84.7)	45

[1] MICS indicator 2.7 – Exclusive breastfeeding under 6 months
[2] MICS indicator 2.8 – Predominant breastfeeding under 6 months
[3] MICS indicator 2.9 – Continued breastfeeding at 1 year
[4] MICS indicator 2.10 – Continued breastfeeding at 2 years

Note: 3 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

-

Some 57 percent of children aged less than six months were exclusively breastfed; however, 75 percent were predominantly breastfed, suggesting that a substantial proportion were receiving water-based liquids instead of breastmilk to some degree. Some 94 percent of children aged 12–15 months and 87 percent of children aged 20–23 months were still being breastfed. Boys were much more likely than girls to be exclusively breastfed. A cultural dimension partially explains this difference, as boys are usually introduced to semi-solid food at six months as compared to girls at five months. Mother's education level was negatively associated with exclusive breastfeeding.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages (0–1 months), over 20 percent of children were receiving liquids or foods other than breast milk, with water being of the highest prevalence followed by milk formula. At the age of 4–5 months, the proportion of children exclusively breastfed fell below 40 percent. More than 80 percent of children were still receiving some breast milk at the age of two years.

Figure NU.3: Infant feeding patterns by age, Nepal, 2014

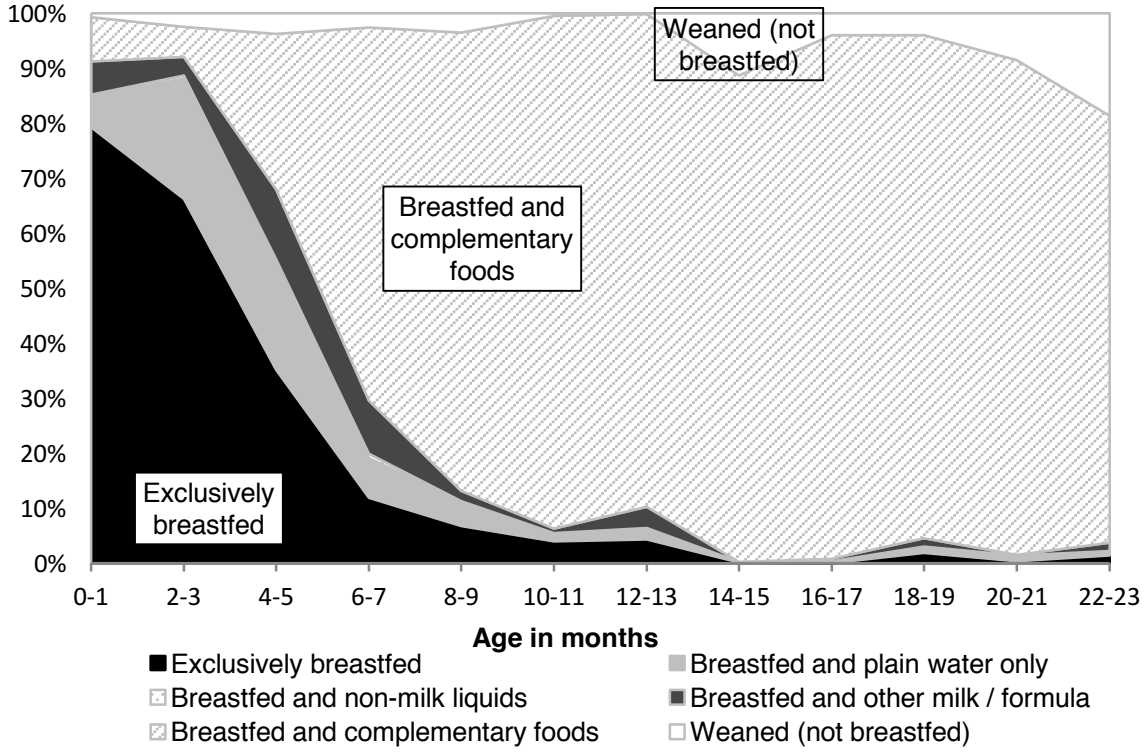


Table NU.5 shows the median duration of breastfeeding by selected background characteristics. Among children aged less than three years, the median duration was more than 36 months for any breastfeeding, 3.2 months for exclusive breastfeeding, and 4.8 months for predominant breastfeeding. Variation in median duration of any breastfeeding was unremarkable, as most children received breast milk for at least 36 months. Exclusive breastfeeding varied somewhat and was generally around 2–4 months; in no disaggregation did it reach six months. Interestingly, it was only 1.3 months for children in the poorest household population.

Table NU.5: Duration of breastfeeding

Median duration (in months) of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children aged 0–35 months, Nepal, 2014

	Median duration (in months) of			Number of children aged 0–35 monthss
	Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Median	**36+**	**3.2**	**4.8**	**3,065**
Sex				
Male	36+	3.8	4.8	1,609
Female	34.4	2.4	4.8	1,455
Region				
Eastern Mountains	36+	2.4	4.6	44
Eastern Hills	36+	1.9	3.9	168
Eastern Terai	32.6	3.0	3.9	431
Central Mountains	36+	2.2	2.3	57
Central Hills	33.2	2.9	3.9	369
Central Terai	36+	4.6	6.2	626
Western Mountains	(36+)	(5.9)	(7.0)	1
Western Hills	33.8	3.9	5.1	341
Western Terai	36+	1.5	3.4	280
Mid-Western Mountains	36+	4.8	5.3	61
Mid-Western Hills	36+	2.9	3.4	223
Mid-Western Terai	36+	2.2	4.9	166
Far Western Mountains	36+	2.5	4.4	55
Far Western Hills	36+	4.6	6.2	112
Far Western Terai	36+	5.0	5.8	129
Area				
Urban	32.3	2.8	4.2	397
Kathmandu valley	29.1	2.0	3.2	105
Other urban	33.2	3.0	4.6	292
Rural	36+	3.3	4.8	2,667
Mother's education				
None	36+	3.9	5.6	1,151
Primary	36+	2.7	4.3	537
Secondary	36+	3.2	4.5	741
Higher	32.7	2.5	4.2	632
Wealth index quintile				
Poorest	36+	1.3	4.0	647
Second	36+	4.1	5.2	652
Middle	36+	3.9	6.0	653
Fourth	36+	3.0	3.7	622
Richest	30.2	2.7	4.2	490
Mean	30.7	3.8	5.1	3,065

[1] MICS indicator 2.11 – Duration of breastfeeding

( ) Figures that are based on 25–49 unweighted cases

The age-appropriateness of breastfeeding of children aged less than 24 months is provided in Table NU.6. Different criteria of feeding are used depending on the age of the child. For infants aged 0–5 months, exclusive breastfeeding is considered as age-appropriate feeding, while children aged 6–23 months are considered to be appropriately fed if they are receiving breast milk and solid, semi-solid or soft food. As a result of feeding patterns, only 86 percent of children aged 6–23 months were being appropriately breastfed and age-appropriate breastfeeding among all children aged 0–23 months dropped to 79 percent. Boys aged 0–23 months were more likely than girls aged 0–23 months to be appropriately breastfed (83 percent compared to 76 percent). There was some regional variation, with the highest proportion of appropriately breastfed under-2s living in the Mid-Western Hills (88 percent) and the lowest proportion in the Eastern Terai (74 percent).

Table NU.6: Age-appropriate breastfeeding

Percentage of children aged 0–23 months who were appropriately breastfed during the previous day, Nepal, 2014

	Children aged 0–5 months		Children aged 6–23 months		Children aged 0–23 months	
	Percent exclusively breastfed [1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed [2]	Number of children
Total	**56.9**	**455**	**85.9**	**1,531**	**79.3**	**1,986**
Sex						
Male	63.8	251	88.4	810	82.6	1,061
Female	48.6	204	83.1	720	75.5	925
Region						
Eastern Mountains	46.4	8	91.3	23	79.8	31
Eastern Hills	35.5	21	91.6	93	81.1	114
Eastern Terai	56.0	59	78.8	212	73.9	271
Central Mountains	38.9	6	91.4	30	82.4	36
Central Hills	54.3	52	89.7	175	81.5	227
Central Terai	65.1	110	79.6	295	75.7	405
Western Mountains	(78.2)	0	(81.3)	1	(80.8)	1
Western Hills	68.9	50	90.0	173	85.3	223
Western Terai	33.5	37	90.9	142	79.0	179
Mid-Western Mountains	69.6	9	87.5	31	83.6	40
Mid-Western Hills	53.6	27	95.6	121	88.0	147
Mid-Western Terai	45.5	22	82.7	85	75.0	108
Far Western Mountains	49.9	8	82.7	25	75.0	33
Far Western Hills	59.6	16	86.6	60	80.9	76
Far Western Terai	72.2	30	79.2	65	77.0	96
Area						
Urban	53.9	59	85.5	190	78.0	248
Kathmandu valley	44.6	18	91.3	40	76.7	59
Other urban	58.1	40	83.9	149	78.4	190
Rural	57.4	396	86.0	1,341	79.4	1,737
Mother's education						
None	61.1	162	81.3	586	76.9	748
Primary	52.2	75	87.5	255	79.5	330
Secondary	58.8	132	88.9	351	80.6	483
Higher	50.4	86	89.5	336	81.5	422
Wealth index quintile						
Poorest	43.3	86	91.9	330	81.8	416
Second	70.8	106	87.0	332	83.1	438
Middle	57.5	111	83.3	311	76.5	422
Fourth	56.0	77	82.4	330	77.4	407
Richest	52.9	75	84.3	228	76.6	303

[1] MICS indicator 2.7 – Exclusive breastfeeding under 6 months
[2] MICS indicator 2.12 – Age-appropriate breastfeeding

Note: 3 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases

Table NU.7 shows information on the introduction of solid, semi-solid or soft foods. Sample sizes were very small, so data are only available for a limited number of indicators. Overall, 74 percent of infants aged 6–8 months had received solid, semi-solid or soft foods at least once during the previous day. Boys were more likely than girls to receive solid, semi-solid or soft foods (83 percent compared to 65 percent).

Table NU.7: Introduction of solid, semi-solid, or soft foods

Percentage of infants aged 6–8 months who received solid, semi-solid, or soft foods during the previous day, Nepal, 2014

	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children aged 6–8 months	Percent receiving solid, semi-solid or soft foods	Number of children aged 6–8 months	Percent receiving solid, semi-solid or soft foods [1]	Number of children aged 6–8 months
Total	**73.5**	**278**	**(*)**	**10**	**73.5**	**288**
Sex						
Male	82.2	137	(*)	3	82.6	141
Female	65.0	141	(*)	7	64.9	147
Area						
Urban	(73.7)	41	(*)	1	(74.1)	41
Kathmandu valley	(*)	6	(*)	1	(*)	6
Other urban	(69.4)	35	0	0	(69.4)	35
Rural	73.5	238	(*)	9	73.5	247

[1] MICS indicator 2.13 – Introduction of solid, semi-solid or soft foods

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table NU.8 shows infant and young child feeding practices for children aged 6–23 months. Overall, one-third of children (32 percent) were receiving solid, semi-solid and soft foods the minimum number of times. A slightly higher proportion of males (77 percent) were achieving the minimum meal frequency compared to females (72 percent). The proportion of children receiving the minimum dietary diversity, or foods from at least four food groups, was much lower than that for minimum meal frequency, indicating the need to focus on improving diet quality and nutrient intake among this vulnerable group. A higher proportion of older (18–23 months) children (48 percent) were achieving the minimum dietary diversity compared to younger (6–8 months) children (15 percent). The overall assessment using the indicator of minimum acceptable diet revealed that only 32 percent of all children were benefiting from a diet sufficient in both diversity and frequency. Breastfeeding children were more likely than non-breastfeeding children to receive a minimum acceptable diet (32 percent compared to 23 percent).

Table NU.8: Infant and young child feeding practices

Percentage of children aged 6–23 months who received appropriate liquids and solid, semi-solid or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Nepal, 2014

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received			Number of children aged 6–23 months	Percent of children who received				Number of children aged 6–23 months	Percent of children who received:			Number of children aged 6–23 months
	Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [1] [c]		Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [2] [c]	At least 2 milk feeds [3]		Minimum dietary diversity [4] [a]	Minimum meal frequency [5] [b]	Minimum acceptable diet [c]	
Total	**36.1**	**74.3**	**32.3**	**1,439**	**60.4**	**76.5**	**22.8**	**59.5**	**69**	**37.0**	**74.4**	**31.9**	**1,531**
Sex													
Male	36.3	76.8	32.4	770	(*)	(*)	(*)	(*)	24	36.1	77.0	31.9	810
Female	35.8	71.3	32.1	669	(66.0)	(74.1)	(26.6)	(50.7)	45	37.9	71.5	31.8	720
Region													
Eastern Mountains	42.4	79.1	38.3	23	(*)	(*)	(*)	(*)	0	42.6	79.3	38.9	23
Eastern Hills	47.5	86.8	47.5	88	(*)	(*)	(*)	(*)	4	46.2	85.6	46.8	93
Eastern Terai	35.9	64.9	29.7	201	(*)	(*)	(*)	(*)	5	35.0	64.6	29.0	212
Central Mountains	20.5	81.5	20.5	30	(*)	(*)	(*)	(*)	0	20.3	81.7	20.3	30
Central Hills	46.4	74.1	40.0	162	(*)	(*)	(*)	(*)	9	46.4	75.0	38.6	175
Central Terai	22.2	69.3	19.6	263	(*)	(*)	(*)	(*)	22	24.6	68.9	18.4	295
Western Mountains	(50.4)	(88.1)	(50.4)	1	(*)	(*)	(*)	(*)	1	(56.1)	(85.3)	(50.2)	1
Western Hills	42.0	89.5	39.9	160	(*)	(*)	(*)	(*)	13	46.4	90.3	41.5	173
Western Terai	45.6	83.3	43.8	136	(*)	(*)	(*)	(*)	5	47.9	83.8	42.8	142
Mid-Western Mountains	29.1	70.1	26.1	30	(*)	(*)	(*)	(*)	1	28.8	69.1	25.2	31
Mid-Western Hills	36.1	84.3	35.5	121	(*)	(*)	(*)	(*)	0	36.1	84.3	35.5	121
Mid-Western Terai	33.6	50.1	16.3	83	(*)	(*)	(*)	(*)	2	33.9	51.4	17.1	85
Far Western Mountains	62.7	81.3	59.5	23	(*)	(*)	(*)	(*)	2	62.3	80.7	58.3	25
Far Western Hills	23.9	52.2	22.1	59	(*)	(*)	(*)	(*)	1	25.2	53.0	23.4	60
Far Western Terai	28.9	77.8	28.9	60	(*)	(*)	(*)	(*)	4	28.2	75.6	28.2	65
Area													
Urban	54.6	82.5	51.2	174	(*)	(*)	(*)	(*)	14	57.2	83.1	52.8	190
Kathmandu valley	(71.0)	(85.6)	(63.2)	37	(*)	(*)	(*)	(*)	4	(70.0)	(84.6)	(60.6)	40
Other urban	50.1	81.7	48.0	137	(*)	(*)	(*)	(*)	10	53.7	82.7	50.6	149
Rural	33.5	73.1	29.7	1,265	(53.8)	(73.0)	(10.5)	(54.8)	55	34.1	73.1	28.9	1,341
Age													
6–8 months	15.4	66.0	15.0	278	(*)	(*)	(*)	(*)	8	14.9	65.4	14.6	288
9–11 months	26.2	66.6	22.7	232	(*)	(*)	(*)	(*)	3	26.7	66.6	22.4	235
12–17 months	42.5	79.6	38.3	457	(*)	(*)	(*)	(*)	16	42.8	79.9	38.8	484
18–23 months	46.9	77.8	41.4	472	(66.2)	(78.2)	(17.1)	(54.9)	42	48.3	77.9	39.4	524

Table NU.8: Continued

Percentage of children aged 6–23 months who received appropriate liquids and solid, semi-solid or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Nepal, 2014

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received			Number of children aged 6–23 months	Percent of children who received				Number of children aged 6–23 months	Percent of children who received:			Number of children aged 6–23 months
	Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [1] [c]		Minimum dietary diversity [a]	Minimum meal frequency [b]	Minimum acceptable diet [2] [c]	At least 2 milk feeds [3]		Minimum dietary diversity [4] [a]	Minimum meal frequency [5] [b]	Minimum acceptable diet [c]	
Mother's education													
None	25.7	65.9	22.8	540	(56.0)	(72.5)	(8.9)	(55.9)	38	27.6	66.3	21.9	586
Primary	29.0	75.0	27.7	243	(*)	(*)	(*)	(*)	5	29.9	74.8	27.6	255
Secondary	40.0	79.9	34.9	337	(*)	(*)	(*)	(*)	11	40.2	79.7	34.2	351
Higher	54.4	82.4	49.3	316	(*)	(*)	(*)	(*)	14	54.8	82.8	50.0	336
Wealth index quintile													
Poorest	32.5	74.3	30.8	323	(*)	(*)	(*)	(*)	10	32.8	74.1	30.6	330
Second	33.2	76.1	29.2	311	(*)	(*)	(*)	(*)	14	35.1	76.6	28.4	332
Middle	27.4	69.5	24.0	295	(*)	(*)	(*)	(*)	9	29.6	69.2	23.5	311
Fourth	39.5	70.9	33.5	304	(*)	(*)	(*)	(*)	21	38.2	71.4	31.9	330
Richest	53.1	83.3	49.3	207	(*)	(*)	(*)	(*)	16	54.1	83.0	50.2	228

[1] MICS indicator 2.17a – Minimum acceptable diet (breastfed)

[2] MICS indicator 2.17b – Minimum acceptable diet (non-breastfed)

[3] MICS indicator 2.14 – Milk feeding frequency for non-breastfed children

[4] MICS indicator 2.16 – Minimum dietary diversity

[5] MICS indicator 2.15 – Minimum meal frequency

[a] Minimum dietary diversity is defined as receiving foods from at least four of seven food groups: (1) grains, roots and tubers; (2) legumes and nuts; (3) dairy products (milk, yogurt, cheese); (4) flesh foods (meat, fish, poultry and liver/organ meats); (5) eggs; (6) fruits and vegetables rich in vitamin A; and (7) other fruits and vegetables

[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid or soft foods two times or more daily for children aged 6–8 months and three times or more daily for children aged 9–23 months. For non-breastfeeding children aged 6–23 months, it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least four times a day.

[c] The minimum acceptable diet for breastfed children aged 6–23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while for non-breastfed children, it requires at least two milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.

Note: 3 cases of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

The continued practice of bottle-feeding is a concern because of possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.9 shows that 12 percent of children aged 0–23 months in Nepal were fed using a bottle with a nipple. Urban children were much more likely than rural children to be bottle fed with a nipple (24 percent compared to 10 percent). Bottle feeding with a nipple was positively correlated with mother's education and household wealth status.

Table NU.9: Bottle feeding

Percentage of children aged 0–23 months who were fed with a bottle with a nipple during the previous day, Nepal, 2014

	Percent fed with a bottle with a nipple [1]	Number of children aged 0–23 months
Total	**11.5**	**1,986**
Sex		
Male	11.5	1,061
Female	11.6	925
Region		
Eastern Mountains	4.9	31
Eastern Hills	6.8	114
Eastern Terai	14.5	271
Central Mountains	1.8	36
Central Hills	21.1	227
Central Terai	7.8	405
Western Mountains	(11.6)	1
Western Hills	11.4	223
Western Terai	9.9	179
Mid-Western Mountains	5.2	40
Mid-Western Hills	14.9	147
Mid-Western Terai	18.9	108
Far Western Mountains	7.1	33
Far Western Hills	4.7	76
Far Western Terai	7.6	96
Area		
Urban	24.0	248
Kathmandu valley	36.4	59
Other urban	20.1	190
Rural	9.8	1,737
Age		
0–5 months	4.9	455
6–11 months	14.4	523
12–23 months	13.1	1,008
Mother's education		
None	7.3	748
Primary	9.2	330
Secondary	11.1	483
Higher	21.5	422
Wealth index quintile		
Poorest	6.4	416
Second	8.6	438
Middle	5.2	422
Fourth	15.8	407
Richest	26.1	303

[1] MICS indicator 2.18 – Bottle feeding

Note: 3 cases of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

Salt Iodization

Iodine deficiency disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual

ability, and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt (≥15 parts per million).

In Nepal, three major subnational surveys (1965, 1979–82 and 1985–86) found a high prevalence of IDD. This provided an impetus for the establishment of the national IDD programme in 1998. The primary intervention implemented in Nepal to control IDD is the universal iodization of all edible salt. Other strategies include advocacy at national and district levels, mass media campaigns to promote the use of packet iodized salt with the 'two-child logo', demand creation for crushed salt and other varieties of packed salt, and awareness-raising among health workers and the general public.

Table NU.10: Iodized salt consumption

Percentage of households by consumption of iodized salt, Nepal, 2014

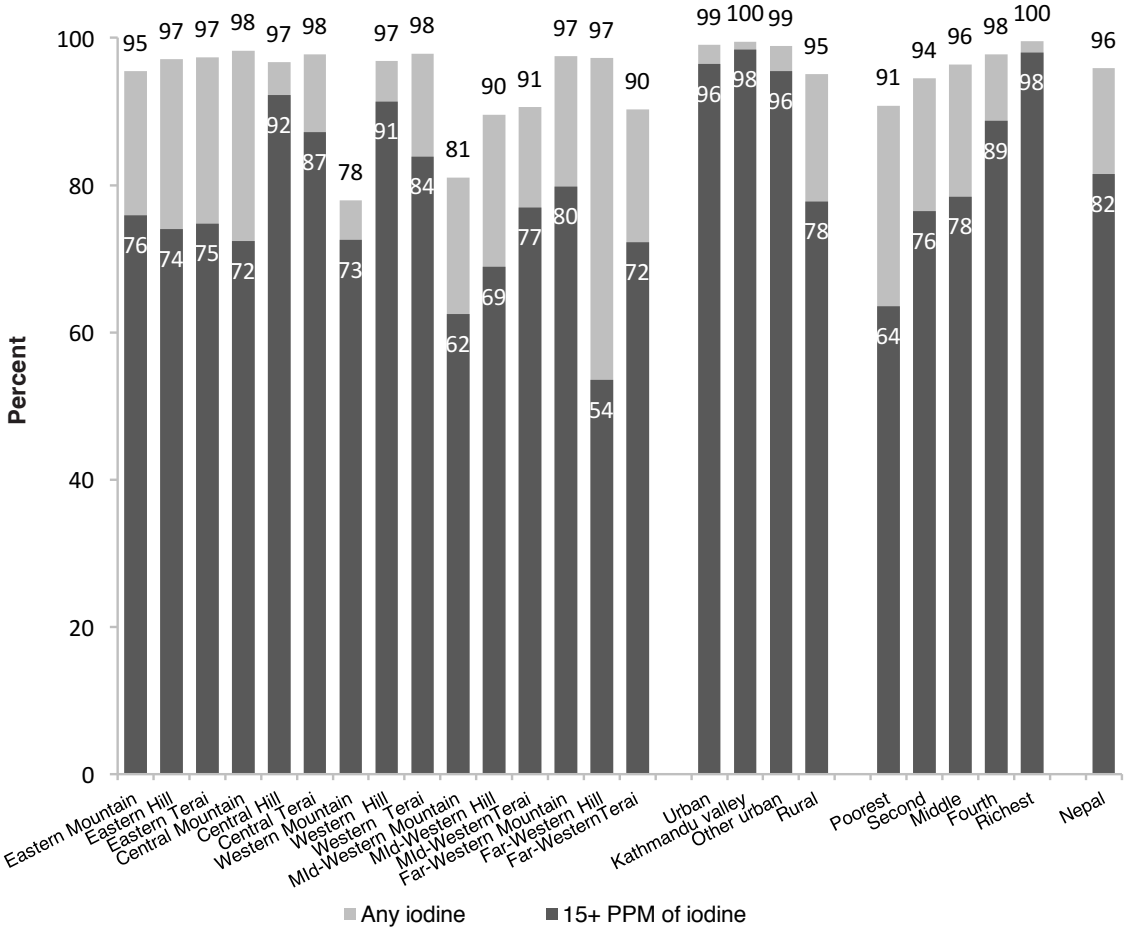
	Percent in which salt was tested	Number of house-holds	Percent with:				Total	Number of house-holds in which salt was tested or with no salt
			No salt	Salt test result				
				Not iodized 0 ppm	>0 and <15 ppm	15+ ppm [1]		
Total	**99.6**	**12,405**	**0.2**	**3.9**	**14.4**	**81.5**	**100.0**	**12,379**
Region								
Eastern Mountains	99.4	179	0.1	4.4	19.6	75.9	100.0	178
Eastern Hills	99.8	767	0.2	2.7	23.1	74.0	100.0	767
Eastern Terai	99.3	1,845	0.3	2.3	22.6	74.8	100.0	1,837
Central Mountains	99.6	299	0.4	1.3	25.9	72.4	100.0	299
Central Hills	99.7	2,182	0.2	3.2	4.4	92.2	100.0	2,179
Central Terai	99.5	1,924	0.2	2.1	10.6	87.2	100.0	1,918
Western Mountains	98.6	10	0.5	21.5	5.4	72.6	100.0	10
Western Hills	99.6	1,628	0.3	2.8	5.5	91.4	100.0	1,626
Western Terai	99.7	924	0.1	2.0	14.0	83.9	100.0	923
Mid-Western Mountains	99.6	156	0.3	18.7	18.6	62.5	100.0	156
Mid-Western Hills	99.8	763	0.1	10.3	20.7	68.9	100.0	763
Mid-Western Terai	99.6	672	0.2	9.2	13.6	76.9	100.0	671
Far Western Mountains	99.2	185	0.1	2.4	17.7	79.8	100.0	184
Far Western Hills	99.9	346	0.1	2.6	43.8	53.5	100.0	346
Far Western Terai	99.2	524	0.4	9.3	18.0	72.3	100.0	522
Area								
Urban	99.3	2,476	0.3	0.6	2.6	96.4	100.0	2,467
Kathmandu valley	99.6	782	0.2	0.3	1.1	98.4	100.0	780
Other urban	99.2	1,694	0.4	0.8	3.4	95.5	100.0	1,686
Rural	99.6	9,929	0.2	4.7	17.3	77.8	100.0	9,912
Wealth index quintile								
Poorest	99.6	2,376	0.3	8.9	27.3	63.5	100.0	2,374
Second	99.4	2,558	0.4	5.1	18.0	76.5	100.0	2,551
Middle	99.8	2,289	0.0	3.6	18.0	78.4	100.0	2,285
Fourth	99.3	2,441	0.3	2.0	9.1	88.7	100.0	2,430
Richest	99.7	2,742	0.1	0.4	1.5	98.0	100.0	2,739

[1] MICS indicator 2.19 – Iodized salt consumption

In nearly 100 percent of surveyed households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. Table NU.10 shows that in less than 1 percent of households, there was no salt available. These households are included in the denominator of the indicator. In 82 percent of households, salt was found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt was lowest in the Far Western Hills (54 percent) and highest in the Central Hills (92 percent). Almost all (96 percent) of urban households were found to be using adequately iodized salt as compared to only 78 percent in rural areas. Interestingly, the difference between the richest and poorest households in terms of iodized salt consumption is much greater than expected, varying from 64 percent for the poorest households to 98 percent for the richest households.

Figure NU.4 shows the variations by region, area and wealth quintile in the use of iodized salt and adequately iodized salt.

Figure NU.4: Use of iodized salt, Nepal, 2014



For the Nepal MICS, country-specific information was collected on the type of salt used by households. Salt is sold in three main varieties: large crystal salt; powder salt either loose or packaged; and Tibetan salt. Although it can be iodized, large crystal salt has poor iodine retention, and during transportation, storage and handling, much of the iodine evaporates, often leaving a too-low content at the time of consumption. Powder salt can be iodized and retains iodine well if it is packaged. However, not all packaged salt is adequately iodized; therefore, the government runs a two-child logo campaign that endorses the iodine content of packaged salt bearing the logo. All salt supplied by Nepal's Salt Trading Corporation is iodized at the level of 50 ppm so that it contains at least 15 ppm by the time it is used for household consumption.

Table NU.11 shows the type of salt used by households. Some 76 percent of households used packaged salt with the two-child logo endorsing it as adequately iodized. An additional 7 percent used packaged salt with no logo and 4 percent used loose powder salt. Large crystal salt was used by 12 percent of households and a very small proportion used Tibetan salt (less than 1 percent). The type of salt used is closely linked to the type that is commonly available as well as most affordable; consequently, there is great regional variation in the type of salt used. Further, households are willing to use packaged salt with the two-child logo when it is available at an affordable price. When this is not the case, large crystal salt is most commonly used. Rural households were less likely than urban households to use packaged salt with the two-child logo. Household wealth was positively associated the use of packaged salt with the two-child logo.

Table NU.11: Type of salt used in households

Percentage of households by type of salt used to cook meals, Nepal, 2014

	Percent in which salt was observed	Number of households	Percent by type of salt						Total	Number of households in which salt was observed
			Large crystal salt	Loose powder salt	Packaged powder salt without logo	Packaged powder with logo	Tibetan salt	Other		
Total	**97.8**	**12,405**	**12.4**	**3.8**	**6.9**	**76.4**	**0.1**	**0.3**	**100.0**	**12,133**
Region										
Eastern Mountains	99.4	179	15.5	18.9	2.1	62.0	1.4	0.0	100.0	178
Eastern Hills	99.8	767	17.3	22.1	2.3	58.2	0.0	0.0	100.0	765
Eastern Terai	98.8	1,845	0.1	8.1	20.2	71.4	0.0	0.1	100.0	1,822
Central Mountains	91.1	299	38.7	0.5	2.0	58.8	0.0	0.0	100.0	273
Central Hills	93.5	2,182	8.9	0.6	0.8	89.7	0.0	0.0	100.0	2,041
Central Terai	99.2	1,924	0.3	1.0	10.9	85.9	0.0	1.9	100.0	1,909
Western Mountains	97.5	10	0.6	0.0	3.5	75.8	20.1	0.0	100.0	10
Western Hills	98.7	1,628	9.3	0.5	0.4	89.7	0.1	0.0	100.0	1,607
Western Terai	98.0	924	5.3	3.1	15.3	76.3	0.0	0.0	100.0	905
Mid-Western Mountains	99.3	156	21.0	2.0	4.0	70.7	2.3	0.0	100.0	155
Mid-Western Hills	99.5	763	39.4	0.4	0.6	59.6	0.0	0.0	100.0	760
Mid-Western Terai	98.3	672	22.9	2.8	2.6	71.2	0.3	0.2	100.0	661
Far Western Mountains	99.3	185	24.3	0.2	12.3	63.0	0.2	0.0	100.0	184
Far Western Hills	99.9	346	59.4	0.4	2.2	38.1	0.0	0.0	100.0	345
Far Western Terai	98.8	524	23.8	3.1	2.6	70.5	0.0	0.0	100.0	517
Area										
Urban	97.1	2,476	1.8	1.0	1.9	95.1	0.1	0.0	100.0	2,404
Kathmandu valley	95.4	782	0.3	0.0	1.0	98.5	0.1	0.1	100.0	746
Other urban	97.9	1,694	2.4	1.5	2.3	93.6	0.1	0.0	100.0	1,658
Rural	98.0	9,929	15.1	4.5	8.1	71.8	0.1	0.4	100.0	9,730
Wealth index quintile										
Poorest	98.1	2,376	41.4	5.0	2.5	50.9	0.2	0.0	100.0	2,330
Second	96.6	2,558	14.2	6.2	10.3	68.8	0.1	0.3	100.0	2,470
Middle	98.2	2,289	6.2	5.1	13.5	74.5	0.0	0.7	100.0	2,249
Fourth	98.3	2,441	2.0	2.7	7.6	87.0	0.1	0.6	100.0	2,398
Richest	98.0	2,742	0.2	0.5	1.5	97.7	0.1	0.0	100.0	2,686

Micronutrient Intake

Nepal has made considerable progress in the control of micronutrient deficiencies; for example, vitamin A supplementation for children aged 6–59 months has been maintained at above 90-percent coverage over the last 15 years. Anaemia among women and children under five dropped significantly for a decade; however, the rate of decline has slowed over the last five years. Iron supplementation for pregnant and lactating women is one of the strategies adopted by the Ministry of Health and Population (MoHP) to prevent anaemia. It is recommended that women take iron/folic acid tablets for at least 180 days during pregnancy, preferably starting in the first trimester. Women need to continue taking iron/folic acid tablets for 45 days after delivery to meet overall compliance of 225 tablets for pregnant and lactating women. It is also recommended that women receive deworming medication during pregnancy. Therefore, country-specific questions on whether women had taken iron folic tablets during pregnancy were asked to women with a live birth in the past two years.

Of women aged 15–49 years with a live birth in the two years preceding the survey, 41 percent took iron/folic acid tablets for at least 180 days during their pregnancy and 34 percent took them for 90–179 days, giving a total of 75 percent of women taking tablets for at least 90 days. Another 8 percent took some tablets but for fewer than 90 days and 16 percent of women did not take any iron/folic acid tablets.

There were significant regional variations in the proportion of women taking iron/folic acid tablets for at least 180 days, ranging from 10 percent in the Mid-Western Mountains to 53 percent in the Central Terai. Urban women were more likely than rural women to take iron/folic acid tablets for at least 180 days (51 percent compared to 40 percent). Mother's education and household wealth status were both positively correlated with the likelihood of taking iron/folic acid tablets for at least 180 days.

Some 63 percent of women also received deworming medication. There was wide regional variation from 38 percent of women in the Central Hills to 82 percent of women in the Far Western Terai. Education level was positively associated with taking deworming medication.

Table NU.12: Micronutrient intake among mothers

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by number of days they took iron/folic acid tablets during pregnancy for the last birth, and percentage who took deworming tablets during pregnancy for the last birth, Nepal, 2014

	Percent who took iron/folic acid tablets by number of days						Total	Percent who took deworming medication	Number of women with a live birth in the last two years
	None	<60	60–89	90–179	180+	DK/ Missing			
Total	**16.4**	**5.7**	**2.3**	**33.8**	**41.1**	**0.7**	**100.0**	**62.8**	**2,048**
Region									
Eastern Mountains	22.6	9.5	7.8	31.4	28.7	0.0	100.0	68.1	32
Eastern Hills	20.8	11.0	1.0	25.2	42.0	0.0	100.0	78.9	123
Eastern Terai	11.8	2.9	0.3	32.2	52.8	0.0	100.0	61.3	277
Central Mountains	19.5	1.5	2.4	38.6	38.0	0.0	100.0	63.9	38
Central Hills	12.4	5.9	2.2	37.3	41.5	0.7	100.0	38.4	241
Central Terai	17.8	4.3	1.1	22.8	53.0	1.0	100.0	47.3	400
Western Mountains	(9.2)	(6.4)	(3.1)	(41.6)	(39.7)	(0.0)	100.0	(76.3)	1
Western Hills	10.9	9.7	1.3	24.6	52.6	0.8	100.0	79.4	222
Western Terai	13.5	3.1	5.6	47.7	27.8	2.3	100.0	64.9	178
Mid-Western Mountains	38.1	12.1	5.9	34.2	9.7	0.0	100.0	57.7	43
Mid-Western Hills	30.9	7.8	3.5	43.4	13.8	0.6	100.0	65.4	166
Mid-Western Terai	11.3	10.1	4.4	34.4	39.7	0.0	100.0	80.6	113
Far Western Mountains	17.4	0.8	2.8	32.9	44.6	1.5	100.0	80.3	33
Far Western Hills	16.5	1.0	1.3	52.9	28.2	0.0	100.0	80.3	75
Far Western Terai	14.0	2.2	3.0	47.7	31.5	1.6	100.0	82.2	106
Area									
Urban	5.2	8.9	2.1	32.2	51.1	0.5	100.0	58.9	262
Kathmandu valley	0.0	12.6	1.7	32.6	53.2	0.0	100.0	32.5	65
Other urban	7.0	7.7	2.2	32.1	50.4	0.6	100.0	67.7	197
Rural	18.0	5.2	2.3	34.1	39.6	0.7	100.0	63.3	1,786
Education									
None	26.9	6.7	3.3	31.9	30.0	1.1	100.0	53.1	754
Primary	19.9	6.0	2.5	33.4	37.2	1.0	100.0	61.5	346
Secondary	10.2	6.3	1.7	35.3	46.4	0.0	100.0	70.9	503
Higher	2.9	3.0	0.9	35.7	56.9	0.6	100.0	71.0	445
Wealth index quintile									
Poorest	34.3	6.2	2.3	35.4	20.9	0.9	100.0	60.6	454
Second	19.3	6.2	1.7	31.5	41.1	0.2	100.0	61.8	436
Middle	11.5	3.5	2.8	33.6	48.0	0.6	100.0	65.4	441
Fourth	9.7	8.3	2.9	34.4	44.1	0.6	100.0	67.0	401
Richest	2.0	4.0	1.5	34.4	56.5	1.4	100.0	58.2	316

( ) Figures that are based on 25–49 unweighted cases

Children's Vitamin A Supplementation

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections.

The National Vitamin A Programme (NVAP) in accordance with WHO guideline was initiated by the Government of Nepal in 1993. The primary activity of the NVAP, among other things, is supplementation of high-dose vitamin A capsule to 6–11-month-old children (100,000 IU) and 12–59-month-old children (200,000 IU) semi-annually. By 2002, the NVAP covered all 75 districts of the country and maintained a very high capsule coverage. Although vitamin A supplementation covers children aged 6–59 months, only children aged 6–35 months were used in this analysis due to the fact that the government has recently focused on younger children. The country-specific question on Vitamin A supplementation was asked to mothers/caretakers of children aged 6–35 months.

Table NU.13 shows that 90 percent of children aged 6–35 months had received vitamin A supplementation during the six months preceding the survey. There was little variation by background characteristics. The most notable exceptions were that only 71 percent of children in the Mid-Western Mountains had received vitamin A supplementation; and only 78 percent of children aged 6–11 months had done so.

Table NU.13: Children's vitamin A supplementation

Percentage of children aged 6–35 months by receipt of high-dose vitamin A supplementation during the six months preceding the survey, Nepal, 2014

	Percent who received vitamin A	Number of children aged 6–35 months
Total	**90.3**	**2,610**
Sex		
Male	90.2	1,358
Female	90.4	1,251
Region		
Eastern Mountains	98.7	36
Eastern Hills	93.3	147
Eastern Terai	89.1	373
Central Mountains	95.6	51
Central Hills	91.1	316
Central Terai	85.4	515
Western Mountains	(97.8)	1
Western Hills	97.9	291
Western Terai	95.1	243
Mid-Western Mountains	71.1	52
Mid-Western Hills	87.3	197
Mid-Western Terai	85.7	144
Far Western Mountains	93.4	47
Far Western Hills	92.6	96
Far Western Terai	92.6	99
Area		
Urban	93.5	338
Kathmandu valley	92.4	86
Other urban	93.9	252
Rural	89.8	2,271
Age		
6–11 months	78.3	523
12–23 months	92.0	1,008
24–35 months	94.6	1,079
Mother's education		
None	87.7	989
Primary	91.5	463
Secondary	91.9	609
Higher	92.5	547
Wealth index quintile		
Poorest	90.8	561
Second	88.3	545
Middle	91.5	542
Fourth	88.7	545
Richest	92.9	416

Note: 3 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases

CHAPTER 6

Child Health

Vaccinations

MDG 4 aims to reduce child mortality by two-thirds between 1990 and 2015. Immunization plays a key part in this goal. In addition, the Global Vaccine Action Plan (GVAP) was endorsed by the 194 Member States of the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. However, worldwide there are still millions of children not reached by routine immunization and, as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

According to the MoHP, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT-containing vaccine to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a first dose of measles vaccination before his or her first birthday.

The vaccination schedule followed by the Nepal National Immunization Programme provides all of the above-mentioned vaccinations as well as three doses of vaccine against Hepatitis B and three doses of *Haemophilus influenzae* type b (Hib) vaccine along with the DPT vaccine (together known as 'PENTA'). All these vaccinations should be received during the first year of life. In addition, some children in at-risk areas are given a vaccination against Japanese encephalitis. Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the Nepal MICS are based on children aged 12–23 months or 24–35 months.

Information on vaccination coverage was collected for all children under three years of age. All mothers/caretakers were asked to provide vaccination cards. If the vaccination card for a child was available, interviewers copied vaccination information from the cards on to the MICS questionnaire. If no vaccination card was available for the child, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccinations, and for polio, DPT and Hepatitis B, how many doses were received. The final vaccination coverage estimates are based on information obtained from the vaccination card and the mother's report of vaccinations received by the child.

According to Table DQ.15 in Appendix D (page 291), 74 percent of children aged 12–23 months and 59 percent of those aged 24–35 months had a vaccination card; of these, cards were actually seen by the interviewer for 54 percent of children aged 12–23 months and 30 percent of those aged 24–35 months.

Table CH.1: Vaccinations in the first years of life

Percentage of children aged 12–23 months and 24–35 months vaccinated against vaccine-preventable childhood diseases at any time before the survey and by their first birthday, Nepal, 2014

	Children aged 12–23 months:				Children aged 24–35 months:			
	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age [a]	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age
	Vaccination card	Mother's report	Either		Vaccination card	Mother's report	Either	
BCG [1]	39.4	56.3	95.7	87.5	17.3	77.9	95.2	85.7
Polio								
1	39.3	57.1	96.4	89.1	17.3	78.3	95.6	86.6
2	38.4	56.7	95.1	88.6	16.9	78.2	95.1	84.9
3 [2]	37.4	54.3	91.8	85.2	16.6	76.8	93.4	82.4
PENTA								
1	39.4	55.9	95.3	88.7	17.3	77.6	94.9	85.9
2	38.2	55.2	93.4	87.2	16.9	74.9	91.8	84.0
3 [3]	37.5	50.8	88.3	83.1	16.6	69.5	86.0	77.3
HepB								
1	39.4	55.9	95.3	88.7	17.3	77.6	94.9	85.9
2	38.2	55.2	93.4	87.2	16.9	74.9	91.8	84.0
3 [4]	37.5	50.8	88.3	83.1	16.6	69.5	86.0	77.3
Hib								
1	39.4	55.9	95.3	88.7	17.3	77.6	94.9	85.9
2	38.2	55.2	93.4	87.2	16.9	74.9	91.8	84.0
3 [5]	37.5	50.8	88.3	83.1	16.6	69.5	86.0	77.3
Measles (MCV1) [7]	38.0	54.6	92.6	84.5	16.1	77.7	93.9	82.2
Fully vaccinated [8] [b]	**37.0**	**47.5**	**84.5**	**67.1**	**17.1**	**68.0**	**85.1**	**66.1**
No vaccinations	0.0	3.4	3.4	5.6	0.0	4.4	4.4	6.9
Number of children	1,008	1,008	1,008	1,008	1,079	1,079	1,079	1,079

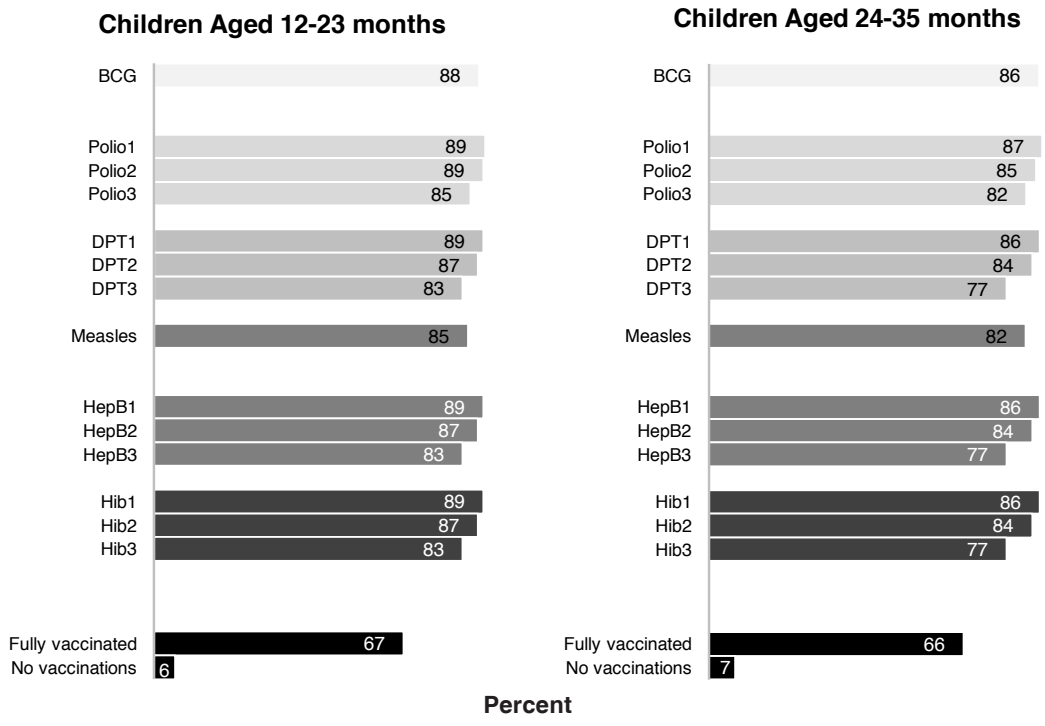
[1] MICS indicator 3.1 – Tuberculosis immunization coverage
[2] MICS indicator 3.2 – Polio immunization coverage
[3] MICS indicator 3.3 – Diphtheria, pertussis and tetanus (DPT) immunization coverage
[4] MICS indicator 3.5 – Hepatitis B immunization coverage
[5] MICS indicator 3.6 – *Haemophilus influenzae* type B (Hib) immunization coverage
[7] MICS indicator 3.4; MDG indicator 4.3 – Measles immunization coverage
[8] MICS indicator 3.8 – Full immunization coverage

[a] All MICS indicators refer to results in this column
[b] Includes: BCG, Polio3, DPT3, HepB3, Hib3, and measles (MCV1) as per the vaccination schedule in Nepal

The proportions of children aged 12–23 months and 24–35 months who had received each of the specified vaccinations by source of information (vaccination card and mother's recall) are shown in Tables CH.1 and Figure CH.1. The denominators for the tables are comprised of children aged 12–23 months and 24–35 months so that only children who are old enough to be fully vaccinated are counted. In the first three columns in each panel of the table, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the vaccination records at health facilities or the mother's report. In the last column in each panel, only those children who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards/records, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards/records.

In total, 67 percent of children aged 12–23 months had received all recommended vaccinations by their first birthday; this level of coverage is considered to be low. Some 88 percent of children had received a BCG vaccination by the age of 12 months. Similarly, 89 percent of children had received Polio 1 by the age of 12 months, and this declined to 85 percent for the third dose. PENTA 1 was given to 89 percent, declining to 87 percent for the second dose and 83 percent for the third dose. Coverage for the first dose of measles vaccine is 85 percent. Coverage figures for children aged 24–35 months are generally similar to those aged 12–23 months suggesting that immunization coverage has been stable between 2013 and 2014. In total, 66 percent of children aged 24–35 months had received all recommended vaccinations by their first birthday.

Figure CH.1: Vaccinations by age of 12 months for children aged 12–23 months and 24–35 months, Nepal, 2014



Japanese Encephalitis

Although Japanese encephalitis (JE) is endemic mainly in the tropical areas of Nepal, the existence and proliferation of encephalitis-causing viruses are also seen in the temperate and cold hills and valleys of the country. The MoHP conducts both routine and campaign JE vaccination in selected districts[1] of Nepal. The immunization schedule recommends that children aged 12–24 months receive JE vaccination once before the age of 24 months. A country-specific indicator on JE was included in the Nepal

[1] *Banke, Bara, Bardiya, Bhaktapur, Chitawan, Dang, Dhading, Dhanusha, Jhapa, Kailali, Kanchanpur, Kapilbastu, Kaski, Kathmandu, Kavrepalanchok, Lalitpur, Mahottari, Makwanpur, Morang, Nawalparasi, Palpa, Parsa, Rautahat, Rupandehi, Saptari, Sarlahi, Sindhuli, Siraha, Sunsari, Surkhet and Udayapur.*

MICS 2014 to assess the coverage of JE vaccination. Table CH.1JE presents JE coverage among children aged 15–35 months in selected districts by background characteristics. In total, nearly two-thirds (65 percent) of children had received vaccination against JE. Vaccination cards were observed by the interviewer for 26 percent of children aged 15–35 months. There was variation by region in JE vaccination coverage, ranging from 75 percent of children in the Central Terai to 54 percent of children in the Eastern Terai. Children born to mothers with no education were less likely than others to receive JE vaccination. Household wealth status was positively associated with JE vaccination: children living in the richest households were more likely than those living in the poorest households to be vaccinated against JE (70 percent compared to 60 percent).

Table CH.1JE: Vaccinations against Japanese encephalitis

Percentage of children aged 15–35 months currently vaccinated against Japanese encephalitis, Nepal, 2014

	Percent who received:		Percent with vaccination card seen	Number of children
	Japanese encephalitis	None		
Total	**65.3**	**4.6**	**25.8**	**1,309**
Sex				
Male	68.2	3.5	28.0	685
Female	62.2	5.8	23.5	624
Region				
Eastern Hills	(*)	(*)	(*)	21
Eastern Terai	53.7	5.8	26.7	255
Central Hills	55.4	7.4	26.1	217
Central Terai	74.8	4.6	14.3	382
Western Hills	(69.5)	(0.0)	(45.0)	65
Western Terai	66.7	1.4	30.6	175
Mid-Western Hills	(85.2)	(0.0)	(28.5)	26
Mid-Western Terai	70.6	7.9	25.8	101
Far Western Terai	66.5	1.1	48.5	67
Area				
Urban	61.5	4.8	32.8	222
Kathmandu valley	49.2	11.8	25.4	71
Other urban	67.4	1.4	36.2	151
Rural	66.2	4.5	24.4	1,087
Mother's education				
None	61.0	5.9	15.3	484
Primary	69.6	3.2	25.5	238
Secondary	67.5	2.0	34.7	309
Higher	66.7	6.3	34.8	276
Wealth index quintile				
Poorest	59.1	3.3	28.8	82
Second	62.4	6.5	18.2	252
Middle	61.4	3.4	22.1	341
Fourth	68.6	3.0	26.1	340
Richest	70.0	6.4	35.6	294

Note: 2 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table CH.2 presents vaccination coverage among children aged 12–23 months by background characteristics. The figures indicate children receiving vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. Vaccination cards were observed by the interviewer for 40 percent of children aged 12–23 months.

Full immunization coverage was above 80 percent for all regions except the Mid-Western Mountains (57 percent) and Eastern Terai (71 percent); it was highest in the Eastern Mountains (91 percent). Children in urban areas were more likely than those in rural areas to receive all vaccinations (93 percent compared to 83 percent). Mother's education and household wealth status were both positively associated with full immunization. Children whose mother had no education were less likely than children whose mother had higher education to receive all vaccinations (81 percent compared to 89 percent). Full coverage for children living in households in the bottom four quintiles was grouped around 80–85 percent, while for children living in households in the richest quintile it was 93 percent.

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 12–23 months currently vaccinated against vaccine-preventable childhood diseases, Nepal, 2014

	Percent who received:																	Percent with vaccination card seen	Number of children aged 12–23 months
	BCG	Polio			DPT			HepB				Hib			Measles (MCV1)	Full [a]	None		
		1	2	3	1	2	3	At birth	1	2	3	1	2	3					
Total	**95.7**	**96.4**	**95.1**	**91.8**	**95.3**	**93.4**	**88.3**	**44.0**	**95.3**	**93.4**	**88.3**	**95.3**	**93.4**	**88.3**	**92.6**	**84.5**	**3.4**	**39.7**	**1,008**
Sex																			
Male	96.7	97.3	96.0	92.6	96.0	94.4	89.8	45.5	96.0	94.4	89.8	96.0	94.4	89.8	94.0	86.3	2.3	44.6	541
Female	94.7	95.3	94.1	90.7	94.6	92.2	86.5	42.2	94.6	92.2	86.5	94.6	92.2	86.5	91.1	82.4	4.7	34.1	467
Region																			
Eastern Mountains	100.0	100.0	100.0	98.4	100.0	98.6	95.8	1.0	100.0	98.6	95.8	100.0	98.6	95.8	96.9	91.1	0.0	36.7	15
Eastern Hills	98.1	98.1	95.9	94.0	98.1	95.9	90.3	15.7	98.1	95.9	90.3	98.1	95.9	90.3	92.2	82.3	1.9	54.4	58
Eastern Terai	92.0	93.8	90.5	84.4	92.0	87.2	77.5	46.5	92.0	87.2	77.5	92.0	87.2	77.5	88.6	71.1	6.2	53.4	125
Central Mountains	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(13.0)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(0.0)	(26.6)	19
Central Hills	92.2	95.2	94.3	92.7	91.5	92.0	90.6	48.6	91.5	92.0	90.6	91.5	92.0	90.6	91.8	84.7	4.3	42.4	123
Central Terai	96.4	96.4	95.2	95.2	96.4	94.3	91.6	70.3	96.4	94.3	91.6	96.4	94.3	91.6	93.0	90.5	3.6	23.4	212
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Western Hills	100.0	100.0	100.0	90.5	100.0	98.2	83.5	21.9	100.0	98.2	83.5	100.0	98.2	83.5	96.9	83.2	0.0	44.3	106
Western Terai	98.4	98.4	97.1	94.6	97.1	95.7	93.1	51.1	97.1	95.7	93.1	97.1	95.7	93.1	93.0	88.9	1.6	48.5	97
Mid-Western Mountains	90.1	89.1	89.1	77.6	90.0	86.9	70.4	7.9	90.0	86.9	70.4	90.0	86.9	70.4	79.8	56.5	8.9	10.3	21
Mid-Western Hills	97.0	95.8	94.3	92.8	97.0	97.0	97.0	28.9	97.0	97.0	97.0	97.0	97.0	97.0	93.7	89.4	3.0	31.4	73
Mid-Western Terai	89.4	91.2	91.2	87.3	89.1	85.0	81.1	65.6	89.1	85.0	81.1	89.1	85.0	81.1	88.9	81.1	8.6	40.1	58
Far Western Mountains	100.0	100.0	95.8	87.7	98.5	95.6	91.1	10.5	98.5	95.6	91.1	98.5	95.6	91.1	95.4	83.7	0.0	35.5	17
Far Western Hills	97.7	98.9	97.6	93.0	97.7	93.8	91.3	4.1	97.7	93.8	91.3	97.7	93.8	91.3	97.6	90.1	1.1	35.9	41
Far Western Terai	96.3	96.3	96.3	92.5	92.7	92.7	87.3	60.3	92.7	92.7	87.3	92.7	92.7	87.3	92.7	85.3	3.7	62.6	43
Area																			
Urban	98.9	98.4	98.9	97.9	98.0	98.5	95.8	49.9	98.0	98.5	95.8	98.0	98.5	95.8	96.7	92.7	1.1	58.0	125
Kathmandu valley	(97.1)	(95.3)	(97.1)	(97.1)	(94.0)	(95.8)	(90.5)	(59.6)	(94.0)	(95.8)	(90.5)	(94.0)	(95.8)	(90.5)	(93.9)	(85.5)	(2.9)	(53.8)	34
Other urban	99.5	99.5	99.5	98.2	99.5	99.5	97.8	46.3	99.5	99.5	97.8	99.5	99.5	97.8	97.8	95.4	0.5	59.6	91
Rural	95.3	96.1	94.6	90.9	95.0	92.7	87.2	43.1	95.0	92.7	87.2	95.0	92.7	87.2	92.1	83.4	3.7	37.1	883
Mother's education																			
None	92.0	93.5	91.7	89.8	91.5	89.2	83.9	42.7	91.5	89.2	83.9	91.5	89.2	83.9	89.2	80.6	6.4	25.7	393
Primary	96.6	97.2	95.5	92.8	96.7	95.7	91.5	44.4	96.7	95.7	91.5	96.7	95.7	91.5	93.9	87.4	2.3	42.3	176
Secondary	98.3	98.2	97.0	91.7	97.9	94.6	90.1	41.2	97.9	94.6	90.1	97.9	94.6	90.1	93.1	85.2	1.5	45.2	219
Higher	99.1	99.1	99.1	94.5	98.5	98.3	92.3	48.7	98.5	98.3	92.3	98.5	98.3	92.3	97.2	89.0	0.9	57.8	217

Table CH.2: Continued

Percentage of children aged 12–23 months currently vaccinated against vaccine-preventable childhood diseases, Nepal, 2014

	Percent who received:																	Percent with vaccination card seen	Number of children aged 12–23 months
	BCG	Polio			DPT			HepB				Hib			Measles (MCV1)	Full [a]	None		
		1	2	3	1	2	3	At birth	1	2	3	1	2	3					
Wealth index quintile																			
Poorest	96.9	96.4	95.8	92.2	96.6	95.7	88.7	18.2	96.6	95.7	88.7	96.6	95.7	88.7	92.0	83.1	3.0	30.1	208
Second	94.6	95.3	93.7	87.6	94.9	91.9	83.6	36.0	94.9	91.9	83.6	94.9	91.9	83.6	91.4	80.3	4.6	31.2	220
Middle	94.2	96.2	93.4	91.8	93.3	90.3	87.2	53.1	93.3	90.3	87.2	93.3	90.3	87.2	90.6	83.9	3.8	36.7	214
Fourth	95.7	96.8	95.6	91.8	95.2	92.6	89.3	53.1	95.2	92.6	89.3	95.2	92.6	89.3	93.2	85.1	3.2	48.0	217
Richest	98.0	97.6	98.0	97.2	97.3	97.8	94.7	64.0	97.3	97.8	94.7	97.3	97.8	94.7	97.3	92.7	2.0	58.2	149

[a] Includes: BCG, polio3, DPT3, HepB3, Hib3, and measles (MCV1) as per the vaccination schedule in Nepal
Note: 3 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Neonatal Tetanus Protection

One of the MDGs on maternal health aims to reduce the maternal mortality ratio by three-quarters, with one strategy being to eliminate maternal tetanus. Following calls at the 42nd and 44th World Health Assembly for elimination of neonatal tetanus, the global community continues to work to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1,000 live births in every district by 2015.

The strategy for preventing maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of tetanus toxoid vaccine. Even if a woman has not received at least two doses of tetanus toxoid during a particular pregnancy, both mother and newborn are considered to be protected against tetanus if the woman:

- received at least two doses of tetanus toxoid vaccine, the last within the previous three years;
- received at least three doses, the last within the previous five years;
- received at least four doses, the last within the previous 10 years; or
- received five or more doses anytime during her life[2].

To assess the status of tetanus vaccination coverage, women who had a live birth during the two years preceding the survey were asked if they had received tetanus toxoid injections during the pregnancy for their most recent birth, and if so, how many. Women who did not receive two or more tetanus toxoid vaccinations during this recent pregnancy were then asked about tetanus toxoid vaccinations they may have received previously. Interviewers also asked women to present their vaccination card on which dates of tetanus toxoid are recorded and referred to information from the cards when available.

Table CH.3 shows the tetanus protection status for women aged 15–49 years with a live birth in the two years preceding the survey. Over three-quarters (77 percent) of women were protected against neonatal tetanus, with 65 percent receiving at least two doses of tetanus toxoid during the last pregnancy. Regionally, the lowest proportion was in the Far Western Hills (60 percent) and the highest was in the Eastern Terai (86 percent). Urban women were more likely than rural women to be protected (84 percent compared to 76 percent). The likelihood of protection against neonatal tetanus increased with a woman's level of education and household wealth status.

[2] *Deming, M.S. et al. 2002. Tetanus toxoid coverage as an indicator of serological protection against neonatal tetanus. Bulletin of the World Health Organization 80(9): 696–703*

Table CH.3: Neonatal tetanus protection

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who were protected against neonatal tetanus, Nepal, 2014

	Percent who received at least 2 doses during last pregnancy	Percent who did not receive 2 or more doses during last pregnancy but received:				Percent protected against tetanus [1]	Number of women with a live birth in the last two years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Total	**64.8**	**12.1**	**0.1**	**0.2**	**0.1**	**77.3**	**2,048**
Region							
Eastern Mountains	59.8	15.6	0.0	0.0	0.0	75.4	32
Eastern Hills	65.7	12.9	0.8	0.0	0.0	79.5	123
Eastern Terai	68.0	17.8	0.0	0.0	0.0	85.8	277
Central Mountains	64.7	5.1	0.0	0.0	0.0	69.8	38
Central Hills	63.0	9.4	0.0	0.0	0.0	72.3	241
Central Terai	75.8	5.4	0.0	0.0	0.0	81.2	400
Western Mountains	(60.0)	(9.3)	(0.0)	(0.0)	(0.0)	(69.3)	1
Western Hills	65.7	15.3	0.0	1.6	0.0	82.5	222
Western Terai	63.5	12.5	0.0	0.0	0.7	76.8	178
Mid-Western Mountains	59.2	6.6	0.5	0.0	0.0	66.3	43
Mid-Western Hills	56.2	10.5	0.6	0.0	0.0	67.3	166
Mid-Western Terai	66.7	13.5	0.0	0.0	0.0	80.2	113
Far Western Mountains	57.1	16.6	0.0	0.0	0.0	73.6	33
Far Western Hills	48.1	11.4	0.0	0.0	0.0	59.5	75
Far Western Terai	48.3	23.6	0.0	0.7	0.0	72.6	106
Area							
Urban	71.7	12.4	0.0	0.0	0.0	84.1	262
Kathmandu valley	72.0	12.0	0.0	0.0	0.0	84.1	65
Other urban	71.6	12.5	0.0	0.0	0.0	84.1	197
Rural	63.8	12.0	0.1	0.2	0.1	76.3	1,786
Education							
None	54.7	12.1	0.2	0.1	0.0	67.1	754
Primary	63.0	12.4	0.3	0.0	0.4	76.1	346
Secondary	70.9	10.9	0.0	0.7	0.0	82.5	503
Higher	76.5	12.9	0.0	0.0	0.0	89.5	445
Wealth index quintile							
Poorest	49.0	9.5	0.3	0.0	0.0	58.9	454
Second	63.4	13.3	0.2	0.0	0.0	76.9	436
Middle	68.6	12.9	0.0	0.6	0.0	82.1	441
Fourth	69.2	14.2	0.0	0.4	0.3	84.2	401
Richest	78.6	10.1	0.0	0.0	0.0	88.7	316

[1] MICS indicator 3.9 – Neonatal tetanus protection

( ) Figures that are based on 25–49 unweighted cases

Care of Illness

A key strategy for accelerating progress toward MDG 4 of reducing child mortality is to tackle the diseases that are the leading killers of children under five. Diarrhoea and pneumonia are two leading diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) aims to end preventable pneumonia and diarrhoea deaths by reducing mortality from pneumonia to three deaths per 1,000 live births and mortality from diarrhoea to one death per 1,000 live births by 2025. Malaria is also a major killer of children under five, killing about 1,200 children every day, especially in sub-Saharan Africa. The Global Malaria Action Plan (GMAP) aims to reduce malaria deaths to near zero by 2015. Table CH.4 presents the percentage of children aged 0–59 months who were reported to have had an episode of diarrhoea, symptoms of acute respiratory infection (ARI), or fever during the two weeks preceding the survey. These results are not measures of true prevalence and should not be used as such; but rather, they provide a period-prevalence of these illnesses over a two-week window of time.

The definition of a case of diarrhoea or fever in this survey was the mother's (or caretaker's) report that the child had such symptoms over the specified period; no other evidence was sought beside the

opinion of the mother. A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing, and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of a MICS survey, these basically simple case definitions must be kept in mind when interpreting the results, as well as the potential for reporting and recall biases. Furthermore, diarrhoea, fever and ARI are not only seasonal but are also characterized by the often rapid spread of localized outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases but rather to obtain denominators for the indicators related to use of health services and treatment.

Overall, 12 percent of children under five were reported to have had an episode of diarrhoea in the preceding two weeks, 7 percent had the symptoms of ARI, and 20 percent had an episode of fever (Table CH.4). Period-prevalence ranges from 5 percent to 21 percent in the case of diarrhoea, 3 percent to 12 percent in the case of ARI, and 11 percent to 29 percent in the case of fever across the regions.

Table CH.4: Reported disease episodes

Percentage of children aged 0–59 months for whom the mother reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks, Nepal, 2014

	Percent of children who in the preceding two weeks had:			Number of children aged 0–59 months
	Episode of diarrhoea	Symptoms of ARI	Episode of fever	
Total	**12.0**	**6.7**	**20.1**	**5,349**
Sex				
Male	13.3	6.8	20.2	2,766
Female	10.6	6.5	19.9	2,583
Region				
Eastern Mountains	14.9	5.7	20.3	72
Eastern Hills	11.5	5.2	20.1	272
Eastern Terai	15.5	11.2	28.6	775
Central Mountains	6.0	3.2	11.0	95
Central Hills	10.4	4.1	21.2	620
Central Terai	7.6	4.8	15.9	1,131
Western Mountains	5.1	2.6	11.8	2
Western Hills	8.1	5.3	18.5	601
Western Terai	16.6	3.8	17.1	469
Mid-Western Mountains	21.2	4.8	19.8	108
Mid-Western Hills	17.8	12.2	21.4	409
Mid-Western Terai	13.2	11.4	20.7	291
Far Western Mountains	16.0	6.2	26.3	100
Far Western Hills	16.0	5.6	17.7	210
Far Western Terai	6.5	6.6	18.9	197
Area				
Urban	9.7	7.6	21.8	699
Kathmandu valley	9.9	6.2	22.5	181
Other urban	9.7	8.1	21.6	518
Rural	12.3	6.5	19.8	4,650
Age				
0–11 months	12.2	7.7	18.6	978
12–23 months	19.1	7.3	25.7	1,008
24–35 months	11.0	5.2	21.7	1,079
36–47 months	11.2	7.5	18.6	1,137
48–59 months	7.2	5.8	16.3	1,147
Mother's education				
None	13.9	5.9	18.3	2,265
Primary	11.5	6.8	21.1	921
Secondary	9.7	8.7	21.2	1,179
Higher	10.7	5.9	22.0	980
Wealth index quintile				
Poorest	15.4	7.6	19.6	1,183
Second	11.5	5.7	18.6	1,085
Middle	11.7	7.1	18.6	1,176
Fourth	12.1	6.9	23.4	1,086
Richest	7.9	5.6	20.5	819

Note: 4 cases of missing 'mother's education' not shown

Diarrhoea

Diarrhoea is a leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration. Management of diarrhoea—either through oral rehydration salts (ORS) or a recommended home fluid—can prevent many of these deaths. In addition, provision of zinc supplements has been shown to reduce the duration and severity of the illness as well as the risk of future episodes within the next two or three months. In the MICS, mothers or caretakers were asked whether their child under five years of age had had an episode of diarrhoea in the two weeks preceding the survey. In cases where mothers reported that the child had had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had been given to drink and eat during the episode and whether this was more or less than what was usually given to the child.

The overall period-prevalence for diarrhoea in children under five is 12 percent and ranges from 5 percent in the Western Mountains to 21 percent in the Mid-Western Mountains (Table CH.4). The highest prevalence is seen among children aged 12–23 months (19 percent), which corresponds grossly to the weaning period.

Table CH.5 shows the percentage of children with diarrhoea in the two weeks preceding the survey for whom advice or treatment was sought and from where. Overall, a health facility or provider was sought in 47 percent of cases. The private sector was used for 39 percent of children and the public sector for 30 percent. Community health providers were used for just 4 percent of children. Some 32 percent of children received no advice or treatment.

There was some variation in seeking care from a health facility or health provider by region, although robust data are not available for most regions. For regions with sufficient data, the highest proportion was in the Far Western Mountains (79 percent) and the lowest was in the Mid-Western Hills (38 percent). There was no obvious trend by age of child, ranging from 37 percent of children aged 36–47 months to 52 percent of children aged 12–23 months and 48–59 months. Mother's education level was positively associated with seeking care: 43 percent of women with no education sought care from a health facility or health provider compared to 58 percent of women with higher education.

Table CH.5: Care-seeking during diarrhoea

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey for whom advice or treatment was sought, by source of advice or treatment, Nepal, 2014

	Percent with diarrhoea for whom:							Number of children aged 0–59 months with diarrhoea in the last two weeks
	Advice or treatment was sought from:						No advice or treatment sought	
	Health facilities or providers				Other source	Health facility or provider [1] [b]		
	Public	Private	NGO	Community health provider [a]				
Total	**29.5**	**39.3**	**0.1**	**4.0**	**5.5**	**47.2**	**32.0**	**641**
Sex								
Male	29.9	41.1	0.2	3.1	6.1	48.4	29.7	368
Female	28.8	36.9	0.0	5.3	4.6	45.6	35.0	273
Region								
Eastern Mountains	(40.9)	(8.9)	(0.0)	(9.8)	(3.5)	(47.8)	(48.9)	11
Eastern Hills	(20.9)	(27.1)	(0.0)	(9.9)	(3.2)	(32.1)	(48.8)	31
Eastern Terai	30.8	44.5	0.0	3.1	3.5	48.6	28.8	120
Central Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Central Hills	(18.3)	(45.3)	(0.0)	(0.0)	(7.5)	(36.7)	(37.2)	64
Central Terai	(33.1)	(37.0)	(0.0)	(0.0)	(12.1)	(52.3)	(29.8)	86
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	
Western Hills	(35.3)	(48.5)	(0.0)	(3.7)	(15.7)	(52.8)	(19.0)	49
Western Terai	15.6	71.5	1.0	0.0	0.0	49.5	14.7	78
Mid-Western Mountains	27.4	24.7	0.0	10.0	6.4	41.9	44.2	23
Mid-Western Hills	26.3	25.6	0.0	5.6	1.4	38.1	48.3	73
Mid-Western Terai	(16.2)	(39.9)	(0.0)	(0.0)	(6.7)	(36.9)	(38.3)	38
Far Western Mountains	76.4	4.3	0.0	13.8	6.0	79.2	16.4	16
Far Western Hills	61.3	3.0	0.0	14.3	1.4	62.7	34.3	34
Far Western Terai	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
Area								
Urban	13.2	65.4	1.1	2.9	2.3	45.6	22.5	68
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
Other urban	18.0	62.3	1.5	3.9	1.1	50.3	21.3	50
Rural	31.4	36.2	0.0	4.2	5.8	47.4	33.1	573
Age								
0–11 months	23.2	46.0	0.0	2.9	7.6	48.5	29.9	119
12–23 months	32.7	42.4	0.4	5.3	2.9	51.8	28.1	193
24–35 months	26.5	47.6	0.0	1.6	5.7	46.0	28.3	119
36–47 months	27.6	29.7	0.0	3.4	4.2	37.1	42.2	128
48–59 months	38.2	25.5	0.0	7.0	9.9	51.8	33.5	82
Mother's education								
None	29.2	32.9	0.0	2.5	6.4	42.7	38.1	316
Primary	34.3	38.2	0.7	4.1	5.0	51.1	27.0	106
Secondary	29.0	40.3	0.0	7.2	4.7	46.2	31.5	114
Higher	25.8	58.8	0.0	4.9	3.8	57.6	19.2	105
Wealth index quintile								
Poorest	35.4	22.3	0.0	5.0	6.6	45.1	41.2	182
Second	35.0	32.3	0.0	6.3	4.7	55.0	33.2	124
Middle	28.9	39.3	0.0	3.3	6.8	43.6	29.9	138
Fourth	21.9	56.2	.6	1.8	5.9	43.6	24.5	132
Richest	18.5	66.6	0.0	2.7	0.0	53.0	23.4	65

[1] MICS indicator 3.10 – Care-seeking for diarrhoea

[a] Community health providers includes both public (community health worker and mobile/outreach clinic) and private (mobile clinic) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table CH.6: Feeding practices during diarrhoea

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey by amount of liquids and food given during episode of diarrhoea, Nepal, 2014

	Percent given to drink:						Total	Percent given to eat:						Total	Number of children aged 0–59 months with diarrhoea in the two weeks
	Much less	Some-what less	About the same	More	Nothing	DK/ Missing		Much less	Some-what less	About the same	More	Nothing	DK/ Missing		
Total	**7.2**	**37.6**	**34.9**	**18.1**	**2.1**	**0.1**	**100.0**	**4.1**	**43.4**	**36.6**	**7.9**	**7.8**	**0.1**	**100.0**	**641**
Sex															
Male	8.8	33.4	37.0	17.9	2.8	0.1	100.0	4.8	43.1	35.1	8.6	8.1	0.2	100.0	368
Female	5.1	43.3	32.1	18.4	1.2	0.0	100.0	3.2	43.7	38.6	6.9	7.5	0.0	100.0	273
Region															
Eastern Mountains	(13.3)	(23.1)	(48.3)	(13.3)	(2.0)	(0.0)	100.0	(5.3)	(28.3)	(55.9)	(8.3)	(2.3)	(0.0)	100.0	11
Eastern Hills	(4.5)	(52.0)	(30.0)	(13.5)	(0.0)	(0.0)	100.0	(4.5)	(50.4)	(32.1)	(6.4)	(6.7)	(0.0)	100.0	31
Eastern Terai	13.1	26.4	29.4	27.2	4.0	0.0	100.0	2.1	36.8	40.8	4.2	16.1	0.0	100.0	120
Central Mountains	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	6
Central Hills	(14.2)	(41.0)	(24.8)	(20.0)	(0.0)	(0.0)	100.0	(4.5)	(42.7)	(33.0)	(18.1)	(1.6)	(0.0)	100.0	64
Central Terai	(2.7)	(36.5)	(52.9)	(7.9)	(0.0)	(0.0)	100.0	(5.8)	(45.0)	(41.3)	(6.0)	(1.9)	(0.0)	100.0	86
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	
Western Hills	(0.0)	(34.7)	(49.2)	(16.1)	(0.0)	(0.0)	100.0	(3.3)	(34.3)	(52.0)	(7.4)	(3.1)	(0.0)	100.0	49
Western Terai	5.6	44.3	37.0	11.5	1.7	0.0	100.0	6.5	49.2	36.0	6.5	1.7	0.0	100.0	78
Mid-Western Mountains	17.8	32.2	29.2	14.1	4.9	1.9	100.0	9.4	28.9	44.1	6.4	11.1	0.0	100.0	23
Mid-Western Hills	6.2	32.6	35.3	23.1	2.8	0.0	100.0	5.3	37.8	30.2	10.3	16.4	0.0	100.0	73
Mid-Western Terai	(1.9)	(32.4)	(28.3)	(34.2)	(3.1)	(0.0)	100.0	(0.3)	(33.3)	(39.0)	(12.8)	(14.6)	(0.0)	100.0	38
Far Western Mountains	4.2	54.7	23.6	17.6	0.0	0.0	100.0	4.3	73.2	18.5	1.3	2.8	0.0	100.0	16
Far Western Hills	4.8	61.0	24.8	9.5	0.0	0.0	100.0	1.4	77.8	14.9	4.5	1.4	0.0	100.0	34
Far Western Terai	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	13
Area															
Urban	6.9	23.5	38.2	30.4	0.9	0.0	100.0	4.3	36.1	45.8	10.9	2.9	0.0	100.0	68
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	18
Other urban	1.8	27.1	38.8	31.2	1.2	0.0	100.0	3.9	32.3	50.9	11.0	1.9	0.0	100.0	50
Rural	7.3	39.3	34.5	16.6	2.3	0.1	100.0	4.1	44.3	35.5	7.5	8.4	0.1	100.0	573

Table CH.6: Continued

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey by amount of liquids and food given during episode of diarrhoea, Nepal, 2014

	Percent given to drink:						Total	Percent given to eat:						Total	Number of children aged 0–59 months with diarrhoea in the two weeks
	Much less	Some-what less	About the same	More	Nothing	DK/ Missing		Much less	Some-what less	About the same	More	Nothing	DK/ Missing		
Age															
0–11 months	4.8	37.2	40.1	14.1	3.6	0.2	100.0	2.6	37.9	39.5	5.8	14.2	0.0	100.0	119
12–23 months	11.1	38.8	25.0	22.5	2.5	0.1	100.0	5.3	46.6	30.1	10.6	7.0	0.4	100.0	193
24–35 months	5.9	38.8	39.4	13.6	2.4	0.0	100.0	2.7	50.0	32.5	6.3	8.5	0.0	100.0	119
36–47 months	5.4	38.5	39.0	16.9	0.2	0.0	100.0	3.5	40.4	42.6	9.2	4.2	0.0	100.0	128
48–59 months	6.5	32.3	37.9	21.7	1.6	0.0	100.0	6.6	38.9	44.4	4.8	5.2	0.0	100.0	82
Mother's education															
None	6.3	45.0	34.5	12.5	1.6	0.1	100.0	3.2	46.1	37.4	5.1	8.0	0.3	100.0	316
Primary	4.6	30.8	39.7	23.1	1.8	0.0	100.0	2.8	40.1	39.5	8.7	8.9	0.0	100.0	106
Secondary	8.2	28.8	40.1	17.3	5.5	0.2	100.0	2.0	43.2	37.1	6.3	11.5	0.0	100.0	114
Higher	11.6	31.9	25.7	30.7	0.2	0.0	100.0	10.5	38.8	30.9	17.2	2.5	0.0	100.0	105
Wealth index quintile															
Poorest	5.2	43.7	35.7	12.1	3.1	0.2	100.0	3.5	47.1	35.4	6.0	7.9	0.0	100.0	182
Second	4.9	43.7	33.7	14.9	2.7	0.0	100.0	3.9	46.3	33.0	5.1	11.0	0.7	100.0	124
Middle	8.6	37.8	38.0	13.7	1.9	0.0	100.0	5.3	39.7	38.9	7.9	8.2	0.0	100.0	138
Fourth	8.2	29.3	32.8	29.2	0.4	0.0	100.0	3.1	44.2	36.6	9.8	6.4	0.0	100.0	132
Richest	12.4	25.2	32.7	27.6	2.0	0.0	100.0	5.9	33.5	42.2	14.8	3.6	0.0	100.0	65

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table CH.6 provides statistics on drinking and feeding practices during diarrhoea. Only 18 percent of children under five with diarrhoea were given more than the usual amount to drink (increased fluids). Some 73 percent were given the same or somewhat less, but 9 percent were given much less or almost nothing. Only 8 percent of children were given more to eat than usual. Some 88 received continued feeding (somewhat less, the same or more), while 12 percent were given much less or nothing.

Table CH.7: Oral rehydration solution and zinc

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey, by treatment with oral rehydration salts (ORS) and zinc, Nepal, 2014

	Percent who received:					Number of children aged 0–59 months with diarrhoea in the last two weeks
	ORS	Zinc			ORS and zinc [1]	
		Tablet	Syrup	Any zinc		
Total	**44.0**	**19.0**	**23.6**	**30.6**	**18.2**	**641**
Sex						
Male	45.2	19.6	25.7	31.4	18.3	368
Female	42.3	18.2	20.8	29.5	18.0	273
Area						
Urban	46.8	16.2	23.6	29.6	15.2	68
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	18
Other urban	47.9	20.8	30.9	39.1	19.5	50
Rural	43.6	19.3	23.6	30.7	18.6	573
Age						
0–11 months	28.0	14.5	21.1	27.7	11.2	119
12–23 months	46.0	21.0	24.2	33.3	19.9	193
24–35 months	50.2	17.9	28.9	34.0	19.0	119
36–47 months	41.8	19.6	19.6	25.5	19.5	128
48–59 months	56.6	21.4	24.7	31.5	21.2	82
Mother's education						
None	43.0	22.6	26.7	33.3	20.2	316
Primary	40.9	22.5	27.1	34.4	19.4	106
Secondary	42.5	10.2	14.9	20.8	12.9	114
Higher	51.7	14.3	20.3	29.5	16.7	105
Wealth index quintile						
Poorest	49.4	20.3	21.9	29.6	21.0	182
Second	39.7	18.3	30.9	35.8	16.9	124
Middle	35.1	21.0	19.1	28.3	16.2	138
Fourth	47.5	19.2	24.5	31.0	18.5	132
Richest	48.4	12.1	22.4	27.6	16.4	65

[1] MICS indicator 3.11 – Diarrhoea treatment with oral rehydration salts (ORS) and zinc

(*) Figures that are based on fewer than 25 unweighted cases

Table CH.7 shows the percentage of children receiving ORS and zinc during diarrhoea. Since children may have been given more than one type of liquid, the percentages do not necessarily add up to 100. Some 44 percent received ORS, and 31 percent received zinc in one form or another. In total, 18 percent received the recommended treatment of both ORS and zinc. There was some variation in treatment of diarrhoea with a combination of ORS and zinc. Children aged 0–11 months (11 percent) were the least likely to receive ORS and zinc, and children aged 48–59 months (21 percent) were the most likely to do so.

Figure CH.2 illustrates some variations for children under five with diarrhoea who received ORS.

Figure CH.2: Children under five with diarrhoea who received ORS, Nepal, 2014

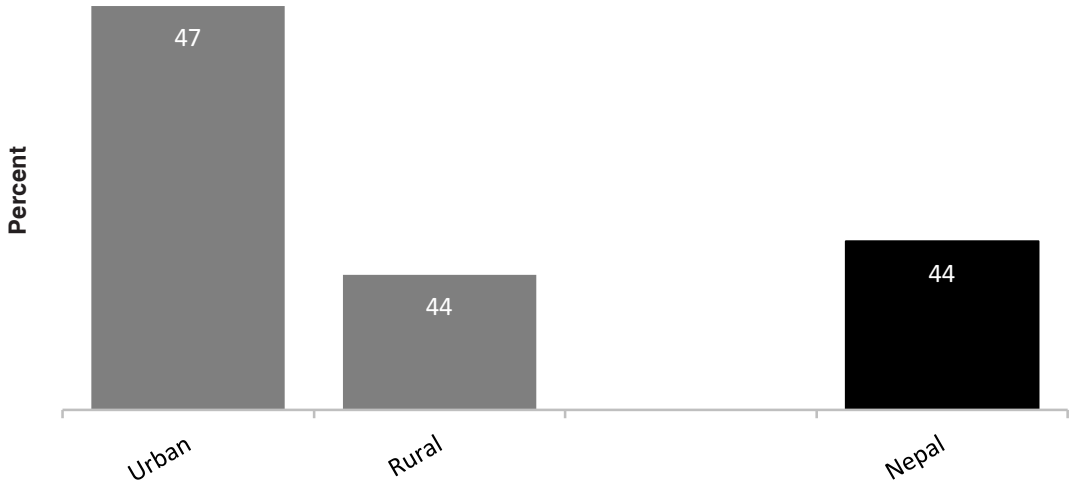


Table CH.8 shows the proportions of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy (ORT) (i.e., ORS or increased fluids) with continued feeding, and the percentage of children with diarrhoea who received other treatments. Overall, 46 percent received ORT with continued feeding, while 52 percent received ORT. In addition, 11 percent received antibiotic; 5 percent received home remedy or herbal medicine; and less than 1 percent received intravenous fluids. Younger children were much less likely than older children to receive it, and children whose mother had higher education were much more likely to do so.

Table CH.8: Oral rehydration therapy with continued feeding and other treatments

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who were given oral rehydration therapy with continued feeding, and percentage who were given other treatments, Nepal, 2014

	Percent with diarrhoea who were given:													Not given any treatment or drug	Number of children aged 0–59 months with diarrhoea in the last two weeks
	Zinc	ORT [a]	ORT with continued feeding [1]	Other treatments											
				Pill or syrup				Injection			Intra-venous	Home remedy, herbal medicine	Other		
				Antibiotic	Anti-motility	Other	Unknown	Antibiotic	Non-antibiotic	Unknown					
Total	**30.6**	**51.7**	**45.9**	**8.9**	**0.6**	**4.2**	**3.1**	**2.1**	**0.2**	**0.9**	**0.2**	**5.0**	**3.1**	**27.1**	**641**
Sex															
Male	31.4	51.8	45.7	9.1	0.1	5.1	3.5	1.8	0.0	1.3	0.4	5.8	4.0	22.1	368
Female	29.5	51.7	46.1	8.5	1.3	3.0	2.5	2.4	0.4	0.3	0.0	4.0	2.0	33.7	273
Area															
Urban	29.6	63.7	59.4	8.8	0.5	8.2	0.2	2.2	1.5	0.0	0.0	5.1	8.1	17.3	68
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
Other urban	39.1	65.6	61.8	4.6	0.7	7.8	0.3	3.0	0.0	0.0	0.0	5.8	9.1	15.4	50
Rural	30.7	50.3	44.3	8.9	0.6	3.7	3.4	2.0	0.0	1.0	0.2	5.0	2.6	28.3	573
Age															
0–11 months	27.7	33.5	29.1	6.8	0.0	3.7	1.0	2.3	0.0	0.7	0.0	5.9	2.6	38.3	119
12–23 months	33.3	54.6	47.4	19.4	2.1	6.4	2.4	1.7	0.5	0.0	0.7	3.6	3.6	20.1	193
24–35 months	34.0	58.1	51.1	6.6	0.0	3.5	4.2	2.0	0.0	1.0	0.0	5.3	0.0	21.5	119
36–47 months	25.5	49.5	46.2	1.8	0.0	3.4	2.6	1.2	0.0	2.8	0.0	6.3	6.0	35.6	128
48–59 months	31.5	65.7	58.5	1.3	0.0	2.2	6.7	4.3	0.0	0.0	0.0	4.6	3.1	21.9	82
Mother's education															
None	33.3	49.1	43.9	6.8	0.6	2.4	5.0	2.5	0.0	1.1	0.0	2.7	3.2	31.7	316
Primary	34.4	48.2	43.9	8.7	0.0	3.8	2.9	0.0	0.0	0.8	0.0	11.0	3.2	25.9	106
Secondary	20.8	51.2	42.9	10.5	1.8	6.8	0.0	2.8	0.0	1.0	0.0	4.2	0.0	32.6	114
Higher	29.5	63.8	57.1	13.5	0.0	7.4	0.9	2.2	1.0	0.0	1.3	7.1	6.2	8.5	105
Wealth index quintile															
Poorest	29.6	54.1	48.4	2.9	0.0	3.3	3.2	0.2	0.0	0.6	0.0	5.9	2.2	30.8	182
Second	35.8	46.8	42.3	9.4	0.3	1.1	4.4	1.9	0.0	0.0	1.1	7.5	2.9	23.8	124
Middle	28.3	43.0	32.5	9.6	2.6	2.0	5.6	1.7	0.0	2.6	0.0	5.3	1.7	32.9	138
Fourth	31.0	56.2	53.6	11.2	0.0	5.8	0.6	6.2	0.0	0.6	0.0	1.7	4.7	24.9	132
Richest	27.6	64.2	58.3	18.2	0.0	14.7	0.0	0.0	1.6	0.0	0.0	3.9	6.3	15.0	65

[1] MICS indicator 3.12 – Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding

[a] ORT (oral rehydration therapy) = ORS or increased fluids

(*) Figures that are based on fewer than 25 unweighted cases

Figure CH.3 shows the proportions of children under five with diarrhoea who receive ORT and continued feeding in urban and rural areas of Nepal.

Figure CH.3: Children under five with diarrhoea receiving ORT and continued feeding, Nepal, 2014

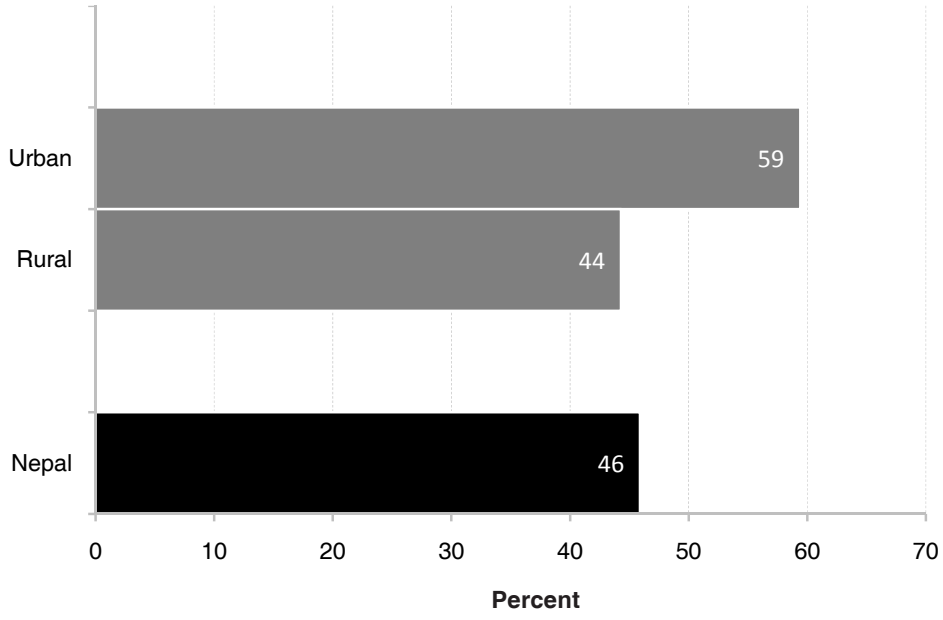


Table CH.9: Source of ORS and zinc

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who were given ORS, and percentage given zinc, by the source of ORS and zinc, Nepal, 2014

	Percent who were given as treatment for diarrhoea		Number of children aged 0–59 months with diarrhoea in the last two weeks	Percent for whom the source of ORS was:							Number of children aged 0–59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percent for whom the source of zinc was:					Number of children aged 0–59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers				Other source	DK/ Missing	Health facility or provider [b]		Health facilities or providers			Other source	Health facility or provider [b]	
	ORS	Zinc		Public	Private	Community health provider [a]	NGO					Public	Private	Community health provider [a]			
Total	**44.0**	**30.6**	**641**	**47.0**	**49.4**	**8.9**	**0.3**	**3.2**	**0.1**	**96.4**	**282**	**46.3**	**53.6**	**5.2**	**0.1**	**99.9**	**196**
Sex																	
Male	45.2	31.4	368	42.0	53.6	6.0	0.4	3.8	0.1	95.6	166	49.8	50.2	5.4	0.0	100.0	116
Female	42.3	29.5	273	54.2	43.4	13.2	0.0	2.4	0.0	97.6	116	41.2	58.5	5.1	0.3	99.7	81
Area																	
Urban	46.8	29.6	68	18.6	77.2	5.5	2.3	1.6	0.2	95.8	32	(17.5)	(82.5)	(0.0)	(0.0)	(100.0)	20
Kathmandu valley	(*)	(*)	18	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8	(*)	(*)	(*)	(*)	(*)	1
Other urban	47.9	39.1	50	(24.7)	(69.7)	(7.3)	(3.1)	(2.2)	(0.3)	(94.4)	24	(18.0)	(82.0)	(0.0)	(0.0)	(100.0)	20
Rural	43.6	30.7	573	50.6	45.9	9.4	0.0	3.5	0.1	96.5	250	49.6	50.3	5.9	0.1	100.0	176
Age																	
0–11 months	28.0	27.7	119	(41.2)	(56.7)	(9.1)	(0.0)	(2.2)	(0.0)	(97.8)	33	(34.9)	(65.1)	(3.2)	(0.0)	(100.0)	33
12–23 months	46.0	33.3	193	44.3	54.9	9.6	.8	0.0	0.0	99.2	89	50.9	49.1	9.5	0.0	100.0	64
24–35 months	50.2	34.0	119	40.2	59.8	4.5	0.0	0.0	0.0	100.0	60	(23.5)	(76.5)	(0.0)	(0.0)	(100.0)	40
36–47 months	41.8	25.5	128	52.2	39.8	9.4	0.0	7.9	0.0	92.1	53	65.0	35.0	4.9	0.0	100.0	33
48–59 months	56.6	31.5	82.0	58.9	31.6	12.7	0.0	8.9	0.5	90.5	47	(60.9)	(38.3)	(5.8)	(0.9)	(99.1)	26
Mother's education																	
None	43.0	33.3	316	50.8	44.4	7.0	0.0	4.6	0.1	95.2	136	49.0	50.8	3.5	0.2	99.8	105
Primary	40.9	34.4	106	47.7	50.4	9.0	1.7	0.0	0.2	98.1	43	46.0	54.0	5.0	0.0	100.0	36
Secondary	42.5	20.8	114	48.3	50.9	11.3	0.0	0.8	0.0	99.2	49	38.7	61.3	2.6	0.0	100.0	24
Higher	51.7	29.5	105	35.7	59.7	11.5	0.0	4.6	0.0	95.4	54	43.0	57.0	13.5	0.0	100.0	31

Table CH.9: Continued

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who were given ORS, and percentage given zinc, by the source of ORS and zinc, Nepal, 2014

	Percent who were given as treatment for diarrhoea		Number of children aged 0–59 months with diarrhoea in the last two weeks	Percent for whom the source of ORS was:							Number of children aged 0–59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percent for whom the source of zinc was:					Number of children aged 0–59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers				Other source	DK/ Missing	Health facility or provider [b]		Health facilities or providers			Other source	Health facility or provider [b]	
	ORS	Zinc		Public	Private	Community health provider [a]	NGO					Public	Private	Community health provider [a]			
Wealth index quintile																	
Poorest	49.4	29.6	182	63.3	33.5	14.2	0.0	3.0	0.2	96.8	90	71.9	27.7	9.0	0.4	99.6	54
Second	39.7	35.8	124	60.5	38.2	10.6	0.0	1.2	0.2	98.7	49	41.6	58.4	2.0	0.0	100.0	45
Middle	35.1	28.3	138	(45.3)	(47.3)	(4.9)	(0.0)	(7.4)	(0.0)	(92.6)	49	(41.5)	(58.5)	(1.0)	(0.0)	(100.0)	39
Fourth	47.5	31.0	132	(26.9)	(71.9)	(4.9)	(1.2)	(0.0)	(0.0)	(98.8)	63	(36.8)	(63.2)	(10.2)	(0.0)	(100.0)	41
Richest	48.4	27.6	65	(21.5)	(71.2)	(5.6)	(0.0)	(7.3)	(0.0)	(92.7)	31	(*)	(*)	(*)	(*)	(*)	18

[a] Community health provider includes both public (community health worker and mobile/outreach clinic) and private (mobile clinic) health facilities
[b] Includes all public and private health facilities and providers
Note: Regional results as not shown owing to small sample sizes
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table CH.9 provides information on the source of ORS and zinc for children who received these treatments. ORS was sourced from a health facility or health provider for 96 percent of children. It was most likely to be sourced from the private sector (49 percent). Zinc was sourced from a health facility or health provider for nearly 100 percent of children, and was also most likely to be sourced from the private sector (54 percent). Urban children were much more likely to use ORS and zinc sourced from the private sector than the public sector. Children living in poorer households were more likely than others to source treatments from a community health provider.

Acute Respiratory Infection

Information on symptoms of ARI is collected during the Nepal MICS to capture pneumonia disease, the leading cause of death in children under five. Once diagnosed, pneumonia is treated effectively with antibiotics. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact not true pneumonia[3]. While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics, as reported through household surveys. The treatment indicator described in this report must therefore be taken with caution, keeping in mind that the accurate level is likely higher.

Table CH.10 presents information on the proportions of children aged 0–59 months with symptoms of ARI in the two weeks preceding the survey[4] for whom care was sought, by the source of that care and the proportions who received antibiotics and the source of those antibiotics. Some 50 percent of children with symptoms of ARI were taken to a qualified provider (all public and private health facilities and providers, excluding private pharmacy). Children were more likely to be taken to a private-sector facility/provider (51 percent) than a public-sector facility/provider (25 percent). Of children with symptoms of ARI, 75 percent were given antibiotics. These antibiotics more likely to be sourced from the private sector (75 percent) than the public sector (23 percent). Younger children were more likely than older children to be taken to a qualified provider for treatment of ARI, and to be given antibiotics. Children living in poorer households were less likely than others to be taken to a qualified provider for treatment of ARI, and to be given antibiotics.

[3]Campbell, H., el Arifeen, S., Hazir, T., O'Kelly, J., Bryce, J., et al., 2013. Measuring coverage in MNCH: challenges in monitoring the proportion of young children with pneumonia who receive antibiotic treatment. PLoSMed 10(5): e1001421. doi:10.1371/journal.pmed.1001421

[4]7 percent of under-5s had symptoms of ARI in the two weeks preceding the survey.

