Summative evaluation of the Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique

Evaluation Report

Submitted to UNICEF Mozambique

ICON – INSTITUTE GmbH & Co. Kg Consulting Gruppe

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ACRONYMS

Acronym	Definition
APAI	Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics
BCC	Behavior Change Communication
BR	Birth Registration
C4D	Communication for Development
CAD	Canadian Dollar
CGCS	System coordination and management (Comissão de Gestão e Coordenação do Sistema)
CGHR	Centre for Global Health Research
CISM	The Manhiça Health Research Centre
COMSA	Countrywide Mortality Surveillance for Action
COREM	and Council of Religions of Mozambique
CR	Civil Registration
CRVS	Civil Registration and Vital Statistics
CS	Health Center
CSE	Comunidade de Sant'Egidio
DAC	Development Assistance Committee
DCO	UN Development Coordination Office
DEDAT	State Secretary
DHIS2	District Health Information System- 2
DHS	Demographic and Health Survey
DLI	Disbursement Linked Indicators
DNRN	National Directorate of Registry and Notary
ECA	Economic Commission for Africa
eCRVS	Electronic Civil Registration and Vital Statistics Systems
ESCAP	Economic and Social Commission for Asia and the Pacific
FGD	Focus Group Discussion
FGH	Friends in Global Health
FORCOM	Forum das Radios Comunitarias
FRELIMO	Frente de Libertação de Moçambique
GAC	Global Affairs Canada
GFF	Global Financing Facility
GITEV	Inter-ministerial Technical Group on Vital Statistics (Grupo Técnico Intersectorial sobre Estatisticas Vitais)
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HR	Human Resources
ICD-10	International Classification of Diseases (ICD-10)
ICS	Instituto de Comunicação Social
ICT	Information and Communication Technology
ID	Identification
IDP	Internally Displaced Person
IEC	Information, Education and Communication
INAGE	National Institute of Electronic Governance
INCM	National Communication Commission (Instituto Nacional Comunicação do Moçambique)
INE	National Institute of Statistics
INS	National Institute of Health
INTIC	National Institute of Information Technology
IOF	Household Budget survey
IOM	International Organization for Migration
IRB	Institutional Review Board
IT	Information Technology
KII	Key Informant Interview
KPI	Key Performance Indicator
MAEFP	Ministry of State Administration and Public Work
MAEP	Ministry of State Administration and Public Work
MCT	Ministry of Science and Technology
MCTES	Ministry of Science and Technology, and Higher Education
MDSR	Maternal and Neonatal Death Surveillance and Response

Acronym	Definition
MEL	Monitoring, Evaluation and Learning
MGCAS	Ministry of Gender, Children, and Social Action
MGDH	Management of Hospital Data Module
MIJCAR	Ministry of Justice, Constitutional and Religious Affairs
MINEC	Ministry of Foreign Affairs and Cooperation
MINEDH	Ministry of Education and Human Development
MINT	Ministry of Interior
MISAU	Ministry of Health
MJCAR	Ministry of Justice, Constitutional Affairs and Religions
MNEC	Ministry of Foreign Affairs and Cooperation
MOU	Memorandums of Understanding
MPDSR	Maternal and Perinatal Death Surveillance and Response
NGO	Non-Governmental Organization
NUIC	Número Único de Identificação do Cidadão
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PA	Project Agreement
PART	Partnership for Advancing Responsible Technology
PAV	Vaccination Unit
PERCOM	Interfaith Program Against Malaria
PESS	Strategic Plan for the Health Sector
PFM	Public Financial Management
PIRCOM	Programa Inter-religioso para o Combate a Malaria
PMF	Performance Management Framework
PMTC	Prevention of mother-to-child transmission
PPP	Public-Private Partnership
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
RENAMO	Resistência Nacional Moçambicana
SBCC	Social and Behavior Change Communication
SDG	Sustainable Development Goals
SISMA	Sistema de Informação de Saúde para Monitoria e Avaliação
SIS-ROH	Health Information System for the Registration of Hospital Deaths
SMS	Short Message Service
SOP	Standard Operating Procedures
TOC	Theory of Change
UEM	Eduardo Mondlane University
UN	United Nations
UNCDF	United Nations Capital Development Fund
UNCRC	United Nations Convention on the Rights of the Child
UNCT	United Nations Country Team
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNEG	United Nations Evaluation Group
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNLIA	UN Legal Identity Agenda
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
US	United States
USD	United States Dollar
USSD	Unstructured Supplementary Service Data
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

GLOSSARY

Birth registration (BR): refers to 'the continuous, permanent and universal recording within the civil registry of the occurrence and characteristics of births in accordance with the legal requirements of a country'. 'Article 7' of the 'United Nations Convention on the Rights of the Child (UNCRC)' refers to 'birth registration' a 'fundamental' right of every child.

Birth registration interventions: Overall, the birth registration interventions being reviewed in this evaluation are Interoperability with other health services, Community engagement; CRVS Reform (including digitization of systems and decentralization of service delivery); and coordination and implementation mechanisms.

Birth registration programmes: in this evaluation, this refers to the country birth registration programmes (part of the CRVS systems) led by the national governments and supported in diverse ways by UNICEF and WHO.

Birth registration strategies: refer to the plans of action designed to achieve long-term or overall birth registration goals.

Certificate: means the document, paper, or electronic format, issued by the Registrar and containing all or part of the exact information contained on the original vital record, and which, when issued by the Registrar, has the full force and effect of the original vital record. (US Model Law)

Certification: The issuance by the civil registrar of a legal document certifying a birth or death. (WHO Resource Kit)

Civil registration: means the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events and other civil status events pertaining to the population as provided by decree, law, or regulation, in accordance with the legal requirements of each country. It establishes and provides legal documentation of such events. These records are also the best sources of vital statistics.

Civil registration system: The institutional, legal, and technical settings established by government within which civil registration is conducted in a technically sound, coordinated, and standardized manner throughout a country, considering cultural and social circumstances particular to that country.

Community engagement: seeks to better involve the community to achieve long-term and sustainable outcomes, processes, relationships, discourse, decision-making, or implementation.

Completeness of birth registration: Birth registration completeness means the actual number of registered births or deaths divided by the estimated number of births or deaths in a particular country or area, in a specified period usually a year. For further reading refer to ECA, ESCAP and Statistics Norway (2016).

Date of birth: The day, month, and year of birth, including hours and minutes, if required, which is used to determine age in completed units of time.

Date of registration: The day, month, and year when an entry of registration of a vital event is made in the civil register.

1. Executive Summary

Object of the evaluation. The evaluation focuses on the "Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique" programme, a collaborative effort implemented by UNICEF and WHO from March 2016 to December 2023. Funded by Global Affairs Canada with a budget of CAD 26 million, the programme aimed to enhance Mozambique's civil registration system, with particular attention to gender responsiveness and nationwide operationalization of an electronic civil registration system. The programme has aimed to address contextual national needs by taking into consideration national development priorities, but also continental and global initiatives such as the Africa Union Agenda 2063 for Africa, Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) and the 2030 Agenda for Sustainable Development Goals (and particularly SDG target 16.9).

Evaluation objectives and scope. The evaluation, commissioned by UNICEF in 2024 and conducted by ICON-INSTITUTE, aimed to: a) assess the impact, relevance, effectiveness, efficiency, coherence, and sustainability of the CRVS programme from 2016 to 2023, with a focus on equity and gender equality; b) identify and document key lessons learned, challenges, good practices, and impactful approaches; c) provide forward-looking recommendations to strengthen the programme's strategies and activities in alignment with national and international development priorities. The evaluation scope covers the entire duration of the programme, from December 2016 to December 2023, and all provinces of Mozambique.

Key elements of the evaluation methodology. The evaluation combined a theory-based approach with mixed-methods approach, integrating quantitative and qualitative data collection and analysis methods. Key elements included a desk review, key informant and semi-structured interviews (at central and local level respectively), focus group discussions, and statistical models based on available CRVS and demographic data. The evaluation engaged actors at both central and local levels, including UN staff, government representatives, international development actors, NGOs and implementing partners, health sector staff, as well as community leaders and members. In alignment with UNICEF guidelines on gender policy, a gender perspective was systematically incorporated in both the contents of the evaluation questions (see Evaluation Matrix in Annex 8.2) and in its methodology, ensuring that data collection tools were adequately sensitive and by creating participatory spaces for discussion where all voices could be expressed. Despite this, it is worth noting that the lack of disaggregated data for key indicators limited the gender-based analysis.

Three provinces (Inhambane, Zambezia and Nampula) were sampled for primary data collection. The evaluation adhered to rigorous ethical standards in line with UNICEF's guidelines, ensuring respect for participants' dignity, diversity, and right to self-determination, gathering informed consent from participant, ensuring confidentiality and obtaining external approval by a third-party on its methods.

The evaluation faced several methodological challenges, mainly gaps in documentation, and to some minor extent in the engagement of stakeholder. The absence of a theory of change, systematically updated monitoring framework and mid-term evaluations, compounded with the long duration of the programme, meant that the evaluation had to mitigate gaps in institutional memory and consider bias in the information provided by beneficiaries. At local level, in particular, informants had difficulties distinguishing the programme from other similar interventions, particularly if they took place in the past.

Reconstructed theory of change for the programme. The evaluation reconstructed the change process envisaged by the programme and identified the logical linkages between its addressed problems and intended results, reflecting on its underlying lines of reasoning, working mechanisms and assumptions. The programme recognizes the importance of civil registration and identifies the primary issue as the low rates of birth and death registration, exacerbated by cultural norms, gender

inequalities, and operational challenges. To achieve its goal of increasing civil and vital registration rates, it focused on two intermediate outcomes: creating a gender-responsive enabling environment for civil registration and rolling out a simplified, decentralized civil registration system. To achieve these, it adopted a systemic approach: its strategies included supporting a legislative reform to support the new registration system, awareness campaigns to address demand of registration services (including to overcome gendered barriers), and capacity-building initiatives to support the operativity of the new system. In its design, the programme engaged a diversity of partners, including *in primis* the Ministry of Justice, Constitutional and Religious Affairs (MJCAR), the Ministry of Health (MISAU), but also the National Institute of Statistics (INE), other governmental representatives, academia, civil society organizations, and community leaderships. The main institutional coordination body has been the Inter-institutional Working Group for Improving Information on Civil Registration and Vital Statistics, or GITEV. While the programme did not explicitly identify assumptions in its design, the evaluation reconstructed three categories underpinning the logical connections between output-level results and outcomes: resilience to disasters (human-made or natural), institutional coordination and ownership, and ability to contextualize the innovation promoted by the programme. All three aspects had significant effects on the programme.

Key findings and conclusions.

Relevance. The programme was highly relevant to the needs of Mozambique, its government, sectoral representatives, and intended beneficiaries. Through comprehensive needs analysis and targeted gender reviews of the CRVS sector, the programme accurately identified the issues affecting access to CRVS services, including the legislative environment, capacity gaps in the provision of registration services by the Government, but also cultural norms and gender barriers that hindered the demand side. In this sense, the awareness-raising campaigns effectively addressed the lack of demand for registration from parents and communities and linked interventions to community support. The programme successfully identified and addressed gaps in national capacities to operationalize a modern CRVS system, , produce timely vital statistics, and increase access to birth registration directly at birth. It adequately did so by providing essential equipment, guidance, and training to government staff on the new legislation. Training sessions for conservatories and health staff were particularly well-received and deemed necessary, with beneficiaries requesting more sessions.

On the institutional level, the evaluation concludes that the programme was also fully aligned with the Government of Mozambique's priorities and policies. It supported the development of a long-term Strategic CRVS Plan in collaboration with the government, ensuring that legislative reforms and subsequent operational policies fit within the existing legal framework. The programme's design was structurally sound and aligned with the identified needs, providing a clear and plausible framework for achieving its objectives The design effectively considered economic and socio-cultural contexts, incorporating measures such as free birth registration, decentralized posts, and engagement with community leaders. Although initial considerations of political instability and natural disasters were lacking, the programme demonstrated adaptive capacity through operational adjustments like mobile campaigns in secure areas and post-cyclone registration drives.

Coherence. The programme demonstrated significant coordination among CRVS stakeholders, including UN entities, government organizations, and development partners engaging them in a gender-transformative approach. At the institutional level GITEV provided a foundation for national coordination, involving multiple ministries, development actors, civil society, and research organizations under the Ministry of Justice's leadership. In this sense, connecting the programme to a long-term national strategic plan was crucial, detailing the coordination among various stakeholders, including government, civil society, and international development actors. Within this well-designed architecture, the effectiveness and actual level of involvement of stakeholders in the programme and within GITEV varied among members and over time. Key members like UNICEF, WHO, MJCAR, MISAU,

and INE had clear responsibilities and leadership roles, while others, such as UNFPA, MCTES, MAEFP, MINEC, and Plan International, participated more formally. Initially, strong leadership from the Ministry of Justice facilitated proactive coordination and synergy among stakeholders. However, around 2020, the COVID-19 pandemic, turnover within government and international actors, and the launch of other CRVS interventions led to increased fragmentation and waned institutional impetus. Despite these challenges, the programme's systemic approach established a basis for a government-led modern civil registration system, bridging sectorial divisions and creating synergies. Recommendations for revitalizing and improving coordination are presented in the next section.

Effectiveness. Outcome 1 - Creation of a Gender Responsive Enabling Environment for Civil Registration. The programme successfully achieved its primary goal of creating a gender-responsive enabling environment for civil registration, both by supporting the creation of an enabling legislative framework particular and through its campaigns at community level on the gender aspects for registration and for the vital statistics.

The outdated Civil Registration Code was amended, printed, and disseminated nationwide, facilitating the digitalization of the CRVS system and its interoperability with the health information system. Key achievements included training for both MJCAR and MISAU staff, distribution of training resources, and raising community awareness involving leaders and health workers. Positive factors contributing to these successes included political will, effective coordination by the Ministry of Justice with UNICEF support, and comprehensive training on the revised Civil Registration Code. Challenges included a clear guidance and Standard Operating Procedures (SOP) for a harmonized approach and the interpretation of the law, a fragile coordination towards the end of the implementation period, staff turnover, and insufficient training continuity. Future support may be needed to train new government staff and enhance communication for behaviour change, particularly by engaging men to deconstruct barriers hindering women’s access to civil registration services.

Outcome 2 - Rollout of a Simplified and Decentralized Civil Registration System. The programme was overall successful in rolling out a new civil registration system, although it did not fully meet its original ambitions. According to the latest DHS 2022, only 31.3% of children under five years of age have a birth registration, and 24.8% have a birth certificate, with significant variations across urban and rural areas and provinces. The coverage of the digital CRVS system remains low, around 10%, with death registration coverage at 9.6% in 2022. Despite these figures, the programme established a foundational digitalized, interoperable, and modern civil registration system on which future interventions can build. Key achievements included procuring and distributing equipment, training government staff, facilitating government participation in international CRVS meetings, and piloting an SMS notification system. The programme's effectiveness varied due to factors such as humanitarian crises, institutional ownership, and local adaptation, with natural disasters and the COVID-19 pandemic significantly disrupting operations. Future efforts need to focus on unified national leadership, sustainable financial ownership, and effective local partnerships.

Efficiency. From a purely financial perspective, the programme reached an implementation rate of 99.7%. The available financial data indicates that a majority of resources (59%) was used through implementing partners, although with different modalities between UNICEF who channelled 65% of its budgeted resources to implementing partners, and WHO, who opted to implement directly.

Government staff and partners engaged in the evaluation presented mixed perceptions about the efficiency of the programme. The establishment of over 300 registration posts, equipped with necessary resources such as computers and trained personnel, was highlighted as a major success. At the same time, many challenges remain in making the CRVS system efficient, including through overcoming reliance on online systems (including weak internet and electricity coverage in the Country, especially in remote rural areas), and allocating adequate resources to digitalisation (including having skilled and qualified personnel to operate the system). The interoperability between

Justice and Health for the CRVS should also be considered an advance in terms of efficient provision of access to services, and mainly so for the death registration. For birth registration it could be expanded to include other Ministries, such as women and social action and education.

Sustainability. The evaluation particularly identified the investment made in training and capacity building of MJCAR and MISAU human resources as likely to persist beyond the life cycle of the project, considering that the training provided to MJCAR and MISAU targeted personnel already hired and integrated into the State's payroll. The investment made in Human Resources training is generating a multiplier training effect, especially among Civil Registration Technicians, through a Training of Trainers approach and peer education via on-the-job training which allows more technicians to acquire knowledge and experience to carry out the tasks of initiating and completing the civil registration process. However, to ensure that the gains achieved with the training and capacity building investment are not eroded over time, it is of paramount importance to ensure that the next planning cycles within the CRVS sector includes planned, periodic recycling and refreshment training activities. In regard to the Technicians who handle the databases of the Hospital Data Management Modules at MISAU level, there is a need to reinforce training activities, focusing on strengthening identification and ICD coding criteria to register causes of death.

On the demand side, this evaluation concluded that it is likely that the changes in behaviour and perception around civil registration will persist in the long term, especially with continued support in community mobilisation to engage men, and with continued interoperability across sectors. This being said, it is important to bear in mind the gradualism that characterizes investments to improve infrastructure and the capacity to provide CRVS services by the Government and stakeholders will require additional capital investment for a broader coverage.

The institutionalization of the electronic system (e-CRVS) focusing on strengthening the national capacities to consolidate and expand the eCRCVS, contributes to ensuring sustainability of the investment, amid a favourable political and regulatory framework of the country which promotes electronic governance. The Project's contribution with the provision of IT equipment and staff training, represents an added value towards accelerating the consolidation of eCRVS as an integral part of the MJCAR's normal modus operandi. Despite the general consensus on the relevance and sustainability of electronic registration systems, some interviewees expressed reservations about its efficiency, in a context in which the internet access data provision structure still shows weaknesses, especially in more remote areas and distant from urban centres.

Impact. The impact of the programme on birth registration was evaluated by comparing a baseline trend and an estimated completeness of birth registration between 2019 and 2022. According to the latest population censuses, the percentage of registered births for persons aged 4 in Mozambique was 55.9% in 2017, compared to 30.8% in 2007, indicating a growing trend without the presence of an intervention, although these indicators refer exclusively to paper-based registration. The completeness of birth registration within was measured using a methodology developed by INE. The estimates indicate a strong decline from 2019 (12.7%) to 2022 (10.3%) at national level (with provincial variations), but this decline is expected by the construction of the indicator, as births in 2022 include only registrations of children with less than one year of age. There was also a slight decline in the completeness of birth registration in Mozambique in 2020, probably due to the COVID-19 pandemic, followed by an immediate recovery. Regarding changes in birth registration through the eCRVS, there is still a large gap to cover.

Another important impact relates to the demand of registration services among parents and caregivers (including fathers), who were generally unaware of the importance of birth registration before the programme. Communities and parents also changed their perception of the birth registration process itself, recognizing its improvements even if the process can still be cumbersome and prone to logistical barriers such as absence of service staff or internet connection.

The programme had at least two unintended effects. First, the changes in the demand and supply of registration services promoted by the programme meant that these did not always match, with either increased services being offered but not taken up, or demand rising faster than what the services could accommodate. Secondly, the encouragement of synergies among justice and health ministries, the programme "forced" different government departments to collaborate more closely, fostering a better understanding of each other's capacities and operational methods.

Stakeholders widely recognized the importance of integrating gender considerations into the programme. In this sense, one of the most significant legacies of the project was the fact that the programme started bolstering the role of men in registering children, including through addressing their role in the legal reform.

Recommendations

The following set of recommendations is provided by the evaluation as considerations to strengthen the work of UNICEF and WHO in the CRVS area in the future. At the same time, it is important to acknowledge that some of the considerations may be referring to the wider CRVS community rather than to merely UNICEF and WHO. The recommendations distinguish between actions that the evaluation team believes are within the control of these two organizations and those that are not. These recommendations are based on input from respondents, the evaluation team's overall analysis, and feedback from the Evaluation Reference Group during a validation workshop held in August 2024.

Recommendation 1. (Strategic) - Revitalize national coordination mechanisms around CRVS.

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: immediate, accompanying the design of next phase

In order to ensure the future of the CRVS system, it is paramount to revitalize the existing coordination mechanisms, starting from the GITEV. This could be done in parallel to the launch of a third phase of the programme, accompanying policy advocacy efforts with renewed resource commitments to realize the CRVS strategic plan by 2028 (see recommendation 3). As all advocacy endeavours, linking efforts to key institutional figures might prove appropriate (in this case, ministries or high-level government representatives). In this sense, UNICEF and WHO can collaborate with other partners (MJCAR and MISAU *in primis*) to lead the revitalization/coordination process.

At the same time, it might be useful to expand the membership of GITEV to other ministries and actors, such as MINEDH, MGCAS, and The Manhiça Health Research Centre (CISM), to broad the scope of CRVS across sectors. A rotating leadership model within GITEV might be considered with the establishment of a technical working group co-led by the Government and a partner.

In addition to this, stemming from partner consultations, it is recommended to link the reinforced GITEV with coordination mechanism at provincial level, especially in those provinces where there is a high number of partners involved in civil registration activities, such as in Cabo Delgado.

Recommendation 2. (Operational) - Improve coordination among development actors.

Recommendation target: UNICEF, WHO, international development partners

Timeline: immediate, accompanying the design of next phase

Efficient coordination among development actors is essential for optimizing CRVS interventions in Mozambique. This recommendation underscores the need for enhanced interagency collaboration and donor coordination, including through a more active role of UN LIA. Establishing a robust reporting and information-sharing framework among both UN agencies and development partners, including donors and NGOs implementing or interested in CRVS, would facilitate a more cohesive planning and the development of synergies in implementation.

Recommendation 3. (Strategic) - Continue to adopt a systemic approach to supporting CRVS for all vital events and in different settings.

Recommendation target: UNICEF, WHO, Government, NGOs

Timeline: immediate, accompanying the design of next phase

Continued support for Mozambique's CRVS services as a system is essential to enhance operational efficiency and service accessibility. Contextual considerations such as expanding offline system capabilities and providing ongoing support to target gaps where human resources and equipment are lacking (or no longer available) is the only way to ensure universal access to quality services. In this sense, supporting the opening of new registration posts and expanding notification would make CRVS services more accessible to underserved populations across Mozambique. In parallel to this, the continued support to awareness raising about the importance not only of birth registration but also deaths, marriages and divorces, is critical to promote service uptake, and particularly by specifically targeting and engaging men as change agents. it is crucial to recommend special attention to marriage registrations, as this registration "talks" directly to gender inequalities. It is imperative and essential to guarantee collaboration with the Mozambique Parliament and the "Assembleia da Republica" to expand the strengths and ensure that all Mozambique people are listened to and following Government directions and that partners and donors know that CRVS is part of the country strategies.

Integrating awareness activities into health sector initiatives, such as vaccination campaigns, paediatric wards and HIV programs, ensures that more entry points are available, including during routine interactions. The collaboration with the education sector and with the private sector to raise awareness among clients further expands outreach efforts.

Recommendation 4. (Strategic) - Improve monitoring, evaluation and learning functions.

Recommendation target: UNICEF, WHO, Government, INE, donors, NGOs

Timeline: immediate, accompanying the design of next phase

Strengthen the Monitoring, Evaluation, and Learning (MEL) systems to track, monitor, verify, disaggregate, analyse, and report project interventions at the output and outcome indicator levels, and assess their progress towards intended impacts and overarching goals. A robust MEL system should measure tangible outputs that lead to vital registration and statistics outcomes through relevant indicators and targets. Frequent monitoring and reporting, including on usage of resources should be a requirement for any subsequent phase of the CRVS programme, with the idea to help its management and flexibility through management responses and the promotion of learning opportunities. For long interventions, a mid-term evaluation would be beneficial, too.

Recommendation 5. (Operational) - Promote domestic resource mobilisation.

Recommendation target: UNICEF, WHO, government partners, donors

Timeline: medium to long term

To sustainably fund CRVS initiatives in the long term, UNICEF and WHO should accompany government partners in a process of domestic resource mobilization, both through traditional funding and private sector engagement. In this sense, UNICEF and WHO have clear control on the advocacy efforts in support of policies that ensure consistent operational funding for birth registration and vital statistics.

Recommendation 6. (Operational) - Advocate for a law revision to eliminate birth registration fees.

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: medium to long term

One of the most important challenges to birth registration for beneficiaries is its costs. Among other policy advocacy efforts, UNICEF and WHO have the opportunity to promote policy revisions that overcome this barrier by reducing or eliminating it, aligning fee structures with accessibility goals and potentially being more efficient than registration or awareness raising campaigns. In this sense, it might also be useful to consider partnering or creating synergies with the ongoing GFF intervention by the World Bank, which reimburses the cost of registration to citizens after registration.

Recommendation 7. (Strategic) – Strengthen gender-based and rights-based approach to the implementation of CRVS

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: short to medium term

To enhance the effectiveness of the Civil Registration and Vital Statistics (CRVS) system, in future phases of the programme it is essential to strengthen and formalise its comprehensive gender-based, rights-based approach. The current CRVS legal framework and plans do not make specific mention to gender aspects and to people with disabilities (as also stated by the CRVS gender review done in December 2022). There is a need to ensure accountability for results at all levels on gender equality and vulnerable groups, including people with disabilities. To do so, the evaluation recommends to dedicate regular attention in reports to progress in the delivery of gender-responsive and inclusive CRVS services, starting by promoting the disaggregation of data by sex in the key indicators of the national strategy, and by fostering their monitoring by engaging governmental and UN partners. At the same time, it is important to continue generating demand for civil registration services, including by actively involving men and fathers in awareness raising efforts on the importance of birth registration. In the same perspective, the evaluation recommends to link support on the offer side to emphasize the importance of marriage registration as a tool to combat early marriage.

2. Context of the evaluation

At the institutional level, Mozambique signed the Declaration of the Rights of the Mozambican Child, and in compliance with its Art. 24, reflect it in its Constitution. In particular, the 2005 Constitution of the Republic includes greater provisions with reference to children's rights and observes the principle of equality between the Convention on the Rights of the Child and the country's legislation, in the event of conflict.[1]

Despite the significant strides made in the area of civil registration in Mozambique in the past 15 years, according to the 2017 census, approximately 60% of children under one year of age, remained unregistered, and only 28% of children under five had a birth certificate. This lack of official identification poses significant barriers for children, particularly girls, who are more vulnerable to school dropout, early marriage, and limited access to social services. The situation is compounded by cultural norms and gender inequalities that impede women's access to registration services, thereby affecting their ability to secure rights and social benefits for themselves and their children.

The consequences of lack of civil registration are serious. In fact, civil registration has an important role to play in facilitating the enjoyment of basic human rights, being directly linked to the right of identity, the right to a nationality and the right to be recognized as a person before the law, and being linked to the realisation of Agenda 2030, including more specifically to SDG target 16.9 ("legal identity for all, including birth registration, by 2030") and target indicator 17.19.02b ("proportion of countries that have achieved 100 per cent birth registration and 80 per cent death registration").

To address these issues, in 2016 UNICEF and WHO launched the "Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique". Funded by Global Affairs Canada (GAC), the programme involved the Ministry of Justice, Constitutional and Religious Affairs (MJCAR), the Ministry of Health (MISAU), the National Institute of Statistics (INE). Implemented from March 2016 to December 2023 with a total budget of CAD 26 million, the programme aimed to create a gender-responsive enabling environment for civil registration, set up the first national electronic civil registration system, and roll out its operation across the country. In particular, the programme focused on birth registration (especially targeting children under 5 years of age) and death registration (for all Mozambican citizens).

In January 2024, UNICEF commissioned ICON Institute to perform the summative evaluation of the programme. This draft report relates the results of the evaluation and is intended for the attention of the Evaluation Reference Group.

[1] See Art.18, Constitution of the Republic of Mozambique, and Convention on the rights of the child

3. Evaluation object

3.1. Description of the intervention

The key aspects of the programme are summarised in Table 1 below.

Table 1 - Key aspects of the programme

Programme name	**Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique**
Implementing Office	UNICEF Mozambique, WHO Mozambique
Implementing Partners	Government Partners: ○ Ministry of Justice, Constitutional and Religious Affairs (MJCAR) ○ Ministry of Health (MISAU) ○ National Institute of Statistics (INE) Local implementing partners: ● Save the Children ● Comunidade S. Egidio ● World Vision International ● Programa Inter-religioso para o Combate a Malaria (PIRCOM) ● Grupo de Teatro Retratistas ● Instituto de Comunicação Social (ICS) ● Forum das Radios Comunitarias (FORCOM) ● Radio Moçambique
Other partners and key stakeholders	● Ministry of Interior (MINT) ● Ministry of Foreign Affairs and Cooperation (MINEC) ● Ministry of Science and Technology Higher and Technical-Professional Education (MCTES), through National Institute of e-Governance ● Eduardo Mondlane University (UEM) ● University of Toronto, Centre for Global Health Research ● State secretaries (engagement of community leaders)
Relevant SDG(s) and indicator(s):	**Main Sustainable Development Goals targets.** Directly: ● **16.9** - to provide legal identity for all including free birth registrations ● **17.19.2b -** Proportion of countries that have achieved 100 percent birth registration and 80 percent death registration Indirectly: ● **3.1** - reduce the global maternal mortality ratio to less than 70 per 100,000 live births ● **5.3** - Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation ● **16.2** - End abuse, exploitation, trafficking and all forms of violence against and torture of children ● **17.8** - Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
Outcomes	1. Creation of a gender responsive enabling environment for civil registration; 2. Roll out of a simplified and decentralized civil registration system.
Programme components	1. Strengthened legislation and increased awareness raising and advocacy; 2. Increased registration of vital events; 3. Improved data availability to generate vital statistics.

UNICEF approval date:	Amendment 1 – March 24, 2017 Amendment 2 – December 17, 2020 Amendment 3 – March 03, 2021 Amendment 4 – September 9, 2022 Amendment 5 – June 05, 2023		
Expected start date:	03/ 2016	**Actual start date:**	03/2016
Planned operational completion date:	03/ 2021	**Actual operational completion date:**	12/2023
Planned total budget at approval:	CAD 26,000,000[2]	**Actual total expenditures reported (as of 31-05-2022)[3]:**	US$ 15,783,449 (UNICEF: US$ 12,867,869 WHO: US$ 2,913,580)
First disbursement:	03/2016	**Planned date of financial closure:**	12/2023
No. of formal revisions:	3	**Date of last approved revision:**	14th December 2021
No. of Steering Committee meetings:	1	**Date of last Steering Committee meeting:**	N/A
Terminal Evaluation (planned date):	Jan 2024	**Terminal Evaluation (actual date):**	Jan – August 2024
Country:	Mozambique	**Coverage:** All provinces in Mozambique	
Targeted Population:	• Mozambicans without civil registration documents and without access to civil registration information and processes • Population with access to health facilities **Specific targets:** • 80% of children under 5 registered • 60% of deaths notified, with key characteristics		

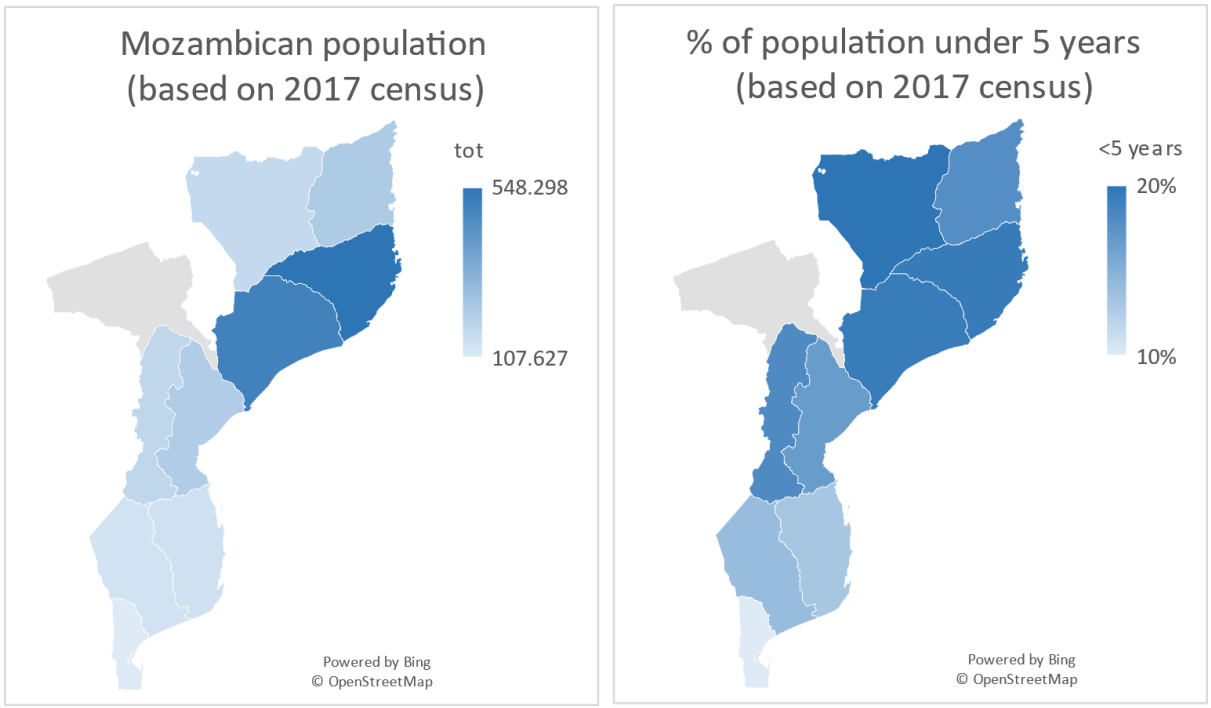
The programme had a nationwide scope, targeting all Mozambican citizens, and focusing on both birth and death registration. To help contextualise the programme targeting and clarify the size of the ultimate beneficiaries group, the table and maps below includes a brief summary of relevant national demographics.

Table 2 - National population by gender, region, and population under 5 years of age

Region	Province	Total			Less than 5 years			Less than 5 years (% of total)		
		Male	Female	Both	Male	Female	Both	Male	Female	Both
North	Niassa	83.122	88.183	171.305	16.705	17.356	34.061	20%	20%	20%
North	Cabo Delgado	109.281	116.723	226.004	19.779	20.412	40.191	18%	17%	18%
North	Nampula	266.103	282.195	548.298	52.604	53.353	105.957	20%	19%	19%
North	Zambézia	239.362	259.790	499.152	47.677	48.676	96.353	20%	19%	19%
Center	Tete	124.229	130.224	254.453	22.171	23.017	45.188	18%	18%	18%
Center	Manica	87.997	96.406	184.403	16.429	16.832	33.261	19%	17%	18%
Center	Sofala	106.040	113.792	219.832	18.073	18.598	36.671	17%	16%	17%
South	Inhambane	66.230	78.704	144.934	9.379	9.803	19.182	14%	12%	13%
South	Gaza	62.448	75.496	137.944	9.598	9.757	19.355	15%	13%	14%
South	Maputo provincia	90.900	99.415	190.315	11.553	11.799	23.352	13%	12%	12%
South	Maputo Cidade	52.080	55.547	107.627	5.484	5.504	10.988	11%	10%	10%
Total		**1.287.792**	**1.396.475**	**2.684.267**	**229.452**	**235.107**	**464.559**	**18%**	**17%**	**17%**

[2] See Amendment #3, 03-2021
[3] See Report submitted to Canada

Figure 1 – Population of Mozambique and population under 5 years of age, by province



3.2. Reconstructed Theory of Change

The programme did not define a detailed Theory of Change (ToC) during its design phase. As far as the evaluation team could gather, the programme did not adopt a logical framework either. Instead, it relied on a result chain and a set of key indicators. The evaluation reconstructed an ex-post Theory of Change. In April 2024, the evaluation team presented the reconstructed TOC to key programme stakeholders during a specific Theory of Change workshop. However, inputs from participants were limited, and it was agreed that a second restitution of the theory of change would be done through this draft report. This section presents the reconstructed Theory of Change.

3.2.1. Problem statement

The first element of a theory of change is a suitable description of the problem statement underlying the rationale of the programme.

The main issue identified is the lack of birth registration for children (with 60% of children under one year of age, and 28% under five not being registered) and the lack of death registration, including for cause of death (with the national death registration rate recorded at the time of programme design being 12.1%[4]). These should be considered the central or main problem addressed by the programme.[5]

In turn, the same issues unfold in a series of potential or actual consequences for Mozambicans: the lack of an official identification document can mean that a child may enter marriage or the labour market or be conscripted into the armed forces before the legal age. Vice versa, increased access to birth registration implies easier access to employment opportunities, secondary and higher-level schooling, and in general participation to public life: a birth certificate may be required to obtain social assistance or a job in the formal sector to buy or prove the right to inherit property, to vote and to

[4] National Directorate of Registry and Notary Offices (DNRN), 2014
[5] Accessed via the "Canada UNICEF WHO CRVS programme Amendment #3 -- signed March 3", page 10.

obtain a passport. In case of the death of a husband, the timely issuance of a death certificate can ensure that widows and children's rights are recognised. At the more institutional level, reliable and timely sex-disaggregated demographic data is crucial for both policymaking and monitoring.

In its design, the programme identified the reason why registration of vital events is low. At least in the first phase of the programme, the persistence of a paper archiving system implied that data was prone to destruction, and that electronic data was not easily accessible at central level.

At the same time, the implementation of an electronic CRVS system (eCRVS, e-SIRCEV in Portuguese) implies its own set of issues, including the need for a favourable policy and legal environment and operationalising regulations, lack of capacities, oversight, management. These issues were explicitly identified and analysed in the programme needs assessment in 2019, followed by a 10-year strategic plan (2019-2029) developed by the GITEV under the leadership of the Minister of Justice, Constitutional and Religious Affairs.[6] The Programme also explicitly identified issues around CRVS and gender with a specific Gender Review, published in 2022. These issues can be categorised according to the following areas:

1. Facilitating legal and policy environment

- Lack of a centralised electronic civil registry;
- The gender-neutral legislation risks perpetuating the invisibility of women, girls, people with disabilities, IDPs and other vulnerable groups;
- Interoperability of systems is not fully possible, reducing reliability and timeliness of statistical production, and resulting in incongruences in reported data;
- Opportunities to increase interoperability such as vaccination campaigns are not exploited;
- Health notifications are not aligned with international standards;
- The articulation between different stakeholders and strengthening of CRVS is still in progress;
- Lack of registration from mothers delays or impedes children registration.

2. Concerns in the operationalisation of the CRVS system (the capacity to offer registration services):

- Limited knowledge of applicable legal framework and its application across provinces;
- Distance of civil registration services from place of birth and communities;
- Inadequate provision of information on how to access registration offices;
- Lack of hardware and internet connection in civil registration offices and registration posts, leading to duplication of work (paper and electronic) and to irregular and incomplete transmission of data to INE and to the MJCAR;
- Insufficient civil registry staff capacities, including related to inclusive practices, and linked to internal turnover;
- Delays in service provision, long queues;
- Complex bureaucratic procedures;
- Limited access to information for vulnerable groups (e.g. people with low literacy, people with disabilities);
- Limited privacy in civil registration offices;

3. Concerns related to the demand of registration services:

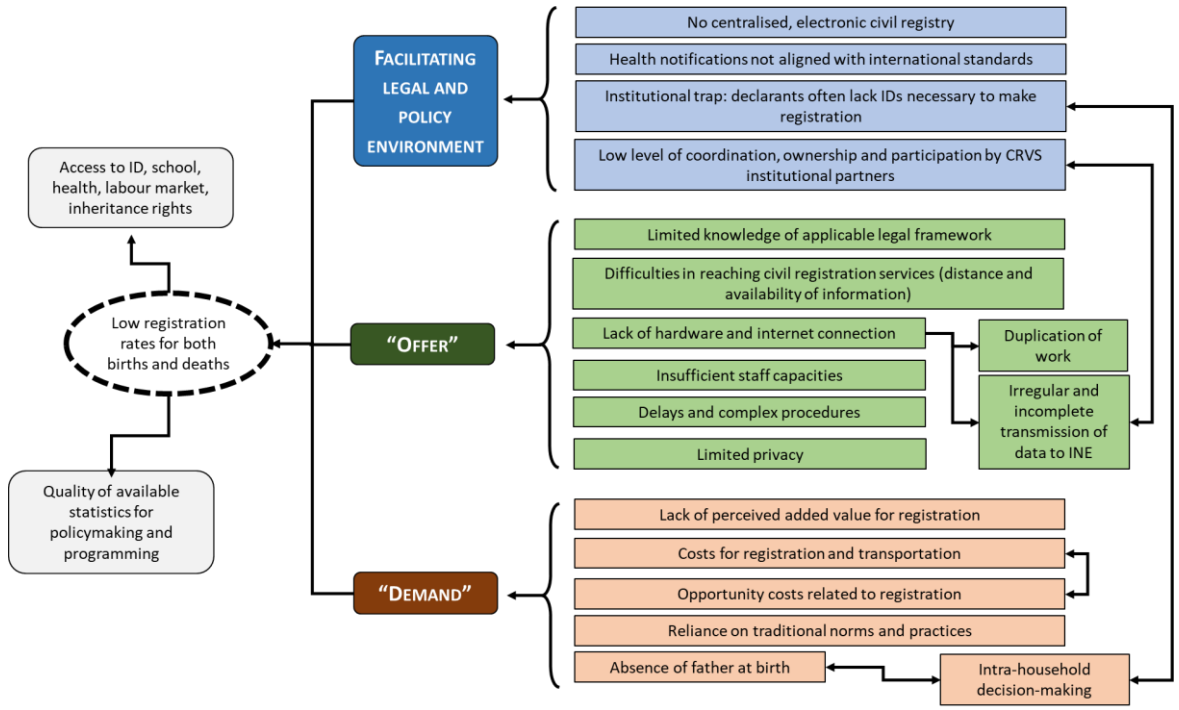
- Lack of families' perceived added value for the process, for both births and deaths. In particular parents, and especially mothers, do not register children;

[6] CRVS in Mozambique Evaluation - Inception Report 30 01.2019 (document Plano Estrategico, Moz Government, 2020)

- Costs for registration and for transportation. Compared to men, women do not have the same access to transportation (this is particularly pronounced in rural areas, where transport is scarcer and relatively more expensive, and for larger families that imply higher transportation costs), nor the same access to information on how to access services (e.g. women and girls have lower levels of literacy compared to men).
- Opportunity costs of registration and competing priorities for persons and families, as the time spent on the process (time that people cannot work);
- Cultural barriers:
    - General reliance on traditional norms and cultural practices to formalise vital events, instead of official methods.[7]
    - In some cases, rituals and practices linked to birth hinder immediate registration;
    - Family and gender power dynamics affect the demand for birth registration too. For example, as fathers are often absent and not married to the mother of the child, mothers are often allowed and/or reluctant to immediately register birth, or at least register the child before 5 years old; in other cases, the father or the in-laws do not authorize mothers to register before the age of five when the child has to be enrolled in school, as birth registration is not perceived as important.
    - The literacy levels of the parents also affect the influence with the registration at birth.
    - Overall, household decisions are taken by adult men that control how and when birth registration is done, in linkage to discriminating cultural practices.

Figure 2 below presents a visual representation of these issues and how they are related.

Figure 2 - Problem statement



[7] For example, in many communities there are specific rituals performed to welcome a newborn. Naming ceremonies are important, where family and community members gather to officially name the child, often considering the child's ancestry and the meanings behind names.

3.2.2. Overall goal and result chain

The overall goal of the programme closely relates to the reconstructed problem statement. Its ultimate outcome is to *"continue contributing towards Increased civil and vital registration rates".*[8] The expressed vision of the programme was to support and build on the existing momentum in Mozambique to strengthen CRVS and to position the country to be able to apply directly for resources from the Global Financing Facility (GFF) once funding became available.

The programme design identifies two intermediate outcomes to accelerate this process:

1. Creation of a **gender responsive enabling environment for civil registration, including the establishment of a legislative and regulatory framework** to support the new civil registration system with clearly defined roles and responsibilities of each government institution involved;
2. **Roll out of a simplified and decentralized civil registration system** that responds to the needs of different gender groups which allows all births and deaths to be registered.

