INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
IFPRI

SOUTH ASIA NUTRITION KNOWLEDGE INITIATIVE

DATA NOTE NO 1 | SEPTEMBER 2024

Status of Nutrition in Nepal:

Trends in outcomes, determinants and coverage of interventions between 2016 and 2022

This *Country Profile* describes the trends in key nutrition outcomes, their determinants, and coverage of nutrition and health interventions during critical life stages for women and children in Nepal at the national and province level. The findings are based on the 2016 and 2022 data from Nepal's Demographic and Health Surveys. Bar graphs were used to visualize national trends, maps and color-coded dashboards illustrate province-level trends. The purpose of the profile is to be an easily interpretable reference for nutrition stakeholders in Nepal.

Photo credit: Sumanta Neupane, IFPRI

Demographic profile, 2022[1]

1,058/1,000
Sex ratio at birth (males per 1000 females)

8,930,435
Number of women of reproductive age (15-49 years)

684,084
Total number of pregnant women

612,451
Number of live births

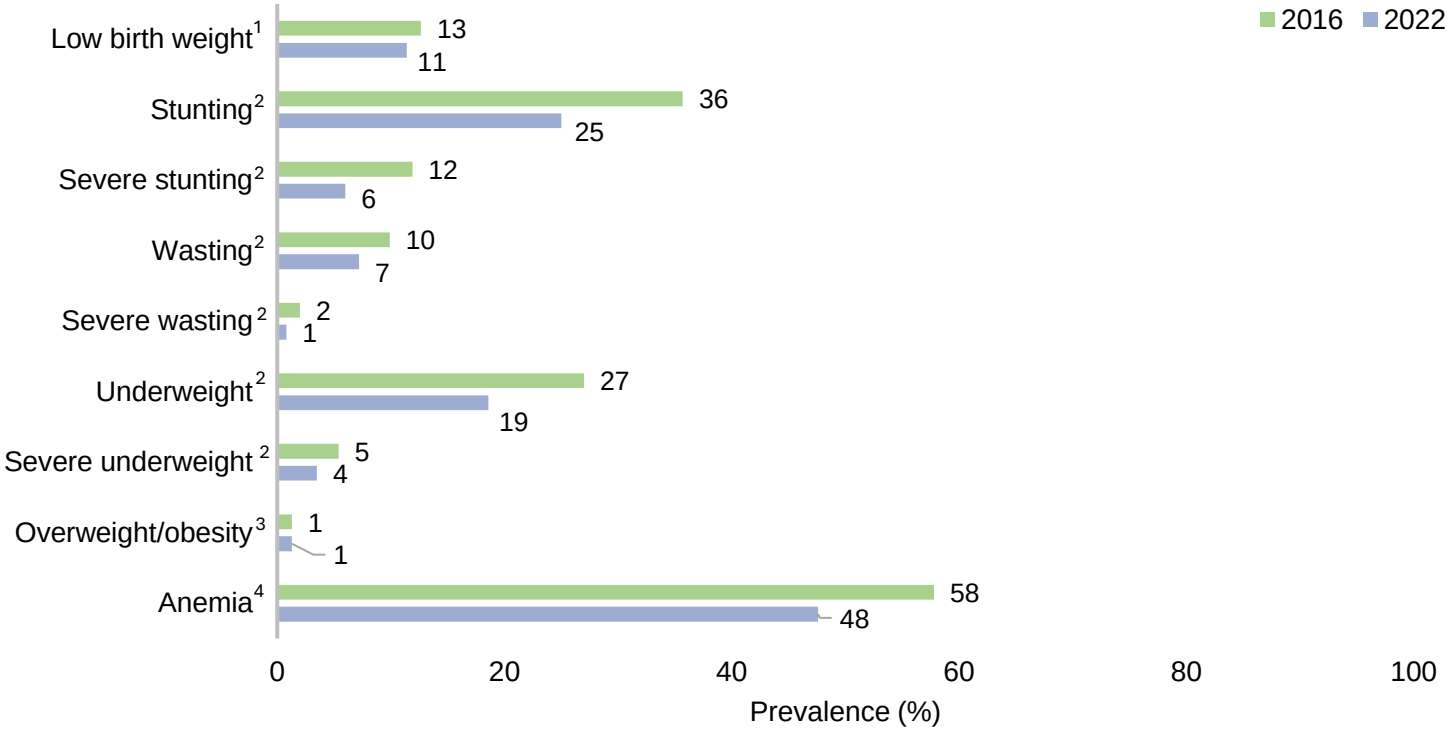
486,286
Number of institutional births

2,952,771
Total number of children under 5 years

Data source: [1]Number of women of reproductive age and live births in 2022 were estimated using the United Nation's World Population Prospect (WPP) 2022 database. Number of pregnancies and institutional deliveries were estimated using the WPP and birth indicators from the Nepal Demographic and Health Survey (NDHS), 2022. The number of children below 5 years was estimated using the WPP and mortality indicators from the NDHS 2016 and NDHS 2022.
Note: NDHS estimates are based on IFPRI's analysis of unit-level data.

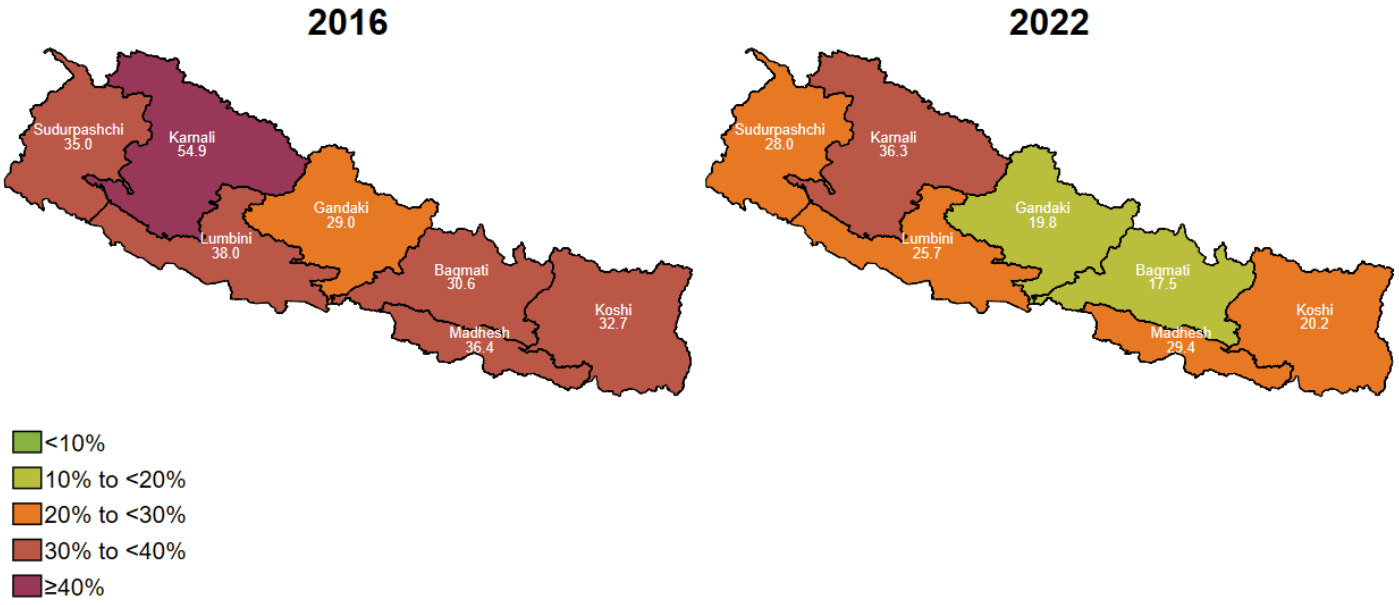
Figure 1. Trends in nutrition outcomes among children under 5 years, between 2016 and 2022

Overall nutrition status of children below 5 years of age improved between 2016 to 2022; stunting declined by 11 percentage points (pp), wasting by 3 pp, underweight by 8 pp, and anemia by 10 pp.



