



Final Report
for
Multi-Country Evaluation for Birth Registration for Maternal,
Newborn, Child Health (BR4MNCH) Project in Ethiopia and
South Sudan

Period being evaluated: 2014 to 2018

Evaluation Commissioned by UNICEF East and Southern Africa Regional
Office

Abbreviations

BR4MNCH	Birth Registration for Maternal, Newborn and Child Health
BHI	Boma Health Initiative
CBHIS	Community Based Health Information
CHWs	Community Health Workers
C4D	Communication for Development
CRVS	Civil Registration and Vital Statistics
CSA	Central Statistical Agency
DHIS	District Health Information Systems
ENAP	Every Newborn Action Plan
ESARO	East and Southern Africa Regional Office
FGD	Focus Group Discussion
FAO	Food and Agriculture Organisation
FVERA	Federal Vital Events Registration Agency
GAC	Global Affairs Canada
HEWs	Health Extension Workers
HMIS	Health Management Information Systems
HSTP	Health Sector Transformation Plan
HPF	Health Pooled Fund
iCCM	Integrated Community Case Management
IMNCI	Integrated Management of Newborn and Childhood Illnesses
INVEA	Immigration, Nationality and Vital Events Registration Agency
LQAs	Lots Quality Assurance
MoH	Ministry of Health
MOUs	Memorandum of Understanding
OPD	Out Patient Department
OTP	Outpatient Therapeutic Programme
OVC	Orphans and Vulnerable Children
RDQA	Routine Data Quality Assurance
RMNCH	Reproductive Maternal Newborn and Child Health
PoC	Protection of Civilians
PMTCT	Prevention of Mother to Child Transmission of HIV
SDGs	Sustainable Development Goals
SMS	Short Message Service
SNNPR	Southern Nations, Nationalities and People's Region
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
WHO	World Health Organisation
WFP	World Food Programme
VERA	Vital Events Registration Agency

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Executive summary

Background to the evaluation

Timely, complete, and accurate data from civil registration and vital statistics (CRVS) is critical for ensuring that children realize the rights to which they are entitled across protection, health and a range of other sectors. To enhance birth registration, UNICEF with funding from Global Affairs Canada implemented a birth registration project for Maternal, Newborn and Child Health Project (BR4MNCH) in Ethiopia and South Sudan. The BR4MNCH project which was implemented in partnership with UNICEF's child protection and health clusters is the object of this evaluation. The project was implemented between 2014 and 2018 and had three objectives, namely; **a)**. improve use of health information for maternal, newborn and child health for operational planning, with emphasis on community based information; **b)**. increase registration with the civil registry of births of boys and girls aged 0-59 months and **c)**. improve interoperability between the CRVS and Health Systems. The purpose of the evaluation was "to better understand how and under what conditions the interventions and the activities implemented under the BR4MNCH project are functioning and to assess the extent to which the initiative has met its objectives and achieved expected results". More specifically, the evaluation had two specific objectives:-

- a. To determine to what extent and how the project has achieved its goal of contributing to increasing use of health information, birth registration with the civil registry, and improved interoperability between CVRS and health systems in the project areas of two countries.
- b. To identify what worked well, existing bottlenecks and key lessons and come up with feasible recommendations for programmatic and policy decisions for key actors

Methods and approaches

A non-experimental design employing theory based approach was used to assess whether the project met its objectives and how, in what conditions and what activities contributed to the achievement of the outcomes. Both qualitative and quantitative methods were used in conducting this evaluation. A total 50 key informants (4 regional office, 21 Ethiopia and 25 South Sudan), 13 interviews with health service providers, 28 FGD discussants and 8 individual beneficiaries were reached. A total 15 documents were reviewed. The table below provides the number of respondents reached by data collection method.

Data collection method	ESA	Ethiopia	South Sudan
Key informant interviews	4	21	25
Focus group discussion	N/A	4 (28 discussants)	0
Individual interviews with beneficiaries	N/A	0	8
Interviews with service providers	N/A	5	8

Key findings

Summarised below are the key findings of the evaluation by evaluation criteria.

Evaluation criteria	Key findings
Relevance	<ul style="list-style-type: none"> • Project identified as relevant in both countries at project start and post project period. • In both countries, the project aligns to national policies and strategies and contributes to achievement of national targets and global commitments including SDGs • In both countries service providers identified birth notification and registration as relevant in improving access and provision of quality services including immunization and nutrition • In both Ethiopia and South Sudan, birth notification and registration (only Ethiopia) was identified as being relevant in protection of children rights including prevention of child marriage, access to justice, child labour, recruitment in armed forces • Birth notification plays key role in child tracing especially given the conflict situation in South Sudan • Inter-operability with health systems increased project relevance in both countries • Project continues to be relevant in South Sudan: To transition the country from birth notification to birth registration, operationalise the Civil Registry Act and creation of structures for birth registration • Project continues to be relevant in Ethiopia: Improve quality of services, ensure all notified children are registered, strengthen capacity of the Vital Events Registration Agency and address remaining barriers to birth registration
Effectiveness	<p><u>Ethiopia</u></p> <ul style="list-style-type: none"> • In Ethiopia evaluation identified the project as being effective in all the three outcome areas of HMIS, increased birth registration and inter-operability • Under HMIS, evaluation identified improved data quality, improved culture for data use for decision making • Under improved birth registration, project established MoUs, established functional birth registration structure, and improved enabling environment. These activities have led to increased birth registration with 965,454 children being registered during project life span <p><u>South Sudan</u></p> <ul style="list-style-type: none"> • On HMIS, the project has created the foundation for HMIS and operational planning but no evidence on use of data for MNCH operational planning • Project has supported establishment of Boma Health which when rolled out will be a critical component for birth notification at community level • Weak data quality identified, with no systems for improving data quality • On increased birth registration, key achievement includes enactment of the Civil Registry Act 2018. • Due to lack of birth registration Act, project focussed on birth notification. A total of 559922 children notified. • On inter-operability, several inter-operability initiatives at policy/systems and service delivery level implemented in both countries. MoUs between health and CRVS not reported in South Sudan.
Efficiency	<ul style="list-style-type: none"> • In both countries project rated as having been highly efficient. In Ethiopia, cost for registering one child calculated at 4 USD while in South Sudan, cost for notifying one

Evaluation criteria	Key findings
	<p>child is reported at 6 USD. Efficiency initiatives in the two countries include: Partnership with the government at all levels, inter-operability, leveraging on other projects, broader health systems approach, utilising capacity strengthening approaches such as mentorship and working with other implementing partners. In Ethiopia, the project activities were implemented on time. Delays were reported in South Sudan mainly due to the recurrent conflicts and also the delay in enacting the Civil Registry Act.</p>
Impact	<ul style="list-style-type: none"> Given the short project life span and the short period between the end of the project and the evaluation, this evaluation did not gather adequate details to objectively report on project impact. It is recommended that UNICEF commissions an impact assessment of the project.
Sustainability	<ul style="list-style-type: none"> Severable initiatives were implemented to increase sustainability in both Ethiopia and South Sudan. Sustainability actions implemented include: inter-operability with health and other sectors, partnership with government, establishment of functional birth registration structures (Ethiopia) and integrating CRVS in national policies and strategies (CRVS in Ethiopia Health Sector Transformation Strategy (HSTP). This evaluation identifies a very <u>high likelihood</u> of project gains being sustained in Ethiopia. Indications for sustainability include replication of birth registration at all registrations in addition to UNICEF supported regions and inclusion of birth registration in government plans and budgets. For South Sudan, Given the low government investment in CRVS, the country's humanitarian situation, this evaluation identifies very low likelihood for the positive results being sustained. Indications of poor sustainability of birth notification include that majority of the health facilities have stopped providing birth notification or were doing that at a reduced scale.
Human rights	<ul style="list-style-type: none"> Identified human rights issues include the requirement for all parents to be present for birth notification and registration services to be provided. Additional issues include elimination of user fees for provision of birth certificate. UNICEF Ethiopia in partnership with UNHCR successfully advocated for abolition of birth certificate user fees by refugees. Other human rights initiatives implemented include use of health extension workers and establishment of health posts especially for the hard to reach and those that may not deliver at the health facilities.

Conclusions and recommendations

On overall this evaluation made significant impact in achieving its objectives. In Ethiopia, the project was effective in improving data quality and its use for decision making, increasing birth registration and inter-operability between CRVS and health. In South Sudan, although the project did not lead to registration of children, the project was effective in creating enabling environment for birth registration. The key achievement for South Sudan was the enactment of the Civil Registry Act, 2018. In both countries, the project was and continues to be relevant in enhancing birth registration in the two countries. While there is high likelihood for sustainability of the positive achievements of this project in Ethiopia, however this may not be so in South Sudan given the humanitarian context and the amount of investment required to establish systems for birth registration. Recommendations for improving birth notification and registration are presented in the table below. The recommendations are grouped into three: recommendations for UNICEF Esaro, recommendations for South Sudan and those for Ethiopia

<p><u>Recommendations to UNICEF ESARO</u></p> <ul style="list-style-type: none"> • Document emerging best practices across the countries and plan for dissemination • Continue organising cross-learning workshops on birth registration and notification • Continue advocating for and linking target countries with regional and global donors for access of financing/funding for birth registration • Continue to strengthen capacity of country offices to ensure effective support to countries on birth registration 	
<p><u>Recommendations to UNICEF South Sudan</u></p> <ul style="list-style-type: none"> • Development of regulations to support implementation of the civil registry Act 2018 • Development of relevant policies, strategies and actions plans for birth registration including the CRVS investment case • Establish and ensure functionality of birth registration structures and coordination mechanisms at all levels • Lobby with other partners including donors to scale up birth notification and country transition from birth notification to birth registration • Create buy in from humanitarian partners to integrate birth notification in their work • Support roll out of birth notification and later birth registration within Boma Health Initiative • Enhance inter-operability between CRVS, health and other sectors • Implement innovative approaches including use of mobile registration and rapid results initiative to provide birth notification and registration for the hard to reach • Enhance data quality for birth notification and registration and use of data for decision making 	<p><u>Recommendations to UNICEF Ethiopia</u></p> <ul style="list-style-type: none"> • Continue to strengthen CRVS and health inter-operability • Strengthen coordination including joint planning for birth registration at all levels • Increase demand for birth registration from other sectors • Develop systems to ensure that are facility notified births receive timely registration • Increase birth registration through performance based reviews • Support continued advocacy to eliminate barriers to birth registration including fees for birth registration • Continue to strengthen HMIS for improved birth registration data quality and use for decision making • Advocate for increased birth registration financing • Utilise and fund selected Woredas as centres of excellence for birth registration

Timely, complete, and accurate data from civil registration and vital statistics (CRVS) and health management information systems (HMIS) form the foundation for appropriate decision-making regarding policies, financing and service delivery. They are a major pathway for ensuring that children realize the rights to which they are entitled across protection, health and a range of other sectors. However, in many countries in sub-Saharan Africa including Ethiopia and South Sudan, CRVS and HMIS are sub-standard, hindering the ability of governments to achieve their goals for child protection and survival. According to UNICEF statistics an estimated 95 million children in sub-Saharan Africa have never been recorded. A rapidly growing child population coupled with slow rates of change means that if current trends continue there could be close to 115 million unregistered children under age 5 in sub-Saharan Africa by 2030¹. This section of the evaluation report presents a contextual analysis of birth registration in the two countries targeted by this evaluation- Ethiopia and South Sudan. Also included under this section is the outline of the evaluation report.

1.1. Ethiopia

The most recent Ethiopia demographic health survey (EDHS 2016) data showed that only 3 percent of the births of children under the age of 5 years were registered with civil authorities. Together with Democratic republic of Congo and Tanzania, Ethiopia represents the three countries that host the highest number of unregistered children. Key gaps at that time included sub-optimal government capacity and lack of a comprehensive law that made registration of vital events compulsory. With support of UNICEF and other partners the Government of Ethiopia (GoE), has made big progress towards establishment of a conventional civil registration system following the first African Ministerial Conference in 2010. In 2012, the GoE adopted a federal law governing civil registration and vital statistics (CRVS)-Proclamation No

760/2012 - the Registration of Vital Events and National Identity Card. Since 2012, the country has made significant progress on establishment of a standardized vital events registration system at both national and regional level. Some of the key areas of progress include the formation of Federal and Regional vital events councils and boards of management, adoption of regional laws, development of a National Costed Investment Plan and national strategy on CRVS and registration instruments, training of registrars and equipping registration centres with vital supplies. In August 2016, the Country launched a nation-wide conventional civil registration system. Civil Registration and Vital Statistics has been integrated into the Health Sector Transformation Plan (2016-2020).The



Figure 1: Map of Ethiopia

Government commitment at to birth registration has been further demonstrated through insertion of a 50 percent birth registration target in the country's Growth and Transformation Plan II (GTP II) by 2020. Ethiopia's civil registration system is anchored within an existing decentralised government administrative structure, with over 18,506 urban and rural kebeles legally mandated to serve as registration centres and the kebele manager with the function of civil registrar. The country has made significant efforts in increasing integration of birth

¹ <https://data.unicef.org/wp-content/uploads/2018/01/Civil-Registration-English-Web-Final.pdf>

registration with the health sector. The CRVS Proclamation No. 760/2012 and 1049/2017 mandates the health sector to notify births occurring in health facilities, as well as births occurring at community level (outside of health facilities). Some of the challenges to birth registration in the country include:-

- High turnover of kebele manager (civil registrar) thereby disrupting the continuity of and quality of civil registration services
- Low community awareness on the benefits of birth registration
- Limited government resources including logistics constraints, which in turn compromises the standard of the services being provided
- Payment of fees for the provision of birth certificate

1.2. South Sudan

South Sudan is a landlocked Country in East Africa bordering Central African Republic to the West, Democratic Republic of Congo to the to the South West, Ethiopia to the East, Kenya and Uganda to the South and Sudan to the North. The Republic of South Sudan, the youngest nation in the world gained her independence in July 2011 after a long-protracted war with Sudan. In addition to loss of life and displacements, the conflicts experienced in the country have negatively impacted on service delivery structures in the country including those for birth notification and registration. Before independence, birth registration was only available in Juba, Wau and Malakal and birth certificates were only processed in Khartoum, creating a big access barrier to birth registration

to most of the South Sudan population. According to the Sudan Household Survey(SSHS) 2010, the percentage of children under 5 with registered births were 35 per cent (SOWC 2015)². After independence, with the continued conflicts and weak or no systems at all, issuance of birth notification and registration has remained limited to a few health institutions such as Medical Commissions, Teaching Hospitals, and few Health Centers, mostly concentrated in the state capitals.

In addition, only 12 per cent of deliveries in the country are institutional, as the vast majority of children are delivered at homes. Notification of births were lower in rural areas and varies across states, as well as with both mothers' education and wealth (SHHS2 2010³). The situation was worsened by the recurrent conflicts after independence in 2013 and



Figure 2: Map of South Sudan

later in 2016, further depriving sizeable proportion of South Sudanese children from essential services. Majority of children under-five in South Sudan do not have legal identification documents, and are thus invisible. In addition to limiting their access to essential services it also renders them vulnerable to abuse, neglect and exploitation.

Resulting mainly from the frequent conflicts, the country has not been able to develop strong formal systems and structures, and legal frameworks to support birth notification and registration. In South Sudan, the

² UNICEF State of the World's Children, 2015

³ Sudan Household Health Survey, 2010

registration of births and deaths is regulated by Section 17(b) of the transitional constitution, Republic of South Sudan (2011) which states that ‘every child is entitled to a name and nationality’ and section 11(1) of the Child Act (2008) which states that ‘every child has the right to free birth registration with the appropriate Government agency.’ More recently, in 2018, the parliament enacted the Civil Registry Act 2018 giving the mandate of birth registration to the Ministry of Interior. The Ministry of Health (MOH) on the hand is responsible for birth notification.

1.3. Outline of the evaluation report

The BR4MNCH evaluation report is organised into seven (7) main sections of: executive summary, background information, object of the evaluation, evaluation purpose, objectives and scope, evaluation methods, findings, lessons learned, conclusions and recommendations. Annexes to the report are also included. The seven main sections of the report are briefly described below.

- Executive summary. Provides a synopsis of the evaluation. The section provides for the background to the evaluation, the purpose, objectives and deliverable, the methods and approaches, evaluation findings, lessons learned, conclusions and recommendations.
- Background information. Provides a brief contextual analysis of the two countries where the project was implemented. The outline of the evaluation report is also presented under this section
- Object of the evaluation. This section describes the birth Registration for maternal, newborn and child health (BR4MNCH) project. The section provides details project rationale, objectives and key activities for the project. The section also provides the project results framework.
- Evaluation purpose, objectives and scope. Coming immediately after the introduction, this section provides a description of the evaluation itself.
- Evaluation methodology. This section describes the methods to be used in conducting the evaluation. The section details out the data collection methods, data analysis, data quality assurance, ethical considerations, and evaluation limitations.
- Evaluation Findings. Provides the detailed evaluation findings by the six evaluation criteria.
- Lessons learned, conclusions and recommendations. This section presents the lessons learned, conclusions and recommendations to UNICEF South Sudan, UNICEF Ethiopia and UNICEF regional office
- Annexes. The annex section of the evaluation report includes the evaluation terms of reference, the evaluation matrix, the evaluation tools, list of respondents and list of documents reviewed. Performance matrices for the two countries over the life of the project are also provided.

2.0. The object of the evaluation

In both countries and especially in South Sudan, conflicts make it more difficult to access birth registration. It is on this background that UNICEF was funded by Global Affairs Canada (GAC) in 2014 to implement Birth Registration for Maternal, Newborn and Child Health (BR4MNCH) that covers the two countries, Ethiopia and South Sudan. This BR4MNCH project is the object of this evaluation. In addition to providing support at federal level, the Ethiopia project covered five other regions namely: Amhara, Oromia, Somali, Southern Nations, Nationalities and People's Region (SNNPR) and Tigray. The South Sudan Project on the other hand covers seven (7) counties spread in two (2) states. Five counties, Aweil East, Aweil North, Aweil West, Aweil Central and Aweil South are in Northern Bahr el Ghazal (NBeG) state while the remaining 2 counties, Morobo and Juba are in Central Equatoria state (CES). As the project progressed 2 additional sites covering Bentiu and Malakal Protection of Civilians (PoC) areas were started.

Overall coordination and technical assistance for the project was led by UNICEF Headquarters (HQ) with support from UNICEF Eastern and Southern Regional Office (ESARO). The goal of the project was to improve the availability, quality, timeliness and use of health information and birth registration/notification data to contribute to newborn and child health and protection, and to mobilize innovations as appropriate to achieve this goal. The project was designed to enhance newborn and child health and protection through improved and inter-operable health management and information systems (HMIS) and civil registration and vital statistics (CRVS) systems, with a particular focus on improved health information systems, birth registration within the CRVS system, and innovations globally and in the target countries. The project is based on the partnership of UNICEF's Health, Child Protection, and was implemented synergistically with a linkage to scale-up of high impact community-based maternal and newborn health (MNH) interventions. While previous efforts had been largely focused on improving birth registration as part of strengthening the civil registration system, the GAC project introduced, a strong focus on linking birth registration service delivery with health systems and services.

The project had three specific objectives:

1. To improve use of health information for maternal, newborn and child health for operational planning, with emphasis on community-based information;
2. To increase registration with the civil registry of the births of boys and girls aged 0-59 months; and
3. To improve interoperability between the CRVS and Health Systems.

Key project activities included:

- a. Developing and/or responding to improve birth notification and registration by working with national governments. For this activity, South Sudan given lack of legislation focused on birth notification rather than registration
- b. Building capacity of community health workers and other community-based providers and community resources to promote birth and death registration services;
- c. Enhancing the interoperability and collaboration between health and CRVS sectors;
- d. Integrating community-based reporting in health information management systems and improve quality of data;
- e. Identifying bottlenecks to information management systems for health reporting and analysis of data, and where feasible address these through electronic data systems (e.g. SMS-based mobile solutions).

The 5 year project had a total budget of USD 9,027,753 with USD 5,780,970 and USD 3,246,783 being for Ethiopia and South Sudan respectively.

Below is the project original design framework. Given lack of legislation for birth registration, South Sudan revised the intermediate outcome two from improved birth registration to focus on birth notification. By extension, all the implemented activities focused on supporting birth notification and not registration as per the original results framework.

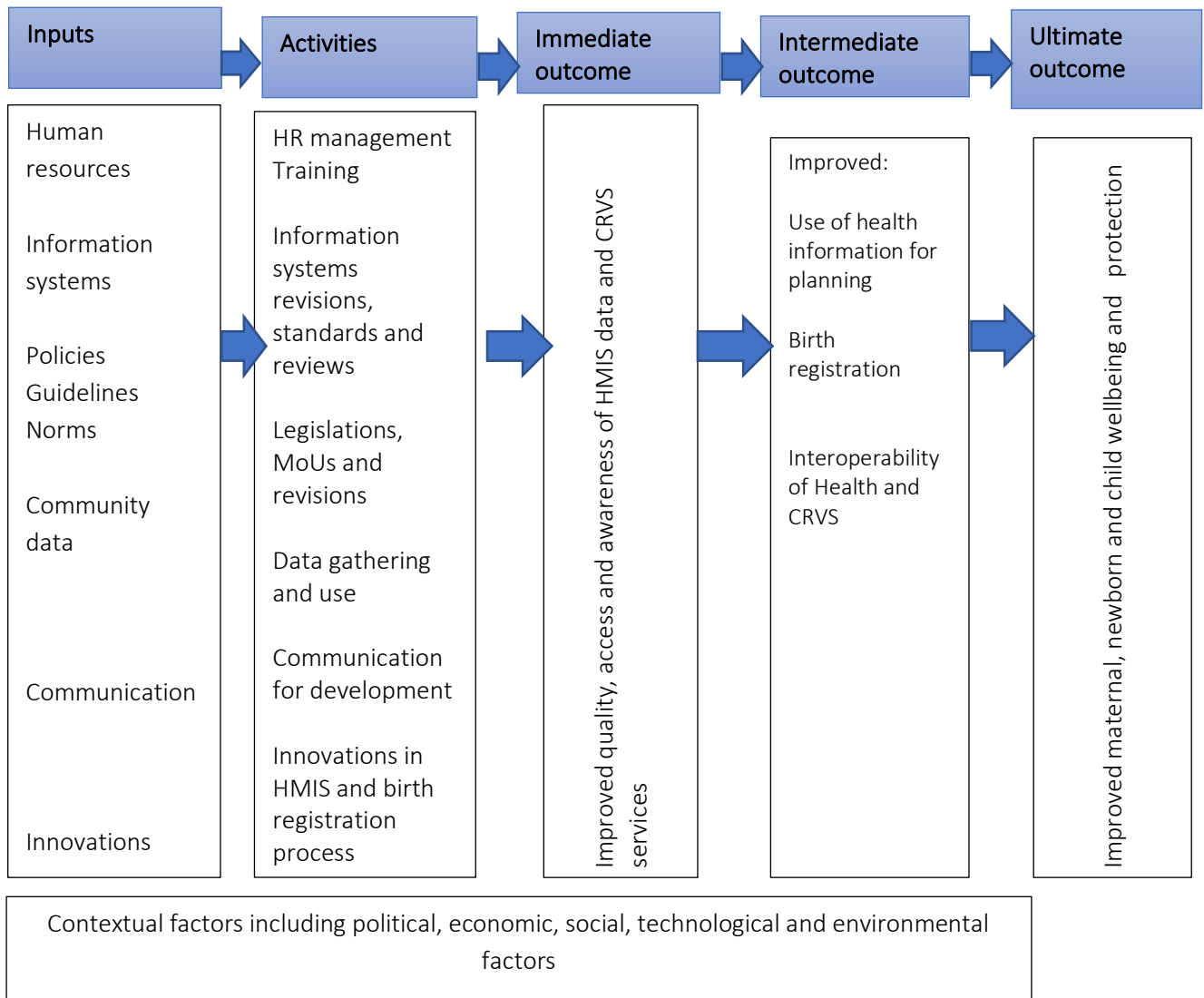


Figure 3: Project results framework

3.0. Evaluation purpose, objectives and scope

3.1. Purpose of the evaluation

The purpose of this evaluation was “to better understand how and under what conditions the interventions and the activities implemented under the BR4MNCH project are functioning and to assess the extent to which the initiative has met its objectives and achieved expected results”. It was envisioned that the results from the evaluation will inform decisions by the national governments to scale up and continue implementation of similar approach with adjustments as may be necessary. Information generated from the evaluation will also be useful for UNICEF as well as development partners in determining continued relevance of the initiative and provide information on replicability in other countries. The table below provides the uses of the evaluation.

