



Health Data Collaborative



MISSION REPORT

SDG3 GAP and Health Data Collaborative (HDC) multi-agency support mission to Nepal for Civil Registration and Vital Statistics (CRVS) and Geographic Information System (GIS) strengthening.



Mission Leads



Mission Location



Mission Dates

STRONGER COLLABORATION, BETTER HEALTH

Global Action Plan for Healthy Lives and Well-being for All





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Acronyms

Abbreviation

Meaning

CRVS	Civil Registration and Vital Statistics
GIS	Geographic Information System
HDC	Health Data Collaborative
SDG	Sustainable Development Goals
SDG GAP	Sustainable Development Goals Global Action Plan
WHO	World Health Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNRC	United Nations Resident Coordinator
MoHP	Ministry of Health and Population
PPMD	Policy, Planning and Monitoring Division
NSO	National Statistics Office
DoNIDCR	Department of National Identification and Civil Registration
DoHS	Department of Health Services
SD	Survey Department
BHSP	Basic Health Service Package
UBC	*to be confirmed
VERSP-MIS	Vital Event Registration and Social Protection Management Information System
API	Application Programming Interface
MoHA	Ministry of Home Affairs
EDP	External Development Partners
HMIS	Health Management Information System
LLG	Local Level Government
IMU	Information Management Unit
IHMIS	Integrated Health Management Information System
NDHS	National Demographic and Health Survey
NFHS	Nepal Family Health Survey
WHS+	World Health Survey Plus
VA	Verbal Autopsy





Executive Summary

Background

The [Global Action Plan for Healthy Lives and Wellbeing for All \(SDG3 GAP\)](#) is a set of commitments by 13 agencies that play significant roles in health, development, and humanitarian responses to help countries accelerate progress on the 2030 health-related SDG targets.

[Health Data Collaborative \(HDC\)](#) was born in March 2016 to implement the 5 point call to action declared during the [2015 high-level summit on Measurement & Accountability for Results in Health](#). HDC's overall mission is to provide a collaborative platform that leverages and aligns technical and financial resources (at all levels) to country owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with specific focus on SDG targets and communities that are left behind.

The Ministry of Health and Population (MoHP) Nepal submitted the country position for HDC affiliation in September 2020; facilitated by the WHO's Southeast Asia Regional Office (SEARO) and the WHO's Country Office. Subsequently, the Monitoring and Evaluation Section Chief in the Policy, Planning and Monitoring Division (PPMD) was nominated as HDC and SDG3 Gap national focal point. Hon. Minister, MoHP, Bhanubhakta Dhakal opened the leadership event on 16 December 2020 ([Health Data Driving the SDGs and Defeating COVID: Accelerating Progress Through Partnership](#)).

Nepal is an identified priority country for the SDG3 GAP and HDC. Therefore, partners proposed a joint mission supported by UNICEF, WHO and UNFPA, to support Government priorities in CRVS and GIS. The mission took place in Kathmandu, Nepal from 23rd to 27th January, 2023, with field visits to Dhulikhel Municipality and Rosigoan Palika on 26th January.

Mission Objectives:

1. To explore how HDC partners can jointly accelerate support for the Nepal CRVS Strategy 2019.
2. To convene a stakeholder meeting of national, bilateral and multinational partners, including but not limited to the health sector, to share ongoing activities in support of CRVS.
3. To recommend key areas for improvement in partners' alignment (national and international) and improved integration of CRVS and GIS in Nepal within the overall population and health data system.

Mission Outcomes

The expected outcome of the mission is a strategic brief co-developed with the Government of Nepal, outlining recommendations for joint partner support for CRVS and GIS.

Background documents and presentations:

[Link to shared Google Drive](#)

Specific links within Google Drive:

- [Partner's Meeting Day 1 Presentations CRVS](#)
- [Partner's Meeting Day 2 Presentations GIS](#)
- [Field Visit Presentations](#)
- [Nepal HIS Roadmap 2022-2030](#)
- [Nepal CRVS Strategy 2019](#)
- [Mission Photos](#)





MAIN RECOMMENDATIONS

Detailed mission recommendations are outlined in a separate Strategic Brief and include:

CRVS

1. Improve implementation of birth registration laws, directives, and guidelines.
2. Establish partnership with the health sector.
3. Improve the coverage and quality of data related to medical certification of causes of death for institutional deaths.
4. Improve Vitals Statistics Reporting.

GIS

1. Enhance utilization of DHIS2 GIS module for integration of health and population data.
2. Enhance data harmonization and standardization.
3. Advocate for the Survey Department to constitute a formal coordination mechanism.
4. Support GIS capacity and infrastructure of significant agencies.



Tuesday, 25th of January 2023: Partners Meeting, Kathmandu, Nepal @Robic Upadhyay/UNICEF





Monday, 23rd January 2023
Briefing and courtesy meetings



Thursday, 26th of January 2023: Meeting with the Mayor of Dhulikhel, Dhulikhel Municipality, Nepal ©Robic Upadhyay/UNICEF

On the first day in Nepal, the mission team met with the UN Resident Coordinator and agency Country Representatives. There were also courtesy meetings with the Ministry of Health and Population, the Department of ID and Civil Registration, and the National Statistics Office.

HIGHLIGHTS



- Nepal's health sector has made significant progress. The pandemic has reminded us how important quality data is to drive plans, resources and implementation and strengthen primary health care to address health outcomes.
- Some partners continue to support fragmented approaches, not in line with Government priorities that can lead to increased reporting burdens, poor data and isolated unsustainable projects.
- The Government of Nepal has demonstrated strong leadership by convening this mission of HDC and SDG3 GAP partners by identifying priorities for data and digital investments. It is now up to partners to live up to our commitment to collaborate better and consider aligning technical, financial and political resources around these priorities.
- Alignment with Government-led plans and priorities lies at the heart of SDG3 GAP and the HDC work to maximize country impact. WHO, UNFPA, UNICEF are committed to jointly supporting Nepal's data priorities for better health outcomes.





Tuesday, 24th January 2023
Partner's Meeting Day 1_CRVS

HIGHLIGHTS



- Despite having a long history of vital registration, analysis of vital records by NSO has not been initiated.
- Better and stronger collaboration is needed between vital registration, health, and statistics authorities including development partners.
- Capacity development (HR, system development, other Infrastructure etc.) of national agencies is needed.
- Opportunity for strengthening Geographic Information Infrastructure at NSO.
- Need to avoid duplication in spatial data creation and usage through the networking of different GI Systems in the country.