In the same programme design, the same outcomes are also expressed as follows:

1. Strengthened legislation and increased awareness raising and advocacy, or the **creation of an enabling environment for civil registration** including the establishment of a legislative and regulatory framework to support the new civil registration system with clearly defined roles and responsibilities of each government institution involved.
2. Increased registration of vital events, through a **simplified and decentralized civil registration system** to allow all births and deaths to be registered and for users to receive their certificates free of cost.

In turn, each intermediate outcome foresees three immediate outcomes[9] and several outputs, as illustrated in the table below.

Table 3 - Programme immediate outcomes and outputs

O Intermediate outcomes	Immediate outcomes	Outputs
1. Creation of a gender responsive enabling environment for civil registration including the establishment of a legislative and regulatory framework to support the new civil registration system with clearly defined roles and	1.1. Gender transformative legislative framework disseminated nationwide	1.1.1. Revised gender-responsive legal framework printed and disseminated 1.1.2. Civil registration personnel trained on revised legislation 1.1.3. Civil registration personnel supported to ensure compliance with revised legislation
	1.2. Awareness raising programs addressing gendered barriers that limit access to birth and death registration services	1.2.1. Gender-transformative communication for development approaches utilised for advocacy and awareness raising for CRVS, including aspects of death registration 1.2.2. Increased support by men in targeted regions for gender-sensitive birth registration
	1.3. CRVS long term policy and	1.3.1. Operational Plan fully endorsed by all stakeholders

[8] Latest project design document - Canada UNICEF WHO CRVS programme Amendment #3 -- signed March 3
[9] programme logic presented in the latest prodoc (see Canada UNICEF WHO CRVS programme Amendment #3 -- signed March 3, page 12)

O Intermediate outcomes	Immediate outcomes	Outputs
responsibilities of each government institution involved;	operational framework fully endorsed	1.3.2. GITEV is further empowered for coordination of the CRVS system in Mozambique
2. Roll out of a simplified and decentralized civil registration system that responds to the needs of different gender groups which allows all births and deaths to be registered.	2.1. eCRVS for registration and notification of births and deaths of boys, girls, men and women rolled out	2.1.1. Civil Registration offices fully equipped and trained for eCRVS (covering all 165 Conservatories and 350 Administrative Posts[10]), including on gender sensitive approaches 2.1.2. Health units fully equipped and trained for eCRVS roll out (28 Hospitals and 287 health centres, 11 provincial health departments), including on gender sensitive approaches 2.1.3. INE equipment for 10 field offices delivered 2.1.4. Community health workers, community leaders and other duly authorized personnel equipped and trained on birth notification 2.1.5. Exchange visits facilitated with other countries to enable learning related to electronic civil registration, recovering historic data, legal frameworks, etc.
	2.2. Sex and gender disaggregated coverage of death registration increased nationally	2.2.1. Supported Maternal and Perinatal Deaths Response System (MPDSR) with equipment and training 2.2.2. Effective surveillance established, and continuous mortality survey system integrated into CRVS systems to ensure deaths occurring at health facilities in urban settings are registered and disaggregated by age sex, cause of death and place of death 2.2.3 Missing? 2.2.4. Capacity of health workers to certify death strengthened 2.2.5. Collection and storage of information about causes of death improved by introducing IT solutions 2.2.6. Process established for notification and registration of vital events at health facilities 2.2.7. Design, testing and roll out of SMS notification system of births and deaths supported, by justice personnel at hospitals, health centres and conservatories 2.2.8. Ministry of Health personnel trained to generate gender-responsive vital statistics for regular dissemination
	2.3. Capacity of the National Directorate of Registries, Notaries and INAGE to manage and monitor CRVS system strengthened	2.3.1. Strengthened the administrative capacity of DNRN to roll out CRVS and to monitor and respond to the needs of the CRVS system 2.3.2. Network, call centre and system maintenance costs covered 2.3.3. Gender disaggregated administrative data is available at all Conservatories and being used by Planning Department of DNRN 2.3.4. INAGE with increased capacity to secure system (IT) management 2.3.1. Strengthened the administrative capacity of DNRN to roll out CRVS and to monitor and respond to the needs of the CRVS system 2.3.2. Network, call centre and system maintenance costs covered 2.3.3. Gender disaggregated administrative data is available at all Conservatories and being used by Planning Department of DNRN 2.3.4. INAGE with increased capacity to secure system (IT) management

[10] Administrative Posts

3.2.3. Change process, change markers and meta-theory

Coherently with the identification of needs, the programme design includes two separate but linked approaches: the facilitation of an enabling institutional environment (through legislative, advocacy, policy and institutional coordination strategies) and the setup of an electronic CRVS system and related national capacities to operate it. To these, a third transversal approach includes awareness raising on the importance of registration and advocacy to increase demand for CRVS services.

In its original design, the programme included two sets of indicators, both referring to the impact level and to the quality and effectiveness of CRVS system. The first referred to the programme key indicators and does not include baseline, targets, milestones, sources of verification, or methodological notes. The second set of indicators directly replicated the indicators from the 2014 World Bank Scaling up Investment Plan for CRVS. This includes goals for 2021 but without baseline, milestones, sources of verification and metadata. In June 2024, the evaluation team could access the Programme Performance Monitoring Framework (PMF), which includes a more robust set of indicators at intermediate outcome, immediate outcome and output level, as described in the project design. These include a baseline (when available), targets, data sources, data collection methods, frequency, and responsibility. These are the basis for the assessment of the programme effectiveness, but given the late receival of the PMF, they could not be directly reflected in the Evaluation Matrix during the inception phase.

The evaluation included alternative methods to assess the programme's effectiveness in its approach, which are detailed in the Evaluation Matrix in Annex 8.2.

3.2.4. Inputs, actors, and partnerships

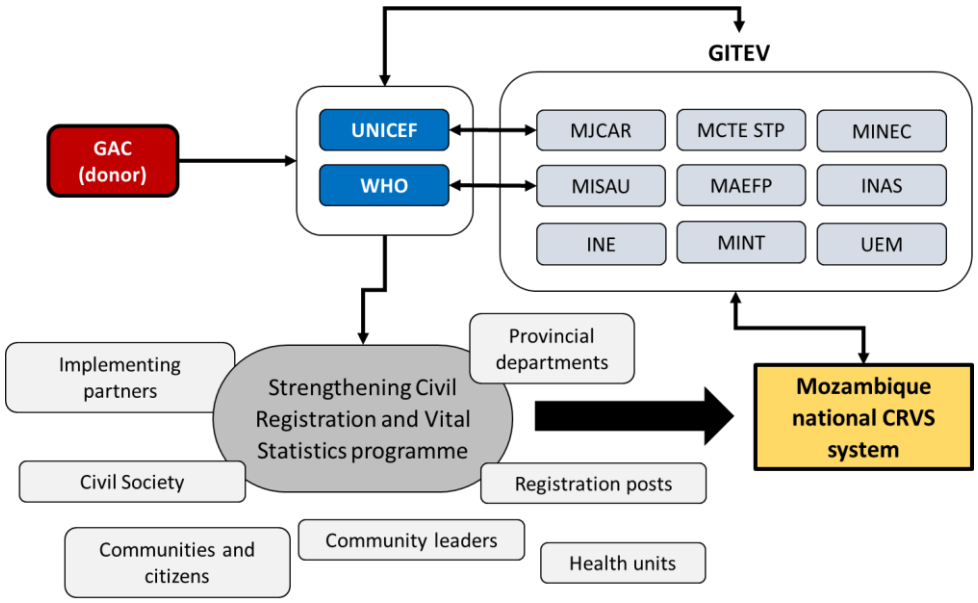
At the institutional level, the Government recognises that CRVS is a priority for system development and has assigned specific responsibilities to the following ministries and entities that are part of the Inter-institutional Working Group for Improving Information on Civil Registration and Vital Statistics (GITEV). The work performed by each partners is listed below and summarised in Figure 3:

- **Ministry of Justice, Constitutional and Religious Affairs (MJCAR):** National Directorate of Registry and Notary, Directorate of Planning and Cooperation — Responsible for issuing civil registration documents. MJCAR is one of the main partners in this programme.
- **Ministry of Health (including the National Health Institute and the Department of Health Information, within the National Directorate of Planning and Cooperation):** main partner of the programme and responsible for the ownership of mortality data activities, as well as interoperability.
- **National Institute of Statistics (INE):** Responsible for the compilation of vital statistics.
- **Ministry of Interior (MAEFP):** Responsible for the issuance of IDs.
- **Ministry of Foreign Affairs and Cooperation (MINEC):** Responsible for issuing registration and authorisations[11] in other countries where Mozambique has a diplomatic representation.
- **Ministry of Science and Technology Higher and Technical-Professional Education through National Institute of e-Governance (MCTESTP)**: Responsible for all government electronic system cyber security.
- **Provincial Governments**: responsible for the implementation at province level.

[11] MINEC is the central organ of the State apparatus that plans, directs and coordinates the implementation and execution of foreign policies and international cooperation

- **Health centres** (at provincial and district levels): responsible for direct data collection and notification, and directly managed by MISAU.
- **Registration posts:** responsible for birth registration and for collecting notifications, directly managed by MJCAR.
- **Centre for Global Health Research of the University of Toronto and University Eduardo Mondlane (UEM):** Provides technical assistance on the electronic causes of death module. UEM is also a GITEV partner.

Figure 3 - Schematic stakeholder map of the programme



UNICEF and WHO are the main implementers of the programme. At programmatic level, they directly interacted with MJCAR and MISAU, as well as with all the stakeholders of the programme (including eleven local implementing partners). At institutional level, the main coordination body is the Inter-institutional Working Group for Improving Information on Civil Registration and Vital Statistics (GITEV). GITEV predates the programme as it was formed in 2013 to coordinate and collaborate on the implementation of a comprehensive assessment exercise and prepare a strategic plan for the improvement of CRVS. All GITEV members meet at least once per year. When in need, the group can call members to meet (resulting in two or three meetings per year).

In terms of financial resources, the programme had a budget of CAD 26,000,000.000[12] (around USD 21.255 million at 2015 rates), allocated from March 2016 to December 2023.[13] Through an amendment in March 2021, the original budget of CAD $19,500,000 was increases by CAD $6,500,000 to bring the total value of the programme contract to CAD $26,000,000. A budget disaggregated by results for the whole duration of the programme was not accessed by the evaluation. The original allocation of financial resources by result is illustrated in the table below.

[12] According the third agreement signed between UNICEF and Canada representation, on 31 May 2023
[13] See third amendment to the standard administrative arrangement between Canada and UNICEF, ANNEX C - joint programme estimated budget.

Table 4 – Programme budget by result (original, pre-amendment budget)

Ultimate outcome / intermediate outcome / immediate outcome / output	CAD	USD[14]
1. Strengthened legislation and increased awareness raising and advocacy	**2.537.375**	**2.074.375**
1.1 1.1 Existing Code on Civil Registration re-vised and amended	364.375	297.887
1.2 1.2 Awareness raised and population sensitised on CRVS and access to services	1.643.000	1.343.198
1.3 1.3 New legislative framework printed and disseminated	530.000	433.290
2. Increased registration of vital events	**11.041.972**	**9.027.119**
2.1 eCRVS for registration and notification of births and deaths rolled out	6.508.188	5.320.625
2.2 Coverage of death registration increased nationally	2.102.650	1.718.975
2.3 Capacity of the National Directorate of Registries and Notaries to manage a CRVS system strengthened	2.431.134	1.987.520
3. Technical Support	**3.949.610**	**3.228.916**
3.1 UNICEF Technical Support towards the improvement of the CRVS	2.725.310	2.228.017
3.2 WHO Technical Support towards the improvement of the CRVS	1.224.300	1.000.899
Sub Total	**17.528.957**	**14.330.410**
Indirect Programme Support Costs (including advocacy, admin, visibility, IT)	526.598	430.509
Administrative Agency cost (1%)	180.555	147.609
Cost Recovery (7%)	1.263.890	1.033.265
UNICEF Contribution	750.000	613.146
TOTAL	**20.250.000**	**16.554.938**

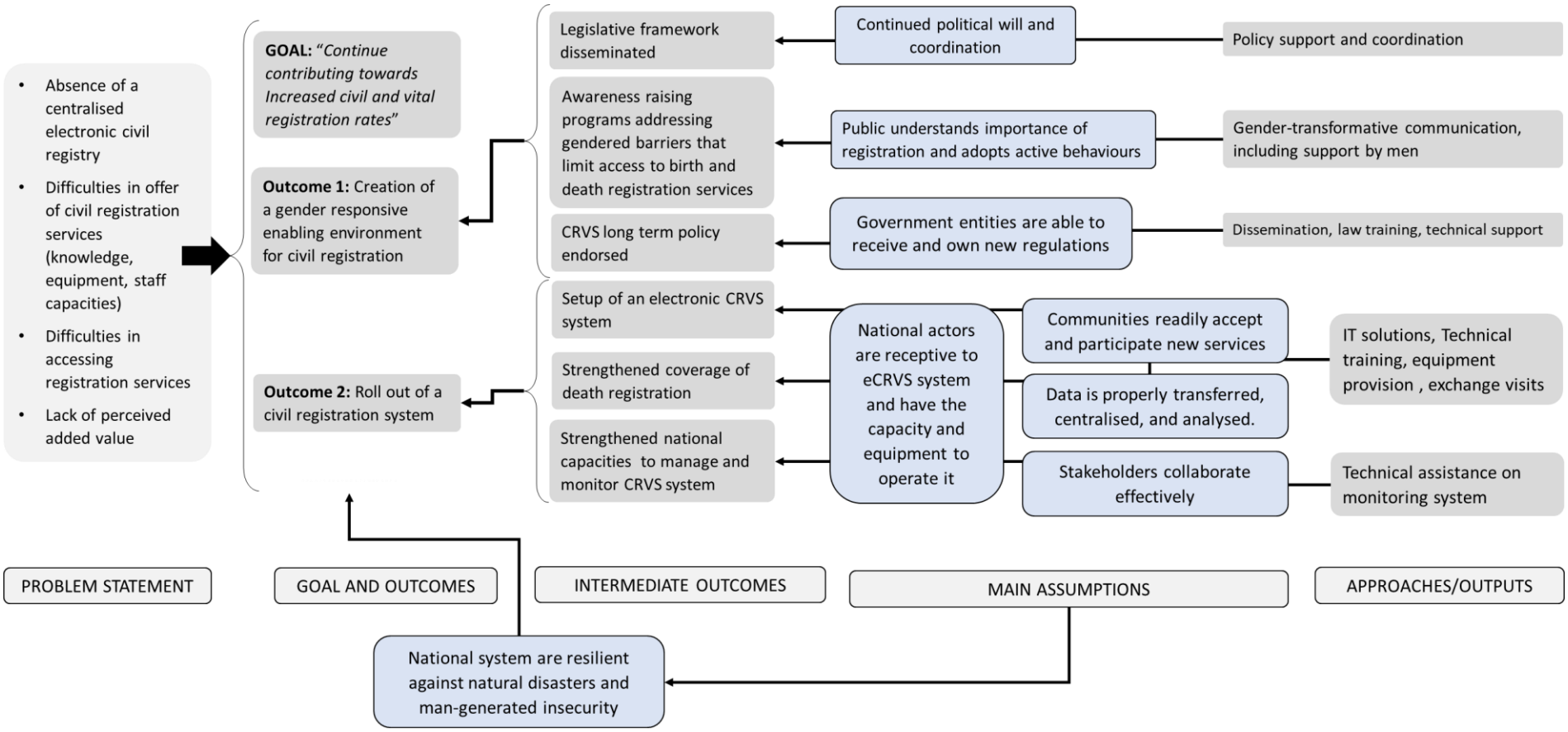
A descriptive analysis of financial data is available in section 4.3 (Efficiency).

[14] Using Bank of Canada exchange rate of 1.2232 for May 19, 2015

3.2.5. Overview of TOC

The full reconstruction of the ToC led to a number of reflections and observations on how the change process envisaged by the programme worked (or was supposed to work). This is captured in the following overview figure, listing how the problem statement, overall goal, outcomes, and approaches are connected, and how the assumptions underpin the logical connections of these elements.

Figure 4 – Schematic overview of the programme theory of change



4. Overview of the evaluation approach

4.1. Objectives and purpose of the evaluation

As per the Evaluation Terms of Reference (see Annex 8.1), the overarching purpose of this summative evaluation is to assess the implementation and delivery of the strengthening CRVS joint interventions and document programme results, challenges, as well as status between 2016 (when the programme started) and 2023 (when the programme terminates), covering all OECD/DAC Criteria.

The **specific objectives** of this evaluation are:

- To assess the impact, relevance, effectiveness, efficiency, coherence, and sustainability of the Strengthening CRVS in Mozambique Programme from 2016 to date, focusing on equity/inclusion and gender equality.
- To identify and document key lessons learned, challenges, good practices, and most impactful approaches of the programme since 2016, which will be used to inform and support advocacy efforts to promote and further strengthen CRVS in the country.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and activities in the continuation of the Strengthening CRVS Programme, taking into consideration national sectoral strategic documents and policies[15], development priorities, continental and global initiatives such as the Africa Union Agenda 2063 for Africa, Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) and the 2030 Agenda for Sustainable Development Goals, in particular, SDG target 16.9.

The primary intended users of this evaluation will be the CRVS joint-programme team at UNICEF and WHO, as well as the Mozambique MINT, MJCAR, MINEC, MISAU, MAEFP, MCTESTP, MINT, UEM and INE and Global Affairs Canada.

4.2. Scope of the evaluation

The scope of this summative evaluation covers the whole duration of the programme, from December 2016 to December 2023. The geographic focus area of the programme is nationwide. In doing so, the evaluation covers the following OECD/DAC criteria: relevance, coherence, effectiveness (including pathways to impact), efficiency and sustainability, with a particular focus on equity/inclusion and gender equality.

For each criterion, the evaluation concentrated on particular aspects of the programme. In particular:

- **Relevance** – alignment of the programme with the needs and priorities of beneficiaries, especially girls and women, appropriateness and logic of the programme design;
- **Coherence** – alignment with the strategic goals of the UN and other development partners, added value of the programme, and effectiveness of coordination mechanisms;
- **Effectiveness** – achievement of programme objectives, factors influencing performance, and effectiveness of gender-responsive approaches, especially in challenging context such as during conflicts or the pandemic;
- **Efficiency** – resource allocation, organisational mechanisms, financial management;

[15] The health sector in Mozambique is starting a massive attempt to improve data quality, by reducing data collected at primary source, synergizing initiatives, promoting interoperability and, eventually, move towards digitalization of data collected in frontline systems (ex. hospitals, health facility, community) and 'strategic systems', such as SISMA.

- **Sustainability –** likelihood of continuation of long-term benefits, solidity of established systems and partnerships, and areas for further improvement;
- **Pathways to impact –** macroscopic changes on civil and vital registration rates, and indications of logical links to the most impactful approaches.

Throughout these criteria, the evaluation transversally considered gender mainstreaming and human rights, with a particular focus on the most vulnerable target groups and their participation to both data collection and the programme.

Still regarding the evaluation scope, it is important to note that the programme was implemented in two phases in different provinces, so that the evaluation covers a diverse geographical and chronological scope:

- The first phase took place in four provinces (Maputo, Maputo City, Sofala, and Nampula) from 2016 to 2019. The first phase aimed to create a favourable legal and policy environment, including the development of the eCRVS system, the approval of the new civil registration code (in 2018), and the generation of the unique identification number (NUIC). It also included personnel training and the digitalisation of the historical archive in five selected conservatories.
- The second phase was implemented in the remaining Mozambique provinces and lasted from 2020 to 2023. It involved digitalising vital statistics data with mobile units[16] in 2020 to 2023.

4.3. Design and methods used

The evaluation is theory-based and non-experimental and follows a mixed method approach combining both quantitative and qualitative methods. The research approach is based on the alignment between a reconstructed Theory of Change and the above-mentioned OECD/DAC evaluation criteria. The five criteria relevance, coherence, effectiveness, efficiency and sustainability were fully covered. A tentative analysis of pathways to impact was done combining statistical models and qualitative methods.

Overall, the methodological approach is based on the reconstruction and testing of a Theory of Change along the evaluation process. In turn, this is supported by an inception workshop and informed by a range of complementary data collection and analysis methods.

These data collection methods adopted by the evaluation include:

- **A desk review** of relevant programme documentation, including monitoring reports, programme-supported or produced research and policy documentation, research related to CRVS in Mozambique, steering committee minutes, administrative and institutional documentation;
- **Remote and in-person Key Informant Interviews (KIIs)** with the programme stakeholders at central level, including UNICEF, WHO, the donor, and national counterparts;
- **Semi-Structured Interviews (SSIs)** conducted in person with informants at province and district level, including implementing partners and ultimate beneficiaries;
- **Focus Group Discussions** with implementing partners and beneficiaries, aimed at gathering perceptions from both women and men. Each FGD involved a maximum of 10 participants for a maximum of 45 minutes;
- **Statistical models** based on available demographic, birth registration and mortality data, to assess changes in completeness and coverage of CRVS system, and gauge indications of impact to logically link them to the programme.

[16] eCRVS were successfully tested and rolled out in the 115 conservatories and 197 registration posts

The evaluation operational application of these methods to each evaluation criteria is in the Evaluation Matrix, available in Annex 8.2

4.4. Sampling strategy

To select stakeholders to involve in data collection, the evaluation adopted two different sampling strategies: at central level, a pre-selection of contacts suggested by UNICEF and WHO was integrated through purposive snowballing. At local level, the evaluation first selected three provinces, then sampled nine districts based on the availability of health units and partners. A total of 216 individuals were directly involved in data collection. The table below summarises engaged stakeholders, while the rest of this section describes the sampling criteria adopted.

Table 5 – Stakeholders engaged by data collection method

Stakeholders type	Data collection method			Of which female	
	KII	SSI	FGD	N	%
At central level	**23**	**3**	**-**	**16**	**62%**
UNICEF	8	-	-	6	75%
WHO	4	-	-	2	50%
MJCAR	4	-	-	4	100%
MISAU	1	-	-	1	100%
INE	1	-	-	1	100%
Donor	2	-	-	2	100%
Other development partners	3	3	-	0	0%
At local level	**-**	**59**	**18**	**31**	**40%**
UNICEF	-	3	-	0	0%
Implementing partners	-	6	-	0	0%
MISAU and health centres	-	16	-	9	56%
MJCAR and conservatories	-	27	-	12	44%
Other local government representatives	-	4	-	1	25%
Community leaders	-	3	-	0	0%
Community members – men	-	-	9 (62 participants)	0	0%
Community member - women	-	-	9 (69 participants)	69	100%
Total	**23 informants**	**62 informants**	**18 FGDs (131 participants)**	**107**	**50%**

Qualitative data collection occurred both at the central level and in nine districts in 3 provinces (three districts in each province, including the provincial capital district). The evaluation applied a non-probabilistic sample and was informed by a prior sample definition, aiming to engage in the evaluation process multiple categories of respondents, individuals, socio-professional categories, and institutions engaged in CRVS programme implementation. For the selection of the provinces, we adopted the following criteria:

- At least one province for each region of Mozambique (North, Centre, South)
- At least one province that was part of the pilot phase.
- Number of registered births.
- Illiteracy levels.
- Infant mortality rate above national average.
- Life expectancy at birth.

The evaluation extracted these data from several sources, including the 2017 Mozambique Population and Housing Census and its projections, and the 2019/2020 Household Budget survey (IOF). With

these criteria, the selected provinces are Nampula in the North, Zambezia in the Centre, and Inhambane in the South.

According to the 2017 Census, around 40% of the country´s population lives in Nampula and Zambezia, which means there should be a high demand for vital registration services. In addition, Nampula and Inhambane were included in the first phase of this programme. Activities did not continue in Inhambane beyond the first phase, which makes this province an interesting case as it can play the role of a comparison group.

To select districts in each province, the evaluation applied the following four criteria considered key for the evaluation based on data provided by the MISAU and information from UNICEF and WHO and from the program progress reports:

1. The presence of a civil registration post at a health facility within a district (Yes/No);
2. Interoperability of the Management of Hospital Data Module (MGDH) with eCRVS (Yes/No). Interoperability could be electronic or manual, where the birth or death data at the Health Facility level are taken manually to a conservatory for civil registration.
3. Implement civil registration activities, including birth registration brigades, and social mobilization activities such as community discussions, home visits, theatre skits, and road shows. This has allowed Focus Group Discussions to be conducted with direct program beneficiaries.
4. Timeline of interventions considering the 8-year period being evaluated 2016-2023 (more than two years and less than two years).

Other contextualizing variables were also included in the district sampling file including the 2017 district population and an estimate of the total health facilities. As a result, we sampled the following districts:

- Inhambane
  - The provincial capital Inhambane and its central hospital
  - Jangamo and its health centre in the administrative post of Cumbana
  - Maxixe and its hospital in Chicuque
- Zambezia
  - The provincial capital Quelimane and its two hospitals (General and Central)
  - Pebane and its two health centres in Pebane-sede and Nabury
  - Milange and its district hospital
- Nampula
  - The provincial capital Nampula and its central hospital
  - Murrupula and its health centre
  - Rapale and its health centre

Annex 8.3 includes all the data considered for the district sampling.

4.5. Statistical Model

The evaluation team integrates the assessment of the program's impact by developing specific demographic models. Adopting a pre-post approach to available data, the evaluation reconstructed the evolution of selected "macro" indicators about the usage of the CRVS system along the program duration and used logistical regressions to attempt to isolate the effect of the program interventions on them. The interpretation of statistical results was done in conjunction with the qualitative research. To do so, the evaluation relied on three primary data sources (microdata and published statistics):

- the eCRVS birth and death data;
- the 2007 and 2017 General Population and Housing Census;
- The Demographic and Health Survey of 2011 and 2022.

The following methodology was adopted:

- **Descriptive Statistics.** A descriptive analysis was based on the estimated regression of the DHS surveys and population censuses. This was followed by comparing the predicted completeness of birth registration based on district-level regressions of the 2017 population census (considered as baseline) and the estimated completeness based on the registered births in vital statistics and the predicted births for the specific year given by INE´s population projection. The descriptive analysis of the 2007 and 2017 Population Censuses and of the 2011 and 2022 DHS Surveys provided a general context for the birth statistics trends. In this case, the basic measure is the coverage rate (percentage of registered births) in the two sources of household statistics.
- **Coverage Prediction of Registered Birth Based on Population Census.** Regression Analysis of the 2017 Population and Housing Census at the district level gave a good fit for predicting birth registration. In addition to the province-level dummy variables, the regression included provincial-level variables such as the percentage of women with at least primary education, the percentage of the population with Portuguese as the first language, and the percentage of Head of Household as men, and ln (population). The projection of these variables for the years 2019, 2020, 2021, and 2022, based on the district-level variation between 2007 and 2017, gave the predicted registered births for these years.
- **Completeness of Birth Registration.** The completeness of birth registration estimation started by calculating the province-level registered births between 2019 and 2022, on the basis of the e-CRVS data. The projected Crude Birth Rate and the projected Total Population, obtained by INE´s population projection, give projected births at the province level. Completeness of birth registration was then calculated as the ratio of registered births in the e-CRVS system over the projected number of births.
- **Comparison between Completeness and Coverage Prediction.** The comparison between these two indicators between 2019 and 2022 not only provides an estimation of the changes occurred in the programme's intervention period, but also an indication of impact. The predicted coverage provides an indication of what would have happened without any intervention, while the estimated completeness can be interpreted as what happened as a result of the programme.
- **The Case of Death Registration.** The eCRVS also includes data about deaths. In this case, the population censuses do not allow the estimation of deaths, so the same impact estimation adopted for birth registration was not possible here. Nevertheless, it was possible to calculate the trends in the completeness of death registration between 2019 and 2022.

4.6. Ethical considerations

This evaluation was conducted in accordance with the principles outlined in the UNEG Ethical Guidelines for Evaluation, UNICEF Ethical Clearance Guidance notes, UNICEF Guidance on Gender Integration in Evaluations, as well as the Guidance Document for Protocols for the Protection of Data, Ethical Considerations on COVID-19 and the Guidance Document of the Protection of Human Subjects' Safety and identities. In the design and implementation of the evaluation, the consultants team made explicit reference to the following ethical safeguards for research: respect for dignity and diversity,

right to self-determination (informed consent), fair representation, the UNICEF Guidance on Gender Integration in Evaluations, confidentiality, and harm avoidance. All evaluators were reminded of their obligations in terms of independence, impartiality, credibility, conflicts of interest, and accountability. The evaluation team also adopted the following measures:

- External ethical approval by the independent research protection company HML IRB;
- Briefing on UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation;
- Online and in-person PSEA training at UNICEF Maputo offices;
- Adoption of participatory and consultative approaches, where women were encouraged to share their point of view safely and transparently;
- Gender-balanced sampling of informants;
- Gender-balanced team composition.

Informed Consent. The evaluation adhered to the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis. Informed consent was designed to meet these standards, providing participants with adequate information to make an informed decision about their voluntary participation. Consent was obtained using a standardized written form in Portuguese. The evaluation included adult community members and young parents aged 17 and above, recognizing their agency and ensuring their voices were valued.

Confidentiality Measures. Strict confidentiality measures were also adopted to protect the identities of participants and safeguard sensitive data. The evaluation team ensured the anonymity and confidentiality of information providers, avoiding the use of names in quotes and avoiding photographs. Collected data was used solely for the evaluation, adhering to the United Nations Evaluation Group's Norms and Standards for Evaluation. Transcripts were securely handled, and recordings will be destroyed after the conclusion of the evaluation.

The Do No Harm principle guided the evaluation, minimizing risks of harm to participants. Ethical practices included referring participants to support services if needed and conducting data collection in safe venues. The evaluation was participatory, focusing on learning and improving the programme's effectiveness, efficiency, and impact. Separate FGDs for women and men were conducted to respect cultural sensitivities and ensure participant safety.

4.7. Gender-responsive, inclusive approach

As requested by the ToRs and reflected in the inception report, the evaluation employed a rights-based approach in alignment with key international benchmarks, such as the Convention on the Rights of the Child (CRC)[17] and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).[18] In terms of contents, the evaluation design responded to the ToRs request by integrating a gender perspective in all its criteria, but also by including specific questions under the impact criteria (for more details, see Annex 8.2 Evaluation Matrix). In turn, GEWE considerations were incorporated in the ToC reconstruction, KII, SSI and FGD with questions and discussions.

In terms of methodology, the evaluation adopted a structured participatory approach to ensure that both rights holders and duty bearers could actively engage with the evaluation (in some cases, such as with justice and health ministerial staff, or community leaders, the direct beneficiaries of the programme were both duty bearers and right holders). In this perspective, the evaluation adopted two different types of measures:

[17] See General Assembly 44/25 of 20 November, Convention on the rights of the child ,1989, OHCHR
[18] Convention on the Elimination of All Forms of discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979.

- It involved a evaluation reference group comprising diverse stakeholders (including UN agencies and ministries) in two different moments – towards the end of the inception phase to consolidate the evaluation design; and in the reporting phase, to finalise conclusions and recommendations;
- It designed data collection methods and tools to ensure safe spaces for discussion of sensitive topics with women and men, and making sure that voices of vulnerable target groups could be expressed and captured.

4.8. Limitations and challenges

The adopted methodology merged both quantitative and qualitative methods amplifying the breadth and depth of gathered insights, aligning OECD/DAC criteria with diverse data sources to ensure a strong theoretical coverage across the evaluation process. This methodological design allowed the team to ensure the involvement of diverse perspectives, facilitating triangulation and contributing to the robustness of the analysis.

At the same time, it is important to note the limitations on the validity and reliability of the evaluation findings. The evaluation faced some challenges in the availability of informants, affecting the types of analyses that could be performed. One of the first challenges was related to the reconstruction of the Theory of Change. At the start of the data collection period, in collaboration with UNICEF and WHO, the evaluation team organised a ToC workshop with the main partners of the programme, with the objective to involve them in a joint reconstruction and validation of the Theory of Change elaborated during the inception period, and previously presented in an online inception workshop. The exercise aimed at testing the causal links between intervention outputs and outcomes, capturing both perceptions and non-explicit information about the envisaged pathways to change. Unfortunately, the participants to the workshops were either not informed about the programme, not interested, or unwilling to participate in the exercise. As such, the evaluation team recurred to just presenting the methodology and facilitating a discussion on CRVS coordination among participants.

Another challenge faced by the evaluation related to gaps in the available documentation. With a duration of almost seven years, the CRVS programme was relatively long, which meant that several individuals worked on it across its implementation period. At the same time, the knowledge management mechanisms in place across its partners (not just UNICEF and WHO, but also government partners) were not always able to preserve the implicit knowledge about the details of implementation. As a consequence, the evaluation could not immediately access all information about the programme and had to reconstruct narratives and partnerships. At the moment of writing, some gaps in documentation persist including the need for an organigram for the intervention, the lack of a clear result framework for the whole duration of the programme, and a lack of up-to-date financial data matching the intervention structure. The latter is particularly reflected in the efficiency section of this report.

Some specific challenges emerged during data collection too. Initially, the evaluation met some difficulties in obtaining authorization from the Ministry of Health to collect data within health centres, for which the support of WHO was requested. In some limited cases, the initially sampled respondents were not aware of the programme, or not interested in participating in an interview. While this did not happen frequently (e.g., in only 7 of the 85 interviews performed), it is important to recognize that given available resources and the size of the programme, the sample of actors engaged is inevitably insufficient to capture the totality of voices and perspectives of all stakeholders. At the same time, the length of the programme and the presence of other CRVS initiatives (especially since 2020) meant that informants at local level were not always able to distinguish the results of this specific intervention from those of others, and that some recency bias was present in their responses.

5. Findings

5.1. Relevance

This section examines to what extent the programme objectives and design respond to the needs and priorities of beneficiaries; how they align to the priorities and policies of the Government of Mozambique; and how the logic of the programme was consistent and appropriate. The evaluation questions on Relevance were addressed qualitatively using extensive document reviews, KII of UNICEF, WHO, government and development stakeholders; and FGDs with community men and women, adolescents, health workers, community relays and community dialogue facilitators.

5.1.1. Relevance for target groups and beneficiaries needs

The evaluation found that by targeting access to quality CRVS services in Mozambique, the programme is relevant for its target beneficiaries, including the targeted staff and members of the Government of Mozambique and its sectorial representatives, but also its final beneficiaries (women, men, girls, and boys).Before the programme was designed, sector-wide assessments of CRVS were conducted from the African Union in collaboration with UNECA. Among their conclusions, they suggested to reinforce the Technical Working Group formed in 2013, strengthen capacity building, and continue promoting interoperability. These issues are reflected in the programme design and its problem identification. The identification of needs and issues is clearly made explicit in the project document, capturing both the importance of civil registration for gender equality and women's empowerment and the contextual social and cultural factors that constitute barriers to the full enjoyment of this human right, as well as the need for institutional coordination in the modernisation of the CRVS system.

The programme document clearly references the experience of previous CRVS interventions, including the audit of the existing system conducted in 2018 by the National Directorate for Civil Registration and Notary. In addition to this, in 2022 the programme conducted a gender review[19] to clearly identify barriers for registration, investigate inequalities in coverage, review the legal framework, and provide recommendations. At institutional level, within its support to the development of the National Strategic Plan for the CRVS system, the programme also benefitted from a national hearing process (conducted in 2019) to engage government stakeholders in regional consultations.In the evaluation interviews, INE and MISAU indicated that improvements in MoJ services were needed and perceived as necessary by government stakeholders, mainly when linked to the updated regulatory and legislative framework,[20] but also to address persisting social and cultural norms and behaviours.

The evaluation found that the programme also adequately addressed the capacity-building needs and priorities of government staff (training on civil registration and cause of death). UNICEF supported the establishment of a digital national database on birth registration, including through training and by equipping data processing units in CRVS service centres. The programme provided capacity building and training, introducing justice workers to the protocols, guidelines, and checklists covering preconception of registration. The programme also provided capacity building and training for the health managers on vital statistics. The following quote from an interview with Ministry of Justice staff illustrates the appreciation of capacity building provided and its alignment with national needs:

"The training was excellent in the sense that the CRVS staff have mastery of what they learnt during the training, and this is visible from the electronic registration in the eCRVS system and from the registering in the civil registration books, which is reassuring that the training was worthwhile.

[19] See Gender Review of the Mozambique's Civil registration and Vital Statistics (CRVS) Systems
[20] First of all the revised Civil Code, but also the MISAU strategy plan, PESS revised on April 2023 with the inclusion of institutional deliveries, better partnerships and more learning system on Vital Statistics

Because if they implemented the system and left us to our own devices, everyone would do as they see fit."
MJCAR Interviewee, Zambezia province

Feedback from FDGs with health workers showed that the services promoted by the programme within health centres were relevant to mothers and were important for both improving civil registration and enhancing women's knowledge of registration needs for children, as in the health facilities the health workers sensitized the pregnant women on the advantages deriving from registration.

Similarly, at the community level, community leaders and community activists, capitalizing from mobile brigades were delivering awareness raising campaigns and information on sites with civil registration services.

Further evidence from FGDs[21] indicates that the registration services provided by the Ministry of Justice (including at the health facility with maternity wards) had contributed to addressing the needs of pregnant women, more specifically in the provision of civil registration services. The CRVS technician worked in coordination with the maternity nurses to counsel pregnant women and mothers of newborns in the labour and delivery ward on the availability of birth registration services. Mothers were encouraged to speak to their partners/fathers of the child about the importance of civil registration during visitation. In the words of a health technician:

"I think that for our population, the place where they come without any fear, and it is in hospitals where the population feel at ease when they arrive compared to the other institutions. The population is afraid to go to other institutions. So how do we overcome this? What do we do? To help our population, birth registration centres were installed in hospitals."
CRVS technician in Zambezia

The women participants in FGDs gave different examples about the quality of the services they could achieve, explicitly mentioning the usefulness of counselling.

"At the PMTC, during our pregnancy control services, the nurses explained the importance of birth registrations"
Pregnant woman in Quelimane City hospital

Awareness raising efforts were conducted both in health facilities and at the community level. The qualitative evidence indicates that this type of intervention did address existing knowledge gaps. As stated by FGD participants:

"We do know about the birth certificate "cedula". We heard about it in church and in community meetings with our leaders and from mobile brigades that have come. Also, when a child arrives in the classroom, the teacher asks for a birth certificate. Many of the children still don't have a birth certificate. So, at school, they ask the child for a birth certificate. Then sometimes the mum, because she has a hospital card, gives the child the hospital card"
FGD participant, Nabury Locality, Pebane District

"In our community, the leader call us attention to go to the health facility to get information on the birth registration process"
Community member from Rapale district, Nampula

The campaigns "Nasceu, Registou" and "Registo Existo" were very important for us to learn on the Civil Registration
FGD participant, Murrupula district in Nampula

[21] Especially FGDs with pregnant mothers at health facilities

"In my court I also usually give lectures, once people arrive, I don't just start talking and addressing the problem. I start with lectures on the importance of birth registering and other services like hygiene, child marriage, malaria"
Community leader in Milange District, Zambezia

In Jangamo and Chicuque Districts (Inhambane Province), community leaders participating in an FGD reiterated the importance of Civil Registration services provided at Health Facility as a significant gain in their lives, due to the opportunity of using multiple public services in one single location. As stated in an interview with a community leader:

"Having the opportunity of registering the newborn and young children while seeking health services is a very beneficial and time and money saving opportunity because we don't have to spend more of our scarce resources travelling and enduring waiting time in Civil Registration Offices".
Community leader, Jangamo District, Inhambane

Another aspect that was particularly appreciated among both government staff and beneficiaries was the interoperability supported by the programme:

"At the CRVS posts at Health Facilities, the CRVS technicians would also give talks at the Vaccination Unit (PAV) where mothers bring their newborns and <5 children to get vaccinations and for monthly weighing as a demand-creation activity"
Interview with health staff, Zambezia province

In this perspective, the post-cyclone mobile birth registration campaigns for all ages were sometimes conducted together with other essential Government services like MISAU and identity documentation services, which were remembered by all the FGD participants.

All the MISAU and MJCAR staff interviewed perceived this program as relevant for the objective of the country:

The objectives designed in the program were both very relevant and innovative for Mozambique.
MJCAR staff at central level

The in-person training (through *tele-escola*) and the e-learning training on causes of deaths (ICD-19) was very well received, and the evaluations from the doctors were positive. There were only small problems with the translation to the Portuguese language, (due to the fact that the trainer doctors spoke Spanish), but these did not impact in the quality of the course content. There were no comments on the length of the training but rather on the network provider.

At the community level, the sensitization was very useful for young women and men, and the existence of mobile registration campaigns constituted an added value that helped increase registration, mainly among the unregistered. Among the young women and men participating in the evaluation FGDs, there was an explicit consensus about the great benefits of the community leaders' sensitisation. While all agreed on the importance and usefulness of counselling, it is interesting to note how the perception of its benefits differed slightly between men and women, possibly pointing to underlying patriarchal attitudes: men perceived the registration mainly as a strategy to avoid problems to get the future identification and to support work while adults. In contrast, women saw the sessions as useful tools to improve the children identification and empower them as citizens.

The evaluation found that the programme did not explicitly discriminate against the most disadvantaged, but it also could not find evidence of the programme taking proactive steps to specifically target and reach vulnerable groups. Although the programme supported the registration of everyone who accessed the services, its monitoring systems (including the eCRVS) did not collect detailed data on the vulnerability of registrants. Disaggregated data is only available for gender, age

variables and geographic areas. As such, it is not possible to assess actual inclusion of vulnerable groups.

As the programme's reach included all locations in Mozambique, we can assume that all children had the opportunity to be registered. However, the lack of targeted actions to prioritise the most vulnerable means that the programme may not have effectively reached vulnerable groups. At the same time, it is important to acknowledge that this evaluation is not intended to fully capture the diverse experience across regions of Mozambique.

5.1.2. Relevance for priorities and policies of the Government of Mozambique

The programme design was wholly aligned with the priorities and policies of the Government of Mozambique. The systemic approach adopted by the programme explicitly supported the revision of the Civil Registration Code and invigorated the efforts of the Mozambican Government in both modernisation and intersectoral coordination. The most important achievement in this sense is the Strategic Plan for the Civil Registration and Vital Statistics System 2019-2028, and its related Operational Plan 2021-2028. These supported plans clearly identify the Government's vision and recognizes the role of the UN (specifically the UNLIA Task Force) as contributing to its realisation.

In terms of legal framework, both the plan and the programme are explicitly designed to fit within the existing legal sources, including the Civil code (Decree-Law no. 47344, of November 25, 1966), Family Law (Law no. 10/2004, of August 25), the reformed Notaries Code (legal diploma no. 4/2006, of August 23) and, of course, the revised Civil Registry Code, approved in May 2018.

In terms of policies, both the plan and programme directly support:

- the Policy for a Society of Information (Resolution nº 17/2018, de 21 de Junho) and its Strategic plan 2019-2028, foreseeing the development of digital public services;
- the Strategy for Electronic Government, and in particular its emphasis on interoperability across data systems;
- MISAU's Health strategic Plans, and particularly the support to the registration of vital events, mainly births and deaths in hospitals (including the Health Information System for the Registration of Hospital Deaths, or SIS-ROH).

5.1.3. Consistency, appropriateness, and logic of the program design

As mentioned in the reconstruction of the Theory of Change, the logic of the program is coherent with the needs it intended to address, including empowering girls, women, and other vulnerable groups to fulfil their rights. In this sense, the programme ToC was robust, structurally sound, and plausible: the objectives, approaches and intervention modalities responded to the needs, contexts and priorities of the CRVS area in Mozambique.

The table below provides an overview of the evaluation findings on how contextual factors were considered in the programme design.