Table 1: Users of the evaluation findings

Users	Intended use
Global Affairs Canada (GAC)	Provide feedback on the accomplishments of project goals and objectives to inform future investments in the field.
Authorities in South Sudan and Ethiopia	Provide feedback and external comments for the future development of policies and strategies for improving birth registration through health systems and services that are part of national CRVS reform plans
Other Anglophone countries in Africa	Inform on the effectiveness of interoperable Health-Civil Registry programs and provide guidance for the organization of systems and services.
Donors	Inform about the effectiveness of interoperable programs Health-Civil Registry to assist in the planning of investments in the field
UNICEF	Guide on future programming especially for the effectiveness and relevance of the organization's theory of change on vital and health services.

3.2. Objectives of the evaluation

The evaluation had two sets of objectives; two broad objectives and a set country specific objectives for Ethiopia and South Sudan. The two broad evaluation objectives were:-

- a. To determine to what extent and how the project has achieved its goal of contributing to improved use of health information, birth registration with the civil registry, and interoperability between CVRS and health systems in the project areas of the two countries.
- b. To identify what worked well, existing bottlenecks and key lessons and come up with feasible recommendations for programmatic and policy decisions for key actors

Table 2 presents the country specific objectives for both Ethiopia and South Sudan.

Table 2: Country specific objectives

Ethiopia country specific objectives	South Sudan country specific objectives
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a. Assess the extent to which health information data incorporating community-based information is increasingly being used for MNCH operational planning	a. To determine the extent to which birth notification and registration initiatives is enhanced through integration into existing community initiatives like integrated community case management (ICCM) programs in South Sudan
b. Asses the changes in data quality and utility of community health information systems at different levels.	b. To determine how local innovative initiatives like the 'Mother Cards' enhanced birth notification/registration in South Sudan
c. Assess the effectiveness, efficiency of interoperability between CRVS System and the Health System at different levels in Ethiopia.	c. To assess how the Protection of civilian sites (PoC) context in South Sudan influenced birth notification/registration in South Sudan
d. Asses Institutionalization and sustainability of Civil Registration and linkages with Health information systems and MNCH services in project supported areas and in other regions	d. To determine the effectiveness of birth notification digitalization in the health facilities and government interest in birth notification statistics for planning

3.3. Period of evaluation

The evaluation covered the period spanning from 2014 to 2018 including both the inception phase and the main phase of the project. The evaluation was carried out between January and April 2019.

3.4. Evaluation Questions

This evaluation had three overall evaluation questions namely: -

1. To what extent have the interventions under this initiative led to anticipated outcomes and changes in child protection systems focus countries?
2. How and why have intervention packages led to observed results and changes and for who?
3. What key lessons can be learned and replicated from the project?

Evaluation question one (1) focused on the immediate, intermediate, and ultimate outcomes as stated in the project results framework while evaluation question two (2) focussed on the inputs, activities, strategies and outputs implemented to achieve the stated outcomes assessed under evaluation question 1. Evaluation question three (3) reviewed the lessons learned including challenges in implementing strategies and activities towards achievement of the project outcomes. To answer the three evaluation questions under each of the six evaluation criteria of relevance, efficiency, effectiveness, sustainability and impact and human rights and gender equality, the terms of reference outlined a set of 22 specific but interlinked evaluation questions as presented in table 3 .

Table 3: The evaluation Questions

Criteria	Evaluation Question
Relevance	1. To what extent has the Programme contributed to national targets? Is there continued need for the initiative in the countries?

Criteria	Evaluation Question
	<ol style="list-style-type: none"> 2. How valuable were the results to service providers, clients, the community and/or organizations involved? 3. How has implementation contributed to strengthened interoperability between the civil registration and health systems? 4. To what extent has the regional approach including function of the regional office in relation to the project contributed to results of the Programme? 5. To what extent was the programme consistent (or continues to be) with policies of the two countries? 6. To what extent has the programme contributed to advocacy efforts and legal reforms? 7. To what extent has evidence generation (implementation research) contributed to addressing implementation challenges of this project
Effectiveness	<ol style="list-style-type: none"> 1. Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives? 2. What was the quality of the design/content of what has been implemented? 3. How well was the intervention/service implemented and adapted as needed? 4. Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations? And, if so, what were the results of these deviations? 5. What were the barriers and enablers that made the difference between successful and less successful implementation and results?
Efficiency	<ol style="list-style-type: none"> 1. Were the allocated human and financial resources used efficiently to achieve the objectives? 2. To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community? 3. Were activities implemented at a right time?
Impact	<ol style="list-style-type: none"> 1. Are there prospects that the achievement of the overall goal will have an impact on the national policies? 2. Were there any positive or negative impacts beyond the overall project goal? 3. Were there any community level impacts resulting from implementation of the project
Sustainability	<ol style="list-style-type: none"> 1. Are countries likely to continue investing in CRVS and HIMS systems? 2. Are positive results likely to be sustained? In what circumstances? 3. Are the project activities scalable and replicable in-country and beyond?
Human rights	<ol style="list-style-type: none"> 1. To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?

4.0. Evaluation Methods

A non-experimental design employing theory based approach was used. Using a logic approach as presented in the results framework for the two countries, the evaluation assessed whether the project met its objectives and how, in what conditions and what activities contributed to the achievement of the outcomes. A mixed methods approach employing both qualitative and quantitative methods was used to answer each of the 22 specific evaluation questions. The quantitative approach mainly involved analysis of quantitative data obtained from project performance reports to determine whether the program met its objectives. The quantitative approach helped answer evaluation question 1 on “To what extent have the interventions under this initiative led to anticipated outcomes and changes in child protection systems focus countries?”. The qualitative method was used to describe the how and what activities were implemented to achieve the objectives. The method focused on answering evaluation question 2 and 3. The mixed methods approach allowed for triangulation of data collected from different sources to enhance the quality and credibility of the findings and conclusions of the evaluation. A matrix providing evaluation questions, sub-evaluation questions and data collection methods used in answering the evaluation questions is provided in this report as annex 7.9. Upon arrival in the two countries, the consultant worked with the UNICEF Country offices to further refine and detail out the evaluation method based on each country’s unique logistical context. This included obtaining more project documents for review, defining the actual targets and categories of key informant respondents, agreeing on actual numbers and names of regions, health facilities and community units to be visited. The various data collection methods used in the evaluation are as described below.

4.1. Data collection methods

Document review

As part of the evaluation, an iterative document review was undertaken. Documents reviewed included but not limited to program inception reports, baseline reports, monitoring and evaluation frameworks including theory of change, project annual reports, national policies, legal frameworks, CRVS investment case, community health strategies, HMIS and related thematic areas such as maternal, newborn and child health documents among others. Effectiveness data obtained from project annual performance reports was triangulated through key informant interviews, focus group discussions and visits to the project sites. The list of documents reviewed are presented as annex 7.8.

Key informant interviews

Key informant interviews and panel discussions were conducted with stakeholders at different levels of project management and implementation. A sample list of key informant respondents included:

- UNICEF Regional Office including with regional child protection team (2) and health team (2)
- UNICEF South Sudan country office: Child protection staff (3), health team (1), communication for development (1), technology for development (1) and M and E (1).
- UNICEF Ethiopia country office: Child protection staff (2), health team (2), C4D (1)
- UNICEF South Sudan-Aweil and Bentiu: Child protection staff (4), health staff (2) and C4D (1)
- Ministry of Health Ethiopia at national level and regional level: Nine (9) KIIs
- Ministry of Health South Sudan National and regional level: Ten (10) KIIs
- National registration agency/and related agencies South Sudan: Two (2) KIIs
- Ethiopia vital events registration agency at all levels: Seven (7) KIIs
- Other stakeholders South Sudan: A total of 7 key informants conducted with other partners including WHO (2), UNHCR, UNFPA, Canadian Embassy in South Sudan and Malaria consortium

The list of key informants reached is presented as annex 7.7.

Visits and interviews with service providers

Using key informant interview guide, KIIs were conducted with health workers providing birth notification services in Ethiopia and South Sudan. A total of 11 health service providers (7 in South Sudan, and 4 in Ethiopia) were interviewed. Site facility visits focused on observations and onsite verification (at health facilities and registration centres) of data received from reports and through other data collection methods. Some key focus areas for observations and verifications included:-

- Data quality through conducting checks on registers, reporting forms
- Any interoperability activities at health facilities or other sites
- Provision of birth registration/notification services at POC sites
- Numbers of boys and girls 0 to 59 years notified at the various sites

Focus group discussions

Focus group discussions were held with project beneficiaries to understand beneficiary perceptions on whether the project met its objectives, their felt project impact, community bottlenecks and barriers to accessing birth registration and notification and how these were addressed. Additionally, the FGDs focussed in understanding equity, gender and human rights issues in accessing birth registration and notification services. In South Sudan, no FGDs were conducted but individual interviews were held with beneficiaries. A total of 4 FGDs with 28 discussants were held in visited health facilities in Tigray and SNNP regions. In South Sudan, 4 individual interviews were held in the visited facilities.

4.2. Data analysis

Both quantitative and qualitative data analysis methods were used. Data was grouped, analysed and thematically organised into the six evaluation criteria of: relevance, efficiency, effectiveness, sustainability, impact and human rights. Grounded theory analysis was used to analyse evidence from qualitative data including key informant interviews, focus group discussions, desk review and site visit observations. Content and triangulation analysis was done to identify key themes and draw findings and conclusions. The logic model presented in the project results framework was utilised to produce evidence on how inputs and activities produced the project immediate, intermediate and ultimate outcomes.

4.3. Data Quality Assurance

Data quality assurance was integrated at all phases of the project evaluation including at design and inception, data collection, analysis and reporting and at validation and dissemination phases. To ensure data quality, the following measures were implemented

- Review of data collection methods and tools by UNICEF regional and country offices and reference before the initiation of data collection process
- Multiple data collection methods including literature review, key informant interviews, focus group discussions and visits to birth notification and registration sites were done to ensure triangulation and quality of findings, conclusions and recommendations
- Respondents were carefully selected to ensure those interviewed had adequate exposure to the program. In cases where project staff had left the program, the evaluators made special arrangements to reach and interview them.

- Validation meetings were held with both Ethiopia and South Sudan country offices immediately after data collection. These preliminary findings validation meetings were used to confirm early country specific findings, conclusions and recommendations.

4.4. Ethical considerations

To ensure adherence to acceptable ethical standards, the implementation of this evaluation was guided by UNEG ethical guidelines for evaluation. The following ethical considerations were observed: -

- In visits to especially health facilities, evaluation procedures including FGDs and KIIs will were kept brief and convenient as possible to minimize disruptions in delivery of health services.
- Towards ensuring that potential participants can make informed decision, verbal consent was obtained from all respondents before the initiation of the interviews. The evaluator informed respondents the purpose of evaluation, the process and duration of interview.
- Where review of data involved access to clients data, for example in the listing of newborns who were notified in the delivery register, the consultant ensured that details of the clients were not taken. The page with confidential information were folded up to ensure confidential data was not accessed.
- The names of respondents were not linked to specific statements in the report. No names are linked to specific statements and quotes reported in this evaluation report.
- The consultant ensured impartiality and independence by sticking to the terms of reference and the inception report and through use multiple data sources to confirm evaluation findings. Where findings were contested during the validation of preliminary findings, the evaluator additional data collection to objectively verify the findings.

4.5. Country validation meetings

As part of the evaluation methods, country validation meetings were held in both countries immediately after data collection. During the validation meetings, the preliminary findings, overall conclusions and recommendations were presented. Based on the comments from the country offices, the findings were adjusted and where need be additional data collection undertaken to address identified evaluation gaps.

4.6. Evaluation Limitations

Table 4 presents the limitations experienced in the implementation of the evaluation and measures taken to address them.

Table 4: Evaluation limitations and measures taken to address them

Limitations	How these were addressed
Limited data collection period impacting on number of sites visits per country which could be visited	A representative sample of sites were visited and diverse data collection methods used. In South Sudan additional days were provided for data collection to ensure a representative sample was reached and to ensure that difficult settings such as POC were reached for the evaluation.

Limitations	How these were addressed
Project staff attrition at UNICEF ESARO, UNICEF Country offices and even at implementation sites	Skype interviews were arranged with staff who had left the program especially in South Sudan which had a high staff transition.
Insecurity/conflict situations which limited the number of areas that could be visited.	Some of the project sites in South Sudan could not be visited due to conflicts. However, arrangements were made to interview staff responsible for those sites.
Language barriers especially when conducting focus group discussions with non-English speaking respondents	The lead consultant worked with a research assistant in Ethiopia and a local UNICEF staff in South Sudan to address language barrier related challenges
Deviations from the original project design	South Sudan was not able to implement objective 2 on increasing birth registration given their contextual environment. In South Sudan, the project effectiveness was assessed on increasing birth notification rather than birth registration
Assessing impact	In the two countries active project implementation started in 2016. It was noted that it was too early for the respondents to mention any impact level effectiveness of the project.

5.0. Evaluation Findings

This section of the evaluation report presents analysed findings from the various qualitative and quantitative data collection methods. To ensure alignment to terms of reference, the findings are organised by the evaluation six (6) evaluation criteria of: relevance, effectiveness, efficiency, impact, sustainability and human

rights. Description for each evaluation criteria area starts with a discussion on the overall findings and then a matrix providing a summary of findings by evaluation question.

5.1. Relevance

In both Ethiopia and South Sudan, this evaluation identified the birth registration project as having been relevant at the time of project initiation and also in the post project period. As described in the introduction section of this report, both countries had extremely low coverage of birth registration with Ethiopia having 7% and South Sudan having a coverage 35 %⁴. It is worth noting that the South Sudan coverage data was for pre-independence period as the post independent South Sudan does not have any birth registration program in place.. At project start, South Sudan had totally no structure neither a legal framework to support birth registration. On the other hand, although Ethiopia had some legal framework, the country did not have a formalized birth registration system. Key informant interviews in both countries identified that the project was necessary for creating an enabling environment including legal and policy frameworks for increased birth registration coverage. Interviews with staff at both Ministry of health and other agencies involved in birth notification and registration from both countries identified data from this process as being critical in supporting effective operational planning. Interviewed health service providers identified information from birth notification as being relevant in improving access to and in provision of quality health services especially nutrition and immunization services. A key health worker respondent had this to say on the project relevance.

“some health services such as immunization are given based on the age of the child, data from birth registration helps us to know the right age of the child and therefore give the right vaccine at the right age of the child. I think to us as health workers, birth notification is very important⁵”

“In a PoC setting like ours, birth notification makes things easy, birth notification makes things easier for WFP when they are screening children for provision of nutrition supplements, it is possible to see the real name of the child and also their age, the data also helps avoid cheating during food distribution where people register one child many times⁶”

Project beneficiaries (women with children under 59 months) associated project relevance with improving access to essential rights by their children. Focus group discussion with mothers in Ethiopia identified birth registration as the first step in their children being recognized by the government. Once the children are registered, the parents reported that this creates an avenue for them to advocate with the government on provision of essential services to children including health and education. Birth notification and registration was also reported as being relevant for the protection of children rights.

Interviews with Ministry of Health, UNICEF and other partners in both countries identified birth registration (and notification in the cases of South Sudan) as being relevant in providing legal proof of age in cases involving sexual exploitation of children, early marriage and child labour. In Protection of Civilians (PoC) Settings, key informant interviews with implementing partners in Bentiu POC identified birth notification as being relevant in helping build protective environment for children including protection from child detention, recruitment as

⁴ BR4MNCH inception report for Ethiopia and South Sudan. UNICEF 2014

⁵Health worker respondent at Aweil Central

⁶UNICEF Child protection staff in Bentiu

child soldiers and in addressing cases of child separation. The statements below further explain the relevance of birth notification to beneficiaries as reported by respondents in Bentiu PoC.

“When children are put in detention, we use birth notification certificates to proof age and therefore advocate for their release⁷”

“When we go to military camps, in the events where children have birth notification, we use those certificates to advocate for children not to be recruited into military. You see when they recruit them, they tell them to lie about their ages, so sometimes without a birth notification, it is not easy to provide evidence for recruitment of a child into military⁸”

“In our PoC a child was lost during transit and the child was taken by another parent as their child. The parent who had lost the child used the birth notification certificate provided by UNICEF to get back her child⁹”

‘it makes us feel that are our children are recognized and helps them access their rights’, inheritance, secure land rights especially during divorce, in cases of divorce, we were not accessing our inheritance rights, after this we can now access our rights because we can show registration certificate of the children¹⁰”.

In both countries the project is well aligned to national policies and strategies. In South Sudan, the project aligns to and contributes to achievement of the recent Reproductive, Maternal Newborn, Child and Adolescent Health and Nutrition (RMNCAH and N) strategic plan, Every Newborn Action Plan (ENAP) and the Boma Health Initiative¹¹. In Ethiopia, the project aligns and contributes to several national documents and targets. The Health Sector Transformation Plan (HSTP) identifies registration of vital events from birth to death as a priority for the health sector.

The HSTP sets a target of proportions of birth registered at health facilities at 90 % in 2021¹². At global level, the project is aligned to and is useful in helping both countries work towards attainment of the Sustainable Development Goals (SDG) target 6.19.1 on “Proportion of children under 5 years whose births have been registered with a civil authority, by age”. With health having a clearly established structure in both

Figure 4: An extract from South Sudan RMNCAH and N strategic plan Strategy 6.2.5. Strengthen community based birth and death registration

Key actions

1. Develop and ensure availability of tools for birth and death registration at community level
2. Advocate with relevant sectors to ensure compulsory birth and death registration
3. Build capacity of community health volunteers to implement community birth and death registration

⁷UNICEF Project staff, Bentiu South Sudan

⁸Unicef Project staff, Bentiu POC South Sudan

⁹Partner staff, Bentiu POC South Sudan

¹⁰FGD discussant Ethiopia

¹¹The Community Health System in South Sudan “Boma Health Initiative”

¹²Health Sector Transformation Plan. The Federal Republic of Ethiopia Ministry of Health. October 2015

countries, inclusion of the CRVS and health systems interoperability was seen as a big value add for the project relevance. A Unicef respondent in Ethiopia country office noted:

“The CRVS and health systems inter-operability component of this project made it very unique ...this made the project very relevant in producing lessons that can be scaled up¹³.

In Ethiopia, it was further observed that the project came at the right time when there was a renewed interest and commitment by the Ministry of Health in strengthening the broader health information systems. Additionally, in Ethiopia, it was reported that the project was relevant in addressing the challenges that were inherent with HMIS including poor data quality and weak use of data for decision making. In the post project implementation phase, the project is identified as being relevant in both countries. In Ethiopia, the evaluation identified that the project will be critical in sustaining the big gains already made, ensuring quality in the provision of the birth registration services and advocating for the remaining barriers to birth registration especially fees for birth registration and the requirement for both parents to be present for birth registration certification. Given that the Vital Events Registration Agency (VERA)-now referred to as Immigration, Nationality and Vital Events Agency (INVEA)- in Ethiopia is relatively new, the project remains relevant to provide capacity strengthening to the new agency. In South Sudan, the evaluation led to enactment of the Civil Registry Act 2018. However, the registration structures (save for the civil registry unit at national level which is still at its infancy) are yet to be established at all levels. Additionally, there are no regulations to support operationalization of the Act. Given this situation, the project will be relevant in transitioning the country from birth notification to registration including development of operational guidelines for the implementation of the Act. However, given the weak infrastructure and almost non-existent structure for birth registration, poor fiscal space and the country’s humanitarian situation, the Government of South Sudan and UNICEF will need to make very strategic decisions on the investment areas for birth notification and registration.

The table 5 provides specific responses to the evaluation questions under this criteria.

Table 5: Summary of findings on project relevance

Evaluation Questions	Status	
	Ethiopia	South Sudan
To what extent has the Programme contributed to national targets? Is there continued need for the initiative in the countries?	By increasing birth registration in the target regions, the project has contributed to national targets for birth registration. During the project period, birth registration in the targeted Woredas increased from 7% to 16% in the targeted regions. As discussed under overall project relevance, the project continues to be relevant in Ethiopia.	By increasing birth notification in the targeted counties, the project contributed to some extent in increasing national birth notification targets. In the targeted counties, birth notification increased by 30 %. With the project having led to enactment of the civil registry Act, the project remains relevant to help in transitioning the country from birth notification to birth registration.

