

Inception Report:

End of Project Evaluation of the 3-Year EU/UNICEF/GRZ Birth Registration Programme 2016–2019

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LIST OF ACRONYMS

CRVS	Civil Registration and Vital Statistics
CSO	Central Statistical Office
CHVs	Community Health Volunteers
DNRPC	Department of National Registration, Passport and Citizenship
EU	European Union
ICD	International Classification of Diseases
ICT	Information, Communication and Technology
ID	Identity
GRZ	Government of the Republic of Zambia
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
NSAP	National Strategic Action Plan
SDGs	Sustainable Development Goals
ZDHS	Zambia Demographic Health Survey

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1. INTRODUCTION

1.1 Preamble

This inception report has been drafted to respond to the Terms of Reference (ToR) circulated by UNICEF for expression of interest to conduct an end of project evaluation for the 3-year EU/UNICEF/GRZ Birth Registration Programme core dubbed “*Towards universal birth registration in Africa*” in line with the EU/UNICEF agreement. Zambia, together with three other African countries namely Burkina Faso, Uganda and Cameroon entered into an agreement with the EU/UNICEF in order to strengthen national and sub-national birth registration systems by creating an enabling environment for demand creation and service delivery. The support to these countries aimed at addressing and backtracking identified bottlenecks, which contribute to low registration of children in targeted action areas for the period November 2016 to November 2019. After implementing the current EU/UNICEF programme activities for the last 3 years, the EU/UNICEF Agreement stated in clear terms that all four recipient countries needed to take stock of this programming by conducting endline evaluations to assess progress made, learn lessons and ensure the programme stays on course for the future.

1.1.1 Background

UNICEF works in 190 countries and territories including Zambia to reach children most at risk and most in need (Unicef, 2019, unicef.org/Zambia/what-we-do). One of the pillars of UNICEF’s works across the globe is child protection. Child protection emphasises among others, rights of a child, including the right to birth registration. The right to birth registration is contained in the United Nations Convention on the Rights of the Child (CRC), which states, “*the child shall be registered immediately after birth and shall have the right from birth to a name, the right to a nationality*”. As well as being a right in itself, birth registration has also been linked with a wide range of other rights and benefits, such as securing a child’s access to essential services and protecting children from abuse and exploitation. As part of a complete and accurate civil registration system, birth registration has also been linked to more effective child rights planning and governance, and, more broadly, to promoting social and economic growth. This specialised United Nations Agency has been operative in Zambia for over 50 years intervening in extremely pertinent areas to improve the lives of children. Working with the Government of Zambia and other partners, Unicef has been working to, among others, uphold the rights and well-being of all children, with a view to improve their health, nutrition, hygiene, social inclusion and development.

1.1.2 Cause for intervention – the 2016 status of birth registration in Zambia

There are 10 countries with the lowest birth registration levels globally and all of them are in Africa. Sustainable Development Goals (SDGs) target 16.9 and 17.19 aim to ensure all births get registered by 2030. With little or no investment in Civil Registration

and Vital Statistics (CRVS) in low performing countries, these targets will be farfetched and will not be achieved subsequently.

Zambia has unfortunately not been spared of low birth registration experiences. Zambia is a vast landmark with over 15 million sparsely populated inhabitants posting significantly low birth registration proportions of 11% with only 4% of children aged 0-4 reported to have birth certificates countrywide (2013-14 ZDHS). Legal provisions (CAP 51 of the Laws of Zambia) for birth registration is strong, however, the centralized issuance of birth certificates with a single official from 1973 until 2016 contributed significantly to low birth registration levels. Past investments to reform national Civil Registration and Vital Statistics (CRVS) systems ranging from policy and law reform, expansion of service delivery and institutional capacity building, have mostly been project-based and ad-hoc pilots rarely taken to scale and not led to any significant improvements. These institution-led initiatives have done little to address systemic issues affecting the CRVS system in most African countries and more also in Zambia in particular. Similarly, national and sub-national efforts have largely been uncoordinated and fragmented resulting in little progress.

To belabour low birth registration obtaining in Zambia, evidence from the 2012 Birth Registration Bottleneck Analysis and the 2014 Supplementary Assessment of the National CRVS system, provide credence as to why birth registration rates are comparatively much lower in Zambia: main outcomes of these studies suggest that *“weak service delivery systems associated with distances”* have contributed to low birth registration in general. Other bottlenecks identified include lack of integration between CRVS and national identity (ID) systems resulting in the acceptance of alternative documents by state actors in place of a birth certificates, making majority of Zambian parents belittle the importance of registering their children; the general lack of understanding of the importance of birth registration among communities, especially amongst the poorest and rural populations compounds further this problem; the socio-cultural practices and beliefs such as late naming of children; and national efforts by various governmental and non-governmental actors that have largely been uncoordinated and fragmented resulting in little progress due to duplication of efforts.

It is with this background in perspective that the European Union (UNICEF and the Government of the Republic of Zambia – Ministry of Home Affairs (DNRPC) came to agree to intervene and thereby address identified bottlenecks and challenges hindering birth registration successes in Zambia. For this agreement, the parties sought to achieve the following overall outcomes for the period 2016-2019:

- i. Enhanced enabling environment in place for the provision of birth registration services;
- ii. Transformed birth registration services available and functioning, and
- iii. Mobilized communities demanding and effectively utilizing birth registration services.

