IMPACT EVALUATION

BIRTH REGISTRATION IN NIGERIA

2012-2016

NATIONAL POPULATION COMMISSION

unicef
for every child

Impact Evaluation Report

Draft 01: Dec 24, 2018
Final Report: Feb 08, 2019
Final Report (Copy Edited): March 25, 2019

Evaluation Implementation Period: Nov 2017 – Feb 2019

Prepared by

This Impact Evaluation was commissioned by the UNICEF Nigeria Country Office.
The comments contained herein reflect the
opinions of the evaluators only

Foreword

Birth registration – the official recording of a child's birth by the government – establishes the existence of a child under law and provides the foundation for safeguarding many of a child's civil, political, economic, social and cultural rights.

Article 7 of the Convention on the Rights of the Child specifies that every child has the right to be registered at birth, without any discrimination.

Nevertheless, the births of nearly 230 million children under the age of five worldwide have never been officially recorded. In Nigeria, only 30 percent of children under the age of 5 have had their births registered.

Birth registration is part of UNICEF's four pillars of child rights programming i.e. survival, development, protection and participation. To achieve birth registration for all children in Nigeria, UNICEF has been working with the Government of Nigeria to address systemic bottlenecks with a view to achieving sustainable results for children.

This impact evaluation of UNICEF Nigeria's Birth Registration Programme was conducted by independent evaluators and objectively assessed UNICEF's work on birth registration in Nigeria from 2012-2016. The objective of this evaluation was to generate evidence on key successes and lessons learned from UNICEF's financial and technical support to the National Population Commission for birth registration system strengthening in Nigeria.

This report covers not only key achievements of the programme, but also clearly highlights recommendations, gaps and challenges in programming, and articulates future opportunities for UNICEF to further strengthen this area of work.

We are positive that these recommendations will enable us to fine-tune our methodology in this critical area of work and take the opportunity to extend our thanks to AAN Associates for their work in completing this useful evaluation.

I would also like to express my personal thanks to all sections within the UNICEF Nigeria country office – especially to the Chief of Child Protection and Evaluation Manager – for managing this evaluation.

On behalf of the UNICEF Nigeria country office, I take the opportunity to reiterate our commitment to continuing our support to our partners for realizing universal birth registration in Nigeria. We look forward to continued partnership with the National Population Commission to help realize this common vision.

Acknowledgements

The evaluation team, on behalf of AAN Associates (the contractor), may wish to acknowledge the contributions and support from all those who participated in the evaluation.

We express our gratitude to the public officials including members of the 'Evaluation Steering Committee' (ESC), who contributed to the evaluation. The management and staff of 'National Population Commission' (NPopC), the Federal and State ministries of health and education, for their views, coordination and access to information. Special thanks to Mr. Aliyu Galadima Aliyu and Ms. Hapsatu Husaini, from NPopC Civil Registration and Vital Statistics (CRVS) Department.

We take the opportunity to extend our appreciation to the UNICEF Nigeria team for their trust, support, patience and valuable insights. Special thanks to Ms. Sharon Oladiji (Child Protection Specialist), Ms. Millen Kidane (Chief of Child Protection), Mr. Robert Ndamobissi (Evaluation Manager), and Mr. Denis Jobin (former Chief of PM&E). We are thankful to other agencies and organizations, especially Plan International, for their contributions to this Evaluation.

It goes without saying that it was a team effort. Thank you everyone here at AAN Associates, particularly Mr. Asmat Gill and other team members including Mr. Saad Ibrahim, Mr. Aemal Khan, Ms. Amna Ijaz, Ms. Nouma Hanif, Mr. Faisal Shahzad, Mr. Mahid Ullah and Mr. Asad Ullah. Special thanks to both Ms. Kemi Ayanda and Ms. Radha Shah for editorial support.

We also want to acknowledge the hard work done by our national partner Mr. Taofeeq Akinremi and his team at the 'Practical Sampling International (PSI)', Nigeria.

We are thankful to the communities represented by mothes, fathers, local leaders and volunteers for giving their valuable time and sharing experiences, reflections and suggestions.

Birth registration is pivotal for enabling children to realise their full potential. We wish both the NPopC and UNICEF Nigeria Country Office (UNICEF NCO) well with their future work and continued partnership for the children of Nigeria.

The report is informed by the opinions and suggestions of a variety of stakeholders, however, the evaluators take full responsibility for its contents.

Nadeem Haider
Managing Director/Evaluation Lead
AAN Associates

List of Acronyms and Abbreviations

ALGON	Association of Local Governments of Nigeria
APAI-CRVS	Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics
ASSD	Africa Symposium on Statistical Development
BCC	Behaviour Change Communication
BRP	Birth Registration Programme
BRS	Birth Registration System
C4D	Communication for Development
CP	Child Protection
CPD	Country Programme Document
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organizations
DAC	Development Assistance Committee
EA	Evaluability Assessment
EAM	Evaluability Assessment Mission
EM	Evaluation Matrix
ESC	Evaluation Steering Committee
FCT	Federal Capital Territory
FGDs	Focus Group Discussions
GoFRN	Government of Federal Republic of Nigeria
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
HRBA	Human Rights Based Approach
I/NGOs	International Non-Governmental Organization
IEC	Information, Education and Communication
IT	Information Technology
KAP	Knowledge, Attitude and Practice
KEQs	Key Evaluation Questions
LGAs	Local Government Areas
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoU	Memorandum of Understanding
NBPC	National Budget and Planning Commission
NBS	National Bureau of Statistics
NCO	Nigeria Country Office
NDHS	National Demographic and Health Survey
NICS	National Immunisation Coverage Survey
NIMC	National Identity Management Commission
NIS	National Immigration Service
NNHS	National Nutrition Health Survey
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
OECD	Organization for Economic Cooperation and Development
O & M	Operation and Maintenance
OR	Other Resources
PAD	NPopC Public Affairs Department

PME	Project, Management and Evaluation
RR	Regular Resources
SDGs	Sustainable Development Goals
SSP	Sample Start Point
ToC	Theory of Change
ToR	Terms of Reference
UNECA	United Nations Economic Commission for Africa
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNICEF NCO	United Nigeria Country Office
USD	United States Dollar
WB	World Bank
WDI	World Development Indicators
WHO	World Health Organization

Table of Contents

List of Figures

List of Tables

List of Boxes

Executive Summary

This is the impact evaluation report of the Birth Registration Programme (BRP), hereafter referred to as the Programme. It was led and implemented by the National Population Commission (NPopC) and supported by the UNICEF Nigeria Country Office (UNICEF NCO). The Programme aimed to accelerate birth registration rates (particularly for children under the age of 5), as a means to contribute to child wellbeing and protection in Nigeria. It was implemented from 2012-2016.

The evaluation report comprises five (05) chapters. The first chapter provides an overview of the Programme and describes its broader context, including the objectives of the evaluation. The second chapter presents the evaluation purpose, scope, objectives, and design. The third chapter explains the evaluation methods, quality assurance and implementation approach. The fourth chapter describes evaluation findings and analysis. The fifth chapter concludes the report, with a discussion around good practices, and lessons learned, and offers a set of recommendations. A series of supporting details, documents, and evidences have been appended at the end of this report.

Programme Context: Low coverage of birth registration remains a global challenge, as is the case in Nigeria. By 2011, the birth registration rates here were 41% (MICS 2011), indicating that 3 in every 5 children were not registered. It was in this context that the Programme was initiated. The situation has shown improvements in the last decade, as the country has made significant strides in strengthening the birth registration system. The NPopC was formed in 1988 as the primary service provider for civil registration including birth registration. There are continuing challenges, particularly around services overlaps between the NPopC and the Local Governments (LGs).

Evaluation Object and Introduction to the Programme: The BRP is the object of this impact evaluation. Whereas the implementation was led by the NPopC, the Programme was supported by the UNICEF NCO. Implemented nation-wide, it was initiated with the aim to accelerate birth registration and strengthen the Civil Registration & Vital Statistics (CRVS) system in Nigeria. The intention of this initiative was to secure various benefits for children, including improved access to immunization, school enrolment, and child protection services.

There were four components of BRP. Three of those related to strengthening service delivery; these components could be called the 'supply-side' component. The last component related to raising awareness to generate demand and could be called the 'demand-side' component. The key Programme stakeholders included NPopC, UNICEF, European Commission (as a donor), the Ministry of Health, and the Ministry of Education. The Programme budget was USD 7.8 million, funded by UNICEF, European Commission, and other organisations.

Evaluation Purpose, Objectives, Criteria and Geographic Coverage and Scope: The evaluation had a two-fold purpose i.e. accountability and learning. The evaluation objectives included undertaking an 'Evaluability Assessment', to determine if the Programme is evaluation ready. The impact evaluation itself was meant to establish the evidence of success; determine Programme effectiveness; identify weaknesses and strengths vis-à-vis strategies and interventions; and assess relevance in terms of enabling access to other services. Furthermore, to distil and document the conclusion, good practices, lessons learnt, and recommendations for the future course of action for both UNICEF NCO and NPopC. The intended beneficiaries of the evaluation include; UNICEF NCO, NPopC, federal and state ministries of health and education (FMoH, and FMoE), Ministry of Budgeting and Planning, National Identity Management Commission (NIMC), donors, communities, civil society organizations, and other United Nations (UN) agencies. The evaluation used the five-dimensional OECD-DAC (The Organisation for Economic Cooperation and Development's Development Assistance Committee) criteria comprising relevance; effectiveness; efficiency; impact; and sustainability. Moreover, it included assessment vis-à-vis non-DAC criteria comprising; human rights-based programming (HRBA); equity; gender equality, and empowerment of women (GEEW). The evaluation design and implementation complied with UNICEF-adapted UNEG standards including the UN System-wide

Action Plan (UN-SWAP)[1]. The evaluation scope included an assessment of all Programme activities implemented during from 2012-16, across the country, including 36 states and the Federal Capital Territory (FCT).

Evaluation Design, Methodology and Approach: The evaluation follows the principles of theory based and participatory evaluations. For measurement of results, the evaluation is guided by a 'Hybrid Design' comprising two sub-designs i.e., 'Process Tracing' and 'Quasi-experimental'. The two designs have been chosen to adequately address the evaluation objectives and the types of interventions implemented as part of the Programme. Moreover, it considered establishing both the 'quantum' (what has changed) and 'process' (how change has occurred) of change. The 'Process Tracing Design' has been applied for the assessment of Outcome-1 i.e., a harmonised, accessible and efficient Birth Registration System (BRS) functioning as an integral part of CRVS in Nigeria. Similarly, the 'Quasi-experimental Design' is used for assessment of Outcome-2, i.e., increased awareness and demand for birth registration services in parents and caregivers. A 'counter-factual' was created for added rigour, whereby data gathered from both 'treatment' and 'control' groups was compared to establish Programme impact.

The impact evaluation employed a mixed-methods approach**.** Both qualitative and quantitative methods and tools were applied for data collection. Alongside primary data, the evaluators used secondary data to inform the evaluation findings and analysis. For primary data collection, the qualitative data collection methods included; i) key informant interviews (61 KIIs); ii) focus group discussions (40 FGDs); iii) unstructured (without checklist) field observations; iv) field photographs; and v) a reflection workshop. The quantitative data collection included administering household surveys (2701 households). It was implemented in Local Government Areas (80 LGAs) of 10 sampled states, including the 'treatment' and 'control' states. The 'treatment' group comprised four states, Kaduna, Kebbi, Bauchi, and Adamawa, where media interventions were carried out. The 'control' group included six states, Taraba, Katsina, Niger, Abia, Delta and Lagos, where media activities were not conducted. The established data analysis tools and practices (for quantitative and qualitative data) were used for data analysis. Where required and possible, data from multiple sources was corroborated and triangulated for validation, and to establish supportive evidence for the evaluators' arguments. To reach out to women (being the preferred respondents), more than 50% of the field team members were females. The unavailability of consolidated (secondary) data and information for programmatic aspects such as training, monitoring 'Score Card', and public sector expenditures, constrained the comprehensive analysis vis a vis impact, efficiency, and effectiveness. The evaluation faced delays due to changes in evaluation management arrangements and to secure ethical approval for the evaluation. The evaluation was supervised by the Evaluation Steering Committee (ESC). The evaluation followed a 'Phased' implementation approach. AAN Associates, as the primary contractor led the evaluation, whereas the fieldwork was supported by the local partner i.e., Practical Sampling International (PSI), Nigeria. The evaluation was implemented from November 2017 to February 2019.

Evaluation Findings & Analysis:

Relevance:

It remained an evolving Programme, implying absorption of new components and interventions as it progressed. The new additions were mostly guided by the priorities, listed during the bottleneck exercise undertaken in 2012. When the Programme was rolled out in 2012, reportedly there were only 41.5 % births, for children under 5 (U5), registered (MICS 2011). In a context where almost 60% (or in other words 3 in every 5) children U5 were unregistered with national birth registry, the relevance of the Programme is evident.

[1] In 2012, spearheaded by UN Women, the United Nations agreed on the landmark UN System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women (GEEW). http://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability

Despite being an evolving Programme, the envisioned impact and objectives were found to be aligned with the national plans and objectives therein. For instance, birth registration features amongst the six (06) National Commitments, of the 'National Priority Agenda' (2013-2020) and in the Nigeria Vision 20:2020, (NV20:2020)[2].

The NPopC as a primary service provider, envisioned achieving universal birth registration. It intended to achieve this by applying strategies such as coverage expansion, use of technology, and public education and awareness[3]. For that, the Programme objectives, priorities and strategies appear consistent with those of the NPopC. The Programme actually went a step further, as it encouraged and enabled the NPopC to evolve and successfully apply those new policies. The successful application of 'interoperability' (particularly with respect to integrating birth registration into health services) is a demonstration of adoption of new policies by NPopC. The Programme design is found to be appropriate for demonstrated balance between 'supply-side' (outcome 01) and 'demand-side' (outcome 02) interventions. The Programme included the system-strengthening interventions to improve the service delivery (supply-side), alongside the communication and behavioural change interventions for parents and caregivers, to educate, sensitise and change their preferences and practices around birth registration. The balanced focus where establishes the appropriateness of the design, demonstrates relevance to the context.

When the Programme was developed and rolled-out, except for anecdotal accounts from service providers, there was limited evidence available to demonstrate the significance and prioritisation of birth registration by the parents and the caregivers. For this evaluation, primary data was gathered to establish current levels of prioritisation for birth registration by the parents (to ascertain the need/demand for services). According to the data, birth registration did not surface amongst the parents' and caregivers' priority needs for children. For them, priority needs were health, education, and putting food on the table. For most, birth registration emerged as a secondary priority, important only as a mean to secure other priority services such as school enrolment i.e., education. From the discussions, it could be inferred that factors for low prioritisation and limited uptake of services have not changed significantly, since Programme's initiation. The findings are significant to amplify the relevance of such a Programme to educate and sensitize parents, to generate demand for services. Simultaneously, the interventions helped to improve the services delivery in terms of coverage, processes, and materials, to meet the increased demand.

The survey results have yielded useful insights around prioritisation of birth registration at family level and bottlenecks around improved services utilisation. Birth registration came up as 'sixth' in order of priority for parents. Most parents were found to be ignorant of the significance and procedural requirements of birth registration. While referring to the most significant causes for low birth registration, more than half i.e. 54%[4], cited issues such as limited awareness of procedures and requirements, service providers and office locations, long distances to travel (to the service delivery points) and the service fee being high. The top five reasons relate to both the demand and supply side gaps and weaknesses. This very fact reinforces the need for a 'balanced' approach, which the Programme design embodied. The survey results illuminate the design appropriateness for the context it was to be implemented.

The evaluation took note of and flagged design oversights that worked to dilute the Programme's relevance. First and foremost is the limited focus, in terms of advocacy and technical support, to NPopC on data management (the uploading of birth registration forms) to enable NPopC to have a complete and functioning CRVS[5]. Moreover, NPopC has not produced the CRVS Report, since

[2] http://www.preventionweb.net/files/14632_1stnipeditedversionvol1.pdf
[3] Report of Livebirths, Deaths & Stillbirths in Nigeria (1994-2007), National Population Commission, Abuja. November 2008. http://www.ibenaija.org/uploads/1/0/1/2/10128027/report_on_birth-death-stillbirth-registration.pdf
[4] See Survey Table 55: (CH4) Please help us list the top five reasons why parents are not registering their child birth.
[5]. UNDESA (2013): Civil registration is defined as the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events (live births, 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 of each country. Records of vital events from civil registration are the critical source of vital statistics. (Source: http://unstats.un.org/unsd/demographic/standmeth/principles/unedited_M19Rev3en.pdf
. UNICEF (2002): A fully functional civil registration system should be compulsory, universal, permanent, and continuous, and should ensure the confidentiality of personal data. It should collect, transmit and store data in an effective way and guarantee their quality and integrity. It should have two main objectives: legal and statistical. Such a system, and its instrumental value in safeguarding human rights, contributes to the normal functioning of any society (Source: https://www.unicef-irc.org/publications/pdf/digest9e.pdf)

2008. On the demand creation side, inadequate attention to harnessing the influence and outreach of community influencers, including traditional and religious leaders, and related forums and associations for community education, despite positive results of the pilot implemented towards the start of the Programme.

Effectiveness: The Programme remained largely effective. The Programme was successful in identifying, engaging with and benefitting the intended participants (beneficiaries). The Programme documentation did not have a complete list of intended beneficiaries though. To address the gap, the evaluators worked with most relevant staff involved in the Programme design and delivery, to identify key stakeholders or participants of the Programme. These have been grouped into three categories using the rights-based programming lens. These include: i) Primary and secondary service providers (referred to as the Duty Bearers comprising NPopC, FMoH, FMoE, and ALGON); ii) Community influencers (also referred to as Facilitators or Influencers**,** comprising media, traditional and religious leaders, and relevant forums and associations, and development partners), and; iii) Communities (referred to as Rights Holders**,** comprising children, parents, and caregivers). Amongst the duty-bearer, NPopC (as a primary service provider) has been a key participant and a beneficiary of the Programme. With that it engaged with secondary service providers like FMoH, FMoE, and ALGON. In relative terms, it remained less effective in engaging with FMoE and ALGON, in comparison to FMoH (as it was for the Programme that over 4000 health workers are reportedly delivering birth registration services across Nigeria).

The engagement with the facilitator and influencers could be argued as partially effective for the scope and scale of engagement vis a vis potential (they offered), and the results produced. The Programme did not leverage the influence and outreach of these traditional and religious leaders, and associated forums e.g. Christian Association of Nigeria (CAN) and 'The Nigerian Supreme Council for Islamic Affairs' (NSCIA).

For the rights holders, the Programme implemented media campaigns in four (04) states, including Kaduna, Adamawa, Kebbi, and Bauchi[6], to educate and sensitize parents as a means to generate demand for services i.e. demand-side. These interventions were meant to address one of the key disablers i.e. limited awareness of significance of birth registration and procedures, as identified in the bottleneck exercise carried out at the start. The efforts and investments on the public education campaigns produced encouraging results, as evident from post campaign surges by 100-250% in the two states where campaigns were implemented i.e. Kaduna and Adamawa[7]. On the flip side, the Programme operated on its own, and did not make any note-worthy efforts to encourage and support NPopC to reach out to and collaborate with other potential partners such as the World Bank, Plan International, and others.

For the first three years ¾th of the Programme life, it operated without a documented 'Theory of Change' (TOC). It was only towards the end of 2015 that Child Protection Section (CP) of UNICEF NCO developed the BRP-TOC. For the impact evaluation, this was refined and used to trace and comment on the process of change. The framework was used to measure and comment on the Programme effectiveness.

There are two Programmatic outcomes, where first one relates to strengthening the services delivery, and second is geared towards generating demand. The outcome 01 envisioned improving the service delivery/supply-side by facilitating NPopC to have a harmonised, accessible and efficient birth registration system functioning as an integral part of CRVS in Nigeria. The effectiveness was assessed on all three dimensions i.e. system harmonisation, improved accessibility (of services) and efficiency, and availability of functional and usable CRVS. Where the results suggest successes with respect to improved accessibility and efficiency, it did not go far with system harmonisation and creation of functional and usable CRVS.

[6] Discussions with UNICEF focal person consistently referred to four States where media campaigns were implemented; however, the evaluators could not find any documentary evidence to validate about the undertaking of media campaign in Bauchi State than before 2016 (Evaluation Scope included 2012-2016). Neither MOU, implementation report or other document available to validate Bauchi State media activities during evaluation scope duration (2012-2016).

[7] The evidence for other two States has not been documented. Due to non-availability of specific information about campaigns in Kebbi and Bauchi, the evaluators could not undertake similar analysis using RapidSMS data.

The Programme could not achieve much in finding a resolution to the longstanding issue of parallel birth registration, by both the NPopC and the LGs. This is evident from the little (to no) progress made with respect to addressing legal anomalies causing duplication with regards to improved accessibility of services. However, the Programme enabled NPopC to expand coverage by recruiting and deploying additional staff, and by forming partnerships with other state institutions, such as health.

The data indicates about 20% increase in numbers of NPopC's Birth Registrars and/or the service delivery centres[8]. This meant the number increased from about 3000 to 3641 between 2012 and 2016. Another 4000 additional staff from health became available for dispensing birth registration services as Sub-registrars, after signing of MOUs. The Programme supported the deployment of over 23000 ad-hoc registrars for 'Mop-up Campaigns' during 2016 only (total numbers are unavailable). Together, these interventions contributed to expanding the coverage, and therefore resulted in improved accessibility. The expansion in services indeed facilitated women, the group considered most responsible for registering children's births, to access services with ease. Services delivery through health apparatus made it even easier for mothers. The HHS results validate these findings, as these indicate perception of improved accessibility (by service users), in terms of availability of staff at birth registration points. The NPopC's partnership with health contributed to a surge in birth registration numbers for children under the age of one (U1). With an annual average of 2.2 million, cumulatively, 11 million U1 children were registered though the Programme life (as per NPopC Dashboard).

The use of ICT tools comprising Rapid SMS, Scorecard, and Dashboardare evident signs of improved efficiency in terms of reporting, transmission of data and performance tracking, in turn contributing to the improved accountability. The visualisation of performance on the Dashboard has been leveraged for evidence-based advocacy with high level states officials. To both UNICEF NCO and NPopC, this had been working well in winning over the support at state level.

No significant progress has been made with respect to establishing a functional and usable birth registration system, linked to CRVS. The Dashboard is a database, however with limited information, as not all the information from the birth registration forms is recorded into it. It only records basic or limited information about recorded birth events. The Programme did not enable NPopC to take any concrete steps to develop a database with complete (or essential) information to generate useful analysis for planning purposes. The evaluators were told that the NPopC has not registered birth registration forms data since 2007. Reportedly, there are millions of forms that need processing. For this, the Programme could be argued to be un-successful in creating a birth registration database or system, enabling meaningful analysis, or being linked to any functional CRVS.

The Programme extended equipment and material support to NPopC to enable it to render more efficient services. This support included computers, digital devices, and motorbikes and stationery (e.g. registration forms, certificates and registers). This proved useful in enabling NPopC to continue to provide uninterrupted services. Hence, could be argued as being effective. The availability of stationery at the facilities was also validated by survey results. Almost all respondents i.e., 93%, who had visited NPopC or health centres for birth registration, responded positively to this aspect. The material assistance, including training, were provided without any structured capacity assessment of NPopC to identify support needs. The support was extended san financial provisions and/or commitments from NPopC, for taking up the associated operations and maintenance (O&M) costs for their sustained use. The arrangements and the results for the training components are no different.

The Programme extended necessary support to NPopC to formulate the first 'National CRVS Strategic Plan'. It outlines a roadmap to establish a functional and usable CRVS. The National Strategic Action Plan (2018-2022) has since been approved by the President's Office i.e., in 2017.

[8] NPopC have used the number of birth registration centres reporting to RapidSMS as a proxy-indicator to determine the functioning centres. No exact data has been maintained indicating exact number of NPopC staff or functioning NPopC Centres

However, NPopC is yet to secure financial resources to put it into motion. For this, the Programme could be argued as 'Partially Effective', in lieu of the achievements made with respect to outcome 1. The intervention logic for the outcome appears largely 'plausible'.

Outcome 02 relates to creating awareness and includes demand-side interventions. It intended to facilitate NPopC to educate parents and increase awareness, hence accelerate the demand for birth registration services. The Programme supported public education and awareness campaigns in four states, including Kaduna, Kebbi, Adamawa, and Bauchi. These campaigns were time specific and implemented for a span of 'three' (03) months in each state. It was noted that the campaigns were implemented towards the latter half of the Programme life i.e., post 2015. The campaigns were developed and implemented largely by UNICEF NCO with limited engagement of NPopC (including Public Affairs Department - PAD). In most cases, the partnerships with media entities formed for the campaigns were abandoned after the completion of state specific campaigns. Nevertheless, the campaigns proved effective, in short to medium terms. The radio and print media campaigns produced immediate results, evident from the surge in the number of registered births during and immediately after the campaigns (within four months of completion). The data indicates an increase by 100-250% in number of births registered by NPopC, during and immediately after campaigns. About one in five survey respondents (22%), shared to have had received message on birth registration (BR) in the last five years. More people have had received messages in treatment group compared to control group i.e. 26% vis a vis 16%. The respondents in both groups responded positively, as to the appropriateness of mediums of transmission (of messages i.e. 90%); use of local languages (86%); messages being simple and understandable (93%); and likelihood to register children (influence) after receipt of the message i.e. 92%[9]. Encouraging results are noted for messages contributing to the increased awareness as to the advantages of birth registration, and likelihood of increase in demand i.e. 84% and 78% respectively. However, the respondents could not refer to the any organised actions taken by the communities to convey to the authorities the possible increase in demand and consequently, the actions by the authorities. The results are indeed encouraging, however insignificantly different for control and experiment states (marginally better for experiment states). Upon probing, it came up that some contents of the campaigns have had been aired (radio in particular) across non-control states, which may have contributed to the pattern observed. This did affect the appropriateness of 'quasi-experimental' design and diluted the methodological rigour the evaluation intended through establishing a 'counterfactual'.

The Programme could not go far with engaging the local influencers i.e., religious and traditional leaders, in public education campaigns. Their engagement was limited to a six months pilot implemented in selected LGAs of Federal Capital Territory (FCT), with promising results. This appears to be a significant miss, especially in a country like Nigeria. This attains even more significance in view of the survey results, whereby community influencers came up as one of the most preferred and reliable sources of information in the community i.e. 25%. About half of the respondents (48%) referred to the community influencers and/or other social networks, such as friends, relatives, and neighbours as preferred sources in comparison to electronic media (19%)[10]. The results underscore the need to 're-calibrate' the future communication strategy. For this, the Programme could be argued as 'Partially Effective', in lieu of the achievements made with respect to outcome 2. The intervention logic for the outcome appears 'plausible'.

Amongst the strategies that worked well are innovative technology use (RapidSMS, scorecard, and dashboard); integrating birth registration into regular healthcare service (interoperability); public education campaigns (demand side interventions); and convergent programming, whereby birth registration integrated into the other UNICEF NCO programmes with demonstrated results. The strategies that remained less effective include advocacy for system harmonisation and legal reforms; integration of services into ALGON and education; use of ICT for digitization; limited engagement of community influencers into public education campaigns as well as overlooking the opportunity for NPopC's Public Affairs Department (PAD) to become part of the campaigns.

[9] See Survey Tables 60 to 65 in Appendix 29
[10] See Survey Table 74: (CC14) Which information sources are preferred or considered more reliable to you?

Efficiency: The Programme did not have output and outcome targets, nor did it have a pre-set budget, constraining a comprehensive efficiency assessment. This was further compounded by limited documentation around output level Programme achievements, particularly with respect to training, availability of human resources, material support, media campaigns, and outreach. The Programme did not have a document and budget at the start. For the purpose of efficiency assessment, the consultants collated and compiled the budget into ToC outputs using all available financial information from UNICEF NCO, and as is given in rolling work plans. The financial expenditure statement by UNICEF was also used to analyse Programme expenditures by output, as has been mentioned in the revised ToC. The analysis, however, yielded values that differed between the two. According to the rolling work plans, the budget equalled USD 5.04 million and USD 7.8 million, following the UNICEF NCO expenditures statement. The NPopC did not have a consolidated budget nor could it produce a consolidated expenditure statement for the Programme, and therefore this could not be analysed.

The Programme contributed to improving work efficiencies in NPopC. This is evident from two-folds increase in gross births registered every year from 2011 to 2016 (a 94% increase). The numbers jumped from almost 4 million, in 2011 to about 8 million, in 2016[11], compared with an almost 20% increase in available staff and centres within NPopC during this period. The numbers of birth registration increased from about 3000, in 2012-13, to 3640 in 2016. This analysis has been drawn while excluding the number for ad-hoc and sub-registrars, due to a lack of usable data from UNICEF and NPopC.

In terms of human resource contributions, the Programme funded only one (01) dedicated position in UNICEF NCO, and a part-time staff person at NPopC. The Programme did not support any state level full-time positions. The Programme, however, funded the recruitment of ad-hoc registrars, who were deployed for campaigns. Their numbers run into the thousands, however there was no consolidated document available showing how many of these were deployed throughout the Programme. Using financial data and other related staffing information for 2016, the evaluators came up with 54000 man-days (see detailed analysis under efficiency), for which these ad-hoc registrars were deployed throughout the year. The analysis for 2016 suggests that the Programme extended significant human resources support for field activities. From the Programme management perspective, the availability of human resource could be argued as inadequate. This led to constraints on the available staff to plan, monitor, and document Programme achievements.

In view of repeated references to staff shortages for fieldwork, the evaluators undertook a workload analysis to check on the veracity of NPopC's claims. The calculations proved this a myth. The evaluators may argue that it was not due to understaffing that birth registration rates were low, but this was because of poor working conditions in which the birth registrars were operating. There was very limited support available to field staff for mobility and communication, which could have been instrumental in improving birth registration rates.

The evaluators noted a difference in the planned budget, derived from the roll-out plans, and actual expenditures. The evaluators have used expenditures statement for efficiency analysis which show USD 7.84 million as the Programme's total spending, from 2012-2016. The Programme's total spending vis-à-vis total birth registrations translates to USD 0.27 per registered birth. Due to the non-availability of any global or regional industry benchmarks, as far as the per child birth registration costs are concerned, the evaluators cannot judge the efficiency, though this looks like an impressive achievement. The Programme expenditure analysis shows an overwhelming budget distribution on the supply-side outcome or group of components, including institutional building, birth registration integration, capacity development, and material support. This accounts for about 87% of the total spending. On the contrary, the Programme spent about 4% on demand side outcome interventions, including social mobilization, media, and awareness raising. The imbalance in budgetary allocations (expenditures) highlights the differential focus and the existence of a serious design oversight.

[11] All categories = under five (U5) plus above five (+5 years)

The support provided by UNICEF to the NPopC and health centres in the form of BR materials and equipment has contributed to improved performance, and therefore the efficiency of NPopC.

The Programme applied multiple strategies with demonstrated results for improved efficiency. These included: i) the strengthening of existing infrastructure (instead of creating new structures) for improved performance; ii) advocating and enabling innovative use of ICT tools for monitoring, performance tracking, and accountability; iii) leveraging public infrastructure through interoperability, for expanded outreach, and; iv) convergent programming for leveraging UNICEF NCO outreach and resources.

Impact: The Programme lagged in achieving the two intended immediate impact targets for children under 5. Against the Programme target[12] of a 20 percentage points increase in birth registration rates, the Programme could only contribute to an increase of 5.4 percentage points, according to MICS data (2016), and 6 percentage points as shown in NPopC dashboard data (2016)[13]. Similarly, it missed the target of reducing income related inequities. Around the second indicator of immediate impact, the inequities for birth registration (the gap between highest and lowest income quintiles) stood at 64.9% in 2016, according to MICS data. The trends suggest an increase in income related inequities, from 41.9% in 2007 (2011 data is not available) to 64.9% in 2016, meaning the gap between richest and poorest has widened by 23 percentage points. The NPopC RapidSMS did not capture income-quintile based data, hence could not be used to track reduction in inequities i.e. an impact level indicator. The increase in inequities is worrying and raises concerns around services not reaching out to the poorest.

Although it missed the impact targets, the Programme nevertheless made significant contributions in terms of increasing absolute numbers of births (for U5) registered every year. As is evident from an almost two folds increase in the annual gross number of birth registrations[14] (U5) in 2016, as compared with 2012; the number increased from about 3 million (in 2012) to almost 5 million in 2016, a noteworthy achievement. The most significant reasons for the Programme to miss the impact targets include; i) setting unrealistic targets; ii) inability to scale-up partnership with health; iii) lack of adequate harmonisation of birth registration with LGs; iv) limited scale and scope of media campaigns; v) inadequate engagement with, and leveraging of the influence of traditional and religious leaders; and vi) misplaced assumptions about birth registration vis-à-vis child protection.

Where the Programme helped strengthening the monitoring and tracking of birth registration progress, both in numbers, coverage and performance percentage, it failed in enabling NPopC to establish, maintain and sustain a complete, functional and useable CRVS integrating birth registration data. The last comprehensive CRVS report was produced in 2008 by NPopC indicating incompleteness of the CRVS system, and therefore this could not be of any use in informing the planning and decision-making around child wellbeing and protection.

The evaluation findings point to limited appreciation among stakeholders and communities) for direct linkages between birth registration and child protection, particularly around early child marriages (ECM), female genital mutilation (FGM), and child trafficking (CT). For them, the key drivers for these ills emanate from abject poverty, illiteracy, unemployment, child-unfriendly traditions and customs, and poor implementation of child protection laws. Moreover, while birth registration does facilitate access to entitlements (including protection), on its own, it does not guarantee protection from child rights violations. The solution lies in a multipronged approach, of which birth registration could be one part. Overall, survey results[15] indicated about one-third to nearly half of the survey respondents (38%, 35% and 45% for ECM, FGM and CT respectively)

[12] By 2017, registration of births of children under-5 increased by **at least 20% point** and disparity rates between WQ reduced by **at least 30% point**

[13] Birth registration coverage increased from 41.5% (in 2011) to 46.8 in 2016 (MICS 2011 & 2016) – Despite missing the stated Programme target (in % points) for immediate impact, the birth registration increased by 12.7% (as per MICS 2016 data) and by almost 60% as per RapidSMS data (BR coverage increased from 10% to 16%).

[14] Total birth registrations (in all categories i.e., U5+Above Five) in 2011were noted 7.7 Million in 2016 as compared to 3.9 Million in 2011; Source NPopC RapidSMS Dashboard

[15] See Survey Tables 82 to 87 in Appendix 29

perceived that increases in birth registration can help reduce child rights violations. There were insignificant variations noted in survey results across treatment and control states.

The Programme has also contributed to unintended, yet positive, impacts. For instance, the use of ICT tools has facilitated introducing target driven performance culture. All LGAs have specified targets, reports, and have ranked them. Likewise, the ICT tools have enabled the use of evidence and data for advocacy by the NPopC' s management at the State level, to influence policy decisions. Both the quantitative findings and HHS results do not point to any perceived unintended impact of birth registration.

There were two evaluation hypotheses: The first hypothesis suggested a positive correlation between birth registration, immunisation, school enrolments, reduction in female genital mutilation, child trafficking and early child marriages. The data disproved the assumption, hence the hypothesis. However, the evaluation findings proved the second hypothesis[16] valid, that relates to a positive correlation between parents' knowledge of advantages of birth registration, and the increase in birth registration rates.

This is evident from the post-campaign surge in birth registration numbers in two of four states where media campaigns were implemented. However, as survey results show, dissemination or coverage of birth registration messages remained low (at 22%), so the increase in awareness and thus the overall practice of birth registration, could not get a significant jump (in terms of percentage increase) Hence, the Programme target of increasing birth registration by 20 percentage points, around immediate impact was missed with a gap of 6 percentage points (see the evidence and commentary in the Impact section).

Sustainability: The sustainability assessment was informed by ground realities, as fieldwork was carried out after almost two years of Programme completion. Based on evaluation findings, the evaluators grouped interventions and results into three categories: i) fully sustained; ii) partly sustained; and iii) not sustained.

Fully Sustained: Those fully sustained included partnership with health; innovative use of ICT tools and applications; and the national 'CRVS Strategic Plan' (2018-22).

Partly Sustained: Those partly sustained included staff training; material and equipment support; and BCC/IEC campaigns.

Not Sustained: Those not sustained include services overlaps with ALGON, and media alliances.

While listing the factors for sustainability, the evaluation refers to the review of partnerships with health and education; evidence-based capacity development support; support to build media management and campaigning capacities in NPopC (PAD); and effective and sustained engagement with community influencers.

Human Rights-Based Approach to Programming (HRBA): The evaluation establishes the Programme's coherence with HRBA principles of non-discrimination and equality, participation and inclusion, and accountability. Moreover, it establishes coherence with national and international legal instruments around human and child rights that GoFRN has signed up for. Furthermore, the Programme objectives were found to be in alignment with the development and policy priorities of GoFRN, including six national comments of the National Priority Agenda 2013 – 2020, and NV20:2020. The Programme design included interventions for duty bearers, rights holders and influencers, (irrespective of scale and success). These three stakeholders are integral to the rights framework, and this strengthens the coherence with HRBA principles. The evaluators did not find any evidence of services discriminating against users, and the Programme provided guidance on prioritising under-served areas and hard-to-reach communities. In light of the above findings, the Programme could be argued as mostly compliant with HRBA principles. The imbalanced resources distribution, however, somewhat weakens the coherence (skewed heavily in favour of duty bearers, at 87%, compared to only 4% for rights holders and influencers). Considering the HRBA approach, the evaluation examined parents' knowledge about the right of birth registration for their

[16] Increase in understanding of advantages of birth registration positively correlates with increase in birth registration rates.

children. The HHS results indicated a high level of awareness among communities about birth registration as the right of every child, as well as the fact that birth registration is mandatory for every child in Nigeria[17]. These HHS results, however contradict qualitative findings, as many of the FGD participants did not know about the birth registration law in Nigeria, and therefore did not prioritize birth registration for their children.

Equity: To assess equity integration, the evaluators worked with NPopC and UNICEF to delineate the most vulnerable and disadvantaged groups. This led to the identification of four groups as being vulnerable: i) income and asset poor families; ii) hard-to-reach families in rural and remote areas; iii) families in conflict/security affected areas, and; iv) single mothers. For the first two groups, multiple strategies were evolved and applied including expansion of services; fee waivers for delayed birth registration; outreach campaigns; and active birth registration. The results, however, were not very encouraging with respect to equitable services utilisation. The HHS results highlighted that illiteracy (33%), poverty (19%), living in rural areas (16%), exposure to conflict (12%) and being a single mother (10%), are among key constraining factors making parents less likely to do birth registration for their children[18]. The HHS also revealed that 22% of parents[19] face some barriers while accessing birth registration services, such as long distances to cover, perceived high fees for birth registration, non-availability of transport, and high transportation costs involved for accessing birth registration services. Moreover, MICS data also indicate a widening gap between the rich and poor for BR services utilisation; the gap between rich and poor has increased from 41.9% in 2007 to 64.9% in 2016). On the contrary, the rural-urban gap is on the decline: rural birth registration rates increased from 14.9%, in 2011, to 69.5% in 2016, as indicated by MICS data. The BR rates, however, have dropped significantly for urban areas, from 42.7% to 37% from 2011 to 2016. These patterns seek further research to deepen understandings of causes of inequity. The results are positive for conflict-affected states like Adamawa, Gombe and Yobe. The evaluators did not find evidence of single mothers being discriminated against by service providers or communities.

Gender Equality and Empowerment of Women (GEEW) and UN-SWAP[20] Compliance: The evaluators did not find evidence that Programme design and interventions were informed by gender analysis or gender equality strategies. Most of the services were, apparently, planned and delivered with a gender-neutral approach, targeting boys and girls. The HHS results also showed that 89% of respondents[21] are indifferent about preferences for both, with respect to attaining birth registration services. Moreover, a detailed analysis[22] of the RapidSMS data validates these assertions, as an almost equal proportion of boys (51%) and girls (49%) have been registered during the Programme period, 2012-2016. The monitoring documentation was quite weak to enable evaluators to comment on GEEW. The impact indicators were found to be more relevant to girls and womencompared with boys, as child marriages, trafficking, and FGM, are often considered girls' issues.

The evaluation design, management, data collection tools, and fieldwork were informed by UNEG guidelines and UN-SWAP. The evaluation scope included a complete question on the assessment of gender equality, found in EQ 6. The evaluation design, methods and tools were informed by GEEW considerations. Women were prioritised as respondents, in both quantitative and qualitative methods. For instance, of the total 2701 HHS respondents, 1351 (half) were females. Adequate female staff, approximately 50%, were recruited, trained and deployed, to enable easier access to female respondents.

Conclusion: The conclusion summarises key findings and analysis with respect to the six (06) evaluation criteria.

[17] Survey Table 20 and 21: (BR1) In your view, is it mandatory to register the birth of the child with relevant authorities in Nigeria? and (BR2) Do you think that child's birth registration is the right of every child?
[18] See Survey Table 58: (CH6)
[19] Survey Table 55: (CH4) Please help us list the top five reasons why parents are not registering their child birth?
[20] UN System-wide Action Plan
[21] Survey Table 57: (CH5) In your community, do you think parents prefer registering child birth of?
22 RapidSMS Data indicate out of 28.62 Million total birth registrations (2012-2016) in all categories, 51% were boys equalling 14.73 Million boys and 49% were Girls (13.89 Million)

Overall, the Programme has been assessed to be largely successful, with demonstrated results in improved services delivery and generating demand. Birth registration remains pivotal to child wellbeing in Nigeria, meriting continued support from UNICEF NCO and other development partners. Moving forward, NPopC as a primary service provider may need to take 'greater ownership and a proactive approach for registration of 'new born' children and those older than the age of one, who are still unregistered. It must evolve tailored strategies and interventions to reach out to these two different groups. Moreover, it needs to reach out to other development partners including the World Bank, bi/multilateral donors, and CSOs to find opportunities for collaborative work. NPopC must prioritise digitization, advocacy, and lobbying for more funds in order to effectively implement the Strategic CRVS Plan (2018-2022).

UNICEF NCO must consider or revisit some of the implementation approaches applied for BRP. It must let go of the idea of implementing a Programme of this complexity and scale, using an 'evolving' programme approach. Also, future assistance must strike a balance between supply and demand interventions. The supply interventions must work to enable NPopC to have a functional and usable CRVS, including the birth registration database. The data should be widely and conveniently accessible to other stakeholders, such as planners and implementers of social services. The relevant stakeholders must be reached out to and encouraged, to use data for child-centred development planning and decision-making. There should be considerable focus on strengthening the monitoring, documentation, and knowledge management systems. The focus must remain on systems strengthening to produce sustainable capacities within NPopC, so that it can continue to perform its mandated functions.

Good Practices: The evaluation has listed multiple good practices worth replication and scale-up. These include: i) the use of structured thinking by applying an analysis tool to inform the design of a system strengthening' programme; ii) Innovative use of ICT tools and applications for improved monitoring, reporting, accountability and advocacy; iii) leveraging of public sector infrastructure and capacities through interoperability; and iv) successful convergent programming within UNICEF, for maximising resources and impact.

Lessons Learnt: The Programme has contributed to useful learning. These include:

i) Do not get distracted with donor led output priorities, especially for a Programme that is driven by a systems strengthening approach;
ii) The evolving programming approaches comes with their own challenges e.g. measuring results, and should be avoided. Instead, define targets, approaches, activities, and budge., at the onset, and include periodic reviews for possible course correction during programme life;
iii) NPopC's State Commissioners are pivotal to the successful implementation of interoperability, and need to be encouraged and enabled to proactively develop and manage state level partnerships;
iv) A structured capacity assessment must precede capacity development interventions and investments, to inform capacity development planning and execution;
v) Keep an eye on resources allocation between different programmatic components and interventions. Seek to strike a balance between investments on duty bearers, right holders, and influencers, to make programming consistent with HRBA principles;
vi) The community influencers, including traditional and religious leaders, are critical to successful and sustained behavioural changes, hence must remain at the core of public education and awareness campaigns.

Recommendations: A series of recommendations with enabling actions are listed at the end of this report. These have been grouped separately for the NPopC and the UNICEF NCO.

1. **NPopC:** The recommendations lay emphasis on the NPopC to demonstrate greater ownership for, and a proactive approach towards implementation of the approved 'CRVS Strategic Plan' (2018-22). The recommended actions include; a) translating the 'CRVS Strategic Plan' into a manageable operational plan/s; b) reaching out to relevant public forums and development partners to seek support to implement the CRVS & operational

plans; c) achieving operational harmony between NPopC, ALGON, and LGAs; d) prioritisation of the digitization of the complete civil registration processes, and making CRVS widely accessible; e) revamping current monitoring structures and practices; f) developing public education strategy and plans; g) incentivising birth registration services for the poor, by linking them with social protection instruments; and.

2. **UNICEF NCO:** The evaluation recommends continuing with the system strengthening approach and striking a balance between the supply and demand side interventions. The recommended actions include: a) hold a series of consultations with NPopC leadership to understand their future priorities, to roll-out a CRVS strategic plan; b) develop a technical assistance framework, and a comprehensive '3-5 Years Programme/Project'; c) set realistic impact and outcome targets; d) undertake 'Capacity or Needs Assessments' to inform the 'Capacity Development Interventions'; d) strengthen the 'Convergent' approaches to fully leverage their potential; e) sationalize the availability of human resources to manage/lead the Programme, both within UNICEF NCO and NPopC; f) facilitate NPopC to formulate and implement 'Monitoring' and 'Communication' plans'.

Chapter 1: Introduction, Object of the Evaluation

Introduction

This is the Impact Evaluation Report for the 'Birth Registration Programme' Nigeria (hereinafter referred to as Programme and BRP). UNICEF Nigeria Country Office (UNICEF NCO) provided technical and financial support to the Programme and 'National Population Commission, Nigeria' (herein-after called NPopC or the Commission) remains the lead Implementer Partner. The partnership between UNICEF NCO and NPopC was driven by the goal to accelerate birth registration rates for children (especially those under 5) to improve child well-being and reduce protection risks. The Programme was implemented from 2012 to 2016. This Report has been divided into 'Five (05)' chapters. The contents of each chapter have been outlined below.

- Chapter 01: This chapter describes the broader context of the Programme and offers an insight or overview of the Programme under Evaluation i.e. Object of the Evaluation.
- Chapter 02: This chapter presents the evaluation's purpose, scope, objectives and its design.
- Chapter 03: This chapter explains the evaluation design, methodology employed, the mechanisms for quality assurance, ethical considerations, the implementation approach, evaluation management and an outline of evaluation team.
- Chapter 04: This chapter describes the evaluation's findings and analysis, structured under 'Six' evaluation questions.
- Chapter 05: This chapter outlines Programme's good practices and lessons learnt. It presents the Evaluation conclusion and recommendations.
- Appendices: All necessary supporting details including Terms of Reference (TORs) for the Impact Evaluation, Evaluation Matrix, revised Theory of Change, and Programme details (Refer Appendices 01 to 05), figures, visuals, supporting documents, and evidences have been included as appendices. These have place at the end of the IER.

1.1 Background and Context

The Federal Republic of Nigeria (FRN) is divided into six (06) geopolitical zones namely i) North West; ii) North East; iii) North Central; iv) South East; v) South-South; and vii) South West. Administratively, the country is divided into 36 States and a Federal Capital Territory (FCT). The States are further sub-divided into 774 Local Government Areas (LGAs).

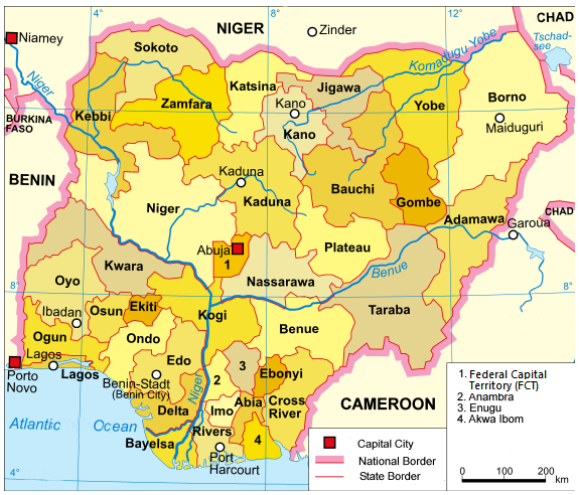


Figure 1.1: Administrative Map of Federal Republic of Nigeria

The country is home to a population of approximately 186 million (about 29.7 million children below 5 years of age) as of 2016[23] and is the seventh most populous country of the World[24] with an estimated annual population growth rate of 2.7%. Nigeria is frequently called the 'Giant of Africa' for its burgeoning population and size of the economy (30th largest economy in the World in terms of Nominal GDP)[25]. Islam and Christianity are the two major religions with Muslims (50.5%) mainly concentrated in the North, whereas; the Southern parts of the country are predominantly Christian. It is a developing country and is ranked 157th in terms of 'Human Development Index' (HDI).

[23] The World Bank (WB), 2018. Nigeria Country Profile. [online] Washington D.C.: WB. Available at: http://databank.worldbank.org/data/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=NGA [Accessed: 9 April 2018]

[24] World Bank (WB), 2017. Population 2016. [pdf] Washington D.C.: WB. Available at: http://databank.worldbank.org/data/download/POP.pdf [Accessed: 9 April 2018].

[25] World Bank (WB), 2017. The World Bank in Nigeria: An Overview. [online] Available at: http://www.worldbank.org/en/country/nigeria [Accessed 27 January 2018].

1.1.1. Birth Registration - Global Context

Birth registration 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'[26]. 'Article 7' of the 'United Nations Convention on the Rights of the Child (UNCRC)' refers to 'birth registration' a 'fundamental' right of every child. Absence of an effective birth registration system can threaten the right of children to identity, name and nationality; thus, can restrict access to protection, social services and to the benefits from development interventions[27].

Lower birth registration rates remain a global challenge with only 65% (approximately) of children (under 5) having been registered across the world. The rates are abysmally low in developing countries compared to nearly universal birth registration rates in the developed world[28]. The situation has improved in the last decade, with numbers having surged to 65% (from 58%) between 2000 and 2010[29]. Under-developed and developing countries still lag behind. About 230 million children have not had their births registered, with majority being from South Asia (59%) and another 37% are from sub-Saharan Africa'[30]. It features on the global development agenda and has been listed amongst the targets for Sustainable Development Goals (SDGs 16.9)[31]. There has been a growing realisation and a push to accelerate the birth registration process internationally and in particular in the Sub-Saharan Africa, for highest population growth rates[32]. Globally, the key impediments in improved birth registration services (BR) include; i) limited and weak administrative infrastructure and capacities; ii) paucity of funds; iii) low adoption of modern data management technologies; iv) weak national policies and commitment of governments; v) lower levels of public awareness of the significance of birth registration.

Box 1: Global Context & Prioritisation in Development Frameworks

Globally, an approximately 65% of children below the age of 5 are registered (means that 1 in every 3 is not registered).

UNICEF estimates, nearly 230 million children have not had their births registered, about 37% live in sub-Saharan Africa'.

SDG 6.9 - 'by 2030 provide legal identity for all including free birth registrations'

1.1.2. Birth Registration Services in Retrospect (in Nigeria)

Birth registration services in Nigeria have evolved and improved over the last five (05) decades. The country introduced a host of regulatory, policy and administrative measures to improve services to accelerate registration rates. Reportedly, only 7.7% of births were registered in the country[33] in 1971 and it jumped to a respectable 41.5% by 2011 (MICS 2011).

[26] United Nations Children's Fund (UNICEF), 2013. *Every Child's Birth Right: Inequities and trends in birth registration*. [pdf] UNICEF: New York. Available at: https://www.unicef.org/publications/files/Birth_Registration_11_Dec_13.pdf [Accessed: 04 September 2018].
[27] United Nations Children's Fund (UNICEF), 2013. A Passport to Protection: A Guide to Birth Registration Programming. [pdf] New York: UNICEF. Available at: https://www.unicef.org/protection/files/UNICEF_Birth_Registration_Handbook.pdf [Accessed 29 January 2018].
[28] UNDP Human Development Reports: Why birth and death registration really are "vital" statistics for development [online] Available at: http://hdr.undp.org/en/content/why-birth-and-death-registration-really-are-%E2%80%9Cvital%E2%80%9D-statistics-development [Accessed 29 November, 2018].
[29] United Nations Children's Fund (UNICEF), 2013. *A PASSPORT TO PROTECTION: A GUIDE TO BIRTH REGISTRATION PROGRAMMING.* [pdf] New York: UNICEF. Available at: https://www.unicef.org/protection/files/UNICEF_Birth_Registration_Handbook.pdf [Accessed: 04 September 2018].
[30] United Nations Children's Fund (UNICEF), 2013. *A PASSPORT TO PROTECTION: A GUIDE TO BIRTH REGISTRATION PROGRAMMING.* [pdf] New York: UNICEF. Available at: https://www.unicef.org/protection/files/UNICEF_Birth_Registration_Handbook.pdf
[31] SDG 16.9 'by 2030 provide legal identity for all including free birth registrations'
[32] The LANCET Global Health, 2014. *Birth registration: a child's passport to protection.* [online] Available at: http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70180-3/fulltext [Accessed 11 April 2018].
[33] Immigration and Refugee Board of Canada, 2008. Nigeria: Birth Registration Responses to Information Requests. [online] Research Directorate, Immigration and Refugee Board of Canada. Available at: https://www.justice.gov/sites/default/files/eoir/legacy/2013/12/18/NGA102888.E.pdf [Accessed 30 Jan 2018].

The state enacted 'Births, Deaths Registration Act No. 39' (1979), marking the first significant step to establish a 'National Civil Registration and Vital Statistics (CRVS[34]) System'[35]'. In 1988, the National Population Commission' (NPopC) was established, as a 'constitutional or statutory body' to provide a unified institutional platform for 'universal, compulsory, and continuous civil registration'[36].

Another key milestone was achieved in 1991 when the country ratified the UNCRC. Following the ratification, the "Births, Deaths, Etc. (Compulsory) Registration Decree No. 69" was enacted in 1992. It made NPopC the sole authority for birth registration nationwide[37]. In 1999, the 'Constitution of The Republic of Nigeria (1999)'[38] reinforced the Act No. 39 of 1979, thus allowing the 'Local Governments (through LGAs) to set up a parallel birth registration system. This expanded the process to duplicate, allowing both the LGAs and NPopC to register child births.

Box 2: Birth Registration Evolution

1988: *NPopC established.*
1991*: Nigeria ratified UN Convention on the Rights of the Child (CRC).*
1992: *"Births, Deaths, Etc. (Compulsory) Registration Decree No. 69" enacted. With this NPopC assumed the role of primary service provider.*
1999: *Constitution of The Republic of Nigeria Act No. 39 of 1979, allowing LGAs to continue to register births.*

NPopC (in 2005) set the target to achieve the birth registration of 60% (in 2010) and (universal) 100% by the end of 2015[39], which could not be met. Despite missing the target, the country made impressive progress between 2007-11 i.e. coverage for under 5 jumped from 23.3% to 41.5 % (MICS[40] results). Despite a significant increase in birth registration figures, regional disparities still persist, with low birth registration rates in rural areas when compared to urban areas i.e. 32.2% and 62.8% respectively[41].

UNICEF NCO has been working with NPopC to help improve birth registration services since 2003[42]. Birth registration is relevant for UNICEF-GOFRN (NPopC) partnership for its apparent linkages to enable access to health, nutrition, child-protection and education services[43]. In the early years, the partnership remained focused on accelerating birth registration through 'Catch-up Campaigns[44]'which changed to 'system strengthening' after 2011. This change prioritised 'improving systems' within NPopC to build capacities for additional long-term sustained initiatives. A systemic assessment was carried out to identify priorities through a broad-based consultative process called 'Bottleneck Analysis' (2011).

[34] A well-functioning civil registration and vital statistics (CRVS) system registers all births and deaths, issues birth and death certificates, and compiles and disseminates vital statistics, including cause of death information. It may also record marriages and divorces. https://www.who.int/healthinfo/civil_registration/en/; In short, CRVS systems are critical to future development and serve as the means through which fundamental human rights can be realized. A CRVS is critical for women and children to increase access to services and entitlements including proper health care, education and basic social benefits. https://www.who.int/healthinfo/civil_registration/WHO_UNICEF_Statement_CRVS_2018.pdf
[35] National Population Commission (NPopC, Nigeria), 2018. Overview of NPopC – Brief History. [online] Available at: http://population.gov.ng/about-us/over-view-of-npopc/ [Accessed: 11 April 2018].
[36] United Nations Children's Fund (UNICEF), 2017. Request for Proposal – Impact Evaluation of UNICEF Supported Birth Registration in Nigeria. Abuja: UNICEF.
[37] United Nations Children's Fund (UNICEF), 2010. FACT SHEET: *Birth Registration in Nigeria.* [pdf] Available at: https://www.unicef.org/nigeria/ng_media_birth_registration_fact_sheet_July_2010.pdf [Accessed: 05 September 2018].
[38] United Nations Children's Fund (UNICEF), 2017. Request for Proposal – Impact Evaluation of UNICEF Supported Birth Registration in Nigeria. Abuja: UNICEF.
[39] Makinde et al, 2016. Trends in the completeness of birth registration in Nigeria: 2002–2010. *DEMOGRAPHIC RESEARCH,* 35(12), pp. 315−338. [pdf] Available at: https://www.demographic-research.org/volumes/vol35/12/35-12.pdf [Accessed 30 Jan 2018].
[40] The Multiple Indicator Cluster Surveys (MICS) is an international household survey programme developed by UNICEF in the 1990s
[41] Federal Government of Nigeria (GoFRN), Federal Bureau of Statistics (FBS), Department of International Development (DFID), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), 2013. Nigeria - Multiple Indicator Cluster Survey 2011. [pdf] Abuja: National Bureau of Statistics (NBS). Available at: http://mics.unicef.org/surveys [Accessed 10 April 2018].
[42] Makinde et al, 2016. Trends in the completeness of birth registration in Nigeria: 2002–2010. *DEMOGRAPHIC RESEARCH,* 35(12), pp. 315−338. [pdf] Available at: https://www.demographic-research.org/volumes/vol35/12/35-12.pdf [Accessed 30 Jan 2018].
[43] Human Rights Watch, 2016. Nigeria: Events of 2016. [online] Available at: https://www.hrw.org/world-report/2017/country-chapters/nigeria [Accessed 30 January 2018].
[44] Special Campaigns launched to do registration of the previously missed children. Under BRP, catch up campaigns has been used synonymously with MNCHWs, Measles, and Enumeration Area Demarcation activities where birth registration was integrated.

Programme Introduction (Evaluation Object)

This section summarizes the programme. It describes the Programme's purpose, significance, Theory of Change (ToC), components, stakeholders, participants (beneficiaries), geographic scope and resources. The BRP was a 'National Programme' with most interventions having country-wide outreach and impact. The programme was implemented by the NPopC from 2012 to 2016. UNICEF NCO extended technical and financial assistance to the programme.

1.2 Purpose of the Programme

The overarching goal of the Programme was to; 'facilitate the realization of rights for children, including improved access to immunization, school enrolment and child protection services' and reduce the risk of child protection in Nigeria. It sought to achieve this by facilitating access to birth registration for the children of Nigeria.

However, in the documents shared with the evaluators the Programme purpose has been explained slightly differently. As per the UNICEF Country Programme Document (CPD 2014-17), the purpose of the Programme is described as; 'UNICEF will continue support for strengthening the civil registration system. It will collaborate with other United Nations (UN) agencies to generate evidence and understanding of critical risks and opportunities facing adolescents and use this information to inform subsequent programme development. Early marriage and pregnancy will also be addressed through inter-sectoral approaches.'[45]

1.3 Significance of the Programme

The following description presents the significance of the Programme for children, Government of Federal Republic of Nigeria (GoFRN), NPopC, and UNICEF:

Programme's Significance for Children

Birth registration services are important for children as they contribute in: a) securing the child's right to nationality at the time of birth or at a later stage; b) providing access to education and health care services including immunization; c) helping identify children trafficked, eventually repatriated and reunited with family members; and d) enabling better enforcement of laws relating to minimum age of employment. It facilitates efforts to prevent exploitative child labour and ensures that children in conflict with the law are given special protection and not treated (legally and practically) as adults. For girls, it can contribute to countering the problem of forced marriages before they are legally eligible for marriage.

Significance for GoFRN and NPopC

The programme was significant for both the GoFRN and the NPopC on several accounts, particularly for improving the overall situation of birth registration coverage and quality of services in Nigeria. It began with an expressed desire for a system strengthening approach to improve birth registration structures, systems and services on sustainable basis and therefore was more significant for NPopC in putting in place a 'functional CRVS system' to contribute to planning of development and child well-being services. The programme also holds importance for its alignment and contributions with the Government's commitments under the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) a Regional Programme established in August 2010 to improve the CRVS systems in the African Union countries.

Programme's Significance for UNICEF

The programme holds high significance for UNICEF NCO as it contributes towards profiling of birth registration in the government priorities and advocating for attracting greater attention and resources from the government for birth registration. Through this programme, UNICEF NCO emphasized to increase birth registration rates in low performing areas; reduce income related inequities around utilisation of birth registration services; and addressing systemic issues faced by

[45] United Nations Children's Fund (UNICEF), 2013. *Nigeria – Country Programme Document 2014-2017*. Available at: https://www.unicef.org/nigeria/2013-PL7-Nigeria_CPD-final_approved-English.pdf [Accessed: 22 March 2018].

the NPopC around service delivery such as access, coverage and quality of services. These priorities were in line with UNICEF global mandate and programming priorities for realization of child rights and child well-being. For UNICEF, the programme is of much importance to apply and foster 'convergent programming' where all other sections (Education, Health, Water and Sanitation, C4D, Media and Public Relations) are contributing to planning and delivering interventions which integrates birth registration within their core programmes.

1.4 PROGRAMME THEORY OF CHANGE (TOC)

The programme at its conception stage had no specific Theory of Change (ToC) or logical model and was implemented without a documented ToC until 2016, when UNICEF NCO 'Child Protection (CP)' Section developed a Programme ToC.

On review of the existing ToC, and in adherence to the evaluation requirements, the evaluation team with key stakeholders, primarily the members of the Evaluation Steering Committee (ESC - refer Appendix 02 for composition of the ESC), reconstructed the Programme's ToC to guide and inform the Evaluation design and analysis.

The revised ToC articulated the impact statement (See Box below) for the Programme. It also spells out all key components as per UNICEF guidelines on ToC which include impact statement, outcomes, outputs, interventions, inputs, problem statement, bottlenecks, assumptions and indicators. The ToC illustrates the causal linkages (direct and indirect) between its different constituent elements (See Figure 1.2 on next page). The revised ToC includes indicators for different levels of results i.e. impact, outcomes, and outputs. The evaluators see these indicators as measurable. And the assumptions and risks have also been listed for different levels of results, and these are potential enablers and/or bottlenecks critical to achieving the intended results.

Impact Statement	**'A Nigerian society where every child is registered immediately after birth contributing to improved access to child development and protection services' (Programme's Revised Theory of Change).**
Immediate Impact Indicators	**1. 'Registration of births of children under-5 increased by at least 20% point and;** **2. Disparity rates between Wealth Quintiles (WQ) reduced by at least 30% point'** ***(Source: UNICEF's CPD 2014-17 - Output 38)***

Revised Theory of Change for the Evaluation

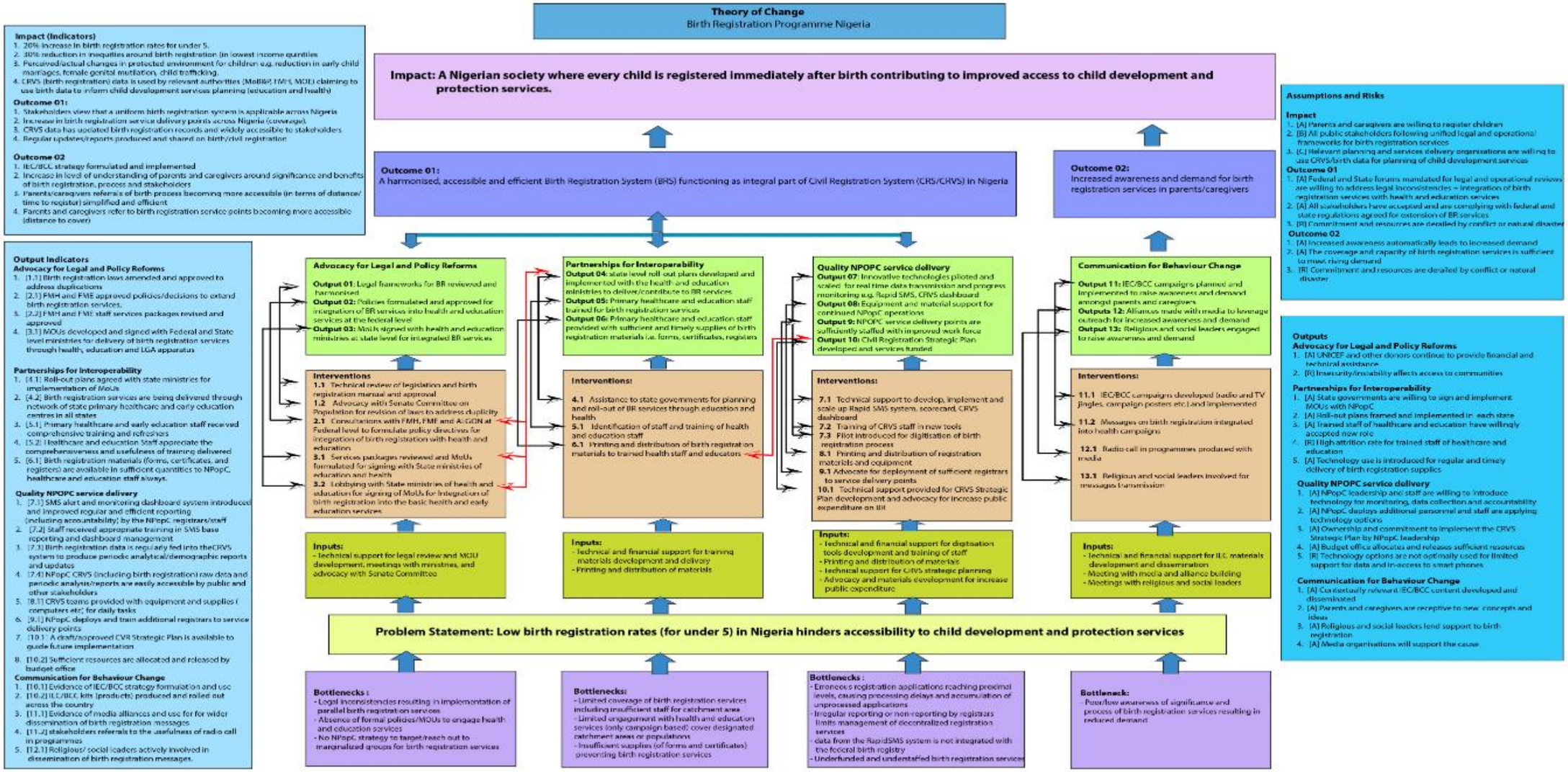


Figure 1.2: Revised Theory of Change

1.5 PROGRAMME COMPONENTS

As per the reconstructed ToC, the Programme has four components in total as illustrated in Figure 1.2. The first three components or strategies relate to improving service delivery (supply side and quality of interventions) whereas the last component focuses on increasing the demand for birth registration services by raising awareness among communities. The Programme did not have a clear and articulated log frame to indicate any set targets and/or planned activities except the Rolling Workplans which mentions impact/outcome level interventions of the Programme. The Programme has evolved over the years and embraced new components, strategies and interventions. For example, RapidSMS system, Dashboard and a Score-card system evolved gradually during the Programme. Media campaigns were launched almost three years after the launch of the Programme (in November 2015), and were run in four states i.e. Kaduna (2015), Kebbi and Adamawa (2016) and Bauchi (2017). These campaigns were implemented for three months in each state (more details of Programme components are given in Appendix 03).

Advocacy for Legal and Policy Reforms	- Legalization and BR manual reviewed and approved - Policies approved and formulated for Integration of BR services into health and education services at the federal level - State level MoUs signed with health and education ministries for BR services
Partnerships for Expanded Coverage (Interoperability)	- Roll-out plans at State level developed and implemented with FMoH and FME to contribute to BR services - Healthcare and education staff trained for BR services - Adequate and timely supplies of BR materials (forms, certificates, registers etc.) provided to healthcare and education staff
Technology Innovation for Monitoring, Reporting and Accountability & Capacity Development	- Introduced innovative technologies (RapidSMS) in support of CRVS system and BR registration in particular - Equipment and material support to NPopC operations - Development of Civil Registration Strategic Plan
Communication for Behaviour Change	- IEC/BCC campaigns planned to raise awareness and demand amongst parents and caregivers - Alliances developed with media entities and engaged with religious and social leaders

Figure 1.3: Programme Components

1.6 PROGRAMME PARTICIPANTS (BENEFICIARIES)

The intended participants or beneficiaries of the Programme can be grouped into two clusters i.e. government agencies and the communities. The description below breaks them down into 'direct' and 'indirect' participants (beneficiaries). Table 1.1 lists the programme participants and the potential benefits to them.

Table 1.1: Programme Beneficiaries

Programme Beneficiaries	Intended Benefits
DIRECT / Primary	
National Population Commission (NPopC) Nigeria (Duty Bearers)	• New laws and regulations. • New procedures and use of ICT tools e.g. RapidSMS. • Improved coordination with departments for increased coverage of services. • Capacity development in planning and delivery of services. • Improved monitoring and accountability • Reporting & dissemination of work to relevant stakeholders to inform planning.