¹³ Key informant interview with UNICEF Ethiopia Child Protection team

Evaluation Questions	Status	
	Ethiopia	South Sudan
How valuable were the results to service providers, clients, the community and/or organizations involved?	As described above, the results from the project was useful in both countries. Service providers in both countries identified that the results from birth registration and notification (for South Sudan) were useful in promoting provision of quality services especially nutrition . Clients and communities identified project as being useful in promoting access to justice and family tracing and reunification services especially in PoC settings in South Sudan. Interviewed agencies reported that the results helped in improving programming, service delivery and planning.	
How has implementation contributed to strengthened interoperability between the civil registration and health systems?	As described under the effectiveness section, in both countries the project has to a large extent contributed to strengthened inter-operability between civil registration (and notification for South Sudan) and health systems. Several inter-operability initiatives were implemented. Targeted health facilities in the two countries are providing birth notification services. In Ethiopia, an operational MoU between health and VERA has been developed. South Sudan is yet to develop an MoU between Ministry of Interior and Health.	
To what extent has the regional approach including function of the regional office in relation to the project contributed to results of the Programme?	The regional approach was useful in facilitating achievement of project results. The regional office together with UNICEF HQ provided technical assistance to the countries including through monitoring visits to the countries. The regional office supported the countries to develop inception reports providing an opportunity to contextualise the projects to specific country situation. Additionally the regional office provided implementation research capacity strengthening to the two countries. Through the regional approach, cross learning was also supported. The regional office organised regional review meeting in Nairobi where different countries showcased their best practices.	
To what extent was the programme consistent (or continues to be) with policies of the two countries?	As described on overall findings on relevance, the project aligns to and contributes to the health and CRVS policies and strategies of the two countries. In Ethiopia CRVS has now been included in the Health Sector transformation Plan for the Ministry of Health. The project is also aligned to CRVS strategic documents including the CRVS investment case. In South Sudan, CRVS is well aligned to national health documents such as the RMNCAH and N strategic plan, the Every Newborn Action Plan and the BHI policy. South Sudan is yet to develop CRVS specific policy and strategy documents.	
To what extent has the programme contributed to advocacy efforts and legal reforms?	Ethiopia, the program implemented advocacy initiatives leading to review of the civil registry proclamation of 2012 to include provision of birth registration for refugees as well extending responsibility	As described under the effectiveness section of this report, advocacy in South Sudan led to enactment of the Civil Registry Act of 2018 and establishment of the Civil Registry unit.

Evaluation Questions	Status	
	Ethiopia	South Sudan
	of birth notification to health extension workers.	
To what extent has evidence generation (implementation research) contributed to addressing implementation challenges of this project	While implementation research was undertaken in both countries, these were implemented in the later phases of the project limiting the use of the findings to address the challenges and improve programming. In Ethiopia, a bottleneck analysis was undertaken to identify the barriers to birth registration. The plan was to use the findings to address the bottlenecks and ensure improved access. In South Sudan, the project implemented the mother card, from a recent review this innovation is yet to produce evidence based results that can be used to strengthen tracking of mothers who give birth at home.	

5.2. Effectiveness

The effectiveness of the BR4MNCH project is discussed under the three outcome areas as stated in the project document and in the evaluation terms of reference. The three outcome areas are:-

- To improve the use of health information for MNCH operational planning with emphasis on community based information
- To increase the percentage of children ages 0-59 months whose births are registered
- To Improve inter-operability between CRVS and health system

Under each outcome, the effectiveness of the project in achieving each of the respective outputs and planned actions discussed by country. For indicators where data is available, country specific performance matrices are presented as annex 7.2 (Ethiopia) and 7.3 (South Sudan). Findings on project effectiveness were identified from review of literature and key informant interviews with project stakeholders including the Ministry of Health and vital registration agencies in the two countries, UNICEF country offices as well as with other partners involved in the project implementation. Focus group discussions with project beneficiaries helped identify the project effectiveness in reaching them.

Outcome 1: To improve the use of HMIS for MNCH operational planning with emphasis on community based information

As per the project theory of change, outputs covered under this outcome area included integration of community-based data into official district HMIS, increased quality of health information data for MNCH with emphasis on community based information, and increased availability and timeliness of community based health information data for operational planning. The overall finding for this outcome area in South Sudan is that although the country has laid out the foundation for roll out of HMIS for operational planning, the outcome level results for this outcome have not been met. Interviews with stakeholders and review of project reports did not identify any evidence on use of data for MNCH operational planning at all levels. With no systems in place, there is inadequate or total lack of data for use in MNCH operational planning. Despite not achieving the overall outcome results, this evaluation appreciates the process activities that were implemented in the country towards achievement of this outcome. Key actions implemented include:-

- Electronic data entry and digitalization of birth notification. As part of ensuring data quality and also for safe storage of birth notification data, UNICEF South Sudan through this grant piloted use of electronic

register and birth registration data base. The electronic data entry was piloted in 7 health facilities of Nyamlel, Mayen Ulem, Majak kar, Malual Kon Primary Health Care Center and Aweil State Hospital in Northern Bahr El Ghazal State, Juba Teaching Hospital and Munuki Primary Health Care Center in Central Equatoria State. Additionally, UNICEF supported the government of South Sudan to establish digital data base for storage of birth notification and later birth registration information. Although the initial plan was to host the server and the data base within the Ministry of Interior (or at that time Ministry of health), this was not possible due to logistical challenges including lack of electricity and weak internet coverage. The server and the data base is currently housed at UNICEF with the plan to move it to the Ministry of interior. At the seven health facilities where computers were provided for birth notification data entry, the evaluation found this as not having been successful in majority of the facilities. Challenges to electronic data entry at the targeted facilities included: weak computer data entry skills among health workers, infrastructural challenges including lack of computer and internet and in some cases lack of manpower for data entry. However, computerized data entry was observed in a few facilities indicating feasibility of the intervention if logistical challenges are addressed.

- Supported establishment of a national CHMIS and DHIS 2. UNICEF through this grant provided technical support for the establishment of the community based health information systems which has now been included into DHIS2. With both CHMIS and DHIS having not having been rolled out, the evaluation could not establish the impact of the activity in improving the project outcomes. A key achievement for this activity was the inclusion of birth notification indicator in DHIS 2. However, the birth notification indicator is not part of the priority indicators that health facilities are required to report on. Inclusion of birth notification indicator as a priority indicator for health facilities is useful in increasing its reporting as well as motivating health workers to provide notification services.
- Birth notification booklets printed and distributed to health facilities. The UNICEF grant developed, printed and distributed birth notification booklets (registers) to health facilities in the targeted states. A key gap in the developed birth notification registers is that they do not provide for a reference copy (or carbon copy) to be left at health facility. Visited health facilities could therefore not provide evidence for birth notification even when they had provided the services. As such the facilities did not have data for decision making and improving their programming. Availability of data at facility level is useful as it can provide reference in case clients misplace their birth notification certificates. While computerization of birth notification may address this challenge, given the time it may take for all health facilities to be provided with computers and source of electricity, this evaluation observed that it is critical to review and re-develop the birth notification registers provide for duplicate copies.
- There is weak data quality. This evaluation identified that there are no structured process for checking birth notification data quality. Visits to health facilities identified incomplete and sometimes blank birth notification forms even in cases where birth notification had been offered. Health workers reported not to have had any supportive supervision focused on improving quality of birth notification data. Additionally the facilities reported not receiving any data quality assessments/audit support and even when this was done for other thematic areas, birth notification DQA was not integrated. The evaluation did not identify any system or measures put in place to ensure confidentiality of client birth notification data in collection, transmission and storage.

For Ethiopia, this evaluation identified that the project was effective in the achievement of this outcome area: Improved data quality and its use for decision making. Key results achieved under this outcome area included:

- **Improved data quality.** Review of literature and key informant interviews both at federal and in visited sites identified that the project had led to improved data quality. Interviews at regional sites in Tigray and SNNPR identified that the project had established and implemented an elaborate process for checking data quality. It was reported that data quality checks are done at each level and forms with incomplete and poor quality data are returned to the submitting level. The project supported development of data quality tools and implementation of Routine Data Quality Assurance (RDQA) and Lot Quality Assurance (LQAS). Interviews at all levels identified that there is a reduction in number of forms that are returned to submitting levels (units) indicating improvement in data quality. Review of project reports indicated that between July 2017 and June 2018, 342,363 completed registers were quality assured at the federal level and only 7 per cent (23,652) had errors and were sent back to the lower level registration bodies for correction. This represents a decline of 43 per cent from what was reported in July 2017 (50 per cent of registers had errors). Computer data entry was reported as being another process of ensuring data quality. At the time of this evaluation, Tigray region was having a mass data entry program where data entry clerks from all sites converged at the regional headquarters for data verification and entry. Mentorship and supportive supervision was reported as having contributed to improving data quality. During the project period, more than 239 health facilities from four of the project supported regions were supervised and mentored for data quality assurance.
- **Improved culture for data use in decision making.** Interviews at all levels indicated an improved culture for data use for decision making. Health workers reported that they analyse data and use it to improve programming. During the time of this evaluation, the evaluator observed analysed data being displayed in the visited facilities. Through this grant, UNICEF Ethiopia supported data review meetings in targeted regions as part of enhancing data use for decision making
- **Integrating birth notification in data collection and reporting tools.** Review of data collection and reporting tools at visited health facilities identified that birth notification indicator has been included in delivery registers. This is a sustainable and will ensure that health workers collect and report on birth notification. Development of birth and death notification business process and manuals for training together with development of standardized form.
- **Revision of HMIS indicators.** The project supported revision of HMIS indicators including addition of birth notification indicators. Training on revised indicators was provided through use of a high quality audio visual self-learning module produced through this project. An estimated 1,500 Audio-visual self-learning module DVDs were distributed to all regions and Woredas for use by health workers and health extension workers (HEWs). As a result of the project birth notification was identified as one of the reportable indicators in DHIS II and health facilities have started to report number of children's notified. However, the evaluation identified that this require further follow up and support to ensure full scale application and ensuring that all birth's attended are notified and linked to Civil registration.
- **Incorporation of key child health indicators in to the Community Health information Systems (CHIS).** UNICEF through this project supported incorporation of child health indicators into CHIS and fostered integration of the CHIS in to national HMIS.

Identified gaps under this outcome area in both countries include stock out of birth notification forms at the health facilities and birth notification indicator not being included in the list of the national priority indicators. In Ethiopia, the stock out of birth registration forms was associated with inadequate allocation funds to health facilities by regional bureaus while in South Sudan this was associated with poor distribution of the notification forms. A key challenge to registration in Ethiopia is the low number of children notified ending up being registered. This evaluation identified that while there is an opportunity to use birth notification and registration data for ensuring all notified children end up being registered, this was not adequately done.

Outcome 2: To increase the percentage of children ages 0-59 months whose births are registered

Based on the context as described in the introduction section of this evaluation, with the country not having any legal framework and structures for birth registration, the South Sudan BR4MNCH project focused on increasing birth notification while creating the necessary legal and policy environment for birth registration. As such, the South Sudan BR4MNCH project was assessed on its effectiveness to increase birth notification rather than birth registration. The key finding under this outcome area is that the project was effective in increasing birth notification of children 0-59 months. During the project period, a cumulative total of 559,922 (285,406 boys and 274,516 girls) were reached with birth notification.

The remaining challenge is sustaining the birth notification positive results and transitioning the country from birth notification to birth registration. A key achievement towards creating an enabling environment for birth registration in South Sudan was the enactment of birth registration Act of 2018 and establishment of the civil registry unit within the Ministry of interior. The following outputs and activities were implemented towards increasing birth notification.

- **Birth notification and registration communication strategy developed and implemented.** Informed by a formative research, national communication strategy for birth notification and registration was developed. As part of implementing the strategy, birth registration posters were developed. Different counties where the program was implemented also used community radios and community volunteers to pass messages on birth registration and notification. Review of project reports and interviews with communication for development (C4D) staff identified that a total of 1,762,282 children (293,714 households) were reached with birth notification messages. This was further validated by key informant interviews with service providers at POC sites who had the following to say on increased demand for birth notification services:

“communities are now demanding birth notification services, they even come from the villages to the POC to ask for BN services¹⁴”.

Despite availability of a communication strategy, this evaluation identified that only Central Equatoria State had birth registration posters displayed in health facilities. Health service providers in the two other visited regions of Bentiu and Aweil reported having never seen any birth notification posters. With South Sudan currently providing only birth notification, a key gap noted with the communication strategy is the lack of targeted communication on transition from birth notification to birth registration. It was identified most clients and even service providers have no clear information on what happens after birth notification with some clients feeling that once they had acquired birth notification certificate that was adequate and that they did not need birth certificate.

¹⁴ Key informant respondent at Bentiu POC

- **Technical assistance in the development of the Boma Health Initiative.** Through this grant, UNICEF provided technical assistance in the development of the BHI strategy. Among other interventions, the BHI strategy when rolled out will be critical in promoting birth notification through the BHI team. Although a national roll out of the strategy has not been initiated, some organisations have started to implement BHI in selected regions. Additionally, the recently launched Health Pooled Fund (HPF) 3 has a funding component focused on rolling out of the BHI. Moving forward, UNICEF will need to work with the BHI secretariat to ensure birth notification and probably registration is rolled out as part of the initiative.
- **Training of health workers and community volunteers on birth notification.** As part of rolling out birth notification, UNICEF South Sudan through this grant supported training of 438 health workers and 780 volunteers on provision of birth notification services.

In Ethiopia, review of project reports, key informant interviews with birth notification and registration service providers, beneficiaries as well as project implementers identify that the project made significant progress in increasing birth registration of girls and boys aged 0-59 months. Over the entire project period, the project has led to registration of 965457 children. Towards achievement of this outcome indicator, the project implemented several outputs and actions as described below.

- **Establishment of functional birth registration services as part of national CRVS system in all target counties.** Through advocacy, trainings and provision of other logistical support, the project supported expansion of administrative coverage of CRVS registration centres. Through advocating for placement of registration personnel and their training, the project led to establishment of functional birth registration centres at all levels including at regional, Woredas and Kebeles. To ensure functionality of the centres, a total of 14,796 civil registrars (against a target of 15,942) were trained among the five project target regions during the project life-span. Review of project documents indicates that, 88.5 per cent of civil registration centres are functional within the project target regions. Among the five target regions, Amhara had the highest coverage of functional CR sites at 100 per cent, while Somali region had the lowest coverage at 22.2 per cent.
- **Creation of an enabling environment for provision of birth registration services.** Through advocacy and provision of technical assistance, the project supported creation of the right policy and legal environment for provision of birth registration at national level and in all the target regions. The evaluation identified that the project led to review and amendment of the federal proclamation to broaden its scope to include refugees and asylum seekers who did not have their right to registration enshrined in the law the Proclamation to provide for the Amendment of the Vital Events and National ID Proclamation' (Proclamation No. 1049/2017)'. Additionally, to increase reach to those born at home, the new law also entrusted the responsibility of notifying births and deaths occurring outside of health facilities to health extension workers.
- **Increased awareness and demand for civil registration services.** Using different approaches including integrating with health messaging as described in the inter-operability outcome area, the project led to increased community awareness and demand for birth registration. As part of increasing awareness on birth registration, the project integrated birth registration messages in the national communication strategy. In creating birth registration awareness, the BR4MNCH project supported media and

community-level sensitization workshops facilitated by RVERAs and community radios. In addition, the project developed and disseminated of birth notification leaflets and bulletins in local languages. According to project reports, a total of 6,420,624 people were reached with messages focussing on importance and compulsory nature of civil registration services. Focus group discussion in Tigray region identified that as a result of the project, women had increased awareness on birth registration. On the increased awareness a FGD discussant in Tigray observed:

“As women, we now know the importance of birth registration, we go to give birth in the health facilities so that our children can get birth notification....the women development armies have told us where to go for birth registration....if our children are registered it is easy to get services from the government¹⁵”.

Outcome 3: To Improve inter-operability between CRVS and health system

According to the project logic model for both countries, expected key outputs under this outcome area included: enhanced access to CR services through institutional agreements and mechanisms between the health sector and civil registry, innovative birth registration processes introduced through interoperability with the health system and institutionalised linkages between CR and delivery of health services. The overall finding under this outcome area is that both countries have made significant contribution towards achievement of this outcome area but at varying degrees.

Ethiopia has institutionalised CRVS and health systems inter-operability through creation of necessary agreements and mechanisms including memorandum of understanding and legal frameworks. Although South Sudan has implemented several inter-operability initiatives at facility level, this evaluation identifies that these yet to be institutionalised as the has not developed and implemented memorandum of understanding between health and CRVS at the various levels to guide this partnership. The already developed Civil Registration Act 2018 mandates health institutions and service providers including traditional birth attendants to notify births. Implementation of the Act will be critical in supporting the institutionalisation of the inter-operability between Health and CRVs. The further recognizes the Ministry of Health as a member to the Civil Registry Advisory Council.

Enhanced access to CR services through institutional agreements, mechanisms and linkages

In Ethiopia, this evaluation observed that the project had effectively established institutional agreements and mechanism between the health sector. Clear

Extract from birth registry Act 2018

Every Health institution or other health entity in which birth occurs, shall send a copy of birth notification to the person responsible for birth registry in the area within 45 days from the time of birth.

memorandums of understanding between VERA, health sector and other relevant departments had been developed and was operational at all levels starting from federal, regional, Woredas, Kebeles and at facility levels. The MoUs clearly stipulate the role of various units and departments in improving birth notification and registration. Additionally, the evaluation identified that steering committee and TWGs for birth registration had been established at federal, regional and Woreda level. At National level, it was observed that the representation of the Ministry of Health did not include the top decision makers in the Ministry creating weak

¹⁵FGD discussant Tigray region

accountability and ownership. Interviewed respondents recommended occasional participation of the Minister of Health or a senior representative in the committee to show ownership of the highest level of the Ministry. At Woreda level, it was noted that the meetings were not organised routinely due to lack of funds. To strengthen collaboration between Ministry of Health and VERA, Ethiopia appointed a CRVS focal point person within the Ministry of Health at federal and regional level. South Sudan on the other hand does not have any formal MoUs between health and Ministry of interior. Respondents identified that with delayed birth registration Act, the country was unable to develop MoUs as there was no legal backing on the role of different actors. While a steering committee bringing together relevant Ministries including health and interior exists, this was reported as being dormant with no meetings reported for more than six months before the end of the project. Additionally, a CRVS technical working group (TWG) does exist, but meetings are adhoc and actions from the meetings are rarely implemented due to poor follow up and inadequate financial resources.

Both Countries enacted legal frameworks that define the role of the Ministry of Health and that of Interior (in South Sudan) and for VERA in Ethiopia. The legal frameworks further strengthen and provide a legal backing for the CRVS and health systems integration. To strengthen the linkages between health and CRVS, UNICEF Ethiopia through this project successfully supported joint planning and review meetings between VERA and bureau of health at all levels from federal to Woreda level. The evaluation identified that health plans do include activities for support birth notification and registration. Additionally, this evaluation identified that in Ethiopia supportive supervision checklists had been revised to include birth notification and registration. Service providers interviewed reported that supportive supervision teams visiting health facilities asked them about birth notification services, an evidence that birth notification was getting integrated with broader health service provision supportive supervision. To further Institutionalise inter-operability between CRVS and health, UNICEF Ethiopia has integrated the CRVS agenda into the national health strategy documents especially the HSTP as described under the relevance criteria.

Innovative birth registration processes introduced through interoperability with the health system

In both countries, innovative birth notification and health interoperability initiatives had been implemented. The difference between the two countries was the level of institutionalisation of the various inter-operability initiatives. While the interventions were noted as being highly institutionalised in Ethiopia through clear MoUs, this was yet to be done in South Sudan risking the sustainability of interoperability of birth notification processes within health sector. Outlined below were the inter-operability initiatives identified through this evaluation:-

- **Integrating birth notification services within the health facilities.** In both countries, birth notification has been integrated in health facilities. The project trained health workers in provision of birth notification services and provided birth notification materials (forms in Ethiopia and booklets in South Sudan). In both Ethiopia and South Sudan common service delivery points for the provision of the birth notification services are maternity , immunization and nutrition service delivery points. From review of project reports a total of 2949 (1,830 women, 519 men) health service providers including health extension workers from Tigray region of Ethiopia were trained on health and birth notification interoperability. The region has realized 100 per cent public health facilities integrating notification of birth and death as part of their routine work. In South Sudan especially within the POC project sites, the birth notification services were provided by incentivized volunteers as opposed to the regular health service providers. This came with a challenge at the end of the project. With no provision of incentives, the birth notification services stopped at the targeted health facilities. In both countries, this evaluation observed that are still opportunities to ensure integration of birth notification at facility level by utilizing other service delivery points including outpatient department(OPD), paediatric clinic,

PMTCT clinics, Integrated Management of Newborn and Childhood Illnesses (IMNCI) among others. In Juba teaching Hospital South Sudan, birth notification services were provided in a separate building, within the hospital compound but not at the maternity clinic, and not by health service providers. This it was observed as leading to missed opportunities with women giving birth but not visiting the birth notification room.

- **Integrating birth Notification in Outpatient Therapeutic Programme (OTP) Sites.** In South Sudan in 2017, multiple UN agencies including WFP, UNDP, FAO and UNICEF implemented a joint integrated recovery and stabilization programme in Northern Bahr El Ghazal. UNICEF mandate in the programme included nutrition, health, child protection and education. The nutrition program was used as an entry point for screening children for birth notification and making necessary referrals. At OTP sites, trained health educators provided sessions on birth notification to raise awareness among the mothers and caregivers.
- **Review of health education materials to include provision of information on birth notification.** In both countries, health education materials were reviewed to integrate messaging on the benefits of birth notification and provide information on where to obtain the services. In South Sudan, following the formative assessment and development of BR communication strategy, the country included birth notification messages in the MNCH communication package posters. In Ethiopia, the family health guide was reviewed to include key messages on birth notification for health extension workers. In both Ethiopia and South Sudan, the mother health booklet/handbook was also reviewed to include messages for promotion of birth notification and registration. The birth notification messaging could be strengthened through conducting an analysis on other opportunities and entry points for communicating birth notification messages across the MNCH continuum.
- **Integration of birth registration in community based/outreach health services.** This evaluation observed efforts to integrate promotion of birth notification and registration messaging and referrals within community outreach initiatives such as integrated community case management (iCCM), nutrition and immunization outreach. In South Sudan, UNICEF worked with Malaria Consortium to integrate birth notification referrals into the iCCM interventions. With the passing of legal frameworks that authorize the ministry of health including community health workers to provide birth notification, instead of just providing information and referrals, the community health workers could be trained and supported to provide birth notification.
- **Inter-operability with other sectors.** In Ethiopia, this evaluation observed integration of birth notification beyond the health sector. Interviews with project staff identified integration with the education sector where school clubs were used to pass information on benefits of birth notification and registration. Additionally, the project worked with women development armies and the religious leaders in Ethiopia to promote uptake of birth notification and registration.
- **Integrating birth notification and registration messages in pregnant women conferences.** Pregnant women conference is an innovative demand creation Strategy used in Ethiopia for promoting maternal neonatal child health, with particular focus on community-based newborn care. The strategy is

centered around community empowerment and works within existing community platforms. UNICEF Ethiopia integrated birth notification messaging in their innovative pregnant women conferences.

- **Integration of CRVS in the midwives training curriculum.** In partnership with UNFPA, UNICEF through this grant provided technical assistance in review of midwives training curriculum to include a training module on birth notification and registration. This strategic activity will ensure that the midwives have the skills and own birth notification process as one of their mandates as health service providers.
- **Integrating birth notification and registration into BHI agenda.** UNICEF through the BR4MNCH grant provided technical assistance in the development of the BHI policy and operational documents. Recognising majority of births in South Sudan happen at home, UNICEF supported integration of birth notification in the country’s community health strategy- the BHI. However, the BHI is yet to be rolled out.
- **Integration of BN agenda in health cluster meetings within POC settings.** Key informant interviews in Bentiu POC identified that as part of promoting integration of birth notification agenda into health systems, UNICEF through this project had advocated for integration of birth notification agenda in the health cluster meetings. This has led to prioritisation of birth registration by humanitarian health service providers working in the POCs.

