Strengthening Online Vital Registration and Social Security Allowances in Nepal

2021
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Existing Initiatives

Global Best Practice and Examples
- Multi-Sectoral Governance
- Integration with Health Services
- Integrated outreach services
- Digital Integrations
- Active registration
- Online registration

Recommendations
- Integrated civil registration and SSA strengthening programme (2 year programme of work)
- Use appropriate technology to strengthen registration processes and service delivery (RAF Action Area F “Operational procedures, practices and innovations”)
  1. Use appropriate technology to strengthen registration processes and service delivery
     1.1. Future-state processes for testing
        1.1.1 Birth registration
        1.1.2 SSA registration and enrolment
           1.1.3 Registration camps for birth registration and SSAs
        1.1.4 Disability ID
        1.2 Digitisation Opportunities
        1.2.2 Digital Disability ID System
        1.2.3 Future-state system architecture
  2. Create demand for and understanding of birth registration, disability ID and SSAs
  3. Establish consistency and excellence in service delivery
  4. Legal & Regulatory Changes

Annex A: List of KII Participants
Acknowledgements

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Executive Summary

This report analyses the strengths and weaknesses of the current Civil Registration and Vital Statistics (CRVS) system, disability ID and Social Security Allowance (SSA) systems in Nepal and proposes how improved services and the use of digital technologies can be used to increase registration rates and improve legal identity and social protection coverage for children and adults vulnerable to exclusion.

The analysis of the current situation was conducted through desk-based research and key informant interviews with key stakeholders, service providers, national and local development organisations and beneficiaries. This included an assessment of existing registration processes, capacity levels, supporting IT systems and existing initiatives, which identified a number of key findings:

1. Variability in service delivery processes and performance across the country
2. Varying levels of critical infrastructure (e.g. connectivity and power) and staff to implement effective services
3. Accessibility challenges to registration offices and sites
4. Multi-step and time consuming registration and enrollment processes
5. Direct and indirect costs associated with registration, enrollment and the collection of certificates / cards
6. Limited awareness of social protection schemes and eligibility requirements
7. Limited awareness of the specific needs for persons with disabilities (PWDs)
8. Lack of understanding of registration processes
9. Functional and technical limitations of existing management information systems (MIS)
10. Insufficient digital literacy in registration offices to take advantage of digital services

Based on the challenges, this report proposes recommendations across three distinct time horizons:

- **Immediate fixes**: remove digital process for Wards that are not yet digitised and rely on digitisation at the Palika level, maintaining a paper process to make citizens’ lives easier.
- **2 year improvement plan**: design new client-centric services that are supported by digital technology and implement these as part of an integrated civil registration, disability ID and SSA strengthening programme under a coordinating National level steering committee (detailed below).
- **Long-term vision**: universal birth registration and the enrollment of all eligible individuals for social protection and disability ID by continuously monitoring and improving service delivery through real-time data dashboards and adjusting services as per local needs.

In the next 2 years, an integrated approach to system strengthening is recommended, which aligns with with the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific¹.

1. **Use appropriate technology to strengthen registration processes and service delivery (see Regional Action Framework - Action Area F “Operational procedures, practices and innovations”)**

Due to Nepal’s diverse geographic make-up, it is recommended that there is not a one-size fits all approach to service delivery. Instead, it is recommended that standards are defined at the national level, and each Palika develops/adopts a process that works best for their circumstances. The digital civil registration and SSA systems should enable these local models for registration, ensuring that standards of data, privacy, security and rights are maintained, and the benefits that technology brings can be realised.

2. **Create demand for and understanding of birth registration, disability ID and SSAs amongst citizens (see Regional Action Framework - Action Area B “Public engagement, participation and generating demand”)**

An integrated marketing and communications (C4D) campaign is required to (i) build an understanding of the process and its requirements, and (ii) create demand for the service based on an understanding of the hopes, desires and needs of local populations.

3. **Establish consistency and excellence in service delivery (see Regional Action Framework - Action Area C “Coordination”)**

Service providers need to provide consistent, excellent service to citizens trying to access registration services in order to create a good reputation for the services and encourage participation. In order to achieve this it is important to (i) strengthen collaboration through a National coordination mechanism for responsible government agencies and partners, and (ii) establish Key Performance Indicators (KPIs) and be able to monitor these across Nepal over time, where possible through real-time operational data.

4. **Make legal and regulatory changes that enable effective service delivery (see Regional Action Framework - Action Area D “Policies, legislation and implementation of regulations”)**

A full legal and regulatory review should be conducted once enhanced models of registration and digital opportunities are identified. Rules and regulations need to reflect the rights-based principles of service delivery rather than acting as a constraint to their effective provision. With the increased use of digital service delivery, there is an increased responsibility for effective management of personal data and information security.
Context

Nepal is a landlocked country situated between India and China. It has a population of 29 million people and an average growth rate of 1.8%. Nearly a third of Nepal’s population live close to the poverty line. The numbers are expected to increase owing to the COVID-19 pandemic, with job loss and earning opportunity especially in vulnerable groups such as, “women, younger age cohort, and workers in non-agricultural sectors”.

After the promulgation of the constitution in 2015, Nepal replaced the unitary-government system to a federal republic. The country is governed with three tiers of government- a federal state, seven provinces, and 753 local governments.

Civil Registration was initiated and adapted by the legislation in 1976. In the Federal System, the Department of National ID and Civil Registration under the Ministry of Home Affairs is in charge of both offline and online vital civil registration (birth, death, marriage, divorce and migration), national ID (identity management), as well as the social protection program (social transfer schemes to elderly, single-women, people with disability, ethnic minority support, dalits, child nutritional allowance in selected districts etc).

The total birth registration rate in the country has more than doubled since the 1980s from 25% to 77%. Despite this, the registration rate within 35 days (the legally stipulated time period) remains low and there is a need for further action to achieve universal registration by 2030. As part of the Government of Nepal’s Strategy for Civil Registration and Vital Statistics (CRVS), 2019, it is committed to strengthen and develop its vital registration system, aligning itself with the Asia Pacific CRVS Decade 2015-2024 with the goal to “Get everyone in the picture”. The Nepal government has agreed upon three international goals:

1. Universal Civil Registration of births, deaths, and other vital events.
2. All individuals are provided with legal documentation of civil registration of births, deaths, and other vital events, as necessary, to claim identity, civil status and enduring rights.
3. Accurate, timely and vital statistics (including on cause of death), based on registration records, are produced and disseminated. (Nepal Government CRVS Strategy, 2019).

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To achieve these goals, the Department of National ID, and Civil Registration have proposed the following legislative proposals for changes in current procedural measures: “Appointment of registration agents in other agencies such as embassies and missions abroad and civil registration in camps; Legalization of electronic records of registered vital events; Expansion of local registrars’ responsibilities over safekeeping of vital events records; and Formal linking of civil registration with the management information system.”. Currently the Vital Event Registration and Social Protection Management Information System (VERSP-MIS), a digital tool is used at the local level to improve the service delivery, record management, and reporting procedures for vital registration. Till date 4632 out of 6743 wards have gone online.

Nepal is also strongly committed to implementing social protection. It recently passed laws that articulate provisions for respective groups and nominal social protection expenditure has grown five-fold over the last ten years reaching NPR 134.4 billion in FY19, 11% of total government expenditure. Examples of social protection schemes run in the country include social insurance, cash and in-kind social assistance, and labour market programmes. The cash transfer programmes provide social allowances to vulnerable groups such as the elderly (citizens over the age of 70 and Dalits over 60 years), single women (unmarried or divorced), and persons living with a disability (holders of red and blue disability ID cards). Many citizens in Nepal eligible for social protection are unaware of their rights and this has resulted in low social protection registration rates. Holmes et al. (2018) indicated over 60% of citizens eligible for disability grants were excluded; thus the need for sensitization and promotion of social protection registration.

Objective and Scope of Study

The objective of this study is to assess Nepal’s birth registration and social protection processes and systems in order to understand existing strengths and weaknesses and identify opportunities for improvement. The scope for analysis includes:

1. Birth registration
2. Disability screening enrollment and issuance of ID
3. Social Security Allowances, including registration and issuance of cards and allowances, with a focus on the child grant and disability allowance

Based on a strong understanding of the current state of affairs, alongside global best practice, a comprehensive set of recommendations are made that, if implemented, could transform service delivery of civil registration and social protection services and help achieve universal / eligible registration targets.

9 https://crvssystems.ca/country-profile/nepal
Methodology

The methodology for this study was split into five stages:

Stage 1: Desk review
In-depth desk research conducted, analysing current laws and regulations, existing analyses of birth registration, disability ID and SSAs, and global best practices, in order to understand the current state and identify opportunities that can be taken from around the world and leveraged in Nepal.

Stage 2: Qualitative research
Key informant interviews (full list can be found in Annex A) were conducted remotely with key stakeholders, including local and national level government, system users and beneficiaries to understand the roles and responsibilities of different actors, current processes, challenges with the current system, opportunities for digitization, progress of existing CRVS and SSA initiatives, and the vision for the future.

Stage 3: System and process assessment
The CRVS Digitisation Guidebook\(^{12}\) was used as a framework to assess current processes and systems and identify opportunities for improvement, including the use of technology to enable service improvements.

Stage 4: Synthesis and creative brainstorm
A creative brainstorm was conducted with key stakeholders to collectively generate ideas that could help overcome structural barriers in birth and social protection registration procedures.

Stage 5: Recommendations to transform birth registration and social protection
Based on analysis, a set of comprehensive recommendations are outlined and explained that offer immediate, medium and long term actions to be taken.

Analysis

Birth Registration

Birth registration processes across Nepal are not currently offered in a consistent way. The ongoing rollout of internet infrastructure and the civil registration MIS means that some Wards are still conducting paper-based processes while others are connected. While birth registration rates have drastically increased over recent years, the registration rate within 35 days (legally stipulated time period) remains low.

As-Is Process

The process documented below is the current birth registration process that occurs at the Ward level, using the management information system. You will see from the table underneath that while the process appears to be straightforward, there are a number of inconsistencies in the way that the process is conducted around the country. When assessing the process effectiveness, it is important to take these and other bottlenecks and barriers into consideration.

**Bottleneck:** something that slows down or delays the process

**Barrier:** something that prevents people from engaging in or completing the process
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<thead>
<tr>
<th>Description</th>
<th>Bottlenecks</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Trigger 1: Birth occurs at home: proof of birth is required from Ward of residence</td>
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<tr>
<td>Trigger 2: Birth occurs at hospital: nurse provides birth notification form</td>
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<tr>
<td>1 OPTIONAL Informants are able to either:</td>
<td>System limitation: online form submission does not work if Ward is not online which happens frequently in rural areas, therefore there is no advantage of the online form as the Informant needs to visit the office anyway.</td>
<td>Cost, time and effort: PDF must be completed digitally. This requires applicants to have access to the edit PDF functionality or to pay someone else to edit it for them, i.e. an internet cafe.</td>
</tr>
<tr>
<td>1. Complete a digital form online and submit it to the Ward</td>
<td>Lack of knowledge: no guidance is provided to Informants using the online system of the requirements for birth registration e.g. supporting documents. This can cause subsequent delays when they visit the office with the completed form but without all the required supporting documentation.</td>
<td></td>
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<tr>
<td>2. Download the PDF, complete it digitally, and print off the digital PDF to submit at the office</td>
<td></td>
<td></td>
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<tr>
<td>2 Informant must travel to the Ward Office to register the child. The child can be registered in:</td>
<td>Obtaining migration documentation: Getting the official migration document from the Ward of permanent residence is a lengthy and costly process which requires the informant and/or the informant’s family member to visit the ward office (sometimes multiple times) to obtain the document</td>
<td>Direct and indirect costs:</td>
</tr>
<tr>
<td>(i) the parent(s) Ward of permanent residence</td>
<td></td>
<td>● Travel to the Ward office can be expensive due to long distances and difficult journeys in mountainous regions.</td>
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<tr>
<td>(ii) the Ward of temporary residence</td>
<td></td>
<td>● Many people live and work at a location other than their address of permanent residence - the requirement to travel to this Ward acts as a deterrent to timely registration</td>
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<td>For (ii) Additional supporting documentation: Parents need to obtain an official migration document (basai sarai) from their permanent resident ward certifying their new address and making this the permanent address if required.</td>
<td></td>
<td>● While applications can be submitted by family members in the Ward of permanent residence, documents need to be posted and people need to spend time in conducting these additional activities.</td>
</tr>
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<td>3</td>
<td>The Ward Secretary (or office helper in the absence of the Ward Secretary) often completes the form on behalf of the informant due to low literacy levels. Supporting documents are collected (these are either photocopied in the office, or the Applicant photocopies these nearby and provides them to the Ward Secretary).</td>
<td><strong>Lack of knowledge:</strong> applicants often visit the office not knowing what supporting documents they require. If they do not have what they need, they need to visit the office multiple times. <strong>Insufficient documents:</strong> applicants often do not have all the supporting documents required for registration, especially mother’s citizenship card and marriage certificates (which are only requested in some wards).</td>
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</table>
|  | Supporting documents for births that occur in a hospital include:  
1. Copy of father or mother’s citizenship card  
2. Report of birth issued by the health institution/hospital  |  |  |
|  | Supporting documents for births that occur at home include:  
1. Copy of father or mother’s citizenship card  
2. Evidence of the last vaccination.  |  |  |
|  | In the absence of evidence of hospital birth or vaccination, a document issued by the concerned Ward is required, certifying the birth of the child to be registered. |  |  |
|  | In the case of child born to foreign parent(s):  
1. Copy of father’s and/or mother’s passport or evidence showing residence in the concerned Ward |  |  |
|  | In the case of a child born to an Indian citizen:  
1. Evidence that he or she is an Indian citizen |  |  |
|  | If the case that the father has disappeared or his whereabouts are not known:  
1. Mother’s citizenship certificate  
2. Police report |  |  |
| 4 | The Ward Secretary uses the information captured in the paper form to complete the digital form in the MIS. | **Low digital literacy:** Many Ward Secretaries are not digitally literate. This can slowdown the data entry process. While it takes 5-6 minutes for MIS Operators to complete the digital form, it can take between 15-20 minutes for Ward Secretaries that are new to the use of digital systems. **Maintenance of paper records:** Supporting birth registration documents are not digitized and are stored in hard copy files, taking up space in offices and causing delays when searching for them when required. **System limitations:** System does not perform client-side validation which results in sub-standard data quality | **System limitations:**  
- System is unable to accommodate any other identity number apart from the Citizenship Card ID number.  
- System is unable to save an application when it is in-progress. If connectivity is lost/ the server is slow, the user must start the entire process again.  
**Unstable infrastructure:** When power outages occur, the information cannot be digitised. |
before of human error.