Table 6 – Inclusion of contextual factors in the programme design

Contextual factor	Findings on contextual factor at project design
Economic context: Mozambique is one of the countries with a low human development index[22] in global rankings, although the poverty rate is estimated to have been declining from 60.3% in	Economic context was extensively considered in the design of the intervention: • Free birth registration for new-borns for up to 120 days after birth (or 6 months)

[22] https://hdr.undp.org/system/files/documents/global-report-document/hdr2023-24reporten.pdf

Contextual factor	Findings on contextual factor at project design

2002/3 to 48.4% in 2014/15[23] with over eighty percent (84.5%) of the poor living in rural areas. In 2016, at programme start, the hidden debt crisis exacerbated by natural disasters resulted in an economic crisis which eroded economic gains and reversed the poverty rate to 62.8% in 2019/20[24].	• Once a birth or death registration is done in the eCRVS system, certificates can be accessed from any Conservatory with no need to physically travel to the Conservatory where the birth/death was registered
	• Decentralized eCRVS posts in geographically dispersed and in rural areas for minimal to zero transport costs:
	  ○ Permanent birth registration posts in strategic local government posts within neighbourhoods and administrative posts
	  ○ Birth registration posts at health facilities
	  ○ Mobile campaigns
	• Mobile birth registration campaigns sometimes with free birth registration for all and in some instances focusing on adolescent girls' victims of child marriage.
	• Establishing a 50mt charge (< $1) for up to 13 years

Socio-cultural context: Mozambique's northern provinces are predominantly matrilineal whilst the central and southern provinces are predominantly patrilineal. Men are generally considered the family head in both matrilineal and patrilineal systems (mother's uncles or older brothers in the matrilineal system).	Socio-cultural context was extensively considered in the design of the intervention: • Revised civil registration code allowed women to register children in the absence of the father • Close engagement of community and religious leadership (traditional, community and religious leaders) • Partnering with local implementing partners that implement community level Social and Behaviour Change Communication (SBCC) campaigns on the revised civil registration code and birth registration, including participative theatre and community radio programs
Political instability and insecurity: in 2013 the RENAMO political party broke the peace agreement with armed attacks in central Mozambique. Truce was agreed between the parties at the end of 2016, with subsequent extensions.[25] A peace agreement was signed with the ruling FRELIMO party in 2019 which included demobilization of armed RENAMO forces. Sporadic attacks by a faction of the RENAMO party until 2021, when they ended following the death of the faction leader. Additionally, insurgency attacks in Cabo Delgado province started in 2017 and spread to some parts of Nampula province (Erati district), resulting in widespread internal displacement. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated over half	No evidence that political instability and insecurity context was considered at intervention design. The intervention started in a period of truce in central Mozambique and insurgent attacks started in 2017. However, the intervention adapted to the outbreak of violence in Cabo Delgado by taking several measures. The programme decided to reduce its activities due to implementation of the World Bank project "Identity for All in Cabo Delgado," thus avoiding the duplication of resources. In addition to this, the intervention implemented mobile registration campaigns in more secure areas of affected provinces and in areas with higher presence of internally displaces population.

[23] https://ieg.worldbankgroup.org/evaluations/world-bank-group-mozambique-fiscal-years-2008-21/chapter-1-introduction-and-country
[24] https://www.worldbank.org/pt/country/mozambique/overview
[25] https://assets.publishing.service.gov.uk/media/5c191282e5274a465ea7b308/Mozambique_case_study.pdf

Contextual factor	Findings on contextual factor at project design
a million people remained internally displaced in February 2024 because of the conflict in Cabo Delgado which has affected 12 of the 17 districts in the province.[26] The majority of the internally displaced people tend to be women and children.	
Natural disasters - cyclones and tropical storms: an estimated eight cyclones made landfall in Mozambique during the CRVS programme period - 2016 to 2023 (see table below). The intensity and frequency of cyclones increased in Mozambique during the programme implementation phase. The 2021 Global Climate Risk Index[27] classified Mozambique as one of the countries that suffered most from extreme weather events in 2019. The last cyclone before Cyclone Dineo in 2017 had been Jokwe[28] which made landfall in Nampula Province in 2008 and tropical storm Chiedza in 2015. The impact of the cyclones and storms has included flooding, partial or complete destruction of homes and property, loss of agricultural crops, animals and livelihoods, population displacement, injury and in the worst cases death. Sofala and Zambezia provinces have been the most repeatedly affected by cyclones over the period. Mozambique's downstream location of nine major river basins on the south-eastern African continent also puts the country at high risk of flooding[29]. Floods affecting the southern provinces and exacerbating effects of cyclones.	No evidence that natural disasters context was considered at intervention design in 2016. The intervention started in a period where cyclones were not as frequent as they became during implementation period. The CRVS Operational Plan 2021-2028 has a section on CRVS in emergency situations which includes COVID-19 and other crises and states that civil registration should be considered an essential service to be maintained operational (full or limited capacity) during an emergency. Also following the outbreak of violence in Cabo Delgado several decisions were made a) expansion of CRVS facilities in health posts was suspended in the province to minimise exposure to destruction of the infrastructure b) Mobile brigades were designed to cater for both host communities and IDPs in the targeted areas. The intervention responded through implementing mobile campaigns in some disaster affected regions to assist communities recuperate birth registration documents, including: • Post cyclone mobile birth registration campaigns for all ages at times conducted together other essential Government services like MISAU and with identity documentation services • Emitting replacement documents only and support on the new registration documents The quality of the birth registration certificate was however seen by beneficiaries as not hardy or not resistant to simple wear and tear, a factor that does not adapt well to the conditions of natural disasters (e.g. rain, humidity).

Parallel capacity-building initiatives such as legal training, technical training, and sensitization reinforced the relevance of the programme and led to an increased understanding of the needs and rights of birth registrations among both health workers and the community members they served. The qualitative evidence collected from community members indicates that community engagement activities were valuable in sensitising parents and caregivers as well as adolescents on the needs, importance, rights, and procedures for birth registrations.

[26] https://www.unocha.org/publications/report/mozambique/mozambique-displacement-northern-mozambique-flash-update-no-3-27-february-2024-enp
[27] https://www.germanwatch.org/en/19777
[28] https://en.wikipedia.org/wiki/Cyclone_Jokwe#cite_note-17
[29] https://www.researchgate.net/publication/229899427_Sustainable_flood_risk_management_strategies_to_reduce_rural_communities'_vulnerability_to_flooding_in_Mozambique/citation/download

There was no evidence that the intervention design considered political instability or natural disasters (cyclones/natural storms) as these intensified after the start of the intervention. There was however **evidence of some implementation response to shocks from political instability or natural disasters**.

5.2. Coherence

This section examines how well the programme fit with other interventions in the contexts it operated in. In particular, it focuses on the cooperation between UN and other development partners; on how in the future it can better support coordinated efforts; on its added value compared to other similar interventions; the extent to which partnerships have been coordinated, and how they could be enhanced.

The evaluation questions on Coherence were addressed qualitatively using document review, KII with UNICEF, government and development stakeholders, and FGDs with community men and women, adolescents, and community dialogue facilitators.

5.2.1. What have been the areas and ways of cooperation with other UN entities and other donor/ development partners in regard to having a gender-transformative programming to strengthen CRVS in Mozambique?

Coordination at institutional level. At UN level, Mozambique was indicated as one of the countries to participate in the pilot of the implementation of the UN Legal Identity Agenda.[30] The UN LIA was established in Mozambique and is composed of most of the UN Agencies working on birth registration and ID system (including UNICEF, UNDP and UNDESA as co-chairs, as well as DCO, IOM, UN OCHA, OHCHR, UNCDF, UNFPA, UNHCR, UN Women, WFP, WHO, UNECA and UNESCAP). The UN LIA Implementation Plan was finalised and endorsed at the UNCT level in 2022,[31] although the evaluation could not access it.

At the government level, in 2013 the Civil Registration and Vital Statistics Group (GITEV) was established for government level coordination with other UN entities as ex officio members. In its current configuration, GITEV is composed of the following government entities that signed the MoU on strengthening CRVS in 2017:

- Ministry of Justice, Constitutional and Religious Affairs (MJCAR), presiding the group;
- Ministry of Health (MISAU);
- National Institute of Statistics (INE);
- Ministry of Science and Technology, and Higher Education (MCTES);
- Ministry of State Administration and Public Function (MAEFP);
- Ministry of Foreign Affairs and Cooperation (MINEC);
- Ministry of Interior (MINT);
- Eduardo Mondlane University (UEM);

There is no evidence of an explicitly documented stakeholder analysis in the programme design. However, the grant agreement first signed in December 2016 indicates the MJCAR and MISAU as the leading government agencies in the programme, with support from UNICEF and WHO respectively. INE is responsible for the production of vital statistics. As per the grant agreement and the costed operational plan, the Civil Registration and Vital Statistics Group (GITEV) has the responsibility to coordinate the nation-wide roll out of the e-CRVS system. UNFPA is also indicated as one of the UN

[30] https://unstats.un.org/legal-identity-agenda/pilot-countries
[31] https://unstats.un.org/legal-identity-agenda/documents/M-presentation/webinar01-presentation1.pdf

agencies in the GITEV as per the grant agreement. Save the Children and Plan International are listed as NGOs in the GITEV.

The evidence collected points to some challenges related to linking UNLIA and GITEV, with only senior UNICEF staff mentioning UNLIA in the interviews conducted. In addition to this, variations in the number and type of partners involved in civil registration activities meant that in some cases (such as Cabo Delgado after the violence outbreak) coordination mechanisms at provincial level could have been more effective.

The following table summarises findings of the level of stakeholder involvement in the programme, as well as that of other key partners.

Table 7 – Level of involvement and cooperation of key partners

Category	Institution	Period of involvement	Level of involvement	Key findings
UN	UNICEF	2016-2023	High	Lead programme partner
	WHO	2016-2023	High	Lead programme partner
	UNFPA	-	None	Only mentioned in a draft 2017/2018 progress report
Government	MJCAR	2016-2023	High	Leadership and coordination: • Leading GITEV • Managing eCRVS • Technical training on eCRVS • Registration campaigns
	MISAU	2016-2023	High	Active involvement: • Deaths database • ICD-10 cause of death classification trainings • Interoperability of death registration (electronic and manual) • Maternal and Neonatal deaths report • Housing CRVS posts at Health Facilities although some posts were formed late 2023 (for instance Jangamo in Inhambane)
	INE	2016-2023	High	• Published first publicly available Vital Statistics report in 2022, pertaining to 2019-2020 data • Requested to appoint a new focal point in 2023
	MCTES	2017-2023	Low to Medium	Only mentioned in one KII with a development partner, but no evidence of direct involvement in the programme was found.
	MAEFP	2017-2023	Low to Medium	• Community leaders involvement • Housing CRVS posts in local administrative infrastructure
	MINEC	2017-2022	Low	Responsible for requesting birth certificate during registration
	MINT	2021-2024	Medium	• Involvement at provincial level mainly through joint mobile brigade campaigns on birth registration and emitting ID • Sharing space with decentralised CRVS post in local state administrative infrastructure • It is worth to note how there is still no interoperability between ID system and eCRVS
Non-governmental organization (NGO)	Save the Children	2016-2019/2020	Medium	• Formative research on birth registration • Communication for development strategy. “Nasceu. Registou” campaign using TV, community radio, theatre, IEC material etc.

Category	Institution	Period of involvement	Level of involvement	Key findings
				• Partnerships with local implementing partners for SBCC on birth registration
	Plan International	-	None	Mentioned in a draft 2017/2018 progress report
	St Egidio Community and World Vision	2022- 2023	Medium	Mentioned as implementing partners in Nampula
	Friends in Global Health (FGH)	2020-2023	Medium	Collaboration with MJCAR on birth registration of HIV positive infants.
Academic/ Research	University of Toronto	2017-2023	High	Training on cause of death classification on death certificates (ICD-10 course for medical staff)
	UEM	2017-2022	Medium	Training support on Vital Statistics
	CISM	2017-2022	Medium	• Collaborated with WHO to develop the training course on causes of deaths and death certification • No longer part of GITEV
Financing institution	World Bank	2021-2024	Medium to High	• According to the grant agreement: the program will coordinate with initiatives of the World Bank in the area of health as well as ID management • No evidence of coordination with the World Bank at province level

As mentioned above, the programme supported the development of the eCRVS strategic plan 2019-2028, including a clear articulation of partners, coordination structure and implementation modalities, as well as monitoring functions and resources.

Partners involvement at province level. In Nampula, Comunidade de Sant'Egidio (CSE) and World Vision (WV) are currently implementing Civil Registration at the Health facility level. There is a coordinated division of labour between the conservatory CRVS technician and the CSE personnel (*Activistas / Brigadistas*) at the health facility level. No evidence of provincial coordination between the Justice sector and the CSE.

In Zambezia, Friends in Global Health (FGH) worked with the Justice sector specific to infants born to HIV positive mothers with a focus on birth registration of HIV positive infants related to HIV treatment.

Data collected from the field also shows close coordination between the justice department and community and religious leaders, specifically to raise awareness and disseminate information about:

- Birth registration mobile campaigns;
- Opening of new CRVS posts at Health Facility or Community level;
- Importance of birth registration and costs/no cost of services provided;
- Mobilization of community members and parents to register their children's births.

In Zambezia, UNICEF works closely with the Provincial Secretary of State in the training of community authorities on issues related to birth registration. A training manual[32] was developed in 2019 with key messages and orienting steps for the community leaders on birth registration and other modules like child marriage, health, nutrition, and sanitation. There was no evidence of partner coordination in Inhambane.

[32] UNICEF & Secretaria do Estado de Zambézia e Nampula. 2019. Guião de facilitadores para Capacitação dos Líderes Comunitários: Nutrição, Saneamento, Casamentos Prematuros e Registo de Nascimento

Community radios through the Institute of Social Communication (ICS) or the National Forum of Community Radios (FORCOM) confirmed close collaboration with UNICEF and Ministry of Justice from interviews conducted in Zambezia. According to interviews with coordinators of community radios, radio coverage also reaches parts of neighbouring districts for example Muniga community radio in Pebane has a transmission radius of approximately 70km and transmits to neighbouring Mocubela district; whilst radio Tumbine in Milange district also transmits to Mocuba, Morrumbala and Lugela districts[33]. Interviews indicated the following community radios CRVS interventions:

- Broadcast of information on upcoming mobile birth registration campaigns,
- Inviting Ministry of Justice staff for radio sessions explaining birth registration procedures,
- Transmitting radio spots,
- Working in coordination with other strengthening CRVS implementing partners like the *Retratistas* Theatre Group (GTR) in Zambezia to broadcast birth registration theatre skits or short theatre productions on birth registration. Community radios were especially used by the local implementing partner in Zambezia, the *Retratistas* Theatre Group during COVID to mitigate the impact to interventions of COVID restrictions on gatherings and agglomerations,
- Direct community level interventions including projection of films, use of Multimedia Mobile Unit and megaphones in birth registration campaigns,
- Regular scheduled programs like "Voice of the child and adolescent in the community" transmitted in local language.

Actors at sub-national level were mostly aligned in birth registration activities, but there was less evidence of subnational actors supporting death registration.

5.2.2. How can the programme, going forward, better support coordinated efforts in the CRVS sphere?

The informants participating in the evaluation expressed varied perceptions regarding the coordination mechanisms of the programme, particularly focusing on the inclusion of a gender-transformative approach. Given the number and diversity of stakeholders involved over its relatively long duration, in this section we summarise the main gaps perceived by stakeholders and how they perceived they should be addressed. The table below provides an overview of the findings.

Table 8 – Perceptions of the programme gaps and suggested addressing measures

Category	Current gap perception	Perception on how gap can be addressed
eCRVS system	eCRVS is an online only system: FGD and interviews indicate that the system can only operate online, which creates a barrier to access and use due to distance/time travelled	Rework the eCRVS system so that it can also work offline
	eCRVS system only registers births and deaths	Include the possibility to register other life events like marriages and divorces
	Degradation of old manual/paper based civil registration records, access to birth registration record only at conservatory where registered	Digitalization of pre-eCRVS registry books
	No interoperability of eCRVS with ID system	Advocate for and support the initiation of interoperability between CRVS and ID system
	Limited interoperability of eCRVS with the Health Management Information System (HMIS, or SISMA Hospitalar).	• Improved interoperability between eCRVS with HMIS death registration

[33] According to the information obtained in the local radios, during the fieldwork in Zambezia

Category	Current gap perception	Perception on how gap can be addressed
	• Electronic interoperability not operational in all hospitals • Electronic interoperability system not always functional • Discrepancies between birth data in the Health Information System and Ministry of Justice's birth registration data Manual interoperability not implemented in all hospitals in absence of electronic interoperability	• Improved interoperability between eCRVS with HMIS birth data
	Lack of uniform knowledge and clarity on the flow of community death notification	Clearly define the flow of community death notification (diagram format) and share the information with all health facilities
	Lack of awareness and knowledge in communities on the importance of death registration • Death registration only in cases of perceived monetary gain like inheritance or pension or for social security benefits *"…some people are born and die without ever being registered in the system",* FGD Milange	Legal framework: advocating for inclusion of verbal autopsy in the revision of the CRVS code SBCC campaigns: implementing targeted SBCC campaigns to raise awareness on the importance of community death notification.
	Application of some Revised Civil Registration Code articles is not standard across all conservatories. The most common doubts relate to: • length of free registration period - 120 days or 6 months? • Possibility for parents with no birth registration to register their child	Create a national platform where all conservatories have access to: • Standardize application of identified grey areas of the revised civil registration code • Circulate updates and consider the possibility of initiating a director or minister's circular to standardise application of the provisions of the code in addition to training.
	Vital event notification/pre-registration via mobile USSD technology not implemented • In Zambezia province, the USSD pilot was conducted in two sites in the province (Quelimane and Gurué), and not expanded • Challenges of limited network access	Expanding the pilot and eventual implementation of the vital event notification/pre-registration via mobile USSD [34]technology for sustainable programming: • The USSD pilot can be initially expanded to geographical areas that overlap with COMSA clusters already implementing data collection for vital events notification using smartphones.[35] This will allow experience and sharing of lessons learnt from the COMSA experience • The USSD intervention can then be expanded to other areas in a phased approach.
Capacities/ equipment	Training opportunities for CRVS technicians limited to new entrants with limited or no refresher training for older staff. • 1 training session conducted per conservatory • No adequate cascade training or refreshment training conducted	Periodic refreshment training of CRVS technicians and supervisors based on a training needs analysis including gender-transformative training

[34] COMSA is a valuable lesson learnt for the CRVS system however COMSA uses a nationally representative sample, its geographical coverage is not 100% and may be limited in coverage especially in the hard-to-reach areas.

[35] https://comsamozambique.org/what-we-do

Category	Current gap perception	Perception on how gap can be addressed
	Limited or no training of CRVS implementing partners, community, religious leaders and collaborating entities	Periodic training on CRVS of all the implementing partners, community and religious leaders and collaborating entities to ensure that there is dominion of birth registration and death notification material and updates are timely shared.
	Limited or no regular maintenance of electronic equipment	Advocate for MJCAR to engage the Ministry of Science and Technology to conduct periodic maintenance of equipment as part of routine maintenance by the government which ensure durability of electronic equipment
	Not all computers and laptops with the eCRVS system have an anti-virus installed	Installation of and update of anti-virus on eCRVS system computers and laptops
	Limitations in adequacy of infrastructure assigned for setting up a CRVS post at some Health Facilities and Administrative Posts which is compromising both privacy of users and safety of CRVS registration equipment	Procuring a physical space dedicated to CRVS registration where there is privacy for users, better safeguard of materials
Coverage	The more rural and harder to reach communities remain underserved and mobile campaigns are not sufficient to significantly address the demand for registration services. At the same time, interviews indicate that demand for CRVS services reduces after a period of time due to saturation.	Expanding and scaling up to underserved zones. Informants recommended having a semi-fixed post based in a community/locality for a sufficient period of time. Once demand drops, the CRVS semi-fixed post can move to the next distant community
	National birth registration target not yet met (to achieve 80% target for birth registration by 2030 at national level)	• Birth and death registration campaigns that target young women and men (prospective parents) • Concentrating activities in the three most populous provinces
	Birth and death registration activities do not occur in private health facilities	Engage private health facilities for birth and death registration
	No specific activities targeting vulnerable populations and households with disability were indicated	Targeting vulnerable groups with specific activities (ex: for people with disabilities)
Capacity building	Limitations on ICD-10/ICD-11 cause of death classification capacities. Maternal and Neonatal Death Committee have difficulties reading handwritten information provided by health professionals on the coding of cause of death, leading to misclassification	Planned periodic training on ICD-10/ICD-11 cause of death classification for physicians and medical personnel including legible ICD coding
	Shortage of ICD-10/ICD-11 cause of death classification manuals at district level	Sourcing of and distribution of sufficient ICD-10/ICD-11 manuals for death classification to health facilities in each district
	Limitations in the quality of Portuguese translation for the online training tools for cause of death classification for clinicians	Improving the quality of the Portuguese translation for the online training tools for the cause of death classification for clinicians
	High rotation of personnel within the Justice sector in some conservatories resulting in training requirements of new staff on: • Computer literacy • eCRVS training	Computer literacy and eCRVS training modules and appointed trainers • Periodic refresher courses on eCRVS training for current staff and for trainers • Engaging with MJCAR to incorporate a civil registration or e-CRVS module into the training curriculum for conservators
	Imbalance in gender representation within the capacity-building efforts for vital statistics, as multiple stakeholders noted that more men than women are registered for vital statistics training. This disparity may stem from the	Actively promote training for women staff

Category	Current gap perception	Perception on how gap can be addressed
	higher ratio of male to female doctors, which affects the gender balance in training programs.	
Coordination mechanisms	Unexplored synergies in CRVS with MINED and MGCAS	Updating the structure of GITEV to include MINEDH and MGCAS
	No evidence of joint monitoring activities by GITEV members	Introduce joint monitoring of activities in the field
	There was no evidence of any functional coordination forums or platform active where the stakeholders meet to discuss program implementation.	Establish a functional coordination forum or platform where stakeholders actively meet to discuss program implementation
Data quality and use	Some discrepancies in maternal mortality data from different sources: • Notifications by maternal and neonatal deaths Committees and • HMIS data from the health facilities	Data Quality Assessment exercises and triangulation of maternal mortality data sources
	No evidence of how data is being used for planning	Introduce explicit, visible mechanisms to use eCRVS data for planning for both MJCAR and MISAU
	No evidence of a national level technical group for ICD coding and cause of death classification	Creating a technical group for ICD coding, cause of death classification and discussion of the version to be used at country level
Monitoring and evaluation	No evidence of scheduled timely, periodic programme reviews	Planning of mid-term and end-term review of the programme. Elaborate an M&E plan
	No evidence of periodic pause and reflect sessions	• Periodic discussion by GITEV members and other stakeholders of the challenges and bottlenecks, based on evidence, and adjust the actions accordingly • Learning missions to other countries in the region with recommendable CRVS programs to gather experiences on birth and death registration
	Opportunity for operational research on specific topics informing programming	Conduct operational research on specific topics (ex: increased maternal deaths due to uterus rupture in Nampula province)

5.2.3. How has the programme added value while avoiding duplication with other similar interventions in the country?

Interviews conducted at both central and local levels reveal a strong consensus among programme stakeholders regarding the significant added value of the initiative. Stakeholders particularly appreciate the timely provision of essential equipment such as vehicles, motorcycles, computers, tablets, printers, office desks, and chairs, at a critical time when the government lacked the necessary resources to procure such equipment, thereby ensuring improvements in functionality and efficiency of civil registration services.

The programme's progressive rollout and implementation of the electronic registration system have also been especially well-received. While not always smooth, informants overwhelmingly recognise that the supported advancements allowed the modernisation of the CRVS system, facilitating training for Conservators and Civil Registration Technicians, and equipping them with the skills needed to effectively manage and operate the new system.

In addition to this, stakeholders noted a significant increase in the outreach of civil registration services. The programme has expanded access, ensuring that more people can benefit from these

essential services. This broader reach has been instrumental in improving the inclusivity and comprehensiveness of civil registration, thereby supporting broader developmental goals.

The overall emerging perception is one where support was crucially needed and important, but it could also be interpreted as dependency from external support. This is clearly exemplified by the words of a MJCAR interviewee:

"Without UNICEF's support, we wouldn't have the system. We're catching a lift from UNICEF's support to the programme to move forward"
MJCAR interviewee.

At the same time, findings from interviews point to at least a partial overlap with the main other intervention supporting CRVS activities, the World Bank's Global Financing Facility (GFF) which also partners with MJCAR and MISAU. In this sense, there was no evidence of any functional coordination mechanisms between donors or implementing partners, which would allow CRVS stakeholders to meet and discuss program implementation and possibly avoid duplication, with the UNLIA meetings not properly ensuring participation of relevant stakeholders.

"I think each of them (CRVS actors, ed.) is working in its own field. So, the IOM is working in one kind of field, the WHO in another field, UNICEF in another field, the World Bank in another field. They're only more or less connected."
Central level respondent

At local level there was, however, evidence of coordination and collaboration between interventions. As an example, the CSE activist and the CRVS technicians interviewed in Nampula coordinated to avoid duplication at Health facility level. There, there are two CRVS registration posts at the same health facility: one run by CSE, which uses a camping tent and targets children from 6 months up to 13 years old; the other is the UNICEF supported registration post housed in the same room as the HF Administrative Staff which targets newborn children from 0-6 months. In any case, it seems that this type of coordination is not supported by a structured collaboration plan, but rather depends on the single implementing organisations or government departments.

5.2.4. To what extent have the various bi- (e.g., UNICEF and WHO) and multi-partite (e.g., UN and governmental ministries) and multi-sectoral (e.g., child protection, gender, health etc.) partnerships within the programme been effective and coordinated? How can the current collaborations be enhanced if the programme continues?

At donor level, interviews indicate that there is no direct formal coordination between GAC and government institutions regarding CRVS. As GAC is one of the GFF co-financiers, it does not interact directly with MJCAR and MISAU, but channels funds through UNICEF and WHO (for the UNICEF-WHO programme) and through the World Bank (for the GFF). While this is desirable to ensure a coordinated management of funds, the evidence suggests that more coordination mechanisms that include both government and donors could have potentially maximized the impact and avoided duplication of efforts.

At the level of UN coordination, UNICEF and WHO designed the programme with a clear separation of responsibilities: UNICEF leading the legislative reform and the work on birth registration, WHO leading the work on death registration and interoperability. While the design was logical and efficient, effectively leveraging on the added value of each organization, this segmented approach sometimes hindered a unified strategy. Collaborative missions and joint activities were occasionally undertaken, but consistent and integrated efforts were less frequent, reducing the potential for a more harmonized impact.

Reassuringly, the need to improve coordination is also explicitly recognized by both UNICEF and WHO. In the words of their staff members:

"We interact with WHO, with World Bank… but I agree we might improve coordination." – UNICEF Staff member

We do joint proposals, we start, we implement, but at some moment, for different reasons, other priorities, other activities, we lose the opportunity to have a joint offer, beyond joint monitoring and reporting. – WHO staff member

At government level, the work on CRVS witnessed varying degrees of success in coordination. During the initial period, the Ministry of Justice played a pivotal leadership role, leading GITEV, fostering frequent meetings, strong coordination, and overall ownership of CRVS strengthening efforts. This period was marked by effective stakeholder engagement and the capitalization of synergies in both legislative and operational CRVS efforts.

After 2020, there was a noticeable decline in the frequency of GITEV meetings mainly due to Covid-19 with restrictions on face-to-face gatherings and meetings from early 2020 to early 2022. This led to diminished coordination of GITEV and contributed to an overlap in donor-funded activities. As of 2023, the GITEV is not meeting as frequently, and participation of its members seems to be lower. It is worth noting how in this same period, the emergence of the global COVID-19 pandemic and the launch of other CRVS-related interventions contributed to diminishing the overall coherence of the interventions.

The evidence collected indicates a strong need to revitalize government ownership and coordination around CRVS. Informants expressed a clear perception that reinvigorating the impetus and leadership at the governmental level is crucial and recommended doing so unprompted. Moving forward into a third phase of the CRVS programme, essential steps will entail enhancing coordination among donors, improve integration UN efforts, and reinforcing the government's leadership role from the onset.

5.3. Effectiveness

This section examines to what extent the intervention has achieved its objectives along the result chain and for each intended outcome. In addition to this, it explores the factors that (positively or negatively) influenced the performance. The evaluators identified, though interviews and focus group discussions at district level, which approaches were most effective and why, in different contexts, with a focus on gender-responsiveness and community involvement. To assess this criterion the evaluation also relied heavily on the Performance Monitoring Framework shared by UNICEF in June 2024, for both structure and content.

5.3.1. Achievement of Outcome 1

Indicators were defined at intermediate, immediate outcome level as well as output level.[36] Some outcome indicators overlapped with output indicators, and others were not reported upon, as illustrated in the figure below.

Based on the latest Performance Management Framework (PFM) shared with the evaluators towards the end of the evaluation process, the identified indicators to monitor the creation of a gender responsive environment for civil registration include the amendment of the civil registration code and its dissemination, including activities for communication at community level.

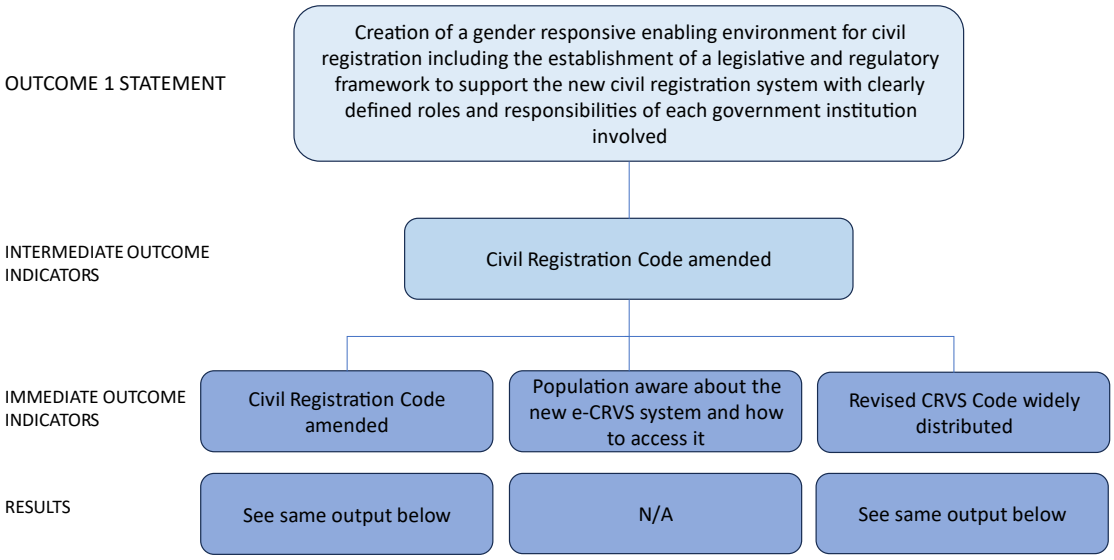
The revision of the code was completed, and the new code was published at the end of 2018, allowing the interoperability between civil registration and health information systems, and the electronic

[36] PMF, draft 03/06/2024

registration of vital events. The Code was printed and disseminated. Interviews showed that the law itself is known mainly at central level, while in the districts there is somehow a knowledge of the practical implications of the new Civil Code for registration of vital events.

Among the expected results, for the awareness and sensitization on CRVS it was set the ambitious target of "all citizens in Mozambique aware of eCRVS system". While proxy data such as the number of people reached with TV and radio spots and the number of leaflets and posters distributed are available and regularly reported, at the time of this evaluation UNICEF was conducting a national survey with the use of mobile technology to find out about people's awareness of eCRVS. The survey might be representative and provide data against this indicator at national level, but results were not yet shared with the evaluators.

Figure 5 – Outcome 1 indicators at intermediate and immediate level



Regarding the outputs for outcome 1, most of them were achieved, although some activities were only partially completed, and a few considerations shall be made. The table below summarizes the programme indicators at outcome and output level and the results achieved according to findings from secondary data sources (reports and assessments) and primary data sources (interviews and focus group discussions).

Table 9 – Achievement of outcome 1 outputs

Outcome 1 Outputs	Findings from secondary data sources (programme reports and assessments)	Findings from primary data sources (interviews and FDGs)
Civil Registration Code amended	Civil code amended in 2018 (allowing digitalization and interoperability of the CRVS system)	Revised Civil Code published on Dec 2018
Staff from the Public Notary officers under CRVS know how to operate the new System	620 MJCAR staff trained in 11 provinces	• Public notary officers in the districts confirmed they received training on the Revised Civil Registration Code and eCRVS • They knew that the code was amended to include interoperability of the civil registry with the health information system and to allow electronic registration of vital events

Outcome 1 Outputs	Findings from secondary data sources (programme reports and assessments)	Findings from primary data sources (interviews and FDGs)
		• Field visits to some health facilities indicated that there is a need to include *"atendimento humanizado"* (humanised treatment) in the training package for public Notary officers working at health facility.
Communication for Development (C4D) materials produced and disseminated through a mix of channels, religious groups, radios	• Mainstreamed eCRVS by UNICEF in all social and behavioural change platforms (radio, theatre, posters…) • Increased awareness of health workers on the importance of birth registration; the information has been added to the child health cards at health facility level and in the inpatients registers of paediatric wards at hospital level	• People interviewed at central level knew about the communication efforts from UNICEF and other partners to include CRVS in BCC activities • From field visits, there was evidence of communication on the importance of birth registration by public notary officers integrating mobile campaigns, health workers at maternity and community leaders. • Beneficiaries in FGDs reported satisfaction with theatre groups' performance and efficacious messages on birth registration. • Communication on death registration is a sensitive issue and the programme strategy was instead to sensitize clinicians on the need to provide death certificate for all cases of deaths occurred at health facility level
Community leaders aware of eCRVS and its accessibility	Community leaders received training and were involved in the notification system	• In all visited sites, community leaders and activists were trained to mobilize community members to better understand how to access (requirements, where and opening hours) and use civil registration services • In Zambezia, UNICEF worked closely with the Provincial Secretary of State in the training of community leaders on issues related to birth registration. • A training manual[37] was developed in 2019 with key messages and orienting steps for the community leaders on birth registration and other relevant issues such as prevention of child marriage, health, nutrition and sanitation • A religious leaders guide[38] for the promotion of health, education and child protection was developed by UNICEF, MISAU and Council of Religions of Mozambique (COREM) including birth registration, beliefs and habits regarding access by women to registration services for the newborn
Revised Civil Registration Code	New Civil Registration Code disseminated at both central and local level	• The registration code is well known, especially at central level

[37] UNICEF & Secretaria do Estado de Zambezia e Nampula. 2019. Guião de facilitadores para Capacitação dos Líderes Comunitarios: Nutrição, Saneamento, Casamentos Prematuros e Registo de Nascimento
[38] MISAU, Conselho das Religões em Moçambique (COREM & UNICEF). Guião dos Líderes Religiosos para a Promoção da Saúde, Educação e Protecção da Criança. 1a edição 2014.

Outcome 1 Outputs	Findings from secondary data sources (programme reports and assessments)	Findings from primary data sources (interviews and FDGs)
printed and disseminated		• The opportunities of the new law (single mothers can register the child on their own) are generally known and appreciated by the beneficiaries
Civil Registration Staff aware and applies new eCRVS system	See same indicator above	

While the civil registration code was amended in order to allow the digitalization of the CRVS system and the interoperability with the health information system, the training of relevant staff and the communication for behaviour change at district and community level still require further activities and support.

Field visits showed the need for stronger male engagement, with several feedbacks from interviews and FGDs showing that, while the law allows for example the newborn's registration by the mother (with later addition of father's name), more work is needed at community, household and individual level to improve women's access to birth registration services at health facilities. Husbands, other relatives or community leaders who have influence on women, might negatively influence women not to access birth registration services on their own. For instance, in the city of Quelimane an interviewee said:

> *"Laws are produced, yes, but we have to reconcile them with the way we live our daily lives, because empowering women through a law is not enough. We need to understand how that community behaves when faced with this issue of female power. Because she may have legal power, but her husband may say she doesn't. What prevails? What prevails? Whatever the husband says. So more than just having a law, it's necessary for the man in particular to be aware that she can do this on her own..."*
> Female Interviewee, Zambezia province

Although FGD participants recognised that civil registration services are equally available for both men and women, there is a perception that Registration Posts located in Health Facilities can be more accessible to mothers seeking health related services for the children. This is an opportunity for them to be sensitized on civil registration needs and they can be approached by the Public Notary officers at the health facility or referred to them by the health workers themselves. Still, more communication and community mobilization are required to ensure that male partners accompany women to the registration post, for both parents to complete provision of nominal information to register the children. As stated in an FGD in Nampula province:

> *"It's great that they opened this registration point here at the Hospital. It really makes it much easier. The person does not have to walk twice to register. It is possible to register in one location, while seeking for healthcare services. Now we must also mobilize the community, so that the parents help us complete the data on the names of their parents and grandparents."*
> *FGD Woman participant in Rapale*

Sometimes parents do not have IDs and they are afraid they need to pay to register the child because they are also not registered. As stated by a community leader in Zambezia:

> *"The other thing is that if mom doesn't have an identification document, and dad doesn't have one too, it's difficult. Because the child to register, it depends on dad's and mom's identification. Now, those people who do not have all the documents, don't go to the registration point and ask what? To register the child"*
> *Female Interviewee, Zambezia province*

Factors influencing the achievement of outcome 1 results.

Among the factors reported by interviews that facilitated the achievements, we can mention:

- Political will and coordination efforts under the leadership of the Ministry of Justice with support from UNICEF, especially at the beginning of the programme and succeeding in the mobilization of resources;
- Training on the new system of civil registration (eCRVS) for Public Notary officers at all levels with support from UNICEF;
- eCRVS integrated into Social and Behavioural Change Communication strategy by UNICEF and WHO.

Among the factors that negatively influenced the results, we could identify:

- Fragile coordination in the last period of implementation and unclear governance of the CRVS system at the present moment;
- Stakeholders' turnover and little institutional memory (new partners' implementing activities and others leaving the coordination mechanisms);
- Directors' substitution at central level without proper handover on the programme objectives and implementation status;
- Turnover of staff at all levels and the need for continued training;
- Cultural beliefs and habits, especially related with gender aspects.

5.3.2. Achievement of Outcome 2 targets

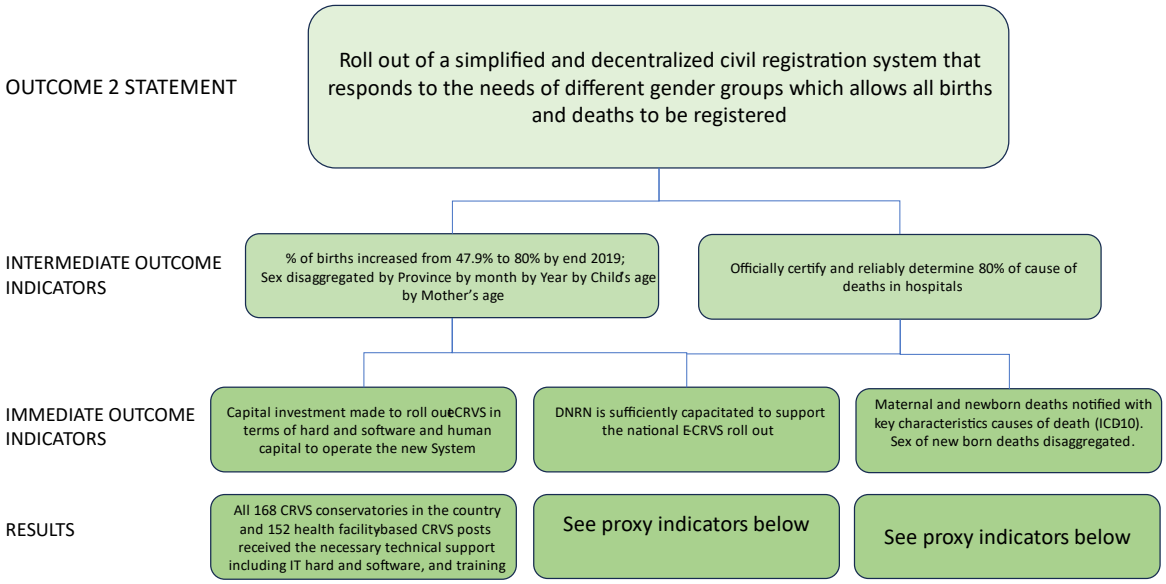
The second outcome of the programme aims at "roll out and decentralize the electronic civil registration system to capture all births and deaths". An intermediate outcome indicator was identified, according to Performance Monitoring Framework (draft 03/06/2024), and it includes two targets: (i) registered births up to 80%; (ii) certified hospital deaths up to 80%. Results on these two indicators are not available/verifiable with data available at the present moment.

Regarding the immediate outcome indicators identified, we could see that:

1. The first result includes the capital investments done to roll out the system and guarantee operability at all levels. It has been reported that all conservatories at national level and 152 registration posts in health facilities (out of 287 initially planned) were equipped and the relevant staff was trained for the use of the new system. The level of investments done and the efficiency in resource allocation and utilization are detailed in the section below. It is important to note from the field visits that some equipment was not in use and physical space at health facilities was a constraint in some places to deliver registration services.
2. The second result was about the capacity developed of Public Notary officers (DNRN staff) at all levels. Data are available on the number of officers trained for each province/district. Staff turnover and beneficiaries' satisfaction with the service provided are two key elements to understand if the capacity can be considered sufficient to support and maintain the system. Data on these two elements are although not available at present.
3. The third result is related with the surveillance system for maternal and neonatal deaths, including internal audits on the causes of death. While the notification of deaths for these two priority groups is increasing and the causes of notified deaths are identified and discussed, still the target of 60% was not verifiable and notified maternal deaths are far below expected ones, as explained in the impact section below. Many activities were carried over and WHO's support recognized by interviews at all levels, as a result maternal and neonatal deaths committees exist from district up to central level and the surveillance of maternal and neonatal deaths is integrated into the HMIS.

The figure below represents the statement of the second outcome of the programme and the related indicators at different levels. Results are indicated for the immediate outcome level when available.

Figure 6 – Outcome 2 indicators at intermediate and immediate level



Considering the outputs defined in the programme document, the evidence collected indicates that most of them were partially achieved, and support is still needed for further improvements.

The table below summarizes the programme indicators at output level and the results achieved according to findings from secondary data sources (reports and assessments) and primary data sources (interviews and focus group discussions).