The table 6 provides more direct response to the evaluation questions under the effectiveness criteria.

Table 6: Summary of effectiveness findings

Evaluation Question	Status	
	Ethiopia	South Sudan
Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives?	<p>Yes as described, Ethiopia has made significant achievements in all the three outcome areas. Inhibiting and promoting factors included.</p> <p><u>Inhibiting factors</u></p> <ul style="list-style-type: none"> • Weak fiscal space • High work load among health workers <p><u>Facilitating factors</u></p> <ul style="list-style-type: none"> • High level commitment from both VERA and MoH at different levels • UNICEF presence in the regions where the project was implemented • Established health sector resulting in opportunities for promoting Inter-operability with CRVS 	<p>As described above, recognising the South Sudan humanitarian context and starting from a point where the country did not have any legal frameworks and no structure for birth notification and registration, the program has made some progress in achieving her objectives. Notable area of achievement is enactment of the Civil Registry Act 2018. Inhibiting and facilitating factors include:-</p> <p><u>Inhibiting factors</u></p> <ul style="list-style-type: none"> • High staff attrition rates • Recurrent conflicts • Delayed enactment of the Civil registration Act 2018 • Lack of functional structure for birth registration <p><u>Facilitating factors</u></p> <ul style="list-style-type: none"> • Effective partnership with health sector creating avenue for interoperability

Evaluation Question	Status	
	Ethiopia	South Sudan
	<ul style="list-style-type: none"> • Close working relation between child protection, health and C4D clusters within UNICEF • Strong support from UNICEF regional office and HQ 	<ul style="list-style-type: none"> • Effective technical support from the regional office • Partnership between the UNICEF child protection and Health clusters
What was the quality of the design/content of what has been implemented?	<p>The program design covered the critical components. The three pillars of HMIS, Birth registration and Inter-operability were mutually reinforcing and were noted as being the most critical for enhancing birth registration. The use of the health structure was seen as being strategic as health in both countries had already existing structures and presented an important entry point for birth notification. Gaps identified in the project design included that given that the program had been predesigned given its regional nature, there was less room for alignment to fit specific country contexts. For instance in South Sudan, there was less appreciation that the country needed to establish an enabling environment including legal frameworks and structure before implementing birth registration program. There was need to also factor the country humanitarian situation. Additionally, in both countries the design needed to include not just birth registration but also death registration especially in the context of MNCH. There was need to have more focus on how birth registration will fit in the broader CRVS system.</p>	
How well was the intervention/service implemented and adapted as needed?	<p>Both countries were able to implement activities as planned in the logical framework. South Sudan given her context focussed on birth notification but not birth registration.</p>	

Evaluation Question	Status	
	Ethiopia	South Sudan
Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations? And, if so, what were the results of these deviations?	No major deviations from the initial project proposal.	The was a change in objective 2 of the program from increasing birth registration to increasing birth notification. The motivation of the change was that South Sudan at the time of starting the program did not have legal framework and the infrastructure to support birth registration. The project was successful in ensuring enactment of Civil Registration Act 2018. Over 500,000 children were notified during the project period
What were the barriers and enablers that made the difference between successful and less successful implementation and results?	The project barriers and enablers are as discussed in this matrix under the relevance criteria	

5.3. Efficiency

The evaluation questions under this criteria focused on whether there were adequate human and financial resources to implement the proposed activities, if the resources were used efficiently and whether the proposed activities were implemented on time. With the amount activities that needed to be implemented to bring change in both countries, the two countries identified the financial and human resources as having been inadequate. On efficient use of resources, UNICEF in both countries utilised various mechanisms to ensure value for money. The following were some of the approaches used by the project to enhance efficiency.

- **Working closely with the government.** In both countries UNICEF implemented the project in close partnership with the Government. In Ethiopia as reported in the effectiveness section, in addition to the 4 UNICEF targeted regions, the Government was able to roll out the project in all regions of the country. Despite the weak government structures, UNICEF South Sudan to a large extent worked with the government especially Ministry of Health at national, state, county and facility levels to implement birth notification.
- Use of already existing structures and Integration with other sectors especially health. In both countries, the project utilised the health sector which had already existing structures to conduct especially birth notification and hence eliminated use of resources to establish new structures. The inter-operability actions described in the effectiveness section of this report were key in enhancing efficiency in both countries.
- **Leveraging on other projects.** In both countries, the Global Affairs Canada funds were used as were catalytic hence increasing the project efficiency. In addition to funds from Global Affairs Canada, South Sudan had an initial funding for improving birth registration from the Belgian Government while Ethiopia had funds from the Italian Government.

- **High absorption capacity for the project funds.** The Ethiopia Country office was able to utilise all the funds provided within the project period hence an indication of high level of efficiency in project implementation. On this respect, South Sudan given her unique context had delays in project implementation and had to request for a no cost extension to implement remaining activities after the end of the project period.
- **Broader health System approach.** In both countries, the project implementation design utilised a broader health systems approach rather than focusing on vertical activities. For instance, the project had a broader focus on improving HMIS rather than focusing on the birth notification and registration data alone.
- **Working with already existing implementing partners.** In implementing the project, UNICEF South Sudan worked with already existing partners eliminating the necessity of creating new ones which would have come with additional administrative costs.
- **Cost effective capacity strengthening approaches.** This evaluation observed that the project had implemented a cost effective capacity building program in Ethiopia of embedding a technical assistance (TA) within VERA at both federal and regional level to provide mentorship.

Table 7 provides specific responses to the three evaluation questions under this criteria.

Table 7: Summary of efficiency findings

Evaluation Questions	Status	
	Ethiopia	South Sudan
Were the allocated human and financial resources used efficiently to achieve the objectives?	Yes. As described above, the project implemented several initiatives to improve efficiency of the project. In both countries, the GAC funding was used as catalytic funding hence improving efficiency.	
To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community?	As described above, the interventions represented the best possible use of resources to achieve results. In Ethiopia, with a budget of 5780970 USD, 965,457 children were registered representing 4 USD per child. In South Sudan, a total of 559,922 were notified from a budget of USD 3,246,783 this translates to 6 USD per child. Given that in both countries structures and legal frameworks had to be created before birth registration could begin, this is considered as having been cost effective.	
Were activities implemented at a right time?	Yes the activities were implemented within time. The Ethiopia project was able to utilise all the funds within the stipulated project timelines.	There were delays in project implementation mainly attributed to the recurrent conflicts in the country. Additionally, the

5.4. Impact

As described in the limitations section of this report, given the short duration within which the project was implemented, the evaluation had challenges identifying any findings on negative and positive impact of the

project. This report does not therefore present any findings under this thematic area but recommends that UNICEF plans and conducts an impact assessment for the project.

5.5. Sustainability

The sustainability criteria assessed the likelihood of target counties continuing to invest in CRVS after the end of the project, sustainability of the positive results and scalability and replicability of the project activities. The overall finding of this evaluation is that project is highly sustainable in Ethiopia but not so in South Sudan. In Ethiopia, the evaluation identified several indicators to project sustainability beyond UNICEF funding. There is evidence of high government commitment and political will for birth registration. During the life of the program, as UNICEF implemented the project in the 4 regions, the Federal Government of Ethiopia rolled out the birth registration program in all the regions in the country. Additionally, the Government has established and ensured functionality of birth registration structures at all levels from national to Kebele levels. The Vital Events Registration Agency has structures and employees at national, regional and Woreda levels. Other actions that point to sustainability of the project activities beyond the end of the project include that the country has an enabling legal and policy environment for provision of vital events registration including tools, legal frameworks and costed business case for CRVS. The strong inter-operability of CRVS and health systems at all levels including prioritisation of the CRVS within the Health Sector Transformation Plan is a strong indication of project sustainability.

In South Sudan, while UNICEF implemented actions to ensure sustainability, given the country context, the humanitarian setting, and weak government structures and fiscal space, most of the birth notification initiatives may not continue at same scale or may not stop completely. The table below shows some of the sustainability actions implemented by UNICEF South Sudan and indications identified that show the weak possibility of the project actions being sustained.

Table 8: Actions implemented to enhance sustainability in South Sudan

Actions to ensure sustainability	Indications that initiatives may not be sustained
<p>a. Advocacy and development of legislation for birth registration-provide for government mandate and responsibility to roll out birth notification; under the Act health facilities have duty for birth notification. The Civil Registry Act 2018 has established a personal number which serves as a foundation for the creation of an identity management system. This will facilitate and formalize linkage of records in the medium and long term</p>	<ul style="list-style-type: none"> ○ Weak ownership of the project by the government. Interviews with respondents identified that the project is still seen as a UNICEF project ○ Still some work needs to be done to translate the legislation into a document that can be implemented. If guidelines are not done to support implementation of the Act the initiatives initiated may not be sustained

Actions to ensure sustainability	Indications that initiatives may not be sustained
b. Establishment of structures. Directorate of Civil Registry has been established. The directorate is was however not staffed save for the director position at national level which is filled	<ul style="list-style-type: none"> ○ Lack of functional structures for birth registration at all levels is a threat to birth notification and registration. Save for the rudimentary structure at national level, birth registration structures have not been established at any other level.
c. Strengthening interoperability with health systems. As described in the effectiveness section, the country has made some progress in promoting interoperability. This is an opportunity for ensuring sustainability	<ul style="list-style-type: none"> ○ In some areas birth notification stopped at the end of the program due to withdrawal of incentives for volunteers. In Bentiu POC for example, beneficiaries reported “forms are there... certificates are there in health facilities but kids are not being registered... PHC are saying it UNICEF to do birth notification” ○ Lack of ownership by health facilities. At the end of project, vaccinators withdrew their services due to lack of allowances.
d. Integrating birth notification within implementing partner initiatives such as integrating birth notification activity into Malaria Consortium iccm project.	<ul style="list-style-type: none"> ○ Although a good initiative, at the end of the iccm project, the birth notification activity also came to an end
e. Integration birth notification into DHIS 2 which meant health workers have to report and hence have to provide birth notification services	<ul style="list-style-type: none"> ○ Health facilities are not required to report on the birth notification indicator as part of their routine reporting ○ DHIS 2 not yet rolled out
f. Working through BHI is a potential critical ingredient for sustaining birth notification at community level	<ul style="list-style-type: none"> ○ The BHI is yet to be rolled out.
	<ul style="list-style-type: none"> ○ Lack of clear program exit/phase out strategy.. “the scaling down was too radical, there was no discussion on how to transition, we started with 20 volunteers to zero”

Although birth notification albeit at smaller scale was ongoing in some health facilities at the time of data collection for this evaluation, some health facilities were identified as having completely stopped the birth notification exercise immediately the project ended. Respondents identified the reasons behind the stop of birth notification activities as being that the volunteers were no longer receiving their allowances, high workload in health facilities as well as stock out of birth notification booklets. In terms of ensuring functionality of structures, respondents indicated that there was low likelihood of sustaining functionality of the structures beyond the project period. Given the country’s weak fiscal space, there is low likelihood of government investing in CRVS beyond UNICEF funding. The following statements from various respondents further point to the weak possibility of project sustainability in South Sudan .

“We have worked hard for the baby to be born, it’s time to now raise the baby, we now have the Act, this is the time we really need the project.... if we stop, all we have put together will disappear¹⁶”

“Funding for this unit will come from you, not the government, the government has nothing!¹⁷”

“It is the biggest headache that I have , I had great fears, if we run out of the Canadian funds, all the gains we have made will disappear, we do not have many donors... sustainability is an issue. “It will be disastrous to lose all the gains we have made, Government should discuss with World Bank under GFF, maybe they can support part of the process” ¹⁸

“I was asked by the Ministry to stop; we stopped birth notification, it now only happens in maternity, we stopped because there is no incentive”¹⁹

As part of ensuring sustainability, this evaluation did not identify any evidence for a structured program phase out/exit strategy both in review of project documents as well as through interviews with program staff. The following is an extract of a key informant interview with UNICEF field program staff on the project exit strategy.

“This project did not have any phase out strategy. We were told at the end of the project to drop all volunteers who were doing birth registration. we moved from 20 volunteers to Zero. We should have had a strategy on the transition, at least we would have started integrating the birth notification in the health facilities earlier... I think the project needed to plan a better exit strategy to ensure sustainability²⁰”

Table 9 below summarises the specific evaluation questions under the sustainability criteria.

Table 9: Summary of sustainability findings

Evaluation Questions	Status	
	Ethiopia	South Sudan
Are countries likely to continue investing in CRVS and HIMS systems?	Yes very high likelihood. During the project period the Government The country has well established structures for vital events registration at all levels. The development and ownership of a business case for CRVS demonstrates the government commitment to invest in CRVS. Regional offices of Tigray and	Given the weak fiscal space, competing priorities, lack of infrastructure for CRVS and the humanitarian context in South Sudan, there is low likelihood that the Government will invest in CRVS. Interviews with government officials identify that it may be very unlikely for the Government to put any reasonable investment in CRVS. Subject to availability of donor funding, the country may have some investment for HMIS under the Boma Health Initiative.

¹⁶Key informant interviews with Ministry of Interior- National Civil Registry unit

¹⁷Key informant interviews with Ministry of Interior- National Civil Registry unit

¹⁸ Interview with UNICEF program staff

¹⁹ Interviews with community birth notification volunteer

²⁰Key informant interviews with UNICEF project staff at Bentiu POC

Evaluation Questions	Status	
	Ethiopia	South Sudan
	SNNPR visited during this evaluation had already included budgetary support for CRVS in their action plans.	Interview with a donor in South Sudan identified that given the more pressing humanitarian health needs it is unlikely that the donor community will prioritise CRVS.
Are positive results likely to be sustained? In what circumstances?	As described earlier the evaluation identified very high likelihood for sustaining the project positive results	As described earlier, there is very low likelihood of the positive results being sustained at same scale. At the time of evaluation most of the facilities had stopped providing birth notification services after the end of the project.
Are the project activities scalable and replicable in-country and beyond?	Yes. The country has already scaled up and replicated interventions implemented in the UNICEF supported areas to all regions of the country. CRVS and health inter-operability is identified as a key practice worthy replicating to other countries.	Yes to some scale, the inter-operability and interventions within the POC setting and integration of birth notification in ICCM. However, there is need to clearly document this and develop a clear guidance to promote scale up. Resources will be required to facilitate scale up

5.6. Human rights

Under this criteria, the evaluation focused on answering the question : To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?. To answer this question, the evaluation sought to understand what rights and equity based actions were implemented by the project in the two countries. On overall, in both countries, human rights and equity based principles were applied in both the identification of project areas and implementation of the proposed activities. At program start, both Ethiopia and South Sudan conducted baseline assessments to ensure interventions target areas with most need. In both countries, the targeted regions were reported to be the hardest to reach and reporting one of the poorest birth registration indicators. In South Sudan, UNICEF through her partners implemented birth notification programs in protection of civilian (POC) camps including in Bentiu and Malakal to ensure children in conflict situations are reached with the essential birth notification certification. Together with UNHCR, the South Sudan UNICEF project also supported birth notification in refugee settings while in Ethiopia the two agencies advocated for abolition of registration fees for refugees and facilitate birth registration of refugee children. The roll out of the Boma Health Initiative in South Sudan will help to address inequities by ensuring birth notification and registration services can reach areas that have poor access to static health facilities. In Ethiopia, human rights and equity focussed initiatives were implemented as outlined below.

Registration of refugees in Ethiopia

As of March 2018, there are 916,678 refugees and asylum seekers registered in Ethiopia, the majority coming from South Sudan and Somalia (UNHCR 2018). After UN member countries unanimously adopted the New York Declaration for Refugees and Migrants in 2016, Ethiopia was among the first to apply the resulting Comprehensive Refugee Response Framework (UNHCR, n.d.). The country made several pledges to improve the lives of refugees, including issuing birth certificates for refugee children and, in October 2017 launched a civil registration system tailored for refugees. Refugees within the country can record birth, death, marriage, and divorce directly with national authorities at no charge, and more than 70,000 refugee children born in Ethiopia over the last decade are to be issued birth certificates (United Nations Economic Commission for Africa et al. 2017).

- **Use of health extension workers.** The health extension workers are used to reach to the most remote areas and track children who have not been registered and refer them to the community registrars at community level.
- **Successful advocacy for free birth registration certificate for refugee children.** Together with UNHCR, the UNICEF Country office successfully advocated for provision of free birth registration for children who are refugees.
- **Establishment of health posts in difficult areas.** The establishment of health posts in areas that are difficult to access made that children could receive notification at nearby place and later their birth certificate

The evaluation identified orphans and vulnerable children as being a vulnerable group that is at risk of missing on birth registration. A priority human rights and equity gaps that need to be addressed in the two countries include the need to advocate for the abolition of birth notification fees in South Sudan and fees for birth certificate in Ethiopia.

6.0. Lessons learned, conclusions and recommendations

6.1. Lessons learned

The following were the lessons learned from this evaluation.

- a. Implementation of the program led to improved linkages and partnerships between different UNICEF clusters and units. The joint implementation of the program between UNICEF child protection and health cluster was noted as having improved program linkages and efficiency. This lesson presents an opportunity to expand and include other clusters and units such as WASH and education among others.
- b. Health sector can play a big role in increasing birth notification and registration. Health and birth notification inter-operability initiatives in the two countries provided evidence that health sector is critical in increasing birth notification coverage and eventually birth registration. Review of the initiatives further provided evidence for the potential of integrating birth notification and specific health interventions such as immunization, nutrition, IMNCI and iCCM.
- c. There is potential for increasing birth notification coverage through use performance-based approach. Use of birth notification and registration as key indicators for performance reviews was evidenced at visited health facilities and at Kebele level in both in SNNP region. Scaled up, this presents an opportunity for increasing birth notification and registration coverage.
- d. The regional approach helped to promote cross learning. Use of the regional approach was noted as having been useful in promoting cross learning between different countries.
- e. The birth registration project in Ethiopia helped strengthen the overall health systems especially HMIS
- f. It is possible to integrate birth notification in POC settings. The implementation of birth notification services in Bentiu PoC provided evidence that it is possible to effectively integrate birth notification and registration in emergency and PoC settings. It was noted that to ensure sustainability counties/government structures must be prepared to provide the birth notification and registration services after the conflict.

6.2. Conclusions

On overall, this evaluation concludes that the BR4MNCH was successful in the two countries albeit at different levels. In both countries, the project led to improved outcomes and changes in children protection systems through establishment of legal frameworks and policies and creation of structures for child registration. In Ethiopia, implementation of the project led to a revitalized and structured birth notification and registration program completely supported by clear legal and policy environment. In South Sudan despite the challenges, the project managed to create a foundation basis for birth notification and registration. A key milestone was the enactment of the civil registry Act 2018. A key success factor in ensuring interventions led to observed results was the close working relationship with governments and partners in the two countries. In terms of lessons learned, inter-operability between health and CRVS was identified as a big opportunity for scaling civil registration. Moving forward, a continued implementation in Ethiopia is required to enhance quality of the birth notification and registration process, address remaining barriers and strengthen capacity of the relatively new Immigration, Nationality, Vital Events Agency (formerly referred to as Vital Events Registration Agency-VERA). The next phase for South Sudan implementation should focus on operationalizing the Act and transitioning the country from birth notification to birth registration.

However, given the eminent challenges and the huge investments required to operationalize birth registration, there is need for a careful strategic analysis to define the next steps for South Sudan birth notification and registration assistance. Table 10 presents specific conclusions by each of the six evaluation criteria.

Table 10: Conclusions by evaluation criteria

Evaluation criteria	Conclusions	
	Ethiopia	South Sudan
Relevance	In both countries, the project was identified as being relevant both at initiation and post implementation period. In Ethiopia, this evaluation concludes that the project will be critical in sustaining gains made, ensuring quality in the provision of the birth registration services and advocating for the remaining barriers to birth registration especially fees for birth registration certificate and the requirement for both parents to be present for birth registration certification. Additionally with VERA being new, the project remains relevant in providing capacity strengthening to the agency. In South Sudan, with the establishment of the civil registry Act, the project will be relevant in transitioning the country from birth notification to registration including development of operational guidelines for the implementation of the Act but based on careful analysis on what strategic birth notification and registration components the country should invest in.	
Efficiency	In both countries the project was efficient in delivery of birth registration (only in Ethiopia) and birth notification(in both countries). The project implemented cost saving interventions including inter-operability, close partnership with government and use of already existing structures.	
Effectiveness	The project was effective in meeting the three objectives of improving HMIS, increasing birth registration and enhancing inter-operability.	Though the project had created enabling environment and created the foundational basis for achievement of outcomes around increasing birth notification, improved HMIS and enhanced inter-operability, the project was not effective in meeting the outcome level indicators. For instance despite supporting the establishment of the Boma Health Initiative, this is yet to translate to use of data for MNH operational planning.
Sustainability	The Ethiopia project has high likelihood for sustainability with government having taken up birth registration process and allocated funds to support the process.	Without UNICEF support the South Sudan birth notification project has very low likelihood of being sustained. Some health facilities had stopped or scaled down birth notification at the time of the evaluation. Given the countries humanitarian situation, weak fiscal space and many priorities and the huge investment required to ensure functionality of birth registration, there is low likelihood that the Government will invest in birth notification and registration.
Human rights	This evaluation concludes that human rights based approaches were used in the design of the project, selection of target areas and in implementation. In South Sudan the project	

Evaluation criteria	Conclusions	
	Ethiopia	South Sudan
	targeted the most vulnerable in POCs and worked with UNHCR to target refugees. In Ethiopia, the project targeted most difficult regions. The Ethiopia project in partnership with UNHCR advocated for abolition payment of fees for birth registration certificate by refugees. Despite these achievements, human rights issues for birth notification and registration in both countries remain including ensuring universality of birth registration, abolition of fees and doing away with the requirement that both parents have to be present for birth registration.	

6.3. Recommendations

This section of the evaluation report presents recommendations as identified from analysis of data from various data collection methods including key informant interviews, focus group discussions and desk review. As part of data collection, recommendations were solicited from key the various respondents as well as with FGD discussants. The recommendations are organised by the various audiences of:-

- a. UNICEF South Sudan
- b. UNICEF Ethiopia
- c. UNICEF ESARO

Under each recommendation key actions, time frame (short, medium or long term) and those responsible for implementing the recommendation (addressee) are presented.