Table 1.1: Programme Beneficiaries

Programme Beneficiaries	Intended Benefits
• Federal/State level Ministries for - Health (FMoH), Education (FMoE), Local government / Association of Local Government (ALGON); with allied ministries / departments at local levels; (Duty Bearers) • Public / Private Media entities (Radio, Television etc.) – (Influencer)	• Revision of services rules and policies for health and education staff to provide birth registration services. • Formal engagement of health and education staff by signing MOUs with state ministries. • Training and provision of materials to staff to extend birth registration services. • Use of CRVS/birth data to inform planning of health and education services. • For Media entities, create awareness through media campaigns;
UNICEF Country Office Nigeria (Technical Support Agency)	• Improved coordination and synchronisation of birth registration services in Nigeria, enabling a greater number of children and women for their entitlements of basic and social rights and services. • Inform UNICEF's future programming at Country, regional and global level.
Communities (parents, caregivers, children and all other groups). (Rights holders)	• Increased awareness of the significance and process of birth registration, • Improved access to efficient birth registration service
Indirect Beneficiaries	
Ministry of Budgeting and Planning, Immigration Services, NIMC and other allied Federal and State Ministries & Departments. (Secondary Duty Bearers)	• Improved coordination and synchronisation of birth registration services. • Provision of training, where required, and formulating mechanisms for joint working. • Use of CRVS/birth data to inform planning of services.
Other UN Agencies, Donors, World Bank; other CSOs and INGOs.	• To prioritize future programmes with focus on birth registration related policy and funding priorities.

1.7 PROGRAMME STAKEHOLDERS

A broad range of public sector and non-public stakeholders remained involved in the design and implementation of the Programme. These have been treated as Programme stakeholders. Amongst them, there are primary stakeholders (mostly the duty bearers) that include NPopC (as lead implementer) with FMoH, FME (including state level ministries), ALGON and Media organizations (as support agencies). UNICEF remained the lead technical and financial support agency. The table below lists key stakeholders of the programme and their role.

Table 1.2: Programme Stakeholders Matrix

Stakeholder Name	Description / Level	Role in the Programme
Primary Stakeholders		
National Population Commission (NPopC) Nigeria	• Public sector Lead implementing agency for BRP • Duty-bearer • National and sub-national	The NPopC is the public agency mandated to collect and manage demographic information, including birth registration, in Nigeria.[46] It has been the primary recipient of BRP's technical and financial assistance. NPopC has been the key implementer of BRP activities and has also monitored and reported. on progress. The NPopC has also contributed financially to the BRP.

[46] National Population Commission (Nigeria, NPopC), 2018. *Home – Vision - Mission.* [online] Available at: http://population.gov.ng/ [Accessed 27 March 2018].

Table 1.2: Programme Stakeholders Matrix

Stakeholder Name	Description / Level	Role in the Programme
Federal/State Ministry of Health (FMoH)	• Public sector support agencies for implementation of BRP • Duty-bearer • National and sub-national	Federal/State MoH is responsible to deliver health services across the Country. The FMoH at federal and state levels is involved in delivery of birth registration services (in 30 plus States). The National Primary Healthcare Development Agency (NPHCDA) is an auxiliary or parastatal organisation of FMoH and provides technical support for developing primary healthcare.[47]
Federal/State Ministries of Education (FME)	• Public sector support agencies for implementation of BRP • Duty-bearer • National and sub-national	The FME is the main government entity responsible for the education sector.[48] The NPopC and UNICEF along with several states have provided training and materials to teachers in schools for birth registration of students.
Association of Local Governments of Nigeria (ALGON)	• Public sector /duty-bearer • National	It is an organisation of LGA Chairpersons. The BRP has advocated for streamlining of birth registration and using LGA resources for NPopC birth registration services.
Media Organizations / Radio Station	• Media partners • Sub-national / State	The BRP programme has worked with multiple media houses planning and implementation of awareness raising campaigns in four States.
United Nations Children's Fund (UNICEF) Nigeria	• Development partner • National / Regional Offices	UNICEF is the lead technical and resource stakeholder, with primary role in programme design, organising technical and financial support for project delivery. The role involved advocacy with different national and sub-national partners.
Donor Agencies / World Bank	• International Development partners	The programme has been funded directly by European Commission and the Japanese Government alongside UNICEF's own resources. The World Bank provides development support and financing for a variety of countries around the globe, including Nigeria. It has provided support to the birth registration system previously and plans to continue to do so.
Communities (parents, caregivers) and local leaders	• Primary • Right holders	Communities and in particular the local leaders (social and religious) have been at the heart of the programme as beneficiaries and contributors. The local leaders have contributed to raising awareness and demand for birth registration services in communities.
Secondary Stakeholders		
Senate Committee on Population – House of Representatives	• Public/political platform for policy making • National	The Committee within the Senate oversees the civil registration system. It is involved in developing birth registration related legislation.

[47] National Primary Healthcare Development Agency (Nigeria, NPHCDA), 2018. *Who We Are*. [online] Available at: http://nphcda.gov.ng/about-us/who-we-are/ [Accessed 27 March 2018].
[48] Federal Ministry of Education (Nigeria, FME), 2018. *Vision and Mission.* [online] Available at: http://www.education.gov.ng/index.php/78-featured/73-our-vision1 [Accessed 27 March 2018].

Table 1.2: Programme Stakeholders Matrix

Stakeholder Name	Description / Level	Role in the Programme
National Budget and Planning Commission (NBPC)	• Public sector/duty-bearer • National	NBPC advises the government on national development planning and on the economy. It ensures that plans and policies are implemented by all stakeholders – thus the NBPC has an interest in the BRP as part of its regular responsibilities.[49]
National Identity Management Commission (NIMC)	• Public sector/ duty bearer • National & sub-national	A government entity responsible for establishing and regulating a national identity management system.[50] It has an interest in birth registration data for identity management purposes.
Nigerian Immigration Service (NIS)	• Public sector/duty-bearer • National	A government entity responsible for border security and migration management.[51] It has an interest in birth registration data to fulfil its role.
CSOs/International Non-Governmental Organisations (INGOs)	• INGOs, Development partners • National and sub-national	The BRP programme has engaged multiple CSOs/INGOs for their participation in advocacy workshops and awareness raising of communities. A range of CSOs/INGOs are working in Nigeria on birth registration and the wider CRVS system.

1.8 Geographic Spread

The BRP was a national programme with intended country-wide outreach. The Programme did include interventions with national outreach such as RapidSMS, use of Scorecard and MOUs for interoperability (with health and education ministries at federal and state level). Similarly, it included activities that were State specific e.g. full package of media campaigns (comprising multiple activities such as (airing of BR messages through Radio, Television (TV), call-in radio programmes, documentary, and print media involvement) were implemented in four states of the total 36 States. As per the documents, the radio messages were broadcasted across several Northern States and other parts of the country[52].

Box 3: National Birth Registration Programme

Programme Coverage; *Whole Country Federal Capital Territory, 36 States, 774 LGAs*

Programme Key Interventions

- Media Interventions; Four States (Kaduna, Adamawa, Bauchi and Kebbi)
- RapidSMS operational in all 774 LGAs
- MOU Signed (Health 36 States; Education 11 States)

1.9 Programme Resources

As highlighted above, it remained an evolving programme, hence the budget kept evolving also. Not only that, the documents review suggests two different budget figures, which have been listed as such. The funds mentioned in the Table 3.1 is drawn from the UNICEF provided Rolling Work Plans of the Programme, whereas the other is extracted from UNICEF expenditures statement. For this evaluation, the evaluators have used the figure in the Table 1.3a. The year-wise breakdown is given in the two Tables below.

[49] Ministry of Budget and National Planning, Nigeria, 2018. *About Us.* [online] Available at: http://www.nationalplanning.gov.ng/2017/index.php/about-us [Accessed 27 March 2018].
[50] National Identity Management Commission (Nigeria, NIMC), 2018. *Vision & Mission.* [online] Available at: https://www.nimc.gov.ng/vision-mission/ [Accessed: 27 March 2018].
[51] Nigeria Immigration Service (NIS), 2018. *Vision and Mission Statements.* [online] Available at: https://immigration.gov.ng/vision-mission/ [Accessed 27 March 2018].
[52] This critical information was not surfaced out during inception and data collection phases. Neither Programme management nor any other stakeholder pointed out this aspect of media campaigns. The evaluators learned this critical information post field data collection from the review of MOU signed between UNICEF and FRCN Kaduna State. This fact was also shared for endorsement with Programme management during a Skype call (Jan 17, 2019) while discussing UNICEF's feedback on first draft report.

Table 1.3: Total Programme Budget (Planned)

Rolling Workplan Year	Amount (USD)
2011-2012	370,000
2012-2013	510,000
2014-15	1,902,133
2015-2016	2, 261, 517
Total	**5,043,650**

Table 1.3a: Total Programme Expenditures (2012-2016)

Year	Amount (USD)
2012	1,456,304
2013	1,112,684
2014	1,961,598
2015	1,221,520
2016	2,072,670
Total	**7,824,777**

1.10 KEY PROGRAMME MILESTONES

The Programme was implemented from 2012 to 2016. The Table 1.4 lists key Programme events and milestones (for more details refer Appendix 04).

Table 1.4: Birth Registration Programme Key Activities and Milestones

Activity	State	Description	Year
MOU	Abuja	Draft MOU prepared for partnership between NPopC and Federal Ministry of health/ National Primary Health Care Development Agency on integration of vital registration process into health sector	2012
MOU	Abuja	MOU agreed/signed between NPopC and Federal Ministry of health/ National Primary Health Care Development Agency on integration of vital registration process into health sector	2013
MOU	Abia	MOU between NPopC and Abia State Ministry for Local Government and Cheiftancy affairs on Integration of vital registration efforts through integrated partnerships between ALGON, Commissioners of LGAs and NPopC	2014
MOU	Abia	Memorandum of understanding between NPopC and Abia State Ministry for Local Government and Cheiftancy affairs on Integration of vital registration efforts through integrated partnerships between ALGON, Commissioners of LGAs and NPopC	2014
MNCHW	Abuja	Birth registration during MNCHW 6th to 10th July 2015 in FCT office	2015
MOU / FRCN	Kaduna	Memorandum of understanding between The Federal Radio Corporation of Nigeria (FRCN) Kaduna and UNICEF	2015
Media Campaign	Kaduna	Media campaign on birth registration	2015
Workshop	Kaduna	CRVS strategic plan finalization and costing workshop	2015
Measles	Bauchi	Birth registration during measles campaign in Bauchi - November 2015	2015
MNCHW	Abuja	Social mobilization activities to strengthen birth registration from November/December 2015 MNCHW in the FCT	2015
Monitoring	Abuja	NPopC/UNICEF BR Monitoring Activities during Measles Campaigns	2016
Media Campaign	Kebbi	Three-month media activities conducted by equity television off Ahmadu bello way Birnin Kebbi on birth registration certificate sponsored by UNICEF with support from European Union EU	2016
Measles	Multiple	Birth registration during January 2016 Measles campaign in multiple States including Abia, Enugu, Ogun, Oyo, Cross River, Ebonyi, Anambra, Imo, Osun, Bayesla	2016
BR Monitoring	Multiple States	NPopC/UNICEF BR Monitoring Activities during Measles Campaigns; (14/02-04/03 2016); (14-27 Feb 2016); (14-25 Feb 2016) in multiple States (Ebonyi, Enugu, Abia, IMO; Edo, Akwa Ibom, Delta; Ondo, Ogun and Lagos)	2016
EAD	Cross River	Birth registration during the EAD phase 2 in Multiple States including; Ondo, Cross River, Kogi, Nasarawa, Engu, Jigawa, Adamawa, Kwara, Katsina, Anambra, Abia, Ogun, Ebonyi, Oyo, and Edo, Ekiti, Kebbi, Taraba	2016
Birth Registration	Borno	Birth registration conducted in 7 liberated LGAs of Borno state - October, 2016	2016
MNCHW	Kebbi	BR during MNCHW in Kebbi state February, 2016	2016
MOU / Media	Adamawa	MOU between Gotel Communication (Gotel) and UNICEF – June 2016	2016
MNCHW	Abuja	Birth registration during MNCHW from June 20th - June 24th, 2016 in FCT	2016
IDP camp	Adamawa	Birth Registration of all eligible unregistered children in IDP camps	2016
Meeting	Kebbi	A two-day strategic meeting to improve birth registration in Kebbi state 20th-21st July,2016	2016
Meeting	Adamawa	Meeting with DCRs/Registrars from the 21 LGAs on improved birth registration coverage in Adamawa state - July 2016	2016
Massive BR Campaign	Adamawa	Massive birth registration campaign in Adamawa state - September 2016.	2016
BR Massive Campaign	Adamawa	Massive birth registration campaign effort in Adamawa state held 5th to 12th September 2016.	2016

Table 1.4: Birth Registration Programme Key Activities and Milestones

Activity	State	Description	Year
Meeting	Adamawa	One day consultative meeting with media executives to support flag-off and massive birth registration campaign in Adamawa state – Aug 2016	2016
Enrolment Drive	Katsina	School enrolment drive in Katsina and Niger State (November 2016)	2016
Enrolment Drive	Niger	Birth registration of children during the 2016 enrolment drive on the 20 selected schools in each LGA of Niger state - Nov 2016	2016
MNCHW	Yobe	Maternal New Born Child Health week, Yobe state – Nov 2016	2016
Media Campaign	Kebbi	Three-month media activities conducted by Kebbi state radio, Kebbi radio along jega - Kalgo road on birth registration certificate sponsored by UNICEF through Ministry of information Kebbi state - 01/12/2016	2016

Chapter 2: Evaluation Purpose, Objectives, Scope, and Evaluation Stakeholders

This chapter expands on the different aspects of the impact evaluation. It describes the evaluation purpose, objectives, significance, scope, evaluation criteria, key evaluation questions, and evaluation stakeholders, interests and possible uses of the evaluation.

2.1 Evaluation Purpose

This impact evaluation has had both 'accountability' and 'learning' purposes. As outlined in the evaluation Terms of Reference (TORs - Appendix 01), the evaluation purpose was:

1. Generate evidence/s of the achievements, successes and impact of the Programme vis-à-vis the intended results i.e. outputs, outcomes and impact;
2. Identify key lessons learned; and
3. Outline recommendations for stakeholders including the UNICEF NCO (to shape the next Country Programme 2018-22), GoFRN, and donor agencies.

2.2 Evaluation Objectives

The evaluation seeks to achieve the following evaluation objectives. These include:

1. To determine the evaluability of the UNICEF BRP in Nigeria;
2. To generate evidence/s of the BRP achievements and successes;
3. To determine the effectiveness of technical and financial assistance extended by UNICEF NCO as part of BRP;
4. To identify strengths and weaknesses of the Programme design and implementation with a focus on programmatic strategies used, partnerships, use of evidence to improve programme performance and inform policy, and the cross-cutting issues of gender and human rights;
5. To explore the relevance and contributions of birth registration to improve access to other child wellbeing services such as health, education, and protection;
6. To draw lessons learned by the key stakeholders and list good practices in terms of strategies and interventions that worked well including those that may have facilitated reducing inequities;
7. To list recommendations for improved design and delivery and identify areas of priority for future engagement between UNICEF NCO and NPopC.

2.3 Significance of the Evaluation

This evaluation has its own significance for the key Programme stakeholders (refer the Section 2.6 for evaluation stakeholders, their interests and uses of this evaluation) in multitudes of ways. The description below lists the most aspects that illuminate the significance of the evaluation.

1. First independent external evaluation of BRP since start: The evaluation is significant for being the first and only independent evaluation carried out by external consultants of BRP since its start in 2012.

2. Offers opportunity to systematically and objectively assess achievements, successes, challenges, and document lessons learned: The evaluation has offered opportunity to systematically and objectively assess the achievements (vis a vis commitments), successes, challenges of UNICEF NOC-NPopC partnership for all these years. It shall provide insights into how far the Programme has helped with addressing the systemic challenges and gaps and in-efficiencies that need to be addressed. It is important to demonstrate UNICEF NCO commitment to accountability to her donors, GoFRN, and communities.

3. Inform UNICEF NCO-NPopC future engagement: The evaluation is significant for the demonstrated interest of both UNICEF NCO and NPopC to reflect on Programme strengths and challenges. The good practices, lessons learned and recommendations to inform the UNICEF NCO-NPopC future engagement e.g. UNICEF CPD 2018-22.

4. Systematic assessment of 'Interoperability' and inform NPopC's future partnerships: For all primary and secondary stakeholders including the FMoH, FME, ALGON, and others, the evaluation shall assess the effectiveness of 'inter-operability' as a Programme strategy. It shall offer valuable insights into how NPopC could leverage the resources of these (including others) line ministries, and what could be done further strengthen the relationship.
5. An opportunity to assess the efficacious use of innovative technologies and tools for birth registration: This evaluation shall systematically and comprehensively assess the efficacious use of innovative technologies and tools such as RapidSMS, Dashboard and others. The evaluation shall offer guidance on opportunities that lie ahead for further integration of technology into NPopC services regarding provision of efficient and effective birth registration services. Moreover, the use of information for planning, dissemination and advocacy.

Box 4: Evaluation Significance

- First External Evaluation of BRP
- Objective assessment and documentation of BRP achievements, successes, challenges and Lessons
- Inform future BR Programming in Nigeria
- Systematic assessment of interoperability
- Assessment of effectiveness of technology innovation for BR
- Guide and inform the BR Programming by other donors and CSOs
- Assessment of Child wellbeing in relation to improvements in BR systems
- Evaluation as an advocacy tool for stakeholders

6. Identify opportunities for NPopC to engage with other relevant stakeholders e.g. the World Bank (WB), donors, and Civil Society Organizations (CSOs): The evaluation is important to identify opportunities for other stakeholders such as WB, donors, and CSOs to engage with NPopC in areas of their comparative strengths to help improve the birth registration system. This is significant as it would enable NPopC to diversify its partnerships and secure additional support for its work. The donors shall get insights into areas where NPopC needs assistance, which would help define the focus of future assistance.
7. Assessment of relevance and contributions of birth registration to child well-being: This evaluation seeks to explore the relationship between birth registration and child well-being. The evaluation shall provide insights into direct and/or indirect relationship between improved birth registration rates with that of improved access to/use of immunisation, child enrolment in schools and safeguarding against protections risks e.g. female genital mutilation, child trafficking and early child marriages.
8. Possible use for advocacy with stakeholders: The evaluation is important for its timing as NPopC has recently formulated and approved the first ever 'National Strategic Action Plan on CRVS' (2018-2022). The post evaluation dissemination and advocacy may enable NPopC to pitch-in the significance of a functional CRVS in relation to child well-being and use this to advocate with policy makers to secure political commitment including resources for implementation of CRVS Strategic Plan.

2.4 Evaluation Scope

In line with the evaluation TORs, the scope encapsulates all four components and associated activities implemented as part of the BRP. It includes all activities implemented through the complete Programme cycle i.e. 2012 to 2016. The scope includes assessment of direct, indirect, intended and any unintended long-term changes (impact) of the Programme, including until 2018 (when the evaluation took place).

Civil Registration and Vital Statistics System (CRVS) implies: 'registration of all vital events in the life cycle of an individual such as birth,

Box 5: Evaluation Scope

- Assessment of direct, indirect, intended and unintended long-term Impact of the Programme across 36 states and FCT of the Federal Republic of Nigeria
- Scope include all interventions of BRP (2012-2016)
- Assessment of 'Interoperability' and 'Convergence' approaches
- Assessment of community education and awareness activities in Adamawa, Bauchi, Kaduna and Kebbi states.
- Added focus on Birth Registration of under-five Children

marriage, divorce, death and others'[53]. In lieu of the Programme focus on birth registration, the evaluation excludes assessment of other aspects of the CRVS i.e. marriage, divorce and death. The evaluation has focused on all children Under 18, however because of the considered focus of the Programme on Under 5 and Under 1, the evaluation has focused on these groups more.

2.5 Evaluation Criteria & Questions

The evaluation has complied with evaluation criteria of the Development Assistance Committee (DAC) of The Organisation for Economic Co-operation and Development's (OECD). The evaluation criteria include Relevance, Effectiveness, Efficiency, Impact, and Sustainably of OECD-DAC criteria and non-DAC criteria elements comprises Gender Equality, Equity, and Human Rights Based Approach (HRBA) as to comply with UNEG and UNSWAP criteria for impact evaluations.

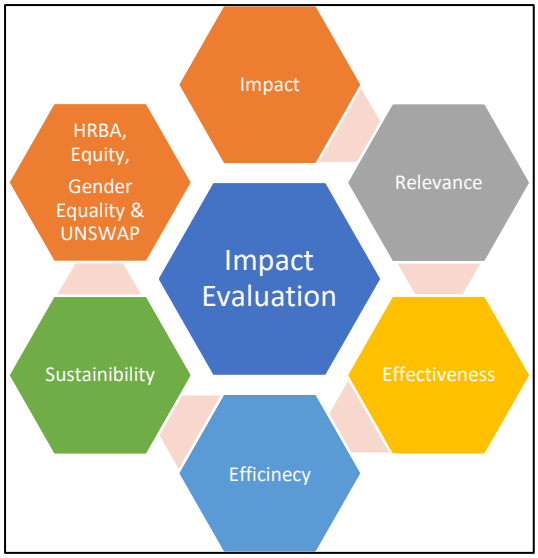


Figure 2.1: Evaluation Criteria Elements

The evaluation questions (as given in the TORs) were reviewed, refined and finalised in consultation with the Evaluation Steering Committee (ESC) - See Appendix 02 for ESC composition and its role in this Evaluation. The evaluation questions, which guided the evaluation are given in Table 2.1. A complete Evaluation Matrix with questions, sub-questions, relevant indicators, sources of information, assessment methods and the rationale for using DAC criteria are attached as Appendices 05 and 06.

Table 2.1: Key Evaluation Questions

Criteria	Key Evaluation Questions
Relevance	[4] To what extent did BRP objectives and interventions relate to community needs/priorities, and government policies and strategies?
Effectiveness	[2] To what extent has BRP been successful in effective targeting (of intended beneficiaries), achieving immediate outcomes, and successfully applying the planned strategies?
Efficiency	[3] To what extent were the BRP resources (human, financial and material) sufficient and efficiently used to produce achieved results (outcome/outputs)?
Impact	[1] To what extent has the Birth Registration Programme (BRP) in Nigeria contributed to the envisaged impact (including long term outcome)?
Sustainability	[5] How likely are the BRP interventions and results (outcome and impact) to sustain and what factors that may strengthen their continuity/sustainability?
Equity and HRBA	[6] What strategies and interventions did BRP implement to comply with gender, equity and HRBA programming principles?

[53] https://www.who.int/healthinfo/civil_registration/en/

2.6 Evaluation Stakeholders, Roles & Possible Uses

The following table draws on the discussions with stakeholders that continued throughout the evaluation. It lists the evaluation stakeholders in terms of their roles and possible interest/uses of the evaluation findings, analysis and recommendations (details in Table 2.2)

Table 2.2: Evaluation Stakeholders, Interests & Uses of the Evaluation

Stakeholder Name	Role	Interest / Use
Evaluation Primary Stakeholders		
United Nations Children's Fund (UNICEF) Nigeria	UNICEF initiated this evaluation and is responsible to steer the overall management (planning, execution, quality assurance in line with UNEG/UNICEF and UN-SWAP) of the Evaluation. As co-chair of ESC, UNICEF's responsibilities include ensuring active participation and inputs of the ESC at key stages of the Evaluation.	To have an objective assessment of BRP's impact. This would feed into UNICEF's accountability objectives. In this manner, the impact evaluation is formative, whereby UNICEF wants to learn from the experience to inform future programming. To inform the scope and scale of future assistance to Federal Government of Nigeria (GoFRN) for birth registration. This evaluation will help reflect on and improve the birth registration focused assistance under next UNICEF CPD 2018-22. The evaluation will add to the knowledge base around birth registration at regional and global levels and the learning will help shape future assistance for countries with a similar profile and context.
National Population Commission (NPopC)	Lead implementer and Co-Chair of ESC. Key role includes; review/finalize the evaluation; to issue the ethical clearance; to provide access to relevant information, documents and data; to facilitate evaluators in planning, coordinating meetings with all relevant stakeholders.	The interests of the NPopC mostly match those of UNICEF. The NPopC expects the evaluation to provide insights into strengths and weaknesses of the birth registration system and the wider civil registration system. NPopC expects that recommendations will provide guidance in improving the CRVS system. It will highlight areas of technical assistance for future partnerships with UNICEF, the World Bank and others. The evaluation will help re-define and strengthen partnerships/interoperability, including with the FMoH and the FME.
Evaluation Secondary Stakeholders		
Federal/State Ministry of Health (FMoH) (Including the National Primary Healthcare Development Agency - NPHDA)	FMoH/NPHDA is one of the secondary stakeholders involved in the evaluation. Their role is to facilitate access of the evaluators to relevant data and the staff at the federal, state and facility levels. The FMoH is represented in the ESC.	To see how far the inter-operability model (extension of birth registration services via health staff) has worked, and what results have been produced. To highlight approaches and avenues to help improve the engagement of healthcare staff in providing birth registration services. To explore how the birth registration/CRVS data could be meaningfully used for health sector planning, particularly for children.
Federal/State Ministries of Education (FME) including National Council on Education	FME is one of the secondary stakeholders involved in the evaluation. Their role is to enable access of the evaluators to relevant data and the staff at federal, state and facility/school levels. The FME is represented in the ESC.	To see how far the inter-operability model (extension of birth registration services via early education centres in selected states) has worked and what results have been produced. To highlight approaches and avenues to help improve engagement of FME staff/teachers in birth registration; and to know how the birth registration/CRVS data could be meaningfully used for education sector planning particularly for children.
Association of Local Governments of Nigeria (ALGON)	Not involved in planning of the evaluation, however, holds significance as a key respondent.	To better understand the strengths and weaknesses of the birth registration system and the current state of birth registration in Nigeria.

		To get insight into the bottlenecks around the overlapping roles and functions between NPopC and LGAs, and to benefit from recommendations on how these could be streamlined.
Media Entities	Not involved in planning of the evaluation, however, holds significance as a key respondent.	The evaluation will highlight the contributions of media organisations in community education and its impact on birth registration. To inform the future engagement of media in awareness raising
Communities (parents, caregivers) and local leaders (Traditional and Religious)	Though the Parents were not involved in planning of the evaluation, however, holds significance as a key respondent/s for the evaluation.	Communities, including leaders, have an interest in knowing how far the programme has contributed to improving the efficiency and outreach of birth registration services. Also, how the programme has contributed to raising awareness and demand for services, including any impact for poor and other vulnerable groups. To identify areas where services could be improved further, including strategies for raising awareness and demand creation.
Senate Committee on Population – House of Representatives	Not involved in planning of the evaluation, however, holds significance as a key forum to support the process of required constitutional amendment.	The interest is to better understand the strengths and weaknesses of the birth registration system and the current state of birth registration in Nigeria. To improve understanding of the legal and constitutional bottlenecks hindering universal birth registration. Also, to get insight into which policy and legal actions are required, and how they may help in overcoming the existing bottlenecks.
National Budget and Planning Commission (NBPC) National Identity Management Commission (NIMC) Nigerian Immigration Service (NIS)	Not involved in planning of the evaluation, however, holds significance as a key respondent and being members of the ESC.	To better understand the strengths and weaknesses of the birth registration system and the current state of birth registration in Nigeria. The NBPC can also use the findings of the evaluation to prioritise the allocation of resources for different aspects of development. NIMC - For information on how ID issues could be streamlined with NPopC for uniform ID management. NIS - To examine how NPopC certificates and data could address child trafficking issues.
Donor Agencies, World Bank (WB), CSOs/INGOs	Not involved in planning of the evaluation, however, holds significance as a key respondent.	To know the impact of UNICEF's support for birth registration programme. The findings, learning and recommendations will guide future funding priorities for the institutional donors interested in CRVS. The evaluation will guide future engagement of CSOs/INGOs and media in CRVS/birth registration programming.

Chapter 3: Evaluation Design, Methods, Quality Assurance, Ethics and Implementation

This chapter starts with evaluation design used for this evaluation and the hypothesis. It carries description of evaluation methods, quality assurance mechanisms, compliance to UN ethical standards, implementation and management.

3.1 Evaluation Design

The evaluation draws on the overarching Theory-Based Approach / Design (TBA/TDB). It is preferred for evaluations where ToC is available, which was the case for BRP. The available ToC (shared as part of ToRs) were improved by the evaluators with ESC. It is used to assess the plausibility of intervention logic. It is used to determine the causal relationship for the proposed intervention logic. A preliminary assessment of ToC plausibility was undertaken as part of the 'Evaluability Assessment', carried out at the start of the evaluation (refer Appendix 20b to access Evaluability Assessment Report).

Box 6: Highlights - Impact Evaluation Design

- An overarching **Theory-based Evaluation Design** has been used.
- The evaluation has been planned and implemented as a 'Participatory' evaluation.
- Focus has been on **establishing the 'cause & effect' relationship** and how has changed occurred. This has been linked to Programme inputs and activities.
- A **'Hybrid Design' has been used for assessment of two different Outcomes.** For Outcome I, it was 'Process Tracing Design' whereas for Outcome II, the evaluation used the 'Quasi-Experimental Design'.

In terms of management, the complete evaluation was planned and implemented using 'participatory' approach. This implies that all stakeholders including planners, implementers, beneficiaries and other relevant stakeholders including members of the ESC were consulted at all key states, hence informed the evaluation design, findings, conclusion and recommendations.

Keeping in view the evaluation expectations and complexities of the revised Programme ToC, the evaluators have used a 'Hybrid Design'. The selection of the design was driven by the motivation not only to understand the 'quantum' of observed change but to develop insights into 'how' the change has occurred. The 'Hybrid Design' features two sub-designs i.e. Process Tracing (for outcome assessment) and Quasi-Experimental (for impact assessment).

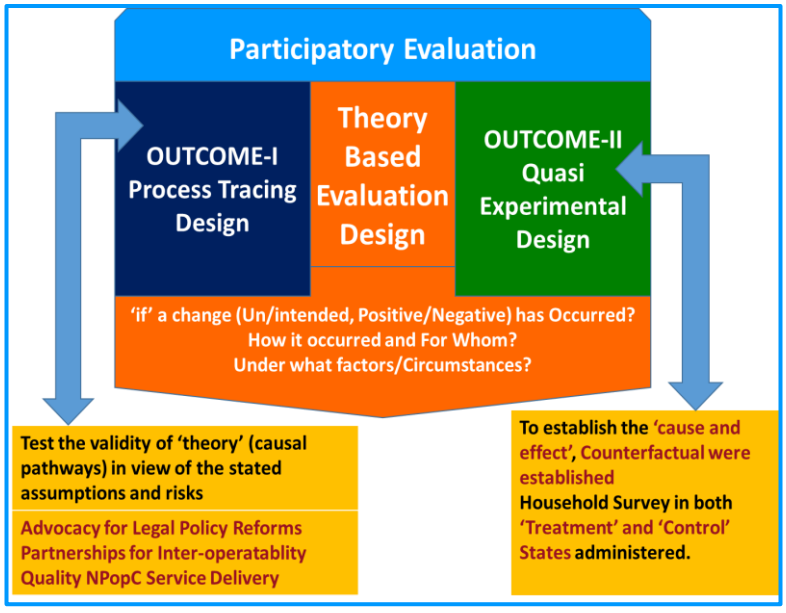


Figure 3.1: Evaluation Design (Source AAN Associates)

The two sub-designs have been selected keeping in view the two Programmatic outcomes (including their logics), and availability of usable secondary information and ability to gather useful primary information to establish the 'cause and effect' relationship. The evaluators used 'Process Tracing'[54] sub-design for ***Outcome 1*** i.e. 'A harmonised, accessible and efficient Birth Registration System (BRS) functioning as integral part of Civil Registration System (CRS/CRVS) in Nigeria'. This design was used to track the change from inputs to outcomes i.e. vertical logic element (including the interplay of assumptions and risks) to understand what has 'changed' and if the observed change has happened because of Programme interventions. This design was used to understand the 'underlying mechanics of the observed change'. Also, to gather insights into 'how' and 'for whom' has this change occurred.

For **Outcome 2** i.e. 'Increased awareness and demand for birth registration services in parents / caregivers', the evaluators used a 'Quasi-experimental[55]' sub-design. The design is part of the 'Experimental Designs' category and is commonly used for impact evaluations. It is considered rigorous for offering adequate statistical basis to establish a clear correlation of the cause and effect by analysing the causal chains. Keeping in view the nature, scale and scope of the behavioural change related communication interventions, the evaluators gathered data from both the 'Treatment' and 'Control' groups for comparative analysis. Using the counterfactual[56] enabled generating quantifiable data for comparing results between 'Treatment' states i.e., where a full package of the media interventions were implemented (the Treatment States included Kebbi, Kaduna, Adamawa, and Bauchi) with 'Control' group i.e., where such media interventions were not implemented (The Control States included Taraba, Katsina, Niger, Abia, Delta and Lagos).

To address the sampling bias, the States for the 'control group' have been chosen by using the 'closest match'[57] method using the criteria of population size, rural/urban status and proximity of location. In absence of a structured baseline data, the evaluators could not use the 'difference in difference or double difference technique to measure the 'net impact', and therefore the 'net difference' between the two groups (treatment and control) were calculated by employing 'single difference'[58] method.

A House-Hold Survey (HHS) with 2700 households was implemented across these two groups to quantify the quantum of change (with and without treatment) and compare results. To ensure 'internal validity' and 'external validity' aspects of the evaluation design, the findings of the HHS were triangulated with the qualitative data gathered (FGDs with parents, community leaders and frontline NPopC staff) to understand the 'how' and 'for whom' part of the observed impact or change. It enabled the evaluators in developing deeper understanding of other causal factors (conditions) under which change has occurred which in turn has led to making valid generalisations. UNICEF, NPopC and media organisations were consulted to understand and further comment on the 'construct' and 'implementation' validity considerations. The 'statistical

[54] **Process Tracing'** defined by Aminzade (1993) as: 'theoretically explicit narratives that carefully trace and compare the sequences of events constituting the process…'. Tarrow (2009) defined the 'process tracing' as a tool for Qualitative analysis focused on processes of change within cases may uncover the causal mechanisms that underlie quantitative findings. It bridges the quantitative and qualitative divide (source DFID Working Paper 38).

[55] **Quasi-experimental research designs**, like experimental designs, test causal hypotheses. In both experimental (i.e., randomized controlled trials or RCTs) and quasi-experimental designs, the programme or policy is viewed as an 'intervention' in which a treatment – comprising the elements of the programme/policy being evaluated – is tested for how well it achieves its objectives, as measured by a pre-specified set of indicators (see Brief No. 7, Randomized Controlled Trials). A quasi-experimental design by definition lacks random assignment, however. Assignment to conditions (treatment versus no treatment or comparison) is by means of self-selection (by which participants choose treatment for themselves) or administrator selection (e.g., by officials, teachers, policymakers and so on) or both of these routes. (source; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.)

[56] In a quasi-experimental research design, **'counterfactual'** is the group of research participants/subjects that, for the sake of comparison, does not receive the treatment/intervention given to the treatment/intervention group. Comparison group subjects are typically not randomly assigned to their condition, as would be true of control group subjects in an experimental design study. This is always the case for ex-post impact evaluation designs. (source; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.)

[57] [57] For the selection of control States, in addition to non-exposure to UNICEF campaign, other determinants include similarity to the treatment States, judged on the basis of criteria including birth registration coverage, urban-rural ratio and population using mainly MICS data.

[58] **The single difference** (SD) estimate is difference in 'effect/outcome' between treatment and comparison groups following the intervention. (source; ibid)

conclusion validity'[59] has been addressed by determining an adequate sample size through web-based statistical methods; moreover, the sampling frame was drawn using 'randomization' method for the selection of LGAs where household KAP Survey was administered. A more detailed version of the Evaluation Design, data used for defining the 'control group' and other details is attached as Appendix 07.

On a side note, the sub-designs have contributed to assessing the validity of 'Evaluation Hypotheses' (in fact two hypothesis were framed and tested). During evaluation field work, the evaluators came to know implementation of limited IEC/BCC interventions beyond the 'Treatment' States. The primary data collection had completed already, leaving no option to change the 'Control Group' States. It may have contributed to improved results in the planned 'Control States' however, the evaluators are unable to comment on 'how much' potentially this resulted in diluting the comparison. This was further constrained by availability of limited documentation for campaigning work undertaken in other States (beyond the Treatment States).

Evaluation Hypothesis

Problem Statement: Low birth registration rates (for children under 5) in Nigeria hinder accessibility to child development and protection services.

The evaluation intended to test these two hypotheses and provide basis for the impact assessment of the Programme. These are:

1. Increase in birth registration rates correlates;
    a. Positively with immunisation and school enrolment rates
    b. Inversely with female (child) genital mutilation, child trafficking and early child marriage rates.
2. Increase in understanding the advantages of birth registration positively correlates with increase in birth registration rates

3.2 Evaluation Methods

It is a 'Mixed-Method'. The methods selection was driven primarily by the proposed 'Evaluation Design'. The methods selection noted both the 'information needs' and 'appropriateness' vis a vis the potential respondents. These include both the 'qualitative' and the 'quantitative' methods and techniques. To make use of the secondary data, desk review/secondary sources review method was applied. For primary data collection, both the 'purposive' and 'representative' sampling techniques were used, to define the scale of their implementation.

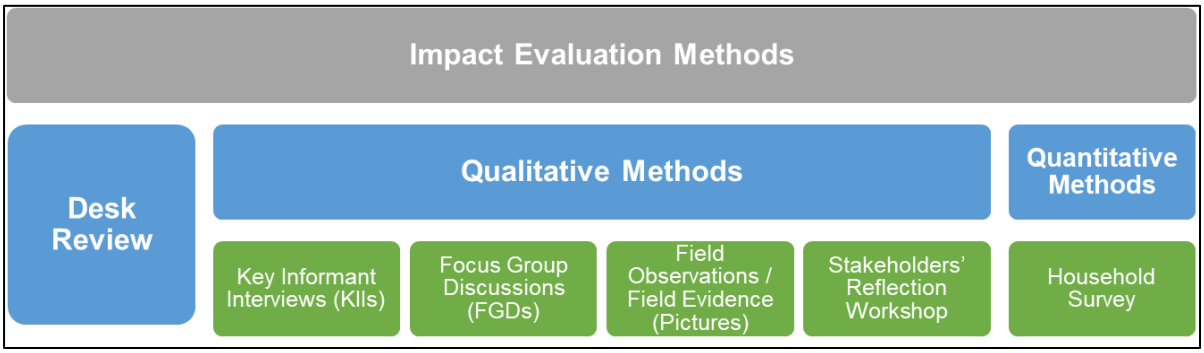


Figure 3.2: Evaluation Methods

The use of multiple methods where, enabled drawing comprehensive information, also facilitated in overcoming method specific limitations. It enabled cross-referencing, validation, and triangulation of information gathered from different stakeholders. To facilitate 'equity' and 'gender' analysis, the different tools applied included information and income and sex of the respondents.

[59] **Statistical conclusion validity:** for quantitative approaches, establishes the degree of confidence about the relationship between the impact variables and the magnitude of change.

Specific questions were inserted into the tools to gather data and eventually insights into how these considerations has played out in affecting different respondent's' groups.

Find below a brief description of methods applied. The additional information and evaluation tools have been appended in Appendices 09 and 11.

Desk Review

The evaluators reviewed over 500 Programme documents shared by both UNICEF NCO and NPopC. These documents included a range of relevant documents such as, country programme, annual work plans, presentations on different aspects of the Programme (bottleneck analysis, rolling work plans, campaigns workshops, data sheets and other miscellaneous documents). The evaluators reviewed several external documents i.e. 80 documents and datasets from other sources were identified and reviewed including GoFRN documents including those from FMoH, FMoE, and others. The desk review process continued throughout the evaluation. A complete list of documents, reviewed and/or referred to in this report, is attached as Appendix 08 and 08A.

Qualitative Methods

Primary data collection employed both 'qualitative' and 'quantitative' methods. The tools were 'pre-tested' and 'modified', before wider application. The evaluators applied appropriate techniques for data analysis (both for quantitative and qualitative data), and where required data triangulation techniques were also used.

The key qualitative methods include: KIIs Key Informant Interviews (KIIs); Focused Group Discussions (FGDs); Field Observations & Photographs (during field work); and a Reflection Workshop.

The guides for KIIs and FGDs (qualitative tools for evaluation) comprising key questions, lead discussion points and instructions were prepared and administered (See Appendix 09 and 11). The qualitative data collection[60] was carried in the same States where field survey was planned to be implemented. It included both the 'Treatment' and 'Control' States for the HHS. Two States each were picked up from these two groups i.e. (Lagos and Abia from the Control Group; and Kaduna and Kebbi from the Treatment Group). The selection took a considered view to balance 'Northern' and 'Southern' regions. Refer to Appendix 10 for a complete list of stakeholders interviewed during evaluation, and Appendix 11A for overall scope, distribution and coverage of FGDs in both 'Treatment' and 'Control' States.

Key Informant Interviews (KIIs)

In total **61 KIIs** were implemented with range of stakeholders both at the federal and state levels. Of the total, 25 interviews were conducted with stakeholders at the federal level, while remaining were in four States. The respondents included pubic officials, UNICEF NCO staff, contractors, media and civil society representatives. Separate interview guides were developed for different stakeholders and guided the conversations (see Appendix 09 for data collection tool/s). Senior members of the evaluation team led the interviews with the stakeholders. The stakeholders' selection and scale of engagement was guided by 'Purposive Sampling[61]'. The list of stakeholders was developed in consultation with ESC.

[60] The State level KIIs and all FGDs were undertaken in 08 LGAs i.e., two each from each of the four selected States. These include LGA 1 (Chikun) and LGA 2 (Kagarko) from the Kaduna State; and LGA 3 (Augie); LGA 4 (Maiyama) in Kebbi State. Among the Control Group LGA 5 (Mushin) and LGA 6 (Badagry) from Lagos State; and LGA 7 (Ukwa East) and LGA 8 (Ikwuano) from Abia State were covered.

[61] Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study. https://research-methodology.net/sampling-in-primary-data-collection/purposive-sampling/; is most effective when one needs to study a certain cultural domain with knowledgeable experts within. https://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/227/l1547-3465-05-147.pdf

Table 3.1: KIIs Distribution by Location and Type of Group

Federal Level and Treatment and Control Group	Location	No.
National Level (FCT)	Abuja	25
Control Group	Abia	7
	Lagos	11
Treatment Group	Kebbi	8
	Kaduna	10
Total KIIs		**61**

Table 3.1a: KIIs Distribution by Type of Stakeholder

Stakeholder	No.
NPopC	21
Federal / State Ministries	25
UNICEF	6
Media Entities & Timba Object	7
I/NGO	2
Total KIIs	**61**

Focus Group Discussions (FGDs)

A series of group discussion were carried out with community groups and NPopC field staff. The discussions were guided by stakeholder specific FGDs guides (see Appendix 11 for relevant data collection tool/s). These discussions were carried out in 8 LGAs spread across four (04) selected States[62]. Within each State, two LGAs were selected to organize FGDs. A total of 40 FGDs were undertaken with parents, NPopC field staff (birth registrars, RapidSMS monitors, and Sub-registrars) and community leaders / elders. On an average 8-10 people took part in each discussion. A total of 269 people participated in the discussions of which over 50% were women. The FGDs were conducted in communities or villages where HHS had been administered. It was done on purpose to gather complementary information, so the information could be used to cross-check HHS results. It helped with applying the 'data triangulation' techniques (Refer Tables 3.2 and 3.3 carry details of FGDs coverage and participants).

[62] Kaduna, Kebbi, Lagos and Abia

Table 3.2: Distribution of FGDs by Stakeholder and Type of Group (Treatment & Control)

State / Group	Kaduna		Kebbi		Treatment Total	Lagos		Abia		Control Total	FGD
Stakeholder	LGA # 1	LGA # 2	LGA # 3	LGA # 4		LGA # 5	LGA # 6	LGA # 7	LGA # 8		
NPopC Birth Registrars	1	1	1	1	4	1	1	1	1	4	8
Auxiliary BR Staff	0	1	0	1	1	1	0	0	1	2	4
Community/ Religious Leaders	2	1	2	1	6	2	1	2	1	6	12
Parents (M/F)	2	2	2	2	8	2	2	2	2	8	16
FGD Total	**5**	**5**	**5**	**5**	**20**	**6**	**4**	**5**	**5**	**20**	**40**

Table 3.3: Distribution of Participants of FGDs by Role in the Community

NPopC Registrars	Ad-hoc Registrars	Parents (Female)	Parents (Male)	Community Leaders	Religious Leaders	FGDs - Total Participants
48	26	61	41	53	40	**269**

Field Observations/Photographs

Field observations and photography were other methods used through the evaluation. The evaluators did not develop the 'observation checklists', however it's significance was emphasized during the training and field data collection. Where appropriate, instructions were included in the evaluation tools to note significant physical gestures, responses, and environment. The data collection teams were encouraged and given tools to make photographs. The teams were guided to seek permission before making pictures (see evidences of field work as photographs in the Appendix 28).

Reflection Workshop

A 'reflection workshop' was convened in Abuja at the end of the field work. It was attended by all stakeholders such as UNICEF, NPopC, MoH, FMoE, other relevant ministries, media, CSOs and INGOs. The participants were selected based on their involvement in the Programme design and delivery. The workshop was organised in a way to encourage 'reflective thinking' and enable participants to list and objectively assess Programme successes, challenges and learning. The participants were asked to identify and rationalise the successful strategies and interventions of the Programme. The views of participants were sought to identify opportunities for future engagement between the UNICEF NCO and the NPopC. The 'Workshop Report' is attached as Appendix 20A.

3.3 QUANTITATIVE METHOD (HOUSE HOLD SURVEY)

For quantitative data collection, a House Hold Survey (HHS) was administered for 2,700 households. A survey questionnaire was developed and administered (See Annex 15). The survey tool was designed to understand the knowledge, attitudes and practices of parents (as survey respondents) about birth registration. And, their experiences, views and suggestions around various programmatic aspects such as; a) awareness level of the need and significance of birth registration along with the associated factors/reasons of the extent of awareness; b) attitude and practices of parents around birth registration; c) the extent and quality of birth registration services and the effectiveness / impact of communication and media activities.

A counterfactual[63] was established to understand the Programme impact. For this, the respondents were distributed into 'experiment / treatment' and 'control' groups. The 'Treatment Group' included Four (04) States (namely Kaduna, Kebbi, Bauchi and Adamawa), whereas the 'Control Group' comprises Six (04) States, namely Taraba, Katsina, Niger, Abia, Delta and Lagos.

A 'representative' sample of 2700 HHS was drawn (with 95% confidence interval and 2.5% margin of error). To establish the 'counterfactual', the universe was divided into 'Treatment Group' and 'Control Group' States. It was done for the reason the media campaigns had been implemented in 04 States (Treatment Group) only. The sample was then distributed equally between the intervention/treatment (1,350) group and control group (1,350), to draw a comparison. For a detailed description of survey sampling e.g. rationale, sample size calculations, sampling frame, please see Appendices 14, 14a and 14b. Figure 3.3 below summarises the sample distribution by group (control/treatment), by gender and by State. The respondents included both men and women (50% each).

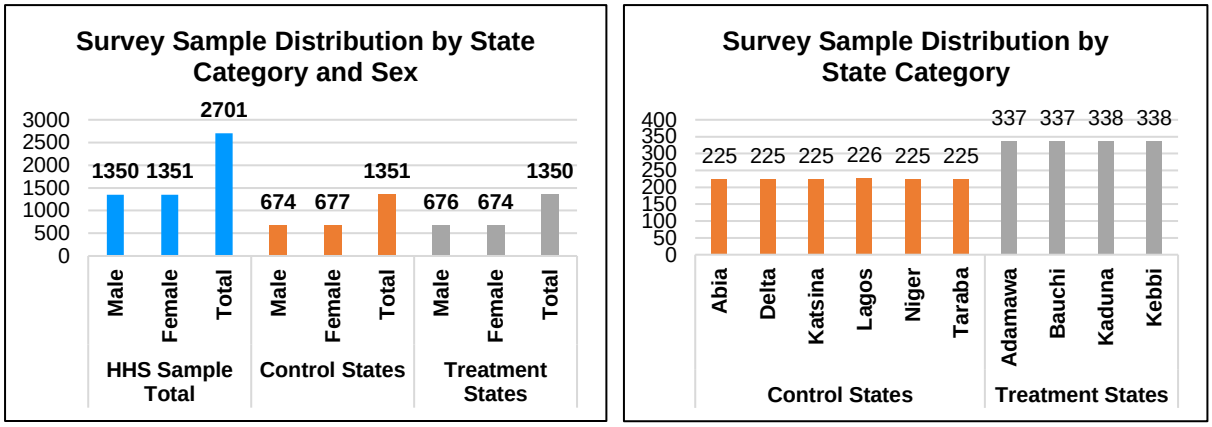


Figure 3.3: Household Survey Sample Size and Distribution

The survey results have been used appropriately for the evaluation. A detailed survey tabulation or analysis plan was developed, and data was analysed accordingly (refer Appendix 15A for details).

The survey was administered using electronic devices. For survey guidance, field protocols were developed and applied (details of protocols are given in Appendices 13 & 16).

[63] In a quasi-experimental research design, **'counterfactual'** is the group of research participants/subjects that, for the sake of comparison, does not receive the treatment/intervention given to the treatment/intervention group. Comparison group subjects are typically not randomly assigned to their condition, as would be true of control group subjects in an experimental design study. This is always the case for ex-post impact evaluation designs. (source; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.)

3.4 Data Processing, Consolidation and Analysis

Find below details of techniques and tools used for primary data analysis, both qualitative and quantitative. It is pertinent to highlight that evaluators employed the convergent analysis[64] technique. Where appropriate, the evaluators have drawn on 'data triangulation'.

The description below outlines key aspects of the data analysis methods employed.

Qualitative Data Analysis

The process involved transcribing the qualitative data, collected through interviews and FGDs, compilation and consolidation of field notes, coding of all qualitative data, followed by collating and summarizing into categories and themes (data reduction) as deemed necessary considering the evaluation needs (i.e. to answer evaluation questions and sub-questions). An iterative processing and revision of all content (coding, categorization) was carried out to identify emerging patterns. Different colour coding (data display) was used to organize data into matrices using Excel spreadsheets to facilitate data interpretation. Finally, triangulation of data with HHS results and other secondary information was proceeded to synthesize the evaluation findings and drew valid conclusions.

Quantitative Data Analysis

Quantitative data analysis followed a structured data analysis plan considering the evaluation needs. The survey data was analysed (disaggregated by gender, state, income status and ethnicity etc), through SPSS and MS Excel (See Appendix 29 for complete survey tabulations). Findings from the analysis of HHS results were corroborated and triangulated with qualitative data and secondary information to formulate valid arguments for the evaluation purpose.

Gender and Equity Analysis: As underlined above, the methodology and tools design took due care to gather gender and equity information to enable disaggregated analysis. This was done to ensure evaluations' compliance to UNEG, UNICEF and UN-SWAP guidelines and standards. Where appropriate, the data analysis has been undertaken by applying 'gender' and 'equity' lens. The findings and analysis have been inserted into the report appropriately. The conclusion and recommendations have also been drafted keeping in view GEEW considerations, to ensure compliance to UN-SWAP (a separate section on UN-SWAP has been added into the report – refer section 4.6).

3.5 Quality Assurance – Field Work and Data Collection Procedures

The evaluation design and implementation has complied to the ethical standards and quality assurance standards and guidelines as per UNICEF[65] and UNEG documents (2010, 2013, 2015, 2017). Find below an overview of ethical compliance and field quality assurance (for more details see Appendices 13 and 16).

Compliance to UNEG/UNICEF Ethical Norms, and UNEG Guidelines (Including UN-SWAP)

As required, an 'Ethical Approval' was secured from the NPopC before the start of the field work (refer Appendix 1.1- Letter of Approval).

The evaluators ensured strict compliance with 'UNEG Norms and Standards (2017) during all stages of Evaluation'[66] (Evaluability/Inception, Design, tools development, data collection and analysis, and reporting/dissemination). All applicable UNEG and UNICEF adopted norms, standards and guiding principles *were complied with during all evaluation stages and processes.*

[64] http://training.lowernysphtc.org/introduction-to-mixed-methods-research/five-mixed-methods-design/convergent-designs/, In this design, qualitative and quantitative data are gathered at the same time, but separately from one another and analysed separately, then the results are compared.
[65] UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015). Document Number: CF/PD/DRP/2015-001. https://www.unicef.org/supply/files/ATTACHMENT_IV UNICEF_Procedure_for_Ethical_Standards.PDF
[66] UNEG Norms and Standards for Evaluation 2017. http://www.unevaluation.org/document/download/2787

A detailed description on compliance to a) UNEG prescribed ethical norms and standards for conducting evaluation and quality of reporting; and b) UNEG guidance on design, planning and implementation of an Impact Evaluation are discussed in Appendices 13 & 16. The key considerations included;

- Independence, impartiality and credibility of evaluation judgements
- Accountability and utility of evaluation
- Respect and protection of the Human Rights and Gender Equality.
- Gender Equality and the Empowerment of Women (GEEW) integrated into evaluations

Compliance with UN-SWAP: The evaluators were cognizant of and therefore adhered to UN-SWAP guidelines. After a careful review of UN-SWAP (2012, and 2018)[67,68] the evaluators made conscious efforts to inform and ensure compliance with the principles in evaluation design, methodology, tools and analysis, and implementation. The key elements of the compliance included; a) assessment of given evaluation questions and appropriate integration/retention in the evaluation matrix (questions, sub-questions, indicators, sources); and b) gender responsive methodology, tools and data analysis to inform the evaluation findings, conclusion and recommendations.

The evaluators themselves were well acquainted with and applied all reporting standards (content, structure, presentations, completeness, quality of evidence etc.) as prescribed in 2017 United Nations Children's Fund (UNICEF) Adapted UNEG Evaluation Reports Standards (2015)[69], 2017 UNICEF Global Evaluation Report Oversight System (GEROS) Handbook[70] and UNEG guidance on Impact Evaluation for all stages of implementation i.e. design, planning and execution.

Field Protocols and Ethical Safeguards

The list below highlights the key considerations and/or measures taken to ensure the quality of all data collection (KIIs, FGDs, HHS, Field Observations) processes and during data consolidation, analysis and reporting phases. A more detailed version is included in Appendix 16.

- Pretesting of tools all tools were pre-tested and modified appropriately, before full-scale application.
- Extensive field training all field staff deployed for data collection underwent an extensive training led by the senior evaluation team members.
- Application of qualitative tools by senior team members of the evaluation team and other experienced staff from PSI (the National Partner).
- It was ensured that only those field staff (enumerators, FGD moderators, supervisors, quality assurance staff) who have received complete training were deployed in field.
- Audio recordings of KIIs and FGDs were secured with prior permission from the respondents/participants and/or other relevant authorities. Later, all qualitative data was transcribed, cleaned, coded, categorised and processed for analysis purpose.
- An experienced and gender balanced field staff was deployed. Where required female enumerators interviewed the female respondents of the of HHS.
- Continued technical support and field supervision was ensured during field data collection by the local staff.
- Appointments for meetings were secured in advance from the respondents of KIIs and FGDs' participants.
- Informed consent was also ensured.

[67] In early 2012, the United Nations agreed on the landmark UN System-wide Action Plan on Gender Equality and the Empowerment of Women, or UN-SWAP, to implement the gender equality policy of its highest executive body, the UN Chief Executives Board, chaired by the Secretary-General. Spearheaded by UN Women, the UN-SWAP for the first time assigns common performance standards for the gender-related work of all UN entities, ensuring greater coherence and accountability.
[68] UN System-wide Action Plan (UN-SWAP) framework 2.0; Evaluation Performance Indicator Technical Note, April 2018 http://www.uneval.org/document/download/2148
[69]United Nations Children's Fund (UNICEF), 2017. UNICEF-Adapted UNEG Evaluation Reports Standards. [pdf] New York: UNICEF. Available at: https://www.unicef.org/evaluation/files/UNEG_UNICEF_Eval_Report_Standards.pdf
[70] United Nations Children's Fund (UNICEF), 2017. Global Evaluation Report Oversight System: Summary UNICEF Staff Handbook. [pdf] New York: UNICEF. Available at: https://www.unicef.org/evaluation/files/GEROS_Handbook_FINAL_full_document.pdf [Accessed: 27 April 2018].

- Field evidences as photographs of the key locations and events were taken with prior permission from the concerned community members or the respondents/participants of the KIIs and FGDs.
- Confidentiality and anonymity of the data was ensured by a) respondents' identity was separated from the datasets, b) identifiable information was erased immediately after completion of data cleaning, and c) only designated and authorized manager/s had access to datasets during data processing and analysis.
- All cultural, social and gender norms of the areas/communities visited and respondents/participants, were identified before starting the field work and were respected completely.
- Quality Assurance of the HHS processes was ensured by maintaining a Close coordination with field supervisors and other field staff to overcome any unforeseen situation in the field and to monitor the progress of data collection and oversee logistics, communication, safety and security protocols.

3.6 Evaluation Limitations, Constraints and Mitigation Measures

The matrix below lists the evaluation limitations and other most common field level constraints including the mitigation measures adopted to address these constraints. For State-wise description of field level constraints, please see the Appendix 17.

Constraints	Mitigation Measure
• Unavailability of baseline data and a functioning CRVS system to do more detailed equity analysis. • Limited documentation of the Programme and achievements as it progressed with implementation such as Programme document, log-frame, budget, consolidated reports,	• Credible secondary data used such as MICS, to relate Programme achievements to the baseline conditions. Interestingly, the Programme cycle matched with the MICS survey rounds i.e. 2011 and 2016, which enabled the commentary on Programme impact. • To understand the Programme, a detailed review of all documents shared by UNICEF NCO and NPopC was undertaken. Considerable time spent in the field with UNICEF and NPopC key staff to understand the design consideration, Programme achievements, implementation challenges and learning. • The consultative process through which revised Programme ToC was formulated helped with better understanding of Programme, logic and components. • The Programme budget was reconstructed by using the expenditure statement shared by the UNICEF NCO. Despite the efforts, NPopC could not assemble Programme budget. • Use of mixed methods (KIIs, FGDs, HHS, and Field visits) and an extensive review of other documents enabled the evaluators to analyse key factors affecting birth registration services.
• Security and harsh weather in certain places posed logistical challenges during field work such as Kaduna. • The availability of and access to key stakeholders delayed some field activities. • The delays in securing 'Ethical Clearance' also had a bearing on field activities. • Change of UNICEF focal point i.e., UNICEF evaluation chief moved out, transition period with new staff unwilling to take responsibility resulted in some delays in	• The engagement of the national partner proved useful in addressing the security related local challenges. Early morning travelling to far areas, setting clear communication protocols, practicing the effective internal and external coordination, flexible scheduling (e.g. avoiding prayer timings) of the planned meetings (KIIs and FGDs with the community) were some measures to tackle the listed challenges. • Security risks during field work were mitigated by taking regular updates from UNICEF's security department and utilizing information from local networks. Where required, a few communities were replaced for HHS due to inaccessibility issues. • The 'Ethical Clearance' process was initiated well in advance, thus enabling the evaluators in securing timely approvals just before the start of the field work.

Constraints	Mitigation Measure
planning the field mission and attaining the ethical approval.	• Timely involvement of UNICEF CP team helped in taking decisions to plan and execute smooth field work, however with some initial delays.
• Ensuring easy access to female respondents in a comfortable environment for the interview.	• The HHS team comprised female enumerators to enable access to female respondents. This is considered culturally appropriate especially for Northern regions with Muslim majority areas.

Evaluation Implementation and Evaluation Management

3.7 Evaluation Implementation

The 'Participatory' approach remains the hallmark of the evaluation. This implies that all key stakeholders such as public agencies, development partners, communities, contractors, media and CSO partners participated in different processes and phases of the evaluation. The ESC reviewed and approved the key evaluation deliverables also.

The evaluation followed a 'linear' approach comprising of five steps or phases. Each phase included activities contributing directly and/or indirectly to evaluation deliverables. Find below a visual that shows the key phases of the evaluation, timeline and associated deliverables (for more details see Appendix 19). The Evaluation was undertaken from November 2017 to February 2019.

Figure 3.4: Evaluation Implementation Approach

3.8 Evaluation Management

The evaluation was steered and supervised by the 'Evaluation Steering Committee' (ESC -see Appendix 02 for its composition and functions). From UNICEF NCO the evaluation was facilitated and managed by the 'Chief Monitoring and Evaluation', who was later replaced by the 'Evaluation Manager'. The Child Protection Specialist (from UNICEF NCO CP Section) worked as a 'focal point' and facilitated access to stakeholders. From NPopC, the Assistant Director from CRVS Directorate' worked as a focal point.

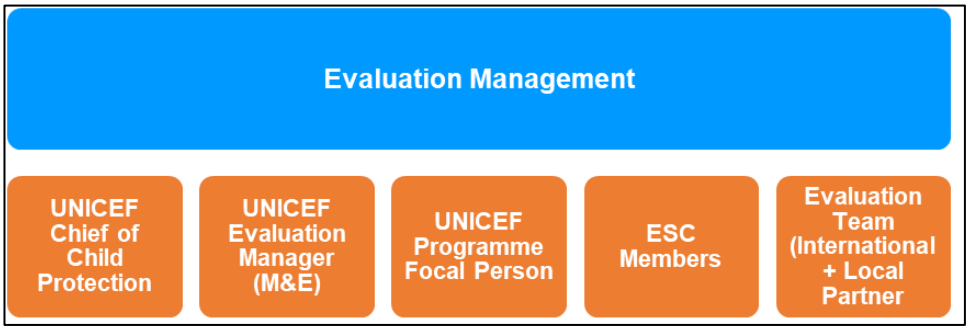


Figure 3.5: Evaluation Management

AAN Associates, was recruited to conduct this independent evaluation. AAN Associate as lead contractor planned and implemented the evaluation. AAN Associates deployed team of international experts to lead the evaluation. The field work was supported by a national/Nigerian partner i.e. Practical Sampling International (PSI). PSI as national partner arranged local resources and coordinated field planning and primary data collection. For more details on team members and roles please see Appendix 18 on team members and profiles (Figure 3.6 presents the Team Organogram).

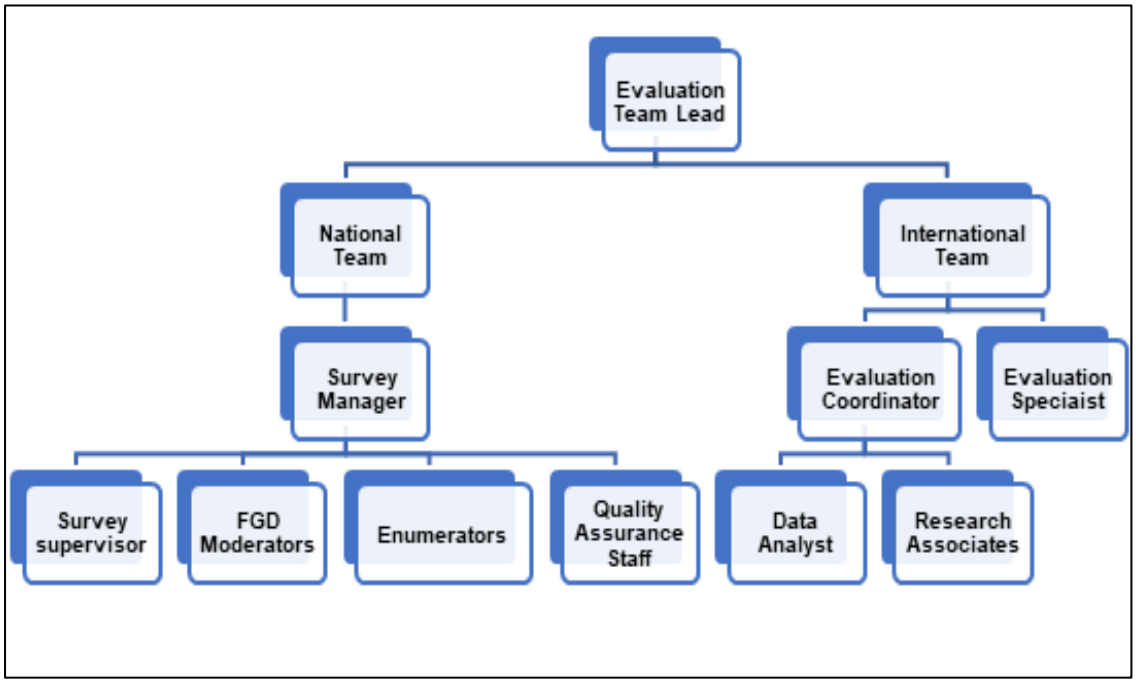


Figure 3.6: Evaluation Team Composition

Chapter 4: Evaluation Findings & Analysis

This chapter summarises key evaluation findings and the analysis of evaluation questions. The description[71] has been structured around six (06) evaluation questions (EQs) and thirteen (13) sub-questions. For each evaluation question, the description begins with a summary response that embodies the broader assessment of the evaluators, drawing on key findings. This is followed by the findings and analysis for the related sub-questions. Where appropriate, the commentary has been merged due overlap between questions. The section on impact carries evaluators commentary on two hypotheses. To avoid duplication, a section on coherence to UN-SWAP can be found under EQ 6 (Section 4.6), and the HRBA equity and gender equality section, 2.6.

4.1 Relevance

[EQ 4] To what extent did BRP objectives and interventions relate to community needs, priorities, and government policies and strategies?

Summary Response: It remained an evolving Programme, with the continual addition of new components and interventions. Such new additions were predominantly guided by the priorities listed in the bottleneck exercise undertaken, earlier in 2012. When the Programme was rolled out at that time, reportedly there were only 41.5% registered births (for under 5) (MICS 2011). In a context where almost 60% of children under the age of 5 (in other words 3 in 5) did not have their births registered, the relevance of the Programme is evident. The fact that it is an established right of every child (as per Nigerian Constitution) further illuminates its significance, hence Programme is relevant.

The Programme was launched in a context where births of almost 60% (or in other words 3 in every 5) children (under 5) were unregistered, the relevance of the Programme is evident.

The Programme is aligned with Government, particularly the NPopC objectives, strategies and priorities.

Key priorities included an expansion in coverage, use of technology, public education and awareness, and 'interoperability'.

The Programme design demonstrate a balance of demand and supply-side interventions, making it relevant for both the duty bearers and rights holders, thereby conforming to HRBA Programming principles.

Despite being an evolving Programme, the envisioned impact and objectives were found to be aligned with the national plans and objectives therein. For instance, birth registration features amongst the six (06) National Commitments, of the 'National Priority Agenda' (2013-2020) and in the Nigeria Vision 20:2020, (NV20:2020)[72]. The commonality of objectives can be noted in the following statement: to accelerate birth registration to contribute to the wellbeing, by facilitating access to health, education and protection services of Nigerian children.

NPopC as a primary service provider had the vision to achieve universal birth registration. It intended to achieve this goal by applying strategies such as coverage expansion, the use of technology, and public education and awareness campaigns. Here, as well, the Programme objectives, priorities and strategies appear coherent with those of NPopC (as listed in the latter's Report of 2008)[73]. The Programme not only went beyond supporting and supplementing NPopC priorities, it also encouraged and enabled the NPopC to evolve and apply new policies. The

[71] The readers may note that report contents have been aligned to the order of key Evaluation Questions (EQs) as have been presented in Table 1.5 under introduction of Evaluation. However, following the TORs, the sequence is different in the Evaluation Matrix (Appendix 05) and has been maintained as such. For this Report, this change has been done on purpose for the ease of readers, and to make the contents appear coherent with DAC criteria and GEROS standards. The evaluation questions, however, have been numbered as listed in the 'Evaluation Matrix'.
[72] http://www.preventionweb.net/files/14632_1stnipeditedversionvol1.pdf
[73] Report of Livebirths, Deaths & Stillbirths in Nigeria (1994-2007), National Population Commission, Abuja. November 2008. http://www.ibenaija.org/uploads/1/0/1/2/10128027/report_on_birth-death-stillbirth-registration.pdf

application of 'interoperability' comes up as the most significant of the new approaches that NPopC embraced and successfully applied.

The Programme design is found to be appropriate for a balance between supply-side (outcome 01) and demand-side (outcome 02) interventions. Where the Programme included system-strengthening interventions to improve the service delivery (supply-side), the design entailed communication and behavioural change interventions for parents and caregivers to educate, sensitise and change their preferences and practices around birth registration. This element further illuminates its significance, thus relevance to the context.

When the Programme was developed and rolled-out, except for anecdotal accounts from service providers, there was limited evidence available to demonstrate the significance and prioritisation of birth registration by the parents and the caregivers. Fort this evaluation, primary data was gathered to establish current levels of prioritisation for birth registration by the parents (to ascertain the need/demand for services). According to the data, birth registration did not surface amongst the parents' and caregivers' priority needs for children. For them, priority needs were health, education, and putting food on the table. For most, birth registration emerged as a secondary priority, important only as a mean to secure other priority services such as school enrolment i.e., education. From the discussions it could be inferred that factors for low prioritisation and limited uptake of services have not changed significantly since Programme's initiation. The findings are significant to amplify the relevance of such a Programme to educate and sensitize parents to generate demand for services. Simultaneously, the interventions to help improve the services delivery in terms of coverage, processes, and materials to meet the increased demand.

With evident strengths the evaluation took note of and flagged design oversights that worked to dilute Programme's relevance. First and foremost is the limited focus, in terms of advocacy and technical support to NPopC, on data management (the uploading of birth registration forms) to enable NPopC to have a complete and functioning CRVS[74]. NPopC has not produced an updated CRVS Report since 2008. Second, inadequate attention to harnessing the influence and outreach of community influencers, including traditional and religious leaders, and related forums and associations for community education, despite seeing positive results of the pilot study's implementation.

There was one (01) evaluation question with four (04) sub-questions, for the assessment of 'relevance'. Below are the findings and analysis for the sub-questions.

[74]. UNDESA (2013): Civil registration is defined as the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events (live births, 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 of each country. Records of vital events from civil registration are the critical source of vital statistics. (Source: http://unstats.un.org/unsd/demographic/standmeth/principles/unedited_M19Rev3en.pdf
. UNICEF (2002): A fully functional civil registration system should be compulsory, universal, permanent, and continuous, and should ensure the confidentiality of personal data. It should collect, transmit and store data in an effective way and guarantee their quality and integrity. It should have two main objectives: legal and statistical. Such a system, and its instrumental value in safeguarding human rights, contributes to the normal functioning of any society (Source: https://www.unicef-irc.org/publications/pdf/digest9e.pdf)

[EQ4.1] How well did the BRP align with national priorities and strategies?
[EQ4.2] To what extent have the Programme objectives contributed to national and local policy directions?