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<td>5</td>
<td>Before submitting the birth registration form, the Ward Secretary shows the completed digital form to the Informant to check that all the details are correct</td>
<td>System limitations: Once the form is submitted, the record is registered and correcting any details is an arduous multi-step process.</td>
</tr>
<tr>
<td>6</td>
<td>The birth is registered when the Ward Secretary submits the record in the MIS</td>
<td></td>
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<tr>
<td>7</td>
<td>Certificate is printed and signed by the Ward Secretary</td>
<td>Delays getting birth certificate in the absence of Ward Secretary: If the Ward Secretary is away, physical signatures cannot be obtained slowing down issuance of birth certificates. System limitations: The certificate can only be printed when the office has both connectivity and power.</td>
</tr>
<tr>
<td>8</td>
<td>The Informant visits the Ward Office to collect the certificate</td>
<td>Multiple Visits: The Informant can visit the office and the certificate may not have been printed due to connectivity/power issues which results in them having to visit the office again. This can occur multiple times. Information incorrectly captured on the birth certificate: *This causes additional delays as the parent(s) must submit a letter requesting an amendment and complete an amendment form (which the Ward Secretary helps complete and signs within 12 months of issuance). Once this is done, the Ward Secretary completes a digital PDF form and uploads this to the online portal, the record is updated and a new certificate is printed. Direct and indirect costs: Additional costs are incurred every time the Informant needs to visit the office.</td>
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</table>

Key Actors in the Birth Registration Process

<table>
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<tr>
<th>Actor</th>
<th>Profile</th>
<th>Challenges / Opportunities</th>
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<tbody>
<tr>
<td>Informant</td>
<td>● Must be parents or immediate relatives from the paternal side i.e grandparents, uncle, aunts, anyone who is an adult (having a citizenship ID card)</td>
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</tbody>
</table>
Ward Secretary

- Civil servants appointed by the government who are local registrars responsible for events registration (birth, death, marriage, divorce, and migration), referrals, and coordinating the various committee meetings at the ward level.
- Digital literacy level: Many Ward Secretaries are not familiar with using digital tools. They require training to use the MIS system.
- In some Rural Municipalities, Ward Secretaries are nearing retirement age, therefore their willingness to learn the new system is low.

Office Helper (Karalaya Sahayogi)

- Helps with logistic and admin support work at the office
- Limited Digital literacy: these actors mainly support applicants to fill out the paper application form

MIS Operator

- Temporary member of staff funded by the World Bank financed project
- Responsible for:
  - Inputting data into MIS systems
  - Training Ward Secretary in the use of MIS systems
  - Digitizing old documents from the former Village Development Office (before the Federal system)
- Challenges
  - Increased workload: in Wards that aren’t yet digitised, MIS Operators have to digitise and process all applications from the Ward.
  - Skills transfer: slow transfer of knowledge and capacity building to the local level
- Opportunities
  - Delegation of responsibility: absorbing/ retaining MIS operators at the Palika level because they are capable human resources

What variations occur in birth registration practices in Nepal?

The process notes above explain the generic birth and death registration process across provinces, however informal process variations have evolved at a local level. Consulted stakeholders provided the below insights into informal practices

<table>
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<tr>
<th>Practice</th>
<th>Root Cause</th>
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<tr>
<td>In Wards that have not been digitised, the paper forms are completed and</td>
<td>● Not all Wards have been digitised yet.</td>
</tr>
<tr>
<td>supporting documents are gathered and sent to the Palika for entry in the</td>
<td>● Some Wards cannot get any access to internet infrastructure.</td>
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<tr>
<td>MIS. Operators conduct MIS activities at the Palika level, digitising the</td>
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<tr>
<td>forms and printing the certificate. The supporting documents are photocopied</td>
<td></td>
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<tr>
<td>and kept in a separate file. The certificates are then brought back to</td>
<td></td>
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<tr>
<td>the Ward Office by the Field Operator and signed by the Ward Secretary.</td>
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<tr>
<td>When parents register the birth immediately (up to 7 days), and the child</td>
<td>The Ward Secretary usually knows of the baby and their parents because they</td>
</tr>
<tr>
<td>is eligible</td>
<td>are a</td>
</tr>
<tr>
<td>For a child grant, they are not asked for any supporting documents other than their Citizenship card e.g. no notification of birth is required</td>
<td>Locally elected official and know the people who live in their jurisdiction</td>
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<tr>
<td>Marriage Registration certificates are sometimes requested from parents for birth registration</td>
<td>There are cultural concerns around illegitimate relationships, so the marriage certificate is used to validate the relationship between the mother and the father</td>
</tr>
</tbody>
</table>
| Some wards require both the mother and the father’s identification documentation where the law only requires one parent/guardian | Wards commonly request information and documentation for the mother and the father which is not in line with the legislation. The reasons specified, include:  
- Lack of clarity in the application form or the system which form fields are mandatory and which are not. Therefore, Wards interpret this to mean that all information must be inputted in order to complete the application.  
- It was also quoted as a ‘protection’ mechanism for children to ensure that both mother and father take full acknowledgement and responsibility for the child. |
| Inconsistency in the rates charged by Wards for late registration fees | The rates for late penalty charges differ in wards. The law quotes NPR 50 however this can range from NPR 200-700 (found in KIs). |
| Mothers are forced to declare the father as unknown or missing when the father is in fact unwilling or unable to declare parentage for the birth registration | Child marriage and polygamy is illegal in Nepal yet these practices still continue. Parents fear persecution if found out through completing the birth registration process, so they register without the father’s details.  
If a father is unwilling to declare that the child is his, the only way to process the birth registration is for the mother to declare the father as unknown or missing and to obtain a police report evidencing the claim. |
| All government officials or individuals with special cases can register the birth in the Ward of temporary residence without providing additional migration documentation | Certain individuals hold positions of influence that enable them to by-pass certain registration processes |
| Despite requirements for supporting documents that can prevent the registration from occurring, local government officials will register children without all required documents by agreeing on this at a Ward / Palika level | Birth registration is a human right and every child should be registered |
Disability Identification Issuance

The Nepal Government currently provides social protection benefits (non-conditional cash transfers) and services (health, education, and livelihoods) to citizens living with a disability. In order to access these benefits and services the individual must obtain a disability ID card that will determine what benefits and/or services the individual is eligible for.

The disability ID card is issued through the Ministry of Women, Children, and Senior Citizens. There are four different types of disability ID cards, characterised by severity:

1. **Red**: profound disability- A person who is in such a condition that he or she has difficulty with performing his or her day-to-day activities even with continuous support of others
2. **Blue**: severe disability- A person who is in such a condition that he or she needs support of others continuously to perform personal activities and involve in social activities
3. **Yellow**: medium disability- i.e. A person who is in such a condition that he or she can regularly participate in his or her daily activities and in social activities if physical facility is available, environmental barrier is ended or education or training provided
4. **White**: minor disability- i.e. A person who is in such a condition that he or she can regularly participate in his or her daily activities and social activities if there exists no physical and environmental barriers

Issuing a disability ID card in Nepal is currently a paper-based process. Processes sit across multiple levels of governance (Wards and Palikas) and incorporate administrative and health assessment processes that are not consistent or integrated, causing end-to-end delays, indirect and direct costs, and exclusions for those most impacted by the impairment.

As-Is Process

The process documented below is the current disability ID card application and issuance process that occurs at the Ward and Palika level. You will see from the table underneath that the process is long, complicated, and places a heavy burden on the applicant and/or their caregiver. There are many actors involved with dual responsibilities that commonly result in delays and direct and indirect costs to the applicant and/or caregiver trying to apply.
<table>
<thead>
<tr>
<th>Description</th>
<th>Bottlenecks</th>
<th>Barriers</th>
</tr>
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</table>
| Trigger 1: Applicant referred for a disability ID  
Trigger 2: Applicant or caregiver wants to access a disability benefit and/or service | Difficulty accessing the ward office: Applicants that need assistance to travel to the ward office rely on caregivers support which is an additional cost for the family. For applicants that are 'bed ridden', the ward secretary will do a home visit but it must be scheduled causing time delays. | Private hospitals don't refer potential applicants: Citizens living with disabilities and/or their caregivers who use private health services are not routinely told about the disability ID and associated entitlements (i.e. free health care, discounted medication) |
| 1 Applicant/ caregiver travels to local ward office to apply for a disability ID card | Lack of knowledge on disability ID cards: Applicants and caretakers have limited understanding about the disability ID card benefits and services, therefore not everyone entitled actively applies.  
Lack of interest in the white and yellow card: Applicants and/or caregivers are only interested in obtaining the blue or red card due to the cash transfers derived. They are unaware or don't see value in the health, education, and livelihood benefits of the white and yellow card.  
Lack of support from the caregiver to complete the process: The applicant process is an on-demand service. Children and applicants who are unable to complete the application themselves rely on a caregiver to actively apply. There are limited formalised referral processes to support an applicant to apply when their caregiver(s) are unwilling or unable.  
Stigma: Applicants and/or parents/caregivers don’t want to publicly acknowledge the disability due to fear of stigmatisation.  
Time, cost, and effort: Once applicants/caregivers learn about the application process they decide not to apply because the benefit doesn’t match the time, cost, and effort to complete the process, especially given the need to travel to the Palika. | |
| 2 Ward secretary completes the disability ID application with the applicant/ caregiver and | Lack of knowledge on requisite documents: Applicants face challenges with submitting all the | Eligibility criteria is not clearly defined: The Ward Secretary is not clear on the eligibility criteria resulting in |
| | | |

19
<table>
<thead>
<tr>
<th>Supporting documents collected</th>
<th>Supporting documents required for application and this can result in multiple trips to the ward office. Specifically, applicants have challenges with getting identity documents as their births were not registered.</th>
</tr>
</thead>
</table>

**Accessibility of ward offices:**
- Ward offices are not physically accessible e.g. there are no ramps, the office might be on a hillside and difficult to get to
- Ward secretaries aren’t trained on high quality and disability-sensitive communications. Some applications can’t be completed without translation support thus causing time and cost delays.

**Lengthy residential verification processes:**
Applicants living in temporary residences require additional authorization from their “official” residences to confirm;
1. Their identity and the parent/guardians identity for child applicants
2. A disability ID card has not already been issued to mitigate duplication

This Authorization is facilitated by the ward office causing time and cost delays for the applicant and/or their parent/guardian/caregiver

---

<table>
<thead>
<tr>
<th>The application form consists of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Questions of self-reported type and severity of disability</td>
</tr>
<tr>
<td>2. Questions on difficulties faced due to disability (e.g. in doing daily chores/ working)</td>
</tr>
<tr>
<td>3. Questions on the need for assistive devices</td>
</tr>
</tbody>
</table>

**General application requirements:**
1. Letter for disability request
2. Photos clearly showing the disability

**Supporting documents for disability ID registration for adults includes:**
1. Applicant’s citizenship card

**Supporting documents for disability ID registration for children include:**
1. Birth registration certificate
2. Parent/guardian citizenship card

In the case of deaf persons:
1. A letter from the local deaf association*

Additional documents to support application (optional)
1. Medical documentation
2. References from Disabled Peoples’ Organizations (DPOs)

3. The Ward Secretary writes a letter of referral (as per government template) addressed to the disability coordination committee validating:
   - Information captured in the application form
   - Applicant identity and address

   The referral letter and supporting documents are sent to the Palika level addressed to the Women, Children and Senior Citizen Office. The Women Development officer reviews the application prior to the monthly disability coordination committee meeting

   **Inconsistent/ subjective disability assessments:** Ward officers do not have clear guidelines for supporting applicants to complete the self-disability assessment. This causes discrepancies in the application, resulting in delays for applicants

   **Fear of referring an application that is not for a red disability card:** Ward Secretaries feel unable or uncomfortable to submit an application that will not result in a red card due to fear of retribution from the applicant and/or their family. This is because the red card provides the highest financial allowance.

4. The Women Development Personnel checks how many applications have been submitted and decides whether a monthly meeting is required.

   **Committee only convened if there are multiple applications:** Applicant needs to wait until the committee is convened - this can be up to 2 months wait depending on the number of submissions.

5. The Women Development Personnel Officer arranges a monthly meeting with the Disability coordination committee and requests applicants’ presence at the meeting for physical examination

   **Difficulty convening committee members:** Committee members work in different offices with competing priorities, so convening members for the meeting is not always easy.

   **Lack of available doctors:** Not all Palikas have a doctor who is available so the Palika might need to request a doctor to come from another Palika.

   **Committee meetings not considered an essential service:** During an emergency response coordination committee meetings are not convened.
as they are not considered ‘essential’. This causes extended delays and results in a backlog of submissions when meetings do reconvene.