Map 1. Change in stunting prevalence among children under 5 years by province, between 2016 and 2022

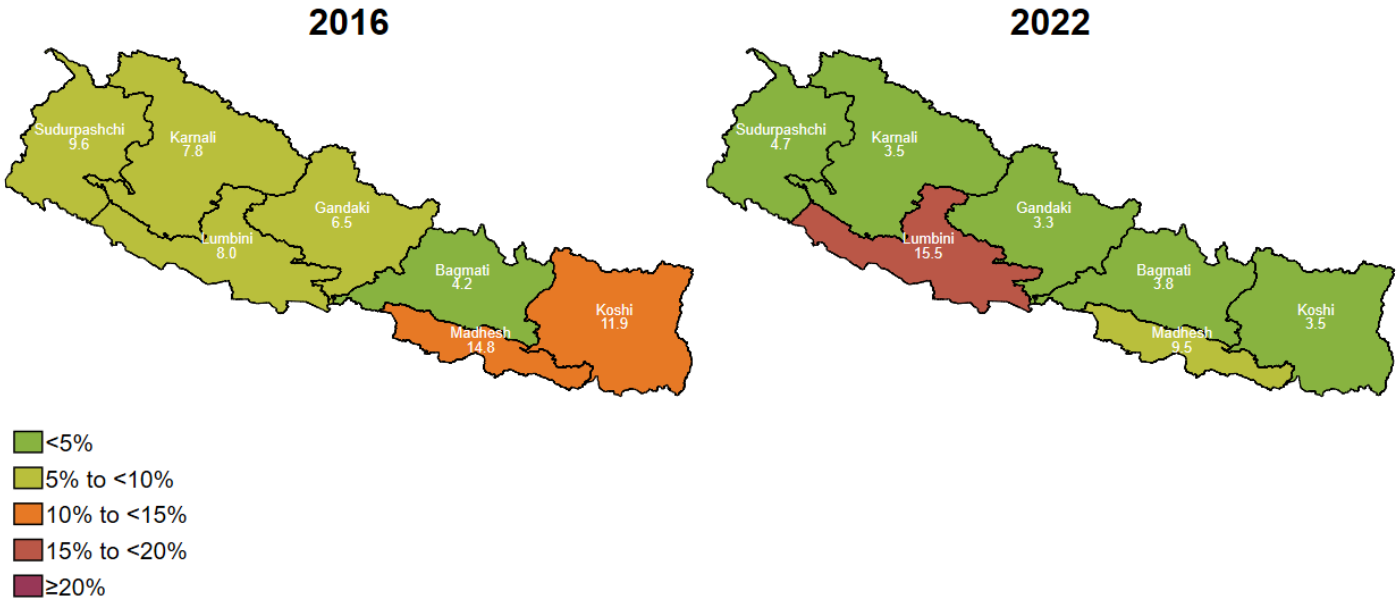
Stunting among children under 5 years declined in all provinces with the highest decline in Karnali (54.9% to 36.3%). *But,* in *5* of the 7 provinces, stunting prevalence is ≥20% and remains a public health significance[4].



Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: [1]Low birth weight is estimated for 0-35 months, sample restricted to live births in the past 35 months to ensure comparability between NDHS 2016 and NDHS 2022 estimates. Birth weight data available for 68% of observations in NDHS 2016 and 80% in NDHS 2022.[2]Malnutrition for children under 5 years is estimated as per WHO child growth standards (2006): WHO child growth standards: length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: methods and development [3]Overweight/obesity is estimated for children aged under 5 years as per WHO Child Growth Standards :Obesity and overweight. [4]Anemia was estimated for children 6-59 months based on WHO guidelines (website- Guideline on haemoglobin cutoffs to define anaemia in individuals and populations)). [4]Stunting prevalence cutoffs: <10%: Low; 10%-<20%: Medium; 20%-<30%: High; 30%-<40%: Very High; ≥40%: Severe. Stunting prevalence ≥20% is a public health significance (source: WHO website- Malnutrition in children).

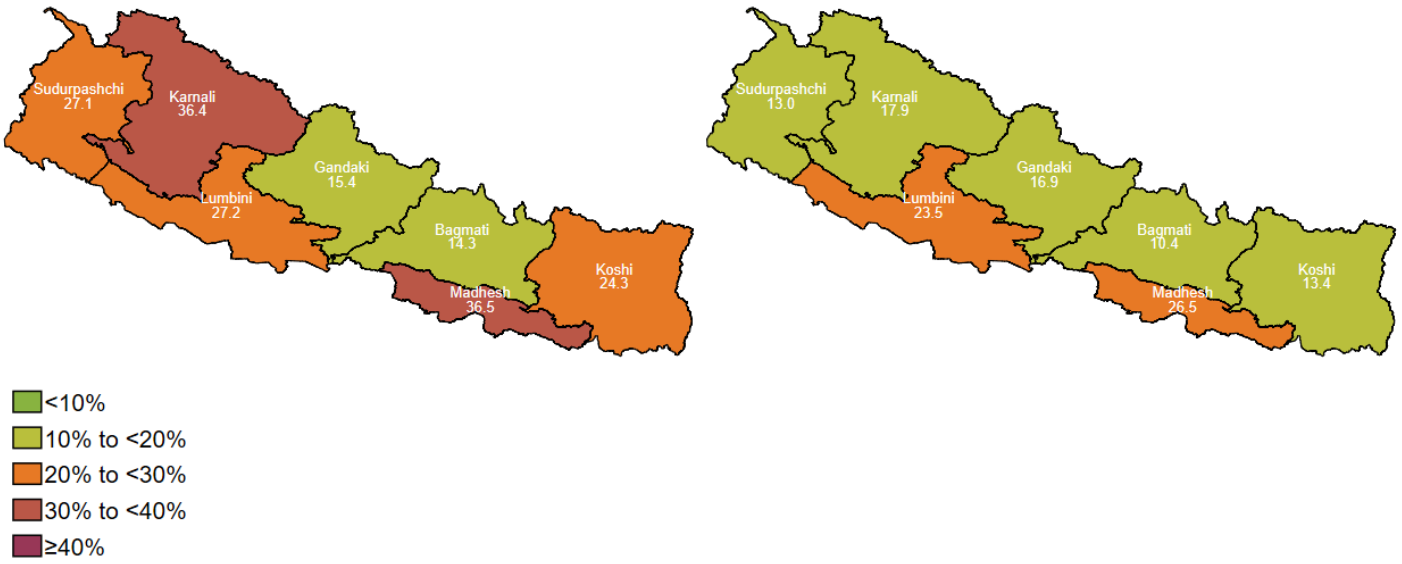
Map 2. Change in wasting prevalence among children under 5 years between 2016 and 2022

Wasting among children under 5 years declined in all provinces, *except* in Lumbini where it increased (8.0% to 15.5%) and remains a public health significance[1].



Map 3. Change in underweight prevalence among children under 5 years between 2016 and 2022

Underweight has improved in nearly all provinces, *except* for Gandaki, where it has slightly increased (from 15.4 to 16.9%). Despite this overall improvement, underweight prevalence higher in Lumbini (23.5%) and Madesh (26.5%) as of 2022.

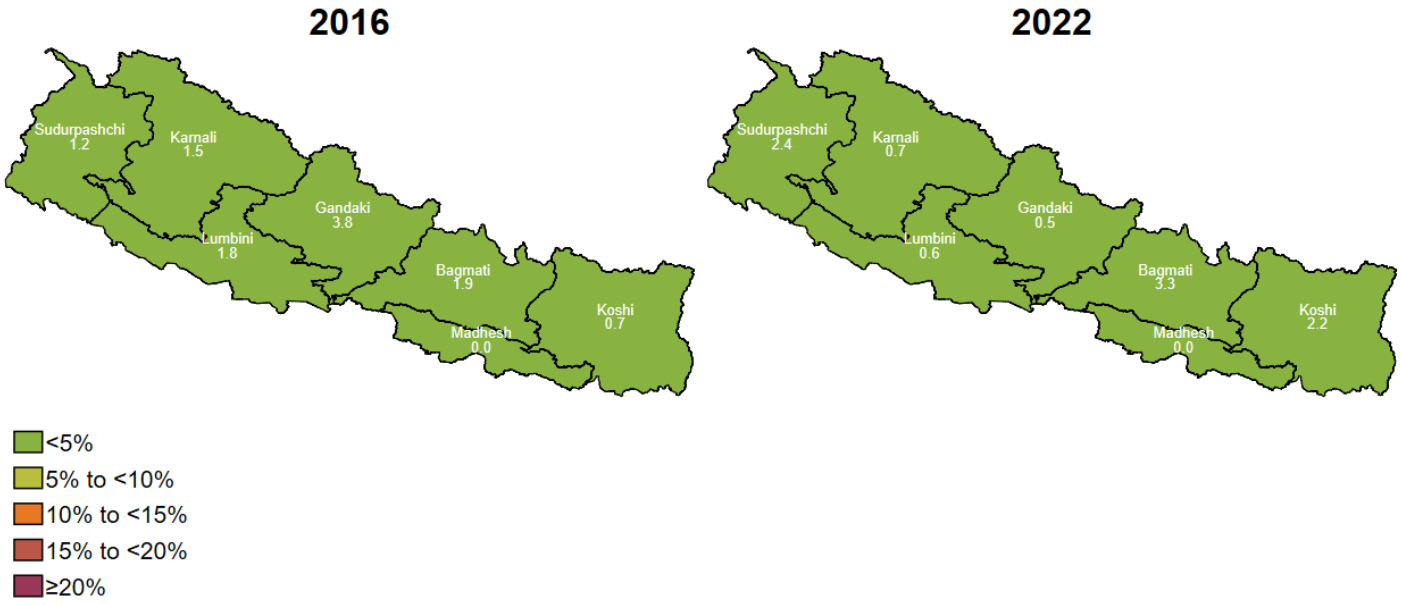


Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.