Table 11 – Achievement of outcome 2 outputs

Outcome 2 outputs	Findings from secondary data sources (reports and assessments)	Findings from primary data sources (interviews and FDGs)
Hard-and software for all 168 Conservatories and 350 PAs procured and distributed nationwide	All 168 CRVS conservatories received IT equipment to operationalise the e-CRVS	The equipment provided by the programme was considered by interviewees at all levels an important contribution for the activities due to the scarce allocation of domestic and other funds
Hard-and software for all 24 hospitals and 287 health centres procured and distributed nationwide	• 152 health facility-based CRVS posts received IT equipment to operationalise the e-CRVS • In terms of investments, it is important to note how the number of rehabilitated CRVS posts in health facilities increased from 74 in 2021 to current 152 posts nationwide.	Some of the equipment provided was observed as not yet assembled or in use, or with poor quality in some registration posts at health facilities. Ex: Printer not installed in Jangamo; Desks and chair not assembled in Rapale; Computers waiting for IT experts in Morrupula The provincial and district authorities were aware of the issues and they were doing follow-up to solve the problems.
Equipment for INE and DNRN procured	• INE received 1 Server, 24 Laptops, 15 Tablets, 21 Desk Tops to facilitate development of the Annual Vital statistics reports • Over 90 per cent of obsolete ICT equipment due for replacement was procured and distributed across the country	All interviewees from INE and DNRN recognized that the programme support was very useful in terms of equipment and other material for the running of the registration services and the production of vital statistics

Outcome 2 outputs	Findings from secondary data sources (reports and assessments)	Findings from primary data sources (interviews and FDGs)
DNRN staff nationwide capacitated to support the eCRVS system with SMS notification	Pilot test done in Zambezia province, the test was expanded at national level, reports produced until 2022.	• Interviews with provincial officers from MJCAR and UNICEF in Zambezia indicate that the USSD system using mobile technology for vital events notification/pre-registration at the health facility and in the community was only piloted in two districts (Quelimane and Gurué). In these districts, health workers, community agents/activists (Agente Polivalente Elementar) and community leaders were trained to use such technology. • The pilot was expanded to other provinces and the USSD system for notifications was implemented but sometimes discontinued due to financial constraints (it requires the payment of subscriptions to mobile phone companies and the availability of connected mobile phones to send SMS messages). • Challenges for the transmission of the SMS notification were reported after the pilot testing (no credit or no connectivity)
Staff from 350 PAs know how to use SMS notification of births and deaths	The training included SMS notification	Civil servants at conservatories mentioned the training to use SMS notification but there was no evidence that the system was operational at the time of the field visits
At least 2 exchanges per year facilitated and 2 international meetings attended	Government's participation in 8 international meetings	• UNICEF and WHO interviewees mentioned Government of Mozambique's participation in the CRVS inter-ministerial meetings in Addis Ababa • Interviewees reported that Government's involvement in international meeting was a good point for political commitment and accountability
Quarterly GITEV meetings held	• UNICEF and WHO participated in GITEV coordination meetings until 2022 • GITEV meetings occurred regularly until 2022 • In 2023 there is no evidence of GITEV meetings	• UNICEF and WHO interviewees reported that GITEV meetings used to be regularly conducted until 2022 • An interviewee working at the Ministry of Justice (MJCAR) mentioned a GITEV meeting in 2023.
Adequate support provided to the field	4 joint monitoring visits were undertaken per year	All civil servants' interviewees at provincial level recognized both UNICEF's and WHO's support, respectively for civil registration and for the certification of deaths at hospital level
New forms on all four vital events improved and produced	UNICEF provided support for annual procurement of forms and registration books. Priority was given to the registration of births and deaths according to the ultimate programme outcome.	• UNICEF's support recognized by interviewees at provincial level • All the visited districts reported period of shortages of supplies for Registration Books, and the need for external support to reprint some copies locally.
Operational research and analysis undertaken alongside the project	One Operational research undertaken in year four of the programme in addition to the CRVS Gender Assessment completed in year six of the programme	• CRVS gender assessment was mentioned by several key informants from UNICEF. • Evaluators did not receive the operational research and key informants did not mention it.
National maternal and child health committees operational (at least two national meetings conducted by year)	National meetings regularly held until 2022	MISAU interviewee recognized WHO support for the logistics and financing of the national meetings

Outcome 2 outputs	Findings from secondary data sources (reports and assessments)	Findings from primary data sources (interviews and FDGs)
Continuous mortality survey system in place in Maputo city and other provincial capitals	• The Hospital Data Management System is being used by the MISAU in all hospitals • The above-mentioned system has a specific module for death certification • The MISAU requests that all deaths at hospital level shall be certified according to international standards	• WHO developed capacity at provincial level for the analysis and dissemination of mortality data at health facility level • No data on perinatal deaths • Limited/no data for surveillance at community level
Strategy developed to capture information about deaths at community level, including the use of verbal autopsies	• Strategy developed under another project (COMSA)	This activity was carried over by another project through the INS
All provinces have staff trained in certification of causes of death following a task-shifting model	• An Advanced Course on Death Certification was approved and endorsed by the MISAU and embedded in the HR training Department's online platform (Telessaude)	• 542 health workers trained in death certification and identification of causes, in accordance with the international classification of disease (source: MISAU-DRH) • The meeting conducted in Nampula Central Hospital indicated that there is a need for refreshment training to improve the ability for correct coding and identification of causes of death. • Shortage of ICD-10 manuals at district level has been reported in some visited sites.
Information about causes of death at hospital level accessible to the eCRVS system	The Health Management Information System is interoperable with eCRVS	Interoperability of hospital death information system with eCRVS for death notification was only set-up in a few sites (ex: 6 out of 26 HFs in Zambezia)
Methodology for SMS notification at health centres designed and operational	The Health Management Information System is interoperable with eCRVS	Interoperability of hospital death information system with eCRVS for death notification was only set-up in a few sites (ex: 6 out of 26 HFs in Zambezia)
eCRVS with link to SMS notification methodology designed and tested	The Health Management Information System is interoperable with eCRVS	Interoperability of hospital death information system with eCRVS for death notification was only set-up in a few sites (ex: 6 out of 26 HFs in Zambezia)
MISAU staff trained on production of vital statistics	195 MISAU staff in 9 provinces trained to produce reports on mortality and its causes	• MISAU interviewees at provincial level confirmed they received the training • For this activity, WHO worked directly with each Province and this approach was recognized as efficacious (see below)
DNRN fully operational to guide, coordinate, monitor and supervise the eCRVS	• 100 Motorbikes purchased for provincial and district level DNRN staff to improve monitoring • The DNRN received vehicles and a minibus. •	• UNICEF's support was recognized by notary officers interviewed at district level to operationalize the system • Internet connectivity is a bottleneck for an online-based system • System maintenance is an issue in all districts
National Call Centre for CRVS established and linked to database across the country; system is operational	The electronic system has been developed for CRVS	• The eCRVS has been established with support from UNICEF as referred by public officers at central level (DNRN) • The system is functioning, although completeness is still limited (see impact below)

Outcome 2 outputs	Findings from secondary data sources (reports and assessments)	Findings from primary data sources (interviews and FDGs)
		• No evidence of the functionality of the National Call Centre • Interoperability between different systems (health facilities, civil registry and vital statistics) is still very limited • No interoperability with ID system
DNRN at all levels assessed to define level of investment across the board	DNRN completed a 10-year CRVS strategy including a five-year operational strategy that details the level of investment needed across the board.	• GITEV managed to mobilize further resources over the years (GFF among others) • The documents (CRVS strategy and operational plan) are available as a draft • No official endorsement yet

The electronic CRVS system has been created and the support from this programme has been recognized by several interviewees at central and provincial level. From the findings, the system still needs resources for maintenance, improvements and further expansion. Service providers and beneficiaries complained about the inconsistent availability of network to operate the electronic system. Many interviewees in the districts reported constraints to get the proper certificate at the registration point (still paper-based) and the need to do more than one trip to the conservatory that is actually responsible for the approval and the release of the certificate.

"One of the major constraints in the field was to obtain the approval of birth registration submitted to the conservatories. There is a delay in the submission and approval processes. The main cause is the partial availability of internet connection for data transmission and the shortages of the staff responsible for the approval. In these cases, the system is not working (não há sistema)."
Male Interviewee from Zambezia

WHO and MISAU interviewees reported health workers' satisfaction with the course on death certification. The modules were delivered with mixed methods: both an online platform and in presence. Lots of discussions occurred among participants and interests for the topic was high. It was the national course from telessaude platform with the highest number of participants (only after the COVID-19). One interviewee indicated that:

"At the end of the course, clinicians were not leaving the training room. They kept on discussing and discussing on the causes of death for a specific case."
Male WHO Interviewee

With funds from this programme, the course was adapted by WHO with assistance from the University of Toronto (CGHR). The University Eduardo Mondlane and the CISM were also involved in the course at country level. However, improvements in the Portuguese language for some of the sessions are needed.

Factors influencing the achievement of outcome 2 results.

Among the factors reported by interviews that facilitated the achievements, we can mention:

- Development of user-friendly tools for the registration of vital events
- Support from UNICEF for the purchase of equipment and rehabilitation of registration posts
- Availability of registration posts within/next to health facilities
- Direct support from WHO to the provinces for mortality statistics

Among the factors that negatively influenced the results, we could identify:

- Interoperability between the health information system and the electronic registration system (eCRVS) not working in the majority of the sites
- Activities for death registration concentrated only at health facility level (but majority of deaths occur at home)

- Mobile phone notifications of vital events at community level not implemented (pilot done but no expansion)
- Limited space for registration posts within some health facilities
- Scarcity of DNRN staff to further increase registration posts at health facilities
- Online-based system not always working with existent infrastructure and maintenance is required.

5.3.3. Extent to which different approaches were effective

To understand how the different approaches adopted by the programme worked, it is important to understand that the programme operated in very different context, at different times, and under different assumptions, not all of which necessarily held. In the case of this programme, in particular, contextual factors encompass the unique environmental, social, economic, and political conditions that over the course of seven years influenced the CRVS area. The evaluation and the reflection around the theory of change identified three sets of contextual factors or assumptions around which the effectiveness of the programme approaches revolved: presence of humanitarian crises (natural disasters or security instability); institutional ownership; and capacity to articulate and adapt the programme at the local level.

Humanitarian crises. The most important disasters affecting the programme during its duration was surely the COVID pandemic. Several interviewed reported that COVID was a major disruption in the programme plan. In response to the spread of COVID-19, Mozambique´s civil registration authority (Direção Nacional de Registos e Notariado) reduced operations at its registration offices to limit people-to-people contact. The number of staff in registration offices was initially reduced to 50% and employees were placed in a 15-day rotation. Registration offices at health facilities were closed to prevent infection. The outbreak of COVID-19 led to a 31% decrease in birth registrations between March and July 2020.[39]

In addition to this, as mentioned above, natural disasters also played a role but only in some provinces. The table below provides an overview of the cyclones and tropical storms that affected the country during the programme implementation period.

Table 12 – Cyclones and tropical storms that made landfall in Mozambique between 2016 and 2023

Year	Cyclone / Tropical Storm (TS)	Provinces affected
2017	Cyclone Dineo	Inhambane
2019	Cyclone Idai	Inhambane, Sofala, Manica, Tete, Zambezia, Niassa
2019	Cyclone Kenneth	Cabo Delgado
2021	TS Chalane	Sofala, Manica
2021	Cyclone Eloise	Sofala
2022	TS Ana	Sofala, Manica, Tete, Zambezia, Nampula, Niassa
2022	Cyclone Gombe	Sofala, Zambezia, Nampula
2023	Cyclone Freddy	Zambezia

[39] See Dokovi Z., "Technical Brief - Maintaining civil registration resilience amid the COVID-19 crisis: Mozambique's vital events notification system", https://idl-bncidrc.dspacedirect.org/bitstream/handle/10625/60240/IDL-60240.pdf

In addition to this, as mentioned above, political instability and insecurity also affected the programme effectiveness, at first in the central provinces with the RENAMO insurgency and later in Cabo Delgado and Nampula.

Institutional ownership. As mentioned, the GITEV was the main coordination group for policy makers at national level. The evaluation can confirm the same consideration stated in the Gender Review of the Mozambique's Civil Registration and Vital Statistics - CRVS Systems, 2022:

"the fluid articulation between the different stakeholders of civil registration is still a work in progress" (ibid page 10).

Several interviews at central system level reported that government, international agencies (such as UNICEF) and aid institutions are engaged, but in a somewhat fragmented way. Among the evidence of the weaknesses regarding the ownership of policy makers at national level, we could observe:

- Fragmentation of initiatives and weak coordination means that Government still needs to find a unified voice and coordination mechanisms for CRVS (see coherence chapter);
- Sometimes the proposal of Provinces to be supported comes from partners, rather than being agreed with Government;
- Financial ownership is also at risk – Government is still dependent on development aid for CRVS, which could not be sustained by public resources alone;
- Intermittent participation in meetings by Government's officials
- There is a need to advocate for the mainstreaming of CRVS in new projects proposals from different sectors (ex: maternal, neonatal and child health; education, IT innovation…) sometimes do not take into consideration the CRVS programme

In this sense, the considerations included in the 2022 Gender Review of the Mozambique's Civil Registration and Vital Statistics Systems still hold in 2024:

"Civil Identification was not thoroughly involved from the onset, despite attempts for ensuring their participation and engagement to collaborate. This has limited their participation in the field visits and at the central level." (ibid, page 28)

Articulation of the programme at the local level. Regarding the perception of engagement at provincial level, the evidence collected indicates that provincial partners generally perceive the program as part of the approved activities designed at central level. As such, government at provincial level usually limits itself to waiting for instructions, receiving resources and equipment, and implementing activities, with little involvement in the planning process. The general impression is that the implementation plan is mainly guided by decisions at central level.

Officially, the planning and budgeting processes initiate at district level, moving up to the provincial and central level. But, in accordance with the interviewees, currently, there is little room to plan or incorporate activities along the chain of this inverted cascade.

At community level, although community representatives (leaders and members) have very limited knowledge of legislation, they are regularly engaged and involved as an entry point to introduce campaigns and mobile brigade's activities at local level (in Zambezia, engagement include religious leaders and community radio representatives).

According to the interviews, community and religious leaders were involved in behaviour change activities by FORCOM and PIRCOM. Community leaders are supposed to notify conservatories in case of a birth or a death in their community. Other stakeholders, such as Sant' Egidio Community in Nampula, are actively involved in the implementation of civil registration interventions, in close coordination with the Provincial Directorate of justice. Currently, the St. Egidio Community is implementing civil registration interventions using the electronic system, at health facilities-based registration posts, covering the age group from 6 Months to 14 Years (Bravo Program - Registo Existo).

Community engagement and mobilization is part of the intervention implemented, also using community Radio and Mobile Brigades.

Figure 7 - Health Facility Registration Post - Rapale, Nampula

Figure 8 - Grupo Teatral Retratistas (GTR), Milange district, Zambezia

In Zambezia, the implementation partner is a theatre group called the "Grupo Teatral Retratistas"(GTR) which has its headquarters in Quelimane and representation in 10 districts including Pebane and Milange districts included in the evaluation. GTR has been working with UNICEF since 2013, although it has not been continuous, with cyclical contract renewals. During the program implementation period, GTR had a contract with Save the Children from approximately 2017, which was abruptly terminated in 2019/2020, with no communication on the reason why. An accord was signed with UNICEF in 2020, which included CRVS strengthening activities. GTR use community theatre as an SBCC tool where the community watches the play and also participates. It has also used community radio particularly during COVID-19 restrictions to record skits and short production plays on themes including birth registration. The services provided are offered in non-discriminatory manner and all interviewees presented no barriers to access the services, except for institutional barriers (availability of registration posts with functional equipment and supplies) and economic barriers (travelling distances and cost to get some of the services).

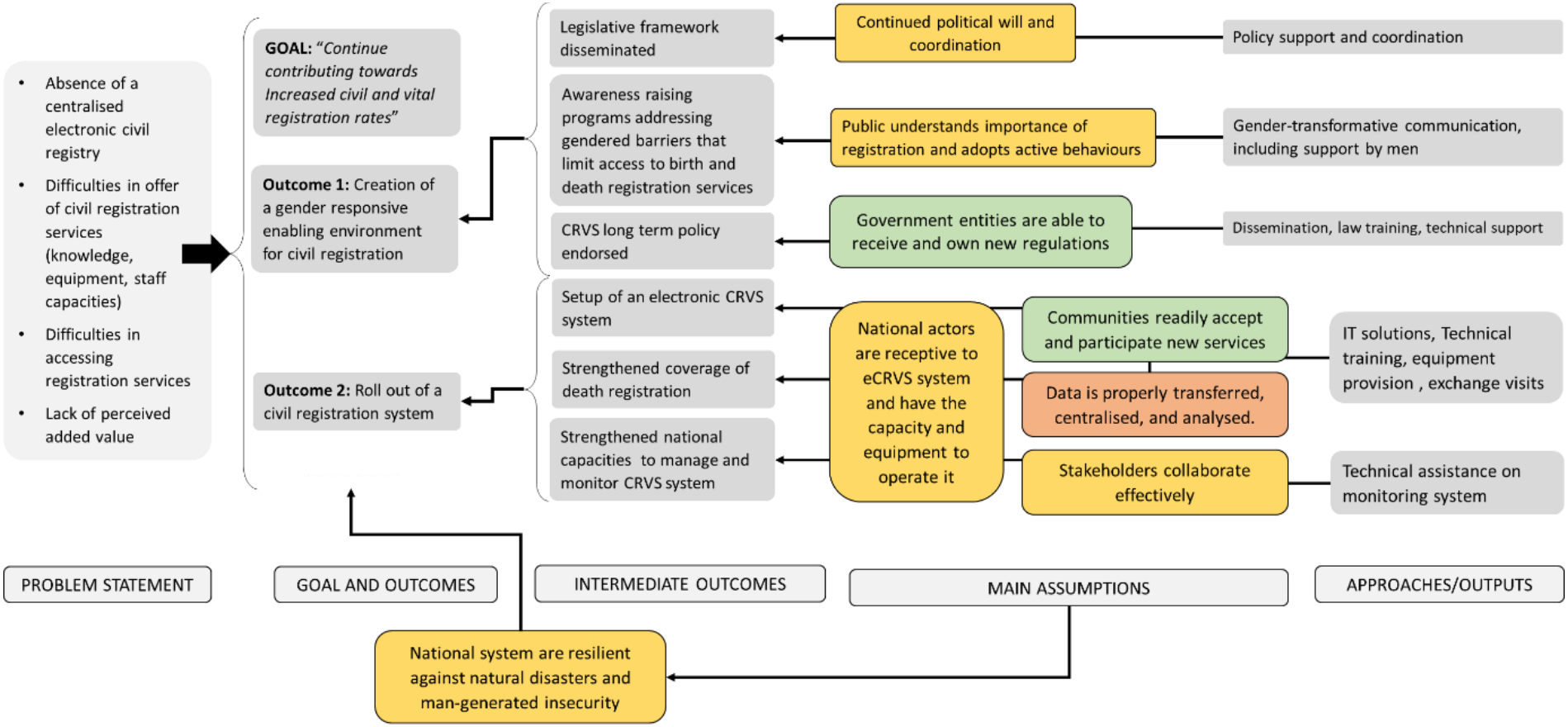
5.3.4. Which of the programme approaches have been most effective to enable and promote CRVS?

Based on the available evidence, the following considerations can be made on which programme approaches demonstrated the most effectiveness in strengthening CRVS systems:

- Registration campaigns were highly effective, but also much more costly and inefficient than routine registration in conservatories, as compensating staff for travelling is unsustainable;
- It is difficult to pair registration campaigns with the MISAU's vaccination campaigns. As vaccinations are faster than registration, in the same day the MISAU's brigades might finish and then have to wait for MJCAR to finalise registrations;
- At the same time, campaigns are really appreciated, especially among adults that cannot or are not willing to pay for a registration fee.

Based on these considerations and on the reflection on the theory of change, it is possible to provide a visual representation of how the programme's initially envisioned logic fared against the reality of its implementation. The following graph mirrors the reconstructed Theory of Change as in chapter 2, but includes a colour code indication whether the identified assumptions held (green), partially held (yellow) or did not hold (orange).

Figure 9 - Schematic overview of the programme theory of change – assessment of assumptions



5.4. Efficiency

Efficiency refers to the extent to which the intervention delivers results in an economic and timely way (cost-effectiveness), as well as how well the intervention was managed (operational efficiency). In this section, the evaluation attempts to assess the adequacy of resources in both the programme outcomes.

The evaluation met considerable challenges in assessing the efficiency of the programme. The main limitation was the availability of financial data. The reporting available to the evaluation is notably lacking in detail, consisting solely of macro-aggregated data categorized by cost types. This absence of detailed financial information makes it challenging to link costs to specific outputs and outcomes, thereby complicating efforts to connect expenditures to the results chain. Furthermore, there is no evidence of gender-responsive resource allocation within the program or the CRVS system, as the programme budget and financial reporting did not include a gender dimension (e.g., through a gender marker) for its results and activities.

To overcome these challenges, the evaluation integrated the available data with qualitative information about the efficiency of the programme based on stakeholder perceptions and informants' insights, but it is important to note that validity of these findings remains limited. Regarding the efficiency of coordination mechanisms, the evaluation gave special attention to efforts made by the project teams during programme implementation to make use of pre-existing institutions, agreements and partnerships, data sources, synergies, and complementarities with other initiatives, even if these were not clearly documented.

Descriptive analysis of available financial data. The Final Certified Financial Report of June 30, 2024, shared by UNICEF indicates that, as of December 31, 2023, UNICEF and WHO had received USD 19,745,327.18 from Canada. UNICEF spent USD 15,764,590.08, whereas WHO used USD 3,783,283.83, adding to USD 19,547,873.91 as the total disbursement, for an implementation rate of 99.7%.

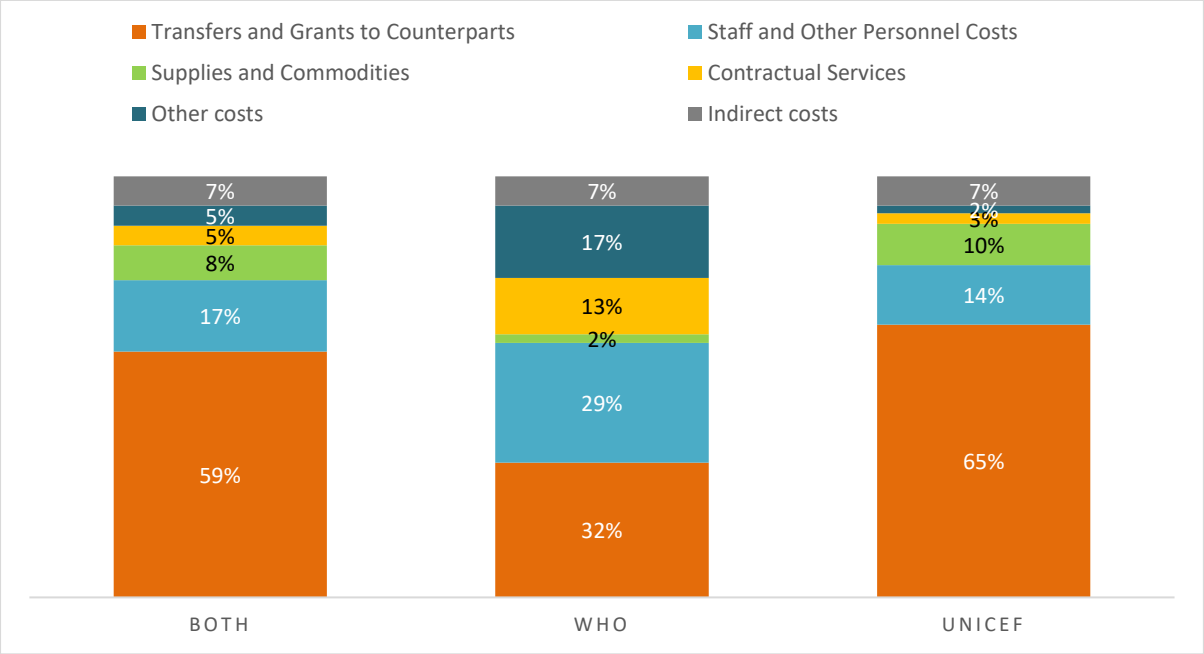
Table 9 – Programme Final Certified Financial Report

Income and cost categories	UNICEF			WHO			CONSOLIDATED		
	Prior Years	Current Year	Total	Prior Years	Current Year	Total	Prior Years	Current Year	Total
Income									
Contributions	15.764.590	-	15.764.590	3.783.284	-	3.783.284	19.547.874	-	19.547.874
Total Income	15.764.590	-	15.764.590	3.783.284	-	3.783.284	19.547.874	-	19.547.874
Expenditure									
Programme costs									
Staff and Other Personnel Costs	2.131.286	104.259	2.235.545	1.067.593	11.723	1.079.316	3.198.879	115.982	3.314.861
Supplies and Commodities	1.451.680	93.198	1.544.877	78.622	22	78.644	1.530.302	93.220	1.623.521
Equipment, Vehicles and Furniture	-	-	-	187.752	-	187.752	187.752	-	187.752
Contractual Services	388.416	16.987	405.403	488.899	18.357	507.256	877.315	35.344	912.659
Travel	106.810	23.713	130.522	255.247	12.693	267.940	362.057	36.406	398.462
Transfers and Grants to Counterparts	9.255.738	963.770	10.219.507	811.545	405.803	1.217.348	10.067.283	1.369.573	11.436.855
General Operating + Other Direct Costs	134.999	12.408	147.407	195.639	1.612	197.251	330.638	14.020	344.658
Total Programme costs	**13.468.928**	**1.214.333**	**14.683.261**	**3.085.297**	**450.210**	**3.535.507**	**16.554.225**	**1.664.543**	**18.218.768**
Indirect support cost	942.825	85.003	1.027.828	215.971	31.515	247.486	1.158.796	116.518	1.275.314
Total Expenditure	**14.411.753**	**1.299.337**	**15.711.090**	**3.301.268**	**481.725**	**3.782.993**	**17.713.021**	**1.781.062**	**19.494.083**
Balance	-	-	*53.500*	-	-	*291*	-	-	*53.791*

The figures presented by the statement refer to only two points in time, 2023 and prior years. The programme team also shared data on yearly expenses for all the years of the programme (available in Annex 8.10), but with a different disaggregation compared to the financial statements. In any case, categories of expenditure from 2016 to 2023 could be reconstructed from annual reports to the donor (see graph below). In addition, as mentioned, the categories of expenditures – staff and other personnel costs, supplies and commodities, contractual services, travel, transfers an grants to counterparts, general operating and other direct costs, and indirect support costs – do not offer any hints on how resources were allocated to each results.

A descriptive analysis of the available figures allows some considerations to be made. UNICEF allocated the majority of its budget (65%) to transfers and grants to counterparts, reflecting a strong focus on funding external partners and local entities. Detailed financial data on the usage of these allocations is however not directly available. In comparison, WHO allocates a lower portion of its budget (32%) to transfers and grants, which means that investment on staff was higher for WHO (29%) than UNICEF (14%). Compared to UNICEF, WHO spent less on supplies and commodities (2% against 10%), but more on equipment (5% against 1%).

Figure 10 - Expenditure by costs category, based on Final Certified Financial Report



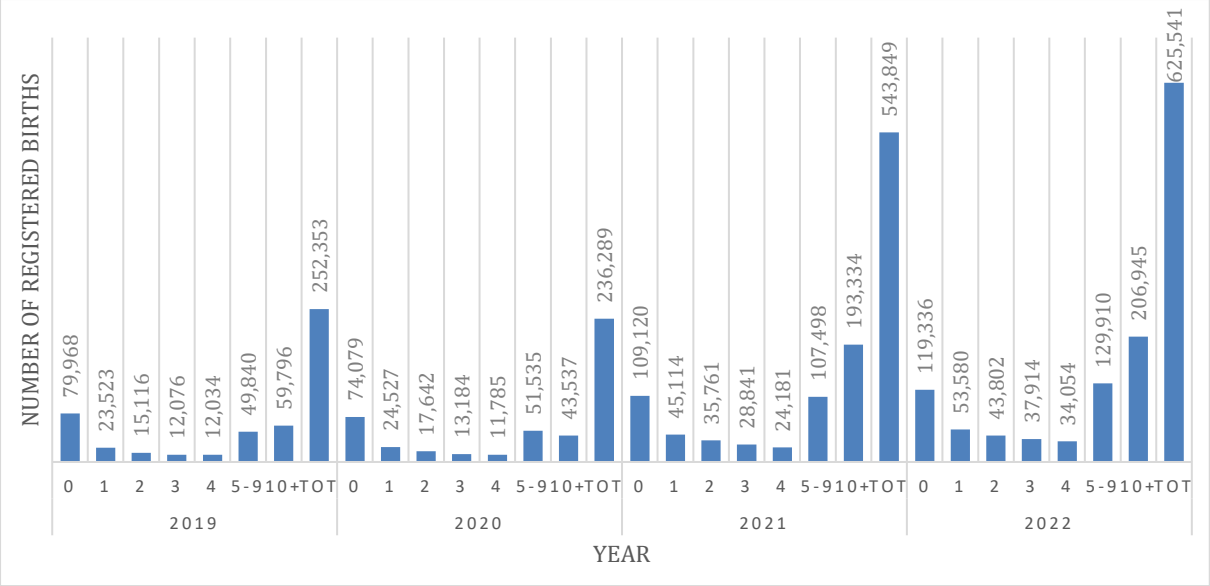
Estimations of unit costs. Based on the impact data on registration rates and the available financial data, the evaluation attempted to estimate the unit costs of registration (both birth and death). It is important to note that without detailed financial data on costs per results, this estimation is inevitably biased. Some programme costs should be considered fixed costs and therefore should not be included in the calculation, and vice versa, some costs that contributed to the development of registrations (such as government-born costs, community time and engagement, etc.) cannot be included in the analysis. As such, these findings should not be overinterpreted.

We consider that the costs categorised as supplies and commodities include the costs of paper, internet and IT for the province to work on the e-CRVS; the category as contractual services was for the training for the CRVS, the Vital statistics and for the mobile phone notification; the general operating and other direct costs were used for maintenance of the location and systems and the indirect support costs were used for payment of taxes. These costs were considered recurrent for the

eCRVS system programme and are used for unity costs for the children assisted with the birth registration and for the death certificates.

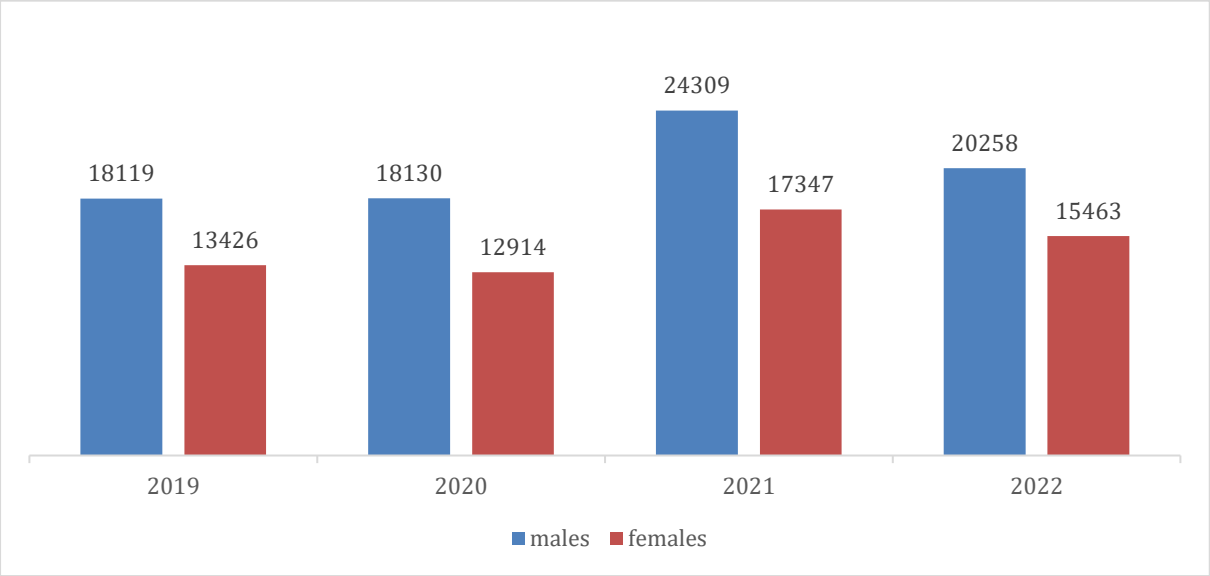
Considering costs with supplies and commodities, contractual services, general operating costs, other direct costs, and indirect support costs, each certificate has an average cost of USD 2.31. The evaluation is considering the data from 2019 and 2022 (1,658,032 births and 139,966 deaths, total of 1,797,998 certificates) registered by the e-CRVS. The figures below below present the number of registrations supported by the programme, based on eCRVS data.

Figure 11 - Number of births registered in eCRVS according to age at registration, 2019-2022



Source: e-CRVS

Figure 12 – Number of deaths registered in eCRVS, 2019-2022



Source: e-CRVS

Perception of the programme efficiency by beneficiaries. The beneficiaries, and particularly government staff involved in interviews, expressed a range of views on the efficiency of the CRVS programme. Overall, many perceived the usage of the programme resources positively, noting

significant improvements in civil registration services. Some key points from interviews and FGDs include:

- Recognition of functionality improvements, including by equipping 300 registration posts with computers and trained staff;
- The reliance on an online system was overwhelmingly recognized as a bottleneck for efficient registration;
- The lack of resources allocated to the digitalisation of historical records was also mentioned by MJCAR staff as a barrier to fully register the population;
- Higher costs associated with registration campaigns, compared to routine registration processes;
- Need for increased resources for real-time monitoring and analysis of eCRVS data. At the moment, MJCAR does not have the ability to analyse its own data.

5.5. Sustainability

This section examines how the benefits deriving from achieving the project results are likely to be maintained and developed. In particular, it focuses on what systems and place the programme was able to put in place to this end, and how UNICEF and WHO can invest in them beyond 2023. This criterion was assessed qualitatively through desk review, interviews and FGDs.

5.5.1. To what extent are capacities and changed perceptions likely to persist after the programme is closed?

One of the main achievements of the programme was to increase the national capacities of the eCRVS system. Regarding the investments made in the training of MJCAR human resources, the results of the evaluation indicate that the capacities build through this approach are likely to persist, as trainings were consistent with the needs of the justice sector. The cadre of trained personnel in birth registration includes:

- Conservators and Civil Registration Technicians on the revised Civil Registration Code and operating the eCRVS system
- Community and local leaders and implementing partners on the application of the revised Civil Registration Code and eCRVS system.

On the health side of the programme, trained personnel on the cause of death classification include clinicians and medical personnel on the ICD coding and case of death classification. Considering that the training offered was carried out for personnel already hired and integrated into the State's payroll, the capital of knowledge and experience acquired by the personnel is likely to remain within the institution, since the trained personnel are an effective part of the MJCAR and MISAU staff.

Interviews also indicate that the investment made in Human Resources training is generating a multiplier training effect, especially among Civil Registration Technicians, as the sharing of knowledge and experiences between colleagues and peers is part of the institutional culture and through the Training of Trainers approach where trained CRVS technicians replicate the trainings to other technicians that couldn’t participate. Fieldwork visits confirmed an on-the-job training approach of untrained CRVS staff, which allows more technicians to acquire knowledge and experience to carry out the tasks of initiating and completing the civil registration process. However, to ensure that the gains achieved with the training and capacity building investment are not eroded over time, it is of paramount importance to ensure that the next planning cycles within the CRVS/Justice sector includes planned, periodic recycling and refreshment training activities. Another risk to consider includes the

negative impact of staff mobility. This can be mitigated by making institutional manuals and training materials readily available and accessible.

The sustainability of gains in strengthening Human Resources capacities can also be seen at the Ministry of Health level, where the Maternal and Neonatal Deaths Committees demonstrated skill transference in the data collection instruments, methods and techniques of ICD coding and cause of death classification. The committees operate in collective networks of mutual support and peer supervision, which guarantees sustainability of acquired skills. With regard to the Technicians who handle the databases of the Hospital Data Management Modules, there is a need to reinforce training activities, focusing on strengthening identification and ICD coding criteria to register causes of death. Considering the structural and behavioural limitations of access and use of civil registration services in Mozambique, explained in the context section of this evaluation and reaffirmed by interviewees and FGD participants, it is more than likely that the demand from users and beneficiaries of the services promoted by the programme will persist in the short, medium and long term. This seems clear taking into account:

- the growing need and demand for these services;
- the gradualism that characterizes investments to improve infrastructure and the capacity to provide these services by the Government and stakeholders (in a context of a country affected by extreme events such as military conflicts and natural disasters);
- the characteristics of Mozambique's demographic population pyramid, whose base is wide, resulting in a growing number of people needing civil registration services.

Importantly, through community mobilization and local-level awareness-raising activities, the programme has also generated positive changes in behaviour and perception among both women and men. These groups are now more likely to recognize the importance of civil registration (especially birth registration) and to participate more actively in these processes. In this sense, the promoted intersectoriality and diversity of partnerships involved in social and behaviour change (SBC) efforts are contributing factors to the sustainability of these changes in perceptions, but this momentum must be sustained over time. In the short and medium term, it remains pertinent to invest in community mobilization interventions and awareness raising among citizens to access and use of existing services. This can be done by capitalizing on existing community structures (activists, community forums and community radios) and the growing use of information and communication technologies (including mobile phone and social networks). Multidisciplinary awareness campaigns can include pre-and postnatal consultations, vaccinations, consultations of sick and healthy children. In the long term, it seems important to consolidate social and institutional itineraries that explain the availability and ways of accessing and using CRVS services by citizens. At the same time, the availability of budget at the local level to support SBC campaigns over time appears to be a more significant constraint than the deconstruction of perceptions.

5.5.2. To what extent are government stakeholders better placed to manage the existing CRVS system after the project?

The Electronic CRVS System is the main intervention supported by the Project. The institutionalization approach adopted by the project, focusing on strengthening the national capacities (and particularly those of MJCAR) to consolidate and expand the eCRVS, contributes to ensuring sustainability. The sustainability of this intervention is safeguarded, primarily, by the political and regulatory framework of the country, which is favourable to electronic governance. The Government of Mozambique, through its Electronic Government Strategy,[40] which advocates the need to make Digital

[40] República de Moçambique - Estratégia de Governo Electrónico de Moçambique. Maputo, Julho de 2006.

Transformation the foundation for the socio-economic development of Mozambique, through promotion of a continuous modernization of state administration, as a basis for better provision of services for the citizens. The strategic objective of implementing Electronic Government (eGOV and INAGE) services in the Public Administration for the benefit of the citizen represents an important institutional umbrella within which the implementation and expansion of eCRVS services fits.

At the Ministry level, the implementation of eCRVS is a structuring intervention within the sector initiated in 2018 and now expanding to eligible Administrative Posts and Health Facilities Units. The Project's contribution, with the provision of IT equipment and staff training, represents an added value towards accelerating the consolidation of eCRVS as an integral part of the MJCAR's normal modus operandi. The interviews conducted at central, provincial and district levels with service providers unanimously indicate that eCRVS is "here to stay" and that the sector will progressively advance with the transition process from the manual system to electronic and digital systems. This perception of the inexorability of the transition from the manual to the digital system was equally echoed by the beneficiaries in Focus Group Discussions. Essentially, the beneficiaries pointed to the benefits related to the implementation of the electronic system, with special emphasis on the fact that the electronic system allows the person to request their registration documents anywhere in the national territory, without having to spend resources to go and request the certificates in the conservatory where civil registration was conducted manually.

Despite the general consensus on the relevance and sustainability of electronic registration systems, some interviewees expressed reservations about its efficiency, in a context in which the internet access data provision structure still shows weaknesses, especially in more remote areas and distant from urban centres. The shortfalls of internet connectivity, with network fluctuations being frequent, is one of the structural challenges that the country needs to address to ensure more efficient provision of civil registration services to the citizens. As peremptorily pointed out by the interviewees, *"the only problem with the electronic registration system is network shortfall. Is very time consuming and frustrating when we travel long distances to the civil registration posts only to hear 'There is no system' (não há sistema)"*. Considering the weaknesses of the internet service provision network and weaknesses identified in the maintenance of electronic equipment, in the medium term, it seems inevitable to maintain parallel use of the manual system, not only as a back-up of registration data, but as an alternative means to maintain the normal flow of services provision when the network is down. The adoption of offline operability of the system is also considered a possibility to explore.

Another aspect that deserves consideration regarding the sustainability of results is the persisting challenge of coordination and capitalization of multisectoral synergies in the institutional structure for implementing CRVS interventions. While MJCAR clearly has a leading role in the coordination of CRVS interventions at central level, through the GITEV the regularity of meetings held by this forum demands more consistency and, the mechanisms for incorporating the deliberations of this forum into programs could be improved. At the provincial level, while some partners, such as the Sant'Egidio Community in Nampula, provide valuable support to the justice sector's CRVS-related interventions, the lack of coordination and harmonization of efforts is evident. This fragmentation requires attention, and better coordination of local interventions involving multiple stakeholders should be prioritized through systematic planning. This is particularly evident in the case of the Cabo Delgado province, where the outbreak of violence implied on one side an increase in the number of both development and humanitarian actors engaged in civil registration, and on the other a need for coordination, including through provincial institutions.

5.5.3. On what key areas can UNICEF and WHO invest further or start investing if this programme is to continue beyond 2023?

Although it is considered a cyclical challenge and not a structural or permanent one, the Government of Mozambique is currently facing major challenges in strengthening its capacity to finance the various Public Administration activities, with implications on the levels and volume of resources that the State allocates to the public sector. Currently, the resources allocated by the State mainly cover operational costs and expenses, mainly salaries of Public Servants and running costs to cover facilities functionality (mainly electricity and water supply). Considering this situation, the sustainability of e-CRVS interventions, as referred to in the two points above, Human Resources and Equipment, demands a continuous mobilization of resources and optimization of the application, so that continuous qualification of human resources (training and refreshment training) of personnel as well as equipment availability and maintenance are ensured.

For the next period, the evidence collected suggests that investment by UNICEF / WHO and other partners should be directed to the integration of eCRVS training packages into professional courses offered in the country, as well as consolidating the functioning of multisectoral coordination platforms, at central and decentralized, so that MJCAR capitalizes on synergies that can arise from other sectors, for the maintenance of equipment and development of data analysis and reporting modules. Investment in community mobilization and awareness raising to access and use civil registration services could also be considered.

5.6. Impact

This chapter focuses on the long-lasting effects of the programme, both intended and unintended. To do so, it adopts both qualitative methods and quantitative statistical models. The presentation is organised along three separate moments. The first describes how civil and vital registration rates evolved since 2016, mainly through statistical models (also described in detail in Annex 8.9). The second integrate statistical models and qualitative evidence to analyse the indications and evidence that the programme contributed to these changes. In a third moment, it illustrates the available evidence of unintended positive and negative impacts of the programme, and how its results were achieved in adherence to equity, gender equality and other human rights.

5.6.1. How have civil and vital registration rates evolved since 2016? To what extent can these changes be logically linked to the programme?

The impact of the programme on birth registration was evaluated by comparing a baseline trend, given by the prediction of birth registration based on the coverage rate between 2007 and 2017, which captures the scenario before the CRVS intervention, and the estimated completeness of birth registration between 2019 and 2022, which captures the trend after the CRVS intervention. This is the main impact result of the statistical evaluation. An estimation of the completeness of death registration between 2019 and 2022 is also presented, but in this case, there is no baseline estimation to compare.

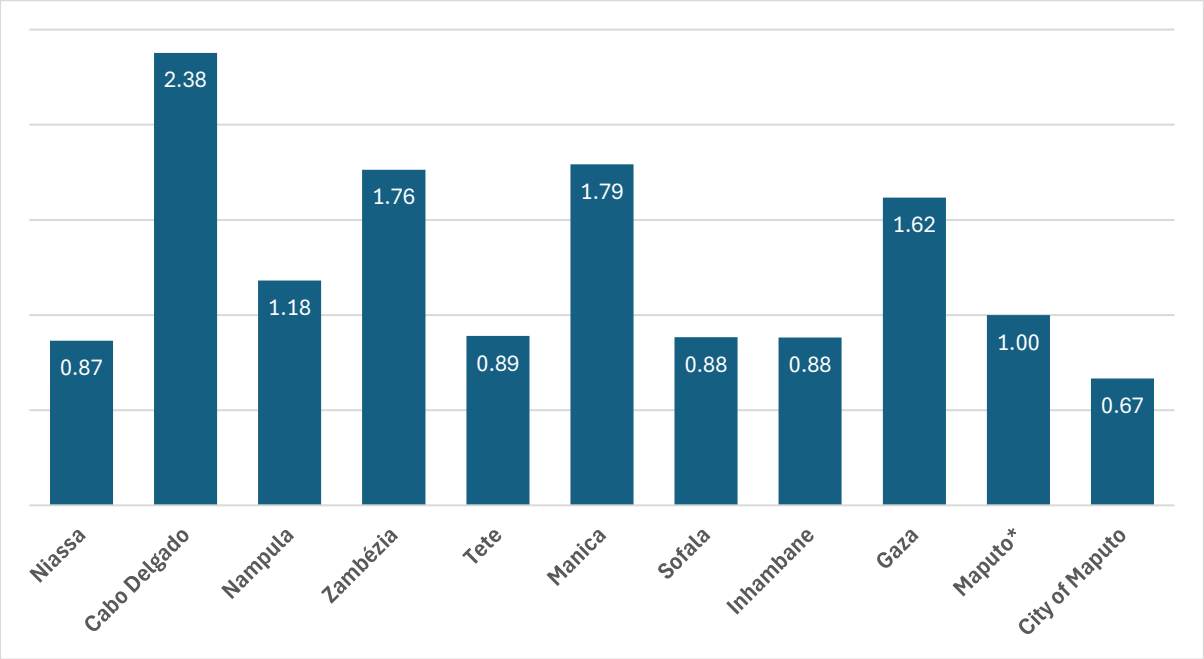
Predicted Birth Registration. According to descriptive statistics based on the 2007 and 2017 population and housing censuses, the percentage of registered births for persons aged 4 in Mozambique was 55.9% in 2017, compared to 30.8% in 2007. This is an increase of 25.2 percentage points between the two censuses. The data show a strong increase in the coverage of registered births in all age groups until age 4, not only in general but also in all provinces. The macro-level regression analyses in Table 10 give the baseline of birth registration´s coverage rate based on the structural components observed in 2017 at the 161 districts, according to the population census.