<table>
<thead>
<tr>
<th>The disability coordination committee has 9 members as prescribed by Rights for people with Disability Rules (2077 B.S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson/ Coordinator</td>
</tr>
<tr>
<td>Deputy Mayor (Municipality)/ Vice Chairperson (Village Executive)</td>
</tr>
<tr>
<td>Secretary</td>
</tr>
<tr>
<td>Women, Children and Senior Citizen Office Personnel</td>
</tr>
<tr>
<td>Members</td>
</tr>
<tr>
<td>Woman member- designated by women from Village Executive/ Municipality Executive</td>
</tr>
<tr>
<td>School representative- designated by Village Executive Chairperson/ Municipality Mayor (from head teachers/ secondary school resource persons)</td>
</tr>
<tr>
<td>Doctor- designated by Village Executive Chairperson/ Municipality Mayor (from local health post)</td>
</tr>
<tr>
<td>Chief of the local police</td>
</tr>
<tr>
<td>Protection of persons with disability representative- nominated by Village Executive Chairperson/ Municipality Mayor (from rights-based institutions)</td>
</tr>
<tr>
<td>Woman member- nominated by Coordination committee from among persons with disability in the rural municipality</td>
</tr>
<tr>
<td>Chief of Office (Gov’t of Nepal) and Local Provincial Government person</td>
</tr>
</tbody>
</table>

6 Applicant travels to the municipality for the disability coordination committee meeting. A caregiver has to bring the applicant to the committee meeting if the application is for a red or blue card.

Unable to travel to office due to physical disability: Applicants that cannot travel to the office must wait for a visit from some of the committee members to their home. The number of committee members to attend this home visit is not defined in the rules and regulations.

Accessibility of Palika office: Palika offices are not physically accessible e.g. there are no ramps, the office might be on a hillside and difficult to get to. This results in the applicant having to be physically carried into the building which is undignified and causes stress to the applicant and/or their caregiver

Direct and indirect costs: Travel to the Palika requires time, cost and effort of both Applicant and Caregiver. This can deter them from attending the meeting. The journey can also require multiple overnight stays which also acts as a deterrent.

Applicants/Caregivers don’t want to attend due to the level of disability ID card: If applicants/caregivers think that they will not receive a red card, they will not travel to the committee meeting.

7 The disability coordination committee meeting takes place to review the applications, check supporting documentation, and conduct in-person examination

Inadequate committee quorum: Decisions on disability cases are only passed if the meeting has all / 1/3 member representatives present

Competing priorities for committee members: Committee members hold multiple positions in their communities - this can result in committee members not prioritising committee meetings, arriving hours

| 22 |
late, causing further delays.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
| **8** | If the disability case is **clear-cut** (i.e. category of disability is evident through examination and evaluation of documents)  
  - **Committee approves application and advises on the disability card type**  
  If the disability case is **difficult to discern**  
  - **Applicant is advised to undergo further assessment at a public hospital at the cost of the local government** | **Specialist not available**: Accessing health specialists to complete the assessment can be difficult and often requires the applicant and/or caregiver to travel to urban hubs with bigger public hospitals. This results in delays and increased direct and indirect costs. This is particularly the case for people living with hearing and sight impairments and children with disabilities, i.e. autism spectrum disorders due to the limited number of specialists in Nepal.  
**Assessment is not age-appropriate or gender sensitive**: Applicants, particularly girls and young women are not comfortable completing a health assessment as they are not adequately briefed on the process and are uncomfortable if it is performed by a male doctor.  
**Direct and indirect costs**: Distance to travel to public hospitals can be far and incur high costs, this acts as a deterrent to Applicants and their Caregivers. Due to the distance, an overnight stay might also be required. Finding accessible lodgings for the applicant adds further complexity and cost. |   |
| **9** | The committee issues the list of approved applicants and respective disability card types to the Women Development Personnel |   |
| **10** | The Women Development Personnel completes the offline disability card template with respective applicant details and gets the Chief Administration Officer’s signature | **Absence of Chief Administration Officer**: When the Chief is away, physical signatures cannot be collected delaying issuance of cards |
| **11** | For red and blue card recipients, the Women, Child and Senior Citizen Office Personnel Officer will send a letter to the Ward informing them of the outcome.  
The Women Development Personnel then either:  
(i) calls Disability ID recipients/caregivers to ask them to collect their ID from the Palika, OR  
(ii) sends the cards to the respective Ward for collection |   |
Applicants either collect the disability ID card from the Women Development Personnel at the Palika or the Ward, showing their National ID/Citizenship card to prove their identity.

**Lack of knowledge on disability ID card benefits:** White and yellow card holders don’t travel to the Palika to collect the ID because there isn’t an immediate benefit (i.e. a cash payment) and they are unaware of the services that the card entitles them too.

**Direct and indirect cost:** Travel to the Palika/municipality may incur additional costs.

If the applicant/caregiver is not satisfied with the type of disability card they have been issued with, they can follow a grievance process. They raise their grievance at either the Palika or the Ministry level.

**Grievance mechanism is not disability sensitive:** If the applicant does not agree with the ID card being issued they have the right to an appeal. However, the process is not disability-sensitive and takes additional time and effort.

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### Key Actors in the Disability Screening and ID Process

<table>
<thead>
<tr>
<th>Actor</th>
<th>Profile</th>
<th>Challenges / Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant</strong></td>
<td>● Person with Disability/Guardian/caregiver</td>
<td>● Infrastructure is not always disability friendly, i.e road which creates difficulty for a PWD to visit the local ward, deterring them from applying for an ID.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Women and girls living with a disability have greater difficulty obtaining disability ID because their families are unwilling to provide the necessary support, i.e. time and money to complete the process.</td>
</tr>
<tr>
<td><strong>Ward Secretary</strong></td>
<td>● Responsible for providing referrals to the Palika</td>
<td>● Referral letters require handwritten signatures. In their absence, issuance of referral letters is delayed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Digital signatures would ensure timely service delivery.</td>
</tr>
<tr>
<td><strong>Office Helper (Karalaya Sahayogi)</strong></td>
<td>● Provides support in filling out the application and checking the supporting documents</td>
<td>● Office helpers can assist in filling out online forms in the absence of the Ward Secretary, if the MIS system allows offline data entry.</td>
</tr>
<tr>
<td><strong>Women, Children and Senior Citizen Section, Women Development Personnel</strong></td>
<td>● The Women Development Officer Personnel receives all applications and is responsible for convening the meeting and providing the ID card</td>
<td>● Provide ID cards for visible disability, instead of having to wait for the committee decisions.</td>
</tr>
</tbody>
</table>
### What variations occur in the disability ID process in Nepal?

The process notes above explain the generic disability screening, enrollment and ID process, however informal process variations have evolved at a local level. Consulted stakeholders provided the below insights into informal practices.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Root Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the cases where an Applicant has a severe disability and requires Caregiver support, when they go to the hospital for the health assessment, if the Palika is nearby, they will drop by the Palika Office, meet the Women Development Officer (and any other officials who are available) so that they can confirm the disability which means they do not need to visit the Palika again to attend the committee meeting.</td>
<td>● Multiple visits to the Palika level are expensive (time, cost and effort) and individuals want to avoid multiple visits</td>
</tr>
<tr>
<td>In rural areas, Palikas organise disability screening and registration camps that take place on an ad hoc basis (1 to 2 times a year). Before the camp takes place, local officials (Dalit reps, Women Reps etc.) inform local communities of when and where the camp is taking place and what is required to register. The camp will include committee members and local officials who facilitate the process on the day of camp. Camps last different lengths of times depending on the population and number of eligible applicants. If someone is missed, local officials send a list of these individuals to facilitate completion of the process.</td>
<td>● Local government recognises the challenges that rural populations have in accessing the Ward offices</td>
</tr>
<tr>
<td>If Applicant/Caregiver can not make it to the committee meeting because of their physical disability, then the local committee can decide to visit their home to conduct the review and assessment. Around 4 committee members usually make this visit.</td>
<td>● Individuals with a physical disability are often unable to get to the Palika</td>
</tr>
<tr>
<td>Applicants/Caregivers refuse to collect a white, yellow or blue disability ID because they won’t receive a cash allowance (white and yellow) or the cash allowance is perceived insufficient (blue). Sometimes Applicants/Caregivers will tear the card up</td>
<td>● Lack of awareness of the services and benefits associated with white, yellow and blue disability cards, so people are not motivated to get one</td>
</tr>
<tr>
<td>● There are limited processes for updating applicants on the status of their application. As a result, applicants/caregivers become frustrated with the process and their lose interest and/or become resentful</td>
<td></td>
</tr>
</tbody>
</table>
If an additional health assessment is requested by the review committee, the costs are supposed to be borne by the local level law. However, in reality, the applicant/caregiver bears this cost (they are not informed that local government should pay). Some committees do not request additional health assessments because they know that the applicant/caregiver cannot afford it.

<table>
<thead>
<tr>
<th>Inconsistency between Palika's and Wards when defining a disability (i.e., doctors identify a disability as &quot;mental retardation&quot; in the assessment when this is not advised in guidelines) and categorisation a disability alongside eligibility criteria (i.e., issuing a child living with autism spectrum disorder a white ID card)</th>
<th>Resources are limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible applicants won’t apply for a disability ID</td>
<td>Social stigma - people feel judged/are judged by their community and they don’t want to share the disability. Deterrence - Potential applicants are deterred from applying due to negative feedback from other persons with a disability who are or have attempted to obtain a disability ID and are dissatisfied with the card given and/or the application process</td>
</tr>
<tr>
<td>Grievance mechanisms and not consistently implemented</td>
<td>Applicants/caregivers are not consistently informed about their grievance rights and the process they need to follow to raise their grievance. The process has not been designed to work for disabled applicants and their caregivers</td>
</tr>
<tr>
<td>Before applying to the ward office, applicants can also visit the Women, child and senior citizen office at the Palika. If it is a visible disability, the Women Development Personnel asks the ward to send the referral document and issues the card on the same day itself.</td>
<td>The local ward/Palika officials recognize the financial constraints for applicants, and also difficulty in traveling to the local offices</td>
</tr>
</tbody>
</table>

Social Security Allowance (SSA) Registration and Enrollment

The Government of Nepal provides targeted cash transfers through SSAs to the country’s most vulnerable citizens. SSAs include child grants, disability grants, single women grants, elderly grants, and endangered ethnicity grants.

The ongoing rollout of internet infrastructure and the social protection MIS means that some Wards are still conducting paper-based processes while others are connected.
As-Is Process

The process map below documents the SSA registration process that occurs using the digital SSA system and where there is a bank either at the Ward or Palika level. This is the target process that is currently being rolled out. There are many locations where (i) the office is not yet digitised due to insufficient infrastructure (infrastructure improvements are planned), and (ii) there is no bank in the Ward of Palika, so payments are still issued with cash at the Ward or Palika. The latter is easier for applicants because it reduces the need to travel to banks to get a bank account and collect payments.
<table>
<thead>
<tr>
<th>Description</th>
<th>Bottlenecks</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trigger: Need to access child grant / disability allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trigger: birth certificate / disability ID issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel to Ward Office</td>
<td>Direct and indirect costs</td>
<td></td>
</tr>
<tr>
<td>Applicant/caregiver fills the Social Security Allowance Registration Form and provides supporting documents. The Ward Secretary or Office Helper often helps them complete the form. Applicant/Caregiver is informed that they need a bank account at the specific bank that the government makes SSA payments from</td>
<td>More paperwork: another paper application form needs to be completed that repeats information that has already been captured Availability of supporting documents: Applicants commonly do not have all the documents required, e.g. for child grants it is common that the birth has not yet been registered. The applicant/caregiver then needs to start the registration process for these other documents</td>
<td>Applicant is already receiving an SSA: an individual can only be enrolled in one SSA at a time and they can be unaware of this fact when coming to enrol in another one If parent/guardian is unable to get a citizenship card: parents/guardians that do not have a birth certificate/ are under 16/ are a foreign national, cannot register for a child grant. Note: Children without parents are exempted since the Ward Chairperson can be added as a guardian, and for children born from child marriage, the birth certificate and child social allowance is usually issued under the guardianship of the grandparents</td>
</tr>
<tr>
<td>Supporting documents include 2 photographs of Applicant, plus:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior citizen allowance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Citizenship card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single woman allowance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Citizenship card, divorce certificate, or proof of being unmarried, or husband’s death certificate;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Red or blue disability card, citizenship card of applicant (if above 16 years), birth certificate and guardian’s citizenship card (for children below 16 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endangered ethnicity allowance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Citizenship card, proof of belonging to an endangered ethnicity group, birth certificate and guardian’s citizenship card (for children below 16 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child grant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Birth certificate, guardian’s citizenship card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Committee review application in order to confirm or deny eligibility and Ward Secretary enrolls applicants</td>
<td>System limitation: system only works online, so when there is no connectivity, the enrollment cannot take place,</td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>into the SSA online portal. Once enrolled, the Ward Secretary prints the SSA card and issues to applicant/parent/caregiver</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>this delays the process.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Committee does not meet</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The decision for eligibility is often made by the Ward Secretary without quorum of the committee.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ward Secretary documents SSA recipient’s details in an excel sheet. They password protect the sheet and send via email to the bank</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Duplication of effort: these details have already been documented in the form and in the online system, the Ward Secretary then repeats this information in yet another document.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Time taken to review documents: for wards with poor internet connection, bank officials visit the Ward Office to collect applicant details to open bank accounts</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Government approved banks: not all Wards / Palikas have banks</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Indirect costs to recipients: time costs associated with delayed service delivery as bank officials travel to collect applicant details in wards with poor connectivity</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>The bank uses the details in the excel sheet to:</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>- Create a placeholder account for the children (for child grant applications)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>- Cross check details of new customers (for other allowance applications)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Manual activity: this is a manual check that slows down the process and provides opportunity for human error.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Lengthy review process to open accounts: in areas where the banks are far away from the ward office. The bank officials have to visit the ward office to cross-check the information.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>When the payment is made into the bank account, the bank sends details of payments issued to the Palika via email or phone, depending on availability</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Palika then informs the Ward that payment has been issued (by public notice, email or phone) or public announcement through local FM stations.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Ward informs allowance recipients through a public notice to inform them that the payment has been released e.g. mic-ing, radio announcement, or phone or via the elected representatives to the community</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Delay in communicating payment: because this is a manual activity that requires organisation, this can delay how promptly recipients can receive their allowance</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Applicant/parent/caregiver must travel to the bank to collect the allowance payment</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Travel to bank required: this can delay the process due to associated costs and the need to find enough time</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Direct and Indirect Costs: another cost to the recipient to travel to the bank and get their money.</td>
<td></td>
</tr>
</tbody>
</table>
What variations occur in the disability allowance enrollment process in Nepal?