Note: [1]Wasting prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<15%: High; 15%-<20%: Very High; ≥20%: Severe. Wasting prevalence ≥10% is a public health significance. (source: WHO website- Malnutrition in children). Underweight prevalence cutoffs: <10%: Low; 10%-<20%: Medium; 20%-<30%: High; 30%-<40%: Very High; ≥40%: Severe

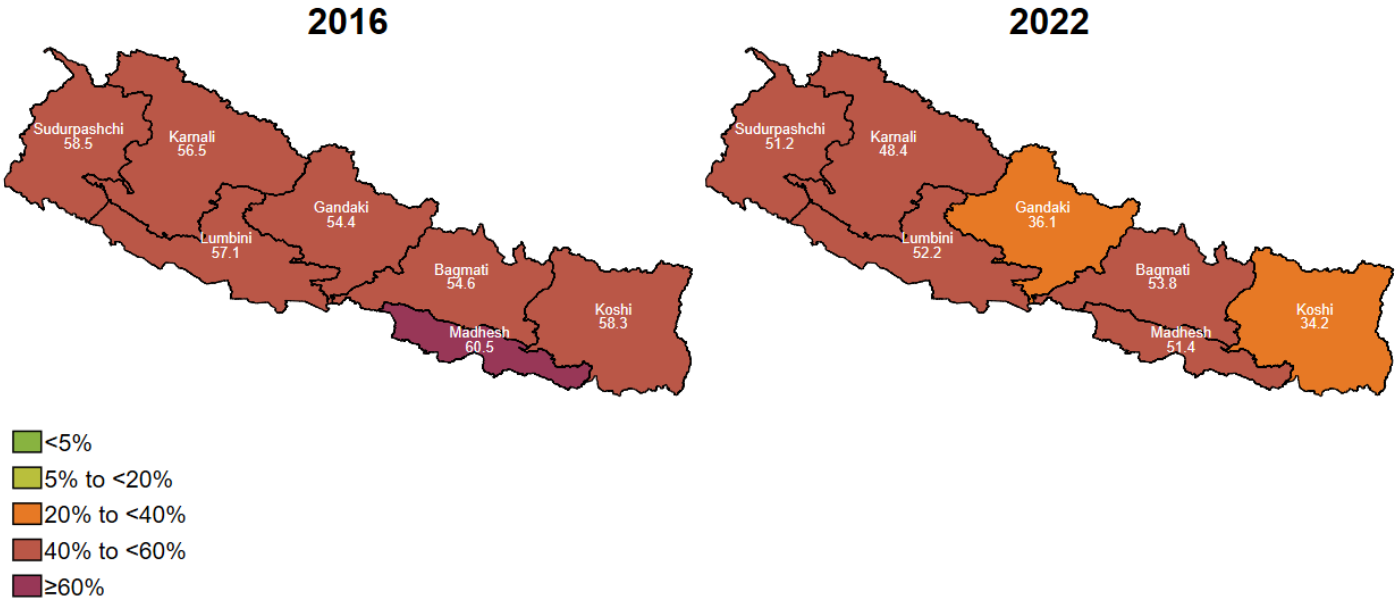
Map 4. Change in overweight/obesity prevalence among children under 5 years between 2016 and 2022

Overweight/obesity[1] among children under 5 years remained below 5% in *all* provinces.



Map 5. Change in anemia prevalence among children (6-59 months) between 2016 and 2022

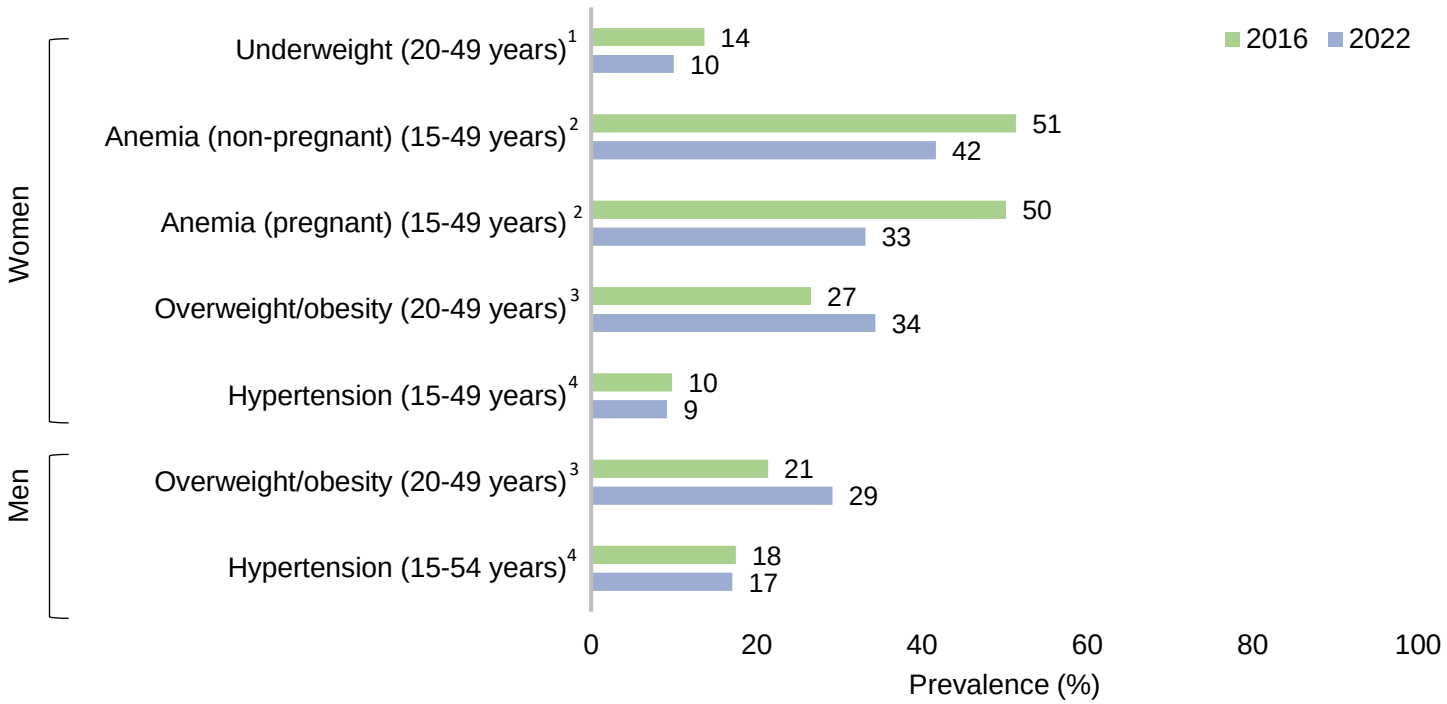
Anemia among children below 5 years of age declined in Nepal between 2016 and 2022. However, with a prevalence of >50% in 5 of the 7 provinces, it remains a major public health problem[2]. Provinces with a substantial decline in anemia are Gandaki (from 54.4% to 36.1%) and Koshi (from 58.3% to 34.2%).



Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: [1]Overweight/obesity prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<15%: High; 15%-<20%: Very High; ≥20%: Severe. Overweight/obesity prevalence among children ≥10% is considered to be a public health significance (source: WHO website- Malnutrition in children). [2]Anemia prevalence cutoffs: <5%: Low; 5%-<20%: Medium; 20%-<40%: High; 40%-<60%: Very High; ≥60%: Severe. Anemia prevalence ≥40% is considered to be a public health significance (source: WHO website- Guideline on haemoglobin cutoffs to define anaemia in individuals and populations)

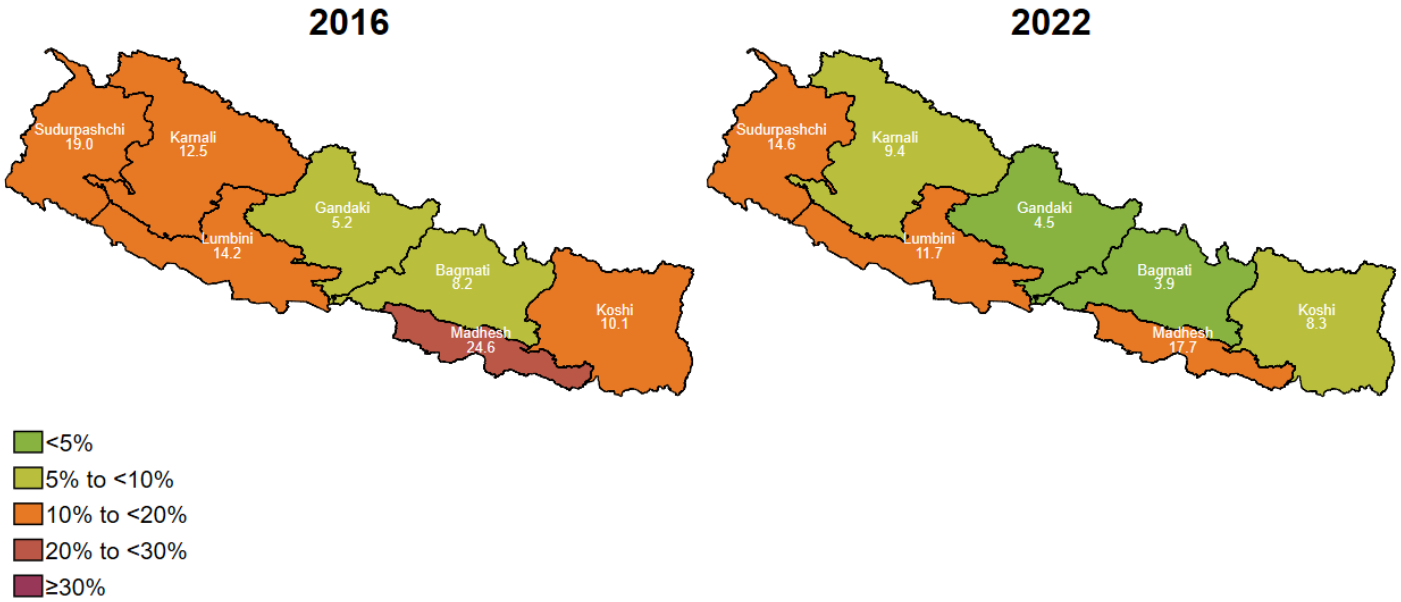
Figure 2. Trends in nutrition outcomes among women and men between 2016 and 2022

Among women, underweight and anemia declined markedly. Overweight/obesity has increased among women (by 7 pp) and men (8 pp).