Go/ing by the stated outcomes, parties envisioned increased capacity by Government, partners and communities to provide birth registration services for children under five at national and subnational levels; thereby ultimately, increase the proportion of children under 5 who have a birth certificate from 4.1% in 2014 to 20% 2020.

1.1. Birth Registration Programme Justification

Birth registration rates in Zambia are amongst the lowest on the African continent. Since the start of the EU/UNICEF/GRZ Programme in November 2016, Zambia, has seen several activities taking off to improve birth registration. The following are some of them:

- i. learning and localising good global practices such as effective partnerships, coordination, cooperation and collaboration among CRVS stakeholders and actors at both national and sub-national levels so as to streamline management of CRVS systems reforms in line with international standards;
- ii. reforming the legal and policy framework to ensure take-off, including having government owned and funded interventions;
- iii. investing in innovative programming by establishing and strengthening interoperability between civil registration agencies and other sectors, notably the health sector, social protection, education and national identity management;
- iv. investing in innovative technological solutions so as to move away from manual-data and information management systems to electronic platforms based on sound business processes;
- v. decentralization of both registration and certification services to sub-national levels; and
- vi. creating linkages between CRVS and National IDs systems while capitalising on evidence-based incentives and demand creation interventions.

1.2. Purpose of the Endline Evaluation

The overall objective or purpose of this end of project evaluation is to review the implementation of EU/UNICEF/GRZ birth registration programme in terms of agreed activities so as to contribute to the evidence base concerning future advocacy, planning and implementation on birth registration in particular and CRVS in general in Zambia. The evaluation will aim at tracking progress made during the 2016-2019 period of implementation in selected provinces/districts where the programme is currently underway.

1.3. Specific objectives

The end-line evaluation will aim at addressing the following specific objectives:

- i. Assess and analyse the extent to which the programme has realised its planned results (objectives, outputs) identified through the log frame/Theory of Change;

- ii. Assess the relevance of programme interventions to Government priorities and needs of targeted populations including alignment with GRZ CRVS National Strategic Action Plan;
- iii. Assess the efficiency and effectiveness of service delivery platforms/mechanisms including birth registration desks in health facilities;
- iv. Investigate sustainability of measures (coordination, legal/policy framework, service delivery systems, demand creation, resource mobilization/allocation etc.) being instituted to ensure continuity beyond the life span of the programme;
- v. Assess programme short to medium term impact and programme delivery effectiveness across different intervention areas, and
- vi. Identify best practices and key lessons learned from the programme for future referencing and programming.

1.4. Major tasks of the evaluation

The following tasks have been itemised in the ToRs as major tasks to be fulfilled by the current end-line evaluation:

- **Review progress on the implementation of activities to enhance an enabling environment for the provision of birth registration services.** Specific focus will be to establish the following: (i) legal and policy framework on civil/birth registration revised in line with international standards; (ii) national budget resource allocation increased for birth registration service providers; (iii) multi-sectoral coordination mechanisms in place for effective governance of civil registration systems (iv) CRVS and national ID systems integrated to ensure unique ID number is allocated at birth registration; and (v) evidence generation through conducting of a national comprehensive assessment of the CRVS system to inform planning.
- **Review progress in transforming birth registration services to ensure they are available and functioning:** (i) development of operational guidelines on national standards for civil registration (ii) capacity building of civil registrars, health workers and volunteers on revised registration work processes, legal framework and awareness raising for communities (iii) interoperable systems established between civil registration and health sectors and other sectors to increase coverage of both institutional and non-institutional birth registration (iv) Information, Communication and Technology (ICT) innovations introduced or expanded to facilitate access and acceleration of birth registration and certification services to reach the most vulnerable communities as well.
- **Review progress on mobilizing communities to demand and effectively utilize birth registration authorities:** (i) parents/caregivers and communities have the knowledge on the importance of birth registration (ii) development of context-specific, evidence-based communication for development strategy (iii) roll-out of communication for development strategy (iv) commemoration of mark days at

national and sub-national levels such as the CRVS Day to raise awareness on birth registration.

- **Document key lessons on the overall implementation of the EU/UNICEF supported programme so far**, including how it fits in the overall CRVS national and sub-national system, highlighting what works, challenges/bottlenecks and recommendations.

1.5. Evaluation questions and criteria

1.5.1. Criteria

The evaluation will follow a standard proposed criterion commensurate with national and international standards. The evaluation will be hinged on, but not limited to following criteria:

- Relevance:** the extent to which a development intervention/programme conforms to the needs and priorities of target groups and the policies of Zambia on CRVS, Regional and International development priorities; the degree to which birth registration services targeted marginalized groups, including the poor, disabled and hard to reach communities.
- Effectiveness:** the extent to which the programme has achieved its objectives as stated in the log frame, considering the relative importance. The evaluation will assess whether the planned objectives in the programme have been met along with the link in meeting overall programme objectives in a timely manner.
- Efficiency:** the extent to which costs of the development intervention can be justified by its results, considering alternatives.
- Sustainability:** the extent to which the enabling environment supports the continuity of the programme. The extent to which the government at micro, meso and macro levels will also be assessed. The evaluation will assess the extent to which the programme will continue and sustain results after EU funding has come to an end.