Table CH.10: Care-seeking for acute respiratory infection (ARI) and treatment of symptoms with antibiotics

Percentage of children aged 0–59 months with symptoms of ARI in the two weeks preceding the survey for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Nepal, 2014

	Percent with symptoms of ARI for whom:							Percent with symptoms of ARI who were given antibiotics [2]	Number of children aged 0–59 months with symptoms of ARI	Percent with symptoms of ARI for whom the source of antibiotics was:					Number of children aged 0–59 months with symptoms of ARI who were given antibiotics
	Advice or treatment was sought from:						No advice or treatment sought			Health facilities or providers			Other source	Health facility or provider [c]	
	Health facilities or providers				Other source	Health facility or provider [1] [b]				Public	Private	Community health provider [a]			
	Public	Private	NGO	Community health provider [a]											
Total	**24.9**	**51.1**	**0.9**	**4.4**	**4.5**	**50.1**	**22.2**	**74.9**	**357**	**22.7**	**75.1**	**5.6**	**0.7**	**99.0**	**267**
Sex															
Male	23.7	54.5	0.9	5.7	5.8	47.4	20.1	76.3	188	18.9	79.9	6.3	0.0	99.9	144
Female	26.2	47.3	0.9	2.9	3.0	53.2	24.4	73.3	168	27.2	69.5	4.7	1.5	98.1	123
Area															
Urban	14.7	74.7	0.0	0.8	4.1	54.9	9.6	87.3	53	(10.2)	(89.3)	(1.7)	(0.0)	(99.5)	46
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11	(*)	(*)	(*)	(*)	(*)	9
Other urban	(10.3)	(81.6)	(0.0)	(1.0)	(0.5)	(56.6)	(7.0)	(89.1)	42	(9.3)	(90.1)	(2.2)	(0.0)	(99.4)	37
Rural	26.6	46.9	1.1	5.0	4.6	49.3	24.4	72.7	304	25.4	72.1	6.4	0.9	98.9	221
Age															
0–11 months	27.6	50.5	4.3	0.4	3.7	58.7	17.6	78.0	76	(29.6)	(67.4)	(0.4)	(0.0)	(99.7)	59
12–23 months	32.7	53.9	0.0	7.5	3.4	59.6	13.4	77.6	74	(20.1)	(77.4)	(8.4)	(0.0)	(100.0)	57
24–35 months	15.0	56.1	0.0	1.0	3.7	41.9	25.2	75.2	56	(13.8)	(81.7)	(0.0)	(4.4)	(95.6)	42
36–47 months	23.1	51.5	0.0	5.3	6.5	49.9	25.4	73.9	85	23.0	76.2	4.4	0.0	99.6	63
48–59 months	23.7	43.7	0.0	7.4	4.9	37.1	30.4	69.3	66	(25.1)	(74.4)	(15.6)	(0.0)	(99.5)	46
Mother's education															
None	24.3	49.2	1.1	5.3	7.1	45.1	24.1	71.7	134	22.8	75.2	7.1	0.0	99.5	96
Primary	20.6	50.1	0.0	1.6	3.3	36.1	26.3	70.4	63	14.4	80.3	0.5	4.3	95.3	44
Secondary	27.4	48.7	1.7	2.1	2.4	49.9	22.2	77.5	102	26.0	74.0	3.1	0.0	100.0	79
Higher	26.3	60.5	0.0	9.4	3.4	77.5	13.2	82.6	58	25.9	72.0	11.3	0.0	100.0	48

Table CH.10: Continued

Percentage of children aged 0–59 months with symptoms of ARI in the two weeks preceding the survey for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Nepal, 2014

	Percent with symptoms of ARI for whom:							Percent with symptoms of ARI who were given antibiotics [2]	Number of children aged 0–59 months with symptoms of ARI	Percent with symptoms of ARI for whom the source of antibiotics was:					Number of children aged 0–59 months with symptoms of ARI who were given antibiotics
	Advice or treatment was sought from:						No advice or treatment sought			Health facilities or providers			Other source	Health facility or provider [c]	
	Health facilities or providers				Other source	Health facility or provider [1] [b]									
	Public	Private	NGO	Community health provider [a]						Public	Private	Community health provider [a]			
Wealth index quintile															
Poorest	28.9	32.9	1.7	3.3	4.0	40.3	33.1	59.6	90	32.1	59.8	3.6	3.5	95.6	54
Second	31.7	44.7	2.8	5.1	9.1	54.0	20.7	77.3	61	(20.7)	(78.8)	(1.2)	(0.0)	(100.0)	47
Middle	23.3	55.5	0.0	2.8	3.0	44.4	20.6	75.7	84	(23.4)	(76.2)	(3.7)	(0.0)	(99.7)	63
Fourth	22.9	56.0	0.0	7.2	3.3	54.9	21.1	80.8	75	(24.1)	(74.3)	(13.5)	(0.0)	(100.0)	61
Richest	(13.9)	(78.9)	(0.0)	(4.1)	(4.3)	(67.0)	(7.2)	(90.6)	46	(9.9)	(90.1)	(4.5)	(0.0)	(100.0)	42

[1] MICS indicator 3.13 – Care-seeking for children with acute respiratory infection (ARI) symptoms

[2] MICS indicator 3.14 – Antibiotic treatment for children with ARI symptoms

[a] Community health providers includes both public (community health worker and mobile/outreach clinic) and private (mobile clinic) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

[c] Includes all public and private health facilities and providers

Note: Regional results as not shown owing to small sample sizes

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women aged 15–49 years who are mothers or caretakers of children under five by symptoms that would cause them to take a child under five immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking immediate care, Nepal, 2014

	Percent who think that a child should be taken immediately to a health facility if the child:								Percent who recognize at least one of two danger signs of pneumonia [a]	Number of women aged 15–49 years who are mothers/ caretakers of children under five
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty in breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Total	**22.6**	**41.5**	**89.1**	**25.1**	**32.2**	**14.5**	**11.1**	**46.1**	**45.5**	**4,267**
Region										
Eastern Mountains	28.7	36.9	94.1	21.6	32.0	12.3	23.3	63.4	42.1	59
Eastern Hills	32.9	44.0	85.6	26.6	27.7	18.1	24.7	50.6	38.7	220
Eastern Terai	29.2	43.6	89.2	27.0	44.0	21.6	27.8	40.0	53.8	603
Central Mountains	29.4	56.8	91.5	24.3	20.5	14.0	14.3	54.1	40.0	78
Central Hills	14.4	44.1	88.0	21.1	29.2	14.3	9.1	48.3	42.5	556
Central Terai	20.8	48.1	85.2	31.5	29.7	7.4	4.3	34.6	45.8	820
Western Mountains	21.9	29.5	93.4	24.4	19.7	3.0	8.4	70.5	35.6	2
Western Hills	21.5	27.5	93.1	28.4	26.5	5.8	10.6	68.3	46.3	506
Western Terai	35.8	72.6	90.6	29.0	50.7	28.5	7.3	29.2	65.0	366
Mid-Western Mountains	5.3	14.3	93.1	10.8	20.4	10.2	4.0	57.9	26.0	78
Mid-Western Hills	22.2	25.8	93.8	23.3	38.5	13.8	3.2	51.6	48.1	323
Mid-Western Terai	17.0	35.8	89.3	15.6	26.9	20.1	4.6	43.7	36.8	240
Far Western Mountains	22.4	30.2	89.7	18.7	31.6	24.8	17.4	63.9	42.8	79
Far Western Hills	16.2	38.8	89.1	18.0	19.0	15.0	9.1	36.1	28.1	161
Far Western Terai	15.1	19.9	86.2	15.3	14.4	8.1	4.8	58.7	26.3	177
Area										
Urban	22.0	42.1	87.9	26.1	34.6	13.3	14.0	47.3	48.5	623
Kathmandu valley	15.9	42.7	89.0	21.0	38.9	10.5	8.0	43.5	49.0	175
Other urban	24.3	41.8	87.5	28.0	32.9	14.4	16.3	48.8	48.3	448
Rural	22.8	41.4	89.3	24.9	31.7	14.8	10.6	45.9	44.9	3,644
Education										
None	21.0	42.7	88.3	21.9	30.9	13.2	9.5	39.7	42.5	1,680
Primary	20.1	45.2	89.0	27.2	31.5	16.5	9.6	47.4	47.1	741
Secondary	24.8	39.2	89.2	26.1	31.7	15.2	12.2	50.3	45.8	997
Higher	25.7	38.8	90.6	28.3	35.8	14.7	14.4	52.6	49.4	849

Table CH.11: Continued

Percentage of women aged 15–49 years who are mothers or caretakers of children under five by symptoms that would cause them to take a child under five immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking immediate care, Nepal, 2014

	Percent who think that a child should be taken immediately to a health facility if the child:								Percent who recognize at least one of two danger signs of pneumonia [a]	Number of women aged 15–49 years who are mothers/ caretakers of children under five
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty in breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Wealth index quintile										
Poorest	21.4	33.4	91.4	19.6	26.9	12.8	9.3	51.5	37.6	911
Second	20.1	39.6	88.7	24.9	30.1	15.6	11.9	47.3	42.8	835
Middle	25.0	45.4	87.6	27.4	33.8	13.9	9.9	39.4	48.4	927
Fourth	22.4	46.9	87.8	26.6	34.0	13.9	11.7	44.0	48.1	870
Richest	24.5	42.5	90.2	27.5	36.9	17.2	13.3	49.0	51.4	723

[a] fast and/or difficulty in breathing

Mothers' knowledge of danger signs is an important determinant of care-seeking behaviour. In the Nepal MICS, mothers or caretakers were asked to report symptoms that would cause them to take a child under five for care at a health facility immediately. Knowledge of danger signs of pneumonia and other symptoms of illness are presented in Table CH.11. Overall, 46 percent of women would take a child to a health facility immediately for at least one of the two danger signs of pneumonia (fast and/or difficulty in breathing). Some 25 percent identified fast breathing and 32 percent identified difficulty in breathing as symptoms that would prompt them to take a child to a health facility. The symptom most commonly identified by women as a cause of concern was 'develop a fever' (89 percent). Recognition of at least one of the two danger signs of pneumonia varied considerably by region from 26 percent of women in the Mid-Western Mountains to 65 percent of women in the Western Terai. Women living in households in the poorest quintile were least likely to recognize them (38 percent).

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyaromatic hydrocarbons, and sulphur dioxide (SO2), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma, or cataracts, and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, as shown in Table CH.12.

Table CH.12: Solid fuel use

Percentage of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Nepal, 2014

	Percent mainly using:															Number of household members
	Electricity	Liquefied petroleum gas	Natural gas	Biogas	Kerosene	Solid fuels						No food cooked in household	Other fuel	Total	Solid fuels for cooking [1]	
						Coal/ lignite	Charcoal	Wood	Straw/ shrubs/ grass	Animal dung	Agricultural crop residue					
Total	**0.1**	**22.4**	**0.5**	**2.0**	**0.1**	**0.0**	**0.1**	**65.2**	**2.1**	**7.1**	**0.3**	**0.0**	**0.1**	**100.0**	**74.7**	**56,824**
Region																
Eastern Mountains	0.0	2.9	0.2	0.4	0.0	0.0	0.3	95.7	0.0	0.6	0.0	0.0	0.0	100.0	96.5	779
Eastern Hills	0.0	7.1	0.2	0.9	0.0	0.2	0.2	90.5	0.2	0.9	0.0	0.0	0.0	100.0	91.9	3,169
Eastern Terai	0.2	21.5	1.0	3.2	0.0	0.0	0.0	40.1	2.0	31.4	0.3	0.1	0.3	100.0	73.8	8,251
Central Mountains	0.5	6.2	0.0	0.0	0.0	0.2	0.0	93.1	0.0	0.0	0.0	0.0	0.0	100.0	93.3	1,148
Central Hills	0.2	62.5	0.2	0.9	0.3	0.0	0.1	35.4	0.2	0.0	0.1	0.0	0.0	100.0	35.8	8,746
Central Terai	0.2	16.8	0.5	0.6	0.0	0.0	0.1	65.8	9.8	6.0	0.2	0.0	0.0	100.0	81.9	10,248
Western Mountains	0.0	21.9	0.3	0.3	0.0	0.0	0.0	64.1	0.0	12.9	0.0	0.4	0.0	100.0	77.1	32
Western Hills	0.1	24.1	0.8	1.7	0.0	0.0	0.0	73.1	0.0	0.0	0.1	0.0	0.0	100.0	73.2	6,371
Western Terai	0.2	22.7	0.6	4.2	0.1	0.0	0.3	57.7	0.2	12.9	0.9	0.0	0.2	100.0	72.0	4,825
Mid-Western Mountains	0.1	0.6	0.0	0.0	0.0	0.0	0.1	95.6	0.2	3.3	0.1	0.0	0.0	100.0	99.3	798
Mid-Western Hills	0.1	2.7	0.1	0.3	0.0	0.0	0.0	96.8	0.0	0.0	0.0	0.0	0.0	100.0	96.8	3,591
Mid-Western Terai	0.0	11.9	1.3	4.1	0.0	0.0	0.3	78.8	0.0	3.0	0.5	0.0	0.2	100.0	82.6	3,276
Far Western Mountains	0.0	0.2	0.1	0.0	0.0	0.0	0.1	99.5	0.0	0.0	0.0	0.0	0.0	100.0	99.6	1,014
Far Western Hills	0.0	0.1	0.0	0.0	0.0	0.0	0.0	99.9	0.0	0.0	0.0	0.0	0.0	100.0	99.9	1,880
Far Western Terai	0.1	12.8	0.0	9.8	0.0	0.0	0.0	75.6	0.0	0.4	1.3	0.0	0.0	100.0	77.2	2,697
Area																
Urban	0.5	73.2	0.6	2.0	0.1	0.0	0.0	21.5	0.2	1.1	0.6	0.2	0.0	100.0	23.5	9,753
Kathmandu valley	0.3	98.0	0.1	0.0	0.3	0.0	0.0	1.0	0.2	0.0	0.0	0.1	0.0	100.0	1.2	2,971
Other urban	0.5	62.3	0.8	2.8	0.0	0.0	0.1	30.5	0.3	1.6	0.9	0.2	0.0	100.0	33.3	6,782
Rural	0.1	11.9	0.5	2.0	0.1	0.0	0.1	74.2	2.5	8.3	0.2	0.0	0.1	100.0	85.3	47,071
Education of household head																
None	0.1	8.9	0.4	1.5	0.0	0.0	0.1	75.0	3.6	10.2	0.2	0.0	0.0	100.0	89.1	24,691
Primary	0.1	17.3	0.3	1.8	0.2	0.0	0.2	74.2	0.9	4.5	0.4	0.0	0.1	100.0	80.2	11,523
Secondary	0.3	28.4	0.7	3.6	0.0	0.0	0.1	59.9	1.3	5.2	0.3	0.0	0.1	100.0	66.8	11,179
Higher	0.2	57.3	0.8	1.8	0.0	0.1	0.0	34.5	0.8	4.1	0.2	0.1	0.2	100.0	39.7	9,281
Wealth index quintiles																
Poorest	0.0	0.0	0.0	0.1	0.0	0.0	0.0	99.1	0.2	0.5	0.1	0.0	0.0	100.0	99.9	11,366
Second	0.0	0.2	0.0	0.5	0.0	0.0	0.0	87.1	3.5	8.5	0.1	0.0	0.0	100.0	99.2	11,366
Middle	0.1	2.1	0.2	1.8	0.1	0.1	0.3	74.7	5.1	15.2	0.2	0.1	0.0	100.0	95.6	11,366
Fourth	0.2	24.1	1.2	5.1	0.2	0.0	0.1	56.2	1.7	10.1	0.8	0.2	0.1	100.0	69.0	11,348
Richest	0.3	85.7	1.1	2.7	0.0	0.0	0.1	8.8	0.0	0.9	0.1	0.1	0.1	100.0	9.9	11,377

[1] MICS indicator 3.15 – Use of solid fuels for cooking

Note: 150 cases of missing 'mother's education' not shown

Overall, three in four household members (75 percent) lived in a house where solid fuels were used for cooking. Most household members used wood (65 percent). This was followed by liquefied petroleum gas (22 percent). Use of solid fuels varied by region. The highest proportion was in the Far Western Hills and Mountains (nearly all households) and the lowest was in the Central Hills (36 percent). Urban households were much less likely than rural households to use solid fuels (24 percent compared to 85 percent). Use of solid fuels is negatively associated with the education level of the household head and household wealth status. In households where the head had no education, 89 percent of household members used solid fuels for cooking. Almost all households in the poorest quintile used solid fuel for cooking.

The presence and extent of indoor pollution are dependent on cooking practices, places used for cooking, as well as types of fuel used. Solid fuel use by place of cooking is shown in Table CH.13. Some 60 percent of household members using solid fuels for cooking used a separate room in the house as a kitchen. In addition, 29 percent cooked within the house but not in a separate kitchen. The proportion of household members that cooked within a kitchen was highest in the Central Mountains (76 percent) and lowest in the Eastern Mountains (41 percent). Higher levels of education of the household head and the household wealth status both increased the likelihood that household members used a separate kitchen for cooking.

Table CH.13: Solid fuel use by place of cooking

Percentage of household members in households using solid fuels by place of cooking, Nepal, 2014

	Percent of household members by place of cooking:						Number of household members using solid fuels for cooking
	In the house		In a separate building	Outdoors	Other place	Total	
	In separate room used as kitchen	Elsewhere in the house					
Total	**60.0**	**28.6**	**7.4**	**3.6**	**0.1**	**100.0**	**42,458**
Region							
Eastern Mountains	40.6	49.9	8.5	1.0	0.0	100.0	752
Eastern Hills	52.3	32.7	14.5	0.4	0.0	100.0	2,913
Eastern Terai	74.0	11.4	6.0	7.8	0.0	100.0	6,085
Central Mountains	76.2	23.2	0.2	0.4	0.0	100.0	1,071
Central Hills	67.2	30.3	1.8	0.6	0.0	100.0	3,135
Central Terai	57.5	28.4	9.7	4.4	0.0	100.0	8,395
Western Mountains	67.7	30.2	2.1	0.0	0.0	100.0	25
Western Hills	61.6	32.9	3.3	1.9	0.0	100.0	4,666
Western Terai	47.8	29.7	9.7	12.2	0.0	100.0	3,475
Mid-Western Mountains	46.0	53.5	0.1	0.4	0.0	100.0	792
Mid-Western Hills	55.2	41.9	2.9	0.0	0.0	100.0	3,475
Mid-Western Terai	57.3	26.1	11.4	3.5	0.8	100.0	2,705
Far Western Mountains	73.9	23.9	2.0	0.1	0.0	100.0	1,010
Far Western Hills	58.9	39.5	1.1	0.4	0.0	100.0	1,877
Far Western Terai	54.9	19.5	22.4	1.5	0.0	100.0	2,082
Area							
Urban	62.6	23.1	9.4	3.9	0.0	100.0	2,293
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	100.0	35
Other urban	62.3	23.2	9.6	3.9	0.0	100.0	2,258
Rural	59.8	28.9	7.3	3.6	0.1	100.0	40,164
Education of household head							
None	54.9	34.0	6.4	4.3	0.0	100.0	21,987
Primary	61.5	28.2	7.3	2.6	0.2	100.0	9,238
Secondary	65.6	20.0	9.8	3.9	0.0	100.0	7,469
Higher	74.5	15.4	8.3	1.6	0.0	100.0	3,684
Wealth index quintiles							
Poorest	50.2	46.5	2.2	0.8	0.2	100.0	11,357
Second	56.4	32.6	6.8	4.0	0.0	100.0	11,270
Middle	63.8	20.5	10.1	5.1	0.0	100.0	10,866
Fourth	70.7	12.3	11.5	4.9	0.0	100.0	7,833
Richest	82.4	1.3	10.8	4.7	0.0	100.0	1,131

Note: 79 cases of missing 'mother's education' not shown
(*) Figures that are based on fewer than 25 unweighted cases

Malaria/Fever

Malaria is a major cause of death of children under five worldwide. Preventive measures and treatment with an effective antimalarial can dramatically reduce malaria mortality rates among children. In areas where malaria is common, WHO recommends indoor residual spraying (IRS), use of insecticide-treated bednets (ITNs) and prompt treatment of cases with recommended antimalarial drugs. Although malaria occurs in some parts of Nepal, it is rarely attributed as the major cause of death among children under five.

In 2010, WHO issued a recommendation for universal use of diagnostic testing to confirm malaria infection and apply appropriate treatment based on the results. According to the guidelines, treatment solely on the basis of clinical suspicion should only be considered when a parasitological diagnosis is not accessible. This recommendation was based on studies that showed substantial reduction in the proportion of fevers associated with malaria[5]. This recommendation implies that the indicator on proportion of children with fever that received antimalarial treatment is no longer an acceptable indicator of the level of treatment of malaria in the population of children under five. However, as it remains the MDG indicator and for purposes of comparisons, as well assessment of patterns across socio-demographic characteristics, the indicator remains a standard MICS indicator.

Children with severe malaria symptoms, such as fever and convulsions, should be taken to a health facility. Furthermore, children recovering from malaria should be given extra liquids and food, and younger children should continue breastfeeding.

Table CH.14 provides information on care-seeking behaviour for children aged 0–59 months with an episode of fever in the two weeks preceding the survey[6]. Advice was sought from a health facility or a qualified provider for 46 percent of children with fever; these services were provided mainly by the public sector (47 percent). However, no advice or treatment was sought in 29 percent of cases. Regionally, the proportion of children seeking care from a health facility or qualified provider was highest in the Far Western Hills (55 percent) and lowest in the Mid-Western Mountains (30 percent). By age, children aged 0–11 months were most likely to receive care from a health facility or qualified provider (55 percent). Mother's education level and household wealth status were both positively correlated with seeking care from a health facility or qualified provider.

[5] *D'Acremont, V., Lengeler, C. and Genton, B., 2010. Reduction in the proportion of fevers associated with Plasmodium falciparum parasitaemia in Africa: a systematic review. Malaria Journal, 9(240).*

[6] *20 percent of under-5s had an episode of fever in the two weeks preceding the survey.*

Table CH.14: Care-seeking during fever

Percentage of children aged 0–59 months with fever in the two weeks preceding the survey for whom advice or treatment was sought, by source of advice or treatment, Nepal, 2014

	Percent for whom							Number of children aged 0–59 months with fever in the last two weeks
	Advice or treatment was sought from						No advice or treatment sought	
	Health facilities or providers				Other source	Health facility or provider [1] [b]		
	Public	Private	NGO	Community health provider [a]				
Total	**22.8**	**46.8**	**0.3**	**4.0**	**4.0**	**46.4**	**29.0**	**1,074**
Sex								
Male	22.8	46.3	0.3	3.7	3.3	45.7	30.2	559
Female	22.8	47.4	0.3	4.3	4.8	47.2	27.6	514
Region								
Eastern Mountains	49.4	7.9	0.0	9.0	0.0	54.7	43.7	15
Eastern Hills	33.5	25.4	0.0	5.8	0.0	51.3	41.1	55
Eastern Terai	23.8	59.2	0.0	6.6	4.7	54.1	14.3	221
Central Mountains	51.0	16.4	0.0	15.0	(2.7)	(59.0)	(32.7)	10
Central Hills	9.9	51.3	0.0	0.0	7.0	35.8	36.2	132
Central Terai	17.5	55.1	0.0	4.1	8.6	49.0	28.0	179
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	
Western Hills	26.0	47.5	2.9	3.0	3.4	45.0	21.9	111
Western Terai	8.6	75.8	0.0	0.0	0.0	49.0	15.6	80
Mid-Western Mountains	25.0	10.1	0.0	3.5	1.1	30.2	63.8	21
Mid-Western Hills	24.1	29.3	0.0	1.6	1.2	33.5	47.7	88
Mid-Western Terai	21.3	41.4	0.0	3.8	3.0	41.6	32.3	60
Far Western Mountains	46.7	6.2	0.0	4.6	0.0	48.4	48.9	26
Far Western Hills	53.2	6.4	0.0	13.5	2.2	57.0	40.2	37
Far Western Terai	26.4	49.0	0.0	2.1	0.0	46.4	26.7	37
Area								
Urban	11.0	69.9	0.0	0.2	3.4	50.8	19.6	153
Kathmandu valley	(7.8)	(66.1)	(0.0)	(0.0)	(8.6)	(48.0)	(27.1)	41
Other urban	12.1	71.3	0.0	0.3	1.5	51.8	16.9	112
Rural	24.8	43.0	0.4	4.6	4.1	45.7	30.6	921
Age								
0–11 months	25.8	56.0	1.8	5.0	3.5	54.9	16.3	182
12–23 months	26.5	45.2	0.0	5.2	4.8	46.8	27.2	259
24–35 months	21.4	43.5	0.0	2.7	2.3	41.9	33.3	234
36–47 months	20.0	48.9	0.0	3.2	6.2	47.7	29.7	212
48–59 months	19.7	42.0	0.0	3.8	3.1	41.7	37.7	187
Mother's education								
None	22.8	39.4	0.4	5.0	4.6	39.9	36.6	415
Primary	26.1	41.4	0.0	2.9	6.2	43.4	30.1	194
Secondary	21.2	53.2	0.7	3.7	0.9	46.4	25.2	250
Higher	21.9	58.6	0.0	3.3	4.6	61.7	17.7	215
Wealth index quintiles								
Poorest	29.0	24.5	0.7	4.4	2.6	35.8	45.5	231
Second	31.8	33.8	0.9	4.5	4.2	49.6	32.1	201
Middle	22.5	49.5	0.0	6.4	4.4	47.3	25.4	219
Fourth	18.5	60.4	0.0	1.9	3.5	49.3	22.3	254
Richest	10.5	69.4	0.0	2.8	5.9	51.6	17.2	168

[1] MICS indicator 3.20 – Care-seeking for fever

[a] Community health providers include both public (Female Community Health Volunteer, Village Health Worker and mobile/outreach clinic) and private (mobile clinic) health facilities

[b] Includes all public and private health facilities and providers as well as shops

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table CH.15: Treatment of children with fever

Percentage of children aged 0–59 months who had a fever in the two weeks preceding the survey, by type of medicine given for the illness, Nepal, 2014

	Percent who were given:													Number of children aged 0–59 months with fever in the last two weeks
	Antimalarials						Other medications					Other	DK/ Missing	
	SP/ Fansidar	Chloro-quine	Amodia-quine	Quinine	Artemisinin-based combina-tion therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracet-amol/ panadol/ acetamin-ophen	Aspirin	Ibuprofen			
Total	**0.2**	**0.2**	**0.0**	**0.0**	**0.3**	**0.2**	**59.6**	**1.3**	**22.1**	**0.0**	**1.1**	**3.3**	**1.9**	**1,074**
Sex														
Male	0.0	0.5	0.0	0.1	0.1	0.4	60.8	1.0	20.5	0.0	1.8	2.9	1.2	559
Female	0.4	0.0	0.0	0.0	0.4	0.0	58.2	1.6	23.8	0.0	0.4	3.7	2.6	514
Region														
Eastern Mountains	1.5	0.0	0.0	0.0	0.0	0.0	40.7	0.0	24.4	0.0	4.7	2.8	3.0	15
Eastern Hills	0.0	0.8	0.0	0.8	1.5	0.0	57.8	0.0	16.3	0.0	3.5	1.5	0.0	55
Eastern Terai	0.8	0.9	0.0	0.0	0.0	0.0	73.6	1.6	22.9	0.0	1.0	6.3	1.3	221
Central Mountains	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(59.9)	(0.0)	(3.5)	(0.0)	(0.0)	(0.0)	(0.0)	10
Central Hills	0.0	0.0	0.0	0.0	0.0	1.2	58.2	0.0	15.0	0.0	0.0	6.4	1.1	132
Central Terai	0.0	0.0	0.0	0.0	1.2	0.0	60.4	3.5	27.5	0.0	0.0	2.5	3.3	179
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	
Western Hills	0.0	0.0	0.0	0.0	0.0	0.0	55.7	1.3	45.4	0.0	0.0	1.6	1.8	111
Western Terai	0.0	0.0	0.0	0.0	0.0	0.0	79.8	0.0	30.3	0.0	9.3	0.0	0.0	80
Mid-Western Mountains	0.0	0.0	0.0	0.0	0.0	1.9	25.8	0.7	7.7	0.0	0.0	1.0	0.9	21
Mid-Western Hills	0.0	0.0	0.0	0.0	0.0	0.0	47.9	2.5	3.8	0.0	0.0	0.4	0.0	88
Mid-Western Terai	0.0	0.0	0.0	0.0	0.0	0.0	55.2	0.0	10.1	0.0	0.0	3.8	1.8	60
Far Western Mountains	0.0	0.0	0.0	0.0	0.0	0.0	28.7	0.0	25.2	0.0	0.0	1.7	6.0	26
Far Western Hills	0.0	0.0	0.0	0.0	0.0	0.0	29.6	0.0	19.8	0.0	0.0	2.9	11.7	37
Far Western Terai	0.0	0.0	0.0	0.0	0.0	0.0	60.6	0.0	11.7	0.0	0.0	2.0	0.0	37
Area														
Urban	0.0	0.3	0.0	0.3	0.0	1.1	68.2	1.0	34.4	0.0	0.0	4.4	1.1	153
Kathmandu valley	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(4.0)	(59.6)	(0.0)	(21.6)	(0.0)	(0.0)	(5.1)	(0.0)	41
Other urban	0.0	0.4	0.0	0.4	0.0	0.0	71.3	1.4	39.0	0.0	0.0	4.1	1.5	112
Rural	0.2	0.2	0.0	0.0	0.3	0.0	58.1	1.3	20.0	0.0	1.3	3.1	2.0	921
Age														
0–11 months	1.0	0.2	0.0	0.2	0.0	0.0	73.7	2.4	20.7	0.0	2.3	5.0	1.6	182
12–23 months	0.0	0.0	0.0	0.0	0.0	0.2	59.6	0.0	22.0	0.0	1.4	3.4	1.8	259
24–35 months	0.1	0.0	0.0	0.0	0.3	0.7	57.1	1.2	26.3	0.0	0.5	1.9	1.1	234
36–47 months	0.0	0.0	0.0	0.0	1.0	0.0	57.0	3.0	20.4	0.0	0.0	5.7	2.9	212
48–59 months	0.0	1.1	0.0	0.0	0.0	0.0	51.8	0.0	20.0	0.0	1.7	0.3	2.0	187

Table CH.15: Continued

Percentage of children aged 0–59 months who had a fever in the two weeks preceding the survey, by type of medicine given for the illness, Nepal, 2014

	Percent who were given:													Number of children aged 0–59 months with fever in the last two weeks
	Antimalarials						Other medications					Other	DK/ Missing	
	SP/ Fansidar	Chloro-quine	Amodia-quine	Quinine	Artemisinin-based combina-tion therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracet-amol/ panadol/ acetamin-ophen	Aspirin	Ibuprofen			
Mother's Education														
None	0.0	0.1	0.0	0.1	0.5	0.0	54.4	2.2	19.5	0.0	0.5	2.0	0.9	415
Primary	0.1	1.1	0.0	0.0	0.0	0.0	59.2	0.0	19.3	0.0	1.7	2.2	1.9	194
Secondary	0.7	0.0	0.0	0.0	0.0	0.0	62.2	0.7	99.6	0.0	1.6	5.1	1.5	250
Higher	0.0	0.0	0.0	0.0	0.4	0.9	66.8	1.2	20.8	0.0	1.4	4.6	4.2	215
Wealth index quintiles														
Poorest	0.0	0.0	0.0	0.0	0.4	0.1	43.3	1.2	12.0	0.0	0.0	1.3	3.7	231
Second	0.1	0.0	0.0	0.0	1.1	0.1	58.9	0.0	27.9	0.0	0.5	1.7	0.0	201
Middle	0.8	0.2	0.0	0.2	0.0	0.0	63.5	4.2	23.2	0.0	1.6	2.4	2.1	219
Fourth	0.0	0.8	0.0	0.0	0.0	0.0	65.5	0.6	20.3	0.0	2.0	5.1	1.7	254
Richest	0.0	0.0	0.0	0.0	0.0	1.0	68.7	0.0	30.2	0.0	1.6	6.3	1.5	168

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Mothers were asked to report all medicines given to a child to treat fever, including medicines given both at home and those given or prescribed at a health facility. Artemisinin-based combination therapy (ACT) is the first-line antimalarial recommended by the WHO and used in Nepal. In addition, confirmation of malaria is done on all fever cases through rapid diagnostic test.

Table CH.15 shows the treatment of children with fever. Less than 1 percent of children were treated with an ACT and an additional 1 percent received an antimalarial other than ACT. Among other treatments provided were 'antibiotic pill or syrup' (60 percent) and 'paracetamol/panadol/ acetaminophen' (22 percent). No trends by background characteristics could be observed in treatment with antimalarials as sample sizes were very small.

Table CH.16 shows the proportion of children aged 0–59 months with a fever in the two weeks preceding the survey who had a finger or heel stick for malaria testing, as well as treatment with antimalarial. Overall, 5 percent of children with a fever had blood taken from a finger or heel for testing. Of children who received antimalarials, the number who received ACT was too small for analysis. Only 10 of 1,074 children with fever received any antimalarials. Due to low number of observations, no results are presented in the table.

Table CH.16: Diagnostics and antimalarial treatment of children

Percentage of children aged 0–59 months who had a fever in the two weeks preceding the survey who had a finger or heel stick for malaria testing, Nepal, 2014

	Percent who:					Number of children aged 0–59 months with fever in the last two weeks
	Had blood taken from a finger or heel for testing [1]	Were given:				
		Artemisinin-based combination treatment (ACT)	ACT on the same or next day	Any antimalarial drugs [2]	Any antimalarial drugs on the same or next day	
Total	**4.8**	**0.3**	**0.2**	**0.9**	**0.5**	**1,074**
Sex						
Male	4.3	0.1	0.0	1.0	0.7	559
Female	5.4	0.4	0.4	0.8	0.4	514
Region						
Eastern Mountains	1.4	0.0	0.0	1.5	0.0	15
Eastern Hills	4.0	1.5	0.0	2.3	0.0	55
Eastern Terai	9.1	0.0	0.0	1.8	0.9	221
Central Mountains	(2.7)	(0.0)	(0.0)	(0.0)	(0.0)	10
Central Hills	2.0	0.0	0.0	1.2	1.2	132
Central Terai	3.2	1.2	1.2	1.2	1.2	179
Western Mountains	(*)	(*)	(*)	(*)	(*)	
Western Hills	6.8	0.0	0.0	0.0	0.0	111
Western Terai	3.2	0.0	0.0	0.0	0.0	80
Mid-Western Mountains	6.1	0.0	0.0	1.9	0.0	21
Mid-Western Hills	2.7	0.0	0.0	0.0	0.0	88
Mid-Western Terai	7.5	0.0	0.0	0.0	0.0	60
Far Western Mountains	3.7	0.0	0.0	0.0	0.0	26
Far Western Hills	2.9	0.0	0.0	0.0	0.0	37
Far Western Terai	0.0	0.0	0.0	0.0	0.0	37
Area						
Urban	6.4	0.0	0.0	1.3	1.1	153
Kathmandu valley	6.6	0.0	0.0	4.0	4.0	41
Other urban	6.3	0.0	0.0	0.4	0.0	112
Rural	4.6	0.3	0.2	0.8	0.5	921
Age (months)						
0–11	2.6	0.0	0.0	1.3	0.0	182
12–23	6.2	0.0	0.0	0.2	0.0	259
24–35	3.6	0.3	0.0	1.1	0.7	234
36–47	4.3	1.0	1.0	1.0	1.0	212
48–59	7.0	0.0	0.0	1.1	1.1	187
Mother's education						
None	4.0	0.5	0.5	0.7	0.5	415
Primary	4.9	0.0	0.0	1.2	1.1	194
Secondary	4.3	0.0	0.0	0.7	0.0	250
Higher	7.0	0.4	0.0	1.2	0.8	215
Wealth index quintiles						
Poorest	2.9	0.4	0.0	0.4	0.0	231
Second	3.4	1.1	1.1	1.3	1.1	201
Middle	6.6	0.0	0.0	1.0	0.0	219
Fourth	4.2	0.0	0.0	0.8	0.8	254
Richest	7.8	0.0	0.0	1.0	1.0	168

[1] MICS indicator 3.21 — Malaria diagnostics usage

[2] MICS indicator 3.22; MDG indicator 6.8 — Antimalarial treatment of children under age 5

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

CHAPTER 7

Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical and physical contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.[1]

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting. Improved sanitation can reduce diarrhoeal disease by more than a third[2], and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

The MDG target (7C) is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

For more details on water and sanitation and to access some reference documents, please visit data.unicef.org[3] or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation[4] .

[1] *WHO/UNICEF. 2012. Progress on Drinking water and Sanitation: 2012 update.*

[2] *Cairncross, S et al. 2010. Water, sanitation and hygiene for the prevention of diarrhoea. International Journal of Epidemiology 39: i193–i205.*

[3] *http://data.unicef.org/water-sanitation/sanitation*

[4] *http://www.wssinfo.org*

Use of Improved Water Sources

The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tubewell/borehole, protected well, protected spring and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for handwashing and cooking.

The distribution of household members by main source of drinking water is shown in Table WS.1. Overall, 93 percent of household members used an improved source of drinking water. Most used a tubewell/borehole (43 percent), public tap/standpipe (19 percent), and water piped into yard or plot (16 percent). Some 9 percent had piped water into their dwelling. Of unimproved sources, the most common was unprotected spring (3 percent). Of household members using improved water sources, the highest proportion was in the Eastern Terai (99 percent) and the lowest was in the Mid-Western Mountains (73 percent). The education level of the household head had no association with use of improved water source. Households in the poorest quintile were least likely to use improved sources (83 percent).

Table WS.1: Use of improved water sources

Percentage of household members according to main source of drinking water, and percentage using improved drinking water sources, Nepal, 2014

	Percent by main source of drinking water															Total	Percent using improved sources of drinking water [1]	Number of household members
	Improved sources									Unimproved sources								
	Piped water				Tube-well/ bore-hole	Protected well	Protected spring	Rain-water collection	Bottled water [a]	Unprotected well	Unprotected spring	Tanker truck	Surface water	Bottled water [a]	Other			
	Into dwelling	Into yard/ plot	To neighbour	Public tap/ stand-pipe														
Total	**8.7**	**16.2**	**1.6**	**18.7**	**43.4**	**1.4**	**2.1**	**0.0**	**1.2**	**1.3**	**2.7**	**0.4**	**1.8**	**0.2**	**0.4**	**100.0**	**93.3**	**56,824**
Region																		
Eastern Mountains	2.1	54.5	5.1	18.9	0.0	0.2	11.8	0.0	0.0	0.0	7.0	0.0	0.3	0.0	0.0	100.0	92.7	779
Eastern Hills	6.4	38.1	1.4	21.5	7.7	2.0	10.2	0.1	0.0	4.1	7.3	0.0	1.2	0.0	0.0	100.0	87.5	3,169
Eastern Terai	6.5	7.4	0.3	1.2	83.3	0.4	0.1	0.0	0.4	0.5	0.1	0.0	0.0	0.0	0.0	100.0	99.4	8,251
Central Mountains	6.9	36.2	7.1	41.2	0.3	0.1	2.0	0.0	0.0	0.2	3.5	0.0	2.6	0.0	0.0	100.0	93.8	1,148
Central Hills	26.1	18.8	2.0	20.4	6.3	4.0	1.7	0.0	7.1	2.3	1.7	2.2	5.0	1.0	1.4	100.0	86.3	8,746
Central Terai	4.0	7.0	0.5	1.0	86.3	0.4	0.0	0.0	0.0	0.3	0.3	0.0	0.0	0.1	0.0	100.0	99.3	10,248
Western Mountains	16.9	31.9	1.7	46.2	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.0	2.6	0.0	0.0	100.0	97.1	32
Western Hills	11.9	36.1	1.2	43.1	0.1	0.6	3.2	0.0	0.7	0.0	2.1	0.3	0.7	0.0	0.0	100.0	96.9	6,371
Western Terai	6.6	16.5	1.4	4.0	69.2	0.5	0.3	0.0	0.0	0.1	1.3	0.0	0.0	0.0	0.1	100.0	98.4	4,825
Mid-Western Mountains	1.1	3.1	6.4	48.7	1.0	0.6	12.4	0.0	0.0	1.6	13.6	0.0	11.2	0.0	0.3	100.0	73.3	798
Mid-Western Hills	4.8	18.0	5.9	41.1	0.5	0.5	5.3	0.2	0.0	1.2	17.0	0.0	5.3	0.0	0.0	100.0	76.5	3,591
Mid-Western Terai	2.8	2.5	0.2	7.0	71.5	5.8	0.6	0.0	0.1	7.5	1.5	0.0	0.7	0.0	0.0	100.0	90.3	3,276
Far Western Mountains	1.3	17.3	5.1	67.5	0.3	0.0	1.7	0.0	0.0	0.1	1.2	0.0	4.0	0.0	1.5	100.0	93.2	1,014
Far Western Hills	0.7	7.2	0.7	79.6	0.0	0.1	1.8	0.0	0.0	0.7	1.6	0.0	4.5	0.0	3.1	100.0	90.1	1,880
Far Western Terai	2.4	1.5	0.5	4.8	89.1	0.0	0.4	0.0	0.1	0.1	0.0	0.0	0.7	0.0	0.3	100.0	98.8	2,697
Area																		
Urban	27.7	23.9	1.1	8.3	27.5	1.5	1.4	0.0	4.0	0.4	0.5	2.1	0.2	1.0	0.4	100.0	95.5	9,753
Kathmandu valley	40.0	19.4	1.9	9.6	4.2	2.1	1.3	0.0	11.3	0.3	0.0	6.1	0.0	2.7	1.1	100.0	89.8	2,971
Other urban	22.3	25.8	0.8	7.7	37.7	1.3	1.5	0.0	0.8	0.4	0.7	0.3	0.3	0.2	0.1	100.0	97.9	6,782
Rural	4.8	14.7	1.7	20.9	46.6	1.3	2.2	0.0	0.7	1.5	3.1	0.0	2.1	0.0	0.4	100.0	92.9	47,071
Education of household head																		
None	3.8	12.0	1.8	20.2	51.4	1.0	2.0	0.0	0.2	1.7	3.1	0.2	2.1	0.1	0.4	100.0	92.5	24,691
Primary	7.5	18.0	2.1	22.8	36.9	1.4	2.8	0.0	0.6	1.4	3.4	0.2	2.3	0.2	0.4	100.0	92.2	11,523
Secondary	9.7	20.5	1.3	17.3	40.2	1.4	1.8	0.0	1.8	1.1	2.5	0.4	1.4	0.2	0.3	100.0	94.0	11,179
Higher	22.5	20.1	0.6	11.6	33.7	2.1	1.8	0.0	4.0	0.4	0.9	1.1	0.8	0.4	0.2	100.0	96.3	9,281

Table WS.1: Continued

Percentage of household members according to main source of drinking water, and percentage using improved drinking water sources, Nepal, 2014

	Percent by main source of drinking water															Total	Percent using improved sources of drinking water [1]	Number of household members
	Improved sources									Unimproved sources								
	Piped water				Tube-well/ bore-hole	Pro-tected well	Pro-tected spring	Rain-water collec-tion	Bottled water [a]	Unpro-tected well	Unpro-tected spring	Tanker truck	Surface water	Bottled water [a]	Other			
	Into dwelling	Into yard/ plot	To neigh-bour	Public tap/ stand-pipe														
Wealth index quintile																		
Poorest	1.2	14.6	3.9	52.0	4.7	0.4	5.6	0.1	0.0	1.6	9.1	0.0	5.7	0.0	1.1	100.0	82.5	11,366
Second	2.8	19.2	1.8	20.4	44.9	1.2	2.4	0.0	0.0	2.1	3.0	0.0	1.9	0.0	0.4	100.0	92.7	11,366
Middle	1.4	11.2	0.8	8.1	72.9	1.5	0.8	0.0	0.1	1.4	0.7	0.0	0.9	0.0	0.1	100.0	96.9	11,366
Fourth	4.7	14.7	0.9	7.6	67.2	1.5	0.8	0.0	0.5	1.1	0.4	0.1	0.3	0.1	0.1	100.0	97.9	11,348
Richest	33.6	21.5	0.4	5.6	27.0	2.1	0.8	0.0	5.6	0.2	0.1	1.8	0.1	0.8	0.3	100.0	96.8	11,377

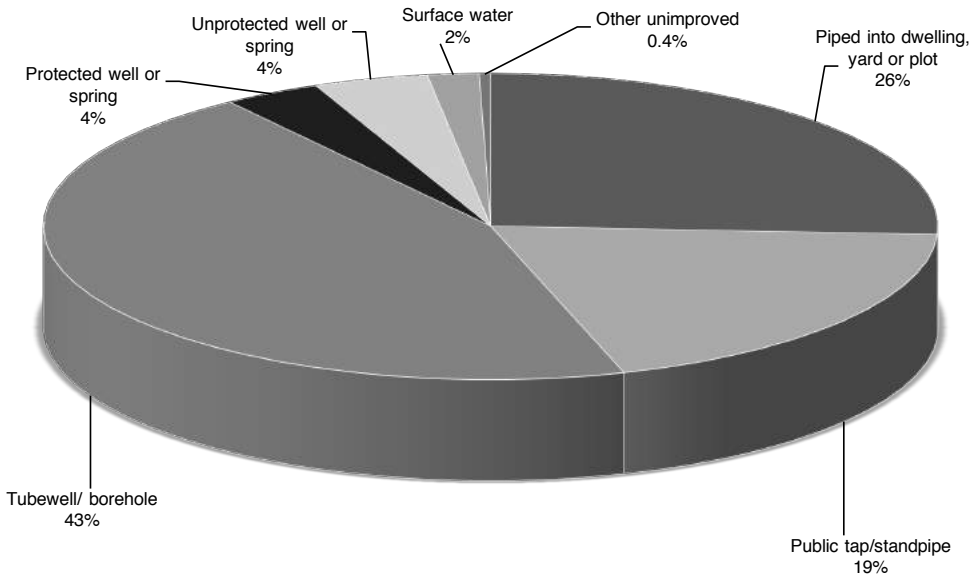
[1] MICS indicator 4.1; MDG indicator 7.8 – Use of improved drinking water sources

[a] Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

Note: 150 cases of missing 'education of household head' not shown

Figure WS.1 shows percentage of household members by source of drinking water.

Figure WS.1: Percentage of household members by source of drinking water, Nepal, 2014



Households were asked of ways they may be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter, and using solar disinfection are considered as proper treatment of drinking water. Table WS.2 shows water treatment by household members and proportion using unimproved water sources but using appropriate water treatment methods. Of household members living in households using an unimproved water source, only 14 percent used an appropriate method to treat the water. Common treatment methods were: use of water filter (12 percent) and boiling water (10 percent). Household members were most likely to live in households that did not treat water in any way (81 percent).

Among the regions, water treatment was highest in the Western Mountains where 63 percent of household members boiled their water and lowest in the Far Western Hills where 99 percent did nothing. Household members in urban areas were more likely than those in rural areas to treat their water. The education level of the household head and the household's wealth were both positively associated with the likelihood of treating water. Treating water was markedly higher in the richest households.

Of household members using an unimproved water source, those in urban areas were much more likely than those in rural areas to treat it appropriately (57 percent compared to 8 percent). Education level of household head and household wealth status were both strongly correlated with the likelihood of appropriately treating water from an unimproved source.

Table WS.2: Household water treatment

Percentage of household members by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Nepal, 2014

	Percent by water treatment method used in household								Number of household members	Percent of household members using unimproved drinking water sources and an appropriate water treatment method [1]	Number of household members using unimproved drinking water sources
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other			
Total	**81.2**	**9.7**	**0.4**	**1.8**	**11.8**	**0.5**	**0.6**	**0.3**	**56,824**	**13.6**	**3,782**
Region											
Eastern Mountains	82.7	16.0	0.0	1.0	1.2	0.2	0.0	0.0	779	6.5	57
Eastern Hills	75.5	20.6	0.3	3.2	4.9	0.3	0.9	0.1	3,169	14.2	397
Eastern Terai	81.6	6.0	0.1	0.4	13.7	0.4	2.0	0.3	8,251	(*)	46
Central Mountains	91.5	5.8	0.0	0.6	3.5	0.2	0.2	0.0	1,148	4.1	72
Central Hills	51.8	26.6	1.7	2.8	37.4	2.2	0.4	1.0	8,746	27.0	1,198
Central Terai	98.3	0.7	0.1	0.2	1.4	0.0	0.1	0.0	10,248	(*)	72
Western Mountains	35.9	63.4	0.4	1.6	4.4	0.6	0.0	0.0	32	(*)	1
Western Hills	68.4	19.0	0.3	1.3	17.6	0.5	0.0	0.2	6,371	(19.0)	201
Western Terai	87.6	4.5	0.2	0.6	10.4	0.1	0.4	0.0	4,825	(*)	75
Mid-Western Mountains	94.5	3.8	0.0	1.1	0.4	0.0	0.0	0.0	798	10.7	213
Mid-Western Hills	92.3	1.4	0.0	4.0	2.4	0.0	0.0	0.2	3,591	1.9	845
Mid-Western Terai	82.4	4.1	0.6	10.3	4.7	0.5	1.2	0.1	3,276	14.9	317
Far Western Mountains	95.9	3.7	0.0	0.2	0.0	0.1	0.8	0.0	1,014	2.3	69
Far Western Hills	99.2	0.5	0.0	0.2	0.3	0.0	0.0	0.0	1,880	0.7	187
Far Western Terai	93.8	2.8	0.2	0.0	4.1	0.1	0.2	0.0	2,697	(*)	32
Area											
Urban	49.5	25.5	1.7	1.7	40.1	1.4	0.8	1.0	9,753	57.4	443
Kathmandu valley	23.0	49.1	3.8	2.6	60.3	2.1	0.3	2.1	2,971	73.0	303
Other urban	61.2	15.1	0.8	1.3	31.2	1.1	1.0	0.5	6,782	23.6	140
Rural	87.8	6.4	0.1	1.8	6.0	0.3	0.5	0.1	47,071	7.8	3,339
Main source of drinking water											
Improved	81.2	9.8	0.4	1.5	12.1	0.5	0.5	0.2	53,042	na	na
Unimproved	81.4	8.8	0.3	5.8	8.0	0.2	0.7	0.4	3,782	13.6	3,782

Table WS.2: Continued

Percentage of household members by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Nepal, 2014

	Percent by water treatment method used in household								Number of household members	Percent of household members using unimproved drinking water sources and an appropriate water treatment method [1]	Number of household members using unimproved drinking water sources
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other			
Education of household head											
None	90.8	4.4	0.1	1.2	4.8	0.2	0.3	0.0	24,691	9.1	1,856
Primary	84.2	8.0	0.2	2.4	8.6	0.3	0.7	0.1	11,523	10.7	903
Secondary	75.3	12.4	0.4	2.7	14.8	0.8	0.9	0.3	11,179	14.1	668
Higher	59.4	22.6	1.4	1.3	30.6	1.2	0.5	1.0	9,281	42.5	346
Wealth index quintile											
Poorest	95.7	2.8	0.0	1.2	0.3	0.1	0.0	0.0	11,366	1.0	1,984
Second	89.8	6.7	0.0	2.1	1.6	0.0	0.4	0.0	11,366	14.6	830
Middle	90.5	4.2	0.0	2.3	3.7	0.1	1.1	0.1	11,366	16.0	357
Fourth	83.4	8.1	0.2	1.8	9.7	0.4	0.9	0.2	11,348	(27.3)	243
Richest	46.7	26.7	1.8	1.7	43.8	1.9	0.4	1.0	11,377	68.2	368

[1] MICS indicator 4.2 – Water treatment

na: not applicable
Note: 8 cases of missing 'education of household head' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

The amount of time it takes household members to obtain water, including those with water on the premises, is presented in Table WS.3. The results refer to one round trip from home to drinking water source. Information on the number of trips made in one day was not collected. The availability of water on premises is associated with higher use, better family hygiene and better health outcomes. For a round trip of over 30 minutes, it has been observed that household members carry progressively less water and are more likely to compromise on minimal basic drinking water needs.

The majority of households (67 percent) used an improved drinking water source on the premises. In addition, 22 percent used an improved drinking water source with a round trip of less than 30 minutes and 3 percent used an unimproved drinking water source with a round trip of less than 30 minutes. Some 5 percent of household members used an improved drinking water source with a round trip of 30 minutes or more and 3 percent used an unimproved drinking water source with a round trip of 30 minutes or more. In total, 7 percent of household members took more than 30 minutes to collect water.

The highest proportion of household members taking 30 minutes or more to collect water was in the Mid-Western Hills (30 percent) and the lowest was in the Eastern Terai (less than 1 percent). Household members in households where the head had primary education were more likely than others to take 30 minutes or more to collect water (9 percent). Household members living in households in the poorest quintile were more likely than others to take 30 minutes or more to collect water. The education level of the household head and the household's wealth status were both positively associated with having a water source on the premises.

Table WS.3: Time to source of drinking water

Percentage of household members according to time taken to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Nepal, 2014

	Time to source of drinking water								Total	Number of household members
	Percent of users of improved drinking water sources				Percent of users of unimproved drinking water sources					
	Water on premises	Less than 30 minutes	30 minutes or more	DK/ Missing	Water on premises	Less than 30 minutes	30 minutes or more	DK/ Missing		
Total	**66.8**	**21.9**	**4.5**	**0.2**	**0.8**	**2.9**	**2.8**	**0.1**	**100.0**	**56,824**
Region										
Eastern Mountains	68.1	15.4	9.2	0.0	1.1	3.9	2.4	0.0	100.0	779
Eastern Hills	58.6	22.7	6.1	0.0	1.2	6.6	4.3	0.4	100.0	3,169
Eastern Terai	88.7	10.2	0.6	0.0	0.4	0.1	0.0	0.0	100.0	8,251
Central Mountains	51.7	39.7	2.3	0.0	0.1	4.2	1.9	0.0	100.0	1,148
Central Hills	63.3	18.5	4.1	0.4	2.8	6.0	4.4	0.6	100.0	8,746
Central Terai	77.7	20.1	1.2	0.3	0.1	0.6	0.0	0.0	100.0	10,248
Western Mountains	52.7	37.5	6.4	0.5	0.0	2.5	0.4	0.0	100.0	32
Western Hills	52.0	38.3	6.4	0.2	0.2	0.8	2.1	0.0	100.0	6,371
Western Terai	85.8	11.5	1.0	0.1	0.1	1.1	0.3	0.0	100.0	4,825
Mid-Western Mountains	13.5	43.4	15.9	0.5	0.1	12.3	14.1	0.2	100.0	798
Mid-Western Hills	34.5	28.4	13.6	0.0	0.8	6.2	16.3	0.2	100.0	3,591
Mid-Western Terai	75.5	13.9	0.8	0.2	2.1	5.6	1.9	0.1	100.0	3,276
Far Western Mountains	25.7	50.5	16.9	0.1	0.0	3.8	2.9	0.1	100.0	1,014
Far Western Hills	12.1	53.6	24.3	0.0	0.0	5.0	4.7	0.2	100.0	1,880
Far Western Terai	87.8	9.5	0.9	0.6	0.3	0.2	0.7	0.0	100.0	2,697
Area										
Urban	84.7	7.8	2.6	0.4	2.0	1.3	0.8	0.6	100.0	9,753
Kathmandu valley	80.1	5.4	3.3	1.1	4.8	2.8	0.9	1.8	100.0	2,971
Other urban	86.7	8.8	2.3	0.1	0.7	0.6	0.7	0.0	100.0	6,782
Rural	63.1	24.8	4.9	0.2	0.6	3.2	3.3	0.1	100.0	47,071
Education of household head										
None	60.5	26.4	5.3	0.2	0.8	3.4	3.3	0.1	100.0	24,691
Primary	62.5	24.2	5.1	0.3	0.8	2.8	4.1	0.1	100.0	11,523
Secondary	72.0	17.8	4.1	0.1	0.8	2.8	2.3	0.1	100.0	11,179
Higher	82.3	11.9	2.0	0.1	1.1	1.5	0.8	0.4	100.0	9,281
Wealth index quintile										
Poorest	27.1	41.1	14.2	0.3	1.0	6.6	9.8	0.0	100.0	11,366
Second	56.3	32.2	3.9	0.3	0.5	4.1	2.5	0.2	100.0	11,366
Middle	76.0	19.2	1.6	0.1	0.8	1.5	0.8	0.0	100.0	11,366
Fourth	84.2	11.9	1.6	0.1	0.3	1.1	0.7	0.1	100.0	11,348
Richest	90.3	4.9	1.3	0.2	1.5	1.0	0.3	0.4	100.0	11,377

Note: 150 cases of missing 'education of household head' not shown

Table WS.4: Person collecting water

Percentage of households without drinking water on the premises, and percentage of households without drinking water on the premises according to the person usually collecting drinking water used in the household, Nepal, 2014

	Percent of households without drinking water on the premises	Number of households	Percent by person usually collecting drinking water							Number of households without drinking water on the premises
			Adult woman	Adult man	Female child under 15 years	Male child under 15 years	DK	Missing	Total	
Total	**32.9**	**12,405**	**84.0**	**9.2**	**4.5**	**1.7**	**0.2**	**0.4**	**100.0**	**4,085**
Region										
Eastern Mountains	31.7	776	74.8	13.0	8.8	3.4	0.0	0.0	100.0	57
Eastern Hills	40.3	777	83.1	12.9	3.2	0.0	0.0	0.8	100.0	309
Eastern Terai	11.0	974	89.0	5.9	4.1	1.0	0.0	0.0	100.0	204
Central Mountains	48.7	771	88.6	8.3	2.0	1.1	0.0	0.0	100.0	146
Central Hills	34.3	1,503	80.2	15.2	1.7	1.2	1.1	0.5	100.0	748
Central Terai	22.9	956	88.3	6.5	4.9	0.0	0.0	0.3	100.0	441
Western Mountains	48.4	374	79.8	18.5	1.1	0.0	0.6	0.0	100.0	5
Western Hills	46.0	973	86.0	8.3	3.7	2.0	0.0	0.0	100.0	749
Western Terai	14.7	782	74.7	10.8	10.4	3.3	0.0	0.8	100.0	135
Mid-Western Mountains	85.6	743	77.9	6.8	12.0	3.1	0.0	0.1	100.0	133
Mid-Western Hills	64.7	778	82.0	6.6	7.9	3.0	0.0	0.4	100.0	494
Mid-Western Terai	23.7	759	83.8	4.9	7.0	3.7	0.0	0.7	100.0	159
Far Western Mountains	72.7	759	84.4	7.2	4.7	3.0	0.2	0.5	100.0	135
Far Western Hills	87.7	736	92.0	5.2	1.8	0.7	0.0	0.3	100.0	303
Far Western Terai	13.0	744	72.6	10.9	6.1	9.2	0.0	1.1	100.0	68
Area										
Urban	13.1	2,992	76.1	15.4	2.1	2.4	2.6	1.3	100.0	323
Kathmandu valley	14.9	782	53.6	28.4	2.6	5.0	7.3	3.1	100.0	117
Other urban	12.2	1,694	88.8	8.1	1.8	0.9	0.0	0.4	100.0	207
Rural	37.9	9,413	84.7	8.6	4.7	1.7	0.0	0.3	100.0	3,762
Education of household head										
None	40.8	5,267	85.2	8.0	4.8	1.7	0.0	0.2	100.0	2,121
Primary	37.5	2,441	81.7	10.2	4.9	2.2	0.4	0.6	100.0	907
Secondary	27.3	2,422	86.9	7.2	3.7	1.6	0.2	0.4	100.0	669
Higher	16.5	2,249	77.9	16.9	3.5	0.8	0.6	0.3	100.0	382
Wealth index quintile										
Poorest	71.5	2,376	84.8	7.2	5.3	2.3	0.0	0.4	100.0	1,699
Second	45.1	2,558	83.7	10.1	4.0	1.7	0.0	0.4	100.0	1,154
Middle	25.4	2,289	87.3	7.7	4.1	0.7	0.0	0.2	100.0	580
Fourth	17.1	2,441	83.0	11.4	4.1	1.4	0.0	0.0	100.0	417
Richest	8.6	2,742	73.4	18.3	2.8	0.9	3.6	1.0	100.0	235

Note: 24 cases of missing 'education of household head' not shown

Table WS.4 shows information on the person who usually collected water in households without drinking water on the premises. Some 33 percent of households had no drinking water on the premises. An adult female was the person who usually collected water in 84 percent of these households. This was followed by an adult male (9 percent), a female child (5 percent) and a male child (2 percent). The highest proportion of households using an adult female was in the Far Western Hills (92 percent) and the lowest was in the Far Western Terai (73 percent). Households in urban areas were less likely than those in rural areas to use an adult female (76 percent compared to 85 percent) and more likely to use an adult male (15 percent compared to 9 percent). Households where the head had higher education were less likely than others to use an adult female. Households in the richest quintile were less likely than others to use an adult female. A female child was used most often in households where the head had primary education (5 percent) and those in the poorest quintile (5 percent).

Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; and use of a composting toilet. Data on the use of improved sanitation facilities in Nepal are provided in Table WS.5.

Some 72 percent of household members were living in households using improved sanitation facilities, with 43 percent using a septic tank and 15 percent using a pit latrine. However, 26 percent still practiced open defecation. Only 2 percent used unimproved sanitation facilities. In Nepal, the options tended to be between improved facilities or open defecation. The highest proportion of household members using improved sanitation facilities was in the Western Hills (94 percent) and the lowest was in the Central Terai (42 percent). Urban areas were much more likely than rural areas to use improved sanitation facilities (94 percent compared to 67 percent). The use of improved sanitation facilities is strongly correlated with the education level of the household head. There is no trend in the use of improved sanitation facilities by household wealth, probably as a result of targeted expansion of improved sanitation facilities in deprived areas.

Table WS.5: Types of sanitation facilities

Percentage of household members according to type of toilet facility used by the household, Nepal, 2014

	Type of toilet facility used by household												Open defecation (no facility, bush, field)	Total	Number of household members
	Percent with improved sanitation facility							Percent with unimproved sanitation facility							
	Flush/pour flush to:				Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Flush/pour flush to somewhere else	Pit latrine without slab/ open pit	Bucket	Hanging toilet/ latrine	Other			
	Piped sewer system	Septic tank	Pit latrine	Unknown place/ not sure/ DK											
Total	**6.1**	**43.4**	**15.4**	**0.1**	**1.4**	**4.0**	**1.3**	**0.2**	**0.8**	**0.0**	**1.1**	**0.0**	**26.3**	**100.0**	**56,824**
Region															
Eastern Mountains	0.5	21.9	35.0	0.0	0.6	15.6	0.1	0.3	3.0	0.0	0.1	0.1	22.8	100.0	779
Eastern Hills	0.3	48.0	31.9	0.0	0.4	9.8	0.3	0.1	0.7	0.0	0.0	0.0	8.5	100.0	3,169
Eastern Terai	1.8	36.4	7.3	0.0	0.6	4.5	0.4	0.1	1.6	0.0	4.4	0.0	43.0	100.0	8,251
Central Mountains	0.0	77.8	6.8	0.0	0.6	0.6	0.3	0.0	0.8	0.0	0.2	0.0	12.9	100.0	1,148
Central Hills	36.4	45.1	4.9	0.3	1.7	1.0	0.6	0.1	0.6	0.0	0.0	0.0	9.3	100.0	8,746
Central Terai	1.0	29.8	6.7	0.0	3.0	1.1	0.0	0.0	0.3	0.0	0.0	0.0	58.1	100.0	10,248
Western Mountains	0.3	58.7	7.7	0.0	0.0	6.8	0.0	0.0	0.4	0.0	0.6	0.0	25.5	100.0	32
Western Hills	0.0	53.9	22.8	0.0	3.3	11.1	2.9	0.0	1.0	0.0	0.8	0.0	4.2	100.0	6,371
Western Terai	0.1	60.2	9.2	0.0	0.0	0.2	0.5	0.0	0.0	0.0	0.0	0.2	29.7	100.0	4,825
Mid-Western Mountains	0.0	16.6	47.0	0.0	2.5	17.2	0.0	0.2	0.7	0.2	0.0	0.0	15.6	100.0	798
Mid-Western Hills	0.0	62.2	22.0	0.0	0.1	1.8	0.1	1.3	0.2	0.0	0.6	0.0	11.8	100.0	3,591
Mid-Western Terai	0.4	47.9	19.2	0.1	0.3	4.0	2.7	1.5	0.1	0.2	4.8	0.0	18.8	100.0	3,276
Far Western Mountains	0.2	44.1	41.1	0.0	0.2	1.9	0.0	0.3	0.3	0.0	0.1	0.0	11.8	100.0	1,014
Far Western Hills	0.0	12.1	68.2	0.0	0.0	1.6	0.0	0.1	0.8	0.0	0.2	0.0	17.0	100.0	1,880
Far Western Terai	0.3	41.4	10.1	0.0	0.2	6.3	12.2	0.0	2.4	0.0	0.4	0.0	26.6	100.0	2,697
Area															
Urban	24.9	61.1	4.8	0.2	0.5	1.4	0.9	0.2	0.2	0.0	0.2	0.0	5.6	100.0	9,753
Kathmandu valley	77.2	21.8	0.1	0.4	0.3	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	100.0	2,971
Other urban	2.0	78.3	6.9	0.0	0.6	1.9	1.3	0.4	0.3	0.0	0.2	0.0	8.0	100.0	6,782
Rural	2.2	39.8	17.6	0.0	1.5	4.6	1.4	0.2	0.9	0.0	1.3	0.0	30.6	100.0	47,071
Education of household head															
None	2.2	33.1	16.6	0.0	1.2	4.3	1.0	0.3	1.1	0.0	1.2	0.0	39.1	100.0	24,691
Primary	4.5	43.8	18.7	0.0	1.6	4.3	1.0	0.3	0.9	0.1	1.1	0.0	23.5	100.0	11,523
Secondary	7.3	50.8	14.6	0.1	1.7	5.1	2.0	0.2	0.4	0.0	1.1	0.1	16.6	100.0	11,179
Higher	17.2	61.1	9.2	0.1	0.9	1.5	1.5	0.0	0.2	0.0	0.7	0.0	7.5	100.0	9,281
Wealth index quintile															
Poorest	0.0	29.6	36.3	0.0	1.1	8.9	0.0	0.5	1.3	0.0	0.5	0.0	21.8	100.0	11,366
Second	0.1	34.6	16.0	0.0	1.6	4.4	0.8	0.2	1.1	0.0	0.8	0.0	40.5	100.0	11,366
Middle	0.4	27.9	11.9	0.0	2.2	3.8	2.0	0.2	1.2	0.0	1.7	0.1	48.5	100.0	11,366
Fourth	4.3	56.2	10.9	0.1	1.2	2.6	2.7	0.2	0.1	0.1	1.7	0.0	19.9	100.0	11,348
Richest	25.7	68.9	1.8	0.2	0.7	0.3	0.8	0.0	0.0	0.0	0.8	0.0	0.8	100.0	11,377

Note: 150 cases of missing 'education of household head' not shown

The MDGs and the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify otherwise acceptable sanitation facilities that are public or shared between two or more households as unimproved. Therefore, 'use of improved sanitation' is used, both in the context of this report and as an MDG indicator, to refer to improved sanitation facilities that are not public or shared.

Data on the use of improved sanitation by household members are presented in Tables WS.6. Some 60 percent of the household population used an improved sanitation facility. In addition, 10 percent used an improved sanitation facility shared by five households or fewer, 2 percent used an improved sanitation facility shared by more than five households, and less than 1 percent used an improved sanitation facility that was public. This is a total of 12 percent of the household population who used an improved sanitation facility that was either shared or public. The highest proportion of household members using a shared/public improved sanitation facility was in the Central Hills (26 percent) and the lowest was in the Far Western Hills (2 percent). Urban households were more likely than rural households to use a shared/public improved facility (31 percent compared to 7 percent). Both education level of household head and household wealth status were positively associated with use of a shared/public improved facility.

Table WS.6: Use and sharing of sanitation facilities

Percentage of household members by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Nepal, 2014

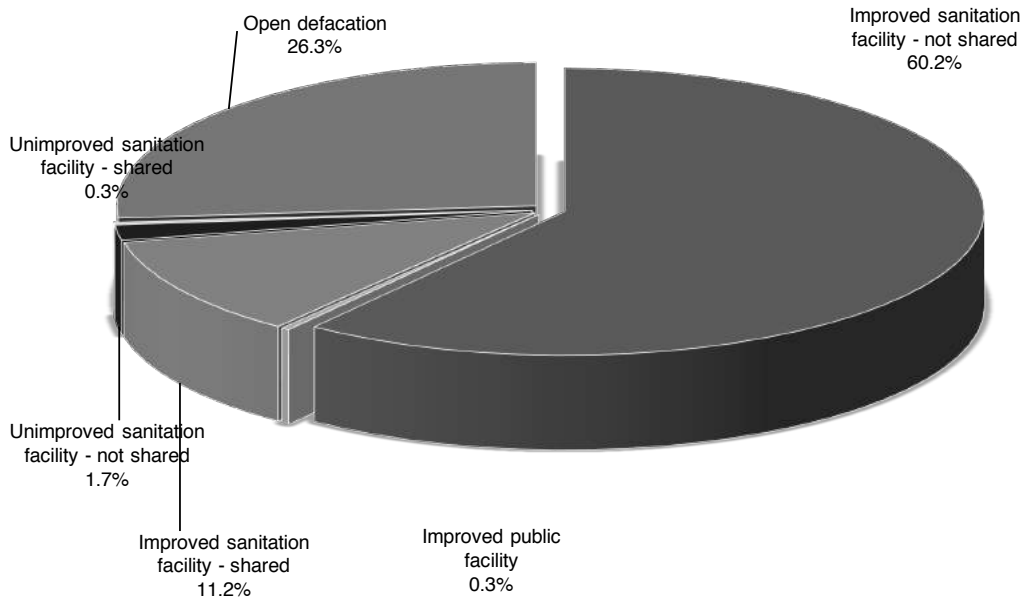
	Percent of users of improved sanitation facilities					Percent of users of unimproved sanitation facilities				Open defecation (no facility, bush, field)	Total	Number of household members
	Not shared [1]	Public facility	Shared by		DK/ Missing	Not shared	Public facility	Shared by				
			Five households or fewer	More than five households				Five households or fewer	More than five households			
Total	**60.1**	**0.3**	**9.5**	**1.7**	**0.0**	**1.7**	**0.0**	**0.3**	**0.0**	**26.3**	**100.0**	**56,824**
Region												
Eastern Mountains	66.9	0.0	5.5	1.2	0.0	3.3	0.0	0.0	0.1	22.8	100.0	779
Eastern Hills	82.2	0.4	6.6	1.3	0.1	0.8	0.0	0.0	0.0	8.5	100.0	3,169
Eastern Terai	41.8	0.0	7.4	1.6	0.1	4.7	0.0	1.3	0.1	43.0	100.0	8,251
Central Mountains	81.0	0.5	4.3	0.3	0.0	0.8	0.0	0.2	0.0	12.9	100.0	1,148
Central Hills	64.4	1.2	18.7	5.7	0.0	0.7	0.0	0.1	0.0	9.3	100.0	8,746
Central Terai	36.7	0.1	4.2	0.6	0.0	0.3	0.0	0.0	0.0	58.1	100.0	10,248
Western Mountains	58.3	0.3	14.0	0.8	0.0	0.4	0.0	0.6	0.0	25.5	100.0	32
Western Hills	75.2	0.1	17.8	0.9	0.0	1.0	0.1	0.7	0.0	4.2	100.0	6,371
Western Terai	61.7	0.0	7.7	0.7	0.0	0.2	0.0	0.0	0.0	29.7	100.0	4,825
Mid-Western Mountains	78.4	0.2	4.2	0.5	0.0	1.0	0.0	0.0	0.0	15.6	100.0	798
Mid-Western Hills	79.5	0.0	6.5	0.0	0.0	2.1	0.0	0.0	0.0	11.8	100.0	3,591
Mid-Western Terai	65.6	0.0	8.7	0.2	0.0	5.9	0.0	0.7	0.0	18.8	100.0	3,276
Far Western Mountains	85.2	0.0	1.9	0.5	0.0	0.7	0.0	0.0	0.0	11.8	100.0	1,014
Far Western Hills	80.1	0.0	1.8	0.0	0.0	1.0	0.0	0.0	0.1	17.0	100.0	1,880
Far Western Terai	55.3	0.2	11.9	3.2	0.0	2.3	0.0	0.4	0.2	26.6	100.0	2,697
Area												
Urban	62.8	0.5	24.5	5.9	0.1	0.4	0.0	0.3	0.0	5.6	100.0	9,753
Kathmandu valley	59.5	0.9	28.0	11.5	0.0	0.0	0.0	0.1	0.0	0.0	100.0	2,971
Other urban	64.3	0.3	23.0	3.4	0.1	0.5	0.0	0.4	0.0	8.0	100.0	6,782
Rural	59.6	0.2	6.4	0.8	0.0	2.0	0.0	0.3	0.0	30.6	100.0	47,071
Education of household head												
None	52.3	0.1	5.0	0.9	0.0	2.1	0.0	0.4	0.0	39.1	100.0	24,691
Primary	62.2	0.1	9.6	2.1	0.1	2.0	0.0	0.4	0.0	23.5	100.0	11,523
Secondary	65.6	0.1	13.6	2.1	0.0	1.4	0.0	0.3	0.1	16.6	100.0	11,179
Higher	71.4	1.0	16.5	2.7	0.0	0.7	0.0	0.2	0.0	7.5	100.0	9,281
Wealth index quintile												
Poorest	72.7	0.0	3.0	0.2	0.0	2.1	0.0	0.2	0.0	21.8	100.0	11,366
Second	52.4	0.2	4.7	0.2	0.0	1.5	0.0	0.5	0.1	40.5	100.0	11,366
Middle	40.7	0.1	6.5	0.9	0.0	2.9	0.0	0.3	0.0	48.5	100.0	11,366
Fourth	61.1	0.2	13.7	2.9	0.1	1.6	0.0	0.5	0.0	19.9	100.0	11,348
Richest	73.7	0.8	19.8	4.1	0.0	0.6	0.0	0.2	0.0	0.8	100.0	11,377

[1] MICS indicator 4.3; MDG indicator 7.9 – Use of improved sanitation

Note: 150 cases of missing 'education of household head' not shown

Figure WS.2 shows the proportions of household members using improved and unimproved sanitation facilities by whether or not they are shared or public.

Figure WS.2: Percentage of household members by use and sharing of sanitation facilities, Nepal, 2014



In its 2008 report[5], the JMP developed a new way of presenting figures on access to drinking water and sanitation by disaggregating and refining the relevant data and reflecting them in a 'ladder' format. This ladder allows a disaggregated analysis of trends in a three-rung ladder for drinking water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all (i.e., those who revert to open defecation), the proportion who are reliant on technologies defined by JMP as 'unimproved', the proportion sharing sanitation facilities of otherwise acceptable technology, and the proportion using 'improved' sanitation facilities.

Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household. Table WS.7 presents the proportions of household members by drinking water and sanitation ladders. The table also shows the percentage of household members using both improved sources of drinking water[6] and an improved sanitary means of excreta disposal.

[5] *WHO/UNICEF JMP, 2008. MDG assessment report - http://www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf*

[6] *Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.*

Table WS.7: Drinking water and sanitation ladders

Percentage of household members by drinking water and sanitation ladders, Nepal, 2014

	Percent using:										Number of household members
	Improved drinking water [1] [a]		Unimproved drinking water	Total	Improved sanitation [2]	Unimproved sanitation			Total	Improved drinking water sources and improved sanitation	
	Piped into dwelling, plot or yard	Other improved				Shared improved facilities	Unimproved facilities	Open defecation			
Total	**25.6**	**67.7**	**6.7**	**100.0**	**60.1**	**11.5**	**2.1**	**26.3**	**100.0**	**55.8**	**56,824**
Region											
Eastern Mountains	56.6	36.1	7.3	100.0	66.9	6.8	3.5	22.8	100.0	63.1	779
Eastern Hills	44.6	42.9	12.5	100.0	82.2	8.5	0.8	8.5	100.0	73.6	3,169
Eastern Terai	14.2	85.2	0.6	100.0	41.8	9.1	6.1	43.0	100.0	41.7	8,251
Central Mountains	43.1	50.6	6.2	100.0	81.0	5.1	1.0	12.9	100.0	75.7	1,148
Central Hills	48.0	38.3	13.7	100.0	64.4	25.6	0.7	9.3	100.0	55.9	8,746
Central Terai	11.0	88.3	0.7	100.0	36.7	4.9	0.3	58.1	100.0	36.5	10,248
Western Mountains	48.8	48.2	2.9	100.0	58.3	15.2	1.0	25.5	100.0	57.4	32
Western Hills	48.7	48.1	3.1	100.0	75.2	18.8	1.8	4.2	100.0	72.8	6,371
Western Terai	23.0	75.4	1.6	100.0	61.7	8.3	0.2	29.7	100.0	61.1	4,825
Mid-Western Mountains	4.2	69.1	26.7	100.0	78.4	4.9	1.0	15.6	100.0	62.9	798
Mid-Western Hills	22.9	53.6	23.5	100.0	79.5	6.6	2.1	11.8	100.0	61.4	3,591
Mid-Western Terai	5.3	85.1	9.7	100.0	65.6	9.0	6.6	18.8	100.0	58.9	3,276
Far Western Mountains	18.6	74.6	6.8	100.0	85.2	2.3	0.7	11.8	100.0	80.4	1,014
Far Western Hills	7.9	82.2	9.9	100.0	80.1	1.8	1.1	17.0	100.0	75.5	1,880
Far Western Terai	4.0	94.8	1.2	100.0	55.3	15.3	2.8	26.6	100.0	54.2	2,697
Area											
Urban	53.2	42.2	4.5	100.0	62.8	30.9	0.7	5.6	100.0	59.8	9,753
Kathmandu valley	63.4	26.4	10.2	100.0	59.5	40.4	0.1	0.0	100.0	52.7	2,971
Other urban	48.8	49.1	2.1	100.0	64.3	26.8	0.9	8.0	100.0	62.9	6,782
Rural	19.9	73.0	7.1	100.0	59.6	7.5	2.4	30.6	100.0	55.0	47,071
Education of household head											
None	15.9	76.6	7.5	100.0	52.3	6.1	2.6	39.1	100.0	47.6	24,691
Primary	25.6	66.5	7.8	100.0	62.2	11.8	2.4	23.5	100.0	57.1	11,523
Secondary	31.2	62.8	6.0	100.0	65.6	15.9	1.8	16.6	100.0	61.5	11,179
Higher	44.7	51.5	3.7	100.0	71.4	20.2	0.9	7.5	100.0	68.6	9,281
Wealth index quintile											
Poorest	15.8	66.8	17.5	100.0	72.7	3.2	2.3	21.8	100.0	61.6	11,366
Second	22.0	70.7	7.3	100.0	52.4	5.0	2.1	40.5	100.0	47.6	11,366
Middle	12.7	84.2	3.1	100.0	40.7	7.5	3.2	48.5	100.0	38.8	11,366
Fourth	19.4	78.4	2.1	100.0	61.1	16.9	2.1	19.9	100.0	59.7	11,348
Richest	58.1	38.7	3.2	100.0	73.7	24.8	0.8	0.8	100.0	71.2	11,377

[1] MICS indicator 4.1; MDG indicator 7.8 – Use of improved drinking water sources

[2] MICS indicator 4.3; MDG indicator 7.9 – Use of improved sanitation

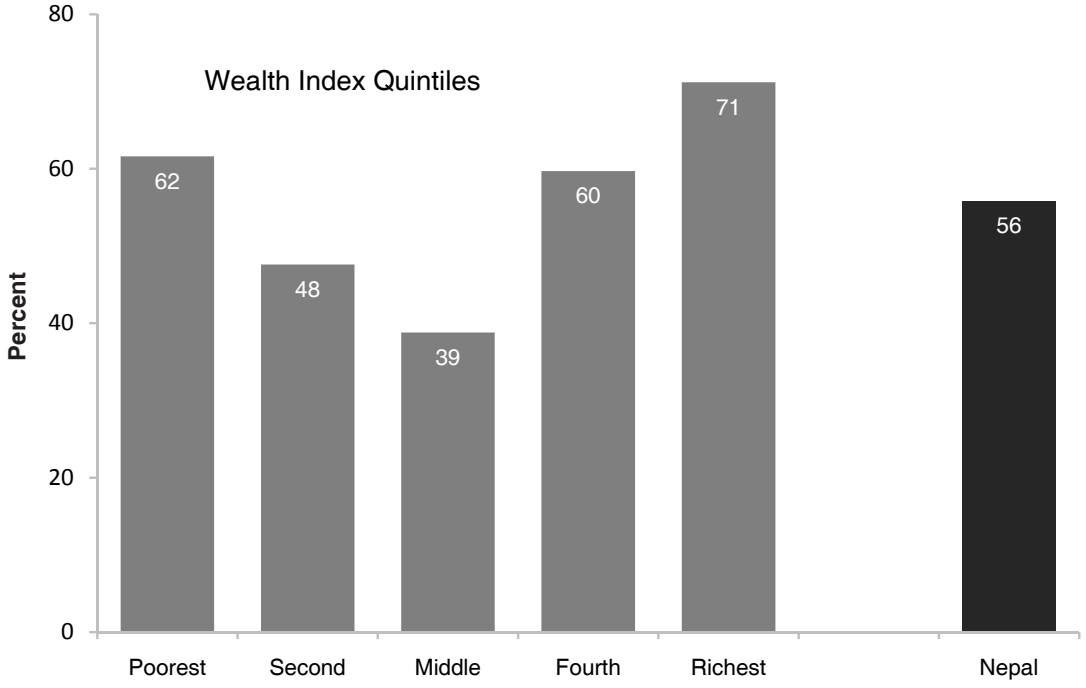
[a] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing

Note: 150 cases of missing 'education of household head' not shown

Overall, 93 percent of household members in Nepal used improved drinking water sources and 60 percent used improved sanitation facilities. The ladder shows that 56 percent were using both an improved drinking water source and an improved sanitation facility. The proportion using both an improved drinking water source and an improved sanitation facility was highest in the Far Western Mountains (80 percent) and lowest in the Central Terai (37 percent). Household members in urban areas were more likely than those in rural areas to do so (60 percent compared to 55 percent). The education of the household head was positively associated with the use of both an improved drinking water source and an improved sanitation facility. There was no consistent pattern associated with the wealth status of a household. This is presumably because of the higher number of poorer households with improved sanitation facilities as a result of recent government programmes targeting the expansion of such facilities for the poorest.

Figure WS.3 shows use of improved drinking water sources and improved sanitation facilities by household wealth quintile.

Figure WS.3: Use of improved drinking water sources and improved sanitation facilities by household members, Nepal, 2014



Safe disposal of a child's faeces includes a child using the toilet or stools being rinsed down the toilet. Putting disposable diapers into the garbage, a very common practice throughout the world, is currently classified as an inadequate means of disposal as a result of concerns about the poor disposal of solid waste. This classification is under review. Disposal of the faeces of children aged 0–2 years is presented in Table WS.8. The stools of 48 percent of children were disposed of safely the last time the child passed stools, with the stools of 41 percent of children being rinsed down the toilet or the child using the toilet for 7 percent of children. In households with an improved sanitation facility, the stools of 69 percent of children were disposed of safely; in households with an unimproved sanitation facility, the stools of 35 percent of children were disposed of safely; and in households using open defecation, the stools of 2 percent of children were disposed of safely. The safe disposal of children's stools was highest in the Eastern Hills (78 percent) and lowest in the Far Western Terai (24 percent). The stools of urban children were more likely than the stools of rural children to be disposed of safely (81 percent compared to 43 percent). The safe disposal of stools improved with the education level of mothers, ranging from 28 percent for women with no education to 78 percent for women with higher education. The safe disposal of stools by household wealth quintile reflected the use of improved sanitation facilities: the stools of children living in households in the middle quintile were the least likely to be disposed of safely.

Table WS.8: Disposal of child's faeces

Percentage of children aged 0–2 years according to place of disposal of child's faeces, and percentage whose stools were disposed of safely the last time the child passed stools, Nepal, 2014

	Percent by place of disposal of child's faeces									Percent of children aged 0–2 years whose last stools were disposed of safely [1]	Number of children aged 0–2 years
	Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	DK/ Missing	Total		
Total	**6.6**	**41.4**	**5.5**	**16.5**	**0.9**	**24.3**	**3.4**	**1.4**	**100.0**	**48.0**	**3,080**
Type of sanitation facility											
Improved	9.2	59.5	4.2	12.7	0.4	9.6	3.5	0.9	100.0	68.7	2,086
Unimproved	13.5	21.6	5.7	15.8	0.0	33.8	6.2	3.3	100.0	35.1	67
Open defecation	0.1	2.2	8.5	25.0	2.1	56.8	3.1	2.2	100.0	2.3	927
Region											
Eastern Mountains	2.5	47.3	3.0	11.2	0.5	23.2	8.8	3.6	100.0	49.8	44
Eastern Hills	7.3	70.7	3.7	8.7	0.0	7.1	2.5	0.0	100.0	78.0	168
Eastern Terai	7.9	30.3	7.7	23.6	0.5	26.8	1.8	1.5	100.0	38.2	431
Central Mountains	5.3	49.9	5.8	16.0	0.0	19.1	1.6	2.3	100.0	55.1	58
Central Hills	15.3	54.9	4.9	9.3	0.0	13.5	1.5	0.6	100.0	70.2	371
Central Terai	4.4	27.0	5.0	14.3	2.6	44.3	0.5	1.9	100.0	31.4	630
Western Mountains	(7.3)	(36.7)	(6.0)	(7.8)	(0.0)	(24.9)	(17.3)	(0.0)	100.0	(44.0)	1
Western Hills	5.3	64.9	1.4	11.7	0.0	12.2	4.5	0.0	100.0	70.2	341
Western Terai	1.5	49.6	2.9	9.9	2.5	28.6	3.4	1.5	100.0	51.1	282
Mid-Western Mountains	2.7	35.3	4.3	12.5	0.9	32.9	9.8	1.7	100.0	38.0	62
Mid-Western Hills	5.5	34.7	5.4	27.6	0.0	18.7	6.4	1.6	100.0	40.2	225
Mid-Western Terai	7.2	22.6	6.2	35.5	0.0	23.3	5.2	0.0	100.0	29.9	169
Far Western Mountains	18.0	41.8	7.4	11.7	0.0	11.9	7.1	2.1	100.0	59.8	55
Far Western Hills	5.1	45.0	10.6	12.4	0.0	13.6	10.0	3.2	100.0	50.2	114
Far Western Terai	1.9	22.5	17.3	26.4	1.3	19.3	8.0	3.3	100.0	24.4	129
Area											
Urban	14.0	67.3	2.6	8.5	0.0	5.7	0.9	1.1	100.0	81.3	398
Kathmandu valley	22.6	72.0	0.4	2.9	0.0	0.0	0.0	2.2	100.0	94.6	105
Other urban	10.9	65.6	3.4	10.5	0.0	7.7	1.2	0.7	100.0	76.5	293
Rural	5.4	37.6	6.0	17.6	1.0	27.1	3.8	1.4	100.0	43.1	2,682

Table WS.8: Continued

Percentage of children aged 0–2 years according to place of disposal of child's faeces, and percentage whose stools were disposed of safely the last time the child passed stools, Nepal, 2014

	Percent by place of disposal of child's faeces									Percent of children aged 0–2 years whose last stools were disposed of safely [1]	Number of children aged 0–2 years
	Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	DK/ Missing	Total		
Mother's education											
None	2.8	25.5	6.1	18.6	0.7	40.9	3.4	2.0	100.0	28.3	1,158
Primary	7.7	36.8	5.9	19.6	1.8	24.0	3.5	0.6	100.0	44.5	540
Secondary	6.0	49.9	5.9	18.2	1.1	13.4	4.5	1.0	100.0	55.9	743
Higher	13.1	64.6	3.8	7.6	0.4	7.1	2.2	1.2	100.0	77.7	636
Wealth index quintile											
Poorest	5.0	37.1	4.9	20.1	0.8	22.9	7.4	0.2	100.0	42.1	653
Second	3.1	30.5	7.2	15.9	0.7	37.5	4.0	0.0	100.0	33.7	653
Middle	3.3	22.5	6.2	24.6	0.9	37.2	2.8	0.3	100.0	25.7	656
Fourth	8.3	54.0	6.1	13.4	1.1	15.5	1.3	0.1	100.0	62.3	624
Richest	15.3	70.9	2.7	5.3	1.1	2.8	0.9	0.6	100.0	86.2	494

[1] MICS indicator 4.4 – Safe disposal of child's faeces

Note: 3 cases of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

Handwashing

Handwashing with water and soap is the most cost-effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five[7]. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food, and before feeding a child. Monitoring correct handwashing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct handwashing behaviour takes place by observing whether a household has a specific place where people most often wash their hands and observing whether water and soap (or other local cleansing materials) are present at a specific place for handwashing[8].

In Nepal, 97 percent of households had a specific place for handwashing, while 2 percent could not indicate a specific place where household members usually washed their hands (Table WS.9). Among households where a place for handwashing was observed, two-thirds (67 percent) had both water and soap present at that place, and 6 percent had water and another cleansing agent present. In total, 73 percent of households with a specific place for handwashing had water and soap or another cleansing agent present at that place. In 13 percent of households only water was available at the handwashing place, while in 2 percent of households soap was available but no water. The remaining 9 percent of households had neither water nor soap or other cleansing agent available at the handwashing place.

Regionally, the proportion of households with a specific place for handwashing where water and soap or other cleansing agents were present was the highest in the Eastern Terai (81 percent) and lowest in the Mid-Western Mountains (41 percent). Urban households were more likely than rural households to have water and a cleansing agent available at the handwashing place (85 percent compared to 69 percent). The proportion of households with water and a cleansing agent available at the handwashing place increases with an increase in the education level of the household head and with the household's wealth. Only 46 percent of households in the poorest quintile had water and a cleansing agent available at the handwashing place compared to 93 percent of households in the richest quintile.

[7] *Cairncross, S. and Valdmanis, V., 2006. Water supply, sanitation and hygiene promotion. Chapter 41.In 'Disease Control Priorities in Developing Countries'. Second Edition. Jameson et al. The World Bank. Washington DC: National Institutes of Health.*

[8] *Ram, P., Halder, A., Granger, S., Hall, P., Jones, T., Hitchcock, D., Nygren, B., Islam, M., Molyneaux, J. and Luby, S. eds, 2008. Use of a Novel Method to Detect Reactivity to Structured Observation for Measurement of Handwashing Behavior. New Orleans, USA: American Society of Tropical Medicine and Hygiene.*

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percentage of households by availability of water and soap at specific place for handwashing, Nepal, 2014

	Percent: of households		Number of households	Percent of households by place for handwashing observed						Percent of households with no specific place for handwashing in the dwelling, yard or plot	Total	Percent of households with a specific place for handwashing where water and soap or other cleansing agent are present [1]	Number of households where place for handwashing was observed or with no specific place for handwashing
				Water is available and:			Water is not available and:						
				Soap present	No soap:		Soap present	No soap:					
	Where place for handwashing was observed	With no specific place for handwashing in the dwelling, yard or plot			Ash, mud, or sand present	No other cleansing agent present		Ash, mud, or sand present	No other cleansing agent present				
Total	**97.1**	**2.4**	**12,405**	**66.7**	**5.8**	**13.0**	**1.9**	**0.9**	**9.3**	**2.4**	**100.0**	**72.5**	**12,337**
Region													
Eastern Mountains	99.9	0.1	776	61.5	2.8	16.0	2.8	0.7	16.1	0.1	100.0	64.3	179
Eastern Hills	99.8	0.2	777	74.8	3.7	8.7	0.9	0.9	10.8	0.2	100.0	78.5	767
Eastern Terai	99.0	0.9	974	71.9	9.4	15.2	0.4	0.3	1.9	0.9	100.0	81.3	1,843
Central Mountains	97.3	2.7	771	69.9	5.6	11.4	1.5	0.3	8.6	2.7	100.0	75.5	299
Central Hills	95.2	3.2	1,503	76.6	2.2	7.0	2.9	0.5	7.6	3.2	100.0	78.8	2,147
Central Terai	97.5	2.2	956	60.6	11.5	17.6	0.3	0.1	7.8	2.2	100.0	72.1	1,918
Western Mountains	93.5	4.4	374	78.7	2.0	3.2	0.8	0.3	10.6	4.5	100.0	80.6	10
Western Hills	96.4	3.5	973	73.9	2.7	10.4	1.7	0.5	7.4	3.5	100.0	76.6	1,626
Western Terai	94.1	5.9	782	63.8	2.7	21.7	1.0	0.3	4.6	5.9	100.0	66.5	924
Mid-Western Mountains	90.5	8.4	743	36.6	4.2	6.7	8.9	5.5	29.5	8.5	100.0	40.8	154
Mid-Western Hills	96.4	1.2	778	37.6	11.5	7.6	7.3	5.9	28.9	1.3	100.0	49.1	745
Mid-Western Terai	97.3	2.3	759	68.5	2.9	17.5	2.6	1.0	5.3	2.3	100.0	71.4	669
Far Western Mountains	98.9	1.1	759	36.6	4.2	18.1	2.7	1.4	35.8	1.1	100.0	40.8	185
Far Western Hills	99.6	0.4	736	41.4	6.2	10.3	4.2	1.4	36.0	0.4	100.0	47.7	346
Far Western Terai	99.0	1.0	744	75.8	2.3	16.6	0.6	0.2	3.5	1.0	100.0	78.2	524
Area													
Urban	97.3	1.8	2,992	84.4	0.7	7.8	1.7	0.2	3.4	1.8	100.0	85.1	2,454
Kathmandu valley	93.7	4.1	782	86.4	0.0	3.3	3.2	0.0	2.9	4.2	100.0	86.4	764
Other urban	99.0	0.8	1,694	83.6	1.0	9.8	1.0	0.3	3.7	0.8	100.0	84.6	1,690
Rural	97.0	2.5	9,413	62.3	7.0	14.3	2.0	1.0	10.8	2.5	100.0	69.3	9,883

Table WS.9: Continued

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percentage of households by availability of water and soap at specific place for handwashing, Nepal, 2014

	Percent: of households		Number of households	Percent of households by place for handwashing observed						Percent of households with no specific place for handwashing in the dwelling, yard or plot	Total	Percent of households with a specific place for handwashing where water and soap or other cleansing agent are present [1]	Number of households where place for handwashing was observed or with no specific place for handwashing
				Water is available and:			Water is not available and:						
				Soap present	No soap:		Soap present	No soap:					
	Where place for handwashing was observed	With no specific place for handwashing in the dwelling, yard or plot			Ash, mud, or sand present	No other cleansing agent present		Ash, mud, or sand present	No other cleansing agent present				
Education of household head													
None	96.5	3.0	5,267	53.7	8.8	17.6	2.2	1.4	13.2	3.0	100.0	62.5	5,175
Primary	97.1	2.3	2,441	64.9	5.5	12.9	2.5	1.0	10.8	2.3	100.0	70.4	2,405
Secondary	97.6	1.9	2,422	77.1	3.5	9.8	1.4	.3	6.0	1.9	100.0	80.6	2,435
Higher	97.9	1.4	2,249	86.7	1.7	6.3	1.1	.1	2.7	1.5	100.0	88.4	2,299
Wealth index quintiles													
Poorest	95.7	3.5	2,376	37.5	8.3	12.5	5.0	3.4	29.9	3.5	100.0	45.8	2,356
Second	96.1	3.8	2,558	57.5	8.3	18.6	1.7	0.7	9.3	3.8	100.0	65.8	2,554
Middle	98.1	1.8	2,289	64.0	10.2	17.9	0.9	0.2	4.9	1.8	100.0	74.2	2,285
Fourth	98.4	1.3	2,441	78.5	2.9	13.1	1.2	0.1	2.9	1.3	100.0	81.4	2,434
Richest	97.1	1.6	2,742	92.4	0.1	4.0	1.0	0.0	0.9	1.6	100.0	92.5	2,707

[1] MICS indicator 4.5 – Place for handwashing

Note: 23 cases of missing 'education of household head' not shown

Table WS.10: Availability of soap or other cleansing agent

Percentage of households by availability of soap or other cleansing agent in the dwelling, Nepal, 2014

	Percent of households by place for handwashing observed				Percent of households by place for handwashing not observed			Total	Percent of households with soap or other cleansing agent anywhere in the dwelling [1]	Number of households
	Soap or other cleansing agent observed	Soap or other cleansing agent not observed at place for handwashing								
		Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/ does not want to show soap or other cleansing agent	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/ does not want to show soap or other cleansing agent			
Total	**74.8**	**18.1**	**3.4**	**0.6**	**2.0**	**0.6**	**0.3**	**100.0**	**94.9**	**12,405**
Region										
Eastern Mountains	67.8	25.3	6.2	0.1	0.1	0.0	0.0	100.0	93.2	179
Eastern Hills	80.3	18.2	1.0	0.2	0.2	0.0	0.0	100.0	98.7	767
Eastern Terai	82.0	12.8	3.9	0.2	0.9	0.0	0.1	100.0	95.7	1,845
Central Mountains	77.3	16.5	2.9	0.6	1.3	0.8	0.7	100.0	95.1	299
Central Hills	80.9	12.2	1.1	0.9	3.0	0.5	1.2	100.0	96.0	2,182
Central Terai	72.2	17.2	7.4	0.4	0.9	1.5	0.1	100.0	90.3	1,924
Western Mountains	80.0	9.8	1.8	1.6	1.8	2.6	2.1	100.0	91.6	10
Western Hills	78.6	16.9	0.4	0.2	3.1	0.5	0.0	100.0	98.6	1,628
Western Terai	67.8	25.6	0.4	0.2	4.9	0.7	0.3	100.0	98.3	924
Mid-Western Mountains	54.6	26.8	7.0	2.0	7.7	1.5	0.3	100.0	89.1	156
Mid-Western Hills	60.8	28.0	6.6	0.7	2.4	1.2	0.0	100.0	91.2	763
Mid-Western Terai	74.7	15.6	3.7	2.4	1.3	1.1	0.3	100.0	91.6	672
Far Western Mountains	45.0	46.5	6.4	0.1	0.5	0.6	0.0	100.0	92.0	185
Far Western Hills	53.3	40.4	5.7	0.2	0.2	0.2	0.0	100.0	93.9	346
Far Western Terai	78.9	14.4	4.0	1.8	0.7	0.2	0.1	100.0	94.0	524
Area										
Urban	86.2	10.0	0.8	0.1	1.9	0.1	0.7	100.0	98.1	2,476
Kathmandu valley	87.6	5.4	0.4	0.0	4.3	0.2	1.8	100.0	97.3	782
Other urban	85.6	12.2	1.0	0.1	0.7	0.1	0.1	100.0	98.5	1,694
Rural	72.0	20.1	4.0	0.7	2.0	0.8	0.2	100.0	94.1	9,929
Education of household head										
None	65.8	24.2	5.5	0.7	2.2	1.0	0.3	100.0	92.2	5,202
Primary	73.5	19.6	3.1	0.6	2.0	0.7	0.1	100.0	95.1	2,419
Secondary	81.9	13.2	2.0	0.3	1.8	0.2	0.4	100.0	96.9	2,446
Higher	89.0	7.8	0.4	0.7	1.7	0.0	0.4	100.0	98.5	2,314

Table WS.10: Continued

Percentage of households by availability of soap or other cleansing agent in the dwelling, Nepal, 2014

	Percent of households by place for handwashing observed				Percent of households by place for handwashing not observed			Total	Percent of households with soap or other cleansing agent anywhere in the dwelling [1]	Number of households
	Soap or other cleansing agent observed	Soap or other cleansing agent not observed at place for handwashing								
		Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/ does not want to show soap or other cleansing agent	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/ does not want to show soap or other cleansing agent			
Wealth index quintile										
Poorest	53.7	34.2	6.8	0.8	2.9	1.3	0.1	100.0	90.7	2,376
Second	68.1	22.2	4.9	0.4	2.7	1.2	0.0	100.0	93.1	2,558
Middle	75.2	17.6	4.1	0.9	1.4	0.5	0.1	100.0	94.3	2,289
Fourth	82.4	13.9	1.4	0.7	1.1	0.2	0.3	100.0	97.4	2,441
Richest	92.3	4.3	0.1	0.4	1.8	0.2	0.9	100.0	98.4	2,742

[1] MICS indicator 4.6 – Availability of soap or other cleansing agent

Note: 24 cases of missing 'education of household head' not shown

Table WS.10 shows the availability of soap or other cleansing agent anywhere in the household. Overall, 95 percent of households had soap available somewhere in the dwelling. Soap or another cleansing agent was observed at the handwashing place in 75 percent of households; in another 18 percent, soap or another cleansing agent was not observed at the handwashing place but was shown to interviewers and, in 2 percent of households, the handwashing place was not seen but soap or another cleansing agent was shown to interviewers. In addition, 1 percent of households were not able to or refused to show any soap or another cleansing agent present in the dwelling. In total, 4 percent of households did not have soap or another cleansing agent available in the dwelling.