Map 6. Change in underweight prevalence among women (20-49 years) between 2016 and 2022

Underweight among women aged 20-49 years declined in all provinces, with the greatest decline in Madesh (24.6% to 17.7%). In 3 of the 7 provinces, underweight prevalence is >10% and remains a public health significance[5].

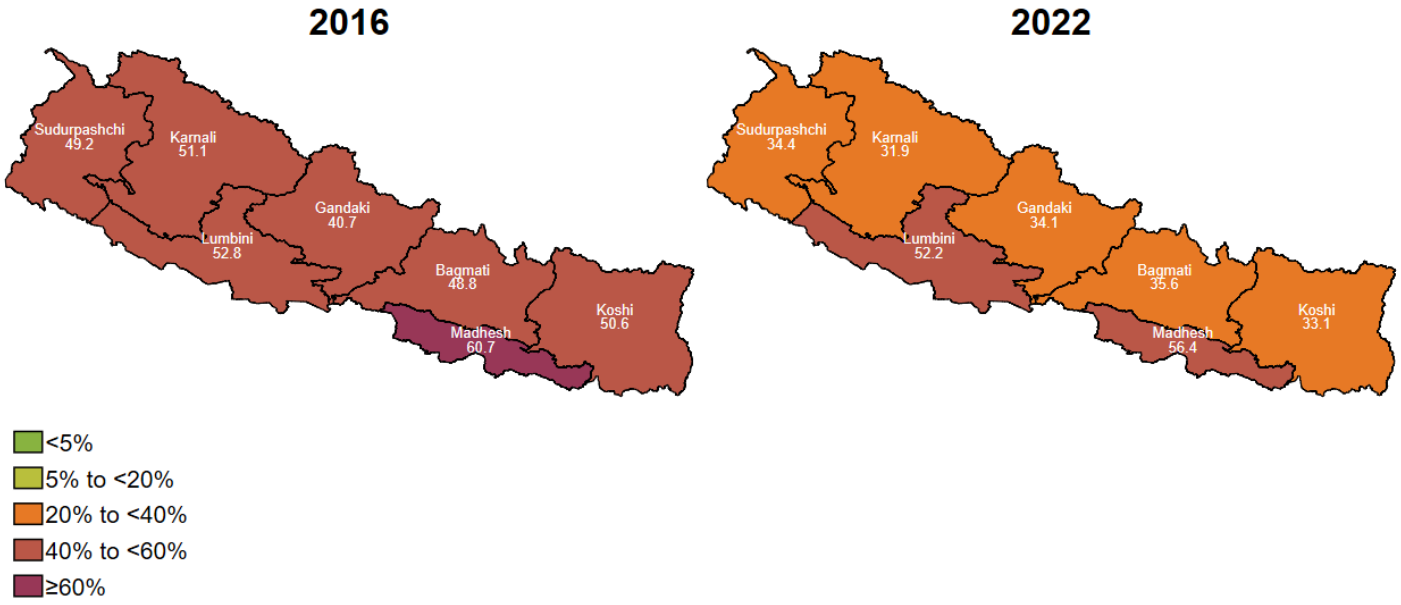


Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.

Note: [1]Underweight (women) is estimated for women 20-49y as per WHO recommendation (source: WHO website Malnutrition in women).[2]Anemia (non-pregnant and pregnant women) is estimated as per WHO guidelines (source: WHO website- Guideline on haemoglobin cutoffs to define anaemia in individuals and populations).[3]Overweight/obesity is estimated for women and men aged 20-49y as per WHO definitions: Obesity and overweight [4]Hypertension is estimated for women aged 15-49y and men aged 15-54y as per Nepal Demographic and Health Survey 2022. [5]Underweight prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<20%: High; 20%-<30%: Very High; ≥30%: Severe. Underweight prevalence among women ≥10% is a public health significance (source: WHO website Malnutrition in women).

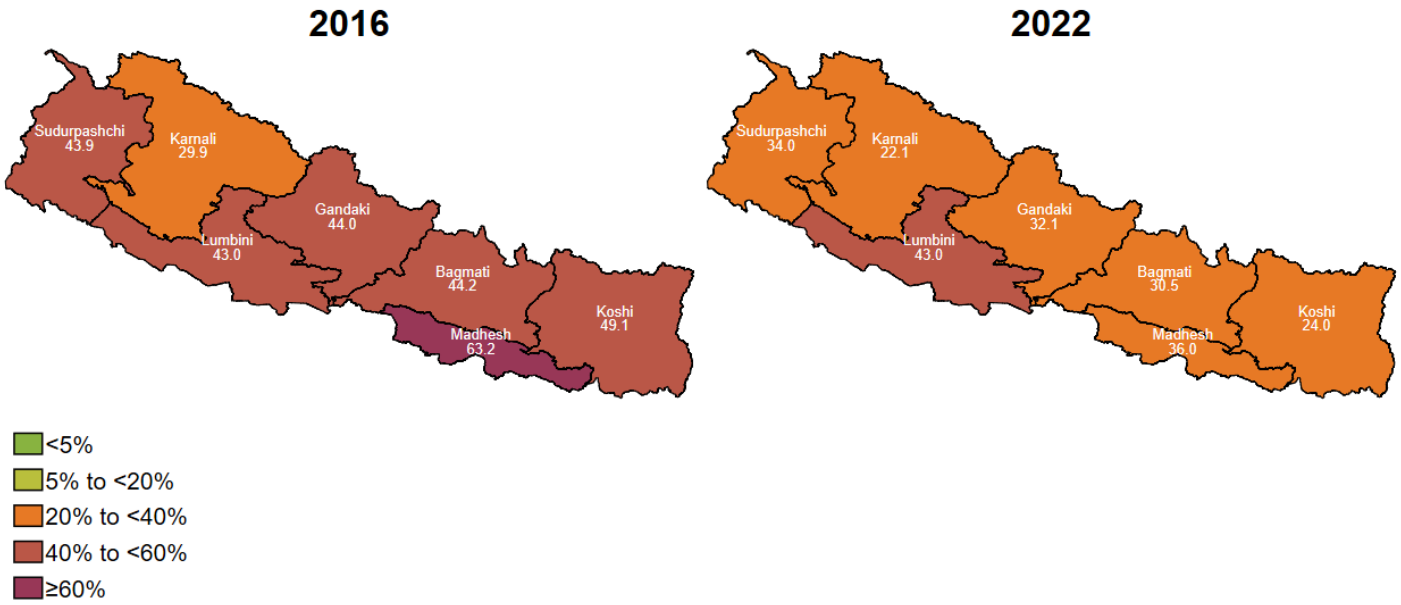
Map 7. Change in anemia prevalence among non-pregnant women (15-49 years) between 2016 and 2022

Anemia prevalence among non-pregnant women aged 15-49 years declined in all provinces with the highest decline in Karnali (from 51.1% to 31.9%). In 2 of the 7 provinces, Madhesh and Lumbini, anemia prevalence is >40% and remains a public health significance[1].



Map 8. Change in anemia prevalence among pregnant women (15-49 years) between 2016 and 2022

Anemia among pregnant women aged 15-49 years declined in all provinces, *except* in Lumbini where at 43% prevalence, it remains a major public health significance[1]. Although anemia declined, still more than 20% of women are anemic across Nepal, which is a moderate public health problem.