Tuesday, 24th of January 2023: Ms Elke Wisch, UNICEF Country Representative, Kathmandu, Nepal ©Robic Upadhyay/UNICEF

Session 2: Government of Nepal initiatives on CRVS

Moderator - Dr Guna Nidhi Sharma - Senior Health Administrator Policy, Planning and Monitoring Division Ministry of Health and Population

CRVS System in Nepal and status of CRVS strategy 2019 - Tirtharaj Bhattarai - DG, Department of NID and Civil Registration

- We need to register 7 vital events (birth, foetal death, marriage, divorce, migration, adoption, death)
- We should register events where the events happened, but this has not been exercised - either by lack of awareness or the complexity of the system.
- We have a CRVS dashboard which gives you real-time data.
- Birth registration via online system has reached 2.3 million.
- Birth notification system is being piloted in 28 health facilities. A death notification system has been developed and is going to be piloted in Province 1.
- Civil registration guidelines are being developed.
- We need to increase our coverage of registration.





- We are also looking to link census and registration data to see if we can automate generation of disaggregated data.
- We will also use census data to assess the quality and completeness of birth, marriage and death registration data.
- Challenges:
 - Network connectivity in remote areas
 - Human resources skill gap
 - Lack of access and awareness in public
 - Late registration
 - Low registration rate

Strengthening official statistics linking to CRVS and Geospatial data - Muni Chowdhary, national statistics office, Joint Secretary

- There are strategies to improve statistical systems in the fifteenth development plan.
- We need not wait for the systems to be complete - we need to start using data immediately.
- We need to explore non-traditional sources of data to produce official statistics.
- The new statistics act which has been promulgated in 2022. Although it does not explicitly mention CRVS, section 31 mentions that we should give priority to use the statistics obtained from administrative sources.
- NSO is trying to link routinely collected registration data with national statistics and that is something very new for us.
- We have maps of enumeration areas produced for census surveys.
- We have initiated small area estimation for poverty mapping. We can expand its application.

MoHP initiatives to address the SDG3 data gaps and future collaboration with CRVS and use of GIS for better health data management and communication - Krishna Prasad Poudel - MoHP, PPMD Chief

- Census and other data sources do not match.
- There is need for data integration.
- Poor sharing of data amongst government bodies - we are carrying our own bags. We need to share our data with each other.
- SDG and UHC monitoring issues.
 - Inadequate regulatory provisions for M & E
 - Absence of data source; mortality, diseases and GBV
 - Lack Of disaggregated data; SDG and UHC demands data disaggregation at all levels and all ages of population
 - Facility bases data is not adequate for population level indicators
 - CRVS is not complete and timely for knowing birth, death, cause of deaths, migration and other events
 - Lack of data by equity stratifiers at sub-national levels
 - Technology use in infancy stage
 - Data sharing still lacking





- Government Priorities
 - Information governance
 - Empowering sub-national levels on monitoring
 - Good quality vital statistics to enable planning and monitoring at all levels
 - Setting up digital health platforms
 - Orientation on use of data (health programs, BHSP, SDGs, UBC)
 - Partnership and co-ordination at all levels

Questions/Comments:

- Children who are not registered
 - Children whose parents do not have citizenship.
 - Children of single mother - needs police report.
 - Orphan children

Responses/Comments:

- When the father is foreign born and he is not present in the country or when he is cut off from the family there are problems
- We need to promote youth as much as possible and new technology - reduce data gaps.
- Population division is working to share data from birthing centres.
- HMIS and ELMIS systems are not linked properly - data is not comprehensive.
- For COVID, we had to create a different system - current system lack certain components and the instinct is to create a new system.
- Surveillance is also patchy - TB surveillance is different; vaccine surveillance is different they need to be a bit coherent.

Session 3: UNFPA, UNICEF and WHO efforts to support CRVS system strengthening in Nepal.

Role of the Health Data Collaborative (HDC) and SDG GAP in strengthening Health Information Systems including the HDC CRVS Working Group - Mwenya Kasonde (WHO)

- SDG 3 gap - The SDG3 GAP is a platform for improving collaboration among players in global health, with specific but complementary mandates. Under the SDG3 GAP, agencies commit to aligning their ways of working to provide more streamlined support to countries and reduce inefficiencies.
- Stronger collaboration across multilateral agencies is one way to accelerate progress towards SDGs.
- Many partners come with different agendas - so we need to work on the same platform like SDG3 GAP or HDC.
- HDC is a joint effort by multiple global health partners to work alongside countries to improve the availability, quality, and use of data for local decision-making and to track progress towards the health-related Sustainable Development Goals.
- We also have HDC CRVS technical working group to support CRVS systems.





Global CRVS Situation and Global CRVS Strategic Implementation Plan and outline of priorities on CRVS - Romesh Silva (UNFPA)

- There are a few remaining wards that remains digitize so there's been some good progress in moving the birth registration completeness up into the high 70% range.
- There are all these key pieces of progress and so I think now we should be thinking a little bit about consolidation and then further scale up.
- I'd like to share a few ideas and thoughts t in relation to some of the discussions from this morning - this is really a collaborative exercise with all of the health data collaborative partners and the SDG three global action plan initiative partners - we heard this morning that the critical importance of civil registration and vital statistics and this is interesting to recognize that in the 2030 development agenda the importance of civil registration and vital statistics is actually mentioned in SDG 16 and SDG 17 - you know the

strengthening of civil registration, vital statistics and legal identity systems are seen as a development goal themselves and that you know by getting everybody in the picture from birth and throughout the life course - that kind of inclusion within society in the development process and health education and other social opportunities could be a driver of human development - civil registration and vital statistics is a key source of the monitoring progress towards SDG targets.

- Life course approach to CRVS - birth, marriage, divorce, and death is essential.
- Nepal is well positioned to bolster digitization of CRVS.

Global landscape on strengthening birth registration and legal Identity - Bhaskar Mishra (UNICEF)

- Challenges for CRVS reporting
 - Lack of demand, accessibility, affordability, complicated process, late fines, discriminatory laws
- More complex situation
 - Children born to foreign parents.
 - Illegitimate adoption
 - Mass displacement due to conflicts
- UN legal identify task force - the UN Legal Identity Agenda Task Force (UNLIA TF) — was established from September 2018, where 13 UN agencies, under the chairmanship of UNDP, UNICEF and the UN Department of Economic and Social Affairs, are working together to try to assist Member States achieve SDG target 16.9.