1.5.2. Evaluation Questions by Criteria

In order to respond to objectives and scope of this assignment, table 1 shows a demonstration of the linkages between the standard set criteria described in the previous section with relevant questions to ask in order to fulfil the current assignment:

Table 1: Evaluation criteria and questions

End of project evaluation criteria	Suggested evaluation questions
Relevance	<ul style="list-style-type: none"> • To what extent is the programme being implemented in line with UNICEF and national policies, strategies and plans? • What aspects of the programme were most appreciated by target

	<p>populations and key partners?</p> <ul style="list-style-type: none"> • To what extent has the programme opened linkages and integration with other aspects of child survival and development? • To what extent the programme is equity sensitive: how well has or is the programme integrating equity and gender in its design, implementation and monitoring? • Are the needs of the marginalized groups and individuals, including the hard to reach communities, adequately considered or being considered?
Effectiveness	<ul style="list-style-type: none"> • To what extent has the programme achieved its expected results in transforming birth registration services to ensure they are available and functioning? Were assumptions underlying the programme intervention strategies correct? • To what extent has the programme achieved results to enhance (i) an enabling environment for the provision of birth registration services, i.e. legal and policy framework on civil/birth registration revised in line with international standards (ii), national budget resource allocation increased for birth registration service providers (iii) multi-sectoral coordination mechanisms in place for effective governance of civil registration systems (iv) evidence generation through conducting of national comprehensive assessments of CRVS systems to inform planning?
Efficiency	<ul style="list-style-type: none"> • Did the programme use resources in the most economical manner to achieve expected equity-focused results so far? • Would it have been possible to achieve the same results at lower costs? If so, then How? • How well did the programme coordinate with other, similar interventions (if any) for synergies and to avoid overlaps and duplications? How has the programme utilized services in other sectors? • Have activities under different interventions completed in a timely manner/ and according to the work plan? • Were expected results (outputs) delivered within budget? How does the cost effectiveness of different outputs compare? • What were the most important cost drivers in the programme, and how were costs contained without compromising results?
Sustainability	<ul style="list-style-type: none"> • To what extent will the outcomes be maintained after the EU/UNICEF development support ends in November 2019? • How were local authorities at provincial, district and community levels involved in the programme? • Do parents/caregivers and communities have knowledge on the importance of birth registration? Is the community demanding for and utilizing birth registration services? • To what extent has the programme been embedded in government systems; and to what extent has ownership and leadership been demonstrated by government? • What mechanisms (systems, human resource etc.) are in place to warrant continuation of the programme post the programme period?

2. METHODOLOGY

2.1. Evaluation design

The evaluation will use a 'Hybrid Design' which will have two sub-designs namely 1. Quasi-Experimental Design and; 2. Process tracing Design.

2.1.1. Quasi-Experimental

The evaluation will adopt a quasi-experimental design to assess knowledge, awareness and practices of BR during the four-year period of the project (2016-2019). Owing to the fact that the BR had no baseline, making it almost impossible to measure effects of the intervention at endline, a quasi-experimental design, with a control will help determine the effect of the BR program in intervention areas. In this case, there is an intervention group that received a treatment, and then is given a post-test (BR Awareness). But at the same time there is a control group that does not receive the treatment, and then is given a post-test (BR Awareness). The question, then, is whether participants who received the treatment (intervention community) have better awareness of BR compared to participants who never received the treatment (control communities). This approach will allow a comparison of findings of BR between intervention areas and non-intervention areas with a view demonstrate the extent to which the BR program has contributed to BR awareness in communities where registration desks have been established.

2.1.2. Process Tracing Design

Process tracing design will be used to assess the two “sides” of a program’s logic and intervention i.e. process (activities) and expected results (outputs). In this approach, the evaluator will focus on tracing inputs, activities and expected results to appreciate the change process that may have occurred. Process tracing will enable the evaluation process to document what the BRP was engaged in, the extent of the engagement and how consistent the BRP was implemented as intended originally. This will then inform the evaluation process of whether or not changes or improvements in the program’s operations were observed or achieved as it were. This evaluation process will focus on establishing ‘the process’ and ‘the strategies’ adopted to contribute to the increase or decrease in registration of births of children under-five.



Activities aimed at addressing specific objectives are “processes” adopted while expected results and indicators are “outcomes”. To belabour this aspect and demonstrate how this will be done, some detail is hereby given:

On specific objective 1 (**Enhanced enabling environment in place for the provision of birth registration services (process)**): the evaluation will assess *a) regulatory frameworks on civil registration revised in line with international standards; b) National budget resource allocation increased for birth registration service provision; and c) Multi-sectoral coordination mechanisms functional for effective governance of civil registration systems.*

For specific objective 2 (**Transformed birth registration services available and functioning (output/outcome)**) the evaluation will assess *a) National civil registration systems and services reformed in line with international standards; b) Interoperable systems established between civil registration and health sectors to increase coverage of both institutional and non-institutional birth registration; and c) ICT innovations introduced (or expanded) to facilitate access to birth registration services to most vulnerable communities.*

For specific objective 3 (**Mobilized communities demanding and effectively utilizing birth registration services (outcome)**) the evaluation will assess *a) civil registration authorities, parents/caregivers and communities’ with knowledge on importance of birth registration; and b) Accountability and monitoring mechanisms for increased community engagement established.*

The evaluation will trace this process of change by reviewing program documents and records, interview key stakeholders and conduct focus group discussions with communities. This will generate information for thematic identification and confirmation of findings across sources (triangulation) about the fidelity in design, implementation and assumptions of the programme.