The above two sub-questions have been merged together for a complete and coherent response.

The Programme was implemented without a documented proposal, meaning items such as a logframe and budget, stating logic, objectives, targets, components, interventions, inputs and costs, were not formally documented. A multi-stakeholder bottleneck exercise was undertaken in 2012[75] and its findings were used to outline priorities and interventions for the Programme. These were then incorporated into the UNICEF Rolling Work Plans (four in total) and translated into partnership agreements with NPopC. New components and activities were also added to the Programme as the implementation progressed. As an evolving Programme the TOC was developed in the later half (2015) of the Programme's duration (2012-16). The evaluators refined the available ToC and used the frame with Rolling Work Plans for the assessment of 'relevance'.

Box 7: National Priorities

2 OVERALL GOALS
6 COMMITMENTS
16 PRIORITY RESULTS
The purpose of the National Priority Agenda 2013-2020 in Nigeria is to contribute to the achievement of Nigeria Vision 20:20 20, (NV20:2020) through the reduction of children vulnerability

Commitment#6: *All children have a legal identity*
Result# 6.1: *6.1 All children are registered at birth and have official documentation*
Result# 6.1: *All children have access to deceased parents' death certificates, if required*

The Programme objectives (the evaluators formulated these due to the absence of a documented statement,) including improving birth registration to enable access to child-focused health, education and protection are consistent with the broader national development objectives and priorities of GoFRN. It features in the six (06) National Commitments of the National Priority Agenda 2013-2020. Commitment 06 refers to the provision of a legal identity to all children (refer box 10 for details). The Agenda, a foundational document to the NV20:2020, is also aligned with NV20:2020[76].

The Programme was found to be coherent with NPopC's aim to achieve universal birth registration by 2015 as defined in a NPopC Strategy (2008-2011) document.[77] The reviewed documents and discussions with NPopC's CRVS team suggest that the Commission envisioned achieving universal birth registration by 2015 through a multipronged approach featuring services expansion; digitization of birth registration process (use of technology); public education and awareness; and staff training. The interventions under two Programme outcomes, the supply side and the demand side, relate to NPopC priorities of the time. The focus on both interventions appears appropriate and coherent with NPopC priority strategies.

The Programme objectives have been found to be consistent with emerging regional priorities as outlined in the Declaration of the Conference of 1st African Ministers Responsible for Civil Registration (2010), held in Addis Ababa. The Conference urged the participating governments (including GoFRN) to strengthen CRVS systems at the country level, with the aim of generating credible data for the purpose of child-centred development planning. This led to the inclusion of

[75] Birth Registration in Nigeria: Making Children Count: Analysis Of The National Birth Registration System. UNICEF Nigeria Country Office, National Population Commission, Abuja (2012)
[76] The Nigeria Vision 20:2020 (NV20:2020) is Nigeria's long-term development goal designed to propel the country to the league of the top 20 economies of the world by 2020. One of the key features under social dimension objectives is 'Enhancing Access to Quality/Affordable Healthcare' - NV20:2020 will enhance access to quality and affordable healthcare through the establishment of at least one general hospital in each of the 774 LGAs. http://1e8q3q16vyc81g8l3h3md6q5f5e.wpengine.netdna-cdn.com/wp-content/uploads/2014/03/Nigeria-Vision-2020_0.pdf Nigeria Vision 20: 2020; Abridged Version, 12 December 2010
[77] Report of Livebirths, Deaths & Stillbirths in Nigeria (1994-2007), National Population Commission, Abuja. November 2008. http://www.ibenaija.org/uploads/1/0/1/2/10128027/report_on_birth-death-stillbirth-registration.pdf

interventions and support to NPopC (by both the UNICEF, NCO, and WHO) to formulate CRVS Strategic Plans. This demonstrates growing attention and focus laid on CRVS at the regional level.

The Programme objectives are consistent with the health-related Millennium Development Goals (MDGs) and targets (until 2015). This became evident in the Sustainable Development Goals (SDG) where Target 16.9 urges governments 'to provide legal identity for all, including birth registration' by 2030. GoFRN has signed up for the SDGs, which shows coherence with international commitments and obligations.

The fact that birth registration and identity feature in multiple international conventions that GoFRN signed up for, underscores the Programme's relevance to the context. For instance, the Government has ratified the Convention on the Rights of the Child (UNCRC 1989) in 1991[78]; as well as the Universal Declaration of Human Rights (1948), and; the International Covenant on Civil and Political Rights (1966).

Box 8: Birth Registration – Government's International Commitments

1948: *Universal Declaration of Human Rights, Article 15*
1966: *International Covenant on Civil and Political Rights, Article 24: "Every child shall be registered immediately after birth and shall have a name […] Every child has the right to a nationality."*

1989: *Convention on the Rights of the Child, Article 7: "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents."*
(UNICEF (2002); Birth Registration Right from the Start. Innocenti Digest no. 9)

The Programme encouraged and supported NPopC to implement strategies and interventions for which it has long aspired. One such example is the use of technology for birth registration such as RapidSMS, Dashboard, and the Score-Card System. Additionally, the Programme supported NPopC to embrace new policy priorities, strategies and interventions, for instance, the concept of interoperability to expand coverage. This concept included interventions to help NPopC link up with health and education authorities and use their infra-structure to expand coverage. Today, there are over 4000 health workers known as sub-registrars, and helping with birth registration, benefiting mothers visiting health centres to seek birth registration services. Such elements of interoperability show the Programme is relevant and appropriate for increasing birth registration.

A few design deficiencies did undermine the Programme's relevance, such as neglect of timely data entry and management.

A few design deficiencies did undermine the Programme's relevance in terms of comprehensiveness. One was the neglect of timely data entry and management which would have enabled NPopC with an updated and functional CRVS. NPopC officials shared that it has not uploaded data into the CRVS since 2007 and millions of forms are yet to be uploaded. Realising the gap, NPopC outsourced data entry in late 2018. NPopC has eight (08) Data Processing Centres that offer an opportunity to be used for this. NPopC's Federal and State level respondents shared that in four states its Public Affairs Department (PAD) has not been involved in the planning and execution of media campaigns. These design deficiencies undermine the Programme's relevance to the principles of system strengthening. The evaluators did not find evidence of the Programme undertaking activities to engage with 'traditional and religious leaders' to leverage their influence for public education and awareness activities. This emerged as another design weakness of the Programme.

[EQ4.3] How well did the birth registration programme fit with community priorities and to what extent was it accepted by individual communities?

[78] https://www.unicef.org/nigeria/media_10985.htmlA

Discussions were carried out with multiple stakeholders including NPopC field staff, parents, and key influencers (i.e., traditional and religious leaders) to understand parents' past and present priority needs. Most respondents referred to putting food on the table, and providing shelter, healthcare and education as priority needs for their children. Very few mentioned 'birth registration' as a priority. The results from the survey, which was carried out as part of the evaluation, suggest that little has changed for parents over the years. Birth registration did not feature among parents' top 5 priorities. Interestingly, similarly, the results for 'treatment' and 'control' states were not very different.

Most respondents referred to putting food on the table, shelter, healthcare and education, as priority needs for their children. Birth registration did not feature amongst the top 5 priorities of parents.

The documents review of NPopC's Report 2008[79] and birth registration analysis (2012), point to parents' and caregivers' limited awareness, and indicate that birth registration lies low on their priority list. Discussions with stakeholders suggest that the problem is more serious and acute in rural areas, compounded by illiteracy, poverty, and limited availability of information on the procedures and benefits of birth registration. The survey results also validate these assertions. Almost three-fourths (68%) of survey respondents consider services delivery related challenges as key reasons for not registering their children's births. For instance, only a few parents (about 30%) knew about service providers, and/or procedures and requirements for birth registration services; one-fifth (19%) did not know the location of NPopC birth registration points and shared that long distances to attain birth registration services were key barriers to attaining birth registration (See Survey Table 55).

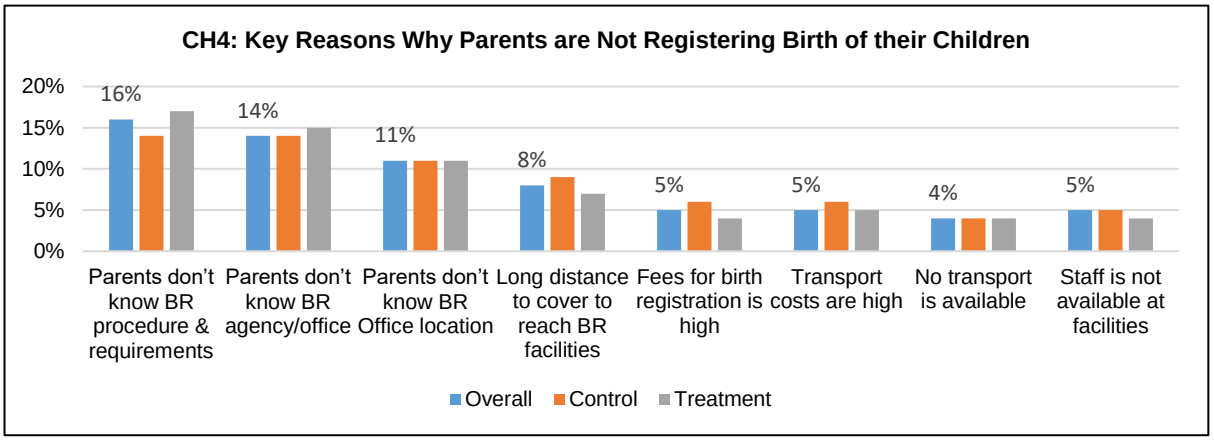


Figure 4.1: Five Most Important Reasons for Parents (Source: HHS)

Further survey results revealed that of those parents and caregivers who knew about the location of NPopC centres as service providers, 37% mentioned and considered 1-5 km distances as far (See Survey Table 26 and 28 in Appendix 29 for all above findings). For most respondents, birth registration becomes a priority only when parents intend to get their children enrolled to school and need travel documents for this process. Here, it becomes a secondary priority, triggered by the need to meet primary needs or priorities.

Few parents and caregivers appear to know about the Programme and its interventions. This could be attributed to Programme's inability to inform communities of its objectives and priorities. Due to this finding, the evaluators cannot comment on the community's acceptance of the Programme. However, the evaluators may want to comment on the 'coverage' and 'community education' interventions as they relate to the factors inhibiting parents from registering their children's births. In lieu of this, it could be argued that the Programme interventions relate to the communities by addressing the bottlenecks that parents and caregivers are confronted with.

[79] Report of Livebirths, Deaths & Stillbirths in Nigeria (1994-2007), National Population Commission, Abuja. November 2008. http://www.ibenaija.org/uploads/1/0/1/2/10128027/report_on_birth-death-stillbirth-registration.pdf

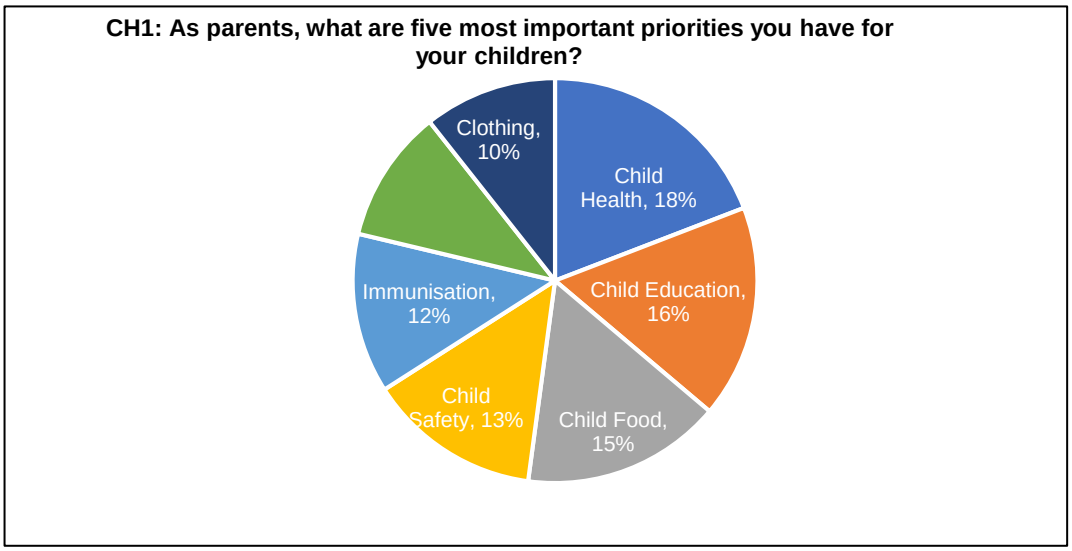


Figure 4.2: Five Most Important Priorities for Parents About Their Children (Source: HHS)

Below are excerpts from discussions with parents, community leaders, NPopC field staff, highlighting the prioritisation of birth registration.

"What I'm saying is that nobody talks about child birth registration unless you are seeing the need of such certificate then you can go to the local government where you will get it, so nobody has campaigned about that". (KII Kebbi NPopC Monitoring Team)

"So, it is very important for a child to register because birth registration gives him an identity that can be pointed out and proved after showing the birth certificate, whenever its need arises, particularly when travelling locally or abroad." (KII Abia NPopC Monitoring Team)

"Our people in the local areas don't even know about the existence/importance attached to this package (birth registration), they prefer to go to the courts and get the birth declaration of age and begin to use it instead of coming here (NPopC) to register."
(KII ABIA MEDIA)

"It is this "I don't care attitude', somehow you know this thing is genuine to you and you are not doing it; you feel it is both important and not important, so they don't really take it seriously. They keep postponing till the day they will go and get it"
(KII Kebbi State NPopC Public Awareness Department)

The respondents highlighted the following as their 5 most priority; provide education for the child; Health of the child; discipline (teach them how to be respectful); teach the child to be God fearing/religious; provide protection for the child from hardships of life; teaching the child business (handwork); birth registration.
(Kebbi Leaders AUGIE LGA)

Education; Care for their Health and wellbeing; Discipline (Teach them how to be respectful); Teach them hygiene; Provide them with capital to do business; Another respondent added humorously that; 'we as Muslim fathers, we are expected to build houses for our children, and marry them off'
(Kebbi Leaders MAIYAMA LGA)

Education of the child; Training the child to be discipline; immunizing the child; good hygiene; awareness of birth registration within the community. (Kebbi Parents Mothers AUGIE)

Food, clothing, shelter, education and moral upbringing came out clearly as priority for parents in taking care of children in Ukwa East.
(Abia UKWA EAST Parents)

“They encourage us to register our children at the Nation Population Commission, but I said I will do it later and that is why I did not register them”
(FGDs Mothers Kaduna)

"In school it is needed, if you want to open account it’s needed, even if you want to travel abroad it is needed. And you will not be employed if you don’t have it".
(FGD Abia Ad-hoc Registrars Ukwa East)

[EQ4.4] To what extent did the BRP reach the needs of the poorest and most deprived children and families?

To avoid duplication and overlap, the evaluators have merged the above question with sub-question 6.2. For more details please refer to the description in section 2.6.

4.2 Effectiveness

[EQ 6] To what extent has BRP been successful in effectively targeting beneficiaries, achieving immediate outcomes, and successfully applying planned strategies?

Summary Response:

Despite being an evolving Programme, it remained largely 'effective' in identifying, engaging and benefitting the intended participants (or beneficiaries).

Except health, the Programme has been less effective in engaging other key service providers such education, ALGON, and others.

The media engagement could be argued as 'partly-effective' for scope and scale of partnerships evolved.

The Programme did not sufficiently leverage on the influence and outreach of community, traditionl and religious leaders/institutions.

The Programme could be argued as 'partly effective' with respect to achievement of planned outcomes and outputs (as per revised ToC)

The Programme remained largely effective. The Programme was successful in identifying, engaging with and benefitting the intended participants (beneficiaries). The Programme documentation did not have had complete list of intended beneficiaries though. To address the gap, the evaluators worked with most relevant staff involved in Programme design and delivery to identify key stakeholders or participants of the Programme. These have been grouped into three categories using the rights-based programming lens. These include: i) Primary and secondary service providers (referred to as the **Duty Bearers** comprising NPopC, FMoH, FMoE, and ALGON); ii) Community influencers (also referred to as **Facilitators or influencers,** comprising media, traditional and religious leaders, and relevant forums and associations, and development partners), and; iii) Communities (referred to as **Rights Holders,** comprising children, parents, and caregivers). Amongst the duty-bearer, NPopC (as a primary service provider) has been a key participant and a beneficiary of the Programme. With that it engaged with secondary service providers like FMoH, FMoE, and ALGON. In relative terms, it remained less effective in engaging with FMoE and ALGON in comparison to FMoH (as it was for Programme that over 4000 health workers are providing birth registration services across Nigeria).

The engagement with the facilitator and influencers could be argued as partially effective for the scope and scale of engagement vis a vis potential (they offered) and the results produced. The Programme did not leverage the influence and outreach of these traditional and religious leaders, and associated forums e.g. Christian Association of Nigeria (CAN)[80] and 'The Nigerian Supreme Council for Islamic Affairs' (NSCIA).

For the rights holders, the Programme implemented media campaigns in four (04) states, including Kaduna, Adamawa, Kebbi, and Bauchi[81], to educate and sensitize parents as a means to generate demand for services i.e. demand-side. These interventions were meant to address one of the key disablers i.e. limited awareness of significance of birth registration and procedures, as identified in the bottleneck exercise carried out at the start. The efforts and investments on the public education campaigns produced encouraging results, as evident from post campaign surges by 100-250% in the two states where campaigns were implemented i.e. Kaduna and Adamawa[82]. On the flip side, the Programme operated on its own and did not make any note-worthy efforts to encourage and support NPopC to reach out to and collaborate with other potential partners such as the World Bank, Plan International, and others.

[80] CAN Nigeria is an umbrella organisation containing numerous Christian denominations in Nigeria.
[81] Discussions with UNICEF focal person consistently referred to four States where media campaigns were implemented; however, the evaluators could not find any documentary evidence to validate about the undertaking of media campaign in Bauchi State than before 2016 (Evaluation Scope included 2012-2016). Neither MOU, implementation report or other document available to validate Bauchi State media activities during evaluation scope duration (2012-2016).
[82] The evidence for other two States has not been documented. Due to non-availability of specific information about campaigns in Kebbi and Bauchi, the evaluators could not undertake similar analysis using RapidSMS data.

OUTCOME 01: A harmonised, accessible, and efficient birth registration system is functioning as an integral part of CRVS in Nigeria			
Component 1: Advocacy for Legal and Policy Reforms			
Outputs / Indicators	**Targets[83]**	**Programme Achievements (Baseline Vs Endline)**	**Remarks**
Output 1: Constitution amended to address services overlaps between NPopC and LG	Amend the IV Schedule to the Constitution of the Federal Republic of Nigeria, (1999). This law allows the LGAs to register child birth.	Not achieved. NPopC shared a 'Memo' to the 'Senate Committee on Constitutional Review' seeking amendments to II, III, IV Schedules of Constitution of Federal Republic of Nigeria.	**Least Effective:** The said 'Memo' has not been taken up for debate. The Stakeholders are of the view that it takes longer to mature. The NPopC could not muster up political support to get the issue debated and the bill approved by the Committee and Assembly. To NPopC leadership, the prospects of resolving the legal issues to harmonise service remain bleak. **Programme Logic:** The interventions did not work well and failed to produce the intended output. The logic is assessed to be largely plausible. The assumptions that the 'Committee' may take it up on its own proved invalid.
Output 2: Integration of birth registration into the healthcare and education services at Federal level.	Formal Agreements reached/signed with relevant ministries.	Fully achieved. The 'Memorandum of Understanding' (MOUs) signed with the two federal ministries.	**Largely Effective:** The MOU signed between NPopC and FMoH (represented by NPHCDA) in 2013. The MOU for NPopC and FMoE (represented by JCCE/NCE) approved in 2015. The output was fully achieved. The success could largely be attributed to 'convergent' programming, as UNICEF NCO 'Health' and 'Education' Sections played critical role in getting these approved. **Programme Logic:** The interventions worked well and produced the intended output. The logic is assessed to be plausible or valid. The assumptions proved valid also.
Output 3: MOUs signed with Health and Education ministries at State level	Federal MOUs are domesticated by all 36 States. State NPopC has signed MOUs with State MoE and State MoH	Partially achieved. By 2018, MOUs signed between State NPopC with State MoE in 36 States, however with only State MoE in 11 States.	**Partially Effective:** The MOUs could not be signed in all States with State MoE (represented by State Universal Basic Education Boards (SUBEBs) and School Based Management Committees (SBMC). It was for lack of interest by the relevant State ministry/departments and partly for absence (and limited commitment) of State NPopC Commissioners. **Programme Logic:** The interventions did not work well and produced partial results/output. The logic is assessed to be largely plausible. The assumptions that the State NPopC Commissioners would actively follow-up and relevant ministries would honour the federal MOUs proved misplaced or invalid.

[83]. The readers must note that the targets are assumptive, as Programme did not have output level targets. The revised Programme ToC has informed to formulate the out targets.

Outputs / Indicators	Targets	Programme Achievements (Baseline Vs Endline)	Remarks
Component 2: Partnerships for Interoperability			
Output 4: Development & implementation of State level roll-out plans with health and education	Rollout Plans developed with ministries to guide uniform implementation.	Partially achieved. State level MOUs (with health) have had plans annexed, however not followed up in most States. No evidence of plans for education.	**Partially Effective:** Not all the States that signed MoUs actually worked to operationalise the partnership. For limited guidance on how to implement the partnerships, the roll-outs vary across State. There is not much documentation on how that has happened. **Programme Logic:** The interventions did not work well and produced partial results/outputs. The logic is assessed to be largely plausible. The assumptions that the plans appended to the MOUs may guide consistent implementation proved misplaced or invalid.
Output 5: Training of healthcare, education staff	The staff of State ministries trained in birth registration process and documentation.	Partially achieved As per reports over 10000 staff from health and education trained in State.	**Partially Effective:** Training were not conducted in all the States where MOUs signed. Those trained referred to training as useful. Out of total, only 4000 health workers are reported to be active Sub-registrars. **Programme Logic:** The interventions did not work well and produced partial results/output. The logic is assessed to be largely plausible. The assumptions that all those trained would work as Sub-registrar proved invalid.
Output 6: Sufficient materials supplied to health and education staff	Sufficient materials/stationery provided to education and health staff.	Fully achieved The health officials referred to availability of sufficient materials. No evidence found as to the provision of materials to education workers.	**Largely Effective:** Overall. the Programme effectively addressed the issue concerning the sufficient supplies of stationery. **Programme Logic:** The interventions worked well and produced the intended output. The logic is assessed to be plausible or valid. The assumptions proved valid also.

Component 3: Quality of NPopC Services Delivery			
Outputs / Indicators	**Targets**	**Programme Achievements (Baseline Vs Endline)**	**Remarks**
Output 7: Use of innovative technologies for data progress tracking	No specific targets set.	Fully achieved. Three key ICT products developed and implemented. These include: i) Rapid SMS, ii) Score-Card System; and iii) Dashboard. All applications are in use in all States in LGAs. The digitization pilot did not go far.	**Largely Effective:** The interventions have improved reporting, accountabilities, and dissemination. The dashboard is being used for advocacy also. **Programme Logic:** The interventions worked well and produced the intended output. The logic is assessed to be plausible or valid. The assumptions proved valid also.
Output 8: Equipment and material support to NPopC	No specific targets set.	Partially achieved. A range of materials such as IT equipment, digitization devices, motorbikes, stationery produced and given to NPopC. The support was provided without assessment and securing commitments (from NPopC) to cover O&M costs. Some equipment is already out of service.	**Partially Effective:** The Programme supported with equipment and materials to enable NPopC staff to efficiently perform their job. The support was provided without proper needs assessment and securing commitments from NPopC to cover the O&M costs. Reportedly, some of the equipment is already out of service.

Component 3: Quality of NPopC Services Delivery			
Outputs / Indicators	**Targets**	**Programme Achievements (Baseline Vs Endline)**	**Remarks**
			Programme Logic: The interventions did work well and produced intended outputs. The logic is assessed to be largely plausible. The assumptions that O&M to be covered by NPopC proved misplaced or invalid.
Output 9: Enhancement of NPopC service delivery through optimum staff numbers & staff capacity building	No specific targets set.	Fully achieved. The NPopC field staff has increased from 3000 to 3641 (20% increase) from 2012 to 2016. An additional 4000 health workers are also providing birth registration services as 'Sub-registrars'. About 23,000 Ad-hoc registrars (ad-hoc staff) were employed in 17 states in 2016 alone. Series of training organised for staff, actual number unknown. UNICEF NCO advocacy made NPopC waive-off the late birth registration.	**Largely Effective:** The interventions have been effective as demonstrated by an increase in the registration points. This contributed to 100% increase in gross number of children registered every year (from 2012 to 2016). Likewise, the quality of service delivery (especially staff's behaviour) has also been significantly improved. **Programme Logic:** The interventions did work well and produced intended outputs. The logic is assessed to be largely plausible. The assumptions proved valid also.
Output 10: Civil Registration Strategic Plan developed, and services funded	Develop/Approve CRVS Strategic Plan	Fully achieved. In partnership with WHO, the Programme supported the formulation of 'National Strategic Action Plan (2018-22)'. The Plan was approved by the President in 2017.	**Largely Effective**: The Programme helped with formulation and approval of National Strategic Action Plan 2018-2022. NPopC is yet to receive funds to implement this. **Programme Logic:** The interventions did work well and produced intended outputs. The logic is assessed to be largely plausible. The assumptions proved valid also.

OUTCOME 02: Increased Awareness and Demand for BR Services among Parents/Caregivers			
Component 04: Communication for Behaviour Change			
Outputs / Indicators	**Targets**	**Achievements / Outputs**	**Evaluation Summary Analysis**
Output 11: IEC/BCC campaigns planned and implemented to raise awareness and demand	No specific targets set.	Partially achieved. Programme supported IEC/BCC campaigns in 3 states i.e. Kaduna, Kebbi and Adamawa in 2015, 2016 and 2017 respectively. The Programme supported with BCC campaigns in Ebonyi, Imo and Cross River states. NPopC PAD not involved in the campaign work.	**Partially Effective:** Programme supported with short term campaigns in 3 states. Alliances with local media outlets were also made by NPopC in selected states. However, the collaboration, which otherwise effective, was short and limited by the scope and duration of the campaigns. **Programme Logic:** The interventions did not work well (for limited scope, duration, and engagement of NPopC PAD) and produced partial results/output. The logic is assessed to be largely plausible.
Output 12: Alliances made with media for increased awareness and demand	No specific targets set.	Partially achieved. The Programme (in fact UNICEF NCO) formed partnership with FRCN Kaduna to produce campaign materials. Partnership formed with other media entities.	

OUTCOME 02: Increased Awareness and Demand for BR Services among Parents/Caregivers			
Component 04: Communication for Behaviour Change			
Outputs / Indicators	**Targets**	**Achievements / Outputs**	**Evaluation Summary Analysis**
Output 13: Religious and Traditional leaders (TLs) engaged to raise awareness and demand	No specific targets set.	Not achieved. A pilot of 6 months (with religious leaders - 12 x Mosques+ 12 Churches) implemented in 2013. Post-pilot phase, no scale-up of formal collaboration is visible in any state.	**Least Effective:** The Programme's engagement with religious institutions and local leaders (traditional rulers) remained limited (not noteworthy) despite their potential utility as community influencers, and thus proved in-effective. **Programme Logic:** The interventions did not work well and failed to produce the intended output. The logic is assessed to be largely plausible. The assumptions that the NPopC may up-scale the intervention proved invalid.

LEGEND:
'Fully Effective' refers to those Programme interventions/results that were achieved vis-à-vis the intended results.
'Partially Effective'' refers to Programme interventions/results where some of the constituting actions/results could not achieve the intended results/objectives.
'Least Effective' refers to those Programme interventions/results where desired results could not be achieved.

The description below elaborates on findings and analysis for one key and three sub-questions on effectiveness.

[EQ2.1] Did the Birth Registration Programme reach all intended participants?

> ***… the Programme has been 'largely effective' in reaching out to the appropriate set of participants or stakeholders and benefitting them.***

The evaluators did not find a consolidated list of Programme participants. This could be attributed to the absence of a proper Programme document. However, based on discussions with the stakeholders, the following list of intended participants has been developed. The intended participants have been grouped into three categories using a rights lens. These include: i) the duty Bearers (comprising primary and secondary service providers such as NPopC, health, and education); ii) the facilitators and influencers (comprising media, civil society and traditional/local leaders); and iii) the rights holders (comprising children, parents, and caregivers). Below are key findings for each group of intended participants.

Based on the findings (as outlined below) it could be argued that the Programme has been largely effective reaching out to the appropriate set of participants or stakeholders and benefitting them. NPopC as a primary service provider has benefitted the most in terms of new partnerships, increased coverage, and improved capacities. In comparison to FMoE and ALGON, the Programme did well in reaching out to FMoH. For participation of influencers and CSO, media engagement proved relatively effective, irrespective of the scale of the campaigns. However, the Programme did not show much success facilitating the participation of traditional and religious leaders and their associations. In fact, no serious efforts were made to engage with these groups to leverage their goodwill and acceptance in communities. Multiple interventions proved useful for reaching out to parents and caregivers, as is evident from the average annual increase in the number of children registered. Overall, 28.6 million children were registered throughout the Programme's duration.

Box 9: Qualitative Assertions - Legal Harmonization

"The constitution gives the LG authority and legitimacy to conduct birth registration, so we want the constitution to be amended to legally put an end to this. This is what UNICEF is advocating at the national assembly". (KII – NPopC HQ, Abuja)

"We want the act to be amended or to create a synergy between the Commission and Local Government. Once presented to the floor of the house, the National Assembly will do a public hearing when they want to repeal or amend the relevant section of the law, in which case the local government will probably defend it because they generate revenue from birth registration. We hope that the Federal Government will support having a uniform system of issuing the certificate". (KII – NPopC HQ, Abuja)

Participation of Duty Bearers

Amongst the range of duty bearers, by virtue of the mandate, NPopC comes up as the primary participant, and consequently, the beneficiary of technical assistance extended under the Programme. Within NPopC, it was the CRVS units both at the federal and state levels that took lead in the implementation and benefitted the most. Apart from the NPopC, the Programme collaborated with other duty bearers such as FMoH, FMoE and LGs.

The Programme reached out to FMoH, FMoE and LGs to seek support in birth registration services, including operationalising the concept of 'Interoperability'. These were preferred for either wider outreach or for functional overlaps, particularly with respect to duty bearers for child centred services. The intent, as it appears, was to expand outreach as a strategy to address low staffing and coverage challenges within NPopC. MOUs were signed with MoH at federal (2013) and state

levels, as well as with MoE at the state level. For the partnership to work, state level MOUs were also signed. As per UNICEF, NCO, and NPopC, so far, MOUs between state NPopC and state MoH have been signed in 36 states. Similarly, in only 11 states the MOUs between state NPopC and state MoE have been signed. The signing of MOUs at the federal level was supported by UNICEF NCO Health and Education sections. No MOU, however, has been signed with ALGON. The partnership with MoH proved more effective for both the higher number of state level MOUs signed, and the active engagement of over 4000 health workers as Sub-Registrars.

Besides the CRVS Unit, no other formations or units of NPopC significantly participated in the Programme. The Programme did not involve the Public Affairs Department (PAD) for public education campaigns, and nor did it involve the eight (08) Data Processing Centres of NPopC. This could be attributed to design deficiencies.

Box 10: Qualitative Assertions - Need for Operational Harmonization with LG

"The harmonisation of the legal framework entails defining of roles with our stakeholders that have not been defined. We have stakeholders like NIMC, health, Education and the rest that we work with, and we need data form each other. The legal framework needs to specify roles so that we will not have the pieces of work. The harmonisation with NIMC has gone far; World Bank sent some of their lawyers to work on the legal framework, so that we can finalize the harmonization". (KII – NPopC HQ, Abuja)

"The local government, NPopC and hospitals do birth registration. There have been efforts to address this duplication in the system. The National Assembly was requested to look at this duplication and possibly repeal the section which gives the local government power to do registration. On the other hand, if they cannot repeal it, they should harmonise the local government and NPC to work together". (NPopC Official, HQ, Abuja)

The Programme did not actively reach out to other agencies like NIMC and MoWASD. Their participation remained confined to attending periodic meetings and workshops. The NIMC was important to engage with, as it has the exclusive mandate of identity management at the national level. A more meaningful and effective engagement of NPopC with NIMC was expected so as to realize the goal of a fully aligned and integrated birth registration system with an identity management system in Nigeria. Similarly, the MoWASD did offer the potential to partner in community education campaigns.

Participation of Facilitators/Influencers

Facilitators and influencers include media groups, traditional and religious leaders, and non-public sector development partners like the World Bank, and international non-governmental organisations. The Programme reached out to multiple media houses and journalists to organize, media campaigns in four (04) states. National radio was also used for public education campaigns. This medium was preferred for wider outreach for ordinary Nigerians. Rather than NPopC, UNICEF NCO undertook most of the media engagement activities. The Programme did not encourage the involvement of NPopC's PAD for media engagement and public education campaigns.

Except for an event in Abuja, the Programme did not significantly engage with traditional and religious leaders. It did not reach out to associations like ALGON, the Christian Association of Nigeria (CAN), or the Sokoto Muslim Association[84]. **It could be argued that the Programme missed on leveraging the influence of these institutions and their associations.** The fact was that over 26% of HHS respondents referred to traditional and religious leaders as reliable sources of information.

[84] The Sultan of Sokoto and President-General of Nigerian Supreme Council for Islamic Affairs (NSCIA)

Likewise, the Programme did not make any serious efforts to collaborate with development partners such as the World Bank and Plan International. The World Bank has extended assistance to NPopC in the past for the digitization of the birth registration process. Similarly, Plan International has been working in Sokoto for birth registration alongside NPopC. Apparently, no attempts were made to include them in Programme activities.

In light of the above findings, it could be argued that the Programme did not make any serious efforts to reach out to external influencers (such as development partners, and traditional and religious leaders) except for media outlets in four states. Moreover, the activities were carried out without engaging NPopC PAD, which reflects poorly on a Programme initiated to strengthen the capacities and systems of a public service provider.

Participation of Rights Holders

This group includes the community at large including children, and their parents and caregivers. This group comprises the ultimate beneficiaries of the Programme. The children benefitted via outreach to the parents and givers. Multiple interventions were used to reach out to participants, including Mop-up campaigns (blended with a Health and Enumeration Area Demarcation exercise), media campaigns, and integrating birth registration into routine health and education services. No consolidated number is available of parents and caregivers reached out to throughout the course of the Programme. The fact, however, that over 28 million children registered between 2012-16 suggests successful participation of rights holders. This figure becomes more significant as the birth registration numbers in 2016 (the Programme end year) increased to almost double (a 94% increase) the annual numbers in 2012 (the first year of the Programme).

… the birth registrations of over 28 million children (all age bands) during Programme duration (2012-16) suggests successful participation of the right holders.

[EQ 2.2] Did the interventions produce the intended outputs and outcome level results as stipulated in the ToC?

For the first three years ¾th of the Programme life, it operated without a documented 'Theory of Change' (TOC). It was only towards the end of 2015 that Child Protection Section (CP) of UNICEF NCO developed the BRP-TOC. For the impact evaluation this was refined and used to trace and comment on the process of change. The framework was used to measure and comment on the Programme effectiveness.

There are two Programmatic outcomes where first one relates to strengthening the services delivery and second is geared to generate demand. The outcome 01 envisioned improving the service delivery/supply-side by facilitating NPopC to have a harmonised, accessible and efficient birth registration system functioning as an integral part of CRVS in Nigeria. The effectiveness was assessed on all three dimensions i.e. system harmonisation, improved accessibility (of services) and efficiency, and availability of functional and usable CRVS. Where the results suggest successes with respect to improved accessibility and efficiency, it did not go far with system harmonisation and creation of functional and usable CRVS.

The Programme could not achieve much in finding a resolution to the longstanding issue of parallel birth registration by both the NPopC and the LGs. This is evident from the little (to no) progress made with respect to addressing legal anomalies causing duplication with regard to improved accessibility of services, the Programme enabled NPopC to expand coverage by recruiting and deploying additional staff, and by forming partnerships with other state institutions, such as health.

The data suggests about a 20% increase in numbers of NPopC's Birth Registrars and/or the service delivery centres[85]. This meant the number increased from about 3000 to 3641 between 2012 and 2016. Another 4000 additional staff from health became available for dispensing birth registration services as Sub-registrars, after signing of MOUs. The Programme supported the deployment of over 23000 ad-hoc registrars for 'Mop-up Campaigns' during 2016 only (total numbers are unavailable). Together, these interventions contributed to expanding the coverage, and therefore resulted in improved accessibility. The expansion in services indeed facilitated women, the group considered most responsible for registering children's births, to access services with ease. Services delivery through health apparatus made it even easier for mothers. The HHS results validate these findings as these indicate perception of improved accessibility (by service users), in terms of availability of staff at birth registration points. The NPopC's partnership with health contributed to a surge in birth registration numbers for children under the age of one (U1). With an annual average of 2.2 million, cumulatively, 11 million U1 children were registered though the Programme life (as per NPopC Dashboard).

The use of ICT tools comprising Rapid SMS, Scorecard, and Dashboard, there are evident signs of improved efficiency in terms of reporting, transmission of data, performance tracking, in turn contributing to the improved accountability. The visualisation of performance on the Dashboard has been leveraged for evidence-based advocacy with high level states officials. To both UNICEF NCO and NPopC, this had been working well in winning over the support at state level.

No significant progress has been made with respect to establishing a functional and usable birth registration system, linked to CRVS. The Dashboard is a database however with limited information as not all the information from the birth registration forms is recoded into it. It only records basic or limited information about recorded birth events. The Programme did not enable NPopC to take any concrete steps to develop a database with complete (or essential) information to generate useful analysis for planning. The evaluators were told that the NPopC has not registered birth registration forms data since 2007. Reportedly, there are millions of forms that need processing. For this, the Programme could be argued to be un-successful with creating a birth registration database or system, enabling meaningful analysis. Or being linked to any functional CRVS.

The Programme was rolled out without a documented ToC. The evaluators revised the ToC and used it to inform the Evaluation.

The accessibility of services has certainly improved as evident from an over 20% increase in birth registration centres. Over 23000 Ad-hoc and/or Sub-registrars (for Mop-up Campaigns) were deployed, which could be related to improved accessibly.

The Programme did not make significant progress with harmonising the system, as is evident from little progress made with respect to addressing legal anomalies.

The Programme did not succeed in enabling NPopC with a functional CRVS.

The Programme is 'partially effective' in achieving Outcome 01. The intervention logic for this outcome has proven largely 'plausible'

The Programme extended equipment and material support to NPopC to enable it to render more efficient services. This support included computers, digital devices, motorbikes, stationery e.g. registration forms, certificates and registers. This proved useful in enabling NPopC to continue to provide uninterrupted services. Hence could be argued as effective. The availability of stationery at the facilities was also validated by survey results. Almost all respondents i.e., 93%, who had visited NPopC or health centres for birth registration, responded positively to this aspect. The material assistance including training were provided without any structured capacity assessment

[85] NPopC have used the number of birth registration centres reporting to RapidSMS as a proxy-indicator to determine the functioning centres. No exact data has been maintained indicating exact number of NPopC staff or functioning NPopC Centres

of NPopC to identify support needs. The support was extended san financial provisions and/or commitments from NPopC for taking up the operations and maintenance (O&M) costs for their sustained use. The arrangements and the results for the training components are no different.

The Programme extended necessary support to NPopC to formulate the first 'National CRVS Strategic Plan'. It outlines a roadmap to establish a functional and usable CRVS. The National Strategic Action Plan (2018-2022) has since been approved by the President's Office i.e., in 2017. NPopC is yet to secure financial resources to put into motion. For this, the Programme could be argued as 'Partially Effective' in lieu of the achievements made with respect to outcome-1. The intervention logic for the outcome appears largely 'plausible'.

Outcome 02 relates to creating awareness and includes demand-side interventions. It intended to facilitate NPopC to educate parents and increase awareness, hence accelerate the demand for birth registration services. The Programme supported public education and awareness campaigns in four states, including Kaduna, Kebbi, Adamawa, and Bauchi. These campaigns were time specific and implemented for a span of 'three' (03) months in each state. It was noted that the campaigns were implemented towards the latter half of the Programme life i.e., post 2015. The campaigns were developed and implemented largely by UNICEF NCO with limited engagement of NPopC (including Public Affairs Department - PAD). In most cases, the partnerships with media entities formed for the campaigns were abandoned after the completion of state specific campaigns. The campaigns nevertheless proved effective in short to medium terms. The radio and print media campaigns produced immediate results evident from the surge in the number of registered births during and immediately after the campaigns (within four months of completion). The data indicates an increase by 100-250% in number of births registered by NPopC, during and immediately after campaigns. About one in five survey respondents (22%), shared to have had received message on birth registration (BR) in the last five years. More people have had received messages in treatment compared to control group i.e. 26% vis a vis 16%. The respondents in both groups responded positively as to the appropriateness of mediums of transmission (of messages i.e. 90%); use of local languages (86%); messages being simple and understandable (93%); and likelihood to register children (influence) after receipt of the message i.e. 92%[86]. Encouraging results are noted for messages contributing to the increased awareness as to the advantages of birth registration and likelihood of increase in demand i.e. 84% and 78% respectively. However, the respondents could not refer to the any organised actions taken by the communities to convey the authorities the possible increase in demand and consequently the actions by the authorities. The results are indeed encouraging however insignificantly different for control and experiment states (marginally better for experiment states). On probing it came up that some contents of the campaigns have had been aired (radio in particular) across non-control states, which may have contributed to the pattern observed. This did affect the appropriateness of 'quasi-experimental' design and diluted the methodological rigour the evaluation intended through establishing a 'counterfactual'.

The Programme could not go far with engaging the local influencers i.e., religious and traditional leaders, in public education campaigns. Their engagement was limited to a six months pilot was implemented in selected LGAs of Federal Capital Territory (FCT), with promising results. This appears to be a significant miss especially in a country like Nigeria. This attains even more significance in view of the survey results whereby community influencers came up as one of the most preferred and reliable sources of information in community i.e. 25%. About half of the respondents (48%) referred to the community influencers and/or other social networks, such as friends, relatives, and neighbours, as preferred sources in comparison to electronic media (19%)[87]. The results underscore the need to 're-calibrate' future communication strategy. For this, the Programme could be argued as 'Partially Effective' in lieu of the achievements made with respect to outcome 2. The intervention logic for the outcome appears 'plausible'.

Following the revised ToC, the Programme has four (04) components and thirteen (13) outputs. Below are key findings for all outputs corresponding with each of the four components.

[86] See Survey Tables 60 to 65 in Appendix 29
[87] See Survey Table 74: (CC14) Which information sources are preferred or considered more reliable to you?

Output 1: Legal Framework Reviewed and Harmonised

This Output was focused on addressing the legal complexities around LGA and NPopC mandates. The Programme carried out a comprehensive legal review of the existing laws and regulations with the aim to eliminate duplication between the constitutional role of NPopC and the LGs. NPopC sent a memo to the Chairman of the Senate Committee on Constitutional Review, of the National Assembly. In the memo a constitutional amendment was proposed to the Constitution of the Federal Republic of Nigeria (1999). The evaluators could not meet with the Chairman to get his views, however, as NPopC officials explained, and no note-worthy progress has been made in this area. The issue has not been debated in the Assembly and both local government and NPopC continue to register children. LGAs do not provide NPopC with the details of children it registers. According to UNICEF NCO and NPopC providing details of children lies low on priority of the Senate Committee. Moreover, the Constitutional amendments take longer to mature. They did not have a very positive outlook on achieving this in 2019, this being the general elections year in Nigeria. According to the evaluators, this could be resolved operationally, by signing an MOU with ALGON to support NPopC in birth registration. This MOU would include referring unregistered cases to, and sharing related data with, NPopC, and using NPopC's birth certificates.

Box 11: Respondents Views - Need for Legal Review

One official shared that: *'There is need to [make revisions] in law to eliminate parallel systems of birth registration by NPopC and the Local Government for a uniform birth registration system'*

'One of the reasons the laws governing birth registration have not been revised yet is because the lawmakers do not think that it is in the national interest to do so.

"Corruption and financial constraints are also factors preventing the revision of legislation of birth registration in Nigeria. (Source: KII – NIMC Official)

Outputs 2 & 3: Integration of Birth Registration into Health and Education Services

These outputs relate to formalising the integration of birth registration into mainstream primary health and education services. Work in this area meant operationalising the concept of 'interoperability'[88] in Nigeria. The key findings include the signing of an MOU between NPopC-FMoH (represented by National Primary Health Care Development Agency, NPHCDA) at the federal level in 2013. UNICEF NCO Health Section played a big role in formalising the MOU. As of 2018, these MOUs have been signed across 36[89] states (between state NPopC and state Public Health and Community Development Agencies, PHCDA). These MOUs were beyond the scope of existing arrangements, whereby both NPopC and FMoH were implementing birth registration as part of regular immunisation campaigns and during bi-annual MNCH weeks.

[88] UNICEF defines 'Interoperability' as "The ability of diverse systems and organizations to work together. https://www.unicef.org/protection/files/UNICEF_Birth_Registration_Handbook.pdf

[89] Achievements of Civil Registration and Vital Statistics through UNICEF Sponsorship From 2012 -2017: Document shared by Hapsatu Husaini Isiyaku (UNICEF Focal Person in NPopC)

Box 12: Respondents Views Interoperability / Partnerships

'The partnership with health is more successful than education sector because they help us to register children, although they are complaining of absence of any allowance for them since it is an additional burden on their normal duty; however, in many places, we are doing it ourselves. (Source: KII – NPopC Official, HQ, Abuja)

"The Governor forum meeting could be a platform to advocate for the MOUs to be signed".

--

"Our State Commissioners also need to adopt a proactive approach to facilitate the Education related MOU signing in states. (Sustainability)". (KII with NPopC Official, HQ, Abuja)

The NPopC came to an agreement with FMoE (represented by the National Council on Education) on integrating birth registration into education services in 2014-15. NPopC officials claimed to have signed the MOU, however, it was not shared with the evaluators, nor were the evaluators able to validate the MOU signing with FMoE. According to NPopC, so far, eleven states have signed MOUs between with State Universal Basic Education Boards (SUBEBs), and School Based Management Committees (SBMC) in the following states: Edo, Delta, Ogun, Oyo, Lagos, Osun, Ekiti, Ondo, Ebonyi, Niger and Kebbi[90]. Similarly, the NPopC reached out to ALGON for signing the MOU, however one has been formalised.

According to both the NPopC and the UNICEF NCO, the process was delayed for multiple reasons, including unavailability of State NPopC Commissioners, limited interest from NPopC and relevant education and health state ministries. Due to the limited success achieving the desired outputs, it could be argued that they were 'partly effective'. The Programme produced better results in formalising interoperability arrangements with health, compared to education and LGs. This has had a bearing on NPopC to activate the partnership (more details are discussed below, under related outputs).

90 UNICEF CO Nigeria: Annual Review Report UNICEF Child Protection 2015

Outputs 4, 5 & 6: State Level Roll-out Plans, Training of NPopC Birth Registrars, Healthcare, and Education Staff, and the Supply of Material

To prevent duplication, the descriptions for three outputs have been merged.

The MOUs had an indicative plan annexed with a set of prescriptive activities for NPopC and health and education partners. The interaction with stakeholders, however, suggests that these have not been implemented. As such, no documented evidence is available to suggest that any concrete roll-out plans were developed, implemented, or documented. The findings suggest only a few states have taken measures to implement the signed MOUs (and the numbers are unknown). It is mostly between NPopC and health that progress was witnessed. Due to the lack of formal roll-out plans, the actual implementation of the partnerships varies across states.

Box 13: Respondents Views - Training

'The training is given to health workers from the health facilities where BR takes place. The nurses in the rural area fill the birth registration forms for us on behalf of the registrar, complete the registration for either death or birth, the registers go and collect the forms weekly and issue the certificate to the nurses or health workers, who then distribute them to the parents. (KII with NPopC Official, HQ, Abuja)

'As for education, according to the MOU, we are required to train head-teachers who will be registering children who have not registered before in their school. But we have not trained the head-teachers as we are waiting for the opportunity of the enrolment campaign in schools and we leverage on the unregistered children". (Source: KII – NPopC Official, HQ, Abuja)

'In 2014, all the nurses in the health centers were trained. On top of that, LG staff is also trained to make up for the lack of manpower required for birth registration. Teachers were not trained in our State but were trained in other states such as Ebonyi; however, planning is underway to train teachers in the future in Abia State'. (KII with NPopC HOD CRVS, Abia State)

The Programme organised a series of trainings for health and education staff. Reportedly, 10,000[91] health staff were trained in birth registration procedures and documentation processes [92]. NPopC does not have a consolidated database or repository for those trained. As per NPopC there are over 4000 health workers in 23 selected states (state names are not available in Programme documents), who are dispensing birth registration services as sub-registrars. There are no records available for how many teachers[93] are working as sub-registrars and according to NPopC officials the numbers are negligible. The health workers that the evaluators interacted with (only a few) referred to training as useful for understanding the process and documentation of birth registration. Some complained, however that this task was additional work without any financial and material incentives. These views were also validated by NPopC field staff. The evaluators may therefore refer to these outputs as 'partially effective, including process, progress, and documentation.

The Programme provided support by printing forms and certificates in adequate quantities. Supplies of stationery were made available to health staff who worked as sub-registrars. None in the field referred to work output being reduced by stationary shortages (for more details see Output 8). Most felt that stocks were replenished on time. It could therefore be argued that the supply of materials to sub-Registrars was 'effective'.
Overall, the partnership with health proved effective. Figure 4.3 illustrates the incremental increase in the number of children (U1) registered annually, from 2012-16. From 2014 onward (after signing

[91] UNICEF Child Protection Programme: Annual Review Report, 26 - 27 November 2014 at Immaculate Suites, Abuja
[92] Specific details for no. of training events, locations and details of participants etc., are not available in Programme documents
[93] Report on training of education actors in Lagos State (Kosofe and Ikeja LGA) on birth registration process. 03 July 2017 (FC 100251253)

of the MOU) the numbers (for U1) jumped from almost 2 million to 2.6 million, annually, in 2015 and 2016. Moreover, with about 2.6 million birth registrations (U1) in 2016, the numbers have increased by 39% in comparison to 2012, highlighting the success of the partnership. There is a need to further cement this partnership with health and expand services outreach. The upcoming health sector reforms offer a great opportunity, and NPopC must make efforts to encourage more health facilities to start birth registration services. NPopC must also make efforts to update the CRVS so that data can be used by health planners for services planning.

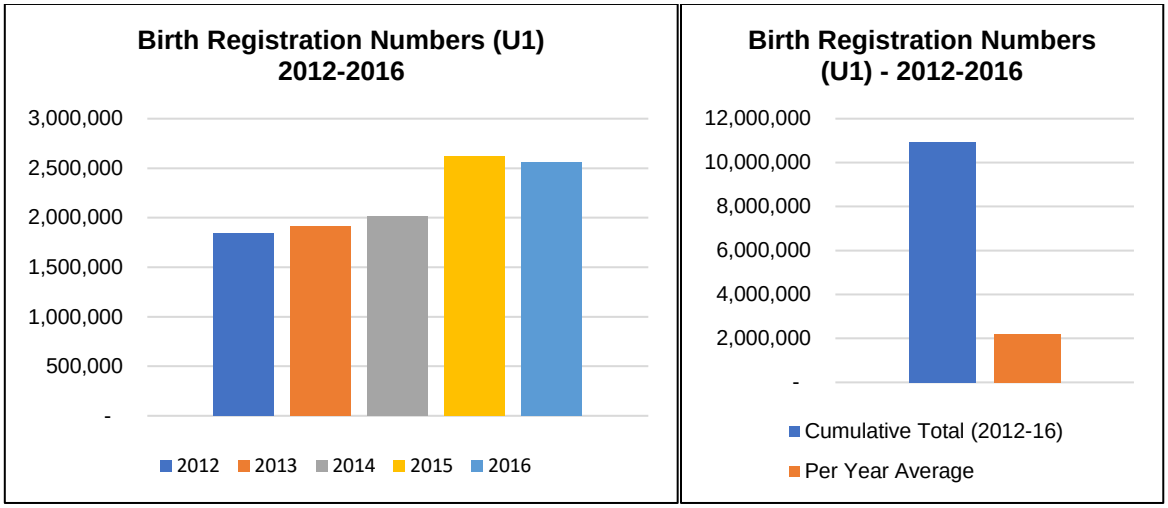


Figure 4.3: Birth Registration Numbers (U1) from 2012-2016 – (Source RapidSMS Data)

Refer to Appendix 27 for detailed tabulations of U1 birth registrations, based on RapidSMS Data.

Output 7: Use of ICT for Data Management and Progress Tracking

This remains the most successful and effective output. The key interventions include SMS based reporting through Dashboard and the use of as a monitoring tool. The SMS is the first intervention featuring the innovative use of ICT tools and applications, whereby the Registrars share their progress reports to the Monitors (state and federal). Each Registrar sends SMS alerts twice a month (the first after 15 days, and the second at the end of every month). SMS alerts were originally developed by UNICEF and applied in Nigeria for the Malaria Programme. Later it was adapted for use in birth registration reporting. For this a local IT company, called Timba Object, was contracted to adapt, implement and improvise on the existing RapidSMS system. A local mobile service provider provided a limited number of free SMS for registered mobile numbers of Registrars. The system is currently being used nationwide in 36 states and 774 LGAs. The SMS based reported data is reviewed by the Field and Federal Monitors, as it is uploaded on the Dashboard. Given any discrepancy

Box 14: Effectiveness of RapidSMS and Score Card Monitoring

- *RapidSMS is a tool to: 'promote commitment, advocacy and accountability.'*
- *Concerted efforts to ensure coverage from poor performing LGA to high performing LGA is documented and shared with States for replication.*
- *SCS: Monitors performance is monitored.*
- *36 states' monitoring teams are using the to assess changes, barriers and management barriers.*
- *Some states have gone beyond like Delta State, where the scores are publicly displayed for 'TOP 3 and BOTTOM 3 LGAs' on monthly*

(UNICEF (2017). Birth Registration, RapidSMS Innovation Nigeria's Experience.)

between SMS data and monthly reports shared by the Registrars, the Monitors referred to the relevant Registrars.

The Programme supported NPopC by securing services of the IT company to further strengthening the LGA based progress tracking. For this, a new product was developed and applied, called the Monitoring System, and was introduced in 2013. The Score Card (in an Excel Worksheet) captured data on a monthly basis on six main indicators. These six main indicators were further sub-divided into nineteen sub-indicators (see Appendix 22). Each LGA was given monthly targets and the reported data was also tracked in relation to these targets on monthly basis. Based on performance, LGAs and states were given colour codes (red, amber, and green). NPopC officials at all levels shared positive views about the use of the Score-card System', indicating that the system has strengthened monitoring. However, it seems the lack of focus on the consolidation of score-card generated data has not helped with the use of data for long term planning and resources allocation.

Box 15: Role of World Bank and NIMC

"The W*orld Bank will be supporting NPopC in the integration of CRVS in the ID system. This intended project is awaiting the approval of Nigeria Federal Executive Council (FEC)."*

"Owing to bureaucratic constraints, NPopC and NIMC have not been able to collaborate for a more uniform and digitized system of sharing information/data captured by both." (Source: NIMC Staff – Abuja)

Respondents' Views on Success of RapidSMS

"The major advantages of rapid SMS materialized in the form of curbing unnecessary paperwork, controlling loss of important information, tracking BR performance at field level, and ensuring greater accountability of the BR staff". (Consultant, Timba Objects, Lagos)

"The RapidSMS, the matrix on resource-mapping and use of Score Card for monitoring and accountability proved helpful; as the dashboard enabled to track down low performing States and LGAs such as those in Bauchi. Good performance was supported, and low performing states were encouraged to do better". (UNICEF Official, Birth Registration Programme)

The Programme supported NPopC to enhance the Dashboard functionality and data visualisation. This dashboard is the front end of SMS based reporting. The Dashboard is easily accessible for all for to view and track birth registration progress across all states and FCT. The dashboard uses the colour code system to display progress (both in numbers and percentage) by state, LGA, by four age bands and by sex (boys and girls). The system has been in use for quite some time and has also been used for advocacy purposes.

The Programme helped with the implementation of the digitization of civil registration (birth, death, and still-birth). It was piloted in Kebbi, Adamawa States and FCT in 2016, and later, with World Bank support, the initiative was expanded to Niger State[94]. NPopC is using the same application, including its platform and forms, while different devices and input methods. The initiative did not make much progress, however, after its launch.

Overall, the output has improved the regularity of reporting, introduction of performance culture, and enabled easier access to data. This output could be rated as most successful and effective.

94 Interview with Director CRV, NPopC, Abuja

Output 8: Equipment & Material Support to NPopC

Under this output, the Programme assisted NPopC with material support. This included hardware support such as computers, printers, and vehicles such as motor-cycles. Printing of essential stationery, such as birth registration forms (B1), birth certificates (B2), and other materials are also categorized under this output. NPopC does not have consolidated records, however, for how much assistance was provided by the Programme. Moreover, there is no evidence to suggest that the material support was delivered after a formal needs-assessment study. Nor is there evidence to suggest that NPopC committed to provide funds for the continued use of such material assistance. According to NPopC officials, due to the unavailability of operational and maintenance funding, some of the support materials became dysfunctional, including computers, printers, motorbikes, and certain handheld devices. The stationery was produced in adequate quantities, however, and this was acknowledged and appreciated by field teams. The HHS survey results validate this assertion (refer to Figure 4.4.) and it appears that these materials may be available as long as stocks last.

Box 16: UNICEF's Support on Printing of BR Materials (Stationery)

2011

100,000 Birth Certificates (B2) and 295,000 Birth Registration Forms (B1) procured

2012

5 Million Birth Certificates (B2) and 15 Million Birth Registration Forms (B1) procured

(Birth Registration Status: Presentation for National Population Commission Chairman's visit to UNICEF, Abuja. 29th October 2012)

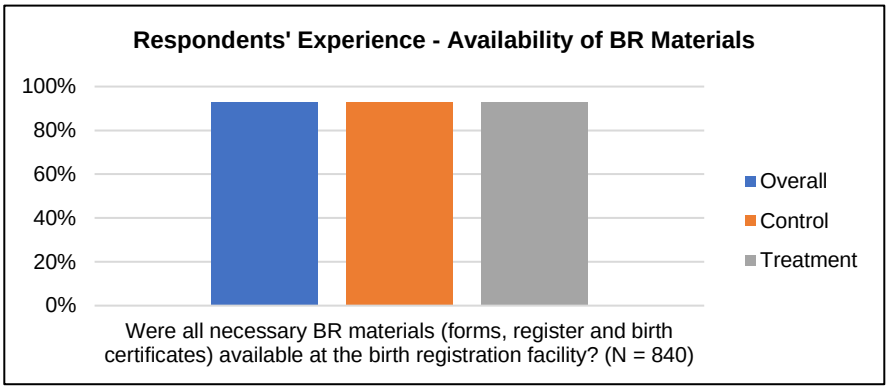


Figure 4.4: Availability of Necessary Birth Registration Materials (Source: HHS)

Overall, this output could be argued as partly effective, and could have been more effective had assistance been provided after due assessment. Commitments should have been sought from NPopC to budget operational and maintenance costs, and this may have helped with greater longevity of equipment.

Output 9: NPopC Service Delivery Points & Staff, and Adequate Capacities

The Programme supported the mapping of service delivery points, advocacy for increase in staffing, and staff training.

The Programme assisted with the mapping of available service delivery points and the availability of staff at those points. No consolidated data is available, however: based on a document review (with conflicting data), the evaluators shared that from 2012 to 2016, birth registration centres increased from about 3000 to 3641.[95] For further clarity, refer to the screenshot of RapidSMS Dashboard Data, accessed on 16 Oct 2018, in Appendix 23[96]. NPopC does not have consolidated data of the number of health facilities providing birth registration services, while it is known there are a total of about 40, 000 health service delivery points[97]. NPopC officials claim there are approximately 4000 heath workers, working as sub-registrars. This again bodes well for expansion of services delivery. The numbers for schools are unknown, and according to NPopC officials these are negligible. Moreover, the Programme supported the recruitment and deployment of ad-hoc registrars to perform duties in select remote LGAs, and during MNCH campaigns, EAD exercises, and measles campaigns. The total number is unknown, however, and the records for 2016 suggest that over 27000[98] (drawn from financial data) Ad-hoc registrars were recruited and deployed throughout the year. Overall, there has been considerable increase expanding services outreach. The HHS results also validate these assertions (refer Figure 4.5) about improvements in services.

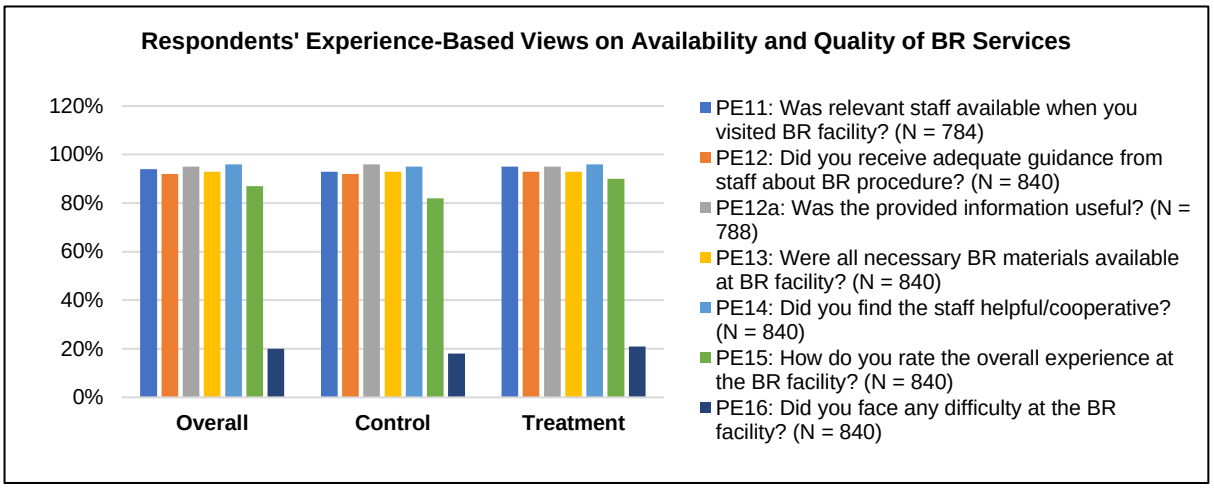


Figure 4.5: Parents' Views about Their Experience of Attaining BR Services (Source: HHS)

The Programme included a series of trainings for NPopC field staff. CRVS staff, including birth registrars, benefitted the most from the training[99], including new tools such as SMS data submission, Score Card, and Dashboard use[100]. No formal capacity assessment exercise was undertaken to plan capacity development interventions. According to the records, multiple training events were organised at 23 locations across the country (no consolidated data of such events nor training beneficiaries exist). Approximately 3,000 birth registrars and staff such as field monitors, CRVS database experts, and CRVS managers, were trained from January 2011 to September 2013[101]. A cascade training approach was used, which proved effective, according to NPopC officials. The process has not been well-documented, as evaluators did not find a training database with basic details such as the number of events, training contents, participants, or pre and post reports. Most of the field staff who met during the evaluation referred to training as useful. The evaluators did not find evidence of a post-training assessment indicating effectiveness of training in improving staff services delivery.

[95] See Screenshot of RapidSMS Dashboard Data (accessed on 16 Oct 2018) in Appendix 23
[96] A proxy indicator i.e., "The reporting of birth registration through RapidSMS by a birth registration centre (BRC) in any LGA/State" has been used to determine/assume the number of birth registration centres. The actual number of functional and dysfunctional BRCs remains unknown. See more details in Appendix 20. The federal ministry of health's (FMOH) health facilities (HFs) census of 2005 showed that Nigeria had a total of 23,640 public and private hospitals.
[97] The federal ministry of health's (FMOH) health facilities (HFs) census of 2005 showed that Nigeria had a total of 23,640 public and private hospitals. https://www.rvo.nl/sites/default/files/Market_Study_Health_Nigeria.pdf. Current estimates are not available; 40,000 number has been taken from Programme documents.
[98] GoFRN/UNICEF Country Programme of Cooperation: (2014-2017) Child Protection Programme 2016 Mid -Year Review meeting. 21st - 22nd June 2016 Presentation on birth Registration by Hapsatu Husaini Isiyaku National Population Commission
[99] The evaluation findings show that specific documentation/database and/or information is available to validate these numbers and to review other details of the training events such as duration, the trainers, quality of training delivery and pre-post assessments.
[100] Supervision & Monitoring strategy- the RapidSMS technology. The Registration trend after the intervention; by Zainab Mahmoud (2014)
[101] Birth Registration –RapidSMS Innovation Nigeria's Experience by Sharon Oladiji, Nov 2017

It could therefore be argued that this output was 'largely effective' as there is visible increase in staffing, and service delivery points following new recruitments and partnerships with health. Future investments, however, must follow structured capacity assessment and capacity development plans. The documentation of training may also need to be improved.

Based on respondents' knowledge, the visibility of NPopC as the responsible agency for birth registration remains low, as about two-thirds (62% and 64%) thought that local government and health facilities are the primary and secondary agencies for BR services.

Box 17: Appreciating BRP Training

'The role of UNICEF in this collaboration (training event) is highly appreciated and commendable especially in the funding of birth registration activities in the State. The training and distribution of materials to the PHC workers in 08 LGAs was successful'.
(Excerpt from a Training Report: NPopC HOD VR, Adamawa State, FC 10020578)

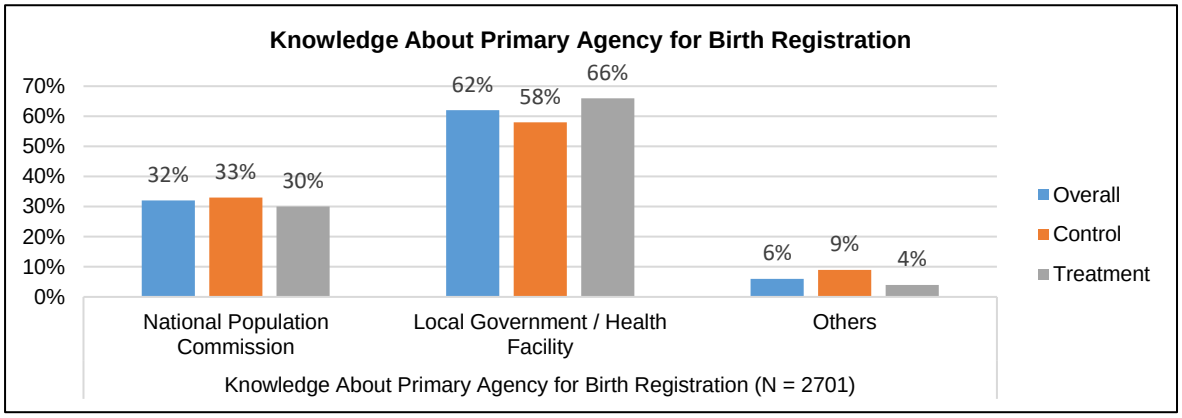


Figure 4.6: Knowledge About Primary Agency Responsible for Birth Registration (Source: HHS)

Likewise, only one in four (24%) survey respondents claimed to know the location of NPopC, located at a far distance, that is, between 01-05 KM (see graph below). This is an area of concern and that should be addressed through awareness and public campaigns for birth registration.

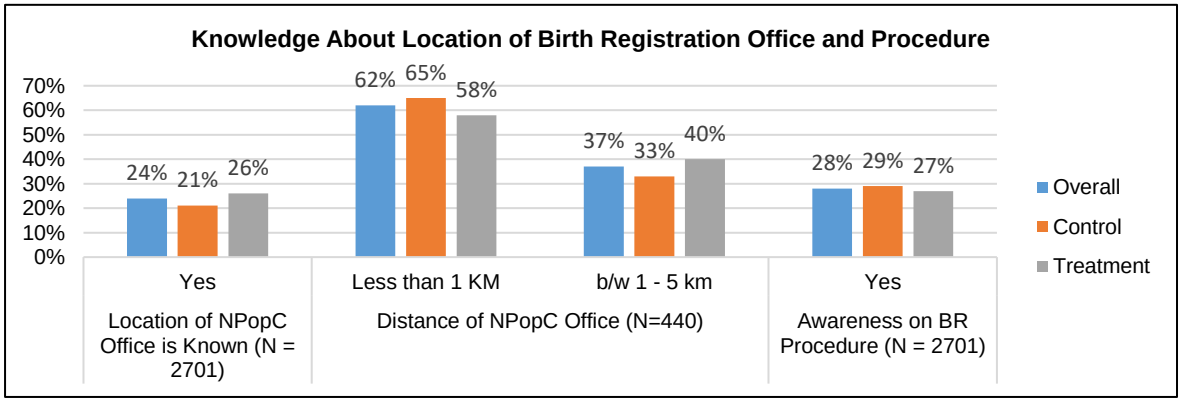


Figure 4.7: Knowledge About Birth Registration Office and Procedure (Source: HHS)

Moreover, about 20% of respondents also mentioned some form of difficulty faced in accessing birth registration services. Table 4.1, below, lists these challenges:

Table 4.1: % Distribution of the Stated Challenges Faced during Attainment of BR Services

Stated Challenges*	Overall (20%)	Control (18%)	Treatment (21%)
There were too many people at the facility	15%	**11%**	**20%**
Staff arrived late and/or was unavailable	20%	**24%**	**17%**
Difficulty in finding the office/desk of NPopC staff	8%	**10%**	**6%**
Non-availability of BR materials	8%	**7%**	**8%**
It took a long time to register	8%	**4%**	**12%**
Birth registration fee is high	6%	**7%**	**5%**
Transport costs are high	6%	**4%**	**8%**
Inadequate guidance on procedures/requirements	5%	**7%**	**3%**
Multiple trips were made	5%	**3%**	**7%**
NPopC facility is located far away	4%	**2%**	**5%**
Facility is closed mostly/permanently	9%	**13%**	**5%**
Others	**5%**	**8%**	**2%**
*PE16: Did you face any difficulties at the facility while registering your child's birth?			