Table 10 – Baseline of birth registration coverage rate

	logit (% of 1 year old children registered)						logit (% of children between 1 and 4 years old registered)					
	Census 2017						Census 2017					
	Estimate	SE	t	p-value	CI 95%		Estimate	SE	t	p-value	CI 95%	
Niassa	-0,05	0,20	-0,27	0,79	-0,45	0,34	-0,14	0,19	-0,77	0,44	-0,51	0,23
Cabo Delgado	0,90	0,20	4,49	0,00	0,50	1,30	0,87	0,19	4,63	0,00	0,50	1,24
Nampula	0,23	0,20	1,15	0,25	-0,16	0,62	0,17	0,19	0,90	0,37	-0,20	0,53
Zambezia	0,76	0,19	3,95	0,00	0,38	1,14	0,57	0,18	3,15	0,00	0,21	0,92
Tete	0,01	0,21	0,04	0,97	-0,40	0,41	-0,12	0,19	-0,61	0,54	-0,50	0,26
Manica	0,85	0,20	4,21	0,00	0,45	1,25	0,58	0,19	3,10	0,00	0,21	0,96
Sofala	-0,15	0,20	-0,71	0,48	-0,55	0,26	-0,12	0,19	-0,65	0,52	-0,50	0,25
Inhambane	-0,12	0,19	-0,63	0,53	-0,50	0,26	-0,13	0,18	-0,70	0,49	-0,48	0,23
Gaza	0,55	0,20	2,78	0,01	0,16	0,93	0,48	0,18	2,62	0,01	0,12	0,84
Maputo	0,00						0,00					
City of Maputo	-0,38	0,24	-1,59	0,12	-0,85	0,09	-0,41	0,22	-1,81	0,07	-0,85	0,04
% of women with at least primary education	0,50	0,37	1,33	0,19	-0,24	1,24	1,02	0,35	2,91	0,00	0,33	1,71
ln(population)	-0,50	0,05	-9,57	0,00	-0,60	-0,40	-0,57	0,05	-11,67	0,00	-0,66	-0,47
% of population with Portuguese as first language	2,25	0,52	4,34	0,00	1,22	3,27	2,02	0,48	4,17	0,00	1,06	2,97
Constant	4,99	0,61	8,17	0,00	3,78	6,20	5,97	0,57	10,47	0,00	4,84	7,10
Number of obs	161						161					
F(13, 134)	20,4						27,4					
Prob > F	0						0					
R-squared	0,6436						0,7081					
Adj R-squared	0,6121						0,6823					
Root MSE	0,4135						0,3862					

Figure 13 presents the structural province-level coefficients in terms of odds ratios. These are the baseline effects for predicting coverage rates between 2019 and 2022. The dynamic component for this prediction is given by the provincial-level estimations of the percentage of women with at least primary education, the percentage of the population with Portuguese as the first language, and ln (population) in 2019, 2020, 2021, and 2022.

Figure 13 – Odds ratios of birth registration– children 1-4 years of age, by province



Control Variables:

- % of women with at least primary education
- ln(population)
- % of population with Portuguese as first language

The application of this model gives the predicted coverage of birth registration, as displayed in Table 11. This predicted coverage rate is a baseline because it follows the trends observed between the 2007 and 2017 population censuses. In other words, it is an estimation of what would have happened to registration rates without the intervention. The next step taken by the evaluation is to compare this baseline coverage rate with the estimated completeness of birth registration, as an indication of the impact of the CRVS new policy implementations.

Table 11 – Predicted coverage of birth registration (%)

	2017	2018	2019	2020	2021	2022
Mozambique	**18,8**	**19,0**	**19,1**	**19,3**	**19,4**	**19,5**
Niassa	13,5	13,5	13,5	13,5	13,5	13,5
Cabo Delgado	25,0	25,0	25,0	25,0	25,0	25,0
Nampula	10,6	10,6	10,6	10,7	10,7	10,8
Zambezia	18,8	18,9	19,0	19,1	19,2	19,3
Tete	12,0	12,0	12,0	12,0	12,1	12,1
Manica	31,5	31,6	31,8	32,0	32,2	32,5
Sofala	14,6	14,7	14,8	15,0	15,1	15,3
Inhambane	15,7	15,9	16,2	16,4	16,6	16,9
Gaza	26,6	26,9	27,3	27,7	28,1	28,5
Maputo	30,0	30,4	30,9	31,4	31,8	31,9
City of Maputo	34,9	36,0	37,1	37,8	38,4	39,0

Completeness of Birth Registration. The completeness of birth registration was measured using a methodology developed by INE. Completeness is defined as the ratio between births (as measured through the civil registration system) and projected births based on INE´s population projection.

INE´s population projections include total population, population by age, sex, and other dimensions at national and provincial levels. The basic demographic components that support population projections are displayed by year from 2017 until 2050. The total population and crude birth rate are displayed annually at the provincial level. The product between these two variables generates the annual estimation of births at the provincial level. The ratio between registered and projected births estimates the completeness of birth registration.

Table 12 shows the completeness of birth registration by birth year, regardless of the year of registration. There is a strong decline in 2022 in all provinces, but this decline is expected by the construction of the indicator, as births in 2022 include only registrations of children with less than one year of age.

Table 12 – Estimated percentage of registered births, by birth year and province (%)

	2019	2020	2021	2022
Mozambique	**12,7**	**14,5**	**14,3**	**10,3**
Niassa	13,1	14,9	14,6	6,1
Cabo Delgado	12,5	13,8	11,4	11,2
Nampula	8,0	13,9	14,0	8,9
Zambezia	9,4	9,1	11,2	8,7
Tete	4,7	7,9	8,8	6,4
Manica	12,1	10,7	9,8	7,4
Sofala	10,5	13,7	12,5	9,4
Inhambane	16,5	20,0	20,7	13,4
Gaza	22,2	25,0	20,3	13,6
Maputo	20,6	17,8	15,0	10,4
City of Maputo	81,7	77,3	75,7	65,4

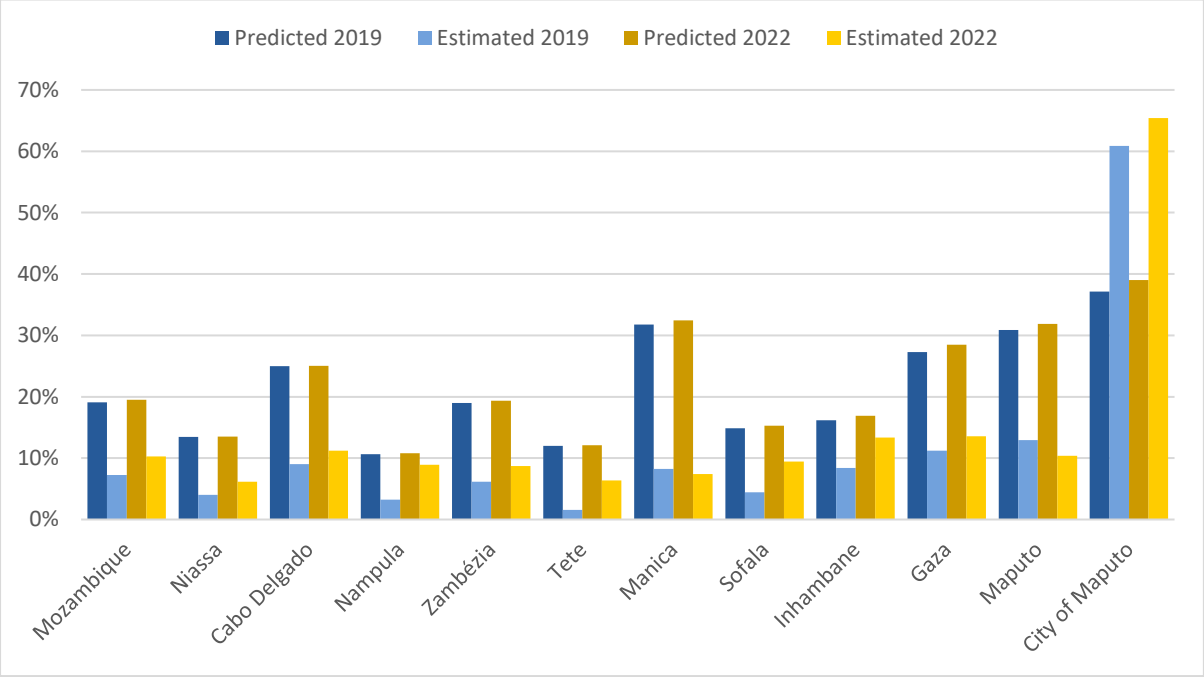
Table 13 shows a more complete picture. There was a slight decline in the completeness of birth registration in Mozambique in 2020, probably due to the COVID-19 pandemic, followed by an immediate recovery.

Table 13 – Estimated percentage of registered births, by year, age at registration, and province (%)

	2019			2020			2021			2022		
	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o
Mozambique	**7,3**	**2,2**	**1,4**	**6,6**	**2,2**	**1,6**	**9,6**	**4,0**	**3,2**	**10,3**	**4,7**	**3,9**
Niassa	4,0	0,9	0,7	5,1	2,0	1,7	11,8	7,7	7,2	6,1	2,7	2,1
Cabo Delgado	9,0	2,2	1,0	6,6	1,2	0,8	6,4	2,6	2,3	11,2	5,0	4,7
Nampula	3,2	0,8	0,6	7,1	2,3	1,5	9,9	3,3	2,4	8,9	4,1	3,5
Zambezia	6,2	1,8	0,8	3,3	0,9	0,6	7,5	3,0	2,3	8,7	3,7	2,9
Tete	1,6	0,4	0,2	3,0	1,3	1,1	5,5	2,2	1,8	6,4	3,3	2,7
Manica	8,2	2,4	1,2	4,7	1,5	1,0	6,0	2,8	2,3	7,4	3,8	3,1
Sofala	4,4	2,1	1,6	5,1	2,7	2,1	7,1	4,0	3,4	9,4	5,3	4,6
Inhambane	8,4	4,3	3,6	6,1	2,8	2,4	12,5	6,7	5,3	13,4	8,2	7,2
Gaza	11,2	4,2	3,0	11,2	5,1	3,6	12,4	6,9	5,9	13,6	7,9	6,9
Maputo	12,9	4,9	4,0	8,6	3,9	3,2	9,5	4,7	3,7	10,4	5,5	4,5
City of Maputo	60,9	13,1	9,1	50,8	10,9	8,0	58,3	14,4	9,9	65,4	17,4	12,2

Comparing Birth Registration rates: Predicted and Completeness. The estimated birth registration´s completeness is below the predicted coverage in Mozambique, but the ratio is increasing. This trend varies at the province level. The results of the City of Maputo is an intriguing case, where the ratio is above 100% in all years. Nampula, Inhambane, Sofala, Tete, and Cabo Delgado are examples of positive performance in the ratio. Figure 14 summarizes these findings. A very important result is the rise in completeness (estimated in the figure's legend) between 2019 and 2022. This rise occurs in Mozambique in general, but is high in Cabo Delgado, Nampula, Tete, Sofala, Inhambane, and Gaza.

Figure 14 – Predicted (census) and estimated (eCRVS) completeness of birth registration – 2019 and 2022

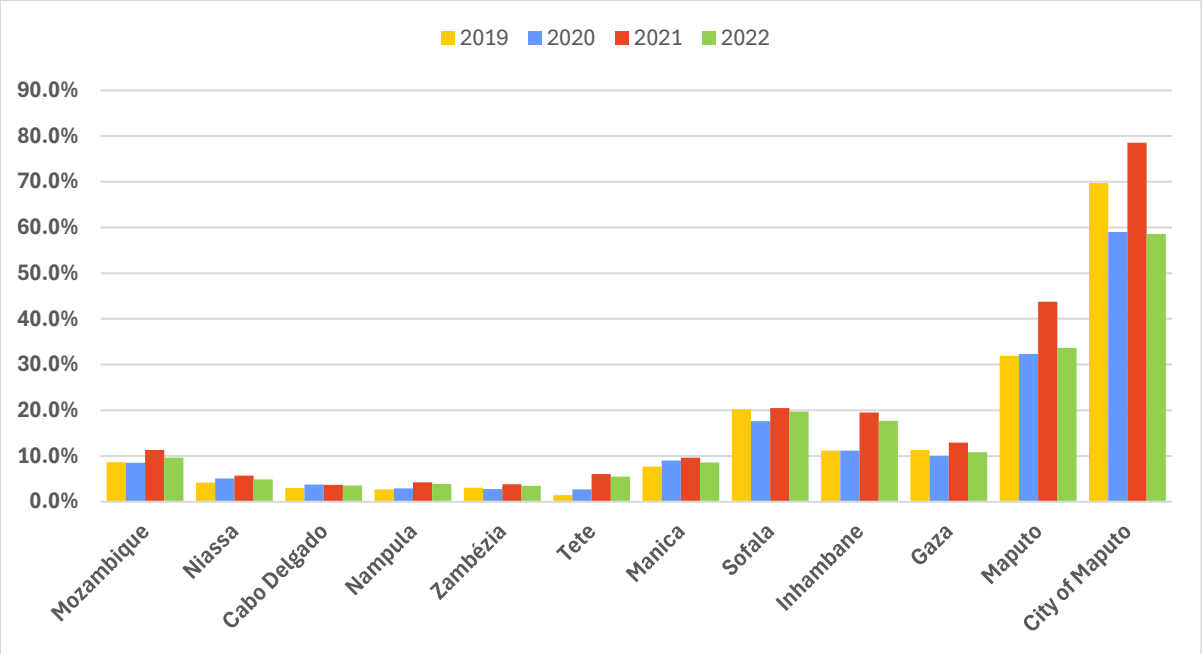


Completeness of Death Registration. The ratio between registered and projected deaths gives the completeness of death registration (Table 14, also illustrated in Figure 15). The 10% threshold of completeness was surpassed in 2021, after a big rise between 2020 and 2021, but completeness declined between 2021 and 2022. The decline was generalized, but stronger in Maputo and the City of Maputo.

Table 14 – Completeness of death registration

	2019	2020	2021	2022
Mozambique	8,7	8,5	11,3	9,6
Niassa	4,2	5,1	5,7	4,9
Cabo Delgado	3,0	3,7	3,7	3,5
Nampula	2,7	2,9	4,2	3,9
Zambezia	3,1	2,8	3,8	3,5
Tete	1,5	2,7	6,1	5,5
Manica	7,6	9,0	9,6	8,6
Sofala	20,2	17,6	20,5	19,8
Inhambane	11,2	11,2	19,5	17,7
Gaza	11,3	10,0	12,9	10,9
Maputo	31,9	32,3	43,8	33,6
City of Maputo	69,7	59,0	78,5	58,6

Figure 15 – Completeness of death registration



5.6.2. What have been the most impactful approaches or interventions in the programme so far, and why?

Based on the engagement with the government officials and end beneficiaries, the most evident qualitative impact relates to the demand of registration services. Before the intervention, parents and caregivers (both women and men) were generally unaware of the importance of birth registration and found it difficult to access these services. Respondents indicated that as a result of the awareness raising initiatives that targeted them, parents and communities began to better understand the

importance of birth registration, recognizing its implications for access to other services and for having a legal identity. The following quotes exemplify these perceptions:

[the awareness raising intervention] woke up all the attention. Now that I have registration, I can go to school. I have registration, health is easier. I have registration, I can travel. And we are linking other benefits to this". Central level interviewee

"Before, many parents didn't know about the importance of birth registration. Now, with the campaigns, everyone wants to register their children." Nampula parent

"We realise that by registering, our children will have more opportunities in life. It's essential for their future." Zambezia parent

Besides an increased perception of its importance, there are indications that communities and parents also changed their perception of the birth registration process itself. While respondents described the process as still cumbersome and prone to logistical barriers (such as absence of service staff or connection), they recognized the changes brought about by the programme, including campaigns and the changes at legislative level.In this sense, it seems that the possibility of seeking birth registration services directly at health centres was a major breakthrough, considered to have modernized the system and facilitate both notification and registration. Interviews with the health staff indicated a growing perception of the importance of interoperability, even if more coordination is needed.

Regarding death certification, health staff also reported special appreciation for the ICD-10 coding online course (the course that saw the most numerous participations on the MISAU platform TeleSaude), indicating positive impacts regarding health capacities. Health workers reported that they now feel responsible for the issue of death certification even if the family does not request it.

5.6.3. Were there unintended positive and/or negative consequences resulting from the programme? If so, what are they?

In some cases, the programme had unintended effects. Several informants at both central and local level reported how the changes in the demand and offer of registration services did not always match, with either increased services being offered but not taken up, or demand rising faster than what the services could accommodate. A particularly striking example of this was seen during some campaigns, where a large number of citizens arrived to register but were turned away due to capacity limitations. While this scenario was not frequent, it highlights the bottlenecks within the system that can occur when demand significantly exceeds service capacity. Conversely, there were cases where expanded services or campaigns were met with lower-than-expected participation. For example, during one campaign mentioned by MJCAR informants, community members could not engage in registration because they were busy elsewhere in the local seasonal harvest. This scenario highlights the importance of contextualising interventions and working closely with communities to align services with their needs and schedules. Once again, these instances should be viewed as opportunities for lessons learned rather than common occurrences.

Another positive effect that was not directly intended by the programme was the encouragement of synergies among justice and health ministries. By supporting interoperability, various governmental departments were "forced" to collaborate more closely, fostering a better understanding of each other's capacities and operational methods. This cooperation was an unexpected yet beneficial outcome of the programme, demonstrating the potential for improved inter-ministerial relationships and efficiencies.

5.6.4. Were results achieved in adherence to equity, gender equality and other human rights?

Stakeholders widely recognized the importance of integrating gender considerations into the programme. In this sense, one of the most significant legacies of the project was the fact that the programme bolstered the role of men in registering children, including through addressing their role in the legal reform. At community level, the involvement of community leaders and health workers in social communication was seen as impactful on gender equality in general. At the same time, informants noted how cultural issues, particularly in the northern regions, and logistical challenges remain critical factors that need to be addressed.

Interestingly, focus group discussions in the three engaged provinces indicated that there is no evident gender preference in the birth registration of children. Parents register the births of their children regardless of the child's sex, demonstrating an unbiased approach in this aspect of civil registration. This was confirmed by the eCRVS data, with no significant difference between registered boys and girls.

In the health sector, the programme has also made significant strides by integrating Maternal and Neonatal Deaths surveillance and investigation capacities. This initiative is seen as a crucial step in addressing gender-specific sexual and reproductive health concerns. Additionally, the establishment of Civil Registration Posts at Health Facilities has notably improved women's access to these services. Interviews at the provincial level revealed that women are more likely than men to seek health services, and these posts have been strategically placed to cater to this trend.

In addition to this, community leaders highlighted the critical role of birth registration in combating early child marriage, which has strong implications in reducing gender inequality and protecting the rights of children and young women. Through interviews, they emphasized that birth registration is essential for verifying a child's age, which is a key factor in prosecuting cases of early child marriage. This underscores the importance of accurate and accessible civil registration services in protecting children's rights and supporting gender-transformative initiatives. In this sense, it is important that the next phase of the program focus not only on birth and death registrations, but also on marriage and divorce. These positive considerations are valid even though the programme in many instances did not specifically adopt gender-responsive approaches. Although it is well recognized that vulnerable groups, including women and girls, face difficulties for the registration of vital events, there is no evidence of gender-responsive approach in capacity development of relevant staff.

While perceptions of birth registration seem shifted in the areas where the programme intervened, the strongest barriers for inclusive access to registration services relate to the offer side. Some respondents described the process as still cumbersome and subject to practical challenges, such as the absence of service staff or poor connections in rural areas. These barriers are particularly difficult for women to navigate, given competing household priorities and consequent availability of time. The technical capacities of health staff could also improve. In fact, all participants of the SSI in Nampula and Inhambane, explicitly indicated that they have never been exposed to gender responsiveness training sessions and no training material were made available for the evaluation team to assess the content of the training modules. Nevertheless, all public servants interviewed unanimously that the civil registration services in urban and rural settings are implemented in non-discriminatory manner, ensuring access to men and woman, boys, and girls. as per the interviews, contextual gender related barriers are addressed during the implementation of SBCC campaigns, through community radios, mobile brigades and national campaigns conducted during the National Day of Identity. Since campaigns and mobile brigades are implemented in ad hoc basis, there is a need to invest in mainstreaming gender responsiveness competences into the training and refreshment session designed for continuous capacity building of the civil registration services providers. Lessons learned

The lessons learned presented below were developed through an analysis of the programme implementation, examining its successes and the challenges it encountered. They directly derive from the findings, including qualitative data from stakeholder interviews, focus group discussions, and direct observations, and intend to serve as reflection points to enhance future CRVS efforts.

Interoperability is a key factor for success. Linking birth registration to health activities and particularly maternal delivery services is a highly effective strategy, that both facilitates sensitization and provides additional access to government services in one location. Additionally, it provides the opportunity to link registration campaigns to existing awareness raising activities and social communication interventions. In this sense, establishing registration posts within health facilities can be considered an effective approach to increase birth certification rates.

Localised Sensitization Campaigns work. The use of contextually adequate sensitization approaches such as theatre for campaigns has proven to be very effective in increasing awareness and participation in civil registration activities. This approach could be both maintained and expanded, along with campaigns on television and radio. Initiatives like the "Nasceu, Registou" campaign have been particularly successful.

Engagement of local authorities. The commitment and support of local authorities are critical in promoting registration activities and strengthening the monitoring and operational coordination between key actors. Local authorities help find timely, adapted solutions to service provision bottlenecks, ensuring the continuity of civil registration services. The involvement of community relays and strengthening community links to birth registration enhances effectiveness. Community-based approaches, including the meaningful participation of customary and religious leaders, can significantly influence behaviour and generate commitment.

Training and Capacity Building. E-courses on vital statistics and causes of death have been very useful, generating high demand from technicians and health staff. To ensure wide access to these courses, it is important to link dissemination with other bodies (such as universities) and broaden technical participation, including not only doctors but also nurses, leaders, and administrative staff.

Best Practices. Among the best practices for CRVS, we could observe the following:

Best practice / approach	Factors underlying success
Planning and implementing CRVS interventions directly with the provincial health authorities and health facilities	Proximity with the beneficiaries
Conducting campaigns (mobile brigades) including birth registration	• Free of charge for all age groups • Less opportunity costs • More information provided by civil registry staff • Community awareness is facilitated by proximity of civil registry staff
Use of theatres and campaign on the news (TV and radios)	The theatre was a must to increase birth registration the campaign Nasceu, Registou and the Registo logo, Existo should continue
Building registration posts within/next to health facilities	Availability of free services soon after birth Presence of both parents' for registration

6. Conclusions

6.1. Relevance

The programme was relevant to Mozambique, including for its government and its sectoral representatives, and for its intended beneficiaries. The programme adequately identified and targeted the needs of Mozambican citizens, including through needs analysis and targeted gender review of the CRVS sector. In this sense, the programme could rely on a thorough identification of the issues affecting access to CRVS services, including legislative environment, access to public services (including health), and cultural norms. In this perspective, awareness raising campaigns adequately addressed the lack of demand from parents and communities, linking interventions with community support. The programme also adequately identified and addressed the lack of national capacities to operationalise a modern CRVS system, targeting the gaps in the capacities of government staff and providing essential equipment, but also guidance and training on how to apply the new legislation. Trainings for both conservatories and health staff were perceived as highly necessary and relevant, with beneficiaries requesting more. The programme was also inclusive and not discriminating against the most vulnerable populations.

The evaluation concludes that the programme was also fully aligned with the Government of Mozambique's priorities and policies, and particularly by supporting the development of a Strategic CRVS long term Plan in collaboration with the Government. The legislative reform and the subsequent operational policies were explicitly designed to fit within the existing legal framework. The legislative was not improving the communication and awareness of the needs of population support on the CRVS, what should be reinforced due to the “political space within the population”. It is imperative and essential to guarantee collaboration with the Mozambique Parliament and the “Assembleia da República” to expand the strengths and ensure that all Mozambique people are listen and following Government directions and that partners and donors know that CRVS is part of the country strategies.

The programme's reconstructed Theory of Change was structurally sound and aligned with the needs it aimed to address, providing a clear and plausible framework for achieving the programme's objectives. The programme design effectively considered economic and socio-cultural contexts, incorporating measures such as free birth registration, decentralized posts, and engagement with community leaders. At the same time, there was a noted gap in the initial consideration of political instability and natural disasters, which became significant during the implementation period. The subsequent operational adjustments, such as mobile campaigns in secure areas and post-cyclone registration drives, demonstrated the programme's adaptive capacity.

6.2. Coherence

The programme demonstrated notable coordination within the stakeholder landscape of CRVS actors, engaging and bridging across UN entities, government organizations and development partners alike with a gender-transformative approach. At institutional level, the key coordination mechanism, the Civil Registration and Vital Statistics Group (GITEV), worked as a clear foundation for national coordination, engaging multiple ministries, development actors, civil society, and research organizations, under the leadership of the Ministry of Justice. The most important contribution of the programme in this perspective was the development of a national strategic plan detailing coordination among different stakeholders, including government, civil society, and international development actors.

It is important however to note how the effectiveness and level of involvement in the programme and in GITEV varied depending on its members and over time. Some GITEV members, such as UNICEF,

WHO, MJCAR, MISAU and INE had clear responsibilities and leadership roles, while others such as UNFPA, MCTES, MAEFP, MINEC, or Plan International only participated with little involvement.

In time, the programme and the CRVS area initially benefitted from a strong leadership from the Ministry of Justice in coordinating CRVS efforts, contributing to a proactive, synergy-seeking approach among various stakeholders and creating impetus around the revised legislation. Around 2020, the emergence of the pandemic, the turnover within both government and international actors and the launch of other interventions in the CRVS area, this institutional impetus waned and fragmentation increase.

As such, the level of coordination among international development partners could improve. Linked to the point above, a lack of formal coordination mechanisms between interested donors (e.g. between GAC and the World Bank) seems to have reduced the potential impact of collaborative efforts, and to have led to at least potential duplications of efforts; within the UN, UNICEF and WHO clearly defined their respective responsibilities, but the segmented approach sometimes hindered a unified strategy. More consistent and integrated efforts are needed.

At the local level, coordination among partners was largely dependent on local partners. NGOs such as Comunidade de Sant'Egidio and World Vision effectively ensured coordinated implementation of activities in support to civil registration. In this perspective, coordination with community and religious leaders was clearly a positive factor to improve both outreach and awareness in communities.

Besides all these challenges, it would be wrong to consider the coordination supported by the programme as ineffective. With its emphasis on a systemic approach, the programme established the basis for a government-owned and government-led modern civil registration system that bridged sectorial divisions and allowed the creation of synergies across different actors. This system needs to be revitalized. Recommendations on how to improve coordination, including those suggested by stakeholders, are presented in the next section.

6.3. Effectiveness

Outcome 1. Creation of a gender responsive enabling environment for civil registration. The programme largely achieved its intended result for Outcome 1. The outdated Civil Registration Code was amended, printed and disseminated across the nation, enabling both digitalization of the CRVS system and its interoperability with the health information system. All outputs under this outcome were achieved, with legal framework updated and community awareness raised involving both community leaders and health workers on the importance of civil registration. The distribution of the revised CRVS code worked, with knowledge being high among informants, especially at central level. Positive factors included political will, effective coordination by the Ministry of Justice with UNICEF support, and comprehensive training on the revised Civil Registration Code. Negative factors were fragile coordination towards the end of the implementation period, staff turnover at all levels, and insufficient training continuity. Five years after the approval of the new code, some further support might be needed, particularly for training (new) relevant government staff and enhancing communication for behaviour change at district and community level. In this sense, stronger male engagement seems a crucial element in deconstructing the barriers that hinder women's access to civil registration services.

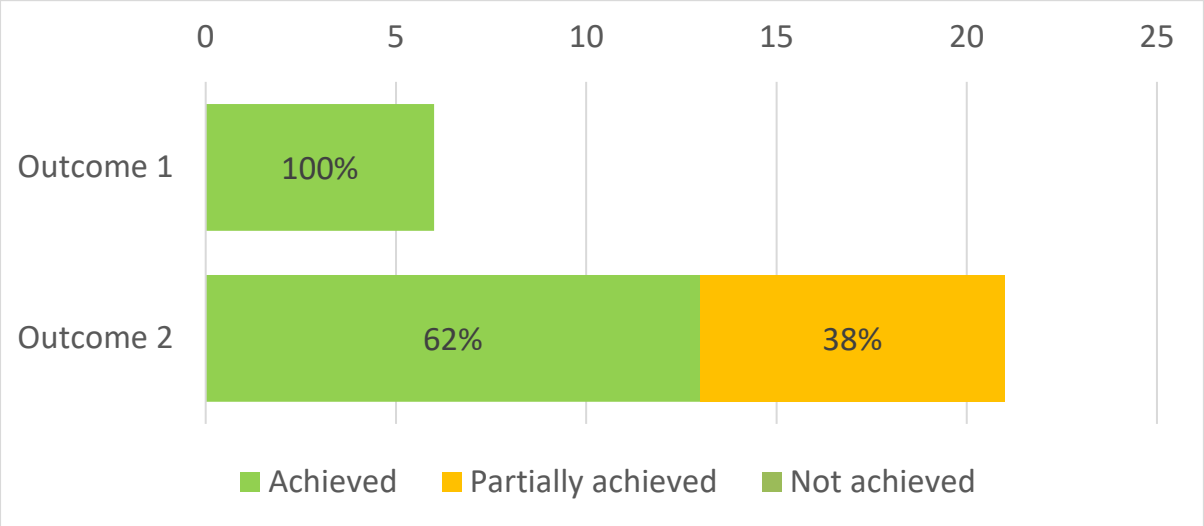
Outcome 2. Roll out of a simplified and decentralized civil registration system. The programme was overall successful in rolling out a new civil registration system but did not fully meet its original ambitions. While direct data on birth registration is not available at the end of the programme, the latest DHS 2022 indicates that only 31.3% of children under 5 years of age have a birth registration, and 24.8% have a birth certificate, with large variations across urban and rural areas, and across provinces. In addition to this, the coverage of the digital CRVS system is still very low, around 10%

(again with large variations by areas and provinces), although registrations are disaggregated by sex, province, district date, child age, and source institution. The coverage of death registration within the eCRVS also sat at 9.6% in 2022.[41]

This being said, it is crucial to recognize the importance of the programme in the context of Mozambique within the last years. The programme has established at least the basis (and in many cases more than those) for a digitalized, interoperable, simplified, and modern civil registration system, upon which all future interventions will be built.

Output indicators show an effective implementation. with key achievements including the procurement and distribution of equipment (although some of it needs to be replaced), the training of government staff and facilitation of participation of government in international CRVS meetings, and the piloting of a SMS notification system.

Figure 16 - number and percentage of achieved outputs for each programme's outcome



Effectiveness of different approaches and factors for success. The programme's effectiveness varied across different contexts and times, influenced by factors such as humanitarian crises, institutional ownership, and local adaptation. Looking at the programme through the lenses of the reconstructed Theory of Change, it is possible to identify the assumptions and risks that constituted the main determinants of success for the programme, both positively and negatively:

- **Humanitarian crises.** A major factor affecting the rollout of the eCRVS system was the emergence of natural disasters, the main one being the COVID-19 pandemic which significantly disrupted regular operations and diverted resources from civil registration and to other activities within health facilities. In time, natural disasters also affected specific provinces, including both cyclones and human-related insecurity;
- **Institutional Ownership.** As mentioned above, coordination among stakeholders was a major factor in the success of the programme in its first phase, and a challenge in the second phase. At the moment of writing, the emphasis is on the need for both a unified leadership within the government and sustainable financial ownership.
- **Capacity to adapt intervention at local level.** The articulation of CRVS support interventions largely depended on the capacity of the programme to summon effective partnership. In this regard, provincial governments were mostly perceived as passive operators, while civil society, communities and religious leaders were more involved.

[41] The completeness of birth and death registration uses INE´s estimated population as the denominator. This figure only refers to eCRVS coverage, and does not include classic paper registrations.

6.4. Efficiency

From a purely financial perspective, the programme reached an implementation rate of 99.7%. The available financial data indicates that a majority of resources (59%) was used through implementing partners, although with different modalities between UNICEF who channelled 65% of its budgeted resources to implementing partners, and WHO, who opted to implement directly.

Government staff and partners engaged in the evaluation presented mixed perceptions about the efficiency of the programme. The establishment of over 300 registration posts, equipped with necessary resources such as computers and trained personnel, was highlighted as a major success. At the same time, many challenges remain in making the CRVS system efficient, including through overcoming reliance on online systems and allocating adequate resources to digitalisation.

6.5. Sustainability

The sustainability of the eCRVS program relies on its capacity to maintain and develop its benefits post-project. Key achievements include enhanced national capacities, particularly through training programs that align with the needs of the justice and health sectors. The persistence of these capacities is supported by the integration of trained personnel within state institutions and the adoption of a Training of Trainers approach, ensuring knowledge transfer and continuity. However, ongoing challenges such as staff mobility, internet connectivity issues, and the need for regular refreshment training must be addressed to sustain these gains. On the demand side of CRVS services, the gains and changes supported by the programme, including the changes in behaviour and perception around civil registration services for men and women, are likely to persist in the direction of increased need and prioritization, especially if community mobilisation continues to be supported.

At institutional level, there seems to be no discussion that the future of the national civil registration system will involve a digital system, and as such the sustainability of the system is to be considered high. At the same time, both institutional and technical arrangements are necessary for its efficient continuation. On one side, ensuring that the system integrates both offline backups and connects to manual system (e.g. by providing options for the digitalization of manual registration) seems to be paramount: on the other side, for the system to continue being effective it is necessary to overcome the persisting challenges of coordination and capitalization of multisectoral synergies.

Financially, the limited capacities of the government mean that continued operations are still reliant on the support of international donors, as the state budget primarily covers operational costs, such as salaries and utilities, leaving little room for investment in critical areas like continuous training, equipment maintenance, and infrastructure improvements. Without sustained financial assistance from international donors, the program risks stagnation and the potential erosion of the significant progress made, as local resources alone are insufficient to support the comprehensive needs of the eCRVS system.

6.6. Impact

Evolution of Civil and Vital Registration Rates. National censuses show an ongoing positive trend for birth registration rates before the intervention, from 30.8% in 2007 to 55.9% in 2017 for children under five years of age. Based on census data and using a methodology developed by INE, the evaluation predicted the coverage of birth registration for the years 2017 to 2022 (in the assumed absence of an intervention) and compared it to the completeness of birth registration as reported in the eCRVS system. The estimated birth registration´s completeness (10.3% for the country) is below the predicted coverage in Mozambique (19.5%), but the ratio between the two has been increasing along the years, with the trend varying at the province level. With all probability, this is since the majority of registrations are still manual, but in the absence of a central database, this is impossible

to reliably quantify. As the ratio is increasing, it is reasonable to assume that the eCRVS is slowly bridging this gap. In terms of death registration, the system reached a completeness of 11.3% in 2021, but declined to 9.6% in 2022.

Most impactful approaches. The qualitative insights gathered highlight how the legislative reform and the awareness campaigns have been pivotal in driving demand for birth registration services, including by engaging men in the registration process. The evidence collected clearly indicates that the programme successfully shifted community perceptions, with parents (and including fathers) increasingly recognizing the benefits of birth registration for accessing essential services and legal identity. The integration of registration services within health facilities has also streamlined processes, making registration more accessible and reducing logistical barriers such as distance from registration post. Similarly, initiatives like the ICD-10 coding course have bolstered death registration completeness, reflecting enhanced health capacities due to programme interventions.

Indications of impact towards gender equality are substantial: besides the mentioned contribution in the engagement of men in the registration of their children, the programme contributed to deconstruct both physical and social barriers that prevented women and men to access registration services. At the same time, major challenges still persists, both to make the services truly universally inclusive (e.g. by allowing offline registration in the eCRVS), and to make them more gender responsive (e.g. by supporting marriage registration, an essential tool to combat early child marriage).

Unintended Positive and Negative Consequences. While the programme has achieved substantial successes, it also encountered challenges and unintended consequences. For example, capacity constraints occasionally led to service delivery bottlenecks during peak demand periods, underscoring the need for improved logistical planning and resource allocation. Conversely, unexpected positive outcomes include strengthened inter-ministerial collaboration, particularly between health and justice sectors, enhancing operational efficiencies and service delivery.

7. Recommendations

The following set of recommendations is provided by the evaluation as considerations to strengthen the work of UNICEF and WHO in the CRVS area in the future. At the same time, it is important to acknowledge that some of the considerations may be referring to the wider CRVS community rather than to merely UNICEF and WHO. The recommendations distinguish between actions that the evaluation team believes are within the control of these two organizations and those that are not. These recommendations are based on input from respondents, the evaluation team's overall analysis, and feedback from the Evaluation Reference Group during a validation workshop held in August 2024.

Recommendation 1. (Strategic) - Revitalize national coordination mechanisms around CRVS.

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: immediate, accompanying the design of next phase

In order to ensure the future of the CRVS system, it is paramount to revitalize the existing coordination mechanisms, starting from the GITEV. This could be done in parallel to the launch of a third phase of the programme, accompanying policy advocacy efforts with renewed resource commitments to realize the CRVS strategic plan by 2028 (see recommendation 3). As all advocacy endeavours, linking efforts to key institutional figures might prove appropriate (in this case, ministries or high-level government representatives). In this sense, UNICEF and WHO can collaborate with other partners (MJCAR and MISAU *in primis*) to lead the revitalization/coordination process.

At the same time, it might be useful to expand the membership of GITEV to other ministries and actors, such as MINEDH, MGCAS, and The Manhiça Health Research Centre (CISM), to broad the scope of CRVS across sectors. A rotating leadership model within GITEV might be considered with the establishment of a technical working group co-led by the Government and a partner.

In addition to this, stemming from partner consultations, it is recommended to link the reinforced GITEV with coordination mechanism at provincial level, especially in those provinces where there is a high number of partners involved in civil registration activities, such as in Cabo Delgado.

Recommendation 2. (Operational) - Improve coordination among development actors.

Recommendation target: UNICEF, WHO, international development partners

Timeline: immediate, accompanying the design of next phase

Efficient coordination among development actors is essential for optimizing CRVS interventions in Mozambique. This recommendation underscores the need for enhanced interagency collaboration and donor coordination, including through a more active role of UN LIA. Establishing a robust reporting and information-sharing framework among both UN agencies and development partners, including donors and NGOs implementing or interested in CRVS, would facilitate a more cohesive planning and the development of synergies in implementation.

Recommendation 3. (Strategic) - Continue to adopt a systemic approach to supporting CRVS for all vital events and in different settings.

Recommendation target: UNICEF, WHO, Government, NGOs

Timeline: immediate, accompanying the design of next phase

Continued support for Mozambique's CRVS services as a system is essential to enhance operational efficiency and service accessibility. Contextual considerations such as expanding offline system capabilities and providing ongoing support to target gaps where human resources and equipment are

lacking (or no longer available) is the only way to ensure universal access to quality services. In this sense, supporting the opening of new registration posts and expanding notification would make CRVS services more accessible to underserved populations across Mozambique. In parallel to this, the continued support to awareness raising about the importance not only of birth registration but also deaths, marriages and divorces, is critical to promote service uptake, and particularly by specifically targeting and engaging men as change agents. it is crucial to recommend special attention to marriage registrations, as this registration "talks" directly to gender inequalities. It is imperative and essential to guarantee collaboration with the Mozambique Parliament and the "Assembleia da Republica" to expand the strengths and ensure that all Mozambique people are listened to and following Government directions and that partners and donors know that CRVS is part of the country strategies.

Integrating awareness activities into health sector initiatives, such as vaccination campaigns, paediatric wards and HIV programs, ensures that more entry points are available, including during routine interactions. The collaboration with the education sector and with the private sector to raise awareness among clients further expands outreach efforts.

Recommendation 4. (Strategic) - Improve monitoring, evaluation and learning functions.

Recommendation target: UNICEF, WHO, Government, INE, donors, NGOs

Timeline: immediate, accompanying the design of next phase

Strengthen the Monitoring, Evaluation, and Learning (MEL) systems to track, monitor, verify, disaggregate, analyse, and report project interventions at the output and outcome indicator levels, and assess their progress towards intended impacts and overarching goals. A robust MEL system should measure tangible outputs that lead to vital registration and statistics outcomes through relevant indicators and targets. Frequent monitoring and reporting, including on usage of resources should be a requirement for any subsequent phase of the CRVS programme, with the idea to help its management and flexibility through management responses and the promotion of learning opportunities. For long interventions, a mid-term evaluation would be beneficial, too.

Recommendation 5. (Operational) - Promote domestic resource mobilisation.

Recommendation target: UNICEF, WHO, government partners, donors

Timeline: medium to long term

To sustainably fund CRVS initiatives in the long term, UNICEF and WHO should accompany government partners in a process of domestic resource mobilization, both through traditional funding and private sector engagement. In this sense, UNICEF and WHO have clear control on the advocacy efforts in support of policies that ensure consistent operational funding for birth registration and vital statistics.

Recommendation 6. (Operational) - Advocate for a law revision to eliminate birth registration fees.

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: medium to long term

One of the most important challenges to birth registration for beneficiaries is its costs. Among other policy advocacy efforts, UNICEF and WHO have the opportunity to promote policy revisions that overcome this barrier by reducing or eliminating it, aligning fee structures with accessibility goals and potentially being more efficient than registration or awareness raising campaigns. In this sense, it might also be useful to consider partnering or creating synergies with the ongoing GFF intervention by the World Bank, which reimburses the cost of registration to citizens after registration.

Recommendation 7. (Strategic) – Strengthen gender-based and rights-based approach to the implementation of CRVS

Recommendation target: UNICEF, WHO, Government, international development partners

Timeline: short to medium term

To enhance the effectiveness of the Civil Registration and Vital Statistics (CRVS) system, in future phases of the programme it is essential to strengthen and formalise its comprehensive gender-based, rights-based approach. The current CRVS legal framework and plans do not make specific mention to gender aspects and to people with disabilities (as also stated by the CRVS gender review done in December 2022). There is a need to ensure accountability for results at all levels on gender equality and vulnerable groups, including people with disabilities. To do so, the evaluation recommends to dedicate regular attention in reports to progress in the delivery of gender-responsive and inclusive CRVS services, starting by promoting the disaggregation of data by sex in the key indicators of the national strategy, and by fostering their monitoring by engaging governmental and UN partners. At the same time, it is important to continue generating demand for civil registration services, including by actively involving men and fathers in awareness raising efforts on the importance of birth registration. In the same perspective, the evaluation recommends to link support on the offer side to emphasize the importance of marriage registration as a tool to combat early marriage.

8. Annexes

8.1. Evaluation ToRs

Purpose of the assignment: To undertake a summative evaluation of the Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique programme.

1. Background and Context

Introduction

Civil registration is defined by the UN as: "the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (live births, deaths, fetal deaths, marriages, and divorces) and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country (United Nations (UN). Principles and recommendations for a vital statistics system, Revision UN, 2001.)

While Mozambique has seen progress in birth registration rates over the past 15 years, with the percentage of registered children under the age of five increasing from 31% in 2008 to 49% in 2017, serious challenges persist in terms of early registration for children below the 1 year of age. The 2017 census data shows that approximately 60% of children under one year of age are not yet registered and only 28% of children under five have a birth certificate, i.e., actual proof of identity. Similarly, notification of deaths by cause is a crucial element to inform public health interventions. Death registration provides legal rights to the family, including conferring property or other individual or personal transfer rights to remaining family members. Mozambique hasn't had a record of systematically and robustly generating vital statistics, especially on mortality and causes of death. In 2013, the death registration rate was just 12.1% (DNRN, 2014) and in at least six provinces, fewer than one of ten deaths were registered.