2.2. Data sources and type of data to be collected

The end-line evaluation will collect data from secondary and primary sources; the data to be collected will be in both qualitative and quantitative forms of data. Below is a description of each of the sources referred and a description of whether the data will be qualitative or quantitative:

2.2.1. Secondary data Sources will involve desk reviews of key programme documents (EU proposal/business case, budgets and log-frame), Birth Registration Coverage Survey, Birth Registration Bottleneck Analysis, UNICEF Country Programme Document, Annual Work plans, Annual review reports, Mid Term Review of the project, Programme Monitoring Reports, and GRZ key planning documents such as the 2015-2019 National Strategic Action Plan for CRVS, 7NDP among others. Secondary data gathering will be guided by a question schedule designed to

collect quantitative and qualitative data on efficiency, relevance and effectiveness, among others.

2.2.2. Primary data sources (collection). This process will be undertaken with the following steps:

- a) Interviews will be held with key stakeholders including, but not limited to civil registration registrars and ministry of health personnel at national, provincial, district levels as well as with community health volunteers. These interviews will generate qualitative data mostly. However, quantitative data will also be collected during this process and will include information on the number of established and functional birth registration desks and birth registration and certification statistics among others. All these data will be collected bearing in mind links to the standard criteria set for this evaluation, which include the relevance, effectiveness and system functioning of BRP, among others.
- b) Field observations using a specially designed tool will be conducted at selected service facility level to generate qualitative data aimed mainly at assessing functionality of birth registration desks;
- c) A Household survey will be carried out using a semi-structured questionnaire to collect quantitative data on several indicators which should include: awareness, knowledge and practice among parents/caregivers on the importance of birth registration; determination of the extent to which citizens are demanding for and utilizing birth registration services; to also establish gender dynamics on home responsibilities concerning birth registration among others; and
- d) Conduct several Focus Group Discussions (FGDs) with school going children (in grades 5-7) to investigate if they know or have heard about birth registration. Also, conduct FGDs with parents, women and marginalised groups inter alia to collect qualitative data to gain in-depth insights into their awareness and knowledge concerning birth registration and whether or not they consider it important. During these discussions, communities will also be engaged on whether they demand for and utilise birth registration services where they are available.

2.3. Study Areas

This evaluation will be conducted in seven provinces and 14 districts of Zambia where the birth registration programme is currently taking place. From each province, two (02) districts (1 rural and 1 urban) will be sampled purposively; and after which two (02) health facilities that have birth registration desks will also be selected randomly from each respective district. Two (02) other health facilities from non-intervention areas will also be selected from the same districts. Table 2 shows provinces and districts to be visited during the data collection exercise:

Table 2: Target areas

	Province	Urban District	Rural District	Intervention area Health Facility		Non-Intervention area Health Facility	
1	Lusaka	Lusaka	Rufunsa	TBC	TBC	TBC	TBC
2	Central	Kabwe	Chitambo	TBC	TBC	TBC	TBC
3	Luapula	Mansa	Kawambwa	TBC	TBC	TBC	TBC
4	Muchinga	Chinsali	Isoka	TBC	TBC	TBC	TBC
5	Southern	Choma	Namwala	TBC	TBC	TBC	TBC
6	Copperbelt	Ndola	Mpongwe	TBC	TBC	TBC	TBC
7	North-Western	Solwezi	Mufumbwe	TBC	TBC	TBC	TBC

2.4. Target Population

There are several layers of populations to be targeted for this evaluation. These populations will include but not limited to members of staff and individuals from institutions or organisations such as UNICEF, Ministry of Health (MoH), Ministry of Home Affairs' Department of National Registration and Zambia Law Development Commission (ZLDC) among others. In provinces and districts, members of staff such as Provincial Health Office (PHO) and Provincial and District Registrars will also be part of this population. Other individuals will include members of staff at health facilities where BR Desks are present and members of staff from schools near or around the said health facilities. Other persons will be key informants (KIs) and community health volunteers (CHVs) who currently are engaged in birth registration as well as other traditional and non-traditional leaders who are within health facility catchment areas. An estimated number of 64 Key Informant Interviews (KIIs) with a projected purposive margin error of +/- 5 will be conducted.

Another layer of the target population and mostly at community level will include parents and/or caregivers who have children that have or have no birth certificates. These will be utilised for participation in FGDs. These participants will be drawn from health facility catchment areas in both intervention and non-intervention areas. It is projected that each FGD will have 6-12 participants and approximately 28 FGDs with a purposive margin error of +/- 5, will be conducted (2 FGDs for each district, implying 1 FGD per health facility catchment area).

2.5. Sampling design

The proposed sampling design will employ a mixed sampling process involving both probability (Multistage) and non-probability (purposive) methods. Non-probability sampling of KIs such as members of staff from the MoH and DNRPC at national, provincial and district levels as well as those under ZLDC and CHVs, will be selected purposively and based on their direct or indirect involvement on the program. FGD participants will also be sampled purposively taking into account their length of stay at the current location, and whether or not they are hard to reach communities and/or marginalised groups etc.

As for the household survey, a multistage sampling process will be used, and the following items stipulate proposed stages of sampling:

- Stage 1: Selection of clusters (rural and urban districts)
- Stage 2: Selection of Health facilities within selected districts
- Stage 3: Selection of Households
- Stage 4: Selection of Individuals

In the first stage, districts will be stratified into urban and rural. For purposes of this end-line evaluation, provincial capitals will represent urban clusters. Working with UNICEF, the consultant will determine which other district to go to so as to represent rural clusters.