The process notes above explain the generic disability screening, enrollment and ID process, however informal process variations have evolved at a local level. Consulted stakeholders provided the below insights into informal practices

<table>
<thead>
<tr>
<th>Practice</th>
<th>Root Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Wards that have not been digitised, the paper forms are completed and</td>
<td>● Not all Wards have been digitised yet</td>
</tr>
<tr>
<td>supporting documents are gathered and sent to the Palika for entry in</td>
<td></td>
</tr>
<tr>
<td>the MIS. MIS Operators conduct MIS activities at the Palika level,</td>
<td></td>
</tr>
<tr>
<td>digitising the forms and sending the information to the government</td>
<td></td>
</tr>
<tr>
<td>approved bank. The supporting documents are photocopied and kept in a</td>
<td></td>
</tr>
<tr>
<td>separate file.</td>
<td></td>
</tr>
<tr>
<td>In rural areas, when camps are conducted to register for the disability</td>
<td>● Ward officials recognise that travelling to the ward is difficult for applicants/caregivers so they make it easier for them by using information they already have to complete this registration step</td>
</tr>
<tr>
<td>ID, Ward officials will also complete registration for the disability</td>
<td></td>
</tr>
<tr>
<td>allowance. They then advise Applicants/Caregivers of the need to get a</td>
<td></td>
</tr>
<tr>
<td>bank account to receive the allowance</td>
<td></td>
</tr>
<tr>
<td>In some areas cash payments are still made in person at the Ward level</td>
<td>● Some people will not be able to get a bank account due to the lack of a government approved bank in their Ward/Palika</td>
</tr>
<tr>
<td>Paper disability ID cards all have a different appearance</td>
<td>● There is no standardised card format.</td>
</tr>
<tr>
<td>If a disability card gets damaged, it will not be accepted to access</td>
<td>● There is no standardised card format.</td>
</tr>
<tr>
<td>services/payments. The Applicant/Caregiver needs to go to the Palika to</td>
<td></td>
</tr>
<tr>
<td>request the re-issuance of their card</td>
<td></td>
</tr>
<tr>
<td>Sometimes the Ward will not issue the disability ID card immediately</td>
<td>● Lack of understanding of allowance mechanisms: recipients / their caregivers expect to receive a payment as soon as they receive their disability ID and are upset when they don’t receive this</td>
</tr>
<tr>
<td>and will rather wait until the payment has been issued</td>
<td></td>
</tr>
<tr>
<td>The mode of issuing allowances vary from Palika to Palika depending on</td>
<td>● Rural areas have fewer bank branches, therefore no access to bank accounts for allowance transfers</td>
</tr>
<tr>
<td>accessibility to banks. Palikas without access to bank transfers use</td>
<td></td>
</tr>
<tr>
<td>cash transfers instead</td>
<td></td>
</tr>
</tbody>
</table>
IT System Landscape: What IT systems are used to support birth registration and SSA processes?

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<tr>
<th>CRVS Function</th>
<th>State of Automation</th>
<th>Description</th>
<th>Opportunity</th>
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</table>
| Notification  | Automated (planned) | - Digital notifications sent from health facilities are planned as part of GIZ’s CRVS and health strengthening programme.  
- The health facility will have access to a version of the MIS that allows health personnel to enter birth registration details. If all the details are available, the full application form can be submitted; if they are not then a partial application will be submitted for follow up and completion. | - Leverage existing standards-based integration approaches to facilitate safe and standardised information sharing between the health and civil registration systems  
- Learn from global experiences in integrating digital health and civil registration systems |
| Declaration   | Automated           | - A digital version of the form is completed by the Ward Secretary  
- If there are no parents, the form changes to capture Informant’s details e.g. Head of a recognised orphanage  
- No client-side validation within the form to prevent data entry  
- This can only be done online | - Improve usability for end-users by using easy to use form design and guidance  
- Ensure that digital forms comply with best practice accessibility standards to ensure inclusivity  
- Use client-side validation to improve data quality  
- Allow data to be entered when offline  
- Enable applicants to apply online and not visit the office |
| Validation    | Manual              | - Supporting documents are validated manually  
- Details of completed digital form are not digitally validated using client-side or server side validation) | - Validate ID documents by integrating with existing digital systems e.g. National ID system. NID number could be entered and could (i) validate the identity of the owner and (ii) auto-populate their details in the system to minimise required data entry and save time  
- Supporting documents can be digitised through scanning or taking a photo and these can be stored digitally, reducing the need to store paper documents  
- Validation of birth registration details could be done by any authorised individual, using the number to validate the existence of the individual and to auto-populate forms for other government services. |
| Registration  | Automated           | - The birth record is registered when the Ward Secretary selects “submit”  
- This can only be done when online | - Add a review page that makes reviewing application details easy - this could include showing pictures of the supporting documents next to the completed form to make it easy for the operator to review and avoid mistakes  
- Allow application forms to be saved as drafts and completed later if there is any issue. In-progress applications can be flagged for action when they remain incomplete for a defined period of time. |
<table>
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<tr>
<th>Function</th>
<th>State of Automation</th>
<th>Description</th>
<th>Opportunity</th>
</tr>
</thead>
</table>
| **Certification**                | Automated          | ● The certificate is printed immediately after submission of the record  
● This can only be done when online                                                                                | ● Allow the certificate to be printed on demand - the user can search for it when needed and then print  
● Allow the certificate to be printed offline  
● Issue a digital/electronic birth certificate                                                                                                                                                       |
| **Storage and archiving**        | Semi-Automated      | Birth records are stored in the central database stored at the Department of National ID and Civil Registration                                                                                              |                                                                                                                                                                                                              |
| **Sharing of information**       | Manual             | No integrations currently exist between the digital birth registration system and other digital government systems  
Reporting is currently done manually                                                                                              | ● Use standards-based integration layers and APIs to easily integrate with other eGov systems to share relevant data. See Target System Architecture for a preliminary look at what this could look like to enable common use-cases.  
● Develop a data dashboard that can be accessed at different levels of administration to easily view (i) registration rates, (ii) operational indicators.  
● Automate the creation of standard reports that can be accessed across the country, reducing the time taken to compile manual reports                                                                 |
| **Disability Allowance Registration** |                     |                                                                                                                                                                                                              |                                                                                                                                                                                                              |
| **Function**                     | **State of Automation** | **Description**                                                                                                                                                                                                 | **Opportunity**                                                                                                                                                                                                 |
| Application form                 | Semi-automated      | ● The applicant/caregiver is asked to complete a paper form that will then be used to enter into the digital system  
● The Ward Secretary then re-enters this information into the online web-based application  
● The system only works when online                                                                                                                                                                     | ● Remove the need to complete the paper form  
● Develop an online portal / application that allows applicants to apply online in advance                                                                                                                                 |
| Eligibility identification and validation | Manual             | ● The Ward Secretary has to check the form manually  
● Supporting documents are validated manually for eligibility                                                                                                      | ● Digitally validate identity documents through integration with existing digital identity systems  
● Autofill information using data from existing digital systems  
● Digitise supporting documents  
● Digitise eligibility identification based on inputs entered into the system and supporting documents                                                                                                                                 |
| Registration for allowance       | Automated          | ● The registration is completed when the Ward Secretary clicks “submit”                                                                                                                                       | ● Create an easy to read review page that displays the completed form next to digital copies of supporting documents  
● Allow applications to be saved as a draft                                                                                                                                                                |
<p>| Sharing information with bank    | Manual             | ● The Ward OR Palika shares the information of all disability allowance recipients manually - the office helper delivers these as and when required  | ● Send information about allowance recipients to bank digitally                                                                                                                                                                                                 |
| Payment                          | Manual             | ● The payment is made at the bank and requires the applicant/caregiver to visit the bank to receive the payment                                                                                              | ● Enable mobile banking to issue payments                                                                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Issuance of card</th>
<th>Manual</th>
<th>Paper-card is issued</th>
<th>Issue digital disability ID card</th>
</tr>
</thead>
</table>

**Child Grant Allowance Registration**

As per disability allowance registration

<table>
<thead>
<tr>
<th>Eligibility discontinuation</th>
<th>Automated</th>
<th>When the child becomes over 5 years old, they are no longer eligible for the child grant and the system automatically stops the enrollment and subsequent payments.</th>
<th>Inform child’s parents of discontinuation of parents via SMS / IVR message</th>
</tr>
</thead>
</table>

**Opportunities and Limitations**

In order to make recommendations to strengthen civil registration and social protection systems in Nepal, the current context must be well understood. Recognising existing limitations and identifying opportunities will result in relevant and appropriate recommendations that work in in the country.

**Physical and technical infrastructure**

Nepal has a population of 26 million with over 80% living in rural regions. Access to broadband services in rural and remote areas is challenging and even when connectivity is available, it is not always reliable. Nationally, mobile ownership and access to 2G coverage stands at 61% and 92% respectively. The country has 1 central government data centre (Government Integrated Data Centre) located in Kathmandu that hosts >2600 government offices. To improve the country’s physical and technical infrastructure, the 2019 Digital Nepal Framework sets out to establish a nationwide fibre network, widen the spectrum coverage to operators, and boost digital literacy by rolling out skills training for public servants and ICT literacy programmes for rural communities. Additionally, there are opportunities to subsidize broadband services to make them more affordable for poor rural populations and increase online security which stands at ~26% according to the Global cybersecurity Index.

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15 National Information Technology Center, Government Integrated Data Center, [Online]. https://www.nitc.gov.np/
Human Capacity

Nepal’s female and male literacy rates stands at ~67% and 83% respectively with ~20% of the population attaining Upper Secondary (Grade 9-12) education. While there are high levels of mobile penetration (92%) there is significant opportunity to increase computer usage which stands at only ~15%. Further, to improve delivery and use of e-services, there is need for creation of awareness, establishment of training institutions targeted at human resource development, and recruitment of additional staff in government service centres.

Existing Initiatives

There are numerous existing initiatives taking place in Nepal in the area of CRVS and SSA strengthening that offer opportunities to build upon, learn from, further invest in, and scale.

<table>
<thead>
<tr>
<th>Title of Initiative</th>
<th>Description</th>
<th>Opportunities and limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Bank-financed Strengthening Systems for Social Protection and Civil Registration</td>
<td>Project with the objective of improving coverage and delivery of social security allowances and civil registration through 4 steps: 1. Improving Coverage of Civil Registration and Social Security Allowances; ○ By conducting registration campaign 2. Modernizing Social Security Delivery Systems ○ By rolling out electronic payments ○ Improving accountability and citizen engagement in the social security delivery process 3. Institutional Strengthening ○ Through training of relevant staff ○ Establishment of Functional and fully staffed and equipped service units (SUs) ○ Establishment of fully equipped and functional DOCR with proper organizational structure and capacity ○ Enhanced MIS platform ○ Development of Operation Manuals for the MIS-based CR and SSA services ○ Design and development of an integrated social registry</td>
<td>Limitations: ● Poor infrastructure: not all offices have reliable connectivity ● Inadequate skills: there is need to train the human resource on how to use and operate computers ● Focus on mass registration and not continuous access Opportunities: ● Invest in future-proof MIS: system upgrades (as recommended in ICT Landscape opportunities) should be implemented to improve service effectiveness and efficiencies. ● Human-centred design: ensure that MIS improvements/replacements are ● Public-private partnership: to enhance establishment of electronic payment methods for SSA e.g. through agent banking and upscaled mobile banking ● Scale-up registration camps for rural locations: rural</td>
</tr>
</tbody>
</table>
| **4. Project Management, Monitoring and Evaluation**<sup>17</sup> | registration camps provide one-stop-shop registration services that make the lives of those in rural and remote locations easier. This model can be refined, scaled and used with a digital system to improve timely registration of births and automatic enrollment in social allowances programmes.  
- **Digital reconciliation with banks:** efforts are already underway to provide banks access to registered beneficiaries details through a reconciliation portal, through what is called forward and reverse feed. Automatic enrollment could also be explored. |

| **Save the Children Birth Registration Programme** | Provide hand-holding support to individuals who are struggling to complete the birth registration or social allowance registration processes e.g. helping them get supporting documents  
- Educate communities on the importance of birth registration and SSAs along with details of the process and requirements  
- Conduct registration camps to ensure that all-in-one registration services are provided, reducing the number of visits applicants need to take to complete the process  
- "Token of love" provided to applicants who attend the camps e.g. tea and snacks  

**Opportunities:**  
- Continue to use local representatives and Community Health Volunteers (CHVs) to support the most vulnerable individuals to register  
- Motivate people to register by using small incentives e.g. “tokens of love” |

| **Save the Children hand-holding program** | Hand-holding support for PWDs to conduct their health assessment and to receive ID cards from rural Palikas. They receive monetary support if they need to pay for food, travel, accommodation, photocopies, and printing for the same purpose.  

**Opportunities:**  
- Extend activities in Palikas with high-levels of vulnerable populations |

| **GIZ CRVS and Health strengthening programme** | GIZ and the Government of Nepal have a bilateral agreement to strengthen CRVS and health systems. The objective of the programme is to strengthen the health facility level birth and death related information collection system using digital tools in Kailali district and link the information with the existing National CRVS system of Nepal. The programme of work includes:  
- Planning and education of CRVS amongst key stakeholders  
- Establishment of SoPs for health facility notification of births and deaths  
- Digital notification of births starting at hospitals using a health specific MIS module  

**Opportunities:**  
- Work together to design a health facility service that minimises work for health personnel and maximises the benefit for parents  
- Learn from other countries who have integrated digital health and civil registration systems  
- Use existing data integration standards to integrate digital health and civil registration systems  
- Design digital data dashboards and reporting mechanisms with users |

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<sup>17</sup> World Bank (2016), Strengthening Systems for Social Protection and Civil Registration, [Online].  
**World Food Programme**

WFP and the Ministry of Health and Population will review SBCC strategies to identify inter-active approaches adapted to the diversity of the populations living in the mountains; this will incorporate experience from the Suaahara project behaviour-change approach. The participatory learning and action women’s group approach will be considered. Optimum ways of using Nepal’s 52,000 women community health volunteers will be adopted to enhance SBCC and promote the consumption of locally available

**Opportunities:**
- Incorporate specific CRVS and SSA indicators into existing vulnerability mapping (food security, nutrition, etc) in order to enable continuous disaggregated data analysis and improve targeting for CRVS, SSA, and disability ID community outreach activities.