Regionally, the highest proportion of households with soap or another cleansing agent anywhere in the dwelling was in the Eastern Hills and Western Hills (99 percent) and the lowest proportion was in the Mid-Western Mountains (89 percent). Some 91 percent of households in the poorest quintile had soap or another cleansing agent available in the dwelling compared to 98 percent of households in the richest quintile.

The closer the place for handwashing is to the toilet, the higher the likelihood that handwashing will be performed after defecation or urination. Country-specific data on the distance between the handwashing place and the latrine is shown in Table WS.11. In 40 percent of households the distance between the handwashing place and the latrine was less than 10 paces. However, in 40 percent of households the distance between the handwashing place and the latrine was 10 paces or more. In 21 percent of households there was no toilet in the dwelling, yard or plot, so distance could not be measured. The highest proportion of households with a handwashing place that was 10 paces or more from the toilet was in the Mid-Western Hills (69 percent) and the lowest proportion was in the Eastern Terai (24 percent). Households in rural areas were more likely than those in urban areas to have a handwashing place that was 10 paces or more from the toilet (43 percent compared to 25 percent). Households where the head had no education and those in the poorest quintile were more likely than other households to have a handwashing place that was 10 paces or more from the toilet.

Table WS.11: Distance between latrine and place for handwashing

Percentage of households where a place for handwashing was observed by distance between latrine and place for handwashing, Nepal, 2014

	Percent by distance to latrine:			Total	Number of households where place for handwashing was observed
	Less than 10 paces	10 paces or more	Toilet not in dwelling/plot/ yard		
Total	**39.6**	**39.7**	**20.7**	**100.0**	**12,041**
Region					
Eastern Mountains	30.1	55.2	14.7	100.0	179
Eastern Hills	40.0	52.9	7.1	100.0	765
Eastern Terai	45.0	24.1	31.0	100.0	1,827
Central Mountains	56.8	35.6	7.6	100.0	291
Central Hills	67.4	25.8	6.8	100.0	2,078
Central Terai	20.3	27.4	52.3	100.0	1,876
Western Mountains	(*)	(*)	(*)	100.0	10
Western Hills	38.9	56.1	5.0	100.0	1,569
Western Terai	39.5	35.3	25.2	100.0	869
Mid-Western Mountains	21.0	58.6	20.4	100.0	141
Mid-Western Hills	19.3	69.4	11.3	100.0	736
Mid-Western Terai	34.1	52.5	13.5	100.0	654
Far Western Mountains	40.3	50.6	9.1	100.0	183
Far Western Hills	40.7	42.6	16.6	100.0	344
Far Western Terai	13.7	61.6	24.6	100.0	519
Area					
Urban	71.1	25.0	3.9	100.0	2,409
Kathmandu valley	89.2	10.1	0.7	100.0	732
Other urban	63.1	31.5	5.4	100.0	1,677
Rural	31.7	43.4	24.9	100.0	9,632
Education of household head					
None	28.0	40.2	31.8	100.0	5,017
Primary	36.4	44.5	19.1	100.0	2,349
Secondary	45.1	42.2	12.7	100.0	2,388
Higher	62.7	31.0	6.3	100.0	2,265
Wealth index quintile					
Poorest	23.1	57.3	19.5	100.0	2,274
Second	27.3	40.9	31.8	100.0	2,457
Middle	23.2	36.7	40.1	100.0	2,244
Fourth	41.3	44.1	14.6	100.0	2,402
Richest	77.1	22.4	0.6	100.0	2,663

Note: 22 cases of missing 'education of household head' not shown
(*) Figures that are based on fewer than 25 unweighted cases

Country-specific data were collected on the proportion of respondents with knowledge about critical times for handwashing, as shown in Table WS.12. Some 92 percent of households knew they had to wash hands before eating and 87 percent knew they had to wash hands after eating. However, only 22 percent knew they had to wash hands before cooking or preparing food and only 6 percent knew they had to wash hands before breastfeeding or feeding a child. Some 87 percent knew they had to wash hands after defecation or urination, but only 6 percent knew they had to wash hands after cleaning a child's bottom or changing a child's nappy, and only 8 percent knew they had to wash hands after cleaning a toilet or potty. There was substantial variation in the levels of knowledge for washing hands before cooking or preparing food; washing hands before breastfeeding or feeding a child; and washing hands after cleaning a child's bottom or changing a child's nappy.

Table WS.12: Critical times for handwashing

Percentage of households with knowledge on critical times for handwashing, Nepal, 2014

	Percent with knowledge on washing hands at critical times:							Number of households
	Before eating	After eating	Before cooking or preparing food	Before breastfeeding or feeding child	After defecation/ urination	After cleaning child's bottom or changing child's nappy	After cleaning toilet or potty	
Total	**92.2**	**86.8**	**22.0**	**6.0**	**86.6**	**5.5**	**7.7**	**12,405**
Region								
Eastern Mountains	96.0	90.1	28.2	9.0	85.7	5.1	7.9	179
Eastern Hills	96.6	96.2	30.5	10.6	86.9	6.5	14.9	767
Eastern Terai	93.9	90.2	30.8	12.1	88.3	9.2	11.8	1,845
Central Mountains	93.1	96.7	31.7	2.9	87.9	3.5	5.2	299
Central Hills	94.4	84.8	22.6	5.6	84.2	5.9	11.4	2,182
Central Terai	89.3	92.3	8.2	1.6	81.6	3.9	3.0	1,924
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Western Hills	95.1	88.5	21.1	6.7	91.9	3.4	2.3	1,628
Western Terai	95.7	98.6	29.7	4.3	90.7	2.3	7.7	924
Mid-Western Mountains	80.5	54.0	17.8	4.0	80.4	5.4	7.0	156
Mid-Western Hills	82.3	70.4	20.4	5.9	81.5	6.4	3.4	763
Mid-Western Terai	85.4	72.4	17.1	3.9	92.0	7.4	9.5	672
Far Western Mountains	97.6	90.8	29.9	5.0	84.6	7.5	13.4	185
Far Western Hills	93.5	74.6	24.6	3.9	79.5	8.2	7.4	346
Far Western Terai	88.0	75.1	13.0	2.0	91.4	3.6	5.4	524
Area								
Urban	95.6	89.4	29.0	8.3	88.0	5.6	13.1	2,476
Kathmandu valley	96.1	89.6	34.1	7.4	83.2	7.1	19.2	782
Other urban	95.4	89.3	26.6	8.7	90.2	4.9	10.3	1,694
Rural	91.4	86.2	20.2	5.4	86.2	5.5	6.4	9,929
Education of household head								
None	90.3	85.8	17.2	4.1	85.4	4.5	6.0	5,202
Primary	91.3	84.9	21.3	5.3	85.1	5.7	5.9	2,419
Secondary	93.1	88.1	26.5	8.3	87.9	7.1	9.0	2,446
Higher	96.5	89.6	28.6	8.5	89.5	6.0	12.1	2,314
Wealth index quintile								
Poorest	89.6	79.6	19.3	4.3	83.7	5.3	5.6	2,376
Second	91.5	86.9	17.9	5.1	87.3	4.4	6.0	2,558
Middle	90.0	89.5	20.3	5.4	85.6	6.2	6.2	2,289
Fourth	93.6	87.7	23.6	6.7	87.9	5.7	6.1	2,441
Richest	95.7	89.9	28.0	8.3	88.0	6.0	13.8	2,742

Note: 24 cases of missing 'education of household head' not shown
(*) Figures that are based on fewer than 25 unweighted cases

Water Quality

Hundreds of species of protozoa, bacteria, and viruses can cause disease in humans; many of these are transmitted through the faecal–oral pathway. Rather than monitor the presence of individual pathogens, faecal indicators are used to identify contamination. The bacteria species *Escherichia coli* (*E. coli*) is the most commonly recommended faecal indicator, and, following WHO Guidelines, many countries including Nepal have set a standard that no *E. coli* should be found in a 100 ml sample of drinking water.

The Water Quality Testing module was included in the Nepal MICS for the first time, aiming to collect data on the quality of water actually consumed throughout Nepal through the use of a test for microbiological parameters such as *E. coli* (EC) and total coliform.

Presence of *E. coli* was tested for by filtering 100 ml of water through a 0.45 micron filter (Millipore Microfil®) which was then placed on to Compact Dry EC growth media plates (Nissui, Japan). A 1-ml sample was also tested from the same source directly on to a second media plate. Incubation was done at ambient temperature, and field teams were given Environment and Public Health Organization (ENPHO) body-belt incubators and phase-changing incubators (from the University of Bristol) to maintain a temperature of ≥25°C even during the night. After 24 hours, the number of blue colonies, signifying the presence of *E. coli* colony forming units (cfu), and the number of red colonies, indicating presence of other coliform, were recorded separately on the MICS questionnaire. In cases where there were too many colonies on the plate, only colonies on one quarter of the plate were counted and multiplied by four. If there were more than 100 colonies on the plate and in cases where the plate turned pink, this would be recorded as '101' to indicate 'too numerous to count'. Counting of the colonies was done only in good light.

The water quality testing was carried out in 519 clusters sampled for this survey. Three households were randomly selected from among the 25 households interviewed per cluster, yielding a total of 1,557 households for *E. coli* testing of drinking water. For one in three of these households (519), samples were also taken from a household's source of drinking water. The samples of household drinking water were taken from a glass of water that would be given to a child to drink. However, in case of source samples, water was first collected in sterile Whirl-Pak® bags.

Table WQ.A provides the critical water quality definitions and references to *E. coli* risk categories as cfu/100 ml.

Table WQ.A: Description of *E. coli* risk categories

E. coli [cfu/100 ml]	Risk level	Priority for action
<1	Low	None
1–10	Medium	Low
11–100	High	Higher
>100	Very high	Urgent

Note: Adapted from WHO drinking water quality guidelines, 4th Ed. (2011), E. coli coliform counts are divided into risk categories based on probability of infection of diarrheal disease. This classification does not take account of the sanitary inspection.

The Table WQ.1 shows the level of risk of *E. coli* concentration in drinking water.

Overall, more than four-fifths (82 percent) of household members were at the risk of *E. coli*[9] concentration ≥1 cfu/100 ml in their household water. Household members residing in urban areas were less likely those in rural areas to be at the risk of *E. coli* (72 percent compared to 84 percent). *E. coli* concentrations in household drinking water were found to be persistently around 80 percent across all level of education of household head except for households whose head had a higher education (64 percent). The quality of water varies with household wealth status. People living in the richest households were less likely than those living in the poorest households to have *E. coli* in their drinking water (64 percent compared to 91 percent).

The chance of detecting *E. coli* in unimproved and improved sources of water was almost equal but water from unimproved sources was more likely to be very high risk (47 percent) compared with water from improved sources (20 percent). Furthermore, analysis of *E. coli* in the type of drinking water found that households using water piped into dwelling (65 percent) were less likely than households using other types of drinking water to be contaminated by *E. coli*. Households where the handwashing facility was not observed had a higher risk of *E. coli* in household drinking water than households where the handwashing facility was observed.

[9] *Risk of E. coli is defined as the sum of moderate risk, high risk and very high risk*

Table WQ.1: Household drinking water quality

Percentage of household members by *E. coli* risk level in drinking water, Nepal, 2014

	Percent of household members by *E. coli* risk level in drinking water					Percent of household members with *E. coli* risk level in household water ≥ 1 cfu/100 ml [1]	Number of household members
	Low risk	Moderate risk	High risk	Very high risk	Total		
Total	**17.8**	**23.6**	**37.0**	**21.6**	**100.0**	**82.2**	**6,507**
Area							
Urban	27.8	22.1	34.4	15.8	100.0	72.3	1,116
Kathmandu valley	32.1	22.2	24.4	21.2	100.0	67.8	323
Other urban	26.0	22.0	38.4	13.6	100.0	74.0	792
Rural	15.8	24.0	37.5	22.7	100.0	84.2	5,391
Education of household head							
None	12.6	23.3	40.0	24.1	100.0	87.4	2,867
Primary	14.2	22.4	39.9	23.5	100.0	85.8	1,398
Secondary	20.4	28.5	32.3	18.8	100.0	79.6	1,336
Higher	35.9	19.5	29.8	14.7	100.0	64.0	898
Wealth index quintile							
Poorest	8.6	21.8	32.1	37.5	100.0	91.4	1,233
Second	10.9	22.7	44.1	22.3	100.0	89.1	1,460
Middle	13.3	24.6	43.0	19.1	100.0	86.7	1,279
Fourth	21.0	21.8	36.4	20.8	100.0	79.0	1,235
Richest	35.9	27.2	28.2	8.7	100.0	64.1	1,300
Source of drinking water							
Unimproved	10.6	13.2	28.9	47.2	100.0	89.3	475
Improved	18.4	24.5	37.6	19.5	100.0	81.6	6,032
Type of drinking water source							
Piped into dwelling	34.7	19.6	34.4	11.3	100.0	65.3	583
Piped into compound, yard or plot	20.0	27.7	33.7	18.6	100.0	80.0	986
Public tap/standpipe or piped to neighbour	9.2	25.4	35.4	32.8	100.0	90.8	1,257
Boreholes	18.6	22.6	40.5	15.5	100.0	81.4	2,931
Dug wells and springs	9.2	17.3	34.3	39.2	100.0	90.8	457
Other	20.1	15.0	28.1	36.9	100.0	80.0	293
Sanitation facility							
Unimproved	18.6	20.3	39.1	21.9	100.0	81.3	2,738
Improved	17.3	26.0	35.4	21.3	100.0	82.7	3,769
Handwashing facility with water and soap							
Not observed	7.9	23.8	35.2	33.2	100.0	92.2	1,744
Observed	21.7	23.6	37.8	16.9	100.0	78.3	4,731

[1] Country-specific indicator 4.C1 – *E. coli* concentration in household drinking water ≥1 cfu/100 ml

Note: 8 cases of missing 'education of household head' not shown

The quality of drinking water at source was also measured. Table WQ.2 presents the percentage of household members with *E. coli* in their source of drinking water. In total, almost three-quarters (71 percent) of the household population were at risk of *E. coli* due to its concentration in their source of drinking water. Households in rural areas were more likely than those in urban areas to have poor quality source water (73 percent compared to 63 percent). The education level of the household head and the household wealth status were positively associated with the quality of source water. The poorest households were more likely than the richest households to have *E. coli* in their source of drinking water (88 percent compared to 58 percent). Four in five households (84 percent) with unimproved sources of

drinking water had *E. coli*, whereas it dropped to 70 percent for those households that had an improved source of drinking water. Again, households with unimproved sources were much more likely than those with improved sources to have water at very high risk of *E. coli*. Households using boreholes as a source of drinking water were at lowest risk of detecting *E. coli* in their drinking water compared to household using other sources. Households where handwashing facilities were not observed had a higher risk of *E. coli* in their source of drinking water (81 percent) compared to sources used by households where the handwashing facility was observed (66 percent).

Table WQ.2: Source drinking water quality

Percentage of household members by *E. coli* risk level in source water, Nepal, 2014

	Percent of household members by *E. coli* risk level in source water					Percent of household members with *E. coli* risk level in source water ≥ 1 cfu/100 ml [1]	Number of household members
	Low risk	Moderate risk	High risk	Very high risk	Total		
Total	**28.9**	**23.6**	**28.8**	**18.7**	**100.0**	**71.1**	**465**
Area							
Urban	37.4	17.4	23.7	21.5	100.0	62.6	94
Kathmandu valley	(43.3)	(8.2)	(18.7)	(29.7)	100.0	(56.6)	31
Other urban	34.5	22.0	26.1	17.5	100.0	65.6	63
Rural	26.8	25.1	30.2	17.9	100.0	73.2	371
Education of household head							
None	25.3	24.5	30.4	19.7	100.0	74.6	199
Primary	21.8	28.6	30.0	19.6	100.0	78.2	107
Secondary	39.9	18.8	32.0	9.2	100.0	60.0	81
Higher	36.4	19.3	20.1	24.3	100.0	63.7	79
Wealth index quintile							
Poorest	11.6	16.6	46.7	25.0	100.0	88.3	88
Second	21.7	30.8	28.0	19.4	100.0	78.2	101
Middle	27.5	33.0	24.0	15.4	100.0	72.4	87
Fourth	40.3	20.0	22.5	17.1	100.0	59.6	85
Richest	42.3	17.5	23.8	16.5	100.0	57.8	104
Source of drinking water							
Unimproved	(16.3)	(9.5)	(27.2)	(47.1)	100.0	(83.8)	36
Improved	30.0	24.8	29.0	16.2	100.0	70.0	428
Type of drinking water source							
Piped into dwelling	23.0	16.7	36.5	23.9	100.0	77.1	217
Boreholes	41.0	33.4	19.0	6.7	100.0	59.1	182
Dug wells and springs	(12.2)	(20.2)	(31.7)	(35.8)	100.0	(87.7)	36
Other	(18.7)	(18.1)	(30.0)	(33.3)	100.0	(81.4)	30
Sanitation facility							
Unimproved	31.4	28.0	23.6	17.0	100.0	68.6	210
Improved	26.9	20.0	33.2	20.0	100.0	73.2	255
Handwashing facility with water and soap							
Not observed	19.1	27.2	27.4	26.2	100.0	80.8	145
Observed	33.7	22.1	28.9	15.4	100.0	66.4	317

[1] Country-specific indicator 4.C2 – *E. coli* concentration in source drinking water ≥1 cfu/100 ml

( ) Figures that are based on 25–49 unweighted cases

CHAPTER 8

Reproductive Health

Fertility

Measures of current fertility are presented in Table RH.1 for the three-year period preceding the survey. A three-year period was chosen for calculating these rates to provide the most current information while also allowing the rates to be calculated for a sufficient number of cases so as to meet statistical precision of the estimates. Age-specific fertility rates (ASFRs), expressed as the number of births per 1,000 women in a specified age group, show the age pattern of fertility. Numerators for ASFRs are calculated by identifying live births that occurred in the three-year period preceding the survey classified according to the age of the mother (in five-year age groups) at the time of the child's birth. The denominators of the rates represent the number of woman-years lived by the survey respondents in each of the five-year age groups during the specified period.

The total fertility rate (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive age (15–49 years).

The general fertility rate (GFR) is the number of live births occurring during the specified period per 1,000 women aged 15–49 years.

The crude birth rate (CBR) is the number of live births per 1,000 of the population during the specified period.

Table RH.1: Fertility rates

Adolescent birth rate, age-specific fertility rates, total fertility rate, general fertility rate, and crude birth rate for the three-year period preceding the survey, by area, Nepal, 2014

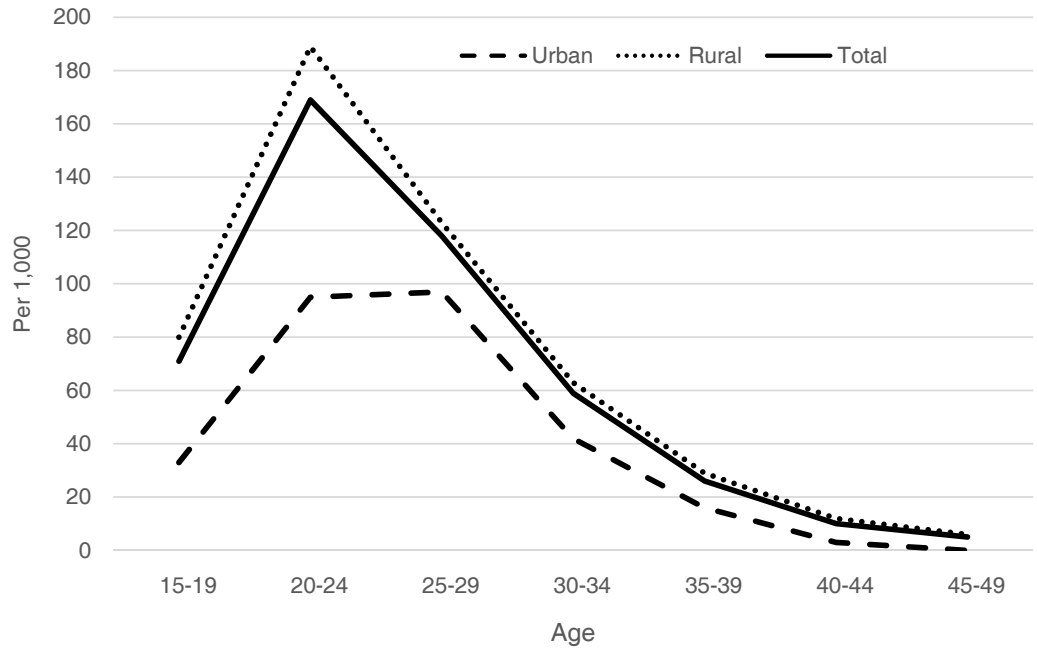
	Urban	Rural	Total
Age (years)			
15–19 [1]	**33**	**80**	**71**
20–24	95	189	169
25–29	97	123	118
30–34	42	63	59
35–39	16	(29)	26
40–44	(*)	(*)	10
45–49	(*)	(*)	5
TFR [a]	1.4	2.5	2.3
GFR [b]	49.7	87.3	79.8
CBR [c]	14.6	21.5	20.3

[1] MICS indicator 5.1; MDG indicator 5.4 – Adolescent birth rate

[a] TFR: Total fertility rate expressed per woman aged 15–49 years
[b] GFR: General fertility rate expressed per 1,000 women aged 15–49 years
[c] CBR: Crude birth rate expressed per 1,000 of the population
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table RH.1 shows current fertility rates in Nepal at the national level and by urban or rural areas. The total fertility rate for the three years preceding the survey is 2.3 births per woman aged 15–49 years. Fertility is considerably higher in rural areas (2.5) than in urban areas (1.4). As the ASFRs show, the pattern of higher rural fertility is prevalent in all age groups. The urban–rural difference in fertility is most pronounced for younger women: 95 births per 1,000 women aged 20–24 years in urban areas compared to 189 births per 1,000 women aged 20–24 years in rural areas. It is even wider for adolescents: 33 births per 1,000 women aged 15–19 years in urban areas compared to 80 births per 1,000 women aged 15–19 years in rural areas. The overall age pattern of fertility, as reflected in the ASFRs, indicates that childbearing begins early. Fertility spikes in the age group 20–24 years, and declines thereafter, as illustrated in Figure RH.1.The Nepal Health Sector Programme (2010–2015) target for total fertility rate, set at 2.5 birth per woman, has been achieved and the target for the adolescent fertility rate, set at 70 births per 1,000 woman aged 15–19 years, has been nearly achieved.

Figure RH.1: Age-specific fertility rates by area, Nepal, 2014



Rates refer to the three-year period preceding the survey

Table RH.2 shows adolescent birth rates and total fertility rates. The adolescent birth rate (ASFR for women aged 15–19 years) is defined as the number of births to women aged 15–19 years during the three-year period preceding the survey, divided by the average number of women aged 15–19 years (number of women-years lived between the ages of 15 and 19, inclusive) during the same period, expressed per 1,000 women.

The adolescent birth rate in Nepal is 71 births per 1,000 women aged 15–19 years. It varies considerably between regions, with the highest in the Mid-Western Mountains (123 births per 1,000 women) and the lowest in the Central Hills (29 births per 1,000 women). It decreases with an increase in the education level of adolescent mothers. Interestingly, in terms of wealth quintile, it is highest for adolescent mothers living in households in the middle quintile (104).

Table RH.2: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates for the three-year period preceding the survey, Nepal, 2014

	Adolescent birth rate [1] (ASFR for women aged 15–19 years)	Total fertility rate [a]
Total	**71**	**2.3**
Region		
Eastern Mountains	67	2.9
Eastern Hills	67	2.3
Eastern Terai	86	2.1
Central Mountains	49	2.5
Central Hills	29	1.7
Central Terai	111	2.7
Western Mountains	87	2.2
Western Hills	62	2.2
Western Terai	64	2.4
Mid-Western Mountains	123	4.1
Mid-Western Hills	83	2.9
Mid-Western Terai	76	2.0
Far Western Mountains	63	2.6
Far Western Hills	60	3.0
Far Western Terai	53	1.9
Education		
None	176	3.3
Primary	122	2.7
Secondary	58	2.1
Higher	37	1.8
Wealth index quintile		
Poorest	76	3.1
Second	70	2.6
Middle	104	2.5
Fourth	78	2.1
Richest	30	1.5

[1] MICS indicator 5.1; MDG indicator 5.4 – Adolescent birth rate

[a] TFR: Total fertility rate expressed per woman aged 15–49 years

Childbearing early in life carries significant risks due to young women's inadequate physiological advancement and reproductive knowledge. Table RH.3 presents some early childbearing indicators for women aged 15–19 years and 20–24 years, while Table RH.4 presents the trends for early childbearing.

As shown in Table RH.3, 10 percent of women aged 15–19 had already had a birth and 3 percent were pregnant with their first child, giving a total of 14 percent who had begun childbearing. Around 1 percent of these women had a live birth before the age of 15. Of women aged 20–24 years, 16 percent had a live birth before the age of 18. Early childbearing (before the age of 18) was highest among young women in the Mid-Western Mountains (30 percent) and lowest among young women in the Eastern Hills (9 percent). Rural young women were much more likely than urban young women to have had a live birth before the age of 18 (18 percent compared to 8 percent). Early childbearing decreases markedly with an increase in the level of a women's education, and higher household wealth status also reduces the likelihood of early childbearing, especially for young women living in households in the richest quintile.

Table RH.3: Early childbearing

Percentage of women aged 15–19 years who have had a live birth, are pregnant with the first child, have begun childbearing, and who have had a live birth before the age of 15, and percentage of women aged 20–24 years who have had a live birth before the age of 18, Nepal, 2014

	Percent of women aged 15–19 years who:				Number of women aged 15–19 years	Percent of women aged 20–24 years who have had a live birth before age 18 [1]	Number of women aged 20–24 years
	Have had a live birth	Are pregnant with first child	Have begun child-bearing	Have had a live birth before age 15			
Total	**10.2**	**3.4**	**13.6**	**0.5**	**2,721**	**16.0**	**2,402**
Region							
Eastern Mountains	9.1	4.4	13.5	0.0	43	16.9	34
Eastern Hills	11.7	1.9	13.6	0.6	178	8.8	150
Eastern Terai	12.0	3.5	15.5	1.1	378	15.8	321
Central Mountains	10.8	0.5	11.4	0.7	62	15.0	39
Central Hills	5.5	1.6	7.1	0.4	374	10.2	397
Central Terai	13.5	4.5	18.0	0.5	459	21.5	348
Western Mountains	(*)	(*)	(*)	(*)	1	(4.8)	1
Western Hills	7.6	2.7	10.3	0.0	294	18.3	289
Western Terai	8.9	5.4	14.3	0.0	228	12.8	226
Mid-Western Mountains	14.0	6.1	20.1	1.1	36	29.7	36
Mid-Western Hills	12.8	3.9	16.6	0.6	186	23.0	146
Mid-Western Terai	12.0	5.0	17.0	2.0	186	18.4	155
Far Western Mountains	6.8	2.0	8.8	0.5	45	15.3	33
Far Western Hills	5.3	1.7	7.1	0.0	104	22.1	79
Far Western Terai	10.3	4.4	14.8	0.0	148	11.4	148
Area							
Urban	6.3	2.7	9.0	0.4	442	8.2	513
Kathmandu valley	5.4	0.5	5.9	1.2	114	6.9	164
Other urban	6.6	3.5	10.1	0.1	329	8.8	349
Rural	10.9	3.6	14.5	0.6	2,279	18.2	1,888
Education							
None	30.8	7.7	38.6	2.5	228	35.1	389
Primary	17.8	4.9	22.7	0.8	274	26.8	335
Secondary	8.1	3.2	11.3	0.3	1,625	20.5	675
Higher	4.5	1.8	6.2	0.5	593	2.0	1,003
Wealth index quintile							
Poorest	10.7	3.2	13.8	0.6	556	21.5	391
Second	11.0	3.3	14.2	0.2	566	15.2	418
Middle	12.6	4.5	17.1	1.2	543	23.1	463
Fourth	12.1	4.3	16.4	0.4	580	17.9	546
Richest	3.6	1.7	5.3	0.3	477	5.5	584

[1] MICS indicator 5.2 – Early childbearing

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table RH.4: Trends in early childbearing

Percentage of women who have had a live birth, by the age of 15 and 18, by area and age group, Nepal, 2014

	All				Urban				Rural			
	Percent of women with a live birth before age 15	Number of women aged 15–49 years	Percent of women with a live birth before age 18	Number of women aged 20–49 years	Percent of women with a live birth before age 15	Number of women aged 15–49 years	Percent of women with a live birth before age 18	Number of women aged 20–49 years	Percent of women with a live birth before age 15	Number of women aged 15–49 years	Percent of women with a live birth before age 18	Number of women aged 20–49 years
Total	**2.9**	**14,162**	**21.2**	**11,441**	**2.2**	**2,792**	**16.0**	**2,350**	**3.1**	**11,370**	**22.6**	**9,091**
Age (years)												
15–19	0.5	2,721	na	0	0.4	442	na	0	0.6	2,279	na	0
20–24	1.7	2,402	16.0	2,402	0.7	513	8.2	513	1.9	1,888	18.2	1,888
25–29	4.1	2,414	24.8	2,414	3.1	465	18.2	465	4.3	1,948	26.4	1,948
30–34	4.8	2,003	25.6	2,003	3.9	412	18.2	412	5.1	1,591	27.5	1,591
35–39	3.7	1,901	21.6	1,901	2.9	402	18.4	402	4.0	1,499	22.5	1,499
40–44	4.2	1,582	21.2	1,582	2.7	330	17.7	330	4.5	1,252	22.2	1,252
45–49	2.6	1,139	16.3	1,139	2.3	228	18.3	228	2.3	912	18.3	912

	Kathmandu valley				Other urban			
	Percent of women with a live birth before age 15	Number of women aged 15–49 years	Percent of women with a live birth before age 18	Number of women aged 20–49 years	Percent of women with a live birth before age 15	Number of women aged 15–49 years	Percent of women with a live birth before age 18	Number of women aged 20–49 years
Total	**2.1**	**868**	**11.1**	**754**	**2.3**	**1,924**	**18.3**	**1,595**
Age (years)								
15–19	1.2	114	na	0	0.1	329	na	0
20–24	1.9	164	6.9	164	0.2	349	8.8	349
25–29	2.7	153	11.9	153	3.3	312	21.3	312
30–34	2.8	123	15.3	123	4.3	289	19.5	289
35–39	2.3	133	12.4	133	3.2	269	21.4	269
40–44	1.6	110	11.1	110	3.2	220	21.0	220
45–49	1.4	71	9.5	71	2.7	156	22.3	156

na: not applicable

Table RH.4 suggests that early childbearing has declined markedly over the last 10 years, with a decrease in the proportion of women with a live birth before the age of 15 dropping from 4 percent for women aged 25–29 years to less than1 percent for women aged 15–19 years. This decline occurred in both urban and rural areas. The proportion of women with a live birth before the age of 18 dropped from 26 percent for women aged 30–34 years to 16 percent for women aged 20–24 years. This decline also occurred for women in both urban and rural areas.

Contraception

Appropriate family planning is important to the health of women and children by: (i) preventing too early or too late pregnancies; (ii) extending the period between births; and (iii) limiting the total number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Table RH.5 shows current use of contraception[1] for women aged 15–49 years currently married or in a marital union[2]. In total, 50 percent of women were using some form of contraception, with 47 percent using a modern method and 3 percent using a traditional method. The most popular method was female sterilization, which was used by 18 percent of married women in Nepal. This was followed by injectables (13 percent), pill (5 percent), male sterilization (5 percent) and male condom (4 percent).

Contraceptive prevalence ranged from 42 percent in the Far Western Hills to 64 percent in the Western Mountains. Adolescents were far less likely to use contraception than older women. Only 19 percent of married women aged 15–19 years used some method of contraception compared to 30 percent of 20–24-year-olds, and 44–65 percent of older women. Women with children were more likely than those without children to use contraception: only 15 percent of those without children used contraception compared to 33 percent of women with one child and 54 percent of women with two children.

Interestingly, women's education level was negatively associated with contraceptive use. In addition, the pattern of use by specific methods also varied with the level of education. Female sterilization was most commonly used by married women with no education or primary education, while injectables were most used by those with primary or secondary education.

[1] *In this chapter, whenever reference is made to the use of a contraceptive by a woman, this may refer to her partner using a contraceptive method (such as male condom).*

[2] *All references to 'married women' in this chapter include women in a marital union as well.*

Table RH.5: Use of contraception

Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Nepal, 2014

	Percent of women currently married or in union who are using (or whose partner is using):																Number of women aged 15–49 years currently married or in union
	No method	Female sterili-zation	Male sterili-zation	IUD	Inject-ables	Implants	Pill	Male condom	Female condom	Dia-phragm/ foam/ jelly	Periodic abstin-ence	With-drawal	Other	Any modern method	Any tradi-tional method	Any method [1]	
Total	**50.3**	**18.0**	**4.7**	**1.7**	**13.0**	**1.3**	**4.7**	**3.7**	**0.0**	**0.1**	**0.2**	**2.2**	**0.1**	**47.1**	**2.5**	**49.7**	**10,830**
Region																	
Eastern Mountains	46.6	0.9	2.1	1.4	30.5	2.5	5.7	2.0	0.0	0.0	0.3	7.9	0.0	45.1	8.3	53.4	134
Eastern Hills	54.2	2.3	2.3	1.7	20.2	0.0	9.3	2.9	0.0	0.0	0.7	6.2	0.0	38.9	6.9	45.8	577
Eastern Terai	47.0	25.9	1.1	0.6	9.6	1.6	5.6	3.5	0.0	0.0	0.8	4.1	0.0	47.9	4.9	53.0	1,604
Central Mountains	48.3	6.6	10.2	2.0	21.7	3.3	6.0	1.4	0.0	0.0	0.0	0.5	0.0	51.2	0.5	51.7	201
Central Hills	49.0	9.4	7.7	2.7	15.0	3.2	6.1	4.7	0.1	0.3	0.3	1.2	0.3	49.2	1.7	51.0	1,668
Central Terai	54.0	32.2	2.5	0.2	8.0	0.1	1.4	1.5	0.0	0.0	0.0	0.0	0.0	45.9	0.0	46.0	1,896
Western Mountains	35.8	8.6	5.3	5.9	22.8	8.1	8.1	5.3	0.0	0.0	0.0	0.0	0.0	64.2	0.0	64.2	6
Western Hills	55.2	10.7	7.7	2.2	9.1	0.7	6.0	3.4	0.0	0.1	0.1	4.8	0.0	39.8	4.9	44.8	1,269
Western Terai	51.8	19.7	3.4	1.4	13.7	1.0	4.6	1.6	0.0	0.0	0.0	2.7	0.1	45.3	2.8	48.2	940
Mid-Western Mountains	52.2	2.8	20.8	1.8	14.7	1.1	1.5	4.0	0.0	0.2	0.0	0.8	0.0	46.9	0.8	47.8	136
Mid-Western Hills	50.5	9.2	8.9	5.0	14.6	2.2	3.7	3.9	0.0	0.0	0.1	1.7	0.1	47.4	2.0	49.5	686
Mid-Western Terai	44.2	23.8	1.2	3.0	16.1	0.7	3.9	6.3	0.1	0.0	0.1	0.4	0.0	55.1	0.5	55.8	670
Far Western Mountains	46.2	6.7	12.9	0.8	20.1	0.3	4.4	8.7	0.0	0.0	0.0	0.0	0.0	53.8	0.0	53.8	176
Far Western Hills	57.9	6.7	5.5	1.0	17.6	0.6	5.2	5.3	0.2	0.0	0.0	0.1	0.0	42.0	0.1	42.1	325
Far Western Terai	38.1	28.5	1.8	1.3	15.0	1.4	3.7	9.4	0.1	0.2	0.1	0.2	0.0	61.6	0.2	61.9	540
Area																	
Urban	47.9	14.7	4.5	1.7	12.5	1.4	5.9	6.7	0.1	0.1	0.6	3.9	0.0	47.5	4.5	52.1	1,983
Kathmandu valley	51.8	7.9	3.7	2.9	15.3	2.4	5.5	7.4	0.0	0.2	0.8	2.0	0.0	45.4	2.8	48.2	602
Other urban	46.1	17.6	4.8	1.2	11.2	1.0	6.1	6.3	0.1	0.1	0.5	4.7	0.1	48.5	5.3	53.9	1,381
Rural	50.8	18.7	4.7	1.7	13.1	1.3	4.4	3.1	0.0	0.1	0.1	1.8	0.1	47.1	2.0	49.2	8,846
Age (years)																	
15–19	80.6	0.3	0.0	0.8	4.6	0.3	3.0	7.7	0.0	0.0	0.0	2.6	0.0	16.6	2.6	19.4	659
20–24	70.3	1.7	0.3	1.5	12.4	0.9	5.0	5.7	0.0	0.0	0.2	1.9	0.0	27.5	2.2	29.7	1,701
25–29	56.3	12.2	1.6	1.8	14.3	1.5	5.3	3.9	0.1	0.0	0.3	2.4	0.0	40.9	2.7	43.7	2,209
30–34	43.2	19.7	4.5	2.3	16.4	1.7	4.8	4.1	0.0	0.2	0.5	2.5	0.0	53.8	3.0	56.8	1,909
35–39	35.7	27.8	7.2	2.4	14.2	1.9	5.8	2.9	0.0	0.1	0.2	1.8	0.1	62.2	2.0	64.3	1,810
40–44	35.4	30.9	9.9	1.6	12.7	1.0	3.9	1.9	0.0	0.2	0.0	2.3	0.1	62.1	2.5	64.6	1,499

Table RH.5: Continued

Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Nepal, 2014

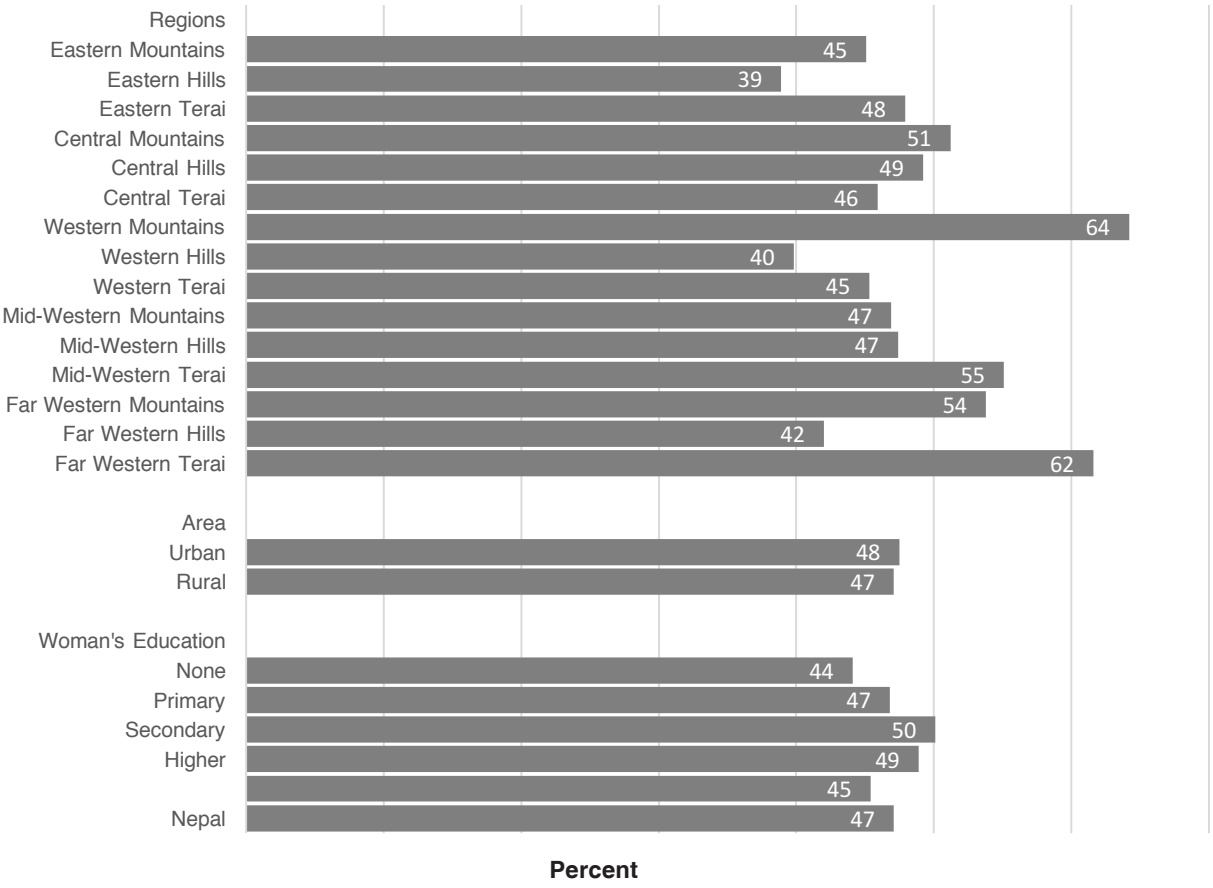
	Percent of women currently married or in union who are using (or whose partner is using):																Number of women aged 15–49 years currently married or in union
	No method	Female sterili-zation	Male sterili-zation	IUD	Inject-ables	Implants	Pill	Male condom	Female condom	Dia-phragm/ foam/ jelly	Periodic abstin-ence	With-drawal	Other	Any modern method	Any tradi-tional method	Any method [1]	
45–49	45.7	28.9	9.6	0.3	8.1	1.0	3.1	0.9	0.0	0.0	0.1	1.9	0.2	51.9	2.2	54.3	1,042
Number of living children																	
0	85.1	0.0	0.3	0.0	1.4	0.0	2.0	8.0	0.0	0.1	0.4	2.6	0.0	11.7	3.0	14.9	1,073
1	67.1	1.6	1.0	1.4	13.0	1.0	5.7	5.6	0.0	0.1	0.5	2.9	0.1	29.3	3.5	32.9	2,139
2	46.5	16.9	4.6	2.4	15.3	1.8	5.5	3.4	0.1	0.2	0.2	2.9	0.1	50.2	3.3	53.5	3,170
3	35.0	31.3	8.3	1.6	13.4	1.8	4.5	2.6	0.0	0.1	0.1	1.1	0.0	63.6	1.3	65.0	2,289
4+	38.2	30.6	6.7	1.9	14.7	1.1	4.1	1.4	0.0	0.0	0.1	1.3	0.0	60.5	1.3	61.8	2,159
Education																	
None	44.5	27.5	5.9	1.4	13.2	1.3	3.6	1.4	0.0	0.0	0.1	0.9	0.0	54.4	1.0	55.5	4,991
Primary	49.1	15.3	4.8	1.7	16.6	1.9	4.8	3.4	0.0	0.0	0.1	2.3	0.0	48.5	2.3	50.9	1,716
Secondary	57.0	9.3	3.7	1.6	12.2	1.3	6.5	4.7	0.1	0.2	0.0	3.1	0.2	39.6	3.4	43.0	2,285
Higher	58.8	5.2	2.3	2.7	9.9	.8	5.5	9.2	0.0	0.0	1.0	4.6	0.0	35.6	5.5	41.2	1,836
Wealth index quintile																	
Poorest	54.1	7.6	7.6	2.6	16.7	1.9	4.4	3.3	0.1	0.0	0.2	1.6	0.0	44.1	1.8	45.9	1,871
Second	51.4	19.1	4.8	1.5	13.2	1.4	4.7	2.1	0.0	0.0	0.1	1.5	0.0	46.8	1.6	48.6	2,094
Middle	48.4	27.2	2.8	.8	11.4	1.1	3.6	3.2	0.0	0.0	0.1	1.2	0.0	50.1	1.3	51.6	2,211
Fourth	48.7	20.9	3.5	1.3	13.6	1.4	4.9	3.2	0.0	0.0	0.1	2.3	0.0	48.9	2.4	51.3	2,333
Richest	49.6	13.5	5.2	2.3	10.6	0.9	5.8	6.6	0.1	0.4	0.7	4.2	0.2	45.4	5.0	50.4	2,321

[1] MICS Indicator 5.3, MDG Indicator 5.3 – Contraceptive prevalence rate

Note: 1 case of missing 'education' not shown

Figure RH.2 shows variation in contraceptive prevalence by region, area and education level.

Figure RH.2: Differentials in contraceptive use, Nepal, 2014



Unmet Need

Unmet need for contraception refers to fecund women who are married or in union and are not using any method of contraception, but wish to postpone the next birth (spacing) or wish to stop childbearing altogether (limiting). Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Table RH.6 shows the levels of met need for contraception, unmet need, and the demand for contraception satisfied.

Unmet need for spacing is defined as the percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant, and not postpartum amenorrheic[3], and are fecund[4], and say they want to wait two or more years for their next birth OR
- are not pregnant, and not postpartum amenorrheic, and are fecund, and unsure whether they want another child OR
- are pregnant, and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic, and say that the birth was mistimed: would have wanted to wait.

Unmet need for limiting is defined as the percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant, and not postpartum amenorrheic, and are fecund, and say they do not want any more children OR
- are pregnant, and say they did not want to have a child OR
- are postpartum amenorrheic, and say that they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. This indicator is also known as unmet need for family planning and is one of the indicators used to track progress toward the MDG 5 on improving maternal health. The Nepal Health Sector Programme (2010–2015) target for unmet need for family planning is 18 percent or below.

Table RH.6 shows unmet need for contraception among women aged 15–49 years currently married or in union. Some 25 percent of women had an unmet need for contraception, with 10 percent requiring it for spacing and 15 percent requiring it for limiting. Regionally, unmet need ranged from 18 percent in the Far Western Terai to 31 percent in the Western Hills. Notably, unmet need was higher among younger women than older women, ranging from 48 percent for women aged 15–19 years to 11 percent for women aged 45–49 years. As expected, the unmet need for spacing was higher among younger women and the unmet need for limiting was higher among older women. Education level was positively associated with unmet need, with only 19 percent of women with no education expressing an unmet need compared to 32 percent of women with higher education.

---

[3]A women is postpartum amenorrheic if she had a birth in the last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child.

[4]A women is considered infecund if she is neither pregnant nor postpartum amenorrheic, and (1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy, OR (2) she declares that she has had hysterectomy, or that she has never menstruated, or that she is menopausal, or that she has been trying to get pregnant for two or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey, OR (3) she declares she cannot get pregnant when asked about desire for future birth, OR (4) she has not had a birth in the preceding five years, is currently not using contraception and is currently married and was continuously married during the five years preceding the survey.

Table RH.6: Unmet need for contraception

Percentage of women aged 15–49 years currently married or in union with an unmet need for family planning, and percentage of demand for contraception satisfied, Nepal, 2014

	Met need for contraception			Unmet need for contraception			Number of women aged 15–49 years currently married or in union	Percent of demand for contra-ception satisfied	Number of women currently married with need for contra-ception
	For spacing	For limiting	Total	For spacing	For limiting	Total [1]			
Total	**6.3**	**43.4**	**49.7**	**10.0**	**15.2**	**25.2**	**10,830**	**66.3**	**8,112**
Region									
Eastern Mountains	10.7	42.7	53.4	7.2	13.0	20.2	134	72.5	99
Eastern Hills	10.5	35.3	45.8	11.8	16.6	28.4	577	61.7	428
Eastern Terai	6.3	46.7	53.0	11.2	15.0	26.2	1,604	66.9	1,270
Central Mountains	8.5	43.2	51.7	7.4	12.6	20.0	201	72.1	144
Central Hills	7.1	43.8	51.0	8.2	16.0	24.2	1,668	67.8	1,254
Central Terai	2.9	43.2	46.0	12.0	12.3	24.2	1,896	65.5	1,333
Western Mountains	9.7	54.5	64.2	6.1	12.1	18.2	6	77.9	5
Western Hills	5.6	39.2	44.8	8.4	22.9	31.3	1,269	58.9	965
Western Terai	5.6	42.6	48.2	10.4	13.5	23.9	940	66.8	678
Mid-Western Mountains	5.8	42.0	47.8	8.9	10.5	19.4	136	71.2	92
Mid-Western Hills	4.9	44.5	49.5	9.6	18.4	28.0	686	63.9	531
Mid-Western Terai	9.8	46.0	55.8	9.7	12.3	21.9	670	71.8	521
Far Western Mountains	7.0	46.9	53.8	8.8	11.3	20.1	176	72.8	130
Far Western Hills	6.2	36.0	42.1	13.1	15.7	28.9	325	59.3	231
Far Western Terai	10.4	51.5	61.9	7.6	10.4	18.0	540	77.5	431
Area									
Urban	8.4	43.7	52.1	7.2	15.7	22.9	1,983	69.5	1,488
Kathmandu valley	8.0	40.2	48.2	6.0	18.0	24.0	602	66.8	434
Other urban	8.6	45.3	53.9	7.7	14.7	22.4	1,381	70.6	1,054
Rural	5.9	43.3	49.2	10.6	15.1	25.7	8,846	65.6	6,624
Age (years)									
15–19	17.5	1.8	19.4	42.9	4.8	47.7	659	28.9	442
20–24	16.3	13.4	29.7	26.4	12.5	39.0	1,701	43.2	1,168
25–29	9.0	34.8	43.7	12.1	19.3	31.4	2,209	58.3	1,659
30–34	4.0	52.9	56.8	2.5	19.3	21.8	1,909	72.3	1,502
35–39	0.9	63.3	64.3	1.5	16.3	17.8	1,810	78.3	1,485
40–44	0.2	64.4	64.6	0.5	13.7	14.2	1,499	82.0	1,181
45–49	0.0	54.3	54.3	0.0	10.4	10.5	1,042	83.8	675
Education									
None	2.4	53.1	55.5	5.3	13.6	19.0	4,991	74.5	3,715
Primary	5.4	45.4	50.9	9.1	18.7	27.8	1,716	64.7	1,350
Secondary	9.8	33.2	43.0	15.0	16.2	31.1	2,285	58.0	1,694
Higher	13.6	27.6	41.2	17.3	15.1	32.4	1,836	55.9	1,352
Wealth index quintiles									
Poorest	6.3	39.6	45.9	10.6	16.6	27.2	1,871	62.8	1,367
Second	5.0	43.6	48.6	9.5	15.6	25.1	2,094	65.9	1,543
Middle	5.3	46.2	51.6	11.6	13.3	24.9	2,211	67.4	1,690
Fourth	6.7	44.6	51.3	10.4	14.5	24.9	2,333	67.3	1,777
Richest	8.3	42.2	50.4	8.1	16.2	24.3	2,321	67.5	1,734

[1] MICS indicator 5.4; MDG indicator 5.6 – Unmet need

Note: 1 case of missing 'education ' not shown

Met need for limiting includes women married or in union who are using (or whose partner is using) a contraceptive method, and who want no more children, are using male or female sterilization, or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method, and who want to have another child, or are undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met

need for contraception. In Nepal, the total percentage of women whose contraceptive needs were met is 50 percent, with 6 percent having a met need for spacing and 43 percent having a met need for limiting. The met need for contraception for spacing was higher among younger women, particularly those aged 15–19 years (18 percent), while the met need for limiting was higher among women aged 40–44 years (64 percent).

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from MICS data. The percentage of demand satisfied is defined as the proportion of women currently married or in union who are currently using contraception, over the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception. The percentage of demand for contraception that was satisfied was 66 percent. It was highest in the Western Mountains (78 percent) and lowest in the Western Hills (59 percent). It decreased with an increase in the level of a woman's education.

In Nepal, total met need is higher than total unmet need for family planning (50 percent compared to 25 percent).

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, antenatal care can be used to inform women and families about risks and signs in pregnancy and about the risks of labour and delivery, and therefore, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider that includes medical doctor, nurse/midwife and auxiliary nurse midwife. Antenatal visits also provide an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and the infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve birth outcomes and improve maternal health. Adverse outcomes can be reduced through a combination of interventions and early detection of danger signs. More recently, the potential of antenatal care as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content of antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional).

Antenatal care coverage indicators (at least one visit with a skilled provider and four or more visits with any providers) are used to track progress toward the MDG 5 on improving maternal health.

Table RH.7: Antenatal care coverage

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by antenatal care provider during pregnancy for the last birth, Nepal, 2014

	Percent of women by provider of antenatal care [a]										Total	Any skilled provider [1] [b]	Number of women with a live birth in the last two years
	Skilled provider			Health Assistant/ Auxiliary Health Worker	Maternal Child Health Worker	Female Community Health Volunteer	Traditional birth attendant	Village Health Worker	Other/ Missing	No antenatal care			
	Medical doctor	Nurse / midwife	Auxiliary nurse midwife										
Total	**38.2**	**15.3**	**14.8**	**13.8**	**1.9**	**1.2**	**0.1**	**1.0**	**0.3**	**13.3**	**100.0**	**68.3**	**2,048**
Region													
Eastern Mountains	9.4	15.9	26.5	25.7	2.7	0.0	0.0	0.0	1.5	18.3	100.0	51.8	32
Eastern Hills	27.5	13.9	23.5	22.6	2.8	0.0	0.0	0.0	0.0	9.7	100.0	64.9	123
Eastern Terai	43.8	18.5	17.6	8.5	2.3	0.7	0.7	0.0	0.0	8.0	100.0	79.8	277
Central Mountains	32.4	7.1	16.3	17.0	5.6	0.0	0.9	3.6	0.0	17.0	100.0	55.8	38
Central Hills	67.6	10.3	4.9	4.8	0.0	0.0	0.0	0.0	0.0	12.4	100.0	82.8	241
Central Terai	51.5	14.0	7.9	7.0	0.6	0.7	0.0	2.0	0.6	15.7	100.0	73.4	400
Western Mountains	(37.4)	(5.1)	(22.0)	(26.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(9.2)	100.0	(64.6)	1
Western Hills	52.2	4.4	11.1	18.6	3.0	0.7	0.0	0.7	0.5	8.8	100.0	67.6	222
Western Terai	27.2	28.9	11.0	19.1	0.0	0.0	0.0	0.0	0.9	13.0	100.0	67.0	178
Mid-Western Mountains	6.2	4.2	32.1	16.5	2.8	3.5	0.5	3.1	0.0	31.1	100.0	42.4	43
Mid-Western Hills	5.9	23.2	18.0	16.9	6.5	2.4	0.0	1.9	0.0	25.2	100.0	47.1	166
Mid-Western Terai	26.6	32.4	8.4	11.6	0.0	9.1	0.4	3.1	0.0	8.4	100.0	67.3	113
Far Western Mountains	13.3	2.8	34.1	25.9	2.8	2.8	0.0	0.8	0.0	17.4	100.0	50.2	33
Far Western Hills	15.3	2.0	29.2	37.9	1.2	0.0	0.0	0.0	0.0	14.4	100.0	46.5	75
Far Western Terai	19.0	14.8	35.5	15.6	3.8	1.4	0.0	1.1	0.0	8.7	100.0	69.3	106
Area													
Urban	76.4	13.3	2.9	2.5	0.3	0.0	0.2	0.4	0.5	3.7	100.0	92.5	262
Kathmandu valley	96.4	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	65
Other urban	69.7	16.5	3.8	3.3	0.4	0.0	0.2	0.6	0.6	4.9	100.0	90.0	197
Rural	32.6	15.6	16.6	15.5	2.2	1.4	0.1	1.1	0.2	14.7	100.0	64.8	1,786
Mother's age at birth													
Less than 20 years	32.0	19.6	14.0	12.8	3.0	0.9	0.0	2.1	0.7	14.9	100.0	65.6	349
20–34 years	40.2	14.8	15.3	14.1	1.8	1.3	0.2	0.7	0.2	11.5	100.0	70.3	1,580
35–49 years	29.6	9.1	11.7	13.3	0.9	1.2	0.0	1.6	0.0	32.6	100.0	50.4	119

Table RH.7: Continued

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by antenatal care provider during pregnancy for the last birth, Nepal, 2014

	Percent of women by provider of antenatal care [a]										Total	Any skilled provider [1] [b]	Number of women with a live birth in the last two years
	Skilled provider			Health Assistant/ Auxiliary Health Worker	Maternal Child Health Worker	Female Community Health Volunteer	Traditional birth attendant	Village Health Worker	Other/ Missing	No antenatal care			
	Medical doctor	Nurse / midwife	Auxiliary nurse midwife										
Education													
None	26.6	12.2	17.7	15.6	1.9	2.1	0.4	0.8	0.3	22.4	100.0	56.5	754
Primary	31.5	19.7	11.7	16.4	1.7	0.8	0.0	2.0	0.0	16.2	100.0	62.8	346
Secondary	35.0	19.7	17.6	16.7	2.1	0.9	0.0	0.6	0.3	7.1	100.0	72.3	503
Higher	66.8	12.1	9.3	5.5	2.0	0.3	0.0	1.0	0.4	2.6	100.0	88.1	445
Wealth index quintile													
Poorest	11.2	9.3	19.3	25.5	3.8	1.3	0.2	0.6	0.1	28.8	100.0	39.7	454
Second	29.5	17.7	15.9	15.9	2.0	2.5	0.5	1.3	0.0	14.6	100.0	63.1	436
Middle	38.4	16.5	17.6	13.0	1.3	0.5	0.0	2.6	0.5	9.5	100.0	72.5	441
Fourth	48.5	18.6	13.1	9.6	1.6	0.9	0.0	0.0	0.4	7.3	100.0	80.2	401
Richest	75.5	14.8	5.4	0.8	0.5	0.6	0.0	0.0	0.4	2.0	100.0	95.7	316

[1] MICS indicator 5.5a; MDG indicator 5.5 – Antenatal care coverage

[a] Only the most qualified provider is considered in cases where more than one provider was reported

[b] Skilled providers includes medical doctor, nurse/midwife, and auxiliary nurse midwife

( ) Figures that are based on 25–49 unweighted cases

Table RH.7 presents information on the type of personnel providing antenatal care to women aged 15–49 years with a live birth in the two years preceding the survey. Some 68 percent of women were seen by a skilled provider, with 38 percent seeing a medical doctor, 15 percent seeing a nurse/midwife and 15 percent seeing an auxiliary nurse midwife. In addition,14 percent were seen by a Health Assistant or Auxiliary Health Worker. Only 13 percent of women did not receive any antenatal care. Regionally, the highest proportion of women seeing a skilled provider was in the Central Hills (83 percent) and the lowest proportion was in the Mid-Western Mountains (42 percent). Urban women were more likely than rural women to see a skilled provider (93 percent compared to 65 percent). Younger and older women were less likely than women aged 20–34 years to see a skilled provider. Women with the higher education levels and/or living in households in richer quintiles were much more likely to receive antenatal care from a skilled provider than other women.

UNICEF and WHO recommend a minimum of four antenatal care visits during pregnancy. It is of crucial importance for pregnant women to start attending antenatal care visits as early in pregnancy as possible in order to prevent and detect pregnancy conditions that could affect both the woman and her baby. Antenatal care should continue throughout the entire pregnancy. Nepal's protocol for antenatal care provisions visits in the fourth, sixth, eighth and ninth months of pregnancy under the focused safe motherhood programme. As well as being observed in general, pregnant women routinely receive iron and folic acid supplementation, tetanus immunization and deworming; additional services are also available from specific locations.

Table RH.8 shows the proportion of women aged 15–49 years with a live birth in the two years preceding the survey by the number of antenatal care visits and the timing of first visit. Some 60 percent of women received at least four antenatal care visits, and another 16 percent had three visits. The proportion of women receiving at least four visits was highest in the Central Hills (74 percent) and lowest in the Mid-Western Mountains (31 percent). Urban women were much more likely than rural women to have at least four visits (84 percent compared to 56 percent). Younger and older women were less likely than women aged 20–34 years to have at least four visits. Women with no education or living in the poorest households were least likely to have at least four visits.

Table RH.8: Number of antenatal care visits and timing of first visit

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by number of antenatal care (ANC) visits by any provider and by the timing of first antenatal care visit, Nepal, 2014

	Percent of women who had:						Total	Percent of women by number of months pregnant at the time of first ANC visit						Total	Num-ber of women with a live birth in the last two years	Median months preg-nant at first ANC visit	Num-ber of women with a live birth in the last two years who had at least one ANC visit
	No ANC visits	One visit	Two visits	Three visits	Four or more visits [1]	DK/ Missing		No ANC visits	First tri-mester	4–5 months	6–7 months	8+ months	DK/ Missing				
Total	**13.3**	**3.6**	**7.0**	**15.9**	**59.5**	**0.7**	**100.0**	**13.3**	**50.8**	**29.0**	**5.6**	**1.1**	**0.0**	**100.0**	**2,048**	**3.0**	**1,775**
Region																	
Eastern Mountains	18.3	7.4	9.8	22.1	41.7	0.7	100.0	18.3	38.4	32.6	8.5	2.2	0.0	100.0	32	4.0	26
Eastern Hills	9.7	4.4	7.9	23.8	53.3	0.8	100.0	9.7	43.0	38.9	6.8	1.7	0.0	100.0	123	4.0	111
Eastern Terai	8.0	4.6	10.2	17.0	60.2	0.0	100.0	8.0	53.2	30.5	5.4	2.9	0.0	100.0	277	3.0	255
Central Mountains	17.0	1.5	9.5	18.2	53.8	0.0	100.0	17.0	48.6	26.2	6.7	1.5	0.0	100.0	38	3.0	32
Central Hills	12.4	0.8	4.8	6.8	73.6	1.6	100.0	12.4	66.7	17.4	2.7	0.8	0.0	100.0	241	3.0	211
Central Terai	15.7	4.6	8.8	21.0	49.2	0.7	100.0	15.7	65.5	12.2	5.3	1.3	0.0	100.0	400	3.0	337
Western Mountains	(9.2)	(5.8)	(9.2)	(17.1)	(58.6)	(0.0)	100.0	(9.2)	(49.9)	(31.1)	(9.8)	(0.0)	(0.0)	100.0	1	3.0	1
Western Hills	8.8	4.1	2.8	18.3	64.3	1.7	100.0	8.8	54.4	29.6	7.2	0.0	0.0	100.0	222	3.0	202
Western Terai	13.0	2.1	4.1	13.4	67.5	0.0	100.0	13.0	53.6	26.6	6.2	0.6	0.0	100.0	178	3.0	155
Mid-Western Mountains	31.1	6.0	12.9	18.9	30.5	0.5	100.0	31.1	20.4	32.0	14.7	1.3	0.5	100.0	43	4.0	30
Mid-Western Hills	25.2	5.8	8.3	11.9	48.9	0.0	100.0	25.2	18.8	47.0	8.5	0.6	0.0	100.0	166	4.0	124
Mid-Western Terai	8.4	3.5	5.9	11.6	70.7	0.0	100.0	8.4	43.3	42.4	4.6	1.4	0.0	100.0	113	4.0	103
Far Western Mountains	17.4	1.3	10.2	16.4	54.7	0.0	100.0	17.4	31.3	47.1	4.1	0.0	0.0	100.0	33	4.0	27
Far Western Hills	14.4	1.4	7.6	16.3	59.5	0.8	100.0	14.4	30.8	49.6	3.8	0.6	0.8	100.0	75	4.0	64
Far Western Terai	8.7	1.0	3.5	11.9	73.4	1.5	100.0	8.7	45.5	42.8	2.5	0.5	0.0	100.0	106	4.0	97
Area																	
Urban	3.7	0.6	2.2	9.3	84.0	0.3	100.0	3.7	69.1	24.3	2.6	0.3	0.0	100.0	262	2.0	253
Kathmandu valley	0.0	0.0	1.7	0.7	97.7	0.0	100.0	0.0	88.7	11.3	0.0	0.0	0.0	100.0	65	2.0	65
Other urban	4.9	0.7	2.3	12.2	79.5	0.4	100.0	4.9	62.6	28.7	3.4	0.5	0.0	100.0	197	3.0	187
Rural	14.7	4.0	7.7	16.9	55.9	0.7	100.0	14.7	48.2	29.7	6.1	1.3	0.0	100.0	1,786	3.0	1,522

Table RH.8: Continued

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by number of antenatal care (ANC) visits by any provider and by the timing of first antenatal care visit, Nepal, 2014

	Percent of women who had:						Total	Percent of women by number of months pregnant at the time of first ANC visit						Total	Num-ber of women with a live birth in the last two years	Median months preg-nant at first ANC visit	Num-ber of women with a live birth in the last two years who had at least one ANC visit
	No ANC visits	One visit	Two visits	Three visits	Four or more visits [1]	DK/ Missing		No ANC visits	First tri-mester	4–5 months	6–7 months	8+ months	DK/ Missing				
Mother's age at birth																	
Less than 20 years	14.9	3.5	10.9	18.9	51.8	0.0	100.0	14.9	49.5	28.5	6.4	0.6	0.1	100.0	349	3.0	296
20–34 years	11.5	3.6	6.3	15.4	62.6	0.7	100.0	11.5	52.3	29.3	5.5	1.3	0.0	100.0	1,580	3.0	1,398
35–49 years	32.6	3.9	5.4	14.2	40.7	3.2	100.0	32.6	35.8	26.6	5.0	0.0	0.0	100.0	119	3.0	80
Education																	
None	22.4	6.5	10.9	18.4	40.8	1.1	100.0	22.4	40.6	26.7	8.2	2.2	0.0	100.0	754	3.0	585
Primary	16.2	2.9	5.3	13.0	62.1	0.6	100.0	16.2	49.3	27.0	6.4	0.9	0.2	100.0	346	3.0	290
Secondary	7.1	2.4	5.8	19.3	64.7	0.7	100.0	7.1	51.6	35.9	4.6	0.8	0.0	100.0	503	3.0	467
Higher	2.6	0.6	3.2	10.3	83.2	0.2	100.0	2.6	68.5	26.9	1.9	0.0	0.0	100.0	445	3.0	433
Wealth index quintile																	
Poorest	28.8	5.4	8.0	15.9	40.6	1.3	100.0	28.8	25.7	36.1	8.4	0.8	0.1	100.0	454	4.0	322
Second	14.6	5.5	9.0	17.7	52.8	0.4	100.0	14.6	44.3	33.4	5.7	1.8	0.0	100.0	436	3.0	372
Middle	9.5	2.8	8.5	22.5	56.5	0.2	100.0	9.5	58.0	24.7	6.4	1.4	0.0	100.0	441	3.0	399
Fourth	7.3	2.0	5.9	15.5	68.6	0.7	100.0	7.3	58.5	28.8	4.5	0.9	0.0	100.0	401	3.0	372
Richest	2.0	1.4	2.4	5.0	88.4	0.8	100.0	2.0	76.1	19.3	1.9	0.7	0.0	100.0	316	2.0	310

[1] MICS indicator 5.5b; MDG indicator 5.5 – Antenatal care coverage

( ) Figures that are based on 25–49 unweighted cases

Some 51 percent of women made their first antenatal care visit during the first trimester. An additional 29 percent made their first visit during months 4–5. The proportion of women receiving antenatal care during the first trimester was highest in the Central Hills (67 percent) and lowest in the Mid-Western Hills (19 percent). Urban women were more likely than rural women to make their first visit during the first trimester (69 percent compared to 48 percent). Younger and older women were less likely than women aged 20–34 years to make their first visit during the first trimester. Education level and household wealth status were strongly associated with the likelihood of a woman making her first antenatal care visit during the first trimester.

Table RH.9: Content of antenatal care

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, during the pregnancy for the last birth, Nepal, 2014

	Percent of women who, during the pregnancy of their last birth, had:				Number of women with a live birth in the last two years
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken [1]	
Total	**80.1**	**71.7**	**62.4**	**61.2**	**2,048**
Region					
Eastern Mountains	71.0	56.1	25.5	24.7	32
Eastern Hills	78.3	68.1	46.7	46.7	123
Eastern Terai	89.7	80.4	71.5	71.5	277
Central Mountains	76.9	74.9	69.9	69.9	38
Central Hills	84.5	83.7	81.3	81.3	241
Central Terai	82.9	75.3	70.1	69.7	400
Western Mountains	(85.1)	(79.2)	(73.3)	(73.3)	1
Western Hills	88.7	74.3	70.8	69.8	222
Western Terai	71.0	69.4	50.7	50.7	178
Mid-Western Mountains	49.4	28.7	22.5	19.9	43
Mid-Western Hills	64.0	51.8	33.2	30.1	166
Mid-Western Terai	82.8	66.3	56.7	51.4	113
Far Western Mountains	74.6	61.3	50.1	45.8	33
Far Western Hills	74.4	71.0	61.1	55.1	75
Far Western Terai	77.6	72.6	68.4	66.3	106
Area					
Urban	94.4	93.4	89.4	88.5	262
Kathmandu valley	100.0	100.0	94.5	94.5	65
Other urban	92.6	91.2	87.7	86.5	197
Rural	78.0	68.5	58.5	57.2	1,786
Mother's age at birth					
Less than 20 years	79.1	69.1	57.8	56.6	349
20–34 years	81.7	73.5	64.8	63.5	1,580
35–49 years	61.1	54.8	44.7	44.7	119
Education					
None	67.8	57.6	47.7	46.7	754
Primary	76.8	68.1	55.7	54.0	346
Secondary	87.2	79.2	70.2	69.2	503
Higher	95.3	90.0	83.9	82.6	445
Wealth index quintile					
Poorest	61.7	47.2	35.4	32.6	454
Second	78.2	70.6	57.6	56.9	436
Middle	82.5	73.1	65.0	64.3	441
Fourth	86.7	80.8	71.6	70.8	401
Richest	97.3	94.8	92.8	91.9	316

[1] MICS indicator 5.6 – Content of antenatal care

( ) Figures that are based on 25–49 unweighted cases

The coverage of key services that pregnant women are expected to receive during antenatal care are shown in Table RH.9. Among those women who had a live birth in the two years preceding the survey, 61 percent received all elements of the recommended content of antenatal care, with 80 percent having their blood pressure checked, 72 percent having a urine sample taken and 62 percent having a blood sample taken. The highest proportion of women who received all three elements was in the Central Hills (81 percent) and the lowest proportion was in the Mid-Western Mountains (20 percent). Urban women were much more likely than rural women to receive all three elements (89 percent compared to 57 percent). Younger and older women were less likely than women aged 20–34 years to receive all three elements. Education level and household wealth status were both strongly associated with the likelihood of a woman receiving all three elements.

Assistance at Delivery

About three-quarters of all maternal deaths occur due to direct obstetric causes[5]. The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth and, in case of emergency, transportation is available to a referral facility for obstetric care. The skilled attendant at delivery indicator is used to track progress toward the MDG 5 on improving maternal health.

The MICS includes a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant or provider includes a medical doctor, nurse/midwife and auxiliary nurse midwife. The Nepal Health Sector Programme (2010–2015) target is that 60 percent of deliveries are attended by a skilled birth attendant. Table RH.10 shows the proportion of women aged 15–49 years with a live birth in the two years preceding the survey by person providing assistance at delivery, and the percentage of births delivered by Caesarean section (C-section). Some 56 percent of women were attended by a skilled provider, with 39 percent being attended by a doctor, 10 percent being attended by a nurse or midwife, and 7 percent being attended by an auxiliary nurse midwife. In addition, 5 percent were assisted by a traditional birth attendant and 33 percent were assisted by relatives or friends.

Regionally, the highest proportion of women who were attended by a skilled provider was in the Central Hills (75 percent) and the lowest proportion was in the Mid-Western Mountains (20 percent). Urban women were much more likely than rural women to be attended by a skilled provider (90 percent compared to 51 percent). Women aged 35–49 years were much less likely than other women to be attended by a skilled provider. Some 95 percent of women who gave birth in a health facility were attended by a skilled provider, while only 7 percent of women who gave birth at home were attended by a skilled provider—a 14-fold difference. Women with higher levels of education and those living in the richest households were much more likely to have been assisted by a skilled provider at delivery.

[5] *Say, L et al. 2014. Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health 2(6): e323–33. DOI: 10.1016/S2214-109X(14)70227-X*

Table RH.10: Assistance during delivery and Caesarean section

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by person providing assistance at delivery, and percentage of births delivered by C-section, Nepal, 2014

	Percent of women by person assisting at delivery											Total	Delivery assisted by any skilled attendant [1] [a]	Percent of women delivered by C-section			Number of women with a live birth in the last two years
	Skilled provider			Traditional birth attendant	Village Health Worker	Relative/ friend	Health Assistant/ Auxiliary Health Worker	Maternal and Child Health Worker	Female Community Health Volunteer	Other/ Missing	No attendant			Decided before onset of labour	Decided after onset of labour	Total [2]	
	Medical doctor	Nurse/ midwife	Auxiliary nurse midwife														
Total	**38.6**	**9.6**	**7.4**	**4.5**	**0.7**	**33.2**	**1.5**	**0.1**	**0.7**	**2.1**	**1.6**	**100.0**	**55.6**	**4.1**	**4.5**	**8.6**	**2,048**
Region																	
Eastern Mountains	9.8	6.7	6.7	4.2	2.0	60.7	2.9	0.0	0.0	2.9	4.2	100.0	23.2	1.5	1.2	2.7	32
Eastern Hills	31.4	2.6	8.9	1.7	0.0	50.3	1.6	0.0	0.0	2.6	0.9	100.0	42.9	1.7	4.8	6.5	123
Eastern Terai	54.4	8.2	4.1	5.5	0.0	25.5	1.6	0.0	0.0	0.7	0.0	100.0	66.7	7.6	11.0	18.6	277
Central Mountains	28.7	8.1	10.8	2.9	4.2	38.1	2.7	0.0	0.0	3.5	1.0	100.0	47.7	1.7	5.4	7.1	38
Central Hills	65.1	9.0	1.2	2.4	1.4	17.8	0.0	0.0	0.0	2.2	0.8	100.0	75.4	11.1	6.0	17.1	241
Central Terai	39.4	6.4	3.6	4.9	1.1	42.4	0.0	0.0	0.6	1.7	0.0	100.0	49.3	2.3	3.2	5.6	400
Western Mountains	(40.5)	(7.8)	(17.0)	(2.3)	(0.0)	(29.6)	(0.0)	(0.0)	(0.0)	(2.8)	(0.0)	100.0	(65.2)	(13.8)	(3.1)	(16.9)	1
Western Hills	49.4	4.0	7.0	5.4	0.7	29.1	1.5	0.0	1.4	1.5	0.0	100.0	60.5	5.7	3.1	8.8	222
Western Terai	37.7	19.3	8.2	2.4	0.0	29.7	2.1	0.0	0.0	0.7	0.0	100.0	65.1	4.9	5.2	10.1	178
Mid-Western Mountains	3.7	3.9	12.0	10.9	1.5	45.3	2.2	0.0	6.4	3.1	11.1	100.0	19.5	0.9	0.0	0.9	43
Mid-Western Hills	8.6	12.1	11.1	4.8	0.0	41.2	1.3	0.6	2.4	4.9	13.0	100.0	31.9	0.6	1.3	2.0	166
Mid-Western Terai	28.6	29.8	6.4	8.2	1.0	24.9	0.0	0.0	1.0	0.1	0.0	100.0	64.8	0.3	3.3	3.6	113
Far Western Mountains	11.2	2.1	13.7	2.6	0.0	61.8	1.6	2.0	0.8	0.7	3.5	100.0	27.0	0.0	0.6	0.6	33
Far Western Hills	12.6	2.6	20.7	.8	0.0	48.5	12.7	0.0	0.0	2.1	0.0	100.0	35.9	0.0	1.4	1.4	75
Far Western Terai	32.1	15.4	23.2	6.8	1.1	10.9	1.6	0.8	0.8	7.3	0.0	100.0	70.7	0.4	2.8	3.1	106
Area																	
Urban	79.0	10.2	1.2	1.2	0.2	6.8	0.3	0.0	0.0	1.1	0.0	100.0	90.3	8.1	10.9	19.0	262
Kathmandu valley	89.3	9.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	100.0	98.3	11.2	13.5	24.7	65
Other urban	75.5	10.5	1.6	1.6	0.2	8.6	0.5	0.0	0.0	1.5	0.0	100.0	87.7	7.0	10.0	17.1	197
Rural	32.7	9.5	8.3	5.0	0.8	37.1	1.6	0.1	0.8	2.3	1.8	100.0	50.5	3.5	3.6	7.1	1,786
Mother's age at birth																	
Less than 20 years	33.2	15.1	7.8	3.6	0.6	34.6	1.4	0.1	1.0	1.7	0.8	100.0	56.1	2.2	2.1	4.3	349
20–34 years	40.7	8.6	7.4	4.2	0.8	32.8	1.3	0.1	0.5	2.0	1.5	100.0	56.8	4.4	5.2	9.6	1,580
35–49 years	25.9	6.1	6.2	11.0	0.2	34.8	3.8	0.9	2.1	4.6	4.5	100.0	38.1	6.2	2.4	8.6	119

Table RH.10: Continued

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by person providing assistance at delivery, and percentage of births delivered by C-section, Nepal, 2014

	Percent of women by person assisting at delivery											Total	Delivery assisted by any skilled attendant [1] [a]	Percent of women delivered by C-section			Number of women with a live birth in the last two years
	Skilled provider			Traditional birth attendant	Village Health Worker	Relative/ friend	Health Assistant/ Auxiliary Health Worker	Maternal and Child Health Worker	Female Community Health Volunteer	Other/ Missing	No attendant			Decided before onset of labour	Decided after onset of labour	Total [2]	
	Medical doctor	Nurse/ midwife	Auxiliary nurse midwife														
Place of delivery																	
Home	2.8	0.8	3.0	10.0	1.3	73.6	1.1	0.2	1.4	2.1	3.7	100.0	6.6	0.0	0.0	0.0	872
Health facility	67.7	16.7	10.9	0.4	0.2	2.0	1.8	0.1	0.2	0.0	0.0	100.0	95.4	7.4	8.2	15.6	1,130
Public	63.7	17.7	13.1	0.2	0.2	2.4	2.2	0.1	0.3	0.0	0.0	100.0	94.5	4.5	5.6	10.1	915
Private	86.6	11.9	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	20.6	19.1	39.7	188
NGO	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	27
Other/ Missing	2.6	0.8	4.1	0.0	3.2	35.5	0.0	0.0	0.0	53.4	0.5	100.0	7.5	0.0	0.0	0.0	47
Education																	
None	22.7	6.5	7.0	6.3	1.0	47.5	2.0	0.2	1.2	2.7	3.0	100.0	36.2	1.6	1.9	3.5	754
Primary	27.6	11.2	8.6	5.8	0.7	40.4	1.6	0.0	0.6	2.9	0.8	100.0	47.3	0.6	6.0	6.6	346
Secondary	44.5	14.0	8.2	3.8	0.2	25.4	0.9	0.2	0.3	1.8	0.9	100.0	66.6	4.2	2.9	7.1	503
Higher	67.5	8.5	6.3	1.3	0.9	12.4	1.1	0.1	0.4	1.0	0.6	100.0	82.3	11.0	9.6	20.5	445
Wealth index quintile																	
Poorest	9.9	4.5	11.1	4.3	0.5	54.4	3.6	0.2	1.5	3.8	6.0	100.0	25.5	0.1	0.9	1.0	454
Second	28.4	9.4	7.1	8.7	1.2	40.1	0.9	0.1	0.9	2.2	0.9	100.0	45.0	1.7	1.3	3.0	436
Middle	37.4	10.6	7.7	4.4	0.7	35.5	1.4	0.0	0.6	1.4	0.2	100.0	55.7	3.6	3.8	7.3	441
Fourth	51.0	13.1	7.0	3.4	0.6	21.8	0.6	0.2	0.2	2.0	0.0	100.0	71.1	3.8	7.8	11.6	401
Richest	79.6	11.2	2.5	0.4	0.5	4.8	0.4	0.0	0.0	0.6	0.0	100.0	93.3	14.3	11.0	25.3	316

[1] MICS indicator 5.7; MDG indicator 5.2 – Skilled attendant at delivery

[2] MICS indicator 5.9 – Caesarean section

[a] Skilled attendants includes medical doctor, nurse/midwife, and auxiliary nurse midwife

( ) Figures that are based on 25–49 unweighted cases

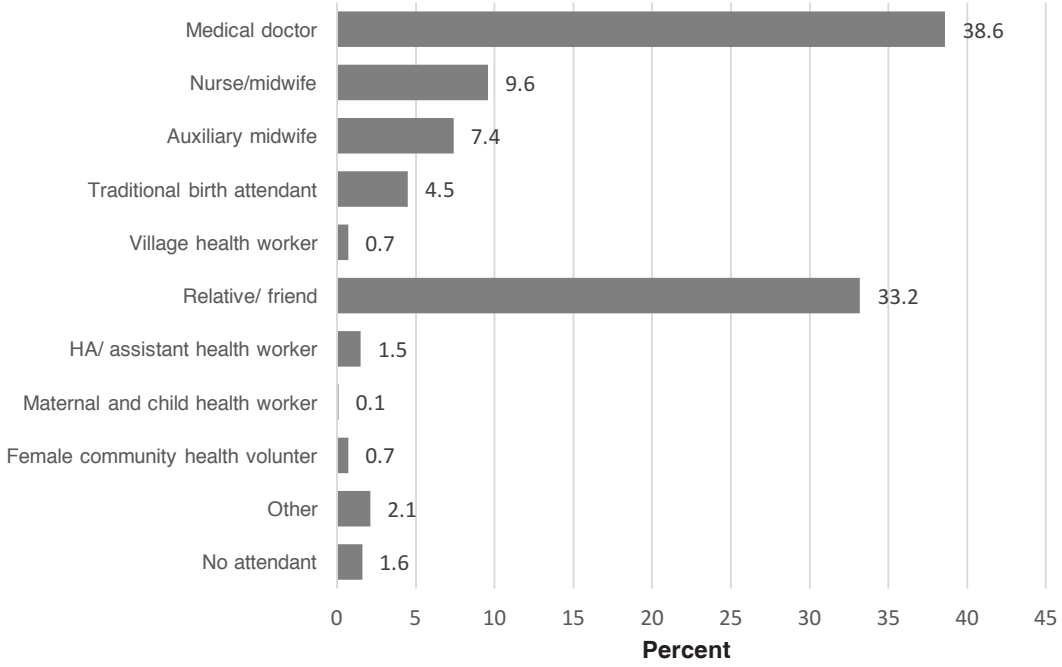
(*) Figures that are based on fewer than 25 unweighted cases

Table RH.10 also shows information on women who delivered by C-section and provides additional information on the timing of the decision to conduct a C-section (before or after labour pains began) in order to better assess if such decisions are mostly driven by medical or non-medical reasons. The Nepal Health Sector Programme (2010–2015) has a target of 5 percent for delivery by C-section.

Overall, 9 percent of women had a C-section, with 4 percent of women taking the decision before the onset of labour pains and 5 percent after. Women having a C-section were most likely to live in the Eastern Terai (19 percent) and Central Hills (17 percent). Women in urban areas were much more likely than women in rural areas to have a C-section (19 percent compared to 7 percent), with 25 percent of women in Kathmandu valley having one. Women aged less than 20 years were less likely than other women to have a C-section. Women who gave birth in a private health facility were the most likely to have a C-section (40 percent). Women with higher education and those living in households in the richest quintile were much more likely than other women to have a C-section (21 percent and 25 percent, respectively). The decision to have a C-section before the onset of labour pains was most common for women living the Central Hills and Kathmandu valley, women aged 35–49 years, women using a private health facility, women with higher education and women living in households in the richest quintile.

Figure RH.3 shows the person assisting at delivery for women aged 15–49 years with a live birth in the preceding two years.

Figure RH.3: Person assisting at delivery, Nepal, 2014



Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.11 presents the percentage of women aged 15–49 years who had a live birth in the two years preceding the survey by place of delivery, and the percentage of births delivered in a health facility, according to background characteristics.

Around 55 percent of women delivered in a health facility; 45 percent used a public facility and 9 percent used a private facility. In addition, 43 percent of women gave birth at home. The proportion of institutional deliveries ranged from 24 percent in the Eastern Mountains to 75 percent in the Central Hills. Women in urban areas were much more likely than women in rural areas to deliver in a health facility (88 percent compared to 50 percent). Importantly, women who had received at least four antenatal care visits were much more likely to deliver in a health facility (73 percent) than those who had 1–3 visits (38 percent) or no visits (10 percent).Women with higher levels of education and those living in households in richer wealth quintiles were more likely to deliver in a health facility than other women.

Table RH.11: Place of delivery

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by place of delivery of their last birth, and percentage who delivered in a health facility, Nepal, 2014

	Percent of women by place of delivery					Total	Percent of women delivered in health facility [1]	Number of women with a live birth in the last two years
	Public sector health facility	Private sector health facility	NGO sector health facility	Home	Other			
Total	**44.7**	**9.2**	**1.3**	**42.6**	**1.1**	**100.0**	**55.2**	**2,048**
Region								
Eastern Mountains	19.6	2.7	1.3	72.9	2.1	100.0	23.6	32
Eastern Hills	32.8	5.8	1.9	58.6	0.0	100.0	40.5	123
Eastern Terai	48.3	14.6	2.2	31.4	2.8	100.0	65.1	277
Central Mountains	28.4	16.3	.8	52.4	1.5	100.0	45.4	38
Central Hills	56.8	15.0	3.0	22.6	1.0	100.0	74.9	241
Central Terai	32.5	11.6	1.0	53.2	0.0	100.0	45.1	400
Western Mountains	(53.6)	(5.7)	(0.0)	(37.8)	(0.0)	100.0	(59.3)	1
Western Hills	46.2	9.5	2.3	39.5	1.7	100.0	58.0	222
Western Terai	56.6	8.0	0.8	34.6	0.0	100.0	65.4	178
Mid-Western Mountains	25.0	0.5	0.0	71.6	2.4	100.0	25.5	43
Mid-Western Hills	31.8	0.7	0.0	64.0	1.3	100.0	32.4	166
Mid-Western Terai	61.0	6.1	0.0	32.6	0.3	100.0	67.0	113
Far Western Mountains	30.2	2.4	0.0	66.5	0.8	100.0	32.7	33
Far Western Hills	47.2	2.8	0.0	46.0	1.9	100.0	50.0	75
Far Western Terai	71.0	3.6	0.0	21.2	1.6	100.0	74.5	106
Area								
Urban	67.0	20.0	1.3	10.4	0.5	100.0	88.3	262
Kathmandu valley	69.2	23.2	1.4	4.7	1.5	100.0	93.8	65
Other urban	66.2	18.9	1.3	12.2	0.2	100.0	86.5	197
Rural	41.4	7.6	1.3	47.3	1.2	100.0	50.3	1,786
Mother's age at birth								
Less than 20 years	47.1	6.6	0.3	42.0	2.5	100.0	53.9	349
20–34 years	45.3	9.6	1.6	41.7	0.8	100.0	56.5	1,580
35–49 years	29.3	11.0	0.0	56.1	1.0	100.0	40.3	119
Percent of women who had:								
None	7.7	1.6	0.8	79.2	1.7	100.0	10.0	272
1–3 visits	32.9	4.6	0.9	60.8	0.8	100.0	38.4	543
4+ visits	58.2	12.8	1.6	26.3	1.1	100.0	72.6	1,218
Education								
None	32.1	4.3	0.3	60.9	1.1	100.0	36.6	754
Primary	38.6	6.7	0.5	51.1	1.5	100.0	45.8	346
Secondary	58.7	7.9	1.1	30.7	0.6	100.0	67.7	503
Higher	54.9	20.8	4.0	18.2	1.2	100.0	79.6	445
Wealth index quintile								
Poorest	25.9	1.0	1.0	68.8	3.3	100.0	27.9	454
Second	37.5	6.7	0.4	54.2	1.1	100.0	44.7	436
Middle	47.4	9.0	0.0	40.6	3.0	100.0	56.4	441
Fourth	59.0	7.3	1.8	29.7	2.2	100.0	68.1	401
Richest	59.5	27.0	4.2	7.8	1.5	100.0	90.7	316

[1] MICS indicator 5.8 – Institutional deliveries

Note: 14 cases of missing 'number of antenatal care visits' not shown

( ) Figures that are based on 25–49 unweighted cases

Postnatal Health Checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and newborn. Across the world, approximately 3 million newborns annually die in the first month of life[6] and the majority of these deaths occur within a day or two of birth[7], which is also the time when the majority of maternal deaths occur[8].

Despite the importance of the first few days following birth, large-scale, nationally representative household survey programmes have not systematically included questions on the postnatal period and care for the mother and newborn. In 2008, the Countdown to 2015 Initiative, which monitors progress on maternal, newborn and child health interventions, highlighted this data gap, and called not only for postnatal care programmes to be strengthened, but also for better data availability and quality[9].

Following the establishment and discussions of an Inter-Agency Group on Postnatal Care and drawing on lessons learned from earlier attempts at collecting postnatal care data, a new questionnaire module for MICS was developed and validated. Named the Postnatal Health Checks (PNHC) module, the objective is to collect information on newborns' and mothers' contact with a provider, not content of care. The rationale for this is that as postnatal care programmes scale up, it is important to measure the coverage of that scale up and ensure that the platform for providing essential services is in place. Content is considered more difficult to measure, particularly because the respondent is asked to recall services delivered up to two years preceding the interview.

Data on postnatal care collected for MICS cover three main areas: duration of stay in health facility; postnatal health checks for newborns; and postnatal health checks for mothers. Table RH.12 presents information on the proportion of women aged 15–49 years who gave birth in a health facility in the two years preceding the survey according to the duration of their stay in the facility following delivery.

Overall, 76 percent of women who gave birth in a health facility stayed 12 hours or more in the facility after delivery. Some 48 percent stayed 1–2 days, 25 percent stayed 3 days or more, and 15 percent stayed less than 6 hours. Regionally, the proportion of women who stayed 12 hours or more ranged from 29 percent in the Mid-Western Mountains to 93 percent in the Central Hills. Urban women were more likely than rural women to stay for 12 hours or more (86 percent compared to 74 percent). A higher proportion of women delivering in private facilities stayed 12 hours or more than those delivering in public facilities (90 percent compared to 73 percent). As expected, nearly all women (97 percent) giving birth through C-section stayed 12 hours or more. Women with lower education levels and those living in households in lower wealth quintiles were less likely than other women to stay for 12 hours or more.

[6] *UN Interagency Group for Child Mortality Estimation, 2013. Levels and Trends in Child Mortality.*

[7] *Lawn, J.E., Cousens, S. and Zupan, J., 2005. Four million neonatal deaths: When? Where? Why? Lancet, 365:891–900.*

[8] *WHO, UNICEF, UNFPA and World Bank, 2012. Trends in Maternal Mortality: 1990–2010. Geneva: World Health Organization.*

[9] *UNICEF, 2008. Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival. New York: UNICEF.*

Table RH.12: Postpartum stay in health facility

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who had their last birth delivered in a health facility, by duration of stay in health facility, Nepal, 2014

	Percent of women by duration of stay in health facility						Total	12 hours or more [1]	Number of women who had last birth deliver-ed in a health facility in the last two years
	Less than 6 hours	6–11 hours	12–23 hours	1–2 days	3 days or more	DK/ Missing			
Total	**15.0**	**8.2**	**3.1**	**47.6**	**25.3**	**0.8**	**100.0**	**76.0**	**1,130**
Region									
Eastern Mountains	(22.5)	(21.2)	(0.0)	(28.4)	(27.9)	(0.0)	100.0	(56.4)	7
Eastern Hills	13.2	1.9	4.5	49.8	28.4	2.2	100.0	82.7	50
Eastern Terai	9.5	10.7	2.3	44.2	32.2	1.1	100.0	78.7	181
Central Mountains	18.5	2.1	0.0	46.8	30.9	1.7	100.0	77.7	17
Central Hills	5.7	.3	3.8	47.4	41.7	1.1	100.0	92.9	180
Central Terai	16.0	5.1	5.9	44.0	29.0	0.0	100.0	78.9	180
Western Mountains	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	1
Western Hills	11.5	5.8	0.0	58.1	23.2	1.4	100.0	81.4	129
Western Terai	10.5	13.6	2.1	52.6	20.0	1.2	100.0	74.6	116
Mid-Western Mountains	45.8	23.0	2.0	21.8	5.5	1.9	100.0	29.2	11
Mid-Western Hills	48.0	14.1	3.0	28.2	6.8	0.0	100.0	37.9	54
Mid-Western Terai	15.7	13.5	3.5	51.5	15.4	0.5	100.0	70.3	76
Far Western Mountains	(17.8)	(7.9)	(2.1)	(65.3)	(6.9)	(0.0)	100.0	(74.3)	11
Far Western Hills	25.9	6.9	2.8	61.1	3.3	0.0	100.0	67.2	38
Far Western Terai	25.5	16.8	3.6	44.8	9.4	0.0	100.0	57.8	79
Area									
Urban	6.2	6.8	2.9	55.6	27.5	0.9	100.0	86.0	232
Kathmandu valley	4.9	1.0	3.4	49.9	40.9	0.0	100.0	94.1	61
Other urban	6.7	8.9	2.7	57.7	22.7	1.3	100.0	83.1	170
Rural	17.3	8.5	3.1	45.6	24.7	0.8	100.0	73.5	898
Mother's age at birth									
Less than 20 years	18.9	9.6	4.6	49.0	18.0	0.0	100.0	71.5	188
20–34 years	13.7	8.1	2.7	48.2	26.3	1.0	100.0	77.2	894
35–49 years	24.3	3.1	4.4	32.6	35.6	0.0	100.0	72.6	48
Type of health facility									
Public	17.2	9.1	3.5	49.4	20.1	0.7	100.0	73.0	915
Private	6.2	3.8	1.7	40.2	47.8	0.2	100.0	89.8	188
NGO	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	27
Type of delivery									
Vaginal birth	17.3	9.7	3.7	55.3	13.1	0.9	100.0	72.1	953
C-section	2.5	0.0	0.0	6.2	91.1	0.2	100.0	97.3	177
Education									
None	24.0	8.8	5.2	42.1	19.0	0.8	100.0	66.4	276
Primary	15.3	9.1	3.3	45.5	24.7	2.0	100.0	73.6	159
Secondary	15.8	11.1	2.1	49.8	20.7	0.5	100.0	72.6	341
Higher	7.0	4.5	2.3	50.8	35.0	0.5	100.0	88.0	354
Wealth index quintiles									
Poorest	32.1	7.7	3.6	45.3	9.6	1.7	100.0	58.5	127
Second	20.3	8.3	3.7	50.9	16.0	0.7	100.0	70.7	195
Middle	16.9	8.7	3.8	42.2	27.8	0.6	100.0	73.8	249
Fourth	13.9	10.4	3.0	45.4	25.9	1.4	100.0	74.3	273
Richest	3.2	5.6	1.9	53.3	35.9	0.1	100.0	91.0	287

[1] MICS indicator 5.10 – Postpartum stay in health facility

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Safe motherhood programmes have recently increased emphasis on the importance of postnatal care. In accordance with WHO recommendations on postnatal care of the mother and newborn (2013), the Nepal recommendation is that women and newborns receive a health check within the first, third and seventh day of delivery. To assess the extent of postnatal care utilization, women were asked whether they and their newborn received a health check after the delivery, the timing of the first check, and the type of health provider.