Output 10: National CRVS Strategic Plan Developed and Funded

The Programme (along with WHO) supported NPopC to formulate the 'CRVS Strategic Plan'. Support was provided as part of the commitment made by the GoFRN during the Second Conference of African Ministers in Durban in 2012. The GoFRN committed to strengthening CRVS by establishing a strategic plan. The Plan (National Strategic Action Plan 2018-22) was developed and finalized in 2016 and approved by the President in 2017. The proposed interventions could not be implemented for NPopC, as it had not received funds from the Ministry of Planning and Budgeting. For more details on the UNICEF NCO role in formulation and approval of the Plan, please refer to Appendix 20.

The performance for this output remains effective with respect to completion of tasks. NPopC needs continued support seeking additional financing and implementation not only from the government, but also from other development partners such as the World Bank, UNFPA, WHO and other such national and international partners working on improving CRVS in the country.

Box 18: Commitment for Developing Strategic CRVS Plan

"We hereby resolve to continue our efforts to develop appropriate policies and strategies to reform and improve our CRVS systems, and to mainstream them in national development plans and programmes, taking into consideration the specific circumstances of our countries. ***In this regard, we commit to urgently develop [cost based] national plans of action on CRVS that reflect individual country priorities*** *based on comprehensive assessments to be undertaken with the support of the Secretariat and partner organizations". (Ministerial Statement: Second Conference of African Ministers, held in Durban, South Africa on 3-7 September 2012)*

Output 11 & 12 IEC/BCC campaigns + Alliance Building with Media

These two outputs relate to the demand-side of birth registration services. The Programme helped NPopC with establishing partnerships with media outlets, including electronic and print. It was UNICEF NCO and its communication department that mobilised partnerships with media houses for short-term campaigns in three states, including Kaduna, (2015), Kebbi, and Adamawa (2016). Though the Programme claimed to have media campaigns in four states, no documented evidence is available indicating the execution of media campaigns in Bauchi (the fourth state), during the Programme's duration (2012-2016) and the period under evaluation. As part of the partnership between UNICEF NCO and The Federal Radio Corporation of Nigeria (FRCN), the state radio station, the latter produced jingles, organised round-tables, dramas, and phone-in programmes. The messages were produced in local languages such as Ibo, Yoruba, Hausa, and Pigeon English. As part of the partnership, FRCN took over the production costs of the campaigns and paid for the broadcasting time. These campaigns were implemented for three months, in each of the states. The campaigns resulted in a surge in birth registration rates in the selected states.

Box 19: Messages on IEC Materials

- *'Every child has the right to be SOMEBODY'*
- *'Without a Birth Certificate, the naming ceremony is not complete'*
- *'Birth certificate is FREE' 'It gives access to schools, hospitals, jobs, and other social services'.*

(Messages extracted from IEC materials)

Table 4.2: Post-Campaign Surge in Birth Registration Numbers (All age bands) in Campaign States

States	Pre-Campaign 04 Moths Total*	During Campaign 04 Months Total	% Increase During Campaigns	Post-Campaign 04 Moths Total	% Increase Pre-Post Campaign Period
Kaduna	46,157	109,645	138%	97,215	111%
Adamawa	36,855	756,808	1953%	137,771	274%

Kaduna Campaign; (15 Aug - 22 Nov 2015) / 13W
Adamawa Campaign; (6 Sep - 13 Dec 2016) / 13W
*Total: Birth Registrations in all categories (U5 plus Above 5)
Note: For lack of clarity on timeline of Campaign in Kebbi, the results have not been included.

In addition to electronic media, the Programme (with UNICEF NCO in the lead) produced printed materials such as posters, and other documents from 2013-14. The messages were also translated into local languages, which the NPopC staff referred to as informative, relevant and attention-grabbing (see Box 25). Moreover, some campaigning work was carried out in three other states, including Ebonyi, Imo and Cross-river. This included mobilizing Okada riders[102] for roadshows while carrying birth registration IEC materials, distributing reflective jackets, and organizing dance groups[103].

It is pertinent to highlight that health, education, WASH, and other sections of UNICEF NCO also used their networks and public sector partnerships for community education and awareness. During interactions with the Federal Ministry of Women Affairs and Social Development (FMoWASD), the officials shared that despite the Programme not reaching out to them, they had been propagating birth registration in their routine community mobilisation activities. This ministry is one of the partners of UNICEF NCO CP Section.

evaluators came to know that BR messages through radio had been broadcasted in the north western states of Kano, Katsina, Kaduna, Jigawa, Kebbi, Zamfara and Sokoto, as well as in other northern and southern states. To a degree the inclusion of so many regions has diluted the

[102] Popularly referred to as Okada, motorcycles are used for public transportation in most Nigerian towns and cities. https://www.researchgate.net/publication/267708090_The_Development_and_Impact_of_Motorcycles_as_Means_of_Commercial_Transportation_in_Nigeria
[103] Trip Report Owerri 28 to 30 October 2015, p. 1-4

appropriateness of the quasi-experimental sub-design, which was applied for the assessment of the effectiveness of media campaigns. This could be understood as one reason for insignificant differences for some results in control and experiment states. This came up as a finding following the data collection phase of the evaluation, and therefore did not leave room for change or adaptation in the design of the study. Below are the results of HH S which indicate partial-effectiveness of the campaigns.

The household survey findings show that only 22% of the respondents reported receiving any message about birth registration during the past five years. The 'yes' response was slightly higher (26%) among respondents from the treatment states compared to those from controlled states (18%)[104]. Those who received messages, an overwhelming majority (93%), reflected positively on the appropriateness of the messages, medium, and the language (86% to 93%) respectively. The messages were received positively as evident from post-receipt inclination and finding messages convincing.[105]

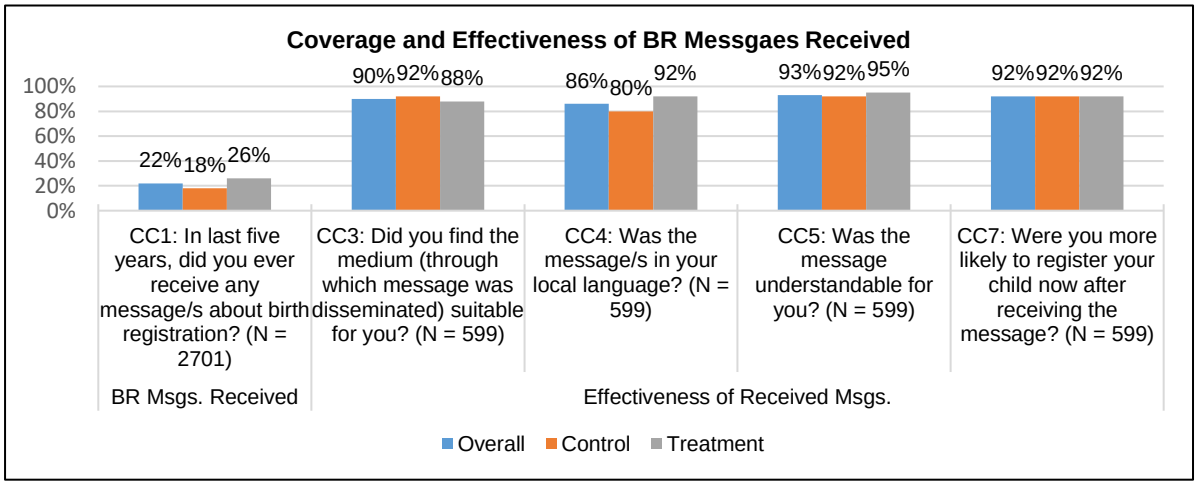


Figure 4.8: BR Messages Coverage and Perceived Effectiveness (Source: HHS)

[104] Survey Table 59: (CC1): In last five years, did you ever receive any message/s about birth registration?
[105] Survey Table 66: (CC6): How convincing did you find the message? Fully convincing (50%); Mostly convincing (38%); Slightly convincing (9%) and Not convincing at all (3%).

The Figure 4.9 shows that despite encouraging numbers around improved awareness and understanding, the campaigns did not go far enough to make communities take action.

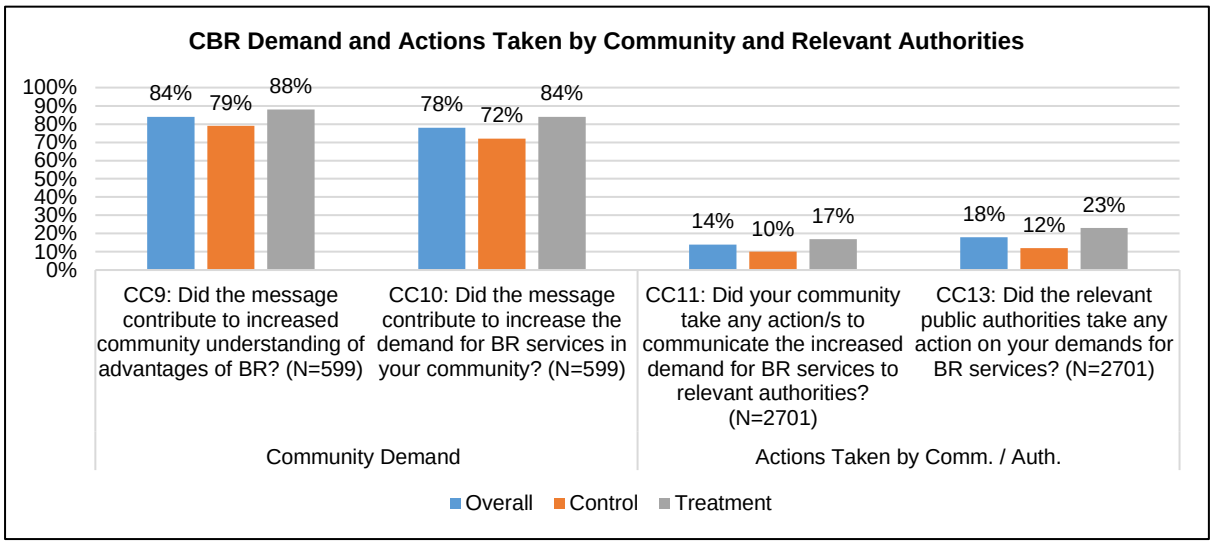


Figure 4.9: Role of BR Messages on BR Demand and Services (Source: HHS)

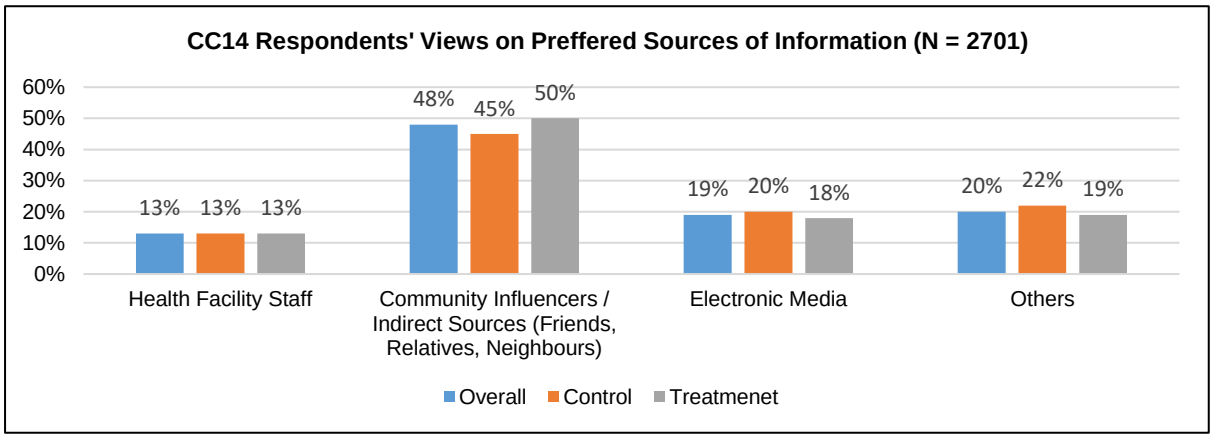


Figure 4.10: Preferred Sources of Information (Source: HHS)

The survey results revealed that the three most **preferred sources of information**[106] were community influencers (25%), indirect sources, namely friends, relatives and neighbours (23%), and electronic media (19%). Cumulatively, about half (48%) of respondents prefer to receive messages through community influencers and/or other social networks (friends, relatives and neighbours). These results indicate that an enhanced role of community influencers, including traditional and religious leaders and social networks (indirect sources of information) are needed for message dissemination. On contrast, the Programme focus was more on radio and TV, which stand out as the third most preferred category as a source of information for receiving messages. Health facility staff were rated fourth (13%) by survey respondents. All these findings necessitate the need for deeper thinking and revisiting the BRP's message dissemination and campaigning strategy. The results were similar for both the control and treatment states and were therefore not illustrated in the pie chart below. Instead, this data has been presented in Appendix 29 on Survey Tabulations. It is also plausible that these survey results reflect the low attention the Programme management gave to assessing and monitoring the effectiveness of media campaigning and other attempted message dissemination implementation strategies.

[106] CC14: Which information sources are preferred or considered more reliable to you? a) Community Influencers (25%) - Religious Leaders - Imam and Pastor 13%; Community/tribal Leaders 12%); b) Electronic Media (Radio 12%, TV 7%); c) Indirect Sources (23%) - Friends 8%; Relatives 8% Neighbours 7%); d) Health Facility Staff 13%; and Others sources (19%)

Box 20: Respondents' Views - Awareness and Role of Traditional/Religious Leaders

"Poor and illiterate parents don't know the use of birth certificate".
"The awareness has not been created; the usefulness of it (birth registration) has not been communicated to us"
"Our traditional leaders informed us about birth registration through town criers".
(Source: FGDs with Parents)

Media Campaign's Success

"The officials of the NPopC were invited to studio to participate in a series of discussions where they highlighted key issues such as eligibility, places to get the Certificate, its validity as well as its relevance to an individual". (Report on 03 Months Media Campaign in Kebbi State. FC 100235572)

"The number of people who started calling when the phone-inn programme started was great, exceeded 100, though few were taken live due to time constrain"t. (Report Media Campaign in Kaduna State)

Output 13: Religious and Traditional Leaders Engaged

The Programme implemented a six-months pilot study in 2013, where religious leaders from 24 institutions (12 churches and 12 mosques) in six LGAs in the FCT were involved, to promote the spread of birth registration messages.

The results of this trial were encouraging. Despite such encouraging results, however, the Programme did not significantly upscale engagement with religious leaders. This appears to be a missed opportunity in the Programme to leverage the influence of traditional and religious leaders. The HHS results also validate this assertion around the significance of traditional and religious leaders. From qualitative discussions, it emerged repeatedly the Programme should have done more to capitalise on the influence of these leaders and their associations.

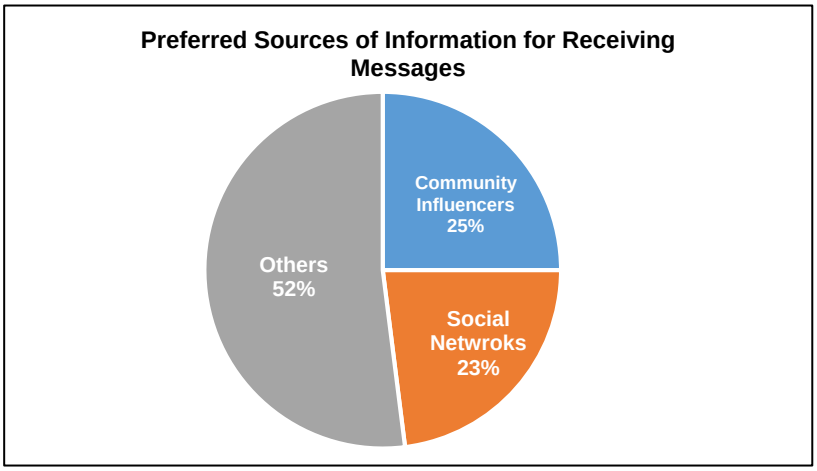


Figure 4.11: Preferred Sources of Information (Source: HHS)

Plausibility of Programme Theory of Change

Box 21: Awareness and Role of Traditional/Religious Leaders

"The prominent people like an Imam or a Pastor are the most important because if they are aware of the significance of BR, they will tell the people about it, and where and when to do the BR. *The birth registrar utilizes any available opportunities to raise awareness and increase birth registration levels, including through traditional leaders, chiefs, health worker etc. In the hospitals, during immunization, the registrars conduct health talk to raise public awareness about birth registration". (NPopC Staff - HQ)*

"The main cause of unregistered births in Nigeria is home births, non-immunization of child, and also lack of engagement with religious leaders who tend to have a major influence on the mindsets of people regarding routine matters including birth registration". (KII NPopC Lagos)

This section looks at the validity or reasonableness of the Programme logic, vertical and horizontal. Readers, however, should keep in mind that this was an evolving Programme and implemented without an articulated ToC.

Irrespective of the quantum of change, the vertical logic between outcomes and impact appear valid (at least for immediate impact) for two outcomes, together enabling the realisation of immediate impact (increased birth registration rates). For outcome 1, the vertical logic worked broadly in improved coverage and efficiencies, barring harmonisation. This could be attributed to low progress made with respect to outputs. For outcome where the logic appears valid, the scale, continuity, and lack of focus on community influencers, including traditional and religious leaders undermined the realisation of results.

[EQ2.3] Which strategies/interventions worked well in comparison to others, in what circumstances, and for whom?

Amongst the strategies that worked well are innovative technology use (RapidSMS, scorecard, and dashboard); integrating birth registration into regular healthcare service (interoperability); public education campaigns (demand side interventions); and convergent programming, whereby birth registration integrated into the other UNICEF NCO programmes with demonstrated results.

The strategies that remained less effective include advocacy for system harmonisation and legal reforms; integration of services into ALGON and education; use of ICT for digitization; limited engagement of community influencers into public education campaigns as well as overlooking the opportunity for NPopC's Public Affairs Department (PAD) to become part of the campaigns.

The description below lists Programme results and interventions which proved relatively more successful than others, as viewed by stakeholders.

The Successful Strategies & Interventions

The strategies and interventions that remained more useful are shown below:

Innovative Technology Use:

The three ICT tools featuring innovative use of technology proved effective. These helped to strengthen the monitoring, introduction of performance culture (improved accountability), and dissemination and advocacy. It worked well as it was a complete and unified package, including accessibility to tools, user ability to operate these tools (smart phones, and internet), and availability of local skills (Timba Objects) to help set-up, implement and improve the system. The

primary beneficiaries included CRVS management, monitors, field staff, and researchers with an interest in the information.

Interoperability Partnerships with Health:

The partnership with health proved more effective than the partnership with education and LG. This was due to greater cooperation and ownership by health staff at the facility level. Birth registration was also integrated into routine health activities, and particularly during Immunization Days (IDs). The health facility remained the most convenient point for accessing basic health services for children aged 0-5. Moreover, health staff were able to reach parents through door-to-door visits on immunization and health counselling sessions, including BR messages.

Box 22: Convergent Programming

"Convergence of programmes means addressing all the rights of children, at the same time in a select number of the most vulnerable provinces within countries. Through support to local government, convergence results in comprehensive delivery of quality services and local and community-based outcomes for children. Convergence also supports strong local partnerships for children between government agencies, community-based organizations, donors, non-government organizations and other UN agencies" (https://www.unicef.org/pacificislands/9596_10875.html)

Social Mobilization during MNCH:

The social mobilization strategy of linking birth registration with MNCH services proved a successful strategy in creating awareness, thus increasing community demand for such services. The activities included community dialogues, rallies, and programme communication through a) Okada riders float and rallies; b) house-to-house mobilization; and c) market mobilization (drummers and dancers). These activities stem from Nigerian culture and traditions and were widely accepted because they combined features of education and entertainment and were therefore appreciated by the communities.

Deployment of Ad-hoc-Registrars:

The strategy of recruiting ad-hoc birth registration officers and sub-registrars to supplement the existing staff of NPopC and health proved effective and successful. This strategy compensated for the increased workload of regular staff now dealing with a heightened demand of services during MNCH, measles campaigns, or other health activities.

Public Education Campaigns:

While social mobilization campaigns proved effective, they were only carried out in selective states. One successful example was Abia where BR messages were disseminated by making 'direct contact' with community members through the involvement of traditional leaders, the use of BCC materials (banners, flyers), and by broadcasting the radio jingles. The radio worked more effectively with the rural population due to its greater access, coverage and people's interest in this medium.

Convergence:

In line with its regional and global priorities, UNICEF has been proactively advocating and implementing internal convergence in order to leverage complementary aspects of the its Country Programme (CP) in Nigeria. This strategy aimed to target hard-to-reach LGAs which were previously not covered by all UNICEF programmes. For BRP, the convergence strategy was effectively applied within UNICEF CO through active involvement of Health, WASH, and the media and C4D units. As a result, complementarities between these sections were fully leveraged to ensure birth registration services were available for marginalized children and their parents. The convergence with Health materialized at two levels: one, supporting the CP section in formalizing the relationship with FMoH by engaging the Health Council in the process of signing MOUs; and two, by integrating birth registration in routine health activities. Similarly, under WASH section programmes, birth registration was integrated into the routine tasks of WASH Committees (WASHComs) which were operationalized at the community level.

Programme's Less Effective Strategies

This sub-section outlines some of the less successful strategies of the Programme:

Advocacy for System Harmonization and Legal Reforms:

Due to the weak and sporadic reach of the Programme with the Senate Committee on Population of the National Assembly, and despite the joint efforts of UNICEF and NPopC, the proposed constitutional amendment to address the duplication of roles between NPopC and LG concerning birth registration could not be ratified. The only notable effort was sending a memo to the concerned committee, which was not enough to bring about the desired amendment. Boko Haram's insurgency in 2012/13 and the replacement of NPopC's chairman also prevented follow-up to the memo.

Box 23: Respondent's Views on System Harmonization

"It is hard to claim any success towards system harmonization due to frequent changes in local government chairmanship, NPopC's inability to regularly follow up, and a lack of emphasis on birth registration as an important priority". (UNICEF Focal Person, Birth Registration Programme)

"The local government, NPopC and hospitals do birth registration. There have been efforts to address this duplication in the system. The National Assembly was requested to look at this duplication and possibly repeal the section which gives the local government power to do registration. On the other hand, if they cannot repeal it, they should harmonise the local government and NPC to work together.". (NPopC Official, HQ, Abuja)

Interoperability - Partnership with Education and Local Government:

Interoperability did not prove effective with education and LG for multiple reasons. For Education, even in states where MOUs were signed, the lack of integration of BR services appeared to be a result of: a) school staff's low level of interest, due to the absence of any incentives (financial); b) limited focus by both UNICEF and NPopC on teachers' capacity development; and c) perceived irrelevance of NPopC data for education planning.

Box 24: MOUs Signing at State Level

"The reason why 33 states have signed MOU with health and only 9 with education is because the MOU can only be signed by the Commissioners who are frequently unavailable to do so. The Commissioners are more interested in political activities. The health sector is comparatively more cooperative than the education sector". (NPopC Official, HQ, Abuja)

For ALGON/LG, the level of interest and involvement of NPopC staff to engage with LG varied across states. One key factor was frequent replacements of LGA chairmen at LGA and/or state levels, making it difficult for NPopC staff to establish meaningful, sustainable working relationships. Moreover, the replacements of local government chairmen, sometimes resulted in the non-payment and layoff or resignation of birth registration staff, which adversely affected the progress of birth registration. This was also reflected in the rapid SMS data.

Use of ICT for Digitization:

No concrete efforts to include digitization were made throughout the Programme's duration. In 2017, however, a pilot was initiated in six LGAs of FCT, and in a few other states. The qualitative discussions refer to low prospects for its success due to software and hardware issues, as well as the technical skills of the registrars. Moreover, the role of NIMC and World Bank was not adequately visible.

Public Education Campaigns:

The Programme strategy around demand creation and awareness raising did not prove effective due to the lack of any formal engagement with religious and traditional leaders. This was despite the proven effectiveness of their role demonstrated during a pilot Programme in 2013. Almost all stakeholders shared that due to their influence and networking in communities, traditional leaders have a greater ability to reach and communicate quickly with communities. The key underlying reason for the visible disconnect of the Programme with traditional leaders, was its weak collaboration and partnership with ALGON/LG. The LG has stronger linkages and influence over traditional and community leaders, but the Programme could not mobilize LG to support it fully. Therefore, the Programme did not prioritize engagement with TLs. At the same time, traditional leaders also had financial expectations for their involvement supporting the Programme. Moreover, the potential role of national level religious networks such as 'The Nigerian Supreme Council for Islamic Affairs' (NSCIA) (under the leadership of Sultan of Sokoto), and 'The Christian Association of Nigeria' (CAN) could not be capitalized because the Programme did not prioritize the participation of these groups.

Similarly, the Programme's communication strategy also lacked the use of social media, which could have been used to achieve greater visibility of NPopC, and the dissemination of birth registration information for public awareness.

"The religious and the traditional institutions were very instrumental to the success that was achieved during the polio vaccine campaign.
The religious and/or traditional leaders were empowered with key messages on the significance of the polio vaccine. These messages were then disseminated by the religious leaders to their community. Their engagement contributed significantly to the success of the campaign".
(KII – MoH, Abuja)

"The mass media i.e. radio in the rural areas and TV in the urban areas, and the town announcers/criers also played an important role in spreading the message about polio vaccination."

"The members of traditional institutions such as religious/community leaders need to be enlightened about the benefits of birth registration and about other child risks such as early marriages".
(KII – MoH, Abuja)

4.3 Efficiency

[EQ 3] To what extent were BRP resources (human, financial and material) sufficient, and efficiently used to produce the achieved results (outcome/outputs)?

Summary Response: The Programme did not have output and outcome targets, nor did it have a pre-set budget, and both factors constrained the possibility of a comprehensive efficiency assessment. This limitation was further compounded by the lack of documentation around output level Programme achievements, particularly around training, availability of human resources, material support, and media campaigns and outreach.

At the start, the Programme did not have a Programme document, nor a budget. For the purpose of an efficiency assessment, the consultants collated and complied the budget into ToC outputs, using all available financial information from UNICEF NCO provided 'Rolling Work Plans'. The financial expenditure statement by UNICEF was also used to analyse the Programme expenditures by outputs, as was mentioned in the revised ToC. The analysis, however, yielded values that differed between two sources (rolling work plans planned budget of USD 5.04 million and USD 7.8 million, as noted in the UNICEF NCO expenditures statement). The NPopC did not have a consolidated budget nor could it produce a consolidated expenditure statement for the Programme, and therefore such a document could not be analysed.

The Programme has contributed in improving NPopC's work efficiency, evident from 94% increase in annual birth registrations i.e., from about 4 million (2011) to 8 million in 2016, as against almost 20% staffing/centres increase (from 3000 to 3640) (Source: NPopC RapidSMS)

… the total Programme spending of USD 7.8 million translates into a cost of USD 0.27 per registered birth in Nigeria through Programme duration (2012-16).

…. a detailed workload analysis by the evaluators indicated the veracity of NPopC's claim of 'staff shortages being a primary reason for low coverage'. The calculations proved NPopC's this claim a 'myth', whereas the key reasons for low coverage lie in poor working conditions and limited communication and mobility support to the Registrars.

The Programme contributed to improving work efficiencies in NPopC. This is evident from about a doubled (94% increase) gross registered births from 2011to 2016. The numbers jumped from almost 4 million to 8 million, alongside an almost 20% increase in staff and centres within NPopC during this period. The numbers of Birth Registrars and Centres increased from about 3000 in 2012-13 to 3640 in 2016. This analysis has been drawn while excluding the number of ad-hoc and sub-registrars due to the lack of usable data with both UNICEF and NPopC.

In terms of human resource contributions, the Programme funded only one (01) dedicated position in UNICEF NCO, and one (01) part-time staff person at NPopC. The Programme did not support any state level full-time positions. The Programme funded the recruitment of 'Ad-hoc Registrars', who were deployed only for campaigns. Their numbers run into the thousands, though there was no consolidated document available showing how many 'Ad-hoc Registrars' worked with the Programme for its duration. Using financial data for 2016, the evaluators came up with the number of 54,000 man-days (see detailed analysis under efficiency) for which these ad-hoc registrars were deployed throughout the year. The analysis for 2016 suggests that the Programme extended significant human resources support for the field activities. From the Programme management's perspective, it could be argued that that the availability of human resource was inadequate. This led to constraining the ability of available staff to plan, monitor, document the Programme's achievements.

In view of repeated references to staff shortages for fieldwork, the evaluators undertook a workload analysis to check on the veracity of NPopC claims. The calculations made in this analysis proved that the complaints about staff shortages were a myth. The evaluators may argue that it was not due to low staffing that birth registration rates are low, and rather this was due to poor working conditions in which the 'Birth Registrars' operated. There was very limited support available to field staff for mobility and communication, which could have been instrumental in improving birth registration rates.

The Programme results, vis-à-vis the funds used, translate into **registering every child for USD 0.27.** This excludes the costs incurred by NPopC per child. While this appears to be a decent cost, due to the lack of industry standards (measured by cost per child for similar services at regional and global levels), the evaluators were unable to comment on how efficient the Programme was.

The analysis of the Programme budget revealed an 'imbalanced' or differential' focus for demand and supply side interventions. The Programme may have had more benefit, were additional resources allocated for demand-side interventions.

The expenditure distribution analysis points to an overwhelming focus on 'supply-side' interventions. The supply-side interventions consumed about 87% of the total budget. For demand-side interventions, only 4% were spent. This skewed focus affected the scale of demand-side interventions, negatively impacting the results. The Programme may have had more benefit, were additional allocated for demand-side interventions (refer to Appendix xx for detailed analysis). The distribution analysis excludes management costs incurred by UNICEF NCO, except for the full-time specialist funding position, for which information is available for only one year (2016).

The Programme applied multiple strategies with demonstrated results for improved efficiency. These included: i) strengthening NPopC's existing infrastructure for improved performance, instead of creating new structures; ii) advocating and enabling innovative use of ICT tools for monitoring, performance tracking, and accountability; iii) leveraging public infrastructure through interoperability, for expanded outreach; iv) and convergent programming for leveraging UNICEF NCO outreach and resources (refer to relevant section under Effectiveness).

Below are the findings and analysis for key and sub-questions about efficiency, including one key and two sub-questions.

[EQ 3.1] Were BRP resources (human, financial, and material) sufficient, suitable, and efficiently used to achieve desired results? Was the financial information complete and accurate?

To obtain comprehensive responses, the evaluators structured questions into three sub sections: a) human Resources; b) financial Resources; and c) material Resources.

Human Resources

Within UNICEF, the programme was managed by one 'Full-Time BR/CP Specialist' under the supervision of Chief Child Protection and supported by other CP Section Staff. Note that the financial sheets do not give a clear picture of CP positions funded by the programme either fully or partially. The full-time CP/BR Specialist single-handedly managed the Programme throughout its duration. UNICEF also ensured the provision of additional external technical support (which was not available within NPopC and UNICEF) by contracting consultants and companies for CRVS assessment and Strategic Plan development, and to upgrade the IT/SMS alert system and Dashboard. Following the government's structure, within NPopC all relevant positions remained available except for a few transfers that happened during the Programme's implementation. Moreover, a full-time dedicated 'Programme Coordinator' was available to organise, communicate, and supervise day-to-day Programme operations. While there was a dedicated monitoring team,

a dedicated staff position was not available within UNICEF or NPopC to undertake proper documentation and knowledge management. As this undermined HR adequacy, this output was rated 'partially adequate[107]'.

The strategy of leveraging the technical capacities of other sections within UNICEF CO (especially health and WASH sections), for convergent programming, has further enhanced the efficient utilization of the latter's technical resources. This is evident from support rendered by the 'UNICEF Health Section' in securing partnership with health. Moreover, at the implementation level, UNICEF's health and WASH section staff were implementing BR integrated activities under their routine Programme activities.

UNICEF did not fund any new full-time recruits within NPopC, and instead worked with existing public resources to maximize utilization of existing recruits. Additionally, UNICEF supported the hiring of ad-hoc registrars, sub-registrars and auxiliary staff (for health and other mop-up campaigns) on an as-needed basis. They were recruited at the time campaigns were to be launched, and were trained in advance, as was appropriate and timely.

UNICEF extended technical support to NPopC for increasing their staff. As a result, NPopC recruited 1,441 additional registrars between 2012 and 2016. Likewise, due to the interoperability approach, NPopC was then further supported by 4,000 health staff/centres. The Programme and NPopC did not provide financial compensation to the health staff, and it can be argued that the efficacy of the Programme significantly improved. At the HQ Level, a team of seven staff were engaged to monitor birth registrar performance and progress, using RapidSMS, Dashboard, and the Score Card system. The use of these monitoring tools resulted in increased efficiency of birth registrars.

Discussions with UNICEF and stakeholders confirm that ad-hoc registrars, sub-registrars, health staff, NPopC staff, and auxiliary staff were provided adequate training, enabling them to perform their responsibilities. The documents were reviewed, and later the NPopC management flagged concerns about limited human resources (staff shortages) at the field level, particularly birth registrars. The evaluators undertook a workload analysis using the information on staff availability and results (cumulative number of births registered in a year) for 2016. The results indicated that the claimed staff shortages are a myth and not a reality (see Box 25 for more details).

[107] evaluators has used the term 'partially adequate', where some Programme action/intervention did not deliver all its intended results/benefits, and/or there where some notable weakness/gap identified in the Evaluation.

Box 25: Staff Shortages and Overburdened: 'Myth' or 'Reality'

The evaluators used the available data for performance vis-a-vis staff availability (including short term and allied agency staff) to undertake the 'Workload Analysis'. The analysis may enable readers and NPopC to reconsider the notion of staff shortages.

The RapidSMS data indicate that a total of 7.7 million children were registered across Nigeria in 2016. The workforce available for birth registration through the year comes to 7869 in total, comprising 3641 NPopC birth registrars, 228 Ad-hoc Registrars, and 4000 Sub-registrars (refer to Tables 2.3 and 2.4, below).

The average workload calculations come to 4.1 children per registrar, per day. The discussions with the registrars revealed that on average the whole process takes 30 minutes on (involving the data entry into the B1 Form, the B2 BR Register, and the issuance of a birth certificate after signing and stamping). If these numbers are triangulated, it seems that on an average each registrar spends approximately 2 hours for registration, from the available 7-8 work hours in a day. Despite the registrars not having data for distances covered by them to reach their places of work, the workload calculations negate the assertions of staff shortages and being over-burdened. The available data does not disaggregate between those who came to service delivery points and those reached out to. This analysis distils myths from reality. To the evaluators, the staff were found to be motivated and doing their best, under the circumstances. The real challenges that emerged from almost all qualitative discussions with Registrars are as follows: i) poor working environments; Ii) logistics to move around for active birth registration and connecting with sub-registrars; iii) limited incentives for star performers. NPopC and those committed to support it may need to reconsider and target their assistance in improving working environment and conditions for the registrars including rewarding good performers.

Financial Support to Mobilize Additional Auxiliary Staff for Birth Registration

Amount Spent (USD) in 2016	Honoraria Rate (@ 5.0 USD Per Staff per day)	Total Additional Staff Mobilized* (2016)	No. of man-days per year (2016) **
274247	5.0	54,667	228

*Total Additional Staff Mobilized = Total Amount Paid/Per person per day Rate
** 240 Working Days in One Year were assumed to calculate total man-days on annual basis
*** Conversion Rate applied (1USD = .0033 Naira as of 31 Dec 2016)
**** 82 Million Naira = 274247 USD; and 1500 Naira = 5.0 USD

evaluators' Calculations – Average Workload per Staff

Staff Category (applicable for 2016)	Total Staff	Average Births Registered per person	Births Registered per person per day
NPopC Staff + Health Staff (4000)	7641	1014	**4.2**

Total Births Registered (2016) RapidSMS = 7746887
*UNICEF supported additional staff (for 2016 only) for campaigns; see calculations in above Table (82 Million / 1500 / 240);
** An estimated 4000 Health Facilities have designated staff (one per health facility) to support birth registration at facility level;
Total Available Staff = Auxiliary Staff per Year (2016) + Regular Health Staff for BR + NPopC Staff (Regular + Ad-hoc)* All other direct and indirect costs incurred in planning and execution of the campaigns and on other routine activities from the NPopC and Health Department have not been factored in due to lack of disaggregated financial information; 240 Working Days in one year were assumed to calculate total man-days on annual basis

The above calculations clearly point to an underutilization of human resources, and therefore low efficiency. On average a birth registrar completed only four (04) registrations per day at NPopC and the Health Department. The average output of about four (4.2) birth registrations per staff is too low than estimated calculations of 8-9 birth registrations per person per day done by CRVS

Consultant during CRVS review and Analysis. Where UNICEF's financial support allowed for additional staff for birth registration, the process was accelerated. Without this, the efficiency of the deployed human resources was undermined, as reflected in the above calculations.

It is also worth mentioning that in Nigeria, the actual problem is not increased caseload, but uneven deployment of HR in LGAs, which feature low to high population density, geographic spread (a few kilometres to hundreds of kilometres of catchment area), and terrain accessibility issues (convenient to unreachable places), among others. The Programme management needed to revisit HR deployment and materials distribution policies to address the underlying reasons to understand understaffing and/or increased workload.

Financial Resources

In total, UNICEF has spent US $7,824,402 (7.82 Million) between 2012 and 2016. Given that the Programme contributed to the registration of **28.6 million children (2012-16)**, the financial efficiency in terms of costs[108] (for birth registration) translates to **US$ 0.27** per child (refer to Appendix 26 for detailed tabulations).

The NPopC and UNICEF staff reflected on whether funds were adequate for interventions. Based on discussion with UNICEF and NPopC staff, the former's assistance was mostly referred to as timely, appropriate, and efficient.

The evaluators also noted an inconsistency between the planned budget, as presented in the UNICEF's Rolling Work Plans (RWPs), and the expenditure statements. Collectively, all five RWPs[109] (2012 to 2016) indicated a total of USD 5.04 Million as the planned Programme budget, while the expenditure statement showed USD 7.8 Million. This discrepancy could be due to the evolving nature of the Programme coupled with weak budgeting and tracking.

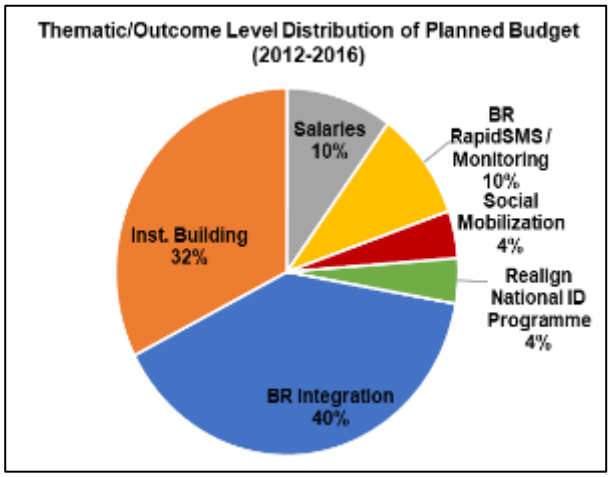


Figure 4.12: Allocation of resources by component / thematic

The analysis of the planned budget (as per Rolling Work plans) shows that proportionally more funds were allocated for service delivery (institutional building, 32%, and birth integration, 40%) as compared with the demand creation component (4%). Keeping in view the importance of demand creation for birth registration, this shows disproportionate funds allocation, and therefore, UNICEF may need to be careful in future to allocate balance resources.

Likewise, no funds were allocated for data punching to keep the CRVS updated and functional. Thus, it was not possible to enter 6 – 8 million completed BR Forms into the CRVS. Allocation of additional funds for data punching could have allowed for the completion of data entry for the remaining completed birth registration forms.

[108] Total registered births include all categories (U1, U5, 5+) as RapidSMS Dashboard (2012 & 2016); analysis excludes all other costs incurred by NPopC, Health and/or from use of public resources; UNICEF Total Budget is extracted from two budget sheets i.e. Programme Implementation Details by Grant for 2009-2013 and 2014-2016

[109] 2011-2012, 2012-2013, 2014-2015, 2015-2016 and 2016-2017

Material Resources

As mentioned above, the budget breakdown and expenditure statements do not provide any allocation nor tracking of funds for the material resources such as BR material, equipment, motor bikes, or O&M. However, drawing upon the discussions with UNICEF and NPopC, the evaluation established the following:

- Timely and adequate training material and supplies were provided;
- UNICEF supported the printing of BR materials (Birth Registration Forms, Register and Certificate). The BR materials were produced in an adequate and timely manner. No reports of shortage or delay of BR material was reported;
- The electronic equipment provided to NPopC for pilot digitization was handed over without following any documentation, structured policy, or needs assessment. Moreover, no repair and maintenance support made available, and as a result many of these items became dysfunctional and were rated inadequate and inappropriate.

[EQ3.2] What strategies were used to ensure the efficiency of the intervention?

The following strategies and approaches adopted by the Programme maximised the its efficiency:

1. **Strengthening & Leveraging of Available Public Infrastructure:** The Programme did not create new structures, rather, it strengthened existing structures and their capacities. Moreover, the mapping of human resources, and using evidence for better human resources distribution significantly contributed to improving Programme efficiency. Likewise, training investments for human resources also contributed to improving their performance, resulting in improved efficiency.
2. **Use of ICT Tools for Performance Tracking and Accountability (improvements):** The Programme used innovative ICT tools such as Rapid SMS, Score Card, and Dashboard to not only ease reporting, making it (almost) real time, the reduced risk of data loss, also enabled NPopC to use ICT to improve performance monitoring and hold staff accountable. The ICT tools helped introduce performance monitoring and enabled efficient data transmission.
3. **Successful Implementation of Interoperability between NPopC-Health:** Engaging other public sector institutions (especially health) contributed to improving BR coverage, and consequently improved services efficiency as several hundred additional staff (auxiliary or sub-registrars; exact numbers were not available) are now available for birth registration services, reducing travel time and costs for parents.
4. **Mop-up Campaigns or Exercises:** Multiple mop-up campaigns were organized to supplement health and EAD exercises. This approach resulted in improved access to services for parents, increasing Programme efficiency.
5. **Maximizing Resources Through Convergent Programming:** Leveraging UNICEF's other sections and programmes such as Health, WASH, Polio and Education optimized resources utilization, and thus enhanced Programme's efficiency.

4.4 Impact

[EQ 1] To what extent has the Birth Registration Programme (BRP) contributed to the envisaged impact, including long term outcomes?

Summary Response: The Programme could not achieve the two 'Immediate Impact Targets'. Secondary data, including MICS 2011 and 2016 results, had been used for assessment vis-à-vis the achievement of immediate impact targets. The first target aimed for an increase of 20 percentage points for under 5 birth registration rates in Nigeria. According to MICS data, the Programme could achieve only a 5.3 percentage points[110,111] increase (for U5) from 2011 to 2016. This is evident from the increased coverage from 41.5% to 46.9% from 2011 to 2016, according to MICS data. The NPopC Dashboard data in a way validates the analysis drawn from MICS data, as it shows an increase of only 6 percentage points for U5. The target was missed by a significant margin of about 14 percentage points.

Birth Registration Rate increased from 41.5% to 46.9% (Source: MICS 2011, 2016)

… annual birth registrations (gross numbers for children under 5) demonstrated a significant increase from about 3 million (in 2012) to almost 5 million per year in 2015 and 2016 (Source: NPopC RapidSMS)

…. the Programme missed its immediate impact targets, a) increasing BR for U5 by 20% Points; and b) and reducing income inequities by 30% points.

…. income inequities have increased by 23 % points in 2016 as compared with 2007 (MICS Data).

….. the Programme did not succeed in enabling NPopC to have a functioning and updated CRVS.

Similarly, the Programme could not meet the other intended immediate impact target of reducing income related inequities (the gap between the richest and poorest groups for child birth registration for U5) by 30 percentage points. The MICS (2016) data shows that the income inequities (birth registration rates gap between richest and poorest income quintiles for birth registration of U5) stands at 64.9%. The trend analysis suggests an increase in inequities in the last decade. For instance, the inequities stood at 41.9% in 2007, which jumped to 64.9% by 2016 (MICS 2011 does not include inequity data). This shows an increase in 23 percentage points in less than ten years. This growing gap must set off alarms for NPopC and trigger thinking to evolve tailored services for the poorest beneficiaries.

The Programme missed both impact targets, which could be attributed to setting unrealistic targets. Although it missed the impact targets, the Programme nevertheless made significant contributions in terms of absolute numbers of births (for U5) registered every year. The NPopC Dashboard data suggests that the numbers almost doubled between the 2012 and 2016. From almost 3 million, the gross number of registered births (for U5) jumped to 5 million by 2016. This is impressive in relation to the fact that the NPopC field workforce and centres increased by only 20%.

The Programme missed another target of enabling the use of birth registration data (as part of a functional CRVS) for the planning of education and health services. The education and health service providers referred to using their own projections-based data (drawn from the 2006

[110] **Definition of 'Percentage Point'** - The difference between two percentages is termed as percentage point. Percentage point is used to show the changes in an indicator with respect to its previous standings (https://economictimes.indiatimes.com/definition/percentage-point); a percentage point is the simple numerical difference between two percentages. An increase from 40 per cent to 50 per cent will often be described as a 10 percentage point increase and a 25 percent increase, which is quite a difference (http://thewritingbusiness.com/the-difference-between-percentages-and-percentage-points/). There are "two correct ways to talk about a rise from 10% to 12%: i.e., a rise of 20%, and/or a rise of 2 percentage points. When in doubt, use (https://marketbusinessnews.com/financial-glossary/percentage-point-definition-meaning/)

[111] **Definition of Percentage Change;** Percentage change is a simple mathematical concept that represents the degree of change over time. To calculate a percentage increase, first work out the difference (increase) between the two numbers you are comparing; next, divide the increase by the original number and multiply the answer by 100. If the answer is a negative number, that means the percentage change is a decrease. (https://www.investopedia.com/terms/p/percentage-change.asp)

Census) for planning. As highlighted in the commentary on Programme effectiveness, the NPopC has not completed the processing and reporting of birth registration forms since 2007. As the Dashboard has only limited birth data, it cannot be equated with a functioning CRVS.

… qualitative findings indicate limited appreciation (among service providers and communities alike) of any direct linkages between birth registration and child protection

As to the long-term impact on protecting children, the stakeholders (including service providers and communities) consulted showed limited appreciation for the direct contribution of birth registration to child protection. The analysis of primary data gathered during the evaluation suggests that the acquisition of birth certificates does not reduce protection risks (against Early Child Marriages (ECM), Female Genital Mutilation (FGM), or Child Trafficking (CT). For stakeholders, the key drivers for these ills emanate from poverty, illiteracy, unemployment, and child-unfriendly beliefs and traditions. To a degree, there were limited capacity, interest, and willingness among relevant public agencies to fully implement child protection laws and regulations. For most parents and other respondents, birth registration does facilitate access to priority needs such as health and education. Birth registration on its own, however, does not guarantee the protection of children from visible protection risks. Only limited data is available on the prevalence of ECM, FGM, and CT in Nigeria, which constrained evaluators' ability to determine or establish a correlation between birth registration and child protection. For most stakeholders, it may be a misconception to expect that birth registration alone may improve the child protection environment of Nigeria. The context is more complex than it appears, and the solution may require a 'multi-pronged approach', of which birth registration could be one part of a larger whole.

The most significant reasons for the Programme to miss impact targets included: i) setting un-realistic targets; ii) in-ability to scale-up partnership with health; iii) lack of adequate harmonisation of birth registration with LGs; iv) limited scale and scope of media campaigns; v) inadequate engagement with, and leveraging of, the influence of traditional and religious leaders; and vi) misplaced assumptions about birth registration vis-à-vis child protection.

The Programme contributed to realizing an unintended yet positive impact. This relates to the use of ICT tools and applications (including Dashboard), whereby these were perceived to improve the performance and accountability of field staff. Moreover, the tools increased the use of data and visualisation (from the Dashboard) for advocacy with senior state officials. The NPopC staff referred to the tools being both 'useful' and 'helpful' with effective advocacy with senior officials.

The evaluation developed and tested two (02) hypotheses. The first (part 01) underpins the 'positive' correlation between birth registration, school enrolment and immunisation. The secondary data negates the perceived assumption of a 'positive' correlation between birth registration with immunisation and school enrolment. Where the MICS data suggests an increase of almost 6 percentage points in birth registration (from 2011 to 2016), it points to a decrease in overall immunisation coverage rates for the same period, including a reduction from 28 percentage points (in 2011) to 23 percentage points in 2016. A similar pattern is evident for school enrolments: the primary school net attendance ratio in Nigeria dropped from 70% in 2011 to 60.9% in 2016. For the second part of the hypothesis, the data suggests mixed results which were not helpful in conclusively establishing any positive relationship between birth registration and child protection. For instance, the data suggests an increase in ECM by 4 percentage points (up from 39.9 percentage points in 2011 to 44 percentage points in 2016), and a decrease in FGM for the same period, by 9 percentage points (down from 27 percentage points to 18.4 percentage points in 2016). In view of these field findings, these patterns may be considered coincidental, with no concrete information on any contributory relationship. The evaluators may therefore conclude that there is no apparent correlation between birth registration and child protection, and that there is no conclusive evidence suggesting a positive correlation or otherwise. The second hypothesis assumes that the improved knowledge among parents and caregivers about the advantages of birth registration (treated as an independent variable) contributes positively to birth registration

(treated as a dependent variable). The evaluation findings establish that the increase in understanding of advantages of birth registration positively affects birth registration practices. This is evident from the post-campaign surges (from 100 to 250%) in the states where media campaigns were implemented (for more details refer to Section 2.2, Outputs 11 & 12). The data proves the assumed relationship as valid, confirming the second hypothesis.

The evaluation had one (01) key question and two (02) sub-questions for the assessment of impact. Below are the findings and analysis for the sub-questions.

[EQ 1.1] Has BRP increased the registration of children (under 5) in Nigeria?

This sub-question relates to the programme's contributions to improving birth registration rates for children under 5 and reducing inequities. Moreover, it includes the assessment of CRVS functionality, usability, and actual contributions to informing planning and resources allocation for child wellbeing services, including education and health.

The targets were set in 'UNICEF's Rolling Work Plan 2015–16'. By 2017, birth registration of children under five (U5) increased by 20 percentage points and disparity rates between wealth quintiles (richest and poorest) reduced by at least 30 percentage points. The two targets have been treated as immediate impact indicators. The evaluators have used the secondary sources, MICS and NPopC data, for immediate impact measurement, and where appropriate have also used primary data in support of the argument.

Programme Contributions to Increased Birth Registration Rates (for U5)

The secondary data (MICS 2011 and 2016) suggests an increase of 5.4 percentage points (from 41.5% to 46.8%) in birth registration rates for U5 in Nigeria. There is not much difference between MICS and NPopC data (RapidSMS)[112], which shows an increase of 6 percentage points for U5, from 10% to 16% (refer to Table 4.3 below, and for more details on RapidSMS data analysis, see Appendix 27). **The data suggest that the Programme missed achieving the immediate impact target by over 14 percentage points. In terms of magnitude or percentage change, the Programme contributed to a 13% change in birth registration rates for U5, according to MICS data (for more details, refer to Table 4.3).**

Table 4.3: Birth Registration Coverage (5) Under Five (U5) – MICS and RapidSMS

	2011 (%)	2016 (%)	Difference (%)	Programme Target[113]	Target Missed by
Birth Registration Coverage Source; MICS (0-5)	**41.5**	**46.9**	+5.4	20% Points	**14.7% Points**
Birth Registration Coverage Source; RapidSMS	**10**	**16**	+6	20% Points	**14% Points**

The MICS data (2007 and 2011) suggests an increase in birth registration from 23.3% to 41.5% for U5 (an increase of 18% points). This shows a noticeable fall in birth registration rates for U5 for a four-year cycle, of more than a 100% decrease. This shows that the Programme set unrealistic targets without taking note of historical patterns.

The most significant reasons for the Programme to miss the impact targets include: i) setting un-realistic targets; ii) inability to scale-up partnership with health; iii) lack of adequate harmonisation of birth registration with LGs; iv) limited scale and scope of media campaigns; v) inadequate engagement with and leveraging of the influence of traditional

[112] The review of the RapidSMS dataset structure reveal an important inconsistency with MICS data on U5. MICS report BR rate for 0-59 months in U5 category. Whereas RapidSMS dataset provides detailed tabulations for under five (U5) as the sum of two sub-categories (Total < 1 and Total 1 to 4). This reflects that children aged from 49-59 months are not being recorded on RapidSMS dashboard in the U5 category, limiting any comparability between MICS and RapidSMS data on birth registrations for U5. Ignoring such inconsistency, the evaluators' analysis follows the same formula for U5 progress tracking as has been used by RapidSMS.

[113] **Programme Target as defined in** 'UNICEF's Workplan Child Protection 2014-15 and Programme's Rolling Work Plan 2015–16' is as "by 2017, birth registration of children under five (U5) **increased by 20 percentage points** and disparity rates between wealth quintiles reduced **by at least 30 percentage points**)"

and religious leaders; and vi) misplaced assumptions about birth registration vis-à-vis child protection.

Household survey results indicate about three-fourths of respondents (68%) consider services delivery related challenges as key reasons for not registering births of their children. For instance, not many (about one third – 30%) parents knew about service provider and/or procedure/requirements for birth registration services; while another one fifth (19%) did not know the location of NPopC birth registration points, sharing that long distances to attain birth registration services were key barriers to attaining birth registration (see Survey Table 55).

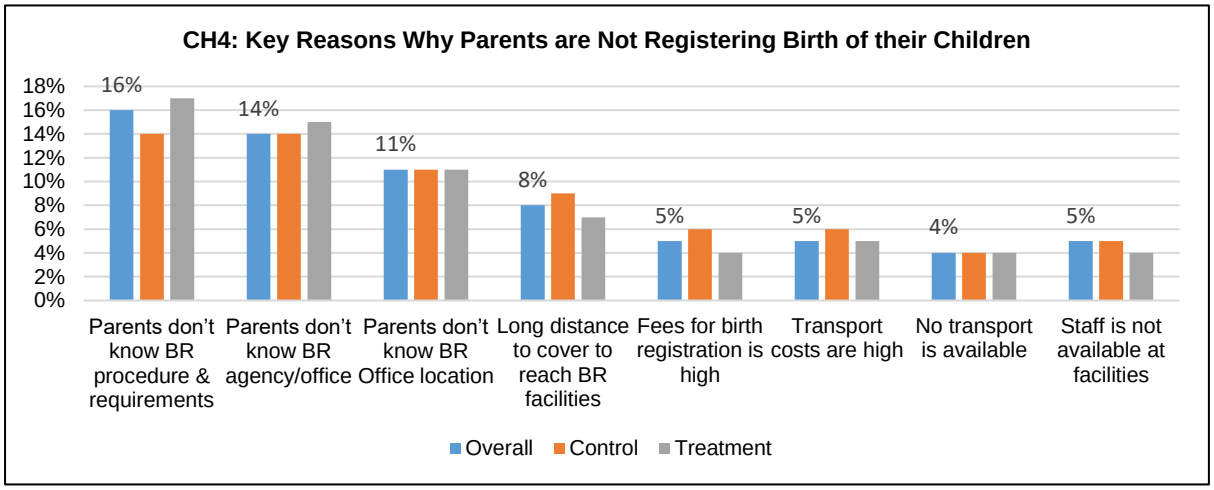


Figure 4.13: Key Reasons Why Parents are Not Registering Birth of their Children (Source: HHS)

The Programme contributed to the observed change, despite missing the target by over 14% -- three times what Programme could improve. Among the reasons for missing the target, the first appears to be the absence of development partners. There are only a few stakeholders that appear to have been working on birth registration in Nigeria throughout this time, either with or without NPopC. This assertion is validated by NPopC officials who shared that there are not many development partners working on birth registration. Any improvements in services are primarily due to UNICEF NCO assistance with BPR. HHS data supports this point indirectly. The data shows that an overwhelming 98% of respondents shared that they don't know of any other stakeholders (NGOs or INGOs) working on birth registration in their communities (refer to Figure 4.14). It is only Plan International (Nigeria) that appears to have had been working on birth registration throughout these years. It could be argued, however, that the scale of operations and coverage were negligible. The World Bank has not been active, following the digitization pilot.

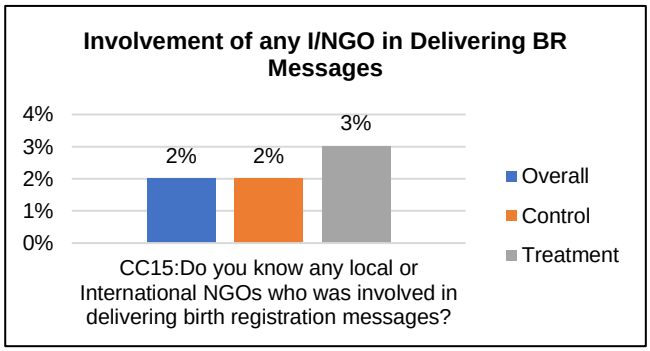


Figure 4.14: Involvement of I/NGO in Delivering Birth Registration Services (Source: HHS)

During interactions with evaluators, different stakeholders interpreted how change occurred as part of the change in their own ways. Taking cue from the views, the evaluators may suggest that change has occurred as a 'synergistic effect' of 'supply' and 'demand' side interventions, implemented under the Programme. The most significant contributors have been the interventions around integration, including expanded coverage, ICT use and behavioural communication. The contributions of these strategies and interventions have been explained in detail in the effectiveness section. In short, the Programme contributed to increased availability of workforce

(ad-hoc staff and sub-registrars from health), and service delivery points (of NPopC and others like health), by about 20% (from 3000 BRCs to 3600). Similarly, the ICT tools improved performance tracking, and therefore accountability. The communication interventions helped improve awareness and consequently the demand for the utilisation of services, though at limited scale (in states where media interventions were implemented). The HHS results indicated half of respondents (50%) referred to their perceived improvements in birth registration services.

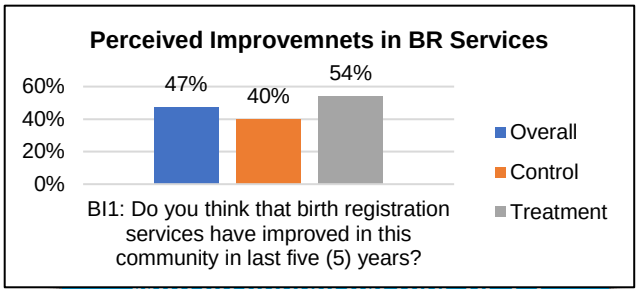


Figure 4.15: Perceived Improvements in BR Services (Source: HHS)

Aside from the fact that the Programme missed its defined target (in terms of percentage points increase in birth registration numbers), the analysis of year-wise RapidSMS data shows a gradual increase in birth registration of children under 5, over the Programme's cycle. The birth registration numbers have increased from 3 million in 2012 to approximately 5 million in each of the last two years, 2015 and 2016. Overall, the birth registration numbers (U5) in 2016 show an increase of about 63%, compared to 2012, a commendable achievement of NPopC and UNICEF. With an annual average of 3.9 million, cumulatively, the Programme has contributed to the registration of 19.2 million children (U5) from 2012 to 2016 (for state wide BR numbers, see Appendix 27). The figure 4.15a, below, provides BR by year, and the percentage increase in BR as compared to previous years.

registration of 19.2 million children (U5) from 2012 to 2016 (Source: NPopC RapidSMS)

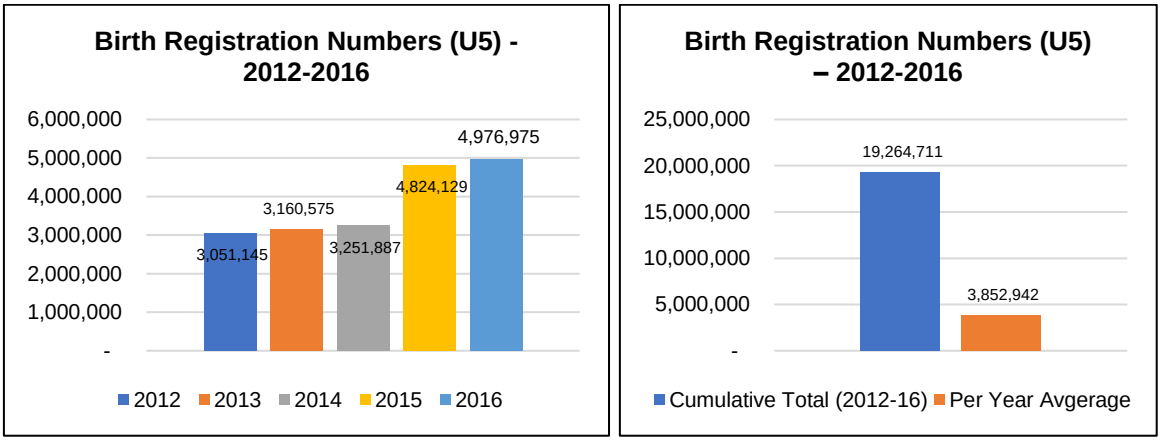


Figure 4.15a: Birth Registration Numbers (U5) – 2012-2016 (Source - RapidSMS Data)

Programme Contributions to Reducing Inequities in Birth Registration Rates (for U5)

The Programme missed other immediate impact targets, including reducing inequities by 30 percentage points (the gap between the richest and poorest income quintiles). The MICS 2016 data indicated a gap of 64.9 percentage points, more than double the value that this Programme intended to reduce (30% points). The trend analysis from 2007 to 2016 suggests that the gap has widened over time. For instance, the MICS (2007) reported a gap of 41.9 percentage points, which has increased to 64.9 percentage points by 2016 (income-based inequity data is not available for MICS 2011). The gap has widened by more than 23 percentage points (more than 50% in terms of percent change; refer Table 4.4 for details). The only plausible reason for this widening gap is the inability of NPopC to evolve and implement products for the poorest to be able to use services. The penalty fee waiver did not do much to encourage the poorest to avail services. This is indeed alarming and merits immediate and serious rethinking in order to make services accessible to the poorest. If possible, this could include creating financial and material incentives for the poorest to avail services. The HHS results point to other hidden costs such as transportation and loss of

income for absence from work as contributory factors for discouraging the poorest to register births of their children. The perception of irrelevance of the service could also be another factor for low uptake of services by the poorest.

Table 4.4: Disparity in BR between poorest and Richest (Source: MICS)

Wealth Quintile Category	BR in 2007 (%)	BR in 2011 (%)	BR in 2016 (%)	Disparity b/w Richest and Poorest (2007)	Disparity b/w Richest and Poorest (2016-17)
Poorest	9	N/A	18.3	**41.9**	**64.9**
Secondary	9.3	N/A	31.6		
Middle	15.6	N/A	44.7		
Fourth	31.4	N/A	67.3		
Richest	50.9	N/A	83.2		

Programme Enabling Creation and Use of CRVS Data for Planning

None among the NPopC officials shared information about the availability of usable and updated CRVS, hence the possibility to use NPopC data for development planning. Except RapidSMS crude data, there is no web-based CRVS for easier access for external users. The public stakeholders from health and education shared that they don't have access to NPopC's updated CRVS data. They shared that they use their own projections (drawn from National Census 2006) for development planning.

The Programme did not include interventions to ensure regular uploading of birth registration data to the database. The Dashboard shows cumulative numbers of births registered in the country, but not the complete profile of children and parents. No data has been fed into the CRVS since 2008, and, apparently there are millions of completed birth registration forms that still require entry in order to be to be usable. The last CRVS Report was produced in 2008. This appears to be an oversight or gap in BRP design, leading to its inability to support NPopC with entering and uploading data. The eight (08) data processing units (DPOs) spread across the country offer an opportunity for future programming, and this may need to be prioritised to address the issue of data updating on a regular basis.

Box 26: Respondent's Views - Data Use for Planning

"Before any project or any intervention from government, the government must know the actual number or population in a particular region and area, so they will use that population figures to predict what will happen and plan the future". (FGDs with Registrars).

[EQ 1.2] Has Birth Registration contributed to protecting children from abuse such as early child marriage, female genital mutilation, and child trafficking?

This sub-question relates to the Programme's contributions to the realisation of long-term impact, including the reduction in child protection incidences, particularly early child marriages, female genital mutilation, and child trafficking. Below are findings and analysis with respect to Programme impact reducing the risks and incidences of these three child protection issues.

Birth Registration and Early Child Marriage (ECM)

The document review suggests that the Nigerian Constitution does not establish a minimum age of marriage[114]. However, the 'Child Rights Act' (2003) sets the minimum age of marriage at 18 years. ECM are common and the prevalence rates range between 10-75% between the South East and North West regions, respectively. MICS 2016 shows an incremental trend in early marriages: it jumped to 44% from 39.9% in 2011. It is girls who are greater risk to ECM.

The evaluation findings suggest limited appreciation of linkages of birth registration with ECM. For most respondents of FGDs and KIIs, the availability of birth certificates does not significantly reduce the risks of early marriage. To stakeholders, the drivers or contributing factors for the prevalence of such risks include; a) child -unfriendly beliefs and customs; b) poverty; c) irrelevance of education; and d) weak implementation of laws. For them, the drivers for change may include: a) creating new norms and/or sanctions around such behaviours at the community and/or family level; b) educating parents by referring to negative health and psychological consequences for girls and children; c) engagement of community influencers, in particular traditional and religious leaders to enforce these regulations; d) mandatory secondary education for girls; and e) strict law enforcement by law enforcement agencies. The HHS results suggest similar patterns with two-thirds (62%) of respondents believing birth registration cannot reduce the likelihood of early child marriages.

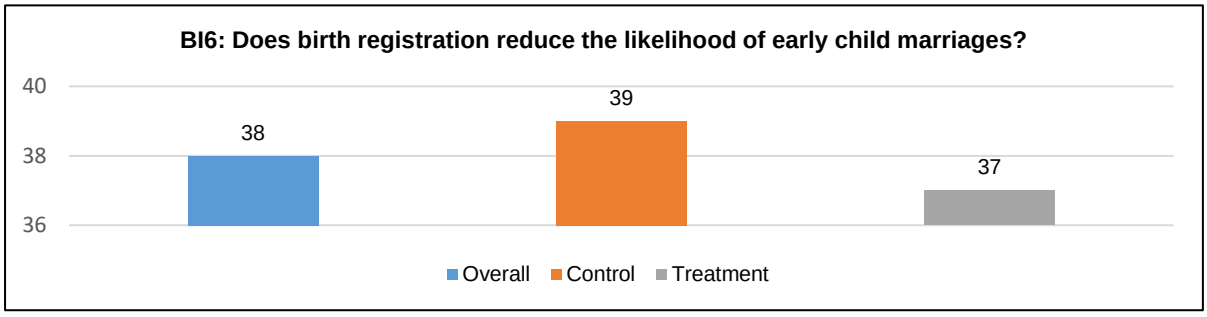


Figure 4.16: Birth Registration Impact on Early Child Marriages (Source; HHS)

Box 27: Respondent's Views – Birth Registration and Child Marriages

"The issue of early marriage, from my own perception, has more to do with the issue of custom, tradition and other things".

"A birth certificate can be effective in decreasing early child marriage which is prevalent in Nigeria, since the minimum legal age for marriage in Nigeria is 18 years".

"Birth registration can establish the age of the (female) child, which can help decide whether a child is mature enough for marriage or not. In case the child is forced into marriage, it should be taken up in a court of law".

[114] https://www.girlsnotbrides.org/controversy-in-nigeria-over-minimum-age-of-marriage/

Birth Registration and Female Genital Mutilation (FGM)

FGM is more concentrated in the Northern and Southern zones of Nigeria. Contributing factors include traditional beliefs and practices. Mostly it is adolescent girls who are at greater risk.
In May 2015, the Violence Against Person Prohibition Act was adopted to address the issue of FGM and other harmful traditional practices.
For most FGD, KII, and survey respondents, there is no direct bearing of birth registration on the likelihood of a girl experiencing genital mutilation. The survey results indicated that one in three (35%) of the respondents viewed BR as a contributing factor to reduce FGM. While referring to factors for change, the respondents shared that what may be needed is, a) an evolution of new social norms; b) more education and empowerment for girls/women; and c) the enforcement of relevant laws. A birth registrar's group also shared that FGM must be an issue for health or and any other related department, though it has nothing to do with NPopC's mandate.

Box 28: Respondent's Views – Birth Registration and Female Genital Mutilation (FGM)

UNICEF has been quite vocal on the issue of female genital mutilation, but BR may not reduce it as FGM has to do with centuries old customs and beliefs.

The health department deals with female genital mutilation. We have nothing to do with it; we just issue birth certificates. (KII UNICEF, Abuja)

The MICS data indicates encouraging results on FGM in Nigeria, including among women age 15 – 49 years, among whom FGM has reduced from 27% (in 2011) to 18.4% (in 2016).

With respect to the BRP's contributions to long term impacts, it may be fair to argue that these risks and issues are driven by a host of different social and economic factors, thus meriting a more holistic approach for resolution. It may also be a misplaced assumption that birth registration would trigger any meaningful change in reducing these risks. Additionally, birth registration must be taken as an entitlement to certain rights and privileges (including protection). On its own, however, on it does not guarantee to protect against violations of girls and women's rights.