Death Registration and Medical Certification of Cause of Death - Anh Chu (WHO)

- It is important to register death so that we can see how we can prevent deaths - look at long term impact of COVID.
- Coedit - coding quality - this helps to standardized coding.





Session 4: Partner efforts to support CRVS system improvement in Nepal - Panel discussion.

UNESCAP, Statistical division

- Regional action framework for CRVS, ESCAP
- Areas of engagement:
 - Inequality assessments
 - Production of vital statistics
 - CRVS business process improvements
 - Evidence to best practice and policy
 - Regional networks of registration professionals
 - Information products for Regional Action Framework
 - Secretariat support to Regional Steering Group for CRVS
 - Continued advocacy for CRVS improvements.

World Bank – USD \$130 million loan provided to improve CRVS from social protection lens - eligibility to social protection contingent on registration - child grand - elderly grant - incentive to pregnant women - shift in digitization is crucial - we have supported 2-3 ppl in each local level to support this digitization - this includes equipment support - almost all past records are digitized i.e. 19 million paper based records have been digitized.

UNICEF- supporting CRVS governance - operationalize local system - enhance capacity of local registrars - support mechanism for data transfer between National ID and CRVS using API.

- Knowledge portal in the future to track real-time data.
- Self-certification course for the local registrars is available.
- Supported development of CRVS strategy

GIZ

- We have been supporting birth registration management system.
- A system has been developed to receive notification of the birth of a child born in a health institution system - this will help ward offices to see how many births have happened in their catchment area.
- A system is being developed to receive notification of death in the CRVS system including ICD 11 is under testing.
- The details of birth, death and cause of death required for HMIS can be shared from the VERSP-MIS system by developing API.





- This is expected to increase the birth registration rate and improve the quality of data.



Wednesday, 25th of January 2023: Tea Break during Partners Meeting, Kathmandu, Nepal ©Robic Upadhyay/UNICEF

Session 5: Challenges and opportunities for CRVS integration and alignment

Moderator - Kapil Timilsina

DoNIDCR

- MoHA needs support from ministries as well as NSOs.
- We need to focus on coverage increase first.
- MoHP has been working on birth and death registration.
- The first National ID (NID) distribution should be completed – this will address a lot of concerns.





Challenging scenarios related to CRVS (results from a survey)

- Distant offices
- Expensive fines
- Need for multiple visits.
- Lack of awareness and knowledge regarding the importance of registration
- Lack of legal awareness among registrars
- Abandoned street children and orphaned children.
- Lack of legal documents of migrant population
- Children born out of marriage, rape or prostitution.

Keshav Gautam Director, NSO

- We need to build capacity to estimate vital statistics using data from the CRVS.
- We also need to build capacity on population projections and adjustments in data.
- We need to work together.

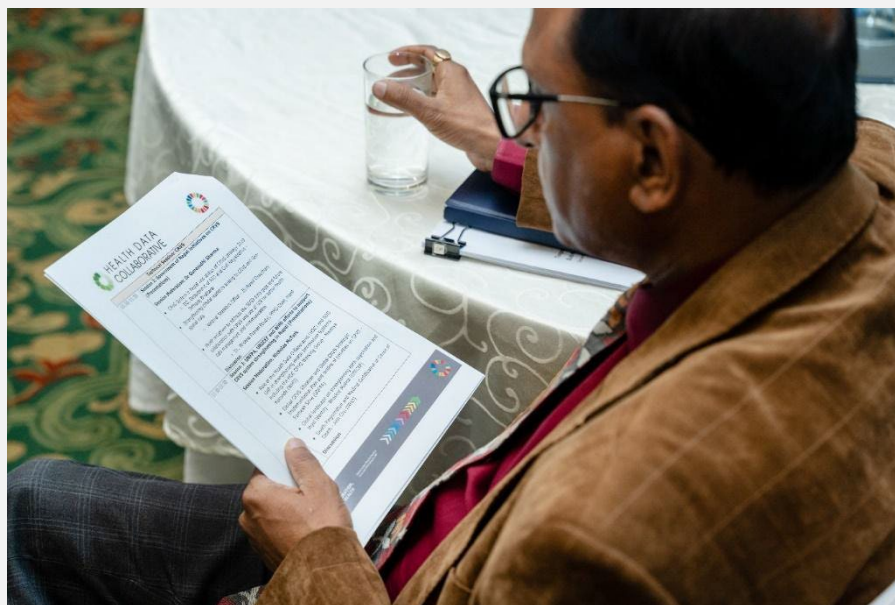
Wednesday, 25th January 2023

Partner's Meeting Day 2_GIS

HIGHLIGHTS



- GIS units are being established in various government and non-government organizations.
- The Survey Department is the leading GIS agency with an established strategy governance and data sharing platform for the national spatial data infrastructure
- Other major agencies such as the DoHS, NSO and DoNIDCR and MoPH are establishing GIS strategies but are in need of support and capacity



Tuesday, 24th of January 2023: Partners Meeting, Kathmandu, Nepal ©Robic Upadhyay/UNICEF





- Data sharing across government remains limited but with huge potential to be improved

Session 6: Government of Nepal initiatives on GIS presentations

Background on GIS in Nepal and opportunities for support to Health Information System and National Statistics System - DG, Survey department

- We have started mapping organizations who are using spatial data.
 - We are also making policies that will allow us to share the data we have with them.
 - We are developing land information systems linking spatial data with tabular data.
- Application of GIS can be used in every sector – we can use it in any kind of decision making.
- National geoportal launched in 2020.
- We have published a census atlas in collaboration with the survey department.
- We prepared local level land use and zoning maps and handed this over to local level government in 2022.
- Survey department has also promoted use of GIS in civil space.
- Survey department plays a role in standardizing spatial data produced by various government organizations.
- The universities are providing courses on geoinformatics.
- Hence, we do have the human resources for using GIS information in the future.
- We need to map health institutions and see where they are and how far they are from each other to inform where we need to build new institutions.