Table RH.13 shows the percentage of women with a live birth in the two years preceding the survey whose newborn received health checks and postnatal care visits from any health provider after birth. Please note that *health checks for newborn following birth while in facility or at home* refer to checks provided by any health provider regardless of timing, whereas *postnatal care visits for newborn* refer to a separate visit to check on the health of the newborn and provide preventive care services and therefore do not include health checks following birth while in facility or at home. The indicator *postnatal health checks for newborn* includes any health check after birth received while in the health facility and at home, regardless of timing, as well as postnatal care visits within two days of delivery.

Overall, 57 percent of newborns received a health check immediately following birth while in the facility or at home. With regard to postnatal care visits in the following days, the vast majority of newborns did not receive any postnatal care visits (83 percent). When they did occur, they were either on the same day (1 percent), 3–6 days following birth (2 percent) or after the first week (9 percent). As a result, only 58 percent of all newborns received some form of postnatal health check. This percentage varied from 17 percent in the Mid-Western Mountains to 75 percent in the Central Hills. Urban newborns were much more likely than rural newborns to receive a postnatal health check (87 percent compared 53 percent). Newborns delivered in a health facility were much more likely than those delivered at home to receive a postnatal health check (91 percent compared to 17 percent); only 15 percent of newborns delivered at home received a health check immediately following birth and 90 percent did not receive any postnatal care visits in the following days. There was a positive correlation with both education and household wealth, with the likelihood of a postnatal health check for newborns increasing as mother's education and household wealth increased.

Table RH.13: Postnatal health checks for newborns

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey whose newborn received a health check while in the facility or at home following birth, percentage whose newborn received postnatal care visits from any health provider after birth, by timing of visit, and percentage whose who newborn received some form of postnatal health check, Nepal, 2014

	Health check for newborn following birth while in facility or at home [a]	Percent with postnatal care visit for newborn [b]							Total	Postnatal health check for newborn [1] [c]	Number of last live births in the last two years
		Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No postnatal care visit	DK/ Missing			
Total	**56.5**	**1.4**	**0.7**	**0.9**	**2.3**	**9.0**	**83.4**	**2.3**	**100.0**	**57.6**	**2,048**
Region											
Eastern Mountains	29.2	0.7	0.0	0.0	1.4	7.8	90.1	0.0	100.0	29.2	32
Eastern Hills	43.0	1.8	0.0	0.0	1.5	7.0	86.9	2.7	100.0	43.2	123
Eastern Terai	66.6	3.7	1.5	2.4	3.0	9.4	77.5	2.5	100.0	69.7	277
Central Mountains	58.7	1.5	0.0	1.8	0.0	14.9	81.9	0.0	100.0	60.1	38
Central Hills	73.9	0.4	2.4	0.2	2.6	16.6	71.6	6.1	100.0	75.1	241
Central Terai	55.4	1.1	0.0	0.7	0.6	11.3	85.0	1.4	100.0	55.9	400
Western Mountains	(62.2)	(0.0)	(0.0)	(5.8)	(10.9)	(9.1)	(68.4)	(5.7)	100.0	(62.2)	1
Western Hills	66.9	3.0	0.5	0.0	2.0	2.5	90.5	1.5	100.0	69.3	222
Western Terai	62.6	0.7	0.0	2.1	3.3	9.9	82.8	1.3	100.0	62.6	178
Mid-Western Mountains	17.3	0.0	0.5	0.0	0.5	0.0	98.0	1.0	100.0	17.3	43
Mid-Western Hills	35.2	1.2	0.7	0.6	3.3	4.9	89.3	0.0	100.0	36.4	166
Mid-Western Terai	56.2	0.4	1.1	2.1	5.4	7.6	77.1	6.4	100.0	56.2	113
Far Western Mountains	37.7	0.0	0.0	2.0	3.8	9.7	80.9	3.5	100.0	37.7	33
Far Western Hills	48.0	0.0	0.0	0.0	2.5	7.9	88.7	0.9	100.0	48.0	75
Far Western Terai	48.0	0.0	0.7	0.5	2.7	6.5	88.5	1.1	100.0	48.0	106
Area											
Urban	86.6	1.1	1.1	1.3	2.9	13.8	75.7	4.2	100.0	87.1	262
Kathmandu valley	92.5	1.7	3.0	0.7	1.8	23.8	61.3	7.8	100.0	94.2	65
Other urban	84.6	0.9	0.5	1.5	3.2	10.5	80.5	3.0	100.0	84.7	197
Rural	52.1	1.4	0.6	0.9	2.3	8.3	84.5	2.0	100.0	53.3	1,786
Mother's age at birth											
Less than 20 years	57.0	1.5	0.6	2.1	2.3	6.5	85.6	1.3	100.0	58.2	349
20–34 years	57.7	1.4	0.8	0.7	2.4	9.6	82.7	2.4	100.0	58.8	1,580
35–49 years	39.6	0.9	0.0	0.0	1.5	7.9	85.9	3.8	100.0	39.6	119

Table RH.13: Continued

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey whose newborn received a health check while in the facility or at home following birth, percentage whose newborn received postnatal care visits from any health provider after birth, by timing of visit, and percentage whose who newborn received some form of postnatal health check, Nepal, 2014

	Health check for newborn following birth while in facility or at home [a]	Percent with postnatal care visit for newborn [b]							Total	Postnatal health check for newborn [1] [c]	Number of last live births in the last two years
		Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No postnatal care visit	DK/ Missing			
Place of delivery											
Home	15.1	2.3	0.8	0.6	1.0	5.2	89.9	0.2	100.0	16.8	872
Health facility	90.6	0.1	0.6	1.2	3.5	12.0	78.6	4.0	100.0	90.6	1,130
Public	89.5	0.1	0.6	0.9	3.6	11.2	80.0	3.5	100.0	89.5	915
Private	96.0	0.0	0.9	3.0	2.3	13.9	73.8	6.0	100.0	96.0	188
NGO	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	27
Other/ Missing	4.2	15.5	0.0	0.0	0.0	7.2	77.3	0.0	100.0	19.8	47
Education											
None	39.6	0.6	0.5	0.0	2.4	6.4	88.7	1.4	100.0	40.2	754
Primary	47.6	2.2	1.0	2.1	1.1	7.6	85.1	0.9	100.0	49.1	346
Secondary	66.3	1.0	0.5	1.2	2.9	7.3	83.5	3.5	100.0	67.4	503
Higher	81.1	2.6	1.0	1.2	2.6	16.3	72.9	3.3	100.0	82.5	445
Wealth index quintile											
Poorest	32.0	1.3	0.3	0.3	1.9	4.9	90.1	1.2	100.0	32.9	454
Second	47.0	0.2	0.0	1.1	0.6	4.6	91.9	1.6	100.0	47.1	436
Middle	54.4	2.7	1.0	0.7	3.0	7.5	83.7	1.4	100.0	57.2	441
Fourth	70.1	1.4	1.5	0.5	4.0	11.5	78.8	2.3	100.0	70.9	401
Richest	90.5	1.4	0.9	2.4	2.3	19.6	67.5	5.9	100.0	91.2	316

[1] MICS indicator 5.11 – Postnatal health check for the newborn

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Postnatal care visits refer to a separate visit by any health provider to check on the health of the newborn and provide preventive care services. Postnatal care visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Postnatal health checks include any health check performed while in the health facility or at home following birth (see note a above), as well as postnatal care visits (see note [b] above) within two days of delivery.

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table RH.14: Postnatal care visits for newborns within one week of birth

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey whose newborn received a postnatal care visit within one week of birth, by location and provider of the first postnatal care visit, Nepal, 2014

	Location of first postnatal care visit for newborns						Provider of first postnatal care visit for newborns						Number of last live births in the last two years with a postnatal care visit within the first week of life
	Home	Public sector	Private sector	NGO sector	Other location	Total	Doctor/ nurse/ midwife	Auxiliary nurse midwife	Health Assistant/ Auxiliary Health Worker	Maternal Child Health Worker	Village Health Worker	Total	
Total	**28.3**	**50.8**	**15.0**	**4.2**	**1.7**	**100.0**	**62.6**	**10.1**	**24.4**	**2.6**	**0.2**	**100.0**	**110**

Table RH.14 shows the location and provider of the first postnatal care visit for newborns for women aged 15–49 years with a live birth in the two years preceding the survey. As defined above, a visit does not include a check in the facility or at home following birth. Only a very small proportion of women received a postnatal care visit for their newborn. Of these, 51 percent occurred in a public health facility, 28 percent at home and 15 percent in a private health facility. Most postnatal care visits were provided by a doctor/nurse/midwife (63 percent), followed by a Health Assistant/Auxiliary Health Worker (24 percent) and an auxiliary nurse midwife (10 percent). The background variables are not presented due to the small sample sizes.

Tables RH.15 and RH.16 present information collected on postnatal health checks and postnatal care visits for the mother and are identical to Tables RH.13 and RH.14 that presented the data collected for newborns. Overall, 57 percent of mothers received a health check immediately following birth while in the facility or at home. With regards to postnatal care visits, most women did not have any visits (88 percent). When they did occur, they tended to be at least one week following birth (7 percent). As a result, a total of 58 percent of all mothers received a postnatal health check. This varied from 16 percent in the Mid-Western Mountains to 76 percent in the Central Hills. Urban women were much more likely than rural women to receive a postnatal health check (88 percent compared 54 percent). Women delivering in a health facility were much more likely than those delivering at home to receive a postnatal health check (91 percent compared to 18 percent); only 17 percent of women delivering at home received a health check immediately following birth and 94 percent did not receive any postnatal care visits in the following days. An increase in both education level and household wealth status increased the likelihood of a postnatal health check for mothers. There was virtually no difference between the proportions of newborns and mothers receiving a postnatal health check.

Table RH.16 shows the location and provider of the first postnatal care visit for women aged 15–49 years with a live birth in the two years preceding the survey. Only a very small proportion of women received a postnatal care visit within one week of delivery. Of these, 63 percent occurred in a public health facility, 19 percent at home, 8 percent in a private health facility and 7 percent in an NGO health facility. Most postnatal care visits were provided by a doctor/nurse/midwife (72 percent), followed by a Health Assistant/Auxiliary Health Worker (17 percent).

Table RH.15: Postnatal health checks for mothers

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who received a health check while in the facility or at home following birth, percentage who received postnatal care visits from any health provider after birth, by timing of visit, and percentage who received some form of postnatal health check, Nepal, 2014

	Health check for mother following birth while in facility or at home [a]	Percent with postnatal care visit for mother [b]							Total	Postnatal health check for mother [1] [c]	Number of women with a live birth in the last two years
		Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No postnatal care visit	DK/ Missing			
Total	**57.0**	**0.9**	**0.6**	**0.3**	**1.5**	**7.2**	**88.1**	**1.4**	**100.0**	**57.9**	**2,048**
Region											
Eastern Mountains	27.9	0.0	0.0	0.0	1.3	4.6	94.0	0.0	100.0	27.9	32
Eastern Hills	43.2	0.2	0.0	0.0	0.9	5.3	91.9	1.8	100.0	43.4	123
Eastern Terai	68.1	2.2	1.5	0.7	1.2	12.8	80.5	1.0	100.0	70.5	277
Central Mountains	57.5	1.5	0.0	0.0	0.0	10.7	87.8	0.0	100.0	59.0	38
Central Hills	74.6	0.4	1.7	0.2	2.3	15.0	76.8	3.5	100.0	75.9	241
Central Terai	55.2	0.6	0.0	0.0	0.0	7.5	90.8	1.1	100.0	55.2	400
Western Mountains	(62.2)	(0.0)	(0.0)	(0.0)	(8.5)	(10.3)	(78.1)	(3.1)	100.0	(62.2)	1
Western Hills	67.8	2.4	0.7	0.0	1.5	0.5	93.5	1.3	100.0	70.2	222
Western Terai	62.4	0.0	0.0	0.0	1.8	8.8	88.4	1.1	100.0	62.4	178
Mid-Western Mountains	16.2	0.0	0.0	0.0	0.5	0.0	99.5	0.0	100.0	16.2	43
Mid-Western Hills	32.9	1.2	0.6	1.3	2.7	1.3	92.1	0.8	100.0	33.5	166
Mid-Western Terai	60.0	0.4	1.0	1.0	5.4	5.7	84.2	2.4	100.0	61.0	113
Far Western Mountains	37.9	0.0	0.0	0.8	3.8	6.1	87.9	1.4	100.0	37.9	33
Far Western Hills	48.7	0.0	0.0	0.0	0.7	3.5	94.9	0.9	100.0	48.7	75
Far Western Terai	51.1	0.0	0.0	0.5	0.7	3.9	94.1	0.8	100.0	51.1	106
Area											
Urban	87.1	0.6	0.8	0.4	3.2	11.2	81.5	2.4	100.0	87.6	262
Kathmandu valley	95.9	1.7	3.0	0.7	0.0	23.2	67.3	4.2	100.0	97.5	65
Other urban	84.1	0.3	0.0	0.2	4.3	7.2	86.2	1.8	100.0	84.2	197
Rural	52.6	0.9	0.6	0.3	1.2	6.6	89.1	1.3	100.0	53.5	1,786
Mother's age at birth											
Less than 20 years	57.3	1.5	0.9	0.8	0.7	4.3	90.4	1.5	100.0	58.9	349
20–34 years	58.2	0.8	0.6	0.2	1.6	8.0	87.3	1.5	100.0	59.0	1,580
35–49 years	40.3	0.0	0.0	0.0	1.8	5.7	91.9	0.6	100.0	40.3	119

Table RH.15: Continued

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who received a health check while in the facility or at home following birth, percentage who received postnatal care visits from any health provider after birth, by timing of visit, and percentage who received some form of postnatal health check, Nepal, 2014

	Health check for mother following birth while in facility or at home [a]	Percent with postnatal care visit for mother [b]							Total	Postnatal health check for mother [1] [c]	Number of women with a live birth in the last two years
		Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No postnatal care visit	DK/ Missing			
Place of delivery											
Home	16.5	1.4	1.0	0.2	0.1	3.0	94.3	0.0	100.0	17.7	872
Health facility	90.5	0.0	0.3	0.4	2.6	10.6	83.6	2.6	100.0	90.6	1,130
Public	89.9	0.0	0.3	0.3	2.4	8.7	85.8	2.5	100.0	90.1	915
Private	94.0	0.0	0.0	1.1	2.9	17.6	75.0	3.5	100.0	94.0	188
NGO	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	27
Other/ DK/ Missing	4.2	13.3	0.0	0.0	0.5	5.1	81.2	0.0	100.0	17.5	47
Type of delivery											
Vaginal birth	53.1	1.0	0.5	0.3	1.3	5.1	90.8	1.0	100.0	54.0	1,872
C-section	98.8	0.0	1.8	0.0	3.0	29.9	59.3	5.9	100.0	99.4	177
Education											
None	40.0	0.3	0.5	0.0	0.6	4.0	93.8	0.9	100.0	40.6	754
Primary	49.4	2.0	0.0	1.3	1.3	6.7	87.8	0.9	100.0	50.5	346
Secondary	66.7	0.2	0.7	0.2	2.4	6.7	88.0	1.9	100.0	67.6	503
Higher	80.9	1.8	1.1	0.1	2.2	13.7	78.9	2.2	100.0	82.1	445
Wealth index quintiles											
Poorest	32.7	0.7	0.6	0.5	1.0	1.9	94.9	0.4	100.0	33.4	454
Second	46.6	0.4	0.0	0.0	1.1	4.0	93.7	0.8	100.0	46.8	436
Middle	56.2	1.7	1.0	0.7	0.2	6.2	88.8	1.4	100.0	58.4	441
Fourth	71.0	1.4	1.0	0.1	2.1	8.8	84.5	2.1	100.0	71.7	401
Richest	89.8	0.0	0.4	0.1	3.8	18.6	74.2	2.9	100.0	90.2	316

[1] MICS indicator 5.12 – Postnatal health check for the mother

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Postnatal care visits refer to a separate visit by any health provider to check on the health of the mother and provide preventive care services. Postnatal care visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Postnatal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as postnatal care visits (see note [b] above) within two days of delivery.

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table RH.16: Postnatal care visits for mothers within one week of birth

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who received a postnatal care visit within one week of birth, by location and provider of the first postnatal care visit, Nepal, 2014

	Location of first postnatal care visit for mothers						Provider of first postnatal care visit for mothers					Number of women with a live birth in the last two years who received a postnatal care visit within one week of delivery
	Home	Public sector	Private sector	NGO sector	Other location	Total	Doctor/ nurse/ midwife	Auxiliary nurse midwife	Health Assistant/ Auxiliary Health Worker	Maternal Child Health Worker	Total	
Total	**19.1**	**63.0**	**8.1**	**6.9**	**2.9**	**100.0**	**71.8**	**9.8**	**16.7**	**1.7**	**100.0**	**67**

Table RH.16 shows the location and provider of the first postnatal care visit for women aged 15–49 years with a live birth in the two years preceding the survey. Only a very small proportion of women received a postnatal care visit within one week of delivery. Of these, 63 percent occurred in a public health facility, 19 percent at home, 15 percent in a private health facility and 7 percent in an NGO health facility. Most postnatal care visits were provided by a doctor/nurse/midwife, auxiliary nurse midwife (82 percent), followed by a Health Assistant/Auxiliary Health Worker (17 percent). As the numbers are so small, it is not possible to make comparisons by background characteristics.

Table RH.17 presents the distribution of women with a live birth in the two years preceding the survey by receipt of health checks or postnatal care visits within two days of birth for mother and newborn, thus combining the indicators presented in Tables RH.13 and RH.15. Some 55 percent of women received a postnatal health check for both themselves and their newborn, while 40 percent did not receive a postnatal health check for either. The highest proportion of women receiving a postnatal health check for both was in the Central Hills (72 percent) and the lowest proportion was in the Mid-Western Mountains (15 percent). Urban women were much more likely than rural women to receive a postnatal health check for both (85 percent compared 50 percent). Women delivering in a health facility were much more likely than those delivering at home to receive a postnatal health check for both (86 percent compared to 16 percent). Some 39 percent of women with no education received a postnatal health check for both compared to 78 percent of women with higher education, and only 31 percent of women living in the poorest households received same compared to 87 percent of women living in the richest households.

Table RH.17: Postnatal health checks for mothers and newborns

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey by postnatal health checks for mother and newborn, within two days of the most recent birth, Nepal, 2014

	Postnatal health checks within two days of birth for:					Total	Number of women with a live birth in the last two years
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/ missing		
Total	**54.6**	**2.3**	**1.9**	**40.1**	**1.0**	**100.0**	**2,048**
Region							
Eastern Mountains	27.9	0.0	1.3	70.8	0.0	100.0	32
Eastern Hills	38.7	2.9	2.7	53.9	1.8	100.0	123
Eastern Terai	66.4	3.0	2.3	27.2	1.0	100.0	277
Central Mountains	59.0	0.0	1.1	39.9	0.0	100.0	38
Central Hills	71.6	1.7	1.0	23.2	2.6	100.0	241
Central Terai	53.4	0.6	1.4	43.5	1.1	100.0	400
Western Mountains	(59.1)	(0.0)	(0.0)	(37.8)	(3.1)	100.0	1
Western Hills	67.7	1.7	0.8	29.0	0.8	100.0	222
Western Terai	61.4	0.6	0.7	36.8	0.4	100.0	178
Mid-Western Mountains	14.8	1.4	2.5	81.3	0.0	100.0	43
Mid-Western Hills	31.5	2.7	5.0	60.8	0.0	100.0	166
Mid-Western Terai	51.1	8.6	3.8	35.2	1.3	100.0	113
Far Western Mountains	36.4	0.8	0.6	61.5	0.8	100.0	33
Far Western Hills	47.0	0.8	0.0	51.3	0.9	100.0	75
Far Western Terai	43.7	7.4	4.2	44.7	0.0	100.0	106
Area							
Urban	85.1	1.6	1.1	11.3	0.9	100.0	262
Kathmandu valley	93.5	3.3	0.0	2.5	0.7	100.0	65
Other urban	82.3	1.0	1.5	14.3	1.0	100.0	197
Rural	50.2	2.4	2.1	44.3	1.0	100.0	1,786
Mother's age at birth							
Less than 20 years	54.7	3.0	2.4	38.8	1.2	100.0	349
20–34 years	55.8	2.3	2.0	38.9	1.0	100.0	1,580
35–49 years	38.9	0.9	0.2	59.5	0.6	100.0	119
Place of delivery							
Home	16.2	1.6	0.6	81.6	0.0	100.0	872
Health facility	85.9	2.9	2.9	6.5	1.8	100.0	1,130
Public	84.9	3.4	2.8	7.1	1.8	100.0	915
Private	90.7	1.0	3.0	2.9	2.3	100.0	188
NGO	(*)	(*)	(*)	(*)	(*)	100.0	27
Type of delivery							
Vaginal birth	51.0	2.4	2.1	43.9	0.7	100.0	1,872
C-section	93.2	1.7	0.6	0.0	4.5	100.0	177
Education							
None	38.5	1.3	1.0	58.4	0.7	100.0	754
Primary	47.3	3.1	1.3	47.8	0.5	100.0	346
Secondary	63.3	2.8	2.7	29.7	1.5	100.0	503
Higher	78.1	2.8	3.1	14.7	1.3	100.0	445
Wealth index quintiles							
Poorest	31.6	1.9	1.4	65.3	0.2	100.0	454
Second	43.9	2.2	2.5	50.7	0.8	100.0	436
Middle	54.1	3.1	1.9	39.6	1.2	100.0	441
Fourth	67.5	2.7	1.8	26.4	1.6	100.0	401
Richest	87.1	1.4	2.4	7.4	1.7	100.0	316

Note: 47 cases of missing 'place of delivery' not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Newborn Care Practices

Proper care of newborns delivered at home has a large impact on maternal and neonatal mortality rates in Nepal where most births still do not occur at a health facility. Therefore, country-specific non-MICS data were collected on newborn care practices in non-institutional deliveries. Appropriate newborn care practices include use of a clean delivery kit or new/boiled blade to cut the umbilical cord; the placing of Chlorohexidine on the stump after cutting the umbilical cord; the newborn being dried before the placenta is delivered; the newborn being wrapped in a clean, dry cloth; and the newborn being placed on the mother's belly or breast before the placenta is delivered.

Table RH.18 shows newborn care practices in non-institutional deliveries for women aged 15–49 years. Almost four in every five women reported that a clean delivery kit or new/boiled blade was used to cut the umbilical cord, but only 2 percent reported that Chlorohexidine was placed on the stump after the umbilical cord was cut. Similarly seven in 10 women reported that the newborn was dried before the placenta was delivered and 78 percent reported that the newborn was wrapped in a clean, dry cloth. However, only 36 percent reported that the newborn was placed on the belly or breast before the

Table RH.18: Newborn care practices in non-institutional deliveries

Percentage of women aged 15–49 years with a non-institutional live birth in the two years preceding the survey by the application of appropriate newborn care practices, Nepal, 2014

	Percent of women with:					Number of women with non-institutional live birth in the last two years
	Clean delivery kit or new/ boiled blade used to cut umbilical cord	Chlorohexi-dine placed on stump after cutting umbilical cord	Newborn dried before placenta was delivered	Newborn wrapped in clean, dry cloth	Newborn placed on belly/breast before placenta was delivered	
Total	**82.8**	**1.9**	**68.7**	**78.0**	**36.4**	**894**
Region						
Eastern Mountains	69.9	0.0	71.5	85.0	53.0	24
Eastern Hills	81.4	0.0	61.3	74.0	48.5	72
Eastern Terai	96.5	0.0	48.0	68.2	33.9	95
Central Mountains	83.2	8.8	50.9	57.9	45.9	20
Central Hills	73.5	0.0	66.0	69.5	33.3	57
Central Terai	93.2	7.1	66.8	74.6	41.1	213
Western Mountains	(*)	(*)	(*)	(*)	(*)	0
Western Hills	87.2	0.0	69.4	70.0	36.6	91
Western Terai	88.4	0.0	67.6	86.9	28.4	62
Mid-Western Mountains	49.7	0.0	71.7	86.1	19.4	32
Mid-Western Hills	64.7	0.0	78.4	85.8	23.0	108
Mid-Western Terai	84.4	0.0	85.0	90.2	57.2	37
Far Western Mountains	79.6	.9	92.9	96.9	17.7	22
Far Western Hills	74.7	0.0	96.4	97.2	22.5	36
Far Western Terai	81.2	0.0	73.1	86.5	59.2	24
Area						
Urban	84.6	0.0	71.8	87.3	43.6	29
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	4
Other urban	82.0	0.0	67.1	85.2	42.4	24
Rural	82.7	2.0	68.6	77.7	36.2	865
Education						
None	79.7	2.3	65.1	76.7	30.8	468
Primary	86.1	1.5	67.2	77.0	40.1	182
Secondary	83.4	2.2	73.6	77.8	44.5	158
Higher	90.9	0.0	82.9	87.8	44.3	86
Wealth index quintiles						
Poorest	69.8	0.1	72.8	79.6	32.2	319
Second	83.9	5.0	66.4	77.3	40.4	238
Middle	95.3	1.4	66.0	80.2	37.9	189
Fourth	91.7	1.9	70.3	76.8	39.2	120
Richest	(*)	(*)	(*)	(*)	(*)	28

(*) Figures that are based on fewer than 25 unweighted cases

placenta was delivered. Women with higher levels of education were more likely than those with lower levels of education to report that any of these practices were performed. Women living in households in the richer quintiles were more likely than those living in households in poorer quintiles to report that a clean delivery kit or new/boiled blade was used to cut the umbilical cord.

Delaying first-time bathing of newborns for 24 hours is an important newborn care practice that helps to prevent hypothermia, thus reducing a common cause of neonatal death. Therefore, country-specific non-MICS data were collected with respect to this practice. Table RH.19 shows first-time bathing of newborns for women aged 15–49 years with a non-institutional live birth in the two years preceding the survey. Half of the respondents reported that their newborn was bathed for the first time after 24 hours. However, 47 percent reported that their newborn was bathed 1–24 hours after delivery, and 2 percent reported that their newborn was bathed within the first hour of life. Regionally, the highest proportion of women reporting that their newborn was bathed for the first time after 24 hours was in the Central Terai (77 percent) and the lowest proportion was in the Mid-Western Hills (14 percent). Women living in richer households were more likely than those living in poorer households to report delayed bathing.

Table RH.19: First-time bathing of newborns

Percentage of women aged 15–49 years with non-institutional live births in the two years preceding the survey by time of first bathing of newborn, Nepal, 2014

	Percent of women who reported their newborn was bathed for the first time:				Total	Number of women with non-institutional live birth in the last two years
	Within 1 hour	1–24 hours	After 24 hours	DK/ Missing		
Total	**1.5**	**47.2**	**50.0**	**1.3**	**100.0**	**894**
Region						
Eastern Mountains	3.9	48.6	47.5	0.0	100.0	24
Eastern Hills	0.0	49.0	49.4	1.5	100.0	72
Eastern Terai	0.0	44.3	53.6	2.2	100.0	95
Central Mountains	0.0	58.0	42.0	0.0	100.0	20
Central Hills	(6.9)	(45.1)	(44.4)	(3.6)	100.0	57
Central Terai	0.0	21.7	77.2	1.1	100.0	213
Western Mountains	(*)	(*)	(*)	(*)	100.0	
Western Hills	0.0	39.8	58.5	1.8	100.0	91
Western Terai	(0.0)	(64.0)	(36.0)	(0.0)	100.0	62
Mid-Western Mountains	1.2	58.9	39.2	0.7	100.0	32
Mid-Western Hills	4.0	81.3	13.7	1.0	100.0	108
Mid-Western Terai	(7.1)	(40.2)	(51.6)	(1.1)	100.0	37
Far Western Mountains	2.1	77.0	18.8	2.1	100.0	22
Far Western Hills	2.7	61.2	36.0	0.0	100.0	36
Far Western Terai	(0.0)	(53.1)	(46.9)	(0.0)	100.0	24
Area						
Urban	1.5	35.0	62.0	1.5	100.0	29
Kathmandu valley	(*)	(*)	(*)	(*)	100.0	4
Other urban	(1.7)	(40.8)	(55.8)	(1.7)	100.0	24
Rural	1.5	47.6	49.6	1.3	100.0	865
Education						
None	0.8	47.5	50.6	1.1	100.0	468
Primary	3.3	44.4	50.3	2.0	100.0	182
Secondary	2.0	50.5	47.3	0.3	100.0	158
Higher	1.1	45.7	50.6	2.5	100.0	86
Wealth index quintiles						
Poorest	1.9	59.4	38.1	0.6	100.0	319
Second	0.9	49.8	48.6	0.7	100.0	238
Middle	1.2	32.3	64.6	1.8	100.0	189
Fourth	0.9	37.2	58.1	3.8	100.0	120
Richest	(*)	(*)	(*)	(*)	100.0	28

( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table RH.20: Discrimination practices during menstruation period

Percentage of women aged 15–49 years who experience various types of discrimination during menstruation, Nepal, 2014

	Percent of women who experience:							Number of women aged 15–49 years who have ever menstruated
	Severe discriminatory practices				Moderate discriminatory practices			
	Stay in separate, specific house/ *chhaupadi*	Stay in animal shed	Eat different food	Absent from school/ work	Stay in different room of home	Bathe in separate place	Avoid social gather-ings	
Total	**2.9**	**2.7**	**2.8**	**2.3**	**25.0**	**8.8**	**57.6**	**14,108**
Region								
Eastern Mountains	0.1	0.1	3.5	1.7	6.6	3.5	47.4	185
Eastern Hills	0.1	0.0	3.9	3.3	8.4	4.4	63.5	805
Eastern Terai	0.0	0.1	4.9	2.8	12.2	4.2	64.2	2,070
Central Mountains	0.7	0.3	0.0	0.2	28.1	1.2	66.7	272
Central Hills	0.3	0.0	0.1	0.5	16.5	1.3	54.9	2,307
Central Terai	0.5	0.2	0.2	1.2	6.1	2.4	71.3	2,322
Western Mountains	0.0	0.0	0.0	11.0	1.3	5.0	40.0	8
Western Hills	0.2	0.0	0.0	7.7	50.3	7.9	35.5	1,657
Western Terai	1.6	0.2	0.4	0.5	38.6	3.6	53.2	1,235
Mid-Western Mountains	71.2	55.6	52.4	11.3	61.8	62.7	72.3	168
Mid-Western Hills	4.8	6.6	7.9	0.7	44.7	12.4	65.6	839
Mid-Western Terai	3.1	2.7	1.6	0.7	17.8	9.6	55.3	852
Far Western Mountains	15.1	15.4	1.9	3.1	76.8	75.1	79.0	224
Far Western Hills	15.5	30.0	0.3	0.2	65.0	32.9	80.3	429
Far Western Terai	9.9	4.5	8.4	4.0	27.2	32.6	23.9	734
Area								
Urban	0.9	0.7	0.9	1.3	22.9	3.5	49.6	2,786
Kathmandu valley	0.3	0.1	0.3	0.9	13.5	1.4	42.9	864
Other urban	1.2	1.0	1.1	1.4	27.2	4.4	52.6	1,921
Rural	3.3	3.2	3.2	2.6	25.5	10.1	59.5	11,322
Age (years)								
15–19	3.4	3.4	2.5	1.4	24.3	9.2	57.5	2,680
20–24	3.4	2.8	3.0	2.8	24.8	9.2	55.3	2,399
25–29	2.3	2.1	2.8	3.4	22.7	8.1	56.9	2,410
30–34	2.3	2.2	2.7	1.7	23.1	7.7	59.4	2,003
35–39	2.7	2.8	2.3	3.0	25.7	9.4	59.2	1,899
40–44	3.1	3.0	2.8	2.0	27.4	9.2	58.1	1,580
45–49	2.7	2.4	3.7	1.9	30.5	8.3	57.0	1,138
Education								
None	4.1	3.9	3.0	1.6	21.8	10.0	60.5	5,285
Primary	2.5	2.4	1.9	2.0	27.1	8.9	56.2	1,996
Secondary	2.7	2.4	3.0	2.7	27.4	8.9	56.5	3,801
Higher	1.2	1.0	2.6	3.4	26.0	6.3	54.7	3,025
Wealth index quintiles								
Poorest	9.9	10.9	6.1	2.7	37.2	18.9	62.4	2,429
Second	2.4	2.3	2.6	3.0	24.6	10.2	56.8	2,709
Middle	1.7	1.1	2.2	2.3	20.7	8.4	60.2	2,748
Fourth	1.1	0.5	2.1	2.4	20.7	5.8	57.3	3,013
Richest	0.6	0.2	1.5	1.6	23.8	2.9	52.5	3,209

Note: 1 case of missing 'education' not shown

Experience of Discrimination during Menstruation (*Chhaupadi*)

The Nepal MICS 2014 included country-specific questions on women's experience of discrimination during menstruation to assess the extent of harmful practices known locally as *chhaupadi*. Women aged 15–49 years were asked if they had faced any of the following discriminatory practices during their menstrual period: (i) having to stay in a separate, specific house (*chhaupadi*); (ii) having to stay in an animal shed; (iii) having to eat different types of food; (iv) having to be absent from school or work; (v) having to stay in a different room of the home; (vi) having to bath in a separate place; and (vii) having to avoid social gatherings.

Table RH.20 indicates that most women in Nepal were more likely to face the moderate forms of discriminatory practice related to menstruation than the severe forms. Of moderate forms of discriminatory practice, 25 percent had to stay in a different room of their home, 9 percent had to bathe in a separate place, and 58 percent had to avoid social gatherings (the most common form of discrimination). Of severe forms of discriminatory practice, 3 percent had to stay in a separate, specific house (*chhaupadi*) whilst menstruating, 3 percent had to stay in an animal shed, 3 percent had to eat different food, and 2 percent had to be absent from school or work. Menstruation-related discrimination in its severest forms was most prevalent in the Mid-Western Mountains, where 71 percent of women experienced *chhaupadi*. Age did not seem to be correlated with the type of discrimination experienced: if a woman experienced menstruation-related discrimination, she would experience it consistently regardless of her age. Women's education levels and household wealth status were both negatively associated with discriminatory practices.

Spousal Separation

Many men in Nepal, especially those aged 20–34 years, are migrants currently living away from home for substantial periods of time. This has resulted in significant levels of spousal separation, which may have reproductive, demographic, and health implications for the country. In the NDHS 2011, 32 percent of women reported that their husbands lived away from home; this was up from 26 percent in the NDHS 2006. Although the Crude Birth Rate (CBR) for Nepal is currently stable, the TFR is falling rapidly from 2.6 in 2011 (NDHS 2011) to 2.3 (see Table RH.1); one possible reason for this fall is temporary spousal separation. The contraceptive prevalence rate (CPR) for living-together couples is three times greater than for separated couples (NDHS 2011). Therefore, country-specific data were collected on spousal separation. Table RH.21 shows the percentage of married women aged 15–49 years whose husband was currently living away from home and the duration of that absence. One in four (26 percent) women reported their husband currently living away from home. This was highest in the Western Hills (43 percent) and lowest in the Mid-Western Mountains (8 percent). Younger women and those with 0, 1 or 2 children were more likely than other women to experience a husband living away. Women with primary or secondary education and women living in households in the middle three wealth quintiles were most likely to report this. Of women with an absent husband, 49 percent reported that he had been away for 12 months or more and 40 percent report that he had been away for less than seven months.

Table RH.21: Spousal separation

Percentage of women aged 15–49 years currently married or in union whose husband is living away from home, by duration away from home, Nepal, 2014

	Percent of women currently married whose husband is living away from home	Number of women currently married	Duration away from home:				Total	Number of women currently married whose husband is living away from home
			<7 months	7–11 months	12+ months	DK/ missing		
Total	**26.2**	**10,830**	**40.2**	**10.3**	**49.3**	**0.2**	**100.0**	**2,833**
Region								
Eastern Mountains	16.6	134	26.3	11.6	62.0	0.0	100.0	22
Eastern Hills	29.1	577	25.0	9.0	65.9	0.0	100.0	168
Eastern Terai	27.8	1,604	34.9	14.1	50.9	0.0	100.0	445
Central Mountains	26.2	201	44.0	3.8	51.7	0.5	100.0	53
Central Hills	18.8	1,668	42.5	8.5	48.7	0.3	100.0	314
Central Terai	22.6	1,896	44.4	10.5	45.1	0.0	100.0	428
Western Mountains	14.5	6	42.9	12.5	44.6	0.0	100.0	1
Western Hills	42.8	1,269	36.4	9.2	54.1	0.3	100.0	543
Western Terai	28.2	940	34.9	10.4	54.2	0.5	100.0	265
Mid-Western Mountains	8.0	136	51.8	8.2	40.1	0.0	100.0	11
Mid-Western Hills	31.9	686	48.8	11.3	39.9	0.0	100.0	219
Mid-Western Terai	23.2	670	51.3	8.2	39.9	0.7	100.0	155
Far Western Mountains	14.7	176	24.2	12.5	63.4	0.0	100.0	26
Far Western Hills	17.8	325	39.5	12.5	47.6	0.4	100.0	58
Far Western Terai	23.4	540	60.4	9.6	29.3	0.7	100.0	126
Area								
Urban	22.1	1,983	37.8	9.3	52.7	0.3	100.0	437
Kathmandu valley	14.9	602	31.0	8.6	59.4	1.1	100.0	90
Other urban	25.2	1,381	39.6	9.4	50.9	0.1	100.0	348
Rural	27.1	8,846	40.6	10.5	48.7	0.2	100.0	2,396
Age (years)								
15–19	31.4	659	52.1	15.3	32.7	0.0	100.0	207
20–24	32.4	1,701	46.9	11.7	41.1	0.4	100.0	551
25–29	32.2	2,209	37.9	10.0	52.1	0.0	100.0	712
30–34	28.2	1,909	39.5	9.2	51.2	0.1	100.0	538
35–39	24.7	1,810	32.7	9.4	57.5	0.5	100.0	447
40–44	17.6	1,499	39.7	9.6	50.1	0.7	100.0	263
45–49	11.1	1,042	33.4	8.1	58.5	0.0	100.0	116
Number of living children								
0	28.9	1,073	55.0	11.3	33.7	0.0	100.0	310
1–2	31.3	5,309	38.8	10.4	50.6	0.2	100.0	1,659
3–4	21.3	3,547	36.8	9.9	53.0	0.4	100.0	755
5+	12.1	901	41.4	9.6	48.8	0.2	100.0	109
Education								
None	21.0	4,991	38.6	10.7	50.7	0.1	100.0	1,049
Primary	29.2	1,716	37.5	9.6	52.5	0.4	100.0	501
Secondary	34.8	2,285	41.3	9.5	49.0	0.2	100.0	795
Higher	26.6	1,836	44.4	11.7	43.5	0.4	100.0	488
Wealth index quintiles								
Poorest	24.1	1,871	41.6	10.8	47.6	0.0	100.0	451
Second	29.3	2,094	40.0	9.0	50.7	0.3	100.0	614
Middle	28.3	2,211	35.3	11.7	52.8	0.1	100.0	625
Fourth	28.8	2,333	42.2	10.5	47.1	0.2	100.0	671
Richest	20.3	2,321	42.4	9.7	47.5	0.4	100.0	472

Note: 1 case of missing 'education' not shown

CHAPTER 9

Early Childhood Development

Early Childhood Care and Education

Readiness of children for primary school can be improved through attendance in early childhood education (ECD) programmes or preschool. ECD programmes generally have organized learning components for children as opposed to baby-sitting and day-care that typically do not have organized education and learning.

In Nepal, there are three types of programmes for early childhood care and education of children aged 3–4 years:

- School-based programmes, run by public, community and private schools, which include nursery, kindergarten, day-care centres and pre-primary classes.
- Community-based programmes, known as early childhood development centres, mostly run by I/NGOs and local bodies.
- Home-based programmes, undertaken by some I/NGOs, which focus on supporting parents to develop their capacity to provide health, nutrition and early stimulation activities for young children at home[1].

The last decade has seen a massive expansion of ECD programmes in Nepal and gross enrolment is now six times higher than it was in the mid-2000s[2]. The government is working with partners and communities to improve the quality of ECD, including the rollout of minimum standards for ECD centres, and the introduction of 'learning corners' to support children to develop pre-literacy, numeracy and social, emotional and physical skills.

Table CD.1 shows that around half (51 percent) of 3–4-year-olds were attending an organized ECD programme. Four-year-olds were more likely than three-year-olds to be attending (65 percent compared to 37 percent). Children in urban areas were much more likely than those in rural areas to attend (78 percent compared to 47 percent). Regionally, the highest proportion was in the Western Hills (80 percent) and the lowest was in the Far Western Hills (29 percent). Mother's education and household wealth status both showed a strong positive association with attendance in ECD.

[1] *Kishor Shrestha and Prem Narayan Aryal, 2007. ECCE in Nepal: Key Issues and Implications for Policy Development, A paper presented at: Regional Training Workshop on Early Childhood Policy Review 6–8 February 2007, Bangkok, Thailand, CERID, Tribhuvan University, Nepal.*

[2] *Government of Nepal, Consolidated Flash Report 2013–14.*

Table CD.1: Early childhood education

Percentage of children aged 36–59 months who are attending an organized early childhood education programme, Nepal, 2014

	Percent of children aged 36–59 months attending early childhood education [1]	Number of children aged 36–59 months
Total	**50.7**	**2,284**
Sex		
Male	51.9	1,157
Female	49.4	1,127
Region		
Eastern Mountains	37.6	28
Eastern Hills	64.2	104
Eastern Terai	49.0	344
Central Mountains	70.7	37
Central Hills	78.2	251
Central Terai	29.3	505
Western Mountains	(67.2)	1
Western Hills	80.3	259
Western Terai	58.6	188
Mid-Western Mountains	36.7	47
Mid-Western Hills	41.8	185
Mid-Western Terai	39.3	124
Far Western Mountains	44.4	45
Far Western Hills	28.9	97
Far Western Terai	44.2	68
Area		
Urban	78.3	302
Kathmandu valley	85.3	76
Other urban	75.9	226
Rural	46.5	1,982
Age of child		
36–47 months	36.6	1,137
48–59 months	64.6	1,147
Mother's education		
None	32.7	1,114
Primary	53.2	384
Secondary	71.1	438
Higher	80.0	348
Wealth index quintile		
Poorest	41.2	535
Second	39.1	433
Middle	38.8	523
Fourth	62.7	464
Richest	83.5	328

[1] MICS indicator 6.1 – Attendance to early childhood education

Note: 1 case of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

Quality of Care

It is well recognized that a period of rapid brain development occurs in the first five years of life, and the quality of home care is a major determinant of the child's development as 80 percent of brain development takes place during the first two years. In this context, engagement of adults in activities with children, the presence in the home of books and playthings for the child, and the conditions of care are important indicators of quality of home care. As set out in *A World Fit for Children*, "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."[3]

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting or drawing things.

Table CD.2 presents information on the proportion of children aged 36–59 months with whom adult household members engaged in activities that promote learning and school readiness in the three days preceding the survey. Some 67 percent of children lived in a household where an adult member engaged with them in four or more activities. The mean number of activities that adults engaged with children was 4.2. Father's involvement in such activities was somewhat limited, with only 10 percent of children having a father who had engaged with them in four or more activities. Some 30 percent of children lived with a mother who had engaged with them in four or more activities.

Boys were more likely than girls to live in a household where an adult member engaged with them in four or more activities (70 percent compared to 64 percent). The proportion of children living in a household where an adult member engaged with them in four or more activities ranged from 29 percent in the Far Western Hills to 87 percent in the Central Hills. Children in urban areas were much more likely than those in rural areas to live in a household where an adult member engaged with them in four or more activities (87 percent compared to 64 percent). Parents' education level as well as household wealth status were both positively associated with the likelihood of children living in a household where an adult member engaged with them in four or more activities.

[3] *UNICEF, A World Fit For Children, Adopted by the UN General Assembly at the 27th Special Session, 10 May 2002, p. 2.*

Table CD.2: Support for learning

Percentage of children aged 36–59 months with whom adult household members engaged in activities that promote learning and school readiness during the three days preceding the survey, and engagement in such activities by biological fathers and mothers, Nepal, 2014

	Percent of children with whom adult household members have engaged in four or more activities [1]	Mean number of activities with adult household members	Percent of children living with their:		Number of children aged 36–59 months	Percent of children with whom biological fathers have engaged in four or more activities [2]	Mean number of activities with biological fathers	Number of children aged 36–59 months living with biological fathers	Percent of children with whom biological mothers have engaged in four or more activities [3]	Mean number of activities with biological mothers	Number of children aged 36–59 months living with biological mothers
			Biological father	Biological mother							
Total	**67.2**	**4.2**	**68.0**	**97.7**	**2,284**	**10.1**	**1.1**	**1,554**	**30.4**	**2.3**	**2,233**
Sex											
Male	70.1	4.3	68.0	98.1	1,157	9.3	1.0	787	31.1	2.4	1,135
Female	64.1	4.1	68.0	97.4	1,127	10.8	1.1	766	29.7	2.3	1,098
Region											
Eastern Mountains	53.5	3.5	81.3	97.5	28	(*)	(*)	23	27.7	2.2	27
Eastern Hills	77.0	4.4	73.2	96.5	104	24.9	1.6	76	41.5	2.7	100
Eastern Terai	66.9	4.0	64.6	99.6	344	12.6	1.1	222	43.0	2.8	342
Central Mountains	82.4	5.1	66.4	93.3	37	(16.7)	(1.6)	25	38.5	3.0	35
Central Hills	87.1	5.2	72.8	98.0	251	17.9	1.7	183	56.3	3.6	246
Central Terai	64.0	4.2	67.2	98.8	505	4.1	0.8	339	15.2	1.7	499
Western Mountains	(66.1)	(4.0)	(80.9)	(93.0)	1	(*)	(*)	1	(33.5)	(2.5)	1
Western Hills	76.6	4.8	51.9	94.0	259	8.7	0.9	135	45.4	3.0	244
Western Terai	69.7	4.5	67.4	96.6	188	2.4	0.9	127	13.9	1.9	182
Mid-Western Mountains	47.6	3.4	92.0	97.2	47	(5.8)	(0.6)	43	5.5	.6	46
Mid-Western Hills	49.5	3.3	63.8	97.1	185	9.0	1.0	118	28.7	2.1	180
Mid-Western Terai	63.3	3.8	77.0	99.7	124	10.6	1.2	96	25.2	2.0	124
Far Western Mountains	80.1	4.8	80.5	99.0	45	(23.5)	(2.0)	36	21.8	2.3	45
Far Western Hills	29.4	2.6	83.8	97.8	97	7.2	1.0	82	10.5	1.5	95
Far Western Terai	71.7	4.3	71.7	99.2	68	(10.2)	(1.0)	49	17.3	1.6	67
Area											
Urban	86.5	5.1	70.0	95.7	302	16.7	1.6	212	49.7	3.3	289
Kathmandu valley	91.8	5.4	80.4	97.4	76	22.6	1.8	61	62.0	3.8	74
Other urban	84.7	5.0	66.5	95.2	226	14.7	1.5	150	45.6	3.2	215
Rural	64.2	4.1	67.7	98.0	1,982	9.0	1.0	1,342	27.5	2.2	1,944
Age											
36–47 months	63.9	4.1	67.2	98.4	1,137	9.3	1.1	764	31.0	63.9	1,119
48–59 months	70.4	4.4	68.8	97.1	1,147	10.8	1.1	790	29.8	70.4	1,114

Table CD.2: Continued

Percentage of children aged 36–59 months with whom adult household members engaged in activities that promote learning and school readiness during the three days preceding the survey, and engagement in such activities by biological fathers and mothers, Nepal, 2014

	Percent of children with whom adult household members have engaged in four or more activities [1]	Mean number of activities with adult household members	Percent of children living with their:		Number of children aged 36–59 months	Percent of children with whom biological fathers have engaged in four or more activities [2]	Mean number of activities with biological fathers	Number of children aged 36–59 months living with biological fathers	Percent of children with whom biological mothers have engaged in four or more activities [3]	Mean number of activities with biological mothers	Number of children aged 36–59 months living with biological mothers
			Biological father	Biological mother							
Mother's education [a]											
None	57.1	3.8	71.8	97.2	1,114	6.4	0.9	800	16.0	1.6	1,082
Primary	62.1	4.0	67.3	97.4	384	8.8	1.0	258	26.8	2.2	374
Secondary	78.6	4.7	59.7	98.9	438	13.2	1.1	262	45.5	3.1	433
Higher	90.9	5.3	67.0	98.6	348	19.3	1.6	233	61.5	3.8	343
Father's education											
None	52.0	3.5	100.0	99.8	371	8.0	1.1	371	16.4	1.5	370
Primary	56.9	3.8	100.0	99.2	396	9.3	1.3	396	20.1	1.9	393
Secondary	69.3	4.3	100.0	99.2	442	15.3	1.7	442	29.7	2.3	439
Higher	87.8	5.0	100.0	99.5	344	26.0	2.2	344	44.2	3.0	343
Father not in household	69.5	4.3	0.0	94.2	731	0.8	0.1	0	37.1	2.6	688
Wealth index quintiles											
Poorest	51.4	3.5	71.8	97.3	535	8.5	1.0	384	21.1	1.8	521
Second	62.5	3.9	66.3	97.9	433	8.2	0.9	287	24.6	1.9	424
Middle	62.3	4.1	65.3	99.0	523	7.4	0.9	342	24.6	2.1	518
Fourth	79.1	4.7	63.6	96.9	464	12.1	1.1	295	35.8	2.7	449
Richest	90.0	5.3	74.6	97.5	328	16.4	1.6	245	54.9	3.5	320

[1] MICS indicator 6.2 – Support for learning

[2] MICS Indicator 6.3 – Father's support for learning

[3] MICS Indicator 6.4 – Mother's support for learning

[a] The background characteristic 'mother's education' refers to the education level of the respondent to the Questionnaire for Children Under Five, and covers both mothers and primary caretakers, who are interviewed when the mother is not listed in the same household. Since indicator 6.4 reports on the biological mother's support for learning, this background characteristic refers to only the educational levels of biological mothers when calculated for the indicator in question.

Note: 1 case each of missing both 'mother's education' and 'father's education' not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Exposure to books in the early years not only provides a child with greater understanding of the nature of print, but may also give the child an opportunity to see others reading, such as older siblings doing school work. Presence of books is important for later school performance. Mothers of children under five were asked about the number of children's books or picture books available for the child, and about the availability of playthings such as homemade toys, toys from a shop, household objects (such as pots and bowls) and objects found outside (such as sticks, rocks, animal shells, or leaves).

Only 5 percent of children under five lived in a household where at least three children's books were present, and less than 1 percent lived in a household with 10 or more children's books (Table CD.3). Some 59 percent had access to two or more types of playthings, with 48 percent having homemade toys, 62 percent having toys from a shop, and 65 percent using household objects or objects found outside as playthings.

The proportion of children living in a household with three or more children's books varied substantially by region, ranging from 1 percent of children in the Mid-Western Hills to 13 percent of children in the Central Hills. Urban children were much more likely than rural children to live in a household with at least three children's books (15 percent compared to 3 percent), with 31 percent of children in Kathmandu valley living in a household with at least three children's books. The presence of children's books was positively correlated with mother's education and household wealth levels.

The proportion of children with access to a variety of playthings was highest in the Central Mountains (81 percent) and lowest in the Mid-Western Mountains (36 percent). Children aged 24–59 months were much more likely than those aged 0–23 months to have access to a variety of playthings.

Table CD.3: Learning materials

Percentage of children under five by number of children's books present in the household, and by playthings that child plays with, Nepal, 2014

	Percent of children living in household that has for the child:		Percent of children who play with:				Number of children under five
	3 or more children's books [1]	10 or more children's books	Homemade toys	Toys from a shop/ manufac-tured toys	Household objects/ objects found outside	Two or more types of playthings [2]	
Total	**4.8**	**0.3**	**48.2**	**61.5**	**64.6**	**59.2**	**5,349**
Sex							
Male	4.8	0.2	48.4	63.7	64.1	60.4	2,766
Female	4.8	0.3	48.1	59.1	65.2	57.9	2,583
Region							
Eastern Mountains	2.2	0.0	54.3	58.1	66.0	61.6	72
Eastern Hills	9.8	0.1	70.6	70.5	64.6	68.9	272
Eastern Terai	4.5	0.3	55.3	69.5	61.3	64.5	775
Central Mountains	3.1	0.0	75.1	77.5	80.5	81.1	95
Central Hills	13.1	1.3	50.4	69.3	60.8	64.0	620
Central Terai	1.8	0.0	36.4	47.7	55.2	42.0	1,131
Western Mountains	5.2	0.0	45.6	67.7	75.9	72.8	2
Western Hills	6.6	0.3	39.7	62.9	65.2	57.7	601
Western Terai	6.1	0.0	31.5	75.9	64.0	60.3	469
Mid-Western Mountains	1.8	0.0	33.9	16.9	71.8	36.3	108
Mid-Western Hills	0.6	0.0	65.4	64.9	84.6	75.0	409
Mid-Western Terai	2.6	0.4	55.3	74.8	78.6	72.3	291
Far Western Mountains	0.9	0.0	77.7	56.1	76.5	77.3	100
Far Western Hills	1.5	0.0	52.6	32.3	69.4	53.9	210
Far Western Terai	3.1	0.3	43.4	58.1	58.1	54.6	197
Area							
Urban	15.1	1.0	39.6	81.9	56.9	61.7	699
Kathmandu valley	31.1	2.3	37.3	85.4	47.2	61.8	181
Other urban	9.5	0.5	40.4	80.6	60.2	61.6	518
Rural	3.3	0.2	49.5	58.4	65.8	58.8	4,650
Age							
0–23 months	0.3	0.0	32.4	49.2	39.4	38.2	1,986
24–59 months	7.5	0.4	57.6	68.7	79.5	71.5	3,363
Mother's education							
None	2.2	0.0	47.7	47.8	67.1	53.5	2,265
Primary	2.5	0.1	50.2	64.3	68.6	64.5	921
Secondary	4.8	0.4	47.9	71.6	62.3	62.6	1,179
Higher	13.1	0.8	48.1	78.2	57.8	63.2	980
Wealth index quintiles							
Poorest	1.4	0.0	54.5	46.0	74.4	59.7	1,183
Second	1.6	0.0	52.3	56.2	67.3	59.4	1,085
Middle	2.4	0.0	47.3	57.4	62.9	55.8	1,176
Fourth	5.8	0.2	44.9	71.3	61.8	61.2	1,086
Richest	16.2	1.5	39.5	83.6	53.2	60.2	819

[1] MICS indicator 6.5 – Availability of children's books
[2] MICS indicator 6.6 – Availability of playthings

Note: 4 cases of missing 'mother's education' not shown

Leaving children under five alone or in the presence of other young children is known to increase the risk of injuries.[4] In the MICS, two questions were asked to find out whether children aged 0–59 months were left alone or in the care of children under 10 years of age for more than one hour at least once during the week preceding the survey.

[4] *Grossman, David C., 2000. The History of Injury Control and the Epidemiology of Child and Adolescent Injuries. The Future of Children, 10(1), 23–52.*

Table CD.4 shows that 13 percent of children were left alone during the preceding week and 14 percent were left in the care of another child younger than 10 years of age. Combining data on these two indicators showed that 21 percent of children were left with inadequate care during the week preceding the survey. The highest proportion of children under five with inadequate care was in the Mid-Western Mountains (40 percent) and the lowest proportion was in the Western Mountains (9 percent). Rural children were more likely than urban children to have inadequate care (21 percent compared to 15 percent). Older children were more likely than younger children to have inadequate care (26 percent compared to 12 percent). Mother's education level and household wealth status were both negatively associated with a child being left with inadequate care.

Table CD.4: Inadequate care

Percentage of children under five left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the week preceding the survey, Nepal, 2014

	Percent of children under five:			Number of children under five
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week [1]	
Total	**12.6**	**13.9**	**20.6**	**5,349**
Sex				
Male	12.2	13.5	20.1	2,766
Female	12.9	14.3	21.2	2,583
Region				
Eastern Mountains	16.7	23.8	30.2	72
Eastern Hills	10.8	20.0	22.6	272
Eastern Terai	10.7	15.0	18.9	775
Central Mountains	12.0	18.3	22.8	95
Central Hills	11.4	7.2	15.9	620
Central Terai	9.5	9.5	15.8	1,131
Western Mountains	5.5	7.6	8.7	2
Western Hills	3.2	8.6	11.3	601
Western Terai	23.2	7.7	28.2	469
Mid-Western Mountains	19.7	35.2	39.6	108
Mid-Western Hills	25.6	27.9	37.6	409
Mid-Western Terai	24.9	25.7	32.9	291
Far Western Mountains	10.4	24.2	28.8	100
Far Western Hills	5.9	13.1	15.8	210
Far Western Terai	4.4	9.4	10.3	197
Area				
Urban	10.5	8.1	15.3	699
Kathmandu valley	14.1	6.8	17.0	181
Other urban	9.2	8.6	14.7	518
Rural	12.9	14.7	21.4	4,650
Age				
0–23 months	6.4	8.1	11.8	1,986
24–59 months	16.2	17.3	25.8	3,363
Mother's education				
None	15.9	20.5	27.5	2,265
Primary	12.6	12.8	20.4	921
Secondary	9.0	9.6	14.9	1,179
Higher	9.1	4.7	11.8	980
Wealth index quintiles				
Poorest	16.5	24.1	30.2	1,183
Second	12.3	15.6	21.6	1,085
Middle	13.7	12.3	20.6	1,176
Fourth	10.0	9.3	16.0	1,086
Richest	9.1	5.1	11.7	819

[1] MICS indicator 6.7 – Inadequate care

Note: 4 cases of missing 'mother's education' not shown

Developmental Status of Children

Early childhood development is also defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio–emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development[5].

A 10-item module was used to calculate the early child development index (ECDI). The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Nepal. The index is based on selected milestones that children are expected to achieve by the ages of 3 and 4. The 10 items are used to determine if children are developmentally on track in four domains:

- Literacy–numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least 10 letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on track.
- Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
- Social–emotional: Children are considered to be developmentally on track if any two of the followings are true: (i) if the child gets along well with other children; (ii) if the child does not kick, bite, or hit other children; and (iii) if the child does not get distracted easily.
- Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in this domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains.

[5] *Shonkoff, J. and Phillips, D. (eds), From neurons to neighbourhoods: the science of early childhood development, Committee on Integrating the Science of Early Childhood Development, National Research Council, 2000.*

Table CD.5: Early child development index

Percentage of children aged 36–59 months who are developmentally on track in literacy–numeracy, physical, social–emotional, and learning domains, and the early child development index score, Nepal, 2014

	Percent of children aged 36–59 months who are developmentally on track for indicated domains				Early child development index score [1]	Number of children of aged 36–59 months
	Literacy–numeracy	Physical	Social–emotional	Learning		
Total	**28.8**	**96.4**	**68.6**	**81.6**	**64.4**	**2,284**
Sex						
Male	27.5	96.1	65.8	81.0	62.4	1,157
Female	30.2	96.6	71.4	82.2	66.6	1,127
Region						
Eastern Mountains	25.2	92.8	80.9	68.8	60.6	28
Eastern Hills	37.9	95.3	80.1	78.9	74.8	104
Eastern Terai	33.9	95.3	78.5	79.4	72.3	344
Central Mountains	28.8	97.6	69.6	87.2	73.8	37
Central Hills	50.2	97.0	77.5	90.9	84.2	251
Central Terai	14.9	95.9	63.2	64.7	45.7	505
Western Mountains	(24.8)	(93.2)	(51.1)	(93.2)	(62.7)	1
Western Hills	45.9	99.3	73.6	97.3	81.6	259
Western Terai	36.5	98.6	71.3	75.8	64.7	188
Mid-Western Mountains	11.7	93.6	40.8	88.7	42.9	47
Mid-Western Hills	13.9	98.2	52.6	92.3	55.4	185
Mid-Western Terai	26.5	95.4	57.2	90.8	56.0	124
Far Western Mountains	12.3	89.7	78.7	83.5	69.7	45
Far Western Hills	7.7	89.6	62.8	79.5	56.2	97
Far Western Terai	27.0	100.0	60.7	95.9	68.4	68
Area						
Urban	57.3	99.2	79.0	89.7	83.6	302
Kathmandu valley	75.1	100.0	77.9	92.0	91.6	76
Other urban	51.3	98.9	79.4	89.0	80.8	226
Rural	24.5	95.9	67.0	80.3	61.5	1,982
Age						
36–47 months	18.3	96.1	67.1	77.7	58.7	1,137
48–59 months	39.3	96.6	70.1	85.4	70.1	1,147
Attendance in early childhood education						
Attending	53.1	98.2	71.9	90.4	79.5	1,157
Not attending	3.9	94.5	65.2	72.5	48.9	1,127
Mother's education						
None	12.0	96.3	67.4	77.3	55.7	1,114
Primary	26.1	97.6	69.2	81.7	64.9	384
Secondary	49.1	95.5	69.0	88.4	74.9	438
Higher	60.3	96.1	71.3	86.4	78.8	348
Wealth index quintiles						
Poorest	12.3	95.0	66.0	85.5	60.2	535
Second	19.1	97.7	65.8	77.9	56.3	433
Middle	21.3	95.9	69.3	73.7	57.0	523
Fourth	39.9	96.1	65.6	83.8	69.8	464
Richest	65.1	97.7	79.7	89.3	86.3	328

[1] MICS indicator 6.8 – Early child development index

Note: 1 case of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

The results for ECDI are presented in Table CD.5. Overall, 64 percent of children aged 36–59 months were developmentally on track according to ECDI. Analysis of the four domains of child development shows that 96 percent of children were on track in the physical domain, 82 percent were on track in the learning domain, 69 percent were on track in the social–emotional domain, 29 percent were on track in the literacy–numeracy domain. ECDI varied considerably by region: the highest proportion of children developmentally on track was in the Central Hills (84 percent) and the lowest proportion was in the Mid-Western Mountains (43 percent). Urban children were more likely than rural children to be developmentally on track according to ECDI (84 percent compared to 62 percent). As expected, older children were more likely than younger children to be developmentally on track according to ECDI (70 percent compared to 59 percent). Children attending an early childhood education programme were much more likely than those not attending to be developmentally on track according to ECDI (80 percent compared to 49 percent). Some 56 percent of children whose mother had no education were developmentally on track according to ECDI compared to 79 percent of children whose mother had higher education. Some 60 percent of children in the poorest household population were developmentally on track according to ECDI compared to 86 percent of children in the richest household population.

Perception on Minimum Years of Schooling

In Nepal, the number of years of schooling that parents would like their children to achieve tends to reflect their perceptions on the importance and costs of education from secondary level onwards. Parents who can afford secondary school would like their children to complete eight years of basic education in order to progress to the next level. Therefore, a question was added to the standard MICS questionnaire to ask mothers and caretakers how many classes they would like their child to attend.

Table CD.6 shows that 84 percent of mothers of children under five would like their child to attend at least eight grades of school. The proportion of women who would like their child to attend at least eight grades of school was highest in the Far Western Hills (almost 100 percent) and lowest in the Central Terai (68 percent). As expected, the proportion of mothers who would like their child to attend at least eight grades of school was highest among women with higher education (89 percent) and lowest for women with no education (81 percent). Interestingly, the proportion of mothers who would like their child to attend at least eight grades of school was highest for women living in households in the poorest (87 percent) and richest quintiles (89 percent) and lowest for women living in households in the middle quintile (79 percent).

Table CD.6: Perception on minimum years of education for child

Percentage of mothers of children under five who would like their child to attend at least eight grades of education, Nepal, 2014

	Percent of mothers who would like their child to attend at least eight grades	Number of mothers with children under five
Total	**84.3**	**5,349**
Sex		
Male	85.9	2,766
Female	82.6	2,583
Region		
Eastern Mountains	86.4	72
Eastern Hills	96.0	272
Eastern Terai	90.0	775
Central Mountains	76.2	95
Central Hills	83.0	620
Central Terai	68.2	1,131
Western Mountains	72.8	2
Western Hills	82.9	601
Western Terai	99.2	469
Mid-Western Mountains	83.3	108
Mid-Western Hills	94.3	409
Mid-Western Terai	79.9	291
Far Western Mountains	97.4	100
Far Western Hills	99.7	210
Far Western Terai	77.4	197
Area		
Urban	89.9	699
Kathmandu valley	90.9	181
Other urban	89.5	518
Rural	83.5	4,650
Age		
36–47 months	83.6	1,986
48–59 months	84.7	3,363
Mother's education		
None	81.2	2,265
Primary	82.4	921
Secondary	87.4	1,179
Higher	89.4	980
Wealth index quintiles		
Poorest	86.5	1,183
Second	82.9	1,085
Middle	78.7	1,176
Fourth	85.9	1,086
Richest	89.0	819

Note: 4 cases of missing 'mother's education' not shown

CHAPTER *10*

Literacy and Education

Literacy among Young Women

The youth literacy rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. In the MICS, since only a women's questionnaire was administered, the results are based only on females aged 15–24 years. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance.

The proportion of women aged 15–24 years who were considered literate is presented in Table ED.1. Some 84 percent of young women were literate. As expected, literacy was strongly associated with education level: just 5 percent of young women with no education were literate. However, only 62 percent of young women with primary education were considered literate, suggesting major shortcomings in the quality of primary education in the country since such a significant proportion of young women were still unable to read a short simple statement. The highest proportion of literate young women was in the Western Hills (98 percent) and the lowest proportion was in the Mid-Western Mountains (58 percent). The literacy rate was higher among urban young woman than rural young woman (95 percent compared to 82 percent). Household wealth was also correlated with literacy: 80 percent of young women in the poorest household population were literate compared to 98 percent in the richest household population.

Table ED.1: Literacy (young women)

Percentage of women aged 15–24 years who are literate, Nepal, 2014

	Percent literate [1]	Percent not known	Number of women aged 15–24 years
Total	**84.0**	**0.2**	**5,123**
Region			
Eastern Mountains	90.4	0.0	77
Eastern Hills	93.9	0.0	329
Eastern Terai	80.3	0.4	699
Central Mountains	86.9	0.0	101
Central Hills	92.5	0.0	771
Central Terai	69.1	0.0	807
Western Mountains	84.2	0.0	2
Western Hills	97.9	0.0	583
Western Terai	80.9	1.2	454
Mid-Western Mountains	58.3	0.0	71
Mid-Western Hills	83.2	0.0	332
Mid-Western Terai	78.3	0.3	341
Far Western Mountains	80.5	0.3	78
Far Western Hills	78.5	0.1	183
Far Western Terai	92.5	0.3	295
Area			
Urban	94.9	0.0	956
Kathmandu valley	97.1	0.0	278
Other urban	94.0	0.0	678
Rural	81.5	0.2	4,167
Education			
None	4.5	0.0	617
Primary	62.1	1.7	610
Secondary	100.0	0.0	2,300
Higher	100.0	0.0	1,596
Age (years)			
15–19	88.3	0.2	2,721
20–24	79.1	0.2	2,402
Wealth index quintile			
Poorest	79.5	0.0	947
Second	79.8	0.5	984
Middle	72.5	0.1	1,005
Fourth	88.3	0.4	1,126
Richest	98.0	0.0	1,061

[1] MICS indicator 7.1; MDG indicator 2.3 – Literacy rate among young women

School Readiness

Attendance in preschool education is important for the readiness of children for first grade in primary school. Table ED.2 shows the proportion of children in the first grade of primary school (regardless of age) who had attended preschool in the previous year[1]. Overall, 74 percent of children who were currently attending the first grade of primary school had attended preschool in the previous year. Regionally, the highest proportion was in the Western Hills (91 percent) and lowest was in the Mid-Western Mountains (44 percent). Urban children were more likely than rural children to have attended preschool (84 percent compared to 73 percent). Mother's education and household wealth status were strongly associated with the likelihood of having attended preschool.

[1]Computation of the indicator does not exclude repeaters and, therefore, is inclusive of both children who were attending primary school for the first time as well as those who were in the first grade of primary school in the previous school year and were repeating. Children repeating may have attended preschool prior to the school year during which they attended the first grade of primary school for the first time; these children were not captured in the numerator of the indicator.

Table ED.2: School readiness

Percentage of children attending first grade of primary school who attended preschool the previous year, Nepal, 2014

	Percent of children attending first grade who attended preschool in the previous year [1]	Number of children attending first grade of primary school
Total	**74.2**	**1,570**
Sex		
Male	75.1	821
Female	73.2	749
Region		
Eastern Mountains	76.9	24
Eastern Hills	90.6	79
Eastern Terai	77.6	231
Central Mountains	68.6	29
Central Hills	81.2	155
Central Terai	64.5	340
Western Mountains	(*)	1
Western Hills	90.7	151
Western Terai	75.8	142
Mid-Western Mountains	44.0	33
Mid-Western Hills	68.8	132
Mid-Western Terai	77.2	80
Far Western Mountains	62.3	45
Far Western Hills	69.9	69
Far Western Terai	71.1	59
Area		
Urban	84.2	188
Kathmandu valley	(80.2)	50
Other urban	85.7	138
Rural	72.8	1,382
Mother's education		
None	65.5	900
Primary	79.6	249
Secondary	90.3	247
Higher	91.5	164
Mother not in household	(*)	8
Wealth index quintile		
Poorest	67.8	417
Second	73.0	289
Middle	73.4	346
Fourth	74.5	314
Richest	90.0	204

[1] MICS indicator 7.2 – School readiness

Note: 1 case of missing 'mother's education' not shown

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Primary and Secondary School Participation

Universal access to basic education and achievement of primary education is one of the MDGs. Education is a vital prerequisite for combating poverty, empowering women, protecting children from exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

In Nepal, children currently enter primary school at age 5 and secondary school at age 10. There are five grades in primary school and five grades in secondary school. The school year runs from April of one year to March of the following year, with some variation from district to district due to seasonal and regional factors. The current School Sector Reform Programme includes plans for restructuring the education system from the former approach of primary (Grades 1–5) and three levels of secondary (Lower Secondary: Grades 6–8; Secondary: Grades 9–10; and Higher Secondary: Grades 11–12) to a system of early childhood development, basic education (Grades 1–8) and secondary education (Grades 9–12). For the Nepal MICS 2014, analysis of education indicators were aligned to the age

ranges and school grades outlined in the International Standard Classification of Education (ISCED). Primary-school age is considered to be 5–9 years and covers five grades in Nepal. Secondary-school age is 10–16 years, covering seven grades. Owing to these changes in the primary- and secondary-school age classifications from those used in the Nepal MICS 2010, the results between the two survey reports are not strictly comparable.[2] It should also be noted that the values of the education indicators in the Nepal MICS 2014 differ quite substantially from those reported by the Government of Nepal's Education Management Information System (EMIS) and further investigation into the causes of these discrepancies is required.

Table ED.3 shows that, of children who were of primary-school entry-age (i.e., age 5 at the beginning of the school year), 42 percent were attending the first grade of primary school.[3] The highest proportion of children in this age group attending first grade was in the Western Hills (62 percent) and the lowest proportion was in the Central Terai (28 percent). Household wealth status was not correlated with the likelihood of children in this age group were attending first grade, ranging from 33 percent of those living in households in the middle quintile to 52 percent of those living in households in the poorest quintile; notably, the proportion of children in this age group who were living in households in the poorest wealth quintile and were attending first grade were nine percentage points higher than that of their counterparts living in the richest households (52 percent compared to 43 percent).

Table ED.4 provides information on the percentage of children of primary-school age (5–9 years) who were attending primary or secondary school[4] and those who were out of school. The majority of children of primary-school age were attending school (76 percent). However, 23 percent were out of school, although this is primarily due to a low attendance rate (44 percent) for children age 5 at the beginning of the school year, who appear to be starting school late, as seen by the relatively high percentage attending preschool.

Regionally, the primary school net attendance ratio was highest in the Western Hills (89 percent) and lowest in the Central Terai (64 percent). Younger children had lower primary school net attendance ratios than older children, and were more likely to be in preschool or out of school. Mother's education was positively correlated with primary school attendance ratios: 74 percent of children whose mother had no education attended school compared to 81 percent of children whose mother had higher education.

The secondary school net attendance ratio is presented in Table ED.5[5]. Among children of secondary-school age in Nepal, nearly two-thirds (62 percent) were attending secondary school or higher. Some 27 percent were still in primary school and 11 percent were out of school. Regionally, the secondary school net attendance ratio was highest in the Central Hills (74 percent) and lowest in the Central Terai (51 percent). The secondary school net attendance ratio was higher in urban areas than rural areas (74 percent compared to 60 percent). Younger children had lower net attendance ratios for secondary school than older children, and were more likely to be in primary school. However, older children were more likely to be out of school, with some 22 percent of children who started the school year at age 16 out of school. Mother's education and household wealth status were both positively correlated with secondary school attendance ratios.

---

[2] The Nepal MICS 2010 showed 58 percent of children in the Mid- and Far Western Regions who were of primary-school entry-age were attending Grade 1. However, if age 5 is used as the primary-school entry-age (as in the Nepal MICS 2014 analysis), this estimate would be brought down to 40 percent.

[3] The Flash Report 2014/15 of the Ministry of Education (MoE) suggests that the net intake rate in Grade 1 for 2013/14 was 93 percent, which is more than double the estimate found in this survey. It is worth noting that whilst the primary school net intake rate found by the Nepal MICS 2014 is much lower than expected when compared to administrative sources, the situation is very similar in neighboring South Asian countries; in the most recent MICS undertaken in Bangladesh and the Pakistan Provinces of Punjab and Sindh, the rates were below 34 percent. The Nepal MICS was conducted just before the end of the school year, so most children who were age 5 at the beginning of the school year in April 2013 had turned age 6 by the start of the survey in February 2014 and were therefore excluded from the analysis. The finding shows 57 percent of six-year-olds were attending first grade.

[4] Ratios presented in this table are 'adjusted' since they include not only primary school attendance, but also secondary school attendance in the numerator.

[5] Ratios presented in this table are 'adjusted' since they include not only secondary school attendance, but also attendance in higher levels in the numerator.

Table ED.3: Primary school entry

Percentage of children of primary-school entry-age entering Grade 1 (net intake rate), Nepal, 2014

	Percent of children of primary-school entry-age entering Grade 1 [1]	Number of children of primary-school entry-age
Total	41.6	1,249
Sex		
Male	40.2	626
Female	43.1	623
Region		
Eastern Mountains	49.4	19
Eastern Hills	61.1	63
Eastern Terai	37.2	152
Central Mountains	(52.4)	15
Central Hills	48.1	155
Central Terai	27.6	295
Western Mountains	(*)	0
Western Hills	61.6	107
Western Terai	41.3	102
Mid-Western Mountains	39.9	26
Mid-Western Hills	44.9	105
Mid-Western Terai	33.9	72
Far Western Mountains	52.8	28
Far Western Hills	45.3	54
Far Western Terai	40.9	55
Area		
Urban	43.0	161
Kathmandu valley	(45.5)	45
Other urban	42.1	116
Rural	41.4	1,087
Mother's education		
None	40.2	681
Primary	45.1	207
Secondary	40.9	199
Higher	44.9	152
Mother not in household	(*)	5
Wealth index quintile		
Poorest	52.1	294
Second	41.1	280
Middle	33.3	262
Fourth	37.8	243
Richest	42.9	169

[1] MICS indicator 7.3 – Net intake rate in primary education

Note: 3 cases of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

The retention/drop-out/survival rate is an extremely important basic indicator to show the performance of an education system; at the same time, it shows the system's efficiency and effectiveness. Due to methodological limitations of calculating these rates from survey data this is perhaps one of the few indicators that routine administrative data can provide a better idea about than survey data in Nepal. Nepal has a robust education information system that provides annual estimation on survival rates, therefore the two MICS tables (children reaching last grade of primary school, and primary school completion and transition to secondary school) have not been included in this report.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.6. These ratios are better known as the gender parity index (GPI). It should be noted that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter provide an erroneous description of the GPI mainly because the majority of over-age children attending primary education tend to be boys.

Table ED.4: Primary school attendance and out-of-school children

Percentage of children of primary-school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Nepal, 2014

	Male					Female					Total				
	Net attendance ratio (adjusted) [1]	Percent of children:			Number of children	Net attendance ratio (adjusted) [1]	Percent of children:			Number of children	Net attendance ratio (adjusted) [1]	Percent of children:			Number of children
		Not attending school or pre-school	Attending pre-school	Out of school [a]			Not attending school or pre-school	Attending pre-school	Out of school [a]			Not attending school or pre-school	Attending pre-school	Out of school [a]	
Total	**76.4**	**6.1**	**16.7**	**22.8**	**3,303**	**76.2**	**8.3**	**14.8**	**23.0**	**3,307**	**76.3**	**7.2**	**15.7**	**22.9**	**6,610**
Region															
Eastern Mountains	80.9	11.1	8.0	19.1	42	79.9	7.5	12.2	19.6	50	80.4	9.1	10.3	19.4	92
Eastern Hills	85.3	1.5	12.5	14.0	167	87.9	2.7	9.1	11.7	149	86.5	2.1	10.9	12.9	316
Eastern Terai	77.8	5.2	16.0	21.3	462	75.6	9.5	13.8	23.3	507	76.7	7.5	14.9	22.3	969
Central Mountains	79.0	1.4	16.5	17.9	52	86.3	1.4	12.3	13.7	55	82.7	1.4	14.3	15.7	107
Central Hills	83.2	2.4	14.4	16.8	383	83.3	1.6	14.1	15.7	372	83.3	2.0	14.3	16.2	755
Central Terai	64.4	11.8	22.4	34.2	737	63.3	17.7	18.5	36.2	724	63.8	14.7	20.4	35.2	1,460
Western Mountains	(78.5)	(4.1)	(14.5)	(18.6)	1	(90.0)	(0.0)	(10.0)	(10.0)	1	83.5	2.4	12.5	14.9	2
Western Hills	88.5	2.4	9.1	11.5	341	89.5	0.6	9.3	10.0	299	89.0	1.6	9.2	10.8	640
Western Terai	78.8	4.0	17.2	21.2	274	73.0	5.2	21.7	27.0	241	76.1	4.6	19.3	23.9	515
Mid-Western Mountains	71.0	10.1	15.9	26.0	65	77.4	9.9	11.3	21.2	56	73.9	10.0	13.8	23.8	121
Mid-Western Hills	76.7	6.0	15.6	21.6	250	80.6	6.9	10.9	17.8	280	78.8	6.5	13.1	19.6	530
Mid-Western Terai	68.0	4.4	27.6	32.0	170	72.1	7.2	19.6	26.9	221	70.3	6.0	23.1	29.1	390
Far Western Mountains	83.1	5.5	10.5	15.9	76	84.9	5.1	9.7	14.8	83	84.0	5.3	10.1	15.4	159
Far Western Hills	73.4	12.6	11.9	24.6	133	77.1	12.7	9.9	22.5	126	75.2	12.6	10.9	23.6	259
Far Western Terai	80.2	3.1	16.3	19.4	150	77.0	4.7	17.8	22.5	143	78.7	3.9	17.1	20.9	293
Area															
Urban	80.4	1.1	18.1	19.2	444	78.9	2.5	18.0	20.5	417	79.7	1.8	18.0	19.9	861
Kathmandu valley	83.1	1.3	15.5	16.9	103	81.5	0.0	18.5	18.5	115	82.2	0.6	17.1	17.8	218
Other urban	79.6	1.1	18.9	20.0	341	77.9	3.5	17.7	21.3	302	78.8	2.2	18.3	20.6	643
Rural	75.8	6.9	16.4	23.3	2,859	75.8	9.1	14.3	23.4	2,890	75.8	8.0	15.4	23.4	5,749
Age at beginning of school year															
5	41.9	13.3	42.6	55.8	626	46.7	19.3	31.6	51.0	623	44.3	16.3	37.1	53.4	1,249
6	70.0	7.9	21.6	29.5	717	66.3	9.8	23.3	33.1	695	68.2	8.8	22.5	31.3	1,412
7	85.3	4.6	9.3	14.0	658	83.5	4.9	11.6	16.5	657	84.4	4.8	10.5	15.3	1,315
8	89.2	2.1	8.3	10.4	587	89.0	4.8	5.5	10.3	612	89.1	3.5	6.9	10.3	1,199
9	94.2	2.8	2.6	5.4	715	93.9	3.2	2.8	5.9	721	94.1	3.0	2.7	5.7	1,436

Table ED.4: Continued

Percentage of children of primary-school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Nepal, 2014

	Male					Female					Total				
	Net attendance ratio (adjusted) [1]	Percent of children: Not attending school or preschool	Attending preschool	Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Not attending school or preschool	Attending preschool	Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Not attending school or preschool	Attending preschool	Out of school [a]	Number of children
Mother's education															
None	74.6	9.2	15.1	24.3	1,899	73.9	13.0	12.2	25.2	1,900	74.2	11.1	13.6	24.7	3,799
Primary	79.2	3.7	16.5	20.2	494	77.8	2.5	19.7	22.2	547	78.4	3.1	18.2	21.2	1,040
Secondary	79.0	1.3	19.5	20.7	553	79.8	2.0	17.8	19.8	518	79.4	1.6	18.7	20.3	1,071
Higher	76.9	0.2	22.3	22.5	334	82.8	0.1	16.4	16.5	314	79.8	0.2	19.4	19.6	648
Mother not in household	(*)	(*)	(*)	(*)	21	(*)	(*)	(*)	(*)	25	(80.9)	(3.9)	(10.9)	(14.8)	45
Wealth index quintile															
Poorest	79.2	8.2	11.5	19.7	826	82.4	7.9	9.0	16.9	781	80.7	8.0	10.3	18.3	1,607
Second	74.5	8.7	15.1	23.8	670	72.5	15.8	11.0	26.8	772	73.5	12.5	12.9	25.4	1,443
Middle	71.5	8.1	20.1	28.1	714	71.2	8.6	19.0	27.6	680	71.4	8.3	19.6	27.9	1,394
Fourth	76.0	2.6	21.2	23.7	604	73.5	4.7	20.9	25.6	612	74.7	3.6	21.0	24.7	1,216
Richest	81.9	0.7	16.8	17.5	489	83.0	0.5	16.6	17.0	462	82.4	0.6	16.7	17.3	951

[1] MICS indicator 7.4; MDG indicator 2.1 – Primary school net attendance ratio (adjusted)

[a] The percentage of children of primary-school age out of school are those not attending school and those attending preschool

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table ED.5: Secondary school attendance and out-of-school children

Percentage of children of secondary-school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Nepal, 2014

	Male				Female				Total			
	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children
Total	**62.4**	**28.1**	**9.3**	**4,636**	**62.3**	**25.4**	**12.1**	**4,776**	**62.3**	**26.7**	**10.7**	**9,411**
Region												
Eastern Mountains	56.2	36.1	7.6	67	59.7	34.3	6.0	77	58.1	35.2	6.8	145
Eastern Hills	66.7	23.4	9.0	257	73.0	21.0	6.0	271	69.9	22.2	7.5	528
Eastern Terai	60.6	27.6	11.4	630	57.9	24.9	16.8	653	59.2	26.3	14.2	1,283
Central Mountains	61.7	32.4	5.9	97	70.3	23.2	6.5	102	66.1	27.7	6.2	200
Central Hills	73.3	18.5	8.2	619	75.0	18.8	6.2	609	74.2	18.7	7.2	1,227
Central Terai	54.1	32.6	13.1	817	47.6	27.7	24.7	833	50.8	30.1	19.0	1,650
Western Mountains	(64.4)	(28.5)	(7.1)	1	(66.1)	(24.5)	(9.4)	1	65.3	26.3	8.4	2
Western Hills	70.3	24.6	4.4	497	75.2	19.6	5.3	562	72.9	21.9	4.9	1,059
Western Terai	56.8	32.9	10.3	446	53.7	32.0	14.4	417	55.3	32.4	12.3	863
Mid-Western Mountains	59.0	35.5	5.5	69	55.6	36.0	8.3	67	57.3	35.8	6.9	136
Mid-Western Hills	63.0	27.8	9.2	311	65.5	25.0	8.7	370	64.3	26.3	9.0	681
Mid-Western Terai	54.2	30.4	15.1	313	61.7	25.4	13.0	284	57.7	28.0	14.1	597
Far Western Mountains	64.4	33.2	2.4	97	62.0	33.3	4.7	98	63.2	33.3	3.6	195
Far Western Hills	60.3	35.7	4.1	159	51.6	41.4	7.1	198	55.4	38.8	5.7	356
Far Western Terai	69.3	26.7	4.0	257	70.5	22.3	6.5	233	69.9	24.6	5.2	489
Area												
Urban	73.4	19.4	7.2	749	75.1	18.7	5.9	633	74.2	19.1	6.6	1,382
Kathmandu valley	73.8	14.6	11.6	193	79.2	13.9	6.9	143	76.1	14.3	9.6	336
Other urban	73.3	21.0	5.7	557	73.9	20.2	5.6	489	73.6	20.6	5.6	1,046
Rural	60.2	29.8	9.7	3,886	60.4	26.4	13.1	4,143	60.3	28.1	11.4	8,029
Age at beginning of school year												
10	22.6	71.8	5.7	663	23.6	70.6	5.7	723	23.1	71.2	5.7	1,386
11	44.1	53.6	2.0	748	46.5	47.7	5.6	644	45.2	50.9	3.7	1,392
12	57.5	36.9	4.7	688	65.6	28.0	6.2	780	61.8	32.2	5.5	1,469
13	77.5	14.6	7.9	698	72.5	15.6	11.9	745	74.9	15.1	9.9	1,443
14	80.7	7.0	12.0	688	78.2	7.1	14.2	655	79.5	7.0	13.1	1,343
15	80.3	2.8	16.7	590	78.5	1.7	19.6	639	79.4	2.2	18.2	1,229
16	79.5	0.9	19.6	560	74.5	0.6	24.6	590	77.0	0.8	22.1	1,149

Table ED.5: Continued

Percentage of children of secondary-school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Nepal, 2014

	Male				Female				Total			
	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children	Net attendance ratio (adjusted) [1]	Percent of children: Attending primary school	Percent of children: Out of school [a]	Number of children
Mother's education												
None	56.5	32.3	11.1	2,993	56.6	29.6	13.6	3,024	56.5	30.9	12.3	6,016
Primary	68.2	25.4	6.4	619	72.7	23.2	3.9	608	70.4	24.3	5.2	1,227
Secondary	77.2	19.9	2.1	492	77.6	21.0	1.3	499	77.4	20.4	1.7	992
Higher	76.5	22.2	0.6	317	81.6	17.3	1.1	292	78.9	19.9	0.9	609
Cannot be determined [b]	73.2	5.1	21.8	214	55.2	6.2	38.3	350	62.0	5.8	32.0	564
Wealth index quintile												
Poorest	55.7	34.2	9.8	1,033	56.8	32.1	10.9	1,147	56.3	33.1	10.4	2,179
Second	55.9	31.1	12.6	1,008	55.0	27.4	17.5	988	55.4	29.2	15.0	1,996
Middle	58.9	30.2	10.5	927	58.7	23.2	17.8	986	58.8	26.6	14.3	1,913
Fourth	67.8	25.5	6.7	896	66.0	24.8	9.2	937	66.9	25.1	8.0	1,833
Richest	77.6	16.6	5.8	772	81.3	16.0	2.7	718	79.4	16.3	4.3	1,490

[1] MICS indicator 7.5 – Secondary school net attendance ratio (adjusted)

[a] The percentage of children of secondary-school age out of school are those who are not attending primary, secondary, or higher education

[b] Children aged 15 years or higher at the time of the interview whose mothers were not living in the household

( ) Figures that are based on 25–49 unweighted cases

The GPI for both primary and secondary school was 1.00, indicating no difference in the attendance of girls and boys at primary and secondary school. Regionally, the primary GPI was highest in the Western Mountains (1.15) and lowest in the Western Terai (0.93), and the secondary GPI was highest in the Central Mountains and Mid-Western Terai (1.14) and lowest in the Far Western Hills (0.86). The primary GPI was higher for rural children than urban children, and the secondary GPI was lower for rural children than urban children. Mother's education had little correlation at primary level, but the secondary GPI was higher for children whose mother had primary or higher education (1.07).

Table ED.6: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Nepal, 2014

	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Total	**76.2**	**76.4**	**1.00**	**62.3**	**62.4**	**1.00**
Region						
Eastern Mountains	79.9	80.9	0.99	59.7	56.2	1.06
Eastern Hills	87.9	85.3	1.03	73.0	66.7	1.09
Eastern Terai	75.6	77.8	0.97	57.9	60.6	0.96
Central Mountains	86.3	79.0	1.09	70.3	61.7	1.14
Central Hills	83.3	83.2	1.00	75.0	73.3	1.02
Central Terai	63.3	64.4	0.98	47.6	54.1	0.88
Western Mountains	90.0	78.5	1.15	66.1	64.4	1.03
Western Hills	89.5	88.5	1.01	75.2	70.3	1.07
Western Terai	73.0	78.8	0.93	53.7	56.8	0.94
Mid-Western Mountains	77.4	71.0	1.09	55.6	59.0	0.94
Mid-Western Hills	80.6	76.7	1.05	65.5	63.0	1.04
Mid-Western Terai	72.1	68.0	1.06	61.7	54.2	1.14
Far Western Mountains	84.9	83.1	1.02	62.0	64.4	0.96
Far Western Hills	77.1	73.4	1.05	51.6	60.3	0.86
Far Western Terai	77.0	80.2	0.96	70.5	69.3	1.02
Area						
Urban	78.9	80.4	0.98	75.1	73.4	1.02
Kathmandu valley	81.5	83.1	0.98	79.2	73.8	1.07
Other urban	77.9	79.6	0.98	73.9	73.3	1.01
Rural	75.8	75.8	1.00	60.4	60.2	1.00
Mother's education						
None	73.9	74.6	0.99	56.6	56.5	1.00
Primary	77.8	79.2	0.98	72.7	68.2	1.07
Secondary	79.8	79.0	1.01	77.6	77.2	1.01
Higher	82.8	76.9	1.08	81.6	76.5	1.07
Cannot be determined [a]	70.4	93.3	0.75	55.2	73.2	0.75
Wealth index quintile						
Poorest	82.4	79.2	1.04	56.8	55.7	1.02
Second	72.5	74.5	0.97	55.0	55.9	0.98
Middle	71.2	71.5	1.00	58.7	58.9	1.00
Fourth	73.5	76.0	0.97	66.0	67.8	0.97
Richest	83.0	81.9	1.01	81.3	77.6	1.05

[1] MICS indicator 7.9; MDG indicator 3.1 – Gender parity index (primary school)

[2] MICS indicator 7.10; MDG indicator 3.1 – Gender parity index (secondary school)

[a] Children aged 15 years or higher at the time of the interview whose mother was not living in the household

Table ED.7: Out-of-school gender parity

Percentage of girls in total out-of-school population, in primary and secondary school, Nepal, 2014

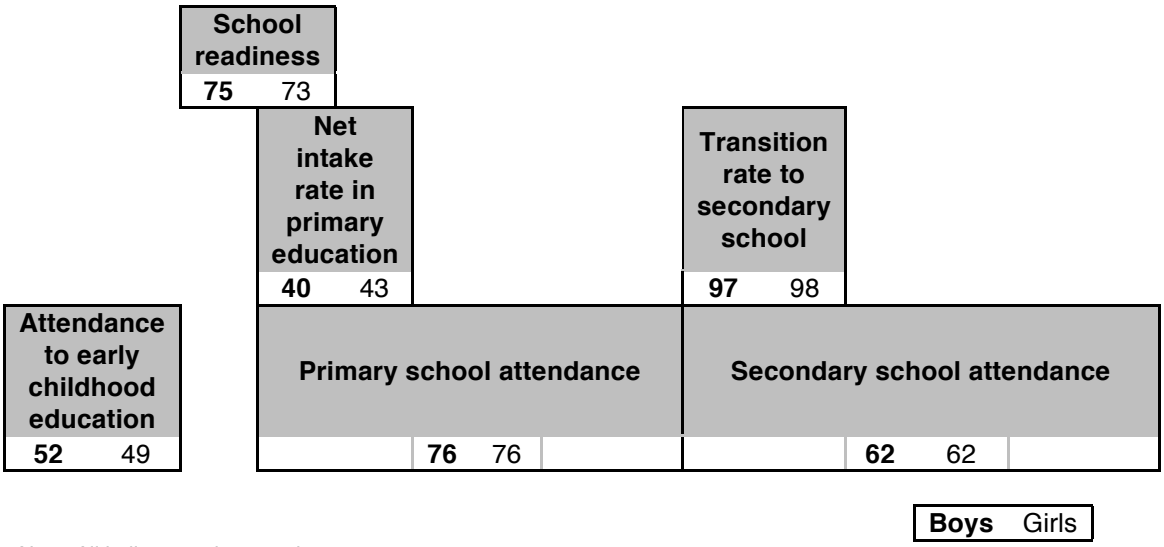
	Primary school				Secondary school			
	Percentage of out-of-school children	Number of children of primary school age	Percentage of girls in the total out-of-school population of primary school age	Number of children of primary school age out of school	Percentage of out-of-school children	Number of children of secondary school age	Percentage of girls in the total out-of-school population of secondary school age	Number of children of secondary school age out of schoo
Total	**22.9**	**6,610**	**50.3**	**1,514**	**10.7**	**9,411**	**57.3**	**1009**
Region								
Eastern Mountains	19.4	92	54.7	18	6.8	145	(47.6)	10
Eastern Hills	12.9	316	(42.9)	41	7.5	528	(41.4)	39
Eastern Terai	22.3	969	54.6	216	14.2	1,283	60.3	182
Central Mountains	15.7	107	(45.0)	17	6.2	200	(53.9)	12
Central Hills	16.2	755	47.6	123	7.2	1,227	42.5	88
Central Terai	35.2	1,460	51.0	514	19.0	1,650	65.8	313
Western Mountains	14.9	2	-	0	8.4	2	-	0
Western Hills	10.8	640	(43.1)	69	4.9	1,059	(57.4)	52
Western Terai	23.9	515	52.9	123	12.3	863	56.6	106
Mid-Western Mountains	23.8	121	41.2	29	6.9	136	(59.3)	9
Mid-Western Hills	19.6	530	48.0	104	9.0	681	52.8	61
Mid-Western Terai	29.1	390	52.3	114	14.1	597	43.8	84
Far Western Mountains	15.4	159	50.4	24	3.6	195	(66.1)	7
Far Western Hills	23.6	259	46.5	61	5.7	356	(68.3)	20
Far Western Terai	20.9	293	52.4	61	5.2	489	(59.8)	25
Area								
Urban	19.9	861	50.0	171	6.6	1,382	40.7	91
Kathmandu valley	17.8	218	(55.2)	39	9.6	336	(30.7)	32
Other urban	20.6	643	48.5	132	5.6	1,046	46.3	59
Rural	23.4	5,749	50.4	1,343	11.4	8,029	59.0	918
Mother's education								
None	24.7	3,799	51.0	940	12.3	6,016	55.3	741
Primary	21.2	1,040	54.9	221	5.2	1,227	37.7	63
Secondary	20.3	1,071	47.2	217	1.7	992	(*)	17
Higher	19.6	648	40.8	127	0.9	609	(*)	5
Cannot be determined [a]	(14.8)	45	(*)	7	32.0	564	74.2	181
Wealth index quintile								
Poorest	18.3	1,607	44.9	295	10.4	2,179	55.2	226
Second	25.4	1,443	56.4	367	15.0	1,996	57.6	300
Middle	27.9	1,394	48.3	389	14.3	1,913	64.4	273
Fourth	24.7	1,216	52.2	300	8.0	1,833	58.8	146
Richest	17.3	951	47.9	164	4.3	1,490	(30.2)	64

[a] Children aged 15 years or higher at the time of the interview whose mother was not living in the household
Note: 6 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Information on the percentage of girls in the total out-of-school population, in both primary and secondary school, is provided in Table ED.7. Girls accounted for 50 percent of the out-of-school population at primary level and 57 percent at secondary level. Regionally, the highest proportion was in the Eastern Mountains for primary level (55 percent) and in the Central Terai for secondary level (66 percent). The proportions were same for urban girls and rural girls at primary level, but higher for rural girls than for urban girls at secondary level. Interestingly, girls living in households in lower wealth quintiles made up a smaller proportion of the out-of-school population at primary level; this was not apparent at secondary level.