**Beti Bachao, Beti Padhao**

An insurance scheme to encourage girl education in Province-2. The scheme will insure every newly born girl child. Each month, the girl child will receive NPR 500, totaling NPR 125,000. The girl child will receive the insurance amount in lump sum after they get their citizenship certificate. At present the scheme has been implemented in 8 districts, but will be expanded to Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara and Parsa districts.

**Opportunities:**
- Incorporate sensitisation messages about birth registration, disability ID and SSAs into programme communications
- Link allowance scheme to registration services, ensuring that vulnerable girls have access to their legal identity and any other allowances / services available to them

**Bank Account for Daughters, Life-long Security - Karnali Pradesh**

Provincial Government of Karnali Pradesh will provide initial funds of NPR 1000 and monthly funds of NPR 500 for a girl child up to the age of 20. The amount can only be withdrawn when girls are 20 years of age. As per need basis, the provincial government can also change the additional amount.

The scheme is applicable for two daughters born to the same parents. In the case of girls (without parents), who are being raised by guardians, the two children per family case does not apply to them.

**Remote telemedicine services**

The Health Ministry had allocated Rs5 million to each province to conduct Telemedicine services at remote health posts. As part of the Government service, the following is planned:
- **Live Video conferencing:** 30 districts
- **Store and forward mechanism:** online portal provided by Ministry of Health to store patients details making it easier to talk to consultants

**Opportunities:**
- Use telemedicine solution to conduct remote disability assessments in remote areas and those that do not have required experts
- Create toll free number for information related to civil registration, disability ID and all SSA services
<table>
<thead>
<tr>
<th><strong>MCH Services at Health Centres / Outposts</strong></th>
<th>All pregnant women are provided antenatal health services. This comprises 4 visits over the course of their pregnancy. In rural areas, women often don’t have money for transportation. To motivate them to prioritise these visits they are provided with 200 rupees for transportation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limitations:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Overburdened with work</td>
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<tr>
<td></td>
<td>● Low human resource capacity</td>
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<tr>
<td></td>
<td>● Lack of infrastructure</td>
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<tr>
<td><strong>Opportunities:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Counselling content could be updated to include details on birth registration, child grant and disability allowance.</td>
</tr>
<tr>
<td></td>
<td>● Make their life easy by providing a visual aid to explain birth reg and SSAs to Mothers during existing visits</td>
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<tr>
<td></td>
<td>● Advertise birth registration and SSA information in relevant locations in health centres</td>
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<tr>
<td></td>
<td>● Digital notification births using low-tech solution</td>
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</tbody>
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<tr>
<th><strong>Female Community Health Volunteers</strong></th>
<th>FCHVs operate at the community level in the Ward that they live in. If a baby is born at home, the FCHV visits the mother on day 3 and day 7. They check the mother’s health; provide postnatal care; provide counselling including on nutrition for mother and baby. They use information of the mother from the local health post, including mother’s details, contact information, and antenatal check-up information. They also capture information about pregnant women in the community. The health post then reports this to the Palika, who then subsequently updates this data in the government portal.</th>
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<tbody>
<tr>
<td><strong>Limitations:</strong></td>
<td></td>
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<tr>
<td></td>
<td>● Overburdened with work</td>
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<td></td>
<td>● Many initiatives request their support with different activities</td>
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<td></td>
<td>● Limited digital literacy</td>
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<tr>
<td><strong>Opportunities:</strong></td>
<td></td>
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<td></td>
<td>● Counselling content could be updated to include details on birth registration, child grant and disability allowance.</td>
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<td>● Make their life easy by providing a visual aid to explain birth registration and SSAs to Mothers during existing visits</td>
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<tr>
<td></td>
<td>● Use data on pregnant women to target birth registration and SSA services.</td>
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<tr>
<td>Mobile banking and remittances</td>
<td>Mobile phone statistics (GSMA Mobile Connectivity Index 2020)</td>
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<td>--------------------------------</td>
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<tr>
<td></td>
<td>● Mobile ownership/ usage stands at 61.3 (out of 100)</td>
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<tr>
<td></td>
<td>● Mobile connections: 151% (number of sim cards divided by the population)</td>
</tr>
<tr>
<td></td>
<td>● Mobile Broadband Connections: 59% (number of 3G and 4G sim cards divided by population)</td>
</tr>
<tr>
<td>IME</td>
<td>● Provides digital financial services to customers in partnership with banks/FIs as well as telecom operators and aggregators, deployed through self-service as well as agent-based delivery channels.</td>
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<tr>
<td></td>
<td>● Provides service in 75 districts, partnership with more than 100 bank's and has more than 25 K agent partners</td>
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<tr>
<td>ESEWA</td>
<td>● Affiliated with F1soft Group, the leading fintech company of Nepal.</td>
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<tr>
<td></td>
<td>● F1Soft has over 15 million users for over a decade for financial transactions.</td>
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<td></td>
<td>● Features of eSewa include, cash-pickup (money transfer agent), eSewa Money Transfer (real time deposit), and esewa walled load (real time money transfer)</td>
</tr>
<tr>
<td></td>
<td>● eSewa has real-time deposit with account validation services with more than 80 bank’s in Nepal.</td>
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<tr>
<td>KHALTI- Digital Walled and Online Payment System</td>
<td>● Payment gateway &amp; service provider in Nepal</td>
</tr>
<tr>
<td></td>
<td>● Khalti has more than 8000 POS and Agent Network providing Khalti services to end users</td>
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<tr>
<td>Sakchyam Access to</td>
<td>● The objective of the programme is to work with the public and</td>
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| Finance for the Poor Programme | private sectors to stimulate financial sector development for Small and Medium Enterprises (SMEs) and poor people in Nepal  
- One of the activities includes working with banks to open branches located in remote locations. The Citizens Bank International’s branch in Dhakari Rural Municipality of Achham, opened with support from Sakchyam in 2019. They have signed an agreement for Government to People (G2P) payments with the Dhakari Rural Municipality, and are in the process of distributing the social security payments in all the 8 wards of the rural municipality. "This means we will reach a close to 6,000 beneficiaries out of the total population of 25,000 in Dhakari," said Rabindra Prasad Dhungana, Branch Manager of the Dhakari branch\(^\text{18}\). | ● Work with the Sakchyam programme and banks to ensure that every remote branch that is opened can work with Local Government to establish more accessible banking opportunities for those receiving SSAs. |
| Mobile application for MCH: Aamako Maya | Aamako Maya is an app created by READ’s Jhuwani Community Library in Chitwan, Nepal. The app allows local Female Community Health Volunteers (FCHVs) to track the stages of a woman’s pregnancy by providing regular information and updates via text. The app also has informative video and audio about prenatal care for the expecting mothers. Additional videos on prenatal care and infant care are also being produced for the app. | Opportunities:  
- Add educational content on birth registration, disability and SSAs: what they are, why they are important, and how to engage in them  
- Add notification capability to allow FCHV to notify birth/SSA requirements from community and allow the Ward to follow up with targeted services |
| Smart Palika Digital Village/Nagar Profile System | Smart Palika App is an integrated Software System backed by Smart City Researchers, Local Governance Experts, Development Experts and Data Technology Experts, which is aimed to develop an e-governance system that allows municipalities to interact with the community in real-time, manage a dynamic database where the most important ward level and municipality level services like vital registration can be used online. | Opportunities  
- Incorporate online registration services including self-application and application by community agents/organisations.  
- Communicate with the community through SMS function to sensitize them on registration processes and their importance, as well as to advertise registration activities e.g. camps |

Global Best Practice and Examples

CRVS

Around the world, significant efforts are being made to strengthen CRVS systems. While results vary and structural challenges persist, included below are a number of initiatives that can inspire similar efforts in Nepal.

Multi-Sectoral Governance

CRVS is a cross-ministerial domain, with national and local level government, health, and other actors involved. In order to be effective, a functional multi-sectoral coordination mechanism is required. This is described in the Regional Action Framework for CRVS in the Asia Pacific Region, “It is therefore imperative that a national CRVS coordination mechanism, such as a national committee or board, functions well and comprises all sectors, including the civil registration authorities, provincial and local governments, the health and education sectors, the statistics authorities and civil society.” The multi-sectoral nature of SSAs is similar and bringing these actors together with CRVS actors will help to coordinate activities, reduce duplication of effort, and work together towards a common goal.

Example: CRVS Secretariat, Bangladesh

The Government of Bangladesh has recognised the importance and value of a whole of government approach to CRVS. The CRVS Secretariat was established by the Cabinet Division in Bangladesh in 2015 to coordinate all CRVS activities contributing to achieving the multi-sectoral CRVS++ strategy. The Secretariat meets twice a year and now has a number of implementation committees that bring together actors related to specific thematic areas including digitisation and legal and policy frameworks.

Opportunity: establish a multi-sectoral CRVS and SSA governance mechanism(s) that takes into account multi-sectoral efforts to strengthen these systems, includes all relevant actors, and coordinates activities towards common goals.

Integration with Health Services

Birth registration can be a challenge during emergency periods e.g. pandemics or natural disasters such as floods. Integration of birth registration and community-based services could enable efficient, same-day, service delivery.

Example 1: Mass registration and immunization drives in Sierra Leone
Sierra Leone’s Ministry of Health and Sanitation recognized the need to provide birth registration services to unregistered children during the Ebola outbreak between 2013-2016. In collaboration with UNICEF and WHO, mass registration was conducted during a 3-day immunization drive reaching approximately 200,000 children.

**Opportunity:** deliver birth registration services coupled with other community-based services to increase birth registration rates

**Example 2:** Hospital registration in Latin America (El Salvador, Guatemala, Honduras, Paraguay)
Civil Registries and the Organization of American States (OAS) worked together to provide timely registration of hospital births through various activities including: parental sensitization on birth registration importance and requirements, provision of bedside registration services, training of healthcare providers on the birth registration process, and creation of birth notifications. This led to incorporation of birth registration offices in Latin American hospitals for prompt service delivery.

**Opportunity:** create birth registration offices/units within hospitals to enable convenient birth registration.

**Integrated outreach services**
There is often a lack of demand for birth registration. By integrating services that are in demand, people will access birth registration at a location that works for, and is prioritised, by them.

**Example:** Integrated and mobile legal identity services in Indonesia
Birth registration prerequisite documents are often issued by different government offices. In Indonesia, marriage certificates required for birth registration are issued by the Civil Registry Office after marriages are legalised by the General/Religious Court. To reduce barriers to birth registration due to lack of marriage certificates, the Religious Courts, Generals and Civil Registry Offices came together to provide mobile legal identity services at the community level.

**Opportunity:** link services that are in demand with birth registration e.g. food distribution or NID issuance.

**Digital Integrations**
The opportunity to improve service delivery through integration of existing digital systems is great. By sharing data securely and leveraging existing points of service, the quality of data and services can be improved.

**Health and National ID Integration**

**Example:** Integration between OpenCRVS and DHIS2 and NID in Bangladesh
In 2020, a digital open source CRVS system (OpenCRVS) was piloted in 2 sub-districts of Bangladesh by Plan International, on behalf of the Registrar General. As part of the digital solution, the system was integrated with DHIS2, the widely used open source health system, and the National ID system.

**DHIS2:** when a birth or death occurred in a health facility that used DHIS2, the data input into relevant birth/death related modules was used to digitally notify the occurrence of the life event to the registration office. The applicant received an SMS with tracking number and details of how to complete the process, and the registration office could see the notification in the workqueue ready to complete. One of the major challenges with this process was the conversion rate of notifications to registrations as people did not see the value of registration.

**NID:** the NID card was used to validate the identity of applicants and parents by checking it against the national NID database. If the NID number was a match, OpenCRVS would also use the data to auto-populate form fields, reducing data entry effort and improving data quality. This integration layer would also allow a unique ID to be issued to a child from birth and subsequently be tokenised and used for all government service delivery.

**Opportunity:**
- Use existing integration standards to enable safe and secure data sharing between digital systems e.g. FHIR HL7 health standard
- Integrate digital health and civil registration systems in order to leverage existing data for civil registration purposes
- Ensure that a clear plan is made of how to convert the notifications into full registrations e.g. through follow up camps in areas where lots of births have been notified and not registered.

### Active registration

By taking services to those that need them, the barrier of access is removed. Several countries have adopted effective active registration models. These are detailed below.

**Example:** Strengthening the National Civil Registry to assist displaced populations or those at risk displacement in Colombia

Internally displaced persons (IDPs) frequently face challenges with acquiring identity documents due to distance to registration centres. In Columbia, the National Registry of Civil Status partnered with the UNHCR and key stakeholders to bring services directly to vulnerable persons through large vehicles (mobile offices), 4x4 vehicles (light units) and mobile kits. This mode of service delivery enabled convenient and timely provision of legal documents.

**Opportunity:**
- deliver mobile civil registration services to vulnerable populations at their location e.g. like registration camps that are already conducted.
- Develop outreach kits that support digital registration at the community level - this can be especially useful during times of emergency.

### Digitisation of services

To reduce the barriers to registration services e.g. time, cost and effort spent on registration, digitise civil registration services. Information and Communications Technology (ICT) has the potential to provide transformative improvements in CRVS systems based on its ability to extend registration
coverage, standardise and streamline civil registration and vital statistics processes, integrate data from multiple systems and securely store data at scale, all in a cost-effective way.