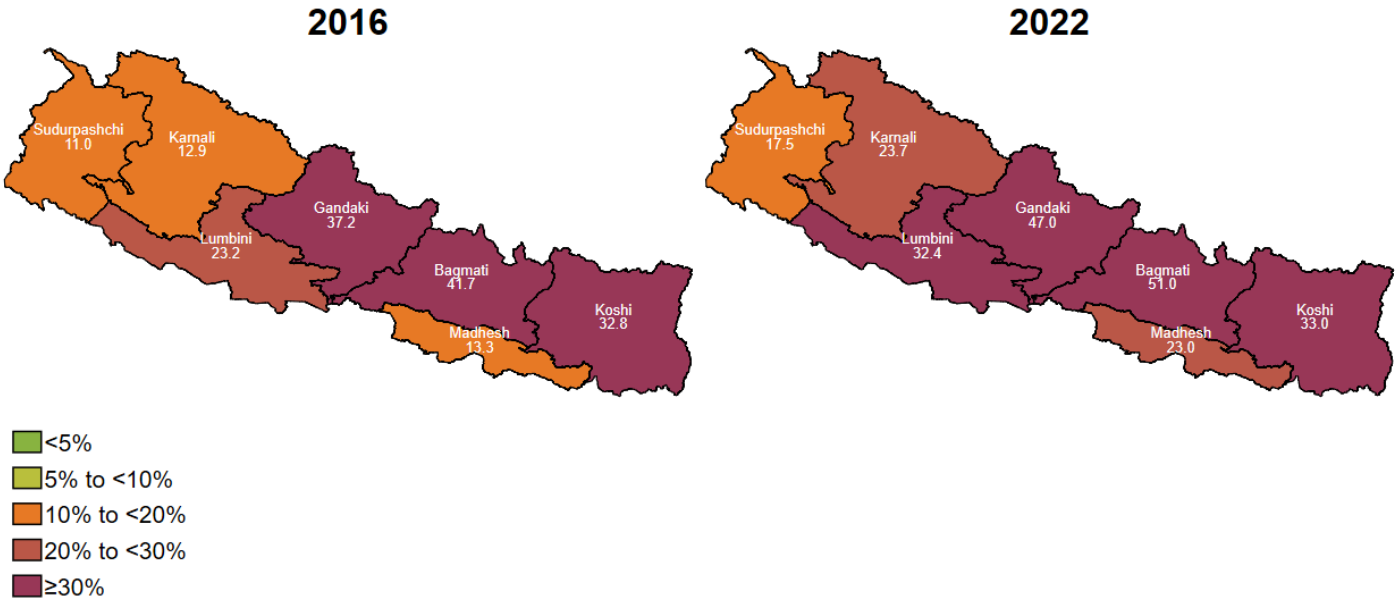


Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.

Note: [1]Anemia prevalence cutoffs: <5%: Low; 5%-<20%: Medium; 20%-<40%: High; 40%-<60%: Very High; ≥60%: Severe. Anemia prevalence ≥40% is a public health significance (source: WHO website- Guideline on haemoglobin cutoffs to define anaemia in individuals and populations).

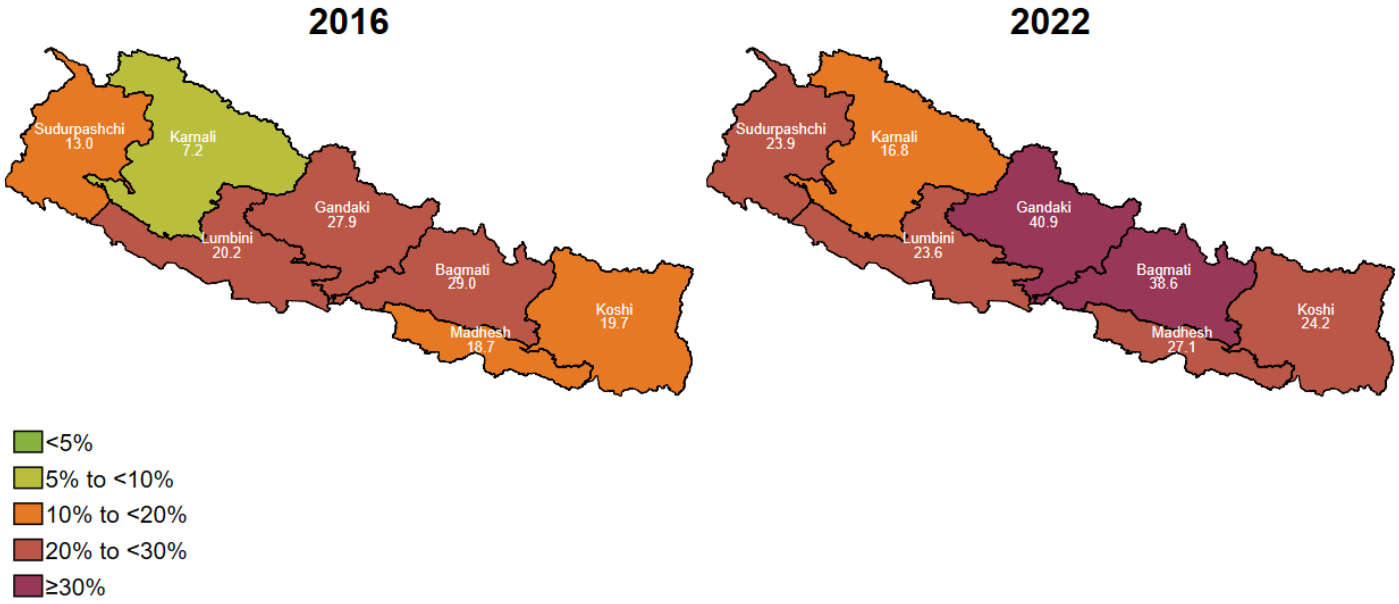
Map 9. Change in overweight/obesity prevalence among women (20-49 years) between 2016 and 2022

Overweight/obesity prevalence among women aged 20-49 years has increased in all provinces. In Karnali overweight/obesity almost doubled, while in Gandaki and Bagmati ~50% population is overweight/obese.



Map 10. Change in overweight/obesity prevalence among men (20-49 years) between 2016 and 2022

Overweight/obesity prevalence among men aged 20-49 years increased in all provinces with the highest increase in Gandaki (from 27.9% to 40.9%). In 6 of the 7 provinces overweight/obesity prevalence is >20%.



Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: Overweight/obesity prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<20%: High; 20%-<30%: Very High; ≥30%: Severe.

Figure 3. Trends in immediate determinants of maternal and child nutrition, between 2016 and 2022

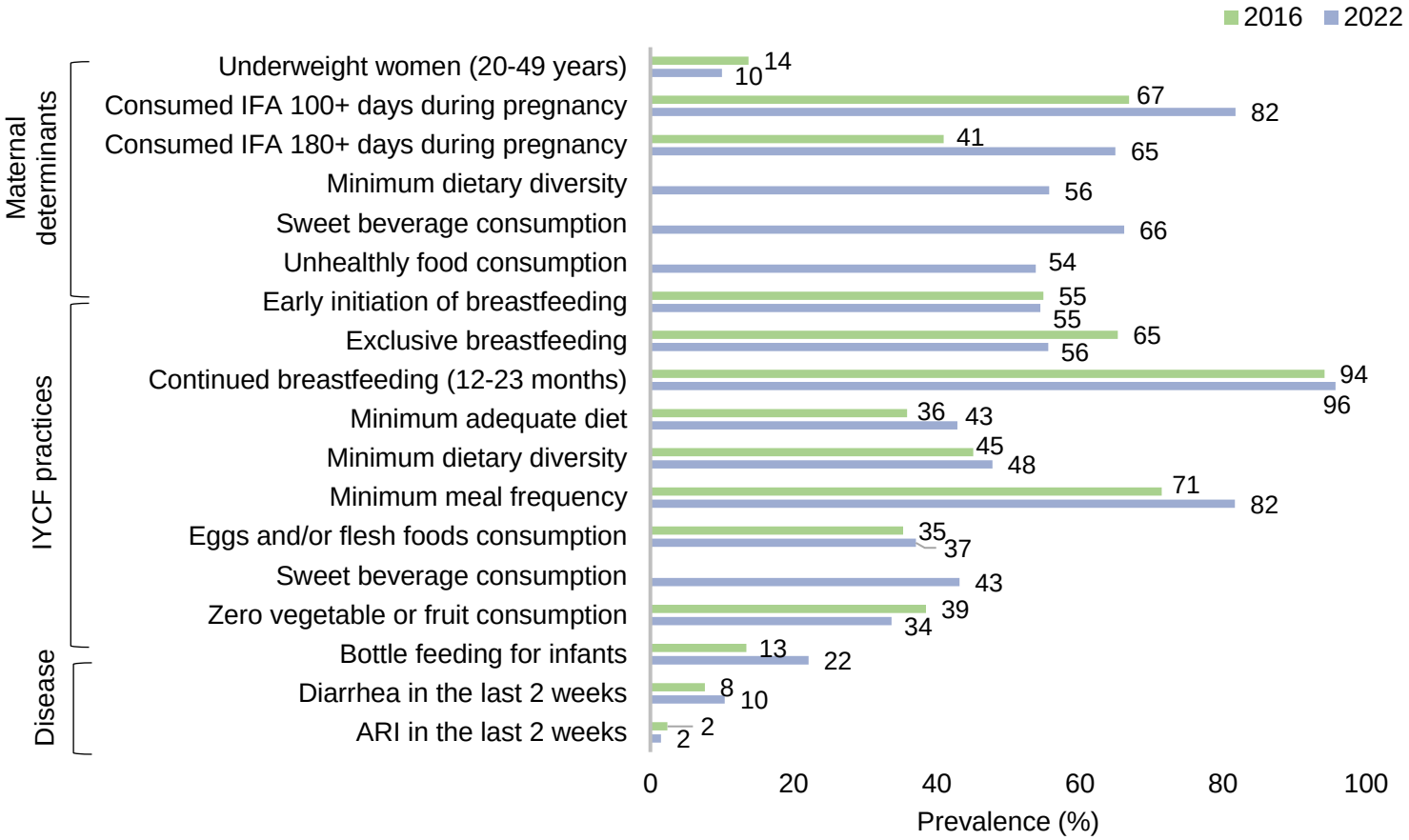


Table 1. Prevalence of immediate determinants of maternal and child nutrition, by province, in 2022