Figure ED.1 brings together all of the attendance- and progression-related education indicators covered in this chapter, by sex. Information on attendance in ECD is also included, which was covered in Chapter 9, in Table CD.1. School readiness was reported for three-quarters of children with little difference between boys and girls. Only half of children attended ECD (slightly higher among boys than girls). Net intake rate in Grade 1 indicates that two out of every five children were enrolled in Grade 1 at age 5, the official entry-age for school; no notable difference existed between boys and girls in this respect. Primary school attendance was the same for boys and girls, at 76 percent. Of children attending the last grade of primary school during the previous school year, most transitioned to secondary school. However, only three in five children of secondary-school age actually attended secondary school.

Figure ED.1: Education indicators by sex, Nepal, 2014



Note: All indicator values are in percent

Participation in Non-Formal Education

The Government of Nepal runs a number of non-formal education programmes to provide out-of-school children with learning opportunities, with the intention of giving them a pathway into mainstream education. Country-specific data were collected on participation by children aged 5–17 years in non-formal education, as shown in Table ED.8. The survey found show that some 6 percent of children had never had any formal education. Of these, 2 percent had participated in non-formal education. Girls were more likely than boys to have never had formal education but also to have participated in

non-formal education. Mother's education was strongly associated with the likelihood of never having had formal education: 8 percent of children whose mother had no education had themselves never had formal education compared to less than 1 percent of children whose mother had higher education. Household wealth status was also associated with the likelihood of never having had formal education: children living in households in the bottom three quintiles were much more likely than children living in households in the top two quintiles to have never had formal education. The sample size for children who have never received formal education was too small to derive any information by background characteristics.

Table ED.8: Participation in non-formal education

Percentage of children aged 5–17 years who have participated in non-formal education among those who have never attended formal education, Nepal, 2014

	Percent of children who have never had formal education	Number of children aged 5–17 years	Percent of children who have participated in non-formal education	Number of children aged 5–17 years who have never attended formal education
Total	**5.5**	**17,147**	**1.5**	**944**
Sex				
Male	4.4	8,511	1.4	374
Female	6.6	8,636	1.6	570
Region				
Eastern Mountains	4.5	254	(0.0)	11
Eastern Hills	1.2	925	(*)	11
Eastern Terai	6.8	2,409	1.3	165
Central Mountains	1.7	330	(*)	6
Central Hills	1.0	2,107	(*)	22
Central Terai	14.2	3,329	1.0	474
Western Mountains	2.2	5	(*)	0
Western Hills	0.4	1,821	(*)	6
Western Terai	3.1	1,484	(2.8)	46
Mid-Western Mountains	6.6	271	1.2	18
Mid-Western Hills	4.1	1,289	5.8	53
Mid-Western Terai	4.9	1,043	(3.9)	51
Far Western Mountains	3.8	376	1.8	14
Far Western Hills	6.7	658	0.0	44
Far Western Terai	2.8	847	(3.5)	24
Area				
Urban	1.1	2,403	(4.7)	26
Kathmandu valley	0.7	594	(*)	4
Other urban	1.2	1,808	(5.5)	22
Rural	6.2	14,745	1.5	918
Mother's education				
None	7.7	10,436	1.5	805
Primary	2.4	2,418	2.2	58
Secondary	1.1	2,212	(*)	24
Higher	0.3	1,363	(*)	4
Mother not in household	7.1	709	(0.5)	51
Wealth index quintile				
Poorest	4.9	4,015	1.8	198
Second	9.9	3,672	1.0	364
Middle	7.8	3,577	1.6	278
Fourth	2.7	3,269	2.3	89
Richest	0.6	2,615	(*)	16

Note: 9 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

CHAPTER 11

Child Protection

Birth Registration

A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties. Yet the births of approximately 230 million children under five worldwide (around one in three) have never been recorded. This lack of formal identity by the State usually means that a child is unable to obtain a birth certificate. As a result, he or she may be denied health care or education. Later in life, the lack of official identification documents can mean that a child may enter into marriage or the labour market, or be conscripted into the armed forces, before the legal age. In adulthood, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, to vote and to obtain a passport. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed[1].

Nepal has had a civil (vital) registration programme since 1977, based on the Birth, Death and Other Personal Incident Act 1976, and the Birth, Death and Other Personal Incident Regulations 1977. Despite legal requirements that newborns are registered within 35 days of birth, children in Nepal are much more likely to be registered closer to their entry into school at five years of age, when a birth certificate is part of the documentation required for school enrolment, than during their first few years of life.

Table CP.1 shows birth registration for children under five. Some 58 percent of children under five had been registered. Registration of birth becomes more likely as a child grows older, peaking in the highest age group (48–59 months) at 74 percent. Regionally, children in the Mid-Western Mountains were most likely to have had their birth registered (66 percent) and those in the Central Mountains were least likely to have had it done (25 percent). There were notable differences between the proportion of children whose births was reported as registered and those who actually had a birth certificate: the birth certificate of 41 percent of children was seen, while 12 percent claimed to have a certificate but it was not seen and 5 percent claimed to be registered but not to have a certificate.

[1] *UNICEF, 2013. Every Child's Birth Right: Inequities and Trends in Birth Registration. New York: UNICEF.*

Table CP.1: Birth registration

Percentage of children under five by whether birth is registered and percentage of children not registered whose mothers/ caretakers know how to register birth, Nepal, 2014

	Percent whose birth is registered with civil authorities				Number of children under five	Percent whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered [1]		Percent whose mother/ caretaker knows how to register birth	Number of children without birth registration
	Seen	Not seen					
Total	**41.3**	**11.6**	**5.2**	**58.1**	**5,349**	**86.4**	**2,240**
Sex							
Male	41.9	12.1	5.1	59.2	2,766	86.7	1,130
Female	40.7	11.1	5.2	57.0	2,583	86.0	1,111
Region							
Eastern Mountains	36.0	3.0	2.5	41.6	72	79.6	42
Eastern Hills	54.6	5.7	6.3	66.6	272	94.7	91
Eastern Terai	50.6	8.0	1.3	59.9	775	81.1	311
Central Mountains	24.6	14.4	0.4	39.5	95	96.9	57
Central Hills	20.4	20.1	4.6	45.1	620	88.3	340
Central Terai	43.1	12.9	4.1	60.1	1,131	91.1	452
Western Mountains	45.0	10.9	2.7	58.7	2	(76.7)	1
Western Hills	38.9	15.1	5.8	59.8	601	94.6	242
Western Terai	42.9	8.3	19.3	70.6	469	97.0	138
Mid-Western Mountains	65.6	13.0	5.9	84.4	108	51.5	17
Mid-Western Hills	56.1	1.0	2.7	59.8	409	72.8	164
Mid-Western Terai	41.8	16.9	7.6	66.4	291	74.9	98
Far Western Mountains	27.3	13.6	0.8	41.7	100	80.9	58
Far Western Hills	28.0	11.2	1.4	40.7	210	72.0	124
Far Western Terai	32.2	11.9	2.0	46.2	197	89.6	106
Area							
Urban	34.8	15.7	6.1	56.6	699	89.1	304
Kathmandu valley	25.0	22.2	3.2	50.5	181	88.2	90
Other urban	38.3	13.4	7.1	58.7	518	89.5	214
Rural	42.3	11.0	5.0	58.3	4,650	85.9	1,937
Age							
0–11 months	19.2	6.3	7.3	32.8	978	90.3	658
12–23 months	32.7	8.7	6.4	47.8	1,008	85.4	527
24–35 months	45.6	13.0	5.3	63.9	1,079	89.1	390
36–47 months	51.2	12.9	3.8	67.9	1,137	81.2	365
48–59 months	54.0	16.3	3.5	73.8	1,147	82.1	301
Mother's education							
None	41.7	11.7	5.0	58.4	2,265	81.9	942
Primary	43.2	12.0	5.0	60.1	921	85.9	367
Secondary	39.9	10.6	6.3	56.8	1,179	90.1	509
Higher	40.6	12.4	4.3	57.3	980	92.4	418
Wealth index quintile							
Poorest	42.2	8.5	3.9	54.6	1,183	75.9	537
Second	40.3	12.3	5.6	58.1	1,085	89.6	454
Middle	46.9	10.1	5.0	62.0	1,176	90.1	447
Fourth	37.7	14.3	6.3	58.3	1,086	88.9	453
Richest	38.4	14.0	5.1	57.5	819	90.2	348

[1] MICS indicator 8.1 – Birth registration

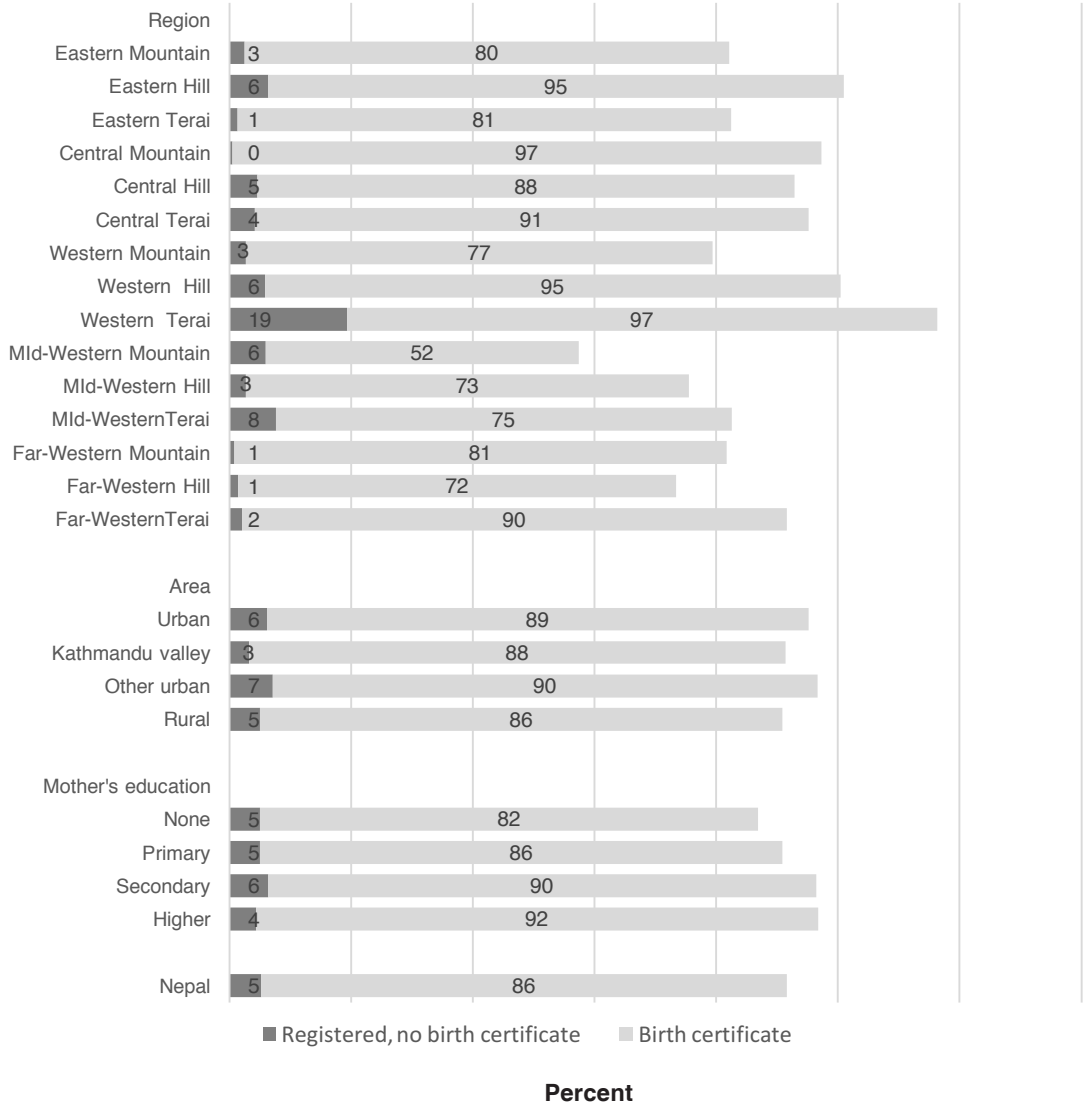
Note: 4 cases of missing 'mother's education' not shown

( ) Figures that are based on 25–49 unweighted cases

Lack of adequate knowledge on how to register a child can present a major obstacle to the fulfilment of a child's right to identity. Data show that 86 percent of mothers of unregistered children appear to be aware of the registration process, which points to other barriers to birth registration. Knowledge about the registration process varied significantly across the regions, with the highest proportion of mothers having this knowledge in the Western Terai (97 percent) and the lowest in the Mid-Western Mountains (52 percent). Interestingly, mothers of younger children who were unregistered were more likely than mothers of older children who were unregistered to know how to register a child's birth. Women with unregistered children who were living in households in the poorest wealth quintile were much less likely than other women to know how to register a child's birth.

Figure CP.1 shows the percentage of children under five whose births are registered by region, area and mother's education.

Figure CP.1: Children under five whose births are registered, Nepal, 2014



Child Labour

Children around the world are routinely engaged in paid and unpaid forms of work that are not harmful to them. However, they are classified as child labourers when they are either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development. Article 32 (1) of the Convention on the Rights of the Child states: "State Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development".

The Child Labour (Prohibition and Regulation) Act 2056 (2000) of Nepal prohibits children below the age of 14 years from engaging in work. The current act does not differentiate between domestic work and child labour; however, it states that children aged 15–17 years shall not be engaged in work for more than six hours a day and more than 36 hours a week, either with or without additional remuneration.

The child labour module was administered for children aged 5–17 years and includes questions on the type of work a child does and the number of hours he or she is engaged in it. Data are collected on both economic activities (paid or unpaid work for someone who is not a member of the household, and work for a family farm or business) and domestic work (household chores, such as, cooking, cleaning or caring for children, as well as collecting firewood or fetching water). The module also collects information on hazardous working conditions[2,3].

Table CP.2 presents children's involvement in economic activities. The methodology of the MICS indicator on child labour uses three age-specific thresholds for the number of hours a child can perform economic activity without it being classified as child labour. A child that performed economic activities during the week preceding the survey for more than the age-specific number of hours is classified as in child labour:

- aged 5–11 years: 1 hour or more
- aged 12–14 years: 14 hours or more
- aged 15–17 years: 43 hours or more

Overall, involvement in economic activity increases with age: 28 percent of children aged 5–11 years, 59 percent of children aged 12–14 years, and 64 percent of children aged 15–17 years were engaged in economic activities. However, the proportion engaged in economic activities above the age-specific threshold decreases with age: 28 percent of children aged 5–11 years, 15 percent of children aged 12–14 years, and 3 percent of children aged 15–17 years were engaged in economic activities above the age-specific threshold. Regionally, children in the Mid-Western Hills and Mountains and the Eastern Hills and Mountains were most likely to be involved in economic activities above their age-specific threshold. Children in rural areas were much more likely than those in urban areas to be involved in economic activities above their age-specific threshold. Mother's education and household wealth were strongly associated with the likelihood of being involved in economic activities above the age-specific threshold: for children aged 12–14 years, 18 percent of those whose mother had no education were involved compared to 6 percent of those whose mother had higher education, and 28 percent of those living in households in the poorest quintile were involved compared to 4 percent of those living in households in the richest quintile.

---

[2]UNICEF, 2012. How Sensitive are Estimates of Child Labour to Definitions? MICS Methodological Paper No. 1. New York: UNICEF.

[3]The Child Labour module and the Child Discipline module were administered using random selection of a single child in all households with one or more children aged 1–17 years (See Appendix F: Questionnaires). The Child Labour module was administered if the selected child was aged 5–17 years and the Child Discipline module if the child was aged 1–14 years. To account for the random selection, the household sample weight is multiplied by the total number of children aged 1–17 years in each household.

Table CP.2: Children's involvement in economic activities

Percentage of children aged 5–17 years by involvement in economic activities during the week preceding the survey, according to age groups, Nepal, 2014

	Percent of children aged 5–11 years involved in economic activity for at least one hour	Number of children aged 5–11 years	Percent of children aged 12–14 years involved in:		Number of children aged 12–14 years	Percent of children aged 15–17 years involved in:		Number of children aged 15–17 years
			Economic activity less than 14 hours	Economic activity for 14 hours or more		Economic activity less than 43 hours	Economic activity for 43 hours or more	
Total	**27.9**	**9,023**	**44.2**	**15.2**	**4,488**	**61.3**	**2.6**	**3,808**
Sex								
Male	29.2	4,498	43.4	12.3	2,103	58.5	2.1	1,889
Female	26.5	4,525	44.8	17.6	2,385	64.0	3.1	1,919
Region								
Eastern Mountains	48.1	135	29.9	52.5	61	64.4	15.1	56
Eastern Hills	43.9	452	47.4	32.7	208	78.9	4.9	267
Eastern Terai	21.5	1,295	41.5	14.0	629	46.9	1.9	507
Central Mountains	40.6	154	77.1	0.0	88	86.1	0.1	83
Central Hills	18.0	1,010	37.4	3.8	531	39.4	2.1	546
Central Terai	16.5	2,028	37.1	1.4	803	50.8	1.4	591
Western Mountains	(30.5)	2	(43.6)	(34.5)	2	(*)	(*)	1
Western Hills	41.4	871	47.9	19.6	610	71.8	0.5	378
Western Terai	26.1	709	56.3	9.4	405	66.2	0.6	389
Mid-Western Mountains	38.2	159	40.9	37.5	60	72.1	7.6	47
Mid-Western Hills	44.7	743	40.6	45.1	318	84.3	10.6	249
Mid-Western Terai	29.2	500	29.7	22.7	274	62.4	4.1	295
Far Western Mountains	46.9	210	74.5	1.4	80	86.9	0.0	73
Far Western Hills	34.6	357	80.3	5.2	154	87.8	1.0	147
Far Western Terai	22.3	398	37.6	24.6	263	62.5	0.9	179
Area								
Urban	11.7	1,214	24.2	4.3	613	32.6	2.2	626
Kathmandu valley	8.8	294	15.5	4.8	150	18.0	5.5	173
Other urban	12.6	920	27.0	4.1	464	38.1	0.9	454
Rural	30.4	7,810	47.3	16.9	3,874	66.9	2.7	3,181
School attendance								
Yes	28.2	8,197	43.8	14.1	4,118	60.2	1.5	3,038
No	24.6	826	48.6	27.0	370	65.4	7.2	769
Mother's education								
None	33.6	5,210	49.7	17.5	3,037	67.9	2.5	2,267
Primary	29.5	1,442	39.7	12.9	565	52.6	2.6	435
Secondary	19.5	1,405	34.3	7.8	482	48.5	0.3	369
Higher	6.5	918	13.7	6.4	316	27.5	0.0	144
Cannot be determined [a]	17.1	47	48.5	22.3	78	58.5	5.4	591
Wealth index quintile								
Poorest	47.9	2,140	55.8	27.6	1,065	84.8	5.7	827
Second	32.9	1,983	52.9	16.5	954	70.7	3.5	804
Middle	23.7	2,007	48.7	12.2	889	67.4	1.1	740
Fourth	17.8	1,580	34.8	10.3	904	49.0	1.5	762
Richest	6.2	1,314	20.1	3.9	675	28.3	0.8	675

[a] Children aged 15 years or more at the time of the interview whose mother was not living in the household
Note: 12 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table CP.3 presents children's involvement in household chores. As for economic activity above, the methodology also uses age-specific thresholds for the number of hours a child can perform household chores without it being classified as child labour. A child that performed household chores during the week preceding the survey for more than the age-specific number of hours is classified as in child labour:

- aged 5–11 years and aged 12–14 years: 28 hour or more
- aged 15–17 years: 43 hours or more

Older children were more likely than younger children to be involved in household chores: 77 percent of children aged 5–11 years, 89 percent of children aged 12–14 years, and 92 percent of children aged 15–17 years. In terms of working more hours than the age-specific threshold, 3 percent of children aged 5–11 years were doing so, 7 percent of children aged 12–14 years were doing so, and 3 percent of children aged 15–17 years were doing so. Girls tended to be more likely than boys to be involved in household chores for more hours than their age-specific threshold. Regionally, children in the Mid-Western Hills and Mountains and the Eastern Hills and Mountains were more likely than other children to be involved in household chores for more hours than their age-specific threshold. Children in rural areas were more likely than those in urban areas to be above their age-specific threshold. Some 15 percent of children aged 12–14 years who were not attending school were involved in household chores for more hours than the age-specific threshold. Mother's education and household wealth were strongly correlated with the likelihood of being involved in household chores for more hours than the age-specific threshold.

Table CP.3: Children's involvement in household chores

Percentage of children aged 5–17 years by involvement in household chores during the week preceding the survey, according to age groups, Nepal, 2014

	Percent of children aged 5–11 years involved in:		Number of children aged 5–11 years	Percent of children aged 12–14 years involved in:		Number of children aged 12–14 years	Percent of children aged 15–17 years involved in:		Number of children aged 15–17 years
	Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 43 hours	Household chores for 43 hours or more	
Total	**73.9**	**2.7**	**9,023**	**82.4**	**7.0**	**4,488**	**88.8**	**2.8**	**3,808**
Sex									
Male	75.3	1.6	4,498	81.0	3.2	2,103	84.9	2.2	1,889
Female	72.6	3.7	4,525	83.6	10.3	2,385	92.7	3.4	1,919
Region									
Eastern Mountains	75.7	8.9	135	74.3	25.1	61	91.7	5.9	56
Eastern Hills	79.9	7.1	452	83.5	14.9	208	90.8	6.7	267
Eastern Terai	84.8	0.8	1,295	86.2	5.4	629	88.3	0.0	507
Central Mountains	79.1	0.0	154	99.1	0.0	88	95.3	0.0	83
Central Hills	73.3	0.0	1,010	83.6	2.3	531	92.7	0.0	546
Central Terai	63.7	0.5	2,028	73.9	2.9	803	82.9	2.6	591
Western Mountains	(76.4)	(5.1)	2	(76.4)	(19.2)	2	(*)	(*)	1
Western Hills	73.6	2.1	871	85.6	4.9	610	92.8	1.1	378
Western Terai	78.1	0.0	709	90.4	3.7	405	95.8	0.0	389
Mid-Western Mountains	62.7	10.3	159	69.4	25.9	60	77.8	16.9	47
Mid-Western Hills	69.9	16.4	743	69.6	28.5	318	78.0	19.6	249
Mid-Western Terai	77.8	1.2	500	77.8	8.9	274	86.3	1.7	295
Far Western Mountains	86.4	0.0	210	97.2	1.4	80	98.4	0.0	73
Far Western Hills	83.8	0.0	357	95.7	4.3	154	94.8	3.3	147
Far Western Terai	68.5	3.0	398	83.0	4.9	263	80.5	0.0	179
Area									
Urban	69.8	0.4	1,214	74.8	0.6	613	89.2	0.6	626
Kathmandu valley	68.7	0.0	294	66.4	0.4	150	84.1	0.0	173
Other urban	70.1	0.6	920	77.5	0.7	464	91.1	0.9	454
Rural	74.6	3.0	7,810	83.6	8.0	3,874	88.7	3.2	3,181
School attendance									
Yes	75.6	2.7	8,197	83.4	6.3	4,118	89.1	2.2	3,038
No	57.7	2.1	826	71.3	14.7	370	87.7	5.2	769
Mother's education									
None	76.2	3.5	5,210	83.0	8.4	3,037	89.1	2.4	2,267
Primary	76.0	2.0	1,442	87.5	3.8	565	89.5	2.5	435
Secondary	73.2	1.6	1,405	79.6	4.3	482	93.0	1.9	369
Higher	59.4	0.3	918	77.4	1.0	316	69.8	0.0	144
Cannot be determined [a]	(74.8)	(2.4)	47	56.6	14.1	78	89.1	5.9	591
Wealth index quintile									
Poorest	78.1	6.9	2,140	85.2	12.1	1,065	89.8	8.2	827
Second	76.8	3.3	1,983	83.1	7.6	954	90.7	1.8	804
Middle	74.1	1.3	2,007	84.0	7.7	889	87.3	1.0	740
Fourth	73.4	0.0	1,580	83.6	4.1	904	86.9	2.3	762
Richest	63.3	0.0	1,314	72.9	0.7	675	89.0	0.0	675

[a] Children aged 15 years or more at the time of the interview whose mother was not living in the household
Note: 12 cases of missing 'mother's education' not shown
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table CP.4 combines the children working and performing household chores at or above and below the age-specific thresholds as detailed in the previous tables, as well as those children reported to be working under hazardous conditions, into the total child labour indicator.

Table CP.4: Child labour

Percentage of children aged 5–17 years by involvement in economic activities or household chores during the week preceding the survey, percentage working under hazardous conditions during the week preceding the survey, and percentage engaged in child labour during the week preceding the survey, Nepal, 2014

	Percent involved in economic activities for a total number of hours during preceding week:		Percent involved in household chores for a total number of hours during preceding week:		Percent working under hazardous conditions	Total child labour [1]	Number of children aged 5–17 years
	Below age-specific threshold	At or above age-specific threshold	Below age-specific threshold	At or above age-specific threshold			
Total	**26.4**	**19.0**	**79.4**	**3.8**	**30.0**	**37.4**	**17,319**
Sex							
Male	25.2	19.0	78.8	2.1	28.5	36.5	8,490
Female	27.5	19.0	79.9	5.4	31.5	38.3	8,828
Region							
Eastern Mountains	22.0	41.9	78.9	12.1	48.1	60.0	252
Eastern Hills	34.6	30.2	83.9	8.7	46.3	56.6	928
Eastern Terai	22.6	15.4	85.9	1.8	16.3	26.2	2,431
Central Mountains	45.6	19.2	88.7	0.0	48.0	56.6	326
Central Hills	21.3	10.2	81.0	0.6	18.4	24.3	2,087
Central Terai	18.6	10.4	69.4	1.4	16.2	23.3	3,422
Western Mountains	36.9	25.2	77.6	12.0	51.0	58.8	5
Western Hills	30.8	25.9	81.4	2.8	39.5	47.3	1,859
Western Terai	32.5	15.0	86.0	1.0	29.2	36.8	1,502
Mid-Western Mountains	22.4	32.6	66.9	15.0	51.1	56.0	267
Mid-Western Hills	27.6	38.3	71.4	19.9	52.8	60.3	1,310
Mid-Western Terai	27.3	20.6	80.2	3.3	27.4	36.8	1,069
Far Western Mountains	35.5	27.4	91.2	0.3	56.2	59.2	363
Far Western Hills	43.9	20.2	89.0	1.8	56.5	58.8	658
Far Western Terai	25.5	18.4	75.6	2.9	33.9	37.2	840
Area							
Urban	15.7	7.4	76.0	0.5	13.0	16.2	2,453
Kathmandu valley	9.4	6.9	72.5	0.1	10.7	13.1	616
Other urban	17.8	7.6	77.2	0.7	13.8	17.3	1,837
Rural	28.1	21.0	80.0	4.3	32.8	40.9	14,865
Age (years)							
5–11	2.8	27.9	73.9	2.7	17.5	29.3	9,023
12–14	44.2	15.2	82.4	7.0	41.9	46.2	4,488
15–17	61.3	2.6	88.8	2.8	45.7	46.5	3,808
School attendance							
Yes	25.2	19.1	80.3	3.6	28.8	36.2	15,353
No	35.6	18.3	72.0	5.7	39.6	47.0	1,965
Mother's education							
None	30.6	22.2	80.9	4.7	35.5	44.0	10,514
Primary	20.1	20.9	81.0	2.5	27.2	35.5	2,443
Secondary	16.5	13.8	77.8	2.3	17.2	23.3	2,256
Higher	7.3	5.8	64.6	0.4	6.5	8.6	1,379
Cannot be determined [a]	53.6	8.0	84.6	6.6	44.7	48.4	716
Wealth index quintile							
Poorest	34.2	33.9	82.4	8.6	52.5	60.8	4,032
Second	30.3	22.4	81.4	4.1	35.0	45.2	3,741
Middle	27.1	16.3	79.2	2.8	27.2	34.4	3,636
Fourth	22.1	11.9	79.4	1.7	18.0	24.8	3,246
Richest	13.2	4.3	72.3	0.2	7.5	10.8	2,664

[1] MICS indicator 8.2 – Child labour

[a] Children aged 15 years or more at the time of the interview whose mother was not living in the household

Note: 11 cases of missing 'mother's education' not shown

Of children aged 5–17 years, 19 percent were involved in economic activities at or above the age-specific threshold, 4 percent were involved in household chores at or above the age-specific threshold, and 30 percent were working in hazardous conditions. In total, 37 percent of children aged 5–17 years were considered to be involved in child labour. The proportion of children involved in child labour was highest in the Mid-Western Hills (60 percent) and lowest in the Central Terai (23 percent). Children from rural areas were much more likely than children from urban areas to be involved in child labour (41 percent compared to 16 percent). Children aged 5–11 years were less likely than older children to be involved in child labour (29 percent compared to around 47 percent). Children attending school were less likely than children not attending school to be involved in child labour (36 percent compared to 47 percent). Mother's education and household wealth status were negatively correlated with child labour: 44 percent of children whose mother had no education were involved in child labour compared to 9 percent of children whose mother had higher education, and 61 percent of children living in households in the poorest quintile were involved in child labour compared to 11 percent of children living in households in the richest quintile.

Child Discipline

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgement and responsibility and preserve children's self-esteem, physical and psychological integrity, and dignity. Too often, however, children are raised through the use of punitive methods that rely on the use of physical force or verbal intimidation to obtain desired behaviours. Studies[4] have found that exposing children to violent discipline has harmful consequences, which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk-taking and self-harm.

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods used by adults in the household to discipline a selected child during the month preceding the survey.

Table CP.5 shows the proportion of children aged 1–14 years who experienced various forms of discipline in the month preceding the survey. Some 82 percent had been subjected to at least one form of psychological or physical punishment by household members. Just 13 percent had experienced only non-violent discipline. For the most part, households employ a combination of violent disciplinary practices, reflecting caregivers' motivation to control children's behaviour by any means possible. Some 78 percent experienced psychological aggression and 53 percent experienced physical punishment, with 14 percent experiencing severe physical punishment (hitting child on the head, ears or face or hitting child hard and repeatedly).

[4] *Straus, M.A. and Paschall, M.J., 2009. Corporal punishment by mothers and development of children's cognitive ability: a longitudinal study of two nationally representative age cohorts. Journal of Aggression, Maltreatment & Trauma, 18(5): 459–483; Erickson, M.F. and Egeland, B., 1987. 'A developmental view of the psychological consequences of maltreatment. School Psychology Review, 16:156–168; Schneider, M.W., Ross, A., Graham, J.C. and Zielinski, A., 2005. Do allegations of emotional maltreatment predict developmental outcomes beyond that of other forms of maltreatment? Child Abuse & Neglect, 29(5): 513–532.*

The highest proportion of children experiencing violent discipline was in the Central Mountains (93 percent) and the lowest was in the Central Hills (74 percent). Rural children were more likely than urban children to experience violent discipline (83 percent compared to 75 percent). Children aged 1–2 years were least likely to experience it (67 percent); but over 80 percent of children aged 3–14 years experienced it, with 5–9-year-olds experiencing it the most (87 percent). Violent discipline was negatively correlated with mother's education and household wealth status, although all levels were invariably high.

Table CP.5: Child discipline

Percentage of children aged 1–14 years by child disciplining methods experienced during the month preceding the survey, Nepal, 2014

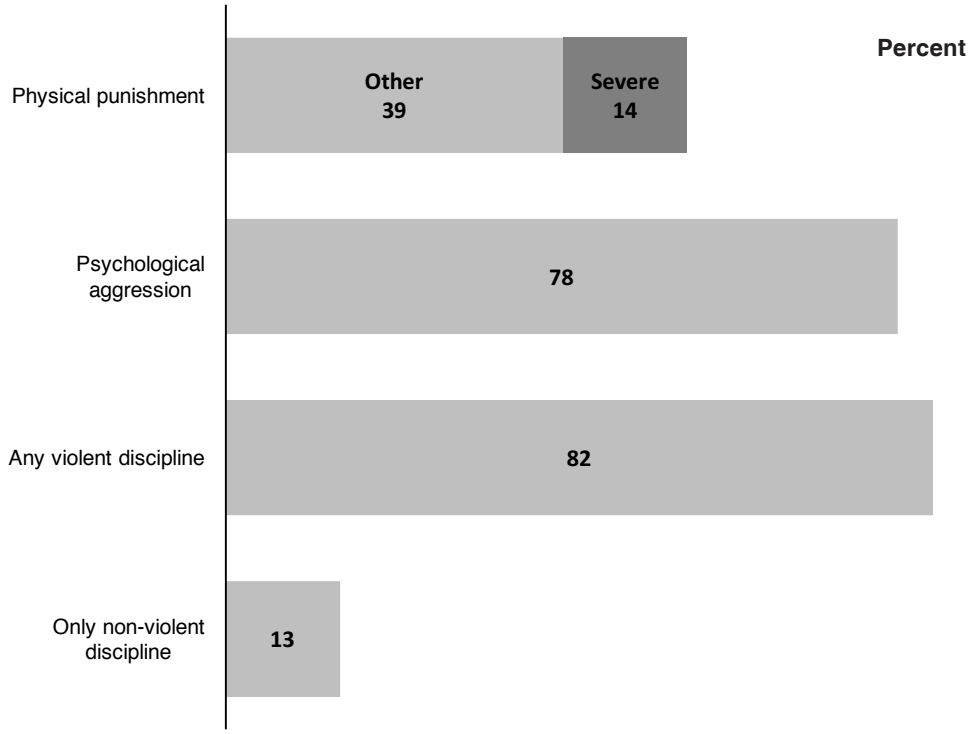
	Percent of children aged 1–14 years who experienced:					Number of children aged 1–14 years
	Only non-violent discipline	Psychological aggression	Physical punishment		Any violent discipline method [1]	
			Any	Severe		
Total	**13.2**	**77.6**	**53.3**	**14.3**	**81.7**	**18,049**
Sex						
Male	12.8	78.6	55.2	15.4	82.7	8,887
Female	13.6	76.7	51.4	13.2	80.7	9,163
Region						
Eastern Mountains	11.2	85.6	58.5	17.0	87.0	259
Eastern Hills	10.6	83.1	52.3	15.6	85.4	893
Eastern Terai	13.5	76.2	53.2	19.4	80.1	2,576
Central Mountains	5.4	90.8	59.4	6.5	92.9	331
Central Hills	19.5	71.3	40.4	8.2	74.3	2,113
Central Terai	10.0	77.6	57.2	12.2	83.3	3,743
Western Mountains	13.6	75.5	46.6	7.7	77.0	6
Western Hills	10.1	81.4	48.9	9.8	84.7	1,963
Western Terai	16.6	78.8	49.9	10.1	81.1	1,516
Mid-Western Mountains	8.8	84.2	69.7	26.3	87.9	319
Mid-Western Hills	10.9	80.6	67.6	16.0	85.8	1,400
Mid-Western Terai	18.4	72.9	56.1	22.1	76.7	1,011
Far Western Mountains	10.7	80.6	50.4	13.1	85.9	394
Far Western Hills	12.0	77.2	44.1	17.3	83.9	701
Far Western Terai	19.3	70.7	57.2	23.7	75.0	825
Area						
Urban	19.1	70.5	44.1	9.4	74.6	2,397
Kathmandu valley	29.4	56.5	38.7	6.3	62.1	586
Other urban	15.8	75.1	45.8	10.4	78.6	1,811
Rural	12.3	78.7	54.7	15.1	82.8	15,652
Age (years)						
1–2	14.2	59.7	50.9	10.2	66.9	2,250
3–4	14.2	76.4	61.9	18.7	81.9	2,288
5–9	11.0	82.7	62.0	17.6	87.0	6,331
10–14	14.5	79.1	43.6	11.2	81.7	7,180
Education of household head						
None	10.1	80.9	58.1	17.8	84.6	8,168
Primary	11.0	80.9	56.7	14.0	85.4	3,868
Secondary	17.7	73.5	47.6	11.5	77.8	3,607
Higher	20.5	67.1	39.5	6.8	71.4	2,372
Wealth index quintile						
Poorest	9.4	82.2	58.6	17.3	86.6	4,255
Second	10.3	82.4	59.3	18.1	86.2	3,788
Middle	10.5	79.5	52.6	12.4	83.0	3,888
Fourth	16.5	73.9	50.4	13.6	78.2	3,469
Richest	23.1	65.5	40.8	7.8	70.1	2,650

[1] MICS indicator 8.3 – Violent discipline

Note: 34 cases of missing 'education of household head' not shown

Figure CP.2 shows child disciplining methods for children aged 1–14 years.

Figure CP.2: Child disciplining methods, children aged 1–14 years, Nepal, 2014



While violent methods are extremely common forms of discipline, Table CP. 6 reveals that only 35 percent of respondents believed that physical punishment is a necessary part of child-rearing. Belief that children should be physically punished was highest in the Far Western Mountains (60 percent) and the lowest in the Central Hills (22 percent). It was also more common in rural areas than urban areas (38 percent compared to 20 percent). Respondents with low educational attainment and those living in poorer households were more likely than others to believe that physical punishment is an acceptable method of disciplining children. Only 18 percent of respondents with higher education and 15 percent of those living in households in the richest quintile believed in punishing children physically.

Table CP.6: Attitudes toward physical punishment

Percentage of respondents to the child discipline module who believe that physical punishment is needed to bring up, raise or educate a child properly, Nepal, 2014

	Respondent believes that a child needs to be physically punished	Number of respondents
Total	**35.2**	**7,599**
Sex		
Male	33.6	2,855
Female	36.1	4,744
Region		
Eastern Mountains	49.1	109
Eastern Hills	37.4	418
Eastern Terai	43.7	1,139
Central Mountains	39.6	149
Central Hills	22.3	1,113
Central Terai	34.8	1,341
Western Mountains	36.1	4
Western Hills	24.2	931
Western Terai	35.7	592
Mid-Western Mountains	47.2	115
Mid-Western Hills	39.3	541
Mid-Western Terai	40.9	426
Far Western Mountains	60.1	139
Far Western Hills	42.5	243
Far Western Terai	37.1	340
Area		
Urban	20.0	1,265
Kathmandu valley	13.0	363
Other urban	22.8	902
Rural	38.2	6,334
Age (years)		
<25	38.0	850
25–39	34.2	3,926
40–59	36.2	2,188
60+	34.0	635
Respondent's relationship to selected child		
Mother	36.0	3,788
Father	34.4	1,935
Other	34.4	1,876
Respondent's education		
None	43.6	3,396
Primary	36.0	1,347
Secondary	30.3	1,580
Higher	17.9	1,275
Wealth index quintile		
Poorest	44.5	1,571
Second	41.6	1,563
Middle	39.9	1,527
Fourth	32.9	1,511
Richest	15.3	1,428

Note: 1 case of missing 'respondent's education' not shown

Early Marriage and Polygyny

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in the hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on their family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights—with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy-related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this age cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. The demand for this young wife to reproduce and the power imbalance resulting from the age differential leads to very low condom use among such couples.

Table CP.7 shows the proportions of women married before the ages of 15 and 18. Among women aged 15–49 years, 16 percent were married before the age of 15 and, among women aged 20–49 years, 49 percent were married before the age of 18. About one in four (25 percent) young women aged 15–19 years were currently married or in a marital union[5]. Among currently married women aged 15–49 years, 4 percent were in a polygynous marriage.

The proportion of women aged 15–49 years who were married before the age of 15 varies significantly among regions, with the highest proportion in the Mid-Western Mountains (28 percent) and the lowest in the Eastern Hills (5 percent). Rural women were more likely than urban women to be married before the age of 15 (17 percent compared to 10 percent). There is a strong negative correlation between early marriage and a woman's education level: 27 percent of women with no education were married before the age of 15 compared to 2 percent of women with higher education. Household wealth is also associated with early marriage: 15 percent of women in the poorest household population were married before the age of 15 compared to 9 percent of women in the richest household population.

Among young women aged 15–19 years, the highest proportion currently married was again in the Mid-Western Mountains (36 percent) and the lowest was in the Central Hills (12 percent). Urban young women were much less likely to be married than rural young women (14 percent compared to 27 percent). Education level was strong associated with current marital status for young women: 63 percent with no education were married compared to 13 percent with higher education. While variation in household wealth did not seem to be associated with current marital status for young women living in households in the four lowest wealth quintiles (25–31 percent of these young women were married), only 9 percent of young women in the richest household population were married.

For polygynous marriage, the highest proportion was in the Central Mountains (6 percent) and the lowest proportion (3 percent) was in the Eastern Terai, Central Terai, Mid-Western Mountains and Mid-Western Hills. There was little difference by other background characteristic.

[5] *All references to 'married women' in this chapter include women in a marital union as well.*

Table CP.7: Early marriage and polygyny (women)

Percentage of women aged 15–49 years who first married or entered a marital union before their 15th birthday, percentage of women aged 20–49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women aged 15–19 years currently married or in union, and the percentage of women aged 15–49 years who are in a polygynous marriage or union, Nepal, 2014

	Women aged 15–49 years		Women aged 20–49 years			Women aged 15–19 years		Women aged 15–49 years	
	Percent married before age 15 [1]	Number of women aged 15–49 years	Percent married before age 15	Percent married before age 18 [2]	Number of women aged 20–49 years	Percent currently married [3]	Number of women aged 15–19 years	Percent in poly-gynous marriage [4]	Number of women currently married
Total	**15.5**	**14,162**	**18.0**	**48.5**	**11,441**	**24.5**	**2,781**	**4.1**	**10,830**
Region									
Eastern Mountains	8.0	186	9.8	34.5	143	22.7	196	5.1	134
Eastern Hills	4.5	807	4.9	29.7	629	26.5	184	4.4	577
Eastern Terai	15.5	2,071	17.5	44.3	1,693	23.2	201	2.9	1,604
Central Mountains	10.1	274	12.5	44.2	211	17.6	162	6.2	201
Central Hills	9.6	2,320	11.3	34.4	1,946	12.4	255	5.8	1,668
Central Terai	26.0	2,327	30.1	65.9	1,868	33.4	229	2.9	1,896
Western Mountains	6.9	8	6.8	30.3	7	(*)	23	3.9	6
Western Hills	10.9	1,659	12.8	47.7	1,365	17.9	178	4.5	1,269
Western Terai	17.3	1,236	20.5	54.2	1,008	22.4	192	3.8	940
Mid-Western Mountains	27.8	169	33.6	67.5	133	36.1	172	2.9	136
Mid-Western Hills	15.9	856	18.1	54.6	670	35.2	185	2.9	686
Mid-Western Terai	19.2	855	21.5	51.5	669	32.4	194	4.2	670
Far Western Mountains	17.3	225	20.7	56.2	181	20.0	195	3.0	176
Far Western Hills	14.4	433	18.3	55.8	329	23.9	217	4.0	325
Far Western Terai	17.2	735	20.9	48.7	588	24.0	198	6.1	540
Area									
Urban	10.1	2,792	11.5	34.7	2,350	14.2	580	4.0	1,983
Kathmandu valley	7.2	868	8.0	25.6	754	10.1	112	4.4	602
Other urban	11.4	1,924	13.1	39.1	1,595	15.6	468	3.7	1,381
Rural	16.8	11,370	19.7	52.1	9,091	26.5	2,201	4.1	8,846
Age (years)									
15–19	4.9	2,721	na	na	0	24.5	2,781	1.4	659
20–24	10.4	2,402	10.4	36.6	2,402	na	0	1.9	1,701
25–29	17.9	2,414	17.9	49.2	2,414	na	0	2.6	2,209
30–34	21.4	2,003	21.4	51.7	2,003	na	0	3.7	1,909
35–39	20.1	1,901	20.1	53.0	1,901	na	0	4.3	1,810
40–44	23.1	1,582	23.1	52.3	1,582	na	0	7.4	1,499
45–49	18.2	1,139	18.2	54.3	1,139	na	0	7.8	1,042
Education									
None	27.0	5,294	27.4	62.7	5,066	62.9	172	5.1	4,991
Primary	18.8	2,004	20.3	57.3	1,730	38.0	295	4.4	1,716
Secondary	8.3	3,830	11.8	44.0	2,205	21.0	1,726	3.5	2,285
Higher	2.4	3,032	2.7	16.9	2,439	12.9	588	1.6	1,836
Wealth index quintile									
Poorest	15.0	2,453	17.9	52.2	1,897	28.4	556	3.6	1,871
Second	16.1	2,720	19.0	51.5	2,154	24.8	566	4.0	2,094
Middle	20.0	2,752	23.3	57.8	2,209	30.7	543	3.7	2,211
Fourth	18.1	3,020	20.9	52.7	2,440	27.3	580	4.7	2,333
Richest	9.2	3,218	10.6	32.6	2,741	9.0	477	4.1	2,321

[1] MICS indicator 8.4 – Marriage before age 15

[2] MICS indicator 8.5 – Marriage before age 18

[3] MICS indicator 8.6 – Young women aged 15–19 years currently married or in union

[4] MICS indicator 8.7 – Polygyny

na: not applicable

Note: 1 case of missing 'education' not shown

(*) Figures that are based on fewer than 25 unweighted cases

Table CP.8: Trends in early marriage (women)

Percentage of women who were first married or entered into a marital union before the aged of 15 years and 18 years, by area and age groups, Nepal, 2014

	All				Urban				Rural			
	Percent of women married before age 15	Number of women aged 15–49 years	Percent of women married before age 18	Number of women aged 20–49 years	Percent of women married before age 15	Number of women aged 15–49 years	Percent of women married before age 18	Number of women aged 20–49 years	Percent of women married before age 15	Number of women aged 15–49 years	Percent of women married before age 18	Number of women aged 20–49 years
Total	**15.5**	**14,162**	**48.5**	**11,441**	**10.1**	**2,792**	**34.7**	**2,350**	**16.8**	**11,370**	**52.1**	**9,091**
Age (years)												
15–19	4.9	2,721	na	0	2.8	442	na	0	5.3	2,279	na	0
20–24	10.4	2,402	36.6	2,402	5.1	513	21.2	513	11.9	1,888	40.7	1,888
25–29	17.9	2,414	49.2	2,414	10.5	465	34.6	465	19.6	1,948	52.6	1,948
30–34	21.4	2,003	51.7	2,003	13.1	412	33.6	412	23.5	1,591	56.4	1,591
35–39	20.1	1,901	53.0	1,901	14.4	402	42.4	402	21.6	1,499	55.8	1,499
40–44	23.1	1,582	52.3	1,582	14.6	330	40.9	330	25.3	1,252	55.3	1,252
45–49	18.2	1,139	54.3	1,139	15.0	228	45.2	228	19.0	912	56.6	912

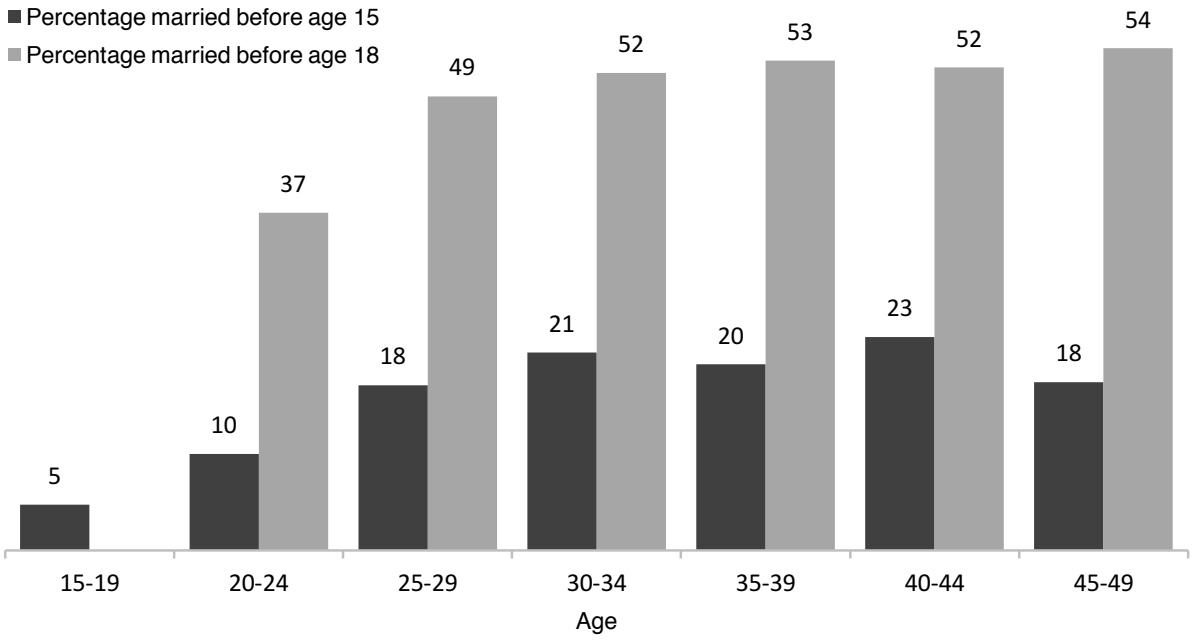
	Kathmandu valley				Other urban			
	Percent of women married before age 15	Number of women aged 15–49 years	Percent of women married before age 18	Number of women aged 20–49 years	Percent of women married before age 15	Number of women aged 15–49 years	Percent of women married before age 18	Number of women aged 20–49 years
Total	**7.2**	**868**	**25.6**	**754**	**11.4**	**1,924**	**39.1**	**1,595**
Age (years)								
15–19	2.3	114	na	0	3.0	329	na	0
20–24	4.6	164	17.6	164	5.3	349	22.8	349
25–29	7.4	153	25.2	153	12.0	312	39.3	312
30–34	11.7	123	23.7	123	13.7	289	37.8	289
35–39	10.7	133	33.1	133	16.3	269	47.0	269
40–44	9.2	110	26.4	110	17.3	220	48.2	220
45–49	3.7	71	32.6	71	20.2	156	51.0	156

na: not applicable

Tables CP.8 presents the proportion of women who were first married before the ages of 15 and 18 by age groups. This allows for trends in early marriage to be observed over time. Data suggest that the prevalence of early marriage has gradually declined: 54 percent of women aged 45–49 years were first married by the age of 18 compared to 37 percent of women aged 20–24 years. A similar trend was observed in marriage before the age of 15. The rate of decline has been steeper in urban areas than rural areas.

Figure CP.3 illustrates the decline in early marriage among women aged 15–49 years over time.

Figure CP.3: Early marriage among women, Nepal, 2014



Another component is spousal age difference, with the indicator being the percentage of married women who are 10 or more years younger than their current spouse. Table CP.9 presents spousal age difference for women aged 15–19 years and 20–24 years. Some 6 percent of women aged 15–19 years and 8 percent of women aged 20–24 years were currently married to a man who is older by 10 years or more. Women in the Eastern Terai were more likely to be married to a man who is older by 10 years or more. Women in richer households were more likely than other women to have older spouses.

Table CP.9: Spousal age difference

Percentage of women aged 15–19 years and 20–24 years who are currently married or in union according to the age difference with their husband or partner, Nepal, 2014

	Percent of women aged 15–19 years currently married/in union whose husband or partner is:						Number of women aged 15–19 years currently married/ in union	Percent of women aged 20–24 years currently married/in union whose husband or partner is:						Number of women aged 20–24 years currently married/ in union
	Younger	0–4 years older	5–9 years older	10+ years older [1]	Husband/ partner's age unknown	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/ partner's age unknown	Total	
Total	**6.9**	**57.7**	**28.3**	**6.3**	**0.9**	**100.0**	**659**	**7.6**	**56.0**	**27.8**	**7.5**	**1.1**	**100.0**	**1,701**
Region														
Eastern Mountains	(6.6)	(56.4)	(32.7)	(4.3)	(0.0)	100.0	10	17.7	49.2	26.7	6.5	0.0	100.0	23
Eastern Hills	6.0	48.3	32.0	11.7	2.0	100.0	47	5.3	52.9	32.8	9.0	0.0	100.0	92
Eastern Terai	(2.1)	(50.4)	(38.5)	(9.0)	(0.0)	100.0	84	4.6	47.7	32.2	14.7	0.8	100.0	237
Central Mountains	(*)	(*)	(*)	(*)	(*)	100.0	10	17.1	57.0	19.5	4.3	2.1	100.0	26
Central Hills	(5.3)	(52.7)	(35.9)	(6.2)	(0.0)	100.0	45	13.7	55.9	24.2	5.3	0.9	100.0	219
Central Terai	10.2	46.3	34.4	7.8	1.4	100.0	153	4.8	41.8	39.4	10.7	3.4	100.0	278
Western Mountains	(*)	(*)	(*)	(*)	(*)	100.0	0	(*)	(*)	(*)	(*)	(*)	100.0	1
Western Hills	(2.8)	(57.1)	(31.4)	(8.6)	(0.0)	100.0	51	3.7	49.0	39.1	8.2	0.0	100.0	211
Western Terai	(7.7)	(66.4)	(25.9)	(0.0)	(0.0)	100.0	51	2.6	72.4	22.8	2.2	0.0	100.0	159
Mid-Western Mountains	11.0	66.1	14.9	6.4	1.6	100.0	13	13.7	56.8	21.5	6.6	1.4	100.0	32
Mid-Western Hills	11.9	69.7	15.2	3.2	0.0	100.0	65	15.1	66.8	13.3	4.8	0.0	100.0	121
Mid-Western Terai	3.8	67.2	17.5	7.5	4.0	100.0	60	10.0	66.3	18.5	4.2	1.0	100.0	116
Far Western Mountains	(9.8)	(77.2)	(10.9)	(2.1)	(0.0)	100.0	9	6.1	77.2	14.7	2.0	0.0	100.0	26
Far Western Hills	5.0	77.4	17.6	0.0	0.0	100.0	25	5.9	66.6	21.6	4.0	2.0	100.0	61
Far Western Terai	(6.9)	(72.2)	(20.9)	(0.0)	(0.0)	100.0	35	10.6	71.4	12.6	4.0	1.4	100.0	99
Area														
Urban	5.0	46.8	40.9	7.4	0.0	100.0	62	4.9	53.4	34.4	7.1	0.3	100.0	272
Kathmandu valley	(*)	(*)	(*)	(*)	(*)	100.0	10	4.6	61.1	30.1	4.2	0.0	100.0	80
Other urban	5.1	46.7	41.1	7.2	0.0	100.0	51	5.0	50.2	36.2	8.2	0.4	100.0	192
Rural	7.1	58.8	27.0	6.2	1.0	100.0	597	8.1	56.5	26.6	7.6	1.2	100.0	1,429
Age (years)														
15–19	6.9	57.7	28.3	6.3	0.9	100.0	659	na	na	na	na	na	100.0	0
20–24	na	na	na	na	na	100.0	0	7.6	56.0	27.8	7.5	1.1	100.0	1,701

Table CP.9: Continued

Percentage of women aged 15–19 years and 20–24 years who are currently married or in union according to the age difference with their husband or partner, Nepal, 2014

	Percent of women aged 15–19 years currently married/in union whose husband or partner is:						Number of women aged 15–19 years currently married/ in union	Percent of women aged 20–24 years currently married/in union whose husband or partner is:						Number of women aged 20–24 years currently married/ in union
	Younger	0–4 years older	5–9 years older	10+ years older [1]	Husband/ partner's age unknown	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/ partner's age unknown	Total	
Education														
None	7.6	59.0	25.1	6.6	1.7	100.0	142	8.3	58.9	22.6	7.6	2.7	100.0	372
Primary	6.1	62.4	27.2	3.2	1.2	100.0	104	10.1	61.1	23.3	4.4	1.0	100.0	286
Secondary	7.8	56.0	29.6	6.2	0.4	100.0	338	7.3	56.0	30.5	6.3	0.0	100.0	512
Higher	2.5	56.2	29.6	10.5	1.3	100.0	76	6.1	51.3	31.3	10.3	1.0	100.0	531
Wealth index quintile														
Poorest	9.6	64.1	22.5	3.1	0.7	100.0	155	12.1	58.0	23.5	5.2	1.2	100.0	306
Second	2.5	65.3	24.2	5.6	2.4	100.0	139	9.2	60.9	23.7	4.8	1.4	100.0	316
Middle	7.8	59.5	26.5	5.5	0.7	100.0	165	5.8	61.7	24.2	7.2	1.2	100.0	372
Fourth	7.7	44.1	37.5	10.7	0.0	100.0	158	7.6	53.3	31.0	6.9	1.2	100.0	394
Richest	(4.5)	(52.6)	(35.4)	(7.5)	(0.0)	100.0	42	3.8	45.8	36.4	13.7	0.3	100.0	313

[1] MICS indicator 8.8a – Spousal age difference (among women aged 15–19 years)
[2] MICS indicator 8.8b – Spousal age difference (among women aged 20–24 years)

na: not applicable
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Attitudes toward Domestic Violence

The MICS assessed the attitudes of women aged 15–49 years towards wife-beating[6] by asking respondents whether they think that husbands are justified in hitting or beating their wives in a variety of situations. The purpose of these questions is to capture the social justification of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles.

The responses to these questions can be found in Table CP.10. Overall, 43 percent of women felt that a husband was justified in hitting or beating his wife in at least one of the five situations. Women who justified a husband's violence in most cases agreed and justified violence in instances when a wife neglects the children (32 percent), or if she demonstrates her autonomy, exemplified by going out without telling her husband (25 percent) or arguing with him (17 percent). In contrast, fewer believed that violence was justified if a woman refuses to have sex with her husband (3 percent) or if she burns the food (5 percent). Regionally, the highest percentage of agreement with at least one reason was in the Far Western Hills (63 percent) and the lowest was in the Central Mountains (23 percent). Such agreement was more likely in rural areas than urban areas (46 percent compared to 29 percent). Younger women tended to show lower agreement than older women: 35 percent of women aged 15–19 years agreed with at least one reason compared to 50 percent of women aged 45–49 years. Agreement was highest among women with no education and those living in households in the poorest wealth quintile.

[6] *This also includes partners in a martial union.*

Table CP.10: Attitudes toward domestic violence

Percentage of women aged 15–49 years who believe a husband is justified in beating his wife in various circumstances, Nepal, 2014

	Percent of women who believe a husband is justified in beating his wife:						Number of women aged 15–49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons [1]	
Total	**25.4**	**31.5**	**16.9**	**2.9**	**5.0**	**42.9**	**14,162**
Region							
Eastern Mountains	28.2	44.9	22.5	6.5	6.3	52.3	186
Eastern Hills	19.0	33.4	19.5	5.6	7.7	37.7	807
Eastern Terai	26.2	38.7	22.9	7.4	10.0	48.3	2,071
Central Mountains	10.6	20.4	11.3	0.5	0.5	22.5	274
Central Hills	12.8	20.6	9.5	1.3	2.4	29.0	2,320
Central Terai	38.8	28.1	16.8	0.2	5.8	55.8	2,327
Western Mountains	31.2	37.7	11.9	0.0	5.0	41.3	8
Western Hills	20.3	27.7	9.3	0.6	2.5	32.5	1,659
Western Terai	30.7	31.6	16.2	1.2	0.7	44.6	1,236
Mid-Western Mountains	32.7	45.1	34.0	7.8	7.2	56.0	169
Mid-Western Hills	24.4	38.4	23.0	6.0	6.3	43.6	856
Mid-Western Terai	24.2	35.2	25.5	3.8	3.4	46.5	855
Far Western Mountains	41.2	45.0	28.9	2.2	8.0	55.2	225
Far Western Hills	42.9	52.4	20.0	0.7	10.0	62.7	433
Far Western Terai	21.4	31.9	13.9	4.6	3.7	38.3	735
Area							
Urban	14.3	21.4	9.1	1.6	2.9	29.2	2,792
Kathmandu valley	8.4	18.8	6.1	1.1	1.5	24.1	868
Other urban	17.0	22.6	10.4	1.8	3.6	31.5	1,924
Rural	28.2	34.0	18.9	3.2	5.5	46.2	11,370
Age (years)							
15–19	19.1	25.7	13.0	1.7	3.6	34.5	2,721
20–24	23.1	28.8	14.5	2.2	3.7	39.7	2,402
25–29	26.2	31.2	17.4	2.6	5.0	44.6	2,414
30–34	25.7	32.1	16.7	4.1	5.1	43.7	2,003
35–39	29.5	35.2	19.9	3.4	6.1	47.3	1,901
40–44	28.1	37.5	19.7	4.0	7.2	48.1	1,582
45–49	33.0	36.3	22.2	3.6	6.2	49.7	1,139
Marital status							
Currently married	28.1	33.7	18.7	3.4	5.5	46.2	10,830
Formerly married	30.1	39.0	19.2	2.4	5.9	46.7	296
Never married	15.4	23.1	10.5	1.1	3.2	30.5	3,037
Education							
None	38.1	42.9	26.7	5.0	7.9	58.2	5,294
Primary	25.6	31.5	16.8	2.9	4.5	43.2	2,004
Secondary	19.0	28.1	11.9	1.7	3.8	36.8	3,830
Higher	11.4	16.1	6.4	0.7	1.8	23.6	3,032
Wealth index quintile							
Poorest	32.3	43.0	22.9	4.7	7.1	49.7	2,453
Second	28.9	36.8	21.1	2.5	5.4	48.9	2,720
Middle	30.4	34.1	19.9	4.1	6.2	48.6	2,752
Fourth	24.8	30.0	15.6	2.6	4.1	43.4	3,020
Richest	13.6	17.6	7.6	1.1	2.9	27.1	3,218

[1] MICS indicator 8.12 – Attitudes towards domestic violence

Note: 1 case of missing 'mother's education' not shown

In Nepal, mothers-in-law have traditionally exerted a large degree of power over daughters-in-law. Table CP.11 presents data relating to the attitudes of women aged 15–49 years towards a mother-in-law's justification in verbally abusing and threatening her daughter-in-law in various circumstances. Overall, most women in Nepal (64 percent) felt that a mother-in-law was justified in verbally abusing and threatening her daughter-in-law in at least one of six situations. In most cases they agreed and justified such behaviour in instances when a daughter-in-law neglects the children (49 percent), if she goes out without telling her mother-in-law (39 percent), if she refuses to obey her mother-in-law

(35 percent), or if she argues with her mother-in-law (29 percent). A smaller proportion of women justified a mother-in-law's abusive behaviour if the daughter-in-law does not complete her work on time (9 percent) or if she does not bring dowry (2 percent). The highest percentage of agreement with at least one reason was in the Mid-Western Mountains (75 percent) and the lowest was in the Eastern Hills (49 percent). Such agreement was higher in rural areas than urban areas (66 percent compared to 54 percent). Older women were more likely to justify it than younger ones. Justification was higher among less educated women and those living in poorer households.

Table CP.11: Attitudes towards abusive behaviour by mothers-in-law

Percentage of women aged 15–49 years who believe a mother-in-law is justified in verbally abusing and threatening her daughter-in-law in various circumstances, Nepal, 2014

	Percent of women who believe a mother-in-law is justified in verbally abusing and threatening her daughter-in-law:							Number of women aged 15–49 years
	If she goes out without telling her	If she neglects the children	If she argues with her	If she refuses to obey her	If she does not bring dowry	If she does not complete her work on time	For any of these six reasons	
Total	**38.8**	**48.6**	**29.2**	**35.4**	**2.4**	**8.5**	**63.7**	**14,162**
Region								
Eastern Mountains	43.3	52.7	33.4	41.0	1.7	12.7	65.6	186
Eastern Hills	29.0	39.8	25.0	31.7	3.5	10.7	48.6	807
Eastern Terai	42.1	50.4	34.0	37.7	4.9	17.1	64.8	2,071
Central Mountains	29.1	48.3	36.4	30.5	2.1	5.4	53.1	274
Central Hills	29.5	43.7	26.1	30.7	0.8	5.7	57.0	2,320
Central Terai	45.6	48.7	23.8	18.8	2.4	7.9	65.9	2,327
Western Mountains	57.7	65.4	37.9	42.4	2.2	5.4	71.6	8
Western Hills	42.2	63.0	30.7	46.6	0.3	2.3	73.4	1,659
Western Terai	33.1	32.5	20.1	27.0	3.8	4.7	56.6	1,236
Mid-Western Mountains	52.1	59.1	48.7	54.2	3.3	15.1	75.4	169
Mid-Western Hills	46.8	59.5	40.7	59.6	3.2	11.6	72.3	856
Mid-Western Terai	38.4	49.8	39.0	43.9	2.4	6.2	70.2	855
Far Western Mountains	46.0	40.0	33.0	42.9	0.4	8.8	61.2	225
Far Western Hills	45.2	54.4	20.8	24.9	0.4	14.0	68.2	433
Far Western Terai	35.5	44.5	29.6	50.8	1.7	7.6	62.9	735
Area								
Urban	29.0	42.0	21.5	29.4	0.9	4.9	54.4	2,792
Kathmandu valley	19.4	36.1	16.2	23.3	0.6	3.1	46.6	868
Other urban	33.4	44.7	23.8	32.2	1.0	5.7	57.9	1,924
Rural	41.3	50.2	31.1	36.9	2.7	9.4	66.0	11,370
Age (years)								
15–19	29.9	39.8	24.6	30.5	1.5	6.1	54.4	2,721
20–24	35.2	44.2	24.9	32.2	1.7	7.9	59.6	2,402
25–29	40.5	52.1	32.2	37.3	2.5	8.3	65.9	2,414
30–34	41.9	51.4	29.5	35.9	2.4	8.7	66.8	2,003
35–39	42.4	51.4	31.0	36.2	2.6	9.6	66.5	1,901
40–44	43.3	54.6	33.6	40.8	3.7	11.0	69.6	1,582
45–49	46.8	53.3	33.1	40.1	3.2	10.4	71.4	1,139
Marital status								
Currently married	42.6	51.8	31.5	38.0	2.7	9.6	67.7	10,830
Formerly married	40.8	53.1	32.1	36.1	3.6	6.1	65.6	296
Never married	25.1	36.8	20.7	26.1	0.9	4.9	49.2	3,037
Education								
None	49.7	57.0	36.8	40.7	4.6	13.6	74.1	5,294
Primary	42.5	52.3	31.5	37.8	1.8	7.1	67.5	2,004
Secondary	34.1	45.1	25.3	34.7	1.0	6.1	58.9	3,830
Higher	23.5	36.0	19.3	25.5	.5	3.6	49.2	3,032
Wealth index quintile								
Poorest	46.5	57.7	35.5	46.6	2.5	11.2	70.2	2,453
Second	42.2	52.7	32.9	38.7	2.6	10.0	67.0	2,720
Middle	42.9	50.5	32.0	35.2	3.9	10.1	67.6	2,752
Fourth	37.7	45.6	27.6	32.0	2.3	7.6	62.8	3,020
Richest	27.8	39.5	20.3	27.5	0.7	4.7	53.5	3,218

Note: 1 case of missing 'mother's education' not shown

Children's Living Arrangements

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". Millions of children around the world grow up without the care of their parents for several reasons, including due to the premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families, while in others, children may be living in households other than their own, for instance, as live-in domestic workers. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to designing targeted interventions aimed at promoting a child's care and well-being.

Table CP.12 presents information on the living arrangements and orphanhood status of children under the age of 18. Some 69 percent of children aged 0–17 years lived with both their parents, while 24 percent lived with their mother only and 2 percent lived with their father only. Overall, 5 percent of children lived with neither of their biological parents while one or both of them were alive, and one or both parents of 4 percent of children were dead.

The highest proportion of children living with neither of their biological parents was in the Western Mountains (8 percent) and lowest in the Far Western Mountains (2 percent). Older children were much more likely than younger children to be living with neither of their biological parents: 12 percent of 15–17-year-olds were not living with their biological parents. Interestingly, children from richer households were more likely than others to be living with neither of their biological parents even though both parents were still alive.

The highest proportion of children to have one or both parents dead was in the Western Mountains (8 percent) and lowest was in the Central Terai (3 percent). Older children were more likely than younger children to have one or both parents dead (8 percent for 15–17-year-olds).

Table CP.12: Children's living arrangements and orphanhood

Percentage of children aged 0–17 years according to living arrangements, percentage not living with a biological parent, and percentage who have one or both parents dead, Nepal, 2014

	Percent of children aged 0–17 years living with:										Total	Percent living with neither biological parent [1]	Percent with one or both parents dead [2]	Number of children aged 0–17 years
	Both parents	Neither biological parent				Mother only		Father only		Missing information on father/ mother				
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead					
Total	**69.4**	**0.3**	**0.3**	**4.0**	**0.2**	**21.1**	**2.5**	**0.7**	**0.9**	**0.6**	**100.0**	**4.8**	**4.3**	**22,862**
Sex														
Male	70.2	0.3	0.2	3.2	0.2	21.4	2.5	0.8	0.8	0.5	100.0	3.9	4.0	11,462
Female	68.6	0.4	0.4	4.7	0.2	20.8	2.6	0.5	0.9	0.8	100.0	5.8	4.6	11,400
Region														
Eastern Mountains	79.7	0.2	0.5	4.7	0.3	10.7	2.0	1.0	0.5	0.3	100.0	5.7	3.6	332
Eastern Hills	66.5	0.3	1.1	5.5	0.5	18.7	3.2	1.0	2.0	1.1	100.0	7.4	7.2	1,215
Eastern Terai	68.4	0.1	0.1	2.6	0.6	23.2	2.7	0.8	1.0	0.6	100.0	3.4	4.4	3,238
Central Mountains	66.7	0.3	0.6	3.5	0.1	22.6	1.7	3.2	0.5	0.8	100.0	4.5	3.1	430
Central Hills	71.3	0.7	0.4	5.8	0.2	17.0	2.3	1.0	0.9	0.2	100.0	7.2	4.6	2,770
Central Terai	74.2	0.1	0.2	3.2	0.1	18.8	1.9	0.4	0.6	0.6	100.0	3.6	2.8	4,539
Western Mountains	73.5	0.0	0.0	7.5	0.7	8.3	4.7	0.0	1.5	3.7	100.0	8.3	7.6	7
Western Hills	55.9	0.4	0.3	4.9	0.0	34.5	2.4	0.5	0.5	0.6	100.0	5.6	3.6	2,462
Western Terai	70.3	0.5	0.3	2.8	0.0	21.8	2.9	0.7	0.6	0.2	100.0	3.5	4.3	1,982
Mid-Western Mountains	85.9	0.1	0.2	1.8	0.4	4.5	4.9	0.1	1.6	0.4	100.0	2.5	7.3	386
Mid-Western Hills	66.4	0.8	0.6	4.1	0.2	24.0	2.2	0.2	0.8	0.8	100.0	5.7	4.5	1,725
Mid-Western Terai	68.6	0.4	0.9	4.8	0.2	20.5	2.3	0.7	0.8	0.8	100.0	6.3	4.6	1,353
Far Western Mountains	80.9	0.1	0.0	2.1	0.2	11.1	3.4	0.3	1.2	0.6	100.0	2.4	5.0	483
Far Western Hills	76.9	0.0	0.4	2.1	0.4	14.2	3.7	0.2	1.5	0.4	100.0	3.0	6.1	884
Far Western Terai	66.2	0.0	0.1	6.3	0.1	20.8	3.4	0.7	1.0	1.4	100.0	6.4	4.7	1,057
Area														
Urban	70.0	0.2	0.3	6.7	0.4	18.4	2.1	1.0	0.4	0.6	100.0	7.6	3.4	3,149
Kathmandu valley	76.9	0.1	0.5	7.4	0.4	11.3	1.6	1.5	0.1	0.1	100.0	8.5	2.8	788
Other urban	67.7	0.2	0.3	6.4	0.3	20.8	2.2	0.8	0.4	0.8	100.0	7.3	3.6	2,361
Rural	69.3	0.3	0.4	3.5	0.2	21.5	2.6	0.6	0.9	0.6	100.0	4.4	4.4	19,713
Age (years)														
0–4	69.2	0.0	0.0	0.9	0.0	28.4	1.0	0.2	0.1	0.3	100.0	0.9	1.1	5,715
5–9	70.3	0.3	0.2	2.8	0.1	22.6	1.9	0.6	0.7	0.4	100.0	3.4	3.3	6,332
10–14	70.1	0.4	0.5	4.4	0.3	18.4	3.3	1.0	1.2	0.6	100.0	5.5	5.6	7,293
15–17	66.5	0.6	0.9	10.2	0.6	12.2	4.6	0.9	1.7	1.7	100.0	12.4	8.4	3,522
Wealth index quintile														
Poorest	72.3	0.5	0.5	3.0	0.3	17.1	3.9	0.5	1.3	0.6	100.0	4.3	6.5	5,291
Second	68.8	0.3	0.4	3.0	0.2	22.5	2.7	0.3	1.1	0.6	100.0	3.9	4.7	4,821
Middle	69.5	0.2	0.2	3.0	0.1	23.7	1.4	0.5	0.6	0.6	100.0	3.6	2.6	4,835
Fourth	65.4	0.3	0.4	5.0	0.3	24.1	2.2	0.9	0.9	0.6	100.0	5.9	4.1	4,426
Richest	70.8	0.2	0.3	6.7	0.3	17.8	2.0	1.3	0.2	0.5	100.0	7.4	3.0	3,489

[1] MICS indicator 8.13 – Children's living arrangements

[2] MICS indicator 8.14 – Prevalence of children with one or both parents dead

The Nepal MICS included a simple measure of one particular aspect of migration related to what is termed 'children left behind', i.e., those for whom one or both parents have moved abroad. While the amount of literature is growing, current evidence about the long-term effects of migration on children is somewhat inconsistent, with the benefits from remittances being matched against the potentially adverse psychosocial consequences of separation.

Besides providing simple prevalence rates, the results presented in Table CP.13 will help to fill data gaps on the topic of migration. Overall, 18 percent of children aged 0–17 years had one or both parents living abroad. The highest proportion was in the Western Hills (31 percent) and the lowest was in the Western Mountains (2 percent). Only 9 percent of children in Kathmandu valley had one or both parents living abroad. Younger children were much more likely than older children to have one or both parents living abroad.

Table CP.13: Children with parents living abroad

Percentage of children aged 0–17 years by residence of parents in another country, Nepal, 2014

	Percent of children:					Percent of children with at least one parent living abroad [1]	Number of children aged 0–17 years
	With at least one parent living abroad			With neither parent living abroad	Total		
	Only mother abroad	Only father abroad	Both mother and father abroad				
Total	**0.5**	**17.0**	**0.7**	**81.8**	**100.0**	**18.2**	**22,862**
Sex							
Male	0.5	17.3	0.7	81.5	100.0	18.5	11,462
Female	0.5	16.8	0.7	82.1	100.0	17.9	11,400
Region							
Eastern Mountains	0.3	9.5	0.2	90.0	100.0	10.0	332
Eastern Hills	1.8	14.1	0.1	84.0	100.0	16.0	1,215
Eastern Terai	0.4	20.7	0.7	78.1	100.0	21.9	3,238
Central Mountains	2.7	12.3	0.4	84.6	100.0	15.4	430
Central Hills	0.6	12.1	0.5	86.8	100.0	13.2	2,770
Central Terai	0.2	14.1	0.2	85.6	100.0	14.4	4,539
Western Mountains	0.0	1.3	1.0	97.7	100.0	2.3	7
Western Hills	0.2	30.5	0.4	68.9	100.0	31.1	2,462
Western Terai	0.7	18.8	1.1	79.4	100.0	20.6	1,982
Mid-Western Mountains	0.0	2.9	0.1	97.0	100.0	3.0	386
Mid-Western Hills	0.1	20.6	1.0	78.3	100.0	21.7	1,725
Mid-Western Terai	0.9	14.2	1.4	83.5	100.0	16.5	1,353
Far Western Mountains	0.0	7.8	0.7	91.5	100.0	8.5	483
Far Western Hills	0.4	13.0	0.7	85.9	100.0	14.1	884
Far Western Terai	0.4	15.0	2.4	82.3	100.0	17.7	1,057
Area							
Urban	0.6	14.4	1.0	84.1	100.0	15.9	3,149
Kathmandu valley	0.6	8.1	0.3	90.9	100.0	9.1	788
Other urban	0.5	16.4	1.2	81.8	100.0	18.2	2,361
Rural	0.5	17.5	0.6	81.4	100.0	18.6	19,713
Age (years)							
0–4	0.1	22.7	0.2	76.9	100.0	23.1	5,715
5–9	0.5	18.5	0.6	80.4	100.0	19.6	6,332
10–14	0.7	14.8	1.0	83.5	100.0	16.5	7,293
15–17	0.7	9.7	0.9	88.7	100.0	11.3	3,522
Wealth index quintile							
Poorest	0.3	14.7	0.5	84.6	100.0	15.4	5,291
Second	0.5	17.7	0.6	81.2	100.0	18.8	4,821
Middle	0.3	18.9	0.5	80.3	100.0	19.7	4,835
Fourth	0.8	19.0	1.1	79.1	100.0	20.9	4,426
Richest	0.7	14.6	0.8	83.9	100.0	16.1	3,489

[1] MICS indicator 8.15 – Children with at least one parent living abroad

Country-specific data were also collected on children living away from their biological mother for any reason including mothers' death or living abroad, as shown in Table CP.14. In Nepal, migration has contributed to a rise in female-headed households in which children are not living with their biological mother; this is an important protection issue as these children may be more at risk of trafficking, child labour and sexual violence. A small proportion (5 percent) of children aged 0–17 years were found to be living away from their biological mother. There were no notable differences across groups of children in different regions, areas, ages or wealth quintiles, except for those in the Western Mountains, where 36 percent were not living with their biological mother, and among children aged 15–17 years, of whom 19 percent were not living with their biological mother.

Table CP.14: Children living away from their biological mother

Percentage of children aged 0–17 years living away from biological mother, Nepal, 2014

	Percent of children living away from biological mother	Number of children aged 0–17 years
Total	**5.0**	**20,161**
Sex		
Male	5.1	10,211
Female	4.9	9,950
Region		
Eastern Mountains	7.2	284
Eastern Hills	6.4	1,010
Eastern Terai	4.1	2,894
Central Mountains	8.9	376
Central Hills	5.5	2,445
Central Terai	4.3	4,014
Western Mountains	35.6	10
Western Hills	7.9	2,266
Western Terai	3.1	1,722
Mid-Western Mountains	6.4	332
Mid-Western Hills	5.4	1,520
Mid-Western Terai	4.0	1,166
Far Western Mountains	5.4	430
Far Western Hills	2.8	764
Far Western Terai	4.5	926
Area		
Urban	4.4	2,795
Kathmandu valley	5.5	713
Other urban	4.0	2,082
Rural	5.1	17,366
Age group (years)		
0–4	0.4	5,273
5–9	2.4	5,799
10–14	4.9	6,198
15–17	19.0	2,891
Wealth index quintile		
Poorest	5.1	4,499
Second	5.8	4,317
Middle	4.7	4,289
Fourth	5.0	3,937
Richest	4.5	3,118

CHAPTER 12

HIV and AIDS

Knowledge about HIV Transmission and Misconceptions about HIV/AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse adolescents and young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear universal (for example, that sharing food or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. HIV module(s) were administered to women aged 15–49 years. Please note that the questions in this module often refer to 'the AIDS virus'. This terminology is used strictly as a method of data collection to aid respondents, preferred over the correct terminology of 'HIV' that is used here in reporting the results, where appropriate.

One indicator which is both an MDG and the Global AIDS Response Progress Reporting (GARPR; formerly UNGASS) indicator is the percentage of young people who have comprehensive and correct knowledge of HIV prevention and transmission. This is defined as: (1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV; (2) knowing that a healthy-looking person can have HIV; and (3) rejecting the two most common local misconceptions about transmission/prevention of HIV. In the Nepal MICS, all women who have heard of AIDS were asked questions on all three components and the results are detailed in Table HA.1.

In Nepal, most women aged 15–49 years (78 percent) had heard of AIDS. However, only 63 percent reported knowing that HIV transmission can be prevented by having only one faithful uninfected sex partner, and 55 percent reported knowing about using a condom every time; some 51 percent knew about both of these ways. Regionally, knowledge among women on prevention of HIV transmission (know both ways) ranged from 21 percent in the Mid-Western Mountains to 69 percent in the Central Hills. Knowledge (of both preventive ways) was higher among urban women than rural women (68 percent compared to 47 percent). Education and household wealth status were positively associated with knowledge: 23 percent of women with no education had knowledge of both preventive ways compared to 80 percent of women with higher education, and 38 percent of women in the poorest household population had knowledge of both preventive ways compared to 72 percent in the richest household population.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)

Percentage of women aged 15–49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy-looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Nepal, 2014

	Percent who have heard of AIDS	Percent who know transmission can be prevented by:			Percent who know that a healthy-looking person can be HIV-positive	Percent who know that HIV cannot be transmitted by:			Percent who reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive	Percent with comprehensive knowledge [1]	Number of women aged 15–49 years
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	**78.4**	**63.1**	**55.1**	**51.0**	**58.6**	**46.1**	**69.2**	**56.2**	**33.1**	**26.4**	**14,162**
Region											
Eastern Mountains	74.4	60.6	51.8	48.7	59.5	29.7	64.4	48.2	19.4	17.2	186
Eastern Hills	81.2	68.4	54.9	52.3	60.3	44.5	72.0	56.8	27.5	22.8	807
Eastern Terai	76.3	59.4	46.8	42.6	53.1	44.8	64.5	51.5	29.1	21.8	2,071
Central Mountains	80.7	58.4	60.0	53.2	65.0	41.7	71.9	52.5	27.8	24.1	274
Central Hills	91.2	77.9	73.2	68.8	73.6	61.7	83.3	74.5	49.4	42.3	2,320
Central Terai	64.5	48.7	41.5	38.5	45.3	45.1	59.6	44.8	30.1	21.9	2,327
Western Mountains	67.8	51.2	45.1	40.9	38.7	29.2	58.7	43.7	19.6	15.8	8
Western Hills	90.0	71.8	60.6	56.2	68.1	39.2	80.6	63.4	28.5	22.8	1,659
Western Terai	88.8	64.5	56.9	52.3	59.1	54.2	68.9	59.6	38.2	30.3	1,236
Mid-Western Mountains	43.2	33.1	24.8	20.6	30.8	13.8	26.8	17.3	8.0	5.5	169
Mid-Western Hills	64.7	54.9	45.5	41.2	52.7	31.6	59.1	42.7	21.0	14.7	856
Mid-Western Terai	76.0	63.5	55.8	50.4	58.3	45.5	65.4	55.9	33.6	25.8	855
Far Western Mountains	69.0	61.3	61.4	57.8	48.8	37.1	64.3	47.4	29.8	28.7	225
Far Western Hills	74.5	58.6	58.4	53.6	55.0	45.1	68.3	52.7	36.3	30.6	433
Far Western Terai	74.1	66.4	61.5	57.6	60.3	42.5	68.1	58.4	33.3	27.5	735
Area											
Urban	93.0	80.6	71.8	67.8	76.6	62.1	86.7	77.1	49.5	40.8	2,792
Kathmandu valley	96.9	86.9	79.8	76.0	81.6	68.2	90.5	86.5	56.2	48.1	868
Other urban	91.3	77.7	68.3	64.1	74.4	59.3	85.0	72.9	46.5	37.5	1,924
Rural	74.8	58.8	51.0	46.8	54.1	42.2	64.9	51.1	29.0	22.8	11,370

Table HA.1: Continued

Percentage of women aged 15–49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy-looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Nepal, 2014

	Percent who have heard of AIDS	Percent who know transmission can be prevented by:			Percent who know that a healthy-looking person can be HIV-positive	Percent who know that HIV cannot be transmitted by:			Percent who reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive	Percent with comprehensive knowledge [1]	Number of women aged 15–49 years
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Age (years)											
15–24 [1]	88.2	77.2	67.5	64.2	71.0	57.6	80.8	68.3	43.8	36.4	5,123
15–19	89.6	78.1	69.5	65.9	73.2	58.3	82.8	69.3	44.8	37.7	2,721
20–24	86.6	76.1	65.3	62.2	68.5	56.7	78.5	67.2	42.6	34.9	2,402
25–29	82.0	65.7	57.7	53.0	61.0	49.5	72.6	59.7	35.7	27.9	2,414
30–39	72.9	56.3	49.0	44.8	52.8	40.1	63.1	49.6	27.5	21.1	3,904
40–49	64.7	44.2	38.1	33.1	41.3	30.3	53.0	39.8	18.5	13.7	2,721
Marital status											
Ever married	74.2	57.4	49.7	45.3	53.0	41.1	64.1	50.5	27.9	21.6	11,125
Never married	93.8	83.9	74.7	71.6	78.8	64.4	87.9	77.0	51.8	43.7	3,037
Education											
None	54.4	32.9	28.1	23.3	30.9	22.3	41.5	27.1	10.8	6.6	5,294
Primary	79.2	57.3	50.3	44.8	53.3	35.3	65.9	47.8	21.8	16.1	2,004
Secondary	94.8	83.9	72.7	69.3	75.5	59.9	87.9	73.4	43.2	35.5	3,830
Higher	99.3	93.5	83.0	80.2	89.0	77.5	96.0	90.7	66.5	56.2	3,032
Wealth index quintiles											
Poorest	66.5	48.5	43.1	38.2	46.9	29.8	55.7	39.1	19.4	15.0	2,453
Second	70.6	52.7	46.3	41.9	48.8	34.7	59.9	45.7	22.0	17.1	2,720
Middle	73.1	56.0	46.5	42.3	50.9	40.1	63.2	47.7	25.0	18.9	2,752
Fourth	82.5	67.7	59.0	54.8	60.2	51.8	72.6	60.5	37.1	29.6	3,020
Richest	94.8	84.9	75.2	72.2	80.7	68.1	89.3	81.4	55.9	46.1	3,218

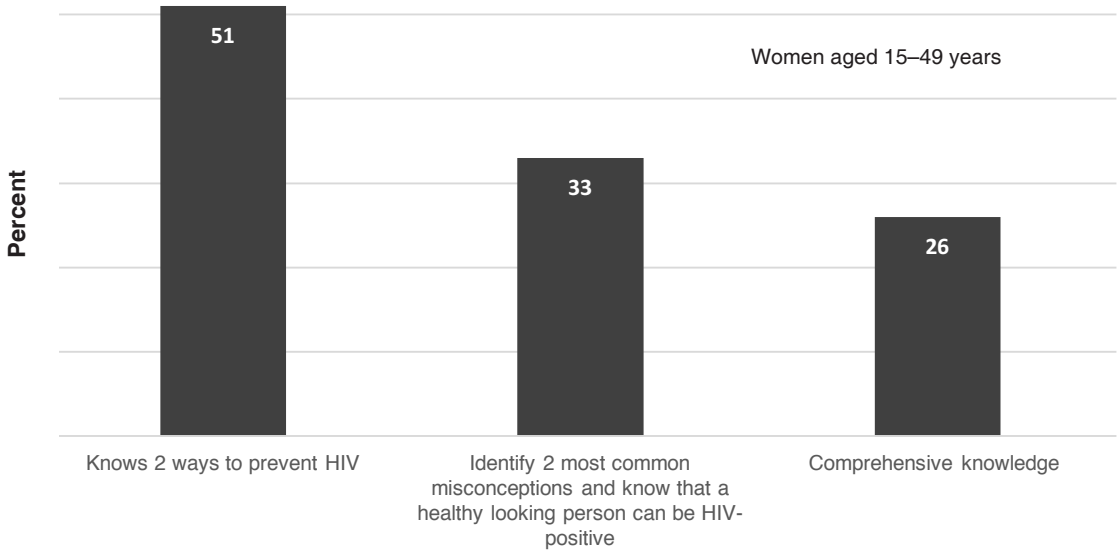
[1] MICS indicator 9.1; MDG indicator 6.3 – Knowledge about HIV prevention among young women

Note: 1 case of missing 'education' not shown

Table HA.1 also presents the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Nepal, that HIV can be transmitted by supernatural means and by sharing food with someone with HIV. The table also provides information on whether women know that HIV cannot be transmitted by mosquito bites. Overall, 33 percent of women rejected the two most common misconceptions and knew that a healthy-looking person can be HIV-positive. Some 69 percent of women knew that HIV cannot be transmitted by supernatural means, 56 percent knew that HIV cannot be transmitted by sharing food with someone with HIV, and 46 percent knew that HIV cannot be transmitted by mosquito bites. In addition, 59 percent knew that a healthy-looking person can be HIV-positive.

Figure HA.1 illustrates the proportions of women in Nepal with comprehensive knowledge of HIV transmission.

Figure HA.1: Women with comprehensive knowledge of HIV transmission, Nepal, 2014



People with comprehensive knowledge about HIV prevention include those who know of the two main ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy-looking person can be HIV-positive, and who reject the two most common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission was fairly low in Nepal, although there was considerable variation by background characteristics (Table HA.1). Overall, 26 percent of women were found to have comprehensive knowledge. Regionally, the highest proportion was in the Central Hills (42 percent) and lowest proportion was in the Mid-Western Mountains (6 percent). Urban women were more likely than rural women to have comprehensive knowledge (41 percent compared to 23 percent). Education and household wealth status were strongly correlated with comprehensive knowledge. Women with no education were much less likely than women with higher education to have comprehensive knowledge (7 percent compared to 56 percent), and women in the poorest household population were much less likely than women in the richest household population to have comprehensive knowledge (15 percent compared to 46 percent).

Knowledge of mother-to-child transmission of HIV is also an important first step for women prior to seeking a test for HIV when they are pregnant to avoid infecting their baby. Women should know that HIV can be transmitted during pregnancy, during delivery and through breastfeeding. Knowledge among women aged 15–49 years concerning mother-to-child transmission is presented in Table

HA.2. Some 69 percent of women knew that HIV can be transmitted from mother to child (i.e., identified at least one of the three means), with 67 percent knowing that HIV can be transmitted during pregnancy, 59 percent knowing it can be transmitted during delivery, and 42 percent knowing it can be transmitted by breast feeding. The percentage of women who knew all three means of mother-to-child transmission was 38 percent, while 9 percent of women had heard of AIDS but did not know of any specific means of transmission from mother to child.

Table HA.2: Knowledge of mother-to-child HIV transmission (women)

Percentage of women aged 15–49 years who correctly identify means of HIV transmission from mother to child, Nepal, 2014

	Percent of women who have heard of AIDS and:						Number of women aged 15–49 years
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	
	During pregnancy	During delivery	By breast-feeding	By at least one of the three means	By all three means [1]		
Total	**66.7**	**58.5**	**42.3**	**69.4**	**38.4**	**9.0**	**14,162**
Region							
Eastern Mountains	63.7	58.1	49.2	66.0	46.5	8.4	186
Eastern Hills	63.4	60.7	48.0	66.7	45.6	14.5	807
Eastern Terai	60.1	56.4	41.1	63.8	37.5	12.5	2,071
Central Mountains	75.6	73.2	62.8	76.3	62.1	4.4	274
Central Hills	78.5	68.6	47.5	82.0	42.2	9.2	2,320
Central Terai	54.8	38.2	26.9	56.0	24.3	8.4	2,327
Western Mountains	63.2	49.2	26.7	64.0	25.3	3.8	8
Western Hills	82.7	68.7	48.6	84.8	43.1	5.2	1,659
Western Terai	67.5	62.4	32.9	71.3	30.3	17.5	1,236
Mid-Western Mountains	38.7	35.8	35.5	39.7	33.6	3.5	169
Mid-Western Hills	57.8	54.7	43.8	61.4	39.1	3.3	856
Mid-Western Terai	66.9	61.9	47.6	70.1	41.1	5.9	855
Far Western Mountains	61.1	60.1	48.4	63.7	46.6	5.3	225
Far Western Hills	66.5	59.4	52.1	69.1	48.2	5.4	433
Far Western Terai	66.9	64.0	49.3	68.8	47.5	5.3	735
Area							
Urban	82.1	72.5	46.4	85.4	42.2	7.6	2,792
Kathmandu valley	84.1	73.2	45.0	88.1	38.6	8.7	868
Other urban	81.2	72.2	47.1	84.2	43.7	7.1	1,924
Rural	62.9	55.1	41.2	65.5	37.5	9.3	11,370
Age (years)							
15–24 [1]	76.5	67.1	49.2	79.4	44.9	8.8	5,123
15–19	78.0	68.0	51.2	81.0	46.4	8.6	2,721
20–24	74.7	66.1	47.0	77.6	43.1	9.0	2,402
25–29	69.0	60.8	42.4	72.2	38.6	9.8	2,414
30–39	61.6	54.2	39.0	64.2	35.3	8.8	3,904
40–49	53.3	46.5	33.7	55.7	30.7	9.0	2,721
Marital status							
Ever married	62.5	55.0	39.9	65.2	36.4	9.1	11,125
Never married	81.7	71.5	51.0	85.0	46.1	8.8	3,037
Education							
None	42.9	36.6	28.7	44.7	26.4	9.7	5,294
Primary	65.9	58.4	42.3	68.7	38.6	10.5	2,004
Secondary	83.0	73.5	54.8	86.7	49.8	8.0	3,830
Higher	88.0	77.7	50.0	91.2	45.0	8.1	3,032
Wealth index quintiles							
Poorest	57.7	51.4	43.4	60.1	40.1	6.4	2,453
Second	60.0	53.5	41.9	61.9	39.4	8.7	2,720
Middle	59.2	52.4	38.5	61.8	34.7	11.2	2,752
Fourth	69.2	59.8	42.5	71.9	38.7	10.6	3,020
Richest	83.1	72.1	44.7	87.0	39.5	7.8	3,218

[1] MICS indicator 9.2 – Knowledge of mother-to-child transmission of HIV

Note: 1 case of missing 'education' not shown

Regionally, the highest proportion of women who correctly identified all three means of mother-to-child transmission was in the Central Mountains (62 percent) and the lowest proportion was in the Central Terai (24 percent). Education had a strong association with the ability to correctly identify all three means: women with no education were less likely than women with higher education to correctly identify all three means (26 percent compared to 45 percent).

Accepting Attitudes toward People Living with HIV/AIDS

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude to the following four situations: (1) would care for a family member with AIDS in own home; (2) would buy fresh vegetables from a vendor who is HIV-positive; (3) thinks that a female teacher who is HIV-positive and not sick should be allowed to teach in school; and (4) would not want to keep it a secret if a family member is HIV-positive.

Table HA.3 presents the attitudes of women towards people living with HIV. In Nepal, 97 percent of women who had heard of AIDS agreed with at least one accepting statement, with 87 percent being willing to care for a family member with AIDS in their own home, 81 percent believing that a female teacher who is HIV-positive but not sick should be allowed to continue teaching, 80 percent being willing to buy fresh vegetables from a shopkeeper who is HIV-positive, and 67 percent who would not to keep it secret that a family member was infected with the AIDS virus. Overall, 49 percent agreed with all four accepting statements.

In terms of women who expressed an accepting attitude to all four statements, the highest proportion was in the Western Hills (57 percent) and the lowest proportion was in the Mid-Western Mountains (23 percent). Urban women were more likely than rural women to accept all four statements (59 percent compared to 45 percent). More educated women and those from richer households were more likely than other women to have accepting attitudes: 31 percent of women with no education accepted all four statements compared to 65 percent of women with higher education, and 39 percent of women in the poorest household population accepted all four statements compared to 61 percent of women in the richest household population.