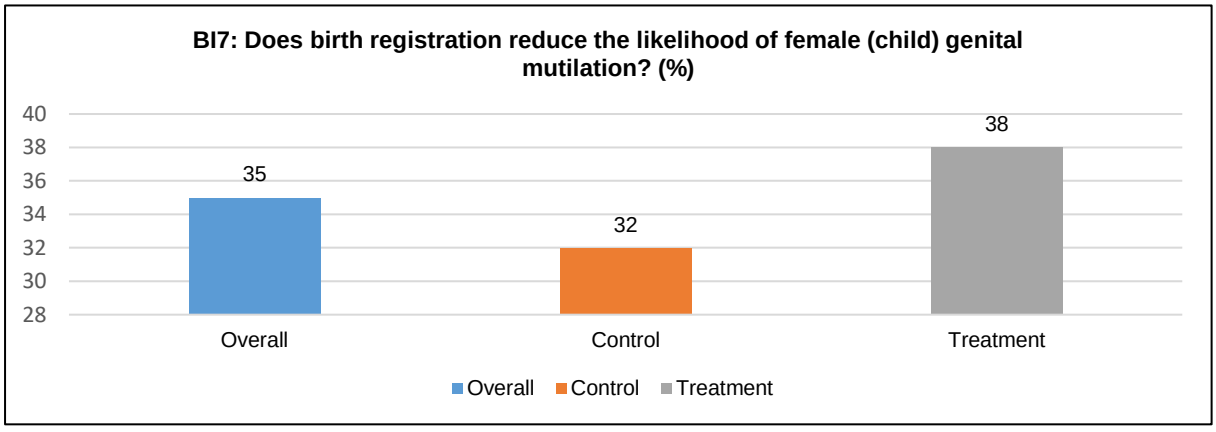


Figure 4.17: Birth Registration Impact on Female Genital Mutilation (Source; HHS)

Birth Registration and Child Trafficking (CT)

Human trafficking (including CT) is a serious issue in Nigeria, with significant attention paid to it by the authorities. There are several policies and organizations related to human trafficking in Nigeria, which include the Child Rights Act (2003), the Trafficking in Person Law Enforcement and Administration Act (ILO, 2015), the National Agency for the Protection of Trafficking in Person Act (2003), and the Criminal Code of the Nigerian Constitution.

Box 29: Respondents' Views – Birth Registration and Child Trafficking

"The child traffickers travel in the dark and use illegal routes to avoid being caught by authorities, so having a birth certificate does not have a major impact on reducing child trafficking, and therefore not directly linked to child trafficking".

"Having a birth certificate has an impact on child trafficking. For example, yesterday, the Nigeria police received a request from Interpol, Paris to confirm genuineness of a certificate presented by somebody with a child, and the Interpol has suspicions that the child was trafficked". (FGDs with Parents, Kaduna)

Unlike ECM, the practice of CT is not confined to any specific region or group. There are organised gangs involved in local and international trafficking. Internally, most victims are children, whose numbers are not known[115]. The most significant contributing factors for CT appear to be extreme poverty, unemployment, decay in public institutions, rural-urban migration, endemic corruption, and illiteracy. Again, most of the stakeholders including parents and communities were of the view that birth registration had no direct or indirect linkages to the practice of CT. On the other hand, some officials interviewed during the evaluation confirmed that BR is an important factor for reducing CT and/or curbing o traffickers. Similarly, about half (45%) of the survey respondents also believe that increased BR can reduce CT incidences.

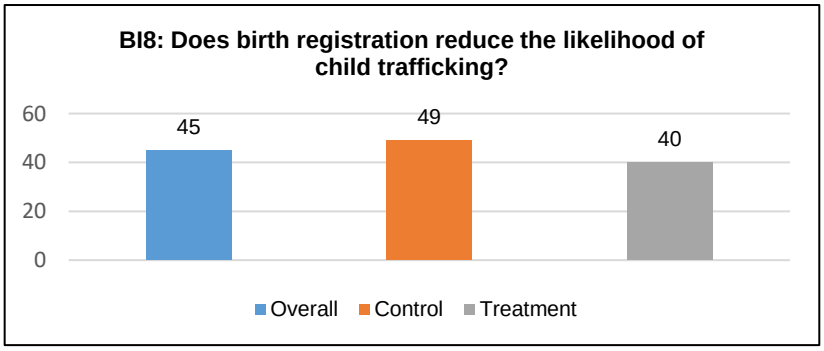


Figure 4.18: Birth Registration Impact on Child Trafficking (Source; HHS)

The current system neither provides unique ID for registered children, nor it is linked with the border control authorities, and it may not be able to address forced trafficking. For stakeholders, the drivers for change may include; a) better employment opportunities for adolescents; b) poverty reduction (so parents are not forced to traffic their children); c) linking-up birth registration data with NIMC/NAPTIP; and d) a crack-down on traffickers.

Unintended Impact

The Programme has contributed to unintended, yet positive, impact. Where the use of ICT tools has helped with progress tracking, the Programme has also contributed to introducing target-driven performance and accountability culture. Each LGA was given targets (based on projections) and their performance was assessed vis-à-vis the given targets. This worked positively in creating results-based performance practices in NPopC.

[115] Konstantopoulos et al., 2013

The other possible unintended impact also relates to the usage of ICT tools. At multiple sites, NPopC staff referred to the successful use of the Score Card and Dashboard (interactive features), to present the status and progress of under-performing states to state officials, to make them understand the gravity of the situation and influence their decisions. The colour coding system in the Score Card and Dashboard has worked to create positive competition amongst states. For that, it could be argued that the tools worked well with evidence and data for localised advocacy. The survey results also point to the absence, or disassociation, of any unintended impact of the birth registration.

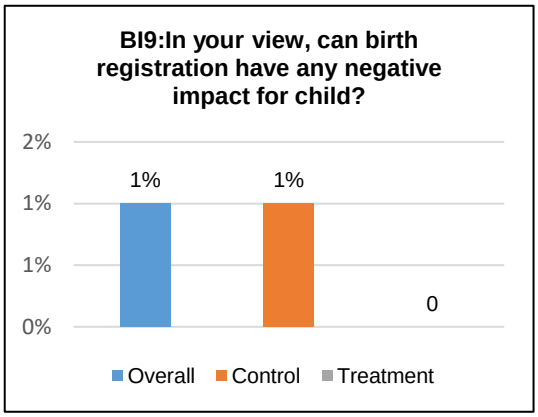


Figure 4.19: Unintended Impact of BR Children (Source; HHS)

Evaluation Hypothesis

The following hypothesis was framed at the start of the evaluation. Below is the commentary as to the validity of the hypothesis.

1. Increase in birth registration rate:
    c. Positively with immunisation and school enrolment rates.
    d. Inversely with child Female Genital Mutilation, Child Trafficking, and Early Child Marriages rates.
2. Increase in understanding of advantages of birth registration positively correlates with increase in birth registration rates.

<u>Hypothesis 01 (Part A): Birth Registration, Immunisation, and School Enrolment:</u>

The secondary data does not support the positive correlation between birth registration, immunisation, and school enrolment. Where the MICS data suggests an increase of almost 6 percentage points in birth registration, it points to a decrease in overall immunisation coverage rates, including a reduction from 28% in 2011 to 23% in 2016. A similar pattern is evident for school enrolments: the primary school net attendance ratio in Nigeria dropped from 70% in 2011 to 60.9% in 2016. These results negate assumptions of a positive correlation between birth registration with immunisation and school enrolment. The data therefore disproves the first part of the hypothesis made for this evaluation.

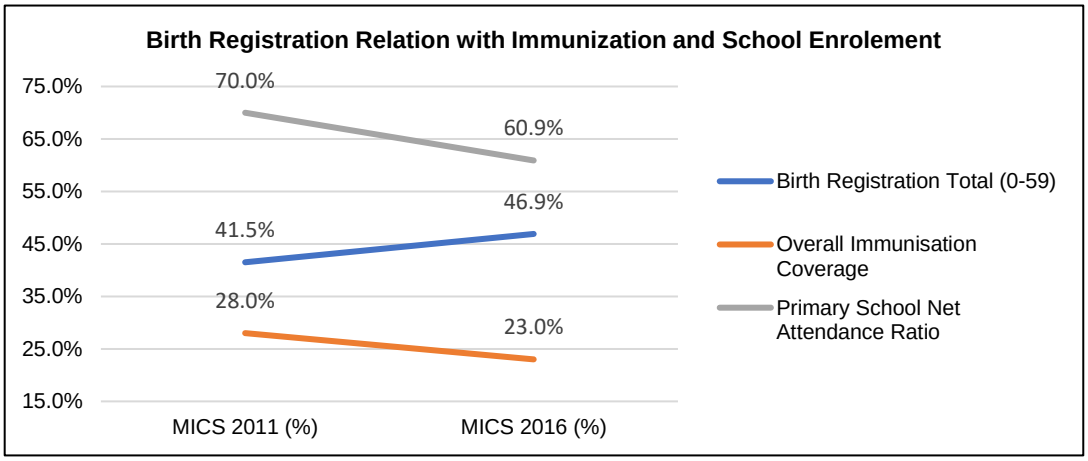


Figure 4.20: Impact of Birth Registration (Respondents' Perceptions) (Source; HHS)

The HHS survey results, however, suggest a perceived positive correlation between birth registration, school enrolment, and immunisation. During qualitative discussions, the respondents shared different views than those that emerged from HHS.

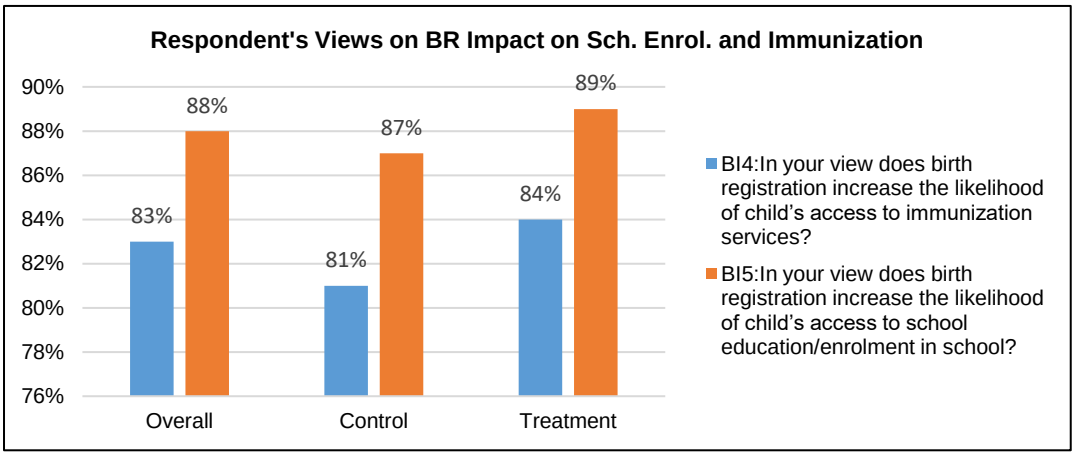


Figure 4.21: Impact of Birth Registration (Respondents' Perceptions) (Source; HHS)

Hypothesis 01 (Part B): Birth Registration, Early Child Marriages, Female Genital Mutilation, and Child Trafficking:

The MICS data (2016) shows an increase in early child marriages by 4% from 2011 to 2016, including an increase from 39.9% to 44% from 2011 to 2016. This shows an inverse correlation between birth registration and early child marriages. Conversely, the relationship appears to be positive for female genital mutilation, including a reduction of 9 percentage points (from 27% to 18.4%) during the Programme (from 2012 to 2016).

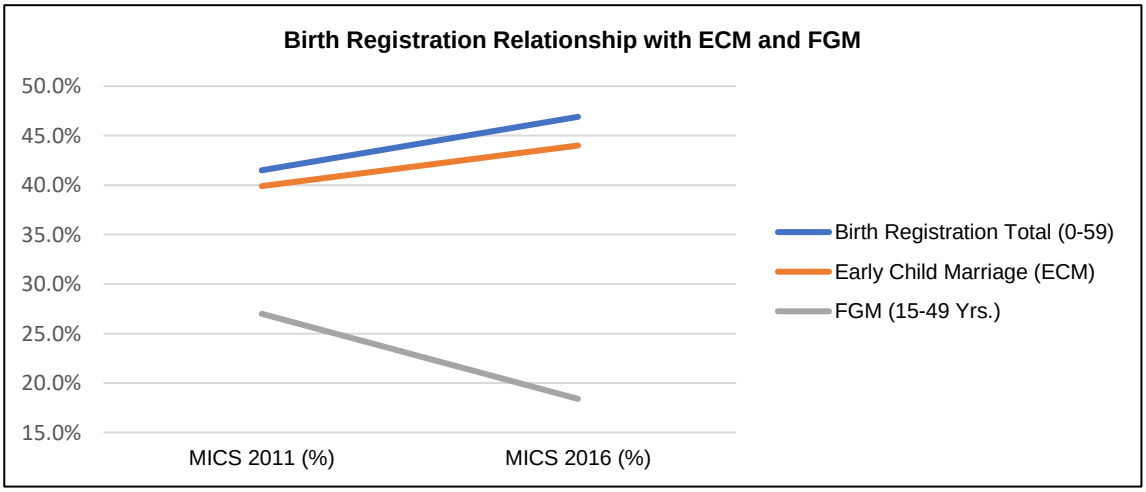


Figure 4.22: Likely Impact of Birth Registration on ECM, FGM and CT (Source: MICS)

The evaluators did not find reliable data to draw comparisons. Based on the above findings, the evaluators may conclude that birth registration inversely corelates with early child marriages, and positively with female genital mutilation. For both indicators, where the results of qualitative discussions suggest a disconnect between two factors, HHS points to a positive correlation.

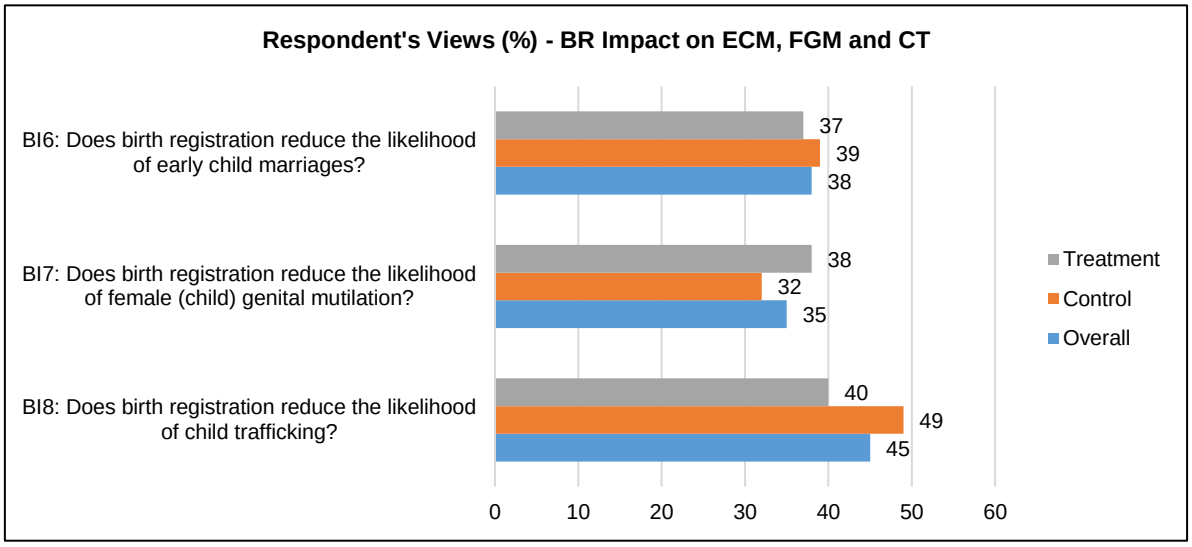


Figure 4.23: Likely Impact of Birth Registration on ECM, FGM and CT (Source: HHS)

Hypothesis 02: Relationship Between Improved Understanding of Advantages with Increased Birth Registration Rates

This is the second hypothesis to Outcome 2: where knowledge about the advantages of birth registration is treated as an independent variable, and birth registration a dependent variable. The evaluation findings establish that the increase in understanding of advantages of birth registration positively affect birth registration practices. This is evident from the post-campaign surges in the states where media campaigns were implemented as part of the Programme (for more details refer Section 2.2, and outputs 11 and 12). In light of the above findings, it could be concluded that the understanding of advantages of birth registration positively correlate with the likelihood of birth registration.

4.5 Sustainability

[EQ 5] How likely are the BRP interventions and results to sustain outcome and impact, and what factors may strengthen their continuity?

Summary Response: The findings and analysis have been informed by field realities, as the fieldwork for the evaluation was undertaken two years after the Programme's completion. The evaluators grouped findings as follows: i) Fully Sustained; ii) Partly Sustained; and iii) Not Sustained[116].

A. Fully Sustained:

a) *Partnership with Health:* The MOU is still intact (for interoperability) and both parties are committed to not only sustain but also to further strengthen their collaboration. Reportedly, over 4000 health workers are dispensing birth registration services across the country.

b) *Innovative use of ICT:* The interventions and results of the innovative use of ICT, including. RapidSMS, score-card and dashboard, are sustained. There is an organisation-wide commitment to retain and integrate these tools into future digitization plans. These interventions have strengthened monitoring, accountability, dissemination, and advocacy.

c) *National CRVS Strategic Plan (2018-22):* The Plan was formulated and later received approval. There is an evident commitment within NPopC to implement the priorities listed in the plan, which also bodes well for sustainability.

B. Partly Sustained:

a) *Staff training for both NPopC, health and education:* A series of trainings were organised for staff from NPopC, health and education. These trainings, however, did not include any follow-up or refresher sessions. There is no evidence if training contents have been blended into the health staff's pre and/or in-service curricula. Moreover, the evaluators did not find any evidence and referrals from the stakeholders of continued use of training contents through pre/in-service training packages.

b) *Material support to NPopC, including equipment, transport, and stationery:* The Programme included the provision of a wide variety of material support including computers, printers, motorbikes, digitization devices, and other materials such as stationery. This assisted NPopC with improved services delivery. This was, however, one-off support, after which the materials reportedly became dysfunctional due to lack of proper up-keep for operations and maintenance.

c) *BCC/IEC campaigns:* The campaigns were planned and implemented as one-off activities in a few states for a limited time. The IEC products, such as jingles and posters, remain available for future use.

C. Not Sustained:

a) *Legal anomalies resulting in services overlaps (with ALGON):* Programme interventions did not resolve legal anomalies, resulting in continued services overlaps (with limited data sharing) between NPopC and ALGON. The 'Memo' is lying with the respective 'Senate Committee' and issue seems to linger on with no progress in sight.

b) *Media alliances:* Alliance with media entities (media houses and journalists) were short-term, and therefore were not sustainable beyond the campaigns.

Factors that may strengthen the sustainability of interventions and results are as follows.

I. A Proactive approach by NPopC to review and reset partnerships with health, education, and ALGON;
II. Securing commitments from NPopC to put in O&M costs for continued use of Programme supported materials like equipment and stationery;
III. Building capacities of NPopC PAD to form media alliances and implement effective campaigns; and
IV. Leveraging the potential of community influencers for future campaign work.

[116] The criteria 'Fully Sustained' refers to those Programme interventions that were found to be in place (during the time of evaluation) and were contributing to intended results. The criteria 'Partly Sustained' refers to Programme interventions where either the interventions or some components were discontinued with intended benefits diminishing over time. The criteria 'Not Sustained' refers to those Programme interventions that were discontinued, and the intended benefits diminished fully.

The evaluation had one (01) key question and two (02) sub-questions for the assessment of relevance. Below are the findings and analysis for key and sub-questions.

[EQ 5.1] What is the likelihood Programme interventions and outcomes will remain sustainable over the long term?

As mentioned above, this impact evaluation was commissioned after two years of Programme closure, following 2016, and this write-up is informed by ground realities on sustainability. The response to this question outlines the interventions and results that were sustained either fully or partly, and those that did not sustain.

Component-1: Advocacy for Legal and Policy Reforms

MOUs have sustained over time and are likely to continue providing policy guidance for collaborative working.

For this component, the interventions and results that sustained include MOUs for the integration of BR services into health and education at federal and state levels (36 with health and 11 with education). Where signed, these MOUs were found to be still intact and acknowledged by the parties involved, irrespective of the amount of progress made in terms of their operationalising. In summary, it could be argued that the MOUs were sustained, and are likely to continue providing policy guidance for collaboration and as a framework for interoperability. As a result, opportunities have opened to leverage health and education infrastructure to facilitate BR services.

Component-2: Partnerships for Interoperability

Partnership with health resulted in training of about 10,000 staff, of which 4000 are reportedly involved in BR services; hence, 'partially sustained'

In continuation with the above component, this one relates to setting interoperability in motion after the signing of MOUs. It appears that the 'Rolling Plans' were never developed and implemented, resulting in a variety of arrangements across states and between parties. The trainings of health and education staff (health staff numbered 10,000, but no details were available for education staff) were organised with no refreshers. The results could be argued as partially sustained, as approximately 4,000 health staff were reported to have been involved in services delivery. The partnership with education could not take off. Under the material support, the 'Sub-registrars' (health staff working closely with NPopC) continued to receive supplies, such as stationery, however, this resource may sustain itself only until the current stocks last.

Component-3: Quality of NPopC Service Delivery

The interventions and results around ICT tools and use of technology have sustained fully and there is organisation-wide interest and commitment to integrate these into future digitization of birth registration services.

A range of different interventions were planned and implemented comprising technology support (ICT), including trainings, provision of supplies, and technical support to develop the CRVS strategic plan to improve services delivery. The ICT support entailing interventions such as RapidSMS (active in all 774 LGAs), Score Card, and an online Dashboard, continue to function. As a result, these have contributed to regular and efficient reporting, the introduction of performance culture, improved accountability, wider dissemination, and uses for advocacy. The interventions and results have sustained fully and there is an organisation-wide interest in, and commitment to, integrating these into the future digitization of birth registration services. The material support, provided in the form of computers, motor bikes, and stationery, has sustained partially in the absence of a pre-defined transfer of O&M costs and passed responsibility on to the NPopC. The partial sustainability of interventions has started affecting the services efficiencies.

The increased coverage has sustained and is likely to remain. NPopC increased the number of field staff (registrars) from 2200, in 2011, to 3621, in 2016, amounting to a 65% increase in core field staff. They are on the NPopC payroll, and therefore likely to stay. Moreover, services delivery points have been increased because of over 4,000 active sub-registrars, who are mostly health staff (and this is despite drop out). Since the MOUs are in place, these staff continue to provide services. The Programme helped train 181 NPopC staff to use new applications, such as RapidSMS, Score Card, and the online Dashboard. The interventions and results with respect to increased coverage and an adaptive and active workforce have been sustained.

The interventions and results in terms of increased coverage and adaptive/active workforce have been sustained.

Finally, technical support was extended to NPopC to formulate the National CRVS Strategic Plan (2018-22). Where the intervention may not merit continuity, the product does. The plan received approval in February 2017, however, it lacks financing for implementation. There is evident interest and commitment within NPopC to seek finances and put this project in motion for improved services.

Component-4: Communication for Behaviour Change

As a demand-side component, communication for behaviour change entailed interventions to educate the masses to raise awareness and encourage the practice of birth registration. It included media alliances, and engagement with community influencers, including religious and traditional leaders.

Media campaigns of 3 months duration, each, were developed and implemented in three states, including Kaduna, Kebbi and Adamawa. Media alliances were made for campaigns with the active engagement of NPopC PED. These were one-off events, resulting in a moderate to significant surge in birth registrations. While the campaign's products are available for reuse, the campaign partnerships are not (neither the capacities within NPopC to retain those) and due to this, it could be argued that the fourth component is partially sustained. No significant headway was made with respect to traditional and religious leaders' engagement as key influencers for public education and awareness. The limited focus on leveraging the local influencers appears to be a key constraining factor in creating localised mechanisms for sustained messaging of BR to communities.

…. media partnerships could not sustain beyond campaign period, hence considered as 'partially sustained'.

No significant headway was made with respect to engagement of traditional and religious leaders…

[EQ 5.2] What factors will be involved in ensuring Programme sustainability?

Readers are advised to review the section below in conjunction with the response to the sub-question above. The list of key sustaining factors, identified through consultations with stakeholders, are below. The focus has been on those interventions that remained partly sustained or unsustainable.

- **Review of Partnership with Health & Education:** It may be appropriate to reach out to the respective councils at the federal level, for health and education, present achievements and challenges, and to seek support for addressing the former. For education, priorities can be linked with Early Childhood Education (ECE). NPopC state commissioners may take a proactive approach to reach out to relevant partners at the state level, and develop, implement and monitor plans that integrate training into pre/in-service packages, including refreshers.

- **Evidence Based Material Support:** The provision of supplies and material support must follow the process of assessment and arrangements, for provision of O&M may be negotiated as part of capacity development support. The use of technology to monitor and maintain optimum levels of materials and supplies needs to be strengthened.
- **Building NPopC Capacities for Media Management**: NPopC's Public Affairs Department must lead while also receiving support to develop and sustain strategic media engagement. Comprehensive behavioural research should ideally precede public education campaigns, for improved and sustainable results. These campaigns should be frequented with appropriate monitoring.
- **Partnering with Community Influencers:** Lastly, the engagement of traditional and/or religious leaders through ALGON and religious associations like the Catholic Association of Nigeria (CAN) and the Nigerian Supreme Council for Islamic Affairs (under the leadership of Sultan of Sokoto) is paramount for community education and sustained behavioural change.

Find below some qualitative assertions as were shared by various stakeholders:

"Currently, there are ongoing discussions about including birth registration into the training manual of the National Health Management Information System (NHMIS) tool, so that M&E Officer in the health centers are trained for birth registration on it". (KII – MoH, Abuja)

"In order to improve the supply side of the birth registration service, all health centers, approximately 30,000 in number, should be made birth registration centers, equipped with appropriate and enough materials and tools, as well as a well-qualified and capable Vocal Officer and trained health workers." (KII – MoH, Abuja)

"The implementation of the signed MOUs for the integration of birth registration into health services needs to be strengthened".

The issue of inadequate materials for health workers in the health centers to carry out birth registration needs to be overcome". (KII – MoH, Abuja)

"NPopC should have a formal agreement with traditional/religious leaders to be allowed to go to churches and mosques on designated days to register missed children, and also use the opportunity to deliver key messages to the public about the long-term importance and benefits of birth registration. Moreover, the birth registration centers should be close to the communities for easy accessibility". (KII – MoH, Abuja)

UNICEF is helping with digitization, but it has not fully taken off. We want UNICEF to give us a separate server, because all our data is on cloud. From UNICEF we need their hand-held devices, their server, equipment and training". (KII – NPopC HQ, Abuja)

"Digitization will make work easier for us because we will have a database that health and education will be able to access/check online to get information such as the number of children enrolled. We need E notification for birth registration data from health". (KII – NPopC HQ, Abuja)

"In Namibia, there is a desktop in each health facility, and after each delivery, it has a code through which a nurse will access it and enter the woman ID number. This will give the nurse access to all information about the woman, and if the woman doesn't have an ID, she will register the new child. This will provide them with the number of children delivered that day, so all health centers are notified, anywhere the person goes, the child will be registered. This is E notification and its use and benefits". *(KII – NPopC HQ, Abuja)*

"We don't have the funds for implementation of the CRVS Strategic Plan". (KII – NPopC HQ, Abuja)

"Everything can be sustained. CRVS has become a global focus and the Commission is a member of the committee for the development of CRVS in Africa, which requires sustaining all these interventions and programmes if the country is to develop its CRVS system". (KII – UNICEF, Abuja)

4.6 HRBA and GEEW

In order to avoid repetition, this section of the report does not include a dedicated summary response. The evaluation had one (01) key question and two (02) sub-questions for the assessment of HRBA, Equity and GEEW.

[EQ 6] What strategies and interventions did the BRP implement to comply with gender-equality, equity, and HRBA programming principles?
[EQ 6.1] To what extent did the BRP consider a human rights-based approach, and equity in its strategy?
[EQ 6.2] How well did BRP target and benefit the most deprived and vulnerable?
[EQ 4.4] To what extent did the BRP reach out to and meet the needs of the poorest and most deprived children and families?

Note: The description below offers a composite response to both the evaluation sub-questions, 6.1 and 6.2, and responds to sub-question 4.4 under the relevance section. The response focuses on the targeting and benefits of the Programme for the most deprived and vulnerable. It includes a brief commentary on the compliance to 'UN-SWAP', with which UNICEF is concurs. Below are the findings and analysis for the sub-questions.

Box 30: Human Rights

"Human rights are the civil, cultural, economic, political and social rights inherent to all human beings, regardless of one's nationality, place of residence, sex, sexual orientation, national or ethnic origin, colour, disability, religion, language, etc. All human beings are entitled to these rights without dis-crimination. They are universal, inalienable, interdependent, indivisible, equal and non-discriminatory".

(Adopted from UNEG - *Integrating Human Rights and Gender Equality in Evaluation*)

The evaluation process and products, including design, methods, implementation, analysis and report, considered UNEG prescriptions and standards vis-a-vis assessing the Programme's integration of these cross-cutting elements (HRBA, equity, and gender equality). The assessment of the integration of gender equality has been merged into the section on compliance to UN-SWAP and GEEW.

Integration of HRBA Principles:

The Programme is assessed to be coherent with HRBA principles of non-discrimination and equality, participation and inclusion, and accountability.

Box 31: Respondent's Views on Awareness About BR as A Legal Requirement

"70% of people in this area know about BR being a legal requirement. However, all of them are not aware of all the other benefits of having a birth certificate, other than for school enrolment. (Source: FGD NPopC Birth Registrars - Lagos)

The evaluation establishes that the Programme objectives and approaches were compliant with national and international legal instruments, and commitments signed by GoFRN, including the Universal Declaration of Human Rights: i) Child Rights Convention; ii) International Convention of Civil and Political Rights; iii) Convention on the Elimination of All Forms of Discrimination against Women; and iv) Convention on the Rights of Persons with Disabilities. Moreover, the Programme objectives and approaches were found consistent with the development and policy priorities of GoFRN, including the Six National Comments of the National Priority Agenda 2013 – 2020, and

NV20:2020. Moreover, GoFRN has signed up for SDGs (which include BR), and therefore it could be argued that the Programme is aligned with HRBA principles.

The household survey results indicate a high level of awareness among communities about the right of every child for birth registration, as well as the fact that birth registration is mandatory for every child in Nigeria[117]. These survey findings, however, are not fully in accord with qualitative findings, suggesting a mixed response where many of the participants of FGDs do not know that birth registration is the law. Due to this, parents in Nigeria do not always prioritize birth registration for their children. Also, considering the nature of question, the survey results may point to 'socially desirable' responses from the respondents. No plausible explanation is found to explain almost similar results across control' and treatment states.

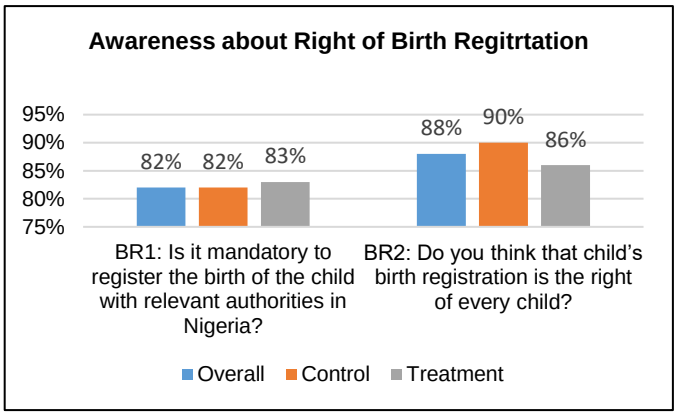


Figure 4.24: Awareness on Birth Registration 'Right' (Source: HHS)

The Programme design included interventions that are integral to rights-based programming, for all key stakeholders, including the duty bearers, the rights holders, and the influencers (religious and traditional leaders). This design illuminates the Programme's adherence to the application of HRBA principles. No evidence was found that services and service providers discriminated against users, based on sex, status, religion, language, and others. NPopC officials referred to the prioritisation of under-served areas and hard-to-reach communities in rural areas, for services expansion, further cementing the compliance with HRBA principles.

The Programme design included interventions that are integral to rights-based programming, for all key stakeholders …

This illuminates Programme's coherence to the application of HRBA principles.

The imbalance in resources distribution was skewed heavily in favour of duty bearers at 87%, compared to only 4% for rights holders and influencers together. While this imbalance dilutes compliance, accounting for the attributes underlined above, the Programme is argued as largely compliant.

Equity:

For lack of clarity as to the most deprived and disadvantaged groups and in Programme reports and other documents, the evaluators, together with NPopC, identified the following priority groups: i) illiterate parents; ii) income and asset poor families; iii) families in hard-to-reach areas (rural and remote); iv) families in conflict/security affected areas, and; v) single mothers.

[117] Survey Table 20 and 21: (BR1) In your view, is it mandatory to register the birth of the child with relevant authorities in Nigeria? And (BR2) Do you think that child's birth registration is the right of every child?

Box 32: Defining Vulnerable

To address the definitional gap (as the Programme did not have a documented definition), the evaluators worked together with NPopC and UNICEF to derive the definition of vulnerable. The evaluators found the interchangeable use of multiple terms and phrases, such as 'marginalized, and children living in hard-to-reach areas. They were not successful teasing out which groups were being targeted. The discussions allowed for the delineating of groups that have been referred to as vulnerable. These include: i) Income and asset poor families; ii) hard-to-reach families (in rural and remote areas); iii) families in conflict/security affected areas, and; iv) single mothers.

The Programme did include interventions for the first three groups. These included expansion of services to remote and under-served areas; fees waiver for delayed birth registration (a penalty imposed by NPopC); the introduction of active birth registration; and education and awareness campaigns. The evaluation findings do not suggest particular interventions by the Programme for the remaining two groups, including families exposed to conflict, and single mothers.

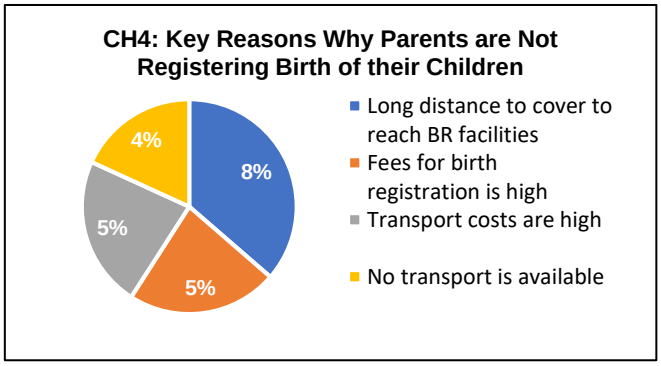


Figure 4.25: States Reasons for Parents, Not Registering their Children (Source: HHS)

The data suggests a significant service utilisation gap (for U5 registration) between the richest and the poorest income quintiles, at 64.9 percentage points, according to MICS 2016. The trends analysis suggests that the gap is increasing. It has soared from 41.9% to 64.9% in the past 9 years, from 2007 to 2016. This could be due to the lack of incentives for the poor to register their children. Similarly, the service utilisation gap may also be due to travel costs and opportunity costs, including loss of income for time off from work to have child registered. Household survey results also revealed that 22% of parents[118] face some barriers while accessing birth registration services, such as long travel distances, perceived high fees for birth registration, non-availability of transport, and high transportation costs. 10% of the HHS respondents referred to registration fees and transportation costs as factors for not registering children. The overall pattern merits further research to understand the drivers and dynamics for the widening gap.

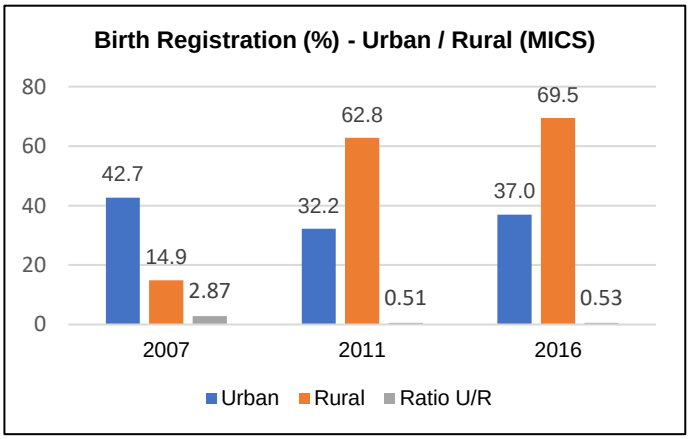


Figure 4.26: Birth Registration – Geographic Inequity (Source: MICS)

The Programme prioritised communicating with hard-to-reach areas; in other words, 'under-served' areas. The BNA undertaken at the start helped with identification and eventual prioritization of LGAs considered difficult to access due location and terrain. These included LGAs with bigger catchment area[119] (more than 10% of LGAs are greater than 900 km^2 per BR centre), and/or those where NPopC had inadequate staff.

[118] Survey Table 55: (CH4) Please help us list the top five reasons why parents are not registering their child birth

[119] In more than 10% of LGAs, there may be only 1 registrar for more than 900 km^2 or populations (>3450 births per year), or both. Parents are forced to travel up to 24 hours to the nearest registration center. The time and expense are too high. (Excerpt from Analysis Report)

The MICS Survey data suggests a significant increase in birth registration rates (for U5) in rural areas. The numbers have jumped from 14.9%, in 2011, to 69.5% in 2016. This could be partly attributed to expanded coverage and active registration, as was supported by the Programme. It is worth noting that the numbers are coming down in urban areas, from 42.7% in 2011 to 37% in 2016. This finding merit further probing and research. The data of the conflict affected states, including Adamawa, Gombe and Yobe, show incremental change in birth registration rates, including significant increase (268%) in cumulative birth registration numbers for the mentioned in 2016, as compared with 2012 (see Table 4.5). This is even though Programme did not have any interventions for conflict affected States.

Table 4.5: Birth Registration Numbers (U5) in Conflict Affected States (Source: RapidSMS)

States / Year	2012	2013	2014	2015	2016
Adamawa	68,041	73,440	91,708	79,090	576,669
Gombe	56,193	51,434	79,257	194,999	67,854
Yobe	33,290	44,200	43,518	75,136	188,315
Total	**247,248**				**910,466**

The stakeholders consulted during the evaluation did not refer to services discriminating against single mothers. They were of the view that attitudes have changed over the years and there is, apparently, no stigma attached to be a single mother. Due to the unavailability of updated data, the evaluators could not draw any trends analysis.

… illiteracy (33%), poverty (19%) and residence in rural areas (16%) emerged as the key three aspects making parents less likely to do birth registration

It could be argued that the Programme was equity-sensitive, integrating interventions to reach out the poorest and most deprived. Considering the emerging pattern, NPopC is advised to reflect on current services and delivery mechanisms, to innovate service and products that accelerate birth registration rates amongst the poorest, urbanites, and those living in conflict affected areas.

The household survey results (see Graph 4.27, below) confirmed the above findings on equity considerations, as illiteracy (33%), poverty (19%) and living in rural areas (16%) emerged as the key three aspects making parents less likely to register their children's births. Among other factors, were living in conflict affected areas, single mother, and others. All results were almost similar across control and treatment states. These results are therefore not shown in the graph below, and instead a detailed table has been added in Appendix 29.

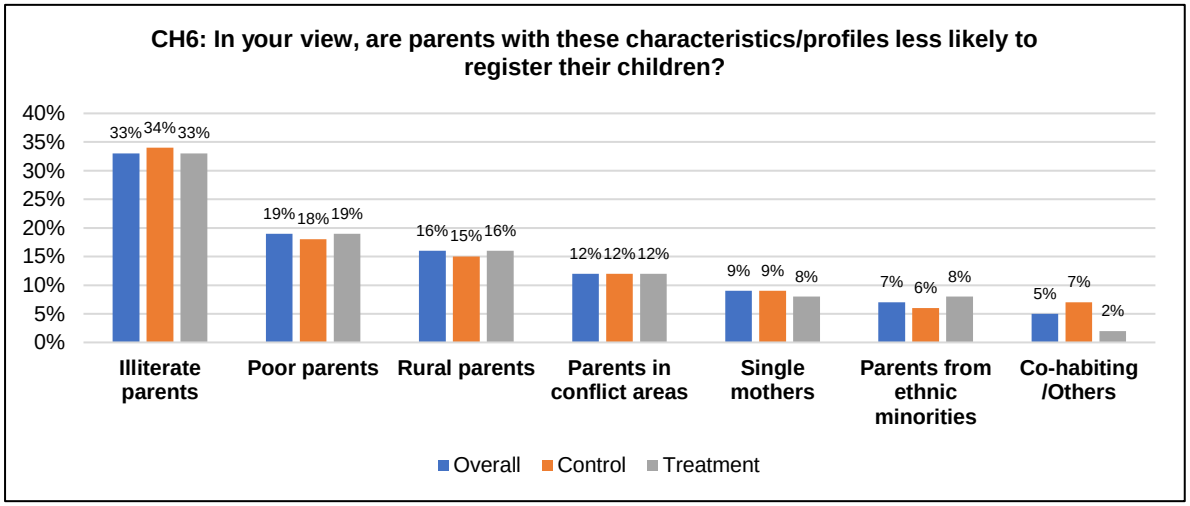


Figure 4.27: Parents (Vulnerable Groups) Less Likely to Register Their Children (Source: HHS)

Gender Equality & the Empowerment of Women (GEEW & UNSWAP Compliance)

This section presents the commentary on integration gender equality into the Programme particularly with reference to compliance to the GEEW and UN-SWAP standards.

> ***Box 33: UN-SWAP Focus***
> According to UN-SWAP, it enhances the UN system's ability to hold itself accountable for and deliver in a unified and more comprehensive manner in support for gender equality and the empowerment of women.

Neither UNICEF NOC nor NPopC referred to Programme interventions informed of any structured gender analysis. The field discussions suggest that birth registration is often associated as mothers' job. It is mostly mothers who visit NPopC service delivery points and lately the health centres for registering child birth. The mothers consulted during the evaluation referred to the availability of birth registration services at healthcare centres has made it convenient for them. The interoperability did create a significant gender impact; however, it seems it was more of an unintended impact.

Most respondents shared that 'sex' of the child does not play part in parents' decision to have birth registered. The MICS and NPopC Dashboard data validate such field findings. For instance, MICS 2016 data indicates a 1-2 percentage point difference between birth registration rates for boys and girls. The HHS results also showed that 89% of respondents think parents don't differentiate between boys and girls, when it comes to registering their birth [120].

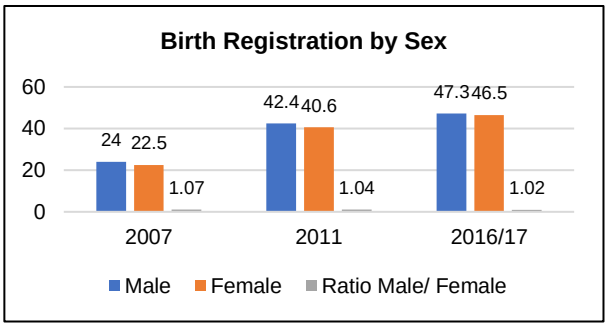


Figure 4.28: Birth Registration by Sex (Source: MICS)

A similar pattern is noted in NPopC Dashboard data. The data shows almost equal number of registered births between 2012-16 i.e. 51% and 49% for girls and boys, respectively (see Age Category-wise Table in Appendix 27).

The Programme could be argued as 'gender-neutral' with evidence to suggest that any interventions were planned and implemented to ease birth registration for mothers, and to promote registration of girls. Nor there is any evidence for community education interventions prioritising gender equality.

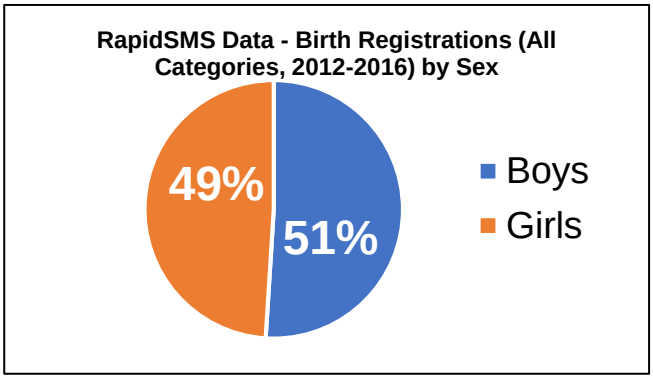


Figure 4.29: Birth Registration by Sex (Source: RapidSMS)

For the perceived disconnect (by most of the stakeholders) and the Programme's inability to dent early child marriages and female genital mutilation, it could be argued that the Programme was less effective in contributing to this aspect of gender equality. Except for the indirect results (i.e. added convenience for mothers) the Programme apparently did not contribute much to empowering women directly.

The evaluation design, management, data collection tools, and the fieldwork took a considered view and complied to the UNEG guidelines and those of UN-SWAP. This is evident from the inclusion of one key evaluation question i.e. EQ 6, in the scope of the evaluation. This was broken down into two sub-questions. to gather the information from the key evaluation stakeholders, specific questions were added to the in the evaluation tools, including HHS, FGDs and KIIs.

120 Survey Table 57: (CH5) In your community, do you think parents prefer registering child birth of girls or boys?

Women were prioritised as respondents for both quantitative and qualitative methods (more than 50% respondents were women), informing evaluation of their experiences, views and suggestions. Approximately 50% female staff (for field data collection) were recruited, trained, and deployed, to enable easier access to female respondents. This helped to overcome the cultural sensitivities around gender relations and access by the outsiders, in more conservative areas. The GEEW questions were analysed and triangulated with other findings to establish insights into how Programme interventions contributed to engaging with and benefitting women and girl children. In terms of presenting the findings, the report includes an exclusive section on analysis around GEEW, including compliance with UN-SWAP.

The evaluation design, management, data collection tools, and field work were informed by UNEG and UN-SWAP norms, standards and guidelines.

More than 50% Female Field Staff were employed.

Participation of Female Respondents was ensured.

Chapter 5: Conclusion, Good Practices, Lessons, and Recommendations

This chapter includes the evaluation conclusion followed by a discussion of the good practices and lessons learnt from the evaluation. The chapter ends with a series of recommendations grouped separately for NPopC and UNICEF NCO. These have been informed by the views and suggestions of relevant stakeholders, participated in both the Programme and the evaluation. Moreover, a 'Reflection Workshop' was organised with multiple stakeholders in attendance, to reflect upon Programme design and implementation, for the identification of good practices, lessons and recommendations.

5.1 Conclusions

Conclusions are drawn primarily from the evaluation findings. This section has been structured along the evaluation criteria, summarising key findings and analysis for each of the former i.e. relevance, effectiveness, impact, efficiency and sustainability. It ends with an overall summary that responds to evaluation objectives and around future partnership between UNICEF NCO and NPopC.

Considerable progress has been made since 2012, yet approximately 50% child births remain unregistered, and therefore, un-accounted for the planning and resource allocation decision-making. This, underpin the continued relevance of the challenge

The Programme design is assessed to be both 'relevant' and 'appropriate'

Relevance: The evaluation concludes that birth registration was relevant (to the context) when the Programme was rolled out (with 41% birth registration rates for U5) and still continues to be a relevant issue in Nigeria (with more than 50% still no registered, hence remain unaccounted). Today, one in every two children in Nigeria do not have their births registered, meaning they do not have legal identities and are at risk of not being counted in development planning decisions. The nature and scale of the challenge merits continued commitment from the government, as well as of development partners, including UNICEF NCO, to realise the vision of universal birth registration. At the design level, the Programme marked a departure from a 'campaigning' (or mop-up) approach to a 'system strengthening' approach. This made the programme relevant to the context. The Programme has been assessed as both relevant and appropriate, for the intended targets, alignment to national priorities and strategies, and inclusion of both supply and demand side interventions. There are noted deficiencies such as imbalanced distribution of resources whereby over 80% of funds were spent on the supply-side interventions. Additionally, there were oversights around enabling NPopC with data management needed to help NPopC to keep a functioning birth registration system, integral to CRVS. NPopC today does neither have a updated birth registration system nor a usable CRVS.

The Programme has proven 'partly effective' in achieving the two intended Outcomes.
For Outcome-1, legal harmonization could not be achieved.

Effectiveness: The Programme has proven 'partially effective' in achieving both the intended outcomes. For Outcome 1, the Programme could not make significant headway with harmonisation of services between ALGON and NPopC. The accessibility to services has evidently improved for expansion in birth registration points. This includes increase in NPopC's own field staff and centres i.e. jumped from approximately 3000 to 3641. The Programme contributed to this by facilitating systematic assessments and lobbying NPopC management to increase staffing and their deployment in under-served areas. In addition, there are about 4000 health facilities are currently involved in dispensing birth registration services, courtesy 'interoperability' and is attributed to the Programme. This together with other systemic

interventions has resulted in almost doubling (a 94% increase) the number of births registered every year from 2012 to 2016. The Programme however failed to enable NPopC to have an updated birth registration database, nor to have a functional and usable CRVS. The larger CRVS (with birth registration system as part of it) stands incomplete and is therefore not being used. The Programme has strengthened systems by addressing gaps in coverage, partnerships, monitoring, and accountability.

In states where campaigns were implemented, demand-side interventions produced demonstrated results in accelerating birth registration rates, during and immediately after the campaigns.

Despite notable successes, the Programme faced multiple design and operational challenges that have weakened its effectiveness.

For supply-side interventions, the concept of interoperability worked well, particularly the partnership between NPopC and health. Similarly, ICT interventions proved successful in improving monitoring, accountability, dissemination, and advocacy. The partnerships with media for sustained campaigning, however, proved less successful.

... the departure from a system-strengthening approach to a focus on outputs delivery stands out as one key element

The Programme confronted multiple design and operational challenges that worked to weaken its effectiveness. These included: a) the departure from a system-strengthening approach to donor driven outputs delivery, during programme roll-out; b) the inability to put together a complete birth registration database, linked to a functioning CRVS system; c) inadequate attention to, and resources for, building NPopC's capacities for birth registration data management, knowledge management, dissemination, and public education and awareness; and d) the Programme did not go far in enabling NPopC to develop long-term media alliances, nor leverage the influence of traditional and religious leaders. Overall the Programme logic has been assessed as valid, based on the delivery of outputs, outcomes, and impact, irrespective of the quantum of success.

Efficiency: The evolving nature of the Programme hindered comprehensive efficiency analysis. The budget was drawn by reconstituting the expenditure statement. The Programme enabled a 100% increase in terms of the number of children registered annually from 2012 to 2016. The data suggests that the Programme was largely efficient in terms of leveraging available public resources, including infrastructure and finances, given the results it managed to produce. The expenditures distribution suggests an overwhelming focus on supply-side, vis-a-vis demand-side interventions. The Programme may have done better, however, had adequate focus and resources been apportioned for demand-side interventions and had activities been rolled-out earlier.

Impact: The Programme fell short of realising two immediate impact targets. Against the impact target of a 20-percentage point increase in the birth registration for U5, the Programme could only manage an increase of 5.3 percentage points, from 2011 to 2016. Similarly, the Programme aimed to reduce income inequities (the gap between richest and poorest income quintiles) to 30%, which was counted at 64.9 percentage points (MICS 2016). The trend analysis suggests that the gap is on the rise, including an increase from 41.9 percentage points, in 2007, to 64.9 percentage points by 2016. This necessitates further research to deepen understanding behind this widening gap. Nevertheless, the Programme succeeded in increasing the gross annual birth registration by almost 100%, for 2012 and 2016.

The Programme fell short of realising two immediate impact targets.

Against the defined impact target of a 20-percentage point increase in the birth registration for U5, the Programme could manage to increase the target by 5.3 percentage points.

For long term envisioned impact, no significant changes were noted in the reduction of child protection related incidences, such as ECM, FMG, and child trafficking. This could partly be attributed to the fact that such impacts take much longer to mature. The findings suggest limited, perceived connect between birth registration and child wellbeing, including safeguarding children from protection risks. For most stakeholders, the drivers behind these ills or challenges lie in deeply rooted traditional and cultural beliefs and practices, un-employment, poverty, and poor enforcement of existing laws on child protection. To most stakeholders, a meaningful change in child wellbeing took place with an improved protection environment, requiring a comprehensive and cohesive approach, of which birth registration could be one component. For the two evaluation hypotheses, the data proved that improved birth registration is not directly linked to child immunisation, enrolment and protection-hence, thus proving the first hypothesis invalid. The other hypothesis, that improved awareness contributing to increased birth registration, proved valid.

Sustainability: Mixed results were found with respect to the Programme producing sustainable interventions and results. The interventions that were found to be sustained or are more likely to sustain include: partnership with health, ICT tools and applications, and the CRVS plan. The training component including materials support, however, remained partly sustainable. The community education component gains are also likely to sustain. For more sustained results, NPopC may need to plan campaigns with regularity and longer duration. The active engagement of community influencers, including traditional and religious leaders, is another area where future assistance must be focused to leverage their outreach and good will. The partnerships with education and local government (ALGON) were either not established, or where formed, did not sustain.

… partnership with health, the development and application of ICT tools, and CRVS plan are interventions that sustained.

HRBA, Equity, and Gender Equality and Women's Empowerment: The evaluation concludes that the Programme's design and implementation were compliant, to varying degrees, with HRBA, equity and GEEW principles and practices. The design and implementation complied with HRBA principles of non-discrimination and equality, participation and inclusion, and accountability. The Programme did evolve interventions to improve access for the poor and those living in hard-to-reach communities. The Programme did not implement interventions for people in conflict affected communities. The Programme design and implementation appear largely gender-neutral. Moreover, the Programme design did not include a gender assessment, nor were particular interventions implemented for women, girls, and single mothers. The evaluation design and implementation complied with UN-SWAP principles and guidance.

Convergent Approach: The Convergent programming approach adopted by the UNICEF NCO has been instrumental in accelerating the Programme's achievements. It offers a lot more potential, however, that remains untapped. UNICEF NCO may need to focus more on leveraging this untapped potential.

Overall, it has been a successful Programme with useful learning for the stakeholders. Birth registration remains pivotal to child well-being, hence, merits continued support from UNICEF and other development partners.

Overall: The Programme has been successful, with demonstrated results in improved services delivery, and generating demand for services. It has contributed to several useful learning for stakeholders. Birth registration remains pivotal to child wellbeing in Nigeria, and therefore merits continued support from UNICEF NCO and other development partners. Moving forward, the NPopC as a primary service provider may need to take a more proactive approach and measures for the registration of new-born children and those not been registered as yet. It must evolve tailored strategies and interventions to reach out to these two different groups. Moreover, it needs to reach out to other development partners including World Bank, bi/multilateral donors, and CSOs to find opportunities for collaborative work. NPopC must

prioritise digitization, advocacy, and lobbying for more funds to implement the Strategic CRVS Plan (2018-2022) effectively.

UNICEF NCO must consider the implementation approaches applied in BRP. It must let go of the idea of implementing a Programme of this complexity and scale using the evolving approaches. Also, future assistance must strike a balance between supply and demand interventions especially with respect to allocation of resources. The supply interventions must align with NPopC to have a functional and usable CRVS, including a birth database or system. The CRVs should be widely and conveniently accessible to other stakeholders, such as planners and implementers of social services. The relevant stakeholders must be reached out and encouraged to use data for child-centred development planning and decision-making. There should be considerable focus on strengthening monitoring, documentation, and knowledge management systems. The focus must remain on systems strengthening in order to produce to sustainable capacities within NPopC so that it can continue to perform its mandated functions.

5.2 Good Practices

The Programme evolved and applied a series of strategies and interventions to achieve its intended results. Some of those proved more successful than others and have been outlined below as good practices. These have been listed for possible replication and adaptation for UNICEF and other stakeholders. The most significant good practices, with demonstrated results are listed below:

A systematic approach to identify bottlenecks to inform Programme Design is a good practice.	**Innovative use of ICT for monitoring, reporting and accountability is one of the key successes of the Programme, meriting replicability.**	**Leveraging public sector resources and capacities through interoperability enabled the Programme to enhance coverage.**	**Convergent programming resulted in success in maximising resources, and the intended results /and Impact.**
The use of Bottleneck Analysis Tool (BAT) comes up as a good practice, worth replicating, as it enabled deeper thinking to identify the systemic causes for low birth registration rates in Nigeria. It helped set up programming priorities and strategies to address them. It was most suited to the UNICEF NCO intended departure from a campaign approach to a system strengthening approach.	Innovative ICT use features among the key successes of the Programme. Multiple ICT tools and applications were developed and used such as Rapid SMS, and Interactive Dashboard, which collectively contributed to timely and efficient reporting, the introduction of performance culture, and it strengthened accountabilities. The Dashboard helped with wider dissemination of data and a colour code system proved effective with presentations and advocacy with key decision makers.	The Programme has successfully implemented the interoperability approach, particularly NPopC-Health partnership. This enabled NPopC to double outreach, as currently there are 4000 health staff working as Sub-Registrars, and take the service closer to users, including hard-to-reach and under-served communities. Indeed, there are avenues to further streamline the partnership, expand coverage, and use data for mutual benefit.	There are evident signs of a stronger push within UNICEF NCO to explore opportunities for convergent programming. There is evidence of initiatives with demonstrated results in cross-unit convergence, particularly between CP-Health and CP-Communication. For instance, the influence of the Health Section enabled accessing funds from the EU and getting an MOU approved at the Federal level. Similarly, Communications and the C4D sections have been instrumental building media partnerships and with product development.

	There is demonstrated commitment within NPopC to integrate these tools into the future digitization agenda of NPopC.		The results produced merit further focus and evolution of systemic mechanisms for successful convergent Programming.

5.3 Lessons Learnt

Readers are advised to review this section in conjunction with the 'Good Practices' section above. While documenting lessons, the focus has been on approaches and interventions that did not work as good as expected. This consideration may work to address design and delivery deficiencies in future relationships. The lessons are equally relevant to UNICEF work globally. Below is the list of key lessons learnt.

Achieving a balance between system strengthening vs donor driven output delivery approaches is necessary to achieve all intended objectives.	The Programme took off on a promising note to strengthen systems and capacities of NPopC (BAT exercise undertaken). This, however, was diluted during implementation, because the donors' output delivery targets took precedence. The change of focus made implementers choose quick-impact interventions instead of addressing systemic bottlenecks that needed longer time to produce results.
Systems strengthening programmes must avoid evolving programming models.	This has been an evolving Programme without defined targets, approaches, interventions and budget, constraining the delivery, balanced resource allocation, tracking of results, which diminished opportunities to reflect on and take corrective actions to keep the Programme on track. It did not help with setting targets for the implementers or with holding them accountable for delays and failures.
NPopC state commissioners are pivotal to the successful implementation of interoperability, meriting proactive engagement with provincial counterparts.	The Programme results and discussions with key stakeholders demonstrate that successful implementation of interoperability hinges on availability, interest, and influence of the NPopC state commissioners. Where the state commissioners were proactive in reaching out to state governors and state commissioners for health and education, this helped in getting MOUs signed quickly and putting interoperability in motion.
Structured capacity assessments must precede the prioritisation of investments in order to sustain results from capacity development interventions.	Structured capacity assessments must precede for prioritisation of investments, and sustained results from capacity development interventions. The capacity development interventions and investments have largely been ad-hoc, impulsive, and devoid of targets, hindering systematic tracking. Encourage formal capacity assessments for prioritisation and planning of capacity development interventions, with defined results and tracking mechanisms, and investments.
Balanced resource allocation for interventions for demand (duty bearers) and supply (rights holders and influencers) to make assistance more HRBA Compliant.	The expenditures analysis suggests that evolving programming led to imbalanced resource distribution between supply-side and demand-side components and interventions (less than 4% was spent on demand-side interventions). This led to a compromise on the scope and scale of IEC/BCC campaigns for demand creation. Moreover, it weakened the Programme's coherence with HRBA principles.

Community influencers, including traditional and religious leaders are critical to gain successful & sustained behavioural change/s.	The Programme has not been very successful with meaningful, systematic, and sustained engagement of community influencers, such as traditional and religious leaders. These groups and their associations hold significance in a context like Nigeria and are integral to behavioural change interventions.
Incorporate and implement behavioural change interventions in tandem with interventions to strengthen the supply-side of birth registration services.	Incorporate and implement behavioural change interventions in tandem with the interventions to strengthen the supply-side of birth registration services: The IEC/BCC campaigns were evolved and rolled out towards the end of the Programme, resulting in the limited impact of interventions. These should be considered as an integral part of the complete package of a systems-strengthening approach and should be rolled out parallel to supply-side interventions.

5.4 Recommendations

A series of design and operational recommendations were framed to inform NPopC's future priorities and its engagement with UNICEF NCO. The recommendations have been informed by field evidence, stakeholders' suggestions, and evaluators' own experiences. Each recommendation has been broken down into suggested actions to ease their implementation. The recommendations list the relevant stakeholder needed to implement and support the suggested actions. To enable the implementers, these actions have been classified in terms of order of priority: immediate, short, medium, and long term.

The recommendations for NPopC and UNICEF NCO have been grouped separately. To avoid duplication, the recommendations have been framed to appear complementary.

Recommendations for NPopC

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
1	The NPopC may need to demonstrate greater ownership and stewardship for realisation of universal birth registration and to establish a functional and usable CRVS. The way forward includes fully implementing the CRVS Strategic Plan (2018-22), by securing technical and financial resources. It may require reaching out to relevant public forums and development partners, to secure commitments and support for its implementation.	Immediate / Short/Medium Term	NPopC Leadership
2	The NPopC must transform the CRVS Strategic Plan into more manageable operational plans, including costs for a 2-3 years cycles. Where necessary it must seek technical support from development partners to prepare operational plans. The planning must include actions, such as presentations, dialogues, and donor conventions/meetings, around how to reach out to relevant ministries, agencies and development partners (like UNICEF NCO and the World Bank). This is needed in order to seek support for implementing operational plans. The development partners must be approached, while identifying areas of priority and interest, and to request funding and technical assistance.	Immediate	CRVS Department & NPopC Leadership, Development Partners
3	Reach out to the ALGON to explore and opportunities to resolve the duplication of services challenge. This could be achieved by signing an MOU with ALGON, seeking commitment around the use NPopC stationery for birth certificates and forms, and sharing of data on regular basis. The MOU must also seek to leverage the outreach and influence of LGs over traditional leaders (including other community forums that operate under LGs), for community education and awareness interventions. Legal harmonisation is difficult and may take longer, and therefore NPopC must look to explore operational solutions.	Shorten Term	NPopC Leadership and ALGON

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
4	Undertake a comprehensive review of interoperability. The partnership with health has proven effective however it needs to be scaled-up. It is time for NPopC and health to reflect on achievements, challenges and opportunities. • Seek support from development partners (including UNICEF NCO) to undertake a comprehensive review of interoperability and use the same to inform revised MOUs with health, and education, while developing one for ALGON. • For scaling up, NPopC must seek commitments from health to have at least one focal point for birth registration at each health facility; approximately 40,000 health facilities operate across Nigeria. The future partnership with health must seek to put in place mechanisms for birth registration for all babies delivered at health facilities, including public and private hospitals, and maternity homes. Moreover, mechanisms should be evolved for the integration of birth registration services in pre and post-natal care, including through health extension workers like traditional birth attendants. The partnership with health must focus on the registration of U1. • The revised MOU must also be aligned with ongoing and planned health sector reforms. • The MOU with education merits a complete overhaul. The NPopC must seek to form partnerships for integrating birth registration with ECD/pre-school education. This partnership is central for registering children between the ages of 1-5. • The MOU with ALGON must integrate design and operational learning from partnerships with health and education.	Short Term	NPopC FMoH FMoE ALGON State NPopC & Development Partners
5	Strengthen and support accountability mechanisms to enable NPopC state offices and officials to deliver need change, while also holding the former accountable. The evaluation has underscored that NPopC state commissioners are central to the successful operationalization of interoperability at the state level. The leadership at the federal level must create mechanisms to enable interoperability and strengthen their capacities. Establish mechanisms for incentivising the best performers and holding others accountable. • The implementation of interoperability may be of more benefit if roll-out plans (state and partner specific) are developed, monitored, and on reported regularly by states. This may help to address operational challenges in a timely manner and work to strengthen collaborative working arrangements.	Short Term	NPopC Leadership, CRVS Department, DPCs, PAD, and

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
6	CRVS departments may need to be more proactive engaging other NPopC units, due to the potential to contribute to CRVS related work. This may include reaching out to PAD and DPCs to seek their support for media management, community education and awareness, and data management. • CRVS Department may seek support to undertake capacity assessments of all existing DPCs and develop plans to strengthen capacities for timely data uploading and management, in order to have a functioning CRVS system. • Similarly, engage with the PAD for public education and awareness campaigning, and media management, to leverage existing partnerships and media products, including support from UNICEF NCO's C4D team, where appropriate, in order to strengthen their capacities.	Medium Term	CRVS Department and Development Partners
7	The NPopC must prioritise digitizing the entire civil registration process, particularly birth registration. NPopC must prepare a comprehensive digitization plan, including costs, while mobilising resources for its implementation. The plan should envisage the digitization of civil registration processes, including birth registration, and integration of databases into a functional CRVS system. • Integrate current tools such as Rapid SMS, Score Card, and Interactive Dashboard, for which there is an apparent commitment within the organisation. • Seek support form development partners to help with pilot studies, review, and up-scaling.	Do	NPopC Leadership, CRVS Department, State NPopC and Development Partners
8	Establish a web-based CRVS platform to make it accessible to external stakeholders, both public and private, with defined access and usage rights. Explore options to link up the CRVS unique child ID with NIMC border control agencies, and local authorities in order to possibly address child trafficking risks	Short to Medium Term	Do
9	Produce CRVS reports on a periodic basis, such as every two years, and share electronic and printed copies widely.	Do	Do
10	Undertake a series of institutional assessments across processes and units, including human resources, stationery, materials, equipment, and budgets, involved in birth registration, and use findings to inform the unit specific capacity development plans. The plans must strive for improving the working conditions of frontline staff and include pre/in service training packages for NPopC and other partners' staff. NPopC is advised to set up a well-equipped training unit for staff and other actors.	Do	NPopC Leadership, CRVS Department, PAD and Development Partners

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
11	NPopC may consider reorganising the current monitoring arrangements for the CRVS Department. This may include setting up a well-resourced Research, Monitoring and Documentation (RMD) Unit. The RMD Unit may work as a hub for organisation research, innovation of new products and services, knowledge management, advocacy, donor's coordination, and reporting. It could also support donor-funded projects by taking on the role of a secretariat. This may enable better oversight, evidence creation, piloting, and up-scaling new products such as those for the poor and vulnerable. The RMD unit may prioritise research around gender, equity, humanitarian situations, and other aspects, to help NPopC launch tailored services for these disadvantaged groups.	Short to Medium Term	Do
12	NPopC-PAD may consider, develop, and implement a comprehensive public education strategy plan, seeking support where required, to generate demand for services. This plan may include a series of interventions including campaigns, dissemination events, and the publicity of routine NPopC tasks, both at the national and regional levels. The future campaigns for birth registration must be rolled out early, and should be organised in cycles of ten days, every six months. The campaigns must include interventions around social media engagement, celebrity appeals, and corporate social responsibility. The learnings from the Programme and communication products could be also be used in future. This requires; • Including interventions to leverage outreach, acceptability, and influence of religious and traditional leaders. This should extend to involving 'religious associations' like CAN, Muslim Association of Sultan of Sokoto, in order to fully leverage their influence. • PAD should take lead to form and manage strategic partnerships with media.	Do	NPopC, FMoB&P, FMoH FMoE, & Development Partners
13	The future Programme must explore incentivising birth registration for the poor, as part of equity integration. The CRVS Department must advocate and lobby with relevant ministries and organisations such as the Ministry of Budgeting and Planning, the Ministry of Health, the World Bank, and others. This will help with exploring options for tying up the delivery of existing and future social protection instruments, like cash and in-kind assistance, for the registration of children. This would then help spur the uptake of services by the poor.	Do	Do

Recommendations for UNICEF

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
1	In order to identify priorities for future engagement The UNICEF NCO must connect with NPopC whilst keeping in	Immediate /Short To	UNICEF CP (P) NPopC (S)

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
	view the approved CRVS Strategic Plan (2018-22), including proposed operational plans. The focus must be on areas where UNICEF NCO brings demonstrated institutional strengths and comparative advantages, including systems strengthening for more sustained change.	Medium Term	
2	UNICEF NCO must initiate a dialogue - most likely a series of consultations, - with NPopC's CRVS department, including the former's senior management, to develop a shared understanding of how NPopC can best implement the CRVS Strategic Plan (2018-22). It must work with the department to identify areas of critical importance where NPopC needs technical and financial assistance. ○ Review and reflect on the identified priorities internally, to decide where UNICEF NCO could add the best value. ○ Present those to NPopC leadership, develop consensus, and secure commitments from NPopC where needed. ○ Guide and support NPopC to identify other development partners such as the World Bank, and where can they add value. Encourage and facilitate NPopC to reach out to them.	Immediate	Do
3	Develop a technical assistance framework with defined priorities, targets, approaches, including systems strengthening, and a balanced focus on resources, based on the consensus reached with NPopC. Use the framework to develop and document a technical assistance programme or project, preferably of 3-5 years in length. Use the programme document to inform internal rolling work plans and financial allocations. The future engagement must avoid evolving programming approaches. The future partnership must include realistic targets, while taking note of previous trends and patterns.	Do	Do
4	Future technical assistance must adopt a two-pronged strategy, where one element should focus on registration of U1 (children) and the other on the remaining age groups, 1 year and above. The U1 strategy must focus on up-scaling the partnership with health by evolving mechanisms to integrate birth registration into pre/post-natal care and the health extension network. • The CP section may need to work closely with the health section' to realise the up-scaling opportunity for convergent programming. • For the second component (for children 1 year and above) UNICEF NCO may need to support NPopC to strengthen partnerships with ALGON, Education, and MoWASD.	Do	Do
5	The programme and projects must have documented ToC, targets, strategies, entry points, stakeholders, roll-out plans, budget, and monitoring and evaluation plans. The future assistance must focus on enabling NPopC to establish a complete and functional birth registration database, integrated with the NPopC CRVS system.	Do	Do

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
6	Set conditions to undertake capacity or needs assessments, to inform future institutional and capacity development interventions and investments, including staff training, and materials support. Use the findings to inform the scope, scale, and approaches to capacity development.	Medium Term	UNICEF CP (P) NPopC (S)
7	Set conditions for NPopC to commit to cover O&M costs for any equipment and material support provided in future. This would enable proper upkeep, restocking and sustained use.	Do	Do
8	Link up the future staff development and training assistance to the initiation and strengthening of NPopC's ongoing and future pre-service and in-service training packages. Link them up with monitoring mechanisms to track the results of training investments.	Do	Do
9	Support NPopC to undertake the assessment of current services and products with respect to equity, gender, the humanitarian lens, in order to deepen the understanding around these issues, and their associated risks and challenges. Use findings to inform the interventions and investments. The monitoring mechanisms should factor in tracking of results for the poor, women and girls, disabled, people, and those affected by conflict and natural disasters.	Short / Medium Term	UNICEF CP (P) NPopC (S)
10	Strengthen the convergent programming CP Section to engage with health, nutrition, polio, education, C4D teams, in order to help with leveraging internal strengths, resources and coverage. Integrate mandatory reporting (possibly in the form of a report card) on convergent programming for each section, including regular updates. Each section could be asked to nominate one staff member to work as a focal person for the exploration and realisation of convergence.	Do	Do
11	Reconsider its current minimalistic staffing approach for managing programmes within UNICEF. Undertake a staffing needs assessment for the future Programme and use recommendations for recruitment and deployment of staff. Consider providing embedded full-time support within NPopC for coordination and documentation.	Do	Do
12	Support NPopC to prepare and implement a research, monitoring, and documentation plan'. It should be developed in consultation with the proposed RMD Unit. The support must enable NPopC to set baselines, track progress for key indicators, undertake periodic reviews and reflections, document learning, and manage knowledge. • Support NPopC to undertake research on topics of interest. The research must enable both NPopC and UNICEF NCO to understand the drivers for low and high uptake of different sources, such as those for rising gaps in inequities, barriers and opportunities for single mothers, and refugees and immigrants. Use the evidence for guiding NPopC to adapt and tailor services, and their piloting and upscaling. Moreover, use the evidence for advocacy and lobbying.	Medium Term	Do
13	Support NPopC to prepare and implement a communication plan. The communication plan must include interventions knowledge dissemination, visibility and profiling, and	Do	Do

S#	Recommendations	Priority	Relevant Stakeholders Primary (P) / Secondary (S)
	advocacy. Strengthen capacities of PAD for more sustained results.		