The second stage will involve selecting health-facilities in birth registration programme intervention areas on one-hand and non-intervention areas on the other hand but within each of the selected districts (either from rural or urban clusters). During this stage, health-facility catchment areas will be identified and visited based on distinct characteristics including population density, distance, new versus old intervention areas and so on and so forth.

In the third stage, households in each selected health facility catchment areas will be randomly selected. Using a sampling interval based on the number of households in that particular area, a sampling fraction will be calculated where every *n*-th household will be selected to be part of the sample.

The fourth stage will involve selecting parents and/or caregivers who have children under five for a potential interview. While there is anticipation that majority of respondents will be females (mothers), a deliberate effort will also be made to select male participants as well. To ensure this is achieved, for every third household selected, a male household member (fathers) will be targeted to respond to the household survey. At household level, only one woman/man with a child under 5 will be selected for an interview and in instances where there is more than one eligible respondent, a Kish Grid will be used to select one respondent.

2.5.1. Household sampling strategy

Almost all areas targeted for this evaluation have no sampling frame. In order to ensure households are selected randomly, a sampling frame will be created a day before or where time allows, on the actual day of data collection. Upon arriving at a health facility and identifying the catchment community/ies, a listing and numbering of all households in that particular community with unique identifiers will be done to create a sampling frame. From the sampling frame created, a sampling fraction of n/N will then be calculated, and using this fraction, select randomly the number of households to be enlisted for the survey. Once the total sample is arrived at using this process, data collection will then follow.

2.5.2. Sample size estimation

The sample size will be estimated based on the country wide crude birth rate of 35.3 live births per 1000 residents (2018, ZDHS). The crude birth rate refers to the number of live births occurring in the population of a given geographical area during a given year, per 1,000 mid-year total population.

However, it should be noted that, calculations have been structured to represent all project sites within the district only and not for each particular catchment area.

The sample size has been calculated taking into account the following parameters: a crude birth rate of 35.3 live births per 1000 people (population), a confidence interval of 99% (Z-score 2.576) and a precision of 23. Using these parameters, the sample size was estimated to a total of 427;

$$n = p(1 - p) \left(\frac{Z\alpha}{d} \right)^2 = 0.0353(1 - 0.0353) \left(\frac{2.576}{0.023} \right)^2 = 427$$

Where

n= is the sample size

Z α =2.576 at 99%

P= Crude Birth Rate of 35.3 (2018, ZDHS)

d = Precision at 23

Therefore, a sample of size n=427 will ensure that a 99% confidence interval estimate of the prevalence of births is within 2.3 (or within 23 births per 1,000) of its true value.

The 427 households will be disproportionately allocated to selected catchment areas. Another 427 households will be selected to represent control areas. The total sample size therefore for the whole household survey will be approximately 854.

Table 3: Sample Size Calculation

Indicator	Expected Prevalence (p)	Relative Desired precision (%)	Design effect	z-valued linked to 95% Confidence Interval	10 % of non-response HHs
Crude Birth Rate	35.3	23	1	2.412	43

Table 4 shows the proposed number of KIIs, FGDs and household interviews per district.

Table 4: Proposed number of KIIs and FGDs per district

	Province	District	KIIs	FGDs	Household interviews	Household interviews
					Intervention area	Control area
1	Lusaka	Lusaka	12	2	33	33
		Rufunsa	4	2	29	29
2	Central	Kabwe	4	2	33	33
		Chitambo	4	2	29	29
3	Luapula	Mansa	4	2	30	30
		Kawambwa	4	2	30	30
4	Muchinga	Chinsali	4	2	30	30
		Isoka	4	2	30	30
5	Southern	Choma	4	2	33	33
		Namwala	4	2	29	29
6	Copperbelt	Ndola	4	2	33	33
		Mpongwe	4	2	29	29
8	North-western	Solwezi	4	2	30	30
		Mufumbwe	4	2	29	29
	Total		64	28	427	427

2.6. Data collection and quality controls

As mentioned earlier, this evaluation will apply a mixed methods approach to collect both quantitative and qualitative data and thereby determine the extent to which the project is relevant, effective, efficient, sustainable and equitable. The mixture of different data types ensures a process referred to as triangulation where findings from either of the two methods complements the other.

In order to collect quantitative data, a household questionnaire will be developed, and using this tool, interviews will then be conducted with individuals in sampled households. The household questionnaire will be developed manually but will then be transformed onto an electronic platform using the Open Data Kit (ODK) application. Once interviews are conducted, and quality verifications in terms of consistency and completeness are performed by both the interviewer and the supervisor, completed electronic forms will then be uploaded onto the central server at the end of each day. The ODK form will be designed to ensure quality is maintained. For example, it will have appropriate skip patterns and commands where all key questions will be locked to ensure interviewers do not skip any question relevant to this assignment. And to further cement these quality checks, a specialised data analyst will run frequencies daily to mitigate any error or missing data observed and provide timely feedback to the field team to make revisits to the field where need arises.

As for qualitative data, for all KIIs and FGDs conducted, each field team will have daily meetings to share their experiences, learn lessons and make clarifications where

necessary to improve the data collection process. In addition, the training process for enumerators and supervisors will include a detailed section to demonstrate and practice how to take notes from either an interview or FGDs.