Table HA.3: Accepting attitudes toward people living with HIV (women)

Percentage of women aged 15–49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Nepal, 2014

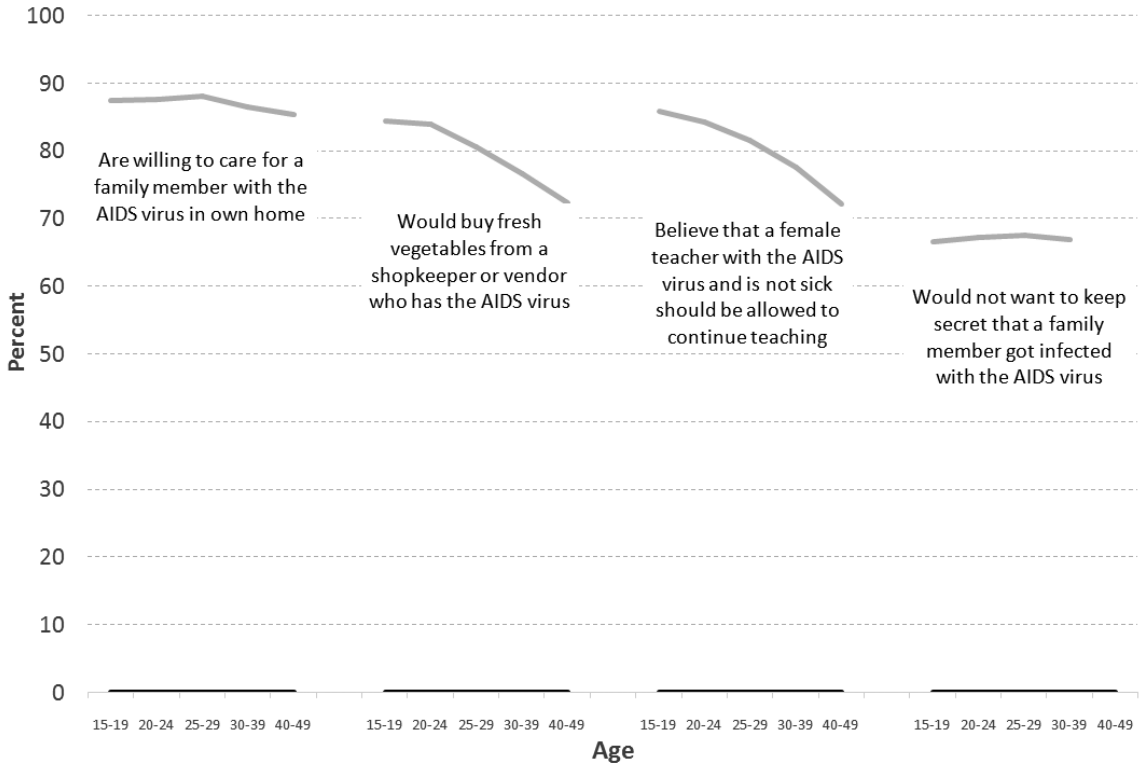
	Percent of women who have heard of AIDS who:						Number of women aged 15–49 years who have heard of AIDS
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive but not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	
Total	**87.0**	**79.8**	**80.5**	**66.9**	**96.5**	**48.6**	**11,107**
Region							
Eastern Mountains	86.4	73.8	74.0	79.4	95.7	53.3	139
Eastern Hills	85.6	80.1	80.1	68.6	94.4	52.0	655
Eastern Terai	89.8	80.1	81.0	70.4	96.9	54.0	1,581
Central Mountains	88.5	78.8	82.3	55.9	98.2	36.9	221
Central Hills	88.6	90.8	89.1	64.2	98.8	50.2	2,116
Central Terai	83.6	71.8	76.6	53.1	93.8	36.7	1,500
Western Mountains	91.2	76.3	77.1	69.9	95.9	53.6	5
Western Hills	91.6	78.1	78.1	79.9	97.3	57.2	1,494
Western Terai	85.9	75.3	73.2	66.0	92.3	50.7	1,098
Mid-Western Mountains	75.9	65.4	66.7	47.9	96.5	22.9	73
Mid-Western Hills	82.6	66.2	73.0	69.3	97.8	41.2	554
Mid-Western Terai	87.3	75.7	78.1	75.0	98.4	49.2	650
Far Western Mountains	90.3	80.4	80.2	62.2	96.2	53.5	156
Far Western Hills	91.9	88.2	83.3	65.5	98.1	56.0	323
Far Western Terai	75.0	89.2	90.1	63.6	98.8	35.7	545
Area							
Urban	92.1	89.3	89.3	71.6	98.4	59.1	2,597
Kathmandu valley	92.3	94.7	92.9	69.6	99.7	59.0	841
Other urban	92.0	86.8	87.6	72.5	97.8	59.2	1,756
Rural	85.5	76.9	77.8	65.5	96.0	45.4	8,510
Age (years)							
15–24	87.5	84.3	85.1	66.9	97.7	51.0	4,520
15–19	87.4	84.5	85.8	66.6	97.9	49.9	2,439
20–24	87.6	84.0	84.3	67.3	97.5	52.2	2,081
25–29	88.1	80.7	81.6	67.5	96.8	50.8	1,980
30–39	86.5	76.6	77.6	66.9	96.1	47.2	2,847
40–49	85.4	72.4	72.2	66.3	94.0	42.5	1,760
Marital status							
Ever married	86.4	76.7	77.6	66.7	96.0	46.7	8,260
Never married	88.9	88.9	89.0	67.5	98.2	54.3	2,847
Education							
None	79.9	62.0	63.5	57.6	91.9	31.0	2,880
Primary	85.1	71.2	72.4	63.3	95.5	39.0	1,587
Secondary	88.0	85.1	85.2	70.6	98.3	52.9	3,629
Higher	93.7	95.0	95.3	73.4	99.5	65.4	3,010
Wealth index quintiles							
Poorest	82.4	68.7	70.2	63.5	95.3	38.8	1,632
Second	84.5	74.4	75.8	66.1	95.8	43.2	1,921
Middle	84.7	73.1	74.9	63.2	95.3	41.6	2,010
Fourth	86.9	81.8	81.5	66.6	96.1	49.5	2,491
Richest	92.7	91.9	91.9	72.0	98.8	61.2	3,052

[1] MICS indicator 9.3 – Accepting attitudes towards people living with HIV

Note: 1 case of missing 'education' not shown

Figure HA.2 shows the proportion of women with accepting attitudes toward people living with HIV/AIDS by age groups.

Figure HA.2: Accepting attitudes towards people living with HIV/AIDS, Nepal, 2014



Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is knowledge of where to be tested for HIV and use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of one's own status is also a critical factor in the decision to seek treatment. Information related to knowledge of a facility for HIV testing and whether a person had ever been tested is presented in Table HA.4. Some 58 percent of women knew where to be tested. However, only 9 percent had actually been tested and slightly fewer (8 percent) knew the result of their most recent test. A small proportion had been tested in the 12 months preceding the survey (3 percent), and most of these women (i.e., slightly fewer than 3 percent of all women) knew the result of the test they had taken in the 12 months preceding the survey.

Regionally, the highest proportion of women with knowledge of a place to get tested was in the Western Hills (74 percent) and the lowest proportion was in the Mid-Western Mountains (28 percent). Urban women were more likely than rural women to know of a place to get tested (73 percent compared to 54 percent). Knowledge about a place to get tested has a strong positive correlation with both education and household wealth status: 32 percent of women with no education knew of a place compared to 88 percent of women with higher education, and 44 percent of women in the poorest household population knew of a place compared to 77 percent of women in the richest household population.

Table HA.4: Knowledge of a place for HIV testing (women)

Percentage of women aged 15–49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the 12 months preceding the survey, and percentage who have been tested in the 12 months preceding the survey and know the result, Nepal, 2014

	Percent of women who:					Number of women aged 15–49 years
	Know a place to get tested [1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the 12 months	Have been tested in the 12 months and know the result [2]	
Total	**57.9**	**8.8**	**8.2**	**2.9**	**2.7**	**14,162**
Region						
Eastern Mountains	46.5	3.6	3.6	0.7	0.7	186
Eastern Hills	57.2	5.3	4.8	1.8	1.5	807
Eastern Terai	53.4	7.8	7.6	2.9	2.8	2,071
Central Mountains	61.6	2.2	1.9	1.1	1.1	274
Central Hills	68.4	12.4	11.8	4.2	4.1	2,320
Central Terai	49.4	6.1	5.8	2.0	1.9	2,327
Western Mountains	52.8	10.7	10.3	2.4	2.4	8
Western Hills	73.8	13.2	12.1	4.8	4.5	1,659
Western Terai	63.7	6.1	5.8	1.1	1.1	1,236
Mid-Western Mountains	27.8	3.8	3.5	1.8	1.7	169
Mid-Western Hills	35.2	8.3	7.8	2.0	1.9	856
Mid-Western Terai	53.2	9.7	8.6	3.7	3.4	855
Far Western Mountains	61.7	5.6	4.9	1.6	1.4	225
Far Western Hills	59.5	9.3	8.3	3.2	3.1	433
Far Western Terai	58.9	12.2	10.3	3.3	3.1	735
Area						
Urban	73.2	14.4	13.7	4.7	4.5	2,792
Kathmandu valley	70.3	14.2	13.7	4.5	4.2	868
Other urban	74.6	14.4	13.8	4.8	4.7	1,924
Rural	54.2	7.4	6.8	2.4	2.3	11,370
Age (years)						
15–24	67.8	7.7	7.1	3.2	3.1	5,123
15–19	67.6	3.0	2.6	1.6	1.4	2,721
20–24	68.0	12.9	12.2	5.0	4.9	2,402
25–29	62.0	15.0	14.1	4.7	4.4	2,414
30–39	52.7	9.6	9.0	2.6	2.5	3,904
40–49	43.3	4.3	3.7	1.2	1.0	2,721
Marital status						
Ever married	53.7	10.4	9.7	3.3	3.2	11,125
Never married	73.6	3.0	2.6	1.3	1.2	3,037
Education						
None	32.4	3.6	3.1	1.2	1.1	5,294
Primary	52.5	8.1	6.9	2.4	2.2	2,004
Secondary	72.6	8.5	7.9	2.9	2.7	3,830
Higher	87.6	18.8	18.2	6.1	6.0	3,032
Wealth index quintiles						
Poorest	43.5	4.7	4.0	1.6	1.4	2,453
Second	49.6	6.1	5.5	2.1	2.0	2,720
Middle	51.6	7.2	6.2	2.2	2.0	2,752
Fourth	62.4	8.2	7.6	2.4	2.3	3,020
Richest	77.2	16.1	15.8	5.6	5.5	3,218

[1] MICS indicator 9.4 – Women who know where to be tested for HIV

[2] MICS indicator 9.5 – Women who have been tested for HIV and know the results

Note: 1 case of missing 'education' not shown

Although the percentage of women tested in the 12 months preceding the survey and knowing the result of their test was small, there was noticeable variation by background characteristics. The highest proportion was in the Western Hills (5 percent) and the lowest proportion was in the Eastern Mountains (1 percent). Younger women and ever married women were more likely than other women to have been recently tested and know the result, and more educated women and women living in households in richer quintiles were more likely than other women to have been recently tested and know the results.

Table HA.5: HIV counselling and testing during antenatal care

Percentage of women aged 15–49 years with a live birth in the two years preceding the survey who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and tested for HIV, percentage who were offered, tested and received the results of the HIV test, and percentage who received counselling and were offered, accepted and received the results of the HIV test, Nepal, 2014

	Percent of women who:					Number of women aged 15–49 years with a live birth in the last two years
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care [1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results [2]	Received HIV counselling, were offered an HIV test, accepted and received the results	
Total	**68.3**	**14.1**	**14.4**	**13.7**	**9.1**	**2,048**
Region						
Eastern Mountains	51.8	2.1	4.1	4.1	2.1	32
Eastern Hills	64.9	6.8	7.2	6.3	3.3	123
Eastern Terai	79.8	12.7	16.4	16.0	8.3	277
Central Mountains	55.8	8.8	5.3	2.9	2.9	38
Central Hills	82.8	21.8	27.1	25.4	16.2	241
Central Terai	73.4	15.3	12.4	12.4	11.4	400
Western Mountains	(64.6)	(6.3)	(13.4)	(13.4)	(6.3)	1
Western Hills	67.6	12.7	22.0	21.2	10.6	222
Western Terai	67.0	6.1	4.4	4.4	3.2	178
Mid-Western Mountains	42.4	4.3	2.4	1.5	1.5	43
Mid-Western Hills	47.1	7.0	5.4	5.4	3.8	166
Mid-Western Terai	67.3	18.7	15.6	14.5	10.4	113
Far Western Mountains	50.2	33.6	5.5	5.5	4.2	33
Far Western Hills	46.5	27.4	16.2	16.2	13.9	75
Far Western Terai	69.3	19.9	21.8	19.1	11.8	106
Area						
Urban	92.5	23.8	30.8	30.2	19.2	262
Kathmandu valley	100.0	22.2	21.1	21.1	18.1	65
Other urban	90.0	24.3	34.0	33.3	19.5	197
Rural	64.8	12.6	11.9	11.3	7.6	1,786
Age (years)						
15–24	70.2	13.1	12.8	12.4	8.5	931
15–19	62.5	12.5	9.3	9.3	6.7	215
20–24	72.5	13.3	13.9	13.3	9.0	716
25–29	71.6	16.8	16.1	15.7	10.9	677
30–39	61.3	12.7	15.5	14.2	8.1	385
40–49	46.2	6.1	9.8	8.1	4.3	55
Education						
None	56.5	7.6	5.6	5.2	3.9	754
Primary	62.8	9.6	12.2	10.7	5.2	346
Secondary	72.3	15.2	15.2	14.1	8.3	503
Higher	88.1	27.3	30.0	30.0	21.7	445
Wealth index quintiles						
Poorest	39.7	8.0	4.6	4.4	3.1	454
Second	63.1	11.3	11.3	10.1	6.7	436
Middle	72.5	11.8	11.4	10.1	6.5	441
Fourth	80.2	14.9	17.0	17.0	9.8	401
Richest	95.7	28.5	33.2	32.9	23.6	316

[1] MICS indicator 9.7 – HIV counselling during antenatal care

[2] MICS indicator 9.8 – HIV testing during antenatal care

( ) Figures that are based on 25–49 unweighted cases

Among women who had given birth in the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.5. Only 14 percent of women had received HIV counselling during antenatal care. Around the same proportion (14 percent) had been offered an HIV test and were tested during antenatal care, and slightly fewer than 14 percent had been offered a test, were tested, and had received the results as part of antenatal care. Finally, only 9 percent received HIV counselling, were offered a test, had a test and received the result of their test during antenatal care.

In respect of women receiving HIV counselling during antenatal care, the highest proportion was in the Far Western Mountains (34 percent) and the lowest proportion was in the Eastern Mountains (2 percent). Urban women were much more likely than rural women to receive counselling (24 percent compared to 13 percent). Education and household wealth status were strongly associated with the likelihood of receiving HIV counselling.

The highest proportion of women being tested and receiving their result during antenatal care was in the Central Hills (25 percent) and the lowest proportion was in the Mid-Western Mountains (2 percent). Urban women were much more likely than rural women to be tested and received their result (30 percent compared to 11 percent). Education and household wealth status were strongly associated with the likelihood of being tested and receiving a result.

HIV Indicators for Young Women

In many countries, over half of new adult HIV infections are among young people aged 15–24 years thus a change in behaviour among members of this age group is especially important to reduce new infections.

Table HA.6 summarizes information on key HIV indicators for young women aged 15–24 years. Results in this age group are generally better than for the population aged 15–49 years as a whole. Some 36 percent of young women had comprehensive knowledge, 45 percent knew all three means of HIV transmission from mother to child, and 68 percent knew of a place to get tested for HIV. Furthermore, 7 percent had been tested for HIV in the 12 months preceding the survey and knew the result. Accepting attitudes towards people living with HIV are also more prevalent in this age group: 51 percent expressed accepting attitudes towards people living with HIV on all four indicators.

Variations by background characteristics mirrored patterns for the population as a whole. Comprehensive knowledge among women in this age group was highest in the Central Hills (53 percent) and lowest in the Mid-Western Mountains (9 percent). Urban young women, never married young women, more educated young women and young women living in richer households all showed higher levels of comprehensive knowledge than other young women.

Table HA.6: Key HIV and AIDS indicators (young women)

Percentage of women aged 15–24 years by key HIV and AIDS indicators, Nepal, 2014

	Percent of women aged 15–24 years who:				Number of women aged 15–24 years	Percent of women who express accepting attitudes towards people living with HIV on all four indicators [a]	Number of women aged 15–24 years who have heard of AIDS
	Have comprehensive knowledge [1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have been tested for HIV in the 12 months preceding the survey and know the result			
Total	**36.4**	**44.9**	**67.8**	**7.1**	**5,123**	**51.0**	**4,649**
Region							
Eastern Mountains	25.4	51.3	57.0	4.2	77	56.1	310
Eastern Hills	32.2	52.4	67.9	4.5	329	51.6	317
Eastern Terai	30.1	40.0	59.3	5.8	699	59.1	316
Central Mountains	38.6	74.5	75.8	2.4	101	41.7	251
Central Hills	52.8	47.5	78.3	9.2	771	47.5	530
Central Terai	37.6	31.5	60.2	6.1	807	41.5	319
Western Mountains	24.8	32.2	74.8	9.1	2	66.7	53
Western Hills	30.1	48.0	80.1	11.7	583	62.2	344
Western Terai	42.1	34.5	74.0	3.0	454	56.2	363
Mid-Western Mountains	9.1	49.6	46.7	3.9	71	25.6	220
Mid-Western Hills	22.2	46.7	45.4	4.9	332	42.6	267
Mid-Western Terai	29.2	46.6	62.2	8.7	341	49.7	313
Far Western Mountains	51.5	51.9	80.3	5.3	78	62.0	301
Far Western Hills	47.2	59.5	75.2	6.1	183	60.0	363
Far Western Terai	35.4	59.6	76.2	12.7	295	39.5	382
Area							
Urban	48.8	46.7	80.0	11.0	956	60.1	1,180
Kathmandu valley	57.4	40.4	74.6	8.3	278	57.0	261
Other urban	45.3	49.3	82.2	12.2	678	61.4	919
Rural	33.5	44.4	65.0	6.2	4,167	48.6	3,469
Age (years)							
15–19	37.7	46.4	67.6	2.6	2,721	49.9	2,535
15–17	36.4	46.2	66.2	1.2	1,599	49.3	1,502
18–19	39.5	46.8	69.7	4.7	1,123	50.9	1,033
20–24	34.9	43.1	68.0	12.2	2,402	52.2	2,114
20–22	33.6	45.4	67.6	10.8	1,605	50.7	1,417
23–24	37.3	38.5	68.8	15.0	797	55.1	697

Table HA.6: Continued

Percentage of women aged 15–24 years by key HIV and AIDS indicators, Nepal, 2014

	Percent of women aged 15–24 years who:				Number of women aged 15–24 years	Percent of women who express accepting attitudes towards people living with HIV on all four indicators [a]	Number of women aged 15–24 years who have heard of AIDS
	Have comprehensive knowledge [1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have been tested for HIV in the 12 months preceding the survey and know the result			
Marital status							
Ever married	28.4	42.5	61.7	13.1	2,379	47.7	1,962
Never married	43.3	46.9	73.1	1.9	2,744	53.4	2,687
Education							
None	6.0	20.0	30.2	3.9	617	21.3	299
Primary	14.3	36.8	45.5	5.4	610	32.2	493
Secondary	36.8	52.5	70.5	5.1	2,300	49.3	2,285
Higher	55.9	46.6	87.0	11.9	1,596	64.2	1,572
Wealth index quintiles							
Poorest	25.9	51.2	58.3	3.3	947	44.1	780
Second	27.9	48.6	64.2	6.9	984	48.3	833
Middle	29.6	42.9	61.9	7.1	1,005	45.8	840
Fourth	42.2	41.3	71.2	7.6	1,126	53.8	1,031
Richest	53.7	41.5	81.5	10.2	1,061	59.7	1,035

[1] MICS indicator 9.1; MDG indicator 6.3 – Knowledge about HIV prevention among young women

[a] Refer to Table HA.3 for the four indicators

CHAPTER 13

Access to Mass Media and Use of Information / Communication Technology

The Nepal MICS collected information on exposure to mass media and the use of computers and the internet. Information was collected on exposure to newspapers/magazines, radio and television among women aged 15–49 years, while questions on the use of computers and the use of the internet were asked to women aged 15–24 years.

Access to Mass Media

The proportion of women aged 15–49 years in Nepal who read a newspaper or magazine, listen to the radio and watch television at least once a week is shown in Table MT.1. About one fifth (19 percent) read a newspaper or magazine at least once a week, 41 percent listened to the radio, and 57 percent watched television. However, 29 percent did not have regular exposure to any of these three media. Some 71 percent were exposed to at least one and 11 percent to all three types of media on a weekly basis.

In respect of exposure to all three types of mass media at least once a week, the highest proportion of women was in the Central Hills (23 percent) and the lowest proportion was in the Far Western Hills (2 percent). Urban women were much more likely than rural women to be exposed to all three types of mass media (27 percent compared to 7 percent). Younger women were more likely than older women to be exposed: 15 percent of women aged 20–24 years were exposed compared to 5 percent of women aged 45–49 years. Education level and household wealth status were also associated with the likelihood of at least weekly exposure to all three types of mass media.

In respect of each media, reading newspapers was lowest in the Mid- and Far Western Hills and Mountains; listening to the radio was lowest in the Western Terai and Mid-Western Hills and Mountains; and watching television was lowest in the Mid- and Far Western Hills and Mountains. Women living in poorer households were more likely than women living in richer households to listen to the radio than to watch television.

Table MT.1: Exposure to mass media (women)

Percentage of women aged 15–49 years who are exposed to specific mass media on a weekly basis, Nepal, 2014

	Percent of women aged 15–49 years who:			All three media at least once a week [1]	Any media at least once a week	None of the media at least once a week	Number of women aged 15–49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week				
Total	**18.6**	**41.3**	**56.9**	**11.1**	**70.6**	**29.2**	**14,162**
Region							
Eastern Mountains	7.2	62.6	26.6	3.8	67.5	32.4	186
Eastern Hills	10.9	61.4	42.2	6.8	75.0	24.5	807
Eastern Terai	18.2	36.2	67.5	12.1	72.9	27.0	2,071
Central Mountains	11.2	52.6	51.6	7.0	72.3	27.6	274
Central Hills	44.8	44.4	80.2	23.4	87.6	12.2	2,320
Central Terai	8.8	30.1	55.3	5.8	64.2	35.8	2,327
Western Mountains	7.0	31.9	67.4	2.9	74.3	25.7	8
Western Hills	21.3	65.3	68.2	15.8	86.2	13.7	1,659
Western Terai	16.4	26.5	65.3	9.7	70.2	29.6	1,236
Mid-Western Mountains	4.1	26.8	14.2	2.0	33.5	66.3	169
Mid-Western Hills	5.0	29.9	17.2	2.6	38.8	60.8	856
Mid-Western Terai	14.1	38.8	50.3	8.4	65.2	34.3	855
Far Western Mountains	6.6	56.6	13.1	2.8	58.7	40.6	225
Far Western Hills	2.4	34.7	6.6	1.5	36.1	63.6	433
Far Western Terai	18.2	38.5	51.7	9.5	67.8	31.7	735
Area							
Urban	45.8	49.8	87.4	27.4	92.0	7.9	2,792
Kathmandu valley	61.5	48.3	94.2	32.7	96.7	3.3	868
Other urban	38.7	50.5	84.3	25.0	89.8	10.0	1,924
Rural	12.0	39.2	49.4	7.1	65.4	34.4	11,370
Age (years)							
15–19	24.0	50.0	58.3	14.6	76.3	23.5	2,721
20–24	26.7	47.1	60.4	15.2	75.9	23.9	2,402
25–29	19.6	40.2	57.7	11.7	70.3	29.5	2,414
30–34	16.9	36.3	57.3	9.7	69.2	30.7	2,003
35–39	14.2	37.2	54.4	8.8	65.9	33.7	1,901
40–44	11.1	35.4	52.8	6.7	64.2	35.6	1,582
45–49	7.9	34.0	53.8	5.1	65.8	34.0	1,139
Education							
None	0.6	23.1	35.7	0.1	48.3	51.4	5,294
Primary	6.1	38.2	55.9	3.0	70.4	29.3	2,004
Secondary	20.6	51.9	64.9	12.0	81.8	18.1	3,830
Higher	56.0	61.5	84.6	34.4	95.7	4.1	3,032
Wealth index quintile							
Poorest	1.9	38.6	11.2	0.9	42.7	57.0	2,453
Second	5.6	39.4	33.0	3.0	54.1	45.6	2,720
Middle	7.3	34.6	54.2	4.4	65.6	34.3	2,752
Fourth	18.5	40.1	77.2	11.4	84.0	15.8	3,020
Richest	52.2	51.6	95.3	31.1	97.7	2.2	3,218

[1] MICS indicator 10.1 – Exposure to mass media

Note: 1 case of missing 'education' not shown

Use of Information/ Communication Technology

Questions on use of computers and the internet were asked only to women aged 15–24 years, as shown in Table MT.2. Some 28 percent of young women had ever used a computer, 22 percent had used a computer during the preceding year, and 14 percent had used a computer at least once a week during the preceding month. In addition, 21 percent of young women had ever used the internet, 20 percent had used it during the preceding year, and 16 percent had used it at least once a week during the preceding month. Some 63 percent of young women had a mobile phone and 57 percent had used it during the preceding 24 hours.

The proportion of young women who had used a computer during the preceding 12 months was highest in the Central Hills (52 percent) and lowest in the Far Western Hills (2 percent), and the proportion who had used the internet during the preceding 12 months was highest in the Central Hills (51 percent) and lowest in the Far Western Hills (2 percent). Urban young women were more likely than rural young women to have used a computer (55 percent compared to 14 percent) or the internet (52 percent compared to 12 percent) during the preceding 12 months. Education level and household wealth status were strongly correlated with use of a computer or the internet: no young women with no education had used a computer or the internet compared to over half of young women with higher education, and less than 3 percent of young women in the poorest household population had used a computer or the internet compared to over 60 percent of young women in the richest household population.

Mobile phone use during the preceding 24 hours was highest for young women in the Eastern Hills (76 percent) and lowest for those in the Mid-Western Mountains (27 percent). Urban young women were more likely than rural young women to use a mobile phone (76 percent compared to 53 percent). Women aged 20–24 years were more likely than women aged 15–19 years to use a mobile phone (68 percent compared to 47 percent). Education level and household wealth status strongly correlated with the use of a mobile phone during the preceding 24 hours.

Table MT.2: Use of computers and internet (women)

Percentage of women aged 15–24 years who have ever used a computer and the internet, percentage who have used during the 12 months preceding the survey, and percentage who have used at least once weekly during the month preceding the survey, Nepal, 2014

	Percent of women aged 15–24 years who have:								Number of women aged 15–24 years
	Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months [2]	Used the internet at least once a week during the last one month	Have mobile phone	Used mobile phone during the last 24 hours	
Total	**28.0**	**21.7**	**13.5**	**21.1**	**19.6**	**15.6**	**63.0**	**56.8**	**5,123**
Region									
Eastern Mountains	14.0	10.6	2.0	10.5	9.3	5.8	66.0	57.5	77
Eastern Hills	22.3	16.4	3.3	19.0	16.1	11.3	83.0	75.5	329
Eastern Terai	30.7	22.5	12.5	24.0	21.4	16.6	65.5	58.2	699
Central Mountains	26.0	19.8	9.4	9.3	7.5	5.8	56.6	56.1	101
Central Hills	62.2	52.4	39.2	53.2	51.0	44.4	77.1	73.6	771
Central Terai	18.6	12.9	7.0	13.0	12.5	9.3	47.5	40.7	807
Western Mountains	18.3	16.8	6.8	16.8	15.2	7.7	74.5	63.4	2
Western Hills	32.2	27.2	19.2	26.1	24.3	18.8	79.6	75.4	583
Western Terai	25.3	18.2	11.9	18.9	18.7	13.2	63.4	62.8	454
Mid-Western Mountains	9.4	5.9	3.2	2.0	1.7	1.1	37.4	26.6	71
Mid-Western Hills	12.5	7.2	3.6	2.8	2.8	1.6	57.8	46.1	332
Mid-Western Terai	14.1	11.0	5.2	7.2	5.5	4.1	50.0	35.7	341
Far Western Mountains	5.8	4.7	1.6	2.3	2.3	0.8	42.7	40.5	78
Far Western Hills	2.8	1.9	0.8	2.3	1.9	1.3	36.8	33.3	183
Far Western Terai	25.0	17.7	8.4	12.4	10.9	8.6	56.9	49.6	295
Area									
Urban	63.9	54.8	38.7	54.9	52.4	43.8	78.9	75.5	956
Kathmandu valley	82.3	74.3	57.5	74.6	73.1	63.6	87.6	83.6	278
Other urban	56.3	46.7	31.0	46.8	43.9	35.6	75.4	72.2	678
Rural	19.8	14.2	7.8	13.3	12.1	9.1	59.3	52.5	4,167
Age (years)									
15–19	27.2	21.9	13.3	18.9	17.8	13.6	52.9	46.8	2,721
20–24	29.0	21.6	13.7	23.5	21.7	17.9	74.4	68.1	2,402
Education									
None	0.0	0.0	0.0	0.0	0.0	0.0	38.6	32.4	617
Primary	1.8	1.2	0.3	0.4	0.3	0.3	48.8	42.5	610
Secondary	17.9	13.0	6.5	9.9	8.8	6.1	55.4	48.3	2,300
Higher	63.5	50.7	34.0	53.2	50.2	41.2	88.9	84.0	1,596
Wealth index quintile									
Poorest	5.2	3.1	0.9	1.2	0.8	0.3	50.8	43.4	947
Second	11.9	7.7	2.1	7.1	5.9	3.4	58.7	52.0	984
Middle	15.6	10.2	4.4	9.9	8.5	5.7	54.8	46.7	1,005
Fourth	30.0	20.4	11.7	19.7	18.0	13.9	65.3	59.9	1,126
Richest	73.2	63.8	45.9	63.8	61.4	51.6	83.2	79.5	1,061

[1] MICS indicator 10.2 – Use of computers
[2] MICS indicator 10.3 – Use of internet

CHAPTER 14

Subjective Well-being

Subjective perceptions of individuals of their incomes, health, living environments and the like, play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status[1]. In the MICS, a set of questions were asked to women aged 15–24 years to understand how satisfied they are with different areas of their lives, such as their family life, friendships, school, current job, health, where they live, how they are treated by others, how they look, and their current income.

Life satisfaction is a measure of an individual's perceived level of well-being. Understanding young women's satisfaction in different areas of their lives can help to gain a comprehensive picture of their life situations. A distinction can also be made between life satisfaction and happiness. Happiness is a fleeting emotion that can be affected by numerous factors, including day-to-day factors, such as the weather, or a recent death in the family. It is possible for a person to be satisfied with job, income, family life, friends, and other aspects of life, but still be unhappy, or vice versa. In addition to the set of questions on life satisfaction, the survey also asked questions about happiness and the respondents' perceptions of a better life.

To assist respondents in answering the set of questions on happiness and life satisfaction, they were shown a card with smiling faces (and not so smiling faces) that corresponded to the response categories 'very satisfied', 'somewhat satisfied', 'neither satisfied nor unsatisfied', 'somewhat unsatisfied' and 'very unsatisfied' (see the Questionnaires in Appendix F). For the question on happiness, the same scale was used, this time ranging from 'very happy' to 'very unhappy', in the same fashion.

[1] *OECD, 2013. OECD Guidelines on Measuring Subjective Well Being, OECD Publishing, http://dx.doi.org/10.1787/9789264191655-en*

Table SW.1: Domains of life satisfaction (women)

Percentage of women aged 15–24 years who are very or somewhat satisfied in selected domains of satisfaction, Nepal, 2014

	Percent of women aged 15–24 years who are very or somewhat satisfied in selected domains:						Percent of women aged 15–24 years who:			Number of women aged 15–24 years	Percent of women aged 15–24 years who are very or somewhat satisfied with school	Number of women attending school	Percent of women aged 15–24 years who are very or somewhat satisfied with their job	Number of women aged 15–24 years who have a job	Percent of women aged 15–24 years who are very or somewhat satisfied with their income	Number of women aged 15–24 years who have an income
	Family life	Friend-ships	Health	Living environ-ment	Treat-ment by others	The way they look	Are attending school	Have a job	Have an income							
Total	**84.7**	**82.1**	**78.3**	**75.4**	**69.8**	**81.2**	**46.7**	**44.7**	**27.1**	**5,123**	**88.6**	**2,394**	**79.0**	**2,291**	**77.0**	**1,388**
Region																
Eastern Mountains	85.0	81.6	74.2	66.7	68.6	82.5	45.5	42.1	22.0	77	83.3	35	85.1	32	78.2	17
Eastern Hills	82.6	79.3	73.5	71.6	68.9	79.7	47.3	38.9	27.1	329	87.5	156	83.5	128	79.5	89
Eastern Terai	81.9	78.4	79.0	74.1	68.1	79.2	38.7	34.9	25.3	699	79.5	271	78.3	244	70.2	177
Central Mountains	85.1	89.3	86.0	82.1	80.4	85.4	56.6	30.7	24.0	101	90.0	57	82.1	31	69.3	24
Central Hills	88.3	85.6	81.6	79.7	74.7	86.1	61.0	42.9	34.8	771	90.2	470	83.5	331	80.6	268
Central Terai	81.1	73.0	71.8	68.5	56.4	75.5	36.4	23.4	18.3	807	87.2	294	79.0	189	66.0	148
Western Mountains	88.8	87.7	82.7	73.5	71.3	95.0	24.0	68.8	55.3	2	(*)	0	(78.9)	1	(83.4)	1
Western Hills	90.9	87.1	81.2	81.8	70.3	80.4	54.3	61.4	27.6	583	88.8	316	67.2	358	85.3	161
Western Terai	85.4	80.5	80.9	72.6	70.0	83.5	39.2	42.9	31.5	454	90.3	178	83.1	195	78.2	143
Mid-Western Mountains	81.2	87.3	74.9	67.7	78.3	85.5	40.9	39.4	20.6	71	95.7	29	79.1	28	70.7	15
Mid-Western Hills	80.1	79.9	73.0	67.2	67.7	81.6	46.2	88.0	31.6	332	90.4	153	79.8	292	80.0	105
Mid-Western Terai	83.7	85.4	83.3	84.1	71.4	84.4	41.9	41.2	18.6	341	92.7	143	79.4	140	79.9	63
Far Western Mountains	78.7	93.3	68.0	67.4	83.3	65.4	60.8	33.7	9.3	78	94.6	47	86.9	26	(49.1)	7
Far Western Hills	89.9	92.0	82.4	76.7	81.6	81.3	48.1	54.8	17.5	183	93.5	88	82.5	100	77.1	32
Far Western Terai	85.7	87.7	80.5	85.2	80.7	86.1	52.7	66.3	46.9	295	90.3	156	81.0	196	77.7	139
Area																
Urban	88.9	83.6	82.2	81.7	72.5	84.4	62.3	42.0	32.8	956	85.9	595	80.8	401	81.4	313
Kathmandu valley	90.5	86.2	82.9	82.2	78.3	85.8	63.9	53.2	45.6	278	89.4	177	83.4	148	83.4	127
Other urban	88.2	82.5	82.0	81.5	70.1	83.9	61.7	37.4	27.5	678	84.4	418	79.3	253	80.1	187
Rural	83.7	81.7	77.4	74.0	69.1	80.5	43.2	45.4	25.8	4,167	89.5	1,799	78.6	1,890	75.7	1,075
Age (years)																
15–19	86.0	84.3	80.5	75.7	69.8	81.5	65.7	39.1	19.8	2,721	88.4	1,787	77.7	1,063	75.0	540
20–24	83.2	79.5	75.8	75.1	69.7	81.0	25.3	51.1	35.3	2,402	89.3	608	80.1	1,228	78.3	848
Marital status																
Ever married	81.1	78.4	74.8	71.9	68.4	80.5	12.9	49.6	32.5	2,379	89.0	307	79.8	1,179	77.4	773
Never married	87.7	85.2	81.3	78.5	70.9	81.9	76.1	40.5	22.4	2,744	88.6	2,087	78.1	1,112	76.5	615

Table SW.1: Continued

Percentage of women aged 15–24 years who are very or somewhat satisfied in selected domains of satisfaction, Nepal, 2014

	Percent of women aged 15–24 years who are very or somewhat satisfied in selected domains:						Percent of women aged 15–24 years who:			Number of women aged 15–24 years	Percent of women aged 15–24 years who are very or somewhat satisfied with school	Number of women attending school	Percent of women aged 15–24 years who are very or somewhat satisfied with their job	Number of women aged 15–24 years who have a job	Percent of women aged 15–24 years who are very or somewhat satisfied with their income	Number of women aged 15–24 years who have an income
	Family life	Friend-ships	Health	Living environ-ment	Treat-ment by others	The way they look	Are attending school	Have a job	Have an income							
Education																
None	69.6	66.1	65.4	60.9	60.2	70.7	0.3	38.7	29.0	617	(*)	2	68.2	239	64.3	179
Primary	80.2	78.3	75.3	68.0	61.8	74.9	10.6	47.0	28.4	610	85.9	65	74.4	286	70.4	173
Secondary	86.8	84.8	79.2	77.6	71.4	83.3	55.4	45.8	24.3	2,300	88.6	1,275	80.0	1,054	78.7	559
Higher	89.1	85.7	83.1	80.9	74.1	84.8	66.0	44.6	29.9	1,596	89.0	1,053	83.0	711	82.2	477
Wealth index quintile																
Poorest	82.6	82.2	74.9	67.2	69.5	78.7	43.1	56.4	24.3	947	89.5	408	73.0	533	72.0	230
Second	83.0	84.3	76.4	72.9	68.3	80.4	40.6	47.2	27.0	984	85.4	399	79.2	464	75.9	266
Middle	81.4	78.2	75.2	76.1	67.2	78.4	37.9	37.4	22.6	1,005	90.9	381	76.8	376	76.4	228
Fourth	84.8	81.4	80.3	78.0	69.9	81.2	45.3	42.1	29.9	1,126	89.9	510	81.0	475	74.4	337
Richest	91.1	84.2	83.8	81.9	73.5	87.0	65.6	41.7	30.9	1,061	87.8	695	85.8	443	84.6	328

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table SW.1 shows the proportion of young women aged 15–24 years who were very or somewhat satisfied in selected domains. Note that for three domains, satisfaction with school, job and income, the denominators are confined to those who were currently attending school, had a job, and had an income. Of the different domains, the proportions of satisfied young women were highest for family life (85 percent), friendships (82 percent), the way they look (81 percent), and health (78 percent). The proportions were lower for living environment (75 percent) and treatment by others (70 percent). Some 89 percent of young women were satisfied with school, 79 percent were satisfied with their job, and 77 percent were satisfied with their income. More educated women tended to have higher levels of satisfaction than women with little or no education, and women living in households in richer wealth quintiles tended to have higher levels of satisfaction than those living in households in poorer wealth quintiles.

Proportions of women aged 15–24 years with overall life satisfaction are shown in Table SW.2. 'Life satisfaction' is defined as those who are very or somewhat satisfied with their life overall, and is based on a single question which was asked after the life satisfaction questions on all of the above-mentioned domains, with the exception of the question on satisfaction with income, which was asked later. Some 81 percent of young women were satisfied with their life overall. Regionally, the proportion ranged from 65 percent in the Far Western Mountains to 85 percent in the Central Hills and Western Hills. More educated women were more likely than women with little or no education to be satisfied with their life: 69 percent of women with no education were satisfied compared to 85 percent of women with higher education. Women living in households in richer wealth quintiles were more likely than women living in households in poorer wealth quintiles to be satisfied with their life: 77 percent of women in the poorest household population were satisfied compared to 86 percent of women in the richest household population.

As a summary measure, the average life satisfaction score is also calculated and presented in Table SW.2. The score is simply calculated by averaging the responses to the question on overall life satisfaction, ranging from very satisfied (1) to very unsatisfied (5) (see questionnaires in Appendix F). Therefore, the lower the average score, the higher the life satisfaction level. The average life satisfaction score for young women in Nepal was 2.0.

In addition, 82 percent of young women said they were very or somewhat happy. This proportion was highest in the Central Terai and Far Western Hills (86 percent) and lowest in the Far Western Mountains (70 percent). Education level and household wealth status was positively correlated with happiness: 71 percent of women with no education were happy compared to 87 percent of women with higher education, and 78 percent of women in the poorest household population were happy compared to 86 percent of women in the richest household population.

Table SW.2: Overall life satisfaction and happiness (women)

Percentage of women aged 15–24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of women aged 15–24 years who are very or somewhat happy, Nepal, 2014

	Percent of women with overall life satisfaction [1]	Average life satisfaction score	Percent of women who are very or somewhat happy [2]	Number of women aged 15–24 years
Total	**80.8**	**2.0**	**82.3**	**5,123**
Region				
Eastern Mountains	80.4	2.0	82.7	77
Eastern Hills	79.8	2.0	85.1	329
Eastern Terai	80.3	2.0	78.7	699
Central Mountains	80.6	1.9	82.0	101
Central Hills	84.5	1.9	85.0	771
Central Terai	77.0	2.1	86.0	807
Western Mountains	70.5	2.0	83.9	2
Western Hills	84.5	2.0	82.2	583
Western Terai	78.2	1.9	85.4	454
Mid-Western Mountains	78.1	2.1	78.4	71
Mid-Western Hills	78.5	2.1	72.4	332
Mid-Western Terai	83.3	1.9	78.5	341
Far Western Mountains	65.4	2.1	69.5	78
Far Western Hills	82.2	1.9	86.0	183
Far Western Terai	84.1	1.7	83.3	295
Area				
Urban	83.8	1.9	83.7	956
Kathmandu valley	86.5	1.8	83.2	278
Other urban	82.7	1.9	83.9	678
Rural	80.1	2.0	81.9	4,167
Age (years)				
15–19	82.1	1.9	83.7	2,721
20–24	79.3	2.0	80.7	2,402
Marital status				
Ever married	77.8	2.0	79.8	2,379
Never married	83.4	1.9	84.4	2,744
Education				
None	68.8	2.2	70.5	617
Primary	71.6	2.2	77.5	610
Secondary	83.3	1.9	83.6	2,300
Higher	85.3	1.8	86.7	1,596
Wealth index quintile				
Poorest	76.6	2.1	78.0	947
Second	81.0	2.0	80.9	984
Middle	79.1	2.0	81.9	1,005
Fourth	81.1	1.9	83.7	1,126
Richest	85.8	1.8	86.3	1,061

[1] MICS Indicator 11.1 – Life satisfaction
[2] MICS indicator 11.2 – Happiness

In addition to the series of questions on life satisfaction and happiness, respondents were also asked two simple questions on whether they think their life improved during the year preceding the survey, and whether they think their life will be better in one year subsequent to the survey. Such information may contribute to our understanding of the desperation that may exist among young people, as well as their hopelessness and hopes for the future. Specific combinations of perceptions during the preceding year and expectations for the subsequent year may be valuable information to understand the general sense of well-being among young people.

Young women's perceptions of a better life are shown in Table SW.3. The proportion of women aged 15–24 years who thought their life had improved during the preceding year was 60 percent and the proportion who expected their life to get better during the subsequent year was 82 percent; some 57 percent thought both. Regionally, the proportion who thought both was highest in the Western Terai (73 percent) and lowest in the Mid-Western Hills (43 percent). Education level and household wealth status were strongly associated with the likelihood of thinking both: 48 percent of women with no education thought both compared to 63 percent of women with higher education, and 47 percent of women in the poorest household population thought both compared to 62 percent of women in the richest household population.

Table SW.3: Perception of a better life (women)

Percentage of women aged 15–24 years who think that their lives improved during the year preceding the survey and those who expect that their lives will get better one year subsequent to the survey, Nepal, 2014

	Percent of women aged 15–24 years who think their life:			Number of women aged 15–24 years
	Improved during the preceding year	Will get better in the subsequent year	Both [1]	
Total	**60.1**	**81.9**	**57.0**	**5,123**
Region				
Eastern Mountains	61.6	79.7	57.6	77
Eastern Hills	58.2	79.3	53.7	329
Eastern Terai	56.6	78.6	52.5	699
Central Mountains	65.4	82.8	61.8	101
Central Hills	66.2	85.8	62.5	771
Central Terai	63.7	92.9	60.8	807
Western Mountains	64.2	79.7	57.3	2
Western Hills	46.2	72.6	43.9	583
Western Terai	74.6	85.5	73.4	454
Mid-Western Mountains	57.7	77.0	55.4	71
Mid-Western Hills	46.7	70.2	43.4	332
Mid-Western Terai	60.6	75.2	58.2	341
Far Western Mountains	47.6	79.8	44.2	78
Far Western Hills	60.6	80.7	57.6	183
Far Western Terai	66.2	89.6	62.8	295
Area				
Urban	64.7	82.7	59.9	956
Kathmandu valley	64.4	86.7	58.7	278
Other urban	64.9	81.0	60.3	678
Rural	59.1	81.8	56.4	4,167
Age (years)				
15–19	61.4	83.5	58.2	2,721
20–24	58.7	80.2	55.7	2,402
Marital status				
Ever married	57.0	79.8	54.2	2,379
Never married	62.9	83.7	59.4	2,744
Education				
None	50.2	75.2	48.0	617
Primary	52.7	77.1	49.7	610
Secondary	61.1	81.6	57.4	2,300
Higher	65.5	86.9	62.7	1,596
Wealth index quintile				
Poorest	49.9	74.1	46.6	947
Second	57.5	82.3	55.3	984
Middle	60.9	82.0	59.0	1,005
Fourth	64.8	85.2	61.1	1,126
Richest	66.1	85.0	61.7	1,061

[1] MICS indicator 11.3 – Perception of a better life

CHAPTER 15

Tobacco and Alcohol Use

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases.[1]

The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents[2]. Alcohol use also causes harm far beyond the physical and psychological health of the drinker. It harms the well-being and health of people around the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour, or negatively affect co-workers, relatives, friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society[3].

The Nepal MICS 2014 collected information on ever and current use of tobacco and alcohol and intensity of use among women aged 15–49 years.

Tobacco Use

Table TA.1 presents the current and ever use of tobacco products by women aged 15–49 years. In Nepal, 86 percent of women had never smoked cigarettes or used other tobacco products. Some 14 percent reported that they had used a tobacco product at some stage in their life, while 9 percent had smoked cigarettes or used other tobacco products on one or more days during the preceding month. Cigarettes were currently being used by 5 percent of women and other tobacco products were currently being used by 3 percent of women.

The proportion of women who had used any tobacco product during the preceding month was highest in the Mid-Western Mountains (27 percent) and lowest was in the Central Terai (5 percent). Current use of tobacco increases with age: only 1 percent of women aged 15–19 years currently used tobacco compared to 27 percent of women aged 45–49 years. Current use of tobacco had a strongly negative association with level of education and household wealth status. Women with no education were much more likely to currently use tobacco compared to women with higher education (19 percent

1World Health Organization, http://www.who.int/topics/tobacco/en/

[2]World Health Organization, http://www.who.int/topics/alcohol_drinking/en/

[3]World Health Organization, http://www.who.int/mediacentre/factsheets/fs349/en/

compared to 1 percent), and women living in households in the poorest quintile were much more likely to currently use tobacco than women living in households in the richest quintile (20 percent compared to 3 percent).

Table TA.1: Current and ever use of tobacco (women)

Percentage of women aged 15–49 years by pattern of use of tobacco, Nepal, 2014

	Percent of women aged 15–49 years who:									Number of women aged 15–49 years
	Never smoked cigarettes or used other tobacco products	Ever used:				Used tobacco products at any time during the preceding month:				
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	
Total	**86.2**	**7.6**	**2.6**	**3.4**	**13.7**	**4.8**	**1.4**	**3.0**	**9.2**	**14,162**
Region										
Eastern Mountains	83.2	6.7	3.0	6.9	16.5	5.1	0.7	7.7	13.5	186
Eastern Hills	84.9	7.0	1.5	6.6	15.1	4.8	1.1	6.0	11.9	807
Eastern Terai	87.8	5.3	2.6	4.1	11.9	1.4	0.8	3.3	5.6	2,071
Central Mountains	82.5	13.4	1.6	2.3	17.2	10.8	1.2	2.3	14.2	274
Central Hills	85.1	11.4	1.7	1.8	14.8	5.7	0.6	0.4	6.7	2,320
Central Terai	93.8	3.0	1.1	2.1	6.2	2.3	0.8	1.9	5.0	2,327
Western Mountains	91.1	3.9	0.6	4.5	8.9	1.5	0.0	3.7	5.2	8
Western Hills	83.8	9.0	2.1	4.7	15.8	6.2	1.0	4.3	11.5	1,659
Western Terai	91.6	4.0	0.9	3.4	8.4	3.2	0.5	3.7	7.5	1,236
Mid-Western Mountains	65.8	14.5	13.4	6.2	34.2	10.8	10.6	5.6	27.0	169
Mid-Western Hills	76.8	12.2	8.5	2.3	23.1	9.1	5.6	2.7	17.4	856
Mid-Western Terai	79.2	8.3	5.1	7.3	20.7	4.3	1.8	6.4	12.6	855
Far Western Mountains	79.6	13.3	3.2	3.8	20.3	11.6	2.7	4.0	18.3	225
Far Western Hills	86.3	9.0	3.6	1.0	13.6	6.4	3.6	0.9	11.0	433
Far Western Terai	86.8	8.9	3.1	1.3	13.2	7.4	1.2	1.5	10.1	735
Area										
Urban	89.4	6.5	1.7	2.3	10.5	3.0	0.3	1.8	5.1	2,792
Kathmandu valley	89.8	8.2	1.2	0.8	10.2	2.8	0.2	0.4	3.4	868
Other urban	89.2	5.8	1.9	3.0	10.7	3.2	0.3	2.4	5.9	1,924
Rural	85.4	7.9	2.8	3.7	14.4	5.2	1.7	3.3	10.1	11,370
Age (years)										
15–19	97.7	1.1	0.3	0.9	2.3	0.1	0.2	0.4	0.6	2,721
20–24	94.1	3.2	0.7	2.0	5.9	1.3	0.4	1.3	3.0	2,402
25–29	91.4	4.8	1.2	2.5	8.5	2.4	0.6	1.7	4.7	2,414
30–34	85.3	7.2	2.2	5.3	14.6	4.1	1.4	3.7	9.2	2,003
35–39	79.2	10.7	5.4	4.4	20.5	7.2	2.9	4.4	14.5	1,901
40–44	71.9	15.7	5.9	6.1	27.8	11.4	3.0	6.2	20.6	1,582
45–49	64.3	23.2	6.8	5.5	35.5	16.6	3.4	7.0	27.1	1,139
Under-5s in the same household										
At least one	86.9	6.8	2.6	3.5	12.9	4.5	1.6	2.8	9.0	5,813
None	85.7	8.2	2.6	3.3	14.2	5.0	1.2	3.1	9.3	8,349
Education										
None	75.2	14.4	5.3	4.8	24.6	10.6	3.0	5.3	18.9	5,294
Primary	84.6	7.6	2.8	5.0	15.4	4.4	1.2	4.2	9.8	2,004
Secondary	94.2	2.8	0.6	2.4	5.8	0.7	0.3	1.2	2.1	3,830
Higher	96.5	2.0	0.4	1.1	3.5	0.1	0.1	0.4	0.5	3,032
Wealth index quintile										
Poorest	75.8	13.4	5.9	4.8	24.0	11.1	4.2	5.1	20.4	2,453
Second	84.4	8.8	3.2	3.4	15.4	6.2	1.9	3.7	11.8	2,720
Middle	88.8	5.6	1.9	3.6	11.1	3.7	0.8	2.9	7.4	2,752
Fourth	89.1	5.5	1.9	3.4	10.8	2.4	0.6	2.5	5.5	3,020
Richest	90.7	6.1	0.9	2.2	9.2	1.9	0.1	1.2	3.2	3,218

[1] MICS indicator 12.1 – Tobacco use

Note: 1 case of missing 'education' not shown

Figure TA.1 shows the similar patterns for women aged 15–49 years who have ever smoked tobacco and who currently smoke tobacco in Nepal.

Figure TA.1: Ever and current smokers, Nepal, 2014

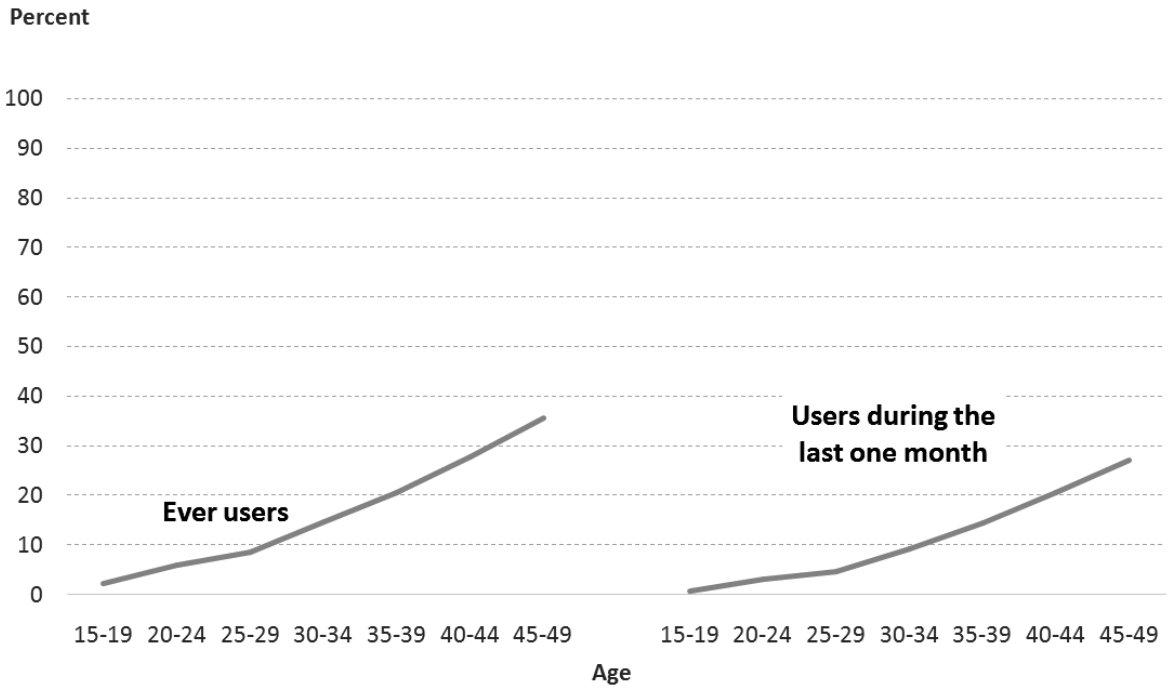


Table TA.2 presents the results on age at first use of cigarettes, as well as frequency of use, for women aged 15–49 years. Some 4 percent of women had smoked a whole cigarette for the first time before the age of 15. The proportion of women who had done so was highest in the Mid-Western Mountains (11 percent) and lowest in the Western Terai (1 percent). Education level and household wealth status were both associated with early initiation of smoking: 8 percent of women with no education started smoking at a young age compared to 1 percent of women with higher education, and 8 percent of women in the poorest household population started smoking at a young age compared to 2 percent of women in the richest household population.

Among women who were current cigarette smokers, 54 percent had smoked fewer than five cigarettes in the preceding day, 24 percent had smoked 5–9 cigarettes, 15 percent had smoked 10–19 cigarettes, and 7 percent had smoked more than 20 cigarettes.

Table TA.2: Age at first use of cigarettes and frequency of use (women)

Percentage of women aged 15–49 years who smoked a whole cigarette before the age of 15, and percentage of current smokers by the number of cigarettes smoked in the 24 hours preceding the survey, Nepal, 2014

	Percent of women who smoked a whole cigarette before age 15 [1]	Number of women aged 15–49 years	Percent of women by number of cigarettes smoked in the last 24 hours						Number of women aged 15–49 years who are current ciga-rette smokers
			Fewer than 5	5–9	10–19	20+	DK/ Missing	Total	
Total	**3.9**	**14,162**	**53.6**	**23.5**	**14.7**	**7.2**	**1.0**	**100.0**	**877**
Region									
Eastern Mountains	4.0	186	51.8	30.9	17.2	0.0	0.0	100.0	11
Eastern Hills	4.3	807	44.0	32.7	15.4	7.9	0.0	100.0	48
Eastern Terai	3.5	2,071	(58.1)	(30.0)	(7.1)	(4.8)	(0.0)	100.0	47
Central Mountains	5.3	274	56.4	26.2	11.1	6.4	0.0	100.0	33
Central Hills	5.2	2,320	48.5	19.2	25.5	6.8	0.0	100.0	146
Central Terai	1.9	2,327	(47.3)	(29.9)	(1.3)	(17.6)	(3.8)	100.0	73
Western Mountains	2.2	8	(*)	(*)	(*)	(*)	(*)	100.0	0
Western Hills	2.4	1,659	61.0	18.3	12.5	5.5	2.8	100.0	119
Western Terai	0.9	1,236	(63.9)	(23.6)	(9.3)	(3.3)	(0.0)	100.0	47
Mid-Western Mountains	11.1	169	64.2	14.4	12.4	8.4	0.5	100.0	36
Mid-Western Hills	8.5	856	50.7	23.1	15.0	11.2	0.0	100.0	125
Mid-Western Terai	5.4	855	60.1	23.8	8.7	5.1	2.3	100.0	53
Far Western Mountains	7.7	225	37.7	23.4	33.3	5.7	0.0	100.0	32
Far Western Hills	5.2	433	46.0	28.2	21.4	4.5	0.0	100.0	43
Far Western Terai	4.4	735	61.6	23.2	11.2	1.3	2.7	100.0	64
Area									
Urban	3.0	2,792	55.8	26.7	12.3	5.2	0.0	100.0	94
Kathmandu valley	3.4	868	(38.0)	(30.6)	(19.4)	(12.0)	(0.0)	100.0	26
Other urban	2.8	1,924	62.5	25.2	9.7	2.7	0.0	100.0	69
Rural	4.2	11,370	53.3	23.1	14.9	7.5	1.2	100.0	783
Age (years)									
15–19	0.7	2,721	(*)	(*)	(*)	(*)	(*)	100.0	6
20–24	1.5	2,402	(73.7)	(12.1)	(11.1)	(3.1)	0.0	100.0	40
25–29	2.3	2,414	72.5	19.2	4.0	3.1	1.2	100.0	72
30–34	3.7	2,003	52.5	23.8	17.2	6.2	0.2	100.0	110
35–39	5.9	1,901	51.5	27.3	13.3	7.0	0.9	100.0	192
40–44	8.7	1,582	48.7	25.4	16.5	7.6	1.7	100.0	229
45–49	10.8	1,139	50.5	22.0	16.8	9.7	1.1	100.0	229
Under-5s in the same household									
At least one	3.6	5,813	56.7	23.6	11.2	7.0	1.5	100.0	357
None	4.2	8,349	51.5	23.3	17.0	7.4	0.7	100.0	521
Education									
None	7.9	5,294	52.1	23.5	14.8	8.6	1.0	100.0	722
Primary	3.4	2,004	60.6	24.8	13.9	0.7	0.0	100.0	112
Secondary	1.2	3,830	(60.4)	(15.7)	(17.0)	(2.2)	(4.7)	100.0	37
Higher	0.7	3,032	(*)	(*)	(*)	(*)	(*)	100.0	6
Wealth index quintile									
Poorest	7.8	2,453	52.2	24.3	16.2	7.2	0.1	100.0	375
Second	4.0	2,720	56.1	22.2	14.3	5.2	2.1	100.0	221
Middle	3.1	2,752	47.0	24.7	12.9	13.2	2.2	100.0	124
Fourth	3.0	3,020	58.6	23.9	7.8	8.0	1.7	100.0	93
Richest	2.4	3,218	58.6	19.6	20.1	1.7	0.0	100.0	66

[1] MICS indicator 12.2 – Smoking before age 15

Note: 1 case of missing 'education' not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Alcohol Use

Table TA.3 shows the use of alcohol among women aged 15–49 years. Some 82 percent had never had an alcoholic drink, while 10 percent had had at least one drink of alcohol on one or more days during the month preceding the survey. In addition, 7 percent of women had had at least one alcoholic drink before the age of 15.

Regionally, the proportion of women who had had at least one alcoholic drink before the age of 15 was highest in the Eastern Mountains (45 percent) and lowest in the Far Western Hills (less than 1 percent). Household wealth status was associated with early initiation of drinking: 14 percent of women in the poorest household population had done so compared to 4 percent of women in the richest household population.

Among current drinkers, the proportion was highest in the Eastern Mountains (51 percent) and lowest in the Far Western Hills (1 percent). Older women were much more likely than younger women to currently drink: 3 percent of women aged 15–19 years were current drinkers compared to 18 percent of women aged 45–49 years. Education level and household wealth status were negatively correlated with the likelihood of currently drinking: 14 percent of women with no education were current drinkers compared to 4 percent of women with higher education, and 20 percent of women in the poorest household population were current drinkers compared to 6 percent of women in the richest household population.

Table TA.3: Use of alcohol (women)

Percentage of women aged 15–49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before the age of 15, and percentage who have had at least one alcoholic drink at any time during the month preceding the survey, Nepal, 2014

	Percent of women aged 15–49 years who had:			Number of women aged 15–49 years
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15 [1]	Had at least one alcoholic drink at any time during the last one month [2]	
Total	**82.2**	**6.8**	**9.5**	**14,162**
Region				
Eastern Mountains	36.7	44.9	50.9	186
Eastern Hills	61.0	25.1	27.6	807
Eastern Terai	87.4	2.8	3.8	2,071
Central Mountains	60.5	13.4	28.0	274
Central Hills	67.9	11.5	15.2	2,320
Central Terai	97.9	0.5	0.8	2,327
Western Mountains	61.8	12.2	15.1	8
Western Hills	77.9	8.8	12.4	1,659
Western Terai	93.2	0.7	4.7	1,236
Mid-Western Mountains	93.3	3.2	4.4	169
Mid-Western Hills	84.9	3.6	9.4	856
Mid-Western Terai	73.1	10.0	11.3	855
Far Western Mountains	99.0	0.9	0.7	225
Far Western Hills	99.1	0.4	0.6	433
Far Western Terai	86.9	2.6	5.7	735
Area				
Urban	78.3	6.1	7.9	2,792
Kathmandu valley	66.1	9.3	11.4	868
Other urban	83.8	4.6	6.3	1,924
Rural	83.1	7.0	9.9	11,370
Age (years)				
15–19	90.4	5.9	3.2	2,721
20–24	84.4	5.9	6.0	2,402
25–29	84.5	5.7	8.2	2,414
30–34	79.8	7.6	9.9	2,003
35–39	77.8	7.9	14.1	1,901
40–44	74.9	7.7	15.5	1,582
45–49	74.6	8.7	17.9	1,139
Education				
None	80.2	8.1	13.6	5,294
Primary	77.4	8.3	13.2	2,004
Secondary	85.5	6.4	6.2	3,830
Higher	84.6	4.0	4.0	3,032
Wealth index quintile				
Poorest	74.2	13.8	19.6	2,453
Second	79.1	8.6	12.4	2,720
Middle	88.3	4.8	6.5	2,752
Fourth	87.3	4.1	5.3	3,020
Richest	80.8	4.1	5.8	3,218

[1] MICS indicator 12.4 – Use of alcohol before age 15

[2] MICS indicator 12.3 – Use of alcohol

Note: 1 case of missing 'education' not shown

Appendices

Appendix *A*

Sample Design

The major features of the sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Nepal MICS 2014 was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the 15 ecological zones of the country: Eastern Mountains, Eastern Hills, Eastern Terai, Central Mountains, Central Hills, Central Terai, Western Mountains, Western Hills, Western Terai, Mid-Western Mountains, Mid-Western Hills, Mid-Western Terai, Far Western Mountains, Far Western Hills, Far Western Terai. Urban and rural areas in each of the 15 ecological zones were defined as the sampling strata. The Central Hills zone is further divided into two substrata as Kathmandu Valley and Other urban areas.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Water quality testing was carried out in each of the 519 clusters sampled for this survey. Three households were selected from the list of 25 households interviewed in each cluster using a random systematic selection procedure. This yielded a total of 1,557 households for *E. coli* testing in drinking water. For one of the three households in each cluster, a sample was also taken from the household's source of drinking water, yielding 519 samples. Samples of household drinking water were taken from a glass of water that would be given to a child to drink, and each sample of source water was collected in a sterile Whirl-Pak® bag.

Sample Size and Sample Allocation

The sample size for the Nepal MICS 2014 was calculated as 13,000 households. For the calculation of the sample size, the key indicator used was the birth registration prevalence among children aged 0–4 years. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.12r)^2(pb)(AveSize)(RR)]}$$

where,

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 percent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- deff is the design effect for the indicator, estimated from a previous survey or using a default value of 1.5
- 0.12r is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 percent of r (relative margin of error of r)
- pb is the proportion of the total population upon which the indicator, r, is based
- *AveSize* is the average household size (number of persons per household)
- RR is the predicted response rate

For the calculation, r (birth registration) was assumed to be 42.3 percent. The value of deff (design effect) was taken as 2 based on estimates from previous surveys, pb (percentage of children aged 0–4 years in the total population) was taken as 9.7 percent, *AveSize* (average household size) was taken as 4.88 persons per household, and the response rate was assumed to be 95 percent, based on experience from previous surveys.

Calculations of the required sample sizes indicated that 800 households per domain would be adequate to yield estimates with sufficient precision for most of the indicators, but in the case of three large domains (Eastern Terai, Central Terai, and Western Hills) the decision was made to increase the sample size to 1,000 households. One domain (Western Mountains) posed a particular problem because of its small size. The natural inclination would be to combine it with Mid-Western Mountains, but that was considered undesirable, because of the need to have a separate estimate for this latter domain (which is also known as Karnali). The decision was therefore made to keep Western Mountains as a separate domain. Only 400 households were allocated to it on the clear understanding that the resulting estimates were bound to have lower precision than corresponding estimates for other domains. The overall total sample size was 13,000 households.

The number of households selected per cluster for the Nepal MICS 2014 was determined as 25 households, based on a number of considerations, including the design effect, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that 40, 32 or 16 sample clusters would need to be selected in each zone.

Equal allocation of the total sample size to the 11 zones was used, while three zones had an allocation of 1,000 households and the Western Mountains had 400 households. Therefore, 40, 32 and 16 clusters respectively were allocated to each of the ecological zones, with the final sample size calculated as 13,000 households (32 clusters * 11 zones * 25 sample households per cluster + 40

clusters * 3 zones * 25 sample households per cluster + 16 clusters * 1 zone * 25 sample households per cluster). In each zone, the clusters (primary sampling units) were distributed to the urban and rural domains proportionally to the size of urban and rural populations in that zone. Table SD.1 shows the allocation of clusters to the sampling strata.

Table SD.1: Allocation of sample clusters (primary sampling units) to sampling strata

	Population (2011 Estimates)			Number of Clusters		
	Total	Urban	Rural	Total	Urban	Rural
Total	**5,423,297**	**1,045,575**	**4,377,722**	**520**	**126**	**394**
Region						
Eastern Mountains	84,844	6,290	78,554	32	4	28
Eastern Hills	346,373	27,862	318,511	32	6	26
Eastern Terai	799,526	152,501	647,025	40	12	28
Central Mountains	122,034	6,076	115,958	32	4	28
Kathmandu Valley urban	366,255	366,255	0	32	32	0
Central Hills (rest of)	648,510	50,187	598,323	32	4	28
Central Terai	825,439	112,256	713,183	40	10	30
Western Mountains	4,753	0	4,753	16	0	16
Western Hills	676,987	133,678	543,309	40	12	28
Western Terai	383,859	52,261	331,598	32	8	24
Mid-Western Mountains	68,802	0	68,802	32	0	32
Mid-Western Hills	332,025	16,707	315,318	32	4	28
Mid-Western Terai	294,187	54,099	240,088	32	12	20
Far Western Mountains	83,265	0	83,265	32	0	32
Far Western Hills	161,891	14,059	147,832	32	6	26
Far Western Terai	224,547	53,344	171,203	32	12	20

Sampling Frame and Selection of Clusters

The 2011 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the number of households in each enumeration area from the 2011 Population and Housing Census frame. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the fifteen ecological zones, separately for the urban and rural strata.

Listing Activities

Since the sampling frame (the 2011 census) was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed who visited all of the selected enumeration areas and listed all households in the enumeration areas. The listing was carried out by 30 teams: each comprised one listing person and one mapping person. Fieldwork for listing began in September 2013 and concluded in November 2013. As per CBS principles for segmentation, urban wards containing fewer than 225 households and rural wards containing fewer than 150 households will not be split. Wards were used as the PSU. In the case of larger wards, additional splits are made in steps of 150 households for urban areas and 100 households for rural areas. Thus an urban ward of 500 households will be split into three segments (for example, 500 = 225 + 150 + 125) whereas a rural ward of 500 households will be split into five segments (for example, 500 = 150 + 100 + 100 + 100 + 50).

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to N (the total number of households in each enumeration area) at the Central Bureau of Statistics, where the selection of 25 households in each enumeration area was carried out using random systematic selection procedures.

Calculation of Sample Weights

The Nepal MICS 2014 sample is not self-weighting. Essentially, by allocating equal numbers of households to each of 11 zones and another size to three zones and a high over-sampling in one more zone, different sampling fractions were used in each zone since the sizes of the ecological zones varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term fhi, the sampling fraction for the i-th sample PSU in the h-th stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

Where pshi is the probability of selection of the sampling unit at stage s for the i-th sample PSU in the h-th sampling stratum. Based on the sample design, these probabilities were calculated as follows:

$$\text{p1hi} = \frac{n_h \times M_{hi}}{M_h}$$

where,

- nh = number of sample PSUs selected in stratum h
- Mhi = number of households in the 2011 census frame for the i-th sample PSU in stratum h
- Mh = total number of households in the 2011 census frame for stratum h
- p2hi = proportion of the PSU listed the i-th sample PSU stratum h (in the case of PSUs that were segmented); for non-segmented PSUs, p2hi = 1
- p3hi = $\frac{25}{M'_{hi}}$
- M'hi = number of households listed in the i-th sample PSU in stratum h

Since the number of households in each enumeration area (PSU) from the 2011 census frame used for the first stage selection and the updated number of households in the enumeration area from the listing are generally different, individual overall probabilities of selection for households in each sample enumeration area (cluster) were calculated.

A final component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response in each stratum is equal to:

$$\frac{1}{RR_h}$$

Where RR_h is the response rate for the sample households in stratum h, defined as the proportion of the number of interviewed households in stratum h out of the number of selected households found to be occupied during the fieldwork in stratum h.

Similarly, adjustment for non-response at the individual level (women, men, and under-5 children) for each stratum is equal to:

$$\frac{1}{RR_h}$$

where RR_h is the response rate for the individual questionnaires in stratum h, defined as the proportion of eligible individuals (women, men, and under-5 children) in the sample households in stratum h who were successfully interviewed.

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in the Nepal MICS 2014 are shown in Table HH.1 in this report.

The non-response adjustment factors for the individual women, men, and under-5 questionnaires were applied to the adjusted household weights. Numbers of eligible women, men and under-5 children were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the inverse of the probabilities of selection by the non-response adjustment factor for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal to the total sample size at the national level. Normalization is achieved by dividing the full sample weights (adjusted for non-response) by the average of these weights across all households at the national level. This is performed by multiplying the sample weights by a constant factor equal to the unweighted number of households at the national level divided by the weighted total number of households (using the full sample weights adjusted for non-response). A similar standardization procedure was followed in obtaining standardized weights for the individual women, men and under-5 questionnaires. Adjusted (normalized) weights varied between 0.02 and 4.93 in the 520 sample enumeration areas (clusters).

Sample weights were appended to all datasets and analyses were performed by weighting households, women, men or under-5s with these sample weights.

Appendix *B*

List of Personnel Involved in the Survey

NMICS 2014 STEERING COMMITTEE MEMBERS

Honourable Member, National Planning Commission	Chairperson
Joint Secretary, Social Development Division, NPC Secretariat	Member
Joint Secretary, Economic Management Division, NPC Secretariat	Member
Joint Secretary, Monitoring and Evaluation Division, NPC Secretariat	Member
Joint Secretary, Ministry of Education	Member
Joint Secretary, Ministry of Health and Population	Member
Joint Secretary, Ministry of Federal Affairs and Local Development	Member
Joint Secretary, Ministry of Women, Children and Social Welfare	Member
Chief, Central Department of Statistics, T.U.	Member
Invitees (maximum 7 persons)	Member
Director General, CBS	Member Secretary

NMICS 2014 TECHNICAL COMMITTEE MEMBERS

Deputy Director General, CBS	Chairperson
Director, Population Section, CBS	Member
Director, Planning, Coordination and Standardization Section, CBS	Member
Programme Director, National Planning Commission Secretariat	Member
Under Secretary, Department of Education	Member
Under Secretary, Department of Health Services	Member
Under Secretary, Department of Women's Development	Member
Under Secretary, Ministry of Federal Affairs and Local Development	Member
Representative, Central Department of Statistics, T.U.	Member
Representative, United Nations Chidren's Fund (UNICEF Nepal)	Member
Invitees (maximum 8 persons)	Member
Director, Social Statistics Section, CBS	Member Secretary

NEPAL MICS 2014 CORE TEAM MEMBERS

Mr Uttam Narayan Malla	Ex-Director General
Mr Bikash Bista	Ex-Director General
Dr Rudra Suwal	Deputy Director General
Mr Krishna Tuladhar	Director (Project Coordinator, NMICS 2014)
Mr Suresh Basnyat	Director
Mr Shailendra Ghimire	Director
Mr Badri Kumar Karki	Director
Mr Paramanand Pant	Statistics Officer
Mr Kapil Dhital	Statistics Officer
Mr Vishwa Natha Tripathi	Statistics Officer
Mr Rishi Ram Pokharel	Statistics Officer
Ms Chhiring Yalmo	Computer Officer

FINANCIAL SUPPORT AND FACILITATION TEAM

Mr Jib Narayan Baral	Ex-Under Secretary (Account)
Mr Prakash Subedi	Account Officer
Mr Yadav Kharel	Accountant

DATA PROCESSING TEAM

Mr Pramod Sapkota	Data Entry Supervisor
Ms Sameeksha Ghimire	Data Entry Supervisor
Mr Siddhartha Shankar Chaudhary	Data Entry Supervisor
Ms Deena Shakya	Data Entry Operator
Ms Pratiksha Shakya	Data Entry Operator
Mr Sapan Shrestha	Data Entry Operator
Ms Lajina Manandhar	Data Entry Operator
Mr Nitesh Tamrakar	Data Entry Operator
Mr Prashant Shrestha	Data Entry Operator
Mr Sanjay Rajkarnikar	Data Entry Operator
Ms Reena Awal	Data Entry Operator
Ms Radha Budathoki	Data Entry Operator
Ms Binu Shrestha	Data Entry Operator
Ms Dambar Kumari Ghale	Data Entry Operator

HOUSEHOLD LISTERS

Mr Yam Bahadur Gurung
Mr Prem Prakash Ghimire
Mr Jaykisun Kumar Sonar
Mr Dhata Ram Shrestha
Mr Subas Rai
Mr Tej Kumar Darlami
Ms Sujata Chapagain
Ms Sharada Sharma
Mr Tek Bahadur Gharti
Mr Padam Bahadur Khatri
Mr Moti Ram Rokaya
Mr Nirmal Regmi
Mr Basant Nyaupane
Mr Ram Bahadur Thapa
Mr Hari Bahadur Gharti
Mr Deepak Bhattarai
Ms Renu Kumari Ghimire
Mr Damodar Shrestha
Mr Balram Dulal
Mr Kiran Bista
Mr Krishna Prasad Chaulagain
Mr Hariom Prasad Chaudhary
Mr Surya Giri
Mr Nawaraj Pokhrel
Mr Kanta Lal Chaudhary
Mr Ram Chandra Wagle
Mr Surendra Prasad Pant
Ms Indrakala Subedi
Mr Binod Raj Pant
Mr Lang Bahadur Bam
Ms Chandrakala Poudyal
Ms Ganga Bhujel
Ms Nima Sharma
Ms Reeta Maharjan
Ms Uma Kumari
Ms Laxmi Pandey
Mr Kabindra Mahat
Ms Sangita Sigdel
Ms Gita Kumari Adhaikari
Mr Ras Lal Sada
Ms Renu SinghThakur
Mr Siddhartha Shankar Chaudhary
Ms Anjana Kumari Shrestha
Ms Bhagabati Karki
Ms Laxmi Sapkota
Ms Shrutika Gole
Mr Uttam Paudel
Ms Pushpa Sharma
Ms Dambar Kumari Ghale
Ms Archana Singh Tharu
Ms Susma Adhikari
Ms Saraswota Bhusal
Mr Damodar Subedi
Ms Gayatri Adhikari
Mr Nabin Sapkota
Mr Dipendra Aryal
Mr Bishnu Datta Bhatta
Ms Sharmila Kafle
Ms Indira Niraula
Ms Mahalaxmi Luitel

SUPERVISORS, EDITORS AND ENUMERATORS

Mr Santosh Koirala	Supervisor
Ms Shanti Kumari Rana	Supervisor
Mr Deepak Bhattarai	Supervisor
Mr Krishna Prasad Chaulagain	Supervisor
Mr Shankar Thakur	Supervisor
Mr Ram Chandra Wagle	Supervisor
Mr Kiran Bista	Supervisor
Mr Pharamanda Ojha	Supervisor
Mr Kabindra Mahat	Supervisor
Mr Tek Bahadur Gharti	Supervisor
Mr Jagadish Sapkota	Supervisor
Ms Lila Adhikari Pandit	Supervisor
Mr Moti Ram Rokaya	Supervisor
Mr Shambhu Narayan Pant	Supervisor
Mr Damodar Subedi	Supervisor
Mr Madhav Gyawali	Supervisor
Mr Balram Sigdel	Supervisor

Mr Vishnu Prasad Sharma	Supervisor
Mr Subash Thapaliya	Supervisor
Ms Pushpa Sharma	Editor
Ms Pratima Gyawali Adhikari	Editor
Ms Babi Dejee Gupta	Editor
Ms Prabina Awal	Editor
Ms Rama Kaphle	Editor
Ms Subarna Regmi	Editor
Ms Sharada Pandey	Editor
Ms Manisha Shrestha	Editor
Ms Gita Rimal	Editor
Ms Archana Singh Tharu	Editor
Ms Shrijana Luitel	Editor
Ms Indira Niraula	Editor
Ms Shanta Khanal	Editor
Ms Bandana Paudel	Editor
Ms Anjana Kumari Shrestha	Editor
Mr Gopal Prasad Paudyal	Measurer
Mr Nabin Sapkota	Measurer
Mr Ras Lal Sada	Measurer
Mr Ashish Bhuju	Measurer
Mr Neeraj Dhungel	Measurer
Mr Bisnu Prasad Bhusal	Measurer
Mr Suresh Mudvari	Measurer
Ms Bipana Luitel	Measurer
Mr Dipendra Aryal	Measurer
Ms Susma Adhikari	Measurer
Mr Anash Joshi	Measurer
Mr Suman Thapa	Measurer
Ms Krishna Rokaya	Measurer
Mr Bishnu Datta Bhatta	Measurer
Ms Sabitri Kumari Tharu	Measurer
Ms Bindukala Shrestha	Enumerator
Ms Kopila Prasai	Enumerator
Ms Sewanta Gautam	Enumerator
Ms Ganga Bhujel	Enumerator
Ms Radhika Bastola	Enumerator
Ms Anita Adhikari	Enumerator
Ms Uma Kumari	Enumerator
Ms Sushila Kumari Sah	Enumerator
Ms Roji Rani Dev	Enumerator
Ms Pretty Raya	Enumerator
Ms Laxmi Shrestha	Enumerator
Ms Bijaya Joshi	Enumerator
Ms Chandrakala Poudyal	Enumerator
Ms Gayatri Adhikari	Enumerator
Ms Nargish Khatun	Enumerator
Ms Krishna Kumari Pradhan	Enumerator
Ms Kamala Sigdel	Enumerator
Ms Sunita Shrestha	Enumerator
Ms Laxmi Sapkota	Enumerator
Ms Gayatri Pudasaini Adhikari	Enumerator
Ms Yamuna Adhikari	Enumerator
Ms Sarmila khatri	Enumerator
Ms Kanti Baniya	Enumerator
Ms Cheena Pathak	Enumerator
Ms Rita Lamichhane	Enumerator
Ms Samira Dahal	Enumerator
Ms Sharmila Kafle	Enumerator
Ms Renu SinghThakur	Enumerator
Ms Sangita Sigdel	Enumerator
Ms Laxmi Pandey	Enumerator
Ms Shulakshana Luitel	Enumerator
Ms Kopila Pudasaini	Enumerator
Ms Nisha Kiran Luitel	Enumerator
Ms Shila Kumal	Enumerator
Ms Sukmaya Gurung	Enumerator
Ms Sanju Phuyal	Enumerator
Ms Bhagabati Karki	Enumerator
Ms Nima Sharma	Enumerator
Ms Sita Paudel	Enumerator
Ms Shanti Chand	Enumerator
Ms Archana Kumari Karki	Enumerator
Ms Mahalaxmi Luitel	Enumerator
Ms Reeta Maharjan	Enumerator
Ms Indira Birbal	Enumerator
Ms Parwati Karki	Enumerator

Appendix C

Estimates of Sampling Errors

The sample of respondents selected in the Nepal MICS 2014 is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (se): Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jackknife repeated replications method is used for standard error estimation.

- Coefficient of variation (se/r) is the ratio of the standard error to the value (r) of the indicator, and is a measure of the relative sampling error.

- Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The square root of the design effect (deft) is used to show the efficiency of the sample design in relation to the precision. A deft value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a deft value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.

- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (r + 2.se or r – 2.se) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, programs developed in CSPro Version 5.0, SPSS Version 21 Complex Samples module and CMRJack[1] have been used.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

[1] *CMRJack is software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html*

Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

Sampling errors are calculated for indicators of primary interest, for the national level, for urban and rural areas, and for all regions. Seven of the selected indicators are based on households and household members, 18 are based on women, and 17 are based on children under five. Table SE.1 shows the list of indicators for which sampling errors are calculated, including a description of the base population (denominator) for each indicator. Tables SE.2 to SE.18 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Nepal, 2014

MICS5 Indicator		Base Population
HOUSEHOLDS		
2.19	Iodized salt consumption	Total number of households in which salt was tested or where there was no salt
HOUSEHOLD MEMBERS		
4.1	Use of improved drinking water sources	All household members [a]
4.3	Use of improved sanitation	All household members [a]
7.4	Primary school net attendance ratio (adjusted)	Total number of children of primary school age
7.5	Secondary school net attendance ratio (adjusted)	Total number of children of secondary school age
8.2	Child labour	Total number of children aged 5–17 years [a]
8.3	Violent discipline	Total number of children aged 1–14 years [a]
WOMEN		
1.2	Infant mortality rate	Children of interviewed women exposed to the risk of mortality during the first year of life
1.4	Child mortality rate	Children of interviewed women exposed to the risk of mortality during the second to fifth years of life
5.1	Adolescent birth rate	Women years of exposure to childbirth during ages 15–19 years
5.3	Contraceptive prevalence rate	Women aged 15–49 years who are currently married or in union
5.4	Unmet need	Women aged 15–49 years who are currently married or in union
5.5a	Antenatal care coverage (1+ times, skilled provider)	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.5b	Antenatal care coverage (4+ times, any provider)	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.7	Skilled attendant at delivery	Women aged 15–49 years with a live birth in the 2 years preceding the survey
7.1	Literacy rate (young women)	Total number of women aged 15–24 years
9.1	Knowledge about HIV prevention (young women)	-
-	Pregnant women	-
5.8	Institutional delivery	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.9	Caesarean section	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey
8.5	Marriage before age 18	Total number of women aged 20–49 years
8.7	Polygyny	Percentage of women aged 15–49 years who are in a polygynous union
9.2	Knowledge of mother-to-child transmission of HIV	Total number of women aged 15–49 years
9.4	Accepting attitudes towards people living with HIV	Total number of women aged 15–49 years who have heard of HIV
9.5	Women who have been tested for HIV and know the results	Total number of women aged 15–49 years

Table SE.1: Continued

UNDER-5s		
2.1a	Underweight prevalence (moderate and severe)	Total number of children under 5 years of age
2.1 b	Underweight prevalence (severe)	Total number of children under 5 years of age
3.22	Anti-malarial treatment of children under age 5	Total number of children under 5 years of age with fever in the 2 weeks preceding the survey
2.7	Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.12	Age-appropriate breastfeeding	Total number of children aged 0–23 months
-	Diarrhoea in preceding 2 weeks	Total number of children under 5 years of age
-	Illness with a cough in preceding 2 weeks	Total number of children under 5 years of age
-	Fever in last two weeks	Total number of children under 5 years of age
3.12	Oral rehydration therapy with continued feeding	Total number of children under 5 years of age with diarrhoea in the 2 weeks preceding the survey
3.14	Antibiotic treatment of suspected pneumonia	Total number of children under 5 years of age with ARI symptoms in the 2 weeks preceding the survey
6.2	Support for learning	Total number of children aged 36–59 months
6.1	Attendance to early childhood education	Total number of children aged 36–59 months
8.1	Birth registration	Total number of children under 5 years of age
-	Total fertility rate (3 years)	-
1.1	Neonatal mortality rate	-
1.3	Post-neonatal mortality rate	-
1.5	Under-five mortality rate	Children of interviewed women exposed to the risk of mortality during the first five years of life

[a] To calculate the weighted results of MICS indicators 4.1, 4.3, 8.2 and 8.3, the household weight is multiplied by the number of household members in each household. Therefore, the unweighted base population presented in the SE tables reflect the unweighted number of households, whereas the weighted numbers reflect the household population.

Random selection of one child aged 1–17 years per household is carried out during fieldwork for administering the child labour and/or child discipline modules. The child labour module is administered for children aged 5–17 years from among those randomly selected, while violent discipline module is administered for children aged 1–14 years. To account for the random selection and calculate MICS Indicators 8.2 and 8.3, the household sample weight is multiplied by the total number of children in the age range in each household. Therefore the unweighted base population presented in the SE tables reflects the unweighted number of households with children in the age range, whereas the weighted numbers reflect the number of children in the age range.