6.3.1. Recommendations for UNICEF South Sudan

With the Civil Registry Act now enacted, the next phase for the South Sudan birth registration program should focus on transitioning the country from birth notification to birth registration. However, given the humanitarian situation, the weak fiscal space vis a vis the large investments required to establish a functional birth registration infrastructure, the government, UNICEF and other players will need to strategic analysis on the best way to support birth notification and registration in the country. This evaluation recommends that South Sudan continues to support birth notification especially around strengthening inter-operability and provision of technical assistance to the government in development of appropriate policies, plans, guidelines and regulations to operationalise the Civil Registry Act. Additionally, UNICEF should play a key role in mobilising other development partners including World Bank and European Union to support the country in creating the necessary infrastructure for birth registration. Integration of birth notification and later birth registration in humanitarian settings remains an important action for UNICEF response. The operationalisation of BHI presents a critical opportunity for UNICEF to lead and ensure birth notification and registration is an integral part of the country's community health response. Table 11 presents the 10 specific recommendations for South Sudan.

Table 11: Recommendations for South Sudan

<i>Recommendation</i>	<i>Key actions</i>	<i>Time frame</i>	<i>Addressee</i>
<p>1. Development of regulations to support implementation of the Act</p> <p>Although the Civil Registry Act has been enacted,, there is need to develop regulations to operationalise the Act. As an immediate activity, it is recommended that UNICEF and other actors provide technical assistance to the government to develop and disseminate regulations to support implementation of the Civil Registry Act 2018.</p>	<p>a. Provide technical assistance to GOSS to develop regulations for operationalising the Civil Registry Act</p> <p>b. Support dissemination and use of the Act</p>	Short term	UNICEF, MoH & Interior Ministry
<p>2. Development of relevant policies, strategies and plans for birth registration</p> <p>South Sudan has no relevant policies, strategies and plans for rolling out birth registration. UNICEF and other actors will need to support the country to develop relevant policies, strategies and action plans for providing policy and strategic guidance to the government and other actors on implementing birth registration (and broader CRVS). Such documents will also provide a road map for civil registration and could also be used for resource mobilisation. An urgent strategic document that the country will need to develop is a Costed Birth Registration (and broader CRVS) Investment Case. The investment case will provide priority actions for birth registration, cost for implementing the interventions, mapping of potential birth registration actors, available resources and financial gaps.</p>	<p>a. Provide TA to GOSS to develop a national costed CRVS investment case</p> <p>b. Disseminate and advocate for funding and implementation of the investment case by various government ministries and partners</p> <p>c. Develop and disseminate other necessary guidelines and strategies for birth registration</p>	Short term	UNICEF, Ministries of Health and Interior
<p>3. Establish and ensure functionality of birth registration structures, partnerships and coordination mechanisms at all levels</p> <p>As part of this grant, UNICEF supported establishment of a civil registry unit but this is not functional as it has no staffing (save for the director). To ensure birth registration, there is need to strengthen the national structure as well as decentralize the structure to the lowest level possible. It is noted that this is a long term and an expensive activity that will require government leadership and</p>	<p>a. Mobilise and partner with other stakeholders to establish and strengthen national and at least state birth notification and registration structures</p> <p>b. Build capacity for the established</p>	Long term	Ministry of Interior, UNICEF and other partners

Recommendation	Key actions	Time frame	Addressee
<p>involvement of all players. Additionally, on coordination mechanisms, the evaluation identified that there is a national steering group and a CRVS TWG. These are weak, do not meet regularly and are only available at national level. On the structures, it is recommended that the Country focusses on strengthening the national level structure and 10 former states and then move to the other levels. UNICEF could then initiate the process by identifying the requirements for ensuring functionality of the national structure and for establishment of similar structure at the 10 former states. This can then be followed by advocacy with and mobilisation of the Government and other actors <u>to build capacity</u> of the those structures to support birth notification and later registration . On strengthening and ensuring functionality of coordination structures, it is recommended that UNICEF supports a rapid assessment on the status of the coordination and oversight mechanisms at national level and the need and process for establishment and ensuring functionality of decentralized coordination mechanisms- possibly at state level. Based on the findings, UNICEF and other partners could support the government to establish these coordination and oversight mechanisms with clear terms of reference (ToRs) and support their regular meetings.</p>	<p>structures to provide birth registration</p> <p>c. Provide technical assistance in development of MoUs between Ministry of Interior and Health and other relevant Ministries at all levels</p> <p>d. Provide TA in development of terms of reference for CRVS coordination mechanisms at different levels</p> <p>e. Provide technical assistance to develop specific procedures for the submission of statistical information from the CR to the CRVS including providing for data protection, confidentiality and security.</p> <p>f. Facilitate regular CRVS coordination meetings by relevant government departments and partners at National, state and county levels</p>		
<p>4. Lobby with other partners including donors for scale up of birth notification and country to transition from birth notification to birth registration</p> <p>Opportunities exist to lobby other donors and their implementing partners to support scale up birth notification and country transition from birth notification to birth registration.</p>	<p>a. Conduct meetings with other possible CRVS donors in the country to discuss implementation of the CRVS investment case</p>	<p>Medium term</p>	<p>UNICEF, Interior ministry, MoH, other partners</p>

<i>Recommendation</i>	<i>Key actions</i>	<i>Time frame</i>	<i>Addressee</i>
<p>This should however be done after careful strategic analysis on where to invest in birth notification and registration in the next few years. The Health Pooled Fund and the World Bank Health Rapid Results Project (now managed by UNICEF) are the biggest grants health grants in South Sudan. Using experiences from this grant, UNICEF can lobby with donors for those two grants and others to ensure birth notification is mainstreamed in health facility strengthening interventions. As a start, UNICEF could start by ensuring all her partners integrate birth notification in their work. Additionally, it is recommended that UNICEF using the costed investment framework support the Government to lobby with other donors including World Bank, EU and DFID among others to support the country in transitioning from birth notification to registration.</p>	<ul style="list-style-type: none"> b. Support the Government in developing donor commitment for CRVS and monitoring implementation of the commitments c. Conduct meetings with leading health donors including HPF and World Bank to identify opportunities and develop agreements on integrating birth notification and registration in those health grants d. Develop guidance and ensure all UNICEF partners integrate birth notification as a cross cutting issue. e. Support integration of birth notification and registration agenda in humanitarian health cluster meetings 		
<p>5. Create buy in from humanitarian partners to integrate birth notification in their work</p> <p>Through her work in the protection of civilian camps (POC), UNICEF has demonstrated possibility of integrating birth notification in conflict settings. It is recommended that UNICEF and the Government lobby with partners implementing programs in POCs and other emergency settings to integrate birth notification and later registration (when this is available) in their work. UNICEF could support in developing/or adapting contextualized guidelines for integrating birth</p>	<ul style="list-style-type: none"> a. Develop country contextualized guidance for promoting birth notification and registration in humanitarian settings/conflict and post conflict situations b. Conduct meetings with humanitarian actors to sensitize and lobby with them 	Medium term	UNICEF, Humanitarian agencies, Ministry of Health and that of Interior

<i>Recommendation</i>	<i>Key actions</i>	<i>Time frame</i>	<i>Addressee</i>
notification and registration in POC/emergency/conflict and post conflict situations.	<p>on the implementation of the guidance</p> <p>c. Document and disseminate UNICEF experience in the country on implementing birth notification in POC context</p>		
<p>6. Support roll out of birth notification with Boma Health Initiative</p> <p>More than 50% of total births in South Sudan happen at home and hence the need to ensure support for birth notification at community level. Additionally, there is need to track women who deliver at health facilities and fail to have their newborns get birth notification. The Boma Health Initiative which has been recently developed presents a great opportunity for strengthening birth notification by ensuring effective follow ups and referrals. It is recommended that UNICEF works closely with the BHI secretariat and other partners to ensure BHI roll out adequately integrates birth notification. This support will include training of BHI teams and ensuring necessary tools and materials to facilitate BHI teams undertake their birth notification roles are available and used.</p>	<p>a. Conduct a review and develop necessary tools required for birth notification at community level</p> <p>b. Train BHI teams on birth notification</p> <p>c. Sensitize partners on importance of birth notification within BHI</p> <p>d. Provide necessary logistical support including transport allowances and incentives for BHI teams to ensure birth notification</p> <p>e. Support integrated monitoring and supportive supervision for birth notification integration into BHI</p>	Medium term	UNICEF, BHI Secretariat and other partners
<p>7. Enhance inter-operability between CRVS, health and other sectors</p> <p>The evaluation identified considerable success in enhancing inter-operability between health and CRVS as described in the findings section of this report. This however could be strengthened and other sectors in addition to health included. In health sector especially within maternal, newborn, child</p>	<p>a. Document country success and best practices on health and CRVS interoperability and disseminate</p> <p>b. Develop and disseminate guidelines/SOPs for</p>	Medium term	UNICEF, Ministries of Health and Interior, other relevant ministries such as education

<i>Recommendation</i>	<i>Key actions</i>	<i>Time frame</i>	<i>Addressee</i>
<p>and adolescent health, it is recommended that UNICEF support development of guidelines and SOPs for health service providers and programmers identifying opportunities and actions for integration of birth notification across the entire MNCH continuum from pregnancy, through delivery, postnatal care and child health (including ECD, immunization and growth monitoring). The integration could include messaging, referrals as well as actual provision of birth notification. Additionally, it is recommended that UNICEF provides technical assistance to the country in identifying opportunities for birth notification integration across other sectors including education, food distribution and other social programs. Integration experiences have shown risks where programs targeted for integration are weak. For instance debrief discussions identified that it may be early for the country to integrate birth notification into immunization campaigns since the EPI program is not strong enough to accommodate integrated birth notification program. In supporting this integration, the country will need to make this consideration.</p>	<p>integrating CRVS and health across the MNCH continuum</p> <p>c. Develop and disseminate guidelines for integrating CRVS into non health sectors including education, WASH, gender and social services among others</p> <p>d. Pilot, document and disseminate for scale up initiatives to integrate CRVS into non health sectors</p>		
<p>8. Implement innovative approaches including use of mobile registration and RRI provide birth notification and later registration for hard to reach children</p> <p>With the high number of children who already have received birth notification and with the number increasing, there will be need for innovative approaches to rapidly “mop out” the already notified children for registration. Innovative approaches such as mobile registration and use of the immunization like rapid results initiative to register children provide opportunities to rapidly register notified children. These innovative approaches can also be used for increasing both birth notification and registration for hard to reach children.</p>	<p>a. Support documentation and contextualisation of innovative and best practices for birth notification and registration of hard to reach children.</p> <p>b. Pilot, document and scale up innovative practices for rapid registration of the already registered children</p>	<p>Medium term</p>	<p>UNICEF, Ministries of Health and Interior, other partners</p>

<i>Recommendation</i>	<i>Key actions</i>	<i>Time frame</i>	<i>Addressee</i>
<p>9. Enhance data quality for birth notification and use of data for decision making</p> <p>This evaluation identified systems for ensuring data quality for birth registration as being weak. It is recommended that data quality for birth notification be strengthened through actively integrating data quality for birth notification in existing data quality assessments/audits, mentorship and support supervision activities. UNICEF and other partners should strengthen capacity of health workers and other players in data analysis and use for decision making. It was identified that the birth notification booklets are not completed in copies- once the 100 page book has been filled, there is no copy left in the facility as evidence of birth notification. As an operational issue, it is recommended that UNICEF supports the Ministry of Health and Interior to review the existing birth notification booklets to address this challenge.</p>	<ul style="list-style-type: none"> a. Review existing data quality tools to ensure integration of birth notification data b. Support and integrate birth notification data quality into existing data quality activities including DQA and supportive supervision c. Train service providers at different levels on data use for decision making including skills building on data analysis and presentation d. Review existing birth notification register, print, disseminate and distribute 	Medium	UNICEF, Ministries of Interior and Health, WHO and other partners
<p>10. Strengthen behaviour change communication for birth notification and registration</p> <p>The evaluation identified that a communication strategy for birth notification and registration has been developed. Additionally, posters have also been developed. Two key gaps were however identified, that the posters were not available in some regions and that there was no messaging that after birth notification, when birth registration services are available, children will need to be availed to receive a birth certificate</p>	<ul style="list-style-type: none"> a. Ensure birth notification and registration posters are available in all regions b. Develop messages to ensure beneficiaries do not feel that birth notification is the end of the process 	Medium	UNICEF, MoH, Ministry of interior and other partners.

6.3.2. Recommendations for UNICEF Ethiopia

On overall, the next phase of the Ethiopia birth registration program should focus on strengthening capacity of Vital Events Registration Agency at all levels (now referred to as Immigration Nationality and Vital Events Agency at federal level-INVEA) enhancing the quality of birth notification and registration process and advocacy to eliminate all the barriers to birth registration. There is need to develop systems to track and ensure all children who are notified receive birth registration. Strengthening inter-operability between CRVS and health and HMIS remain a key niche for UNICEF Ethiopia. In terms of approach, UNICEF should continue to provide technical assistance to the federal level, but should identify specific Woredas to act as Centres of Excellence for birth registration. It is from these CoCs where UNICEF will implement, document and disseminate innovative approaches for national scale up. Table 12 presents the 9 specific recommendations for UNICEF Ethiopia Country office.

Table 12: Recommendations for Ethiopia country office

Recommendation	Key actions	Time frame	Addressee
<p>1. Strengthen CRVS and health inter-operability</p> <p>Although this evaluation identified that Ethiopia had done well in integrating CRVS and health, this could be strengthened and expanded to include other sectors including education, WASH and other social services. It is recommended that UNICEF provides technical advice to the country in development of two guidance notes/or SOPs: Integrating CRVS and health service delivery across the MNCH continuum and integrating CRVS into other sectors. The guidance notes will identify entry points for integration as well as provide actions at each entry point to support integration. Additionally, UNICEF can advocate with health and social service donors and implementing partners to integrate birth registration as a cross cutting issue in their programs. As a start UNICEF can ensure all its implementing partners integrate birth registration and use this to advocate and lobby with other stakeholders. Opportunities exist to integrate birth registration in child health interventions including iCCM, IMNCl and nutrition. It is recommended that UNICEF support in</p>	<p>a. Support development of a technical guidance paper for integrating CRVS across the maternal, newborn and child health continuum of care</p> <p>b. Provide technical guidance in development of technical guidance paper for integrating CRVS with other relevant sectors in addition to health such as Education, WASH, gender and social services among others</p> <p>c. Advocacy meetings with health and other relevant sector donors and partners to lobby for integration of birth registration within their sectors</p> <p>d. Review training tools including training and reporting tools for relevant programs such as IMNCl, iCCM, nutrition, ECD among others to strengthen integration of</p>	Short term	UNICEF, MoH & VERA

Recommendation	Key actions	Time frame	Addressee
<p>strengthening this integration including through review of training and reporting materials to ensure effective integration. With technical guidance and support, opportunities also exist to utilise rapid results initiatives for example birth registration weeks and integrate with national immunization days; to 'comb' all children not registered and also in hard to reach areas. Some countries such as Bangladesh and India have successfully integrated birth notification with immunization²¹.</p>	<p>birth registration and notification</p> <p>e. Support rapid results initiative including use of national birth registration weeks and national immunization days to accelerate birth notification and registration</p>		
<p>2. Strengthen coordination including joint planning for BR at all levels from federal to community level</p> <p>Although coordination meetings between relevant ministries and partners were reported, these were noted as being adhoc especially at Woreda and Kebele level. Additionally there is low follow up of actions coming from the meetings. At national level, there was a call for top leadership including the Minister of Health occasionally participating in the meetings. It is also critical to ensure that the coordination structures include all relevant players. Joint planning meetings especially between VERA and Ministry of Health at all levels should be supported. It is recommended that UNICEF provides technical assistance to the government to ensure effective coordination for birth registration at all levels</p>	<p>a. Support a rapid analysis to understand gaps in coordination of birth registration at all levels</p> <p>b. Develop and support implementation of mechanisms including clear ToRs and action follow up tools to ensure effectiveness of the coordination meetings</p> <p>c. Through use of TA embedded within national and regional VERA, ensure coordination forums are established and functional at all levels</p>	Short term	UNICEF, VERA and Ministry of Health
<p>3. Increase 'demand' for birth registration by other sectors</p> <p>Although this should ensure that it does not create barrier in children access to other rights including education, health and other social services, it is recommended that the Country could develop a rights based</p>	<p>a. Provide technical assistance in conducting analysis and best practice from other countries on use of 'incentives' for strengthening birth registration</p>	Long term	UNICEF, VERA , Ministry of Health and other government ministries

²¹ [https://www.unicef.org/protection/Birth_Registration_Working_Paper\(3\).pdf](https://www.unicef.org/protection/Birth_Registration_Working_Paper(3).pdf)

Recommendation	Key actions	Time frame	Addressee
<p>mechanism to create an “incentive” for birth registration. Its recommended that UNICEF conducts analysis and supports the government to develop a long term guidance for such a mechanism.</p>	<p>b. Provide technical assistance to the government to develop guidance for use of “incentives” for birth certificate to increase birth registration</p>		
<p>4. Develop systems to ensure that all facility notified children receive timely birth registration</p> <p>A key challenge identified by this evaluation is the “loss to follow up” of children who have been notified failing to get registered. It is recommended that UNICEF and other partners support the Government in increasing community awareness on importance of birth registration as well setting up effective tracking systems to ensure all children that are notified receive timely registration. Innovative strategies could include working with health extension workers to identify children who miss birth notification during home visits, use of mobile technology to alert health extension workers (and women development armies) of notified children who have been lost to follow up and strengthening communication between health facilities and community registrars.. To address social cultural barriers as well as increase awareness, it is recommended that UNICEF offices at country regional levels support in the development of region specific communication plans and implementation of multifaceted communication approaches.</p>	<p>a. Support development of region specific birth registration communication strategy</p> <p>b. Support implementation of region specific multifaceted communication strategies to increase birth registration</p> <p>c. Pilot tracking systems for ensuring 100% transition from notification to registration including use of mobile phones</p> <p>d. Strengthen communication between health facilities and community registrars including through facilitating regular review meetings</p>	<p>Medium term</p>	<p>UNICEF, Ministry of Health, VERA and other stakeholders</p>
<p>5. Increase birth registration through performance based reviews</p> <p>This evaluation identified key performance indicators at health facilities through which health workers performance are assessed. Additionally, it was reported that Kebele administrators were using health extension</p>	<p>a. Support inclusion of birth notification and registration indicators as part of performance reviews</p> <p>b. Pilot use of performance based system for</p>	<p>Long term</p>	<p>UNICEF, VERA and Ministry of Health</p>

Recommendation	Key actions	Time frame	Addressee
<p>workers performance on birth notification and registration as performance indicator on which promotion and salary was pegged on. The evaluation recommends a structuring and formalising of these performance and incentivization mechanisms across all levels. As part of this, UNICEF could advocate with Ministry of Health for inclusion of birth notification as part of the key performance indicators.</p>	<p>improving birth registration indicators</p> <p>c. Document, disseminate and scale up experiences on use of performance based approach for increasing birth registration and notification</p>		
<p>6. Support continued advocacy to eliminate barriers to birth registration</p> <p>This evaluation identified key barriers children access to birth registration as being payment for birth certificate and the Legal requirements for all parents to be present for the birth registration exercise. To address it is recommended that UNICEF together with other partners leads a strategic advocacy campaign for the elimination of those barriers.</p>	<p>a. Conduct a detailed analysis on barriers to birth registration in Ethiopia</p> <p>b. Use the findings to develop and implement an advocacy strategy for elimination of barriers to birth registration</p>	Short term	UNICEF, VERA , Ministry of Health and partners
<p>7. Continue to strengthen HMIS for improved birth registration data and use for decision making</p> <p>Although this evaluation identified significant progress in improving data quality and use for decision making , some areas that could be improved were identified. It is recommended that the Country office ensures birth notification and registration is integrated into data quality audits and other data quality activities. Initiatives to build capacity of health workers in data analysis and its use for decision making should be strengthened. Computerization of data entry reduces errors and improves data quality. It is recommended that UNICEF together with other partners support decentralization of computerization of birth registration data to atleast Woreda level and where possible to Kebele level.</p>	<p>a. Review data quality tools to ensure integration of birth registration</p> <p>b. Support integrated data quality audits/and other data quality interventions</p> <p>c. Support health workers capacity building on data analysis and use of data for decision making</p> <p>d. In partnership with other stakeholders, support the government to computerize birth registration data atleast at Woreda level</p>	Medium	UNICEF, VERA, Ministry of Health, other partners

Recommendation	Key actions	Time frame	Addressee
<p>8. Advocate for increased birth registration financing</p> <p>To sustain the gains already made to increase birth registration coverage, increased financing is key. It is recommended that UNICEF supports a comprehensive mapping to understand the finances available for birth registration and financial gaps as per the investment case. With the evidence of the financial gaps that need to be filled, UNICEF together with other partners should implement a strategic and focused budget and financing advocacy for BR investment by government and other partners at all levels.</p>	<ul style="list-style-type: none"> a. Conduct comprehensive mapping to identify available resources to support birth notification and registration b. Conduct national budget analysis and support participation in budget analysis meetings to all levels to advocate for increased funding c. Develop and implement a birth notification and registration budget advocacy strategy 	Medium	UNICEF, VERA, Ministry of Health, other partners
<p>9. Utilise and fund selected Woredas as centres of excellence for birth registration</p> <p>To increase learning and to improve quality of birth registration programming, it is recommended that UNICEF identifies and funds selected Woredas from which birth notification and registration can be piloted, documented and scaled up to other Woredas. The sites can be used as centres of excellence for promoting birth registration best practices. Although no strict criteria for selection of the CoEs, they should be representative to ensure ease of replication to other Woredas.</p>	<ul style="list-style-type: none"> a. Identify new or continue with existing Woredas and use them as centres of excellence b. Pilot selected interventions including use of technology for birth registration c. Document promising practices and disseminate for scale up 	Medium	UNICEF, VERA, Ministry of Health, other partners

6.3.3. Recommendations for UNICEF ESARO

The regional approach was useful in providing technical assistance towards improved programming for birth registration in the two countries. In the next phase, this evaluation makes the following recommendations to the regional office.

- Support documentation and dissemination of emerging best practices. UNICEF HQ trained both Ethiopia and South Sudan on implementation research, this was implemented late in the project cycle and there was inadequate time to document lessons and best practices and use the findings for improving the programming. It is recommended that the regional office follows up, documents and disseminates the implementation research pieces implemented in the two countries.
- Support in development of guidelines for birth registration. Given the experiences from this project, it is recommended that UNICEF regional could support development of guidelines for birth registration thematic areas that could be of benefit to several countries in the region for instance a guidance note on strengthening inter-operability between CRVS, health and other sectors.
- Continue to support cross learning for birth registration: The regional office supported a cross learning meeting in Nairobi during the project implementation period. It is recommended that the regional office continue to support these meetings but also expand approaches to cross-learning to include webinars and exchange visits among others. The countries should be clustered to ensure those with similar contexts can learn from each other.
- Continue advocating for and linking Ethiopia and South Sudan with regional and global donors and actors: Given the regional presence, it is recommended that UNICEF regional office can play a critical role in marketing and linking both South Sudan and Ethiopia with regional and global donors with regional presence to promote access to regional CRVS funding opportunities.