Strengthening Health Information System through using GIS for better health data management and communication - Anil Thapa, Director, iHMIS, iMU (for COVID), eLMIS

- Health service-related information is provided through DHIS2 – an open-source platform.
- Around 10,047 health facilities report health service-related data - 75% of these health facilities belong to the government - almost all government facilities report to HMIS.
- Out of 10,047 facilities reporting to HMIS, 3800 directly report online - remaining are using paper reports - they are sent to local level government and the focal person enters the data into the HMIS by health facility.
- From this year we are targeting to increase the direct reporting - within this fiscal year all facilities will directly report to us.
- Three levels of governments, line ministries and EDPs are the key data users of the HMIS system.
- There is focus on improving data quality.
- Each LLG under monthly data verification - they generate descriptive statistics.
- We are using three indicators of data quality assessment - timeliness, completeness and accuracy and reliability of the data.
- We also regularly display a dashboard to quickly consume data.
- Age, sex, caste and ethnicity data disaggregation is also available.
- We share data for journal articles. Different programs and projects also use the DHIS2 tracker.
- There is a growing DHIS2 community.





- Direct online reporting form 4000 plus HF in DHIS2 within coming 6 months.
- UNICEF is supporting dashboard at LLGs - technical and financial support.
- There is a growing demand to use paperless reporting systems.
- New servers' setup in national health data center
- COVID vaccine related data is collected every day via IMU.
- Strengthening GIS is also a priority in our roadmap.
- No GIS expert in HMIS section
- We are planning to upgrade DHIS2 from version 2.3 to 2.36, which has more GIS feature.
- Health facility mapping survey is under way - collect spatial survey - another objective is to determine the denominator to assess the catchment load of each health facilities.
- HMIS has projected population for 10 years. This was done in support of Dr Samir KC (Research Group Leader and Research Scholar, Multidimensional Demographic Modelling Research Group Population and Just Societies)

Questions:

- Difference between mapping of health facilities and district mapping is different – is there any confusion on this?
 - We have not mapped health facilities like that – we are using administrative data to for looking at where the facilities are, but we have not used coverage of health facilities.
- Does the department of GIS survey carry out modelling of climate disaster risks using GIS?
 - We have created legacy map, there is a risk layer, based on that, zoning is carried out - not complete, but there is risk data. - we have not done thematic area, if health ministry request, we can, we use survey data - settlement data- if they provide facility data then we can merge - it is possible.
- It is great that the upgraded HMIS system will have GIS component - GPS location is not fully applied right now, what is the coverage of GPS system sfor the health facilities? What is the relation between DHIS 2 and health registry data? Have you connected national statistics office data to see where people are located?
 - Our hospitals are not using GIS information, but our program division are using GIS tools for preparing reports and charts - it is clearly mentioned that the travel hour is already less than 30 mins - it should be - based on DHIS reporting it is covered in the system - there are some collaborations - Nepal health registry software has been readied too. For upgrading to 2.36 we are working closely with Oslo University - they already in-built Nepalese calendar into the system - so when their system goes to new version then ours is also updated
- We have already collected lot of data on health systems. How would our researcher use data from the HMIS?
 - There is a data sharing policy, the document says we do not provide raw data to any organization - cleaning and processing of the data needs to be carried out after 3 months. Only then we can share the data to any organization – DG also needs to approve this.





Wednesday, 25th of January 2023: Partners Meeting, Kathmandu, Nepal ©Robic Upadhyay/UNICEF

Session 7: Partner efforts to support GIS improvement in Nepal - Panel Discussion

Session Moderation: Dr. Inu Pradhan Salike, Institute of Engineering, Tribhuwan University

Hari Sharan Nepal - Survey Department

- There is reluctance of sharing data. This may be due to data quality issues. We are afraid to share data.
 - We need to realize the data can't be always perfect. How do we encourage sharing? - let us share transparently - we can allow for some margin of error
- We have digital data policies going as far back as 2012.
- We need to focus on interoperability of data.

Dr Reshma Shrestha - Kathmandu University

- We have geoinformatics program with three PhDs ongoing. There is also a land administration program in the university.
- We have collaboration with international universities as well, for international exposure.

Ajay Chandra Lal - Tribhuwan University

- Around 200 professionals graduate with some knowledge on GIS every year.
- There are 33 master's program that have GIS component.
- There is already data with survey department, that are collected by other institutions leading to redundancy. There is possibility to buy such data from the survey department with discounts for universities.
- Our GIS maps, that we use in the universities are old (30 years old). We need support to update them.





Session 8: UNFPA, UNICEF and WHO efforts to support GIS

Moderator - Sainan Zhang

Integrating spatial population with health facility data (UNFPA)

- Use Case Scenarios
 - Global standard for urban population versus local definition to really see disparities at community level.
 - Small area estimation for local level statistics - mCPR for Nepal

Accessmod - Next generation online tool (WHO)

- Geo enabled microplanning - example of crowdsourcing.
- AccessMod 5 is a free and open source WHO tool to model physical accessibility, referral times, and scaling up scenarios for public health facilities.

Global Health Facility Database project (WHO)

- This can provide several functionalities for digital health interventions.
- It allows us to manage and organize health data collected through different systems based on their location.
- This is supporting interoperability between health sectors and health information systems.
- It enables the analysis of spatial relationship between population health resources and the environment.

Mukti Khanal NSO GIS

- We do have the capacity. What we need is better coordination. We need to also include Ministry of Roads; they are the biggest users of GIS technology.

Session 9: Challenges and opportunities for strengthening the role of GIS in the Health Information System, National Statistics System and CRVS

- **Anil Thapa, Director, HMIS**
 - Collaboration and coordination is key.
 - IHMIS will need GIS experts in the team - we are also seeking to upgrade our software to a version that makes use of GIS information.
 - NDHS report NFHS and also census so many data sets are coming soon - if we look at routine health information collected from each health facility, we collect 335 indicators - we can take these data points including the census data and translate it to GIS data.
 - The Survey department is the GIS focal point - let us have a formal meeting and start to work with the Department.





Thursday, 26th January 2023

Field Visits to Dhulikhel and Rosigoan Palika



Thursday, 26th of January 2023: Dhulikhel Hospital, Nepal ©Robic Upadhyay/UNICEF

HIGHLIGHTS

- Vital events can be registered free of charge within 35 days of occurrence, after that a late fee is charged according to the law.
- There is a lack of information of essential document for the purpose, leading to a need for repeat visits.
- There is a need to integrate birth and death registration into a single portal.





Friday, 27th January 2023

HDC Bi-lateral Partners Meeting and Debrief with Ministry of Health and Population

“Analyse what you collect, publish what you analyse.”