**Example:** Digital notification of births and deaths using Community Health Workers in Bangladesh
The Office of the Registrar General in Bangladesh successfully developed community birth and death notification services using health workers in 2017-19, calling the approach the “Kaliganj model”. This service was developed to address low registration rates within 45 days of birth, recognising the unique opportunity and relationships that community health workers (CHWs) have to identify births and deaths in a timely manner. Building on this initiative, Plan International led the design and development of OpenCRVS, a digital CRVS system that works on any device, in online and offline modes, that allowed complete applications for birth and death registration to be submitted from the community level by CHWs. These applications were then validated at the registration office and the customer only had to visit the office once to collect their certificate. This drastically reduced the time, cost and visits associated with registration. While the model was very effective, the costs of hardware management and maintenance need to be considered when implementing this kind of model at scale. It was recommended in the *Investment Case for Scale of OpenCRVS in Bangladesh* that this model be used in remote locations, and the employment of full-time individuals OR the payment / incentivisation of CHWs would be required to maintain the service over time.

**Opportunity:** extend the reach of digital civil registration services to the community level, using digital technologies.

**CRVS and Social Protection**

Social Protection has been linked to civil registration, especially birth registration, to enable planning and decision making while increasing the demand for legal identification services. Below are some examples of countries around the World.

**Example 1: Legal Identity and Social Protection in Argentina**
A study conducted in Argentina revealed its system of linking identity documentation to social programmes has had a positive correlation and social policies in the country enhanced demand for proof of identity for access to social protection. This 15-year old practice has proven effective despite varying policy orientations in different levels of government and varying institutional capacities. Furthermore, citizens in the country now perceive legal identity as a basic prerequisite for service delivery.

**Opportunity:** Make civil registration a basic requirement for access to social protection, as is already being done with birth registration. The same could be done for death registration.

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Example 2: Comprehensive Identity Management System for Inclusive Development in Chile

Chile’s Civil Registry and Identification Service under the Ministry of Justice has 32 registries, all of which require a unique ID for access. Developments have been made in identity verification to promote efficiency and security through assignment of unique passwords and the replacement of Social Protection Forms with the Social Registry of Households.

**Unique passwords:** Users apply for these unique passwords at Civil Registry offices after proving their identity through provision of biometric details (fingerprints) and NID numbers. Acquisition of this unique “key” enables access to multiple government offices while maintaining a direct link to Civil Registration.

**Social Registry of Households:** The registry is created through household surveys by municipal officials. It categorizes citizens’ socio-economic status to ensure assignment of social benefit to those considered vulnerable. The main benefit of the Social Registry is the use of administrative records instead of declared information which in some cases is falsified.

**Opportunity:**
- Integrate national identification documents e.g. NID and civil registration documents with service delivery across different offices.
- Use existing baseline surveys to profile citizens in order to identify vulnerable groups eligible for social protection.

Example 3: The Synergy Between Civil Registration and Social Protection in Namibia

Namibia’s civil registration system is a user-friendly system that promotes registration of vital events post-apartheid by verifying identities of citizens with difficulty providing supporting documents e.g. citizenship documents. Before independence (30 years ago) registration of vital events was largely inaccessible and voluntary for black people. The Government of Namibia aimed to improve civil registration coverage through: hospital-based offices, mobile registration units, mass enrollment campaigns, and delegation of birth registration responsibility to teachers and low-level political units e.g. councillors. Further, it established a CRVS committee in 2014 and National Population register in 2016. The digitized National Population Register is now the foundation of e-governance and is the gateway to access welfare services.

**Opportunity:** execute activities that strengthen civil registration for easier delivery of social protection services.

Example 4: Resident Registration System for Social Protection in South Korea

Korea’s CRVS systems constitute 3 parts:

I. Family Relationship Registration: records familial relationships between citizens and verifies vital statistics e.g. birth, death, marriage and adoption
II. Resident Registration: retains citizen residential and migratory records
III. Population Change Survey: documents national statistics and is updated monthly with details from the Family Relationship Registration system after citizens report any changes

Once a child is born, a unique Resident Registration number is assigned and updates are made to the Family Relationship Registration system and Population Change Survey. The number becomes the individual’s unique ID number for life and is a fundamental key for access to welfare services.
Opportunity: assign citizens one unique national identification numbers that will unlock access to social protection services for life.

Example 5: The Impact of Civil Registration on the Social Protection System in Tunisia
Tunisia’s civil registration system has evolved over the years, starting in March 1956 after independence where citizens were assigned a Personal Status Code, to 2011 where the Citizen’s Unique National Identifier Number (Citizen’s UNIN) was developed. The Citizen’s UNIN is assigned from birth and links individuals to different databases and enables access to multiple organizations. This reduces identity fraud, especially when applying for social protection programs.

Opportunity: establish unique national identification numbers that make administrative tasks efficient and curb identity fraud in access to social protection programs.
Recommendations

Based on the current state of birth registration, disability and SSA systems and services in Nepal, alongside evolving initiatives and Nepal’s unique context, detailed below are a number of recommendations that, if actioned, have the potential to significantly strengthen civil registration and social protection coverage and service delivery in the country.

Recommendations are made considering actions that can be taken in the immediate, short-to-medium and long-term, to ensure that progress and improvements can be made and evolve over time as certain dependencies, such as infrastructure, are ready.
Integrated civil registration and SSA strengthening programme (2 year programme of work)

There are numerous opportunities that exist in Nepal to strengthen civil registration, disability ID and SSAs. While technology offers lots of exciting possibilities, technology alone cannot transform these systems, and an integrated approach to system strengthening should be adopted. In order to respond to Nepal’s current situation, context and evolution, an integrated approach to system strengthening is recommended and defined below. Please note, all recommendations are proposed in alignment with the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific.²⁰

1. Use appropriate technology to strengthen registration processes and service delivery (RAF Action Area F “Operational procedures, practices and innovations”)

   Existing registration processes are complex for applicants, time-consuming for service providers, and incur high costs. While digital systems do exist, the end-to-end registration processes are not benefiting from the opportunities that technology provides. Due to Nepal’s diverse geographic make-up, it is recommended that there is not a one-size fits all approach to service delivery. Instead, it is recommended that standards are defined at the national level, and each Palika develops/adopts a process that works best for their circumstances. The digital civil registration and SSA systems should enable these local models for registration, ensuring that standards of data, privacy, security and rights are maintained, and the benefits that technology brings can be realised.

2. Create demand for and understanding of birth registration, disability ID and SSAs amongst citizens (see Regional Action Framework - Action Area B - Public engagement, participation and generating demand)

   Birth registration is not a priority for parents/guardians in Nepal and whilst SSAs have increased demand for birth registration services, people are still not actively seeking out the service. Demand for the disability ID and SSAs does exist, but process complexity and misunderstanding deters people from completing the process and benefitting from the service. Demand is driven by a need (school enrollment/cash allowance) and/or an opportunity (a one-off registration camp) but there is considerable scope for misunderstanding. An integrated marketing and communications (C4D) campaign is required to (i) build an understanding of the process and its requirements, and (ii) create demand for the service based on an understanding of the hopes, desires and needs of local populations.

3. Establish consistency and excellence in service delivery (see Regional Action Framework - Action Area C - Coordination)

   Service providers need to provide consistent, excellent service to citizens trying to access registration services in order to create a good reputation for the services and encourage participation. In order to achieve this it is important to (i) strengthen collaboration amongst responsible government agencies and partners, and (ii) establish Key Performance Indicators (KPIs) and be able to monitor these across Nepal over time, where possible through real-time operational data.

4. Make legal and regulatory changes that enable effective service delivery (See RAF Action Area D “Policies, legislation and implementation of regulations”)

A full legal and regulatory review should be conducted once enhanced models of registration and digital opportunities are identified. Rules and regulations need to reflect the rights-based principles of service delivery rather than acting as a constraint to their effective provision. With the increased use of digital service delivery, there is an increased responsibility for effective management of personal data and information security.

High Level Work-plan of Activities for integrated CRVS and SSA strengthening programme
1. Use appropriate technology to strengthen registration processes and service delivery

Nepal’s geography and current infrastructure limitations means that there is no one-size-fits-all solution for process improvement in the country. Depending on where people live and what infrastructure and capacity is available, different services should be provided. Based on research conducted as part of this study, a number of processes have been identified that can be tested to assess their effectiveness and potential for scale in relevant locations.

Before implementing the processes detailed in the next section, we recommend conducting the below activities so that the processes work at the Palika level.

1. **Define national level standards** for birth registration, disability ID and SSAs. These can then be used by Local Government to implement services that work where they operate.

2. **Conduct design research at the Palika level** to understand their unique experiences, as well as challenges and opportunities. Conducting this work in partnership with local government staff and CSOs will ensure local ownership and that any solution works for the context. Initially, 3 or 4 Palikas with different profiles can be targeted. This will allow the government to (i) develop and refine a research approach that can then be used in other locations, led by local organisations, and (ii) learn about the needs for a variety of contexts that reflect Nepal’s diverse make-up.

3. Based on the research conducted and the required needs, review the processes defined below. **Before you invest** in building technology solutions to support these processes, identify existing solutions and/or develop prototypes of different solutions and processes and test them at the local level, getting feedback from both users and service providers.

4. Based on the feedback from these tests, **formalise the new processes**, recognising that the service may differ based on the type of applicant, their location and other personal details.

5. For processes that require **digital solutions** to enable them, make any upgrades required before implementing at scale.

6. Create **clear instructions** for these processes and ensure that affected actors are **effectively trained**.

7. **Document processes** and share with the National level to ensure registration modalities are well understood around the country.

**NOTE.** any process or service that is re-designed needs to be designed with those people who conduct, access and benefit from the service i.e. people living with disabilities and their caregivers, young and single mothers, remote ward office staff. This will ensure that the process matches individual needs, skills, and capacities.
1.1. Future-state processes for testing

1.1.1 Birth registration

The processes defined below recognise that births can take place at home and in a health facility. The subsequent steps may depend on local requirements and context i.e. a birth that occurs at home could also be notified at a health facility. The processes simply recognise the value of offering services at service points where mothers and their newborns visit already and where similar data may already be captured, thus reducing duplication of effort and the time required to register a birth.

Key enablers of the above process are as follows:

1. **Integration with health:** Digital health provides a unique opportunity to provide a source for birth and death registration information. By integrating digital health and civil registration MISs, data that is already captured by health workers can be used to start the registration process for applicants. This reduces the time, cost and effort associated with registration for everyone involved and enables timely registration of vital events.
2. **Community notification:** The number of births that occur at home has seen a steep rise during the COVID-19 pandemic. FCHVs have great access to newborn mothers and their children. It is also well understood that they are overburdened with work. The proposed process uses a low-tech solution to capture the occurrence of the event using the very accessible SMS/USSD technology. Basic details will be captured about the sex and location of the birth, and this can inform targeted services in those locations. This does not overburden the FCHV by requesting them to complete a full application form; require extensive digital literacy that is often lacking in these individuals; or require an extensive hardware management system that would be required if a tablet/sm智phone was required to do this work.

**Self Application at home and at the office**

Birth registration could also be a fully automated process for some individuals who have access to computers or smartphones. The process below shows 2 options:

1. **Digital self-application and certificate:** this process allows the applicant to complete the full application online with supporting documents and submit for review by the Ward Secretary. The Ward Secretary could then see this application in their workqueue, review it and register it, and the Applicant could choose whether they receive a digital certificate or collect a hardcopy from the office / another authorised service provider.

2. **Application at the office:** while this is the process now, system upgrades outlined in Section 1.2 Digitisation Opportunities could be implemented to make the process more effective and efficient. This would include ensuring that the system works online, offline and in low areas of connectivity; it could enable the use of digital signatures that could be used when the Ward Secretary is not present, and subsequently allow the Registrar to review activities using an audit function; and it could provide data dashboards to monitor registration rates and performance. An upgraded digital system will improve registration services and contribute to small increases in registration rates by removing existing bottlenecks and barriers.

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1.1.2 SSA registration and enrolment

The processes defined below aim to improve SSA accessibility and accountability by reducing time, cost, and duplication of effort for both the applicant and the Ward. Digital integrations triggered by vital event registration and disability ID issuance enables automated SSA registration and enrolment. Alternative access points empower citizens to choose how their vulnerability is identified and disclosed, with a trusted service provider, a supportive Ward Secretary, or in the privacy and convenience of their home.

NOTE: The value of issuing a physical SSA card needs to be questioned. Alternatives should be explored such as a digital SSA ID; a number/token that is used to access SSA services; or only collect a card on demand.

Process 1: Digitally Integrated SSA Services

This process leverages existing digital MISs to inform the SSA MIS to enrol an individual based on information already captured in the first registration process e.g. when a birth is registered, if the child is eligible, the details will be sent to the SSA system for enrollment. The process then gives the applicant the option of:

(i) How to receive payments - either via mobile banking or by collecting at a convenient location; and

(ii) How to collect their SSA card - either receive a digital version or collect at a convenient location

NOTE. These processes are dependent on technology upgrades and integration between existing or future digital systems. See Target System Architecture for more details.
Process 2: Self-application for SSA allowance

This process allows applicants to apply for an SSA allowance by themselves. They can do this by either:

1. **Applying online**: this option will only serve individuals who have access to connectivity and can navigate the online application process. By removing the need to apply at the office, this frees up time for registration staff to focus on value-add activities and makes the lives of citizens easier.

2. **Visiting the Ward once**: by ensuring that the digital SSA system works offline, the registration process can be completed offline and an SSA card issued immediately.

Depending on whether there is a bank in the Ward/Palika or not, the applicant can select the method of allowance distribution. In terms of the need to consult a committee at the Ward level or whether the Ward Secretary can take this role on themselves, it is recommended to keep the process simple, with authorised individuals responsible for confirmation of eligibility if the relevant supporting documentation is provided. Complex cases can be defined and managed by a committee if required; these should be kept to a minimum.
Process 3: SSA registration supported by community agents

This process is designed to digitise and streamline the verbal community-based referrals that currently drive demand for SSAs, by:

1. **Getting help from a community agent**: this option allows a community appointed agent to complete the digital application on their behalf using any device that can access the online application portal. This takes advantage of the presence of digitally literate individuals who work at the community level and have existing relationships with citizens eligible for SSAs e.g. CSOs, health workers, other community actors relevant and appropriate for a certain location. This process could also be conducted on paper and digitised at the Ward level.