List of Appendices

Appendix 01: Terms of Reference for the Impact Evaluation

Date Issued: 13/06/ 2017

Request for Proposal: 2017/ME/9131567

REQUEST FOR PROPOSAL

UNITED NATIONS CHILDREN'S FUND (UNICEF) seeks to engage one or more Institutions that would be interested in providing quality of Impact Evaluation of the UNICEF Supported Birth Registration in Nigeria to identify lessons that can be learned to inform further implementation.

Technical and Financial proposals should forwarded to UNICEF Nigeria supply section mail box ngrsupply@unicef.org and hard copies in sealed envelopes and should be dropped in the bid box placed in the reception room at the entrance hall of UNICEF, or be sent through courier service.
Address to: Supply Manager, UNICEF, Old CBN Building, Area 11, Garki, Abuja, Nigeria.
IMPORTANT – ESSENTIAL INFORMATION
The reference RFP - 2017/ME/9131567 must be shown on your offer.

The proposal form must be used when replying to this invitation. Failure to submit your bid in the attached proposal form, or failure to complete the details as requested, will result in invalidation.
Offers MUST be received on or before 14:00hours Nigeria local time on 14/07/ 2017 and may be publicly opened at 14:30hours Nigeria local time same day. Proposals received after the stipulated date and time will be invalidated.
Please visit our website www.unicef.org and download our supplier profile form (SPF) and fill same with necessary information to evaluate you
This request for proposal is approved by:

Michael Zanardi
Chief, Supply & Logistics Section
Impact Evaluation of the UNICEF Supported Birth Registration in Nigeria.

1. Evaluation Context
Background

Birth registration is a process of recording the birth of child by an agency with the mandate to do so. "It is the permanent and official record of a child's existence by the government and is fundamental to the realization of children's rights and practical needs. Birth Registration is free and universal and conducted within the context of a functional civil registration system.

Securing children's right to a nationality will allow them to get a passport, open a bank account, obtain credit, vote and find employment. It helps ensure access to basic services, including immunization, health care and school enrolment at the right age"121.

Birth registration is also essential in protection efforts and links cross sectoral and on inter-thematically with Health, Education, right issues, Nutrition, Water Sanitation and hygiene (including: preventing child labour by enforcing minimum-employment-age laws; ensuring that children in conflict with the law are not treated (legally and practically) as adults; shielding them from underage military service or conscription; countering child marriage; and reducing trafficking, as well as assisting children who are repatriated and reunited with family members.122

Nigeria is a Federation operating three tiers of government- Federal, State and Local Government. It is composed of 36 States & Federal Capital Territory (FCT) and 774 Local Government Areas. A centralized CRVS system is operated under a single organization- the National Population Commission (NPopC). According to Nigerian Demographic and health survey (NDHS) 2008 shows

[121] MoRES s & Strategies-CP-Birth Registration-14 Dec 2012
[122] MoRES s & Strategies-CP-Birth Registration-14 Dec 2012

registration rate by NPopC at 36% and NDHS 2013 - Improved coverage recorded in registration rate by NPopC at 57%.

The Nigerian Act No.39 of 1979' provided for the establishment of a uniform and compulsory National System of Registration for the country. Act No.39 of 1979 is reinforced by Section 24 of the 3rd schedule of the 1999 Constitution. The 1999 Constitution permits the existence of parallel registration systems at the Local Government Area/levels.

There have been Inadequate number of registration centers or low coverage (the target is to register 6 to 7 Million children annually). Dual registration systems has also lead to incomplete NPopC registration coverage. Health sector have established about 40,000 decentralized networks and health centers but birth registrars are ONLY in about 3,000 Health Centres.

Establishment of Systemic partnership of integration with the health sector and particularly in Systemic partnership with MNCHW and CMAM centers. In addition, the National Council of Health approved institutionalization of registration of births and deaths in all health facilities
UNICEF have utilized different strategies including the RapidSMS which was introduced to which began with State by State mapping of registrars and birth registration centers in all the 774 Local Government Areas (LGA) conducted, functional and non- functional birth registration centers assessed and a data base/spreadsheet indicating details of about 3000 registrars in specific health centre became available. The spread sheet contained details such as; State, Local government areas, registration centre, name, telephone number and academic qualification, status of registrar- whether a permanent staff or an ad - hoc staff. Furthermore, unique codes were assigned to each registrars based on - states, local government areas, and registration centers. The RapidSMS became a tool to promote commitment, advocacy and accountability. specific increase in attendance in birth registration centers and number of births so reported/registered are quantitatively assessed and concerted efforts to expand birth registration coverage (from poor performing LGA to high performing LGA) is documented and shared with states for replication.

According to MICS 2011 and DHS 2013, birth registration has increased significantly and gradually from 2007 to 2013: it has almost triple in 6 years, from 23% in 2007 to 60% in 2013 Yet, in 2013, there are still more than 1 million children under 5 whose birth has not been registered. MICS 2011 data shows, there is strong inequity in birth registration for all background variables, except for child's sex. A child, whose mother has never been to school has 3 times less chance to be registered than a child whose mother has attended secondary school or higher. Children from the 20% poorest households have 6 times less chance to be registered.

Analysis of data123 shows that children from North-West and North-East geographic zones are at least twice less registered than children from the Southern Zones. Birth registration is particularly low (less than 20%) in the following states: Bauchi, Borno, Kebbi, Yobe, and Zamfara.

Despite the overall improvement of birth registration over the past years, inequity seems to have grown for almost all background categories. Birth registration has increased much more in advantaged sub groups than in disadvantaged sub groups. Only 25% of the mothers whose child's birth has not been registered, actually know how to register a birth.

As at 2016, 7,123,582 children were registered and issued with birth certificates in Nigeria, by the National Population Commission, supported by UNICEF, between 1 January – 7th December 2016, with 4,564,638 under-5 (M 2,327,446 and F 2,237,192), out of which 2,333,345 (M 1,195,843/ F 1,137,502) are under 1, and 2,558,994 (M 1,305,231; F 1,253,713) were above -5.

Significant gains were made in 2016, through partnerships with the health sector during the January/February 2016 measles campaign which allowed marginalized and excluded children, who do not normally access birth registration services, to be reached (1,646,893 children reached

[123] DHS 2013 and MICS 2011

during the campaign). Gains were also made by linking birth registration with the Enumeration Area Demarcation (EAD) exercise for the National Census.

There was a huge increase in the two MNCH-European Union (EU) focus states of Kebbi and Adamawa with 583,647 and 678,260 children registered respectively – through building linkages with health and education sectors to expand registration points local government areas by local government area and creating a demand for birth certificates through an intensive media campaign in the two States.

Similarly, 125,605 children were registered and provided with birth certificates In the North East - 53,636 children (M 27,678, F 25,958) were registered in the just liberated LGAs of Bama, Damboa, Dikwa, Konduga, Mafa, Monguno, and Ngala, An additional 32,448 children (M 16,290/ F 16,194 females) were registered in Borno, and 39,481 (M 19,725/ F 19,736) were registered in Yobe during the EAD process.

To strengthen monitoring and accountability for birth registration, a bi-monthly reporting system was instigated through the RapidSMS platform, which sends out emails to stakeholders - UNICEF partners, NPopC Directorate and NPopC Headquarter monitors, indicating where birth registrars have not recorded data or where the performance of registrars has not reached the expected targets. This enabled targeted follow up, which in turn has led to improved data entry and improved performance of registrars.

UNICEF also focused on position birth registration as critical to death registration and identity management. UNICEF supported the digitization of birth registration processes, which links births/deaths registration with National Identity Registration, in FCT, Kebbi and Adamawa, as pilot, which if successful will be scaled up to other states in 2017. The Civil Registration and Vital Statistics Strategic (CRVS) National Plan of Action, which will formally link birth, death and identity registration, has been finalized and is being considered for endorsement by key agencies.

Key strategies

Technical assistance and advocacy has been provided to support the National Population Commission in coordinating legal and policy development efforts in close collaboration with state governments and LGA authorities, including development of a minimum package of registration services ensuring that registration services are offered at a wider distribution of centers and encourage mobile registration activities.

Capacity development including communication for development. Investments will be made in training education and health care actors (including community health workers) to register all births and still births of children in health care facilities and schools and to ensure that hard-to- reach and marginalized populations benefit from recognition and registration under the CRVS systems. Here are the few key strategies used by the program.

Effective Advocacy – including changes in public policy, leveraging resources and key advocacy. The UNICEF/USAID joint advocacy to the Federal Ministry of Women Affairs and National Association of Social Workers influenced the development of a draft bill for the professionalization of social work in Nigeria which is presently before the National Assembly having gone through the first and second hearing and awaiting the third hearing in early 2014.

The increase in percentage of birth registration of under-1 children can be attributed to the institutionalization of partnership between the National Population Council (NPopC) and National Primary Health Care Development Agency (NPHCDA) and Ministry of Health (MoH) at state level. After the Federal level policy calling for integration of birth registration into primary health care service delivery issued by the National Council of Health in 2012, UNICEF assisted NPopC to continue advocate with the health actors (i.e. MoH, NPHCDA) throughout 2013 to operationalize the policy at state level through a MOU/development of action plan between NPopC and the NPHCDA/FMoH. This advocacy efforts resulted in 17 state level MoUs. Also in 2013, over $1.5

million has been leveraged from the Federal and State Governments to improve birth registration in Nigeria.

Capacity Development

Guided by the bottleneck analysis conducted in 2012, UNICEF supported NPopC to develop a comprehensive decentralized monitoring mechanism. UNICEF trained 37 NPopC State monitoring teams on the use of monitoring protocol, which was designed to improve the effectiveness of RapidSMS reporting and reduce obstacles to achieving complete birth registration. During the reporting period, State monitoring teams started to analyze the RapidSMS data and “” indicating information from the Local Government Areas (LGA) which demonstrated the real gains for children especially in underperforming states of the northern Nigeria.

UNICEF continued capacity building of the Child Protection Networks (CPNs) in partnership with Bar Human Rights Committee England and Wales. The CPNs benefited from systematic and thorough capacity building in human rights monitoring and documentation, including in the context of humanitarian situation. The availability of training materials, toolkits and mentors who have capacity for ToT as well as strategic partnership with National Human Rights Commission is re-enforcing competencies, skills and referral towards preventing and responding to child rights violations. Also, training of CPNs in case management administration, child development and skills required by case workers to handle child rights violations helped CPNs to become more effective in responding to the challenges of child rights abuse, violence and exploitation against children.

Strategic Partnerships (International Partners, Federal, States, LGAs, NGOs, CSOs) UNICEF nurtured strategic partnership with UNODC to fully integrate Child Justice into the ongoing EU-funded 5-year Justice Sector Reform project. In October 2013, UNICEF and UNODC signed a Joint Programme Agreement and collaborative effort was made to mainstream child justice throughout the inception period of the said Sector Reform project.

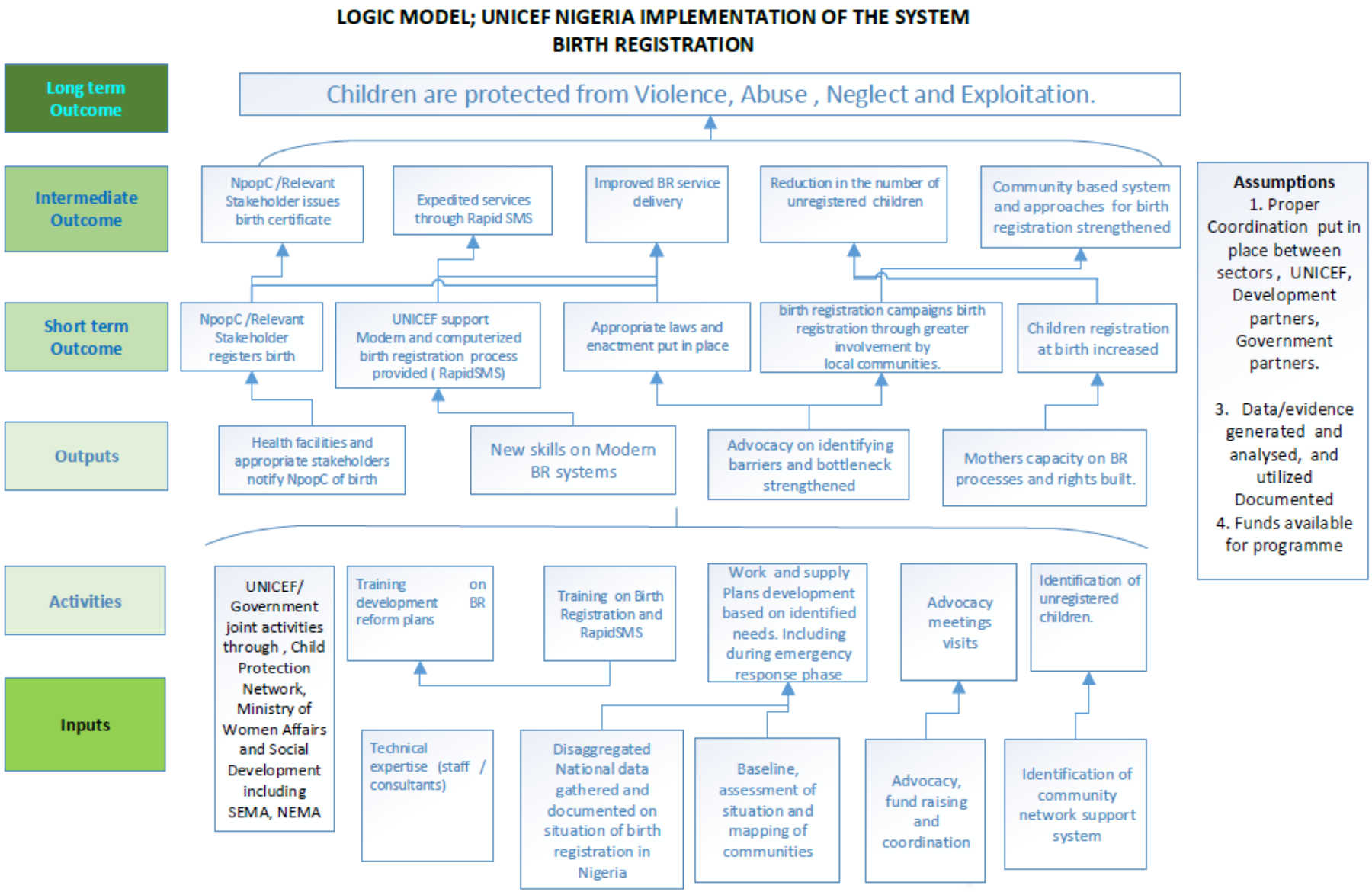
Also, another joint programme in collaboration with UN Women, on women, peace and security in northern Nigeria funded by the European Union to the tune of ($ 10,000,000 is in the process of being finalized.

Monitoring birth registration coverage through the RapidSMS technology has been strengthened in 2013. UNICEF assisted NPopC to classify all the 774 Local Government Areas (LGAs) into three categories: i) 262 “Red” LGAs requiring focused interventions and close follow-up; ii) 350 “Yellow” LGAs requiring selected interventions; iii) 162 “Green” LGAs requiring continuing monitoring and encouragement. The above categorization is assisting in making informed decisions and employ appropriate strategic approaches in dealing with systemic bottlenecks. A monitoring protocol called “” was introduced in 2013 and is being used by NPopC monitors as an important source of information for taking corrective measures. The RapidSMS data and “” show the real gains for children especially in underperforming states of the northern Nigeria.

The Child Justice Clinic in Kaduna provides access to justice for vulnerable children through the provision of legal aid, counselling and psychosocial support to victims of sexual abuse, unlawful detention and other ‘children in conflict with the law’ issues. With improved capacity/ knowledge in child protection measures, case management, referral and linkages with other social services actors, lawyers and social workers who are members of CPN provided support services to vulnerable children including periodic monitoring of detention centres. Several CPNs (Edo, Kwara, Bauchi, Gombe, Enugu, Anambra, Imo, Ogun, and Lagos) are actively monitoring and documenting trends and patterns of violence against children in schools.

The conceptual framework for the Birth registration program is described in annex 1 and the constructed theory of change of the Birth registration program as shown below 1.

Theory of Change



Purpose of the evaluation:

The purpose of this evaluation is to generate evidence on the impact of the Birth registration programme and strategies adopted by UNICEF and to generate lessons that can be learnt about the way in which the UNICEF supported birth registration programme was implemented in Nigeria in the last 4 years. The evaluation will look at its programmatic achievements and constraints as well as unintended outcomes. The findings and recommendations will be used for improving the programme in the next country programme (2018-22).

The specific objectives of the evaluation are as follows:

1. To determine the evaluability of UNICEF birth registration program and strategy in Nigeria;
2. To generate evidences of birth registration performance that will inform programming;
3. To determine the effectiveness of UNICEF Nigeria support to Nigeria birth registration program;
4. Identify strengths and weaknesses in Program implementation, with a focus on the main programmatic strategies used, partnerships, the use of evidence to improve Program performance and inform policy, and the cross-cutting issues of gender and the environment;
5. Understand the relevance of birth registration to other sectors such as health, nutrition, education, water and sanitation;
6. Formulate lessons learned around scale-up birth registration and as well as strategies that have worked well to inform policy and plans to further reduce inequities associated birth registration amongst children, in Nigeria and globally.
7. To identify area of improvements if any, that can be brought to the design and/or implementation of the program and strategies and for scaling up.

Evaluation Scope and focus:

The scope of the evaluation covers the areas of the birth registration Programme implementation the period from the onset of the Programme in 2012 to 2016.

The birth registration data/information has been collected through the rapids SMS e-platform/dashboards. RapidSMS mobile technology is now in operation at over 4,000 registration points, enabling real time data on birth registration to be collected and analysed centrally and at state level. State level monitors now issue monthly s to highlight poorly performing states and LGAs, enabling remedial action to be taken. In addition, the system assists registration centres and NPopC to track stock levels of birth certificates to avoid stock outs.

Given that initiatives still need to be pursued to 'mop up' registration, 2014 also focused on establishing collaboration between the education sector and NPopC. As a result, in November 2014, the National Council on Education endorsed the integration of birth registration activities into the work of Head Teachers for children who are of school going age. NPopC will begin training head teachers to register children next year.

Recognizing the importance of birth registration being integrated into the wider reform of the systems of Civil Registration and Vital Statistics (CRVS), UNICEF ensured that birth registration was a key component of both the assessment and National Strategic Plan of Action for CRVS systems that has been developed for Nigeria. In addition, UNICEF approached the National Identity Management Commission to ensure that the ongoing development of an ID system takes into consideration the role of birth registration and birth certificates in strengthening validity of the system.

Data source through the dashboards:

Raw data dashboard

Manager's dashboard has improved data acquisition and analysis including registration coverage and not just registration events. Appropriate "levels of information" for birth registration can be filtered and automated data analysis and Color-coded values for birth registration coverage by LGA - are shown at a glance. Red shows the LGA does not meet minimum coverage target, Orange indicates minimum coverage target was met and Green shows the LGA has met the optimal coverage target. The dashboard enabled Managers at the LGA (DCR) state (HOD) and

Federal (Federal NPopC) levels to understand what birth registration activities are happening in their jurisdictions and identify areas for improvement. Data indicated in the Managers dashboard can be compared on yearly basis, monthly basis, state by state basis, rural/urban basis, LGA by LGA, health centre by health centre, etc. The link and print screen is indicated below.

The website for the dashboard is br.rapidsmsnigeria.org-birth registration statistics in Nigeria

The evaluation will focus on and include the following beneficiaries and stakeholders in the process:

1. Intended targets/ beneficiaries: new-born babies.
2. Service providers: health care professionals whose capacity has been built
3. Local Government level
4. National level: national authorities and key stakeholders.
5. The NPopC HQ, Abuja- Vital Registration Director
6. Health centres/health workers, facility managers, State and Federal Primary Health Care Development Agencies
7. Parents and care givers
8. Local Government Chairmen
9. Community influential/traditional and religious leaders; and
10. RapidSMS web developer

Evaluation Criteria

The evaluation criteria against which the Programme will be assessed will be the OECD DAC criteria covering; Impact; Relevance; Effectiveness; Efficiency and Sustainability of the Programme. In addition, equity angel related to this evaluation especially for children in deprived areas and areas with poorer maternal and child health, educational, protection and right outcomes.

All the elements of this criteria will be in line with the programmes results framework/Log frame indicators from which the evaluation questions will also be drawn.
Evaluation Questions

The impact evaluation will be guided by the following indicative list of evaluation questions:

Impact

1. What was the impact of the Birth Registration program on increasing the number of registered children?
2. Has Birth Registration at contributed to protecting children from abuse, child trafficking, and violence?
3. Is there any unintended negative or positives impact?

Effectiveness

4. Did the Birth registration program produced the intended outcomes as per the ToC?
5. Did the intervention produce the intended output and outcomes level?
6. For whom, in what ways and in what circumstances did the intervention work?
7. Did birth registration program reached all intended participants?
8. To what extend does convergence in programming helped the registration of children?

Efficiency

1. Was there financial and human resources to efficiently utilize to achieve the birth registration program objectives?
2. What resources have been used to produce these results?
3. What strategies have been used to ensure the efficiency of the intervention?
4. Are suitable human, financial and physical resources involved and used well? Is financial information complete, accurate, and reliable?

Relevance

1. How well did the birth registration program align with national priorities and strategies?

2. To what extent has birth registration program objectives contributed to the national and local policy directions?
3. How well was birth registration program accepted by individual communities?
4. Did birth registration program fit with community priorities?
5. To what extend does the birth registration program reached the need of the poorest and most deprived children and families?

Sustainability

1. To what extent will changes as a result of birth registration program objectives be sustainable over the long term?
2. What factors will be involved in ensuring this sustainability?

Equity Considerations

To what extent did the program consider a human rights-based approach and equity in its strategy and approach?
To what extend the Birth Registration program reach out the most deprived and vulnerable?
Methodology and Approach

The evaluation will occur in several phases:

Inception phase:

Inception phase, during which an evaluability assessment will be conducted. The main objective of the evaluability assessment is to determine the best evaluation approach and design for the impact evaluation, considering the constraints of time, data availability, budget and methodological. The second objective, is for improving and informing the focus and scope of the evaluation and as need be revising and further operationalising the evaluation questions.

As a consequence, the approach and methodology to be employed during the data collection phase will be developed by the team and report into an inception report which will include a data analysis plan. The evaluability assessment findings shall inform the inception phase. The data analysis plan, will specify which of the proposed procedures related to the data will be utilised and how the data will be analysed in detailed. The data analysis plan is integral part of the inception report, but a separate document which includes the evaluation plan and data analysis plan.

Data collection phase:

The data collection phase, is the implementation of the revised and final approved evaluation plan, as per the inception report. The data collection phase consist of field data collection through several methodology, such as facility, house hold survey, key informant interviews, focus groups, desk review and use of secondary data such as national statistics or administrative data. Aligned with the approved evaluation plan and design and the major analytic work is completed. This shall include sample size and selection; household survey, focus group, data collection at the community level and related field work, as relevant.

Reporting phase:

The reporting phase is comprise of several reports. First, as it will be agreed with project authority, regular ongoing reports (weekly or bi-weekly as agreed) is expected between project authority and contractors. The content of the report will be light and meant to inform on the ongoing progress of the evaluation implementation phases. Progress towards keep milestones of the evaluation plan, emerging challenges, and need for support from project authority.

Towards the end of the evaluation, during which a draft report is delivered, aligned with UNEG (United Nations Evaluation Group) standards, for comments and approval. The final evaluation report addressing all comments should be submitted within a month to project authority and to the steering committee for approval. It is expected that the Team self-assess the Evaluation report with the GEROS tools and submit the tools along with the draft report.

The evaluation is expected to be a mixed-method (quantitative and qualitative), analysing the trends in new-born registrations before and after implementation of BR.

On the quantitative aspect, relevant data will be extracted from the dashboards and programme documents. Beneficiary level data will be collected from different sources including the Rapid SMS database. In addition to analysing available aggregated quantitative information, the consultant will further be expected to collect data from the field, as well as any other secondary sources of relevant information.

The qualitative component will draw on the understanding and perception of the main stakeholders involved in the project.

The evaluation methodology will be guided by the norms and standards of the United Nations Evaluation Group (UNEG), and the UNEG guidelines on integrating Human Rights (HR), Gender Equity (GE) in Evaluation. In order to be responsive to HR and GE aspects, special consideration will be given to gender, sex, distance from service locations and wealth when stakeholders and beneficiaries' view are sought in data collection.

The evaluation sampling strategy will be further defined for the key indicators with support from the consultancy institution.

The successful evaluation firm will work with the NPopCand UNICEF (and other partners when needed) to finalize the design and conduct the evaluation under the leadership of the steering committee. The evaluation team will work with the Lead Evaluator to provide assistance for the situation analysis in line with the country context and quantitative assessment of the intervention by collecting and using the service delivery data.

It is expected that the successful evaluation firm will share the responsibilities for field visit, data compilation, data analysis and drafting of the report. The evaluation team will further work with the steering committee and other stakeholders to coordinate the work, conduct interviews, conduct the data collection and analysis, and disseminate the findings of the evaluation.

Existing information sources:

1. Identify relevant information sources that exist and are available, such as:
2. Baseline
3. Dashboards
4. UNICEF Child Protection Results framework (RAM Planning)
5. Project documents and reports for the period 2012-2016
6. Past studies for the period of 4 years
7. Plans, polices and frameworks

Task to be completed:

The tasks to be completed by the successful evaluation firm include, but are not necessarily limited to the following:

1. Review background documentation on the birth registration intervention, intervention and evaluations in Nigeria or abroad, as well as all relevant information;
2. Validate the theory of change and refined it as needed to fit the evaluation plan;
3. Meet with relevant stakeholders, such as donor, private sector, government partners (LGAs, etc) CSOs;
4. Present for approval by the UNICEF, an inception and evaluability report containing a detailed evaluation Plan, and evaluation design that address evaluability, the specific evaluation questions proposed here and propose sub evaluation questions as relevant to meet the evaluation objectives, relevant indicators, data collection methods and present evaluation design options to meet the quality expectation;
5. Implement the approved evaluation work plan;
6. Liaise with the stakeholders through email, teleconference, in-person meetings as needed;

7. Inform UNICEF Nigeria of any significant modifications to the intervention/project that could affect the evaluation and any difficulties that may arise in implementing the approved evaluation design;
8. Prepare the evaluability, inception, and the draft final evaluation report described as the agreed deliverables table.
9. The approach and methodology must include, but not limited to, the following:
10. Incorporate data from the monitoring and information system implemented by the partners and other relevant sources of information available;
11. As required direct data collection activities to ensure that the necessary activities and outcomes being measured.

Quality expectation

It is expected that the evaluation design will deal with the four dimensions of impact evaluation quality and the proposal will demonstrate how it will successfully address the following:

1. Statistical conclusion validity;
2. Construct validity;
3. External and;
4. Internal validity.

Statistical conclusion validity is concerned with whether the presumed cause of the Birth registration programmes and the presumed effect (the impacts as per the theory of change/ Logic model) are related. Measures of effect size and their associated confidence intervals should be calculated. Statistical significance (the probability of obtaining the observed effect size if the null hypothesis of no relationship were true) should also be calculated.

Construct validity refers to the adequacy of the operational definition and measurement of the theoretical constructs that underlie the birth registrations programmes, outcomes and impact. We need to ensure that we indeed measure what we is intended to change.

External validity refers to the generalizability of causal relationships across different persons, places, times, and operational definitions of interventions, outcomes and impacts. It's important to ensure that the ingredients responsible of the success of the intervention being replicable elsewhere.

Finally the internal validity refers to the correctness of the key question about whether the birth registrations programmes really did cause a change in the outcome and impact expected.

Essentially is the evaluation design appropriate and deal with a counterfactual e.g..: what would have happened to children in the programmes communities (experimental units) if the intervention had not been applied to them? In any case where this is not possible, the evaluation design may consider a contribution analysis, using the INUS type of causality as define in the DFID Working Paper 38. Broadening the range of designs and methods for impact evaluations. The team would need to propose how they intend to manage quality of their work.

Methodological Approach

The impact evaluation methodology will be part of the overall impact evaluation strategy proposed by the consultant and will include costing options (up to 3) for considerations from the most rigorous to least while always meeting quality expectations. The proposed approached should deal with causality by determining the attribution on the outcomes caused by the BR program (i.e. use of counterfactual) or identify the contribution using the INUS type of causality made by UNICEF supporting activities towards the outcomes124 or any other proposed approach that meet our quality expectations and requirements. If a counterfactual type of causality is proposed, the treatment and control beneficiaries/communities will be identified using a statistically relevant sample.

[124] Befani, B., Stern, E., Stame, N., Mayne, J., Forss, K. and Davies. R, Broadening the Range of Designs and Methods for Impact Evaluations, DFID Working Paper 38

The consultants will produce a sampling plan that will include as relevant:

1. Power calculations and sample size determination at the community and household level to ensure robust measures of estimated impacts;
2. Sampling frame and plans for numeration and listing;
3. Cleary define probabilities of selecting the target population;
4. Coding strategy ;
5. Sampling weights to be used in the data analysis ;
6. Contribution analysis methodology and approach

The methodology will be further refined and informed by an Evaluability assessment.

The approach and methodology should include, but not limited to, the following:

1. An experimental, or quasi-experimental approach, such as matching methods, regression Discontinuity design or other as relevant (contribution analysis) while meeting the quality criteria.
2. Ensure that all data collection processes, analysis and training of field staff, as relevant, are subject to a Quality Assurance plan that will be detailed in the Inception report.
3. Incorporate data from the existing monitoring and information system implemented by the partners and other relevant sources of information available as identified during the evaluability assessment;
4. As required help direct data collection activities to ensure that the necessary activities, outputs and outcomes are being measured.
5. Develop questionnaires for the household and community surveys, as relevant. Both the quantitative and qualitative questionnaires will be pre tested and revised accordingly. The field procedure plan will be drawn up including the number of enumerators, field supervisors, field data entry agents, training plan and expected tasks and responsibilities. A robust data entry Programme will be drawn up. A CAPI (Computer Assisted Personal Interviewing) approach to household survey, SHOULD a house survey been proposed, is strongly recommended.
6. A data analysis plan, in which the procedures related to the data to be analyzed under the evaluation design and sampling plan will be described and detailed. The data analysis plan is integral part of evaluation plan.
7. An evaluability assessment, should be undertaken

Stakeholder participation:

The evaluation will be steered by a Committee composed of the relevant stakeholder. The ToRs of the committee include the following responsibilities:

1. Recommend for approval the deliverables of the evaluation, including evaluability, inception report, evaluation final reports as well as the evaluation plan.
2. During the inception phase review the proposal by the service provider and recommend changes as appropriate.
3. Review the inception report, recommend changes if needed, and approve the inception report.
4. Recommend for approval the data collection instruments and tools where applicable.
5. Provide feedback on draft reports, including comments from peer reviewers to the service provider, and a workshop with stakeholders if appropriate.
6. Recommend for approval of the final report as a satisfactory evaluation report that fulfills the agreed inception report.
7. Recommend for approval or not of specific recommendations emerging from the report.
8. Communicate the results of the approved evaluations.
9. Develop minutes of the meeting including all relevant decisions.

Accountabilities:

The Chief of M&E office will serve as the primary contact with the evaluation Team. He will thus be providing the necessary Technical guidance. The M&E specialist will support the coordination of the evaluation, by facilitating the Evaluation steering committee and provide necessary assistance, information to effectively support the M&E specialist. The child protection Chief and child protection specialist will also provide technical support where necessary

.
The Regional Office will also be invited to comment on the draft deliverables. The Chief of M&E will give final approval for the final Evaluation report, prior to last payment.

Evaluation team roles/responsibilities and qualifications:

The evaluation team should be composed of and team leader, and a national evaluator. The team leader will be responsible for the overall oversight of evaluation, its quality. The national evaluator shall assist the team leader in carrying out the assignment, including but not limited to facilitate meetings with stakeholders and identifying relevant data sources. It is expected that the most senior international team member visit Nigeria at least once during the evaluation phase, but preferably more.

Qualifications

The selected firm/consultant must possess the following qualifications:

1. Demonstrated experience is sound impact evaluation design
2. Excellent report writing and analytical skills
3. Previous experience in carrying out impact evaluations for birth registrations, rapid SMS, or Child protection-programmes;
4. Strong capacity and experience in planning and organizing evaluation logistics;
5. Strong capacity in data management and statistics;
6. Strong background in microeconomics, statistics and econometrics;
7. Excellent track record in partnering with African survey firm(s) to conduct the field work;
8. Excellent track record of working with Sub-Saharan African clients, including Governments;
9. Experience of working in Nigeria

Ethical Considerations:

The Evaluation will follow UNICEF guidelines on the ethical participation of children. In addition, all participants in the study will be fully informed about the nature and purpose of the evaluation and their requested involvement. Only participants who have given their written or verbal consent (documented) will be included in the evaluation. Specific mechanisms for feeding back results of the evaluation to stakeholders will be included in the elaborated methodology. All the documents, including data collection, entry and analysis tools, and all the data developed or collected for this study/consultancy are the intellectual property of UNICEF (may need to add partners names here, including government, as appropriate.) The Evaluation team members may not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced from this consultancy without the express permission of, and acknowledgement of UNICEF (may need to add partners' names here, including government).

Procedures and logistics:

The consultants or firm will be responsible for arranging their own transport, accommodation and other logistics. The consultant will also be responsible to arrange for at least two Steering committee meetings, logistic and transport of members.

Deliverables:

1. Inception phase:
2. An inception report, detailing the evaluation design and detailed work plan and cost.
3. An evaluability assessment report, detailing the evaluability in principle of project design, in practice given the availability of data and system to generate them and conclude on the likely usefulness of evaluation.

Delivery phase:

Periodic updates and a final Evaluation Report, which should include:

1. Executive summary
2. Methodology: description of sampling and evaluation methodology used, assessment of methodology and its limitation, data collection instruments, and data processing (analysis methodology, and quality assurance)

3. Findings;
4. Conclusions;
5. Recommendations;
6. Lessons learned;
7. Annexes: List of indictors, questionnaires, and if survey, table of sample size and sample site as appropriate
8. The report should be provided in both hard copy and electronic version in English in the required UNICEF format.
9. Completed data sets (filled out questionnaires, records of individual interviews and focus group discussion, etc.)
10. The evaluation report will be required to follow and will be rated in accordance with GoN policy and will be required to follow and will be rated in accordance with "UNICEF Evaluation Report Standards" and UNICEF Evaluation Technical Notes. It is expected that the report is also self-assessed against the GEROS tool.
11. Completed data sets (filled out questionnaires, records of individual interviews and focus group discussion, etc.)
12. Timeframe for the Evaluation: June to November 2017 or less if possible.

Weeks / Dates	Description of activities	Expected Duration
July to August 2017	Inception Phase	5 Weeks
	Inception mission and evaluability assessment.	3
	Preparation and submission of inception report and evaluability assessment report, with proposed approaches.	1
	Feedback and acceptance of evaluability report	1
September to November 2017	Data Collection Phase	8 Weeks
	Data collection preparation/logistic, trainings and collection in the field.	
November to December 2017	Data Analysis and Finalisation	5Weeks
	Submission of draft report	2
	UNICEF feedback on draft report	1
	Stakeholder report validation (meetings and review of feedback and comments)	1
	Submission of final report	1

Payment schedule:

Payment will be in tranches, the last being made upon satisfaction of the last deliverable.

1. Submission of Evaluability and inception report – 40%
2. Submission of Draft Report -30%
3. Submission and approval of Final report – 30%

Resource requirements:

Estimate the cost and prepare a detailed budget. Note the source of funds. Link the budget to the key activities or phases in the work plan. Cost estimates may cover items including:

1. Travel: international and in-country
2. Team member cost: salaries, per diem, and expenses
3. Payments for translators, meeting logistics, interviewers, data processors, and secretarial services.
4. Training cost and printing of material if relevant
5. Staff (before, during, after)
6. Other stakeholders, including primary stakeholders.

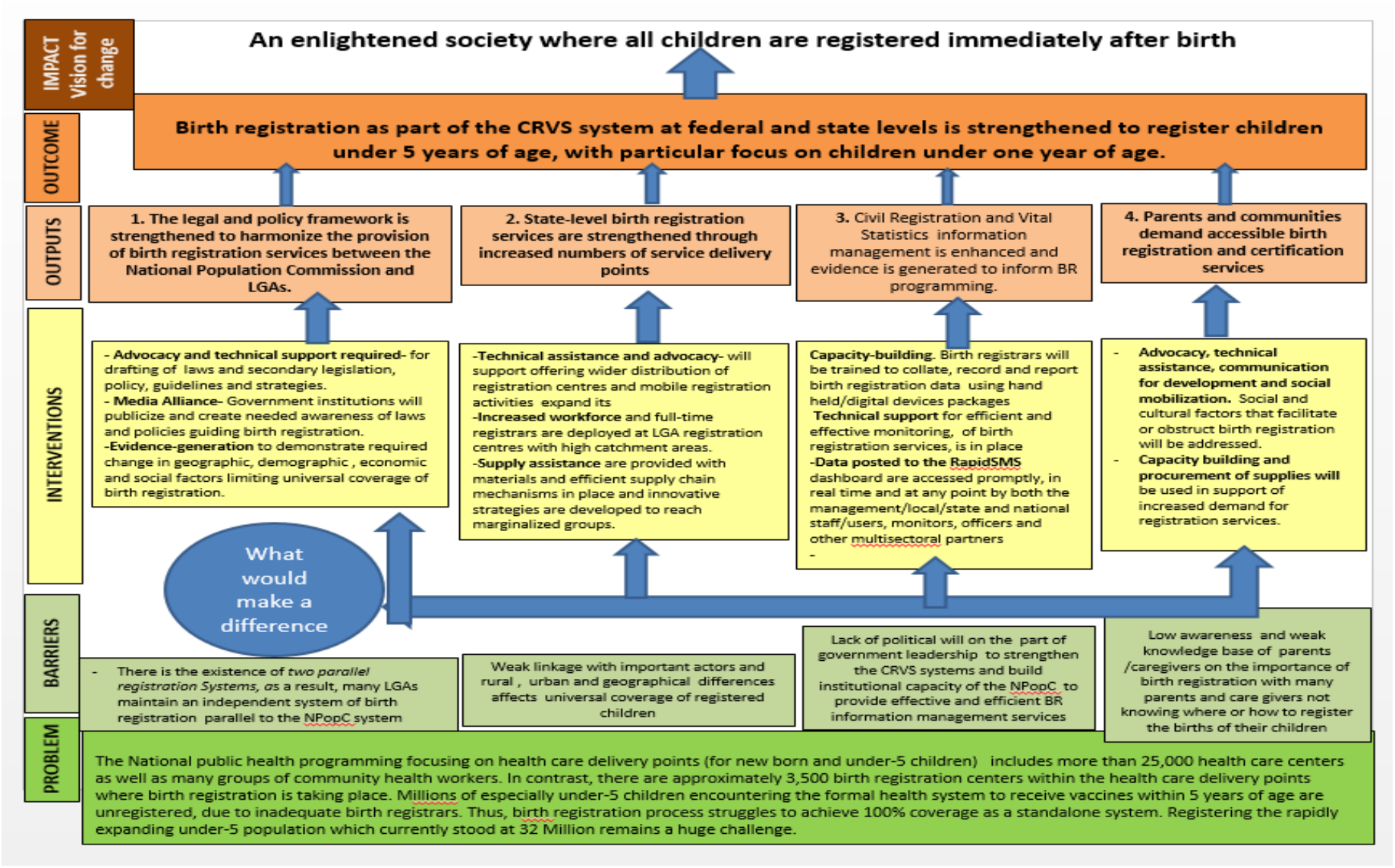
UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

Dissemination Plan

Findings of the evaluation will be published to relevant stakeholders as well as through the following

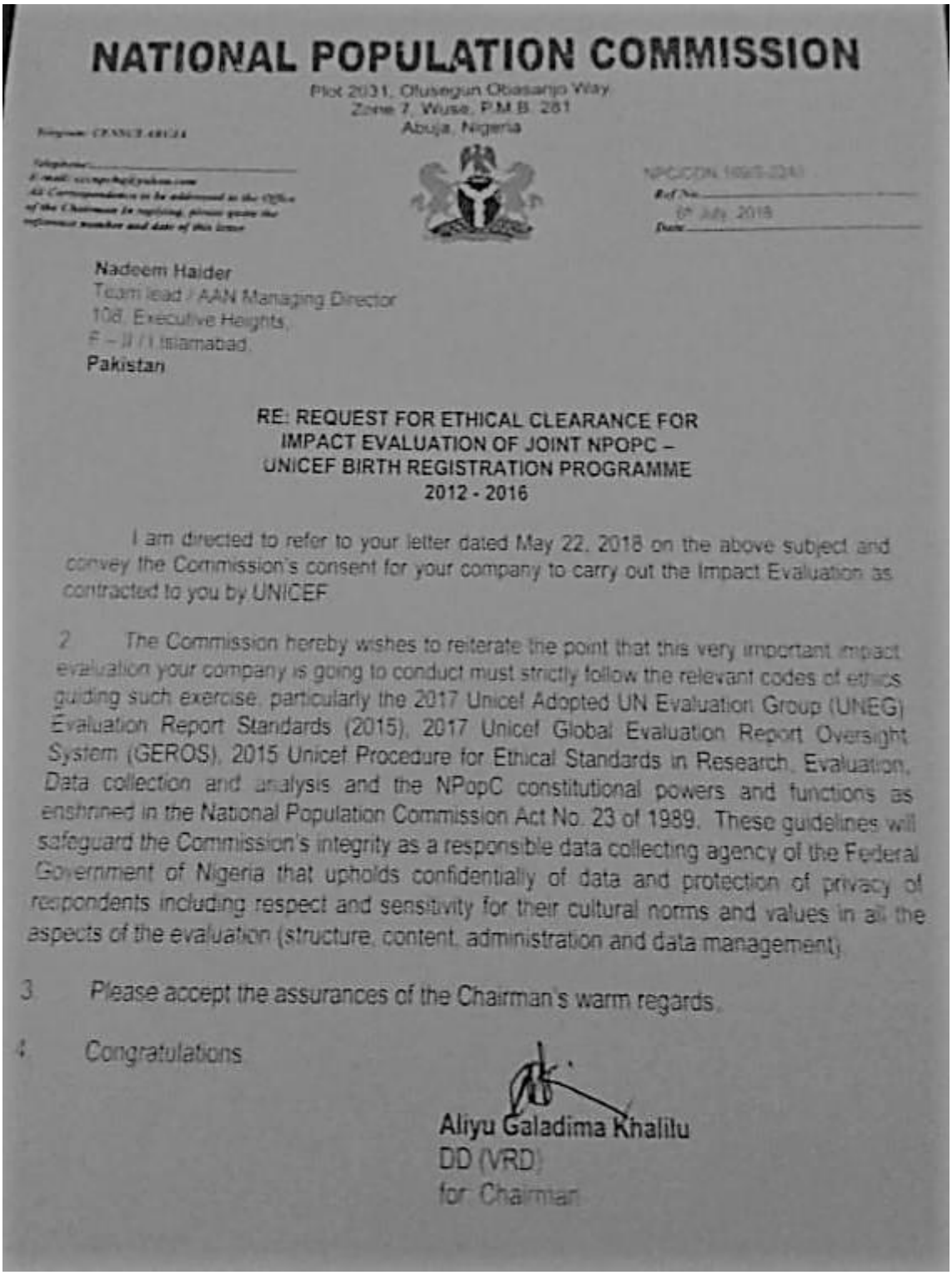
1. Validation meetings
2. Final Inception and Evaluability reports
3. Final evaluation report
4. Published on UNICEF global evaluation database.
5. NPopCand UNICEF Nigeria website
6. Other knowledge management and sharing platforms.

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


IMPACT Vision for change
An enlightened society where all children are registered immediately after birth
OUTCOME
Birth registration as part of the CRVS system at federal and state levels is strengthened to register children under 5 years of age, with particular focus on children under one year of age.
OUTPUTS
1. The legal and policy framework is strengthened to harmonize the provision of birth registration services between the National Population Commission and LGAs.
2. State-level birth registration services are strengthened through increased numbers of service delivery points
3. Civil Registration and Vital Statistics information management is enhanced and evidence is generated to inform BR programming.
4. Parents and communities demand accessible birth registration and certification services
INTERVENTIONS
- Advocacy and technical support required- for drafting of laws and secondary legislation, policy, guidelines and strategies.
- Media Alliance- Government institutions will publicize and create needed awareness of laws and policies guiding birth registration.
-Evidence-generation to demonstrate required change in geographic, demographic , economic and social factors limiting universal coverage of birth registration.
-Technical assistance and advocacy- will support offering wider distribution of registration centres and mobile registration activities expand its
-Increased workforce and full-time registrars are deployed at LGA registration centres with high catchment areas.
-Supply assistance are provided with materials and efficient supply chain mechanisms in place and innovative strategies are developed to reach marginalized groups.
Capacity-building. Birth registrars will be trained to collate, record and report birth registration data using hand held/digital devices packages
Technical support for efficient and effective monitoring, of birth registration services, is in place
-Data posted to the RapidSMS dashboard are accessed promptly, in real time and at any point by both the management/local/state and national staff/users, monitors, officers and other multisectoral partners
-
- Advocacy, technical assistance, communication for development and social mobilization. Social and cultural factors that facilitate or obstruct birth registration will be addressed.
- Capacity building and procurement of supplies will be used in support of increased demand for registration services.
What would make a difference
BARRIERS
- There is the existence of two parallel registration Systems, as a result, many LGAs maintain an independent system of birth registration parallel to the NPopC system
Weak linkage with important actors and rural , urban and geographical differences affects universal coverage of registered children
Lack of political will on the part of government leadership to strengthen the CRVS systems and build institutional capacity of the NPopC to provide effective and efficient BR information management services
Low awareness and weak knowledge base of parents /caregivers on the importance of birth registration with many parents and care givers not knowing where or how to register the births of their children
PROBLEM
The National public health programming focusing on health care delivery points (for new born and under-5 children) includes more than 25,000 health care centers as well as many groups of community health workers. In contrast, there are approximately 3,500 birth registration centers within the health care delivery points where birth registration is taking place. Millions of especially under-5 children encountering the formal health system to receive vaccines within 5 years of age are unregistered, due to inadequate birth registrars. Thus, birth registration process struggles to achieve 100% coverage as a standalone system. Registering the rapidly expanding under-5 population which currently stood at 32 Million remains a huge challenge.

Appendix 01A: Ethical Approval / Clearance Letter for Evaluation

Ethical Clearance Letter Issues by NPopC



NATIONAL POPULATION COMMISSION

Plot 2031, Olusegun Obasanjo Way
Zone 7, Wuse, P.M.B. 261
Abuja, Nigeria

NPC/CON

Ref No.

5th July, 2018

Date

Nadeem Halder
Team lead / AAN Managing Director
10d, Executive Heights,
F – 11 / 1 Islamabad,
Pakistan

RE: REQUEST FOR ETHICAL CLEARANCE FOR IMPACT EVALUATION OF JOINT NPOPC – UNICEF BIRTH REGISTRATION PROGRAMME 2012 - 2016

I am directed to refer to your letter dated May 22, 2018 on the above subject and convey the Commission's consent for your company to carry out the Impact Evaluation as contracted to you by UNICEF

2 The Commission hereby wishes to reiterate the point that this very important impact evaluation your company is going to conduct must strictly follow the relevant codes of ethics guiding such exercise, particularly the 2017 Unicef Adopted UN Evaluation Group (UNEG) Evaluation Report Standards (2015), 2017 Unicef Global Evaluation Report Oversight System (GEROS), 2015 Unicef Procedure for Ethical Standards in Research, Evaluation, Data collection and analysis and the NPopC constitutional powers and functions as enshrined in the National Population Commission Act No. 23 of 1989. These guidelines will safeguard the Commission's integrity as a responsible data collecting agency of the Federal Government of Nigeria that upholds confidentiality of data and protection of privacy of respondents including respect and sensitivity for their cultural norms and values in all the aspects of the evaluation (structure, content, administration and data management).

3 Please accept the assurances of the Chairman's warm regards.

4 Congratulations

Aliyu Galadima Khalilu
DD (VRD)
for: Chairman

Appendix 02: Composition and TORs of the Evaluation Steering Committee (ESC)

ESC Composition/List of Members

This remains the updated list as was shared by UNICEF during field mission.

	Names	Title and Organization	Email and phone
1	Dr Zachary Lawal	MBNP, Director of Evaluation	zakarilawal@yahoo.com 08036194442
2	Mr Galadinma Aliyu	Deputy Director, Vital Registration, NPopC HQ, Abuja	galadimaak@gmail.com 08131389168
3	Mr Mathew T, Sunday	Head of Department, NPopCFCT, Abuja	matthewofnpopc@yahoo.com 08056102245
4	Mrs Hapsatu Husaini	Assistant Director, Vital Registration, NPopC HQ, Abuja	uwanihajiya@yahoo.com 08065463158
5	Mrs Bako-Aiyegbusi Ladidi Kuluwa	Deputy Director/ Federal Ministry of Health, Abuja	ladiaiyegbusi@yahoo.com 08033087892
6	Mr Francis Elijah	Deputy Director Basic and Secondary Education Department	Talk2fme@gmail.com 080358718125
7	Ms Franca Osakwe	Media, Lagos	osakwefranka28@gmail.com
8	Mrs Adeyinka Adefope	CEDAR Comfort -CSO, Lagos	adeyinkadefope@yahoo.com 08037250207
9	Mr NWANNUKWU IKECHUCKWU	HOD, NPopCLagos	ikechukwunwannukwu1@yahoo.com 08022686450
10	Mr UMARU ADAMU	HOD, NPopCKaduna	adamu46@yahoo.com 08020615768
11	**Mr Shereef Balogun**	NIMC	shereef.balogun@nimc.gov.ng
12	Sharon Oladiji	UNICEF, Child Protection Specialist	soladiji@unicef.org 08038150507
13	Hamidou Poufon	UNICEF, Chief of Social Policy	hpoufon@unicef.org 08036590421
14	ALGON Chairman		Contact details to be confirmed
15	Mr Ahmed Ekpolomo	NPopCDirector of Finance	ataikuletu@yahoo.com 08133153334

Evaluation Steering Committee - Terms of Reference

Introduction:
The steering committee has been created to provide overall strategic guidance to the evaluation and will be co-chaired by the National Population Commission and UNICEF.

Purpose:
The purpose of the Steering Committee is to provide overall oversight to the Impact Evaluation process, as stakeholders and primary users of the evaluation.

Tasks/Responsibilities:

- Review and approve key deliverables of the evaluation, including the inception report, evaluation plan and final reports. This shall include:
- Review plans for the data collection, instruments and tools as required and if needed.

- Provide timely feedback on draft reports, including comments from peer reviewers to the service provider or through any appropriate means as mutually agreed.
- Recommend for approval the final report based on the fulfilment of quality standards/criteria agreed the inception report.
- Recommend approval or rejection of specific recommendations emerging from the report and provide management response.
- Ensure that the evaluation is conducted in compliance with UNICEF Evaluation policy and other relevant policies;
- Ensure Evaluation is conducted in compliance with relevant Government of Nigeria Policies;
- Provide technical inputs, support, feedback and advise to the Evaluation Firm on an ongoing basis
- Ensure that the Evaluation receives appropriate approval from the responsible Nigeria Ethic Committee (if applicable) or ethical standards are maintained
- Adopt the minutes of the meeting prepared by the Evaluation Consulting Firm, which shall include all relevant decisions.
- Endorse dissemination strategy and management response to the evaluation.

Membership:
The following stakeholders and immediate users of the Impact Evaluation are members of the Steering Committee.

#	Names	Title
1	Dr Babagana Wakil	Director, Vital Registration, NPopC HQ, Abuja
2	Denis Jobin	UNICEF, Chief of Monitoring & Evaluation
3	Mr Galadinma Aliyu	Deputy Director, Vital Registration, NPopC HQ, Abuja
4	Mr Mathew T, Sunday	Head of Department, NPopC FCT, Abuja
5	Mrs Hapsatu Husaini	Assistant Director, Vital Registration, NPopC HQ, Abuja
6	Bako-Aiyegbusi Ladidi Kuluwa	Deputy Director/ Federal Ministry of Health, Abuja
7	Senator. Suleiman Othman Hunkuyi	Senate Committee Chairman on Population matters. National Assembly
8	Mr Francis Elijah	Deputy Director Basic and Secondary Education Department
9	Rocio Aznar Daban	UNICEF, Child Protection System Strengthening and Violence Against Children Manager (VAC/CPSS)
10.	Sharon Oladiji	UNICEF, Child Protection Specialist

Meetings:
Meetings of the steering committee will take place at two strategic points; One at inception and the end for final draft report with various email communication.

Appendix 03: Programme Components

The description below briefly outlines the key Programme Components as per the revised ToC.

Advocacy for Legal and Policy Reforms

This component focuses on improving and harmonising the legal framework related to BR. Moreover, it emphasizes on developing key policies such as integration of birth registration with health and education services. The implementation strategy requires UNICEF and NPopC to collaborate with key stakeholders such as the FMoH, FME and the Association of Local Governments of Nigeria (ALGON), to encourage and support the signing of Memorandums of Understanding (MoUs) between these ministries and the NPopC, to harmonise and integrate birth registration service delivery. UNICEF also provided technical support to the NPopC in updating the birth registration manual.

Partnerships for Interoperability

The Programme supported interventions to expand the provision of birth registration services, for which MOUs were signed with FMoH and FME to use their operational capacity (human resource, facilities and services) to raise awareness for, and undertake, birth registration services. The key interventions included engagement with the relevant ministries at state level to sign MOUs at State levels and develop roll-out plans for integration of BR services in their routine interventions. Moreover, relevant staff such as health centre staff and school teachers were identified and trained to offer birth registration services. The mechanisms for engagement and reporting to NPopC staff at LGU level were also evolved and implemented. These facilities were provided with adequate supplies of birth registration materials including forms, registers and campaign materials such as posters, leaflets and others.

Quality NPopC Service Delivery

Under this component interventions included the introduction and use of 'Innovative Technologies' to make birth registration services accountable and efficient. The notable intervention is the scale-up of the RapidSMS system. Through RapidSMS system, birth registrars report the birth registration events occurring in their area, via SMS on bi-monthly basis; the data is directly transmitted into a central server (RapidSMS Dashboard) at Federal level which is freely accessible online. The Dashboard processes the collected data and displays the information in various forms (maps, graphics, tables etc.). The relevant staff of NPopC (Birth Registrars and others) were provided training on how to record and send SMS; and on monitoring aspects of the RapidSMS system. Moreover, it included pilots to introduce device-based birth registration. The efforts were directed towards digitising birth registration. Moreover, equipment and other supplies were procured and provided to the States and LGAs. This component included development of the CRVS Strategic Plan 2018-2022, for which UNICEF, WHO and the UNECA[125] extended technical assistance.

Communication for Behaviour Change

This component focused on demand creation, for which targeted Information Education Communication/Behaviour Change Communication (IEC/BCC) campaigns (including integration into health and education campaigns) were developed and implemented in selected States. The campaigns were aimed at raising awareness amongst parents and caregivers of the significance and process of birth registration, thereby increasing the demand for birth registration services. Some specific interventions under this component included establishing alliances with media organisations on one hand and engagement with traditional rulers and religious leaders. The campaigns conducted by media partners included call-in radio programmes, dramas, jingles and other communication means to engage the public. The media campaigns were launched in phase-wise approach between 2014-17, run in four states i.e. Kaduna (2015), Kebbi and Adamawa (2016) and Bauchi (2017) and continued for three months duration.

Appendix 04: Programme Timeline - Evolution of the Birth Registration System in Nigeria

#	Event	Start Date	End Date	Notes
1	Evaluation time frame begins	2012	N/A	N/A
2	analysis of the National birth registration system - Phase 1	January 2012	April 2012	analysis of Nigeria's birth registration system, findings guided both the BRP and the NPopC.
3	Analysis of the National Birth Registration system - Phase 2	October 2012	December 2012	
4	Second Conference of African Ministers Responsible for Civil Registration	September 2012	N/A	Held in Durban, South Africa, this conference recommended that participating nations undertake assessments of their CRVS systems with a view towards developing plans to improve those systems.[126]
5	8th Africa Symposium on Statistical Development (ASSD)	November 2012	N/A	A common strategy was adopted for undertaking the assessment and planning processes recommended by the Second Conference of African Ministers Responsible for Civil Registration.[127]
6	Memorandum of Understanding between the National Population Commission and the Federal Ministry of Education.	2013/14	N/A	MoU signed at the federal level. This MoU concerned the integration of vital registration processes into the education sector.
7	Memorandum of Understanding between National Population Commission and Federal Ministry of Health	February 2013	N/A	MoU signed at the federal level. This MoU concerned the integration of vital registration processes into the health sector.
8	The United Nations Economic Commission for Africa (UNECA), in cooperation with sector partners (including UNICEF), develops the capacities of experts across Africa to support countries improving their birth registration systems.	May 2013	N/A	Experts to assist in conducting the assessment and planning processes agreed in the 8th ASSD.[128]
9	UNICEF Country Programme Document (Time line)	2014	2017	This UNICEF country programme covers the second half of the BRP.
10	Workshop on CRVS Strategic Plan 2018-2022	October 2014	N/A	Workshop conducted in Calabar by the NPopC involving key stakeholders (including UNICEF, World Health Organisation (WHO) etc.). Overall aim was to contribute to the development of the 2018-2022 CRVS Strategic Plan.[129]
11	Media Alliance Workshop	27 October 2014	29 October 2018	Workshop organised by UNICEF in collaboration with the NPopC and hosted in Kaduna. Participants included representatives from media organisations various states around Nigeria.

[126] IBID (footnote 42)
[127] IBID (footnote 42)
[128] IBID (footnote 42)
[129] National Population Commission (NPopC, Nigeria), 2014. Agenda – Civil Registration & Vital Statistics Strategic Plan Development Workshop. Abuja: NPopC.

#	Event	Start Date	End Date	Notes
12	Third Conference of African Ministers Responsible for Civil Registration	9 February 2015	13 February 2015	Organised by various stakeholders, including the African Union and the UNECA, the conference took place in Yamoussoukro, in Cote d'Ivoire. Participating countries agreed to take steps to improve their civil registration systems through capacity building, addressing rights issues, appropriate financing, the application of technology, service delivery, the implementation of evidence-based policies, leveraging the global media, strengthening coordination capabilities and advocacy.
13	Communication and media campaign for Kaduna	2015	N/A	IEC/BCC campaign to raise awareness of the significance and process of birth registration.
14	Communication and media campaign for Kebbi	2016	N/A	IEC/BCC campaign to raise awareness of the significance and process of birth registration.
15	Communication and media campaign for Adamawa	2016	N/A	IEC/BCC campaign to raise awareness of the significance and process of birth registration.
16	Evaluation time frame ends	2016	N/A	N/A
17	Communication and media campaign for Bauchi	2017	N/A	IEC/BCC campaign to raise awareness of the significance and process of birth registration.
18	UNICEF Country Programme	2018	2022	Upcoming programme cycle.

Appendix 05: Evaluation Matrix

Evaluation Criteria & Key Evaluation Questions	Sub-questions	Indicators	Tools	Sources of Information
Impact: **[1] To what extent has the Birth Registration Programme (BRP) Nigeria contributed to the envisaged impact (including long term outcome)?**	[1.1] Has BRP increased the registration of new born/children (under 5) in Nigeria?	• % in children (under 5) with birth registration in Nigeria from 2011-2016 • Federal & State authorities' referrals to accessibility and use of NPopC/CRVS data for child development services i.e. education and health • Stakeholders views of BRP contributions in increasing % (children with birth certificate) and improved accessibility of CRVS data for planning purposes (child development and protection services).	SSR (MICS, NDHS, World Bank, NPopC Dashboard, and others) KIIs with stakeholders	NPopC records (CRVS data), MICS, NDHS, and other surveys, budget records and relevant national and subnational public officials, parents/care-givers, social leaders, CPN/CSOs, UNICEF
	[1.2] Has Birth Registration contributed to protecting children from abuse, child trafficking, and violence?	• 30% reduction in inequities around birth registration (in lowest income quintile groups) • Stakeholders (public, CSOs, and communities) perceptions and evidences of child birth registration either directly or indirectly having impact on child protection situation i.e. early child marriages, female genital mutilation, child trafficking. • Stakeholders views and evidences of unintended impact (positive and negative)	SSR (MICS, NDHS, World Bank, NPopC Dashboard, and others) HHS, KIIs, Reflection Workshop, and FGDs with stakeholders (public officials, UNICEF, CSOs, parents/caregivers, social/religious leaders	Do
Effectiveness **[2] To what extent has BRP been successful in effective targeting (of intended beneficiaries), achieving immediate outcomes, and successfully applying the planned strategies?**	[2.1] Did Birth Registration Programme reach all intended participants?	• Stakeholders views and evidences of programme involving the intended public-sector entities (as duty bearers) and civil society partners (media etc.) and those not involved.	SSR, KIIs, and FGDs,	Do
	[2.2] Did the interventions produce the intended output and outcomes level as per the ToC?	• Stakeholders views of the birth registration programme reaching out to communities and in particular to (income) poor, illiterate and remotely placed, and those missed/not targeted.	SSR, KIIs, HHS, and FGDs,	Do
	[2.3] Which strategies/interventions worked well than	• Stakeholders views and evidences of achievement of programmes outputs and outcomes and those not achieved and why	SSR KIIs, Reflection Workshop and FGDs	Do

Evaluation Criteria & Key Evaluation Questions	Sub-questions	Indicators	Tools	Sources of Information
	others, and in what circumstance and for whom?	Stakeholders views and evidences (by public, UNICEF, CSOs, and communities as to the effectives of BRP strategies (including any changes made during implementation) vis a vis intended/actual results in particular key features and results of (and for whom including poor); 1. Advocacy for legal and policy reforms 2. Partnerships for expanded coverage (inter-operability) 3. Innovative technology use monitoring, reporting and accountability/capacity development 4. Communication for behaviour change 5. Convergence programming approach (integrating BR into health, education and WASH programmes of UNICEF) • Stakeholders' views of strategies and interventions that did not work and why, and lessons learnt for possible correction/replication		
Efficiency: **[3] To what extent were the BRP resources (human, financial and material) sufficient and efficiently used to produce achieved results (outcome/outputs)?**	[3.1] Were BRP resources (human, financial, and material) sufficient, suitable, and efficiently used to achieve desired/produced results? Is financial information complete, accurate? [3.2] What strategies have been used to ensure the efficiency of the intervention?	• Stakeholders views and evidences of adequacy of and gaps (if any) in human, financial and materials resources provided under BRP (component-based allocations/intended results and actual expenditures/results produced) • Assessment of programme in terms of intended vs achieved outputs and outcome vis a vis allocations/expenditure (for each programmatic component) • UNICEF and NPopC views and assessment of evidences as to the accuracy and completeness financial information shared.	SSR and KIIs SSR and KIIs	Project records e.g. budgets, expense sheets, results, relevant national and subnational public officials, UNICEF. Do

Evaluation Criteria & Key Evaluation Questions	Sub-questions	Indicators	Tools	Sources of Information
		• Stakeholders views of efficient use of BRP allocated resources for results produced. • UNICEF and NPopC views and evidences of strategies applied and results as to achieve improved efficiency.		
Relevance: **[4] To what extent did BRP objectives and interventions relate to community needs/priorities, and government policies and strategies?**	[4.1] How well did the birth registration programme align with national priorities and strategies? [4.2] To what extent has birth registration program objectives contributed to the national and local policy directions? [4.3] How well did the birth registration programme fit with community priorities and accepted by individual communities? [4.4] To what extent did the birth registration programme reach the need of the poorest and most deprived children and families?	• Stakeholders' views (public, UNICEF and others) and evidences as to the coherence of BRP objectives and strategies with NPopC/national priorities and strategies • Stakeholders views (public, UNICEF, and others) and evidences of BRP objectives contributing to setting policy directions for federal and state authorities for birth registration • Community views around priority needs for children and placement of birth registration for parents • Community views (parents and community leaders) of acceptance of BRP's interventions • Community views/prioritisation of birth registration vis a vis other urgent priorities • Community views of key bottlenecks and incentives for birth registration vis a vis BRP priorities and interventions • Communities awareness of BRP and acceptance of its interventions	SSR, HHS, KIIs, and FGDs SSR, HHS, KIIs and FGDs	Relevant national and subnational public officials, parents/care-givers, social leaders, CPN/CSOs, UNICEF Do

Evaluation Criteria & Key Evaluation Questions	Sub-questions	Indicators	Tools	Sources of Information
Sustainability **[5] How likely are the BRP interventions and results (outcome and impact) to sustain and what factors that may strengthen their continuity/sustainability?**	[5.1] What is the likelihood of programmatic interventions and outcomes may sustain (over long term)? [5.2] What factors will be involved in ensuring this sustainability?	• Stakeholders views and evidences (public, UNICEF, CSOs, and communities) of current/BRP interventions and results (for each strategic/result area) likely/unlikely to sustain and why/how? • Stakeholders views and evidences (public, UNICEF, CSOs, and communities) of factors for sustainability and/or additional interventions that may enable sustainability of interventions and results (component/strategic area wide)	SSR KIIs and FGDs SSR KIIs and FGDs	Relevant national and subnational public officials, parents/care-givers, social leaders, CPN/CSOs, UNICEF Do
Equity & HRBA **[6] What strategies and interventions did BRP implement to comply with gender, equity and HRBA programming principles?**	[6.1] To what extent did the BRP consider a human rights-based approach and equity in its strategy and approach? [6.2] How well did BRP target and benefit the most deprived and vulnerable?	• Stakeholders views and evidences of BRP integrating HRBA into strategies and interventions and results produced • Stakeholders views and evidences of BRP enabling compliance to national + international obligations around children/human rights • Stakeholders views and evidences of balanced focus and resources allocation for duty bearer (strengthening services delivery) vis a vis right holder (community demand creation) and engaging CSOs as enablers/facilitators • Stakeholders views and evidences of BRP addressing (through strategies and interventions) that kept the most deprived and vulnerable away to get child's birth registered (i.e. poorest or those from lowest income quintiles, illiterate, hard to reach areas/rural and remote, single mothers, ethnic minorities, disabled	SSR, and KIIs SSR, KIIs and FGDs	Relevant public authorities at national and sub-national level, UNICEF, CSOs and communities Do

Evaluation Criteria & Key Evaluation Questions	Sub-questions	Indicators	Tools	Sources of Information
		children, people living in conflict affected regions) • Stakeholders views including community of continuing challenges (issues that BRP did not address) for poor and most deprived to get children registered and possible local solutions.		

BRP – Birth Registration Programme, SSR – Secondary Sources Review, CSO – Civil Society Organizations, CP – Child Protection, NCO – Nigeria Country Office, KIIs – Key Informant Interviews, FDG – Focus Group Discussion, CRVS – Civil Rights and Vital Statistics, NPopC – National Population Commission, CPN – Child Protection Network, NDHS – Nigeria Demographic and Health Survey, MICS – Multiple Indicator Cluster Survey, C4D – Communication for Development, GoFRN – Federal Government of Nigeria, HHS – Household Survey, HRBA – Human Rights Based Approach

Appendix 06: Rationale for the Inclusion of DAC Criteria Elements

Criteria	Definition	Rationale
Relevance	The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies.	Grasping the relevance of the BRP is crucial for identifying the lessons learned and generating recommendations to guide future programming.
Effectiveness	The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.	These criteria are required to generate evidence on the success and impact of the BRP in relation to its intended outcomes and impact; given that this is an impact evaluation, there is an emphasis on this criterion.
Efficiency	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.	
Impact	Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.	
Sustainability	The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.	The extent to which the successes of the BRP are sustainable and the related factors are important considerations in crafting recommendations for future programming.
Equity, Gender and HRBA	**Equity:** For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism.[130] **Gender:** Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women. **Human rights-based approach:** A conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights.	While this is not a DAC criterion, equity (including in relation to poverty, conflict, and remoteness) and gender human rights considerations are cross cutting themes that apply across a wide range of programme types and are a core part of UNICEF's approach to development. Therefore, the inclusion of this element is appropriate.