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.8152	0.0111	0.014	10.109	3.179	12379	12377	0.793	0.837
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9335	0.0061	0.007	7.401	2.721	56824	12405	0.921	0.946
Use of improved sanitation	4.3	7.9	0.6013	0.0122	0.020	7.697	2.774	56824	12405	0.577	0.626
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8593	0.0085	0.010	4.042	2.010	6747	6789	0.842	0.876
Secondary school net attendance ratio (adjusted)	7.5		0.6607	0.0111	0.017	3.846	1.961	6876	6941	0.638	0.683
Child labour	8.2		0.3743	0.0093	0.025	2.662	1.6316	17319	7147	0.356	0.393
Violent discipline	8.3		0.8171	0.0066	0.008	2.189	1.480	18049	7558	0.804	0.830
WOMEN											
Infant mortality rate	1.2	4.2	33.1051	3.0063	9.038	na	na	na	na	27.092	39.118
Under-five mortality rate	1.5	4.1	38.0245	3.2813	10.767	na	na	na	na	31.462	44.587
Adolescent birth rate	5.1	5.4	71.4776	4.1095	16.8882	na	na	na	na	63.258	79.697
Contraceptive prevalence	5.3	5.3	0.4963	0.0082	0.017	2.907	1.705	10830	10688	0.480	0.513
Unmet need	5.4	5.6	0.2521	0.0058	0.023	1.889	1.374	10830	10688	0.241	0.264
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5348	0.0147	0.270	1.803	1.343	2048	2086	0.505	0.564
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5948	0.0169	0.028	2.468	1.571	2048	2086	0.561	0.629
Skilled attendant at delivery	5.7	5.2	0.5556	0.0149	0.027	1.881	1.372	2048	2086	0.526	0.585
Literacy rate (young women)	7.1	2.3	0.8398	0.0108	0.013	4.531	2.129	5123	5256	0.818	0.861
Knowledge about HIV prevention (young women)	9.1	6.3	0.3636	0.0103	0.028	2.420	1.556	5123	5256	0.343	0.384
Pregnant women	-		0.0407	0.0023	0.057	1.957	1.399	14162	14162	0.036	0.045
Institutional deliveries	5.8		0.5515	0.0160	0.029	2.167	1.472	2048	2086	0.519	0.584
Caesarean section	5.9		0.0862	0.0077	0.089	1.569	1.253	2048	2086	0.071	0.102
Marriage before age 18	8.5		0.4854	0.0076	0.016	2.665	1.632	11441	11381	0.470	0.501
Polygyny	8.7		0.0405	0.0030	0.075	2.529	1.590	10830	10688	0.034	0.047
Knowledge of mother-to-child transmission of HIV	9.2		0.3845	0.0073	0.019	3.204	1.790	14162	14162	0.370	0.399
Accepting attitudes towards people living with HIV	9.3		0.4862	0.0086	0.018	3.269	1.808	11107	10918	0.469	0.504
Women who have been tested for HIV and know the results	9.5		0.0274	0.0020	0.071	2.025	1.423	14162	14162	0.023	0.031
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.3008	0.0101	0.033	2.516	1.586	5206	5235	0.281	0.321
Underweight prevalence (severe)	2.1b	1.8	0.0859	0.0060	0.070	2.392	1.547	5206	5235	0.074	0.098
Anti-malarial treatment of children under age 5	3.22	6.8	0.0089	0.0034	0.379	1.389	1.179	1074	1074	0.002	0.016

Table SE.2: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.5693	0.0229	0.040	0.966	0.983	455	452	0.523	0.615
Age-appropriate breastfeeding	2.12		0.7926	0.0119	0.015	1.719	1.311	1986	2008	0.769	0.816
Diarrhoea in the previous 2 weeks	-		0.1199	0.0064	0.054	2.099	1.449	5349	5349	0.107	0.133
Illness with a cough in the previous 2 weeks	-		0.0667	0.0050	0.075	2.125	1.458	5349	5349	0.057	0.077
Fever in last two weeks	-		0.2008	0.0077	0.038	1.977	1.406	5349	5349	0.185	0.216
Oral rehydration therapy with continued feeding	3.12		0.4586	0.0222	0.048	1.403	1.184	641	710	0.414	0.503
Antibiotic treatment of suspected pneumonia	3.14		0.7489	0.0185	0.025	0.609	0.781	357	336	0.712	0.786
Support for learning	6.2		0.6716	0.0151	0.022	2.352	1.534	2284	2279	0.641	0.702
Attendance to early childhood education	6.1		0.5067	0.0179	0.035	2.922	1.709	2284	2279	0.471	0.542
Birth registration	8.1		0.5812	0.0120	0.021	3.180	1.783	5349	5349	0.557	0.605
Total fertility rate (3 years)	-		2.2922	0.0653	0.004	na	na	na	na	2.162	2.423
Neonatal mortality rate	1.1		22.5315	2.3661	5.598	na	na	na	na	17.799	27.264
Post-neonatal mortality rate	1.3		10.5735	1.6846	2.838	na	na	na	na	7.204	13.943
Child mortality rate	1.4		5.0878	0.9088	0.826	na	na	na	na	3.270	6.905

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.9644	0.0050	0.005	2.159	1.469	2467	2984	0.954	0.974
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9546	0.0084	0.009	4.879	2.209	9753	2992	0.938	0.971
Use of improved sanitation	4.3	7.9	0.6280	0.0158	0.025	3.191	1.786	9753	2992	0.596	0.660
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9006	0.0099	0.011	1.243	1.115	8814	1135	0.881	0.920
Secondary school net attendance ratio (adjusted)	7.5		0.7466	0.0206	0.028	2.894	1.701	991	1294	0.705	0.788
Child labour	8.2		0.1624	0.0134	0.083	2.103	1.450	3164	1593	0.136	0.189
Violent discipline	8.3		0.7460	0.0148	0.020	1.821	1.350	3091	1570	0.716	0.776
WOMEN											
Infant mortality rate	1.2	4.2	21.2153	5.6237	31.626	na	na	na	na	9.968	32.463
Under-five mortality rate	1.5	4.1	26.2243	6.6775	44.589	na	na	na	na	12.869	39.579
Adolescent birth rate	5.1	5.4	33.4931	5.2489	27.552	na	na	na	na	22.995	43.991
Contraceptive prevalence	5.3	5.3	0.5205	0.0128	0.025	1.618	1.272	1983	2477	0.495	0.546
Unmet need	5.4	5.6	0.2291	0.0093	0.040	1.206	1.098	1983	2477	0.211	0.248
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.8963	0.0237	0.026	2.071	1.439	262	343	0.849	0.944
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.8402	0.0262	0.031	1.755	1.325	262	343	0.788	0.893
Skilled attendant at delivery	5.7	5.2	0.9034	0.0184	0.020	1.324	1.151	262	343	0.867	0.940
Literacy rate (young women)	7.1	2.3	0.9493	0.0073	0.008	1.366	1.169	956	1226	0.935	0.964
Knowledge about HIV prevention (young women)	9.1	6.3	0.4882	0.0178	0.037	1.557	1.248	956	1226	0.453	0.524
Pregnant women	-		0.0349	0.0029	0.083	0.864	0.930	2792	3479	0.029	0.041
Institutional deliveries	5.8		0.8830	0.0178	0.020	1.046	1.023	262	343	0.847	0.919
Caesarean section	5.9		0.1897	0.0282	0.149	1.767	1.329	262	343	0.133	0.246
Marriage before age 18	8.5		0.3474	0.0102	0.029	1.319	1.148	2350	2899	0.327	0.368
Polygyny	8.7		0.0395	0.0052	0.131	1.755	1.325	1983	2477	0.029	0.050
Knowledge of mother-to-child transmission of HIV	9.2		0.4216	0.0125	0.030	2.231	1.494	2792	3479	0.397	0.447
Accepting attitudes towards people living with HIV	9.3		0.5912	0.0157	0.027	3.234	1.798	2597	3159	0.560	0.623
Women who have been tested for HIV and know the results	9.5		0.0453	0.0053	0.117	2.255	1.502	2792	3479	0.035	0.056
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1652	0.0177	0.107	2.014	1.419	688	887	0.130	0.201
Underweight prevalence (severe)	2.1b	1.8	0.0322	0.0070	0.217	1.384	1.176	688	887	0.018	0.046

Table SE.3: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0135	0.0029	0.213	0.113	0.337	153	185	0.008	0.019
Exclusive breastfeeding under 6 months	2.7		0.5391	0.0401	0.074	0.517	0.719	59	81	0.459	0.619
Age-appropriate breastfeeding	2.12		0.7798	0.0273	0.035	1.428	1.195	248	331	0.725	0.834
Diarrhoea in the previous 2 weeks	-		0.0973	0.0102	0.105	1.082	1.040	699	907	0.077	0.118
Illness with a cough in the previous 2 weeks	-		0.0760	0.0154	0.203	3.075	1.754	699	907	0.045	0.107
Fever in last two weeks	-		0.2183	0.0171	0.078	1.559	1.249	699	907	0.184	0.253
Oral rehydration therapy with continued feeding	3.12		0.5936	0.0308	0.052	0.366	0.605	68	94	0.532	0.655
Antibiotic treatment of suspected pneumonia	3.14		0.8727	0.0208	0.024	0.223	0.472	53	58	0.831	0.914
Support for learning	6.2		0.8647	0.0205	0.024	1.429	1.195	302	398	0.824	0.906
Attendance to early childhood education	6.1		0.7825	0.0291	0.037	1.977	1.406	302	398	0.724	0.841
Birth registration	8.1		0.5658	0.0185	0.033	1.260	1.123	699	907	0.529	0.603
Total fertility rate (3 years)	-		1.4327	0.0672	0.005	na	na	na	na	1.298	1.567
Neonatal mortality rate	1.1		15.2323	4.9843	24.843	na	na	na	na	5.264	25.201
Post-neonatal mortality rate	1.3		5.9831	3.1499	9.922	na	na	na	na	-0.317	12.283
Child mortality rate	1.4		5.1175	2.5525	6.515	na	na	na	na	0.013	10.222

Table SE.4: Sampling errors: Rural areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7780	0.0137	0.018	10.156	3.187	9912	9393	0.751	0.805
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9291	0.0072	0.008	7.302	2.702	47071	9413	0.915	0.943
Use of improved sanitation	4.3	7.9	0.5958	0.0143	0.024	8.033	2.834	47071	9413	0.567	0.624
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8531	0.0096	0.011	4.141	2.035	5866	5654	0.834	0.872
Secondary school net attendance ratio (adjusted)	7.5		0.6462	0.0125	0.019	3.858	1.964	5885	5647	0.621	0.671
Child labour	8.2		0.4093	0.0104	0.026	2.503	1.582	14174	5554	0.388	0.430
Violent discipline	8.3		0.8280	0.0072	0.009	2.150	1.466	14925	5988	0.814	0.842
WOMEN											
Infant mortality rate	1.2	4.2	34.8415	3.3537	11.247	na	na	na	na	28.134	41.549
Under-five mortality rate	1.5	4.1	39.7476	3.6449	13.286	na	na	na	na	32.458	47.037
Adolescent birth rate	5.1	5.4	79.7347	4.6992	22.082	na	na	na	na	70.336	89.133
Contraceptive prevalence	5.3	5.3	0.4908	0.0097	0.020	3.084	1.756	8846	8211	0.471	0.510
Unmet need	5.4	5.6	0.2573	0.0068	0.026	1.961	1.400	8846	8211	0.244	0.271
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.4817	0.0155	0.032	1.683	1.297	1786	1743	0.451	0.513
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5588	0.0186	0.033	2.446	1.564	1786	1743	0.522	0.596
Skilled attendant at delivery	5.7	5.2	0.5045	0.0160	0.032	1.781	1.334	1786	1743	0.473	0.536
Literacy rate (young women)	7.1	2.3	0.8147	0.0130	0.016	4.493	2.120	4167	4030	0.789	0.841
Knowledge about HIV prevention (young women)	9.1	6.3	0.3351	0.0119	0.036	2.577	1.605	4167	4030	0.311	0.359
Pregnant women	-		0.0422	0.0028	0.066	2.080	1.442	11370	10683	0.037	0.048
Institutional deliveries	5.8		0.5029	0.0174	0.035	2.102	1.450	1786	1743	0.468	0.538
Caesarean section	5.9		0.0710	0.0078	0.110	1.599	1.264	1786	1743	0.055	0.087
Marriage before age 18	8.5		0.5210	0.0090	0.017	2.782	1.668	9091	8482	0.503	0.539
Polygyny	8.7		0.0407	0.0035	0.087	2.611	1.616	8846	8211	0.034	0.048
Knowledge of mother-to-child transmission of HIV	9.2		0.3753	0.0086	0.023	3.346	1.829	11370	10683	0.358	0.392
Accepting attitudes towards people living with HIV	9.3		0.4542	0.0100	0.022	3.135	1.771	8510	7759	0.434	0.474
Women who have been tested for HIV and know the results	9.5		0.0230	0.0021	0.089	2.004	1.416	11370	10683	0.019	0.027
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.3215	0.0111	0.035	2.458	1.568	4517	4348	0.299	0.344
Underweight prevalence (severe)	2.1b	1.8	0.0940	0.0068	0.073	2.375	1.541	4517	4348	0.080	0.108

Table SE.4: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0082	0.0039	0.479	1.681	1.297	921	889	0.000	0.016
Exclusive breastfeeding under 6 months	2.7		0.5738	0.0256	0.045	0.990	0.995	396	371	0.523	0.625
Age-appropriate breastfeeding	2.12		0.7944	0.0130	0.016	1.739	1.319	1737	1677	0.768	0.820
Diarrhoea in the previous 2 weeks	-		0.1233	0.0072	0.059	2.143	1.464	4650	4442	0.109	0.138
Illness with a cough in the previous 2 weeks	-		0.0653	0.0052	0.080	1.977	1.406	4650	4442	0.055	0.076
Fever in last two weeks	-		0.1981	0.0084	0.043	1.991	1.411	4650	4442	0.181	0.215
Oral rehydration therapy with continued feeding	3.12		0.4426	0.0244	0.055	1.484	1.218	573	616	0.394	0.491
Antibiotic treatment of suspected pneumonia	3.14		0.7273	0.0205	0.028	0.586	0.766	304	278	0.686	0.768
Support for learning	6.2		0.6421	0.0168	0.026	2.305	1.518	1982	1881	0.609	0.676
Attendance to early childhood education	6.1		0.4646	0.0192	0.041	2.787	1.670	1982	1881	0.426	0.503
Birth registration	8.1		0.5835	0.0136	0.023	3.362	1.834	4650	4442	0.556	0.611
Total fertility rate (3 years)	-		2.5071	0.0758	0.006	na	na	na	na	2.355	2.659
Neonatal mortality rate	1.1		23.5996	2.6149	6.838	na	na	na	na	18.370	28.829
Post-neonatal mortality rate	1.3		11.2418	1.8811	3.538	na	na	na	na	7.480	15.004
Child mortality rate	1.4		5.0832	0.9739	0.948	na	na	na	na	3.135	7.031

Table SE.5: Sampling errors: Eastern Mountains Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7592	0.0301	0.040	3.831	1.957	178	772	0.699	0.819
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9267	0.0208	0.022	4.953	2.226	779	776	0.885	0.968
Use of improved sanitation	4.3	7.9	0.6693	0.0610	0.091	13.047	3.612	779	776	0.547	0.791
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9094	0.0163	0.018	1.354	1.164	98	420	0.877	0.942
Secondary school net attendance ratio (adjusted)	7.5		0.6390	0.0314	0.049	1.864	1.365	102	438	0.576	0.702
Child labour	8.2		0.5998	0.0374	0.062	2.560	1.600	1081	440	0.525	0.675
Violent discipline	8.3		0.8696	0.0175	0.020	1.271	1.127	1112	471	0.835	0.905
WOMEN											
Infant mortality rate	1.2	4.2	46.4870	10.8407	117.521	na	na	na	na	24.806	68.168
Under-five mortality rate	1.5	4.1	52.5626	11.6122	134.844	na	na	na	na	29.338	75.787
Adolescent birth rate	5.1	5.4	66.9501	12.6804	160.793	na	na	na	na	41.589	92.311
Contraceptive prevalence	5.3	5.3	0.5340	0.0288	0.054	2.023	1.422	134	606	0.476	0.592
Unmet need	5.4	5.6	0.2023	0.0154	0.076	0.888	0.942	134	606	0.172	0.233
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2538	0.0480	0.189	1.712	1.308	32	142	0.158	0.350
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.4175	0.0593	0.142	2.039	1.428	32	142	0.299	0.536
Skilled attendant at delivery	5.7	5.2	0.2316	0.0491	0.212	1.910	1.382	32	142	0.133	0.330
Literacy rate (young women)	7.1	2.3	0.9039	0.0313	0.035	3.907	1.977	77	348	0.841	0.966
Knowledge about HIV prevention (young women)	9.1	6.3	0.2544	0.0346	0.136	2.192	1.480	77	348	0.185	0.324
Pregnant women	-		0.0429	0.0073	0.169	1.079	1.039	186	840	0.028	0.057
Institutional deliveries	5.8		0.2359	0.0531	0.225	2.208	1.486	32	142	0.130	0.342
Caesarean section	5.9		0.0270	0.0140	0.520	1.057	1.028	32	142	0.000	0.055
Marriage before age 18	8.5		0.3450	0.0240	0.069	1.632	1.278	143	644	0.297	0.393
Polygyny	8.7		0.0511	0.0051	0.101	0.329	0.574	134	606	0.041	0.061
Knowledge of mother-to-child transmission of HIV	9.2		0.4648	0.0276	0.059	2.578	1.606	186	840	0.409	0.520
Accepting attitudes towards people living with HIV	9.3		0.5326	0.0216	0.041	1.180	1.086	139	632	0.489	0.576
Women who have been tested for HIV and know the results	9.5		0.0066	0.0019	0.295	0.483	0.695	186	840	0.003	0.010
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1719	0.0213	0.124	1.009	1.005	71	317	0.129	0.215
Underweight prevalence (severe)	2.1b	1.8	0.0305	0.0125	0.411	1.676	1.294	71	317	0.005	0.056

Table SE.5: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0147	0.0018	0.121	0.014	0.120	15	67	0.011	0.018
Exclusive breastfeeding under 6 months	2.7		0.4644	0.0582	0.125	0.463	0.680	8	35	0.348	0.581
Age-appropriate breastfeeding	2.12		0.7985	0.0262	0.033	0.583	0.763	31	138	0.746	0.851
Diarrhoea in the previous 2 weeks	-		0.1493	0.0288	0.193	2.118	1.455	72	325	0.092	0.207
Illness with a cough in the previous 2 weeks	-		0.0567	0.0201	0.354	2.440	1.562	72	325	0.017	0.097
Fever in last two weeks	-		0.2033	0.0323	0.159	2.090	1.446	72	325	0.139	0.268
Oral rehydration therapy with continued feeding	3.12		0.3361	0.0554	0.165	0.659	0.812	11	49	0.225	0.447
Antibiotic treatment of suspected pneumonia	3.14		0.5725	0.0626	0.109	0.289	0.537	4	19	0.447	0.698
Support for learning	6.2		0.5349	0.0639	0.119	2.068	1.438	28	127	0.407	0.663
Attendance to early childhood education	6.1		0.3758	0.0565	0.150	1.717	1.310	28	127	0.263	0.489
Birth registration	8.1		0.4159	0.0336	0.081	1.504	1.227	72	325	0.349	0.483
Total fertility rate (3 years)	-		2.9141	0.2231	0.050	na	na	na	na	2.468	3.360
Neonatal mortality rate	1.1		30.6534	10.5639	111.596	na	na	na	na	9.526	51.781
Post-neonatal mortality rate	1.3		15.8336	6.3168	39.901	na	na	na	na	3.200	28.467
Child mortality rate	1.4		6.3717	3.8326	14.689	na	na	na	na	-1.294	14.037

Table SE.6: Sampling errors: Eastern Hills Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7400	0.0480	0.065	9.290	3.048	767	777	0.644	0.836
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.8747	0.0311	0.036	6.843	2.616	3169	777	0.812	0.937
Use of improved sanitation	4.3	7.9	0.8222	0.0405	0.049	8.717	2.952	3169	777	0.741	0.903
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9357	0.0133	o.o14	0.969	0.985	325	326	0.909	0.962
Secondary school net attendance ratio (adjusted)	7.5		0.7523	0.0399	0.053	3.319	1.822	385	389	0.672	0.832
Child labour	8.2		0.5664	0.0442	0.078	3.420	1.849	930	431	0.478	0.655
Violent discipline	8.3		0.8537	0.0172	0.020	1.002	1.001	894	424	0.819	0.888
WOMEN											
Infant mortality rate	1.2	4.2	22.8667	7.7986	60.818	na	na	na	na	7.269	38.464
Under-five mortality rate	1.5	4.1	31.4089	10.3900	107.953	na	na	na	na	10.629	52.189
Adolescent birth rate	5.1	5.4	66.7706	9.1586	83.881	na	na	na	na	48.453	85.088
Contraceptive prevalence	5.3	5.3	0.4575	0.0280	0.061	1.937	1.392	577	615	0.402	0.513
Unmet need	5.4	5.6	0.2844	0.0207	0.073	1.287	1.135	577	615	0.243	0.326
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.4141	0.0565	0.136	1.616	1.271	123	124	0.301	0.527
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5334	0.0861	0.161	3.667	1.915	123	124	0.361	0.706
Skilled attendant at delivery	5.7	5.2	0.4287	0.0522	0.122	1.369	1.170	123	124	0.324	0.533
Literacy rate (young women)	7.1	2.3	0.9390	0.0228	0.024	3.083	1.756	329	340	0.893	0.985
Knowledge about HIV prevention (young women)	9.1	6.3	0.3224	0.0278	0.0864	1.2035	1.0970	329	340.0000	0.267	0.378
Pregnant women	-		0.0316	0.0054	0.170	0.811	0.900	807	855	0.021	0.042
Institutional deliveries	5.8		0.4052	0.0558	0.138	1.590	1.261	123	124	0.294	0.517
Caesarean section	5.9		0.0653	0.0194	0.297	0.757	0.870	123	124	0.027	0.104
Marriage before age 18	8.5		0.2973	0.0172	0.0579	0.9511	0.9752	629	671	0.263	0.332
Polygyny	8.7		0.0444	0.0113	0.2542	1.8458	1.3586	577	615	0.022	0.067
Knowledge of mother-to-child transmission of HIV	9.2		0.4561	0.0276	0.0606	2.6301	1.6218	807	855.0000	0.401	0.511
Accepting attitudes towards people living with HIV	9.3		0.5196	0.0368	0.0709	3.8373	1.9589	655	707.0000	0.446	0.593
Women who have been tested for HIV and know the results	9.5		0.0152	0.0045	0.2945	1.1394	1.0674	807	855.0000	0.006	0.024
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.2013	0.0258	0.128	1.156	1.075	268	280	0.150	0.253
Underweight prevalence (severe)	2.1b	1.8	0.0580	0.0124	0.214	0.783	0.885	268	280	0.033	0.083

Table SE.6: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0225	0.0162	0.7170	0.6402	0.8001	55	55	0.000	0.055
Exclusive breastfeeding under 6 months	2.7		0.3552	0.0575	0.1619	0.3322	0.5764	21	24	0.240	0.470
Age-appropriate breastfeeding	2.12		0.8108	0.0286	0.0353	0.6137	0.7834	114	116	0.754	0.868
Diarrhoea in the previous 2 weeks	-		0.1152	0.0204	0.1772	1.1564	1.0754	272	284	0.074	0.156
Illness with a cough in the previous 2 weeks	-		0.0518	0.0121	0.2343	0.8485	0.9211	272	284	0.028	0.076
Fever in last two weeks	-		0.2014	0.0244	0.1210	1.0454	1.0224	272	284	0.153	0.250
Oral rehydration therapy with continued feeding	3.12		0.3645	0.0715	0.1963	0.6627	0.8141	31	31	0.221	0.508
Antibiotic treatment of suspected pneumonia	3.14		0.5195	0.0754	0.1451	0.2958	0.5439	14	14	0.369	0.670
Support for learning	6.2		0.7696	0.0454	0.0589	1.2880	1.1349	104	112	0.679	0.860
Attendance to early childhood education	6.1		0.6424	0.0331	0.0515	0.5286	0.7271	104	112	0.576	0.709
Birth registration	8.1		0.6657	0.0457	0.0686	2.6532	1.6289	272	284	0.574	0.757
Total fertility rate (3 years)	-		2.3437	0.1882	0.035	na	na	na	na	1.967	2.720
Neonatal mortality rate	1.1		15.1286	6.9410	48.178	na	na	na	na	1.247	29.011
Post-neonatal mortality rate	1.3		7.7380	5.3050	28.143	na	na	na	na	-2.872	18.348
Child mortality rate	1.4		8.7422	6.0331	36.398	na	na	na	na	-3.324	20.808

Table SE.7: Sampling errors: Eastern Terai Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7479	0.0424	0.057	9.217	3.036	1837	970	0.663	0.833
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9944	0.0031	0.003	1.737	1.318	8251	974	0.988	1.000
Use of improved sanitation	4.3	7.9	0.4180	0.0290	0.069	3.365	1.835	8251	974	0.360	0.476
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8480	0.0177	0.021	1.265	1.125	1029	522	0.813	0.883
Secondary school net attendance ratio (adjusted)	7.5		0.6638	0.0314	0.047	2.122	1.457	925	480	0.601	0.727
Child labour	8.2		0.2625	0.0272	0.104	2.143	1.464	1236	561	0.208	0.317
Violent discipline	8.3		0.8011	0.0233	0.029	2.011	1.418	1309	592	0.755	0.848
WOMEN											
Infant mortality rate	1.2	4.2	35.8980	10.3734	107.608	na	na	na	na	15.151	56.645
Under-five mortality rate	1.5	4.1	35.8980	10.3734	107.608	na	na	na	na	15.151	56.645
Adolescent birth rate	5.1	5.4	86.1510	15.1783	230.380	na	na	na	na	55.795	116.508
Contraceptive prevalence	5.3	5.3	0.5284	0.0250	0.047	2.102	1.450	1604	840	0.478	0.578
Unmet need	5.4	5.6	0.2622	0.0238	0.091	2.460	1.568	1604	840	0.215	0.310
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.6223	0.0269	0.043	0.425	0.652	277	139	0.568	0.676
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.6022	0.0532	0.088	1.628	1.276	277	139	0.496	0.708
Skilled attendant at delivery	5.7	5.2	0.6665	0.0495	0.074	1.521	1.233	277	139	0.567	0.766
Literacy rate (young women)	7.1	2.3	0.8034	0.0326	0.041	2.474	1.573	699	369	0.738	0.869
Knowledge about HIV prevention (young women)	9.1	6.3	0.3009	0.0274	0.091	1.311	1.145	699	369	0.246	0.356
Pregnant women	-		0.0395	0.0061	0.154	1.064	1.032	2071	1097	0.027	0.052
Institutional deliveries	5.8		0.6513	0.0443	0.068	1.195	1.093	277	139	0.563	0.740
Caesarean section	5.9		0.1860	0.0299	0.161	0.817	0.904	277	139	0.126	0.246
Marriage before age 18	8.5		0.4426	0.0249	0.056	2.250	1.500	1693	896	0.393	0.492
Polygyny	8.7		0.0294	0.0076	0.257	1.682	1.297	1604	840	0.014	0.044
Knowledge of mother-to-child transmission of HIV	9.2		0.3750	0.0174	0.046	1.421	1.192	2071	1097	0.340	0.410
Accepting attitudes towards people living with HIV	9.3		0.5404	0.0305	0.057	3.239	1.800	1581	864	0.479	0.601
Women who have been tested for HIV and know the results	9.5		0.0276	0.0045	0.162	0.819	0.905	2071	1097	0.019	0.037
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.2744	0.0279	0.102	1.466	1.211	758	375	0.219	0.330
Underweight prevalence (severe)	2.1b	1.8	0.0769	0.0222	0.289	2.599	0.612	758	375	0.032	0.121
Anti-malarial treatment of children under age 5	3.22	6.8	0.0179	0.0125	0.703	0.996	0.998	221	112	0.000	0.043

Table SE.7: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.5602	0.0795	0.142	0.693	0.833	59	28	0.401	0.719
Age-appropriate breastfeeding	2.12		0.7389	0.0478	0.065	1.576	1.255	271	134	0.643	0.835
Diarrhoea in the previous 2 weeks	-		0.1554	0.0221	0.142	1.431	1.196	775	384	0.111	0.200
Illness with a cough in the previous 2 weeks	-		0.1120	0.0186	0.166	1.333	1.154	775	384	0.075	0.149
Fever in last two weeks	-		0.2858	0.0221	0.077	0.915	0.957	775	384	0.242	0.330
Oral rehydration therapy with continued feeding	3.12		0.4127	0.0431	0.104	0.430	0.655	120	57	0.326	0.499
Antibiotic treatment of suspected pneumonia	3.14		0.8176	0.0306	0.037	0.264	0.514	87	43	0.756	0.879
Support for learning	6.2		0.6693	0.0451	0.067	1.552	1.246	344	170	0.579	0.759
Attendance to early childhood education	6.1		0.4896	0.0457	0.093	1.414	1.189	344	170	0.398	0.581
Birth registration	8.1		0.5992	0.0304	0.051	1.473	1.214	775	384	0.538	0.660
Total fertility rate (3 years)	-		2.1446	0.1686	0.028	na	na	na	na	1.807	2.482
Neonatal mortality rate	1.1		23.7421	7.7871	60.639	na	na	na	na	8.168	39.316
Post-neonatal mortality rate	1.3		12.1558	6.4816	42.011	na	na	na	na	-0.807	25.119
Child mortality rate	1.4		0.0000	0.0000	0.000	na	na	na	na	0.000	0.000

Table SE.8: Sampling errors: Central Mountains Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7241	0.0438	0.060	7.383	2.717	299	771	0.637	0.812
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9376	0.0175	0.019	4.015	2.004	1148	771	0.903	0.973
Use of improved sanitation	4.3	7.9	0.8102	0.0423	0.052	8.964	2.994	1148	771	0.726	0.895
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8962	0.0185	0.021	1.068	1.033	122	292	0.859	0.933
Secondary school net attendance ratio (adjusted)	7.5		0.7260	0.0344	0.047	2.134	1.461	148	359	0.657	0.795
Child labour	8.2		0.5663	0.0343	0.061	1.768	1.330	785	370	0.498	0.635
Violent discipline	8.3		0.9293	0.0166	0.018	1.540	1.241	796	369	0.896	0.962
WOMEN											
Infant mortality rate	1.2	4.2	16.1207	8.7226	76.083	na	na	na	na	-1.324	33.566
Under-five mortality rate	1.5	4.1	19.7961	9.4707	89.694	na	na	na	na	0.855	38.738
Adolescent birth rate	5.1	5.4	48.5695	10.5323	110.930	na	na	na	na	27.505	69.634
Contraceptive prevalence	5.3	5.3	0.5171	0.0319	0.062	2.085	1.444	201	514	0.453	0.581
Unmet need	5.4	5.6	0.2003	0.0197	0.098	1.239	1.113	201	514	0.161	0.240
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.3952	0.0752	0.190	2.132	1.460	38	91	0.245	0.546
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5385	0.0558	0.104	1.128	1.062	38	91	0.427	0.650
Skilled attendant at delivery	5.7	5.2	0.4768	0.0611	0.128	1.347	1.161	38	91	0.355	0.599
Literacy rate (young women)	7.1	2.3	0.8689	0.0275	0.032	1.778	1.333	101	269	0.814	0.924
Knowledge about HIV prevention (young women)	9.1	6.3	0.3864	0.0406	0.105	1.861	1.364	101	269	0.305	0.468
Pregnant women	-		0.0267	0.0059	0.222	0.974	0.987	274	720	0.015	0.039
Institutional deliveries	5.8		0.4545	0.0650	0.143	1.535	1.239	38	91	0.324	0.585
Caesarean section	5.9		0.0715	0.0261	0.365	0.925	0.962	38	91	0.019	0.124
Marriage before age 18	8.5		0.4419	0.0262	0.059	1.554	1.247	211	558	0.389	0.494
Polygyny	8.7		0.0616	0.0121	0.196	1.298	1.139	201	514	0.037	0.086
Knowledge of mother-to-child transmission of HIV	9.2		0.6209	0.0292	0.047	2.610	1.615	274	720	0.562	0.679
Accepting attitudes towards people living with HIV	9.3		0.3694	0.0242	0.066	1.464	1.210	221	583	0.321	0.418
Women who have been tested for HIV and know the results	9.5		0.0110	0.0044	0.398	1.271	1.127	274	720	0.002	0.020
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1943	0.0372	0.191	2.086	1.444	94	237	0.120	0.269
Underweight prevalence (severe)	2.1b	1.8	0.0632	0.0132	0.210	0.699	0.836	94	237	0.037	0.090

Table SE.8: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				10	26	0.000	0.000
Exclusive breastfeeding under 6 months	2.7		0.3888	0.0917	0.236	0.460	0.678	6	14	0.205	0.572
Age-appropriate breastfeeding	2.12		0.8238	0.0453	0.055	1.218	1.104	36	87	0.733	0.915
Diarrhoea in the previous 2 weeks	-		0.0599	0.0160	0.268	1.082	1.040	95	238	0.028	0.092
Illness with a cough in the previous 2 weeks	-		0.0325	0.0141	0.434	1.501	1.225	95	238	0.004	0.061
Fever in last two weeks	-		0.1105	0.0189	0.171	0.865	0.930	95	238	0.073	0.148
Oral rehydration therapy with continued feeding	3.12		0.7492	0.0797	0.106	0.440	0.663	6	14	0.590	0.909
Antibiotic treatment of suspected pneumonia	3.14		0.8890	0.0000	0.000	0.000	0.000	3	8	0.889	0.889
Support for learning	6.2		0.8243	0.0688	0.083	3.038	1.743	37	94	0.687	0.962
Attendance to early childhood education	6.1		0.7071	0.1035	0.146	4.811	2.193	37	94	0.500	0.914
Birth registration	8.1		0.3953	0.0422	0.107	1.763	1.328	95	238	0.311	0.480
Total fertility rate (3 years)	-		2.4566	0.2021	0.041	na	na	na	na	2.052	2.861
Neonatal mortality rate	1.1		8.7788	5.1134	26.147	na	na	na	na	-1.448	19.006
Post-neonatal mortality rate	1.3		7.3418	5.2348	27.403	na	na	na	na	-3.128	17.811
Child mortality rate	1.4		3.7357	3.7868	14.340	na	na	na	na	-3.838	11.309

Table SE.9: Sampling errors: Central Hills Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.9224	0.0192	0.021	7.761	2.786	2179	1501	0.884	0.961
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.8630	0.0296	0.034	11.116	3.334	8746	1503	0.804	0.922
Use of improved sanitation	4.3	7.9	0.6438	0.0260	0.040	4.441	2.107	8746	1503	0.592	0.696
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9304	0.0148	0.016	1.707	1.307	770	503	0.901	0.960
Secondary school net attendance ratio (adjusted)	7.5		0.7367	0.0233	0.032	1.595	1.263	887	572	0.690	0.783
Child labour	8.2		0.2429	0.0218	0.090	1.901	1.379	1363	739	0.199	0.286
Violent discipline	8.3		0.7432	0.0261	0.035	2.676	1.636	1380	753	0.691	0.795
WOMEN											
Infant mortality rate	1.2	4.2	27.6547	8.8288	77.947	na	na	na	na	9.997	1.000
Under-five mortality rate	1.5	4.1	30.7760	8.9423	79.964	na	na	na	na	12.892	1.000
Adolescent birth rate	5.1	5.4	28.9440	7.1066	50.504	na	na	na	na	14.731	43.157
Contraceptive prevalence	5.3	5.3	0.5097	0.0209	0.041	2.063	1.436	1668	1176	0.468	0.552
Unmet need	5.4	5.6	0.2422	0.0137	0.056	1.195	1.093	1668	1176	0.215	0.270
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.7791	0.0536	0.069	2.618	1.618	241	158	0.672	0.886
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.7363	0.0420	0.057	1.425	1.194	241	158	0.652	0.820
Skilled attendant at delivery	5.7	5.2	0.7536	0.0550	0.073	2.554	1.598	241	158	0.644	0.863
Literacy rate (young women)	7.1	2.3	0.9252	0.0201	0.022	3.186	1.785	771	546	0.885	0.965
Knowledge about HIV prevention (young women)	9.1	6.3	0.5280	0.0230	0.044	1.161	1.078	771	546	0.482	0.574
Pregnant women	-		0.0280	0.0040	0.144	0.988	0.994	2320	1655	0.020	0.036
Institutional deliveries	5.8		0.7491	0.0596	0.080	2.964	1.722	241	158	0.630	0.868
Caesarean section	5.9		0.1709	0.0348	0.204	1.344	1.159	241	158	0.101	0.241
Marriage before age 18	8.5		0.3442	0.0150	0.044	1.392	1.180	1946	1400	0.314	0.374
Polygyny	8.7		0.0579	0.0084	0.145	1.521	1.233	1668	1176	0.041	0.075
Knowledge of mother-to-child transmission of HIV	9.2		0.4223	0.0189	0.045	2.423	1.557	2320	1655	0.384	0.460
Accepting attitudes towards people living with HIV	9.3		0.5022	0.0199	0.040	2.430	1.559	2116	1534	0.462	0.542
Women who have been tested for HIV and know the results	9.5		0.0406	0.0066	0.163	1.865	1.366	2320	1655	0.027	0.054
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1670	0.0201	0.120	1.167	1.080	604	404	0.127	0.207
Underweight prevalence (severe)	2.1b	1.8	0.0163	0.0067	0.412	1.137	1.066	604	404	0.003	0.030
Anti-malarial treatment of children under age 5	3.22	6.8	0.0124	0.0006	0.050	0.003	0.052	132	88	0.011	0.014

Table SE.9: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.5428	0.0474	0.087	0.326	0.571	52	37	0.448	0.638
Age-appropriate breastfeeding	2.12		0.8152	0.0308	0.038	0.947	0.973	227	151	0.754	0.877
Diarrhoea in the previous 2 weeks	-		0.1037	0.0156	0.151	1.096	1.047	620	418	0.072	0.135
Illness with a cough in the previous 2 weeks	-		0.0408	0.0091	0.223	0.879	0.937	620	418	0.023	0.059
Fever in last two weeks	-		0.2124	0.0160	0.075	0.641	0.801	620	418	0.180	0.245
Oral rehydration therapy with continued feeding	3.12		0.5355	0.0473	0.088	0.378	0.615	64	43	0.441	0.630
Antibiotic treatment of suspected pneumonia	3.14		0.9130	0.0012	0.001	0.000	0.016	25	15	0.911	0.915
Support for learning	6.2		0.8710	0.0307	0.035	1.431	1.196	251	172	0.810	0.932
Attendance to early childhood education	6.1		0.7824	0.0373	0.048	1.397	1.182	251	172	0.708	0.857
Birth registration	8.1		0.4511	0.0417	0.092	2.923	1.710	620	418	0.368	0.534
Total fertility rate (3 years)	-		1.7095	0.1341	0.018	na	na	na	na	1.441	1.000
Neonatal mortality rate	1.1		15.5396	7.5224	56.586	na	na	na	na	0.495	1.000
Post-neonatal mortality rate	1.3		12.1151	5.9276	35.137	na	na	na	na	0.260	1.000
Child mortality rate	1.4		3.2101	2.2970	5.276	na	na	na	na	0.000	1.000

Table SE.10: Sampling errors: Central Terai Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.8717	0.0341	0.039	9.869	3.141	1918	953	0.804	0.940
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9929	0.0040	0.004	2.152	1.467	10248	956	0.985	1.000
Use of improved sanitation	4.3	7.9	0.3666	0.0337	0.092	4.680	2.163	10248	956	0.299	0.434
Primary school net attendance ratio (adjusted)	7.4	2.1	0.7459	0.0280	0.038	2.781	1.668	1400	673	0.690	0.802
Secondary school net attendance ratio (adjusted)	7.5		0.5338	0.0353	0.066	2.958	1.720	1226	593	0.463	0.604
Child labour	8.2		0.2325	0.0206	0.089	1.423	1.193	1632	598	0.191	0.274
Violent discipline	8.3		0.8334	0.0136	0.016	0.858	0.926	1784	649	0.806	0.860
WOMEN											
Infant mortality rate	1.2	4.2	20.0270	7.2538	52.617	na	na	na	na	5.519	34.535
Under-five mortality rate	1.5	4.1	20.0270	7.2538	52.617	na	na	na	na	5.519	34.535
Adolescent birth rate	5.1	5.4	110.5259	13.0724	170.887	na	na	na	na	84.381	136.671
Contraceptive prevalence	5.3	5.3	0.4591	0.0264	0.057	2.500	1.581	1896	894	0.406	0.512
Unmet need	5.4	5.6	0.2425	0.0142	0.059	0.982	0.991	1896	894	0.214	0.271
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.6551	0.0433	0.066	1.513	1.230	400	183	0.568	0.742
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.4919	0.0415	0.084	1.256	1.121	400	183	0.409	0.575
Skilled attendant at delivery	5.7	5.2	0.4932	0.0397	0.080	1.145	1.070	400	183	0.414	0.573
Literacy rate (young women)	7.1	2.3	0.6910	0.0455	0.066	3.837	1.959	807	397	0.600	0.782
Knowledge about HIV prevention (young women)	9.1	6.3	0.3760	0.0402	0.107	2.726	1.651	807	397	0.296	0.456
Pregnant women	-		0.0546	0.0097	0.178	2.050	1.432	2327	1118	0.035	0.074
Institutional deliveries	5.8		0.4508	0.0399	0.089	1.171	1.082	400	183	0.371	0.531
Caesarean section	5.9		0.0556	0.0192	0.345	1.275	1.129	400	183	0.017	0.094
Marriage before age 18	8.5		0.6589	0.0265	0.040	2.768	1.664	1868	889	0.606	0.712
Polygyny	8.7		0.0288	0.0094	0.328	2.852	1.689	1896	894	0.010	0.048
Knowledge of mother-to-child transmission of HIV	9.2		0.2433	0.0266	0.110	4.308	2.076	2327	1118	0.190	0.297
Accepting attitudes towards people living with HIV	9.3		0.3670	0.0219	0.060	1.547	1.244	1500	748	0.323	0.411
Women who have been tested for HIV and know the results	9.5		0.0187	0.0039	0.208	0.922	0.960	2327	1118	0.011	0.027
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.4066	0.0270	0.066	1.469	1.212	1092	488	0.353	0.461
Underweight prevalence (severe)	2.1b	1.8	0.1317	0.0168	0.128	1.203	1.097	1092	488	0.098	0.165
Anti-malarial treatment of children under age 5	3.22	6.8	0.0119	0.0119	0.997	0.985	0.993	179	83	0.000	0.036

Table SE.10: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.6505	0.0591	0.091	0.754	0.868	110	50	0.532	0.769
Age-appropriate breastfeeding	2.12		0.7567	0.0277	0.037	0.761	0.872	405	183	0.701	0.812
Diarrhoea in the previous 2 weeks	-		0.0757	0.0147	0.194	1.548	1.244	1131	504	0.046	0.105
Illness with a cough in the previous 2 weeks	-		0.0479	0.0123	0.256	1.658	1.288	1131	504	0.023	0.072
Fever in last two weeks	-		0.1586	0.0213	0.134	1.713	1.309	1131	504	0.116	0.201
Oral rehydration therapy with continued feeding	3.12		0.4215	0.0276	0.065	0.113	0.335	86	37	0.366	0.477
Antibiotic treatment of suspected pneumonia	3.14		0.8039	0.0887	0.110	1.048	1.024	54	22	0.627	0.981
Support for learning	6.2		0.6397	0.0443	0.069	1.870	1.367	505	221	0.551	0.728
Attendance to early childhood education	6.1		0.2935	0.0461	0.157	2.258	1.503	505	221	0.201	0.386
Birth registration	8.1		0.6007	0.0320	0.053	2.142	1.464	1131	504	0.537	0.665
Total fertility rate (3 years)	-		2.6929	0.2352	0.055	na	na	na	na	2.222	3.163
Neonatal mortality rate	1.1		16.9377	5.3233	28.338	na	na	na	na	6.291	27.584
Post-neonatal mortality rate	1.3		3.0894	3.1104	9.675	na	na	na	na	-3.131	9.310
Child mortality rate	1.4		0.0000	0.0000	0.000	na	na	na	na	0.000	0.000

Table SE.11: Sampling errors: Western Mountains Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7256	0.0951	0.131	16.799	4.099	10	371	0.535	0.916
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9708	0.0276	0.028	10.025	3.166	32	374	0.916	1.000
Use of improved sanitation	4.3	7.9	0.5832	0.0498	0.085	3.800	1.949	32	374	0.484	0.683
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9136	0.0400	0.044	1.399	1.183	2	70	0.834	0.994
Secondary school net attendance ratio (adjusted)	7.5		0.7076	0.0864	0.122	2.455	1.567	2	69	0.535	0.880
Child labour	8.2		0.5882	0.0659	0.112	1.882	1.372	175	106	0.456	0.720
Violent discipline	8.3		0.7696	0.0409	0.053	1.254	1.120	207	134	0.688	0.851
WOMEN											
Infant mortality rate	1.2	4.2	53.9146	24.0783	579.762	na	na	na	na	5.758	102.071
Under-five mortality rate	1.5	4.1	76.4526	28.7326	825.565	na	na	na	na	18.987	133.918
Adolescent birth rate	5.1	5.4	86.9262	36.3881	1324.091	na	na	na	na	14.150	159.702
Contraceptive prevalence	5.3	5.3	0.6422	0.0325	0.051	0.906	.952	6	198	0.577	0.707
Unmet need	5.4	5.6	0.1818	0.0276	0.152	1.008	1.004	6	198	0.127	0.237
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.4251	0.1120	0.264	1.696	1.302	1	34	0.201	0.649
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5859	0.1156	0.197	1.817	1.348	1	34	0.355	0.817
Skilled attendant at delivery	5.7	5.2	0.6525	0.1014	0.155	1.496	1.223	1	34	0.450	0.855
Literacy rate (young women)	7.1	2.3	0.8417	0.0450	0.053	0.895	.946	2	60	0.752	0.932
Knowledge about HIV prevention (young women)	9.1	6.3	0.2485	0.0605	0.243	1.156	1.075	2	60	0.127	0.369
Pregnant women	-		0.0311	0.0159	0.511	2.159	1.469	8	258	0.000	0.063
Institutional deliveries	5.8		0.5934	0.1054	0.178	1.519	1.232	1	34	0.383	0.804
Caesarean section	5.9		0.1690	0.0493	0.292	0.572	.756	1	34	0.070	0.268
Marriage before age 18	8.5		0.3034	0.0438	0.144	2.125	1.458	7	235	0.216	0.391
Polygyny	8.7		0.0395	0.0152	0.384	1.193	1.092	6	198	0.009	0.070
Knowledge of mother-to-child transmission of HIV	9.2		0.2531	0.0378	0.149	1.939	1.393	8	258	0.178	0.329
Accepting attitudes towards people living with HIV	9.3		0.5359	0.0590	0.110	2.433	1.560	5	175	0.418	0.654
Women who have been tested for HIV and know the results	9.5		0.0239	0.0075	0.313	0.616	.785	8	258	0.009	0.039
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1549	0.0269	0.174	0.410	0.640	2	75	0.101	0.209
Underweight prevalence (severe)	2.1b	1.8	0.0637	0.0275	0.432	0.939	0.969	2	75	0.009	0.119
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				0	10	0.000	0.000

Table SE.11: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.7822	0.0000	0.000	0.000	0.000	0	5	0.782	0.782
Age-appropriate breastfeeding	2.12		0.8084	0.0573	0.071	0.699	0.836	1	34	0.694	0.923
Diarrhoea in the previous 2 weeks	-		0.0509	0.0232	0.455	0.844	0.919	2	77	0.005	0.097
Illness with a cough in the previous 2 weeks	-		0.0257	0.0183	0.715	1.023	1.011	2	77	0.000	0.062
Fever in last two weeks	-		0.1185	0.0230	0.194	0.386	0.621	2	77	0.072	0.165
Oral rehydration therapy with continued feeding	3.12		0.2406	0.0048	0.020	0.000	0.019	0	4	0.231	0.250
Antibiotic treatment of suspected pneumonia	3.14		0.5234	0.0000	0.000	0.000	0.000	0	2	0.523	0.523
Support for learning	6.2		0.6606	0.0779	0.118	0.758	0.871	1	29	0.505	0.816
Attendance to early childhood education	6.1		0.6720	0.0515	0.077	0.337	0.581	1	29	0.569	0.775
Birth registration	8.1		0.5869	0.0562	0.096	0.991	0.995	2	77	0.474	0.699
Total fertility rate (3 years)	-		2.2125	0.3841	0.148	na	na	na	na	1.444	2.981
Neonatal mortality rate	1.1		20.2464	13.9207	193.786	na	na	na	na	-7.595	48.088
Post-neonatal mortality rate	1.3		33.6682	21.3397	455.385	na	na	na	na	-9.011	76.348
Child mortality rate	1.4		23.8223	16.5338	273.368	na	na	na	na	-9.245	56.890

Table SE.12: Sampling errors: Western Hills Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.9136	0.0184	0.020	4.189	2.047	1626	972	0.877	0.951
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9685	0.0109	0.011	3.785	1.946	6371	973	0.947	0.990
Use of improved sanitation	4.3	7.9	0.7516	0.0198	0.026	2.036	1.427	6371	973	0.712	0.791
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9464	0.0166	0.018	2.276	1.509	688	420	0.913	0.980
Secondary school net attendance ratio (adjusted)	7.5		0.7543	0.0329	0.044	2.613	1.617	758	449	0.689	0.820
Child labour	8.2		0.4726	0.0348	0.074	2.552	1.598	1107	525	0.403	0.542
Violent discipline	8.3		0.8474	0.0145	0.017	0.911	0.955	1169	565	0.819	0.876
WOMEN											
Infant mortality rate	1.2	4.2	35.0664	9.4729	89.735	na	na	na	na	16.121	54.012
Under-five mortality rate	1.5	4.1	38.6967	9.6884	93.866	na	na	na	na	19.320	58.074
Adolescent birth rate	5.1	5.4	61.6615	11.3923	129.785	na	na	na	na	38.877	84.446
Contraceptive prevalence	5.3	5.3	0.4470	0.0201	0.045	1.239	1.113	1269	757	0.407	0.487
Unmet need	5.4	5.6	0.3127	0.0146	0.047	0.748	0.865	1269	757	0.284	0.342
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5654	0.0572	0.101	1.786	1.336	222	135	0.451	0.680
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.6426	0.0664	0.103	2.571	1.603	222	135	0.510	0.775
Skilled attendant at delivery	5.7	5.2	0.6046	0.0493	0.082	1.361	1.167	222	135	0.506	0.703
Literacy rate (young women)	7.1	2.3	0.9789	0.0093	0.010	1.486	1.219	583	356	0.960	0.997
Knowledge about HIV prevention (young women)	9.1	6.3	0.3008	0.0230	0.077	0.897	0.947	583	356	0.255	0.347
Pregnant women	-		0.0284	0.0037	0.131	0.498	0.706	1659	1000	0.021	0.036
Institutional deliveries	5.8		0.5799	0.0633	0.109	2.202	1.484	222	135	0.453	0.706
Caesarean section	5.9		0.0878	0.0244	0.278	0.994	0.997	222	135	0.039	0.137
Marriage before age 18	8.5		0.4774	0.0218	0.046	1.566	1.251	1365	822	0.434	0.521
Polygyny	8.7		0.0446	0.0099	0.223	1.751	1.323	1269	757	0.025	0.065
Knowledge of mother-to-child transmission of HIV	9.2		0.4313	0.0210	0.049	1.792	1.339	1659	1000	0.389	0.473
Accepting attitudes towards people living with HIV	9.3		0.5722	0.0259	0.045	2.484	1.576	1494	911	0.520	0.624
Women who have been tested for HIV and know the results	9.5		0.0449	0.0088	0.197	1.817	1.348	1659	1000	0.027	0.063
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.2527	0.0266	0.105	1.268	1.126	560	339	0.199	0.306
Underweight prevalence (severe)	2.1b	1.8	0.0901	0.0158	0.176	1.034	1.017	560	339	0.058	0.122
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				111	71	0.000	0.000

Table SE.12: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.6888	0.0636	0.092	0.547	0.740	50	30	0.562	0.816
Age-appropriate breastfeeding	2.12		0.8525	0.0363	0.043	1.425	1.194	223	137	0.780	0.925
Diarrhoea in the previous 2 weeks	-		0.0809	0.0170	0.211	1.392	1.180	601	358	0.047	0.115
Illness with a cough in the previous 2 weeks	-		0.0535	0.0141	0.264	1.409	1.187	601	358	0.025	0.082
Fever in last two weeks	-		0.1852	0.0221	0.119	1.152	1.074	601	358	0.141	0.229
Oral rehydration therapy with continued feeding	3.12		0.5771	0.0885	0.153	0.931	0.965	49	30	0.400	0.754
Antibiotic treatment of suspected pneumonia	3.14		0.9457	0.0024	0.003	0.002	0.046	32	20	0.941	0.950
Support for learning	6.2		0.7664	0.0364	0.047	1.116	1.056	259	152	0.694	0.839
Attendance to early childhood education	6.1		0.8027	0.0363	0.045	1.253	1.119	259	152	0.730	0.875
Birth registration	8.1		0.5976	0.0347	0.058	1.783	1.335	601	358	0.528	0.667
Total fertility rate (3 years)	-		2.1751	0.1510	0.023	na	na	na	na	1.873	2.477
Neonatal mortality rate	1.1		29.4395	9.3084	86.647	na	na	na	na	10.823	48.056
Post-neonatal mortality rate	1.3		5.6269	3.9525	15.622	na	na	na	na	-2.278	13.532
Child mortality rate	1.4		3.7622	2.7460	7.541	na	na	na	na	-1.730	9.254

Table SE.13: Sampling errors: Western Terai Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.8390	0.0454	0.054	11.878	3.446	923	781	0.748	0.930
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9845	0.0101	0.010	5.217	2.284	4825	782	0.964	1.000
Use of improved sanitation	4.3	7.9	0.6175	0.0578	0.094	11.040	3.323	4825	782	0.502	0.733
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8699	0.0227	0.026	2.081	1.443	553	460	0.825	0.915
Secondary school net attendance ratio (adjusted)	7.5		0.6067	0.0382	0.063	3.190	1.786	626	522	0.530	0.683
Child labour	8.2		0.3676	0.0398	0.108	3.283	1.812	1248	482	0.288	0.447
Violent discipline	8.3		0.8108	0.0237	0.029	1.806	1.344	1260	495	0.763	0.858
WOMEN											
Infant mortality rate	1.2	4.2	30.4744	7.9529	63.249	na	na	na	na	14.569	46.380
Under-five mortality rate	1.5	4.1	37.0147	10.4372	108.935	na	na	na	na	16.140	57.889
Adolescent birth rate	5.1	5.4	64.0676	10.8758	118.283	na	na	na	na	42.316	85.819
Contraceptive prevalence	5.3	5.3	0.4816	0.0247	0.051	1.944	1.394	940	795	0.432	0.531
Unmet need	5.4	5.6	0.2391	0.0168	0.070	1.232	1.110	940	795	0.206	0.273
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5607	0.0518	0.092	1.623	1.274	178	150	0.457	0.664
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.6746	0.0601	0.089	2.448	1.565	178	150	0.555	0.795
Skilled attendant at delivery	5.7	5.2	0.6514	0.0426	0.065	1.188	1.090	178	150	0.566	0.736
Literacy rate (young women)	7.1	2.3	0.8086	0.0400	0.049	3.946	1.987	454	383	0.729	0.889
Knowledge about HIV prevention (young women)	9.1	6.3	0.4206	0.0459	0.109	3.309	1.819	454	383	0.329	0.512
Pregnant women	-		0.0536	0.0074	0.139	1.144	1.070	1236	1049	0.039	0.069
Institutional deliveries	5.8		0.6538	0.0499	0.076	1.637	1.279	178	150	0.554	0.754
Caesarean section	5.9		0.1011	0.0238	0.235	0.926	0.962	178	150	0.054	0.149
Marriage before age 18	8.5		0.5425	0.0252	0.047	2.198	1.483	1008	857	0.492	0.593
Polygyny	8.7		0.0378	0.0065	0.172	0.921	0.960	940	795	0.025	0.051
Knowledge of mother-to-child transmission of HIV	9.2		0.3030	0.0209	0.069	2.159	1.470	1236	1049	0.261	0.345
Accepting attitudes towards people living with HIV	9.3		0.5075	0.0268	0.053	2.690	1.640	1098	940	0.454	0.561
Women who have been tested for HIV and know the results	9.5		0.0114	0.0033	0.290	1.021	1.010	1236	1049	0.005	0.018
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.3277	0.0317	0.097	1.751	1.323	465	386	0.264	0.391
Underweight prevalence (severe)	2.1b	1.8	0.0845	0.0188	0.223	1.766	1.329	465	386	0.047	0.122
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				80	66	0.000	0.000

Table SE.13: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.3354	0.0647	0.193	0.583	0.764	37	32	0.206	0.465
Age-appropriate breastfeeding	2.12		0.7898	0.0309	0.039	0.845	0.920	179	148	0.728	0.852
Diarrhoea in the previous 2 weeks	-		0.1664	0.0277	0.167	2.153	1.467	469	389	0.111	0.222
Illness with a cough in the previous 2 weeks	-		0.0384	0.0112	0.292	1.325	1.151	469	389	0.016	0.061
Fever in last two weeks	-		0.1713	0.0262	0.153	1.876	1.370	469	389	0.119	0.224
Oral rehydration therapy with continued feeding	3.12		0.4672	0.1054	0.226	2.857	1.690	78	65	0.256	0.678
Antibiotic treatment of suspected pneumonia	3.14		0.9187	0.0013	0.001	0.000	0.018	18	14	0.916	0.921
Support for learning	6.2		0.6967	0.0406	0.058	1.230	1.109	188	159	0.616	0.778
Attendance to early childhood education	6.1		0.5865	0.0456	0.078	1.355	1.164	188	159	0.495	0.678
Birth registration	8.1		0.7059	0.0326	0.046	1.982	1.408	469	389	0.641	0.771
Total fertility rate (3 years)	-		2.3918	0.2498	0.062	na	na	na	na	1.892	2.891
Neonatal mortality rate	1.1		22.1634	6.2297	38.809	na	na	na	na	9.704	34.623
Post-neonatal mortality rate	1.3		8.3110	4.6225	21.367	na	na	na	na	-0.934	17.556
Child mortality rate	1.4		6.7458	3.8439	14.776	na	na	na	na	-0.942	14.434

Table SE.14: Sampling errors: Mid-Western Mountains Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.6245	0.0423	0.068	5.664	2.380	156	742	0.540	0.709
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.7330	0.0537	0.073	10.932	3.306	798	743	0.626	0.840
Use of improved sanitation	4.3	7.9	0.7845	0.0435	0.055	8.316	2.884	798	743	0.697	0.872
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8484	0.0319	0.038	4.318	2.078	116	547	0.785	0.912
Secondary school net attendance ratio (adjusted)	7.5		0.6156	0.0317	0.051	1.974	1.405	99	466	0.552	0.679
Child labour	8.2		0.5598	0.0311	0.056	1.779	1.334	1255	453	0.498	0.622
Violent discipline	8.3		0.8785	0.0136	0.015	0.942	0.971	1500	545	0.851	0.906
WOMEN											
Infant mortality rate	1.2	4.2	100.2202	13.9864	195.619	na	na	na	na	72.247	128.193
Under-five mortality rate	1.5	4.1	118.5663	15.1149	228.459	na	na	na	na	88.337	148.796
Adolescent birth rate	5.1	5.4	122.8914	16.2296	263.3990	na	na	na	na	90.432	155.351
Contraceptive prevalence	5.3	5.3	0.4766	0.0302	0.063	2.393	1.547	136	657	0.416	0.537
Unmet need	5.4	5.6	0.1938	0.0190	0.098	1.523	1.234	136	657	0.156	0.232
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.1035	0.0306	0,296	0.016	1.458	43	211	0.042	0.165
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.3055	0.0631	0.206	3.936	1.984	43	211	0.179	0.432
Skilled attendant at delivery	5.7	5.2	0.1948	0.0402	0.206	2.164	1.471	43	211	0.114	0.275
Literacy rate (young women)	7.1	2.3	0.5830	0.0500	0.086	3.547	1.883	71	346	0.483	0.683
Knowledge about HIV prevention (young women)	9.1	6.3	0.0914	0.0223	0.244	2.064	1.437	71	346	0.047	0.136
Pregnant women	-		0.0855	0.0106	0.124	1.171	1.082	169	817	0.064	0.107
Institutional deliveries	5.8		0.2548	0.0544	0.213	3.271	1.809	43	211	0.146	0.364
Caesarean section	5.9		0.0093	0.0068	0.735	1.062	1.030	43	211	0.000	0.023
Marriage before age 18	8.5		0.6751	0.0280	0.041	2.299	1.516	133	645	0.619	0.731
Polygyny	8.7		0.0290	0.0076	0.261	1.334	1.155	136	657	0.014	0.044
Knowledge of mother-to-child transmission of HIV	9.2		0.3357	0.0266	0.079	2.589	1.609	169	817	0.282	0.389
Accepting attitudes towards people living with HIV	9.3		0.2292	0.0390	0.170	3.025	1.739	73	353	0.151	0.307
Women who have been tested for HIV and know the results	9.5		0.0171	0.0056	0.331	1.550	1.245	169	817	0.006	0.028
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.4525	0.0358	0.079	2.623	1.619	106	509	0.381	0.524
Underweight prevalence (severe)	2.1b	1.8	0.1574	0.0210	0.134	1.693	1.301	106	509	0.115	0.199
Anti-malarial treatment of children under age 5	3.22	6.8	0.0194	0.0103	0.529	0.560	0.748	21	102	0.000	0.040

Table SE.14: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.6964	0.0765	0.110	1.106	1.052	9	41	0.543	0.849
Age-appropriate breastfeeding	2.12		0.8357	0.0209	0.025	0.603	0.776	40	191	0.794	0.877
Diarrhoea in the previous 2 weeks	-		0.2117	0.0248	0.117	1.908	1.381	108	517	0.162	0.261
Illness with a cough in the previous 2 weeks	-		0.0483	0.0114	0.235	1.447	1.203	108	517	0.026	0.071
Fever in last two weeks	-		0.1981	0.0229	0.116	1.710	1.308	108	517	0.152	0.244
Oral rehydration therapy with continued feeding	3.12		0.3689	0.0442	0.120	0.916	0.957	23	110	0.280	0.457
Antibiotic treatment of suspected pneumonia	3.14		0.2757	0.0555	0.201	0.371	0.609	5	25	0.165	0.387
Support for learning	6.2		0.4762	0.0356	0.075	1.137	1.066	47	225	0.405	0.547
Attendance to early childhood education	6.1		0.3671	0.0458	0.125	2.026	1.423	47	225	0.275	0.459
Birth registration	8.1		0.8443	0.0317	0.038	3.943	1.986	108	517	0.781	0.908
Total fertility rate (3 years)	-		4.1250	0.4048	0.164	na	na	na	na	3.315	4.935
Neonatal mortality rate	1.1		60.5470	12.5016	156.291	na	na	na	na	35.544	85.550
Post-neonatal mortality rate	1.3		39.6732	7.5721	57.337	na	na	na	na	24.529	54.817
Child mortality rate	1.4		20.3896	6.8102	46.379	na	na	na	na	6.769	34.010

Table SE.15: Sampling errors: Mid-Western Hills Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.6888	0.0357	0.052	4.603	2.145	763	777	0.617	0.760
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.7646	0.0378	0.049	6.157	2.481	3591	778	0.689	0.840
Use of improved sanitation	4.3	7.9	0.7950	0.0462	0.058	10.165	3.188	3591	778	0.703	0.887
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8915	0.0248	0.028	3.417	1.848	537	540	0.842	0.941
Secondary school net attendance ratio (adjusted)	7.5		0.6908	0.0337	0.049	2.649	1.627	498	500	0.623	0.758
Child labour	8.2		0.6027	0.0252	0.042	1.312	1.145	1311	497	0.552	0.653
Violent discipline	8.3		0.8584	0.0195	0.023	1.707	1.307	1401	547	0.819	0.897
WOMEN											
Infant mortality rate	1.2	4.2	41.8465	7.8655	61.866	na	na	na	na	26.116	57.578
Under-five mortality rate	1.5	4.1	54.6712	10.4018	108.197	na	na	na	na	33.868	75.475
Adolescent birth rate	5.1	5.4	82.7175	9.5987	92.135	na	na	na	na	63.520	101.915
Contraceptive prevalence	5.3	5.3	0.4946	0.0313	0.063	2.766	1.663	686	706	0.432	0.557
Unmet need	5.4	5.6	0.2799	0.0224	0.080	1.762	1.328	686	706	0.235	0.325
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2903	0.0433	0.149	1.500	1.225	166	166	0.204	0.377
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.4887	0.0684	0.140	3.091	1.758	166	166	0.352	0.626
Skilled attendant at delivery	5.7	5.2	0.3187	0.0497	0.156	1.874	1.369	166	166	0.219	0.418
Literacy rate (young women)	7.1	2.3	0.8324	0.0289	0.035	2.032	1.426	332	340	0.775	0.890
Knowledge about HIV prevention (young women)	9.1	6.3	0.2218	0.0285	0.129	1.596	1.263	332	340	0.165	0.279
Pregnant women	-		0.0557	0.0091	0.164	1.402	1.184	856	883	0.037	0.074
Institutional deliveries	5.8		0.3243	0.0560	0.173	2.360	1.536	166	166	0.212	0.436
Caesarean section	5.9		0.0196	0.0142	0.727	1.743	1.320	166	166	0.000	0.048
Marriage before age 18	8.5		0.5464	0.0202	0.037	1.150	1.072	670	698	0.506	0.587
Polygyny	8.7		0.0290	0.0078	0.270	1.537	1.240	686	706	0.013	0.045
Knowledge of mother-to-child transmission of HIV	9.2		0.3910	0.0215	0.055	1.718	1.311	856	883	0.348	0.434
Accepting attitudes towards people living with HIV	9.3		0.4121	0.0208	0.051	1.028	1.014	554	575	0.370	0.454
Women who have been tested for HIV and know the results	9.5		0.0193	0.0056	0.291	1.467	1.211	856	883	0.008	0.031
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.3349	0.0455	0.136	3.822	1.955	407	412	0.244	0.426
Underweight prevalence (severe)	2.1b	1.8	0.0863	0.0157	0.182	1.283	1.133	407	412	0.055	0.118

Table SE.15: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				88	88	0.000	0.000
Exclusive breastfeeding under 6 months	2.7		0.5356	0.0680	0.127	0.483	0.695	27	27	0.400	0.672
Age-appropriate breastfeeding	2.12		0.8798	0.0265	0.030	0.994	0.997	147	151	0.827	0.933
Diarrhoea in the previous 2 weeks	-		0.1784	0.0286	0.160	2.301	1.517	409	414	0.121	0.236
Illness with a cough in the previous 2 weeks	-		0.1220	0.0197	0.161	1.493	1.222	409	414	0.083	0.161
Fever in last two weeks	-		0.2143	0.0187	0.087	0.853	0.924	409	414	0.177	0.252
Oral rehydration therapy with continued feeding	3.12		0.3692	0.0858	0.232	2.306	1.519	73	74	0.198	0.541
Antibiotic treatment of suspected pneumonia	3.14		0.6726	0.0600	0.089	0.753	0.868	50	47	0.553	0.793
Support for learning	6.2		0.4953	0.0514	0.104	1.985	1.409	185	189	0.393	0.598
Attendance to early childhood education	6.1		0.4175	0.0342	0.082	0.905	0.951	185	189	0.349	0.486
Birth registration	8.1		0.5976	0.0544	0.091	5.087	2.255	409	414	0.489	0.706
Total fertility rate (3 years)	-		2.9085	0.2208	0.049	na	na	na	na	2.467	3.350
Neonatal mortality rate	1.1		25.3965	6.0033	36.040	na	na	na	na	13.390	37.403
Post-neonatal mortality rate	1.3		16.4500	6.3570	40.411	na	na	na	na	3.736	29.164
Child mortality rate	1.4		13.3848	5.2382	27.438	na	na	na	na	2.908	23.861

Table SE.16: Sampling errors: Mid-Western Terai Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7694	0.0290	0.038	3.576	1.891	671	758	0.711	0.827
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9031	0.0279	0.031	6.765	2.601	3276	759	0.847	0.959
Use of improved sanitation	4.3	7.9	0.6563	0.0386	0.059	5.015	2.240	3276	759	0.579	0.734
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8085	0.0265	0.033	1.835	1.355	383	407	0.756	0.861
Secondary school net attendance ratio (adjusted)	7.5		0.5951	0.0360	0.061	2.620	1.618	456	487	0.523	0.667
Child labour	8.2		0.3678	0.0275	0.075	1.549	1.245	1128	478	0.313	0.423
Violent discipline	8.3		0.7672	0.0283	0.037	2.089	1.445	1067	468	0.711	0.824
WOMEN											
Infant mortality rate	1.2	4.2	30.3252	15.6055	243.532	na	na	na	na	-0.886	61.536
Under-five mortality rate	1.5	4.1	41.5886	19.8344	393.404	na	na	na	na	1.920	81.257
Adolescent birth rate	5.1	5.4	75.5359	14.5628	212.075	na	na	na	na	46.410	104.662
Contraceptive prevalence	5.3	5.3	0.5557	0.0280	0.050	2.358	1.536	670	741	0.500	0.612
Unmet need	5.4	5.6	0.2194	0.0204	0.093	1.795	1.340	670	741	0.179	0.260
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.5894	0.0546	0.093	1.414	1.189	113	116	0.480	0.699
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.7065	0.0334	0.047	.620	.787	113	116	0.640	0.773
Skilled attendant at delivery	5.7	5.2	0.6475	0.0640	0.099	2.064	1.437	113	116	0.520	0.776
Literacy rate (young women)	7.1	2.3	0.7826	0.0386	0.049	3.157	1.777	341	361	0.705	0.860
Knowledge about HIV prevention (young women)	9.1	6.3	0.2918	0.0305	0.104	1.616	1.271	341	361	0.231	0.353
Pregnant women	-		0.0308	0.0075	0.245	1.801	1.342	855	949	0.016	0.046
Institutional deliveries	5.8		0.6703	0.0579	0.086	1.743	1.320	113	116	0.555	0.786
Caesarean section	5.9		0.0359	0.0146	0.407	.711	.843	113	116	0.007	0.065
Marriage before age 18	8.5		0.5151	0.0221	0.043	1.472	1.213	669	755	0.471	0.559
Polygyny	8.7		0.0418	0.0130	0.311	3.127	1.768	670	741	0.016	0.068
Knowledge of mother-to-child transmission of HIV	9.2		0.4106	0.0227	0.055	2.022	1.422	855	949	0.365	0.456
Accepting attitudes towards people living with HIV	9.3		0.4923	0.0381	0.077	4.316	2.078	650	745	0.416	0.568
Women who have been tested for HIV and know the results	9.5		0.0341	0.0083	0.244	1.998	1.413	855	949	0.017	0.051
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.3122	0.0391	0.125	2.096	1.448	283	296	0.234	0.390
Underweight prevalence (severe)	2.1b	1.8	0.0578	0.0257	0.445	3.581	1.892	283	296	0.006	0.109
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				60	62	0.000	0.000

Table SE.16: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.4546	0.0845	0.186	0.547	.740	22	20	0.286	0.624
Age-appropriate breastfeeding	2.12		0.7498	0.0585	0.078	2.028	1.424	108	112	0.633	0.867
Diarrhoea in the previous 2 weeks	-		0.1320	0.0197	0.149	1.022	1.011	291	303	0.093	0.171
Illness with a cough in the previous 2 weeks	-		0.1136	0.0206	0.181	1.274	1.129	291	303	0.072	0.155
Fever in last two weeks	-		0.2074	0.0360	0.174	2.384	1.544	291	303	0.135	0.279
Oral rehydration therapy with continued feeding	3.12		0.4078	0.0760	0.186	0.956	0.978	38	41	0.256	0.560
Antibiotic treatment of suspected pneumonia	3.14		0.6426	0.0367	0.057	0.211	0.459	33	37	0.569	0.716
Support for learning	6.2		0.6325	0.0330	0.052	0.618	0.786	124	133	0.567	0.698
Attendance to early childhood education	6.1		0.3930	0.0459	0.117	1.167	1.080	124	133	0.301	0.485
Birth registration	8.1		0.6641	0.0201	0.030	0.549	0.741	291	303	0.624	0.704
Total fertility rate (3 years)	-		2.0442	0.2418	0.058	na	na	na	na	1.561	2.528
Neonatal mortality rate	1.1		22.3359	9.4882	90.027	na	na	na	na	3.359	41.312
Post-neonatal mortality rate	1.3		7.9893	7.7014	59.312	na	na	na	na	-7.414	23.392
Child mortality rate	1.4		11.6157	6.1202	37.457	na	na	na	na	-0.625	23.856

Table SE.17: Sampling errors: Far Western Mountains Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7978	0.0468	0.059	10.237	3.200	184	754	0.704	0.891
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9324	0.0166	0.018	3.322	1.823	1014	759	0.899	0.966
Use of improved sanitation	4.3	7.9	0.8516	0.0351	0.041	7.409	2.722	1014	759	0.781	0.922
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9146	0.0118	0.013	1.187	1.089	162	664	0.891	0.938
Secondary school net attendance ratio (adjusted)	7.5		0.6941	0.0273	0.039	2.093	1.447	145	596	0.639	0.749
Child labour	8.2		0.5923	0.0290	0.049	1.775	1.332	1480	509	0.534	0.650
Violent discipline	8.3		0.8594	0.0141	0.016	0.929	0.964	1605	567	0.831	0.888
WOMEN											
Infant mortality rate	1.2	4.2	44.0503	10.1766	103.564	na	na	na	na	23.697	64.404
Under-five mortality rate	1.5	4.1	57.8494	11.2689	126.987	na	na	na	na	35.312	80.387
Adolescent birth rate	5.1	5.4	62.9488	12.6751	160.659	na	na	na	na	37.599	88.2990
Contraceptive prevalence	5.3	5.3	0.5385	0.0244	0.045	1.789	1.337	176	749	0.490	0.587
Unmet need	5.4	5.6	0.2015	0.0173	0.086	1.391	1.179	176	749	0.167	0.236
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.1614	0.0425	0.263	1.829	1.352	33	138	0.076	0.246
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5473	0.0628	0.115	2.181	1.477	33	138	0.422	0.673
Skilled attendant at delivery	5.7	5.2	0.2704	0.0512	0.190	1.824	1.351	33	138	0.168	0.373
Literacy rate (young women)	7.1	2.3	0.8053	0.0246	0.031	1.287	1.135	78	335	0.756	0.854
Knowledge about HIV prevention (young women)	9.1	6.3	0.5151	0.0233	0.045	0.729	0.854	78	335	0.468	0.562
Pregnant women	-		0.0387	0.0059	0.153	0.914	0.956	225	965	0.027	0.051
Institutional deliveries	5.8		0.3266	0.0628	0.192	2.460	1.569	33	138	0.201	0.452
Caesarean section	5.9		0.0062	0.0062	0.999	0.847	0.921	33	138	0.000	0.018
Marriage before age 18	8.5		0.5617	0.0260	0.046	2.107	1.452	181	770	0.510	0.614
Polygyny	8.7		0.0297	0.0076	0.256	1.501	1.225	176	749	0.014	0.045
Knowledge of mother-to-child transmission of HIV	9.2		0.4656	0.0138	0.030	0.738	0.859	225	965	0.438	0.493
Accepting attitudes towards people living with HIV	9.3		0.5355	0.0274	0.051	2.022	1.422	156	672	0.481	0.590
Women who have been tested for HIV and know the results	9.5		0.0138	0.0043	0.315	1.330	1.153	225	965	0.005	0.022
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.2895	0.0388	0.134	3.008	1.734	98	413	0.212	0.367
Underweight prevalence (severe)	2.1b	1.8	0.0735	0.0165	0.225	1.654	1.286	98	413	0.040	0.107
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				26	111	0.000	0.000

Table SE.17: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Exclusive breastfeeding under 6 months	2.7		0.4988	0.0998	0.200	1.236	1.112	8	32	0.299	0.698
Age-appropriate breastfeeding	2.12		0.7503	0.0459	0.061	1.531	1.237	33	137	0.658	0.842
Diarrhoea in the previous 2 weeks	-		0.1602	0.0160	0.100	0.795	0.891	100	420	0.128	0.192
Illness with a cough in the previous 2 weeks	-		0.0621	0.0163	0.262	1.899	1.378	100	420	0.030	0.095
Fever in last two weeks	-		0.2626	0.0200	0.076	0.868	0.932	100	420	0.223	0.303
Oral rehydration therapy with continued feeding	3.12		0.8270	0.0366	0.044	0.626	0.791	16	68	0.754	0.900
Antibiotic treatment of suspected pneumonia	3.14		0.5746	0.0553	0.096	0.301	0.548	6	25	0.464	0.685
Support for learning	6.2		0.8013	0.0285	0.036	0.958	0.979	45	189	0.744	0.858
Attendance to early childhood education	6.1		0.4437	0.0412	0.093	1.290	1.136	45	189	0.361	0.526
Birth registration	8.1		0.4171	0.0380	0.091	2.482	1.575	100	420	0.341	0.493
Total fertility rate (3 years)	-		2.5826	0.1916	0.037	na	na	na	na	2.199	2.966
Neonatal mortality rate	1.1		25.3455	7.2002	51.843	na	na	na	na	10.945	39.746
Post-neonatal mortality rate	1.3		18.7048	6.9791	48.708	na	na	na	na	4.747	32.663
Child mortality rate	1.4		14.4349	4.8230	23.262	na	na	na	na	4.789	24.081

Table SE.18: Sampling errors: Far Western Hills Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.5353	0.0395	0.074	4.618	2.149	346	736	0.456	0.614
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9006	0.0319	0.035	8.361	2.891	1880	736	0.837	0.964
Use of improved sanitation	4.3	7.9	0.8011	0.0612	0.076	17.290	4.158	1880	736	0.679	0.924
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8577	0.0249	0.029	2.750	1.658	267	542	0.808	0.908
Secondary school net attendance ratio (adjusted)	7.5		0.6004	0.0325	0.054	2.261	1.504	247	514	0.535	0.665
Child labour	8.2		0.5885	0.0331	0.056	2.113	1.454	1348	468	0.522	0.655
Violent discipline	8.3		0.8392	0.0172	0.020	1.107	1.052	1436	508	0.805	0.874
WOMEN											
Infant mortality rate	1.2	4.2	49.7497	11.8709	140.919	na	na	na	na	26.008	73.492
Under-five mortality rate	1.5	4.1	59.3161	11.9071	141.778	na	na	na	na	35.502	83.130
Adolescent birth rate	5.1	5.4	60.2272	12.2567	150.227	na	na	na	na	35.714	84.741
Contraceptive prevalence	5.3	5.3	0.4214	0.0198	0.047	1.108	1.053	325	692	0.382	0.461
Unmet need	5.4	5.6	0.2887	0.0160	0.055	.859	.927	325	692	0.257	0.321
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.1732	0.0259	0.150	0.738	0.859	75	158	0.121	0.225
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.5946	0.0588	0.099	2.252	1.501	75	158	0.477	0.712
Skilled attendant at delivery	5.7	5.2	0.3586	0.0425	0.118	1.231	1.110	75	158	0.274	0.444
Literacy rate (young women)	7.1	2.3	0.7850	0.0328	0.042	2.499	1.581	183	393	0.719	0.851
Knowledge about HIV prevention (young women)	9.1	6.3	0.4720	0.0272	0.058	1.166	1.080	183	393	0.417	0.526
Pregnant women	-		0.0448	0.0069	0.154	1.031	1.016	433	927	0.031	0.059
Institutional deliveries	5.8		0.5003	0.0555	0.111	1.934	1.391	75	158	0.389	0.611
Caesarean section	5.9		0.0145	0.0085	0.587	0.795	0.892	75	158	0.000	0.031
Marriage before age 18	8.5		0.5576	0.0208	0.037	1.241	1.114	329	710	0.516	0.599
Polygyny	8.7		0.0401	0.0083	0.207	1.232	1.110	325	692	0.024	0.057
Knowledge of mother-to-child transmission of HIV	9.2		0.4821	0.0209	0.043	1.622	1.274	433	927	0.440	0.524
Accepting attitudes towards people living with HIV	9.3		0.5600	0.0196	0.035	1.098	1.048	323	705	0.521	0.599
Women who have been tested for HIV and know the results	9.5		0.0308	0.0073	0.236	1.637	1.279	433	927	0.016	0.045
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.4375	0.0208	0.048	0.756	0.869	207	431	0.396	0.479
Underweight prevalence (severe)	2.1b	1.8	0.1783	0.0197	0.110	1.139	1.067	207	431	0.139	0.218

Table SE.18: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				37	80	0.000	0.000
Exclusive breastfeeding under 6 months	2.7		0.5962	0.0617	0.103	0.537	0.733	16	35	0.473	0.720
Age-appropriate breastfeeding	2.12		0.8092	0.0316	0.039	1.007	1.003	76	157	0.746	0.872
Diarrhoea in the previous 2 weeks	-		0.1604	0.0221	0.138	1.578	1.256	210	435	0.116	0.205
Illness with a cough in the previous 2 weeks	-		0.0565	0.0103	0.183	0.868	0.931	210	435	0.036	0.077
Fever in last two weeks	-		0.1766	0.0173	0.098	0.892	0.944	210	435	0.142	0.211
Oral rehydration therapy with continued feeding	3.12		0.6432	0.0501	0.078	0.753	0.868	34	70	0.543	0.743
Antibiotic treatment of suspected pneumonia	3.14		0.1740	0.0534	0.307	0.476	0.690	12	25	0.067	0.281
Support for learning	6.2		0.2942	0.0531	0.181	2.760	1.661	97	204	0.188	0.400
Attendance to early childhood education	6.1		0.2892	0.0322	0.111	1.023	1.012	97	204	0.225	0.354
Birth registration	8.1		0.4068	0.0304	0.075	1.661	1.289	210	435	0.346	0.468
Total fertility rate (3 years)	-		2.9541	0.2441	0.060	na	na	na	na	2.466	3.442
Neonatal mortality rate	1.1		25.6045	8.0092	64.147	na	na	na	na	9.586	41.623
Post-neonatal mortality rate	1.3		24.1453	7.2818	53.024	na	na	na	na	9.582	38.709
Child mortality rate	1.4		10.0672	5.0323	25.324	na	na	na	na	0.003	20.132

Table SE.19: Sampling errors: Far Western Terai Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
HOUSEHOLDS											
Iodized salt consumption	2.19		0.7227	0.0399	0.055	5.883	2.425	522	742	0.643	0.802
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	4.1	7.8	0.9881	0.0083	0.008	4.398	2.097	2697	744	0.971	1.000
Use of improved sanitation	4.3	7.9	0.5529	0.0517	0.094	8.034	2.834	2697	744	0.450	0.656
Primary school net attendance ratio (adjusted)	7.4	2.1	0.8937	0.0256	0.029	2.769	1.664	296	403	0.843	0.945
Secondary school net attendance ratio (adjusted)	7.5		0.7537	0.0243	0.032	1.610	1.269	371	507	0.705	0.802
Child labour	8.2		0.3723	0.0349	0.094	2.549	1.597	1141	490	0.303	0.442
Violent discipline	8.3		0.7501	0.0291	0.039	2.128	1.459	1120	471	0.692	0.808
WOMEN											
Infant mortality rate	1.2	4.2	51.1143	12.9986	168.964	na	na	na	na	25.117	77.112
Under-five mortality rate	1.5	4.1	58.7672	15.6848	246.013	na	na	na	na	27.398	90.137
Adolescent birth rate	5.1	5.4	53.0767	10.4374	108.940	na	na	na	na	32.202	73.952
Contraceptive prevalence	5.3	5.3	0.6186	0.0197	0.032	1.225	1.107	540	748	0.579	0.658
Unmet need	5.4	5.6	0.1797	0.0127	0.071	.818	0.905	540	748	0.154	0.205
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.3383	0.0571	0.169	2.039	1.428	106	141	0.224	0.453
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.7339	0.0406	0.055	1.184	1.088	106	141	0.653	0.815
Skilled attendant at delivery	5.7	5.2	0.7074	0.0304	0.043	.626	0.791	106	141	0.647	0.768
Literacy rate (young women)	7.1	2.3	0.9252	0.0189	0.020	2.127	1.458	295	413	0.887	0.963
Knowledge about HIV prevention (young women)	9.1	6.3	0.3541	0.0312	0.088	1.751	1.323	295	413	0.292	0.416
Pregnant women	-		0.0434	0.0084	0.193	1.728	1.315	735	1029	0.027	0.060
Institutional deliveries	5.8		0.7452	0.0417	0.056	1.283	1.133	106	141	0.662	0.829
Caesarean section	5.9		0.0315	0.0164	0.523	1.242	1.114	106	141	0.000	0.064
Marriage before age 18	8.5		0.4874	0.0238	0.049	1.882	1.372	588	831	0.440	0.535
Polygyny	8.7		0.0613	0.0115	0.187	1.708	1.307	540	748	0.038	0.084
Knowledge of mother-to-child transmission of HIV	9.2		0.4751	0.0265	0.056	2.887	1.699	735	1029	0.422	0.528
Accepting attitudes towards people living with HIV	9.3		0.3571	0.0175	0.049	1.026	1.013	545	774	0.322	0.392
Women who have been tested for HIV and know the results	9.5		0.0309	0.0070	0.226	1.668	1.292	735	1029	0.017	0.045
UNDER-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.2248	0.0259	0.115	1.043	1.021	189	273	0.173	0.277
Underweight prevalence (severe)	2.1b	1.8	0.0482	0.0187	0.388	2.076	1.441	189	273	0.011	0.086

Table SE.19: Continued

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Nepal, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										r - 2se	*r + 2se*
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000				37	53	0.000	0.000
Exclusive breastfeeding under 6 months	2.7		0.7222	0.0477	0.066	0.465	0.682	30	42	0.627	0.818
Age-appropriate breastfeeding	2.12		0.7697	0.0426	0.055	1.343	1.159	96	132	0.684	0.855
Diarrhoea in the previous 2 weeks	-		0.0650	0.0159	0.245	1.176	1.085	197	283	0.033	0.097
Illness with a cough in the previous 2 weeks	-		0.0659	0.0161	0.244	1.186	1.089	197	283	0.034	0.098
Fever in last two weeks	-		0.1887	0.0325	0.172	1.951	1.397	197	283	0.124	0.254
Oral rehydration therapy with continued feeding	3.12		0.3359	0.0899	0.268	0.579	0.761	13	17	0.156	0.516
Antibiotic treatment of suspected pneumonia	3.14		0.6514	0.0630	0.097	0.333	0.577	13	20	0.525	0.778
Support for learning	6.2		0.7171	0.0576	0.080	1.665	1.290	68	103	0.602	0.832
Attendance to early childhood education	6.1		0.4425	0.0494	0.112	1.011	1.005	68	103	0.344	0.541
Birth registration	8.1		0.4617	0.0383	0.083	1.660	1.288	197	283	0.385	0.538
Total fertility rate (3 years)	-		1.9056	0.1574	0.025	na	na	na	na	1.591	2.220
Neonatal mortality rate	1.1		31.8271	12.7825	163.394	na	na	na	na	6.262	57.392
Post-neonatal mortality rate	1.3		19.2872	8.1927	67.120	na	na	na	na	2.902	35.673
Child mortality rate	1.4		8.0651	5.5226	30.499	na	na	na	na	-2.980	19.110

Appendix *D*

Data Quality Tables

Figure DQ.1: Household population by single ages, Nepal, 2014

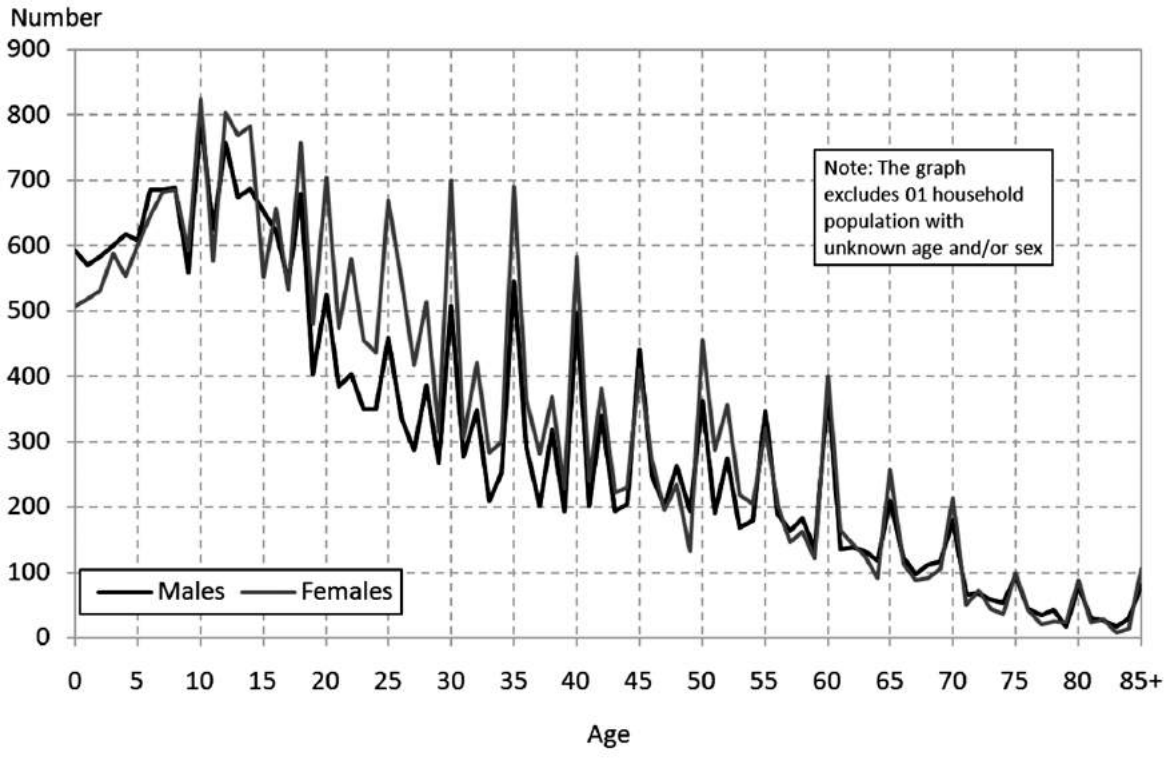


Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Nepal, 2014

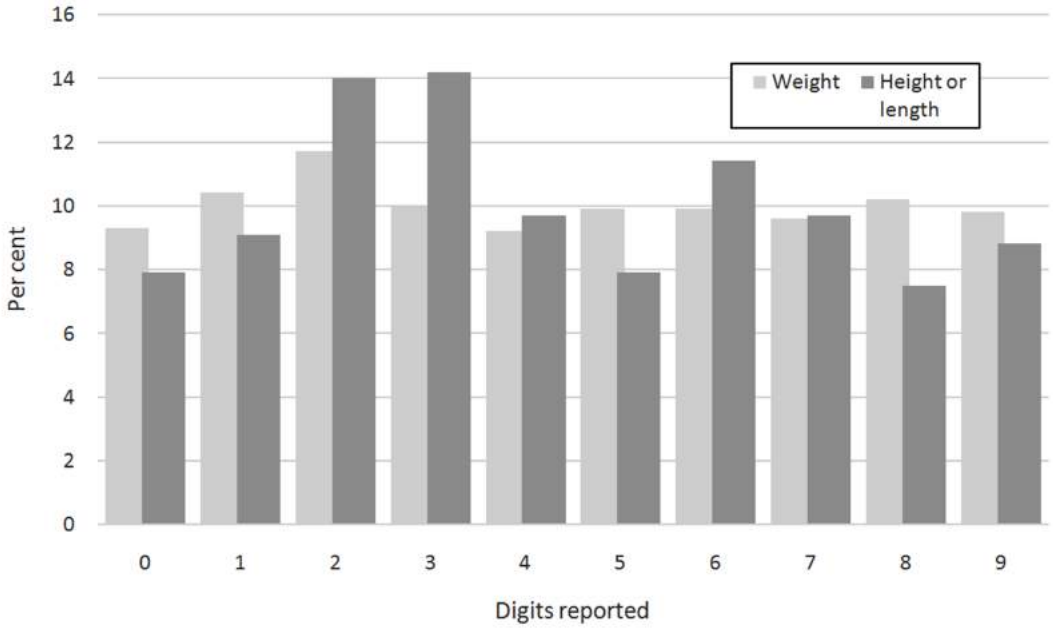


Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, Nepal, 2014

Age (years)	Males		Females		Age (years)	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	588	2.2	528	1.8	45	447	1.7	399	1.3
1	589	2.2	492	1.6	46	250	0.9	259	0.9
2	571	2.1	567	1.9	47	184	0.7	191	0.6
3	589	2.2	616	2.1	48	247	0.9	217	0.7
4	614	2.3	561	1.9	49	180	0.7	125	0.4
5	605	2.2	575	1.9	50	362	1.3	506	1.7
6	647	2.4	652	2.2	51	173	0.6	294	1.0
7	703	2.6	692	2.3	52	275	1.0	378	1.3
8	687	2.6	658	2.2	53	167	0.6	225	0.8
9	534	2.0	580	1.9	54	181	0.7	213	0.7
10	808	3.0	846	2.8	55	350	1.3	334	1.1
11	625	2.3	579	1.9	56	182	0.7	210	0.7
12	756	2.8	793	2.7	57	173	0.6	149	0.5
13	651	2.4	724	2.4	58	184	0.7	174	0.6
14	713	2.6	798	2.7	59	146	0.5	132	0.4
15	645	2.4	535	1.8	60	391	1.5	419	1.4
16	604	2.2	676	2.3	61	121	0.4	145	0.5
17	533	2.0	529	1.8	62	151	0.6	141	0.5
18	671	2.5	749	2.5	63	145	0.5	117	0.4
19	414	1.5	481	1.6	64	132	0.5	107	0.4
20	519	1.9	698	2.3	65	212	0.8	274	0.9
21	379	1.4	461	1.5	66	140	0.5	123	0.4
22	377	1.4	577	1.9	67	96	0.4	107	0.4
23	330	1.2	442	1.5	68	120	0.4	95	0.3
24	341	1.3	426	1.4	69	133	0.5	106	0.4
25	437	1.6	726	2.4	70	201	0.7	223	0.7
26	332	1.2	572	1.9	71	62	0.2	58	0.2
27	296	1.1	421	1.4	72	81	0.3	85	0.3
28	392	1.5	525	1.8	73	57	0.2	50	0.2
29	261	1.0	326	1.1	74	65	0.2	36	0.1
30	494	1.8	707	2.4	75	92	0.3	96	0.3
31	271	1.0	332	1.1	76	57	0.2	42	0.1
32	350	1.3	453	1.5	77	30	0.1	18	0.1
33	214	0.8	290	1.0	78	48	0.2	28	0.1
34	268	1.0	317	1.1	79	19	0.1	27	0.1
35	556	2.1	690	2.3	80	92	0.3	97	0.3
36	274	1.0	363	1.2	81	26	0.1	24	0.1
37	202	0.7	295	1.0	82	27	0.1	26	0.1
38	298	1.1	405	1.4	83	20	0.1	5	0.0
39	203	0.8	213	0.7	84	32	0.1	16	0.1
40	484	1.8	590	2.0	85+	89	0.3	115	0.4
41	191	0.7	252	0.8	DK/missing	1	0.0	2	0.0
42	368	1.4	350	1.2					
43	201	0.7	222	0.7					
44	189	0.7	237	0.8	Total	26,917	100.0	29,907	100.0

-

Typical data quality issues: Heaping on ages with digits ending with 0 and 5. If age reporting is good, the distribution should be smooth. The table should also provide insights into over-reporting or under-reporting at certain age groups or intervals, and the extent of missing information on age. Deficits at ages 4, 15, and 49, excesses at ages 5 and 6, 14, and 50 might be indicative of out-transference of ages to avoid administering individual questionnaires.

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women aged 10–54 years, interviewed women aged 15–49 years, and percentage of eligible women who were interviewed, by five-year age groups, Nepal, 2014

	Household population of women aged 10–54 years	Interviewed women aged 15–49 years		Percent of eligible women interviewed (completion rate)
	Number	Number	Percent	
Age (years)				
10–14	3,740	na	na	na
15–19	2,970	2,726	19.2	91.8
20–24	2,604	2,403	17.0	92.3
25–29	2,570	2,412	17.0	93.8
30–34	2,098	1,995	14.1	95.1
35–39	1,966	1,910	13.5	97.1
40–44	1,651	1,581	11.2	95.8
45–49	1,191	1,140	8.0	95.8
50–54	1,616	na	na	na
Total (15–49 years)	15,050	14,168	100.0	94.1
Ratio of 50–54 to 45–49	1.36	na	na	na

na: not applicable

Typical data quality issues: In countries with growing populations, the percentages in each age group of women should decline with age (the second column). The last column shows whether the survey was equally effective in interviewing women in all age groups—typically, some surveys fail to interview the younger women, sometimes because of problems in sample implementation, sometimes because of interviewers' reluctance to interview young women. These figures should be high, preferably over 95 percent, or at least 90 percent, and should not vary much by age. The distribution in the 3rd column should be similar to the distribution in the 2nd column.

If completion rates vary greatly by age and fall below 85 percent in two or three groups say for groups aged 15 to 24, it may be necessary to re-calculate sample weights by taking age-specific non-response into account. Failure to do so may lead to biased estimates of indicators which typically vary by age of women.

Weights used for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of children in household and under-5 questionnaires

Household population of children aged 0–7 years, children aged 0–4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single years of age, Nepal, 2014

	Household population of children aged 0–7 years	Under-5s with completed interviews		Percent of eligible under-5s with completed interviews (completion rate)
	Number	Number	Percent	
Age (years)				
0	1,116	990	18.6	88.7
1	1,081	1,020	19.1	94.3
2	1,138	1,062	19.9	93.3
3	1,206	1,151	21.6	95.5
4	1,175	1,111	20.8	94.6
5	1,180	na	na	na
6	1,298	na	na	na
7	1,395	na	na	na
Total (0–4 years)	5,715	5,333	100.0	93.3
Ratio of 5 to 4	1.00	na	na	na

na: not applicable

-

Table DQ.4: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Nepal, 2014

	Completeness of reporting of month and year of birth				Total	Number of household members
	Year and month of birth	Year of birth only	Month of birth only	Both missing		
Total	**92.6**	**5.2**	**0.6**	**1.6**	**100.0**	**56,824**
Age						
0–4	99.7	0.1	0.1	0.1	100.0	5,715
5–14	98.9	0.7	0.2	0.2	100.0	13,625
15–24	96.8	2.4	0.2	0.5	100.0	10,387
25–49	92.6	5.4	0.6	1.5	100.0	17,065
50–64	79.7	15.1	1.1	4.1	100.0	6,679
65–84	69.1	19.8	2.4	8.6	100.0	3,144
85+	45.6	22.1	6.9	25.4	100.0	205
DK/missing	41.3	35.8	0.0	23.0	100.0	3
Region						
Eastern Mountains	98.2	1.6	0.0	0.2	100.0	779
Eastern Hills	98.1	1.9	0.0	0.0	100.0	3,169
Eastern Terai	92.1	6.3	0.1	1.5	100.0	8,251
Central Mountains	93.6	5.6	0.3	0.5	100.0	1,148
Central Hills	91.2	4.5	1.4	2.8	100.0	8,746
Central Terai	92.9	5.3	0.3	1.5	100.0	10,248
Western Mountains	90.5	8.4	0.2	0.8	100.0	32
Western Hills	95.3	2.2	0.8	1.6	100.0	6,371
Western Terai	90.4	9.2	0.0	0.4	100.0	4,825
Mid-Western Mountains	93.3	5.5	0.4	0.9	100.0	798
Mid-Western Hills	97.9	1.8	0.1	0.3	100.0	3,591
Mid-Western Terai	82.9	12.0	0.8	4.3	100.0	3,276
Far Western Mountains	95.1	2.5	1.1	1.3	100.0	1,014
Far Western Hills	93.1	2.9	1.7	2.3	100.0	1,880
Far Western Terai	89.8	7.6	0.5	2.1	100.0	2,697
Area						
Urban	92.9	4.0	0.8	2.2	100.0	9,753
Rural	92.5	5.5	0.5	1.5	100.0	47,071

Typical data quality issues: Completion rates by socio-economic background characteristics should be similar across socio-economic groups. In cases when completion rates vary greatly by background characteristics, the sample may be biased.

Completion rates by regions and urban–rural areas are reflected in sample weights when the sample design is based on regions and urban–rural areas. While this 'corrects' for differential response rates by these characteristics, it does not necessarily mean that the sample is no longer biased in terms of other socio-economic characteristics.

Weights for both household population of women and interviewed women are household weights.

Table DQ.5: Birth date and age reporting: Women

Percent distribution of women aged 15–49 years by completeness of date of birth/age information, Nepal, 2014

	Completeness of reporting of date of birth and age					Total	Number of women aged 15–49 years
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/ Missing		
Total	**96.6**	**2.7**	**0.0**	**0.3**	**0.5**	**100.0**	**14,162**
Region							
Eastern Mountains	99.5	0.5	0.0	0.0	0.0	100.0	186
Eastern Hills	99.9	0.1	0.0	0.0	0.0	100.0	807
Eastern Terai	95.3	4.1	0.0	0.3	0.3	100.0	2,071
Central Mountains	99.2	0.6	0.0	0.0	0.2	100.0	274
Central Hills	96.3	1.8	0.0	0.5	1.4	100.0	2,320
Central Terai	97.1	2.4	0.0	0.2	0.3	100.0	2,327
Western Mountains	99.7	0.3	0.0	0.0	0.0	100.0	8
Western Hills	99.7	0.3	0.0	0.0	0.0	100.0	1,659
Western Terai	98.3	1.6	0.0	0.0	0.1	100.0	1,236
Mid-Western Mountains	94.5	4.2	0.0	0.7	0.6	100.0	169
Mid-Western Hills	98.8	0.9	0.0	0.4	0.0	100.0	856
Mid-Western Terai	85.9	13.0	0.0	0.9	0.2	100.0	855
Far Western Mountains	98.8	0.9	0.0	0.1	0.2	100.0	225
Far Western Hills	97.7	0.4	0.0	0.2	1.8	100.0	433
Far Western Terai	92.8	5.2	0.0	1.1	0.9	100.0	735
Area							
Urban	97.4	1.6	0.0	0.5	0.5	100.0	2,792
Rural	96.4	2.9	0.0	0.3	0.4	100.0	11,370

Table DQ.6: Birth date and age reporting: Under-5s

Percentage of children under five by completeness of date of birth/age information, Nepal, 2014

	Completeness of reporting of date of birth and age					Total	Number of children under five
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/ DK/ missing		
Total	**100.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**	**5,349**
Region							
Eastern Mountains	100.0	0.0	0.0	0.0	0.0	100.0	325
Eastern Hills	100.0	0.0	0.0	0.0	0.0	100.0	284
Eastern Terai	100.0	0.0	0.0	0.0	0.0	100.0	384
Central Mountains	100.0	0.0	0.0	0.0	0.0	100.0	238
Central Hills	100.0	0.0	0.0	0.0	0.0	100.0	418
Central Terai	100.0	0.0	0.0	0.0	0.0	100.0	504
Western Mountains	100.0	0.0	0.0	0.0	0.0	100.0	77
Western Hills	100.0	0.0	0.0	0.0	0.0	100.0	358
Western Terai	100.0	0.0	0.0	0.0	0.0	100.0	389
Mid-Western Mountains	100.0	0.0	0.0	0.0	0.0	100.0	517
Mid-Western Hills	100.0	0.0	0.0	0.0	0.0	100.0	414
Mid-Western Terai	100.0	0.0	0.0	0.0	0.0	100.0	303
Far Western Mountains	100.0	0.0	0.0	0.0	0.0	100.0	420
Far Western Hills	100.0	0.0	0.0	0.0	0.0	100.0	435
Far Western Terai	100.0	0.0	0.0	0.0	0.0	100.0	283
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	907
Rural	100.0	0.0	0.0	0.0	0.0	100.0	4,442

Table DQ.7: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people aged 5–24 years by completeness of date of birth information, Nepal, 2014

	Completeness of reporting of month and year of birth				Total	Number of children, adolescents and young people aged 5–24 years
	Year and month of birth	Year of birth only	Month of birth only	Both missing		
Total	**98.0**	**1.5**	**0.2**	**0.3**	**100.0**	**24,012**
Region						
Eastern Mountains	99.9	0.1	0.0	0.0	100.0	348
Eastern Hills	99.7	0.3	0.0	0.0	100.0	1,335
Eastern Terai	97.7	2.1	0.0	0.2	100.0	3,360
Central Mountains	99.8	0.2	0.0	0.0	100.0	448
Central Hills	96.9	1.5	0.6	1.0	100.0	3,277
Central Terai	98.7	1.2	0.0	0.0	100.0	4,406
Western Mountains	96.5	3.5	0.0	0.0	100.0	8
Western Hills	99.8	0.2	0.0	0.0	100.0	2,517
Western Terai	98.6	1.3	0.0	0.1	100.0	2,110
Mid-Western Mountains	98.4	1.3	0.1	0.1	100.0	374
Mid-Western Hills	99.4	0.5	0.0	0.1	100.0	1,699
Mid-Western Terai	90.9	6.2	1.1	1.8	100.0	1,501
Far Western Mountains	98.6	0.5	0.7	0.1	100.0	480
Far Western Hills	97.6	0.7	0.9	0.8	100.0	889
Far Western Terai	97.8	1.9	0.1	0.1	100.0	1,260
Area						
Urban	98.0	1.2	0.2	0.6	100.0	3,860
Rural	98.0	1.5	0.2	0.3	100.0	20,152

Table DQ.8: Birth date reporting: First and last births

Percent distribution of first and last births to women aged 15–49 years by completeness of date of birth, Nepal, 2014

	Completeness of reporting of date of birth										
	Date of first birth				Total	Number of first births	Date of last birth			Total	Number of last births
	Year and month of birth	Year of birth only	Completed years since first birth only	Other/ DK/ Missing			Both month and year	Year only	Other/ DK/ Missing		
Total	**98.9**	**0.8**	**0.0**	**0.2**	**100.0**	**10,076**	**99.0**	**0.9**	**0.1**	**100.0**	**7,983**
Region											
Eastern Mountains	99.4	0.4	0.0	0.2	100.0	124	100.0	0.0	0.0	100.0	96
Eastern Hills	100.0	0.0	0.0	0.0	100.0	518	99.7	0.3	0.0	100.0	386
Eastern Terai	98.1	1.6	0.0	0.3	100.0	1,501	98.6	1.4	0.0	100.0	1,185
Central Mountains	99.1	0.9	0.0	0.0	100.0	187	99.3	0.7	0.0	100.0	152
Central Hills	99.1	0.5	0.1	0.3	100.0	1,571	99.0	0.6	0.5	100.0	1,122
Central Terai	99.1	0.9	0.0	0.0	100.0	1,740	98.2	1.8	0.0	100.0	1,462
Western Mountains	97.7	2.3	0.0	0.0	100.0	6	98.0	2.0	0.0	100.0	4
Western Hills	99.6	0.2	0.0	0.1	100.0	1,228	100.0	0.0	0.0	100.0	956
Western Terai	99.4	0.3	0.0	0.3	100.0	871	99.6	0.4	0.0	100.0	701
Mid-Western Mountains	99.5	0.3	0.0	0.2	100.0	129	99.6	0.2	0.2	100.0	108
Mid-Western Hills	99.8	0.2	0.0	0.0	100.0	629	99.6	0.2	0.2	100.0	531
Mid-Western Terai	96.9	2.3	0.1	0.7	100.0	595	98.0	1.6	0.3	100.0	489
Far Western Mountains	98.9	0.9	0.0	0.2	100.0	169	99.5	0.3	0.2	100.0	147
Far Western Hills	98.9	1.1	0.0	0.1	100.0	297	99.6	0.3	0.1	100.0	254
Far Western Terai	97.9	1.8	0.0	0.3	100.0	510	98.5	1.5	0.0	100.0	389
Area											
Urban	99.0	0.9	0.0	0.1	100.0	1,834	99.0	0.9	0.1	100.0	1,307
Rural	98.9	0.8	0.0	0.2	100.0	8,242	99.0	0.9	0.1	100.0	6,677

DQ.9: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Nepal, 2014

Questionnaire and type of missing information	Reference group	Percent with missing/ incomplete information [a]	Number of cases
Household			
Salt test result	All households interviewed that have salt	0.1	12,405
Starting time of interview	All households interviewed	0.1	12,405
Ending time of interview	All households interviewed	0.1	12,405
Women			
Date of first marriage/union	All ever married women aged 15–49		
Only month		2.2	11,125
Both month and year		9.7	11,125
Age at first marriage/union	All ever married women aged 15–49 with year of first marriage not known	3.2	11,125
Starting time of interview	All women interviewed	0.1	14,162
Ending time of interview	All women interviewed	0.0	14,162
Under-5			
Starting time of interview	All under-5 children	0.1	5,349
Ending time of interview	All under-5 children	0.2	5,349

[a] Includes 'don't know' responses

Typical data quality issues: Surveys always have cases with missing information. The extent of missing information is important, because it can result in biased results if such proportions are high. Particularly informative about the quality of the survey is the extent of missing information on measurements, ages, and dates of events.