Lacking official registration or identification documents can mean that a child cannot continue their education beyond grade 6 as transition to grade 7 would require the student to sit an exam and present an official identification document. This situation particularly affects girls, whose school dropout rate is higher during these upper primary levels, adding up to all the barriers they face as a young teenager. No registration or identification can also mean that a child may enter in premature union or the labour market or be conscripted into the armed forces before the legal age. Birth certificates may be required to allow families to obtain social assistance, or to buy or prove the right to inherit property, to obtain a passport, or an adult to obtain a job in the formal sector and to vote.

Recent stability, increased development, and socio-economic growth created the possibility for the Government of Mozambique to invest in initiatives for increasing and improving systems of population registration and vital statistics within the country. The new Civil Code (cf., Law 12/2018, 4th of December) presents important changes to the Civil Registry Code, making civil registry actions less bureaucratic. While vital events have mainly been documented manually following a paper-based system, the Government introduced the Electronic System for Civil Registration and Vital Statistics (Sistema Electrónico do Registo Civil e Estatísticas Vitais, SIRCEV), as well as the Unique Number of Civil Identification (Número Único de Identificação Civil- NUIC). The legislative framework for registering live events (e.g., births, marriages, divorces, deaths) has made the registration of all vital events mandatory, with the aim to make it universal through provision and access to registration and certification in the whole country and to all population groups (IDP's, refugees and stateless persons

included)[42]. However, it is not (necessarily) free of charge.

Mozambique has made systematic efforts towards the establishment of an interoperable civil registration, vital statistics, and identity management (IdM) system, in which the introduction of NUIC and the production of the Civil Register are core elements. However, for the NUIC to ensure the linkage between vital events in the lifecycle of each person, the government still needs to migrate all manual historical data into digital forms and to include it in the Electronic CRVS (e-CRVS) database. Approximately, 20% of the provinces in Mozambique have no e-CRVS. In addition, to date, there is still no full integration of the e-CRVS with other systems in place (such as District Health Information System - DHIS/MoH), enabling the capture of the birth and death notification data to provide initial indication of all events taking place in the health facilities.

Gender and CRVS

Women and girls have significant roles in the registration of vital events and legal recognition of those events impacts their lives significantly. Yet, women and girls face major barriers when it comes to civil registration and the lack of birth registration leaves women and children vulnerable throughout their lives. A well-functioning CRVS system will particularly benefit women and girls for two reasons:

1. Sex-disaggregated data improves decision-making - demographic data generated can improve national and subnational policymaking, planning, and monitoring across many sectors.
2. Civil registration ensures that women and girls can prove their own identities, hence it improves access to crucial social benefits, inheritance rights, and public services such as health, education, social protection, and political representation.

In Mozambique, girls are disproportionately affected by premature unions, even though it is prohibited by law, hence none of the marriages with someone below 18 years old would be registered. Proof of age accessed through the birth registration will provide the basis for marriage registration to uphold the rights of children and women. The lack of availability of civil registration services close to the population and especially within health facilities has challenged timely registration of children. Due to the structural gender inequality, women and girls do not always have access to the right information or even have the approval from their partners or elders on accessing these services alone. As a result, mothers may not register their child at birth, resulting in low birth registrations of newborn.

Cultural aspects represent additional barriers for women, as most are not legally married to the father of the child and husbands are often absent. Whereas the new law empowers women to register births in the absence of the father, they are often reluctant to do so as some women still lack the decision-making power, hence delaying registration and eventually incurring registration fees. In terms of death registration, when the husband passes away, his family often makes all the decisions, leaving the wife voiceless despite having a large stake in securing the inheritance. Timely legal recognition of death (issuance of death certificate) ensures the recognition of the woman and registered children with inheritance rights.

Strengthening CRVS programme

A well developed and functioning civil registration system ensures the registration of all vital events

[42] In 2009, the Government signed a concession contract with a Belgian company, through a Private Public Partnership (PPP), to produce identity documents/credentials (Identity Cards, passports, visas and stamps, and Documents of Identification of Foreign Residents).

including births, marriages, adoption and deaths and issues relevant certificates as proof of such registration. Civil registration promotes efficient government planning, effective use of resources and aid, and more accurate monitoring of progress towards achieving the Sustainable Development Goals.

Based on this existing and continuing momentum in Mozambique, the Strengthening CRVS programme was **launched in 2016** with the aim to systematically document all vital events in people's lives by addressing the following bottleneck: immediate registration and certification. Since then, UNICEF has been implementing the programme nationally in collaboration with the Ministry of Justice, Health and the National Institute of Statistics, and with financial support from Global Affairs Canada (GAC). Civil registration and vital statistics are a multi-sectorial endeavor, where it represents a clear indication of the need for an integrated and coordinated approach.

The Strengthening CRVS programme aimed to enhance the Government's capacity to have a functioning Civil Registration and Vital Statistics (CRVS) system by strengthening the institutional capacity of the Ministry of Justice, Constitutional and Religious Affairs (MJCR), the National Directorate for Registry and Notary services (DNRN), the Ministry of Health (MoH), and the National Institute of Statistics to implement, monitor and coordinate CRVS through an improved legislative framework and system, while raising awareness and promoting good practices through advocacy. The programme also has the objective to increase registration of vital events and improve data availability to generate vital statistics in real time as registered by the conservatories, communities, and health facilities countrywide.

UNICEF's commitment to gender equality and empowerment of women and girls supporting the goal areas of the Strategic Plan 2022-2025 has begun to invest substantial resources in gender transformative programming in the recent years. Our efforts aim both to change overall structures that underpin gender inequality, and to contribute to lasting and positive change in adolescent girls' lives globally. While progress has been made in the region of Eastern and Southern Africa, UNICEF and our partners are increasingly looking for successful and evidence-based interventions and models that could be scaled-up. The Strengthening CRVS programme has a key component of gender transformative approaches as they explicitly seek to redress gender inequalities, remove structural barriers, such as unequal roles and rights and empower disadvantaged populations.

The programme has two main outcomes:

1. Create a gender-responsive enabling environment for civil registration through a strengthened legislation and increased awareness raising and advocacy, including the establishment of a legislative and regulatory framework to support the new civil registration system with clearly defined roles and responsibilities of each government institution involved.
2. Increase registration of vital events through a simplified and decentralized civil registration system to allow all births and deaths to be registered and for users to receive their certificates free of cost. The programme activities will enable the Government to increase birth registration rates by the end of 2017 to 60% and by the end of 2029[43] to 80%.

Beneficiaries:

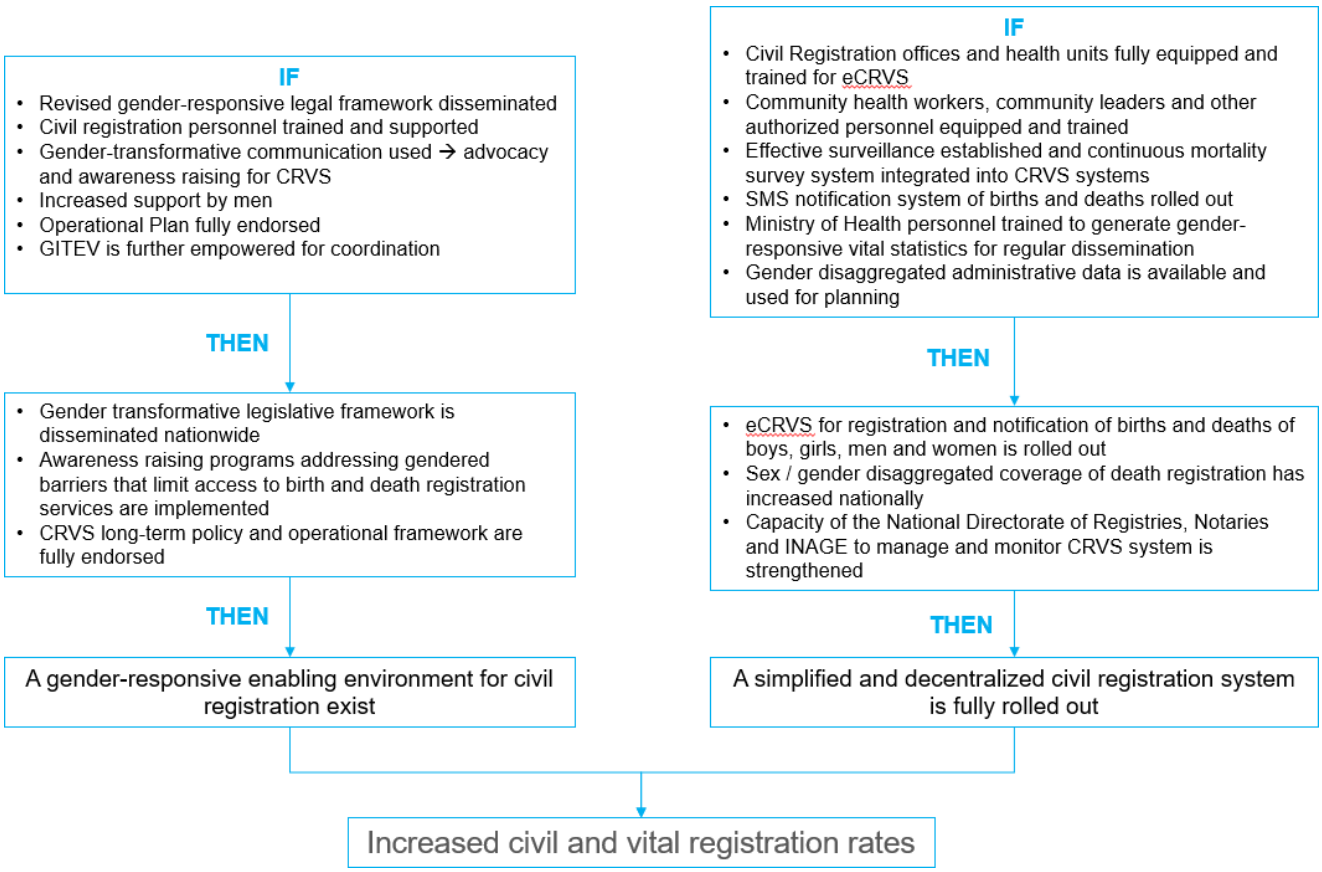
All Mozambican citizens, who have been advised to report on life changing events, e.g., birth, death, divorce and marriage. All citizens have the right to identity; therefore, birth certificates at birth are free of cost for the first 4 months post birth.

Programme Theory of Change

[43] 2029 will be the end of the current national CRVS strategy and one year prior to the end of the SDGs period.

The programme didn't define a detailed Theory of Change (ToC) during the design phase, instead, a results / logic framework was defined, which demonstrated how the activities would lead to the outputs, and then to the intermediate outcomes and overall goal. The external evaluators will therefore need to reconstruct a Theory of Change, with the participation of programme key stakeholders, during the inception phase (cf. below on Evaluation Approach and Methodology for further details).

The graph below is a tentative outline of the programme Theory of Change for the purpose of this TOR:



Implementing Partners:

As per Mozambican law, the Ministry of Justice, Constitutional and Religious Affairs (MJCRA) has a mandated responsibility for civil registration, the National Institute of Statistics (INE) for vital statistics, and the Ministry of Health (MISAU) for disease surveillance, identification of causes mortality and the production of vital statistics in collaboration with INE. This programme is a joint effort by two UN agencies: UNICEF and the World Health Organization (WHO). It is aligned with the respective mandates and comparative advantages of both organizations. UNICEF and WHO each work with their key government counterpart – UNICEF with MJCRA and WHO with MISAU.

Specifically, UNICEF and WHO supported the Government of Mozambique in the following ways:

- UNICEF provided technical assistance to the roll-out of the new e-CRVS system (involving SMS notifications of births and deaths, the establishment of a national Call Centre and a move away from a paper-based to electronic registration), facilitating linkages with other sectors and dissemination of the revised legal framework.
- WHO supported the production, analysis, dissemination, and use of reliable and timely

health information, specifically relating to mortality, causes of mortality, and statistics about vital events. WHO advised on norms and standards, provided technical support and built sustainable institutional capacity, monitored the health situation and assessed health trends. WHO addressed issues related to the cause of death and provision of technical assistance to MISAU, including the generation, analysis, use and dissemination of vital statistics.

Work on the nation-wide roll out of the e-CRVS system and the implementation of its costed Operational Plan was coordinated through the Civil Registration and Vital Statistics Group (GITEV), which is one of the key national level CRVS coordinating structures. Recently the programme also coordinated with initiatives of the World Bank in the area of health as well as ID management.

2. Objectives, Purpose and Expected Results

The **overarching purpose** of this summative evaluation is to assess the implementation, delivery of the strengthening CRVS joint interventions in target communities and provinces, and document programme results, challenges and status between 2016 (when the programme started) and 2023 (as the last phase of the programme); therefore, covering all OECD DAC Criteria.

The **specific objectives** of this evaluation are:

- To assess the impact, relevance, effectiveness, efficiency, coherence, and sustainability of the Strengthening CRVS in Mozambique Programme from 2016 to date, with a particular focus on equity/inclusion and gender equality.
- To identify and document key lessons learned, challenges, good practices and most impactful approaches of the programme since 2016, which will be used to inform and support advocacy efforts to promote and strengthen further CRVS in the country.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and activities in the continuation of the Strengthening CRVS Programme, taking into consideration national development priorities, continental and global initiatives such as the Africa Union Agenda 2063 for Africa, Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) and the 2030 Agenda for Sustainable Development Goals in particular SDG target 16.9.

The evaluation will provide structure for reflection and learning and be imbued with principles of participation and utilization. The principles of **equity, human rights, gender equality and ethics** are essential to UNICEF, as such, these principles will be integrated in the evaluation design, scope, approach, methods, and analysis. The evaluation itself will be gender-sensitive and transformative by:

- **Being participatory and inclusive** – incorporate experiences and insights of diverse women and girls in key stages of the evaluation process from data collection to dissemination of findings, acknowledging the different needs/experiences and expectations of participants involved.
- **Being innovative** – supporting innovative approaches and methodologies where possible in undertaking the evaluation
- **Being intentional** – fully considering how, by whom, when and where the evaluation could limit the participation of adolescent girls and young women.

The **primary intended users** of this evaluation will be the CRVS joint-programme team at UNICEF and WHO, as well as the Mozambique MJCRA, INE, MISAU and Global Affairs Canada. The evaluation

findings will be used to inform the key stakeholders and implementers on the progress of the programme by the end of 2023 and used to adapt key interventions where appropriate to continue their efforts in supporting the government to strengthen CRVS and reach the targets set by 2030. The evaluation findings will also be used for advocacy purposes to attract further funding for the programme and encourage investments from both the government and donors in continuing and improving CRVS work in the country.

3. Description of the Assignment

Scope of the evaluation

Programme Summary

Project Name	Strengthening Civil Registration and Vital Statistics in Mozambique
Implementing Office	UNICEF Mozambique, WHO Mozambique
Project timeframe	2 February 2016 – 31 December 2023 The same interventions have been implemented throughout this whole time period, without any phasing or new activities added.
Total budget	**US$ 19,288,529.28** **UNICEF:** US$ 15,764,590.08 **WHO:** US$ 3,523,939
Project Interventions	**Intermediate Outcome 1** - Creation of a gender responsive enabling environment for civil registration • Printing the new Civil Registration Code for all Conservatories • Conducting gender-sensitive training of Civil Registration personnel on CRVS (priority to be given to female registrars) and the revised Civil Registration Code through the Judiciary Training Center (CFJJ) • Implementing a comprehensive communication for development strategy for general population on CRVS systems that address gender needs and priorities • Creating capacity among community leaders and health personnel to provide gender-sensitive information on civil registration • Provide technical assistance for the finalization of the Operational Plan • Provide technical and financial support to GITEV regular coordination meetings **Intermediate Outcome 2** - Roll out of a simplified and decentralized civil registration system • Maintenance of equipment for civil registration offices • Procure equipment for health units (28 Hospitals and 287 health centres, 11 DPS) and for INE for 10 field teams • Provide gender-sensitive training to civil registration personnel and District Focal Personnel on the electronic CRVS system • Provide training to APES, community leaders and other duly authorized staff on using mobile phone notifications • Provide targeted support to MJCRA (Ministry of Justice, Constitutional

	and Religious Affairs) - specifically the DNRN - to guide, administer, coordinate, monitor and supervise the implementation of the costed operational plan. • Provide support to INAGE to manage the IT aspects of the eCRVS system. Support will include financial, material and technical resources to improve coordination, ICT infrastructure, knowledge, transport and communication to response to the needs of the E-CRVS system. • Support network costs, the call centers in Maputo and the maintenance of the system during the first two years of capital investment into the E-CRVS system • Develop tools and system for administrative data on civil registration • Generate and analyse cause-specific maternal mortality data by supporting Maternal and Perinatal Deaths Response System – • Establish an effective surveillance and continuous mortality survey system integrated to ensure deaths at HF in urban settings are registered and disaggregated by age sex, cause of death, and place of death • Train health workers on certification of deaths • Improve collection and storage of information about causes of death by introducing IT solutions
Partners and stakeholders	• Ministry of Justice, Constitutional and Religious Affairs (MJCR): National Directorate of Registry and Notary, Directorate of Planning and Cooperation — Responsible for the issuance of civil registration documents. UNICEF has been in partnership with MJCR since 2004 with a positive experience. MJCR is the main partner in this project and the partnership ensures the sustainability of the project. • National Institute of Statistics: Responsible for the compilation of vital statistics. During the period under review INE produced the first Vital statistics report for Mozambique for the period 2019-2020 (https://www.ine.gov.mz/web/guest/d/estatisticas-vitais-2019-2020). Going forward INE is expected to produce the next report covering the period 2021-2022. • Ministry of Interior: Responsible for the issuance of IDs. This is a new partnership for UNICEF, and it has been a positive one, ensuring that children and adults have access to IDs to pursue legal employment and access to secondary education. • Ministry of Science and Technology Higher and Technical-Professional Education through National Institute of e-Governance: Responsible for all government electronic system cyber security This is a strategic partnership to ensure that the electronic civil registration system is secure. • Provincial Governments: Responsible for all activities occurring at provincial level. All provincial government are strategic partnerships to ensure ownership of the project at provincial level and the partnerships have been fruitful thus far. • Ministry of Health Department of Health Information, Directorate of Medical Assistance and the National Institute of Health: Responsible for establishment of causes of death and death registration at hospitals and responsible for all births. This is the main partner of WHO and the partnership has been positive. • Centre for Global Health Research of the University of Toronto: Provides

	technical assistance on the electronic causes of death module. This is a strategic partnership of WHO to ensure technical assistance to the Ministry of Health.
Geographic Focus Area	Nationwide: all provinces
Targeted Population	• Mozambicans without civil registration documents and without access to civil registration information and processes • Population with access to health facilities

This summative evaluation will examine the relevance, impact, coherence, effectiveness, efficiency, and sustainability (OECD DAC Criteria) of the Strengthening CRVS joint programme in Mozambique. Given the nature of this evaluation and using the reformulated ex-post theory of change (to be developed during the inception phase), the evaluation team will develop a conceptual framework that guides the evaluation methodology and design, explain the results and contextualize the recommendations based on the TOC analysis. In addition, the evaluators should assess the programme's implementation modalities, key interventions that would have led to the two intermediate outcomes, and any progress of the set targets and intended and unintended effects on beneficiaries between 2016 and 2023.
As the strengthening CRVS in Mozambique joint programme is implemented throughout the country, the evaluation sample will be drawn from all the provinces in Mozambique to ensure representativeness. The representative sample size will be calculated and selected from the programme's current beneficiaries, ensuring that contextual challenges, coverage of fragile / rural settings, as well as gender and diversity coverage will be well considered.

Indicative evaluation questions

In line with the objectives, the evaluation will be guided by the key evaluation criteria and associated key evaluation questions listed below. These will be fine-tuned, as deemed appropriate, during the inception phase to ensure relevance and utilization of the exercise once the evaluation team is onboard and the Evaluation Reference Group is established.

Relevance: the evaluation will examine the strategic fit and the extent to which UNICEF and WHO's work on CRVS is aligned with the Government's priorities in Mozambique. It will also assess the relative importance of existing and planned gender transformative approaches within the programme to empower and fulfill the rights of girls and women, and the extent to which the approaches are responsive to their changing needs. Related evaluation questions include:

1. To what extent were the programme's objectives and design, including the underlying theory of change,
   valid and responded to the needs of intended beneficiaries (including household with disability)?
2. How aligned is the programme to the priorities and policies of the government of Mozambique?
3. Were the programme's interventions, outputs, and implementation modalities consistent and appropriate to deliver and achieve the intended results and targets?

Coherence: the evaluation will assess the programme's consistency with and in complementary to other key external interventions and policies around improving CRVS and gender transformative programming. Related evaluation questions include:

1. What have been the areas and ways of cooperation with other UN entities and other donor/ development partners in regard to having a gender-transformative programming to strengthen CRVS in Mozambique?

2. How can the programme, going forward, better support coordinated efforts in the CRVS sphere?
3. How has the programme added value while avoiding duplication with other similar interventions in the country?
4. To what extent have the various bi- (e.g., UNICEF and WHO) and multi-partite (e.g., UN and governmental ministries) and multi-sectoral (e.g., child protection, gender, health etc.) partnerships within the programme been effective and coordinated? How can the current collaborations be enhanced if the programme continues?

Effectiveness: the evaluation will examine the extent to which the objectives and intended results of the programme have been achieved so far, and what the key contributing factors have been. Related evaluation questions include:

1. To what extent has the programme contributed to creating and fostering a gender-responsive enabling environment for CRVS to happen systematically and for a civil registration digital system to be developed and fully rolled out?
2. To what extent have different models/approaches been effective in contributing to create/foster a gender responsive or transformative environment for CRVS in various local contexts, particularly those affected by conflict or other humanitarian crisis (e.g., natural disasters), and why?
3. Which of the programme approaches have been most effective to enable and promote CRVS and at what sociological level (i.e., system, community, etc)? How effectively have these programme approaches engaged women and men, girls and boys, and key power holders (policy makers, religious leaders, community leaders)?

Efficiency: the evaluation will examine any operational efficiency related to resource allocation in terms of budget, staffing, time, level of effort, partnerships, etc. and identify areas for operational improvements going forward.

Related evaluation questions include:

1. How has resource allocation specifically responded to creating a gender responsive enable environment for CRVS and were these resources adequate? Were gender dimensions integrated into the budget planning, budget reporting, and activities implementation?
2. How has resource allocation specifically responded to developing and maintaining a decentralized user- friendly digital system to register civil and vital statistics and were these resources adequate?

Sustainability: the evaluation will examine the extent to which the current programme and its modalities of implementation can continue in the long term to support the government's ambition of reaching a rate of 80% on all civil registrations and vital statistics for the country's population by 2030. Related evaluation questions include:

1. What systems and partnerships can or has the programme put in place to build further stakeholders' ownership, capacity, and resources to ensure interventions and programmes results can be maintained in the long-term and be scaled up where needed?
2. What key areas can UNICEF and WHO invest further or start investing if this programme is to continue beyond 2023?

Impact: The evaluation will examine which interventions / approaches of the programme have generated significant positive, intended or unintended, higher-level effects. Impact, in the sense of either the extent of long-term benefits to the Mozambican population, especially girls and women

and young children, or in the sense of directly attributable changes resulting from the programme interventions. Related evaluation questions include:

1. To what extent have the positive changes and effects of this programme had on the Mozambican population in regard to CRVS, especially families with newborn, young children, or family member(s) with disability, and female-led households?
2. What have been the most impactful (gender-transformative or responsive) approaches or interventions in the programme so far, and why?
3. Were there unintended positive and/or negative consequences resulting from the programme? If so, what are they?

Evaluability

The programme never conducted a formative evaluation, which means that proper baseline data and information would be missing. However, programme reports and monitoring data have been collected since the beginning, and could be used to determine the baseline data or as comparison points. This will be important during the inception phase for the external evaluation team to verify and assess the presence or absence of available data and information, especially from national administrative datasets, leading to recommendations about possible methods to improve monitoring systems and increase the quality, accessibility and use of project data. Another evaluative concern that can arise is the absence of an explicit control group as part of the programmatic design. Therefore, the evaluation team is also expected to examine the feasibility of undertaking a high-quality impact evaluation that uses a mix of quantitative and qualitative methods to assess the programme's performance and achievements. Already available data will be assessed, leading to recommendations from the team of evaluators about possible methods and data collection needs for this specific summative evaluation.

Evaluation approach and methodology

Overall approach: the evaluation will be conducted using a participatory and inclusive gender-sensitive approach with mixed-methods and seek to obtain data from a range of sources, including through desk reviews and document analyses, surveys, as well as stakeholder consultations, interviews, and focus group discussions. The evaluation should be conducted in accordance with the United Nations Evaluation Group (UNEG) Norms & Standards and the GEROS quality system. The methodology should adopt a **theory of change (TOC) approach**, coupled with a **process approach** looking at programme delivery and operational modalities. This is aimed at comprehensively understanding whether and how the CRVS programme was designed and implemented to meet expected results in Mozambique.

As the first step of planning this evaluation, the evaluators will **review and assess the validity** of the programme's current TOC and test its various elements before moving on to measuring its impact and effectiveness to ensure the logic model makes sense. If the existing TOC isn't complete or lacks components, the evaluators should propose (in the evaluation report) **an updated theory for the programme** by following the pathways of change, from performance of the interventions to the outcomes and examining the assumptions being made. It is expected that the evaluation will include a **representative sample size** of the CRVS programme for the quantitative side. Using their expertise, the evaluators need to assess the feasibility and appropriateness of using a specific methodology over another to conduct this evaluation and **suggest the most relevant evaluation design in their proposal for review**.

Data sources/collection: In line with UNICEF's data quality standards, all data collected and analyzed will be **disaggregated by gender, locations** (first by provinces; and second by specific local contexts where relevant - e.g., conflict, natural disaster etc.) and where possible, **by vulnerable groups**

(including disability). It is expected that the quantitative data (from both secondary and primary sources) are used in statistical models and analysis to assess potential impacts of the programme, while qualitative data are analyzed and used to deepen explanations, triangulation, and clarifications of quantitative results, as well as anecdotal evidence to build up beneficiaries' stories but also showcase opinions and views of the programme's stakeholders (including implementers and partners).

The data collection approach should comprise the following elements:

- Analysis of the programme Theory of Change: through a ToC workshop with programme key stakeholders, review each component of the programme logic model, from the activities, outputs and outcomes to the assumptions, risks and context that support or hinder the identified pathways of change. This exercise will help test and better examine the causal links between the intervention outputs and the observed outcomes, checking each assumed causal chain of results to verify the expected theory.
- Stakeholder analysis: an important initial exercise will be to conduct a stakeholder analysis in order to identify the institutional entities and categories of individuals involved in planning, management and implementation of the CRVS programme. This exercise could be enriched with an analysis of the collaboration between UN agencies and with the governmental agencies, the effective leveraging of its own comparative advantage and the analysis of implementing partners' capacities as well.
- Programme document review: due to the fact that the programme has been implemented since 2016, a rather large number of documents and reports (published and unpublished) may be collected. Some may be the subject of only a general review while others will be subjected to detailed review. Some of the key sources of information will comprise of:
  - Annual project progress reports to donors
  - Programme monitoring reports by UNICEF/WHO
  - Partners' activity reports
  - Research products related to CRVS: gender assessment, previous assessment and evaluation on the Social Behaviour Change component of the programme (carried out by the implementing partner, Save the Children), an operational research report by UNICEF/WHO, etc.
  - national policy or strategy documents relating to specific initiatives relevant to CRVS.
- Consultations and interviews: the main source of qualitative data will be through structured or semi- structured interviews and focus group discussions. The results of these group consultations and interviews are to be documented. Focus group discussions may be held to capture the dynamic of information sharing and debate among beneficiaries and/or implementers, and to enrich the findings.
- Targeted surveys: Surveys can play an important role in validating information and be administered in order to collect a large amount of quantitative data to ensure representativeness of the programme beneficiaries.

Data analysis: the evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions (as described above) will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be used:

- Descriptive analysis – to identify and understand the contexts and their evolution, and to describe the types of interventions and other characteristics of approaches used in

programming.

- Content analysis – to analyse documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.
- Quantitative analysis – to interpret quantitative data using statistical models where relevant, in particular data emerging from the survey, as well as from the programme annual reports and financial data.
- Contribution analysis – to assess the extent to which the CRVS programme has contributed to expected results. Test assumptions, examine influencing factors, examine influencing factors, and identify alternative assumptions for each pathway of change going forward.

The evaluation matrix will be included in the detailed evaluation design developed by the evaluation team to be contracted, during the inception phase in close consultation with UNICEF's evaluation specialist, UNICEF's Child Protection Team, WHO's team and any other key evaluation stakeholders. The design should specify how data collection and analysis methods integrate gender considerations throughout the evaluation process. It is expected that the evaluation applies a strong equity and gender focus by i) referencing and using a rights-based framework, and/or other rights-related benchmarks in the design of the evaluation; ii) making evaluation methodology gender- responsive and inclusive; and iii) reflecting equity and gender analysis in evaluation findings, conclusions and concrete recommendations and action points that can be addressed in future programming.

Stakeholder Identification: the evaluation team is expected to engage with all the relevant stakeholders at the different stages of the evaluation. During the inception phase, a comprehensive stakeholder analysis will be conducted to identify all relevant programme partners, including those that play a key role directly or indirectly in the programme outcomes or have in-depth knowledge of the context or issues covered by the evaluation. This stakeholder analysis will play a key part in informing the design of the evaluation, serve to identify key informants for interviews during the main data collection phase of the evaluation, and will examine any potential partnerships that could further improve the programme. The stakeholders may include, but are not limited to, UNICEF staff, WHO staff, United Nations Legal Identity Agenda (UNLIA) , World Bank, relevant government partners, NGO partners implementing the programme through cooperation agreements, government work- plans, and rights holders who are targeted by the CRVS programme, including women and mothers, head of households, grand- parents, community leaders who are involved in programming to address issues and decisions that affect them.

Evaluation ethics

Ethics and safeguarding are at the center of evaluation practice at UNICEF (cf. UNICEF's guidelines on ethical standards in evaluation - https://www.unicef.org/media/54796/file). It is expected that the evaluation will follow the UN Evaluation Group (UNEG) Norms and Standards (available here: http://www.unevaluation.org/document/detail/1914) as well as UNEG ethical guidelines (http://www.unevaluation.org/document/detail/2866) , therefore the evaluators should familiarize themselves with the content of the UNEG's documents. The principle of '**do no harm'** should be at the forefront of all ethical planning and application. Evaluators will be required to clearly identify any potential ethical issues and develop ethical approaches and processes for ethical review and oversight in their proposal to ensure complete compliance with international good practice,

particularly with regards to safeguarding children and vulnerable groups. The ethics plan should recognize the power dynamic between evaluators, clients, and programme stakeholders, and address this imbalance for the evaluation process, as well as ethical safeguards for participants of the evaluation (including fair representation, respect for dignity and diversity, confidentiality, avoidance of harm, etc.). Owing to the envisaged participation of human subjects in the evaluation, particularly with vulnerable groups, the evaluation team should look into the **requirements for ethical review board approval and apply** either from **recognized Institutional Review Board in the country and/or via UNICEF's LTA** for ethical approval before data collection can start. Any ethical issues that arise during the evaluation need to be documented including how the evaluators will respond or address each.

Considerations should be given to:

- Administrative, technical, and physical safeguards to protect the confidentiality of those participating in the evaluation
- Obtain informed consent for voluntary participation of beneficiaries and stakeholders in the evaluation, as well as ensuring data protection protocols are implemented and met
- Safeguards for those conducting the evaluation
- Do No Harm safeguards for people participating in the evaluation, including physical safeguards as well as emotional/psychosocial safeguards
- Parental or caregiver consent concerning data collection
- Appropriate spaces and methodologies tailored in consideration of unique needs of vulnerable groups, including those with disabilities
- Appropriate language and communication

4. Deliverables and reporting requirements

The evaluation is anticipated to begin in mid- to late September 2023 with the preparatory phase and take an estimated 23 weeks over a span of 6 months to complete.

Estimated timeline	Activity	Deliverable	Elements to be aware of or link to	Payment schedule
7 weeks	Inception phase • Desk review • Preliminary stakeholder analysis • Discussion of Theory of Change • Inception meetings • Undertake ethical approval process • Preparation of draft inception report (see annex for indicative table of contents), data collection tools (translated into Portuguese)	1. **Draft inception report and data collection tools** Recipients: members of the Evaluation Reference Group (ERG) 2. **Ethical approval application and final approval** 3. **Presentation of the draft inception report to the ERG** 4. **Final inception report and tools in English and Portuguese (plus completed audit trail**	Documentation and data are assembled by UNICEF for use by the evaluation team. The inception report structure, format and quality should adhere to the UNICEF Inception Report standards and	30% upon completion of deliverables 1 through 4

	• Engagement and presentation to stakeholders on inception report content • Finalization of inception report (in English and Portuguese)	**addressing all comments)**	the GEROS Quality Assessment System. The draft inception report will undergo two to three rounds of reviews, depending on quality and feedback received. The inception report and instruments will need to undergo ethical review, and the evaluation workplan will need to account for time needed to secure approval.	
8 weeks	Data collection phase • Preparation for data collection, including piloting of tools and training of enumerators/qualitative research assistants • Collect data in selected locations based on sampling method • Gather and assess secondary data to be used for the evaluation analysis where needed • Populate the evaluation matrix • Regular check-ins with the Evaluation Specialist, especially if encountering challenges	5. **Final data collection tools, tested and piloted** 5. **Debrief with ERG at the end of the data collection phase** (to share early emerging findings for feedback and discussion)		30% upon completion of Deliverable 5

8 weeks	Analysis, drafting, validation and completion phase • Data analysis and drafting • Preparation of a PowerPoint presentation on preliminary findings, conclusions, and recommendations • Prepare draft evaluation report and submit to ERG for review and engagement • Finalization of report in Portuguese and English based on feedback received and Summary PowerPoint presentation (also in Portuguese and English)	**7. A complete first draft evaluation report** Recipients: ERG **8. Presentation of Draft Report (preliminary findings, conclusions, and recommendations) to the ERG** **9. A final evaluation report (including an executive summary, plus completed audit trail addressing all comments) in English and Portuguese. The final report should be illustrated with data and infographics.** **10. Clean full datasets and their codebook /do-files (if any)** Recipients: ERG **11. Final PowerPoint presentation that summarizes the evaluation findings, conclusions, and recommendations.** **12. Other agreed dissemination products, including an evaluation brief, key findings poster, user-friendly brochure for families etc.** Exact products to be agreed during inception		40% upon completion of Deliverables 6 through 10

		phase. Final products should be illustrated with data and infographics and graphically designed with UNICEF branding (style and brand guidelines will be shared).		
23 weeks	TOTAL			100%

Important notes:

- Clean and Final Datasets (including qualitative transcripts) – The Evaluation Team will be expected to provide fully 'cleaned-up' datasets for both qualitative and quantitative aspects of the evaluation. For quantitative reporting, this may be in SPSS, Stata or SAS file format accompanied by the code used to carry out analysis and a variable codebook. Similarly, for qualitative work, this should include cleaned and anonymized transcripts and coding framework.
- The draft and final inception report and evaluation report should be between 40 and 60 pages maximum, excluding the executive summary and annexes. The evaluation report should indicatively be structured as follows:
    a. Executive summary
    b. Introduction
    c. Description of the project, including the Theory of Change
    d. Overview of the evaluation approach, design and methods used, including limitations and challenges
    e. Findings
    f. Conclusions and lessons learned
    g. Recommendations
    h. Annexes

The UNICEF's Evaluation Quality Standard and Evaluation Report Standards can be found here: https://www.unicef.org/evaluation/media/816/file/UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf.
A high value will be placed on products that are **concise** and **communicate well with different audiences,** especially government counterparts. Thus, the final products should be edited and produced to include infographics and print layout in an easy-to-read format and in accordance with UNICEF style and branding.

5. Management and governance arrangements and quality assurance

The evaluators will report to the UNICEF Mozambique Evaluation team and work in close collaboration with the Child Protection team and the health team at WHO. Quality assurance will be provided by UNICEF's Office in Mozambique and by the evaluation team in the Eastern and Southern African Regional Office (ESARO).

Expected responsibility of UNICEF and WHO in Mozambique:

- Provide all relevant technical documents related to the programme, including previous studies, programme reports, and financial documentation to the evaluators as required
- Get confirmation and approval for the evaluation from the Ministry of Justice
- Contact list of key people in-country and in the field
- Support in setting up introductory meetings with relevant stakeholders and communities
- Collaborative inception meetings with the Evaluation Team to finalize evaluation questions and methodology
- Review all deliverables submitted by the evaluators and provide feedback as appropriate
- Participate in interviews/focus group discussions if asked
- Act in a coordination role between the external evaluators and the Government of Mozambique

Expected responsibility of the External Evaluators:

- Conduct a thorough desk review, including examining existing literature and available data
- Collaborate with UNICEF Mozambique to agree on final evaluation questions
- Identify options for methodologies and tools for the agreed evaluation questions
- Develop ethics protocols and apply for ethics clearance/approval
- Organize and conduct a Theory of Change review workshop with programme key stakeholders
- Design or modify tools as necessary and secure UNICEF Mozambique and Government's approval for all data collection tools
- Report to the Evaluation Reference Group and attend meetings as agreed with UNICEF Evaluation Specialist
- Conduct fieldwork:
    - recruit and train research assistants / enumerators on data collection tools and research practices in the field
    - Make own logistical arrangements to reach the selected communities and organize interviews, and ensure full logistical support for the entire exercise across all provinces
- Supervise and take full responsibility for the behavior and performance of data collectors, including data collection quality checking in the field
- Submit (by email) to UNICEF's Evaluation Specialist bi-weekly or monthly progress reports as well as progress meetings/calls during the evaluation period, summarizing activities / tasks completed to date (% achieved), challenges and mitigation strategies, time spent, etc.
- Run analysis of the findings and produce reports, which sufficiently explore and explain the results

An Evaluation Reference Group (ERG) will be established to ensure ownership from relevant stakeholder groups of the evaluation process, provide expert advice, inputs, and support to the evaluation as the evaluation unfolds. The reference group will have the following responsibilities:

- Provide inputs in the inception phase to ensure the best approach of the evaluation, and, where necessary, provide information and institutional knowledge as key informants
- Support the work of the evaluation team by facilitating connections with key informants and ensuring the team has relevant reference documents
- Review selected evaluation products (detailed workplan, inception report, data collection tools, and final report) and provide written comments to the evaluation team through the Evaluation Manager

- Where feasible, contribute to the post-evaluation management response, action plan and dissemination strategy

UNICEF will assure the final quality of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines. All major deliverables, i.e., inception report and draft evaluation report will be subject to a satisfactory rating by an external quality assurance facility, using quality assurance checklists provided in Annexes 7 and 8, before payment can be made. The evaluators will be responsible for ensuring that recommendations for quality improvement of the deliverables are fully addressed. The Final Evaluation report will also be submitted to the Global Evaluation Reports Oversight System (GEROS) for final quality assessment with feedback provided to UNICEF on the quality of the evaluation.

6. Location and Duration

Location: Remote and in-country, with travel to and within Mozambique.

Duration: September 2023 to February 2024 (6 months).

7. Qualification Requirements

Team composition and responsibilities:

Institutions with strong background in evaluations and in demographic and social statistics and/or population and social development are encouraged to submit a proposal. The evaluation team should be gender balanced, culturally diverse and composed of a team leader and additional team members: including preferably a demographic and social statistics expert, a gender expert, a statistician, and a qualitative researcher. It will be important that the evaluation team is led by a team lead with strong experience of similar evaluation scope in Mozambique. Team expertise on Social Behavioral Change and social norms would be an asset.

Required Qualifications:

Team leader:

- A minimum of ten years' experience evaluating development programmes
- Experience in leading and conducting multi-disciplinary evaluations and/or applied research work to assess demographic and social statistics programmes
- Knowledge of latest quantitative and qualitative methods and approaches in development evaluations, especially participatory methods
- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluations.
- Excellent analytical, communication and drafting writing skills (English a must, Portuguese considered an asset)
- Proven experience managing a team of consultants
- Strong project coordination and management skills, and demonstrate capacity to carry out the evaluation and complete deliverables on a timely manner and within the set workplan
- A work record in Eastern and Southern Africa, with specific experience in Mozambique.
- Experience with the ethics of evidence generation; experience collecting data from

vulnerable groups; familiarity with ethical safeguards.

Team members:

- Expertise in processing and analysing data of similar or related multi-sectoral evaluations and/or applied research work
- Demonstrated experience of programming in any or several of the following areas: social development, demographics and population, statistics, gender equality and gender mainstreaming, human rights; including sound knowledge of other sectors, namely health, child protection and social protection.
- Extensive evaluation expertise of comprehensive scope with strong mixed-methods evaluation skills and proficiency in using participatory and innovative evaluation methods.
- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluations.
- A work record in Eastern and Southern Africa, with specific experience in Mozambique an asset.
- A mix of team members with excellent command of **English and/or Portuguese**, with a proven ability to prepare high-quality reports and give presentations in both languages as needed.
- Strong communication skills with the ability to work multiculturally

Significant advantages:

- Proven ability to develop attractive/user-friendly evidence products that present complex information via Infographics and other communication means
- Knowledge of the diverse social, economic, and political context of Mozambique
- Record of top ranked evaluation reports by GEROS

8. Assessment of proposals process and methods

Interested and qualified evaluation firms are requested to submit one technical proposal and one financial proposal within the indicated deadline. The firm must submit 2 or 3 samples of similar work they have conducted as part of their technical proposal. After the opening, each proposal will be assessed first on its technical merits and subsequently on its price.

All bidders' proposals will be reviewed by the evaluation panel. The proposal with the best overall score, composed of technical merit and price, will be recommended for approval. The overall weighting between technical and financial evaluation will be as follows: the technical component will account for 80 per cent of the total points allocated and the financial component will account for 20 per cent of the total points allocated. The assessed technical score must be equal to or exceed 60 points out of the total 80 points allocated to the technical evaluation in order to be considered technically compliant and for consideration in the financial evaluation.

The financial proposal should include **all eligible costs** (fees, international (if any) and national field travel expenses, etc.) of the evaluation team. The evaluation partner is also expected to work independently and regular overhead costs relating to office space and equipment should be included in the financial proposal. The arrangement of necessary human resources including research assistants, enumerators and data entry personnel must be well defined and costed in the proposal.

Below is the allocation of points for both the technical and financial evaluation.

Technical Evaluation Criteria:

Item	Technical Criteria	Max. Points
1	**Overall quality of the technical proposal** *Demonstrated understanding of the assignment scope, objectives, and completeness of response*	**5**
2	**Proposed Methodology and Approach**	**40**
2.1	Quality and appropriateness of the overall approach and methodology proposed to design and undertake the evaluation	20
2.2	Quality of the proposed implementation plan with logical sequencing and work schedule	15
2.3	Quality of project management structure and approach to undertake the evaluation	10
3	**Company experience and Project Team**	**25**
3.1	Range and depth of organizational experience in the provision of the services mentioned in the TOR, 2 or 3 samples of past similar work, and 3 references (names and contact details) of previous work	15
3.2	Relevant experience and skills of the proposed team for the assignment as per the TOR.	15
	Total Technical Score	**80**
	Total Financial Score	**20**
	SUMMARY OF TECHNICAL & FINANCIAL SCORE	**100**

9. Administrative Issues

Nature of Penalty Clause in Contract

If the final deliverables are not submitted accordingly as stated in this TOR, payments will be withheld.

All materials developed will remain the copyright of UNICEF and UNICEF will be free to adapt and modify them in the future.

UNICEF has a zero-tolerance policy on misconduct, including sexual exploitation and abuse, sexual harassment, abuse of authority and discrimination. UNICEF also adheres to strict child safeguarding principles. **The selected evaluation team will be expected to join (online or in presential) UNICEF's Prevention on Sexual Exploitation and Abuse training for partners**, and subsequently strictly adhere to these standards and principles.