2.7. Data Analysis and Documentation

Collected household quantitative data will be downloaded from the server and cleaned appropriately using MS-Excel; it will then be transferred onto Stata software for statistical analysis. Descriptive and other analyses such as bivariate analysis, will then be performed. The analytical process will be guided by evaluation objectives and research questions itemised through the ToRs. Other data collected during desk reviews and that from KIIs and FGDs and the like, will be transcribed and compiled accordingly. Thematic analysis will then be applied to identify specific themes and patterns in the data. This process will also be guided by highlighted end-line evaluation specific objectives and questions in the ToRs.

Appendix A, which is an evaluation matrix attempts to demonstrate how evaluation questions referred to in the ToRs have been understood and how they will be addressed during the current assignment.

2.8. Ethical Considerations

Collection of data for this evaluation will involve interaction with human subjects, as such, the field team will adhere to ethics commensurate with data collection of this nature. Supervisors and Research Assistants (RAs) to be recruited will, prior to deployment in the field, be trained thoroughly in research methodology, including research ethics. For example, the training will have practical sessions on how to approach households, explaining how households will be selected and also making it clear to would be respondents of what exactly he/she had come to do at that particular household. The training will also delve into processes of obtaining informed and ongoing consent for interviews from all persons to be interviewed, including FGD participants. The training will also include a session on how to ensure privacy and protection of identity of interviewees and avoiding negative blow back to interviewees/FGD participants. Interviewers will only use audio recorders during KIIs and FGDs upon consent from interviewees; all data will be blocked of personal identifiers such as names and positions of respondents in communities. All lists of stakeholders consulted will be kept separate from the audio recorders and transcripts, and no person will be identifiable in the final evaluation report. All results will be presented in aggregated form and reported only by community, KII respondent or FGDs participant.

Training of Supervisors and RAs will also include a session on how to ensure interviews are conducted in a safe environment for the physical safety of both the interviewee and FGD participants as well as the safety of data collectors. For school going children's mini survey, no child aged 10 to 18 years will be interviewed without the assent of their parents/guardians/ eligible adult or school authorities. In addition, all field team

members will be oriented to the UNICEF’s set of ethical principles, and checklists regarding research and evaluations; and if possible, a code of conduct agreement will be signed by the consultant, the field team and UNICEF.

To ensure independence and impartiality, the consultant shall, if need be, disclose any conflict of interest that he or any member of the evaluation team may have. Further, the consultant hereby declare that he has no direct or indirect involvement with the project or any personal relationship with any of the UNICEF or DNRPC officials or partners who are currently engaged in the project. In addition, the consultant and his team shall remain unbiased and fair at all stages of the evaluation, making sure personal opinions toward a group, topic, or social matter does not interfere with the evaluation process. Finally, the consultant shall be clear and accurate in reporting evaluation results and explain limitations of the work as well as offer independent recommendations for improvement of the program ensuring honesty and integrity of the entire evaluation process.

2.9. Field Team

The consultant will work with a team of 16 other individuals comprising, 4 Supervisors and 12 Research Assistants (RAs). The consultant will recruit, train and supervise this team. All supervisors and RAs will have a minimum educational qualification level of a University degree from a recognised university and will have necessary experience in data collection, especially qualitative research methods. Research teams will have a mix of members conversant not only in English but also with local languages spoken in target districts for effective community engagement and FGDs administration. Table 6 shows tentative field team composition and provinces allocated.

Table 6: Number of field research teams and provinces allocated

Team 1		Number of field team members
North-Western province		1 Supervisor
Copperbelt province		3 RAs
Team 2		
Luapula province		1 Supervisor
Lusaka province		3 RAs
Team 3		
Southern province		1 Supervisor
Lusaka province		3 RAs
Team 4		
Muchinga province		1 Supervisor
Central province		3 RAs

2.10. Deliverables and Proposed Work Plan

Consultancy Deliverables

This assignment has three key deliverables, namely, inception report with data collection tools annexed, draft endline evaluation report with analytical tables, and a final acceptable report with annexes appropriately attached.

In order to achieve these deliverables, the following activities will be undertaken:

- Prepare inception report and data collection tools
- Conduct desk reviews of relevant documents such as the logical framework to understand all indicators so as to guide the development of data collection tools
- Recruit and train Supervisors and RAs
- Conduct field visits and collect data from targeted areas and respondents
- Provide regular communication and reporting with the Child Protection Specialist at UNICEF and also consult with the Principal Registrar at DNRPC
- Transcribe and clean all data
- Perform Qualitative and quantitative data analysis
- Write a report using the recommended format as per ToRs
- Conduct a results validation meeting with stakeholders
- Write the final evaluation report which should incorporate comments and suggestions emanating from the validation meeting
- Submit the final end-line Evaluation Report to UNICEF for approval and close out the assignment

Proposed Work Plan

The total duration for the end-line evaluation from inception report writing to submission of final report is not more than 45 days, with the start date of 11th November 2019 and the end date of 8th January 2020. Table 7 shows the proposed work plan developed based on the ToRs. However, the actual date and the end date including submission of key deliverables will be agreed upon between the consultant and UNICEF.