<20%	20-<40%	40-<60%	60-<80%	>=80%	Not Available

Province	Indicators	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim
Maternal determinants	Underweight women (20-49y)[3]	8	18	4	5	12	9	15
	Consumed IFA 100+ days during pregnancy	82	72	87	83	86	83	93
	Consumed IFA 180+ days during pregnancy	66	54	71	61	73	63	74
	Minimum dietary diversity for women	59	43	72	67	52	43	44
	Sweet beverage consumption for women[3]	71	53	78	76	63	54	63
	Unhealthy food consumption for women[3]	56	42	65	61	53	44	51
Infant and young child feeding practices	Early initiation of breastfeeding	53	65	43	66	38	75	75
	Exclusive breastfeeding	47	55	43	49	62	63	68
	Continued breastfeeding (12-23 months)	97	94	95	95	97	98	97
	Minimum adequate diet	47	31	49	52	45	45	44
	Minimum dietary diversity	52	36	51	56	52	49	53
	Minimum meal frequency	82	76	89	83	84	87	75
	Eggs and/or flesh foods consumption	44	23	47	54	37	36	37
	Sweet beverage consumption[3]	45	42	43	44	40	44	48
	Zero vegetable or fruit consumption[3]	26	43	30	42	28	38	31
	Bottle feeding for infants[3]	26	11	43	27	24	11	14
Disease	Diarrhea in the last 2 weeks[3]	11	10	13	8	10	10	9
	ARI in the last 2 weeks[3]	2	1	1	1	1	4	2

Abbreviations: IYCF – Infant and young child feeding; IFA – Iron and folic acid; ARI – Acute respiratory infection
Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: [1]IYCF practices is estimated as per WHO 2021 guidelines: Indicators for assessing infant and young child feeding practices: definitions and measurement methods . [2]2016 estimates for sweet beverage consumption could not be constructed using child diet module in NDHS 2016. [3]Underweight among women, Minimum dietary diversity for women, sweet beverage consumption for women, unhealthy food consumption for women, sweet beverage consumption, zero vegetable or fruit consumption, Bottle feeding for infants, Diarrhea in the last 2 weeks and ARI in the last 2 weeks – Since improvements are shown by reductions in these indicators, the legends we utilized flow opposite to the above legends.

Figure 4. Trends in underlying determinants of maternal and child nutrition, between 2016 and 2022

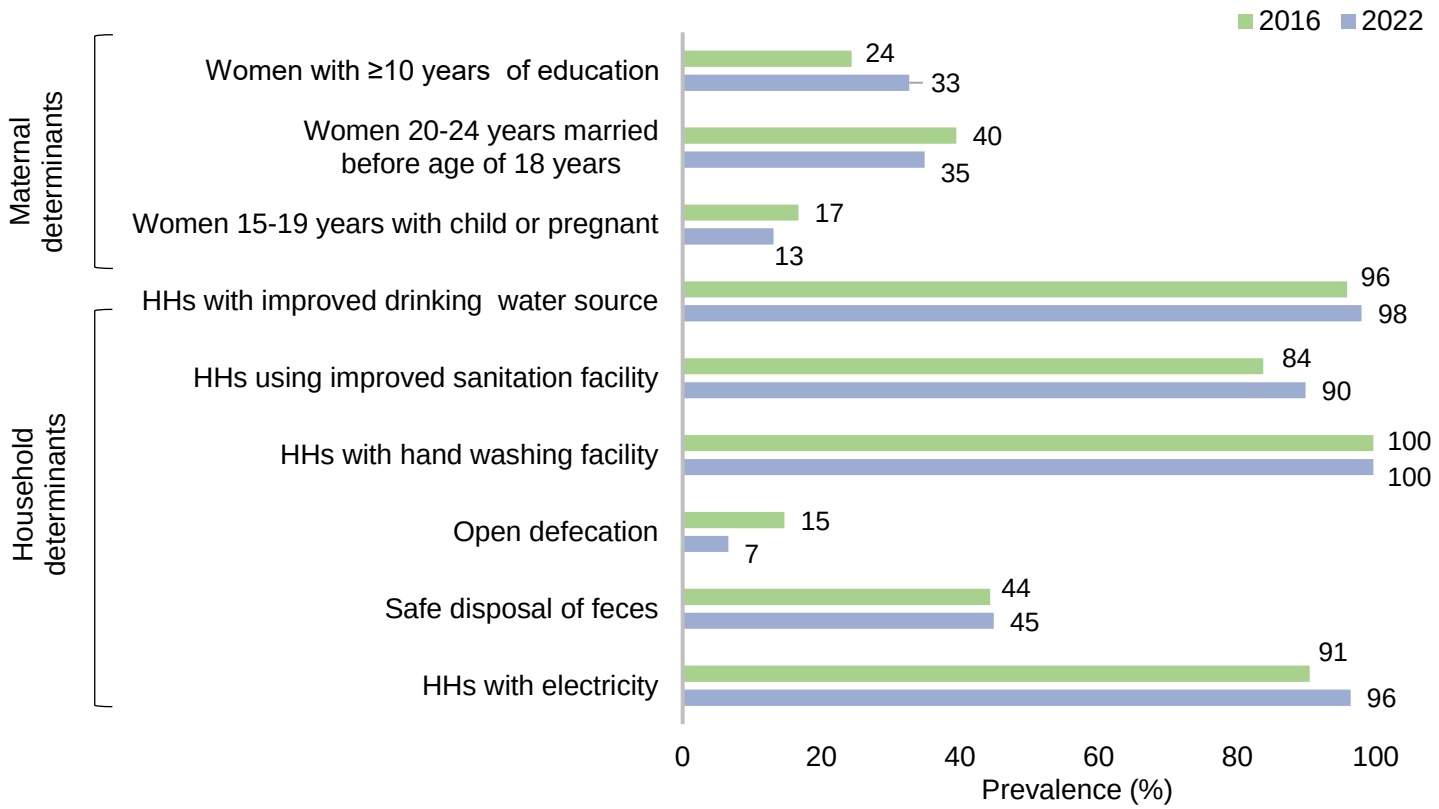


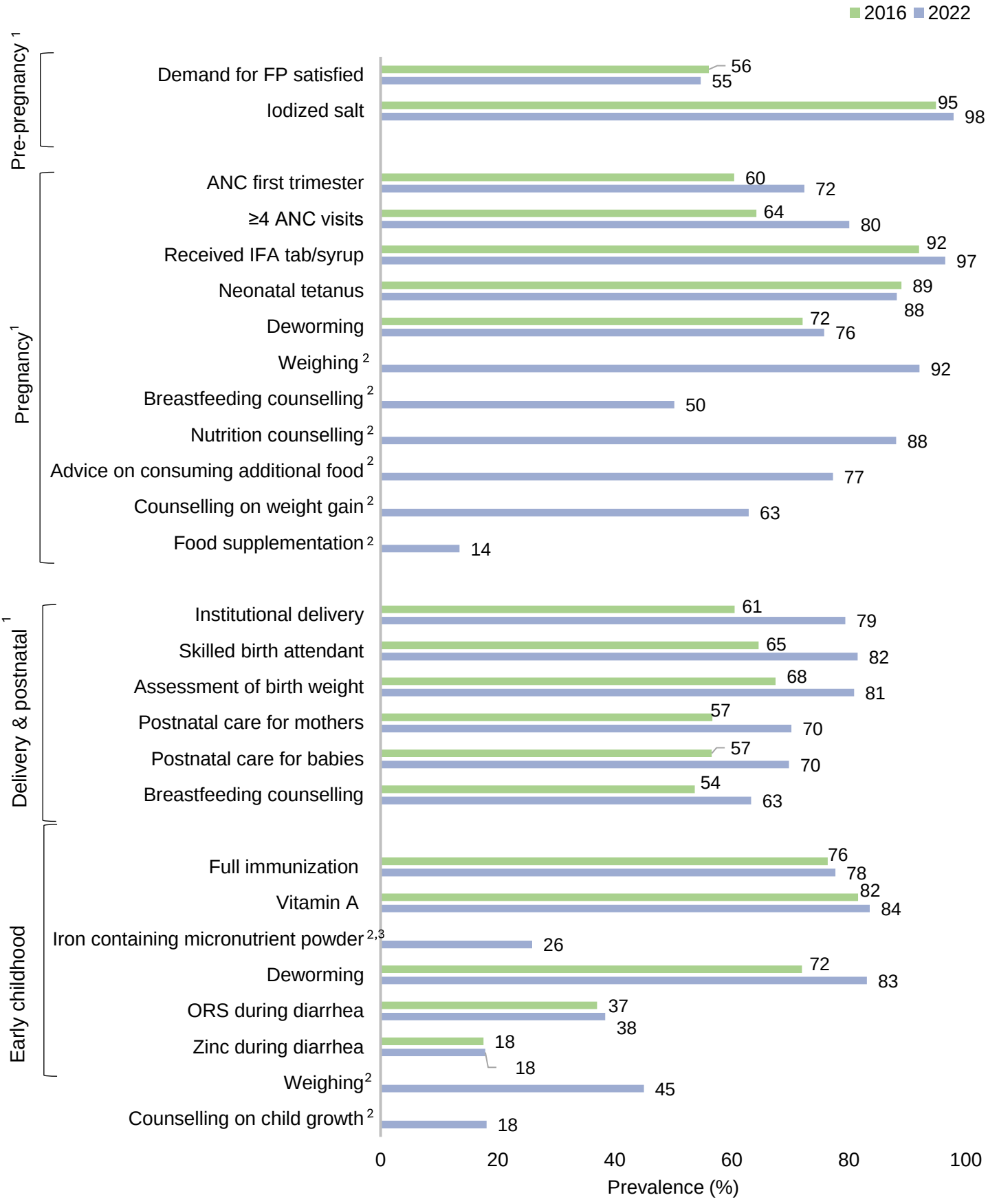
Table 2. Prevalence of underlying determinants of maternal and child nutrition, by province, in 2022