Dr. Romesh Silva

Technical Specialist, Health & Social Inequalities

Population & Development Branch | United Nations Population Fund

HIGHLIGHTS



- The mission noted a reluctance by the Government to share data that was not perfect and validated. Partners were encouraged to welcome all data from the government.
- CRVS needs to be seen as benefiting the people of Nepal.
- Local governments need to be empowered to champion the need for improved CRVS.
- Concerns remain about data governance; more technical support is needed in this regard.
- Need to expand and explore the role of the private sector.
- The UK has been using innovation labs, this may be useful in engaging young people in Nepal.
- Need to engage all arms of government, the Ministry of ICT was missing in this forum.
- Glad to see the engagement of academia is GIS.

Conclusion

Key recommendations

CRVS:

Overall, Nepal has made positive improvements to their CRVS system, guided by the CRVS Strategy (2019). However, the mission team were concerned that the country is not able to report data for causes of death in the WHO mortality database which emphasises the need for the collection of all-cause mortality data and some assessment of data quality. Further support is needed to evaluate the interim review of the CRVS Strategy with specific attention to mortality statistics (Medical certification of Cause of Death and implementation of verbal autopsy). In this regard, there is potential to analyse data from the existing available ICD coded cause of death data, while further support is sought for the full-scale implementation of ICD-11. There is further potential to imply VA instruments through the upcoming WHS+.





Key recommendations on operational characteristics.

Legal Framework

1. Revise notification period for births and deaths to 3-7 days, with some relaxation for remote regions.
2. Create provisions for recording of details of deaths at crematorium / burial ground.
3. Clarify procedures and responsibilities for notification of deaths that occur outside the place of usual residence.
4. Include foetal death & stillbirths in the list of vital events.
5. In the case of deaths below one week; include legal requirement for notification of birth and death.
6. Include provisions for reporting causes of death for medically attended deaths (in or outside facilities).
7. Include provisions for police reporting of detailed causes of death following investigation in the case of medico-legal death.
8. Make supplementary provisions for verbal autopsy-based cause of death enquiry for health sector purposes only.
9. Develop standard procedures with the Policy to capture traffic accidents and suicidal deaths.

Structure and organisation

1. Formalise local network of notifiers e.g., community health personnel; religious leaders: etc.
2. Specify roles and responsibilities for other sectors e.g., health, police, statistics — in organisation of birth and death notification / registration / ascertainment of causes of death, and compilation of Vital statistics.
3. Implement routine monitoring and supervision of local registration activities.

Design

1. Design medical certificate that follow WHO recommended form for causes of death for medically attended deaths; and for assigning causes of death from verbal autopsy
2. Design Nepali adaptations of WHO standard verbal autopsy questionnaires and manuals
3. Develop local processes for assignment of causes of death from verbal autopsy.
4. Revise forms and processes for compilation of vital statistics, preferably in the births and deaths
5. Adopt the end to end application embedding MCCOD, ICD-11 and mortality analysis with DHIS2 to strengthen data analysis and data use for policies.
6. Use the existing CRVS data to define population as denominator for local planning, especially for the health sector.

GIS:

1. Advocate for Survey Department to propose a formal meeting (including Universities) to strengthen the coordination with NSO, DoNIDCR, and DoHS around leading GIS use cases, building this into their existing NSDI strategy and mapping committee, and get a coordination strategy endorsed by the government.
2. Support GIS capacity and infrastructure of significant agencies (NSO, DoNIDCR, DoHS), including leveraging the GIS skilled human resources from the local universities by establishing internship programs by various ministries and leading use cases for health within their curriculum.





3. Support DoHS in realising their roadmap that includes GIS integration into the health information system.
4. Support DoHS upgrade to DHIS2 2.36 and build the capacity of DoHS to use the DHIS2 Map app to enable subnational health monitoring.
5. Landscape analysis of the current Health facility initiatives and completion of the Health facility registry project (MoHP), including establishing a mechanism for an update of the health facility master list.
6. Support DoHS to establish a mechanism for creating and updating the Health boundaries in alignment with the Admin boundaries.





Nepal's health sector policies are aligned with the SDGs, and we need data to track our indicators. In this, CRVS and GIS are both important.

**Dr Sangeeta Kaushal Mishra
Additional Secretary
Ministry of Health and Population**



Tuesday, 24th of January 2023: Dr. Sangeeta Kausal Mishra, Kathmandu, Nepal ©Robic Upadhyay/UNICEF





Annexe 1. Mission Schedule

<p>Monday 23rd Jan Briefing and courtesy meetings</p>	<p>Tuesday 24th Jan- Wednesday 25th Partners Meeting and Technical Workshop Hotel Everest, Baneshwor, Kathmandu</p>	<p>Thursday 26th Jan Field visit Dhulikhel Municipality- 12, Shankhupatichaur</p>	<p>Friday 27th Jan Bilateral meetings and debriefing</p>
<p>(Mission Coordination Meeting): UNRC Representatives: WHO, UNFPA, UNICEF, UN Habitat and UNDP HQ/Regional team: 12 participants CO Staffs (3): WHO, UNICEF, UNFPA 9:00-10:00 am Courtesy Meetings MoHP (Secretary, Additional Secretary, DG of DoHS, QSRD Chief, HCD Chief, PMD Chief, PPMO Chief, HDC Focal point, CRVS focal point in the MoHP, HMIS Chief 11:30 am-12:30 pm</p>	<p>Around 50 participants from joint mission, MoHP, NSO, DoNIDCR, Survey Department, Min of Women, UN Country Offices, Bilateral partners, GIS implementing agencies and Dhulikhel Municipality Opening session 9:00-10:30 am</p>	<p>Meeting Municipality Officials- Mayor, Deputy Mayor, Chief Admin Officer, Social Development Officer, Planning Officer, Information Officer, Health coordinator. Observation of civil registration system in ward 12 of the Municipality Visiting birthing centre and observe birth data management Visit to Dhulikhel Hospital and observe mortality data management 10:00 am – 2:00 pm</p>	<p>Bilateral meeting with the HDC partners (WB, GIZ, UKFCDO, USAID, KFW, ADB, JICA, KOICA) UN Building 11:00-12:30</p>
<p>Hotel Basera, Babarmahal</p>		<p>Dhulikhel</p>	<p>Kathmandu</p>
<p>Department of NID and Civil Registration (DoNIDCR) DG, Directors-CR, SSA, CRVS Director, MIS, NID Section Chief, HDC Focal Point, CRVS focal point (MoHP)</p>			<p>End-of-Mission joint debriefing: MoHP, NSO, DoNIDCR, Survey Department, UN Agencies (WHO, UNFPA, UNICEF, IoM,</p>