Table 3: Proposed Endline Evaluation Work Plan

Activity	Responsible Persons	Key Deliverables	November 2019				December 2019			January 2020
			4 th - 13 th	14 th - 20 th	21 st - 24 th	25 th - 9 th	10 th - 31 st			1 st - 8 th
Development of inception report and data collection tool	Consultant	Inception report and data collection tool	13.11.2019							
Review of inception report and data collection tools by UNICEF				18.11.2019						
Finalisation of inception report and development of data collection tools	Consultant	Inception Report & Data Collection Tools		19.11.2019						
Training of field team	Consultant			20-24.11. 2019						
Field data collection	Consultant and field team				26.11.19-9.12.2019					
Data compilation, cleaning, analysis and transcribing	Consultant, Data Analyst, field team						10 th -13 th			
Drafting Endline Evaluation Report	Consultant	Draft Endline Evaluation Report with Analytical tables					18.12.2019			
Validation meeting	Consultant								26.12.2019	
Preparation of Final End-line Evaluation Report	Consultant	Final Evaluation Report and required annexes								08.01.2020

Appendix A: Evaluation Matrix

End of project evaluation criteria	Suggested evaluation questions	Sub-questions (detailed sub questions to help the evaluation team answer the main question)	Indicators or measures for each of the sub question	Data source	Data collection methods	Sampling design	Data analysis
Relevance	To what extent is the programme being implemented in line with UNICEF and national policies, strategies and plans?	How did the BRP fit into UNICEF programmes and national policies, strategies and plans? How was the BRP aligned with these specific policies, strategies and plans?	Extent to which BRP is being implemented and fits into UNICEF programmes and named national policies, strategies and plans	DNRPC, MoH, UNICEF, relevant programme and government documents	KIIs; review of relevant documents	1. Purposive sampling	1. Content and Thematic analysis
	What aspects of the programme were most appreciated by target populations and key partners?	As a partner in the BRP, what aspects of the programme did you appreciate most? What aspects of the BRP did you as parents/caregivers appreciate the most?	Specific aspects of the BRP appreciated by target population and key partners	DNRPC (MoHA) and MoH at national and subnational levels; community members	KIIs; HHS, FGDs	1. Purposive sampling of KIIs; 2. Random sampling of household survey respondents; 3. Purposive sampling of FGD participants	1. Content and Narrative analysis 2. Univariate analysis: frequencies, percentages
	To what extent has the programme opened linkages and integration with other aspects of child survival and development?	In what ways do parents/caregivers/stakeholders think birth registration may help in reduce with issues of child marriages, child labour, and defilement? How does BR facilitate access to other child rights/development services (e.g. school enrolment, passport, etc.)?	Linkages and integration established with other aspects of child survival and development	DNRPC (MoHA) and MoH at national and subnational levels; community members	KIIs; HHS; FGDs	1. Purposive sampling of KIIs; 2. Random sampling of household survey respondents; 3. purposive sampling of FGD participants	1. Univariate analysis: frequencies, percentages. 2. Content and Narrative analysis

	To what extent the programme is equity sensitive: how well has or is the programme integrating equity and gender in its design, implementation and monitoring?	What interventions were included in the design and implementation of the BRP to enable access to BR by the marginalised groups?	Equity and gender aspects identified for inclusion into the BRP; equity and gender integrated into the programme's design, implementation and monitoring	DNRPC, MoH; community members	KIIs; HHS; FGDs	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs; 2. Random sampling of household survey respondents; 3. Purposive sampling of FGD participants 	<ol style="list-style-type: none"> 1. 4. Content and Narrative analysis 2. Univariate analysis: frequencies, percentages. 3. Bivariate analysis-Chi-square test & Proportional test analysis.
	Are the needs of the marginalized groups and individuals, including the hard to reach communities, adequately considered or being considered?	What interventions proved more effective to address the birth registration needs of the marginalised groups?	Needs of marginalised groups identified and how are they are being addressed; Marginalised groups and hard to reach communities accessing BR services	DNRPC, community members	KIIs; HHS; FGDs	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs; 2. Random sampling of household survey respondents; 3. Purposive sampling of FGD participants 	<ol style="list-style-type: none"> 1. Content and Narrative analysis; 2. Univariate analysis: frequencies, percentages.
Effectiveness	To what extent has the programme achieved its expected results in transforming birth registration services to ensure they are available and functioning? Were assumptions underlying the programme intervention strategies correct?	Is the INRIS with a birth registration module ready for implementation? Does the revised MoU between MoHA and MoH have clear roles and responsibilities? How many birth registration desks have been established in health facilities? To what extent is the established ICT unit in the DNR equipped and functional? What mechanisms have been established for real-time data collection and reporting?	INRIS with a birth registration module in place; Revised MoU between MoHA and MoH with roles and responsibilities; number of health facilities in the country registering births, ICT unit in the DNR equipped and functional, mechanisms on real-time data collection and reporting established	DNRPC, MoH and relevant documents	KIIs and review of relevant documents	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs 	<ol style="list-style-type: none"> 1. Content and Narrative analysis