<20%	20-<40%	40-<60%	60-<80%	>=80%	Not Available

Category	Indicators/Province	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim
Maternal determinants	Women with ≥10 years of education	33	NA	18	48	41	30	31
	Women 20-24 years married before age of 18 years[1, 2]	30	NA	56	19	29	29	44
	Women 15-19 years with child or pregnant[1 ,2]	13	NA	19	8	13	9	20
Household determinants	HHs with improved drinking water source	NA	98	100	99	99	96	97
	HHs using improved sanitation facility	NA	92	80	94	93	91	95
	HHs with hand washing facility	NA	100	99	100	100	100	100
	Open defecation[1, 2]	NA	6	19	2	2	6	4
	Safe disposal of feces	47	NA	23	59	58	52	55
	HHs with electricity	NA	97	98	98	99	96	82

Abbreviations: HH – Households; NA – Not applicable
Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: [1]Women 20-24 years married before age of 18 years Women 15-19 years with child or pregnant and Open defecation – Since improvements are shown by reductions in these indicators, the legends we utilized flow opposite to the above legends. [2] In NDHS 2022, estimate for indicators with sample size <25 is not reported.

Figure 5. Trends in coverage of interventions during the first 1,000 days, between 2016 and 2022



Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022.
Note: [1]Sample for pregnancy, delivery, and postnatal interventions is restricted to women aged 15-49 years with a live birth in the last 2 years preceding the survey to ensure comparability between NDHS 2016 and 2022 estimates. [2]2016 estimates for weighing, breastfeeding counselling, nutrition counselling, advice on consuming additional food, and food supplementation during pregnancy, iron containing micronutrient powder, and weighing and counselling on child growth during childhood are excluded either because estimates are not available, or the 2016 and 2022 estimates are incomparable. [3]The iron containing micronutrient powder is called Baal Vita in Nepal.

Table 3. Prevalence of intervention coverage, by province, in 2022

<20%	20-<40%	40-<60%	60-<80%	>=80%	Not Available

Province	Indicators	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim
Pre-pregnancy	Demand for FP satisfied	55	58	54	44	54	58	58
	Iodized salt	99	98	99	98	97	97	97
Pregnancy	ANC first trimester	73	63	86	78	77	65	68
	≥4 ANC visits	79	68	89	85	86	79	90
	Received IFA tab/syrup	98	94	97	98	98	96	99
	Neonatal tetanus	87	93	86	85	89	87	84
	Deworming	78	66	70	77	80	87	91
	Weighing	90	87	93	95	96	91	98
	Breastfeeding counselling	40	40	41	60	62	60	79
	Nutrition counselling	86	85	85	92	93	85	95
	Advice on consuming additional food	73	70	73	79	86	82	93
	Counselling on weight gain	53	65	55	63	65	72	76
	Food supplementation	7	15	6	28	14	20	20
Delivery & postnatal	Institutional birth	82	66	88	88	85	72	87
	Skilled birth attendant	84	70	88	89	88	74	89
	Assessment of birth weight	84	65	89	88	88	76	90
	Postnatal care for mothers	77	58	74	76	77	58	78
	Postnatal care for babies	72	64	67	79	75	61	77
	Breastfeeding counselling	63	60	63	67	70	51	69
Early childhood	Full immunization	76	66	82	94	84	82	86
	Vitamin A	83	78	87	92	86	81	86
	Iron containing micronutrient powder[1]	23	24	23	22	28	21	45
	Deworming	80	79	82	92	88	83	85
	ORS during diarrhea	38	36	40	23	37	54	43
	Zinc during diarrhea	16	17	9	2	29	24	30
	Weighing	43	25	58	64	51	45	60
	Counselling on child growth	12	7	19	26	27	18	38

Abbreviations: FP – Family planning; ANC – Antenatal care; IFA – Iron and folic acid; ORS – Oral rehydration solution

Data source: IFPRI estimates based on the analysis of unit-level data of NDHS 2016 and NDHS 2022. [1]The iron containing micronutrient powder is called Baal Vita in Nepal.

Summary and key takeaways

Summary

- Between 2016 and 2022, there was a substantial improvement in child undernutrition.
    - Provincial level variability exists
    - Stunting, underweight, wasting, and anemia remain public health concerns in some provinces
- Among women, an increase in the triple burden of nutrition and its drivers emerged as a major challenge. Although underweight and anemia declined, overweight/obesity increased substantially. A similar trend of rise in overweight/obesity was observed among men.
    - Provincial level variability exists
    - Underweight and particularly anemia among women remain public health concerns in most provinces
- Maternal and child diets, one of the determinants of both undernutrition and overweight/obesity, are increasingly unhealthy.
    - Only 56% children were exclusively breastfed
    - Only 56% of mothers and 48% of children consumed diverse diets
    - In case of unhealthy foods, 66% women and 43% children consumed sweet beverages, and 54% women ate sweet, salty, or deep-fried foods.
- Women's education and age at marriage are important determinants of maternal and child nutrition, and both need to be improved in Nepal.
    - *Only a third* of women have a least 10 years of education
    - *More than a third* of women (20-24 years of age) were married *before 18 years of age*
    - Provincial level variability exists
- Coverage of most interventions during the first 1,000 days has improved between 2016 and 2022 and is high, *but is variable among provinces*. Interventions such as counseling on breastfeeding (50%), weighing of children (45%), and counselling on child growth (18%) need attention.

Key takeaways

- There has been progress in maternal and child nutrition in Nepal between 2016 and 2022, *but* prevalence rates of several outcomes are high and remain a public health concern (e.g., child stunting, underweight, wasting, anemia, and maternal anemia and underweight). Therefore, efforts should continue to focus to address undernutrition outcomes.
- The rising overweight/obesity rates are worrying and likely to increase the burden on the health system. It is time for Nepal to focus on all forms of malnutrition and to identify double-duty actions to implement to address them.
- Maternal and child diets require immediate attention; *particularly,* there is need to understand reasons for high consumption of unhealthy foods and to identify policy and programmatic actions to limit such consumption.
- Women's education in Nepal and needs immediate attention. It is imperative to understand both demand-and supply-side factors contributing to low women's education rates, and to identify solutions to address them.
- Early marriage has improved, but still most girls are getting married below 18 years of age. This has implications for women's education, women's health and that of the future generation. Hence, efforts are required to identify solutions to delay age at marriage.
- Provincial level variability across outcomes and determinants is indicative of the need for context-specific solutions. A deeper understanding of the interplay between socio-ecological conditions, the agroecological zones, and population health could support in identifying solutions for addressing province-specific challenges.