8.2. Evaluation matrix

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
A. Relevance (*Is the intervention doing the right things?*)						
1. To what extent were the programme's objectives and design, including the underlying theory of change, valid and responded to the needs of intended beneficiaries (including household with disability)?	Were the programme objectives and assumptions clearly identified?	• Evidence of explicit identification of objectives, assumptions and risks • Reconstructed ToC	✓			
	Which bottlenecks have been identified by the programme?	• Evidence of needs analysis informing the programme design • Reconstructed ToC	✓			
	How has the programme responded to the needs of beneficiaries including vulnerable people?	• Evidence of contribution design adaption in the face of contextual and emerging realities (including COVID, natural and manmade disasters, people with disabilities) • Evidence of communities' perceived responsiveness of the programme to contextual and emerging realities	✓	✓	✓	✓
2. How aligned is the programme to the priorities and policies of the government of Mozambique?	To what extent were the interventions supported by UNICEF and WHO aligned with government priorities and the demands of national partners, including at decentralized levels?	• Evidence of alignment between programme results and national policy objectives • Government official perception of responsiveness to national needs	✓	✓		
3. Were the programme's interventions, outputs, and implementation modalities consistent and appropriate to deliver and achieve the intended results and targets?	To what extent do the designed program activities and outputs logically link to desired results?	• Evidence of analysis and assumptions informing choice of interventions • Key stakeholder's perception of programme activities and strategies contributing to achieving expected results	✓	✓		
B.* Coherence *(How well does the intervention fit?)						
4. What have been the areas and ways of cooperation with other UN entities and other donor/ development partners in regard to having a gender-transformative programming to strengthen CRVS in Mozambique?	What other partners or institutions are involved in CRVS? (these may include governmental, non-governmental, donors, community leaders/groups, women inclusion etc.); What do they do?	• Evidence of existing, documented stakeholder analysis • Evidence of actors at national and sub-national level	✓	✓	✓	
	How do you assess the extent to which international standards and	Key stakeholder's perception of the coordination mechanisms in place and inclusion of gender-transformative approach	✓	✓		

[44] Including both literature/documental review and analysis of statistical datasets

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
	principal matters for gender transformative programming have been taken into account in the design and implementation of CRVS interventions?					
5. How can the programme, going forward, better support coordinated efforts in the CRVS sphere?	What opportunities and lessons can be learned to better coordinate CRVS system in Mozambique?	Evidence of untapped best practices or unexplored synergies in the coordination of the CRVS system	✓	✓	✓	
	Where and how should CRVS efforts be directed if the programme will continue?	Perception of gaps that the programme can further address		✓	✓	
6. How has the programme added value while avoiding duplication with other similar interventions in the country?	What is the added value or contribution of the programme interventions to the CRVS operational plan at country level?	● Evidence of programmatic analysis informing coordination of program with other actors ● Perception of value added by actors in the CRVS system	✓	✓		
	Were there similar programmes/projects being implemented in areas where the project was being implemented? If yes, how did the programme coordinate with such programmes/projects to ensure synergy as well as avoid overlaps?	Evidence of explicitly identified areas of alignment and discordance	✓	✓	✓	
7. To what extent have the various bi- (e.g., UNICEF and WHO) and multi-partite (e.g., UN and governmental ministries) and multi-sectoral (e.g., child protection, gender, health etc.) partnerships within the programme been effective and coordinated? How can the current collaborations be enhanced if the programme continues?	To what extent have the partnerships been effective and coordinated?	● Evidence of coordination mechanisms by partners and institutions	✓	✓	✓	
	How can the current collaborations be enhanced if the programme continues?	● Stakeholders' opinion on ways of improvements in the coordination mechanisms		✓	✓	
C. Effectiveness (*Is the intervention achieving its objectives*?)						

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
8. To what extent has the programme contributed to creating and fostering a gender-responsive enabling environment for CRVS to happen systematically and for a civil registration digital system to be developed and fully rolled out?	To what extent have the programme Outcome 1 targets been reached?	• Evidence of printing and dissemination of the new Civil Registration Code • Evidence of effectiveness in conducting gender-sensitive training for Civil Registration personnel • Evidence of results achievement in the comprehensive communication for development strategy regarding CRVS systems • Evidence of built capacity among community leaders and health personnel • Evidence of successful technical assistance to support the CRVS Operational Plan and its gender-related priorities • Evidence of successful support of GITEV coordination meetings • Evidence of support by men in targeted regions for gender-sensitive birth registration	✓	✓	✓	✓
	To what extent have the programme Outcome 2 targets been reached?	• Evidence of usefulness for equipment provided to health units and INE field teams • Evidence of enhanced capacities through gender-sensitive training to civil registration personnel and District Focal Personnel • Evidence of enhanced capacities of APES, community leaders and duly authorized staff on mobile phone notifications • Extent to which the program's support to MJCAR and INAGE has facilitated the effective implementation of gender-responsive CRVS initiatives, with a focus on conflict-affected areas • Evidence of successful support to INAGE to manage IT aspects of eCRVS system • Evidence of usefulness of support to network costs, call centres and system maintenance • Evidence of developed tools and system for CRVS administrative data • Evidence of improved cause-specific maternal mortality data • Evidence of established surveillance survey system	✓	✓	✓	✓

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
		• Evidence of improved capacities among targeted health workers on certification of deaths • Evidence of improved collection and storage of death cause information • Stakeholder satisfaction with usefulness of interventions • Evidence of sex and gender disaggregated coverage of death registration increased nationally				
9. To what extent have different models/approaches been effective in contributing to create/foster a gender responsive or transformative environment for CRVS in various local contexts, particularly those affected by conflict or other humanitarian crisis (e.g., natural disasters), and why?	To what extent have different models been effective in creating a gender-responsive environment for CRVS?	• Evidence of gender-responsive approaches • Stakeholders' perception of gender-responsive approaches from different provinces/districts (including those affected by natural disasters)	✓	✓	✓	✓
	How did contextual threats hinder intervention implementation? Was additional support identified or provided to overcome implementation challenges?	• Evidence of local threats (conflicts, natural disasters..) and additional support • Stakeholders' perception of programme's support for CRVS in difficult circumstances	✓	✓		
10. Which of the programme approaches have been most effective to enable and promote CRVS and at what sociological level (i.e., system, community, etc)? How effectively have these programme approaches engaged women and men, girls and boys, and key power holders (policy makers, religious leaders, community leaders)?	To what extent did the interventions facilitate engagement and ownership of policy makers at national, system, and community level?	• Evidence of engagement and ownership of stakeholders • Government officials' perception of engagement in the programme • Perception of engagement in programme at system and community levels	✓	✓	✓	✓
	Which specific program approaches (e.g., gender-sensitive training, equipment maintenance, community advocacy) have demonstrated the highest effectiveness in promoting CRVS? What factors explain the success?	• Stakeholders' comparative perception of programme approaches		✓	✓	✓
	How effectively have these programme approaches engaged women and men, girls and boys, and key power holders (policy makers, religious leaders, community leaders)?	Perception of involvement of different stakeholders		✓	✓	✓

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
D. Efficiency *(How well are resources being used?)*						
11. How has resource allocation specifically responded to creating a gender responsive enabling environment for CRVS and were these resources adequate? Were gender dimensions integrated into the budget planning, budget reporting, and activities implementation?	What resources (financial and human) have been allocated to Outcome 1? What is its absorption/ implementation rate? Were they adequate and timely?	Evidence of efficient resource allocation and utilisation	✓	✓		
	What organizational mechanisms and workflow did the programme adopt? Did they work as intended?	Evidence of functionality of organizational and monitoring mechanisms	✓	✓	✓	
	To what extent were gender considerations included in the programme budget, resource allocation and reporting?	• Evidence of informed allocation of resources to gender-responsive interventions • Evidence of gender-sensitive reporting on resource utilisation	✓	✓		
	Are there cheaper alternatives that would have made it possible to achieve the same results with final beneficiaries? If yes, what are they?	• Evidence of cost effectiveness for Outcome 1 interventions • Key Stakeholders' perception	✓	✓		
12. How has resource allocation specifically responded to developing and maintaining a decentralized user-friendly digital system to register civil and vital statistics and were these resources adequate?	What resources (financial and human) have been allocated to Outcome 2? What is its absorption/ implementation rate? Were they adequate and timely?	Evidence of efficient resource allocation and utilisation	✓	✓		
	What organizational mechanisms and workflow did the programme adopt? Did they work as intended?	Evidence of allocated resources adequately reaching sub-national levels	✓	✓	✓	
	Are there cheaper alternatives that would have made it possible to achieve the same results with final beneficiaries? If yes, what are they?	• Evidence of cost effectiveness for Outcome 2 interventions • Key Stakeholders' perception	✓	✓		
E. Sustainability (*Will the benefits last?)*						
13. What systems and partnerships can or has the programme put in place to build further stakeholders' ownership, capacity, and resources to ensure interventions and programmes results can be maintained in the long-term and be scaled up where needed?	To what extent are capacities and changed perceptions likely to persist after the programme is closed?	• Availability of trained staff to conduct civil registration and produce vital statistics • Stakeholders' perceptions of capacity to manage civil registration at national, district and local government levels • Stakeholders' views of how the benefits will last	✓	✓	✓	

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
	To what extent are government stakeholders better placed to manage the existing CRVS system after the project?	● Evidence of mechanisms in place to ensure sustaining the gains achieved ● Stakeholders' views and evidence of improvements in Government capacities	✓	✓		
14. On what key areas can UNICEF and WHO invest further or start investing if this programme is to continue beyond 2023?	What targeted CRVS capacities need further development for implementing stakeholders?	Indications of capacity gaps or opportunities for UNICEF and WHO support beyond 2023	✓	✓	✓	
F. Impact *(Are the interventions contributing to lasting changes?)*						
15. To what extent have the positive changes and effects of this programme had on the Mozambican population in regard to CRVS, especially families with newborn, young children, or family member(s) with disability, and female-led households?	How have civil and vital registration rates evolved since 2016?	*(to be finetuned according to granularity of available data)* ● Evidence of discontinuity in enumeration of birth registration in CRVS system over years, disaggregated by sex, rural/urban, district ● % change in children (under one year) with birth registration, disaggregated by sex, presence of disability in household, sex of household leader ● % change in sex differences around death registration KPI and targets by 2021: 1 Increase Birth registration coverage for children below 5 years of age: 60% 2 Children whose births were registered and who were issued a certificate: 50% 3 Institutional deaths in a given year which were reported and certified with causes of death: 50% 4 Institutional Maternal deaths reported and investigated: 100% 5 Institutional Newborn deaths reported and investigated: 70% 6 Institutional deaths in children under five reported, disaggregated by age and sex: 100%	✓			
	To what extent can these changes be logically linked to the programme?	● Results of quantitative statistical modelling ● Contribution analysis	✓	✓		
16. What have been the most impactful (gender-transformative or responsive) approaches or interventions in the programme so far, and why?	What are the detectable signs of change on attitudes and perception around civil registration and death reporting?; Are these changes related with the perception of gender equality?	● Evidence of changes in the proportion of parents/caregivers seeking birth registration services ● Evidence of changes in interoperability between CRVS and health system ● Evidence of changes in the proportion of parents/caregivers seeking birth registration services	✓	✓	✓	✓

Evaluation question	Sub questions	Source of information, judgement criteria or indicator	Method of data collection			
			Secondary sources[44]	KII	SSI	FGD
		• Evidence of Parents/caregivers demonstrating knowledge on the importance, procedure and requirements of birth registration • Community perceptions of the benefits associated with birth registration and death reporting				
17. Were there unintended positive and/or negative consequences resulting from the programme? If so, what are they?	To what extent has the programme generated significant unintended effects at system or community level? If so, what are they?	Evidence of unintended effects at system/community level	✓	✓	✓	✓
18. Were results achieved in adherence to equity, gender equality and other human rights?	To what extent has the country programme integrated the gender and equality approach in the design, implementation and monitoring and evaluation of interventions?	• Evidence of adherence to equity, gender equality and human rights • Stakeholders' perception of adherence to equity, gender equality and human rights	✓	✓	✓	✓
	To what extent did different groups, including children and other vulnerable groups, benefit in different ways from the intervention?	• Evidence of positive effects for the Mozambican population, especially families with newborns, young children, family members with disabilities or female-led households • Stakeholders' perception of positive effects, especially for vulnerable groups	✓	✓	✓	✓

8.3. Detailed sampling information

Province	District	Health Facility	Health Unit Level	Timeline of intervention	Civil registration post at Health Facility	Interoperability with MGDH and eCRVS	Estimate of total health facilities in the district*	Census 2017 District Population	District with program interventions
Inhambane	Inhambane	HP Inhambane	Secondary	More than 2 years	Yes	Yes	12	82,119	Yes
	Jangamo	CS Cumbana	Primary	More than 2 years	No	Yes	8	105,306	Yes
	Maxixe	HR Chicuque	Secondary	More than 2 years	Yes	Yes	12	129,993	Yes
Nampula	Murrupula	CS Murrupula	Primary	More than 2 years	No	No	7	184,732	Yes
	Nampula	HC Nampula	Quaternary	Not known	Yes	No	23	760,214	Yes
	Rapale	CS Rapale	Primary	More than 2 years	No	No	7	166,327	Yes
Zambezia	Cidade de Quelimane	HG Quelimane	Secondary	More than 2 years	Yes	No	25	358,542	Yes
	Cidade de Quelimane	HC Quelimane	Quaternary	More than 2 years	Yes	Yes	25	358,542	Yes
	Milange	HD Milange	Secondary	Not known	No	No	20	613,961	Yes
	Pebane	CS Pebane-Sede	Primary	Not known	No	No	14	211,975	Yes
	Pebane	CS Nabury	Primary	Not known	No	No	0	211,975	Yes

*based on list of Actives on ART 2022

8.4. Ethical review approval letter

unicef | for every child

Research Ethics Approval

26 March 2024

Marco Gozio
ICON-Institute
28 Von Groote Str Cologne
05 50968 Germany

RE: Ethics Review Board findings for: *Summative evaluation of the Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique* (HML IRB Review #860MOZA24)

Dear Marco Gozio,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 18 – 26 March 2024. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval.**

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Celine Sieu ; Maria Joao Nazareth; Penelope Lantz, JD

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8.5. Informed consent form

Informed Consent Form – Key Informant and SSI

Respondent: _____

Work location: _____

Type of data collection: **KII – SSI FGD**

Interviewer: _____ **Date:** ___/___/___

ICON Institute is implementing a Summative Evaluation of the "Strengthening Civil Registration and Vital Statistics (CRVS) Programme" in Mozambique, implemented by the Government of Mozambique with UNICEF and WHO support, between 2016 and 2023. This consent form explains the evaluation and the role of participants in the evaluation. Please consider this information and take as much time as you need. If you have questions at a later time, you can ask any of the members of the evaluation team.

The evaluation purposes to assess the extent to which the CRVS Programme attained its envisaged objectives; and to inform the programme implementation strategies in the years to come, in view of taking strategies to scale. To do this, the evaluation aims to assess different aspects of the programme, including to identify lessons learned for its partners and stakeholders.

Voluntary Participation. We are inviting you to participate in this study because you are a Key Person Informed about the programme. Your participation in this evaluation is entirely voluntary. It is your choice whether to participate or not. You may change your mind and stop participating at any time.

Procedures. Programme. We will ask you questions relating to strategies that aim at improving "Civil Registration and Vital Statistics (CRVS) in Mozambique". To make sure that we do not forget or change what you are saying to me I ask for your permission to audio record and/or write down the conversation. Everything that will be recorded and written down will be confidential. Please note that you can refuse to give your permission to this.

Duration. The interview will last for about 60-90 minutes.

Benefits. There are no direct benefits to you from being in this evaluation.

Risks, discomforts and rights to withdraw. There are no obvious physical, psychological, social, economic, legal, and emotional risks in participating in this study. During the interview, you are allowed to refuse to answer any question and you are allowed to stop the interview at any time. There are no consequences should you decide not to continue with the interview.

Confidentiality and Privacy. The information that you give us is completely confidential. We will not associate your name with anything that you say. We will not use personal identifiers for the information obtained. Privacy will be assured during this interview by having it here (or virtually).

Consent and contact. If you have any other questions about this evaluation later you can contact the ICON-Institute contract manager Marco Gozio at marco.gozio@icon-institute.de or the Lead Evaluator, Maria Joao Nazareth, at nazareth.mj@gmail.com.

If you agree to participate after receiving the above information please sign below.

◯ Check in case of verbal consent ◯ Signature: _____

If refused, the interviewer should inform the team lead for proper documentation.

8.6. Data collection tools

8.6.1. Key Informant Interview guideline

Background Information

Date:	
Work Sector:	
Gender:	

Role / Responsibility

Can you please briefly describe your responsibilities within the strengthening CRVS Programme or within the Mozambique civil registration and vital statistics registration system?

Relevance and Coherence

1. Are you aware of the specific interventions carried out by the Government of Mozambique with the support of UNICEF and WHO under the strengthening CRVS programme? If yes, please can you elaborate more about them?
2. To what extent were the interventions supported by UNICEF and WHO aligned with government priorities and to what extent do these interventions address beneficiary needs for civil registration services? (Also ask about inclusion of vulnerable populations, including household with disability)
3. To what extent did the various stakeholders involved in the strengthening CRVS programme (UNICEF, WHO, Government ministries, partners) work well together in a coordinated manner to ensure complementarity and avoid duplication of efforts? Please provide examples.
4. Do you think that the program objectives and interventions aimed at strengthening CRVS were adequately designed to achieve intended results? What could have been done differently? (Provide specific examples). Were gender and equality aspects incorporated and addressed in program design?

Effectiveness

5. The Programme aimed at overcoming the challenges that women face in accessing civil registration. To what extent did it succeed in this, in various contexts? Ask about urban/rural contexts; contexts affected by conflict or other humanitarian crisis (e.g., natural disasters).
6. What in your view were the interventions that worked well and what were the interventions that didn't work so well under the strengthening CRVS programme? (**Probe** gender-sensitive training, equipment maintenance, community advocacy)? What are some of the reasons for the success and what would you say contributed to the shortfalls?
7. At what level (policy, system, community) have programme approaches been most effective? How?
    a. Policy: implementation and dissemination of the civil registration law
    b. System: equipment and human resources training
    c. Community: social mobilization to access services, beneficiary engagement and outreach including women and men, girls and boys, and key power holders - policy makers, religious leaders, community leader)
8. What according to you is the most important (significant) change that has taken place as a result of the strengthening CRVS interventions and what were the drivers of change?

Efficiency

9. What is your assessment of resource allocation (financial and human) during program implementation? Was resource allocation decentralized and were gender dimensions integrated into the budget planning, budget reporting, and activities implemented?
10. In your view, were the financial and human resources adequate, timely allocated and accounted for (reporting)? Please explain and give specific examples?
11. Are there more economical (cheaper) interventions that could have been adopted to achieve the same programme results.? If yes, what are they? Were these more economical alternatives explored?
12. How were the strengthening CRVS interventions monitored at central, province, district, and local levels? Were M&E feedback and follow-up mechanisms in place and/or used?

Sustainability

13. In your opinion, which CRVS programme interventions are most likely to continue working without external funding/support? Which CRVS programme interventions are less likely to continue working without external funding/support?
14. Can you provide examples of how the national, provincial, district, local governments and communities have demonstrated ownership and capacity to self-support the CRVS interventions?
15. In your view, what mechanism (system and partnerships) has been put in place to ensure the sustainable financing of activities related to CRVS?
16. In your opinion, which key areas can benefit from further investment further or to start investing if the strengthening CRVS programme is to continue beyond 2023?

Impact

17. What would you consider as the main impact of the strengthening CRVS programme? Please explain?
18. Did the strengthening CRVS interventions generate unexpected/unintended (positive or negative) effects at the system or at community level? (please explain and provide examples).
19. Would you consider that the strengthening CRVS interventions contributed to address barriers to and increase awareness of the value of early birth registration for both girls and boys and for death registration in the communities? In what way?
20. How and to what extent have the different interests of women and men of different age groups been affected/changed as result of the strengthening CRVS program implementation?

8.6.2. Semi-structured Interview guidelines

PART 1: SSI DETAILS OF RESPONDENT

1.1 Province	□ Nampula □ Zambezia □ Inhambane		1.2 District	
1.3 Name of institution	□ GITEV Representative (Ministry of Justice) □ Ministry of Justice □ Ministry of Health □ Ministry of Interior □ Ministry of Gender, Children and Social Action □ INE (National Statistical Institute) □ INTIC (National Institute of Information and Communication Technologies) □ INAGE (National Institute of Electronic Governance)		□ Save the Children □ Provincial Directorate Ministry of Education □ Provincial Directorate Ministry of Justice □ Provincial Directorate Ministry of Health □ Provincial Directorate Ministry of Interior □ Provincial Directorate Ministry of Gender, Children and Social Action □ Other (specify)_____	
1.4 Gender	□ Male □ Female	1.5 Age (complete years)?	☐☐ years	
1.6 Briefly describe your responsibilities within the civil registration and vital statistics interventions in your community or place of work?				

PART 2: QUESTIONS ON THE UNICEF AND WHO SUPPORTED STRENGTHENING CRVS 2016-2023 INTERVENTIONS

2.1 Are you aware of the interventions carried out by the Government of Mozambique with UNICEF and WHO support on strengthening civil registration and vital statistics (CRVS) implemented from 2016 to 2023? Example COMSA or other initiatives supported by other partners? Are you aware of other sources of info on CRVS (ex. COMSA) or initiatives supported by other partners?

2.2 What are the names of the government institutions and organizations that you have been working with in your role and responsibilities within the civil registration and vital statistics interventions in your community or place of work? How often do you meet? Who participates in the meetings? Any decisions that have been taken? Are you happy with the way that you have been working together and collaborating with other organizations? Why? Did you capitalize on synergies? In your opinion, how can you improve the collaboration with other government institutions and organizations?
2.3 Have you participated in any trainings (including refresher trainings) on strengthening CRVS between 2016 and 2023? What were the topics of the trainings? (**Probe**: CRVS Legal Framework, Gender, eCRVS, eCRVS monitoring & supervision, Cause of death classification) How many first trainings and how many refresher trainings? When and where? Did you receive manuals from the trainings [**ask to see the training manuals**] How did the training(s) help you in your role and responsibilities within CRVS? To your knowledge have all your colleagues also had the same training? If no, why not?
2.4 Have you heard about the revised Civil Registration Code that was published on the 4th December 2018? If yes, can you tell me some of what is stated in the revised Civil Registration Code? When and how did you learn about the revised Civil Registration Code? What is your opinion on the revised Civil Registration Code? Do you have a copy of the revised Civil Registration Code **[ask to see the copy]**

2.5 In your opinion, have there been shifts in the in how women can access registration services, in their mobility and/or in the decision-making processes? Would you say that how girls are perceived by communities and by boys in schools has or has not changed after the community engagement activities in strengthening CRVS? In what way
2.6 In your opinion, how have community perceptions of the benefits associated with birth registration and death reporting shifted due to programme impact? What are the interventions that have contributed to the shift? What are the barriers?
2.7 What in your opinion are two or three major changes that strengthening CRVS has allowed people to make in their lives in and around your community? **Probe** for change in CRVS and specifically event registration; community ownership – **ask for examples**
2.8 What were the main threats that the province/district/community faced during the 2016 to 2023 implementation period which influenced the CRVS system and the strengthening CRVS interventions? ((**Probe** COVID-19, political instability, internal population displacement, emergency context (floods, cyclones) etc.) How do you think these threats influenced the implementation of CRVS interventions?
2.9 In your opinion, where are the areas of discordance between the strengthening CRVS interventions and your institution or your community (socio-economic, beliefs, practices etc.)? How can alignment be achieved?
2.10 In your opinion, where and how should CRVS strengthening efforts be directed if the UNICEF and WHO supported programme is to continue beyond 2023?

8.6.3. Focal Group Discussion structure and guidance

Note on FGDs: As much as possible, have the focus group discussions with men/boys and women/girls in separate groups. Aim for about 8 persons per FGD.

These list of questions are guidelines, you are free to ask follow up questions in case additional issues of relevance come up. Be flexible, but keep time in mind.

For all questions (where relevant) probe about the situation before the CRVS Birth Programme interventions (especially in 2016), after the interventions (2023) and the reason for change.

FGDs should last approximately 30 to 45 minutes. This is a limited time for participatory activities. However, ensure sufficient time for trend appraisals. Ask the FGD participants to think back how the situation was before 2016 and how the situation is now (2023). Choose topics for the trend appraisal that align with the programme's objectives. Give them 3 - 5 minutes to discuss amongst each other about this. Then ask them to describe the situation before and now. If there are changes, probe how these changes have come about. What has caused these changes. If you still have time left, ask them to describe what further changes they expect and why.

The FGDs will include the use of the **"Before and After Proportional Piling Method".** This game-like participatory tool is very stimulating especially when used with children/young people and rural communities.

1. Begin the procedure with a short discussion / brainstorming on a specific topic (the sub-domains are listed below) and recording of the responses.
2. Provide the participants with a number of stones (20 to 40) so that they can show the before and after levels of the issues discussed. *It would be pragmatic to distribute the stones at the beginning of the FGD after informed consent is obtained.*
3. Participants should decrease and increase the number of stone piles as necessary until all agree on the proportions for each element.
4. Also use this to indicate the situation at baseline (2016) and now (2024) through comparison between where we had been before the intervention and where we are now after the programme has been implemented. Focusing on the outcomes of the community engagement interventions.

Preparation for the FGD:

1. Criteria for selection of FGD participants
2. Selection of FGD participants
3. Selection of location for FGD (should allow for privacy, and for the creation of an atmosphere which promotes discussion).
4. Once location selected, invite participants (through community mobilizers) who will explain the purpose of the work to any potential participants they have identified; they will stress that participation is voluntary, and that all discussions held will be ananymus.
5. Make a Focus group checklist:

Make sure you have:

- Have all of your equipment, and confirm they are functional:
    - Audio Recorders
    - Notebook and pens

6. As participants arrive, welcome them and obtain informed consent. This could be verbal, and should be preceded with a general introduction to the purpose of the discussion. The facilitator is responsible for assuring that each participant:
    - Knows participation is voluntary
    - Knows they can leave at any time without any negative repercussions
    - Know that all discussions will be held in confidence
    - Know that they will be given a pseudo name during the discussions
    - Know that the group discussions will be taped

Participants should also be made aware that they should not discuss the information that is shared by other participants during the focus group once they leave the site.

Introduction

Good day, my name is [first name]. I am an independent Evaluation Consultant hired by ICON Institute and I'm here to ask you some questions about the services you receive or provided under the "Strengthening Civil Registration and Vital Statistics (CRVS) in Mozambique Programme", implemented by the Government of Mozambique with UNICEF and WHO support, between 2016 and 2023. The results of this evaluation will be used to inform the Government of Mozambique. We would like to ask you to participate in FGD so that we can ask some questions around this. My role as facilitator is to ask questions and facilitate the discussion. My co-facilitator will be taking notes during the discussion (in addition to the voice recording). At no time will either of us participate in the discussion or offer our personal opinions.

The purpose of this FGD is to get your views as a community member, possible beneficiary of some of the initiatives implemented under "Strengthening Civil Registration and Vital Statistics (CRVS) Programme.

In order to understand what the project has been able to achieve, over the next 30 minutes, we will ask a few questions. We want to hear your different perspectives and opinions.

1. Please tell us what you know about the registration of births, marriages and deaths? why do you think it's important to register births? And marriages? And deaths?
2. Are you aware of services for registering births, marriages and deaths in your community?

Access

3. How accessible are the services for the registration of births, marriages and deaths? *(ranking point)* Consider the following:
    a. Distance from the service
    b. Need for a family member authorization to reach the registration service
4. How many days of work are needed to cover the cost of going to the registration centre, and the cost of registration papers? *(ranking point)*

"User-friendliness"

5. Do registration officials communicate in a clear, understandable manner?
6. If an issue arises during registration, do you have a way to report it?
7. Who in the community can access services for the registration of births, marriages and deaths (probe: men on their own, women on their own, both men & women, people with disability?). Is access easier for some groups of people than others? Why?
8. From where you heard on how to access and use services for the registration of births, marriages and deaths (awareness raising activities)?

9. What were the main problems you encountered in registering your children's births? Are they the same for registering life events?
10. Do you know if women can register children without the presence of their father? How are single mother treated if they try to register their children? How are single mother treated if they try to register their children?
11. Are girls and boys registered (birth registration) equally in your community? Why/Why not?
12. What do you think would make people more willing or more able to register life events?

Thank you

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8.8. List of stakeholders involved

Data collection method	Type of stakeholder	Organisation	Level	Province	Role
1. KII	Donor	Canada	Central	Central	Health team gender specialist
1. KII	Donor	Canada	Central	Central	International Assistance Officer
1. KII	INE central	INE	Central	Central	CRVS Focal point/Coordinator
1. KII	MISAU central	MISAU- National Coordinator of the Maternal and perinatal deaths committees	Central	Central	Representative
1. KII	MJCAR central	Ministério da Justiça, Assuntos Constitucionais e Religiosos	Central	Central	CRVS Focal point/Coordinator
1. KII	MJCAR central	MJCAR - National Directorate of Registry and Notary	Central	Central	Deputy Director
1. KII	MJCAR central	MJCAR - GITEV	Central	Central	National Coordinator
1. KII	MJCAR central	MJCAR - National Directorate of Registry and Notary	Central	Central	Statistics
1. KII	Other development partner	World Bank	Central	Central	Consultant
1. KII	Other development partner	CISM	Central	Central	Project Manager
1. KII	Other development partner	World Bank	Central	Central	Representative
1. KII	UNICEF central	UNICEF	Central	Central	Chief Child Protection
1. KII	UNICEF central	UNICEF	Central	Central	Child Protection Manager
1. KII	UNICEF central	UNICEF	Central	Central	Child Protection Specialist
1. KII	UNICEF central	UNICEF	Central	Central	Child Survival & Development Specialist
1. KII	UNICEF central	UNICEF	Central	Central	Former project coordinator
1. KII	UNICEF central	UNICEF	Central	Central	Former project coordinator
1. KII	UNICEF central	UNICEF	Central	Central	Health Specialist
1. KII	UNICEF central	UNICEF	Central	Central	SBC Specialist
1. KII	WHO central	WHO	Central	Central	Family Health Program Officer
1. KII	WHO central	WHO	Central	Central	Health Systems Strengthening Adviser
1. KII	WHO central	WHO	Central	Central	HIM Officer

Data collection method	Type of stakeholder	Organisation	Level	Province	Role
1. KII	WHO central	WHO	Central	Central	Surveillance Officer
2. SSI	MISAU local	MISAU - DPS Inhambane	Provincial	Inhambane	Director
2. SSI	MISAU local	MISAU - DPS Inhambane	Provincial	Inhambane	Nurse
2. SSI	MISAU local	MISAU - DPS Inhambane	Provincial	Inhambane	Nurse
2. SSI	MISAU local	MISAU - DPS Inhambane	Provincial	Inhambane	Planning and Cooperation Department staff
2. SSI	MISAU local	Hospital Distrital de Chicuque	District	Inhambane	Statistician
2. SSI	MISAU local	Hospital Distrital de Chicuque	District	Inhambane	Statistician
2. SSI	MISAU local	Hospital Distrital de Jangamo	District	Inhambane	Statistician
2. SSI	MJCAR local	MJCAR-SPJT	Provincial	Inhambane	Conservator
2. SSI	MJCAR local	MJCAR - SPJT - Jangamo	District	Inhambane	Technician
2. SSI	Community member	Anchilo locality	Provincial	Nampula	Community Leader
2. SSI	MISAU local	MISAU - Hospital Central de Nampula	Provincial	Nampula	Director
2. SSI	MISAU local	MISAU - Hospital Central de Nampula	Provincial	Nampula	Nurse
2. SSI	MISAU local	MISAU - SDSMAS Rapale	District	Nampula	Nurse
2. SSI	MISAU local	MISAU - Hospital Central de Nampula	Provincial	Nampula	Vice President
2. SSI	MJCAR local	MJCAR - SPJT Murrupula	District	Nampula	Auxiliar Conservator
2. SSI	MJCAR local	MJCAR - SPJT - Nampula	Provincial	Nampula	Conservator
2. SSI	MJCAR local	MJCAR - SPJT Murrupula	District	Nampula	Conservator
2. SSI	MJCAR local	MJCAR - SPJT - Nampula	Provincial	Nampula	Department chief
2. SSI	MJCAR local	MJCAR - SPJT - Nampula	Provincial	Nampula	Department chief
2. SSI	MJCAR local	MJCAR - SPJT Murrupula	District	Nampula	Director

Data collection method	Type of stakeholder	Organisation	Level	Province	Role
2. SSI	MJCAR local	MJCAR - SPJT Rapale	District	Nampula	Director
2. SSI	MJCAR local	MJCAR - SPJT - Civil Registration Post - Anchilo	Provincial	Nampula	Technician
2. SSI	MJCAR local	MJCAR - SPJT - Nampula	Provincial	Nampula	Technician
2. SSI	MJCAR local	MJCAR - SPJT Murrupula	District	Nampula	Technician
2. SSI	MJCAR local	MJCAR - SPJT Rapale	District	Nampula	Technician
2. SSI	Other development partner	Comunidade Santo Egídio	Provincial	Nampula	Program Coordinator
2. SSI	Other development partner	Comunidade Santo Egídio - Murrupula	District	Nampula	Staff
2. SSI	Other development partner	Comunidade Santo Egídio - Rapale	District	Nampula	Staff
2. SSI	UNICEF local	UNICEF - Nampula	Provincial	Nampula	Child Protection officer
2. SSI	Community member	Community Leaders	District	Zambezia	Community Leader
2. SSI	Community member	Community Leaders	District	Zambezia	Community Leader
2. SSI	Implementing partner	FORCOM - Community Radio	District	Zambezia	Community Radio staff
2. SSI	Implementing partner	Grupo de Teatro Retratistas - Milange	District	Zambezia	Coordinator
2. SSI	Implementing partner	Grupo de Teatro Retratistas - Pebane	District	Zambezia	Coordinator
2. SSI	Implementing partner	ICS - Community Radio	District	Zambezia	Coordinator
2. SSI	Implementing partner	ICS - Delegação Provincial Zambezia	Provincial	Zambezia	Delegate
2. SSI	Implementing partner	Grupo de Teatro Retratistas - Quelimane	Provincial	Zambezia	President
2. SSI	MISAU local	MISAU - CS Pebane Sede	District	Zambezia	Director
2. SSI	MISAU local	MISAU - HD Milange	District	Zambezia	Director
2. SSI	MISAU local	MISAU - Hospital Central de Quelimane	Provincial	Zambezia	Director
2. SSI	MISAU local	MISAU - CS Pebane Sede	District	Zambezia	Statistician
2. SSI	MISAU local	MISAU - HD Milange	District	Zambezia	Statistician
2. SSI	MJCAR local	MJCAR - SPJT - Zambezia	Provincial	Zambezia	Department Chief
2. SSI	MJCAR local	MJCAR - Conservatory Pebane	District	Zambezia	Conservator
2. SSI	MJCAR local	MJCAR - Conservatory Milange	District	Zambezia	Director
2. SSI	MJCAR local	MJCAR - Conservatory Pebane	District	Zambezia	Director
2. SSI	MJCAR local	MJCAR - SPJT - Zambezia	Provincial	Zambezia	Director

Data collection method	Type of stakeholder	Organisation	Level	Province	Role
2. SSI	MJCAR local	MJCAR - Conservatory Quelimane	District	Zambezia	Director
2. SSI	MJCAR local	MJCAR - SPJT - Zambezia	Provincial	Zambezia	eCRVS Focal Point
2. SSI	MJCAR local	MJCAR - Conservatory Milange - CS Milange CRVS Post	District	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Quelimane	District	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Quelimane - Hospital Central Quelimane	Provincial	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Pebane - CS Pebane Sede CRVS Post	District	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Quelimane - HG Quelimane	District	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Milange - Liciro Locality CRVS Post	District	Zambezia	Technician
2. SSI	MJCAR local	MJCAR - Conservatory Quelimane - Posto Sangariveira	District	Zambezia	Technician
2. SSI	Other local government	MGCAS - DPGCAS - Zambezia	Provincial	Zambezia	Department Chief
2. SSI	Other local government	MGCAS - DPGCAS - Zambezia	Provincial	Zambezia	Director
2. SSI	Other local government	MINT - Serviços Provinciais de Identificação Civil Quelimane	Provincial	Zambezia	Director
2. SSI	Other local government	Secretaria do Estado (DEDAT)	Provincial	Zambezia	Focal Point
2. SSI	UNICEF local	UNICEF - Zambezia	Provincial	Zambezia	Representative
2. SSI	UNICEF local	UNICEF - Zambezia	Provincial	Zambezia	Social and Behavior Change Officer
3. FGD	Community member	Inhamabne	Provincial	Inhambane	Community Members
3. FGD	Community member	Inhambane	Provincial	Inhambane	Community Members
3. FGD	Community member	Community Members - Jangamo	District	Inhambane	Community Members
3. FGD	Community member	Community Members - Jangamo	District	Inhambane	Community Members
3. FGD	Community member	Community Members	District	Inhambane	Community Members
3. FGD	Community member	Community Members	District	Inhambane	Religious members (including leaders)
3. FGD	Community member	Community Leaders	District	Nampula	Community Leaders
3. FGD	Community member	Community Members	District	Nampula	Community Members
3. FGD	Community member	Community Members	District	Nampula	Community Members

Data collection method	Type of stakeholder	Organisation	Level	Province	Role
3. FGD	Community member	Community Members	District	Nampula	Community Members
3. FGD	Community member	MJCAR - SPJT - Anchilo locality	Provincial	Nampula	Community members - Men
3. FGD	Community member	MJCAR - SPJT - Anchilo locality	Provincial	Nampula	Community members - Women
3. FGD	Community member	MJCAR - Conservatory Milange - Liciro Locality	District	Zambezia	Community members - Men
3. FGD	Community member	MJCAR - Conservatory Pebane - Nabury Locality	District	Zambezia	Community members - Men
3. FGD	Community member	MJCAR - Conservatory Quelimane - Bairro Icidua	District	Zambezia	Community members - Men
3. FGD	Community member	MJCAR - Conservatory Milange - Liciro Locality	District	Zambezia	Community members - Women
3. FGD	Community member	MJCAR - Conservatory Pebane - Nabury Locality	District	Zambezia	Community members - Women
3. FGD	Community member	MJCAR - Conservatory Quelimane - Bairro Icidua	District	Zambezia	Community members - Women

8.9. Detailed statistical models

This annex presents in more detail the statistical analysis performed by the evaluation team, and illustrated in the impact section of the findings.

Descriptive Statistics

The table below presents descriptive statistics based on the 2007 and 2017 population censuses. In 2017, the percentage of registered births for persons aged 4 in Mozambique was 55.9%, compared to 30.8% in 2007, an increase of 25.2 percentual points between the two censuses. The data show a strong increase in the coverage of registered births in all age groups until age 4, not only in general but also in all provinces.

Table 15 - Percentage of registered births by single age in 2007 and 2017

% OF REGISTERED BY SINGLE AGE IN 2007 AND 2017

	0 y/o			1 y/o			2 y/o			3 y/o			4 y/o		
	2007	2017	Diference	2007	2017	Diference	2007	2017	Diference	2007	2017	Diference	2007	2017	Diference
Mozambique - Total		31,8%		27,8%	43,9%	16,1%	28,7%	49,0%	20,3%	29,5%	52,0%	22,4%	30,8%	55,9%	25,2%
Mozambique - Urban		36,9%		40,8%	52,2%	11,4%	43,3%	59,7%	16,4%	47,4%	64,2%	16,8%	50,6%	69,1%	18,5%
Mozambique - Rural		29,7%		23,1%	40,8%	17,7%	23,9%	45,2%	21,2%	23,9%	47,6%	23,8%	24,5%	51,1%	26,6%
Niassa		22,3%		15,9%	33,1%	17,2%	14,4%	38,7%	24,3%	14,6%	42,1%	27,5%	15,5%	45,9%	30,4%
Cabo Delgado		38,2%		35,5%	56,3%	20,8%	36,0%	61,9%	26,0%	34,3%	64,1%	29,8%	35,0%	67,6%	32,6%
Nampula		26,7%		26,4%	37,2%	10,7%	27,8%	42,4%	14,6%	26,3%	44,7%	18,4%	27,0%	48,6%	21,5%
Zambézia		38,6%		20,2%	49,5%	29,3%	19,7%	52,4%	32,7%	20,2%	53,5%	33,3%	20,7%	56,3%	35,6%
Tete		28,4%		19,8%	33,9%	14,1%	20,0%	38,9%	19,0%	20,0%	41,0%	21,0%	21,1%	44,7%	23,6%
Manica		42,7%		28,7%	56,1%	27,4%	30,1%	58,8%	28,7%	32,6%	61,6%	29,0%	31,4%	65,0%	33,5%
Sofala		21,9%		23,1%	35,2%	12,1%	24,2%	41,9%	17,7%	25,2%	46,2%	21,0%	26,0%	51,9%	25,9%
Inhambane		22,6%		33,2%	40,9%	7,7%	40,5%	48,2%	7,8%	45,8%	55,7%	9,9%	47,7%	60,3%	12,6%
Gaza		33,7%		42,8%	51,7%	8,9%	47,1%	58,3%	11,3%	52,3%	65,5%	13,2%	55,8%	70,8%	15,0%
Maputo		33,9%		45,0%	51,6%	6,5%	49,9%	60,7%	10,8%	53,4%	67,7%	14,3%	59,3%	73,0%	13,7%
City of Maputo		41,6%		58,2%	56,7%	-1,5%	63,2%	65,9%	2,7%	70,5%	72,6%	2,1%	73,7%	76,7%	2,9%

Source: INE- 2007 and 2017 General Population Housing Census.

The coverage of registered births presented in the table below, based on DHS surveys for 2011 and 2022, shows numbers compatible with those found in the 2017 Population Census only for the 2011 survey. The observed decline in coverage between 2011 and 2022 displays a reversal in the increasing trend of coverage rate observed with census data between 2007 and 2017, as displayed in Table 1. This puzzling fact may be due to difficulties in household respondents´ understanding of the new registration system, but it is something to be better understood.

Table 16 – Percentage of registered children by age and year of DHS

% REGISTERED CHILDREN BY AGE AND YEAR OF DHS

	0 y/o		<2 y/o		<5 y/o	
	DHS 2011	DHS 2022	DHS 2011	DHS 2022	DHS 2011	DHS 2022
Mozambique - Total	28,6%	24,8%	36,1%	28,0%	47,8%	31,3%
Mozambique - Urban	28,5%	28,5%	37,5%	36,8%	50,3%	41,8%
Mozambique - Rural	28,6%	23,4%	35,6%	24,6%	46,8%	27,1%
Niassa	15,2%	28,8%	23,3%	29,1%	35,1%	27,7%
Cabo Delgado	24,2%	35,9%	29,7%	39,5%	43,5%	44,5%
Nampula	31,9%	21,9%	45,4%	23,9%	59,1%	24,6%
Zambézia	7,7%	33,6%	15,3%	33,5%	26,9%	34,3%
Tete	72,0%	19,7%	75,6%	22,8%	76,2%	27,2%
Manica	54,8%	10,7%	59,0%	15,4%	66,8%	25,8%
Sofala	12,2%	32,7%	21,3%	35,5%	39,4%	38,5%
Inhambane	11,0%	11,3%	26,9%	17,6%	43,4%	23,9%
Gaza	9,5%	14,8%	18,4%	24,4%	31,0%	30,9%
Maputo	36,3%	19,7%	39,2%	32,7%	57,0%	43,0%
City of Maputo	31,8%	35,6%	41,6%	49,4%	55,0%	61,9%

Source: Demographic and Health Survey (DHS), Mozambique, 2011 and 2022.