2. **Streamlining referrals**: Enabling community agents to process an application establishes an accountability loop between the applicant, the Ward, and the community agent. This will improve the quality, timeliness, and completeness of registrations as applicants will receive support throughout the process. It will also create additional trigger points that can be used for targeted awareness raising.

3. **Enabling user-led options** for card collection and payment helps tailor the services to the applicant and applicant’s family’s specific needs.

*The need to issue a card needs to be questioned and alternatives explored*
For areas lacking required infrastructure, it is recommended to:

1. Maintain paper-based processes and only digitise the record once it is registered and the certificate is issued. This expedites timely registration and removes barriers associated with travel to the Palika office.
2. Conduct regular integrated birth and child grant registration camps using the digital MIS (that works offline). See section on registration camps below.

1.1.3 Registration camps for birth registration and SSAs

Registration camps have proven to be an effective mechanism to offer end-to-end birth registration services, especially in remote areas where travel to the Ward or Palika office is challenging. Integrating SSA services into registration camps would maximise coverage and improve targeting for both services. While defining continuous registration services are critical to ensure timely registration of births and enrollment in SSAs of eligible populations, there are some locations where camps can be an effective approach, integrating services and pooling costs and resources. In order to strengthen this approach, a number of things can be done.

**Conduct camps at regular intervals**

By defining a regular schedule of registration activities e.g. 3 - 6 months depending on the birth rate, people will know and prepare for the event. It will also minimise the time that registration staff need to conduct activities on an ongoing basis.

**Communicate requirements**

Ensure that clear and consistent instructions are provided to target participants through relevant communication channels. Participants should know what documents are required and the logistical details of the camp, including where they need to be and when.

**Integrate birth registration activities at existing services**

Food, nutrition, and health services are highly valued by communities and commonly target households with low rates of registration. Map existing community-based services in locations with low rates of registration to identify opportunities for integrated service delivery. Align registration camps to existing initiatives with high participation rates, i.e. vaccination drives, growth monitoring initiatives, WFPs food distribution and supplementary feeding programs. Test different service integration options at a small scale before deciding which service integration is best. Food, nutrition and health services will also rapidly scale during emergency responses so having a documented integrated model ready for scale can not only improve birth registration coverage but also mitigate barriers to accessing emergency relief when a birth certificate is required for eligibility.

**Use technology to enable processes**

The digital system can be used to complete digital applications during registration drives, either at registration offices, or at the community level. Digital systems need to (i) work both offline and when connectivity is poor and (ii) work across different device types including desktops, laptops, tablets and smartphones to help with mobility challenges.

NB. It is strongly recommended that digital solutions are only used when it makes the process easier for both users and service providers.
1.1.4 Disability ID

The term disability covers a wide spectrum of conditions. Because of this, and the previously mentioned contextual variations, there is no one-size-fits-all approach to screening and enrolling PWDs. How this is done needs to be contextualised to the location, guided by a clear set of operational and quality parameters defined at the national level.

Based on global best practice and experience, the following considerations must be made when designing new processes that target those with disabilities:

- **Broad spectrum of disabilities**
  There are a broad spectrum of different disabilities which means that any process or digital solution needs to take into account this complexity. It also means that there may be multiple ways for children and adults with disabilities to be screened and enrolled.

- **Accessibility**
  - To physical offices e.g. for people with physical disabilities
  - To use of digital technologies e.g. for people who are blind, deaf, physical, learning difficulties
  - To language used and its delivery e.g. especially for those with language difficulties

- **Purpose of data collected**
  Data collected should be rights-based and should only be required for the purpose of identifying barriers to match appropriate supports. Data should only be collected for a specific purpose that adds value and meaning to why the data is being gathered. Is it really required for the purpose of issuing a disability ID? Will the information identify opportunities for targeted services and supports? Or, is it acting as a barrier to people engaging in the process?

- **Training of personnel in disability specific approaches**
  Guidelines are not enough to ensure that service providers effectively manage the needs of women, men, girls, and boys living with disabilities. Specific training is required to ensure that people living with disabilities are treated as individuals first and foremost. Ensure personnel have the skills and capacities to clearly communicate the process, the requirements, and the associated benefits of the service they are wanting to access.

- **Access to data**
  Access to data should be limited to those who have a specific purpose. Who will be able to access the data and why?

- **Communication approaches**
  Ensuring communications and communication channels take into consideration the different types of disabilities as well as pre-existing social stigmas

Detailed below are some potential processes that could be developed and tested. Note, these have been identified based on a broad analysis of the limitations and opportunities that currently exist, so may not be relevant for every location. The need for a full review committee should also be reviewed, with clear-cut cases processed without the need for the committee to gather. In this instance, validation with documentary evidence could be sufficient to grant the disability ID, OR one individual could be responsible for following up via a communication link or in person.
Disability ID processes for testing

1. **Apply at the Ward:** making the digital application process as easy as possible for the Ward Secretary.
2. **Get help from a community agent:** this option allows a community agent to complete the digital application on their behalf using any device that can access the online application portal. This takes advantage of the presence of digitally literate individuals who work at the community level and know people with disabilities and how to work with them. This process could also be conducted on paper and digitised at the Ward level.
3. **Call a national hotline:** this option introduces the concept of a national level disability ID hotline. This could be a call-centre that is established at the national level that is operated by individuals who are appropriately trained to complete the digital form on behalf of the applicant, over the phone. Supporting documents such as NID could be validated digitally and would remove the need for in-person identification of the applicant. Alternatively, follow-up house calls could be conducted in a targeted manner using information in the application that the Ward could then see and take action on.

The process also allows the Applicant to choose how to receive their disability ID, either in a digital format via their mobile phone or email, or to be collected at a convenient location, recognising the challenges associated with travelling to the Ward again to collect the ID.

### 1.2 Digitisation Opportunities

Information and Communications Technology (ICT) has the potential to provide transformative improvements in CRVS and social protection systems based on its ability to extend registration coverage, standardise and streamline processes, integrate data from multiple systems and securely store data at scale, all in a cost-effective way. If properly employed, ICTs can make a significant contribution towards achieving universal registration of vital events and SSAs, providing legal documentation of civil registration as necessary to claim identity, civil status and ensuing rights; accessing SSAs; and producing accurate, complete and timely vital statistics and other useful data for policy and planning purposes.

Based on analysis of the current state of digital systems that support CRVS and SSAs in Nepal currently, there are a number of opportunities to strengthen existing MIS. These are outlined in *IT System Landscape: What IT systems are used to support birth registration and SSA processes?* on page 27. Several of these features have already been designed for OpenCRVS ([https://www.opencrvs.org/](https://www.opencrvs.org/)), an open source digital CRVS system that is freely available for governments and partners to use. See the detailed documentation on these features on the website ([https://documentation.opencrvs.org/opencrvs-core/](https://documentation.opencrvs.org/opencrvs-core/)) and explore using the freely accessible code to implement these features in Nepal.

Some of the relevant features are introduced below.

- **Offline and low connectivity working:** the system must enable both offline and low connectivity working. Remember - certain tasks will require connectivity, so this should be considered during the service-design process.
- **User friendly forms:** consider using question-led forms that guide users through the form in a step-by-step way, using simple language and providing examples of required content.
- **Integration:** integration between relevant systems can result in drastic time saving and efficiencies when designed and implemented effectively. Use of standards-based interoperability layers such as the Open Health Interoperability Exchange (OpenHIE) that is currently used for BIMS ensures that data is exchanged in a safe and secure manner.
- **Communication with applicants:** SMS or Interactive Voice Response (IVR) technology can be used to communicate with customers to provide status updates and instructions. IVR is a useful technology to use for individuals with low literacy.
- **Smart validation:** use client-side and server-side data validation to increase data quality e.g. the system should not allow a date of birth in the future; the ID system can validate the NID number.
• **Workload management:** use work queues to help system users manage their workload. This can help users prioritise required actions, for instance encouraging Ward Secretaries to register digital applications within the legally stipulated time, resulting in timely registration and more useful data for planning and policy purposes.

• **Delegated Authority:** consider allowing Registrars to delegate their authority to someone else in the office so that their absence in the office does not cause unnecessary delays in the registration process. Any actions taken could then be viewed using the audit functionality.

• **Data dashboards:** use the data that is captured in CR and SSA systems to inform policy and planning decisions and to monitor operational indicators in order to improve service delivery. Data can be visualised in different ways for different users and be viewed in real-time.

• **Reports:** remove the need for offices to create manual reports by standardising report types and using system data to generate these automatically.

• **Audit:** track what users do in the system and what happens to each record. This can be used to identify fraudulent activities, monitor individual performance, and create accountability.

• **Digital certificates and cards:** instead of issuing paper documents, digital certificates and cards can be issued to enable easier access to services. These are also useful as they cannot be lost/damaged during an emergency.

### 1.2.2 Digital Disability ID System

The planned digitisation of the disability ID system and the introduction of a ‘smart’ disability ID provides a unique opportunity to transform the disability ID service for PWDs and their caregivers. As per the Principles for Digital Development, it is critical that this system is designed with users. This means with a broad spectrum of PWDs, their caregivers, organisations who work with them, colleagues from CR and ID, and those who serve them. By conducting the design process with these people, the system will respond to their needs, making it more likely that they will access the service and use the system itself, and it will ensure that integration with other digital systems in the eGovernment ecosystem are considered from the outset.

Before investing in the full development of the system it is strongly recommended to test out the processes and system at the local level. This can be done through prototyping of the solution and testing it at the community level to gather feedback before investing in the full build. Conducting this testing early on helps identify practical functional and non-functional requirements that may otherwise be missed, and can save money in the long-term as you test before you invest - preventing late changes when the system doesn’t work at the point of implementation.

### 1.2.3 Future-state system architecture

In this section a Future State System Architecture is proposed. This not only responds to the system needs as per the as-is assessment, but also takes into consideration the opportunities of the use of digital technology as identified throughout the analysis. This architecture provides a vision of the digital systems required to support CRVS, disability ID and SSAs in Nepal in the long term. This is necessary to ensure that all near- and medium-term investments are “future proof” i.e. they are aligned with a roadmap that leads to the eventual realisation of the desired future state.

Included on the left is a global best practice approach to implementing an effective integrated CRVS and ID architecture. This includes:
1. **Digital CR system that:**
   - Receives notification data from health systems
   - Provides vital event data to the National Statistics Office
   - Provides the sole continuous source of vital event data for the National Population Register

2. **National Population Register that:**
   - Acts as the central repository for up-to-date information regarding the population of the country (both citizens and residents)
   - Generates the Unique Identification Number (UIN)
   - Integrates with functional registries and service delivery functions to support functional uses of identity data e.g. enrollment in an SSA. It is recommended that a National Population Register acts as the single source of truth for population information that supports the functional registries, rather than having numerous integrations with the civil registration system directly. This prevents developing multiple integrations between all systems and ensures a single source of the truth for functional purposes.

The Unique Identification System is used to uniquely identify individuals in the Population Register via some means of identification e.g. biometrics, ID Card etc. This helps individuals prove who they are and allows a service delivery point to establish the identity of an individual.

For a more functional architectural view and description, see below. This is a preliminary recommendation that would require further exploration and consultations with experts and government agencies.
### Feature Description

1. **Sources of information**
   - **Home**: Web-based application that allows users to apply for birth/SSA/disability ID online from wherever they are, on any device, as long as they have an internet connection. As part of this service they can provide digital copies of supporting documentation, pay and select a delivery method for the certificate/card.
   - **Registration Office**: Web-based/desktop application that allows registration agents (from responsible authority) to register birth/SSA/disability ID, transfer data directly to the central system and issue a certificate/card. Includes offline functionality.
   - **Health Facility**: existing digital health system sends birth information to the civil registration system for follow-up.
   - **Community Based full application**: Mobile application that allows community registration agents to notify vital events /
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Complete SSA/disability ID application by gathering registration data in the community and submitting to central system for validation and certification</td>
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<tr>
<td>2.</td>
<td>Community Based notification: low-tech mobile option (USSD/SMS/IVR) that allows community registration agents to notify vital events/eligible candidates for SSA/disability ID by gathering minimal data in the community and submitting to central system for follow up action e.g. registration camps</td>
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<tr>
<td>3.</td>
<td>Central CRVS System: Central civil registration and vital statistics system that fulfils all required CRVS functions</td>
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<tr>
<td>4.</td>
<td>Central SSA Beneficiary System: Central SSA beneficiary system for enrolling individuals in SSAs, tracking payments, grievances etc.</td>
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<tr>
<td>5.</td>
<td>Central Disability ID System: Central disability ID system that fulfils all required disability related functions</td>
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</tbody>
</table>
| 6.     | Social Registry: Central repository for up-to-date information combining identity, demographic and socio-economic data for the population of the country (both citizens and residents) at the individual and household level. Integration with:  
  - Civil Registry:  
    - To continuously receive up to date vital event information  
    - To use vital event data that allows validation of eligibility criteria for relevant SSA claims  
    - To use vital event data as proof of eligibility for SSAs  
    - To share death notification to stop enrollment of deceased individuals  
  - SSA:  
    - To auto-enrol eligible candidates for SSAs using population data  
    - To validate NID/BRN of applicant(s) / family member(s)  
    - To unenroll people when they die  
    - To auto-populate SSA applications with relevant demographic and identity information  
    - To update beneficiary status  
  - Disability ID:  
    - To validate NID/BRN of applicant(s) / family member(s)  
    - To auto-populate form fields in order to reduce effort  
    - To share disability information with other government services that require it (need to know)  
  - NID:  
    - To uniquely identify individuals  
    - To auto-enrol eligible individuals at the age of 16 for NID |
| 7.     | Feedback messaging function: Based on the communication needs of the population, each system can integrate with an SMS or IVR engine which will facilitate automatic and targeted communications with individuals in the system |
| 8.     | External Integrations: Health with Civil Registry:  
  - Receive birth notification data from existing interactions during appropriate interactions e.g. hospital birth, MCH visits, EPI services etc. |
- Receive death notification data from existing interactions during appropriate interactions e.g. hospital death, post-mortem at a hospital etc.
  NB. Standards-based health interoperability layer should be used. To see an example of how this has been done in Bangladesh using OpenCRVS, see OpenCRVS documentation available online: https://documentation.opencrvs.org/opencrvs-core/
  Other incl. Passport, electoral roll, education etc.