7.0. Annexes

Annex 7.1. Evaluation Terms of Reference

<i>PART I</i>		
Title of Assignment	Consultancy – Multi-country evaluation for Birth Registration for Maternal Newborn and Child Health Project	
Section	ESARO – Child Protection	
Location	Remote and field visits to Ethiopia and South Sudan	
Duration	(55 working days) over the course of 4 months	
Start date	From: 15 December 2018	To: 31 March 2019

Background and justification

Timely, complete, and accurate data from civil registration and vital statistics (CRVS) and health management information systems (HMIS) form the foundation for appropriate decision-making regarding policies, financing and service delivery. They are a major pathway for ensuring that children realize the rights to which they are entitled across protection, health and a range of other sectors. However in many countries in sub-Saharan Africa, CRVS and HMIS are sub-standard, hindering the ability of governments to achieve their goals for child protection and survival.

Since 2014, UNICEF has been implementing a global project - Birth Registration for Maternal, Newborn and Child Health in Africa (BR4MNCH), funded by Global Affairs Canada (GAC), that covers two countries in Eastern and Southern Africa Region, namely Ethiopia and South Sudan. Overall coordination and technical support were provided by UNICEF HQ with support from the UNICEF Eastern and Southern Regional Office (ESARO). The goal of this project is to improve the availability, quality, timeliness and use of health information and birth registration to contribute to newborn and child health and protection, and to mobilize innovations as appropriate to achieve this goal. The project is designed to enhance newborn and child health and protection through improved and inter-operable HMIS and CRVS systems, with a particular focus on improved health information systems, birth registration within the CRVS system, and innovations globally and in the target countries. The project is based on the partnership of UNICEF's Health, Child Protection, and has been implemented synergistically with a linkage to scale-up of high impact community-based maternal and newborn health (MNH) interventions. While previous efforts have largely focused on improving birth registration as part of strengthening the civil registration system, the GAC project introduced, a strong focus on linking birth registration service delivery with health systems and services.

The project has three specific objectives:

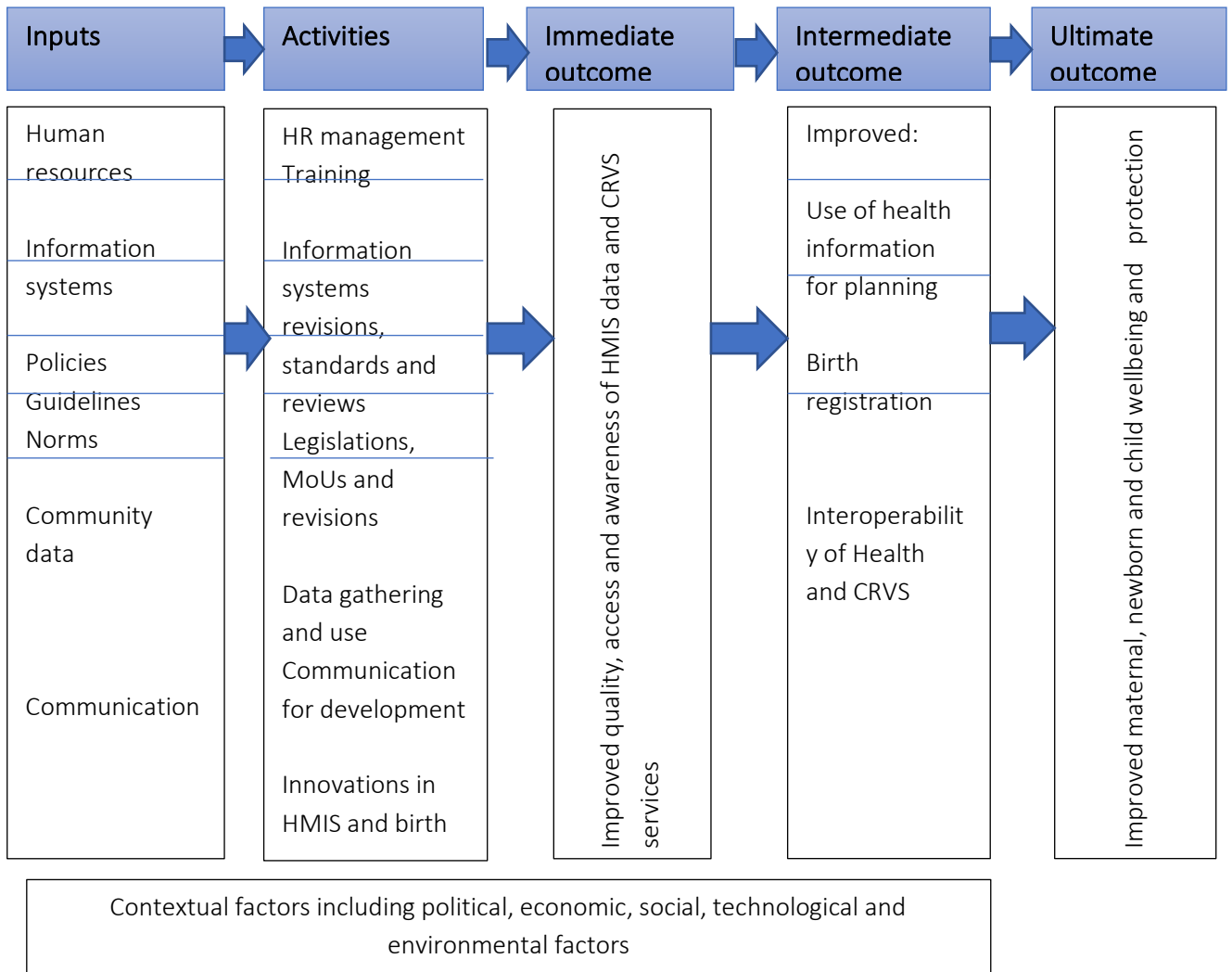
- 1) To improve use of health information for maternal, newborn and child health for operational planning, with emphasis on community -based information;
- 2) To increase registration with the civil registry of the births of boys and girls aged 0-59 months; and
- 3) To improve interoperability between the CRVS and Health Systems.

Project activities included:

- Developing and/or responding to improve birth registration by working with national governments;
- Building capacity of community health workers and other community-based providers and community resources to promote birth and death registration services;

- Enhancing the interoperability and collaboration between health and CRVS sectors;
- Integrating community-based reporting in health information management systems and improve quality of data;
- Identifying bottlenecks to information management systems for health reporting and analysis of data, and where feasible address these through electronic data systems (e.g. SMS-based mobile solutions).

The project design and implementation was guided by the results framework below:



In the prevailing security and civil unrest as well as humanitarian situations for both countries, Ethiopia has focused on improving the availability, quality, timeliness and use of health information, birth registration, and child mortality data to contribute to new-born and child health, survival and protection. South Sudan's focus was on the community based HMIS through harmonization of the HMIS tools used by different partners and the village health committees. UNICEF has also continued to support the Government of South Sudan to provide birth notification services to children under-five including for displaced populations. At regional level, UNICEF ESARO had provided technical assistance and capacity building to country offices; knowledge management including knowledge generation; partnerships with regional and global stakeholders; and global/regional initiatives.

As this project will come to an end at the end of 2018, hence there is a need of an end-line evaluation.

Scope of Work

Purpose

The purpose of this evaluation is to better understand how and under what conditions the interventions and the activities implemented under the BR4MNCH project are functioning and to assess the extent to which the initiative has met its objectives and achieved expected results. The results from this evaluation will inform decisions by the national governments to scale up and continue implementation of similar approach and what adjustments are needed. This information will also be useful for UNICEF

as well as development partners in determining continued relevance of the initiative and provide information on replicability in other countries.

Objectives

The objectives of the evaluation are:

- 1) to determine to what extent and how the project has achieved its goal of contributing to increasing use of health information, birth registration with the civil registry, and improved interoperability between CVRS and Health Systems in the project areas of two countries.
- 2) Identify what worked well, existing bottlenecks and key lessons and come up with feasible recommendations for programmatic and policy decisions for key actors

Country specific objectives include:

Ethiopia

- 1) Assess the extent to which health information data incorporating community-based information is increasingly being used for MNCH operational planning.
- 2) Asses the changes in data quality and utility of community health information systems at different levels.
- 3) Assess the effectiveness, efficiency of interoperability between CRVS System and the Health System at different levels in Ethiopia.
- 4) Asses Institutionalization and sustainability of Civil Registration and linkages with Health information systems and MNCH services in project supported areas and beyond.

South Sudan:

- 1) To determine the extent to which birth notification and registration initiatives is enhanced through integration into existing community initiatives like integrated community case management (ICCM) programs in South Sudan
- 2) To determine how local innovative initiatives like the 'Mother Cards' enhanced birth notification/registration in South Sudan
- 3) To assess how the Protection of civilian sites (PoC) context in South Sudan influenced birth notification/registration in South Sudan
- 4) To determine the effectiveness of birth notification digitalization in the health facilities and government interest in birth notification statistics for planning.

Intended use of the evaluation

Users	Intended use
Global Affairs Canada (GAC)	Provide feedback on the accomplishments of project goals and objectives to inform future investments in the field.
Authorities in South Sudan and Ethiopia	Provide feedback and external comments for the future development of policies and strategies for improving birth registration through health systems and services that are part of national CRVS reform plans
Other Anglophone countries in Africa	Inform on the effectiveness of interoperable Health-Civil Registry programs and provide guidance for the organization of systems and services.
Donors	Inform about the effectiveness of interoperable programs Health-Civil Registry to assist in the planning of investments in the field
UNICEF	Guide on future programming especially for the effectiveness and relevance of the organization's theory of change on vital and health services.

Scope and focus

The period to be evaluated spans from 2014-2018. This includes both the inception and the main phase of the project. The evaluation will only focus on Ethiopia and South Sudan.

Evaluation criteria and questions

The evaluation will use the five standard evaluation criteria: relevance, efficiency, effectiveness, sustainability and impact. Human rights (including children's rights) and gender equality should be included within these criteria.²² Overall evaluation questions include:

1. To what extent have interventions under this initiative led to anticipated outcomes and changes in child protection systems in focus countries?
2. How and why have interventions packages led to observed results and changes, and for whom?
3. What key lessons can be learned and replicated from the project?

In addition to these overall evaluation questions, specific evaluation questions by country will be developed in consultation with country stakeholders. Indicative evaluation questions are presented below:

Relevance

- To what extent has the Programme contributed to national targets? Is there continued need for the initiative in the countries?
- How valuable were the results to service providers, clients, the community and/or organizations involved?
- How has implementation contributed to strengthened interoperability between the civil registration and health systems?
- To what extent has the regional approach including function of the regional office in relation to the project contributed to results of the Programme?
- To what extent was the programme consistent (or continues to be) with policies of the two countries?
- To what extent has the programme contributed to advocacy efforts and legal reforms?
- To what extent has evidence generation (implementation research) contributed to addressing implementation challenges of this project

Effectiveness

- Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives?
- What was the quality of the design/content of what has been implemented?
- How well was the intervention/service implemented and adapted as needed?
- Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations? And, if so, what were the results of these deviations?
- What were the barriers and enablers that made the difference between successful and less successful implementation and results?

Efficiency

- Were the allocated human and financial resources used efficiently to achieve the objectives?
- To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community?
- Were activities implemented at a right time?

Impact

- Are there prospects that the achievement of the overall goal will have an impact on the national policies?
- Were there any positive or negative impacts beyond the overall project goal?
- Were there any community level impacts resulting from implementation of the project

Sustainability

- Are countries likely to continue investing in CRVS and HIMS systems?
- Are positive results likely to be sustained? In what circumstances?
- Are the project activities scalable and replicable in-country and beyond?

Human rights

- To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?

Methodology

The evaluation will be conducted in accordance with UNEG Norms and Standards for evaluations.²³ The evaluation will use a non-experimental design and employ a theory based approach. A mixture of qualitative and quantitative methods will be used to answer the evaluation questions. Quantitative data from Management Information Systems (MIS), where available, will be used together with other sources of monitoring and assessment data to determine whether the initiative has met its objectives quantitatively. The qualitative method will allow for an in-depth understanding of the key issues from different stakeholders' perspective. The qualitative data will be structured around the evaluation questions to determine what impact the initiative has had on a broad range of stakeholders and the alignment with national policies. The mixed methods approach will allow triangulation of data collected from different sources, enhancing the quality and credibility of the findings and conclusions of the evaluation.

Data collection

The data collection will be participatory in nature, engaging a broad range of stakeholders at country level.

Key sources of information will include:

- **Document review:** Documents will be reviewed at the inception stage to frame the evaluation. Documents to be reviewed will include documentation related to the grant, national policies

²³ <http://www.unevaluation.org/document/detail/1914>

and strategies, assessments and studies related to impacts of social protection in the two countries

- **Analysis of secondary data:** Secondary data will mainly include available administrative data and other monitoring data to determine if the initiative has reached its objectives quantitatively. The evaluation team should assess the quality and availability of data during inception phase.
- **Focus group interviews with:**
 - Beneficiaries
 - Community workers/volunteers
 - Government staff
- **Key informant interviews with:**
 - Government staff (at central level as well as at provincial and district level)
 - UNICEF staff
 - NGO staff/ Development Partners working in CRVS/HIS
- **Site visits to selected sites**
 - Observation and onsite verification

A detailed description of the methodology will be provided in the inception report. This will include an overview of the different data collection tools that will be used to answer each of the evaluation questions. Considering the number of geographic locations, the inception report should also include suggested scope for data collection in terms of number of geographical locations where data collection will take place and the number of interviews per location. Data collected should consider gender aspects as well as age aspects by disaggregating data when relevant. Ethical considerations must be considered in line with UNICEF guidelines.²⁴

Expected Deliverables and payment schedule

To facilitate progress and ensure timely delivery of outputs, the consultant will submit an initial inception report, including timeframe for interviews and desk review and a final report including

²⁴ https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

annexes of the lessons learned documents, observations and way forward as well as a summary list of outputs/deliverables.

Deliverables	Duration	Timeline/ Deadline	Schedule of payment
1. An inception report with an outlined methodology, timeframe and proposed outline of the evaluation report	5 days	11 January 2019	1st payment (20%)
2. A draft report with country specific pages.	30 days	25 March 2019	2nd payment (30%)
3. Final report meeting UNICEF standards that incorporated all the comments from the reference group.	8 days	31 March 2019	3rd payment (50%)

Reporting Requirements

The final evaluation report should meet UNICEF evaluation standards, with focused and actionable recommendations. The report should include at minimum:

- Title page and opening pages
- Executive summary
- Object of evaluation - Programme description including theory of change
- Purpose objectives and scope of Evaluation
- Evaluation methodology, including sampling strategy and methodological limitations, ethical issues and how they were addressed.
- Findings
- Conclusions and lessons learned
- Recommendations
- Annexes TOR, tools of data collection used, country specific reports

Time frame

Activities	2018	2019		
	Dec	Jan	Feb	Mar
Desk review, formulation of methodology				
Inception report				
Data collection/field work				
Analysis/report writing				
Production of final report				

Desired Qualification, experience, specialised skills and knowledge

Education/Experience

- Over 10 years evaluation expertise and experience, including expertise in data collection and analysis; demonstrated skills in similar evaluations; demonstrated technical report writing skills
- Demonstrated experience and expertise in designing and implementing multi-sectoral initiatives in partnership with a wide range of stakeholders including government and communities
- Experience working with/in the UN or other international development organizations in the social sector or application of UNEG evaluation standards.
- In-depth knowledge of civil registration and health information management systems in sub-Saharan Africa.
- Advanced university degree in one or more of the disciplines relevant to evaluation (social policy, economics, demography, anthropology, Public health)
- Proven English report writing, presentation, facilitation skills

The evaluator is recommended to recruit a local data collector for Ethiopia. The qualifications and skills of the data collector should be determined by the evaluator.

Administrative Issues

The Consultant will work under the direct supervision of UNICEF ESARO Evaluation Specialist.

Conditions

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel,

may be necessary. The selected Consultant will be governed by, and subject to UNICEF's General Terms and Conditions for individual contracts.

Risks

There are no risks anticipated to the successful delivery of this assignment. Evaluators should undergo mandatory security briefing on arrival in each of the country offices.

Ethical Considerations

All products and data developed or collected for this agreement are the intellectual property of UNICEF. The consultant may not publish or disseminate the final report or any other documents produced from this work without the express permission of and acknowledgement of UNICEF.

How to Apply

Qualified candidates are requested to submit a CV, cover letter, financial proposal including for daily fee and travel with their application.

Candidates can apply using the UNICEF Talent Management System.

<https://www.unicef.org/about/employ/>

Interested consultants to indicate ability, availability and **all-inclusive** financial proposal to undertake the terms of reference.

Applications submitted without a financial proposal will not be considered.

Annex 7.2. Ethiopia Performance Matrix

EXPECTED RESULTS	INDICATORS	BASELINE	END YR5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
Intermediate outcomes					
1100 Increased use of health information data incorporating community based information for MNCH operational planning	% of targeted woredas using HMIS to develop operational MNCH woredas plans	45%		100%	Woreda Operational MNCH plans Interviews with WoRHo
1200 Registration with the civil registry of the births of boys and girls aged 0-59 months in Ethiopia increased.	Birth registration rate of both boys and girls in targeted woredas	7%	16%	50%	MICS (for baseline), CRVS administrative records
1300 Improved interoperability between CVRS and Health Systems	% targeted woredas with demonstrated collaboration between local CRVS and Health Systems	0%	88%	90%	Report of FVERA and RVERAs, and Ministry of Health
Immediate Outcomes					
1110 Integration of community based information into the official district HMIS.	% targeted woredas HMIS incorporating community based data	32%		90%	HMIS
1120 Increased quality of health information data for MNCH, with an emphasis on community based information	Development of minimum quality standards for MNCH data, with an emphasis on community based information in targeted woredas	No		Yes	Activity report from MoH. RDQA guideline
1130 Increased availability and timeliness of community based health information data for MNCH operational planning	% targeted woredas that review MNCH data from HMIS on a monthly basis	20%		90%	Minutes from the WoRHO or relevant district meetings interviews with WoRHO
1210 Functional birth registration services as part of national CRVS services in Ethiopia	Costed reform plans on CRVS systems based on national VER strategy and laws (including APAI-CRVS comprehensive assessment)	No	Yes	Yes	government document, APAI-CRVS Secretariat
	availability of interoperability (i.e. MoUs) between CR	No	Yes	Yes	government document (e.g. MoU,

EXPECTED RESULTS	INDICATORS	BASELINE	END YR5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
	and delivery of health services				secondary legislation, protocols)
	Country has published aggregate birth registration data, disaggregated by sex.	No	No	Yes	government administrative data, MICS
1220 An enabling legal and policy environment for birth registration as part of national CRVS is in place in Ethiopia	Country has CR legislation and/or amended legislation in line with international standards (not a priority for govt; suggest omission)	Yes	Yes	Yes	parliamentary records/gazettes;
	% of targeted regions with functional government-led CRVS management and coordination mechanisms	0%	100%	80%	operation protocols, UNICEF, VERA
1230 Increased mobilization to register CR events in deprived communities	% of mothers/caregivers of unregistered children with knowledge of when and where to register births and other vital events in targeted woredas	TBD. Will be captured through survey.	Data not available	50%	operation protocols, UNICEF, VERA
	% of kebele reached through mobilization initiatives in targeted woredas	0%		90%	MICS/ project surveys
1310 Enhance access to CR services through institutional agreements and mechanisms between the health sector and civil registry	% targeted woredas where CR notification, declaration or registration is available in health care delivery points or through health care workers/CHWs	0%	88%	90%	operational protocols of the CRVS & MOH
	% of targeted woredas that have a system to track pregnant women and	0%		90%	Operational protocols of the CRVS and MOH

EXPECTED RESULTS	INDICATORS	BASELINE	END YR5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
	newborns linked to birth registration				

Annex 7.3. South Sudan Performance Matrix

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
Intermediate outcomes					
1100 Increased use of health information data incorporating community-based information for MNCH operational planning	% of targeted districts using HMIS to develop operational MNCH district plans	0%	2 Counties were supported to conduct data reviews in 2018		County plans
1200 Registration with the civil registry of the births of boys and girls aged 0-59 months increased	Birth registration rate of both boys and girls	35% according to the 2010 South Sudan Household Survey (TBC)- no baseline available for target districts; however, lack of a law to register newborns in South Sudan suggests that baseline is likely 0%.	Only notification was conducted	30%	Digital database and birth notification registers
1300 Improved interoperability between CVRS and Health Systems	% targeted districts with demonstrated collaboration between local CRVS and Health Systems	0%	CRVS system is not yet well established in South Sudan.	90%	Administrative data
Immediate outcomes					
1110 Integration of community-based	% targeted district HMIS incorporating	0	2 Counties were targeted, and training conducted	1 County	HMIS

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
information into the official district HMIS.	community-based data				
1120 Increased quality of health information data for MNCH, with an emphasis on community-based information	Availability of minimum quality standards for MNCH data, with an emphasis on community-based information	0	A 2012 guideline is still being used		
1130 Increased availability and timeliness of community-based health information data for MNCH operational planning	% targeted districts that review MNCH data from HMIS on a monthly basis	0	Two counties have been supported to conduct monthly data reviews	1 County	DMT meeting notes
1210 Functional birth registration services as part of national CRVS services in all target countries	Costed reform plans on CRVS systems based on APAI-CRVS comprehensive assessment	No	A rolling strategic plan developed	Rolling strategic plan	Government Document available
	Integrated technology into the CR business process	No	A digital registration database has been developed		Health facilities records and Database
	Interoperability (i.e. MoUs) between CR and delivery of health services	No	This has not been achieved. Roles and responsibilities of the various sectors would be defined when rules and regulations are developed		
	Published aggregate birth registration data, including by sex.	No	Implementation Research is still on-going	Implementation research report published.	UNICEF media reports
1220 An enabling legal and policy environment for birth registration as part of national CRVS is in place in all target countries	CR legislation and/or amended legislation in line with	No	Yes	Civil Registry Act becomes Law after signature of the	Government documents, Parliamentary Gazettes

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
	international standards			President. Rules and regulations for implementation of the Act	
	functional government-led CRVS management and coordination mechanisms	No	CRVS TWG functional (though meetings are irregular)		CRVS Steering meeting TWG meeting notes
1230 Increased mobilization to register CR events in deprived communities	% of mothers/caregivers of unregistered children with knowledge of when and where to register births and other vital events in targeted districts	South Sudan: 9.9% (National Estimate SS Household Survey 2010)	72% of mothers of unregistered children knew how to notify and 50% knew where to notify	Final Report	Formative research report
	% of communities reached through mobilization initiatives in targeted districts	0	100% of targeted communities were reached with birth notification messages	90%	Monthly report
1310 Enhance access to CR services through institutional agreements and mechanisms between the health sector and civil registry 1320 Increased co-packaging of ORS/zinc through public and private sector channels	% targeted districts where the CR services of notification, declaration or registration is available in health care delivery points or through health care workers/CHWs	0	Only notification is currently available in 100% of health facilities conducting deliveries in NBeG. And 35% in Juba County (access constraints to health facilities outside of town)	100% in NBeG and 80% of targeted in Juba	Administrative data
	% of targeted districts have a	0	3 health facilities (1 hospital and 4	4 health facilities	Administrative record