<p>2:00-3:00 pm</p> <p>National Statistics Office (NSO)</p> <p>Chief of NSO, Deputy DG, Directors; Social Statistics, GIS and Population, HDC Focal Point, CRVS focal point (MoHP)</p> <p>3:15-4:00 pm</p>			<p>UN HABITAT)</p> <p>MoHP Hall</p> <p>2:00-3:00 pm</p>
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Annexe 2. Partners Meeting Agenda

ALIGNING PARTNER SUPPORT FOR DATA TO STRENGTHEN THE HEALTH SECTOR THROUGH SDG3 GAP DATA AND DIGITAL HEALTH ACCELERATOR AND THE HEALTH DATA COLLABORATIVE

Partners Meeting and Workshop Agenda Hotel Everest, New Baneshwor, Kathmandu, Nepal

24-25 January 2023

Day 1 (Tuesday, 24 January 2023); (१० माघ २०७९, मंगलवार)	
8:00-9:00	Breakfast and Registration
Opening	
9:00-10:00	<p>Session 1: Welcome, Opening Remarks and Objectives of the Mission</p> <p>Master of ceremony: MoHP (Mr. Ravi Mishra)</p> <ul style="list-style-type: none"> ● Welcome Remarks Chief, PPMD - Dr. Krishna Prasad Paudel ● Objectives of the Mission and Review of Meeting Agenda <ul style="list-style-type: none"> ○ Mission Lead: Bhaskar Mishra ○ Review of CRVS Agenda: Anh Chu ○ Review of GIS Agenda: Rocco Panciera ● Opening Remarks <ul style="list-style-type: none"> ● UNFPA Representative Nepal, Ms. Won Young Hong ● WHO Representative Nepal, Rajesh Sambhajirao Pandav ● UNICEF Representative Nepal, Elke Wisch ● DG, Survey Department, Mr. Janak Raj Joshi ● Joint Secretary, NSO - Ms Munni Chaudhary ● DG, DoNIDCR - Mr. Tirtha Raj Bhattarai ● DG, DoHS - Dr. Dipendra Raman Singh ● Additional Secretary MoHP – Dr. Sanggeta Kaushal Mishra ● Health Secretary: Dr. Roshan Pokhrel
10:00-10:30	Group Photo and Coffee Break





Technical Session: CRVS	
10:30-11:30	<p>Session 2: Government of Nepal initiatives on CRVS (Presentations)</p> <p>Session Moderation: Dr Gunanidhi Sharma</p> <ul style="list-style-type: none">● CRVS System in Nepal and status of CRVS strategy 2019<ul style="list-style-type: none">○ DG, Department of NID and Civil Registration – Tirtharaj Bhattarai● Strengthening official statistics linking to CRVS and Geo- spatial data<ul style="list-style-type: none">○ National Statistics Office – JS Munni Chaudhary● MoHP initiatives to address the SDG3 data gaps and future collaboration with CRVS and use of GIS for better health data management and communication<ul style="list-style-type: none">○ MoHP, PPMD Chief <p>Discussion</p>
11:30-12:30	<p>Session 3: UNFPA, UNICEF and WHO efforts to support CRVS system strengthening in Nepal (Presentations)</p> <p>Session Moderation: Nicholas McTurk</p> <ul style="list-style-type: none">● Role of the Health Data Collaborative (HDC) and SDG GAP in strengthening Health Information Systems including the HDC CRVS Working Group - Mwenya Kasonde (WHO)● Global CRVS Situation and Global CRVS Strategic Implementation Plan and outline of priorities on CRVS - Romesh Silva (UNFPA)● Global landscape on strengthening birth registration and legal Identity - Bhaskar Mishra (UNICEF)● Death Registration and Medical Certification of Cause of Death - Anh Chu (WHO) <p>Discussion</p>





12:30-13:30	Lunch Break
13:30-15:00	<p>Session 4: Partner efforts to support CRVS system improvement in Nepal (Panel Discussion)</p> <p>Session Moderation: Amani Siyam, Regional Advisor, WHO SEARO</p> <p>Brief presentation by ESCAP (Tanja B. Sejersen) and WHO SEARO</p> <p>Panel</p> <ul style="list-style-type: none">○ World Bank○ UNICEF – Ram Gautam○ GIZ – Alexandra Plueschke○ WHO – Paban Ghimire <p>Discussion</p>
15:00-15:15	Tea Break
15:15-16:30	<p>Session 5: Challenges and opportunities for CRVS integration and alignment (Presentations)</p> <p>Session Moderation: Ravi Mishra</p> <ol style="list-style-type: none">1. Inter-ministerial/departmental support on strengthening CRVS including modernization and digitization <i>DoNIDCR; Nirmal Sharma, CRVS MIS Officer</i>2. Barriers and bottleneck of accessing civil registration in Nepal - sharing of the study findings <i>Ministry of MoWCSC/NCRC – Mr. Keshav Chalise</i>3. Institutional capacity and arrangement in analyzing and producing vital statistics <i>NSO; Mr. Dhundi/Mr Keshav; Directors</i> <p>Discussion</p>
16:30-17:00	<p>Wrap-up session for Day 1 – Bhaskar/Romesh</p> <p>Moderated discussion on key priorities, emerging challenges and next steps</p>





Day 2 (Wednesday 25 January 2023), (११ माघ २०७९ बुधवार)	
GIS	
9:00-9:15	Welcome and presentation of day 2 agenda Welcome – Mr. Janak Raj Joshi, DG Survey Department Review of day 2 agenda (GIS Mission Leads)
9:15-10:00	Session 6: Government of Nepal initiatives on GIS (Presentations) Session Moderation: (Survey Department) <ul style="list-style-type: none">● Background on GIS in Nepal and opportunities for support to Health Information System and National Statistics System<ul style="list-style-type: none">○ Survey Department - DG● Strengthening Health Information System through using GIS for better health data management and communication<ul style="list-style-type: none">○ MoHP, (IHIMS) Discussion
10:00-11:30	Session 7: Partner efforts to support GIS improvement in Nepal Session Moderation: Dr. Inu Pradhan Salike, Institute of Engineering, Tribhuwan University Presentation- Vision of Survey Department for collaboration and partnerships to strengthen GIS in Nepal – Presentation <i>Survey Department</i> Panel discussion <ul style="list-style-type: none">● USAID● FCDO● ICIMOD● World Bank● Kathmandu University Q&A