[130] United Nations Children's Fund, 2011. Civil society partnerships: What does UNICEF means by equity approach? [online] Available at: https://www.unicef.org/about/partnerships/index_60239.html [Accessed: 14 May 2018].

Appendix 07: Design for Impact Evaluation of BRP

This Appendix elaborates on the rationale, key features and other considerations which contributed in the selection of design for this impact evaluation.

In line with the guidance available in the published literature on key components and considerations for the selection of design for an impact evaluation, the selection of the design employed for this 'Impact Evaluation' has been informed from the following aspects of BRP:

i) Theory of change (ToC)
ii) Evaluation questions (including purpose)
iii) Information requirements and sources of information
iv) Use of information to draw the causal inferences and valid conclusions

Beside the above listed key components of the evaluation design, the other considerations that complemented the selection of the evaluation design included; a) design validity (internal, external, construct and implementation); b) contribution and attribution aspects; c) programme attributes and context of the programme; and d) compliance to UNEG prescribed normative, ethical and quality. The description below addresses most of these aspects, however, others have been expanded in the methodology and quality assurance sections of this report.

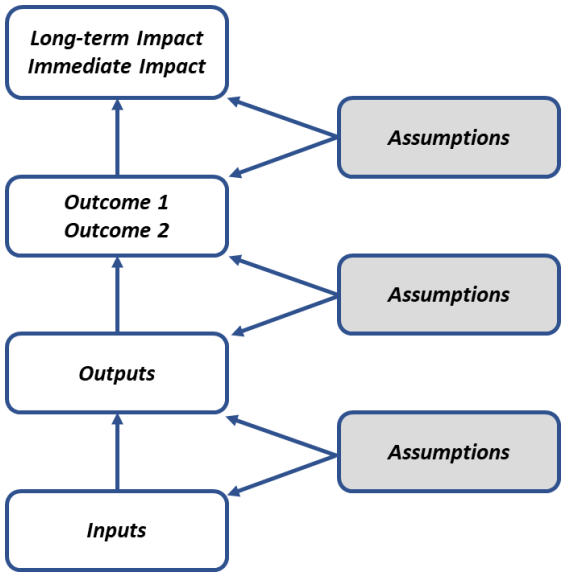


Figure 3.1: Illustration of Logic Model

The evaluation followed the over-arching approaches of 'Participatory Evaluation[131]' and 'Theory-Based Evaluation (TBE)[132]' for this impact evaluation. It is planned as a 'participatory' evaluation whereby all relevant stakeholders including planners, implementers, donors, beneficiaries and others were consulted to inform the evaluation of their experiences, reflections and suggestions. An 'Evaluation Steering Committee (ESC)' was formed comprising NPopC, relevant public agencies, UNICEF, CSOs and others to provide oversight and contribute to the evaluation planning, design and execution, reporting and for quality assurance purpose.

The evaluation design followed the prescribed framework and principles of TBE. In doing so, the evaluators together with the ESC reviewed and improvised the available BRP ToC and was used for this evaluation. A consensus was established on varied levels of results (including impact) and corresponding indicators, working assumptions, inputs, as part of defining the causal pathways to achieve the desired change. The design emphasizes to establish not only the 'if' and 'extent' of the intended/unintended and positive/negative changes that had occurred and observed, but also enabled the evaluators to answer 'how' has change occurred and 'for whom?' Moreover, in line with the requirements of an impact evaluation, the design focused to explore that under what circumstances (contextual factors) and conditions the 'observed' change has occurred.

[131]. **Participatory Evaluation** refers to a range of approaches that engage stakeholders (especially intended beneficiaries) in conducting the evaluation and/or making decisions about the evaluation (www.betterevaluation.org). Using participatory approaches in impact evaluation means involving stakeholders, particularly the participants in a programme or those affected by a given policy, in specific aspects of the evaluation process. By asking the question, 'Who should be involved, why and how?' for each step of an impact evaluation, an appropriate and context-specific participatory approach can be developed. Participatory approaches can be used in any impact evaluation design. Participation by stakeholders can occur at any stage of the impact evaluation process: in its design, in data collection, in analysis, in reporting and in managing the study. (Participatory Approaches, Methodological Briefs: Impact Evaluation 5, UNICEF). Participatory evaluation is usually a module within an overall design rather than an overarching principle. However, the issue of "impact for whom" is usually addressed, in particular by dividing beneficiaries into target groups differing on gender, income, poverty level, risk-level and geographical area (source DFID Working Paper 38).

[132] **A theory-based evaluation design** tests the validity of the assumptions. The various links in the chain are analyzed using a variety of methods, building up an argument as to whether the theory has been realized in practice. (source; Outline of Principles of Impact Evaluation. http://www.oecd.org/dac/evaluation/dcdndep/37671602.pdf)

At impact level, the evaluation sought to establish the causal relationship between improved birth registration services (assessed in terms of harmonised, expanded, efficient and integrated BR system; see more details below), due to increased knowledge/awareness of birth registration services (assessed in terms of understanding of advantages for children, service providers and procedures) leading to an increase in birth registration rates and eventually achieving child wellbeing. The evaluation unravelled 'if', the 'extent' and 'how' these two causes contributed to increased birth registration (as immediate impact) and child wellbeing and safety (as long-term impact). Further, the evaluation investigated other intervening/contributory factors to the observed change. The following description unwind the impact (both immediate and long term), indicators, methods, data sources and analysis techniques.

The improvised BRP ToC delineates the impact in terms of 'immediate' and 'long term'. The immediate impact was assessed in terms of two indicators i.e. a) % increase in birth registration rates for under five children against set target of 20%; and b) % reduction in inequities in birth registration rates against 30% target (inequity with respect to effect of mothers' education on BR practice; since mother's education level is the only relevant indicator as covered by MICS). The immediate impact indicators were seen as straight-forward and measurable. Reliable secondary data in the form of MICS, World Development Indicators (WDI) of World Bank, and NPopC dashboard, was available to measure the two indicators of immediate impact. The data was available for the complete programme life cycle (2012-16), hence enable the evaluators to draw baseline and end line. Simple statistical techniques were used to map progress and calculate trends and pattern including achieving impact targets.

The long-term impact (defined for this evaluation in terms of child wellbeing) was assessed with respect to % increase in basic immunisation rates (for measles for 12-23 months old) and school enrolments rates (in grade 01), and % reduction in cases of child protection violations such as; i) female genital mutilation (FGM), ii) early child marriages, and iii) child trafficking (under 18). For the indicators on immunization, school enrolment, FGM, and early child marriages, MICS data is available. However, for child trafficking the records from 'National Agency for the Prohibition of Trafficking in Person (NAPTIP)' were used. Since, intended long-term impact has not matured fully, the evaluators plan used the projections and trends, from whatever data is available, to determine the impact. While establishing the causal linkages the evaluators studied the causal inferences to deduce the impact i.e. 'how' has birth registration contributed to child well-being. Moreover, the evaluation explored the necessary conditions or factors (enablers or motivators) alongside increased birth registration rates that may have produced or likely to produce the changes in child well-being.

As mentioned in ToC, the BRP has two separate and distinct outcomes. The first outcome related to improving the BR policies, laws and services whereas the second outcome aims to demand creation by enhancing knowledge and awareness among parents and communities about BR needs, benefits and services. The two outcomes vary in terms of required inputs, interventions, outputs and stakeholders involved and intended beneficiaries. To the evaluators these two Outcomes warrant tailored treatment, as no singular design can sufficiently encapsulate the evaluation needs. Therefore, in view of the nature of outcomes and complying with the TBE approaches, the evaluators used a 'Nested' or 'Hybrid' design. The premise to use the 'hybrid design' lies in the fact that the 'UNEG' guidance, 'DFID Working Paper 38' and other published literature on impact evaluation methodologies suggest that for complex programmes like the BRP, no singular design and/or approach sufficiently addresses the evaluation objectives and questions. Hence, the evaluators use tailored or hybrid designs, which is the case for this evaluation.
Find below the details of two designs and rationale for their selection for as many outcomes.

Process Tracing Design (for Outcome 1);

The evaluators utilized the 'Process Tracing[133]', design for Outcome 1 i.e. 'A harmonised, accessible and efficient Birth Registration System (BRS) functioning as integral part of Civil

[133] **Process Tracing'** defined by Aminzade (1993) as: 'theoretically explicit narratives that carefully trace and compare the sequences of events constituting the process…'. Tarrow (2009) defined the 'process tracing' as a tool for Qualitative analysis focused on processes of change within cases may uncover the causal mechanisms that underlie quantitative findings. It bridges the quantitative and qualitative divide (source DFID Working Paper 38).

Registration System (CRS/CRVS) in Nigeria'. In theory, the design enables tracing of inputs, interventions, outputs, and outcome and impact level results (including the interplay of assumptions and risks) to understand and untangle the change process. This was considered appropriate considering the nature, scope and levels of the inputs and interventions undertaken under the outcome 1. The design works by dissecting the complete 'process and strategies' adopted to bring about the systemic improvements in the birth registration system at varied levels i.e. harmonised, accessible, efficient and integrated (with CRVS) BR system. For this evaluation, the 'improved/harmonised system' refers to, and assessed in terms of, a) clarity of roles for birth registration between public agencies; and b) uniformity of rules and procedure including country-wide application. The 'accessibility' was assessed in terms of: a) the extent of expansion of services delivery by the service providers; b) users' perspective of services becoming more accessible (moved nearer to where they live); and c) availability of staff and necessary materials and supplies at service delivery centres. The 'system efficiency' was assessed in terms of: a) simplification of procedures/requirements; b) reduction in time spent to secure birth certificates; and c) use of IT applications for information/data transmission to higher levels. The 'integration' (within CRVS) was in terms of: a) regularity of posting the birth registration records to CRVS dashboard; and; b) dissemination of CRVS data for policy and planning.

The 'process tracing' design enable the evaluators in responding to the aspects highlighted above and determining 'if' and 'how' the change was occurred along the causal pathways for three different steams of strategies (advocacy for policies/laws; partnerships; and services quality/training) along which the 10 outputs are divided (see ToC for details). The design enabled the evaluators to test the validity of 'theory' alongside the stated assumptions and risks. Moreover, in the process the evaluators were careful to observe and record the additional assumptions or factors that have contributed to the observed change. Moreover, the 'process tracing' design enabled the evaluators to verify and adhere with both the 'Construct' and 'Implementation Validity' aspects. It is by design that the evaluators have explained the 'cause' and 'effect' correlation as clearer/narrow as possible, which enable the evaluators to address the concerns around 'internal validity'.

The information for the process tracking was gathered primarily through 'qualitative methods' for the reason, that the interventions and outputs in the outcome 1 are such that qualitative data collection methods suit more than quantitative methods. In parallel, the secondary data was leveraged fully as to 'complement' and 'triangulate' with the primary data. The perspectives of service providers gathered primarily through in-depth interviews with NPopC staff at federal and state levels; and detailed discussions with LGA or field level staff. The users' perspective sought through the 'household/KAP' survey and focus group discussions with range of beneficiary groups at the community level. The use of 'mixed' method approach (more details in the methods section) enabled drawing adequate information about the change process and in turn fed into drawing 'causal inferences' for the observed change. As reflected in the ToC, multiple outputs are contributing to a singular outcome, hence considered as 'Causal Package' to draw valid causal inferences.

The 'Process Tracing' design was executed through use of mixed methods and this enable the evaluators to draw generalisations about 'cause and effect' with respect to Nigeria and for other similar context, thereby addressing the aspect of 'external validity'. Also, the evaluators while designing the evaluation are mindful of the fact to map and analyse the necessary conditions or factors that have contributed for change to occur.

The only constraining element was the availability of limited documentation. The ex-post ToC design helped in minimizing the limitation of lack of comprehensiveness documentation. To address this constraint, the evaluators leveraged the undocumented 'institutional memory' available in the form of long-standing UNICEF and NPopC staff, who have been working with the Programme for past several years. It was encouraging to find them still working for these organisations during the first field visit. Moreover, the evaluators were able to interact with complete hierarchy of NPopC particularly at federal level (including the Chairman, DG, Senior Directors, Monitoring Staff at HQ level and super monitors), and to the extent possible, at the LGA

(field) level. Such in-depth coverage of data collection has enabled gathering enough information to answer all evaluation questions.

Quasi-experimental Design (for Outcome 2);

The evaluators have used 'Quasi-experimental[134]' design for the assessment of the Outcome 02 i.e. 'Increased awareness and demand for birth registration services in parents/caregivers'. Stemming from the 'Experimental Designs' category, this design is considered rigorous for offering adequate statistical basis to establish a clear correlation of the cause and effect by analysing the causal chains. The rationale for this design is evident from the nature of interventions (media campaigns) and perceived results i.e. improved knowledge around primary stakeholders and birth registration procedures resulting in increased demand or service utilisation. The evaluators had to contend with quasi-experimental design, as the extent of intervention coverage (in 4 States only) did not allow to make use of 'Randomised Control Trials (RCT)', an approach considered as 'gold standard' under the 'Experimental Designs'.

The evaluation focused on establishing the 'cause and effect' relationship between knowledge of service users; and demand for, and utilisation of birth registration services. The evaluation emphasized to answer 'if' and 'to what extent' the knowledge in communities about: i) primary stakeholder; ii) procedures of birth registration; and iii) advantages of birth registration (for children) contribute to increase in demand or services utilisation (of birth registration). Moreover, it explored 'how' the change in the level of knowledge of communities has occurred (around key aspects as outlined above) and how this 'change in knowledge' has worked to generate increased demand/utilisation of birth registration services (assessed by looking at existing mechanisms for community actions to communicate their increased demand to the service providers). These aspects were assessed through primary data collection through a KAP Survey (knowledge, attitude and practice survey in communities) to yield quantifiable findings. Such quantitative data was complemented with qualitative data gathered through discussions (FGDs) with communities, religious and social leaders, and service providers. For the purpose of comparative assessment of the causal relationship, counterfactual group[135] was defined and a HHS/KAP survey was administered in both 'experiment/treatment)' (Kaduna, Kebbi, Bauchi and Adamawa), where media interventions have been implemented) and 'control' States (Taraba, Katsina, Niger, Abia, Delta and Lagos), where no media interventions were implemented. To address the sampling bias, the States for the 'control group' have been chosen by using the 'closest match' method using the criteria of population size, rural/urban status and proximity of location. In absence of a structured baseline data, the evaluators could not use the 'difference in difference or double difference technique to measure the 'net impact', and therefore 'net difference' between the two groups (treatment and control) were calculated by employing 'single difference'[136] method.
The 'experimental' designs are often strong in terms of 'internal validity', however, are relatively weak on external validity. To address this weakness the evaluators drew complementary 'qualitative' data to enable deeper understanding of 'how' change has occurred and 'for whom'. Moreover, it enabled the evaluators in developing deeper understanding of other causal factors (conditions) under which change has occurred which in turn has led to making valid generalisations. At the same time, UNICEF, NPopC and media organisations were consulted to understand and further comment on the 'construct' and 'implementation' validity considerations. The issue of 'statistical conclusion validity'[137] has been addressed by determining an adequate

[134] **Quasi-experimental research designs**, like experimental designs, test causal hypotheses. In both experimental (i.e., randomized controlled trials or RCTs) and quasi-experimental designs, the programme or policy is viewed as an 'intervention' in which a treatment – comprising the elements of the programme/policy being evaluated – is tested for how well it achieves its objectives, as measured by a pre-specified set of indicators (see Brief No. 7, Randomized Controlled Trials). A quasi-experimental design by definition lacks random assignment, however. Assignment to conditions (treatment versus no treatment or comparison) is by means of self-selection (by which participants choose treatment for themselves) or administrator selection (e.g., by officials, teachers, policymakers and so on) or both of these routes. (source; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.)
[135] In a quasi-experimental research design, **'counterfactual'** is the group of research participants/subjects that, for the sake of comparison, does not receive the treatment/intervention given to the treatment/intervention group. Comparison group subjects are typically not randomly assigned to their condition, as would be true of control group subjects in an experimental design study. This is always the case for ex-post impact evaluation designs. (source; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.)
[136] **The single difference** (SD) estimate is difference in 'effect/outcome' between treatment and comparison groups following the intervention. (source; ibid)
[137] **Statistical conclusion validity:** for quantitative approaches, establishes the degree of confidence about the relationship between the impact variables and the magnitude of change.

sample size through web-based statistical methods; moreover, sampling frame was drawn using 'randomization' method for the selection of LGAs where household KAP Survey was administered.

The survey population comprising 6 regions, further divided into 36 States and 774 Local Government Authorities and the Federal Capital Territory. Standard sampling calculations were employed (95% CL, 2.5% margin of error) to calculate the Sample Size of 2700 HHs used for the survey. Following the evaluation design, the total sample was equally split (50%) between the intervention/treatment (1,350) group and control group (1,350) to attain basis for a reasonable comparative analysis of programme results to inform the impact assessment. The Treatment Group' includes four States and 'Control Group' encompasses six States.

(See Appendix 14, 14a and 14b for complete description of Sample size and Sampling Frame distribution).

Appendix 08: List of Programme Documents Reviewed

#	Filename	Document Title	Tag: Location	Tag: Date Received
1	BNA final Making Children Count.pdf	Birth Registration Nigeria: Making Children Count	Batch-1	29/11/2017
2	Presentation on RapidSMS and functionality Nov 2017.pptx	Birth Registration RapidSMS Innovation Nigeria's Experience	Batch-1	29/11/2017
3	Policy - 0 - Introduction.pptx	Establishing Identities	Batch-1	29/11/2017
4	Policy - 1 - Religious.pptx	Working with Religious leaders and institutions to boost birth registration	Batch-1	29/11/2017
5	Policy - 2 - ALGON.pptx	An Alliance for Children: Working with ALGON to harmonise systems for birth registration	Batch-1	29/11/2017
6	Policy - 3 - CMAM.pptx	Reaching the most vulnerable: Using CMAM centers to reach children at risk	Batch-1	29/11/2017
7	Policy - 4 - Health.pptx	Integrating birth registration in health care services	Batch-1	29/11/2017
8	Policy - 5 - RapidSMS.pptx	Using RapidSMS as a tool to enhance birth registration programming	Batch-1	29/11/2017
9	Policy - 6 - End.pptx	Birth Registration in Nigeria: An Update	Batch-1	29/11/2017
10	Policy - Summary.pptx	Birth Registation in Nigeria	Batch-1	29/11/2017
11	1Nigeria Annual Management Plan 2017 Final.docx	ANNUAL MANAGEMENT PLAN 2017	Batch-2	22/12/2017
12	Annex 12- NCO Key Performance Indicators 2017.docx	Annex 12 NCO Key Performance Indicators 2017	Batch-2	22/12/2017
13	Annex 7 - NCO Table of Authorities March 2017.pdf	Operational Procedures	Batch-2	22/12/2017
14	Learning Plan_2017.pdf	UNICEF-NIGERIA Staff Learning and Development Plan 2017	Batch-2	22/12/2017
15	UNICEF NIGERIA ACCOUNTABILITY FRAMEWORK FINAL 31 Dec 2015.docx	UNICEF Nigeria country Office Accountability Framework	Batch-2	22/12/2017
16	Unicef_nigeria_organogram_Jan_20_2017.pdf	Office of the UNICEF Rep - Abuja	Batch-2	22/12/2017
17	ANNUAL REVIEW REPORT CHILD PROTECTION 2014 FINAL 3.docx	Child Protection Programme Annual Review Report	Batch-2	22/12/2017
18	Annual Review Report UNICEF CHILD PROTECTION 2015 5th jan.docx	CHILD PROTECTION ROGRAMME ANNUAL REVIEW REPORT	Batch-2	22/12/2017
19	CHILD PROTECTION - Annual Report January to December 2016 OK +SO.docx	CHILD PROTECTION GoFRN/UNICEF COUNTRY PROGRAMME 2014-2017 (2016 Annual Review Report)	Batch-2	22/12/2017
20	MICS5 Survey Findings Report- Final draft_01-08-17	Nigeria Multiple Indicator Cluster Survey 2016-17 Survey Finding Report	Batch-2	22/12/2017
21	MICS5 TABLES_01-08_2017			
22	MOU ALGON and NPOPC Abia Southern states-.docx	Memorandum of Understanding between Abia State National Population Commission and State Ministry for Local Government and Chieftaincy Affairs	Batch-2	22/12/2017
23	MOU with Health and National Plan of Action March 15 2013.docx	Memorandum of Understanding between National Population Commission and Federal Ministry of Health on Integrating Vital Registration Processes into Health Sector	Batch-2	22/12/2017
24	Annex 1 Nigeria RMP 2014-2015 (Office Priorities).docx	Annex 1 Office Priorities	Batch-2	22/12/2017
25	Annex 2 Nigeria RMP 2014-2015 (Key Management Indicators).docx	Annex 2: Key Management Performance Indicators	Batch-2	22/12/2017
26	Annex 3 Nigeria RMP 2014-2015 (Table of Authority).docx	Annex 3: Document Authorization Table/ Table of Authority	Batch-2	22/12/2017
27	Annex 4 Nigeria RMP 2014-2015 (Organogram).pdf	Off of the UNICEF Rep, Abuja - 2014	Batch-2	22/12/2017
28	Annex 5.1 NCO Operational Committees 2014.pdf	Operational Procedures	Batch-2	22/12/2017
29	Annex 5.2 ERM_NCO_Committee 2014.pdf	Enterprise Risk Management Committee and Risk owners and Co-owners Term of References	Batch-2	22/12/2017
30	Annex 6 Nigeria Rolling IMEP 2014-15_Final.docx	Nigeria Country Programme- Rolling IMEP - 2014-2015	Batch-2	22/12/2017
31	RMP 2015-2016 FINAL	ROLLING MANAGEMENT PLAN 2015-2016	Batch-2	22/12/2017
32	RMP UNICEF Nigeria 2014-15 20140417.docx	Rolling Management Plan 2014-2015	Batch-2	22/12/2017
33	Rolling Workplan Signed 02 04 15.pdf	Rolling Work Plan 2015-2016 Nigeria	Batch-2	22/12/2017
34	SIGNED ROLLING WORKPLAN 2016-2017.pdf	Rolling Work Plan 2016-2017 GoFRN-UNICEF Child Protection Nigeria	Batch-2	22/12/2017
35	RapidSMSDataRecoveryPlan.pdf	RapidSMS Data Recovery Plan	Batch-2	22/12/2017
36	UNICEFQ12016Report.pdf	UNICEF Q1 2016 Report	Batch-2	22/12/2017
37	UNICEFQ22016Report.pdf	UNICEF Q2 2016 Report	Batch-2	22/12/2017
38	UNICEFQ32016Report (1).pdf	UNICEF Q3 2016 Report	Batch-2	22/12/2017
39	UNICEFQ42016Report..pdf	UNICEF Q4 2016 Report	Batch-2	22/12/2017
40	Workplan Child Protection 2014-2015_Feb 15.xlsx	Federal Government of Nigeria- UNICEF Rolling Workplan 2014-15	Batch-2	22/12/2017
41	Child Protection Programme 2013 Annual Report.docx	Child Protection Programme Annual Review Report 2013	Batch-3	25/02/2018
42	Country Office Annual Report 2012.docx	Country Office Annual Report 2012	Batch-3	25/02/2018

43	National Strategic Action Plan.pdf	National Strategic Plan on Civil Registration and Vital Statistics Systems 2018-2022	Batch-3	27/02/2018
44	Workplan 2011-12 CP.xls	Child Protection	Batch-3	25/02/2018
45	Workplan 2013 CP 07 02 13.xls	Child Protection	Batch-3	25/02/2018
46	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
47	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
48	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
49	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
50	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
51	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
52	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 1	Batch-4	01/03/2018
53	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
54	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
55	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
56	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
57	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
58	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
59	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
60	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
61	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
62	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 2	Batch-4	01/03/2018
63	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
64	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
65	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
66	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
67	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
68	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
69	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
70	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
71	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
72	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
73	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
74	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
75	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
76	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
77	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
78	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
79	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
80	Birth Registration Campaign Materials - Final	Birth Registration Posters - Poster 3	Batch-4	01/03/2018
81	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - English	Batch-4	01/03/2018
82	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - English	Batch-4	01/03/2018
83	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Hausa	Batch-4	01/03/2018
84	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Hausa	Batch-4	01/03/2018

85	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Igbo	Batch-4	01/03/2018
86	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Igbo	Batch-4	01/03/2018
87	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Kanuri	Batch-4	01/03/2018
88	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Kanuri	Batch-4	01/03/2018
89	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Pidgin	Batch-4	01/03/2018
90	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Pidgin	Batch-4	01/03/2018
91	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Yoruba	Batch-4	01/03/2018
92	Birth Registration Campaign Materials - Final	Birth Registration Radio Jingles - Yoruba	Batch-4	01/03/2018
93	2017ANNUAL REVIEW PRESENTATION.pptx	GoFRN/ UNICEF Country Programme of Cooperation 2014-2017	Batch-4	06/03/2018
94	Birth Registration Rolling Work Plan 2016-2017 (003).docx	Rolling Work Plan 2016-2017	Batch-4	06/03/2018
95	CHILD PROTECTION BR mid year review presentation 20 06 16.pptx	GoFRN/UNICEF Country Programme of Cooperation 2014-2017 Child Protection Programme 2016 Mid Year Review Meeting	Batch-4	06/03/2018
96	CPD CP Result Framework.xlsx	UNICEF Nigeria - Integrated Results and Resources Matrix	Batch-4	28/02/2018
97	Group Work Template BR for Setting priorities.doc	GoFRN/UNICEF Country Programme Cooperation (2014 - 2017)	Batch-4	28/02/2018
98	MANAUL OF BIRTHS AND DEATHS.doc	The Civil Registration System	Batch-4	06/03/2018
99	National Strategic Action Plan.pdf	National Strategic Plan on Civil Registration and Vital Statistics Systems 2018-2022	Batch-4	28/02/2018
100	NBS REQUEST TABLES 2010-2014.xlsx	NATIONAL POPULATION COMMISSION, LAGOS STATE	Batch-4	12/03/2018
101	Report on Birth-Death-Stillbirth-Registration.pdf	Report on Livebirths, Deaths and Stillbirths Registration in Nigeria 1994-2007	Batch-4	06/03/2018
102	STATUS OF UNICEF MONET.docx	REQUEST FOR MONEY PAID TO NPOPC TSA ACCOUNT BY UNICEF TO PAY SUB – REGISTRARS THAT PARTICIPATED IN BIRTH REGISTRATION DURING MEASLES CAMPAIGN AND EAD PHASE II NATIONWIDE	Batch-4	06/03/2018
103	UNICEF Nigeria Annual Report 2010.pdf	UNICEF ANNUAL REPORT for Nigeria	Batch-4	08/02/2018
104	UNICEF Nigeria Annual Report 2011.pdf	UNICEF ANNUAL REPORT 2011	Batch-4	08/02/2018
105	UNICEF Nigeria Annual Report 2013.pdf	UNICEF ANNUAL REPORT 2013	Batch-4	08/02/2018
106	UNICEF Nigeria Annual Report 2014.pdf	UNICEF ANNUAL REPORT 2014	Batch-4	08/02/2018
107	UNICEF Nigeria Annual Report 2015.pdf	UNICEF ANNUAL REPORT 2015	Batch-4	08/02/2018
108	UNICEF Nigeria Annual Report 2016.pdf	UNICEF ANNUAL REPORT 2016	Batch-4	08/02/2018
109	1-Presentation Nigeria 8 December 2016 Ver 2.1.pdf	Global Context of Identity and Case study of India's Aadhaar Program	Batch-4	06/03/2018
110	2-Nigeria ID Roundtable - Dec 8 2016 - v2.pdf	Identity Ecosystem of Nigeria	Batch-4	06/03/2018
111	KOICA CBP 2018 presentation_30012018.pdf	Nigerian Best Practice: National ID Systems	Batch-4	30/01/2018
112	annual review liquidation 23032017CP NPOPC HQ arm.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
113	CRVS Plan of Action Meeting payments 20022017CP NPOPC HQ.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
114	DCT BR and Child Justice in Lagos.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
115	hotel payment lagos 23032017CP NPOPC HQ.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
116	kano 2015 MNCH payment 20022017CP NPOPC HQ (002).pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
117	niger edu 22032017CP NPOPC HQ LIQUIDATION.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
118	payment in lagos NPOPC and basic edu metting.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
119	payment lagos edu 22032017CP NPOPC BR BE.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
120	payment on EAD lagos and co CP ABJ07 NPOPC HQ.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
121	payment on EAD ogun and kogi23052017CPABJ NPOPCHQ 04.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
122	payment to abuja npopc EAD katsina and nasrawa ABJ08 NPOPC HQ.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018

123	payment to edo and delta 02062017CPABJ NPOPCHQ 08.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
124	payment to edo and delta02062017CPABJ NPOPCHQ 08.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
125	payment to enugu benue fct and niger.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
126	payment to hotel on lagos consultative mtn.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
127	payment to katsina May MNCH 19072017NPOPC08ABUCP.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
128	payment to lagos consultative mtn1.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
129	payment to NPopC Abuja on Rapid Reg in Lagos.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
130	payment to npopc on BR and child justice 26072017NPOPC21ABUCP (004).pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
131	payment yo kogi and ogun23052017CPABJ NPOPCHQ 04.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
132	requesting face form br federal moniors during ead in feb 2017.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
133	requesting face form for ead in enugu, niger, benue and fct.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
134	requesting face form kogi and zamfara mnchw.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
135	requesting face form npopc fed monitors meeting to analyse br coverage in kaduna.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
136	requesting face form, br durin mnchw in katsina.pdf	Funding Authorization and Certificate of Expenditures	Batch-4	06/03/2018
137	Acceptance letter calabar meeting.pdf	Submission of proposal and budgets for development of strategic plan of action for Civil Registration and Vital Statistics in Calabar	Batch-4	06/03/2018
138	Budget NPopC Devt of CRVs strategic doc workshop Calabar final 031014.xlsx	Development of CRVS strategic document workshop for Nigeria in Calabar	Batch-4	06/03/2018
139	budget-calabar mtn rvsd 110914.xlsx	DEVELOPMENT OF CRVS STRATEGIC DOCUMENT WORKSHOP FOR NIGERIA IN CALABAR	Batch-4	06/03/2018
140	Copy of CRVS ASSESSMENT BUDGET for UNICEF 8th April.xlsx	Meeting of NPopCCommissioners, State Directors with Commisioners for LGA, State Algon Chairmen in Kaduna:	Batch-4	06/03/2018
141	Copy of CRVS ASSESSMENT BUDGET for UNICEF 31st March.xlsx	Meeting of NPopCCommissioners, State Directors with Commisioners for LGA, State Algon Chairmen	Batch-4	06/03/2018
142	CP August Travel Plan.xlsx	Travel Plan	Batch-4	06/03/2018
143	CRVS ASSESSMENT BUDGET for UNICEF 8th April IO.xlsx	CRVS Assessment Budget for UNICEF	Batch-4	06/03/2018
144	CRVS ASSESSMENT BUDGET for UNICEF 12 March 2014.xlsx	CRVS Assessment Budget for UNICEF	Batch-4	06/03/2018
145	CRVS ASSESSMENT BUDGET for UNICEF 19MAY 2014.xlsx	CRVS Assessment Budget for UNICEF	Batch-4	06/03/2018
146	CRVS ASSESSMENT BUDGET for UNICEF 23rd Feb 2014.xlsx	CRVS Assessment Budget for UNICEF	Batch-4	06/03/2018
147	CRVS full reportReport Kano Dec 2013.doc	Report of Civil Registration and Vital Statistics Assessment Workshop in Nigeria	Batch-4	06/03/2018
148	CRVS ibadan.docx	Conducting the Review: Adapt assessment tools to national specificities	Batch-4	06/03/2018
149	CRVS strategic and monitors mtn budget 17th June.xlsx	Development of CRVS Strategic Document Workshop for Nigeria in Calabar	Batch-4	06/03/2018
150	GROUP WORK PLAN.xlsx	Group Work Plan	Batch-4	06/03/2018
151	Guidelines for conducting comprehensive assessments.docx 2.docx	Improving National Civil Registration and Vital Statistics Systems in Africa	Batch-4	06/03/2018
152	HMN CRVS assessment Qestionnaire.doc	Civil Registration and Vital Statistic System Assessment in Nigeria	Batch-4	06/03/2018
153	Letter to npopc on financial support for 1st draft of CRVS.doc	Request for financial support for first draft of CRVS	Batch-4	06/03/2018
154	List of participants Rockview meeting.pdf	Pre-meeting on the development of strategic plan of action for Civil Registration and Vital Statistics in Nigeria	Batch-4	06/03/2018
155	Proposal and concept for the development of the Strategic PoA for CRVS in Nigeria.docx	Proposal for the development of Strategic Plan of Action for CRVS in Nigeria	Batch-4	06/03/2018
156	Situation of CRVS in Nigeria (2).doc	Situation Assessment of Civil Registration and Vital Statistics Systems in Nigeria	Batch-4	06/03/2018
157	Draft Agenda 2 NPopC CRVS Ass.doc	Draft Agenda NPOPC/WHO/UNICEF CRVS Assessment Workshop in Kano	Batch-4	06/03/2018
158	Improving quality of CRVS Std based review of countries.pdf	Improving the quality and use of birth, death and cause of death information guidance for a standards based review of country practices	Batch-4	06/03/2018
159	Rapid Ass of civil and vital reg framework UQ and WHO.pdf	Rapid Assessment of National Civil Registration and Vital Statistics Systems	Batch-4	06/03/2018

160	Acceptance letter calabar meeting.pdf	Submission of Proposal and Budgets for Development of Strategic Plan of Action for Civil Registration and Vital Statistics (CRVS) in Calabar	Batch-4	03/11/2014
161	Axari Calabar admin order.jpg	Proforma invoice for UNICEF 26th - 31st Oct, 2014	Batch-4	17/10/2014
162	Budget NPopC Devt of CRVs strategic doc workshop Calabar final 03/10/14.xlsx	Development of CRVS Strategic Document Workshop for Nigeria in Calabar	Batch-4	20/11/2014
163	Draft Strategic Action Plan 2015 - 2019 (2).doc	National Population Commission and Vital Statistics in Nigeria	Batch-4	22/05/2015
164	Draft Strategic Action Plan 2015 - 2019 Gp 1 (2).doc	Situation Assessment of Civil Registration and Vital Statistics Systems in Nigeria	Batch-4	13/11/2014
165	Letter of Request for Payment to Axari.docx	Request for payment to Axari Hotels and Suites Calabar Meeting on Strategic Plan of Action for Civil Registration and Vital Statistics in Nigeria	Batch-4	14/11/2014
166	Presentation on Strategic goals and objectives.pptx	Strategic Planning Guide - CRVS	Batch-4	12/11/2014
167	Situation of CRVS in Nigeria (2).doc	Situation Assessment of Civil Registration and Vital Statistics Systems in Nigeria	Batch-4	19/10/2014
168	Situation of CRVS in Nigeria revised (SO) 2.doc	Situation Assessment of Civil Registration and Vital Statistics Systems in Nigeria	Batch-4	26/01/2015
169	CRVS u2013Key Best Practices.pptx	National Population Commission CRVS - Best Practices	Batch-4	17/11/2014
170	Group 3 Roles n Responsibilities.docx	Death certification and cause of death	Batch-4	17/11/2014
171	Group 4 Roles and Responsibilities of Stakeholders.docx	Roles and responsibilities of stakeholders	Batch-4	17/11/2014
172	Group 5 Stakeholders and their Roles in DBM.doc	Database management priority area	Batch-4	17/11/2014
173	Group Work 1 (SWOT Analysis).docx	Group Work 1; Policy and Legal framework	Batch-4	17/11/2014
174	Group Work 2 (Guiding Principles).docx	Guiding Principles	Batch-4	17/11/2014
175	M & E Group Work 1.docx	Roles and responsibilities of stakeholders	Batch-4	17/11/2014
176	Overview of Key Components of National Civil Registration Calabar 2.pptx	Overview of key components of national civil registration and vital statistics systems (CRVS)	Batch-4	17/11/2014
177	Risk Mangt.pptx	Overview of risk management strategy for improved CRVS system in Nigeria	Batch-4	17/11/2014
178	Roles of Stakeholders-2.docx	Registration practices, coverage and completeness	Batch-4	17/11/2014
179	Suggested Priority Intervention Areas-Calabar 2014.pptx	Suggested priority intervention areas	Batch-4	17/11/2014
180	Vision Statement.pptx	Vision and mission	Batch-4	17/11/2014
181	Workshop Objectives at CRVS-Calabar.pptx	CRVS plan development workshop	Batch-4	17/11/2014
182	Findings from RA CRVS in Nigeria.pptx	Findings from rapid assessment of CRVS systems in Nigeria	Batch-4	09/11/2014
183	Overview of Strategic Planning Process.pptx	Overview of strategic planning process	Batch-4	10/11/2014
184	Problem Identification & Proffering Solutions.pptx	Problem Identification & Proffering Solutions	Batch-4	10/11/2014
185	Group 1 Risk Management for CRVS.docx	Group 1: RISK MANAGEMENT	Batch-4	14/11/2014
186	Group 3 Roles n Responsibilities.docx	Group 3 Death Certification and Cause of Death	Batch-4	14/11/2014
187	Group 4 Risk Mangmt A.docx	Group 4: ICD MORTALITY CODING PRACTICES	Batch-4	14/11/2014
188	Group 5 Risks in Database Management.docx	Risk Management Strategy in Database Priority Area	Batch-4	14/11/2014
189	RISK MITIGATION STRATEGIES GROUP 2.docx	Risk Mitigation strategies: group 2	Batch-4	14/11/2014
190	A 3 DAY WORKSHOP 001.jpg	a 3 day workshop 001	Batch-4	21/10/2014
191	Agenda for orientation meeting on Sahel nutrition crisis for Presenters.docx	Agenda for orientation meeting on Sahel nutrition crisis for Presenters/Announcers in Kano	Batch-4	30/10/2013
192	BFO list for media alliance November 2014 final.xlsx	Consultative meeting with media practitioners on Birth Registration - Kaduna: 3-8 November	Batch-4	21/10/2014
193	BUDGET for MEDIA KADUNA final 17th Oct 2014.xlsx	Itemized cost budget for the media alliance meeting	Batch-4	17/10/2014
194	CFO list for media alliance November 2014 final.xlsx	Consultative meeting with media practitioners on Birth Registration - Kaduna: 3-8 November	Batch-4	18/10/2014
195	DFO list for media alliance November 2014 final.xlsx	Consultative meeting with media practitioners on Birth Registration - Kaduna: 3-8 November	Batch-4	17/10/2014
196	draft media Kaduna revised 25 oct.docx	Draft Programme for a Three-day orientation workshop on birth registration messaging for AIR Broadcasters/Print/Electronic Journalists. Access Hotel, Constitution Road, Kaduna	Batch-4	26/10/2014
197	draft media kaduna.docx	Draft Programme for a Three-day orientation workshop on birth registration messaging for AIR Broadcasters/Print/Electronic Journalists.	Batch-4	17/10/2014
198	letter of acceptance kaduna meeting.pdf	Submission of Proposal and Budgets for a Three Day Orientation Workshop On Birth Registration Messaging for AIR Broadcasters/Print/Electronic Journalists	Batch-4	16/12/2014
199	Letter to npopc on media alliance.doc	Submission of proposal and budget for a three day orientation workshop on birth registration message for AIR Broadcasters/Print/Electronic Journalists	Batch-4	17/10/2014

200	Nigeria CR NPC 43% of Nigerians Legally Non-existent, Articles _ THISDAY LIVE.pdf	NPC: 43% of Nigerians Legally Non-existent	Batch-4	06/11/2014
201	Objectives of meeting.docx	Objectives of meeting	Batch-4	21/11/2012
202	Policy intervention algon health cmam and co.pptx	Policy intervention - multi-sectoral approach (Health/CMAM/Religious Institutions/ALGON)	Batch-4	28/10/2014
203	Presentation on BR innovation in Nigeria.pptx	Policy intervention - multi-sectoral approach (Health/CMAM/Religious Institutions/ALGON)	Batch-4	26/10/2014
204	PROPOSAL FOR BR media alliance meeting.docx	PROPOSAL FOR A THREE-DAY ORIENTATION WORKSHOP ON BIRTH REGISTRATION MESSAGING FOR ON AIR BROADCASTERS/PRINT /ELECTRONIC JOURNALISTS.	Batch-4	17/10/2014
205	PROPOSAL FOR MALNUTRITION.docx	PROPOSAL FOR A TWO-DAY ORIENTATION WORKSHOP ON MALNUTRITION MESSAGING FOR ON AIR BROADCASTERS/PRINT JOURNALISTS FROM THE SAHEL AND OTHER REGIONS.	Batch-4	18/09/2014
206	SHARON 1 001.jpg	Invitation for a 3-day orientation workshop on birth registration messaging for AIR/broadcasters/print/electronic journalists, in Nigeria	Batch-4	21/10/2014
207	SHARON 2 001.jpg	N/A	Batch-4	21/10/2014
208	Supervision and monitoring strategy.pptx	Supervision and monitoring strategy - the rapidsms technology. The registration trend after the intervention	Batch-4	26/10/2014
209	unicef 001 1.jpg	Invitation for a 3-day orientation workshop on birth registration messaging for AIR/broadcasters/print/electronic journalists, in Nigeria	Batch-4	21/10/2014
210	What is bottleneck analysis.pptx	What is bottleneck analysis?	Batch-4	26/10/2014
211	Interview with Sharon.docx	Non registration of birth hinders health intervention programmes - UNICEF	Batch-4	05/11/2014
212	Published news report links.docx	Links to the news report	Batch-4	21/02/2015
213	Punch newspaper.docx	Making birth registration compulsory - Punch	Batch-4	21/02/2015
214	2014-10-29-Group III Work (NPC Workshop).pptx	Group Three's Presentation for Orientation Workshop on Birth Registration Messaging for AIR Broadcasters/Print/Electronic Journalists	Batch-4	31/10/2014
215	ACCESS Kaduna Email.docx	N/A	Batch-4	31/10/2014
216	COMMITMENTS and workplan agreed at the media alliance WORKSHOP on BR IN Kaduna.docx	COMMITMENTS FROM PARTICIPANTS AT THE ORIENTATION WORKSHOP ON BIRTH REGISTRATION MESSAGE DEVELOPMENT IN KADUNA	Batch-4	06/04/2015
217	COMMITMENTS FROM PARTICIPANTS AT THE ORIENTATION WORKSHOP ON BRITH REGISTRATION MESSAGE DEVELOPMENT IN KADUNA.docx	COMMITMENTS FROM PARTICIPANTS AT THE ORIENTATION WORKSHOP ON BIRTH REGISTRATION MESSAGE DEVELOPMENT IN KADUNA	Batch-4	31/10/2014
218	COMUNIQUE 2 001.jpg	N/A	Batch-4	31/10/2014
219	COMUNIQUE 4 001.jpg	N/A	Batch-4	31/10/2014
220	COMUNIQUE1 001.jpg	COMMUNIQUE ISSUED AT THE END OF A 3-DAY ORIENTATION WORKSHOP ON BIRTH REGISTRATION MESSAGING FOR PRINT & ELECTRONIC JOURNALISTS AT ACCESS HOTEL, KADUNA, 27TH - 29TH OCTOBER, 2014	Batch-4	31/10/2014
221	COMUNIQUE3 001.jpg	N/A	Batch-4	31/10/2014
222	CRVS in Nigeria, THE JOURNEY SO FAR - kadunamedia.pptx	Overview of Civil Registration and Vital Statistics (CRVS) in Nigeria	Batch-4	31/10/2014
223	Documenting and Disseminating BR messages.pptx	The role of Media, (Media Alliance Meeting)	Batch-4	31/10/2014
224	EFFECTIVE REPORTING OF VITAL REGISTRATION - SOME USEFUL.PPTX	Strategies for Effective Media Reporting of Vital Registration	Batch-4	31/10/2014
225	GENERATING STORY IDEAS ON VITAL REGISTRATION REPORTING IN NIGERIA.pptx	Generating story ideas on vital registration reporting in Nigeria	Batch-4	31/10/2014
226	Group TWO STORY GENERATION.docx	Group II	Batch-4	31/10/2014
227	group 2 BR.pptm	Developing media messages for Teachers/Enrollement, Media and Private Sector	Batch-4	31/10/2014
228	GROUP 4 REPORT.docx	Report of Group 4 at the Vital registration messaging workshop in Kaduna	Batch-4	31/10/2014
229	GROUP FOUR BR.docx	N/A	Batch-4	31/10/2014
230	Group III Work (NPC Workshop).pptx	Group three's Presentation for Orientation Workshop on Birth Registration Messaging for AIR Broadcasters/Print/Electronic Journalists	Batch-4	31/10/2014
231	GROUP ONE - STORY REGISTRATION.doc	Story themes	Batch-4	31/10/2014
232	GROUP ONE BR.ppt	Group one presentation on BR	Batch-4	31/10/2014
233	Key Message Design.pptx	Developing Key messages - message design	Batch-4	31/10/2014
234	KEYNOTE ADDRESS AT THE ORIENTATION WORKSHOP ON MESSAGE DEVELOPMENT - KADUNA.docx	Key note address by Eze Duruiheoma, SAN	Batch-4	31/10/2014

235	Media, Advocacy and Scoping.ppt	Media, Advocacy and Scoping	Batch-4	31/10/2014
236	Orientation Workshop on Birth Registration Messaging(Objectives).pptx	Orientation workshop on BR Messaging for AIR broadcasters/print/electronic journalists	Batch-4	31/10/2014
237	Policy - 0 - Introduction.pptx	Establishing identities: A look at how NPC and UNICEF Nigeria are working together towars universal birth registration	Batch-4	31/10/2014
238	Policy - 1 - Religious.pptx	Working with religious leaders and institutions to boost BR	Batch-4	31/10/2014
239	Policy - 2 - ALGON.pptx	An alliance for children: Working with ALGON to harmonize systems for BR	Batch-4	31/10/2014
240	Policy - 3 - CMAM.pptx	Reaching the most vulnerable: Using CMAM centers to reach children at risk	Batch-4	31/10/2014
241	Policy - 4- Health.pptx	Integrating birth registration in health care services	Batch-4	31/10/2014
242	Policy - 5 - RapidSMS.pptx	Using RapidSMS as a tool to enhance birth registration programming	Batch-4	31/10/2014
243	Policy - 6 - End.pptx	Birth Registration in Nigeria	Batch-4	31/10/2014
244	Policy - Summary.pptx	BR in Nigeria	Batch-4	31/10/2014
245	Published news report links.docx	Links to 5 published news items of the meeting	Batch-4	29/10/2014
246	Recap OF DAY ONE.odt	Recap of a 3 day workshop on BR messaging for broadcasters in the print and electronic media	Batch-4	31/10/2014
247	Supervision and monitoring strategy-media.pptx	Supervision and monitoring strategy - the rapidsms technology. The registration trend after the intervention	Batch-4	31/10/2014
248	TEXT OF A WELCOME ADDRESS BY HON.odt	TEXT OF A WELCOME ADDRESS BY HON. USMAN YA'U JAMA'A, HONOURABLE FEDERAL COMMISSIONER REPRESENTING KADUNA STATE AT A THREE-DAY ORIENTATION WORKSHOP ON BIRTH REGISTRATION MESSAGING FOR JOURNALISTS IN THE PRINT AND ELECTRONIC MEDIA AT ACCESS HOTELS, CONSTITUTION ROAD, KADUNA.	Batch-4	31/10/2014
249	The issues.docx	Issues/challenges to BR in Nigeria	Batch-4	31/10/2014
250	Live Birth Registration	Form B.1	Physical documents/hard copies	N/A
251	Death Registration	Form D.1	Physical documents/hard copies	N/A
252	Letter to the Royal Highness Katsina State	Request to be the father of the day at the stakeholders meeting on birth registration in Katsina state	Physical documents/hard copies	02/11/2015
253	Mother Care Forum	Request for birth certificates for five hundred orphans and vulnerable children	Physical documents/hard copies	19/05/2017
254	Al- Manar Women Association (AMWA)	Introducing ALMANAR Women Association and request for Birth Certificate Forms	Physical documents/hard copies	09/06/2015
255	Attendance Sheet	Stakeholders Consultation Workshop	Physical documents/hard copies	05/03/2018
256	Births, Deaths, etc. (Compulsory Registration) Act, 1992 NO. 69	Proposed, Amendments and Addendums in Respect of the Births, Deaths ETC (Compulsory Registration) ACT CAP. B9 Laws of Federation of Nigeria 2004 AS Amended	Physical documents/hard copies	7-12/5/17
257	Births, Deaths, etc. (Compulsory Registration) Act	Law on births, deaths etc. compulsory registration act	Physical documents/hard copies	N/A
258	Manual on Registration of births and deaths	Manual on Registration of births and deaths	Physical documents/hard copies	N/A
259	National Strategic Action Plan on Civil Registration and Vital Statistics Systems	Strategic National Action Plan	Physical documents/hard copies	Feb, 2017
260	Reports on livebirths, deaths and stillbirths registration in Nigeria	Repors on livebirths, deaths and stillbirths registration in Nigeria	Physical documents/hard copies	1994-2007
261	RapidSMS for Birth Registration_KT & GM Training_July 2011.ppt	UNICEF RapidSMS Birth Registration	Batch-6	30/04/2018
262	Presentation - NPopC - 2012-04-10.ppt	Birth Registration In Nigeria: Analysis	Batch-6	10/04/2018
263	Presentation - Health - 2012-04-10.ppt	RIGHT FROM THE START: Joint ventures with health for birth Registration	Batch-6	10/04/2018
264	Presentation on BR Federal Commisioners Oct mtn.pptx	Birth Registration Status	Batch-6	10/04/2018
265	Fact Sheet-Integrating Birth Registration into health systems 2012.doc	Fact Sheet: Integrating Birth Registration Process into the Health Systems in Nigeria 2010-2014	Batch-6	10/04/2018
266	TimbaObject Contract 1 ssa timba (signed).pdf	UNICEF Special Service Agreement (Institutional Contractor)	Batch-6	10/04/2018
267	RapidSMS training Kano meeting Sep 2012.ppt	UNICEF RapidSMS Birth Registration	Batch-6	10/04/2018
268	TimbaObjects SSA NGRA 2010 1457.pdf	UNICEF Special Service Agreement (Institutional Contractor)	Batch-6	10/04/2018

269	RapidSMS Jan-April 2011 kaduna results.ppt	Rapid SMS Pilot 1 Experience Results	Batch-6	10/04/2018
270	Presentation NPopC chairman REV.pptx	Birth Registration Status for National Poulation Commission Chairman's visit to UNICEF, Abuja	Batch-6	10/04/2018
271	timbaobjects_company_profile.pdf	Company Profile - TimbaObjects Technologies Ltd.	Batch-6	10/04/2018
272	Presentation Child Protection Section Meeting Nov 2012.pptx	Birth Registration Updates Presented during Child Protection Section Meeting	Batch-6	10/04/2018
273	Presentation NPopC chairman.pptx	Birth Registration Status Presented during National Population Commission Chairman's visit to UNICEF, Abuja	Batch-6	10/04/2018
274	Presentation to Commisioners of Health.ppt	Importance of Birth Registartion	Batch-6	10/04/2018
275	US Rural Urban Definition.pdf	NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 1985 FEDERAL REGISTER Vol. 76 No. 164 Part II Department of Commerce	Batch-6	10/04/2018
276	RapidSMS data base by urban and rural settings rvwd.XLSX	N/A	Batch-6	10/04/2018
277	RapidSMS Data Base by Urb.Rur.xlsx	N/A	Batch-6	10/04/2018
278	RapidSMS Data Generated for 2011.xlsx	N/A	Batch-6	10/04/2018
279	Reviewd 2012 List of registarars and reg centres.xlsx	NATIONAL POPULATION COMMISSION VITAL REGISTRATION DEPARTMENT: DATABASE OF REGISTRARS AND REGISTRATION CENTRES	Batch-6	10/04/2018
280	UNDER 1 & 5 2012 PROJECTION.xlsx	N/A	Batch-6	10/04/2018
281	CMAM Report Nov 2012 Update.xlsx	PERFORMANCE AT LGAs WITH CMAM REGISTRATION CENTRES IN 11 STATES, 2012	Batch-6	10/04/2018
282	Communique 55th NCH mtn 2012clean.doc	55th National Council on Health (NCH) Meeting, Sheraton Hotel & Towers, Abuja, Federal Capital Territory, 16-20 July 2012: COUNCIL COMMUNIQUE COUNCIL COMMUNIQUE	Batch-6	10/04/2018
283	CMAM Report Oct 2012 Update.xlsx	PERFORMANCE AT LGAs WITH CMAM REGISTRATION CENTRES IN 7 STATES JAN-JUNE 2012	Batch-6	10/04/2018
284	PRESENTATION TO NCH.pptm	BIRTH AND DEATH REGISTRATION IN NIGERIA: BEING A PRESENTATION TO THE 55TH NATIONAL COUNCIL ON HEALTH MEETING ON 19TH JULY, 2012	Batch-6	10/04/2018
285	f Final NCH Communique TMC Approved[1].doc	55th National Council on Health (NCH) Meeting, Sheraton Hotel & Towers, Abuja, Federal Capital Territory, 16-20 July 2012: COUNCIL COMMUNIQUE	Batch-6	10/04/2018
286	CMAM Report June 2012 update (6).xlsx	OVERALL PERFORMANCE AT LGAs WITH CMAM REGISTRATION CENTRES IN 5 STATES FOR 2012	Batch-6	10/04/2018
287	RapidSMS Financial Proposal 2012.pdf	UNICEF Financial Proposal for RapidSMS Development and Maintenance May 2012	Batch-6	10/04/2018
288	CMAM BR Report May 2012.xlsx	PERFORMANCE AT LGAs WITH CMAM REGISTRATION CENTRES IN 5 STATES FOR 2012	Batch-6	10/04/2018
289	Top and bottom 3 LGA Delta State.jpg	National Population Commission Delta State	Batch-6	10/04/2018
290	CMAM and br peformance Report 2012 (4).xlsx	PERFORMANCE AT CMAM REGISTRATION CENTRES IN 5 STATES FOR 2012	Batch-6	10/04/2018
291	Data base of registrars in 18 states plus FCT 2011 dec.xlsx	N/A	Batch-6	10/04/2018
292	CMAM Report August 2012 Update.xlsx	PERFORMANCE BY LGAs JAN-AUG 2012	Batch-6	10/04/2018
293	RURAL URBAN LGA's by population.xlsx	N/A	Batch-6	10/04/2018
294	LGA's Data File.xlsx	N/A	Batch-6	10/04/2018
295	CMAM sites 2012.docx	LIST OF 67 LGAs implementing CMAM in the 11 States in Northern Nigeria	Batch-6	10/04/2018
296	Presentation to Fed comm.pptm	Recommendations - 1	Batch-6	10/04/2018
297	CMAM August Status.docx	August Status	Batch-6	10/04/2018
298	Ogun budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN ABEOKUTA FOR OGUN STATE PARTICIPANTS	Batch-6	10/04/2018
299	Reviewed dates for RapidSMS training.docx	Reviewed dates for RapidSMS training	Batch-6	10/04/2018
300	RapidSMS deployment by no and states	RapidSMS training in states	Batch-6	10/04/2018
301	CMAM Report May 2012	PERFORMANCE AT CMAM REGISTRATION CENTRES IN 5 STATES FOR JANUARY 2012	Batch-6	10/04/2018
302	fact sheet graph data	N/A	Batch-6	10/04/2018
303	KANG.pdf	UNICEF - Consultant Contract	Batch-6	10/04/2018
304	Timba Objects signed contract Dec 2012.pdf	UNICEF - Institutional Corporate Contract	Batch-6	10/04/2018
305	NpoC 19million.pdf	Funding Authorization and Certificate of Expenditures	Batch-6	10/04/2018
306	Analysis report June 2012.doc	Birth registration in Nigeria: A bottleneck analysis	Batch-6	10/04/2018
307	Presentation - NPopC - 2012-04-10.ppt	Birth registration in Nigeria: analysis	Batch-6	10/04/2018

308	Awka and Enugu hotel Estimate.docx	Awka Estimate	Batch-6	10/04/2018
309	Booking of Shekinah Royal Hotels.docx	Booking of Shekinah Royal Hotels, Ilorin- Kwara state- 16th -21st April	Batch-6	10/04/2018
310	Budget summary.xlsx	Budget Summary and Cost distribution	Batch-6	10/04/2018
311	Ebonyi hotels estimate 1.doc	N/A	Batch-6	10/04/2018
312	Ebonyi hotels estimate 2.pdf	N/A	Batch-6	10/04/2018
313	Enugu budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN ENUGU FOR ENUGU,BENUE,EBONYI AND ANAMBRA STATES PARTICIPANTS 3rd - 13th June, 2012	Batch-6	10/04/2018
314	Hotel Estimate for Osun.docx	Hotel Estimate for Osun, Oyo, Ogun and Lagos State	Batch-6	10/04/2018
315	Illorin budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN ILLORIN FOR KOGI,KWARA, EKITI, OSUN and OYO STATES (16th - 27th April) 2012	Batch-6	10/04/2018
316	kwara hotel reservation.pdf	RE- UNICEF BOOKING WITH ROYAL SHEKINAH SUITES	Batch-6	10/04/2018
317	lagos budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN LAGOS FOR LAGOS PARTICIPANTS 29th -30th April,2012	Batch-6	10/04/2018
318	Ogun budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN ABEOKUTA FOR OGUN STATE PARTICIPANTS 27th - 28th APRIL,2012	Batch-6	10/04/2018
319	ADAMAWA budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN YOLA FOR ADAMAWA & TARABA STATES 8TH- 13TH JULY,2012	Batch-6	10/04/2018
320	Bauchi & 2 Neighbouring states budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN BAUCHI FOR BAUCHI,KANO & YOBE STATES, 1st - 8th July,2012	Batch-6	10/04/2018
321	SOKOTO & KEBBI budget.xlsx	TRAININGS ON RAPIDSMS FOR BIRTH REGISTRATION IN SOKOTO FOR SOKOTO & KEBBI STATES 8th-12 July	Batch-6	10/04/2018
322	CMAM Report Sept 2012 Update.xlsx	PERFORMANCE AT LGAs WITH CMAM REGISTRATION CENTRES IN 7 STATES, 2012	Batch-6	10/04/2018
323	MNCHW TRACKING.xlsx	6 STATES UNDER 5 REGISTRATION TREND, JAN 2011-SEP 2012	Batch-6	10/04/2018
324	36 STATES BR PERFORMANCE 2011.xlsx	N/A	Batch-6	10/04/2018
325	BORNO State B4&during RSMS.xlsx	BORNO STATE UNDER 5 REGISTRATION BEFORE AND DURING RSMS	Batch-6	10/04/2018
326	DELTA State B4&During RSMS.xlsx	DELTA STATE <5 REGISTRATION BEFORE AND DURING RAPIDSMS	Batch-6	10/04/2018
327	LAGOS State B4&During RSMS.xlsx	LAGOS STATE <5 REGISTRATION BEFORE AND DURING RAPIDSMS	Batch-6	10/04/2018
328	ZAMFARA State B4&During RSMS.xlsx	ZAMFARA STATE <5 REGISTRATION BEFORE AND DURING RAPIDSMS	Batch-6	10/04/2018
329	BAYELSA State B4&During RSMS.xlsx	BAYELSA STATE <5 REGISTRATION BEFORE AND DURING RAPIDSMS	Batch-6	10/04/2018
330	FCT B4&During RSMS.xlsx	FCT <5 REGISTRATION BEFORE AND DURING RAPIDSMS	Batch-6	10/04/2018
331	Birth Registration - BNA Indicator Forms - 2012-10-17.doc	DCR Analysis Reporting	Batch-6	10/04/2018
332	Focus LGAs to pilot integration.docx	Next Steps- Strong and Marginalized states to pilot integration activities	Batch-6	10/04/2018
333	MONITORS ATTENDANCE (KATSINA).docx	REGISTRATION FORM ON INTERACTIVE MEETING ON VITAL REGISTRATION AND HEALTH SYSTEM - KATSINA STATE REGISTRATION FORM ON INTERACTIVE MEETING ON VITAL REGISTRATION AND HEALTH SYSTEM - KATSINA STATE	Batch-6	10/04/2018
334	Presentation - Monitoring - 2012-10-13.ppt	RIGHT FROM THE START: Joint ventures with health for birth registration	Batch-6	10/04/2018
335	Rapid SMS Presentation.ppt	SIMPLE	Batch-6	10/04/2018
336	Raporteurs report monitors mtn (Katsina).docx	KATSINA MEETING OF STATE DIRECTORS, HOD's VRD AND MONITORS ON RAPID SMS AT KATSINA MOTEL, KATSINA STATE ON 19TH OCTOBER, 2012	Batch-6	10/04/2018
337	Southern States Agreed Actions monitoring matrix.docx	Southern States Agreed Actions monitoring matrix	Batch-6	10/04/2018
338	Summary of the outcomes of Benin monitors mtn.doc	NATIONAL POPULATION COMMISSION (NPOPC) MONITORS MEETING TO IMPROVE REPORTING OF BIRTH REGISTRATION DATA THROUGH THE RAPIDSMS BENIN 13 October, 2012 13 October, 2012	Batch-6	10/04/2018
339	Summary of the outcomes of Katsina monitors mtn.doc	NATIONAL POPULATION COMMISSION (NPOPC) MONITORS MEETING TO IMPROVE REPORTING OF BIRTH REGISTRATION DATA THROUGH THE RAPIDSMS KATSINA 19 October, 2012 19 October, 2012	Batch-6	10/04/2018
340	TOR for rapidsms monitoring team.docx	TOR for monitoring team	Batch-6	10/04/2018

341	Age 0-4 projectn.xlsx	NIGERIAN PROJECTED POPULATION FOR AGE 0 - 4	Batch-6	10/04/2018
342	Attendance list npopc and health actors KATSINA STATE..docx	REGISTRATION FORM ON INTERACTIVE MEETING ON VITAL REGISTRATION AND HEALTH SYSTEM - KATSINA STATE: HEALTH OFFICIALS	Batch-6	10/04/2018
343	Birth Registration - BNA Indicator Forms - 2012-10-17.doc	N/A	Batch-6	10/04/2018
344	Draft 55th NCH Communique clean.doc	55th National Council on Health (NCH) Meeting, Sheraton Hotel & Towers, Abuja, Federal Capital Territory, 16-20 July 2012: COUNCIL COMMUNIQUE	Batch-6	10/04/2018
345	Focus LGAs to pilot integration.docx	Next Steps- Strong and Marginalized states to pilot integration activities	Batch-6	10/04/2018
346	GROUP presentation katsina mtn [Autosaved].pptx	PRESENTATION DURING UNICEF/NPCHDA/NPOPC MEETING WITH HEALTH CARE ACTORS AT KATSINA MOTEL, ON 17TH October,2012 By Group 3	Batch-6	10/04/2018
347	Identifying strong and marginalized LGAs.pptx	How do we identify Strong/Marginalized LGAs for Intensified Services Delivery?	Batch-6	10/04/2018
348	Katsina presentation meeting with health actors.pptx	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
349	Meeting objective for monitors katsina.ppt	National Population Commission - Meeting with State Directors, HODs and RapidSMS monitors	Batch-6	10/04/2018
350	Plan of Action on integration of birth registration with health sector October 12.docx	Not available: see 'Note on Contents' column for further details	Batch-6	10/04/2018
351	Presentation - Health - 2012-10-11.ppt	RIGHT FROM THE START: Joint ventures with health for vital registration	Batch-6	10/04/2018
352	Presentation - Monitoring - 2012-10-13.ppt	RIGHT FROM THE START: Joint ventures with health for birth registration	Batch-6	10/04/2018
353	Rapid SMS Presentation.ppt	SIMPLE: Rapid SMS Monitoring	Batch-6	10/04/2018
354	Raporteurs report 2 (Katsina).docx	KATSINA MEETING OF STATE DIRECTORS, HOD's VRD AND MONITORS ON RAPID SMS AT KATSINA MOTEL, KATSINA STATE ON 19TH OCTOBER, 2012	Batch-6	10/04/2018
355	RAPPATEOUR.docx	RAPPORTEURS' REPORT ON DAY 1 OF NPOPC MEETING WITH HEALTH CARE ACTORS	Batch-6	10/04/2018
356	Summary of the outcomes of Katsina mtn.doc	NATIONAL POPULATION COMMISSION (NPOPC) MEETING WITH HEALTH ACTORS AND UNICEF ON HOW TO IMPROVE BIRTH REGISTRATION COVERAGE Katsina	Batch-6	10/04/2018
357	Agenda for NPopCand health actors Katsina Oct 2012 .doc	UNICEF/NPHCDA/NATIONAL POPULATION COMMISSION (NPopC): NPopC meeting with Health Care Actors to improve BR Coverage Katsina 17th October 2012	Batch-6	10/04/2018
358	Birth Registration - BNA Indicator Forms - 2012-10-17.doc	DCR Analysis Reporting, HOD Analysis Reporting, DPC Analysis Reporting	Batch-6	10/04/2018
359	kaduna presentation meeting with health actors.pptx	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
360	BAUCHI STATE RESULT FRAME WORK.doc	Results framework BAUCHI STATE	Batch-6	10/04/2018
361	Copy of jigawa NPOPC DELEVERABLES.xlsx	JIGAWA STATE HEALTH INFORMATION	Batch-6	10/04/2018
362	federal activities plan - birth reg.pptx	Federal Plan	Batch-6	10/04/2018
363	group 3 working on question 5.pptx	GROUP 3 SECOND QUESTION	Batch-6	10/04/2018
364	GROUP 5 Report.docx	GROUP 5- REPORT- Q5. How do you identify Marginalized Groups for Intensified Services Delivery? CHECK LIST OF VARIABLES FOR ASSESSING MARGINALIZATION	Batch-6	10/04/2018
365	GROUP THREE PRESENTATION.pptx	PRESENTATION DURING UNICEF/NPCHDA/NPOPC MEETING WITH HEALTH CARE ACTORS AT KATSINA MOTEL, ON 17TH October, 2012 By Group 3	Batch-6	10/04/2018
366	GROUP TWO PRESENTATION.ppt	GROUP TWO PRESENTATION: Topic: Introduction through Strategies for Implementation	Batch-6	10/04/2018
367	Jigawa state NPOPc and Health workplan.doc	Results framework Jigawa State NPOpc and SMOH Partnership 2012	Batch-6	10/04/2018
368	mou.docx	N/A	Batch-6	10/04/2018
369	PLATEAU STATE NPopc and health BR PLAN.doc	Results framework Plateau State NPOpc and Health Partnership 2012 katsina motel	Batch-6	10/04/2018
370	Presentation 4 GROUP 5-MARGINALIZED-1.pptx	GROUP 5- REPORT ON QUES FIVE. How do you identify Marginalized Groups for Intensified Services Delivery?	Batch-6	10/04/2018
371	Results framework (3).doc	Results framework ADAMAWA STATE	Batch-6	10/04/2018
372	Results framework for Niger and Kaduna.doc	Results framework	Batch-6	10/04/2018
373	Results framework FOR SOKOTO STATE.doc	SOKOTO STATE Results framework	Batch-6	10/04/2018
374	STONG AND MARGINALIZED LGAs.docx	N/A	Batch-6	10/04/2018
375	Strong and Marginalized.docx	Sokoto State matrix of Strong and weak LGAs that we will begin with in new monitoring Strategy	Batch-6	10/04/2018
376	Zamfara State Results framework.doc	ZAMFARA STATE Results framework	Batch-6	10/04/2018

377	Meeting objective Benin.ppt	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
378	Meeting objective for monitors Benin 1.ppt	National Population Commission - Meeting with State Directors, HODs and RapidSMS monitors	Batch-6	10/04/2018
379	Results framework.docx	Results framework	Batch-6	10/04/2018
380	NATIONAL POPULATION COMMISSION (NPOPC) MONITORS MEETING TO IMPROVE REPORTING OF BIRTH REGISTRATION DATA THROUGH THE RAPIDSMS KATSINA 19 October, 2012	NATIONAL POPULATION COMMISSION (NPOPC) MONITORS MEETING TO IMPROVE REPORTING OF BIRTH REGISTRATION DATA THROUGH THE RAPIDSMS KATSINA 19 October, 2012	Batch-6	10/04/2018
381	Presentation - Monitoring - 2012-10-13.ppt	RIGHT FROM THE START: Joint ventures with health for birth registration	Batch-6	10/04/2018
382	Meeting objective for monitors Benin 1.ppt	National Population Commission - Meeting with State Directors, HODs and RapidSMS monitors	Batch-6	10/04/2018
383	Agreed actions monitoring matrix Benin.ppt	National Population Commission – Agreed Actions Monitoring matrix	Batch-6	10/04/2018
384	Meeting objective Benin.ppt	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
385	Meeting objective for monitors Benin.ppt	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
386	Draft 55th NCH Communique clean.doc	55th National Council on Health (NCH) Meeting, Sheraton Hotel & Towers, Abuja, Federal Capital Territory, 16-20 July 2012: COUNCIL COMMUNIQUE	Batch-6	10/04/2018
387	Birth Registration - Draft NPA - 2012-10-15.docx	Strategic Plan of Action between NPHCDA and NPopC to Boost Birth Registration Coverage in Nigeria 2012-20	Batch-6	10/04/2018
388	MOU draft FMoH NPHCDA and NPOPC Oct 2012.doc	MEMORANDUM OF UNDERSTANDING BETWEEN NATIONAL POPULATION COMMISSION AND FEDERAL MINISTRY OF HEALTH/NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY ON INTEGRATING VITA REGISTRATION PROCESSES INTO HEALTH SECTOR OCTOBER 2012	Batch-6	10/04/2018
389	Meeting report draft 1.doc	RE: NATIONAL POPULATION COMMISSION (NPOPC) MEETING WITH HEALTH ACTORS AND UNICEF ON HOW TO IMPROVE BIRTH REGISTRATION	Batch-6	10/04/2018
390	Meeting report draft 2.doc	RE: NATIONAL POPULATION COMMISSION (NPOPC) MEETING WITH HEALTH ACTORS AND UNICEF ON HOW TO IMPROVE BIRTH REGISTRATION	Batch-6	10/04/2018
391	ALL STATES PERFORMANCE 2011-JUL 2012.xlsx	ALL STATES PERFORMANCE 2011, JAN-JUL 2012	Batch-6	10/04/2018
392	List of participants benin mtn.xlsx	NATIONAL POPULATION COMMISSION IN COLLABORATION WITH UNICEF EDO STATE HEALTH CARE	Batch-6	10/04/2018
393	Southern States Agreed Actions monitoring matrix.docx	Southern States Agreed Actions monitoring matrix	Batch-6	10/04/2018
394	TOR for rapidsms monitoring team.docx	TOR for monitoring team	Batch-6	10/04/2018
395	Benin email notes.docx	N/A	Batch-6	10/04/2018
396	birth registration Grp 3.ppt	INTEGRATION OF BIRTH REGISTRATION INTO HEALTH CARE SERVICES	Batch-6	10/04/2018
397	GROUP 5 Benin.ppt	GROUP 5 INTEGRATION WITH OTHER PRIVATE MEDICAL PRACTITIONERS AND OTHER ACTORS, DURATION OF THE ACTION PLAN, COST AND RESOURCES	Batch-6	10/04/2018
398	GROUP 6.pptx	GROUP 6:PRESENTATION - MONITORING AND IMPLEMENTATION RESULTS FRAMEWORK AND SETTING TARGETS	Batch-6	10/04/2018
399	GROUP FOUR BENIN..pptx	GROUP FOUR: USE OF RAPID SMS AND ADVOCACY COMPONENT, INCLUSION OF BIRTH REGISTRATION INFORMATION IN IMMUNIZATION CARDS AND OTHER HEALTH INFORMATION	Batch-6	10/04/2018
400	GROUP TWO PRESENTATION.ppt	Group 2 presentation on the introduction through Strategies for Implementation	Batch-6	10/04/2018
401	SOUTH WEST ZONE ACTION PLAN NEW	SOUTH WEST ZONE	Batch-6	10/04/2018
402	Grp 1 - MOU.2. between NPHCDA and NPOPC Oct 2012	N/A	Batch-6	10/04/2018
403	Presentation - Health - 2012-10-11	RIGHT FROM THE START: Joint ventures with health for vital registration	Batch-6	10/04/2018
404	GROUP PRESENTATIONS	UNICEF/NPHCDA/NATIONAL POPULATION COMMISSION (NPopC) NPopC meeting with Health Care Actors to improve BR Coverage: Group Presentations	Batch-6	10/04/2018
405	Benin Presentation meeting with health actors	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018