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
	system to track pregnant women and newborns linked to birth notification/ registration		primary health care centres) are using the “mother card” to track potential births		
Outputs for 1100 Increased use of health information data incorporating community-based information for MNCH operational planning					
1111 HCW/CHWs report community based MNCH data using revised reporting forms that can be entered into the official district HMIS	% targeted CHWS reporting community-based data on revised MNCH reporting forms that can be entered into the official district HMIS	0%	945 (over 100%) Community health workers trained on CHMIS tools	40% of target	HMIS reports
1121 Complete reporting of MNCH data	Completeness of reporting in targeted districts	0%	100% from the two counties with trained CHWs	50% from target	HMIS reporting tools report
1122 HMIS system includes validation checks of data entered into HMIS	Validation systems included in developed HMIS data entry	No	Included	Included	DHIS system
1123 HMIS Data quality checks are completed monthly and data shown to be of high quality	Data quality audit system developed and implemented in targeted districts	0	Not completed	This is unlikely to be realised in 2018.	MoH data
	% data quality meets standards as set for data quality audit in targeted districts	0%	Not conducted	50% in one County	Community data reports
1131 Monthly reporting of MNCH data	% targeted district facilities & CHW reporting MNCH data monthly	0%	200% (2 counties)	1 County	Administrative data

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
1132 HC facilities/CHWs use electronic technologies to enhance speed of data gathering, quality, and timeliness of reporting	% targeted CHW using electronic technologies to report community-based data to official district HMIS	0%	Use of mobile phone was piloted	Not feasible	Pilot report
Outputs for 1200 Registration with the civil registry of the births of boys and girls aged 0-59 months increased.					
1211 Drafted costed reform plans on CRVS systems based on APAI-CRVS comprehensive assessment	A review of the currently existing birth registration/birth notification structure (as assessed under activity 1223) has been undertaken, shared and discussed with MoH for support of development of future system.	No	This is not done as the bill was approved at the end of 2018	Yes	government document
1221 Drafted law and or secondary legislation, with clear recognition of the characteristics of a well-functioning birth registration system within the civil registry	Draft law or secondary legislation	0	Civil Registry Bill signed into Law	Civil Registry Law	Parliamentary documents, Government ministry meeting minutes
1222 Drafted operation protocols and/or secondary legislation, which simplifies the registration process	Draft protocols	0	Rules and Regulations not yet developed	One protocol available	Internal instructions and guidance materials of relevant operational bodies
1223 Evidence based reports on CRVS generated and disseminated for high level advocacy and programme design	Reports produced and available	0	The implementation research is yet to be finalized	One report available	Report available on UNICEF South Sudan and government website

EXPECTED RESULTS	INDICATORS	BASELINE	END OF YR 5 (Q4 2018)	FINAL TARGETS	DATA SOURCES
1231 C4D strategy implemented	% of targeted communities reached by C4D	0%	Over 100% (293,714 households) of targeted communities	30% of targeted communities	Project documents, project surveys
1232 Survey document on knowledge and awareness of birth registration	Survey result publicly available	0	C4D Formative Research conducted	One Survey report available for target counties	MICS, unique survey
Outputs for 1300 Improved interoperability between CVRS and Health Systems					
1311 Innovative birth registration processes introduced through interoperability with the health system (or scaled up)	No of target counties have concrete action points to introduce (or scaled up) innovative birth registration process, including interoperability with health system	0	Mother cards introduced in five health facilities in 3 Counties	3 target counties of 7 focus counties with possibility to expand if security context allows.	Government documents, changed business process reflected in laws/protocols
1312 Institutionalised linkages between CR and delivery of health services	Draft MoU between Civil Registration Authority and Ministry of health	None	MoU has been developed as the Civil Registry sector is not yet well established	MoU available	Government document (MoU)
	% of targeted community health workers trained on CRVS	0%	76% (1,239/1,629)	90% in the 3 initial target counties	Project training documents

Annex 7.4. Birth Notification Trends in South Sudan

Children Under Five Reached with Birth Notification Services																		
Location	Jan - Dec 2018			Jan - Dec 2017			Jan - Dec 2016			Jan - Dec 2015			Baseline 2014			Cumulative		
	Boys	Girls	Reached	Boys	Girls	Reached	Boys	Girls	Reached	Boys	Girls	Reached	Boys	Girls	Reached	Boys	Girls	Cum.Total
Aweil North	4,722	4,933	9,655	4,094	3,561	7,655	2,125	1,915	4,040	7,393	5,395	12,788				18,334	15,804	34,138
Aweil South	2,667	2,953	5,620	3,970	3,900	7,870	1,166	852	2,018	6,811	6,691	13,502				14,614	14,396	29,010
Aweil Center	7,081	6,698	13,779	3,587	3,511	7,098	682	873	1,555	2,061	1,727	3,788				13,411	12,809	26,220
Aweil West	2,875	2,667	5,542	6,622	5,473	12,095	2,166	1,965	4,131	5,970	5,818	11,788				17,633	15,923	33,556
Aweil East	4,050	4,228	8,278	5,394	4,619	10,013	2,803	2,427	5,230	1,651	1,134	2,785				13,898	12,408	26,306
Juba	6,796	6,547	13,343	5,162	5,281	10,443	5,512	5,088	10,600	5,994	5,794	11,788				23,464	22,710	46,174
Morobo	0	0	0	0	0	0	0	0	0	2,094	1,694	3,788				2,094	1,694	3,788
Bentiu PoC	18,027	18,733	36,760	23,623	22,499	46,121	22,874	28,667	51,541	9,989	9,784	19,773				74,513	79,683	154,195
Malakal PoC	2,946	2,881	5,827	155	119	274	0	0	0	623	377	1,000				3,724	3,377	7,101
Sub.Total	49,164	49,640	98,804	52,607	48,963	101,569	37,328	41,787	79,115	42,586	38,414	81,000	103,597	95,628	199,225	285,282	274,432	559,713
Total	98,804			101,569			79,115			81,000			199,225			559,713		

Annex 7.5. Generic CHWs FGD Guide

Generic FGD Guide for CHWs and other Community players	
Evaluation Questions	Guiding Questions
Introductory Questions	
Introductory Questions	So, tell me about yourself (selves), what is your role in this community as a CHW? what health activities are you involved in? are you involved in birth registration? do you know the UNICEF BR4MNCH project? what is your role in the project?
Relevance	
a. To what extent has the Programme contributed to national targets? Is there continued need for the initiative in the countries?	Do you think the project was relevant to the situation in your community? was the program useful to the beneficiaries? (Probe on why the project was seen as relevant, was there low uptake of birth registration, did they experience barriers to birth registration?)
b. How valuable were the results to service providers, clients, the community and/or organizations involved?	How valuable were the results from the program useful to you as service providers including CHWs/CHVs? (probe on usefulness of improved birth registration, improved data quality, interoperability etc, Probe on whether its improved provision of service delivery)
	How valuable were the results from the program useful to clients -children and mothers (probe on usefulness of birth registration, interoperability etc, Probe on whether its improved provision of service delivery including outside health, child protection etc)
	How valuable were the results from the program useful to your as community health workers? (probe on usefulness of birth registration, interoperability, child protection etc, does it improve service delivery? efficiency, better targeting etc)
c. How has implementation contributed to strengthened interoperability between the civil registration and health systems?	Answered under effectiveness see question h
d). To what extent has the programme contributed to advocacy efforts and legal reforms?	How has the program contributed to advocacy efforts for CRVS? What advocacy approaches have been used by the program?, what advocacy activities have been implemented through the program?, have been the results from the advocacy efforts? (probe for any changes resulting from advocacy efforts),
	How has the program contributed to legal reforms for CRVS if any? (probe for any new policy and legal changes around CRVS, probe on the project contribution

Generic FGD Guide for CHWs and other Community players	
Evaluation Questions	Guiding Questions
e). To what extent has evidence generation (implementation research) contributed to addressing implementation challenges of this project	What implementation challenges did the program experience? how did the program address the various challenges?
	Did the project conduct any implementation research during this program? (probe on generation of evidence from the program and use of the evidence), How did the project utilise the evidence to address implementation challenges? (probe on the evidence)
Effectiveness	
f). Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives?	Objective 1: One of the objectives of the program was to improve use of health information for MNCH for operational planning, has this been achieved? (Probe for: Examples of how the community health volunteers use community base data for their MNCH roles and planning, at what community forums is the data utilised?)
	At your level, what activities were implemented towards achievement of this objective? were the activities adequate to achieve the objectives? how did the project support you as a community health volunteer in undertaking those activities? (probe for training, provision of tools, supervision etc), do you think you received adequate support?
	What were the success factors in implementing activities towards achievement of this objective at community level?
	What were the challenges in implementing the activities? how did you address the challenges?
	What in your opinion should have been done better to ensure achievement of this objective?
	Objective 2: The second objective of the program was to increase registration with civil registry of the births of boys and girls aged 0 to 59 months, what has been the progress towards achievement of this objective?
	What has been your role as a community health volunteer in ensuring registration of boys and girls in your community? what activities have you implemented in relation to your role in ensuring registration of boys and girls in this community? (probe on number of boys and girls registered)
	What support did you receive from the project to support you to implement activities towards achievement of this project? were these activities adequate to ensure you are able to undertake those roles?
	What well the facilitating factors in implementation of those activities?
	What challenges did you experience in implementing the activities, and how did you address the various challenges?
	What were the lessons learned in implementing the various activities under this objective?

Generic FGD Guide for CHWs and other Community players	
Evaluation Questions	Guiding Questions
	<p>Objective 3: The third objective of the program was to improve interoperability between CRVS and health systems, what has been the progress towards achievement of this objective?</p> <p>Beyond CRVS, what other community health initiatives do you undertake as a community health volunteer? (probe for other community health initiatives such as HIV, MNCH through home visiting, iCCM etc), how did you integrate your other community health initiatives with CRVS? how well has this integration worked?</p> <p>How has the project supported you to ensure integration of CRVS with other community health initiatives? has this been adequate? how should you have been better supported to ensure better integration of CRVS into your community health initiatives?</p> <p>How has the program contributed to improvement in data quality of C-HIS at different levels (Probe on changes in CBHIS data quality and use, evidence for data quality improvement at different levels)</p> <p>What activities were implemented by the program to improve data quality of CBHIS (Probe for capacity building of CHWs and at other levels, probe for how successful the activities were, what were the challenges and how this could have been done better)</p> <p>What were the success factors in implementing activities towards achievement of this objective at community level?</p> <p>What were the challenges in implementing the activities under this objective? how did you address the challenges?</p>
h). What were the barriers and enablers that made the difference between successful and less successful implementation and results?	<p>In your opinion what would you say was most successful under this project? what were the enablers for success?</p> <p>In your opinion what would you say was less successful? What were the project barriers/hindrance factors?, and how did the project address those barriers?</p> <p>What were the lessons learned from the project implementation?</p>
Impact	
i). Were there any community level impacts resulting from implementation of the project	What were the community level impacts resulting from the implementation of the project? (probe for better access to services by children, better understanding on the importance of birth registration?)
Sustainability	
j). Are countries likely to continue investing in CRVS and HIMS systems?	How did the project involve community players in the design, planning and implementation of the project? were community health volunteers like yourself involved? what about women? do you think the involvement was adequate? how do you think this could have been strengthened?

Generic FGD Guide for CHWs and other Community players	
Evaluation Questions	Guiding Questions
	Who else is working on improving birth registration, HMIS and CRVS in this community? Do you think the government is investing in CRVS? What do you think should be done to ensure increased investment in CRVS especially at community level?
k). Are positive results likely to be sustained? In what circumstances?	In reference to the positive results discussed/identified (mention some of the results), are these likely to be sustained? will you continue to provide birth registration services given the end of UNICEF BR4MNCH project? what do you think should have been to ensure you as a community health volunteer continue to provide BR services in this community What strategic actions did the project implement to ensure sustainability, did these works well? what were the challenges with implementing those sustainability actions? what should have been done better to ensure sustainability?
Human rights	
l). To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?	In provision of BR services, do you cover all areas in this community or do you focus in some selected areas? how were those areas selected? how do you ensure children from vulnerable areas are reached? (Probe on whether any equity criteria were used, whether the areas reached were the most deprived)
	Who are the most vulnerable children in this community in terms of birth registration (Probe on categories of vulnerability), Did the project reach these vulnerable children with BR? (Probe on whether there is data to show evidence of various vulnerable groups being reached)
	What approaches did the project make to reach the most vulnerable children? what approaches have you used a community health volunteer to ensure most vulnerable children are reached?
	How does your project reporting ensure information on the reach for the most vulnerable groups is captured? what about their gender and regions where they come from (Probe on whether there is effort to disaggregate data to ensure equity variables are captured in reporting)
Additional Country Specific Objectives	
n). The extent to which birth notification and registration and registration initiatives is enhanced through integration into existing community initiatives such as iCCM (South Sudan)	As a CHW, are you involved in implementing iCCM? have you or other CHWs integrated BR in iCCM?
	How was birth registration in particular integrated into iCCM? (Probe for any training of CHWs, review of iCCM tools etc), What were the achievements of this initiative?
	What were the lessons learned in integrating birth registration in community initiatives?

Generic FGD Guide for CHWs and other Community players	
Evaluation Questions	Guiding Questions
m). Birth registration in emergency settings (South Sudan)	What have been your achievements in provision of BR services in POC set up (what numbers have been reached, what type of groups are at POC settings, are they the most deprived and likely to miss from BR?)
	What were the challenges experienced in provision of birth registration in emergency settings such as in PoC
	What strategies did the project employ to address those challenges? did the strategies work well?
	What were the lessons learned in provision of birth registration services in emergency settings like in POC set up
	Based on your experiences, what would be your recommendations on provision of BR services in emergency settings like in POC
O). Determine how local innovative initiatives like the "mother cards" enhanced birth notification/registration in South Sudan	What are some local innovations that you have used to increase birth registration and notification (probe for use of mobile phones, integration with other community initiatives, use of mother cards etc)
	More specifically how has initiative like mother card enhanced birth notification and registration? why is it considered an innovation?
	What are the lessons learned from the implementation of those innovations? what are your recommendations for scale up and replication?

Annex 7.6. FGD guide for project beneficiaries

Generic FGD Guide for Project beneficiaries	
Evaluation Questions	Guiding Questions
Introductory Questions	
Introductory Questions	Tell me about yourselves, how is birth registration in this community?, do you know a project here by the Government and UNICEF for supporting birth registration?, tell me about the project....
Relevance	
a. To what extent has the Programme contributed to national targets? Is there continued need for the initiative in the countries?	Do you think the project was relevant to the situation in your community?, was the program useful to the you?, why was the project relevant in this community? (Probe on why the project was seen as relevant, was there low uptake of birth registration, did they experience barriers to birth registration?, how useful was the

Generic FGD Guide for Project beneficiaries	
Evaluation Questions	Guiding Questions
b. How valuable were the results to service providers, clients, the community and/or organizations involved?	How valuable was improved birth registration useful to you as a community? and as women with children under five? how about to the children themselves (probe on usefulness of birth registration, probe the integration of CRVS with health i.e. interoperability etc, Probe on whether it improved provision of services outside health sector, child protection etc)
Effectiveness	
c). Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives?	Objective 2: One of the objectives of the program was to increase registration with civil registry of the births of boys and girls aged 0 to 59 months?, do you think this has happened?, has birth registration for number of boys and girls aged 0 to 59 months increased during the project period? (Ask participants whether their children aged have had their births registered?)
	What activities did the project implement to ensure increased birth registration? (probe for outreach services, probe for community mobilisation and education), where did you access the birth registration for your child?, please explain to me the process you went through to have your baby registered.
	Were you reached with any community mobilisation events on importance of birth registration?, through what forums?, were those mobilisation meetings important?, did they change community knowledge on importance of birth registration?, how do you think could have been done better to ensure many communities are reached and their change community awareness on importance of birth registration?
	What challenges do you usually experience in accessing birth registration services for your children?, what did the project do to address those challenges?, what are your recommendations on how birth registration could be strengthened in future?
	Objective 3: The third objective of the program was to improve interoperability between CRVS and health systems, have you witnessed integration of birth registration into other services in this community? for example integration with iCCM, immunization? are you able to access birth registration at your health facilities?
	What are your opinions on what could have been done differently to ensure integration of birth registration into health systems? what other community initiatives exist that can present opportunities for BR integration?
Impact	

Generic FGD Guide for Project beneficiaries	
Evaluation Questions	Guiding Questions
d). Were there any positive or negative impacts beyond the overall project goal?	Beyond child registration, what were other benefits from the birth registration program? (probe on other impacts on the child outside health sector), how did the birth registration program improve child protection? were there any negative impacts from the program?
e). Were there any community level impacts resulting from implementation of the project	What were the community level impacts resulting from the implementation of the project? (probe for better access to services by children, better understanding on the importance of birth registration?)
Sustainability	
f). Are countries likely to continue investing in CRVS and HIMS systems?	How did the project involve community players in the design, planning and implementation of the project? were you involved in any way in the design of the project? how were you involved? do you think the involvement was adequate? how do you think this could have been strengthened?
	Who else is working on improving birth registration, HMIS and CRVS in this community?, Do you think the government is investing in CRVS?
	What do you think should be done to ensure increased investment in CRVS especially at community level?
g)/ Are positive results likely to be sustained? In what circumstances?	In reference to the positive results discussed/identified (mention some of the results), are these likely to be sustained? do you think with the end of UNICEF BR4MNCH project the birth registration services will continue? what do you think should have been done to ensure the positive results are sustained?
Human rights	
h). To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?	Are there some members of this community who have more difficulties than others in accessing birth registration services? who are these? (Probe on various categories of vulnerability, probe for this in emergency settings, in POC)
	In your opinion do you think the project was able to reach those vulnerable children? (Probe on whether the project was able to reach those on emergency settings, in POC, children of mobile populations etc), what approaches did the program use to reach those vulnerable groups? What are your recommendations on how the project could better reach those vulnerable groups with birth registration services?
Closure	What would be your final comments on the birth registration project?

Annex 7.7. Key informant Interview respondents

UNICEF regional Office and HQ KII respondents

1. Eri Suzuki
2. Maria Muniz
3. Gabriele Fontana
4. Justus Kamwesigye

Ethiopia KII respondents

1. Karin Heissler, UNICEF
2. Tesfaye Simireta, UNICEF
3. Fasika Hailu, UNICEF
4. Solomon Gelaw, UNICEF
5. Minale Getachew, UNICEF
6. Abraham Weldu, UNICEF
7. Mawacha Birmha, UNICEF
8. Yaynshet Gebreyohannes, UNICEF
9. Gabriel Galnak, UNICEF
10. Dawit Membratu, UNICEF
11. Zewdu Hawaz, VERA
12. Agazi Ameha, MoH
13. Hailu Dano, MoH
14. Aman Sundado, MoH
15. Tesfaye David, MoH
16. Ayetech Kensa, VERA
17. Bereket Tamirat, VERA
18. Elemayehu Ayano, VERA
19. Hanfato Hameso, MoH
20. Firew Fango, MoH
21. Fiseha Lemago, VERA
22. Tamiru Alemayehu, VERA
23. Demsis Gebre, VERA
24. Tesfaye Agafari, VERA
25. Tesfa Hiluf, MoH
26. Teklay Tesfaye Meressa, VERA

South Sudan KII respondents

1. Hyun Hee Ban, UNICEF
2. Gopinath Durairajan
3. Solla Asea, UNICEF
4. Kemish Kenneth, UNICEF
5. Richard Silas, UNICEF
6. Federika Panteolini, UNICEF
7. Nyachuol Riak Mathat, UNICEF
8. Emmanuel Ramba, UNICEF
9. John Biar, UNICEF
10. Judy Micheal, UNICEF
11. Christopher Oti, MoH
12. Robert Wani; WHO
13. Bonface Isindu, WHO
14. Eldhina Chiwawa, Malaria Consortium
15. Maria Carolina, Canadian Embassy
16. Alexander Damiit, MoH
17. Richard Lako, MoH
18. Daniel Manyang, Civil Registry
19. Kuol Akom, Civil Registry
20. Richard Lou-Angelious, UNHCR
21. Polly Grace, MoH
22. Linus Okeny, Statistics office
23. Albino Bulikenyi, Statistics office
24. Peter Bor, MoH
25. Loch Madhen, MoH
26. Wek Matlor, MoH
27. Gabriel Atem, MoH
28. Catherine Kamwitha, MoH
29. Sadino Akoko, MoH
30. Hassan Abdalla, MoH
31. Kejo Florence, MoH
32. Franka Imoya David, MoH
33. Gopalan Balagopal

Annex 7.8. List of documents reviewed

- a. A Snapshot of Civil Registration in Sub-Saharan Africa, UNICEF, New York, 2017
- b. Birth registration for maternal, newborn, child health South Sudan Inception report. UNICEF South Sudan, 2014.
- c. Birth registration for maternal, newborn, child health Ethiopia Inception report. UNICEF South Sudan, 2014.
- d. Birth registration for maternal, newborn, child health Ethiopia Inception report. UNICEF Ethiopia, 2014.
- e. Birth registration for maternal, newborn, child health South Sudan annual progress reports for 2015, 2016, 2017 and 2018. UNICEF South Sudan.
- f. Birth registration for maternal, newborn, child health Ethiopia annual progress reports for 2015, 2016, 2017 and 2018. UNICEF South Ethiopia.
- g. Birth registration for maternal, newborn, child health Ethiopia final report, 2014 to 2018. UNICEF Ethiopia.
- h. Birth registration for maternal, newborn, child health final report, 2014 to 2018. UNICEF New York
- i. Birth registration for maternal, newborn, child health Initiative Ethiopia draft study protocol. UNICEF Ethiopia, 2015.
- j. Birth registration for maternal, newborn, child health Ethiopia Budget and workplan. UNICEF Ethiopia, 2014.
- k. Birth registration for maternal, newborn, child health Performance framework South Sudan. UNICEF South Sudan, 2014.
- l. Formative research on birth notification in South Sudan. Unicef South Sudan, 2017.
- m. Health Sector Transformation Plan 2016 to 2020. Federal Ministry of Health, Ethiopia.
- n. Integrated community case management for malaria, pneumonia, and diarrhea among children under five years in Aweil North County. Malaria Consortium South Sudan, 2018.
- o. Laws of South Sudan, Civil Registry Act 2018. Ministry of Interior South Sudan, 2018.
- p. National communication strategy to promote birth notification/registration in South Sudan. Unicef South Sudan, 2018.
- q. National health promotion and communication strategy 2016 to 2020. Federal Ministry of health, Ethiopia.
- r. Relevance and Efficiency of Digital Mother's Cards to increase ANC Uptake and Birth Notification in South Sudan: an innovation for scaling up to within South Sudan and other low birth registration countries. Unicef South Sudan, 2019.
- s. Strengthening birth registration in Africa. Unicef. Obtained from https://www.unicef.org/esaro/Technical_paper_low_res_.pdf on February 5, 2019
- t. The community health system in South Sudan, Boma Health Initiative. Ministry of Health South Sudan, 2015.
- u. The draft national reproductive, maternal, newborn and child health strategy 2018 to 2022. South Sudan, 2018.
- v. The South Sudan Every Newborn Action Plan 2018 to 2022. South Sudan, 2018.