11:30-11:45	Tea break
11:45-13:00	<p>Session 8: UNFPA, UNICEF and WHO efforts to support GIS</p> <p>Session Moderation: Sainan Zhang</p> <p>Presentations</p> <ol style="list-style-type: none">1. Integrating spatial population with health facility data (UNFPA)2. Accessmod - Next generation online tool (WHO)3. Access to health services in the context of climate change (UNFPA)4. Global Health Facility Database project (WHO)5. Example of family planning service location tool (UNFPA)6. Geo-enabled microplanning: Use cases and handbook (WHO)7. Geo-enabled microplanning for integrated immunization: Mozambique use case (UNICEF) <p>Q&A</p>
13:00-14:00	Lunch Break
14:00-15.00	<p>Session 9: Challenges and opportunities for strengthening the role of GIS in the Health Information System, National Statistics System and CRVS</p> <p>Session Moderation: <i>Reshma Shrestha, KU</i></p> <p>Presentations</p> <ul style="list-style-type: none">● Opportunities and challenges for GIS support to CRVS <i>Mina Aryal, CRVS Director (DoNIDCR)</i>● Opportunities and challenges for GIS support to HIS - data collection, utilization and dissemination <i>Anil Thapa, Chief IHIMS (DoHS)</i>● Opportunities and challenges on GIS support to official statistics <i>Birendra Kayastha (NSO)</i> <p>Discussion</p>





15.00-15.15	Tea Break
Roadmaps: GIS and CRVS	
15.15-16.30	<p>Session 10:</p> <p># Roadmap for strengthening GIS for HIS, CRVS and National Official Statistics (Participatory session)</p> <p>Session Moderation: Mission Team GIS Leads</p> <ul style="list-style-type: none">● Guidelines/Pathways for United Nations Integrated Geospatial Information Framework (UN-IGIF) (UNFPA)● Participatory session on development of a roadmap for GIS<ul style="list-style-type: none">○ Key topics: Vision, strategy and plan; governance structure; technical capacity; geospatial data (availability, quality and accessibility), use case priorities, standards; master lists of geographic objects for public health; availability of geospatial technologies; resources <p># Roadmap for strengthening CRVS System (Participatory session)</p> <p>Session Moderation: Mission Team CRVS Leads</p> <ul style="list-style-type: none">● Participatory session on development of a roadmap for institutional capacity strengthening in alignment with National CRVS Strategy <p>Key topics: Vision, strategy and plan; governance structure; technical capacity, data sharing and inter-operability, use of vital statistics</p>
16:30-17:00	Closing with vote of thanks – Dr. Guna Nidhi Sharma





Annexe 3. Partners Meeting List of Participants

	Name	Designation	Organization
1	Dr Sangeeta Kaushal Mishra	Additional Secretary	MoHP
2	Dr Dipendra Raman Singh	DG	DoHS
3	Mr Tirtha Raj Bhattarai	DG	DoNIDCR
4	Mr Janak Raj Joshi	DG	Survey Department
5	Bharat Bhattarai	DG	DDA
6	Ms Munni Chaudhary	Joint Secretary	NSO
7	Dr Rajesh S Pandav	WHO Representative	WHO
8	Ms Elke Wisch	UNICEF Representative	UNICEF
9	Won Young Hong	UNFPA Representative	UNFPA
10	Carolyn Spannuth Verma	UNHCR Representative	UNHCR

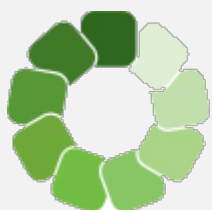
11	Krishna Pathak	Team Leader Public Sector Management	ADB
12	Radi Chan Weel		ADB
13	Raju Laudai	M&E consultant	ADB
14	Dibg Morose	Health Advisor	BEH
15	Dr Deepak Karki	Health Advisor	BEK
16	Sagar Mani Pathak	Director	DoNIDCR
17	Megh Raj Shankar	S.O.	DoNIDCR
18	Ujjwal Mishra	System Analyst	DoNIDCR
19	Nirmal Sharma	MIS Team Leader	DoNIDCR
20	Chhabi Lal Neupane	PB	DoNIDCR
21	Sandeep Lamsal	FMS	DoNIDCR
22	Sameer Bhandari	S. Officer	DoNIDCR
23	Craig Irwin	Statistician	FCDO-UK
24	Dr Bibek Kumar Lal	Director	FWD
25	Sabin Shrestha	ED/Advocate	FWLD
26	Kalpana Bhandari	TA	GIZ
27	Alexandra Plusicre	Program Manager	GIZ
28	Nirmal Dhakal	Senior Advisor	GIZ
29	Padam Dahal	TA	GIZ
30	Siddhartha Dhungana	SMRO	IHIMS/MD/DoH D





31	Mr Anil Thapa	Director (Stat)	IHIMS/MD/DoHS
32	Shiv Lal Sharma	S.O.	IHIMS/MD/DoHS
33	Rajendra Poudel	TI Chief	IHIMS/MoHP
34	Dr Inu Pradhan	Asst. Prof.	IOE, TU
35	Shankar Raj Pandey	HOO	KFW
36	Dr Reshma Shrestha	Associate Prof./HoD	KU/Department of Geomatics Eng.
37	Dr Guna Nidhi Sharma	Sr. Health Administrator	MoHP
38	Dr Pawan Kumar Sah	Sr. Me. Su.	MoHP
39	Kapil Timalseña	U.S.	MoHP
40	Dr Krishna P Paudel	Chief PPMD	MoHP
41	Dr Madan Kr. Upadhyaya	Chief QSRD	MoHP
42	Ravi K. Mishra	Sr. PHO	MoHP
43	Tulsi Ram Thapa	PHO	MoHP
44	Kripa Thapa Magar	PHO	MoHP
45	Lahana Maharjan	PHO	MoHP
46	Keshab Chalise	Program Coordinator	NCRC
47	Sunil Raj Sharma	Director	NHEICC
48	Dr Yadu C. Ghimire	Director	NHTC
49	Dhundi Raj Lamichhane	Director	NSO
50	Keshab K. Gautam	Director	NSO
51	Mukti Khanal	Director	NSO
52	Tanka Pd. Dahal	Director	Survey Department
53	Harisharan Nepal	Chief Survey Officer	Survey Department
54	Rajesh Manandhar	Technical Officer	UN Habitat
55	Puspa Shrestha	Prog. Assistant	UNFPA CO
56	Aditi Aryal	Communication	UNFPA CO
57	Nick Mcturk	Census Coordinator	UNFPA CO
58	Ashish Lamichhane	Data Analyst	UNFPA CO
59	Ajay Acharya		UNFPA CO
60	Romesh Silva	Technical Specialist, Health and Social Inequalities	UNFPA HQ
61	Sainan Zhang	Technical Specialist, Data Innovation and Analysis	UNFPA HQ
62	Sudha Shrestha	NPO/WASH	UN-HABITAT
63	Parte Majhi	Driver	UNHCR CO