	To what extent has the programme achieved results to enhance (i) an enabling environment for the provision of birth registration services, i.e. legal and policy framework on civil/birth registration revised in line with international standards (ii), national budget resource allocation increased for birth registration service providers (iii) multi-sectoral coordination mechanisms in place for effective governance of civil registration systems (iv) evidence generation through conducting of national comprehensive assessments of CRVS systems to inform planning?	Has the BRP influenced the revision and alignment of the CRVS legal framework to the regional and international standards? Were Standard Operating Procedures (SOPs) for civil registration service delivery developed? How effective is the national and subnational steering committee for CRVS in producing the intended collaborative effort?	Standard Operating Procedures for civil registration service delivery in place; CRVS laws revised/harmonized in line with the Comprehensive assessment recommendations; % increase in birth registration allocation relative to the DNRPC budget; functioning CRVS NSC; functioning CRVS subnational steering committee	ZLDC, DNRPC, and relevant documents (e.g. Yellow Book)	KIIs and review of relevant documents	1. Purposive sampling of KIIs	1. Content and Narrative analysis
Efficiency	Did the programme use resources in the most economical manner to achieve expected equity-focused results so far?	To what extent have the expected been achieved? Were these results achieved using resources in the most economical manner?	Results achieved using the most economic available means	Relevant programme documents	Desk review using a guide		1. Content and thematic analysis
	Would it have been possible to achieve the same results at lower costs? If so, then How?	Do you think it was possible to achieve the same results at lower costs?	Results achieved below the budget allocation; lower cost alternative strategies for implementing programme activities	DNRPC, UNICEF, and relevant programme documents	KIIs and review of relevant documents	1. Purposive sampling of KIIs	1. Content and thematic analysis
	Have activities under different interventions completed in a timely manner/ and according to the work plan?	Were planned programmes activities implemented within the planned timeframe?	Activities completed according to the work plan	Programme documents (e.g. annual work plans)	Desk review using a guide		1. Content and thematic analysis
	Were expected results (outputs) delivered within budget? How does the cost effectiveness of different outputs compare?	Were planned programme activities implemented and completed within the planned budget?	Expected (outputs) results delivered within budget; expected results that were delivered beyond budget allocation	Programme documents (e.g. budget and annual work plans)	Desk review using a guide		1. Content and thematic analysis
	What were the most important cost drivers in the programme, and how were costs contained without compromising results?	Were there any activities that exceeded budget allocation? What strategies were used to contain results without compromising results?	Activities that exceeded budget allocation; strategies used to contain costs	DNRPC, UNICEF, and relevant programme documents	KIIs and review of relevant documents	1. Purposive sampling of KIIs	1. Content and Narrative analysis

			without compromising results				
	·How well did the programme coordinate with other, similar interventions (if any) for synergies and to avoid overlaps and duplications? How has the programme utilized services in other sectors?	Were there similar programmes/projects being implemented in areas where the BRP was being implemented? If yes, how did the BRP coordinate with such programmes/projects to ensure synergy as well as avoid overlaps?	MoU created between MoHA and MoH; institutions with a comparative advantage to conduct birth registration and awareness raising	DNRPC, UNICEF, MoH	KIIs	1. Purposive sampling for KIIs	1. Narrative and Thematic analysis
Sustainability	To what extent will the outcomes be maintained after the EU/UNICEF development support ends in November 2019?	Do you think the interventions/outcomes made during the BRP will continue after funding ends?	Number of birth registration desks established and functional; availability of members of staff at the health facility trained to conduct birth registration; functional CRVS steering committees at all levels; commemoration of the CRVS week at all levels	DNRPC, UNICEF, MoH and community members	KIIs; HHS; FGDs	1. Purposive sampling for KIIs; 2. Random sampling for household survey respondents; 3. Purposive sampling for FGD participants	1. Content and Narrative analysis 2. Univariate frequencies, percentages. 3. Bivariate analysis-Chi-square test & Proportional test analysis. 4. Multivariate analysis-Regression analysis, treatment effect.
	How were local authorities at provincial, district and community levels involved in the programme?	What activities of the BRP did subnational level staff participate? Probe for specific activities participated in during planning and implementation	Local authorities' participation in planning and implementation of identified BRP activities	DNRPC, MoH at subnational levels and community health volunteers	KIIs	1. Purposive sampling for KIIs	1. Narrative and Thematic analysis

Do parents/caregivers and communities have knowledge on the importance of birth registration? Is the community demanding for and utilizing birth registration services?	What are the benefits associated with birth registration? Do you know the procedure for birth registration? In the years 2016-2019, have you ever been to a birth registration centre to seek BR services?	Parents/caregivers demonstrating knowledge on the: importance, procedure and requirements of birth registration; Percent of parents/caregivers seeking birth registration services	Community members, MoH at health facility level and DNRPC	KIIs; HHS; FGDs	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs; 2. Random sampling of household survey respondents; 3. Purposive sampling of FGD participants 	<ol style="list-style-type: none"> 1. Content and Narrative analysis; 2. Univariate analysis: frequencies, percentages. 3. Bivariate analysis-Chi-square test & Proportional test analysis. 4. Multivariate analysis-Regression analysis, treatment effect.
·To what extent has the programme been embedded in government systems; and to what extent has ownership and leadership been demonstrated by government?	Have birth registration messages been incorporated into government programmes such as the mother and child health activities?	BR mainstreamed in relevant government programmes (e.g. child and maternal health, school enrolment and curriculum); Participation of relevant government ministries and departments in the BRP	DNRPC and MoH at national and subnational levels, UNICEF, and relevant documents	KIIs and review of relevant documents	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs 	<ol style="list-style-type: none"> 1. Content and Narrative analysis
· What mechanisms (systems, human resource etc.) are in place to warrant continuation of the programme post the programme period?	What measures are in place to ensure continuity of the BRP interventions?	Increased budgetary allocation to BR, human resource available	DNRPC and MoH at national and subnational levels, UNICEF, and relevant documents	KIIs and review of relevant documents	<ol style="list-style-type: none"> 1. Purposive sampling of KIIs 	<ol style="list-style-type: none"> 1. Content and Narrative analysis

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