Annex 7.9. Evaluation Matrix

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
Introductory Questions				
Introduction to the program	As an introduction, please tell me about the BR4MNCH program, when was the program started, what was the rationale, who are the target beneficiaries, who are the various players involved in the implementation of the project in the country? what are the roles of the different players?	Respondent knowledge of the program Listing of program players Program target areas	Qualitative interviews Relevant national policies and strategies	KII with UNICEF country office staff, key informant interviews with project staff
Where the program is implemented in the country	What are the programme target areas? what was the criteria for selecting those regions? does the program also work at national level? broadly what actions are implemented at the various levels?	Listed criteria for selection of target areas- equity criteria List of strategies, policies, guidelines relevant to CRVS, MNCH	Program reports	KII with UNICEF country office staff, key informant interviews with project staff
Brief country CRVS, MNCH and HMIS landscape	What is the country policy situation on CRVS, MNCH and HMIS, what policies, strategies and plans exist? what structures exist for CRVS, MNCH and HMIS? What is the country relevant political and economic environment and how has this impacted on CRVS			KII with UNICEF Country offices, KII with relevant Government officials, KII partners and agencies working in the focus thematic areas
Relevance				
a. To what extent has the Programme contributed to national targets? Is there continued need for the	How did the program design ensure alignment to national priorities and targets for CRVS, HMIS and MNCH? (probe on what are the national targets and priorities for CRVS, MNCH, HMIS etc, probe on relevant	National targets for birth registration and notification	National strategic documents, program reports, qualitative interview reports	Document review, analysis of secondary data, KII with Government staff responsible for CRVS, MNCH, HIMS, Community based services, key

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
initiative in the countries?	government ministries involvement to ensure alignment, probe on whether targets were shared)	% contribution of program to the national targets for birth registration and notification		informant interviews with project staff implementing the project, KII with UNICEF at country offices, KII with partners
	How did program implementation, monitoring and evaluation ensure alignment and contribution to national targets and priorities?			
	How successful has the programme been in contributing to the national targets? (probe on the programme contribution to national targets both qualitatively and quantitatively)			
	What should have been done better to ensure stronger program alignment/contribution to national targets and priorities?			
b. How valuable were the results to service providers, clients, the community and/or organizations involved?	How valuable were the results from the program useful to service providers including CHWs/CHVs? (probe on usefulness of improved birth registration, improved data quality, interoperability etc, Probe on whether it improved provision of service delivery)	Service providers qualitative reports on the usefulness of the results to them (measures relevance for the service providers)	Qualitative interview reports, program documents	Panel discussions with service providers, KII with the staff implementing the project, FGD with beneficiaries, focus group discussions with CHWs and KII with implementing partners/organisations
	How valuable were the results from the program useful to clients -children and mothers (probe on usefulness of birth registration, interoperability etc, Probe on whether its improved provision of service delivery including outside health, child protection etc)	Clients reports on the usefulness of the results to them (measures relevance for the clients) Community and organisation reports on		

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	How valuable were the results from the program useful to community and organisations involved in the program? (probe on usefulness of birth registration, interoperability, s etc, does it improve service delivery? efficiency, better targeting etc)	the usefulness of the results to them (measures relevance of the results to the organisations)		
d. To what extent has the regional approach including function of the regional office in relation to the project contributed to results of the Programme?	<p>Please describe to me the role of the regional office in the implementation of this project? (Probe for coordination and technical assistance role, approaches used in coordination and technical assistance)</p> <p>What worked well in the coordination and technical assistance role of the UNICEF regional office to the countries? (Probe on the effectiveness of the various approaches used in coordination and technical assistance, what could have been done better?)</p> <p>How did the regional approach contribute to the achievement of the program objectives? (probe on any mechanisms for cross learning, was this ever done?), what were the challenges with the regional approach and how did the project address those challenges? what are your recommendations on how the regional approach could have been implemented in a better way?</p> <p>How did the partnership between different thematic areas of child protection, health and monitoring and evaluation work? did this help in achievement of results? what were the challenges? what were the lessons learned?</p>	<p>Description of regional approach used</p> <p>Increased capacity of country offices in CRVS, MNCH, use of data, interoperability resulting from increased TA</p> <p>No. of TA activities by type to each country by ESARO</p> <p>Improved monitoring by country offices resulting from TA from ESARO</p> <p>Increased interaction between Child protection,</p>	Project reports, minutes from TA meetings	KII with UNICEF regional office, key informant interviews with UNICEF Country offices,

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	How do you think this partnership could be strengthened in future?			
e. To what extent was the programme consistent (or continues to be) with policies of the two countries?	What are the existing national policies and strategies on CRVS and HMIS including community HIS? (Probe on the existing policies, strategies, plans on CRVS, HMIS, CBHIS, obtain copy if possible)	Existing national policies, strategies, plans, guidelines touching on CRVS	Program documents, Qualitative interviews,	Document review, KII with relevant Government staff, KII with UNICEF Country offices, KII with project staff and participating partners
	How did/does the programme ensure consistency/alignment with national policies and strategies (probe on how the program aligns with CRVS, HMIS and relevant national policies and strategies, how the program complement/support existing policies and plans), What are your suggestions on how this could be strengthened?	Statements from staff on how the program aligns to the national policies and strategies Mention of program alignment to national plans in program documents	National relevant strategy documents	
f. To what extent has the programme contributed to advocacy efforts and legal reforms?	How has the program contributed to advocacy efforts for CRVS? What advocacy approaches have been used by the program? what advocacy activities have been implemented through the program?, what have been the results from the advocacy efforts? (probe for any changes resulting from advocacy efforts),	No. of legal reform agendas introduced as a result of the program Availability of legal framework on CRVS	Program reports National legal documents	Document review, KII with relevant Government staff, KII with UNICEF Country offices, key informant interviews with project staff and participating partners
	How has the program contributed to legal reforms for CRVS if any? (probe for any new policy and legal changes around CRVS, probe on the project contribution	Advocacy statements/policies resulting from the program		
g. To what extent has evidence generation (implementation	What implementation challenges did the program experience? how did the program address the various challenges?	Listing of program challenges as reported by implementers	Project reports	Document review, KII with relevant Government staff, key informant interviews with

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
research) contributed to addressing implementation challenges of this project	Did the project conduct any implementation research during this program? (probe on generation of evidence from the program and use of the evidence), How did the project utilise the evidence to address implementation challenges? (probe on the evidence)	No. of evidence generation implementation research pieces undertaken Statements on how the implementation research pieces have addressed the challenges	Implementation research reports Qualitative interview findings report	UNICEF Country offices, key informant interviews with project staff and participating partners
Effectiveness				
h. Have the programme objectives been achieved? What were the inhibiting and promoting factors for the achievement of the programme objectives?	Objective 1: One of the objectives of the program was to improve use of health information for MNCH for operational planning, how has this worked? (Probe for: Examples of how data has been used? and at what forums-probe for Quarterly review meetings etc, probe for use of the data at different levels- community, facility, county, state and national level, probe with emphasis on the use of community-based information) Probe on what operational research was undertaken what problem was being solved, what were the findings and how were the findings used	% of targeted regions planning using HMIS to develop operational MNCH woredas plans % targeted regions where HMIS incorporates community-based data % targeted woredas HMIS incorporating community-based data	Project reports Project Performance reports Qualitative findings report	Document review, Analysis of secondary data, KII with project staff, partners and government staff involved in CRVS, HIMS, Community based HIMS, maternal and newborn health, panel discussions with service providers
	What is the level of interest and use of birth notification data in planning (for South Sudan) Probes Does the country use birth notification data for MNCH operational planning, please describe to me how this is used, what	% targeted woredas that review MNCH data from HMIS on a monthly basis		

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	<p>activities did the project implement to promote use of birth notification data on operational planning?</p> <p>What activities were implemented towards achievement of this objective? were the activities adequate to achieve the objectives? (Probe on the implementation of the activities as listed in theory of change, probe on where the activities were implemented)</p> <p>What challenges did you experience in implementing the activities, and how did you address the various challenges?</p> <p>What were the lessons learned in implementing the various activities under this objective?</p>			
	<p>Objective 2: The second objective of the program was to increase registration with civil registry of the births of boys and girls aged 0 to 59 months, what has been the progress towards achievement of this objective? (probe on the numbers registered/ and percentages from baseline, probe on data by regions, by vulnerabilities, by different levels-community, facility, others areas)</p> <p>What activities were implemented towards achievement of this objective? were the activities adequate to achieve the objectives? (Probe on the implementation of the activities as listed in theory of change, probe on where the activities were implemented)</p>	<p>Birth registration rate of both boys and girls in targeted woredas</p> <p>Costed reform plans on CRVS systems based on national VER strategy and laws</p> <p>Country has CR legislation and/or amended legislation in line with international standards</p>	<p>Project progress reports</p> <p>CRVS administrative data</p> <p>DHIS</p> <p>Qualitative findings report</p>	<p>Document review, KII with project staff, partners and government staff involved in CRVS, HIMS, Community based HIMS, maternal and newborn health</p>

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	What challenges did you experience in implementing the activities, and how did you address the various challenges?			
	What were the lessons learned in implementing the various activities under this objective?			
	Objective 3: The third objective of the program was to improve interoperability between CRVS and health systems, what has been the progress towards achievement of this objective (Probe for the different players in CRVS at the different levels, how these work with the Ministry of Health at different levels, evidence for interoperability especially around community health information systems).	<p>% targeted regions with demonstrated collaboration between local CRVS and Health Systems</p> <p>Existence of MoU between CRVS and Health sector</p>	<p>Program performance reports</p> <p>Qualitative findings report.</p>	<p>Document review, Key informant interviews with project staff, partners and government staff involved in CRVS, HIMS, Community based HIMS, MNCH, site visits to observe interoperability, panel discussions with service providers</p>
	<p>What activities were implemented towards achievement of this objective? were the activities adequate to achieve the objectives? (Probe on the implementation of the activities as listed in theory of change, MoU with different players, how functional the partnership is,)</p> <p>Probe on CRVS corners in health facilities, leveraging child health campaigns to identify and refer children not registered, revision of data collection tools to include birth registration</p>	<p>% targeted regions where CR notification, declaration or registration is available in health care delivery points or through health care workers/CHWs</p>		
	In South Sudan, there were activities on birth notification digitalization in supported health facilities, how did this work? what were the achievements, what were the challenges?			

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	<p>how did the project address those challenges? has it been scaled up/replicated?</p> <p>What challenges did you experience in implementing the activities, and how did you address the various challenges?</p> <p>What were the lessons learned in implementing the various activities under this objective?</p>			
	<p>How has the program contributed to improvement in data quality of C-HIS at different levels (Probe on changes in CBHIS data quality and use, evidence for data quality improvement at different levels)</p> <p>What activities were implemented by the program to improve data quality of CBHIS (Probe for capacity building of CHWs and at other levels, probe for how successful the activities were, what were the challenges and how this could have been done better)</p>			
i. What was the quality of the design/content of what has been implemented?	<p>You implemented various actions towards achievement of the various objectives (e.g mother health card, data use for MNCH operational planning, etc), In your opinion, what was the quality of the design/content of the program interventions that were implemented? were they adequate and of good quality to deliver the results?</p> <p>What are your recommendations on what could have been done better to improve the design/content that was implemented</p>	<p>Listing of the various interventions implemented</p> <p>Perceptions on the quality of the interventions that were implemented</p>	<p>Qualitative findings report</p> <p>Project documents</p>	<p>Document review, key informant interviews with project staff, key informant interviews with partners who were involved in the project</p>

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
j. How well was the intervention/service implemented and adapted as needed?	How well were the various interventions proposed implemented and adapted? were there differences in implementation of some interventions than others? what about in some regions than others? what were the actions taken by the project to ensure implementation and adoption of the proposed interventions?	Listing of interventions implemented Perceptions on the implementation of the interventions Descriptions of adaptations on interventions implemented	Qualitative findings report Project documents	Document review, key informant interviews with project staff, key informant interviews with implementing partners, panel discussions with service providers
k. Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations? And, if so, what were the results of these deviations?	Were there any deviations from the initial proposal and results framework? what were the deviations? what was the motivations for the deviations? did the deviations produce better results? what were the results of the deviations?	Descriptions of the deviations from original project design	Qualitative findings report Project documents	Document review, key informant interviews with project staff, key informant interviews with implementing partners, panel discussions with service providers
l. What were the barriers and enablers that made the difference between successful and less successful implementation and results?	Which areas components (or regions) of the project would you say were the most successful? what were the enablers for success?	Listing of enablers on successful components	Qualitative findings report Project documents	key informant interviews with UNICEF Country offices, key informant interviews with project staff and implementing partners,
	Which components (regions) were less successful? What were the project barriers/hindrance factors, and how did the project address those barriers?	Listing of barriers to not successful components		
	What were the lessons learned from the project implementation?			
Efficiency				

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
m. Were the allocated human and financial resources used efficiently to achieve the objectives?	Were the allocated human and financial resources used efficiently to achieve the objectives?	Amount of financial resources allocated versus the amount of activities to be implemented	Qualitative interview reports, Project budgets,	Key informant interviews with UNICEF country office staff, key informant interviews with project staff, Key informant interviews with implementing partners, key informant interviews with Government staff
	What could have been done better/more efficiently to achieve the objectives?			
n. To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community?	What approaches did the project utilise to ensure best use of resources to achieve results? (Probe on working with other partners, coordination to avoid duplications, integrating interventions into existing structures)	No. of human resources provided		
	What do you think should have been done better to ensure best possible use of available resources to achieve results of greatest value to governments, communities and participants			
o. Were activities implemented at a right time?	Were the planned activities implemented on schedule? If there were delays, what were the causes of the delays and how did the project address them?	Listing of activities implemented within planned time as per workplan	Workplan Project reports Qualitative interview reports	KII with UNICEF country office staff, KII with project staff, KII with implementing partners, KII with Government staff
Impact				
p. Are there prospects that the achievement of the overall goal will have an impact on the national policies?	What are the prospects that the achievement of the project overall goal will have impact on national policies? have there been any changes in relevant national policies? which policies, what is the evidence that there are prospects of for impact on national policies?	Any reported changes in national polices and strategies as a result of the project	Qualitative interview report findings Program reports	Document review, KII with UNICEF Country offices, key KII with relevant Government representatives, KII with other partners and players, panel discussions with service providers
	In your opinion, what should have been done better to ensure the project has impact on overall national policies?			

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
q. Were there any positive or negative impacts beyond the overall project goal?	Were there some positive impacts beyond the overall project goal? (probe for impact in other sectors), what were the positive impacts?	Reported positive impact outside the overall project goal	Qualitative interview report findings	Document review, KII with UNICEF Country offices, KII with relevant Government representatives, KII with other partners and players, panel discussions with service providers
	Were there some negative impacts of the project beyond the overall project goal? what were the negative impacts?	Reported negative impact beyond project overall goal	Program reports	
r. Were there any community level impacts resulting from implementation of the project	What were the community level impacts resulting from the implementation of the project? (probe for better access to services by children, better understanding on the importance of birth registration?)	Reported community level impacts	Qualitative interview report findings Program reports	KII with project staff, KII with implementing partners, focus group discussions with beneficiaries and community volunteers
Sustainability				
t. Are countries likely to continue investing in CRVS and HIMS systems?	How did the project involve different players in the project design and identification of the problem (Probe on the different players at the different levels and how they were involved in the identification of the problem)	% of government allocation to CRVS	Government budgets	KII with UNICEF country office, KII with relevant government ministries, KII with key players
	How are the different players involved in project implementation, monitoring and evaluation (Probe on the different players at the different levels and how they are involved in project implementation, monitoring and evaluation, probe on whether the Government is providing leadership and coordination and how this is being done)	Reported statements on government continued investment on CRVS	Qualitative interview report findings	
	What is the current level of investment by various government agencies in ensuring implementation of CRVS (probe on investment by level of Government structure and ministry, probe on the type of	Investment by Government on CRVS by type (human resources etc)		

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	investment- leadership, human resources, financial resources etc)			
	In your opinion, are the countries likely to continue investing on CRVS and HMIS systems? if not what could have been done better to ensure continued investments? what are your recommendations (Probe on availability of a CRVS and HMIS investment plan, whether it is identified as priority in national documents, whether it is allocated funds etc, what are the possible challenges to continued investment)			
u. Are positive results likely to be sustained? In what circumstances?	In reference to the positive results discussed/identified (mention some of the results), are these likely to be sustained?	Statements on positive results that are likely to be sustained	Qualitative interview reports Project reports	Document review, KII with UNICEF country office, KII with relevant government ministries, KII with key players
	What strategic actions did the project implement to ensure sustainability, did these works well? what were the challenges with implementing those sustainability actions? what should have been done better to ensure sustainability?	Description of sustainability initiatives implemented		
v. Are the project activities scalable and replicable in-country and beyond	What mechanisms have been used to ensure scalability and replicability of the interventions in other regions of the country? (Probe on whether there has been any documentation of the approaches and best practices, whether any support tools have been developed, any in country approaches for disseminating best practices, has the activities been scaled up to any other part of the country outside the target districts?	Examples of project interventions that have been scaled up Statements from respondents on possibility of being scaled up	Project reports Qualitative interview findings report	Document review, KII with UNICEF country office, KII with relevant government ministries, KII with key players

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
	<p>What challenges do you anticipate in scaling up/replicating the activities that were implemented in this project? how could those challenges be addressed?</p> <p>Generally, what are your recommendations for promoting scalability and replicability of the activities in country and beyond?</p>			
Human rights				
w. To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?	<p>What was the criteria for the selection of the regions in the country where the project is implemented? (Probe on whether any equity criteria were used, whether the areas reached were the most deprived)</p> <p>Who are the most vulnerable children in this community in terms of birth registration (Probe on categories of vulnerability), Did the project reach these vulnerable children with BR? (Probe on whether there is data to show evidence of varies vulnerable groups being reached)</p> <p>What approaches did the project make to reach the most vulnerable children</p> <p>How does your project reporting ensure information on the reach for the most vulnerable groups is captured? (Probe on whether there is effort to disaggregate data to ensure equity variables are captured in reporting)</p>	<p>Listing of areas where the project is implemented by criteria</p> <p>Statements from respondents on equity consideration in selection of implementation sites</p> <p>Description of project sensitivity and how project identified reach of vulnerable groups</p>	<p>Project reports</p> <p>Qualitative interview findings report</p>	<p>Document review, KII with program staff, Key informant interviews with service providers at visited sites, focus group discussions with beneficiaries</p>
Additional Country Specific Objectives				
The extent to which birth notification and	What are the community initiatives were used to integrate birth registration (probe for	Listing of examples of community initiatives by	Project document reviews,	KII with project staff, Ministry of health and partner staff, key

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
<p>registration and registration initiatives is enhanced through integration into existing community initiatives such as iCCM (South Sudan)</p>	<p>iCCM, health extension program), How did this work? provide a description of the community initiative and how the integration was done</p>	<p>type that have been integrated Statements from respondents on what integration has been done</p>	<p>Qualitative interview findings report</p>	<p>informant interviews with service providers, focus group discussion with community health workers.</p>
	<p>How was birth registration in particular integrated into iCCM? (Probe for any training of CHWs, review of iCCM tools etc), What were the achievements of this initiative?</p>			
	<p>What were the lessons learned in integrating birth registration in community initiatives?</p>			
<p>Birth registration in emergency settings (South Sudan)</p>	<p>What have been your achievements in provision of BR services in POC set up (what numbers have been reached, what type of groups are at POC settings, are they the most deprived and likely to miss from BR?)</p>	<p>No. of boys and girls registered at POC sites</p>	<p>Project document reviews, Qualitative interview findings report Project reports</p>	<p>KII with service providers at POC settings, Key informant interview with project staff, focus group discussions with volunteers providing BR in POC settings, FGD with beneficiaries</p>
	<p>What were the challenges experienced in provision of birth registration in emergency settings such as in PoC</p>			
	<p>What strategies did the project employ to address those challenges? did the strategies work well?</p>			
	<p>What were the lessons learned in provision of birth registration services in emergency settings like in POC set up</p>			
	<p>Based on your experiences, what would be your recommendations on provision of BR services in emergency settings like in POC</p>			
<p>Determine how local innovative initiatives like the "mother cards"</p>	<p>What are some local innovations that you have used to increase birth registration and notification (probe for use of mobile phones,</p>	<p>Listing of innovative interventions implemented</p>	<p>Qualitative interview findings report</p>	<p>Site visits observations to see mother cards, key informant interviews with project staff</p>

Evaluation Questions	Sub- Questions	Indicators	Data sources	Data collection method
enhanced birth notification/registration in South Sudan	integration with other community initiatives, use of mother cards etc)	Documented impact statements on each of the innovative interventions implemented	Project reports	and service providers, focus group discussions with community volunteers and beneficiaries
	More specifically how has initiative like mother card enhanced birth notification and registration? why is it considered an innovation?			
	What are the lessons learned from the implementation of those innovations? what are your recommendations for scale up and replication?	No of boys and girls registered/with notification done through mother health cards		

Annex 7.10. Evaluators short biography

Philip Wambua is a public health specialist with 19 years of experience in 17 East and Southern Africa countries. Philip, a PhD candidate in epidemiology holds a master degree in public health (MPH) and a certificate in Sexual Reproductive Health Rights from Karolinska Institute Stockholm Sweden. Philip's recent consulting focus has been in supporting countries in reproductive, maternal, newborn and child health program design and evaluations. In the last two years, Philip has conducted program reviews and evaluations for USAID Kenya HIV/AIDS program, DFID Kenya maternal and Newborn health Program and regional (East and Southern Africa), Sida funded sexual and reproductive health rights programs among others. Philip has consulted with international agencies and development partners including: UNICEF, WHO, UNFPA, UNDP Global fund, DFID, USAID, Sida, Ministries of health in over 15 Countries, SADC, JHPIEGO, JSI, FHI 360, World Vision International, The Palladium group, Save the Children, CARE International, BroadReach Health Care and AMREF among others. He has extensive expertise in health program design, strategic planning, monitoring and evaluation.

Education

PhD (ongoing) in Public Health, Institute of Tropical Medicine/JKUAT, MPH, specialization in Epidemiology, Kenyatta University, 2007; BSc, Environmental Health, Moi University Medical School, 2000.

Countries of consulting /work experience

Kenya, Uganda, Tanzania, Rwanda, Ethiopia, Botswana, Malawi, Mali, Sierra Leone, South Sudan, Swaziland, Tanzania, Zambia, Namibia, Zimbabwe, Somalia