Health Data Collaborative



64	Luma Singh Bishwokarma	SPA	UNHCR CO
65	Roshan S. Nepal	NOB	UNHCR CO
66	Chahana Singh	Health Specialist	UNICEF CO
67	Haruko Yokote	Health Officer	UNICEF CO
68	Bikash Thapa	Programme Manager	UNICEF CO
69	Dan Rono	Chief CP	UNICEF CO
70	Niroj Karki	IMO	UNICEF CO
71	Ram Pd. Gautam	CPO	UNICEF CO
72	Abhilasha Gurung	Health Specialist	UNICEF CO
73	Dr Budhi Setiawan	Chief Health	UNICEF CO
74	Adhnish Dhungana	H. Specialist	UNICEF CO
75	Bhaskar Mishra	Mission Lead, CRVS and Legal Identity Specialist	UNICEF HQ
76	Rocco Panciera	GIS Lead	UNICEF HQ
77	Meredith Dyson	Health Specialist (HSS)	UNICEF ROSA
78	Neelam Pol	Regional Technology for Development Manager	UNICEF ROSA
79	Prem Awasthi	H Coordinator	UNRCO
80	Rugindra Man Rajbhandari	IMO	UNRCO
81	Paban Ghimire	NPO	WHO CO
82	Dr Achala Jayatilleke	TO	WHO CO
83	Dr Md Khurshid Alam Hyder	PHA	WHO CO
84	Silas Rai	EA	WHO CO
85	Sarmistha S. Shrestha	EA	WHO CO
86	Avay Shrestha	HIO	WHO CO
87	Shekh Abdul Majeed	HDMO	WHO CO
88	Mwenya Kasonde	HDC Secretariat	WHO HQ
89	Anh Chu	CRVS Lead	WHO HQ
90	Ravi Santhana Gopala Krishnan	GIS Lead	WHO HQ
91	Amani Siyam	Regional Advisor - HIS	WHO SEARO
92	Dr Amit Bhandari	Sr. Health Specialist	World Bank
93	Anish Sharma	Interpreter	





Annexe 4. Bilateral Partners Meeting Agenda

HDC Bi-lateral Partners Meeting; 11:00 am to 12:30 pm; Meeting Room, Ground Floor, UNFPA/UNICEF Building, UN House, Pulchowk, Lalitpur

Chair: Rajesh Sambhajirao Pandav, WHO Representative

Time	Activities	Responsibility
11:00 – 11:10	Welcome, Introductions, Opening Remarks	Rajesh Sambhajirao Pandav, WHO Representative
11:10 – 11:40	<p>Brief overview of HDC SDG3 Gap Initiative and the mission</p> <p>-----</p> <p>Perceptions of international experts on:</p> <p>The situation of CRVS and GIS for the health system in Nepal;</p> <p>Key opportunities for CRVS and the use of GIS for health system strengthening in Nepal through integrated support to the Government by the Development Community.</p>	<p>Opening Remarks and agenda: Bhaskar Mishra, UNICEF HQ CRVS Mission Lead</p> <p>Mwenya Kasonde, Health Data Collaborative Secretariat</p> <p>-----</p> <p>Bhaskar Mishra, UNICEF HQ CRVS Mission Lead</p> <p>Anh Chu, WHO HQ CRVS Mission Lead</p> <p>Romesh Silva, UNFPA HQ CRVS Mission Lead</p> <p>Ravi Santhana Gopala Krishnan, WHO HQ GIS Mission Lead</p> <p>Rocco Panciera, UNICEF HQ GIS Mission Lead</p> <p>Sainan Zhang, UNFPA HQ GIS Mission Lead</p>
11:40 – 12:15	Discussion and feedback	Meeting Participants
12:15 – 12:25	Reflections on meeting participants feedback, Next steps	UNFPA/UNICEF/WHO Mission Team Leads
12:25 – 12:30	Wrap up and closure	Rajesh Sambhajirao Pandav, WHO Representative





Annexe 5. Bilateral Partners Meeting List of Participants

	Name	Organization
1	Dr. Rajesh Pandav	WHO Country Representative
2	Anh Chu	WHO HQ
3	Mwenya Kasonde	WHO HQ
4	Ravi Shankar	WHO HQ
5	Amani Siyam	WHO SEARO
6	Md Khurshid Alam Hyder	WHO CO
7	Shekh Majeed	WHO CO
8	Avay R. Shrestha	WHO CO
9	Dr. Achala Jayatilleke	WHO CO
10	Won Young Hong	UNFPA Country Representative
11	Dr. Romesh Silva	UNFPA HQ
12	Sainan Zhang	UNFPA HQ
13	Nick McTurk	UNFPA CO
14	Tirtha Man Tamang	UNFPA CO
15	Ashish Lamichhane	UNFPA CO
16	Bhaskar Mishra	UNICEF HQ
17	Rocco Panciera	UNICEF HQ
18	Meredith Dyson	UNICEF ROSA
19	Ram Prasad Gautam	UNICEF CO
20	Abhilasha Gurung	UNICEF CO
21	Dr. Budhi Setiawan	UNICEF CO
22	Stine Heiselberg	UN Resident Coordinator's Office
23	Diego Moroso	British Embassy Kathmandu
24	Deepak Karki	British Embassy Kathmandu
25	Kamlesh Yadav	British Embassy Kathmandu
26	Craig Irwin	British Embassy Kathmandu
27	Moragh Loose	British Embassy Kathmandu
28	Shanker Raj Pandey	German Agency for International Cooperation (GIZ/KfW)
29	Alexandra Plueschke	German Agency for International Cooperation (GIZ/GDC)
30	Normal Dhakal	German Agency for International Cooperation (GIZ/GDC)
31	Dr. Amit Bhandari	World Bank
32	Rudi Van Dael	Asia Development Bank
33	Kimberly Waller	USAID