Indicator definitions

Indicator	Definition
Outcomes	
Children	
Low birth weight	Percentage of live births in the last 35 months preceding the survey weighed at birth with weight reported as less than 2.5 kg.
Stunting	Percentage of children under 5 years whose height-for-age z-score (HAZ) or length-for-age z-score (LAZ) < -2 standard deviations (SD).
Severe stunting	Percentage of children under 5 years whose HAZ or LAZ < -3 SD.
Wasting	Percentage of children under 5 years whose weight-for-height z-score (WHZ) or weight-for-length z-score (WLZ) < -2 SD.
Severe wasting	Percentage of children under 5 years whose WHZ of WLZ < -3 SD.
Underweight	Percentage of children under 5 years whose weight-for-age z-score (WAZ) < -2 SD.
Severe underweight	Percentage of children under 5 years whose WAZ < -3 SD.
Anemia	Percentage of children aged 6-59 months with any anemia i.e., hemoglobin <10.5 g/dL for children 6-23 months and hemoglobin <11.0 g/dL for children 24-59 months.
Overweight/obesity	Percentage of children under 5 years whose WHZ or WLZ >2 SD.
Women	
Underweight	Percentage of women aged 20-49 years whose body mass index (BMI) <18.5 kg/m^2.
Anemia (non-pregnant)	Percentage of non-pregnant women aged 15-49 years with any anemia i.e., hemoglobin <12.0 g/dl.
Anemia (pregnant)	Percentage of pregnant women aged 15-49 years with any anemia i.e., hemoglobin <11.0 g/dl for currently pregnant women in either their first or third trimester, and hemoglobin <10.5 g/d for currently pregnant women in their second trimester.
Overweight/obesity	Percentage of women aged 20-49 years, who are not currently pregnant and did not give birth in the last two months preceding the survey, whose BMI is ≥25.0 kg/m^2.
Hypertension	Percentage of women aged 15-49 years who have hypertension (systolic ≥140mm of Hg or diastolic ≥90mm of Hg or are taking BP medicine) with valid readings.
Men	
Overweight/obesity	Percentage of men aged 20-49 years, whose BMI is ≥25.0 kg/m^2.
Hypertension	Percentage of men aged 15-54 years who have hypertension (systolic ≥140mm of Hg or diastolic ≥90mm of Hg or are taking BP medicine) with valid readings.
Immediate determinants	
Underweight (women)	Percentage of women 20-49 years whose BMI <18.5 kg/m2.
Consumed IFA 100+ days	Percentage of women aged 15-49 years who consumed iron folic acid (IFA) for 100 days or more during pregnancy for the most recent live birth in the 2 years preceding the survey.
Consumed IFA 180+ days	Percentage of women 15-49 years who consumed IFA for 180 days or more during pregnancy for the most recent live birth in the 2 years preceding the survey.
Minimum dietary diversity for women	Percentage of women who consumed foods from at least five out of 10 defined food groups during the previous day (The 10 food groups are as follows: grains, white/pale starchy roots, tubers; pulses; nuts and seeds; dairy; flesh foods; eggs; dark green leafy vegetables; vitamin A rich fruits and vegetables; other vegetables; and other fruits)
Sweet beverage consumption for women	Percentage of women who consumed sweet beverages (e.g., fruit juice and fruit-flavored drinks, sodas, malt, sports drinks and energy, sweetened tea, coffee, herbal, sweet lassi, Horlicks, Bournvita, Viva, and other sweetened liquids) during the previous day
Unhealthy food consumption for women	Percentage of women who consumed selected unhealthy foods (e.g., cakes, biscuits, cookies, jeri/jalebi, mithai, toffees, ice cream;chips, kurkure, chisbal, instant noodles, samosa, pakora, puri, and tareko khaja) during the previous day.

Indicator	Definition
Early initiation of breastfeeding	Percentage of youngest children born in the last 2 years who started breastfeeding within an hour of birth.
Exclusive breastfeeding	Percentage of youngest children 0-5 months living with their mother who were fed exclusively with breastmilk the previous day.
Continued breastfeeding (12–23 months)	Percentage of youngest children 12-23 months who were fed breast milk during the previous day.
Minimum adequate diet	Percentage of youngest children 6-23 months living with their mother who consumed a minimum acceptable diet during the previous day.
Minimum dietary diversity	Percentage of youngest children 6-23 months living with their mother who consumed foods and beverages from at least 5 out of 8 defined food groups during the previous day.
Minimum meal frequency	Percentage of youngest children 6-23 months living with their mother who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) at least the minimum number of times during the previous day.
Eggs and/or flesh food consumption	Percentage of youngest children 6-23 months living with their mother who consumed egg and/or flesh food during the previous day.
Sweet beverage consumption	Percentage of youngest children 6-23 months living with their mother who consumed a sweet beverage during the previous day.
Zero vegetable and fruit consumption	Percentage of youngest children 6-23 months living with their mother who did not consume any vegetables or fruits during the previous day.
Bottle feeding for infants	Percentage of youngest children 0-23 months who were fed from a bottle with a nipple during the previous day.
Diarrhea in the last 2 weeks	Percentage of children under 5 years who had diarrhea in the 2 weeks preceding the survey.
ARI in the last 2 weeks	Percentage of children under 5 years who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey.
Underlying determinants	
Women with ≥10 years of education	Percentage of women aged 15-49 years who have completed 10 or more years of education.
Women 20-24 years married/cohabiting before age of 18 years	Percentage of women aged 20-24 years who were married/started cohabiting before age 18 years.
Adolescent girls aged 15-19 who have begun childbearing	Percentage of women aged 15-19 years who either have had a birth or who are pregnant at the time of interview.
HHs with improved drinking water source	Percentage of households using an improved drinking water source (piped into dwelling/piped into yard or plot, public tap/standpipe, piped to neighbor, tube well or bore hole, protected well, protected spring, rainwater, tanker trunk or cart with small tank, bottled water).
HHs using improved sanitation facility	Percentage of households using an improved sanitation facility (flushed to piped sewer system, septic tank, pit latrine or respondent is unaware where flushed to; pit latrine with ventilated improved pit or slab; composting toilet).
HHs with handwashing facility	Percentage of households for whom the place most often used for handwashing was observed.
Open defecation	Percentage of households using no sanitation facility-open defecation.
Safe disposal of feces	Percentage of youngest children under two years living with mother whose last faecal matter is disposed of appropriately (child used a toilet or latrine, child's faecal matter was put or rinsed into a toilet/latrine.
Households with electricity	Percentage of households with electricity.
Nutrition interventions	
Pre-conception and pregnancy	
Demand for FP satisfied	Percentage of women aged 15-49 years with a demand for family planning that is satisfied by modern method.
Iodized salt	Percentage of households with salt tested that which contained iodized salt.
ANC first trimester	Percentage of women aged 15-49 years who received antenatal care (ANC) screening from a trained provider during the first trimester for the most recent live birth in the 2 years preceding the survey.

Indicator	Definition
≥4 ANC visits	Percentage of women aged 15-49 years who received 4 or more ANC visits from a trained provider during the first trimester for the most recent live birth in the 2 years preceding the survey.
Received IFA tab/syrup	Percentage of women aged 15-49 years who took iron tablets or syrup during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Neonatal tetanus	Percentage of women aged 15-49 years whose most recent live birth in the 2 years preceding the survey was protected against neonatal tetanus.
Deworming	Percentage of women aged 15-49 years who took intestinal parasite drugs during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Weighing[1]	Percentage of women aged 15-49 years who were weighed by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Breastfeeding counselling[1]	Percentage of women aged 15-49 years who received advice on breastfeeding from a healthcare provider as part of ANC during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Nutrition counselling[1]	Percentage of women aged 15-49 years who received nutrition counselling on maternal diet from a healthcare provider as part of ANC during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Advice on consuming additional food[2]	Percentage of women aged 15-49 years who received advice on consuming additional food from a healthcare provider as part of ANC during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Counselling on weight gain[1]	Percentage of women aged 15-49 years who received counselling on weight gain from a healthcare provider as part of ANC during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Food supplementation[2]	Percentage of women aged 15-49 years who received supplementary food during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Delivery and postnatal	
Institutional delivery	Percentage of live births in the 2 years preceding the survey delivered in a health facility.
Skilled birth attendant	Percentage of live births in the 2 years preceding the survey delivered by a skilled provider.
Assessment of birth weight	Percentage of live births in the 2 years preceding the survey who were weighed at birth.
Postnatal care for mothers	Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey who received a postnatal check during the first two days after giving birth.
Postnatal care for babies	Percentage of most recent live births in the 2 years preceding the survey with a postnatal check for the newborn during the first 2 days after giving birth.
Breastfeeding counselling	Percentage of women aged 15-49 years who received breastfeeding counselling from a healthcare provider during the first 2 days after birth for any live births in the 2 years preceding the survey.
Early childhood	
Full immunization	Percentage of children aged 12-23 months who were fully vaccinated at any time before the survey according to either vaccination card or mother's report.
Vitamin A	Percentage of children aged 6-59 months who received vitamin A supplementation in the 6 months preceding the survey.
Iron containing micronutrient powder[1]	Percentage of children aged 6-23 months who were given iron containing multiple micronutrient powder (Baal Vita) in the 12 months preceding the survey.
Deworming	Percentage of children aged 12-59 months who were given medicine for intestinal worms in the 6 months preceding the survey.
ORS during diarrhea	Percentage of living children under 5 years with diarrhea who were given oral rehydration salts (ORS) or pre-packaged ORS fluids in the 2 weeks preceding the survey.
Zinc during diarrhea	Percentage of living children under 5 years with diarrhea who were given zinc in the 2 weeks preceding the survey.
Weighing[1]	Percentage of children under 5 years who had their weight measured by any healthcare provider or female community health volunteer (FCHV) in the 3 months preceding the survey.
Counselling on child growth[1]	Percentage of mothers with children under 5 years who received counselling on their child's growth from a healthcare provider or FCHV.

Abbreviations: IYCF – Infant and young child feeding; WHO - World Health Organization

Note: [1]Indicator not available in NDHS 2016 tool or not comparable between NDHS 2016 and NDHS 2022.

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