### 8. National ID

**Integration with:**
- **Civil Registry**
  - To validate NID number of applicant(s) and family member(s)
  - To auto-populate form fields in order to reduce effort
  - To generate a UIN that can be issued at birth
  - To close NID number of deceased individual
- **Social Registry**
  - To share UIN details
  - To share identity data for functional purposes e.g. auto-populating forms and validating identities

### 9. Users of system information

**National Level Authorities**
- National level reporting on SDGs
- Policy and planning
- Monitor performance

**Local Level Authorities**
- Monitoring of operational service indicators and targeted improvements
- Targeting of social services

**National Statistics Office**
- Use of CR data for VS purposes

**Authorised Agencies**
- Data to inform programme design for CSOs, iNGOs and UN agencies
- Disaggregated data shared with the private sector as a source of income for government

### 10. Household level data

Household level socio-economic data will be an input to the Social Registry. This is especially relevant when SSAs for the economically poor are rolled out.
2. Create demand for and understanding of birth registration, disability ID and SSAs

Lack of understanding is a huge bottleneck and barrier for accessing birth registration and SSAs in Nepal. Whilst people may be aware of the services i.e. have heard about them, they either (i) don’t know how to access it; (ii) have been misinformed about eligibility criteria and/or entitlements; or (iii) simply don’t value the service alongside the transaction cost. It is critical that efforts are made to raise awareness and build a more comprehensive understanding of the registration processes amongst applicants. The following activities are recommended to increase awareness, increase engagement and ensure that people know how to complete the process.

1. **Design an integrated marketing and communications campaign to positively encourage engagement in registration processes and ensure that everyone is clear on what the process is**
   - **Create materials at the local level, based on guidance parameters from national level**
     Communications should reflect processes that are being implemented in that community and be relevant for the local community. This will ensure that messaging resonates with the community.
   - **Convenient and targeted**
     Content needs to be tailored to the audience (disability and gender sensitive, age-appropriate) and match their motivations (who, what, where, and why). Think about who the service is targeting, map their daily interactions, and identify opportunities to align these existing interactions with opportunities to promote or provide information.
   - **Create consistent messaging**
     Knowing what to expect from a service is essential to driving demand. It is critical that the same messages are used by all organisations working in the same area. This will require coordination amongst all stakeholders and will save money by sharing resources.
   - **Use appropriate tools to disseminate messages that address different disabilities**
     Ensure that communication materials are provided in different formats including visual aids, oral communications and face-to-face communications.

2. **Test the messaging with the community**
   To ensure that the messaging resonates, test it at the community level and adjust to reflect understanding.

3. **Implement campaign**
   - **Use a multi-channel communication approach**
     - Administrative mobilisation
     - Community mobilisation via existing community leaders and meetings,
     - Sustained appropriate advertising via radio, TV, newspapers and other media channels.
     - Counselling by local agents, including FCHVs.
     - Point of service promotion at appropriate service points including health facilities, government offices and other popular locations.
3. Establish consistency and excellence in service delivery

The quality of public services is an important factor in ensuring continued engagement in these services. Detailed below are a number of recommended activities that can be conducted to establish consistent and excellent service delivery that will result in increased engagement and positive experiences shared by word of mouth.

1. **Strengthen coordination amongst responsible agencies and partners**
   - National level: review existing steering committee(s) for CRVS and social registries and identify opportunities for improvement. Consider: What is the purpose of the committee?, is it effective in its current format? Should other stakeholders be included e.g. local organisations that have local knowledge?
   - Establish a formal governance mechanism and convene frequently to enable effective coordination between responsible government agencies and partners who support them to achieve their goals.
   - National and local level: map all existing initiatives to ensure that each responsible department is aware of all activities taking place across the country/locality. This should be done on a regular basis to ensure that activities are coordinated.
   - Coordinate partner contributions to all CRVS, disability ID and social registry programmes. Partners should be contributing to the strategic objectives and priorities of the responsible department and should be acting in a coordinated manner so as not to duplicate effort and rather work together towards achieving the same goals.

2. **Define key performance indicators (KPIs)**
   Bring together key stakeholders from both national and local levels to collectively define KPIs that need to be monitored across the entire country in order to measure operational performance levels. These indicators should reflect what contributes to good and bad service performance in Nepal e.g. time, cost, visits - the less time, cost and visits it takes for a customer to complete the process, the better the service.

3. **Design and develop an operational data dashboard**
   Work with end-users to design and test a data dashboard that is easy to use and can be used at the local and national levels to monitor operational indicators on an ongoing basis.

4. **Use real-time data to monitor KPIs**
   Use real-time data from the operational dashboard to identify:
   - Low performing areas - provide relevant support to help them improve their performance
   - High performing areas - reward them to encourage continued excellence

5. **Design and implement customer and service provider feedback mechanisms**
● Design an approach to gather feedback from service providers about what is going well, what isn’t, and what they need. This could be designed as part of the digital systems, providing the user with the ability to feedback using the system.

● Design an approach to gather feedback from customers. This could be by conducting random spot checks either in-person or on the phone; it could be done by conducting a short questionnaire at regular intervals after customers access the service; or a USSD/SMS feedback mechanism could be developed.

● Identify Wards and Palikas existing feedback mechanisms and actively promote these mechanisms

● Maintain feedback mechanisms that sit independently of the service, i.e.

6. Contextualise national level guidelines for local processes
Guidelines from the national level need to be contextualised based on the processes that will be implemented at the local level i.e. localised modality for service delivery including registration camps or issuance of digital birth certificates, for example. Contents should reflect the look and feel of their operating environment to maximise uptake and ownership.

7. Train staff
● Conduct an assessment of the existing levels of knowledge and skills with regards to CRVS, disability ID and SSAs amongst service providers.

● Based on the results of the assessment, design a comprehensive yet realistic training curriculum that will empower service providers to provide effective services.

● Identify master trainers at the local level that can conduct ongoing training. Train these individuals in national level standards, and they will need to become experts in local level processes to ensure consistent implementation of them. These individuals can also become change champions that get people excited about process and system level changes.

● Explore digital training opportunities including: SMS/IVR training modules for local level staff; in-built training modules in the system; training camps.
4. Legal & Regulatory Changes

Any changes in service delivery will require a review of the existing rules and regulations in place that govern over these services to identify required changes. Rules and regulations should be defined at the national level with enough flexibility to allow local level government to contextualise to their needs. Any opportunities for service improvement need to be reflected in rules and regulations.

1. Create a “legal sandbox” for interim periods
   It takes time to change rules and regulations, and this should not be done until processes are refined and they are identified as suitable for scale and implementation. In order to test new processes that might operate outwith the existing rules and regulations, but has the potential to improve service delivery, a legal sandbox can be created to allow testing to take place. A “legal sandbox” is a framework set up by the relevant legal or regulatory authority to allow small-scale, live testing of innovations in a controlled environment. The framework provides a special, time-bound exemption from the current legal framework for a limited group and for a specified jurisdiction.

2. Conduct a legal and policy review
   - Based on re-designed processes, review rules and regulations to identify any required changes.
   - Consider the below changes to remove key bottlenecks and barriers
     - **Allow births to be registered at any Ward across the country:** Use digital IDs to verify individual's identities and share data as required.
     - **Update supporting documentation requirements:** remove unnecessary supporting documents e.g. if the birth notification is sent from a health facility or FCHV, remove the need for a birth notification to be provided. Advocate Wards and Palikas to align supporting documentation requirements to national laws and policies, i.e. a marriage certificate is not required to register a birth.
     - **Birth registration is a constitutionally guaranteed fundamental right:** Hence, the law must attach duties to the parents/caregivers to make reasonable efforts to register a child's birth within a prescribed time. Likewise, the law must also provide an efficient administrative and judicial remedy where an application for birth registration is denied or delayed unreasonably.

3. Based on evidence, make changes to rules and regulations
Annexes

Annex A: List of KII Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role</th>
<th>Organisation/ region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Punya Paudel</td>
<td>MNH, Section Chief</td>
<td>Department of Health, Family Welfare Division (FWD), Maternal and Newborn Health</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Dipak Jha,</td>
<td>Senior Public Health Officer</td>
<td>Department of Health, FWD, Child Health and Immunization</td>
</tr>
<tr>
<td>3</td>
<td>Ms. Jamuna Mishra</td>
<td>Undersecretary (Focal person for PWD welfare)</td>
<td>Ministry of Women, Children and Senior Citizen</td>
</tr>
<tr>
<td>4</td>
<td>Mr. Satish Kumar Singh</td>
<td>Mayor</td>
<td>Tilathi Koiadi Rural Municipality (RM), Saptari</td>
</tr>
<tr>
<td>5</td>
<td>Mr. Shailendra Singh</td>
<td>Social Protection Officer/ MIS operator</td>
<td>Tilathi Koiadi, Saptari</td>
</tr>
<tr>
<td>6</td>
<td>Mr. Biswash Pokharel</td>
<td>MIS operator</td>
<td>Saptakoshi Municipality, Saptari</td>
</tr>
<tr>
<td>7</td>
<td>Ms. Nanu Katel</td>
<td>Women Development Inspector</td>
<td>Women, Children, and Senior Citizen Office, Karjanha Municipality, Siraha</td>
</tr>
<tr>
<td>8</td>
<td>Ms. Shakuntala Bhattarai</td>
<td>Ward Secretary</td>
<td>Ward No.1, Karjanha Municipality, Siraha</td>
</tr>
<tr>
<td>9</td>
<td>Mr. Guru Dayal Mahato</td>
<td>Health-in-charge</td>
<td>Swastha Chowki (Health Post) Badharamal, Siraha</td>
</tr>
<tr>
<td>10</td>
<td>Mr. Gayatri Raman Ghimire</td>
<td>Section Head</td>
<td>Social Security and Vital Event Registration, Dhulikhel Municipality</td>
</tr>
<tr>
<td>11</td>
<td>Mr. Chyangba Tamang</td>
<td>Ward Secretary</td>
<td>Ward No.11, Dhulikhel Municipality</td>
</tr>
<tr>
<td>12</td>
<td>Ms. Chitra Malla</td>
<td>Women Development Inspector</td>
<td>Women, Children, and Senior Citizen Office, Gangajamuna Rural Municipality, Dhading</td>
</tr>
<tr>
<td>13</td>
<td>Ms. Usha Lamichhane</td>
<td>MIS Operator</td>
<td>Social Security and Vital Event Registration,</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position</td>
<td>Organization/Office</td>
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<tr>
<td>14</td>
<td>Mr. Dambar Rokaya</td>
<td>Coordination Officer</td>
<td>National Child Rights Commission, Karnali Pradesh</td>
</tr>
<tr>
<td>15</td>
<td>Ms. Ambika Adhikari</td>
<td>Women Development Inspector</td>
<td>Women, Children, and Senior Citizen Office, Shubhakalika RM, Karnali Pradesh</td>
</tr>
<tr>
<td>16</td>
<td>Mr. Nrigendra Hamal</td>
<td>Ward Secretary</td>
<td>Ward No.7, Shubhakalika RM, Karnali Pradesh</td>
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<tr>
<td>17</td>
<td>Mr. Thakur Dhakal</td>
<td>Social Policy Specialist</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>18</td>
<td>Mr. Rajan Burlakoti</td>
<td>Child Protection Officer</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>19</td>
<td>Ms. Indra Kala Tamang</td>
<td>Health Officer</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>20</td>
<td>Mr. Sridhar Thapa</td>
<td>VAM Officer</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>21</td>
<td>Ms. Shreejana Paudyal</td>
<td>Nutrition Officer</td>
<td>World Food Programme</td>
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<tr>
<td>22</td>
<td>Mr. Soyesh Lakhey</td>
<td>Extended Term Consultant</td>
<td>World Bank</td>
</tr>
<tr>
<td>23</td>
<td>Ms. Jyoti Pandey</td>
<td>Social Protection Specialist</td>
<td>World Bank</td>
</tr>
<tr>
<td>24</td>
<td>Mr. Puskar Kafle</td>
<td>Social Protection and Child Protection Staff</td>
<td>Save the Children</td>
</tr>
<tr>
<td>25</td>
<td>Mr. Benjamin Zeitlyn</td>
<td>Social Development Adviser at the British Embassy</td>
<td>The Foreign, Commonwealth &amp; Development Office-UKAID</td>
</tr>
<tr>
<td>26</td>
<td>Mr. Craig Irwin</td>
<td>Statistics Advisor</td>
<td>The Foreign, Commonwealth &amp; Development Office-UKAID</td>
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<tr>
<td>27</td>
<td>Mr. Mahesh Prasad Joshi</td>
<td></td>
<td>GIZ</td>
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<tr>
<td>28</td>
<td>Mr. Raju Basnet</td>
<td>General Secretary</td>
<td>National Federation of the Disabled Nepal</td>
</tr>
<tr>
<td>29</td>
<td>Ms. Nirmala Dhital</td>
<td>Chairperson</td>
<td>Federation of Women with Disability- Nepal</td>
</tr>
<tr>
<td>30</td>
<td>Mr. Kiran Shilpakar</td>
<td>President</td>
<td>National Association of Physical Disabled- Nepal</td>
</tr>
<tr>
<td></td>
<td>Name</td>
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<tr>
<td>31</td>
<td>Mr. Umanga Acharya</td>
<td>Project Coordinator</td>
<td>Children &amp; Women in Social Service &amp; Human Rights</td>
</tr>
<tr>
<td>32</td>
<td>Mr. Bibhusan Bista</td>
<td>Chief Executive Officer</td>
<td>Young Innovations</td>
</tr>
<tr>
<td>33</td>
<td>Household Level KII</td>
<td>Birth Registration and Child SSA by father &lt;35 days at the ward office</td>
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<td>Household Level KII</td>
<td>Disability ID for child with severe disability (red card) by father at the ward office</td>
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<td>36</td>
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<td>Citizen</td>
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