DQ.10: Completeness of information for anthropometric indicators: Underweight

Percentage of children under five by completeness of information on date of birth and weight, Nepal, 2014

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under five
		Weight not measured	Incomplete date of birth	Weight not measured and incomplete date of birth	Flagged cases (outliers)			
Total	**97.9**	**1.8**	**0.0**	**0.0**	**0.3**	**100.0**	**2.1**	**5,349**
Age								
<6 months	97.3	2.0	0.0	0.0	0.7	100.0	2.7	452
6–11 months	97.7	2.1	0.0	0.0	0.2	100.0	2.3	527
12–23 months	98.8	1.2	0.0	0.0	0.0	100.0	1.2	1,029
24–35 months	97.7	1.9	0.0	0.0	0.4	100.0	2.3	1,062
36–47 months	97.9	1.8	0.0	0.0	0.4	100.0	2.1	1,123
48–59 months	97.4	2.2	0.0	0.0	0.3	100.0	2.6	1,156

Table DQ.11: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under five by completeness of information on date of birth and length or height, Nepal, 2014

	Valid length/ height and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under five
		Length/ height not measured	Incomplete date of birth	Length/ height not measured, incomplete date of birth	Flagged cases (outliers)			
Total	**95.6**	**3.4**	**0.0**	**0.0**	**1.0**	**100.0**	**4.4**	**5,349**
Child's age								
<6 months	94.8	2.1	0.0	0.0	3.0	100.0	5.2	455
6–11 months	97.3	2.5	0.0	0.0	0.2	100.0	2.7	523
12–23 months	96.0	3.1	0.0	0.0	0.8	100.0	4.0	1,008
24–35 months	94.0	4.9	0.0	0.0	1.1	100.0	6.0	1,079
36–47 months	95.9	3.1	0.0	0.0	1.1	100.0	4.1	1,137
48–59 months	96.0	3.4	0.0	0.0	0.6	100.0	4.0	1,147

Table DQ.12: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under five by completeness of information on weight and length or height, Nepal, 2014

	Valid weight and length/ height	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under five
		Weight not measured	Length/ height not measured	Weight and length/ height not measured	Flagged cases (outliers)			
Total	**95.6**	**0.0**	**1.0**	**2.4**	**1.0**	**100.0**	**4.4**	**5,349**
Child's age								
<6 months	93.2	0.0	0.6	1.5	4.6	100.0	6.8	455
6–11 months	96.9	0.0	0.2	2.3	0.7	100.0	3.1	523
12–23 months	96.1	0.0	1.0	2.1	0.8	100.0	3.9	1,008
24–35 months	94.6	0.0	2.4	2.5	0.5	100.0	5.4	1,079
36–47 months	96.2	0.0	0.6	2.4	0.8	100.0	3.8	1,137
48–59 months	95.8	0.0	0.6	2.8	0.8	100.0	4.2	1,147

Table DQ.13: Heaping in anthropometric measurements

Distribution of weight and height/length measurements by digits reported for the decimal points, Nepal, 2014

	Weight		Height	
	Number	Percent	Number	Percent
Total	**5,222**	**100.0**	**5,222**	**100.0**
Digits				
0	498	9.5	455	8.7
1	546	10.5	492	9.4
2	577	11.0	715	13.7
3	545	10.4	710	13.6
4	465	8.9	530	10.2
5	557	10.7	404	7.7
6	561	10.7	600	11.5
7	515	9.9	515	9.9
8	487	9.3	361	6.9
9	472	9.0	441	8.5
0 or 5	1,055	20.2	859	16.5

Typical data quality issues: Under normal circumstances, approximately 10 percent of anthropometric measurements should be reported for each of the digits for the decimals. Significant excesses over 10 percent are indicative of heaping, and therefore quality problems in anthropometric measurements, either due to truncation or rounding. Typically, more heaping is expected in height/length than weight measurements.

Table DQ.14: Observation of birth certificates

Percent distribution of children under five by presence of birth certificates, and percentage of birth certificates seen, Nepal, 2014

	Child has birth certificate		Child does not have birth certificate	Missing/ DK	Total	Percent of birth certificates seen by the interviewer (1)/(1+2) *100	Number of children under five
	Seen by the interviewer (1)	Not seen by the interviewer (2)					
Total	**41.3**	**11.6**	**46.6**	**0.4**	**100.0**	**78.0**	**5,349**
Region							
Eastern Mountains	36.0	3.0	59.6	1.3	100.0	92.3	72
Eastern Hills	54.6	5.7	39.7	0.0	100.0	90.6	272
Eastern Terai	50.6	8.0	40.5	0.8	100.0	86.3	775
Central Mountains	24.6	14.4	60.9	0.0	100.0	63.0	95
Central Hills	20.4	20.1	59.0	0.5	100.0	50.3	620
Central Terai	43.1	12.9	44.0	0.0	100.0	76.9	1,131
Western Mountains	45.0	10.9	44.1	0.0	100.0	80.5	2
Western Hills	38.9	15.1	44.9	1.1	100.0	72.1	601
Western Terai	42.9	8.3	48.5	0.3	100.0	83.7	469
Mid-Western Mountains	65.6	13.0	21.0	0.4	100.0	83.5	108
Mid-Western Hills	56.1	1.0	42.9	0.0	100.0	98.3	409
Mid-Western Terai	41.8	16.9	40.1	1.1	100.0	71.2	291
Far Western Mountains	27.3	13.6	59.1	0.0	100.0	66.8	100
Far Western Hills	28.0	11.2	60.5	0.3	100.0	71.4	210
Far Western Terai	32.2	11.9	55.7	0.2	100.0	73.0	197
Area							
Urban	34.8	15.7	49.0	0.5	100.0	68.9	699
Rural	42.3	11.0	46.3	0.4	100.0	79.3	4,650
Child's age							
0–5 months	13.6	3.5	82.7	0.3	100.0	79.7	455
6–11 months	24.1	8.7	67.1	0.1	100.0	73.5	523
12–23 months	32.7	8.7	58.0	0.6	100.0	79.1	1,008
24–35 months	45.6	13.0	41.1	0.3	100.0	77.7	1,079
36–47 months	51.2	12.9	35.6	0.3	100.0	79.9	1,137
48–59 months	54.0	16.3	29.1	0.6	100.0	76.9	1,147

Typical data quality issues: Interviewers are required to ask and see the birth certificates of children. This is important for the completion of the Birth Registration module in the Under-5 Questionnaire, but may also be useful for obtaining accurate information on children's dates of birth and ages. Percentage of birth certificates seen by the interviewer is desired to be as high as possible, preferably over 90 percent.

Table DQ.15: Observation of vaccination cards

Percent distribution of children aged 0–35 months by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Nepal, 2014

	Child does not have vaccination card		Child has vaccination card		Missing/ DK	Total	Percent of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children aged 0–35 months
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)				
Total	**19.6**	**10.4**	**38.6**	**31.3**	**0.1**	**100.0**	**55.2**	**3,065**
Region								
Eastern Mountains	22.6	22.2	41.3	13.9	0.0	100.0	74.8	44
Eastern Hills	17.3	12.5	55.9	14.3	0.0	100.0	79.6	168
Eastern Terai	18.9	13.2	42.1	25.7	0.2	100.0	62.1	431
Central Mountains	6.2	8.1	35.0	50.7	0.0	100.0	40.8	57
Central Hills	7.8	5.9	40.8	45.5	0.0	100.0	47.3	369
Central Terai	11.8	14.0	25.0	49.1	0.0	100.0	33.8	626
Western Mountains	12.6	2.2	20.6	64.7	0.0	100.0	24.2	1
Western Hills	16.6	1.8	44.9	36.7	0.0	100.0	55.1	341
Western Terai	38.8	5.0	44.1	12.2	0.0	100.0	78.3	280
Mid-Western Mountains	29.8	47.4	10.1	12.7	0.0	100.0	44.5	61
Mid-Western Hills	45.8	9.7	33.1	10.8	0.6	100.0	75.3	223
Mid-Western Terai	15.7	3.3	45.4	35.6	0.0	100.0	56.0	166
Far Western Mountains	27.9	19.8	25.1	27.2	0.0	100.0	48.0	55
Far Western Hills	29.2	18.9	33.1	18.3	0.5	100.0	64.4	112
Far Western Terai	10.3	6.0	61.4	21.1	1.2	100.0	74.4	129
Area								
Urban	13.8	4.2	48.3	33.4	0.3	100.0	59.1	397
Rural	20.5	11.3	37.2	31.0	0.1	100.0	54.5	2,667
Child's age								
0–5 months	4.4	20.9	60.1	14.6	0.0	100.0	80.5	455
6–11 months	10.2	9.5	61.3	18.9	0.1	100.0	76.4	523
12–23 months	17.9	8.1	39.7	34.2	0.1	100.0	53.7	1,008
24–35 months	32.2	8.4	17.5	41.6	0.3	100.0	29.6	1,079

Typical data quality issues: Interviewers are required to ask to see the vaccination cards of under-5s from the respondent, and copy the information on the cards to the Under-5 Questionnaire. Information on vaccination cards is believed to be more accurate than information that would be provided by mothers or caretakers in the absence of vaccination cards. Particularly important are the results for children aged one year, as immunization indicators are based on these children in most countries.

Table DQ.16: Observation of women's health cards

Percent distribution of women with a live birth in the last two years by presence of a health card, and the percentage of health cards seen by the interviewers, Nepal, 2014

	Woman does not have health card	Woman has health card		Missing/ DK	Total	Percent of health cards seen by the interviewer (1)/(1+2) *100	Number of women with a live birth in the last two years
		Seen by the interviewer (1)	Not seen by the interviewer (2)				
Total	**47.3**	**22.4**	**28.1**	**2.2**	**100.0**	**44.3**	**2,048**
Region							
Eastern Mountains	55.7	29.5	13.3	1.4	100.0	68.9	32
Eastern Hills	51.7	24.7	21.8	1.8	100.0	53.2	123
Eastern Terai	39.3	34.9	24.3	1.4	100.0	59.0	277
Central Mountains	54.7	23.7	19.2	2.4	100.0	55.2	38
Central Hills	37.4	15.8	43.3	3.5	100.0	26.8	241
Central Terai	47.3	15.4	34.6	2.7	100.0	30.8	400
Western Mountains	36.3	35.9	25.0	2.8	100.0	58.9	1
Western Hills	36.0	31.7	31.5	0.8	100.0	50.2	222
Western Terai	59.7	18.6	20.9	0.8	100.0	47.2	178
Mid-Western Mountains	79.6	9.1	8.2	3.1	100.0	52.5	43
Mid-Western Hills	70.1	22.4	3.3	4.2	100.0	87.1	166
Mid-Western Terai	40.3	18.5	41.1	0.1	100.0	31.0	113
Far Western Mountains	52.9	7.7	39.4	0.0	100.0	16.4	33
Far Western Hills	64.2	4.2	28.8	2.8	100.0	12.7	75
Far Western Terai	29.0	38.8	28.6	3.5	100.0	57.6	106
Area							
Urban	34.3	29.8	34.5	1.3	100.0	46.3	262
Rural	49.2	21.3	27.2	2.3	100.0	43.9	1,786
Age							
15–24	47.2	23.5	27.6	1.7	100.0	46.0	931
25–34	45.3	22.3	29.8	2.6	100.0	42.9	954
35–49	59.7	16.1	21.4	2.7	100.0	42.9	164

Typical data quality issues: Interviewers are required to ask respondents if they have health cards, and if so, ask to see these cards (MN5 in Women's Questionnaire). These cards are then used by the interviewer to record information on tetanus toxoid vaccinations during pregnancy, or any other useful information on the card. Observation of cards is likely to improve the quality of information collected, as the data collected becomes less dependent on the recall of the respondent.

Table DQ.17: Observation of places for handwashing

Percent distribution of places for handwashing observed by the interviewers in all interviewed households, Nepal, 2014

	Observation of places for handwashing: Observed	Place for handwashing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Total	**97.1**	**2.4**	**0.3**	**0.2**	**100.0**	**12,405**
Region						
Eastern Mountains	99.9	0.1	0.0	0.0	100.0	179
Eastern Hills	99.8	0.2	0.0	0.0	100.0	767
Eastern Terai	99.0	0.9	0.0	0.1	100.0	1,845
Central Mountains	97.3	2.7	0.0	0.0	100.0	299
Central Hills	95.2	3.2	1.5	0.1	100.0	2,182
Central Terai	97.5	2.2	0.1	0.2	100.0	1,924
Western Mountains	93.5	4.4	1.3	0.8	100.0	10
Western Hills	96.4	3.5	0.1	0.0	100.0	1,628
Western Terai	94.1	5.9	0.0	0.0	100.0	924
Mid-Western Mountains	90.5	8.4	0.4	0.7	100.0	156
Mid-Western Hills	96.4	1.2	0.0	2.4	100.0	763
Mid-Western Terai	97.3	2.3	0.2	0.2	100.0	672
Far Western Mountains	98.9	1.1	0.0	0.0	100.0	185
Far Western Hills	99.6	0.4	0.0	0.0	100.0	346
Far Western Terai	99.0	1.0	0.0	0.0	100.0	524
Area						
Urban	97.3	1.8	0.7	0.2	100.0	2,476
Rural	97.0	2.5	0.2	0.2	100.0	9,929
Wealth index quintile						
Poorest	95.7	3.5	0.1	0.8	100.0	2,376
Second	96.1	3.8	0.0	0.1	100.0	2,558
Middle	98.1	1.8	0.0	0.1	100.0	2,289
Fourth	98.4	1.3	0.3	0.0	100.0	2,441
Richest	97.1	1.6	1.1	0.2	100.0	2,742

Table DQ.18: Respondent to the under-5 questionnaire

Percent distribution of children under five by respondent to the under-5 questionnaire, Nepal, 2014

	Mother in the household	Mother not in the household and primary caretaker identified:			Total	Number of children under five
	Mother interviewed	Father	Other adult female	Other adult male		
Total	**98.7**	**0.1**	**1.2**	**0.1**	**100.0**	**5,715**
Age						
0	99.7	0.0	0.2	0.0	100.0	1,116
1	99.4	0.0	0.6	0.0	100.0	1,081
2	98.8	0.0	1.2	0.0	100.0	1,138
3	98.5	0.1	1.0	0.4	100.0	1,206
4	97.1	0.2	2.6	0.1	100.0	1,175

Typical data quality issues: The Under-5 Questionnaire should be administered to the mother, if the mother is listed in the household roster. The table is informative on whether the questionnaire was administered to the right person during the fieldwork. Not all information will have been collected from mothers, but cases where the mother is in the household but somebody else was interviewed can be problematic. 'Adult' males and females are defined as those aged 15 years and above.

Table DQ.19: Selection of children aged 1–17 years for the child labour and child discipline modules

Percent distribution of households by the number of children aged 1–17 years, and the percentage of households with at least two children aged 1–17 years where correct selection of one child for the child labour and child discipline modules was performed, Nepal, 2014

	Number of children aged 1–17 years				Number of households	Percent of households where correct selection was performed	Number of households with 2 or more children aged 1–17 years
	None	One	Two or more	Total			
Total	**24.2**	**23.1**	**52.8**	**100.0**	**12,405**	**96.9**	**6,547**
Region							
Eastern Mountains	25.4	23.0	51.6	100.0	179	97.9	93
Eastern Hills	28.9	25.2	45.8	100.0	767	99.0	351
Eastern Terai	24.5	23.5	52.0	100.0	1,845	97.1	959
Central Mountains	36.1	20.2	43.7	100.0	299	95.9	131
Central Hills	34.6	28.4	37.0	100.0	2,182	95.5	806
Central Terai	16.6	19.2	64.2	100.0	1,924	96.8	1,235
Western Mountains	58.2	24.3	17.5	100.0	10	100.0	2
Western Hills	29.7	25.3	45.0	100.0	1,628	98.8	733
Western Terai	18.8	21.7	59.5	100.0	924	96.4	550
Mid-Western Mountains	14.1	16.3	69.6	100.0	156	98.2	108
Mid-Western Hills	16.0	19.3	64.7	100.0	763	94.3	494
Mid-Western Terai	18.8	20.9	60.4	100.0	672	97.4	406
Far Western Mountains	10.9	16.0	73.1	100.0	185	95.6	135
Far Western Hills	14.3	16.4	69.3	100.0	346	96.1	239
Far Western Terai	17.7	24.2	58.1	100.0	524	98.4	304
Area							
Urban	34.0	29.8	36.2	100.0	2,476	97.9	897
Rural	21.7	21.4	56.9	100.0	9,929	96.7	5,650
Wealth index quintile							
Poorest	20.1	17.4	62.6	100.0	2,376	95.9	1,487
Second	25.1	19.9	55.1	100.0	2,558	96.9	1,409
Middle	18.3	21.1	60.6	100.0	2,289	97.1	1,388
Fourth	22.1	25.3	52.6	100.0	2,441	97.1	1,285
Richest	33.7	30.6	35.7	100.0	2,742	97.8	979

Typical data quality issues: The table could be used to look at outliers. Data entry programmes do not check age versus educational grade in detail. If data have been collected and entered correctly, one should see cases concentrated over the diagonal, and should not expect to see cases such as 22-year-old persons attending grades in primary school, very young people in Grade 6 of secondary school, etc. Many cases outside the diagonal would be indicative of both poor fieldwork supervision, as well as poor data entry and (lack of) verification.

Age at the beginning of the school year is calculated from dates of birth of household members or by rejuvenating household members based on the date of the survey and current age. Levels and grades refer to the current school year.

Table DQ.20: School attendance by single age

Percent distribution of household population aged 5–24 years by educational level and grade attended in the current (or most recent) school year, Nepal, 2014

	Not attending school	Pre-school	Primary school grade					Secondary school grade					Higher than secondary	DK/ Missing	99.00	Total	Number of household members
			1	2	3	4	5	6	7	8	9	10					
Age at beginning of school year																	
5	17.3	37.5	32.6	9.5	2.4	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.4	0.0	100.0	1,249
6	9.0	22.5	34.0	23.4	9.5	1.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.2	100.0	1,412
7	4.9	10.5	19.9	34.3	23.0	5.7	1.4	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.0	100.0	1,315
8	4.0	6.9	12.0	20.6	30.3	16.8	7.9	1.2	0.2	0.0	0.0	0.2	0.0	0.0	0.0	100.0	1,199
9	3.1	2.7	5.6	14.8	22.3	29.7	16.3	4.7	0.5	0.1	0.0	0.0	0.0	0.2	0.0	100.0	1,436
10	4.0	1.7	2.4	8.4	17.6	17.7	25.1	15.4	7.0	0.8	0.0	0.0	0.0	0.0	0.0	100.0	1,386
11	3.3	0.6	1.3	4.4	10.8	13.5	20.8	25.8	14.5	4.3	0.6	0.0	0.0	0.0	0.0	100.0	1,392
12	5.9	0.2	0.9	1.9	4.2	11.0	14.2	22.1	23.0	13.6	2.7	0.4	0.0	0.0	0.0	100.0	1,469
13	9.8	0.2	0.5	0.8	1.5	3.5	8.9	14.7	19.7	21.9	14.2	4.1	0.3	0.0	0.0	100.0	1,443
14	13.3	0.0	0.2	0.5	0.8	2.2	3.3	8.0	14.7	21.6	20.6	12.7	1.9	0.0	0.1	100.0	1,343
15	18.4	0.0	0.0	0.1	0.3	0.5	1.4	2.5	8.0	16.5	18.2	25.9	8.1	0.0	0.0	100.0	1,229
16	22.3	0.0	0.0	0.1	0.0	0.1	0.6	2.4	3.7	8.0	14.4	27.2	21.2	0.0	0.0	100.0	1,149
17	39.1	0.0	0.0	0.0	0.0	0.1	0.2	0.4	1.3	4.3	6.1	21.0	27.6	0.0	0.0	100.0	1,335
18	47.2	0.0	0.0	0.0	0.0	0.1	0.2	0.1	1.1	1.7	4.7	16.6	28.2	0.0	0.1	100.0	1,078
19	58.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.7	2.4	7.4	31.0	0.0	0.2	100.0	1,130
20	60.5	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.1	0.5	0.9	5.1	32.5	0.1	0.0	100.0	968
21	69.5	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.7	0.1	2.5	26.6	0.0	0.2	100.0	897
22	72.7	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.3	0.5	26.2	0.1	0.0	100.0	869
23	77.5	0.0	0.0	0.0	0.0	0.0	0.4	0.3	0.0	0.0	0.0	0.4	21.4	0.0	0.0	100.0	756
24	85.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.4	0.5	13.4	0.0	0.0	100.0	355

Table DQ.21: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Nepal, 2014

	Children ever born			Children living			Children deceased			Number of women
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	
Total	**14,384**	**13,644**	**1.05**	**13,397**	**12,751**	**1.05**	**987**	**893**	**1.11**	**14,162**
Age										
15–19	169	148	1.14	159	138	1.15	10	10	1.00	2,721
20–24	985	952	1.03	941	919	1.02	44	33	1.32	2,402
25–29	2,366	2,227	1.06	2,231	2,139	1.04	135	88	1.53	2,414
30–34	2,682	2,583	1.04	2,535	2,453	1.03	147	130	1.13	2,003
35–39	3,014	2,878	1.05	2,835	2,700	1.05	180	178	1.01	1,901
40–44	2,807	2,755	1.02	2,580	2,504	1.03	227	252	0.90	1,582
45–49	2,361	2,100	1.12	2,118	1,899	1.12	243	201	1.21	1,139

Table DQ.22: Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, deceased, and total children (imputed), as reported in the birth histories, Nepal, 2014

	Number of births			Percent with complete birth date [a]			Sex ratio at birth [b]			Period ratio [c]		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
Total	**26,148**	**1,880**	**28,028**	**98.9**	**96.0**	**98.7**	**105.1**	**110.5**	**105.4**	**na**	**na**	**na**
Years												
0	972	34	1,006	99.7	100.0	99.7	115.1	90.7	114.2	na	na	na
1	997	23	1,020	99.8	100.0	99.8	115.3	93.5	114.8	97.5	51.7	95.6
2	1,074	53	1,127	99.2	93.4	99.0	104.8	202.3	108.0	101.7	184.7	104.0
3	1,114	35	1,149	99.3	96.9	99.2	98.1	149.6	99.3	103.1	73.7	101.8
4	1,088	42	1,129	99.7	99.0	99.6	110.7	111.9	110.7	98.9	87.2	98.4
5	1,085	61	1,146	98.9	95.5	98.7	109.9	79.8	108.1	94.7	118.9	95.7
6	1,204	61	1,265	98.3	93.0	98.0	101.1	76.8	99.8	101.4	94.9	101.1
7	1,290	67	1,356	99.2	97.2	99.1	109.6	119.0	110.0	107.9	105.8	107.8
8	1,185	66	1,251	98.7	99.7	98.7	103.1	136.3	104.6	102.5	94.8	102.0
9	1,023	72	1,095	99.2	97.0	99.1	99.4	133.1	101.3	12.6	10.0	12.3
10+	15,116	1,367	16,483	98.7	95.7	98.5	104.1	108.9	104.5	na	na	na
Five year periods												
0–4	5,245	187	5,432	99.5	97.3	99.5	108.3	130.8	109.0	na	na	na
5–9	5,787	326	6,113	98.8	96.5	98.7	104.7	107.2	104.8	na	na	na
10–14	6,203	377	6,580	99.0	95.9	98.8	96.0	106.0	96.6	na	na	na
15–19	4,684	392	5,076	98.8	96.6	98.6	108.4	91.9	107.0	na	na	na
20+	4,229	598	4,827	98.3	95.0	97.9	112.1	123.7	113.5	na	na	na

na: not applicable

[a] Both month and year of birth given. The inverse of the percent reported is the percent with incomplete and therefore imputed date of birth

[b] (Bm/Bf) x 100, where Bm and Bf are the numbers of male and female births, respectively

[c] (2 x Bt/(Bt-1 + Bt+1)) x 100, where Bt is the number of births in year t preceding the survey

Typical data quality issues: Universally, the sex ratio among live births is around 105 males per 100 females, typically ranging from 103 to 107 in sizeable populations (with the exception of populations where sex-selective abortion is widely practiced). However, since surveys are influenced by chance fluctuations, one should be looking for systematically low or high ratios in all or most of the age groups (in several countries, very young daughters may not be reported, or deaths of males may not be reported). In most populations, death rates at early ages are higher for males than females—hence, the sex ratios among deceased children should also be above 100.

Table DQ.23: Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0–6 days, by 5-year periods preceding the survey (imputed), Nepal, 2014

Age at death (days)	Number of years preceding the survey				Total 0–19
	0–4	5–9	10–14	15–19	
0	1	3	9	5	18
1	46	69	77	63	256
2	11	12	11	5	38
3	16	20	17	15	67
4	4	10	5	10	30
5	7	9	8	8	32
6	2	5	3	10	20
7	5	5	9	9	28
8	3	5	5	3	16
9	2	2	6	7	18
10	6	5	1	9	20
11	4	3	2	3	12
12	2	1	1	2	5
13	2	2	1	5	10
14	2		3	4	10
15	1	7	1	4	12
16		2	3	1	5
17	2	1	5	0	8
18		7		1	8
19	1	1		0	2
20	2	2	2	4	10
21		2	1	1	4
22	2	6	1	6	15
23			0	0	
24			0	0	1
25	0	2			3
26	0	0	1	0	1
27	0	0	0	1	1
28	0	1	1	2	3
29	0		0	1	1
30	0		0	0	
Total 0–30	122	182	174	177	655
Percent early neonatal*	71.3	70.8	74.9	64.7	70.3

* Deaths during the first 7 days (0–6), divided by deaths during the first month (0–30 days)

Table DQ.24: Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, by 5-year periods preceding the survey (imputed), Nepal, 2014

Age at death (months)	Number of years preceding the survey				Total 0–19
	0–4	5–9	10–14	15–19	
0 [a]	122	182	174	177	655
1	19	26	21	22	88
2	8	13	12	14	47
3	6	5	25	19	54
4	3	3	6	8	21
5	4	11	4	10	29
6	6	11	10	12	39
7	3	7	6	6	22
8	3	5	9	4	21
9	1	2	10	8	21
10	2	2	5	2	12
11		0	5	2	7
12	5	8	23	20	56
13	0	1		1	2
14	0	1		1	2
15	0	0	0	2	2
16	0	1	0	2	3
17	0	0	0	1	1
18	1	1	2	0	4
19	0	0	2	1	3
21	0	2	0	0	2
22	0	0	1	0	1
Reported as 1 year	0	0	0	0	0
Total 0–11	177	268	287	285	1,017
Percent neonatal [b]	69.1	67.8	60.6	62.3	64.4

[a] Includes deaths under one month reported in days
[b] Deaths under one month, divided by deaths under one year

Appendix *E*

MICS5 Indicators: Numerators and Denominators

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
MORTALITY [3]					
1.1	Neonatal mortality rate	BH	Probability of dying within the first month of life		
1.2	Infant mortality rate	CM - BH	Probability of dying between birth and the first birthday		MDG 4.2
1.3	Post-neonatal mortality rate	BH	Difference between infant and neonatal mortality rates		
1.4	Child mortality rate	BH	Probability of dying between the first and the fifth birthdays		
1.5	Under-five mortality rate	CM - BH	Probability of dying between birth and the fifth birthday		MDG 4.1
NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) below minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	

[1]Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

[2]Millennium Development Goals (MDG) indicators, effective 15 January 2008. http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

[3]When the Birth History module is used, mortality indicators are calculated for the last five-year period. When the indicators are estimated indirectly (using the Fertility module only), the rates refer to dates as estimated by the indirect technique.

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
NUTRITION: Continued					
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time	Total number of women with a live birth in the last 2 years	
2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed[4]	Total number of infants under 6 months of age	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[5] during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children aged 12–15 months who received breast milk during the previous day	Total number of children aged 12–15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children aged 20–23 months who received breast milk during the previous day	Total number of children aged 20–23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children aged 0–35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children aged 0–23 months appropriately fed[6] during the previous day	Total number of children aged 0–23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants aged 6–8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants aged 6–8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children aged 6–23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children aged 6–23 months	

[4]Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

[5]Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[6]Infants aged 0–5 months who are exclusively breastfed, and children aged 6–23 months who are breastfed and ate solid, semi-solid or soft foods

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
NUTRITION: Continued					
2.15	Minimum meal frequency	BD	Number of children aged 6–23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[7] or more during the previous day	Total number of children aged 6–23 months	
2.16	Minimum dietary diversity	BD	Number of children aged 6–23 months who received foods from 4 or more food groups[8] during the previous day	Total number of children aged 6–23 months	
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children aged 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(a) Number of breastfed children aged 6–23 months (b) Number of non-breastfed children aged 6–23 months	
2.18	Bottle feeding	BD	Number of children aged 0–23 months who were fed with a bottle during the previous day	Total number of children aged 0–23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or where there was no salt	
2.20	Low-birth-weight infants	MN	Number of most recent live births in the last 2 years weighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number of most recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	
	Salt used in households	SI	Number of households that used salt to cook meals	Total number of households in which salt was observed	
	Iron/folic acid tablets intake	MN	Number of women aged 15–49 years with live birth during the two years preceding the survey who took iron/folic acid tablets	Total number of women aged 15–49 years with live birth during the two years preceding the survey	
	Vitamin A supplementation	IM	Number of children aged 6–35 months who received high-dose of vitamin A	Total number of children aged 6–35 months	

[7]Breastfeeding children: solid, semi-solid, or soft foods, two times for infants aged 6–8 months, and three times for children aged 9–23 months; non-breast-feeding children: solid, semi-solid, or soft foods, or milk feeds, four times for children aged 6–23 months

[8]The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: (1) grains, roots and tubers, (2) legumes and nuts, (3) dairy products (milk, yogurt, cheese), (4) flesh foods (meat, fish, poultry and liver/organ meats), (5) eggs, (6) vitamin-A rich fruits and vegetables, and (7) other fruits and vegetables

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
CHILD HEALTH					
	Tuberculosis immunization coverage	IM	Number of children aged 12–23 months who received BCG vaccine by their first birthday	Total number of children aged 12–23 months	
	Polio immunization coverage	IM	Number of children aged 12–23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	Total number of children aged 12–23 months	
	Diphtheria, pertussis and tetanus (DPT) immunization coverage	IM	Number of children aged 12–23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	Total number of children aged 12–23 months	
	Measles immunization coverage[9]	IM	Number of children aged 12–23 months who received measles vaccine by their first birthday	Total number of children aged 12–23 months	MDG 4.3
3.5	Hepatitis B immunization coverage	IM	Number of children aged 12–23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	Total number of children aged 12–23 months	
3.6	*Haemophilus influenzae* type B (Hib) immunization coverage	IM	Number of children aged 12–23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	Total number of children aged 12–23 months	
3.8	Full immunization coverage	IM	Number of children aged 12–23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	Total number of children aged 12–23 months	
	JE immunization coverage	IM	Number of children aged 15–35 months who received JE vaccination	Total number of children aged 15–35 months	
3.9	Neonatal tetanus protection	MN	Number of women aged 15–49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[10] prior to the most recent birth	Total number of women aged 15–49 years with a live birth in the last 2 years	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the last 2 weeks	

[9]In countries where measles vaccination is administered at or after 12 months of age according to the vaccination schedule, the indicator is calculated as the proportion of children aged24–35 months who received the measles vaccine by 24 months of age

[10]See the MICS tabulation plan for a detailed description

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
CHILD HEALTH: Continued					
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.21	Malaria diagnostics usage	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Anti-malarial treatment of children under age 5	CA	Number of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 with fever in the last 2 weeks	MDG 6.8
WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children aged 0–2 years whose last stools were disposed of safely	Total number of children aged 0–2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for handwashing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	
	Critical times for handwashing	HW	Number of household head who have knowledge on critical times for handwashing	Total number of households	
	Distance between latrine and place for handwashing	HW	Number of households where place for handwashing was observed by distance between latrine and place for handwashing	Total number of households where place for handwashing was observed	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
WATER QUALITY TESTING					
	E. coli concentration in household drinking water	WQ	Number of households with *E. coli* risk level of ≥ 1 cfu/100ml in household drinking water	Total number of household members	
	E. coli concentration in source water	WQ	Number of households with *E. coli* risk level of ≥ 1 cfu/100ml in source water at source	Total number of households	
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate[11]	CM - BH	Age-specific fertility rate for women aged 15–19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women aged 20–24 years who had at least one live birth before age 18	Total number of women aged 20–24 years	
5.3	Contraceptive prevalence rate	CP	Number of women aged 15–49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women aged 15–49 years who are currently married or in union	MDG 5.3
5.4	Unmet need[12]	UN	Number of women aged 15–49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women aged 15–49 years who are currently married or in union	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women aged 15–49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	Total number of women aged 15–49 years with a live birth in the last 2 years	MDG 5.5
5.6	Content of antenatal care	MN	Number of women aged 15–49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women aged 15–49 years with a live birth in the last 2 years	
5.7	Skilled attendant at delivery	MN	Number of women aged 15–49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women aged 15–49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women aged 15–49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women aged 15–49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women aged 15–49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women aged 15–49 years with a live birth in the last 2 years	

[11] *When the Birth History module is used, the indicator is calculated for the last three-year period. When estimated using the Fertility module only, the rate refers to the last one year*

[12] *See the MICS tabulation plan for a detailed description*

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
REPRODUCTIVE HEALTH: Continued					
5.10	Post-partum stay in health facility	PN	Number of women aged 15–49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women aged 15–49 years with a live birth in the last 2 years	
5.11	Postnatal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Postnatal health check for the mother	PN	Number of women aged 15–49 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery of their most recent live birth in the last 2 years	Total number of women aged 15–49 years with a live birth in the last 2 years	
	Newborn care practices	MN	Number of women aged 15–49 years with a non-institutional live birth who practiced appropriate newbon care in the last two years	Total number of women aged 15–49 years with non-institutional live birth in the last two years	
	Newborn care practices (first time bathing)	MN	Number of women aged 15–49 years with a non-institutional live birth who reported their newborn was bathed for the first time in the last two years	Total number of women aged 15–49 years with non-institutional live birth in the last two years	
	Discrimination during menstruation	UN	Number of women aged 15–49 years who experienced discrimination during menstruation	Total number of women aged 15–49 years who had ever menstruated	
	Spousal separation	MA	Number of women aged 15–49 years currently married or in union whose husband is living away from home	Total number of women aged 15–49 years currently married or in union	
CHILD DEVELOPMENT					
6.1	Attendance to early childhood education	EC	Number of children aged 36–59 months who are attending an early childhood education programme	Total number of children aged 36–59 months	
6.2	Support for learning	EC	Number of children aged 36–59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children aged 36–59 months	
6.3	Father's support for learning	EC	Number of children aged 36–59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children aged 36–59 months	
6.4	Mother's support for learning	EC	Number of children aged 36–59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children aged 36–59 months	
6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 who play with two or more types of playthings	Total number of children under age 5	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
CHILD DEVELOPMENT: Continued					
6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	
6.8	Early child development index	EC	Number of children aged 36–59 months who are developmentally on track in at least three of the following four domains: literacy–numeracy, physical, social–emotional, and learning	Total number of children aged 36–59 months	
LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women aged 15–24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women aged 15–24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
	Participation in non-formal education	HL	Number of children aged 5–17 years who have participated in non-formal education among those who have never attended formal education	Total number of children aged 5–17 years who have never attended formal education	
CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
CHILD PROTECTION: Continued					
8.2	Child labour	CL	Number of children aged 5–17 years who are involved in child labour[13]	Total number of children aged 5–17 years	
8.3	Violent discipline	CD	Number of children aged 1–14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children aged 1–14 years	
8.4	Marriage before age 15 [M]	MA	Number of women aged 15–49 years who were first married or in union before age 15	Total number of women aged 15–49 years	
8.5	Marriage before age 18 [M]	MA	Number of women aged 20–49 years who were first married or in union before age 18	Total number of women aged 20–49 years	
8.6	Young women aged 15–19 years currently married or in union [M]	MA	Number of women aged 15–19 years who are married or in union	Total number of women aged 15–19 years	
8.9	Polygyny	MA	Number of women aged 15–49 years who are in a polygynous union	Total number of women aged 15–49 years who are currently married or in union	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married or in union and whose spouse is 10 or more years older, (a) among women aged 15–19 years, (b) among women aged 20–24 years	Total number of women who are married or in union (a) aged 15–19 years, (b) aged 20–24 years	
8.12	Attitudes towards domestic violence	DV	Number of women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women aged 15–49 years	
	Attitudes towards domestic violence (by mothers-in-law)	DV	Number of women who state that a mother-in-law is justified in verbally abusing and threatening her daughter-in-law in at least one of the following circumstances: (1) she goes out without telling her, (2) she neglects the children, (3) she argues with her, (4) she refuses to obey her, (5) she does not bring dowry and (6) she does not complete her work on time	Total number of women aged 15–49 years	
	Children living away from biological mother	HL	Number of children aged 0–17 years living away from biological mother	Total number of children aged 0–17 years	
8.13	Children's living arrangements	HL	Number of children aged 0–17 years living with neither biological parent	Total number of children aged 0–17 years	

[13] *Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications*

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
CHILD PROTECTION: Continued					
8.14	Prevalence of children with one or both parents dead	HL	Number of children aged 0–17 years with one or both biological parents dead	Total number of children aged 0–17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0–17 years with at least one biological parent living abroad	Total number of children 0–17 years	
HIV/AIDS					
9.1	Knowledge about HIV prevention among young women [M]	HA	Number of women aged 15–24 years who correctly identify ways of preventing the sexual transmission of HIV[14], and who reject major misconceptions about HIV transmission	Total number of women aged 15–24 years	MDG 6.3
9.2	Knowledge of mother-to-child transmission of HIV [M]	HA	Number of women aged 15–49 years who correctly identify all three means[15] of mother-to-child transmission of HIV	Total number of women aged 15–49 years	
9.3	Accepting attitudes towards people living with HIV [M]	HA	Number of women aged 15–49 years expressing accepting attitudes on all four questions[16] toward people living with HIV	Total number of women aged 15–49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV [M]	HA	Number of women aged 15–49 years who state knowledge of a place to be tested for HIV	Total number of women aged 15–49 years	
9.5	Women who have been tested for HIV and know the results [M]	HA	Number of women aged 15–49 years who have been tested for HIV in the last 12 months and who know their results	Total number of women aged 15–49 years	
9.7	HIV counselling during antenatal care	HA	Number of women aged 15–49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of women aged 15–49 years who had a live birth in the last 2 years	
9.8	HIV testing during antenatal care	HA	Number of women aged 15–49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women aged 15–49 years who had a live birth in the last 2 years	

[14]Using condoms and limiting sex to one faithful, uninfected partner

[15]Transmission during pregnancy, during delivery, and by breastfeeding

[16]Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

MICS INDICATOR		Module[1]	Numerator	Denominator	MDG Indicator Reference[2]
HIV/AIDS: Continued					
9.16	Ratio of school attendance of orphans to school attendance of non-orphans	HL - ED	Proportion attending school among children aged 10–14 years who have lost both parents	Proportion attending school among children aged 10–14 years whose parents are alive and who are living with one or both parents	MDG 6.4
ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media [M]	MT	Number of women aged 15–49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women aged 15–49 years	
10.2	Use of computers	MT	Number of young women aged 15–24 years who used a computer during the last 12 months	Total number of women aged 15–24 years	
10.3	Use of internet	MT	Number of young women aged 15–24 who used the internet during the last 12 months	Total number of women aged 15–24 years	
SUBJECTIVE WELL-BEING					
11.1	Life satisfaction	LS	Number of women aged 15–24 years who are very or somewhat satisfied with their life, overall	Total number of women aged 15–24 years	
11.2	Happiness	LS	Number of women aged 15–24 years who are very or somewhat happy	Total number of women aged 15–24 years	
11.3	Perception of a better life	LS	Number of women aged 15–24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women aged 15–24 years	
TOBACCO AND ALCOHOL USE					
12.1	Tobacco use	TA	Number of women aged 15–49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women aged 15–49 years	
12.2	Smoking before age 15	TA	Number of women aged 15–49 years who smoked a whole cigarette before age 15	Total number of women aged 15–49 years	
12.3	Use of alcohol	TA	Number of women aged 15–49 years who had at least one alcoholic drink at any time during the last one month	Total number of women aged 15–49 years	
12.4	Use of alcohol before age 15	TA	Number of women aged 15–49 years who had at least one alcoholic drink before age 15	Total number of women aged 15–49 years	

Appendix *F*

MICS Questionnaires

MICS

HOUSEHOLD QUESTIONNAIRE

Nepal Multiple Indicator Cluster Survey 2014

HOUSEHOLD INFORMATION PANEL — HH

HH1. Cluster number: ___ ___ ___

HH2. Household number: ___ ___

HH3. Interviewer's name and number:

Name _____ ___ ___

HH4. Supervisor's name and number:

Name_____ ___ ___

HH5. Day / Month / Year of interview in Bikram Sambat (Nepali Calendar):

___ ___ /___ ___ / 2 0 7 ___

HH6. AREA:

Urban 1
Rural 2

HH7. *SUB-REGION:*

EASTERN MOUNTAIN....01	*WESTERN TERAI*.....09
EASTERN HILL.....02	*MID-WESTERN MOUNTAIN*.10
EASTERN TERAI.....03	*MID-WESTERN HILL*.....11
CENTRAL MOUNTAIN.....04	*MID-WESTERN TERAI*.....12
CENTRAL HILL.....05	*FAR-WESTERN MOUNTAIN*..13
CENTRAL TERAI.....06	*FAR-WESTERN HILL*.....14
WESTERN MOUNTAIN...07	*FAR-WESTERN TERAI*.....15
WESTERN HILL…….....08	

HH8A. Is the household selected for water quality? Yes.....1 No.....2

HH8B. Is the household selected for source water testing? Yes.....1 No.....2

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT***25*** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle 04 in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed 01
No household member or no competent respondent at home at time of visit 02
Entire household absent for extended period of time 03
Refused 04
Dwelling vacant / Address not a dwelling 05
Dwelling destroyed 06
Dwelling not found 07

Other (*specify*) 96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire: Name _____ ___ ___	
HH11. Total number of household members: ___ ___	*After all questionnaires for the household have been completed, fill in the following information:*
HH12. Number of women age 15-49 years: ___ ___	**HH13**. Number of women's questionnaires completed: ___ ___
HH14. Number of children under age 5: ..... ___ ___	**HH15**. Number of under-5 questionnaires completed: ___ ___
HH15A. *If the household was selected for water quality testing (HH8A=1)*, Is the water quality questionnaire complete?	Yes ..... .1 No 2
HH16. Field editor's name and number: Name_____ __ __	**HH17**. Main data entry clerk's name and number: Name_____ __ __

HH18. *Record the time.*

Hour..... __ __

Minutes..... __ __

LIST OF HOUSEHOLD MEMBERS HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

							For women age **15-49**	*For children age* **0-4**	*For children age* **0-17** *years*						*For children age* **0-14**
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK	9998 DK	**HL6**. HOW OLD IS (*name*)? *Recorded in completed years. If age is 95 or above, record '95'*	**HL7**. *Circle line no. if woman age* **15-49**	**HL7B**. *Circle line no. if age* **0-4**	**HL11**. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘ HL13 8 DK↘ HL13	**HL12**. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"*	**HL12A**. WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13**. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘ HL15 8 DK↘ HL15	**HL14**. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of father and go to HL15 Record 00 for "No"*	**HL14A**. WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15**. *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:* WHO IS THE PRIMARY CARETAKER OF (*name*)?
Line	Name	Relation*	M F	Month	Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		**0 1**	1 2	__ __	__ __	__ __	01	01	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
02		___ ___	1 2	__ __	__ __	__ __	02	02	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
03		___ ___	1 2	__ __	__ __	__ __	03	03	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
04		___ ___	1 2	__ __	__ __	__ __	04	04	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
05		___ ___	1 2	__ __	__ __	__ __	05	05	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
06		___ ___	1 2	__ __	__ __	__ __	06	06	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

							For women age **15-49**	*For children age* **0-4**	*For children age* **0-17** *years*							*For children age* **0-14**
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	**HL7**. *Circle line no. if woman age* **15-49**	**HL7B**. *Circle line no. if age* **0-4**	**HL11**. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ↘ HL13 8 DK ↘ HL13	**HL12**. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"*	**HL12A**. WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13**. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No ↘ HL15 8 DK ↘ HL15	**HL14**. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of father and go to HL15 Record 00 for "No"*	**HL14A**. WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15**. *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:* WHO IS THE PRIMARY CARETAKER OF (*name*)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
07		___ ___	1	2	__ __	___ __	__ __	07	07	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
08		___ ___	1	2	__ __	__ __	__ __	08	08	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
09		___ ___	1	2	__ __	__ __	__ __	09	09	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
10		___ ___	1	2	__ __	__ __	__ __	10	10	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
11		___ ___	1	2	__ __	__ __	__ __	11	11	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
12		___ ___	1	2	__ __	__ __	__ __	12	12	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
13		___ ___	1	2	__ __	__ __	__ __	13	13	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
14		___ ___	1	2	__ __	__ __	__ __	14	14	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
15		___ ___	1	2	__ __	__ __	__ __	15	15	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

Tick here if additional questionnaire used ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

** Codes for **HL3**:*	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster / Stepchild
Relationship to head of household:	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	96 Other (Not related)
					98 DK

EDUCATION ED

			For household members age **5 and above**				For household members age **5-24** *years*					
ED1. *Line Number*	**ED2**. *Name and age* *Copy from HL2 and HL6*		**ED2A**. DOES (*name*) KNOW TO READ AND WRITE? 1 Both read and write 2 Read only 3 Can't read and write	**ED3**. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes ⇘ ED4B 2 NO	**ED3A**. HAS (*name*) EVER PARTICIPATED IN LITERACY PROGRAM OR ANY OTHER PROGRAM THAT INVOLVES LEARNING TO READ AND WRITE? 1 Yes ⇘ Next Line 2 NO ⇘ Next Line	**ED4B**. WHAT IS THE HIGHEST GRADE (*name*) COMPLETED? *Grade Codes: 00=Less than 1 grade completed. 01-10=Grades 1 – 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK*	**ED5**. DURING THE 2013-2014/2014-2015 SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ ED7	**ED6**. DURING THIS/THAT SCHOOL YEAR, WHICH GRADE IS/WAS (*name*) ATTENDING? *Grade Codes: 01-10=Grades 1–10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK*	**ED7**. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013/2013-2014, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ Next Line 8 DK ⇘ Next Line	**ED8**. DURING THAT PREVIOUS SCHOOL YEAR, WHICH GRADE DID (*name*) ATTEND? *Grade Codes: 01-10=Grades 1–10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK*
Line	Name	Age		Yes No	Yes No	Grade	Yes No	Grade	Yes No DK	Grade
01		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
02		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
03		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
04		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
05		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
06		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
07		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
08		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
09		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
10		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
11		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
12		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
13		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
14		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___
15		___	1 2 3	1 2	1 2	___ ___	1 2	___ ___	1 2 8	___ ___

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE SL

SL1. *Check HL6 in the List of Household Members and write the total number of children age 1-17 years.*

Total number ..... __

SL2. *Check the number of children age 1-17 years in SL1:*

☐ *Zero ⇨ Go to HOUSEHOLD CHARACTERISTICS module*

☐ *One ⇨ Go to SL9 and record the rank number as '1', enter the line number, child's name and age*

☐ *Two or more ⇨ Continue with SL2A*

SL2A. *List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.*

SL3. *Rank number*	**SL4**. *Line number from HL1*	**SL5**. *Name from HL2*	**SL6**. *Sex from HL4*	**SL7**. *Age from HL6*
Rank	Line	Name	M F	Age
1	__ __		1 2	___ ___
2	__ __		1 2	___ ___
3	__ __		1 2	___ ___
4	__ __		1 2	___ ___
5	__ __		1 2	___ ___
6	__ __		1 2	___ ___
7	__ __		1 2	___ ___
8	__ __		1 2	___ ___

SL8. *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	**Total Number of Eligible Children in the Household (from SL1)**						
	2	***3***	***4***	***5***	***6***	***7***	***8+***
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. *Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child*

Rank number ..... __

Line number ..... __ __

Name_____

Age ..... __ __

CHILD LABOUR		CL
***CL1**. Check selected child's age from SL9:* ☐ *1-4 years ⇨ Go to Next Module* ☐ *5-17 years ⇨ Continue with CL2*		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	..... Yes No	
[A] DID [*name*] DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	Worked on plot / farm / food garden / looked after animals 1 2	
[B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	Helped in family / relative's business/ ran own business..... 1 2	
[C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2	
[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? *If "No", Probe:* PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	Any other activity 1 2	
CL3. *Check "CL2,A to D"* ☐ *There is at least one 'Yes' ⇨ continue with CL4* ☐ *All answers are 'No ⇨ Go to CL8*		
CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? *If less than one hour, record "00"*	Number of hours..... __ __	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes ..... 1 No 2	1⇨ CL8
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes ..... 1 No 2	1⇨ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (*name*)?		
[A] IS (*name*) EXPOSED TO DUST, FUMES OR GAS?	Yes ..... 1 No 2	1⇨ CL8
[B] IS (*name*) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?	Yes ..... 1 No 2	1⇨ CL8
[C] IS (*name*) EXPOSED TO LOUD NOISE OR VIBRATION?	Yes ..... 1 No 2	1⇨ CL8
[D] IS (*name*) REQUIRED TO WORK AT HEIGHTS?	Yes ..... 1 No 2	1⇨ CL8
[E] IS (*name*) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?	Yes ..... 1 No 2	1⇨ CL8
[F] IS (*name*) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (*name*)'S HEALTH OR SAFETY?	Yes ..... 1 No 2	
CL8. SINCE LAST (*day of the week*), DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes ..... 1 No 2	2⇨ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (*name*) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (*day of the week*)? *If less than one hour, record "00"*	Number of hours..... __ __	
CL10. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?	..... Yes No	
[A] SHOPPING FOR HOUSEHOLD?	Shopping for household . 1 2	
[B] REPAIR ANY HOUSEHOLD EQUIPMENT?	Repair household equipment..... 1 2	
[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?	Cooking / cleaning utensils /house 1 2	
[D] WASHING CLOTHES?	Washing clothes 1 2	
[E] CARING FOR CHILDREN?	Caring for children 1 2	
[F] CARING FOR THE OLD OR SICK?	Caring for old / sick 1 2	
[G] OTHER HOUSEHOLD TASKS?	Other household tasks .. 1 2	
CL11. *Check CL10, A to G* ☐ *There is at least one 'Yes' ⇨ Continue with CL12* ☐ *All answers are 'No' ⇨ Go to Next Module*		
CL12. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES IN TOTAL? *If less than one hour, record "00"*	Number of hours..... __ __	

CHILD DISCIPLINE — CD

***CD1**. Check selected child's age from SL9:*

☐ *1-14 years ⇨ Continue with CD2*

☐ *15-17 years ⇨ Go to Next Module*

CD2. *Write the line number and name of the child from SL9.*

Line number ..... __ __

Name .....

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.

	..... Yes	No
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name*) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges 1	2
[B] EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour 1	2
[C] SHOOK HIM/HER.	Shook him/her 1	2
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1	2
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1	2
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1	2
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object ... 1	2
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1	2
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears 1	2
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg 1	2
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could .. 1	2

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes 1
No 2

DK/ No opinion 8

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu ..... 01 Buddhism ..... 02 Islam ..... 03 Kirat ..... 04 Christianity ..... 05 Prakriti ..... 06 Bon ..... 07 Jainism ..... 08 Bahai ..... 09 Sikhism ..... 10 No religion ..... 11 Other religion (*specify*) 96	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD? *Write both name and code*	Mother Tongue_____ __ __ Other language (*specify*) 996	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? *Write both name and code*	Ethnic group_____ _ __ Other ethnic group (*specify*) 996	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. *Main material of the dwelling floor.* *Record observation.*	Natural floor Earth / Sand ..... 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 Linoleum ..... 36 Other (*specify*) 96	

HC4. *Main material of the roof.* *Record observation.*	Natural roofing Thatch / Palm leaf ..... 12 Sod ..... 13 Rudimentary roofing Rustic mat ..... 21 Wood planks ..... 23 Finished roofing Metal / Tin ..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other (*specify*) 96	
HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls No walls ..... 11 Cane / Palm / Trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks / shingles ..... 36 Other (*specify*) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*) 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) 6	

HC8. 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 NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2	
[E] A REFRIGERATOR?	Refrigerator	1	2	
[F] AN IMPROVED COOKING STOVE (ICS)	Improved cooking stove	1	2	
[G] TABLE	Table	1	2	
[H] CHAIR	Chair	1	2	
[I] BED/COT	Bed/Cot	1	2	
[J] SOFA	Sofa	1	2	
[K] WARDROBE	Wardrobe	1	2	
[L] COMPUTER-DESKTOP	Computer-Desktop	1	2	
[M] WALL CLOCK	Wall clock	1	2	
[N] ELECTRIC FAN	Electric fan	1	2	
[O] DHIKI/JATO	Dhiki/Jato	1	2	
[P] MICROWAVE OVEN	Microwave oven	1	2	
[Q] WASHING MACHINE	Washing machine	1	2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
[A] A WATCH?	Watch	1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone	1	2	
[C] A BICYCLE/RIKSHAW?	Bicycle	1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart	1	2	
[F] A CAR OR TRUCK?	Car / Truck	1	2	
[G] A BOAT?	Boat	1	2	
[H] A LAPTOP COMPUTER	Laptop	1	2	

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own ..... 1 Rent ..... 2 Other (*specify)* 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes .....1 No 2	2⇨HC13
HC12. HOW MANY ROPANIS OR BIGHAS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If respondent answer in Ropani, circle "1" and enter the value and if answer in Bigha, circle "2" and enter the value. If unknown, circle '998'.*	Ropani (ropani, ana, paisa) ...1 __ _/__ _/__ Bigha (bigha, kattha, dhur) ....2 __ _/__ _/__ DK.....998	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes .....1 No 2	2⇨HC15
[A] MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKEN/DUCKS /PIGEON? [F] PIGS/SWINE? [G] YAK NAK OR CHAURI [H] BUFFALO *If none, record '00'. If 95 or more, record '95'.* *If unknown, record '98'.*	Milk cows, or bulls .....___ ___ Horses, donkeys, or mules.....___ ___ Goats.....___ ___ Sheep .....___ ___ Chicken/ducks/pigeon .....___ ___ Pigs .....___ ___ Yak Nak or Chauri .....___ ___ Buffaloes .....___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT INCLUDING COOPERATIVES?	Yes ..... 1 No 2	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ... 11 Piped into compound, yard or plot ... 12 Piped to neighbour ... 13 Public tap / standpipe ... 14 Tube Well, Borehole ... 21 Dug well Protected well ... 31 Unprotected well ... 32 Water from spring Protected spring ... 41 Unprotected spring ... 42 Rainwater collection ... 51 Tanker-truck ... 61 Cart with small tank / drum ... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ... 81 Bottled water ... 91 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 21⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 71⇨WS3 81⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling ... 11 Piped into compound, yard or plot ... 12 Piped to neighbour ... 13 Public tap / standpipe ... 14 Tube Well, Borehole ... 21 Dug well Protected well ... 31 Unprotected well ... 32 Water from spring Protected spring ... 41 Unprotected spring ... 42 Rainwater collection ... 51 Tanker-truck ... 61 Cart with small tank / drum ... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ... 81 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ... 1 In own yard / plot ... 2 Elsewhere ... 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ... __ __ __ DK ... 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	2⇨WS7A 8⇨WS 7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS7A. *Check WS 1 or WS2: Main source of water* ☐ *Piped water; 11-14⇨ Continue with WS7B* ☐ *Other ⇨ Go to WS8*		
WS7B. SINCE LAST (*day of week*) DID YOU HAVE WATER COMING FROM THE PIPE OR TAP FOR AT LEAST ONE HOUR A DAY?	Yes ..... 1 No ..... 2 DK 8	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If not possible to determine, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) ... 21 Pit latrine with slab ..... 22 Pit latrine without slab / Open pit ..... 23 Composting toilet ..... 31 Bucket ..... 41 No facility, Bush, Field ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ..... 1 No 2	2⇨Next Module

WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ..... 1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households ..... 10 DK 98	
HANDWASHING		**HW**
HW0. WE WOULD LIKE TO COLLECT INFORMATION ON HANDWASHING KNOWLEDGE. PLEASE MENTION ALL THE OCCASIONS WHEN YOU THINK IT IS IMPORTANT TO WASH YOUR HANDS. *Circle all mentioned.* *Keep probing.*	Before eating ..... A After eating ..... B Before praying ..... C Before breast feeding or feeding a child ..... D Before cooking or preparing food ..... E After defeacation/urination ..... F After cleaning a child that has defeacated/ changing child's nappy ..... G When the hands are dirty ..... H After cleaning toilet or potty ..... I After completing the work ..... J Other *(Specify)* _____ X Don't know ..... Z	
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed ..... 1 Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason (specify) _____ 6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ..... 1 Water is not available 2	
HW2A. C*heck the distance of the handwashing place from the toilet in paces and circle appropriate code.*	Less than 10 paces ..... 1 10 paces or more ..... 2 Toilet not in dwelling / plot / yard 3	
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present ..... 1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19

HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes ..... 1 No 2	2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1 No, not shown 2	2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	
HH19. *Record the time.*	Hour and minutes ..... __ __ : __ __	

SALT IODIZATION — SI

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM ..... 1 More than 0 PPM & less than 15 PPM ..... 2 15 PPM or more ..... 3 No salt in the house ..... 4 Salt not tested (specify reason) 5	4⇨HH20
SI2. CAN I PLEASE OBSERVE THE ACTUAL PACKAGE OR CONTAINER FROM WHERE YOU JUST COLLECTED THIS SALT?	OBSERVED ..... 1 NOT OBSERVED 2	2⇨HH20
SI3. *Observe packet or container and record the type of salt.* *If packed salt is shown by respondent check if it has the logo of a girl and a boy child and tick the appropriate answer.*	LARGE CRYSTAL SALT ..... 1 LOOSE POWDER SALT ..... 2 PACKAGED POWDER SALT PACKAGED POWDER SALT WITHOUT LOGO .... 3 PACKAGED POWDER SALT WITH LOGO ..... 4 TIBETAN SALT ..... 5 OTHER TYPES *(SPECIFY)* _____ 6	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of the Household Members(HL7)*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)*

Check HH8A. If the household is selected for Water Quality Testing:

☐ *A separate QUESTIONNAIRE FOR WATER QUALITY TESTING has been issued for the household (HH8A)*

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and water quality testing (HH8A)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Nepal Multiple Indicator Cluster Survey 2014

WOMAN'S INFORMATION PANEL	**WM**
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.	
WM1. Cluster number: ___ ___ ___	**WM2**. Household number: ___ ___
WM3. Woman's name: Name.....	**WM4**. Woman's line number: ___ ___
WM5. Interviewer's name and number: Name..... ___ ___	**WM6**. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 7 ___
Repeat greeting if not already read to this woman: WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU.. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT ***35*** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ***35*** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.
MAY I START NOW? ☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.* ☐ *No, permission is not given ⇨ Circle '03' in WM7. Discuss this result with your supervisor.*	
WM7. Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) _____ 96
WM8. Field editor's name and number: Name_____	**WM9**. Main data entry clerk's name and number: Name_____
WM10. *Record the time.*	HOUR AND MINUTES __ __ : __ __

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... __ __ DK month..... 98 Year ..... __ __ __ __ DK year..... 9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) ..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No 2	 2⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED? *Grade Codes:* *00=Less than 1 grade completed.* *01-10=Grades 1 – 10.* *11=SLC* *12= +2 level (11 and 12 class)* *13=Bachelor* *14= Masters and above.* *94=Preschool* *98=DK*	Grade ..... __ __	
WB5A. *Check WB5 :* ☐ *Code '11'(SLC) or higher ⇨ Go to Next Module* ☐ *Lower than SLC'⇨ Continue with WB5B*		
WB5B. ARE YOU CURRENTLY STUDYING IN ANY SCHOOL ?	Yes ..... 1 No 2	1⇨WB6
WB5C. WHAT WAS THE MAIN REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Economic reason..... 01 Parents didn't allow ..... 02 Got married ..... 03 School facility far away..... 04 Need to do household works..... 05 Didn't like to study myself..... 06 Physically disabled ..... 07 Others *(Specify)*_____ 96	
WB6. *Check WB5 :* ☐ *Grade '6' or higher ⇨ Go to Next Module* ☐ Lower than grade '6'⇨ Continue with WB7		

WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ 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 sentence in required language _____ 4 *(specify language)* Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY — MT

MT1. *Check WB7:*

☐ *Question left blank (Respondent has completed grade 6 or higher) ⇨ Continue with MT2*

☐ *Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇨ Continue with MT2*

☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇨ Go to MT3*

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	

MT5. *Check WB2: Age of respondent?*

☐ *Age 15-24 ⇨ Continue with MT6* ☐ *Age 25-49 ⇨ Go to Next Module*

MT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No 2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No 2	2⇨MT12
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ MT12
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT12. DO YOU HAVE MOBILE PHONE**?**	Yes ..... 1 No 2	2⇨NEXT MODULE

MT13. HAVE YOU USED A MOBILE PHONE FOR EITHER SMS OR CALL IN LAST 24 HOURS?	Yes ..... 1 No 2	
FERTILITY/BIRTH HISTORY		**CM**
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No 2	2⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'*.	Sons at home ..... __ __ Daughters at home ..... __ __	
CM6. 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	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'*.	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'*.	Boys dead ..... __ __ Girls dead ..... __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum ..... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module*

☐ *One or more live births ⇨ Continue with the BIRTH HISTORY module*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module*

BIRTH HISTORY — BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all of the births in BH1.Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	**BH1.** WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2.** WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple		**BH3.** IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl		**BH4.** IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5.** IS (*name*) STILL ALIVE? 1 Yes 2 No		**BH6.** HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7.** IS (*name*) LIVING WITH YOU? 1 Yes 2 No		**BH8.** *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9.** *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*		**BH10.** WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ Next Line	Days .....1 Months.....2 Years 3	___ ___		
02		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 Add Birth	2 Next Birth
03		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 Add Birth	2 Next Birth
04		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 Add Birth	2 Next Birth
05		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 Add Birth	2 Next Birth
06		1	2	1	2	___ ___	___ ___ ___ ___	1 ⇨ BH9	2	___ ___	1	2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 Add Birth	2 Next Birth

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3**. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7**. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8**. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
07		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
08		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
09		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
10		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
11		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
12		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
13		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth
14		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days .....1 Months.....2 Years 3	___ ___	1 2 Add Birth Next Birth

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS?	**BH3**. IS (*name*) A BOY OR A GIRL?	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE?	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY?	**BH7**. IS (*name*) LIVING WITH YOU?	**BH8**. *Record household line number of child (from HL1)*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)?		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	*Record age in completed years.*	1 Yes 2 No	*Record "00" if child is not listed.*	*Record days if less than 1 month; record months if less than 2 years; or years*		1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in BIRTH HISTORY Module*)?	Yes ..... 1 No 2	1⇨Record birth(s) in Birth History

CM12A. *Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:*

☐ *Numbers are same ⇨ Continue with CM13*

☐ *Numbers are different ⇨ Probe and reconcile*

CM13. *Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012** (if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)*

☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births in last 2 years. ⇨ Record name of last born child and continue with Next Module*

Name of last-born child_____

If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH — DB

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years ..... 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH — MN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	2⇨MN5

MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse/auxiliary midwife ..... C Health Asst. (HA)/Assistant Health Worker (AHW) ..... D Maternal Child Health Worker(MCHW) .. E Village Health Worker (VHW) ..... G Other person Traditional birth attendant ..... F Female Community Health Volunteer (FCHV) ..... H Other (*specify*) X	
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ..... 1 __ __ Months ..... 2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	Number of times ..... __ __ DK 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	2⇨MN9 8⇨MN9

MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?	Number of times ..... __ DK..... 8	 8⇨MN9
MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN12* ☐ *Only one tetanus injection during last pregnancy. ⇨ Continue with MN9*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK..... 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ..... __ DK..... 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If less than 1 year, record '00'.*	Years ago ..... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:* ☐ *Yes, antenatal care received.⇨ Continue with MN16A* ☐ *No antenatal care received ⇨ Go to MN17*		
MN 16A. DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON/FOLIC ACID TABLETS? *Show tablets.*	Yes ..... 1 No ..... 2 DK..... 8	 2⇨ MN16C 8⇨ MN16C
MN 16B. DURING THIS WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE TABLETS? *If answer is not numeric, probe for approximate for number of days.*	Number of Days ..... __ __ __ DK..... 998	
MN 16C. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINES FOR INTESTINAL WORMS?	Yes ..... 1 No ..... 2 DK..... 8	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse/auxiliary midwife ..... C Health Asst./AHW ..... D MCH Worker ..... E Village health worker ..... G Other person Traditional birth attendant ..... F Female Community Health Volunteer (FCHV) ..... H Relative / Friend ..... I Other (*specify*) _____ X No one ..... Y	
MN 17A. IMMEDIATELY AFTER DELIVERY OF (*name*) DID YOU RECEIVE AN INJECTION (FOR PROTECTION FROM POSTPARTUM HAEMORRHAGE) IN THE THIGH OR BUTTOCK?	Yes ..... 1 No ..... 2 DK 8	
MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ ___ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Primary health care centre ..... 22 Health post/Sub health post ..... 23 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private Medical sector (*specify*) _____ 36 Non-Government Sector UMN hospital ..... 41 FPAN ..... 42 Other NGO (*specify*) ..... 46 Other (*specify*) _____ 96	 21⇨MN19 22⇨MN19 23⇨MN19 26⇨MN19 31⇨MN19 32⇨MN19 33⇨MN19 36⇨MN19 41⇨MN19 42⇨MN19 46⇨MN19
MN18A. WAS A SPECIAL CLEAN DELIVERY KIT USED? *Show clean delivery kit marketed by CRS*	Yes ..... 1 No ..... 2 DK 8	1⇨MN18C
MN 18B. WHEN (*name*) WAS BORN, WHAT INSTRUMENT WAS USED TO CUT THE UMBILICAL CORD?	New/boiled blade ..... 01 Used blade ..... 02 Knife ..... 03 Sickle ..... 04 Khukuri ..... 05 Scissors ..... 06 Other (*specify*) ..... 96 DK 98	
MN 18C. WAS ANYTHING APPLIED ON THE STUMP AFTER THE UMBILICAL CORD WAS CUT?	Yes ..... 1 No ..... 2 Don't know 8	 2⇨MN18E 8⇨MN18E

MN 18D. WHAT WAS PLACED ON THE STUMP? *Probe:* ANYTHING ELSE? *Probe for the type of materials placed on the stump and circle all answers given.*	Oil ..... A Ash ..... B Vermilon ..... C Ointment/powder ..... D Animal dung ..... E Turmeric ..... F Ghee ..... G Chlorohexidine ..... H Other (*specify*) ..... X DK ..... Z	
MN 18E. WAS (*name*) DRIED BEFORE THE PLACENTA WAS DELIVERED?	Yes ..... 1 No ..... 2 DK 8	
MN 18F. WAS (*name*) WRAPPED IN CLOTH BEFORE THE PLACENTA WAS DELIVERED?	Yes ..... 1 No ..... 2 DK 8	
MN 18G. WAS (*name*) PLACED ON YOUR BELLY/BREAST BEFORE DELIVERY OF THE PLACENTA?	Yes ..... 1 No ..... 2 DK 8	
MN 18H. HOW LONG AFTER DELIVERY, WAS (*name*) BATHED FOR THE FIRST TIME? *(if less than 1 day, record hours. if less than one week, record days.)*	Hours ..... 1__ __ Days ..... 2__ __ Weeks ..... 3__ __ DK 998	1⇨MN20 2⇨MN20 3⇨MN20 998⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No 2	2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ..... 1 After 2	
MN20. 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 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card ..... 1 (kg) __ . __ __ __ From recall ..... 2 (kg) __ . __ __ __ DK 99998	

MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2⇨Next Module
MN25. 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 __ __ DK/Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Other (*specify*) _____ X	

POST-NATAL HEALTH CHECKS PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41-46) ⇨ Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name).* YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK/Don't remember 998	

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No 2	
PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes ..... 1 No 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN16
PN6. *Check MN17: Did a health professional, traditional birth attendant, or female community health volunteer assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or female community health volunteer (MN17=A-H) ⇨ Continue with PN7* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or female community health volunteer (A-H not circled in MN17) ⇨ Go to PN10*		
PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No 2	

PN8. AND DID (*person or persons in MN17*) CHECK ON YOUR HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ..... 1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK/Don't remember 998	
PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse/auxiliary midwife ..... C Health Asst./AHW ..... D MCH Worker ..... E Village health worker ..... G Other person Traditional birth attendant ..... F Female Community Health Volunteer (FCHV) ..... H Relative / Friend ..... I Other (*specify*) _____ X	

PN14. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Primary health care centre ..... 22 Health post/Sub health post ..... 23 Other public (*specify*)_____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private Medical sector (*specify*) _____ 36 Non-Government Sector UMN hospital ..... 41 FPAN ..... 42 Other NGO (*specify*) ..... 46 Other (*specify*) _____ 96	
PN15. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41-46) ⇨ Continue with PN16* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17*		
PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional, traditional birth attendant, or female community health volunteer assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or female community health volunteer (MN17=A-H) ⇨ Continue with PN18* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or female community health volunteer (A-H not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN21A 2⇨PN21B

PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks..... 3 __ __ DK/Don't remember..... 998	
PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional: Doctor ..... A Nurse / Midwife..... B Health Asst./AHW..... D MCH Worker..... E Village health worker ..... G Other person Traditional birth attendant..... F Female Community Health Volunteer (FCHV) ..... H Relative / Friend ..... H Other (*specify*)_____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home..... 11 Other home..... 12 Public sector Government hospital ..... 21 Primary health care centre ..... 22 Health post/Sub health post ..... 23 Other public (*specify*)_____ 26 Private Medical Sector Private hospital..... 31 Private clinic ..... 32 Private maternity home..... 33 Other private Medical sector (*specify*) _____ 36 Non-Government Sector UMN hospital..... 41 FPAN..... 42 Other NGO (*specify*)..... 46 Other (*specify*) _____ 96	

ILLNESS SYMPTOMS IS

IS1. *Check list of Household Members, columns HL7B and HL15*

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes ⇨ Continue with IS2. ☐ No ⇨ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do not prompt with any suggestions	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever ..... C Child has fast breathing ..... D Child has difficulty breathing ..... E Child has blood in stool ..... F Child is drinking poorly ..... G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	
CONTRACEPTION		**CP**
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨Next Module 2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

UNMET NEED — UN

UN1. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant ⇨ Continue with UN2

☐ No, unsure or DK ⇨ Go to UN5

UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / DK 8	1⇨UN7 2⇨UN13 8⇨UN13

UN5. *Check CP3. Currently using "Female sterilization"?*

☐ Yes ⇨ Go to UN13 ☐ No ⇨ Continue with UN6

UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / DK 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years ..... 2 __ __ Does not want to wait (soon/now) ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other (*specify*) _____ 996 DK 998	 994⇨UN 11

UN8. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant ⇨ Go to UN13

☐ No, unsure or DK ⇨ Continue with UN9

UN9. *Check CP2. Currently using a method?*

☐ Yes ⇨ Go to UN13 ☐ No ⇨ Continue with UN10

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13

UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other (*specify*) _____ X DK ..... Z	
UN12. *Check UN11. "Never menstruated" mentioned?* ☐ Mentioned ⇨ Go to Next Module ☐ Not mentioned ⇨ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent	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	996⇨Next Module

		Yes	No	
UN13A. DO YOU FACE ANY OF THE FOLLOWING SITUATIONS DURING YOUR MENSTRUAL PERIOD? *Ask one by one*				
[A] HAVE TO LIVE IN DIFFERENT HOUSE	Live in different house	1	2	
[B] HAVE TO LIVE IN DIFFERENT ROOM OF SAME HOUSE	Different room of same house	1	2	
[C] HAVE TO LIVE IN ANIMAL SHED	Animal shed	1	2	
[D] HAVE TO EAT DIFFERENT TYPES OF FOOD	Eat different food	1	2	
[E] HAVE TO BATH IN SEPARATE PLACE	Bath in separate place	1	2	
[F] HAVE TO BE ABSENT FROM SCHOOL OR WORK	Absent from school/work	1	2	
[G] HAVE TO AVOID SOCIAL GATHERINGS	Avoid social gatherings	1	2	

ATTITUDES TOWARD DOMESTIC VIOLENCE DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8	
DV2. SOMETIMES A MOTHER-IN-LAW IS ANNOYED OR ANGERED BY THINGS THAT THEIR DAUGHTER-IN-LAW DOES. IN YOUR OPINION, IS A MOTHER-IN-LAW JUSTIFIED IN VERBALLY ABUSING OR THREATTING THEIR DAUGHTER-IN-LAW IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HER?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HER?	Argues with them	1	2	8	
[D] IF SHE REFUSES TO OBEY HER ORDER?	Refuses to obey orders	1	2	8	
[E] IF SHE DID NOT BRING DOWRY?	Did not bring dowry	1	2	8	
[F] IF SHE DID NOT COMPLETE HER WORK ON TIME?	Didn't complete work on time	1	2	8	
MARRIAGE/UNION					**MA**
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married Yes, living with a man No, not in union	1 2 3			3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years DK	__ __ 98			

MA2A. IS YOUR HUSBAND/PARTNER LIVING WITH YOU NOW OR IS HE STAYING ELSEWHERE?	Living with her ..... 1 Staying elsewhere 2	1⇨MA3
MA2B. FOR HOW LONG HAVE YOU AND YOUR HUSBAND/PARTNER NOT BEEN LIVING TOGETHER? *(If less than a month, circle 1 and record "00" in months. If less than 1 year, record in months, otherwise record in completed years)*	Months ..... 1 __ __ Years ..... 2 __ __	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No 2	2⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	 3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? **MA8B**. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ⇨Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years ..... __ __	
HIV/AIDS		**HA**
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2 ⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK 8	

HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?*

☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*),		Y	N	DK	
WERE YOU GIVEN ANY INFORMATION ABOUT:					
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother	1	2	8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do	1	2	8	
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS	1	2	8	
WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test	1	2	8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes	1			
	No	2			2⇨HA19
	DK	8			8⇨HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1			
	No	2			2⇨HA22
	DK	8			8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes	1			1⇨HA22
	No	2			2⇨HA22
	DK	8			8⇨HA22

HA19. *Check MN17: Birth delivered by health professional (A, B or C)?*

☐ *Yes, birth delivered by health professional (MN17 = A, B or C) ⇨ Continue with HA20*

☐ *No, birth not delivered by health professional (MN17 = else) ⇨ Go to HA24*

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1	
	No 2	2⇨HA24

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No 2	1⇨HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	1 ⇨Next Module 2 ⇨Next Module 3 ⇨Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	1 ⇨Next Module 2 ⇨Next Module 8 ⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No 2	
TOBACCO AND ALCOHOL USE		**TA**
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No 2	2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No 2	2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	

TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No 2	 2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No 2	 2⇨TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Other (*specify*) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No 2	 2 ⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No 2	 2 ⇨TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Snuff ..... B Gutkha ..... D Khaini ..... E Others *(Specify)*_____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No 2	2⇨Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol..... 00 Age ..... ___ ___	00⇨Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Did not have one drink in last one month . 00 Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	00⇨Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ..... ___ ___	

LIFE SATISFACTION — LS

LS1. *Check WB2: Age of respondent is between 15 and 24?*

☐ *Age 25-49 ⇨ Go to WM11* ☐ *Age 15-24 ⇨ Continue with LS2*

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.*	Very happy ..... 1 Somewhat happy ..... 2 Neither happy nor unhappy ..... 3 Somewhat unhappy ..... 4 Very unhappy 5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	

LS5. DURING THE 2013-2014/2014-15 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes ..... 1 No 2	2⇨LS7
LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Does not have a job ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	Does not have any income ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	

LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved ..... 1 More or less the same ..... 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better ..... 1 More or less the same ..... 2 Worse 3	
WM11. *Record the time.*	HOUR AND MINUTES __ __ : __ __	

WM12. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Nepal Multiple Indicator Cluster Survey 2014

UNDER-FIVE CHILD INFORMATION PANEL	**UF**
This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.	
UF1. Cluster number: ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name.....	**UF4**. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name.....	**UF6**. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name..... ___ ___	**UF8**. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 7 ___
Repeat greeting if not already read to this respondent: WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT ***25*** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.
MAY I START NOW? ☐ *Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.* ☐ *No, permission is not given ⇨ Circle '03' in UF9. Discuss this result with your supervisor*	
UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) 96
UF10. Field editor's name and number: Name_____	**UF11**. Main data entry clerk's name and number: Name_____
UF12. *Record the time.*	Hour and minutes ..... __ __ : __ __

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day Month and year must be recorded.	Date of birth Day ..... __ __ DK day ..... 98 Month ..... __ __ Year ..... 2 0 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years) __	
BIRTH REGISTRATION		**BR**
BR1. DOES *(name)* HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨Next Module 2⇨Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH ***Village Development Committee or Municipality***?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER (*name*)'S BIRTH?	Yes ..... 1 No 2	
EARLY CHILDHOOD DEVELOPMENT		**EC**
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None ..... 00 Number of children's books ..... 0 __ Ten or more books 10	

EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys ..... 1 2 8 Toys from a shop..... 1 2 8 Household objects or outside objects 1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter' 0'. If 'don't know' enter'8'	Number of days left alone for more than an hour ..... __ Number of days left with other child for more than an hour ..... __	
EC4. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Go to EC18* ☐ *Child age 3 or 4 ⇨ Continue with EC5*		

EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1 No ..... 2 DK 8	
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 *OR OVER* ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*	Mother / Father / Other / No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books A B X Y	
[B] TOLD STORIES TO (*name*)?	Told stories A B X Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs A B X Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside A B X Y	
[E] PLAYED WITH (*name*)?	Played with A B X Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/ counted A B X Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes ..... 1 No ..... 2 DK 8	1⇨EC9
EC8A. CAN (*name*) IDENTIFY OR RECOGNIZE AT LEAST A LETTER OF HIS/HER NAME?	Yes ..... 1 No ..... 2 DK 8	
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ..... 1 No ..... 2 DK 8	1⇨EC10

EC9A. CAN (*name*) IDENTIFY OR RECOGNIZE FOUR POPULAR LOGOS?	Yes ..... 1 No ..... 2 DK 8	
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No ..... 2 DK..... 8	1⇨EC11
EC10A. CAN (*name*) COUNT THE NUMBER FROM 1 TO 10 OR WALK 10 STEPS WITH COUNTING?	Yes ..... 1 No ..... 2 DK 8	
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No ..... 2 DK..... 8	
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No ..... 2 DK..... 8	
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No ..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No ..... 2 DK..... 8	
EC15. DOES *(name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No ..... 2 DK..... 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No ..... 2 DK..... 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes ..... 1 No ..... 2 DK..... 8	
EC18. HOW MANY CLASSES WOULD YOU LIKE (*name*) TO ATTEND?	Class ..... __ __ None ..... 00 DK..... 98	

BREASTFEEDING AND DIETARY INTAKE — BD

BD1. *Check AG2: Age of child*

☐ *Child age 0, 1 or 2 ⇨ Continue with BD2* ☐ *Child age 3 or 4 ⇨ Go to CARE OF ILLNESS Module*

BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK..... 8				2⇨BD4 8⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK..... 8				
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2 DK..... 8				
BD5. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8				
BD6. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8				
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] PLAIN WATER?	Plain water	1	2	8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8	
[C] CAROM SEED SOUP?	Soup	1	2	8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank milk			__	
[E] INFANT FORMULA LIKE LACTOGEN?	Infant formula	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank infant formula			__	
[F] ANY OTHER LIQUIDS LIKE PLANE TEA, COFFEE?	Other liquids	1	2	8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.

Please include foods consumed outside of your home.

DID (*name*) EAT (*name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank/ate yogurt			__
[B] ANY COMMERCIALLY FORTIFIED BABY FOOD, E.G., CERELAC, NESTUM, CHAMPION?	Cerelac	1	2	8
[C] BREAD (ROTI), RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains?	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES LIKE SPINACH, GARDEN CRESS, MUSTARD GREEN?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS OR APRICORT ?	Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS , PORK, BUFF, YAK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] FRESH AND DRIED CHEESE, PANEER OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8

BD9. *Check BD8 (Categories "A" through "O")*

☐ *All "No"⇨ Continue with BD10* ☐ *At least one "Yes" or all "DK" ⇨ Go to BD11*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*

☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module*

☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11*

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times ..... __ DK..... 8	

IMMUNIZATION IM

If a child health card (HMIS form no. 3) is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? *If yes:* MAY I SEE IT PLEASE?	Yes, seen ..... 1 Yes, not seen ..... 2 No card 3	1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE A VACCINATION **(CHILD HEALTH)** CARD FOR (*name*)?	Yes ..... 1 No 2	1⇨IM6 2⇨IM6

IM3.
(a) Copy dates for each vaccination from the card.
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.

		Date of Immunization								
		Day		Month		Year				
BCG	**BCG**									
POLIO 1	**OPV1**									
POLIO 2	**OPV2**									
POLIO 3	**OPV3**									
DPT 1ST DOSE (PENTA VALENT)	**DPT1**									
DPT 2ND DOSE(PENTA VALENT)	**DPT2**									
DPT 3RD DOSE(PENTA VALENT)	**DPT3**									
MEASLES	**MEASLES**									
JAPANESE ENCEPHALITIS	**JE**									

IM4. *Check IM3. Are all vaccines (**BCG to Japanese Encephalitis**) recorded?*

☐ *Yes⇨ Go to IM19* ☐ *No ⇨ Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column*
for each vaccine mentioned. When finished, skip to IM19

☐ *No/DK ⇨ Go to IM19*

IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM19 8⇨IM19
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes ..... 1 No ..... 2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM POLIO?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM11 8⇨IM11
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times ..... __	
IM11. HAS (*name*) EVER RECEIVED A DPT / THE PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? *Probe by indicating that DPT/the pentavalent vaccination is sometimes given at the same time as Polio*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM16 8⇨IM16
IM12. HOW MANY TIMES WAS A DPT/THE PENTAVALENT VACCINE RECEIVED?	Number of times ..... __	
IM16. HAS (*name*) EVER RECEIVED 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 DK 8	

IM16A
Check AG2.Child age is1 or2years?

☐ *Yes⇨ Go to IM16B* ☐ NO, CHILD IS LESS THAN 1 OR MORE THAN 2 ⇨ Go to IM19

IM16 B. HAS (*name*) EVER RECEIVED A JAPANESE ENCEPHALITIS (JE) INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE AFTERF12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING JAPANESE ENCEPHALITIS?	Yes ..... 1 No ..... 2 DK 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] ***National Vitamin A Day, Vitamin A, Kartik 7-8, 2070 BS or Baisakh 6-7, 2071 BS*** [B] ***National Polio Campaign, Against Polio***	Y N DK ***National Vitamin A Day*** ..... 1 2 8 ***Polio Campaign*** 1 2 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *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 DK 8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, 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 DK 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA4 8⇨CA4

CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (*Name of place*)	Public sector Government hospital ..... A Primary health care centre ..... B Health post/Sub Health Post ..... C Village health worker ..... D Mobile / Outreach clinic ..... E Female Community Health Volunteer (FCHV)..F Other public (*specify*)_____H Private medical sector Private hospital / clinic ..... I Private physician .....J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*) _____O Other source Relative / Friend ..... P Shop .....Q Traditional practitioner ..... R Non-Government Sector UMN hospital..... S FPAN..... T Other NGO (*specify*) _____H Other (*specify*) _____X	
CA3C. *Check CA3B:* ☐ *Two or more codes circled ⇨ Continue with CA3D* ☐ *Only one code circled ⇨ Go to CA4*		
CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Primary health care centre ..... 12 Health post/Sub health post ..... 13 Village health worker ..... 14 Mobile / Outreach clinic ..... 15 FCHV.....17 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Non-Government Sector United Mission to Nepal (UMN) hospital 41 Family Planning Association of Nepal (FPAN)..... 42 Other NGO (*specify*)..... 46 Other (*specify*)_____ 96	

CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ***Jeevan Jal or Jeevan ball or Nava jeevan***?	Y N DK Fluid from ORS packet 1 2 8	
CA4A. *Check CA4: ORS* ☐ *Child was given any ORS ('Yes' circled in 'A' in CA4) ⇨ Continue with CA4B* ☐ *Child was not given any ORS ⇨ Go to CA4C*		
CA4B. WHERE DID YOU GET THE ORS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Primary health care centre ..... 12 Health post/Sub health post ..... 13 Village health worker ..... 14 Mobile / Outreach clinic ..... 15 FCHV.....17 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Non-Government Sector UMN hospital..... 41 FPAN ..... 42 Other NGO (*specify*)..... 46 Other (*specify*) _____ 96	
CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN: [A] ZINC TABLETS? [B] ZINC SYRUP?	Y N DK Zinc tablets ..... 1 2 8 Zinc syrup 1 2 8	
CA4D. *Check CA4C: Any zinc?* ☐ *Child had any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇨ Continue with CA4E* ☐ *Child did not have any zinc ⇨ Go to CA5*		

CA4E. WHERE DID YOU GET THE ZINC? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Primary health care centre ..... 12 Health post/Sub health post ..... 13 Village health worker ..... 14 Mobile / Outreach clinic ..... 15 FCHV.....17 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Non-Government Sector UMN hospital..... 41 FPAN..... 42 Other NGO (*specify*)..... 46 Already had at home ..... 40 Other (*specify*) _____96	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No..... 2 DK..... 8	2⇨CA6A 8⇨CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Name)	Pill or Syrup Antibiotic.....A Antimotility .....B Other pill or syrup (Not antibiotic, antimotility or zinc).....G Unknown pill or syrup .....H Injection Antibiotic..... L Non-antibiotic..... M Unknown injection .....N Intravenous.....O Home remedy / Herbal medicine.....Q Other (*specify*) _____X	
CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No..... 2 DK..... 8	2⇨CA7 8⇨CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No..... 2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No..... 2 DK..... 8	2⇨CA9A 8⇨CA9A

CA8. 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 DK 8	 2⇨CA10 8⇨CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Check CA6A: Had fever?* ☐ *Child had fever ⇨ Continue with CA10* ☐ *Child did not have fever ⇨ Go to CA14*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Government hospital ..... A Primary health Care centre ..... B Health post/Sub health post ..... C Village health worker ..... D Mobile / Outreach clinic ..... E FCHV ..... F Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*) _____ O Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Non-Government Sector UMN hospital ..... S FPAN ..... T Other NGO (*specify*) ..... U Other (*specify*) _____ X	
CA12.AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14

CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Anti-malarials: SP / Fansidar ..... A Chloroquine ..... B Amodiaquine ..... C Quinine ..... D Combination with Artemisinin ..... E Other anti-malarial (*specify*)_____ H Antibiotics: Pill / Syrup ..... I Injection ..... J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	
CA13A. *Check CA13: Antibiotic mentioned (codes I or J)?* ☐ *Yes ⇨ Continue with CA13B* ☐ *No ⇨ Go to CA13C*		
CA13B. WHERE DID YOU GET THE ANTIBIOTICS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Primary health care centre ..... 12 . Health post/Sub health post ..... 13 Village health worker ..... 14 Mobile / Outreach clinic ..... 15 FCHV ..... 17 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Non-Government Sector UMN hospital ..... 41 FPAN ..... 42 Other NGO (*specify*) ..... 46 Already had at home ..... 40 Other (*specify*)_____ 96	
CA13C. *Check CA13: Anti-malarial mentioned (codes A - H)?* ☐ *Yes ⇨ Continue with CA13D* ☐ *No ⇨ Go to CA14*		

CA13D. WHERE DID YOU GET THIS MEDICINE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Primaryhealth care centre ..... 12 Health post/Sub Health post..... 13 Village health worker ..... 14 Mobile / Outreach clinic ..... 15 FCHV.....17 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Non-Government Sector UMN hospital..... 41 FPAN..... 42 Other NGO (*specify*)..... 46 Already had at home ..... 40 Other (*specify*) _____ 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13)*? *If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.*	Same day ..... 0 Next day ..... 1 2 days after the fever..... 2 3 days after the fever..... 3 4 or more days after the fever ..... 4 DK..... 8	
CA14. Check AG2: Age of child ☐ Child age 0,1 or 2 ⇨ Continue with CA15 ☐ Child age 3 or 4 ⇨ Go to UF13		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open..... 06 Other (*specify*) _____ 96 DK..... 98	
UF13. *Record the time.*	Hour and minutes ..... __ __ : __ __	

UF14. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's, or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY AN

After questionnaires for all children are complete, the measurer weighs and measures each child.
Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. *Measurer's name and number:*	Name_____ ___ ___	
AN2. *Result of height / length and weight measurement*	Either or both measured ..... 1 Child not present ..... 2 Child or mother/caretaker refused ..... 3 Other (*specify*) _____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3. *Child's weight*	Kilograms (kg) ..... __ __ . __ Weight not measured 99.9	
AN3A. *Was the child undressed to the minimum?*	☐ Yes ☐ No, the child could not be undressed to the minimum	
AN3B. *Check age of child in AG2:* ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).		
AN4. *Child's length or height*	Length / Height ..... __ __ __ . __ Length / Height not measured 999.9	 ⇨ AN6
AN4A. *How was the child actually measured? Lying down or standing up?*	Lying down ..... 1 Standing up 2	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes ⇨ Record measurements for next child.

☐ No ⇨ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

MICS

QUESTIONNAIRE FOR WATER QUALITY TESTING

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY 2014

WATER QUALITY TESTING INFORMATION PANEL
WQ

This questionnaire form is to be used for households that have been selected for water quality testing. A separate questionnaire form should be used for each selected household.

This questionnaire form must be appended to the HOUSEHOLD QUESTIONNAIRE.

WQ1. Cluster number: ___ ___ ___	**WQ2**. Household number: ___ ___
WQ3. Measurer's name and number: Name_____ ___ ___	**WQ4**. Day / Month / Year of conducting test: ___ ___ /___ ___ / 2 0 7 ___
WQ4A. Check HH8B on the household questionnaire. Is the Household selected for source water sampling?	Yes ..... 1 No 2
WQ4B. Has this household been selected for blank testing?	Yes ..... 1 No 2

AS PART OF THE SURVEY WE ARE ALSO LOOKING AT THE BACTERIAL CONTENT OF HOUSEHOLD DRINKING WATER. YOUR HOUSEHOLD HAS BEEN RANDOMLY SELECTED FOR THIS PART OF THE SURVEY AND WE WOULD LIKE TO PERFORM A SIMPLE WATER QUALITY TEST USING SAMPLES OF YOUR USUAL DRINKING WATER. MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to WQ6.*

☐ *No, permission is not given ⇨ Circle 02 in WQ5. Discuss this result with your supervisor.*

WQ5. Result of water quality testing questionnaire	Completed ..... 01 Refused ..... 02 Partly completed ..... 03 Other (***specify***) _____ 96	
WATER QUALITY TESTING		**WQ**
WQ6. CAN YOU PLEASE PROVIDE ME WITH A GLASS OF DRINKING WATER WHICH YOU WOULD GIVE TO A CHILD?	Yes ..... 1 No 2	2⇨ WQ14
WQ7. *Observe where the water was collected from.*	Direct from a source outside home ..... 1 Direct from a source inside home ..... 2 From a filter inside home ..... 3 From an uncovered storage container ..... 4 From a covered storage container ..... 5 Unable to observe 6	

WQ8. FROM WHICH SOURCE WAS THIS WATER COLLECTED?	Piped water ..... Piped into dwelling ..... 11 .....Piped into compound, yard or plot ..... 12 ..... Piped to neighbour ..... 13 .....Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 Dug well .....Protected well ..... 31 .....Unprotected well ..... 32 Water from spring ..... Protected spring ..... 41 .....Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, ... pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	
WQ10. *Using the water from the glass of drinking water provided by the respondent, take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both H-XXX-YY, where XXX is the cluster number and YY is the household number.* *Record whether test was conducted.*	Bacterial test conducted ..... 1 Bacterial test not conducted 2	
***WQ11**. Check WQ4A* ☐ *Household selected for source water testing ⇨ WQ12* ☐ *Household not selected for source water testing ⇨ WQ14*		

WQ12. CAN YOU PLEASE SHOW ME THE ACTUAL PLACE WHERE THIS DRINKING WATER WAS COLLECTED FROM SO THAT I CAN TAKE A WATER SAMPLE FROM THIS PLACE? *If 'no' probe to find out why this is not possible?*	Yes ..... 1 No .....Water source too far ..... 2 Unable to access source ..... 3 .....Do not know where source is located ..... 4 _____ Other reason (specify) _____ 6	2⇨ WQ14 3⇨ WQ14 4⇨ WQ14 6⇨ WQ14
WQ13. *Using a sample of water taken at the source take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both S-XXX-YY, where XXX is the cluster number and YY is the household number.* *Record whether test was conducted.*	Bacterial test conducted ..... 1 Bacterial test not conducted 2	
WQ14. *Check if the household is selected for Blank Sampling:* ☐ *Yes⇨ Continue with WQ14A.* ☐ *No⇨Thank the respondent. The interview is complete.*		
WQ14A*: Under Supervisor's observation perform blank tests for E. coli* *Using a sample of sterile water given by the supervisor, take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both S-XXX-YY, where XXX is the cluster number and YY is the household number.* *Record whether test was conducted.*	Blank test for *E. coli* conducted ..... 1 Blank test for *E. coli* not conducted…… 2	
Thank the respondent. The interview is complete.		

WATER QUALITY TESTING RESULTS
WQ

Following 24-48 hours of incubation the results from the water quality tests should be recorded.

WQ15. Day / Month / Year of recording test results: ___ ___ /___ ___ / 2 0 7 ___

Record results of Household water samples	
WQ16 *Record number of red colonies in 1 mL household water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ17 *Record number of blue colonies in 1 mL household water sample* *If more than 100, record '101'*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ18 *Record number of red colonies in 100 mL household water sample* *If more than 100, record '101'*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ19 *Record number of blue colonies in 100 mL household water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
Record results of Source water samples	
WQ20 *Record number of red colonies in 1 mL source water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ21 *Record number of blue colonies in 1 mL source water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ22:*Record number of red colonies in 100 mL source water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ23: *Record number of blue colonies in 100 mL source water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
Record results of Blank water samples	
WQ24: *Record number of red colonies in 1 mL Blank sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ25: *Record number of blue colonies in 1 mL Blank sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ26: *Record number of red colonies in 100 mL Blank water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998
WQ27:*Record number of blue colonies in 100 mL Blank water sample* *If more than 100, record '101'.*	Number of colonies ..... __ __ __ Not possible to read/lost..... 998

Measurer's Observations

Nepal

Multiple Indicator Cluster Survey

2014