Descriptive Regression Analysis

Microdata logit regression estimations in the tables below display the impact of provinces and socioeconomic variables on birth registration in 2011 and 2022 using two rounds of DHS surveys. Bearing in mind the decline in birth registration displayed in the descriptive analysis and focusing on the analysis of the provinces on birth registration, the results in the first table highlight the differentials. Niassa is the reference category for comparing the provinces' birth registration differences. Cabo Delgado, Maputo, and the City of Maputo are the provinces consistently higher than Niassa in 2011 and 2022. Nampula and Tete were higher than Niassa in 2011 and not significantly different in 2022. Manica transitioned from a higher impact in 2011 to negative and non-significant in 2022. Sofala was not significantly different from Niassa in 2011 and became higher in 2022, while Inhambane was not significantly different from Niassa in 2011 and became lower in 2022. Gaza was not significantly different from Niassa in 2011 and 2022.

Table 17 – Logistic regressions on birth registration, separate DHS years

LOGISTIC REGRESSION - (1 = HAVE BIRTH CERTIFICATE, 0 = DOESN'T HAVE) - DHS

	Children Less than 2 Years				Children Less than 5 Years			
	2011		2022		2011		2022	
	Moçambique		Moçambique		Moçambique		Moçambique	
	Odds	p-value	Odds	p-value	Odds	p-value	Odds	p-value
Tem 1 ano de idade	2,45	0,00	1,41	0,00	1,61	0,00	1,13	0,00
Sexo feminino	1,04	0,61	1,04	0,69	1,00	0,93	0,93	0,22
Mãe no domicílio	1,26	0,49	1,24	0,43	1,20	0,17	1,16	0,17
Rural	0,84	0,17	0,56	0,00	0,89	0,27	0,56	0,00
Niassa	1,00		1,00		1,00		1,00	
Cabo Delgado	1,39	0,23	1,66	0,03	1,54	0,03	2,18	0,00
Nampula	2,67	0,00	0,78	0,18	2,52	0,00	0,87	0,40
Zambezia	0,54	0,02	1,35	0,09	0,65	0,04	1,48	0,01
Tete	11,30	0,00	0,77	0,19	7,33	0,00	1,05	0,78
Manica	4,63	0,00	0,45	0,00	4,07	0,00	0,92	0,63
Sofala	0,81	0,45	1,29	0,15	1,05	0,81	1,59	0,00
Inhambane	1,14	0,63	0,52	0,00	1,25	0,29	0,85	0,32
Gaza	0,69	0,14	0,80	0,49	0,78	0,23	1,18	0,45
Maputo provincia	1,96	0,01	0,99	0,96	2,19	0,00	1,68	0,00
Maputo cidade	1,96	0,01	1,60	0,03	1,97	0,00	2,88	0,00
Constante	0,18	0,00	0,41	0,00	0,22	0,00	0,40	0,00

The logistic regression presented in the next table pooled the 2011 and 2022 observations in the same sample, so the dummy variable 2022 estimates the time effect on the birth registration rate. Coverage declined significantly between 2011 and 2022 in all categories of children´s age. This is consistent with the descriptive analysis previously presented and contrasts with the trend observed between 2007 and 2017 in the population census analysis. Population Census and DHS surveys capture coverage rates directly, derived from the same data source, and are not subject to biases due to two different sources. It is fair to conclude that some dynamics affected a decline in birth registration between 2017 and 2022, which is the period that covers the differences between these two types of household inquiries. It is possible that household respondents got confused about the operation of the new birth registration system.

Regarding socioeconomic differentials, neither sex (gender) nor place of residence are statistically different in determining birth registration. The traditional DHS Wealth Index was calculated in quintiles, with the middle wealth as the reference category. The two wealth categories below the middle category monotonically determine lower registration, while the category immediately above the middle category is not significantly different. The richest wealth category determines a higher birth registration. Mother´s education determines higher birth coverage than the reference category of no education. Living with the father is associated with higher birth registration.

Table 18 – Logistic regressions on birth registration

LOGISTIC REGRESSION (1 = HAVE BIRTH CERTIFICATE, 0 = DOESN'T HAVE)							
		Less than 1 yr		Less than 2 yrs		Less than 5 yrs	
VARIABLES		Moçambique		Moçambique		Moçambique	
		Odds	p-value	Odds	p-value	Odds	p-value
Year	**DHS 2011**	1,00		1,00		1,00	
	DHS 2022	0,80	0,04	0,64	0,00	0,48	0,00
Sex	**Male**	1,00		1,00		1,00	
	Female	0,94	0,44	1,04	0,49	0,98	0,70
Province	Niassa	1,13	0,63	1,11	0,54	1,04	0,76
	Cabo Delgado	1,68	0,04	1,61	0,01	1,70	0,00
	Nampula	1,47	0,12	1,63	0,00	1,39	0,01
	Zambezia	1,01	0,97	1,01	0,96	0,99	0,94
	Tete	4,05	0,00	3,65	0,00	2,69	0,00
	Manica	1,70	0,03	1,58	0,01	1,42	0,01
	Sofala	0,89	0,65	0,93	0,67	1,05	0,70
	Inhambane	0,42	0,00	0,73	0,12	0,74	0,05
	Gaza	0,40	0,00	0,60	0,02	0,61	0,00
	Maputo - Province	1,00		1,00		1,00	
	Maputo - City	1,10	0,67	1,17	0,34	1,15	0,28
Residence	**Urban**	1,00		1,00		1,00	
	Rural	1,16	0,32	1,02	0,83	1,14	0,16
Wealth index quintile	Poorest	0,60	0,00	0,59	0,00	0,68	0,00
	Poorer	0,72	0,03	0,75	0,01	0,78	0,00
	Middle	1,00		1,00		1,00	
	Richer	1,02	0,90	0,95	0,62	1,19	0,04
	Richest	1,58	0,03	1,38	0,02	1,71	0,00
Mother's education	Mother not in the household	0,42	0,07	0,51	0,08	0,76	0,33
	No education	1,00		1,00		1,00	
	Primary	1,16	0,17	1,25	0,01	1,30	0,00
	Secundary	1,36	0,06	1,71	0,00	1,91	0,00
	Higher	1,71	0,19	4,30	0,00	5,14	0,00
Family	Mother's age	1,00	0,69	1,00	0,56	1,01	0,00
	Lives with father	1,39	0,00	1,17	0,04	1,18	0,00
Constant		0,20	0,00	0,32	0,00	0,34	0,00

Using Maputo Province as the reference category (odds=1), the provinces ranked in order of highest to lowest odds until the reference are Tete, Manica, Cabo Delgado, and Nampula. Niassa, Zambezia, and Sofala are not statistically different from Maputo Province. Inhambane and Gaza present odds lower than 1 in the reference province. It is fair to conclude that these are the structural differentials in birth registration coverage among the provinces.

Predicted Birth Registration

The macro-level regression analyses in the next table support predicting birth registration´s coverage rate for 2019 to 2022. This is the baseline of birth registration´s coverage rate based on the structural components observed in 2017 according to the population census.

Table 19 – Logistic regressions for baseline of coverage rate

	logit(% of 1 year old children registered)						logit(% of children between 1 and 4 years old registered)					
	Census 2017						Census 2017					
	Estimate	SE	t	p-value	CI 95%		Estimate	SE	t	p-value	CI 95%	
Niassa	-0,05	0,20	-0,27	0,79	-0,45	0,34	-0,14	0,19	-0,77	0,44	-0,51	0,23
Cabo Delgado	0,90	0,20	4,49	0,00	0,50	1,30	0,87	0,19	4,63	0,00	0,50	1,24
Nampula	0,23	0,20	1,15	0,25	-0,16	0,62	0,17	0,19	0,90	0,37	-0,20	0,53
Zambézia	0,76	0,19	3,95	0,00	0,38	1,14	0,57	0,18	3,15	0,00	0,21	0,92
Tete	0,01	0,21	0,04	0,97	-0,40	0,41	-0,12	0,19	-0,61	0,54	-0,50	0,26
Manica	0,85	0,20	4,21	0,00	0,45	1,25	0,58	0,19	3,10	0,00	0,21	0,96
Sofala	-0,15	0,20	-0,71	0,48	-0,55	0,26	-0,12	0,19	-0,65	0,52	-0,50	0,25
Inhambane	-0,12	0,19	-0,63	0,53	-0,50	0,26	-0,13	0,18	-0,70	0,49	-0,48	0,23
Gaza	0,55	0,20	2,78	0,01	0,16	0,93	0,48	0,18	2,62	0,01	0,12	0,84
Maputo	0,00						0,00					
City of Maputo	-0,38	0,24	-1,59	0,12	-0,85	0,09	-0,41	0,22	-1,81	0,07	-0,85	0,04
% of women with at least primary education	0,50	0,37	1,33	0,19	-0,24	1,24	1,02	0,35	2,91	0,00	0,33	1,71
ln(population)	-0,50	0,05	-9,57	0,00	-0,60	-0,40	-0,57	0,05	-11,67	0,00	-0,66	-0,47
% of population with portuguese as first language	2,25	0,52	4,34	0,00	1,22	3,27	2,02	0,48	4,17	0,00	1,06	2,97
Constant	4,99	0,61	8,17	0,00	3,78	6,20	5,97	0,57	10,47	0,00	4,84	7,10
Number of obs	161						161					
F(13, 134)	20,4						27,4					
Prob > F	0						0					
R-squared	0,6436						0,7081					
Adj R-squared	0,6121						0,6823					
Root MSE	0,4135						0,3862					

The two figures below compare predicted birth registration coverage with the respective observed coverage in the provinces' districts. The points are scattered around the 45-degree line, which indicates perfect matching of the two measures.

The good adjustment of the birth registration rate prediction model at the district level enables an exercise predicting coverage at the provincial level, using the provincial dummy variables and provincial-level estimations of the percentage of women with at least primary education, the percentage of the population with Portuguese as the first language, and ln (population) projected for the years 2019, 2020, 2021, and 2022.

Figure 17 – Comparison of predicted birth registration and observed coverage, 1 y/o

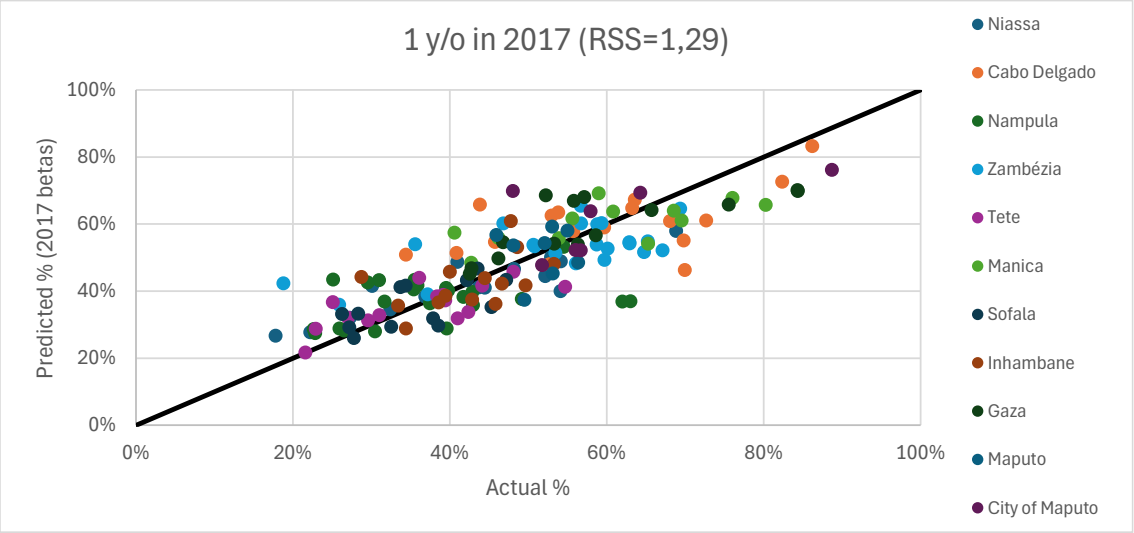
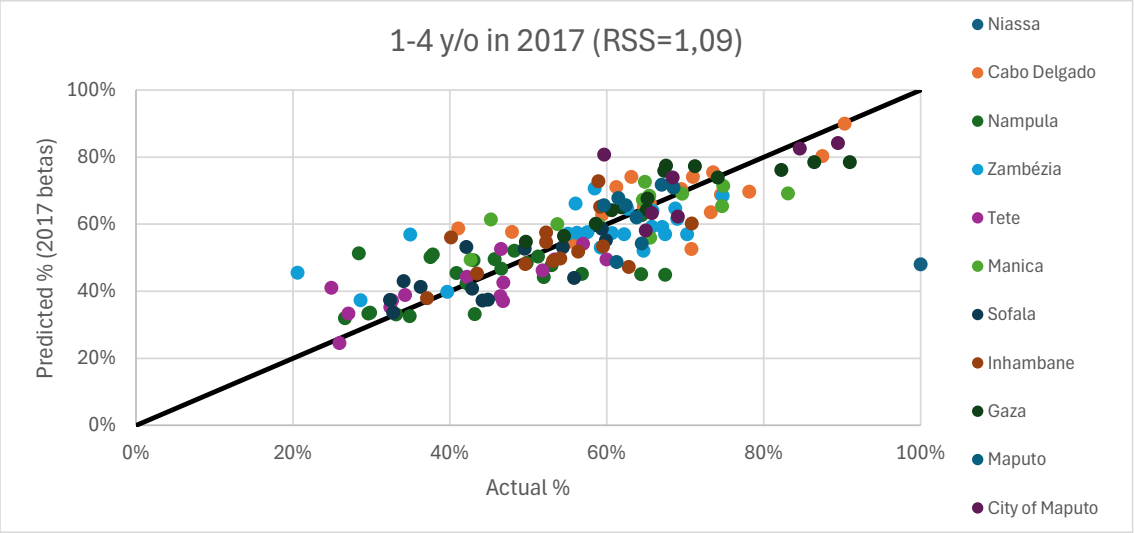


Figure 18 – Comparison of predicted birth registration and observed coverage, 1-4 y/o



The three next tables display the variables' projections, extrapolating their growth rate between 2007 and 2017 according to the population censuses.

Table 20 – Extrapolated percentage of women with at least primary education

extrapolated % of women with at least primary education						
	2017	2018	2019	2020	2021	2022
Niassa	45,3%	47,6%	50,1%	52,6%	55,3%	58,2%
Cabo Delgado	42,3%	44,5%	46,8%	49,2%	51,7%	54,3%
Nampula	48,0%	50,5%	53,1%	55,8%	58,6%	61,7%
Zambézia	50,3%	52,9%	55,6%	58,4%	61,4%	64,6%
Tete	46,7%	49,1%	51,6%	54,2%	57,0%	59,9%
Manica	59,4%	62,5%	65,7%	69,0%	72,6%	76,3%
Sofala	55,3%	58,2%	61,2%	64,3%	67,6%	71,1%
Inhambane	59,7%	62,8%	66,0%	69,4%	72,9%	76,7%
Gaza	66,3%	69,6%	73,2%	77,0%	80,9%	85,1%
Maputo	83,3%	87,6%	92,1%	96,8%	100,0%	100,0%
City of Maputo	90,0%	94,6%	99,5%	100,0%	100,0%	100,0%

Table 21 – Extrapolated percentage of population with Portuguese as first language

	extrapolated % of population with portuguese as first language					
	2017	2018	2019	2020	2021	2022
Niassa	7,2%	7,4%	7,5%	7,7%	7,8%	8,0%
Cabo Delgado	4,8%	4,9%	5,0%	5,1%	5,2%	5,3%
Nampula	7,3%	7,4%	7,5%	7,7%	7,9%	8,0%
Zambézia	10,7%	10,9%	11,1%	11,3%	11,6%	11,8%
Tete	6,7%	6,8%	7,0%	7,1%	7,3%	7,4%
Manica	13,5%	13,8%	14,0%	14,3%	14,6%	14,9%
Sofala	18,1%	18,5%	18,9%	19,3%	19,6%	20,0%
Inhambane	10,7%	10,9%	11,1%	11,3%	11,6%	11,8%
Gaza	8,0%	8,1%	8,3%	8,5%	8,6%	8,8%
Maputo	43,2%	44,1%	44,9%	45,9%	46,8%	47,7%
City of Maputo	56,1%	57,2%	58,4%	59,5%	60,7%	62,0%

Table 22 – Projected Mozambique population, by year and province

	projected population					
	2017	2018	2019	2020	2021	2022
Niassa	1808010	1870215	1933505	1998266	2064645	2132767
Cabo Delgado	2316842	2385729	2455072	2525416	2597016	2670078
Nampula	5750350	5891794	6036169	6183863	6335121	6490271
Zambézia	5156587	5291613	5428110	5567252	5709418	5854843
Tete	2644650	2728186	2813229	2900213	2989258	3080446
Manica	1942781	1998926	2056037	2114507	2174432	2235836
Sofala	2255439	2321580	2388902	2457828	2528442	2600754
Inhambane	1486340	1501305	1516442	1531959	1547906	1564289
Gaza	1420109	1428330	1436844	1445896	1455550	1465802
Maputo	1964779	2047609	2131384	2216460	2302891	2390673
City of Maputo	1118378	1120433	1122607	1124988	1127565	1130319

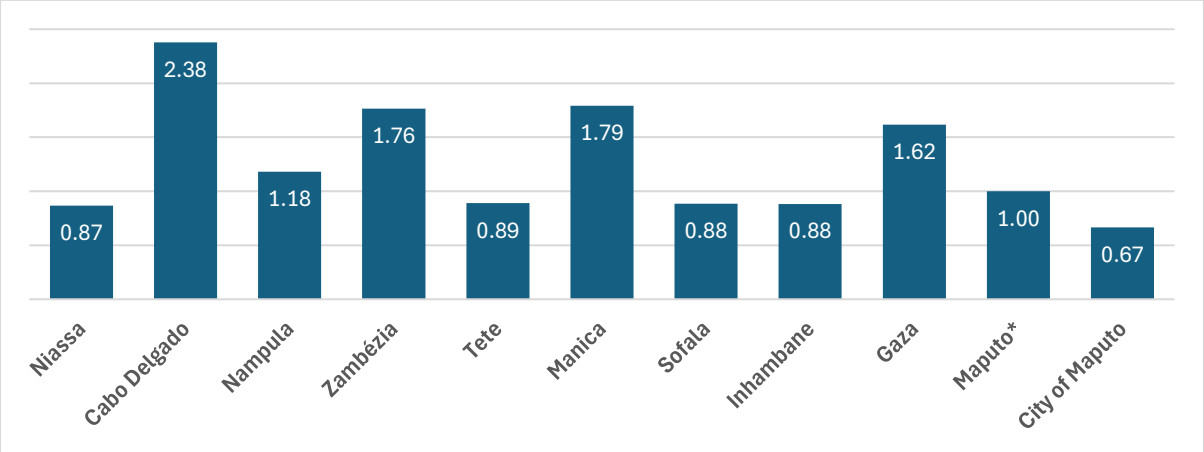
The table below displays the estimated model's final application, predicting the coverage of birth registration based on the model fit in 2017 and the extrapolation of the independent variables based on the provincial growth of these variables between 2007 and 2017.

Table 23 – Predicted coverage of birth registration

	PREDICTED COVERAGE OF BIRTH REGISTRATION					
	2017	2018	2019	2020	2021	2022
Niassa	13,5%	13,5%	13,5%	13,5%	13,5%	13,5%
Cabo Delgado	25,0%	25,0%	25,0%	25,0%	25,0%	25,0%
Nampula	10,6%	10,6%	10,6%	10,7%	10,7%	10,8%
Zambézia	18,8%	18,9%	19,0%	19,1%	19,2%	19,3%
Tete	12,0%	12,0%	12,0%	12,0%	12,1%	12,1%
Manica	31,5%	31,6%	31,8%	32,0%	32,2%	32,5%
Sofala	14,6%	14,7%	14,8%	15,0%	15,1%	15,3%
Inhambane	15,7%	15,9%	16,2%	16,4%	16,6%	16,9%
Gaza	26,6%	26,9%	27,3%	27,7%	28,1%	28,5%
Maputo	30,0%	30,4%	30,9%	31,4%	31,8%	31,9%
City of Maputo	34,9%	36,0%	37,1%	37,8%	38,4%	39,0%
Mozambique	18,8%	19,0%	19,1%	19,3%	19,4%	19,5%

The figure below displays the provinces' odds ratios after applying the predicted model based on the 2017 population census. Cabo Delgado, Manica, Zambezia, and Gaza present high odds of birth registration compared to the reference category (Maputo) in this baseline estimation.

Figure 19 – Odds ratios of birth registration– children 1-4 years of age, by province



Control Variables:

- % of women with at least primary education
- ln(population)
- % of population with portuguese as first language

Completeness of Birth Registration

The completeness of birth registration is measured using a methodology developed by INE Mozambique. Completeness is the ratio between births from civil registration and projected births based on INE´s population projection.

INE´s population projection includes total population, population by age, sex, and other dimensions at national and provincial levels. The basic demographic components that support population projections are displayed by year from 2017 until 2050. The total population and crude birth rate are displayed annually at the provincial level. The product between these two variables generates the annual estimation of births at the provincial level. The ratio between registered births and projected births estimates the completeness of birth registration.

Table 4.5.10 displays projected births between 2017 and 2023 based on INE´s population projection and the product between the projected population and the projected crude birth rate. Table 4.5.11 gives registered births at the provincial level between 2019 and 2022, controlled by age at registration: zero, one, and two years. Table 4.5.12 gives the projected births controlling for age and year of registration to give a complete basis for estimating the completeness of birth registration.

Table 24 – Projected births by year and province

PROJECTED BIRTHS BY YEAR AND PROVINCE							
	2017	2018	2019	2020	2021	2022	2023
Mozambique	1.063.093	1.082.896	1.101.713	1.120.414	1.140.059	1.161.351	1.184.101
Niassa	75.704	77.680	79.569	81.460	83.465	85.659	88.025
Cabo Delgado	91.712	93.218	94.658	96.138	97.794	99.717	101.883
Nampula	219.850	223.445	226.676	229.862	233.418	237.624	242.449
Zambézia	223.280	227.036	230.477	233.864	237.454	241.420	245.720
Tete	100.621	103.284	105.838	108.357	110.942	113.658	116.490
Manica	85.478	87.213	88.930	90.642	92.364	94.108	95.858
Sofala	91.726	93.887	95.987	98.046	100.094	102.153	104.203
Inhambane	42.744	43.140	43.585	44.067	44.573	45.085	45.600
Gaza	44.912	45.151	45.441	45.770	46.124	46.489	46.860
Maputo	59.619	61.573	63.500	65.406	67.301	69.191	71.064
City of Maputo	27.447	27.269	27.052	26.802	26.530	26.247	25.949

Table 25 – Registered children by age, year and province

REGISTERED CHILDREN BY AGE, YEAR, AND PROVINCE												
	2019			2020			2021			2022		
	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o
Mozambique	79.968	23.523	15.116	74.079	24.527	17.642	109.120	45.114	35.761	119.336	53.580	43.802
Niassa	3.190	687	514	4.117	1.568	1.310	9.889	6.293	5.697	5.255	2.272	1.728
Cabo Delgado	8.566	2.052	928	6.350	1.144	770	6.232	2.457	2.144	11.201	4.903	4.480
Nampula	7.336	1.778	1.295	16.312	5.319	3.347	23.121	7.521	5.413	21.259	9.535	8.013
Zambézia	14.220	4.172	1.874	7.616	2.165	1.383	17.833	6.999	5.193	21.090	8.872	6.746
Tete	1.645	428	233	3.260	1.376	1.173	6.141	2.403	1.914	7.230	3.621	2.932
Manica	7.325	2.104	1.066	4.303	1.378	849	5.560	2.527	2.055	6.955	3.473	2.831
Sofala	4.257	1.988	1.442	5.030	2.565	1.970	7.156	3.913	3.299	9.622	5.309	4.524
Inhambane	3.660	1.838	1.519	2.701	1.241	1.026	5.593	2.950	2.306	6.032	3.651	3.167
Gaza	5.087	1.895	1.336	5.139	2.312	1.641	5.730	3.143	2.693	6.317	3.623	3.166
Maputo	8.212	3.018	2.412	5.648	2.506	1.984	6.407	3.047	2.373	7.201	3.704	2.949
City of Maputo	16.470	3.563	2.497	13.603	2.953	2.189	15.458	3.861	2.674	17.174	4.617	3.266

Table 26 – Projected cumulative births by year and province

PROJECTED CUMULATIVE BIRTHS BY YEAR AND PROVINCE												
	2019			2020			2021			2022		
	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o
Mozambique	1.101.713	1.082.896	1.063.093	1.120.414	1.101.713	1.082.896	1.140.059	1.120.414	1.101.713	1.161.351	1.140.059	1.120.414
Niassa	79.569	77.680	75.704	81.460	79.569	77.680	83.465	81.460	79.569	85.659	83.465	81.460
Cabo Delgado	94.658	93.218	91.712	96.138	94.658	93.218	97.794	96.138	94.658	99.717	97.794	96.138
Nampula	226.676	223.445	219.850	229.862	226.676	223.445	233.418	229.862	226.676	237.624	233.418	229.862
Zambézia	230.477	227.036	223.280	233.864	230.477	227.036	237.454	233.864	230.477	241.420	237.454	233.864
Tete	105.838	103.284	100.621	108.357	105.838	103.284	110.942	108.357	105.838	113.658	110.942	108.357
Manica	88.930	87.213	85.478	90.642	88.930	87.213	92.364	90.642	88.930	94.108	92.364	90.642
Sofala	95.987	93.887	91.726	98.046	95.987	93.887	100.094	98.046	95.987	102.153	100.094	98.046
Inhambane	43.585	43.140	42.744	44.067	43.585	43.140	44.573	44.067	43.585	45.085	44.573	44.067
Gaza	45.441	45.151	44.912	45.770	45.441	45.151	46.124	45.770	45.441	46.489	46.124	45.770
Maputo	63.500	61.573	59.619	65.406	63.500	61.573	67.301	65.406	63.500	69.191	67.301	65.406
City of Maputo	27.052	27.269	27.447	26.802	27.052	27.269	26.530	26.802	27.052	26.247	26.530	26.802

The table below shows the completeness of birth registration by birth year regardless of the year of registration. There is a strong decline in 2022 in all provinces, but this decline is expected by the construction of the indicator once births in 2022 comprise only zero years of age.

Table 27 – Estimated percentage of registered births, by birth year and province

ESTIMATED % REGISTERED BIRTHS BY BIRTH YEAR AND PROVINCE				
	2019	2020	2021	2022
Mozambique	12,7%	14,5%	14,3%	10,3%
Niassa	13,1%	14,9%	14,6%	6,1%
Cabo Delgado	12,5%	13,8%	11,4%	11,2%
Nampula	8,0%	13,9%	14,0%	8,9%
Zambézia	9,4%	9,1%	11,2%	8,7%
Tete	4,7%	7,9%	8,8%	6,4%
Manica	12,1%	10,7%	9,8%	7,4%
Sofala	10,5%	13,7%	12,5%	9,4%
Inhambane	16,5%	20,0%	20,7%	13,4%
Gaza	22,2%	25,0%	20,3%	13,6%
Maputo	20,6%	17,8%	15,0%	10,4%
City of Maputo	81,7%	77,3%	75,7%	65,4%

The next table shows a more complete picture. There is a slight decline in the completeness of birth registration in 2020 for Mozambique, probably due to the COVID-19 pandemic, followed by an immediate recovery.

Table 28 – Estimated percentage of registered births, by birth year, age at register, and province

ESTIMATED % REGISTERED BIRTHS BY YEAR, AGE AT REGISTER, AND PROVINCE												
	2019			2020			2021			2022		
	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o	0 y/o	1 y/o	2 y/o
Mozambique	7,3%	2,2%	1,4%	6,6%	2,2%	1,6%	9,6%	4,0%	3,2%	10,3%	4,7%	3,9%
Niassa	4,0%	0,9%	0,7%	5,1%	2,0%	1,7%	11,8%	7,7%	7,2%	6,1%	2,7%	2,1%
Cabo Delgado	9,0%	2,2%	1,0%	6,6%	1,2%	0,8%	6,4%	2,6%	2,3%	11,2%	5,0%	4,7%
Nampula	3,2%	0,8%	0,6%	7,1%	2,3%	1,5%	9,9%	3,3%	2,4%	8,9%	4,1%	3,5%
Zambézia	6,2%	1,8%	0,8%	3,3%	0,9%	0,6%	7,5%	3,0%	2,3%	8,7%	3,7%	2,9%
Tete	1,6%	0,4%	0,2%	3,0%	1,3%	1,1%	5,5%	2,2%	1,8%	6,4%	3,3%	2,7%
Manica	8,2%	2,4%	1,2%	4,7%	1,5%	1,0%	6,0%	2,8%	2,3%	7,4%	3,8%	3,1%
Sofala	4,4%	2,1%	1,6%	5,1%	2,7%	2,1%	7,1%	4,0%	3,4%	9,4%	5,3%	4,6%
Inhambane	8,4%	4,3%	3,6%	6,1%	2,8%	2,4%	12,5%	6,7%	5,3%	13,4%	8,2%	7,2%
Gaza	11,2%	4,2%	3,0%	11,2%	5,1%	3,6%	12,4%	6,9%	5,9%	13,6%	7,9%	6,9%
Maputo	12,9%	4,9%	4,0%	8,6%	3,9%	3,2%	9,5%	4,7%	3,7%	10,4%	5,5%	4,5%
City of Maputo	60,9%	13,1%	9,1%	50,8%	10,9%	8,0%	58,3%	14,4%	9,9%	65,4%	17,4%	12,2%

Comparing Birth Registration: Predicted and Completeness

The next two tables integrate the prediction of birth registration calculated based on the district-level regression model and the estimated completeness of birth registration using the methodology in the INE´s reports. The estimated birth registration´s completeness is below the predicted coverage in Mozambique, but the ratio is increasing, as displayed in the next table. This trend varies at the province level. The results of the City of Maputo is a case in question, where the ratio is above 100% in all years. Nampula, Inhambane, Sofala, Tete, and Cabo Delgado are examples of positive performance in the ratio.

Table 29 – Predicted and estimated percentage of 0 y/o children registered

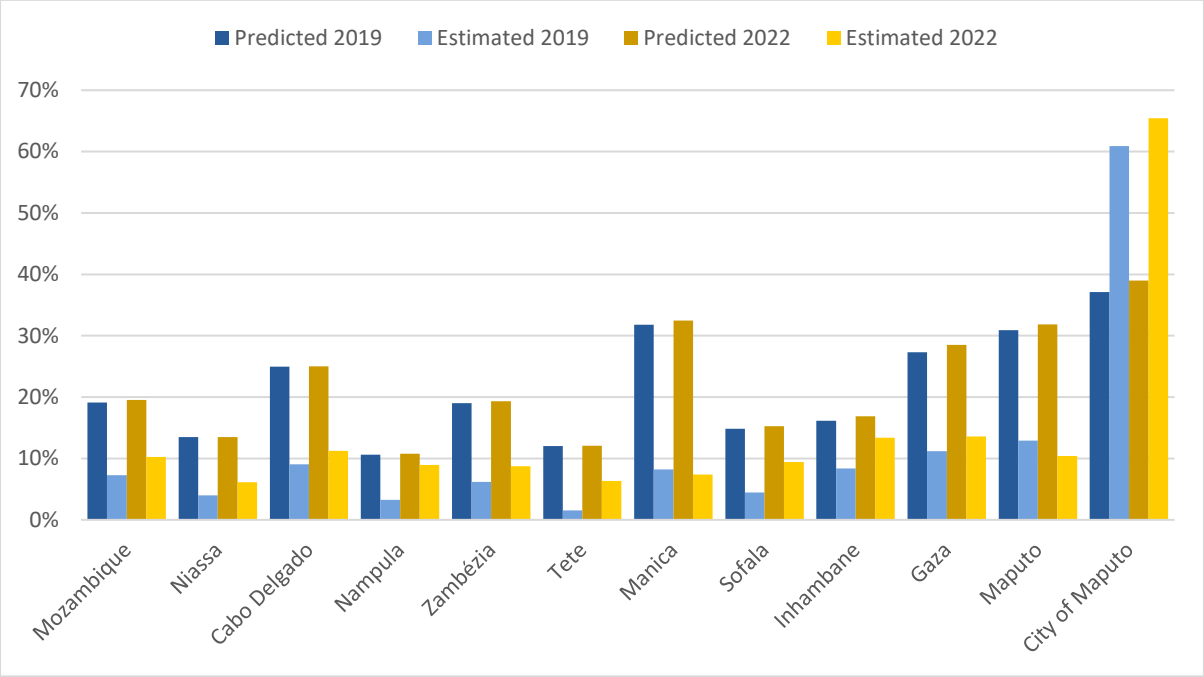
PREDICT AND ESTIMATED % OF 0 Y/O CHILDREN REGISTERED					
		2019	2020	2021	2022
Mozambique	Predicted	19,1%	19,3%	19,4%	19,5%
	Estimated	7,3%	6,6%	9,6%	10,3%
Niassa	Predicted	13,5%	13,5%	13,5%	13,5%
	Estimated	4,0%	5,1%	11,8%	6,1%
Cabo Delgado	Predicted	25,0%	25,0%	25,0%	25,0%
	Estimated	9,0%	6,6%	6,4%	11,2%
Nampula	Predicted	10,6%	10,7%	10,7%	10,8%
	Estimated	3,2%	7,1%	9,9%	8,9%
Zambézia	Predicted	19,0%	19,1%	19,2%	19,3%
	Estimated	6,2%	3,3%	7,5%	8,7%
Tete	Predicted	12,0%	12,0%	12,1%	12,1%
	Estimated	1,6%	3,0%	5,5%	6,4%
Manica	Predicted	31,8%	32,0%	32,2%	32,5%
	Estimated	8,2%	4,7%	6,0%	7,4%
Sofala	Predicted	14,8%	15,0%	15,1%	15,3%
	Estimated	4,4%	5,1%	7,1%	9,4%
Inhambane	Predicted	16,2%	16,4%	16,6%	16,9%
	Estimated	8,4%	6,1%	12,5%	13,4%
Gaza	Predicted	27,3%	27,7%	28,1%	28,5%
	Estimated	11,2%	11,2%	12,4%	13,6%
Maputo	Predicted	30,9%	31,4%	31,8%	31,9%
	Estimated	12,9%	8,6%	9,5%	10,4%
City of Maputo	Predicted	37,1%	37,8%	38,4%	39,0%
	Estimated	60,9%	50,8%	58,3%	65,4%

Table 30 – Ratio of predicted and estimated percentage of 0 y/o children registered

PREDICT AND ESTIMATED % OF 0 Y/O CHILDREN REGISTERED					
		2019	2020	2021	2022
Mozambique	E/P	38,0%	34,3%	49,4%	52,7%
Niassa	E/P	29,7%	37,5%	87,9%	45,4%
Cabo Delgado	E/P	36,2%	26,4%	25,5%	44,9%
Nampula	E/P	30,5%	66,5%	92,4%	82,9%
Zambézia	E/P	32,5%	17,1%	39,1%	45,2%
Tete	E/P	12,9%	25,0%	45,9%	52,6%
Manica	E/P	25,9%	14,8%	18,7%	22,8%
Sofala	E/P	29,9%	34,3%	47,3%	61,7%
Inhambane	E/P	52,0%	37,4%	75,4%	79,2%
Gaza	E/P	41,0%	40,6%	44,2%	47,7%
Maputo	E/P	41,8%	27,5%	29,9%	32,7%
City of Maputo	E/P	164,0%	134,4%	151,8%	167,7%

The figure below summarizes these findings. A very important result is the rise in completeness (estimated in the figure's legend) between 2019 and 2022. This rise occurs in Mozambique but is high in the provinces Cabo Delgado, Nampula, Tete, Sofala, Inhambane, and Gaza.

Figure 20 – Predicted (census) and estimated (eCRVS) completeness of birth registration – 2019 and 2022



Completeness of Death Registration

The ratio between registered deaths (the first table below) and projected deaths (the second table below) gives the completeness of death registration (third table below), which is also illustrated in the next Figure. The 10% threshold of completeness was surpassed in 2021, after a big rise between 2020 and 2021, but completeness declined between 2021 and 2022. The decline was generalized but stronger in Maputo and the City of Maputo.

Table 31 – Projected deaths by year

	Projected deaths			
	2019	**2020**	**2021**	**2022**
Mozambique	363.101	365.534	367.890	370.826
Niassa	23.550	23.879	24.218	24.591
Cabo Delgado	35.918	36.240	36.540	36.874
Nampula	86.860	86.636	86.474	86.580
Zambézia	70.511	70.982	71.425	72.015
Tete	31.480	31.989	32.463	32.992
Manica	22.370	22.646	22.897	23.141
Sofala	26.660	27.061	27.408	27.750
Inhambane	15.938	16.009	16.067	16.143
Gaza	20.303	20.026	19.781	19.554
Maputo	19.161	19.704	20.242	20.799
City of Maputo	10.350	10.361	10.374	10.388

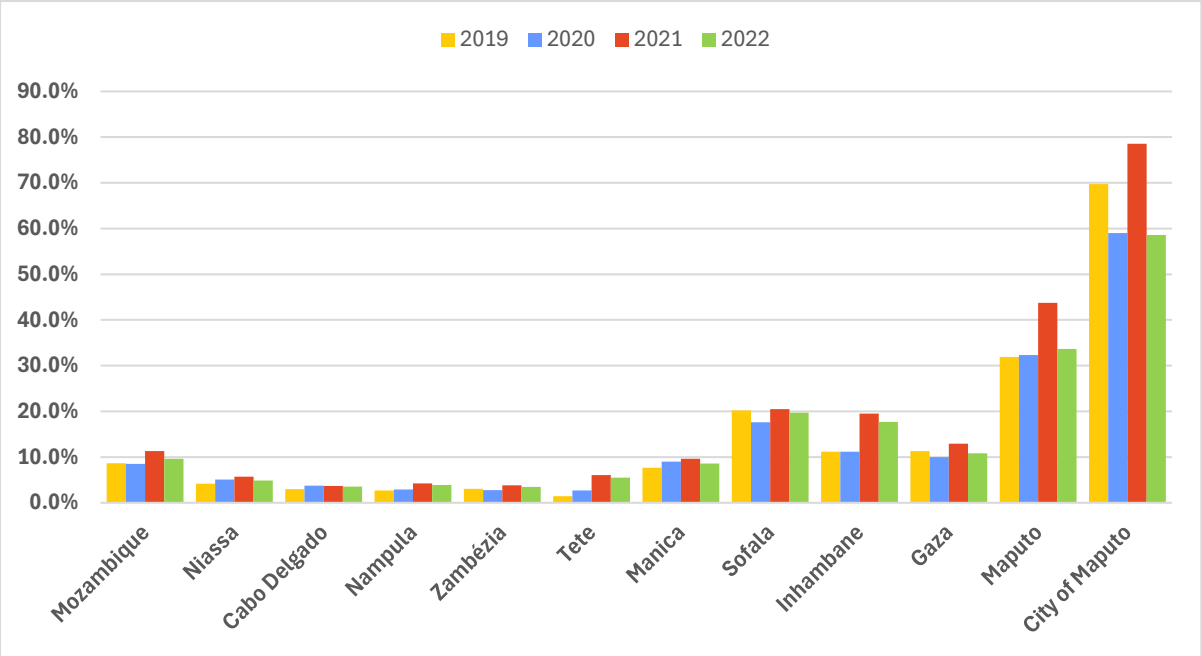
Table 32 – Registered deaths, by year

	Registered deaths			
	2019	**2020**	**2021**	**2022**
Mozambique	31.545	31.044	41.656	35.721
Niassa	981	1.217	1.379	1.201
Cabo Delgado	1.065	1.352	1.357	1.308
Nampula	2.369	2.540	3.669	3.356
Zambézia	2.153	1.970	2.745	2.519
Tete	462	869	1.969	1.807
Manica	1.711	2.043	2.205	1.989
Sofala	5.388	4.766	5.626	5.481
Inhambane	1.779	1.790	3.139	2.855
Gaza	2.304	2.007	2.559	2.122
Maputo	6.115	6.374	8.862	6.994
City of Maputo	7.218	6.116	8.146	6.089

Table 33 – Percentage of Registered deaths, by year

	% deaths registered (Completeness)			
	2019	2020	2021	2022
Mozambique	8,7%	8,5%	11,3%	9,6%
Niassa	4,2%	5,1%	5,7%	4,9%
Cabo Delgado	3,0%	3,7%	3,7%	3,5%
Nampula	2,7%	2,9%	4,2%	3,9%
Zambézia	3,1%	2,8%	3,8%	3,5%
Tete	1,5%	2,7%	6,1%	5,5%
Manica	7,6%	9,0%	9,6%	8,6%
Sofala	20,2%	17,6%	20,5%	19,8%
Inhambane	11,2%	11,2%	19,5%	17,7%
Gaza	11,3%	10,0%	12,9%	10,9%
Maputo	31,9%	32,3%	43,8%	33,6%
City of Maputo	69,7%	59,0%	78,5%	58,6%

Figure 21 – Completeness of death registration



8.10. Programme yearly expenses

Cost categories	Year									
	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Programme costs										
Programme support	197.510	447.566	615.956	458.449	67.991	110.688	55.425			1.953.585
Staff Costs							256.474			368.708
Legal reform advocacy			870			4.041				4.911
Monitoring visits							1.072	18.444		19.516
Non-staff costs						19.541	52.448	3.407	20	75.416
Public advocacy campaigns								4.297		4.297
Supplies, commodities, and materials								2.235		2.235
Evaluation/ Dissemination								713	50.000	50.713
Research, studies, and evaluations (including dissemination)								9.815		9.815
Community platforms for SBC							56.129			56.129
Operating costs					81	(2)				79
Registration at health centers						238.595				238.595
Integrated SBC package implementation							5.565			5.565
Registration in schools and health posts		41.936								41.936
Birth registration in Nampula		3.207	67.218							70.425
C4D demand creation for CRVS-Save&Minjus		422.272	(85.057)	252.515	27.015	58.202				674.948
C$D demand creation Alterna, Care-MGCAS		137.198		131.9						269.186
E-CRVS test and expansion		244.083	511.844	202.297	(19.130)	121.563				1.060.658
Call center		113.389								113.389
CM services at district level								30.000		30.000
Implementation C4D strategy to reduce child mortality			224							224
C4D strategy to reduce dropouts					25.744					25.744
Provincial support centers		867.721	125.070							992.791
SBC VAC								73.680		73.680
Strengthening CRVS							929.564	962.423		1.891.987
Support Health and civil registration interoperability							365.385	(13.178)		352.207
Technical support to CRVS		80.516								80.516
CRVS support UNLIA agenda and INE vital statistics report							10.288	10.264		20.552
Procurement of motorcycles		196.104								196.104
Birth registration in provinces		2.142.220	208.807							2.351.027
CRVS social mobilisation and awareness							16.160			16.160
Accounting training of DPRN staff		1.456								1.456
Community leader Zambézia			12.859							12.859
Training on CR by CFJJ						25.918				25.918

Cost categories	Year									
	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Prod. Transm. Our Neg-RM, ICS RC, PVTRADI		24.342	34							24.376
Rehabilitation		241.275	8.488	41.861						291.624
Use of upscale		2.175								2.175
GITEV		56.668	107.078	15.145		9.517				188.378
UN TT on CRVS					138					138
Study trips		56.484	12.828							69.313
Support to INE			11.522	17.893						29.415
Birth registration in Zambézia		417.588	52.886							483.634
CRVS monitoring visits			4.230							4.230
Print civil registration materials			689.501		20.964	63.007	(14.728)			758.744
M&E framework for DNRN						44.878				44.878
C4D third party monitoring				8.234						8.234
Solar panels and charges to CRVS			23.387	85.728						109.115
Support legal framework	13.397									13.397
International meetings	4.673									4.673
DNRN equipment	735.108									735.108
Support running costs of the e-CRVS system						25.544				25.544
Training on CRVS system	393.035									393.035
Training on phone mobile notification	20.688									20.688
Emergency preparedness on CRVS					60.504	27.844				88.348
Coordination	115.979									115.979
Decentralized supervision	1.524									1.524
Roll out of CRVS	189.103	24.457								213.560
PPP birth certificates	15.843									15.843
Total	**1.686.861**	**5.520.658**	**2.367.746**	**1.214.079**	**183.307**	**762.495**	**1.733.782**	**1.214.333**	**50.020**	**14.733.282**