406	Age 0-4 projectn	NIGERIAN PROJECTED POPULATION FOR AGE 0 - 4	Batch-6	10/04/2018
407	Meeting objective Benin	National Population Commission - Meeting with Health Actors to improve Vital Registration	Batch-6	10/04/2018
408	Draft 55th NCH Communique clean	55th National Council on Health (NCH) Meeting, Sheraton Hotel & Towers, Abuja, Federal Capital Territory, 16-20 July 2012: COUNCIL COMMUNIQUE	Batch-6	10/04/2018
409	Plan of Action on integration of birth registration with health sector October 12	N/A	Batch-6	10/04/2018
410	MOU draft FMoH NPHCDA and NPOPC Oct 2012	MEMORANDUM OF UNDERSTANDING BETWEEN NATIONAL POPULATION COMMISSION AND FEDERAL MINISTRY OF HEALTH/NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY ON INTEGRATING VITAL REGISTRATION PROCESSES INTO HEALTH SECTOR FEBRUARY 2013	Batch-6	10/04/2018
411	Summary of the outcomes of Benin mtn	NATIONAL POPULATION COMMISSION (NPOPC) MEETING WITH HEALTH ACTORS AND UNICEF ON HOW TO IMPROVE BIRTH REGISTRATION COVERAGE	Batch-6	10/04/2018
412	Identifying strong and marginalized LGAs	How do we identify Strong/Marginalized LGAs for Intensified Services Delivery?	Batch-6	10/04/2018
413	RAPPATEUR REPORT (EDO)	STAKEHOLDERS MEETING AMONG UNICEF, NPHCDA AND NPOpC ON HOW TO IMPROVE VITAL REGISTRATION COVERAGE	Batch-6	10/04/2018
414	Birth Registration - BNA Indicator Forms - 2012-10-17	Analysis Reporting	Batch-6	10/04/2018
415	Southern States Agreed Actions monitoring matrix	Southern States Agreed Actions monitoring matrix	Batch-6	10/04/2018
416	Planned dates to take actions on the MoU and PoA	Planned dates to take actions on the MoU and PoA- Southern States	Batch-6	10/04/2018
417	Presentation - Monitoring - 2012-10-13	RIGHT FROM THE START: Joint ventures with health for birth registration	Batch-6	10/04/2018
418	Rapid SMS Presentation	SIMPLE: Rapid SMS Monitoring	Batch-6	10/04/2018
419	Summary of the outcomes of Benin monitors mtn	NATIONAL POPULATION COMMISSION (NPOPC) MONITORS MEETING TO IMPROVE REPORTING OF BIRTH REGISTRATION DATA THROUGH THE RAPIDSMS	Batch-6	10/04/2018
420	TOR for rapidsms monitoring team	TOR for monitoring team	Batch-6	10/04/2018

Appendix 08A: List of Documents (Non-Programme) Reviewed

1. Central Intelligence Agency (CIA), 2017. *Nigeria: The World Fact Book*. [online] https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html [Accessed 27 January 2018].
2. Encyclopedia.com, 2016. *Nigeria.* [online] Available at: https://www.encyclopedia.com/places/africa/nigeria-political-geography/nigeria [Accessed 6 April 2018].
3. European Parliament, 2016. *Nigeria: Social situation.* [pdf] European Parliament Research Service. Available at: http://www.europarl.europa.eu/RegData/etudes/ATAG/2016/573954/EPRS_ATA(2016)573954_EN.pdf [Accessed 6 April 2018].
4. Federal Government of Nigeria (GoFRN), Federal Bureau of Statistics (FBS) and United Nations Children's Fund (UNICEF), 2007. *Nigeria - Multiple Indicator Cluster Survey 2007.* [pdf] Abuja: National Bureau of Statistics (NBS). Available at: http://mics.unicef.org/surveys [Accessed 22 March 2018].
5. Federal Government of Nigeria (GoFRN), Federal Bureau of Statistics (FBS), National Primary Healthcare Development Agency (NPHDA), Saving One Million Lives Programme for Results (SOML PforR), National Agency for the Control of Aids (NACA), United Nations Population Fund (UNFPA), Bill and Melinda Gates Foundation (BMGF), World Health Organization (WHO), the World Bank (WB), the United States Agency for International Development (USAID) and United Nations Children's Fund (UNICEF), 2017. *Nigeria - Multiple Indicator Cluster Survey 2016/17.* [pdf] Abuja: National Bureau of Statistics (NBS). Available at: http://mics.unicef.org/surveys [Accessed 22 March 2018].
6. Federal Government of Nigeria (GoFRN), Federal Bureau of Statistics (FBS), Department of International Development (DFID), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), 2013. *Nigeria - Multiple Indicator Cluster Survey 2011.* [pdf] Abuja: National Bureau of Statistics (NBS). Available at: http://mics.unicef.org/surveys [Accessed 10 April 2018].
7. Federal Ministry of Education (Nigeria, FME), 2018. Vision and Mission. [online] Available at: http://www.education.gov.ng/index.php/78-featured/73-our-vision1 [Accessed 27 March 2018].
8. Girls Not Brides, 2018. *Nigeria.* [online] Available at: https://www.girlsnotbrides.org/child-marriage/nigeria/ [Accessed 6 April 2018].
9. HuffPost, 2018. *Why Nigeria's North South Distinction Is Important.* [online] Available at: https://www.huffingtonpost.com/amb-john-campbell/why-nigerias-north-south-_b_817734.html [Accessed 6 April 2018].
10. Human Rights Watch, 2016. *Nigeria: Events of 2016*. [online] Available at: https://www.hrw.org/world-report/2017/country-chapters/nigeria [Accessed 30 January 2018].
11. Immigration and Refugee Board of Canada, 2008. *Nigeria: Birth Registration Responses to Information Requests*. [online] Research Directorate, Immigration and Refugee Board of Canada. Available at: https://www.justice.gov/sites/default/files/eoir/legacy/2013/12/18/NGA102888.E.pdf [Accessed 30 Jan 2018].
12. International Organization for Migration, 2017. *UN Migration Agency Issues Report on Arrivals of Sexually Exploited Migrants, Chiefly from Nigeria*. [online] Available at: https://www.iom.int/news/un-migration-agency-issues-report-arrivals-sexually-exploited-migrants-chiefly-nigeria [Accessed 10 April 2011].
13. Johns Hopkins Bloomberg School of Public Health, 2018. *Nigeria National Immunization Coverage Survey (NICS) National Brief 2016/2017.* [online] Available at: https://www.jhsph.edu/research/centers-and-institutes/ivac/resources/Nigeria-National-Immunization-Coverage-Survey [Accessed 6 April 2018].
14. Makinde et al, 2016. Trends in the completeness of birth registration in Nigeria: 2002–2010. *DEMOGRAPHIC RESEARCH,* 35(12), pp. 315−338. [pdf] Available at: https://www.demographic-research.org/volumes/vol35/12/35-12.pdf [Accessed 30 Jan 2018].
15. Merriam-Webster Dictionary, 2018. *Definition of Equity*. https://www.merriam-webster.com/dictionary/equity [Accessed: 28 April 2018].
16. Ministry of Budget and National Planning, Nigeria, 2018. About Us. [online] Available at: http://www.nationalplanning.gov.ng/2017/index.php/about-us [Accessed 27 March 2018].
17. MINT Countries: Nigeria Now Listed Among Emerging World Economic Powers! *The Street Journal*. Published 7 January 2014. [online] Available at:

http://thestreetjournal.org/2014/01/mint-countries-nigeria-now-listed-among-emerging-world-economic-powers/ [Accessed 27 January 2018].
18. National Bureau of Statistics (NBS) Nigeria, 2018. *Vision & Mission.* [online] Available at: http://nigerianstat.gov.ng/page/vision-mission [Accessed: 27 March 2018].
19. National Bureau of Statistics (NBS), 2015. *National Nutrition and Health Survey (NNHS): Report on the Nutrition and Health Situation of Nigeria, 2015.* [pdf] Abuja: NBS. Available at: https://www.unicef.org/nigeria/NNHS2015_Final.pdf [Accessed 6 April 2018].
20. National Bureau of Statistics (NBS, Nigeria), 2018. *Key Statistics – Population*. Available at: http://www.nigerianstat.gov.ng/ [Accessed: 10 April 2018].
21. National Bureau of Statistics (Nigeria, NBS), 2018. Vision & Mission. Available at: http://nigerianstat.gov.ng/page/vision-mission [Accessed: 27 March 2018].
22. National Identity Management Commission (Nigeria, NIMC), 2018. Vision & Mission. [online] Available at: https://www.nimc.gov.ng/vision-mission/ [Accessed: 27 March 2018].
23. National Population Commission (Nigeria, NPopC), 2018. *Home – Vision - Mission.* [online] Available at: http://population.gov.ng/ [Accessed 27 March 2018].
24. National Population Commission (NPopC Nigeria) and United Nations Children's Fund (UNICEF). *Report on Livebirths, Deaths & Stillbirths Registration in Nigeria (1994 - 2007)*. [online] Available at: http://www.nationalplanning.gov.ng/2017/index.php/about-us [Accessed 27 March 2018].
25. National Population Commission (NPopC), 2017. National Strategic Action Plan on Civil Registration and Vital Statistics Systems (2018-2022).
26. National Population Commission (NPopC, Nigeria), 2004. *Manual on Registration of Births and Deaths.* Abuja: NPopC.
27. National Population Commission (NPopC, Nigeria), 2014. Agenda – Civil Registration & Vital Statistics Strategic Plan Development Workshop. Abuja: NPopC.
28. National Population Commission (NPopC, Nigeria), 2014. Situation Assessment of Civil Registration and Vital Statistics Systems in Nigeria. Abuja: NPopC.
29. National Population Commission (NPopC, Nigeria), 2018. *Overview of NPopC – Brief History*. [online] Available at: http://population.gov.ng/about-us/over-view-of-npopc/ [Accessed: 11 April 2018].
30. National Population Commission of Nigeria, United Nations Children's Fund (UNICEF) Nigeria, and the US Centers for Disease Control and Prevention. Nigeria Violence Against Children Survey: Findings from a National Survey, 2016. *Ending Violence Against Children in Nigeria; AYear of Action.* [pdf] Abuja: UNICEF. Available at: https://www.unicef.org/nigeria/NG_endviolence_progrependvac201516.pdf [Accessed 10 April 2018].
31. National Primary Healthcare Development Agency (Nigeria, NPHCDA), 2018. Who We Are. [online] Available at: http://nphcda.gov.ng/about-us/who-we-are/ [Accessed 27 March 2018].
32. Nigeria Immigration Service (NIS), 2018. Vision and Mission Statements. [online] Available at: https://immigration.gov.ng/vision-mission/ [Accessed 27 March 2018].
33. Organisation for Economic Coordination and Development – Development Assistance Committee (OECD DAC), 2010. *Glossary of Key Terms in Evaluation and Results Based Management*. [pdf] Paris: OECD DAC. Available at: http://www.oecd.org/dac/evaluation/2754804.pdf [Accessed: 28 April 2018].
34. Ref; White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence.
35. ResearchGate, 2015. *Nigeria Map showing the Ethnic Groups Constituents.* [online] Available at: https://www.researchgate.net/figure/Nigeria-Map-showing-the-Ethnic-Groups-Constituents_fig1_290211693 [Accessed 6 April 2018].
36. Save the Children Nigeria, 2015. *State of the Nigerian Children 2015.* [pdf] Abuja: Save the Children Nigeria. Available at: https://nigeria.savethechildren.net/sites/nigeria.savethechildren.net/files/library/State%20of%20Nigerian%20children%20report.pdf [Accessed: 6 April 2018].
37. Scaling Up Nutrition, 2017. *Nigeria; Nutrition situation.* [online] Available at: http://scalingupnutrition.org/sun-countries/nigeria/ [Accessed 6 April 2018].
38. Sustainable Development – United Nations, 2018. *SUSTAINABLE DEVELOPMENT GOAL 16*. [online] Available at: https://sustainabledevelopment.un.org/sdg16 [Accessed 13 April 2018].
39. The Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), 2017. Why improving civil registration and vital statistics systems in Africa is important. [online] Available at: http://apai-

crvs.org/sites/default/files/public/Making%20Everyone%20Visible_September%20EN%20_0.pdf [Accessed: 14 May 2018].
40. The Embassy of Nigeria, Rome – Italy. *About Nigeria.* [online] Available at: http://www.nigerianrome.org/about-nigeria/government-politics [Accessed 6April 2018].
41. The LANCET Global Health, 2014. *Birth registration: a child's passport to protection.* [online] Available at: http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70180-3/fulltext [Accessed 11 April 2018].
42. The World Bank (WB), 2018. *Mortality rate, infant (per 1,000 live births).* [online] Available at: https://data.worldbank.org/indicator/SP.DYN.IMRT.IN [Accessed 6 April 2018].
43. The World Bank (WB), 2018. *Nigeria Country Profile*. [online] Washington D.C.: WB. Available at: http://databank.worldbank.org/data/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=NGA [Accessed: 9 April 2018].
44. United Nations Children's Fund (UNICEF) and Overseas Development Institute (ODI), 2011. *Social protection in Nigeria: an overview of programmes and their effectiveness.* [pdf] London: ODI. Available at: https://www.unicef.org/nigeria/NG_resources_59socialprotecionnigeria.pdf [Accessed 6 April 2018].
45. United Nations Children's Fund (UNICEF), 2012. *Birth Registration in Nigeria: Making Children Count*. [pdf] Nigeria: UNICEF. Available at: http://citizenshiprightsafrica.org/wp-content/uploads/2017/10/UNICEF_Nigeria-Making-Children-Count.pdf [Accessed 17 March 2018].
46. United Nations Children's Fund (UNICEF), 2013. *A Passport to Protection: A Guide to Birth Registration programming.* [pdf] New York: UNICEF. Available at: https://www.unicef.org/protection/files/UNICEF_Birth_Registration_Handbook.pdf [Accessed 29 January 2018].
47. United Nations Children's Fund (UNICEF), 2013. *Child Protection Programme Annual Review Report 2013.* Abuja: UNICEF.
48. United Nations Children's Fund (UNICEF), 2013. *EVERY CHILD'S BIRTH RIGHT: Inequities and trends in birth registration.* [pdf] New York: UNICEF. Available at: https://www.unicef.org/publications/files/Birth_Registration_11_Dec_13.pdf [Accessed: 12 April 2018].
49. United Nations Children's Fund (UNICEF), 2013. *Nigeria – Country Programme Document 2014-2017.* Available at: https://www.unicef.org/nigeria/2013-PL7-Nigeria_CPD-final_approved-English.pdf [Accessed: 22 March 2018].
50. United Nations Children's Fund (UNICEF), 2014. *Methodological Brief – Impact Evaluation No. 2 – Theory of Change.* Available at: https://www.unicef-irc.org/publications/747-theory-of-change-methodological-briefs-impact-evaluation-no-2.html [Accessed: 29 March 2018].
51. United Nations Children's Fund (UNICEF), 2015. *PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS*. [online] New York: UNICEF. Available at: https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF [Accessed: 26 April 2018].
52. United Nations Children's Fund (UNICEF), 2016. *Child protection from violence, exploitation and abuse: Birth Registration.* [online] Available at: https://www.unicef.org/protection/57929_58010.html [Accessed 10 April 2018].
53. United Nations Children's Fund (UNICEF), 2016. *Child Protection Programme Annual Review Report 2016.* Abuja: UNICEF.
54. United Nations Children's Fund (UNICEF), 2017. Request for Proposal – Impact Evaluation of UNICEF Supported Birth Registration in Nigeria. Abuja: UNICEF.
55. United Nations Children's Fund (UNICEF), 2018. *The Nigerian Situation.* [online] Available at: https://www.unicef.org/nigeria/1971_2199.html [Accessed 6 April 2018].
56. United Nations Children's Fund, 2011. *Civil society partnerships: What does UNICEF means by equity approach?* [online] Available at: https://www.unicef.org/about/partnerships/index_60239.html [Accessed: 14 May 2018].
57. United Nations Department of Economic and Social Affairs (UN DESA), 2017. *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables*. [pdf] New York City: UN DESA. Available at: https://esa.un.org/unpd/wpp/Publications/Files/WPP2017_KeyFindings.pdf [Accessed: 9 April 2018].

58. United Nations Development Programme (UNDP), 2018. *SUSTAINABLE DEVELOPMENT GOALS.* [online] Available at: http://www.undp.org/content/undp/en/home/sustainable-development-goals.html [Accessed 12 April 2018].
59. United Nations Economic Commission for Europe (UNECE), 2012. *Interoperability*. [online] Available at: http://tfig.unece.org/contents/interoperability.htm [Accessed: 14 May 2018].
60. United Nations Evaluation Group (UNEG), 2014. *Integrating Human Rights and Gender Equality in Evaluations*. [pdf] New York: UNEG. Available at: http://www.unevaluation.org/document/download/2107 [Accessed: 28 April 2018].
61. United Nations Evaluation Group (UNEG), 2016. Integrating Human Rights and Gender Equality in Evaluations. [online] New York: UNEG. Available at: http://www.uneval.org/document/detail/1616 [Accessed: 26 April 2018].
62. United Nations Evaluation Group (UNEG), 2016. Norms and Standards for Evaluation. [online] New York; UNEG. Available at: http://www.uneval.org/document/download/2787 [Accessed: 26 April 2018].
63. United States Department of Labor, 2018. *Child Labor and Forced Labor Reports: Nigeria.* [online] Available at: https://www.dol.gov/agencies/ilab/resources/reports/child-labor/nigeria [Accessed 10 April 2018].
64. World Bank (WB), 2017. *Population 2016*. [pdf] Washington D.C.: WB. Available at: http://databank.worldbank.org/data/download/POP.pdf [Accessed: 9 April 2018].
65. World Bank (WB), 2018. *Population Ages 0-14 (% of total)*. [online] Washington D.C.: WB. Available at: https://data.worldbank.org/indicator/sp.pop.0014.to.zs [Accessed: 9 April 2018].
66. Stern, E.; Stame, N.; Mayne, J.; Forss, K.; Davies, R.; Befani, B., 2012. *DFID Report Working Paper 38: Broadening the range of Designs and Methods for Impact Evaluations.* [pdf] London: DFID. Available at:https://assets.publishing.service.gov.uk/media/57a08a6740f0b6497400059e/DFIDWorkingPaper38.pdf [Accessed: 16 July 2018]
67. White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, Methodological Briefs: Impact Evaluation 8, UNICEF Office of Research, Florence

Appendix 09: Evaluation Tools – Key Informant Interview Guide

This Appendix presents stakeholder-specific interview guides used during evaluation for primary data collection.

Guide Questions for Key Informant Interview with;

1. UNICEF
2. National Population Commission (NPopC)
3. Federal Ministry of Education (FME)
4. Federal Ministry of Health (FMoH)
5. General
6. Donors/ Sector Partners/ Private Sector

Key Informant Interview – UNICEF

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. As UNICEF staff with direct knowledge of the BRP, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

1. Could you describe your position and role within UNICEF?
    a. How long have you been with UNICEF?
    b. Were you personally involved with the BRP? For how long?

Relevance

[CP Section]

2. Please share your understanding of UNICEF Child Protection priorities (from 2012 onwards) and in particular on birth registration in Nigeria? What were the priorities and strategies to address the low birth registration rates and how were those established (at the start of BRP)? Ask for evidences and examples if any.
3. In your view, if and to what extent did low birth registration rates in Nigeria impact the communities (parents and caregivers) access to child development and child protection services e.g. education, health, early child marriages, female genital mutilation, trafficking etc.? While designing the BRP,

how did UNICEF team view the BRP strategies and interventions would contribute to improving the access to child development and protection services? Ask for evidences and examples?

4. How partnership was made with NPopC, and were there other partnerships options available back then for BRP? Was there an existing partnership with NPopC, if yes, give us some background to this partnership and achievements? Ask for evidences and examples.
5. In your view what were Government of Nigeria/NPopC (documented or undocumented) objectives/targets, strategic priorities, and strategies in 2012 (at the start of BRP) for improving birth registration rates and coverage? Enquire if there was any NPopC strategic plan by 2012, if yes, what were the priorities and interventions?
    a. In your view, if NPopC objectives/priorities contribute to the design of BRP, if yes please share more details e.g. legal and policy reforms, expanded coverage through partnership (with health, education and others), use of technology for monitoring/digitization, and community education and awareness? Did NPopC objectives/priorities change (from 2012 onwards) and how did BRP adapt to those changes to achieve coherence with national objectives and priorities? Please share examples and evidences.
    b. In case there were none (NPopC objectives and priorities), how did BRP contribute (after its roll-out) to shape the NPopC objectives and priorities, please share examples and where possible evidences? Also, how did BRP contribute to shape the objectives and priorities of other relevant public agencies at Federal and State level?
    c. Please share how was NPopC's CRVS Strategy/Strategic Plan (February 2017) formulated and what did UNICEF contribute to its formulation? What are the targets and most urgent priorities (including strategies) of CRVS Strategy/Strategic Plan? Ask for copy of the strategy and plan and other evidences?
    d. How many projects form the BRP? Please share more details of projects and their interventions, and share project proposals, budgets and reports?
    e. How did UNICEF Sections i.e. health, education, and WASH contribute to the design and implementation of BRP (enquire about procedure, interventions, funds received) and how do BR link up and contribute to their objectives and completed/ongoing Programmes? Please ask for documentation where possible and ask same questions to health, education and WASH sections.
    f. What were priority community needs for children (back in 2012) and where did birth registration stand in the parents/caregivers' priorities? How did community views were sought to make BRP responsive to their needs (in terms of addressing the bottlenecks in addressing birth registration – costs, distances, duplication, lack of awareness) and make it acceptable? Ask for any evidences and examples.
    g. What additional interventions were included in the design to enable access to birth registration for single mothers, ethnic/religious minorities, parents in conflict affected and remote/rural areas, and other vulnerable groups? How their needs were assessed to make programme more responsive to their needs and demands? Ask for evidences and examples?
    h. In the hindsight, what were the major gaps and shortcomings in the design of the BRP? How could those be addressed in future design? Please share evidences and examples
6. As part of the BRP, did UNICEF engage with Public sector agencies, including ministries that make use of child protection data for child protection purposes?
    a. ALGON
    b. Senate Committee on CRVS
    c. I/NGOs, CSOs
    d. Private sector (media organisations, software development companies etc.)
    e. How would you describe the role of each of the relevant stakeholders in the BRP?

Effectiveness

[CP Section Programme Staff]

7. In your view how effective/successful has been the BRP in terms of (enquire specifically):
    a. Quality and consistent implementation of interventions across different locations?
    b. Interventions producing the intended outputs
    c. Achieving desired outcome level results from strategies/interventions areas?
    d. Engaging and managing partnerships with relevant stakeholders to achieve desired outputs/results i.e. NPopC, ALGON, FDE, FMoH, Senate Committee on CRVS, media etc…

e. Reaching out to the intended beneficiaries (ask for details) and the most vulnerable (single mothers, poor, ethnic and religious minorities, conflict affected communities, and others? How were those monitored and reported? Please share the reports.
f. Which strategies and actions proved more successful than others and why? Please share examples and evidences of successes and challenges with implementation strategies and interventions?
g. In hindsight, if you are to do it all over again, would it change the design and/or implementation approaches to make the Programme more effective/successful? Please elaborate and share examples?
h. How has the Programme's implementation, achievements, successes (including equity results) been monitored (ask for monitoring reports and specifically about different) and would it require to re-engage, would the strategy or approach to engage with stakeholders/beneficiaries change, if yes what/how? Please elaborate and share examples?
i. In your view, what do you think about the accessibility of CRVS data? Please share, what efforts/steps were taken to make the data more accessible? Do you think that other stakeholders (FME, FMoH, NIS etc.) are utilizing the CRVS data for their future policy planning?
j. In your view, do you think that the current ToC reflects in achieving the desired objectives of the programme? If yes, a. Do you think that the interventions on (RapidSMS, Media Campaign, Radio Call and message transmission through religious/social leaders) has improved the awareness and demand for birth registration services (immediate outcome 2)?
k. Are there any other partner involved in the development of the strategies and the interventions to achieve the desired BRP outcome? If yes, please share in what capacity are they involved?
l. Views on Programme Strategies (ToC)

[Strategy 1] – Was the BRP successful in advocating for legal and policy reforms?

Was the programme successful in:

a. **[output 1]** Reviewing and harmonising birth registration related legal frameworks?
b. **[output 2]** Supporting the formulation and approval of policies for the integration of BR services into health and education services at the federal level?
c. **[output 3]** Supporting the signing of MoUs between the NPopC and the education and health ministries at the state levels for the integration of birth registration services?

[Strategy 2] – Was the BRP successful in building and supporting partnerships for expanded coverage of the birth registration system.

Was the programme successful in:

a. **[output 4]** assisting in the development and implementation of state level roll-out plans for the health and education ministries?
b. **[output 5]** training primary healthcare and education staff in the provision of birth registration services?
c. **[output 6]** ensuring that primary healthcare and education staff were provided with sufficient and timely supplies of birth registration materials (forms, certificates, registers etc.)

[Strategy 3] – Was the BRP successful in introducing innovative technology to promote monitoring, reporting, accountability and/or capacity development?

Was the programme successful in:

a. **[output 7]** piloting and scaling-up innovative technologies (RapidSMS, CRVS dashboard etc,) for data transmission and progress monitoring?
b. **[output 8]** supplying equipment and materials to ensure continued operation of NPopC systems?
c. **[output 9]** ensuring that NPopC service delivery points are sufficiently staffed with an improved workforce?
d. **[output 10]** supporting the development of a Civil Registration Strategic plan and in funding services?

[Strategy 4] – Was the BRP successful in its efforts to alter behaviour through IEC/BCC campaigns?

Was the programme successful in:

a. **[output 11]** planning and implementing IEC/BCC campaigns to raise awareness and demand for birth registration services amongst parents and caregivers?

b. **[output 12]** making alliances with media organisations to leverage outreach for increased awareness and demand?
c. **[output 13]** engaging religious and social leaders to raise awareness and demand?

[CP Section Programme Staff] [Education, WASH and Health Sections]

8. In continuation to the question above on crosses between BR and health/education/WASH, what are your views how successfully the BR was integrated into education/health/education projects/programmes and what results have these produced (enquire both for improved birth registration and as a consequence improved access to immunisation, education and water and sanitation services)? Ask for evidences and examples?
9. In your views did BRP improve the access to CRVS data to education/health/water and sanitation authorities/planners at federal and state levels, if yes, did it contribute to its use and improved planning/services provision by these agencies, if yes, how? Ask for evidences and examples
10. In your view what else could be done in future (both at design and implementation levels) for more effective integration of BR into health/education/WASH interventions and vice versa? Ask for both what and how elements of proposed suggestions?

Efficiency:

11. In your view, did the NPopC (including other partners like media) manage to complete the planned activities (as per UNICEF-NPopC PCA) within the agreed time? If yes, please share more details and if not what activities could not be completed and why? Was there extension sought/granted and when/what for?
12. In your view, did BRP manage to mobilize adequate and technically qualified HR support (enquire about key HR costs – staff, consultants, honoraria etc.) and how did those help with to complete the Programme? Enquire about any human resource related shortages and how did those affect the BRP delivery? How much did BRP manage to leverage the human resource capacities of NPopC, health, education and others and for what results?
13. What was the extent of the funding injected/contributed by UNICEF and NPopC (including from all different projects) to the BRP (for all activities implemented from 2012-16)? Ask about budgets and expenditures statements of all donor projects and the UNICEF core funds used. Note: Emphasize the onus of providing financial information (accurate and complete) lies with UNICEF and NPopC (NPopC own financial records and financial reports shared with UNICEF) and given non-availability, this may get reflected as such in the final report.
14. In your view, were the allocated/used financial resources adequate to achieve the intended outputs and outcomes? How balanced was the distribution of resources across different components and outputs, which components/outputs received insufficient finances how did this affect the delivery? How much funds did BRP leverage from NPopC/FME/FMoH and for what results (including how have those been tracked and reported)? Ask about evidences and examples where appropriate.
15. Did BRP design and implementation evolve and apply any specific strategies/approaches to improve the efficiency of the BRP? What were those strategies and what results did those produce? Please share examples and evidences.

Equity/HRBA

16. Is birth registration a right in Nigeria, if yes, please share with us any references of laws/regulations that prescribe birth registration as law? Ask for evidences and examples.
17. What are Nigeria's international obligations (including regional) that require Nigerian government to evolve systems for timely registration of birth?
18. In your view how does birth registration facilitate/hinder accessibility to other child rights/development services (under national and international obligations)?
19. Has BRP been assessed with HRBA lens, such as enabling access to rights, balanced investments on services delivery improvement, focus on communities to raise awareness of entitlements and obligations and others? If not, can you shed some light on these elements?

INS – Note, "vulnerable groups" refers to the following: the poor from the lowest wealth quintiles, the illiterate, those living in rural communities, single mothers, ethnic groups, disabled children and people living in conflict affected regions.

20. How the needs of most vulnerable segments i.e. poor, illiterate, remote/rural communities, single mothers, ethnic minorities, disabled children, communities in conflict affected regions, were identified? What strategies and interventions were evolved to address those needs? What evidence is available to suggest if/what extent has these group benefit from the BRP interventions? Ask for evidences and examples.

21. In hindsight, what strategies and interventions proved more effective to respond to/address the needs of these vulnerable groups? What did not work and why? In your view what should change in future to determine and respond to the needs of vulnerable group effectively? Please ask to elaborate on what and how that needs to be incorporated into the new cycle.
22. In your view, what are the main ongoing challenges faced by vulnerable groups in accessing birth registration services?
23. What do you think about other parents' perceptions of their preferences for registering their child's birth? Do all parents have different or equal preferences for their children's birth registration. If 'different preferences', please highlight the reasons of such differential preferences?
24. Are there any alternative strategies/actions that are not implemented, however, if implemented can effectively contribute in enhancing awareness level and access to BR services for poor, illiterate, remote areas and ethnic groups?

Impact

[CP Section Programme Staff] [PME] [M&E]

25. In your view has there been any change/s in the registration of child births (under 5) in Nigeria in last 5 plus years? Has the tendency to register births increased/decreased and if yes how much? What are the reasons for this increase/decrease in birth registration and how far did BRP contribute to this increase/decrease? Please ask for evidences and examples.
26. Has birth registration of vulnerable groups, particularly the poor, changed (increased or decreased) and how much? What are the key reasons and how far did BRP contribute to this change? Please ask for evidences and examples.
27. In your view how did the BRP improve the access to and use of birth/CRVS data to the relevant departments (FME, FMoH and others)? Please share evidences and examples?
28. What do you think about the current situation around _____ in Nigeria?
    a. Do you think that birth registration has an impact on _____?
    b. Do you think that the situation around has changed over the past 2-7 years? How has it changed?
        i. Child Marriage
        ii. Female Genital Mutilation
        iii. Child Trafficking
        iv. School Enrolment Rates
        v. Immunization Rates

INS – Ask for any related evidence in the form of documents or data.

29. In your view does access to birth certificate reduces the risks/likelihood of early child marriages, FGM, and child trafficking? Is there any evidence available that you could share with us demonstrating the impact of birth registration on these CP risks and issues? How has the BRP contributed to this?
30. In your view, could the issuing of a birth certificate have negative impacts for children and families? If yes, can you please share some examples and evidences?
31. Do you know if any NGO/INGO/CSO or any other partner that has contributed to improving the system for birth registration? If so, did it have any effect on the following;
    1. The knowledge and awareness of the people regarding birth registration
    2. immunisation rates
    3. School enrolment rates
    4. Child protection

Closing Questions

32. Is there anything that we did not ask but in your view is significant, please do share?
33. Did UNICEF learn any design and implementation related lessons from BRP? What are those lessons please share/elaborate?
34. In your view, what should be the focus on future UNICEF assistance for birth registration and how would help improve birth registration and realise the associated gains with respect to improved child development and child protection services? Please elaborate and enquire about what and how elements of the proposed recommendations.

INS – Thank the respondent for their time and emphasize that the interview has been useful.

35. Do you have any questions for us?

Key Informant Interview – National Population Commission (NPopC)

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview with you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. As NPopC staff with direct knowledge of the BRP, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

1. Could you describe your position and role within the NPopC?
    a. How long have you been with the NPopC?
    b. Were you personally involved with the BRP? For how long?

Relevance

2. How partnership was made with UNICEF for the BRP, and were there other partnerships options available back then for the BRP? Was there an existing partnership with UNICEF, if yes, give us some background to this partnership and achievements? Ask for evidences and examples.
3. In your view, if and to what extent did low birth registration rates in Nigeria impact the access to child development and child protection services e.g. education, health, early child marriages, female genital mutilation, trafficking etc.? While designing the BRP, how did NPopC and UNICEF view the BRP strategies and interventions would contribute to improving the access to child development and protection services? Ask for evidences and examples?
4. In your view what were Government of Nigeria/NPopC (documented or undocumented) objectives/targets, strategic priorities, and strategies in 2012 (at the start of BRP) for improving birth registration rates and coverage? Enquire if there was any NPopC strategic plan by 2012, if yes, what were the priorities and interventions?
    a. In your view, if NPopC objectives/priorities contribute to the design of BRP, if yes please share more details e.g. legal and policy reforms, expanded coverage through partnership (with health, education and others), use of technology for monitoring/digitization, and community education and awareness? Did NPopC objectives/priorities change (from 2012 onwards) and how did BRP adapt to those changes to achieve coherence with national objectives and priorities? Please share examples and evidences.
    b. In case there were none (NPopC objectives and priorities), how did BRP contribute (after its roll-out) to shape the NPopC objectives and priorities, please share examples and where possible evidences? Also, how did BRP contribute to shape the objectives and priorities of other relevant public agencies at Federal and State level?

c. Please share how was NPopC's CRVS Strategy/Strategic Plan (February 2017) formulated and what did UNICEF contribute to its formulation? What are the targets and most urgent priorities (including strategies) of CRVS Strategy/Strategic Plan? Ask for copy of the strategy and plan and other evidences?
d. How many projects form the BRP? Please share more details of projects and their interventions, and share project proposals, budgets and reports?
e. How did UNICEF Sections i.e. health, education, and WASH contribute to the design and implementation of BRP (enquire about procedure, interventions, funds received) and how do BR link up and contribute to their objectives and completed/ongoing Programmes? Please ask for documentation where possible and ask same questions to health, education and WASH sections.
f. What were priority community needs for children (back in 2012) and where did birth registration stand in the parents/caregivers' priorities? How did community views were sought to make BRP responsive to their needs (in terms of addressing the bottlenecks in addressing birth registration – costs, distances, duplication, lack of awareness) and make it acceptable? Ask for any evidences and examples.
g. What additional interventions were included in the design to enable access to birth registration for single mothers, ethnic/religious minorities, parents in conflict affected and remote/rural areas, and other vulnerable groups? How their needs were assessed to make programme more responsive to their needs and demands? Ask for evidences and examples?
h. In the hindsight, what were the major gaps and shortcomings in the design of the BRP? How could those be addressed in future design? Please share evidences and examples.

Effectiveness/Sustainability

5. In your view how effective/successful has been the BRP in terms of (enquire specifically):
   a. Quality and consistent implementation of interventions across different locations?
   b. Interventions producing the intended outputs
   c. Achieving desired outcome level results from strategies/interventions areas?
   d. Engaging and managing partnerships with relevant stakeholders to achieve desired outputs/results i.e. NPopC, ALGON, FDE, FMoH, Senate Committee on CRVS, media etc…
   e. Reaching out to the intended beneficiaries (ask for details) and the most vulnerable (single mothers, poor, ethnic and religious minorities, conflict affected communities, and others? How were those monitored and reported? Please share the reports.
   f. Which strategies and actions proved more successful than others and why? Please share examples and evidences of successes and challenges with implementation strategies and interventions?
   g. In hindsight, if you are to do it all over again, would it change the design and/or implementation approaches to make the Programme more effective/successful? Please elaborate and share examples?
   h. How has the Programme's implementation, achievements, successes (including equity results) been monitored (ask for monitoring reports and specifically about different) and would it require to re-engage, would the strategy or approach to engage with stakeholders/beneficiaries change, if yes what/how? Please elaborate and share examples?
   i. In your view, what do you think about the accessibility of CRVS data? Please share, what efforts/steps were taken to make the data more accessible? Do you think that other stakeholders (FME, FMoH, NIS etc.) are utilizing the CRVS data for their future policy planning?
   j. In your view, do you think that the current ToC reflects in achieving the desired objectives of the programme? If yes, a. Do you think that the interventions on (RapidSMS, Media Campaign, Radio Call and message transmission through religious/social leaders) has improved the awareness and demand for birth registration services (immediate outcome 2)?
   k. Are there any other partner involved in the development of the strategies and the interventions to achieved the desired BRP outcome? If yes, please share in what capacity are they involved?

[Strategy 1] – Was the BRP successful in advocating for legal and policy reforms?

Was the programme successful in:

a. **[output 1]** Reviewing and harmonising birth registration related legal frameworks?

b. **[output 2]** Supporting the formulation and approval of policies for the integration of BR services into health and education services at the federal level?

c. **[output 3]** Supporting the signing of MoUs between the NPopC and the education and health ministries at the state levels for the integration of birth registration services?

[Strategy 2] – Was the BRP successful in building and supporting partnerships for expanded coverage of the birth registration system.
Was the programme successful in:

a. **[output 4]** assisting in the development and implementation of state level roll-out plans for the health and education ministries?

b. **[output 5]** training primary healthcare and education staff in the provision of birth registration services?

c. **[output 6]** ensuring that primary healthcare and education staff were provided with sufficient and timely supplies of birth registration materials (forms, certificates, registers etc.)

[Strategy 3] – Was the BRP successful in introducing innovative technology to promote monitoring, reporting, accountability and/or capacity development?
Was the programme successful in:

d. **[output 7]** piloting and scaling-up innovative technologies (RapidSMS, CRVS dashboard etc,) for data transmission and progress monitoring?

e. **[output 8]** supplying equipment and materials to ensure continued operation of NPopC systems?

f. **[output 9]** ensuring that NPopC service delivery points are sufficiently staffed with an improved workforce?

g. **[output 10]** supporting the development of a Civil Registration Strategic plan and in funding services?

[Strategy 4] – Was the BRP successful in its efforts to alter behaviour through IEC/BCC campaigns?
Was the programme successful in:

h. **[output 11]** planning and implementing IEC/BCC campaigns to raise awareness and demand for birth registration services amongst parents and caregivers?

i. **[output 12]** making alliances with media organisations to leverage outreach for increased awareness and demand?

j. **[output 13]** engaging religious and social leaders to raise awareness and demand?

Efficiency

6. In your view, did the NPopC (including other partners like media) manage to complete the planned activities (as per UNICEF-NPopC PCA) within the agreed time? If yes, please share more details and if not what activities could not be completed and why? Was there extension sought/granted and when/what for?
7. In your view, did BRP manage to mobilize adequate and technically qualified HR support (enquire about key HR costs – staff, consultants, honoraria etc.) and how did those help with to complete the Programme? Enquire about any human resource related shortages and how did those affect the BRP delivery? How much did BRP manage to leverage the human resource capacities of NPopC, health, education and others and for what results?
8. What was the extent of the funding injected/contributed by UNICEF and NPopC (including from all different projects) to the BRP (for all activities implemented from 2012-16)? Ask about budgets and expenditures statements of all donor projects and the UNICEF core funds used. Note: Emphasize the onus of providing financial information (accurate and complete) lies with UNICEF and NPopC (NPopC own financial records and financial reports shared with UNICEF) and given non-availability, this may get reflected as such in the final report.
9. In your view, were the allocated/used financial resources adequate to achieve the intended outputs and outcomes? How balanced was the distribution of resources across different components and outputs, which components/outputs received insufficient finances how did this affect the delivery? How much funds did BRP leverage from NPopC/FME/FMoH and for what results (including how have those been tracked and reported)? Ask about evidences and examples where appropriate.

10. Did BRP design and implementation evolve and apply any specific strategies/approaches to improve the efficiency of the BRP? What were those strategies and what results did those produce? Please share examples and evidences.

Equity/HRBA

11. Is birth registration a right in Nigeria, if yes, please share with us any references of laws/regulations that prescribe birth registration as law? Ask for evidences and examples.
12. What are Nigeria's international obligations (including regional) that require Nigerian government to evolve systems for timely registration of birth?
13. In your view how does birth registration facilitate/hinder accessibility to other child rights/development services (under national and international obligations)?
14. Has BRP been assessed with HRBA lens, such as enabling access to rights, balanced investments on services delivery improvement, focus on communities to raise awareness of entitlements and obligations and others? If not, can you shed some light on these elements?

INS – Note, "vulnerable groups" refers to the following: the poor from the lowest wealth quintiles, the illiterate, those living in rural communities, single mothers, ethnic groups, disabled children and people living in conflict affected regions.

15. How the needs of most vulnerable segments i.e. poor, illiterate, remote/rural communities, single mothers, ethnic minorities, disabled children, communities in conflict affected regions, were identified? What strategies and interventions were evolved to address those needs? What evidence is available to suggest if/what extent has these group benefit from the BRP interventions? Ask for evidences and examples.
16. In hindsight, what strategies and interventions proved more effective to respond to/address the needs of these vulnerable groups? What did not work and why? In your view what should change in future to determine and respond to the needs of vulnerable group effectively? Please ask to elaborate on what and how that needs to be incorporated into the new cycle.

17. In your view, what are the main ongoing challenges faced by vulnerable groups in accessing birth registration services?
18. What do you think about other parents' perceptions of their preferences for registering their child's birth? Do all parents have different or equal preferences for their children's birth registration. If 'different preferences', please highlight the reasons of such differential preferences?

Impact

19. In your view has there been any change/s in the registration of child births (under 5) in Nigeria in last 5 plus years? Has the tendency to register birth increased/decreased and if yes how much? What are the reasons for this increase/decrease (probe further on if this has happened because of system improvement – expansion, efficiency, use IT, sharing of CRVS updated data, and community knowledge or there were other factors also) in birth registration and how far did BRP contribute to this increase/decrease? Please ask for evidences and examples.
20. Has birth registration of vulnerable groups, particularly the poor, changed (increased or decreased) and how much? What are the key reasons and how far did BRP contribute to this change? Please ask for evidences and examples.
21. In your view how did the BRP improve the access to and use of birth/CRVS data to the relevant departments (FME, FMoH and others)? Please share evidences and examples?
22. Do you think that the situation around the following has changed over the past 5 years? How has it changed? What are major changes and how you think birth registration has increased/reduced the likelihood of child well-being and safety (with respect to following)? In your view are there any other factors (besides birth registration) that may have contributed to the observed increase or decrease? Please share evidences where possible?
    1. Early Child Marriage
    2. Female Genital Mutilation
    3. Child Trafficking
    4. School Enrolment Rates
    5. Immunization Rates (measles at least)
23. Other than UNICEF, do you know if any NGO/INGO/CSO or any other partner that has contributed to improving the system for birth registration? If so, did it have any effect on the following;
    1. The knowledge and awareness of the people regarding birth registration
    2. immunisation rates
    3. School enrolment rates

4. Child protection

INS – Ask for any related evidence in the form of documents or data.

Closing Questions

24. Is there anything that we did not ask but in your view is significant, please do share?
25. Did UNICEF learn any design and implementation related lessons from BRP? What are those lessons please share/elaborate?
26. In your view, what should be the focus on future UNICEF assistance for birth registration and how would help improve birth registration and realise the associated gains with respect to improved child development and child protection services? Please elaborate and enquire about what and how elements of the proposed recommendations.

INS – Thank the respondent for their time and emphasize that the interview has been useful.

27. Do you have any questions for us?

Key Informant Interview – Federal Ministry of Education (FME)

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. In light of the FME's partnership with the NPopC on birth registration, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

28. Could you describe your position and role within the FME?
    k. How long have you been with the FME?
    l. Were you personally involved in developing or implementing the MoU with the NPopC? In what way and for how long?

Relevance:

29. What is the cycle of education planning in Nigeria (at federal and state levels)? What is different type of data/information that FME uses for education planning and resources allocation? Has FME been using NPopC birth data/CRVS data for planning of education services (number of schools, teachers, class rooms etc)? Please share evidences and examples?
    m. Before 2013, has FME been involved in birth registration procedure, if yes, please elaborate? Did that involve working together with NPopC and how did it use to work with NPopC?

Effectiveness:

30. Has there been any major policy/administrative change/s post 2013 that has changed the level of involvement of FME in birth registration procedure, please elaborate? How clearly are the expectations (from FME) defined in the new policy/regulatory change and if there are things that FME could contribute to (for birth registration) however remained unaddressed in the policy/legislation? If and how is this policy change going to affect the core work of FME? Please elaborate and ask for evidences.
31. How many states has MOUs been signed between NPopC and State FMoE? Has there been any roll-out plan for integration of birth registration into education services (in each state) and how successfully has that been implemented?
32. How effective is coordination between NPopC-Education staff at federal, state, and LGA levels? Are you satisfied with the support provided by NPopC so far especially in terms of training of education staff, availability of birth certification materials, and what else is needed to improve the provision of birth registration services by education staff? Please elaborate?

Impact:

33. Has the availability/access (by FME/SME) to birth registration data/CRVS data improved in the last few years and how? Has this improved access increased the use (or likelihood of use) of birth data/CRVS data by education for planning of education services, if yes how? Please elaborate and share examples?
34. Has there been any change/s (in the ministry) to make it mandatory to use birth registration/CRVS data for education planning, delivery of services and resource allocations? If yes, please elaborate? How has it impacted the core service of education delivery, please share details?
35. In your view has the increase/decrease in birth registration in any way contributed to an increase/decrease in use of birth data/CRVS data for planning of education services? If yes, how is ministry/state using the birth data/CRVS data for planning and implementation of their services? Please share evidences and examples.
36. In your view does access to birth certificate reduces the risks/likelihood of early child marriages, FGM, child trafficking? Is there any evidence available that you could share with us demonstrating the impact of birth registration on these CP risks and issues? How has the BRP contributed to this?

Effectiveness/Sustainability

37. As one of the beneficiaries of the BRP, what do you think about your ministry's partnership with the NPopC in terms of:
    1. The level/scope of the engagement
    2. The coordination mechanisms deployed?
    3. The responsiveness of NPopC?
    4. The resources (financial, human, material) allocated by NPopC?
    5. The success of the engagement in producing the intended results?

    n. What is UNICEF's role in supporting the initiation and ongoing operation of this partnership?

    o. Do you think that the partnership should continue into the future? Should any changes be made?

Efficiency

38. Were the resources (financial, human, material) allocated by the FME sufficient to implement the terms of the MoU with the NPopC at all levels?

Equity/HRBA

INS – Note, "vulnerable groups" refers to the following: the poor from the lowest wealth quintiles, the illiterate, those living in rural communities, single mothers, ethnic groups, disabled children and people living in conflict affected regions.

39. Is the support provided by the FME to the birth registration system through the partnership with NPopC evenly distributed throughout the country?

INS – If it is not evenly distributed, ask the following:

p. How is the support distributed?

q. Does the FME's support to the birth registration system help vulnerable groups gain better access to birth registration services? How does it help and which vulnerable groups benefit?

r. What strategies and interventions were planned and implemented by the FME/NPopC to address the needs of vulnerable groups in relation to birth registration? Were these strategies/interventions successful?

40. In your view, what are the main ongoing challenges faced by vulnerable groups in accessing birth registration services?
41. What do you think about other parents' perceptions of their preferences for registering their child's birth? Do all parents have different or equal preferences for their children's birth registration. If 'different preferences', please highlight the reasons of such differential preferences?
42. Are there any alternative strategies/actions that are not implemented, however, if implemented can effectively contribute in enhancing awareness level and access to BR services for poor, illiterate, remote areas and ethnic groups?
43. Do you use CRVS or Birth Registration Data to measure the impact and for Education Services and Planning? If yes, have you noticed any % increase in School Enrolment Rates? Do you think that birth registration is a factor in the increase in school enrolment rates? If No, do you think that there are any other factors which might have contributed to this increase in school enrolments and/or are they directly or indirectly linked to birth registration?

Closing Questions

44. In your view, what are the main lessons learned from the implementation of the partnership between the FME and NPopC?
45. What recommendations would you give to the NPopC, UNICEF or other stakeholders in order to improve the partnership or the birth registration system in general?

INS – Thank the respondent for their time and emphasize that the interview has been useful.

46. Do you have any questions for us?

Key Informant Interview – Federal Ministry of Health (FMoH)

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. In light of the FMoH's partnership with the NPopC on birth registration, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

47. Could you describe your position and role within the FMoH?
    s. How long have you been with the FMoH?
    t. Were you personally involved in developing or implementing the MoU with the NPopC? In what way and for how long?

Impact

48. How does your ministry plan its interventions?
    u. What formulas are used during planning to select targets, allocate resources and scale-up intervention?

INS – If BR data is used, ask the following questions:

    v. How is the data used?
    w. How do you access birth registration data?
    x. Has the accessibility of birth registration data changed over the last 3-7 years?

INS – Ask for any related evidence in the form of documents or data.

49. What do you think about the current situation around immunization rates in Nigeria?
    y. Do you think that birth registration has an impact on immunization rates?
    z. Do you think that the situation around immunization rates has changed over the past 2-7 years? How has it changed?

INS – Ask for any related evidence in the form of documents or data.
INS – If it has been established that there were impacts as a result of BRP activities, ask the following question:

50. Were there any unintended impacts at any level as a result of the partnership of your agency with the NPopC?

aa. Did any activities/interventions by the UNICEF within the last 3-7 years result in unintended impacts at any level?

INS – Ask for any related evidence in the form of documents or data.

51. Q5. In your view has the increase/decrease in birth registration in any way contributed to an increase/decrease in use of birth data/CRVS data for planning of health services? If yes, how is the relevant ministry/state using the birth data/CRVS data for planning and implementation of their services? Please share evidences and examples.
52. Q6. In your view does access to birth certificate reduces the risks/likelihood of early child marriages, FGM, child trafficking? Is there any evidence available that you could share with us demonstrating the impact of birth registration on these CP risks and issues? How has the BRP contributed to this?

Effectiveness/Sustainability

53. As one of the beneficiaries of the BRP, what do you think about your ministry's partnership with the NPopC in terms of:
    1. The level/scope of the engagement
    2. The coordination mechanisms deployed?
    3. The responsiveness of NPopC?
    4. The resources (financial, human, material) allocated by NPopC?
    5. The success of the engagement in producing the intended results?

    bb. What is UNICEF's role in supporting the initiation and ongoing operation of this partnership?

    cc. Do you think that the partnership should continue into the future? Should any changes be made?

54. Highlight one strategy at a time and discuss each of the following sub-questions.

INS – Inform the participant that we will be discussing the high-level strategies and the corresponding outputs as listed below. Summarize the outputs for the participant and check off strategies/outputs as they are covered by the discussion.

    dd. Ask specifically about what did not work and why in relation to each strategy and output.

    ee. Ask specifically about whether the resource (financial, human, material) allocations for each strategy and output were sufficient, any gaps, and whether the allocated funds were spent effectively. Ask about the opinions the participant on the resources allocated vs. the results achieved.

    ff. Ask specifically about the participant's opinion on the sustainability of each of the outputs. What are the factors that affect the sustainability/non-sustainability of the strategy/output? Do you have any recommendations for interventions to enhance the sustainability of BRP results?

[Strategy 1] – Was the BRP successful in advocating for legal and policy reforms?
[output 1] – Was the programme successful in reviewing and harmonising birth registration related legal frameworks?
[output 2] – Was the programme successful in supporting the formulation and approval of policies for the integration of BR services into health and education services at the federal level?
[output 3] – Was the programme successful in supporting the signing of MoUs between the NPopC and the education and health ministries at the state levels for the integration of birth registration services?

[Strategy 2] – Was the BRP successful in building and supporting partnerships for expanded coverage of the birth registration system.
[output 4] – Was the programme successful in assisting in the development and implementation of state level roll-out plans for the health and education ministries?
[output 5] – Was the programme successful in training primary healthcare and education staff in the provision of birth registration services?
[output 6] – Was the programme successful in ensuring that primary healthcare and education staff were provided with sufficient and timely supplies of birth registration materials (forms, certificates, registers etc.)

Efficiency

55. Were the resources (financial, human, material) allocated by the FMoH sufficient to implement the terms of the MoU with the NPopC at all levels?

Relevance

[Federal]

56. Have the NPopC and/or UNICEF worked with the FME to develop birth registration related policies?

INS – If yes, ask the following:

gg. What were those policies and through what process were they developed? What exact role in the process did the NPopC/UNICEF play?

[State]

57. To what extent are the state level offices of your agency independent in setting policy?

hh. How are policies developed at the federal level disseminated to the state level?

ii. What is the exact process by which policies are developed/updated/adopted at the state level?

Equity/HRBA

INS – Note, "vulnerable groups" refers to the following: the poor from the lowest wealth quintiles, the illiterate, those living in rural communities, single mothers, ethnic groups, disabled children and people living in conflict affected regions.

58. Is the support provided by the FMoH to the birth registration system through the partnership with NPopC evenly distributed throughout the country?

INS – If it is not evenly distributed, ask the following:

jj. How is the support distributed?

kk. Does the FMoH's support to the birth registration system help vulnerable groups gain better access to birth registration services? How does it help and which vulnerable groups benefit?

ll. What strategies and interventions were planned and implemented by the FMoH/NPopC to address the needs of vulnerable groups in relation to birth registration? Were these strategies/interventions successful?

59. In your view, what are the main ongoing challenges faced by vulnerable groups in accessing birth registration services?
60. Do you think that has been an increase in the immunisation rates? If so, has there been any change in measles rates? Do you have any data available on DPT, Malaria or any other chronic disease? If 'Yes', please share any document or evidence. Do you think that the increase in immunisation rates has occurred because of children having birth registered or have birth certificates? If no, do you think that there are any other factors which might have contributed to the increase in immunisation rates?

Closing Questions

61. In your view, what are the main lessons learned from the implementation of the partnership between the FMoH and NPopC?
62. What recommendations would you give to the NPopC, UNICEF or other stakeholders in order to improve the partnership or the birth registration system in general?

INS – Thank the respondent for their time and emphasize that the interview has been useful.

63. Do you have any questions for us?

Key Informant Interview – General

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. In light of your ministry's use of birth registration data, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

64. Could you describe your position and role within your ministry?
    mm. How long have you been with your ministry?
    nn. Are you personally involved in any activities related to birth registration? What activities and for how long?

Opening Questions

[Senate Committee on CRVS]

65. Can you describe your role of your committee in relation to the NPopC and the birth registration system?
    oo. What is the mechanism through which birth registration related legislation is developed and what is the role of the Senate Committee in it?

[All]

66. How would you describe the role of your ministry and department?

Impact

[All]

67. How does your ministry/organisation plan its interventions?
    pp. What formulas are used during planning to select targets, allocate resources and scale-up intervention?

INS – If BR data is used, ask the following questions:

qq. How is the data used?

rr. How do you access birth registration data?

ss. Has the accessibility of birth registration data changed over the last 3-7 years? How has it changed?

INS – If there was a change, ask the following question:

tt. Have changes in the availability or quality of birth registration data resulted in any impacts on the work of your agency?

INS – Ask for any related evidence in the form of documents or data.

[NIS, FMWASD, MoJ]

INS – discuss those child protection issues that are relevant to the ministry being interviewed.

68. What do you think about the current situation around _____ in Nigeria?

uu. Do you think that birth registration has an impact on _____?

vv. Do you think that the situation around has changed over the past 2-7 years? How has it changed?

i. Child Marriage
ii. Female Genital Mutilation
iii. Child Trafficking

INS – Ask for any related evidence in the form of documents or data.

69. In your view does access to birth certificate reduces the risks/likelihood of early child marriages, FGM, child trafficking? Is there any evidence available that you could share with us demonstrating the impact of birth registration on these CP risks and issues? How has the BRP contributed to this?

Effectiveness/Efficiency/Sustainability

[All – except for the Senate Committee on CRVS]

INS – Skip if already established and directly ask the SQ.

70. Has your organisation/agency engaged with UNICEF and/or the NPopC in relation to birth registration at any level?

ww. What was the nature of the engagement with UNICEF and the NPopC?

INS – If the engagement was significant, ask the following Q:

71. How would you rate your engagement with UNICEF and/or the NPopC on birth registration in the following areas:

i. The level/scope of the engagement
ii. The coordination mechanisms deployed?
iii. The responsiveness of NPopC?
iv. The resources (financial, human, material) allocated by NPopC?
v. The success of the engagement in producing the intended results?

xx. Do you think that the engagement should continue into the future? Should any changes be made?

[Senate Committee on CRVS]

72. Highlight one strategy at a time and discuss each of the following sub-questions.

INS – Inform the participant that we will be discussing the high-level strategies and the corresponding outputs as listed below. Summarize the outputs for the participant and check off strategies/outputs as they are covered by the discussion.

yy. Ask specifically about what did not work and why in relation to each strategy and output.

zz. Ask specifically about whether the resource (financial, human, material) allocations for each strategy and output were sufficient, any gaps, and whether the allocated funds were spent effectively. Ask about the opinions the participant on the resources allocated vs. the results achieved.

aaa. Ask specifically about the participant's opinion on the sustainability of each of the outputs. What are the factors that affect the sustainability/non-sustainability of the strategy/output? Do you have any recommendations for interventions to enhance the sustainability of BRP results?

[Strategy 1] – Was the BRP successful in advocating for legal and policy reforms?

[output 1] – Was the programme successful in reviewing and harmonising birth registration related legal frameworks?

Relevance

[Senate Committee on CRVS]

73. Has UNICEF played a role in development of birth registration related legislation?

[ALGON]

74. How is policy made by LGA level governments?
    bbb. How independent are LGA governments from state level and federal level in terms of policy development.

    ccc. Has UNICEF played a role in supporting the development of LGA level policies related to birth registration?

[NIMC]

75. Would you say that UNICEF has had an impact on the development of birth registration related policies at any level of Nigeria?

Equity/HRBA

[ALGON]

76. In your view, what are the main ongoing challenges faced by vulnerable groups (poor from the lowest wealth quintiles, the illiterate, those living in rural communities, those living in isolated areas, those living in less developed regions, single mothers, ethnic minorities, disabled children and people living in conflict affected regions) in accessing birth registration services?
77. What do you think about other parents' perceptions of their preferences for registering their child's birth? Do all parents have different or equal preferences for their children's birth registration. If 'different preferences', please highlight the reasons of such differential preferences?
78. Are there any alternative strategies/actions that are not implemented, however, if implemented can effectively contribute in enhancing awareness level and access to BR services for poor, illiterate, remote areas and ethnic groups?

Closing Questions

79. What recommendations would you give to the NPopC, UNICEF or other stakeholders in order to improve the birth registration system?

INS – Thank the respondent for their time and emphasize that the interview has been useful.

80. Do you have any questions for us?

Key Informant Interview – Donors/ Sector Partners/ Private Sector

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with AAN Associates, Pakistan. These are my colleagues _____ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF, Country Office Nigeria, we are conducting an Evaluation. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Birth Registration Programme (BRP). We hope that you will allow us to interview you for this evaluation. In light of your organisation's/personal involvement with the BRP/birth registration, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help the NPopC to better plan and implement the Birth Registration Programme. This will also enable UNICEF to revisit your current strategies and future plans to support NPopC for improving and strengthening the birth registration service. The interview should take a couple of hours to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the Interview at this time?
May I begin the interview now?

Warm-Up Questions:

81. Could you describe your position and role within your organisation/involvement in the BRP?
    ddd. How long have you been with your organisation?
    eee. Are you personally involved in any activities related to the BRP/birth registration? What activities and for how long?

Opening/Warm-Up Questions

[World Bank]

82. Is the WB supporting birth registration in Nigeria?
    fff. in what key ways is the WB providing support?

INS – In the following question, provide a concise, enabling description if necessary.

83. Are you aware of UNICEF's BRP [describe the BRP if necessary]?

Impact

[Experts] [World Bank]

84. What do you think about the current situation around _____ in Nigeria?
    ggg. Do you think that birth registration has an impact on _____?
    hhh. Do you think that the situation around has changed over the past 2-7 years? How has it changed?

i. Child Marriage
ii. Female Genital Mutilation
iii. Child Trafficking
iv. School Enrolment Rates
v. Immunization Rates

INS – Ask for any related evidence in the form of documents or data.

[Media Organisations] [CSOs, I/NGOs]
INS – If it has been established that there were impacts as a result of BRP activities, ask the following question:

85. Did the media campaigns conducted on birth registration have any unintended impacts on targeted communities?
86. In your view does access to birth certificate reduces the risks/likelihood of early child marriages, FGM, child trafficking? Is there any evidence available that you could share with us demonstrating the impact of birth registration on these CP risks and issues? How has the BRP contributed to this?

Effectiveness/Sustainability

[World Bank] [Donors] [Experts]
INS – In the following questions, provide a concise, enabling description if necessary.

87. In your view, did the BRP target the right beneficiaries [describe if necessary]?
88. In your view, did the BRP work with the right stakeholders [describe if necessary]?

[CSOs, I/NGOs] [Media Organisations] [Timba Objects]
INS – Skip if already established and directly ask the SQ.

89. Has your organisation/agency engaged with UNICEF and/or the NPopC in relation to birth registration at any level?
    iii. What was the nature of the engagement with UNICEF and the NPopC?

INS – If the engagement was significant, ask the following Q:

90. How would you rate your engagement with UNICEF and/or the NPopC on birth registration in the following areas:
    i. The level/scope of the engagement
    ii. The coordination mechanisms deployed?
    iii. The responsiveness of NPopC?
    iv. The resources (financial, human, material) allocated by NPopC?
    v. The success of the engagement in producing the intended results?
    jjj. Do you think that the engagement should continue into the future? Should any changes be made?

[Media organisations] [CSOs or I/NGOs]

91. Did the activities that your organisation conducted together with UNICEF help vulnerable groups (poor from the lowest wealth quintiles, the illiterate, those living in rural communities, those living in isolated areas, those living in less developed regions, single mothers, ethnic minorities, disabled children and people living in conflict affected regions) better access birth registration services? How did the activities help?

[Experts - Kang]

92. Highlight one strategy at a time and discuss each of the following sub-questions.

INS – Inform the participant that we will be discussing the high-level strategies and the corresponding outputs as listed below. Summarize the outputs for the participant and check off strategies/outputs as they are covered by the discussion.

kkk. Ask specifically about what did not work and why in relation to each strategy and output.

lll. Ask specifically about whether the resource (financial, human, material) allocations for each strategy and output were sufficient, any gaps, and whether the allocated funds were spent effectively. Ask about the opinions the participant on the resources allocated vs. the results achieved.

mmm. Ask specifically about whether the allocated resources (financial, human material) were efficiently used to produce results. Is the participant aware of any alternative approaches that may have been more efficient?

nnn. Ask specifically about the participant's opinion on the sustainability of each of the outputs. What are the factors that affect the sustainability/non-sustainability of the

strategy/output? Do you have any recommendations for interventions to enhance the sustainability of BRP results?

[Strategy 1] – Was the BRP successful in advocating for legal and policy reforms?
[output 1] – Was the programme successful in reviewing and harmonising birth registration related legal frameworks?
[output 2] – Was the programme successful in supporting the formulation and approval of policies for the integration of BR services into health and education services at the federal level?
[output 3] – Was the programme successful in supporting the signing of MoUs between the NPopC and the education and health ministries at the state levels for the integration of birth registration services?

[Strategy 2] – Was the BRP successful in building and supporting partnerships for expanded coverage of the birth registration system.
[output 4] – Was the programme successful in assisting in the development and implementation of state level roll-out plans for the health and education ministries?
[output 5] – Was the programme successful in training primary healthcare and education staff in the provision of birth registration services?
[output 6] – Was the programme successful in ensuring that primary healthcare and education staff were provided with sufficient and timely supplies of birth registration materials (forms, certificates, registers etc.)

[Strategy 3] – Was the BRP successful in introducing innovative technology to promote monitoring, reporting, accountability and/or capacity development?
[output 7] – Was the programme successful in piloting and scaling-up innovative technologies (RapidSMS, CRVS dashboard etc,) for data transmission and progress monitoring?
[output 8] – Was the programme successful in supplying equipment and materials to ensure continued operation of NPopC systems?
[output 9] Was the programme successful in ensuring that NPopC service delivery points are sufficiently staffed with an improved workforce?
[output 10] – Was the programme successful in supporting the development of a Civil Registration Strategic plan and in funding services?

[Strategy 4] – Was the BRP successful in its efforts to alter behaviour through IEC/BCC campaigns?
[output 11] – Was the programme successful in planning and implementing IEC/BCC campaigns to raise awareness and demand for birth registration services amongst parents and caregivers?
[output 12] – Was the programme successful in making alliances with media organisations to leverage outreach for increased awareness and demand?
[output 13] – Was the programme successful in engaging religious and social leaders to raise awareness and demand?

[CSOs or I/NGOs] [Media Organisations]

93. Was the campaign completed successfully as agreed in the MoU with UNICEF? If no, elaborate on the elements of the campaign that were not successfully applied.
    ooo. Do you feel that the campaign had the intended impact on the knowledge, attitudes and behaviour of communities in the target area?

    ppp. In the event that a similar campaign is planned for the future, are there any changes that you would recommend?

[Timba Objects]

94. Were all deliverables of the contract with UNICEF for the adaption of the RapidSMS system completed successfully?
    qqq. Are there any lingering issues (major bugs, missing design features etc.) with the software that remain unaddressed?

    rrr. What further improvements to the RapidSMS system would you suggest?

Efficiency

[CSOs or I/NGOs] [Media Organisations]

95. Were the resources (financial, human, material) allocated by UNICEF for the media campaigns sufficient to implement the campaigns fully?

INS – If not sufficient, ask the following:

sss. In what way did the shortfall in resources (financial, human, material) affect the implementation of the media campaign?

ttt. What measures were taken to address the shortfall?

INS – Ask the following regardless of whether there was a shortfall:

uuu. Were the assigned resources fully utilized or were there funds left over?

[Donors]

96. Can you confirm that funding was allocated to the BRP (UNICEF support for birth registration in Nigeria) 2012-2016?

INS – If funding was allocated, ask the following:

vvv. Could you tell us the amount allocated and the scope of the work/outputs/results expected?

www. Were the expected outputs/results achieved as a result of the funding?

xxx. Could you provide us with the documents/data/evidence available in relation to the BRP?

Relevance

[World Bank]

97. Would you say that UNICEF has had an impact on birth registration related policy development at any level of Nigeria?

Equity/HRBA

[Expert - Kang]

98. What potential HRBA (covering both national and international obligations on human rights) concerns exist around birth registration?

yyy. What steps were taken to integrate HRBA principles into the BRP? Did the NPopC and UNICEF discuss HRBA concerns jointly at any point?

zzz. What were the challenges, if any, in integrating HRBA principles into the BRP?

aaaa. Is there room for improvement in the way in which the programme adhered to HRBA principles?

[Expert - Other] [World Bank]

99. What potential HRBA (covering both national and international obligations on human rights) concerns exist around birth registration?

INS – Note, "vulnerable groups" refers to the following: the poor from the lowest wealth quintiles, the illiterate, those living in rural communities, single mothers, ethnic groups, disabled children and people living in conflict affected regions.

[CSOs and I/NGOs] [Media Organisations]

100. Do you think that UNICEF's support to the birth registration system helped vulnerable groups gain better access to birth registration services?

[Experts] [CSOs and I/NGOs] [World Bank] [Media Organisations]

101. In your view, what are the main ongoing challenges faced by vulnerable groups in accessing birth registration services?

Closing Questions

102. What recommendations would you give to the NPopC, UNICEF or other stakeholders in order to improve the birth registration system?

INS – Thank the respondent for their time and emphasize that the interview has been useful.

103. Do you have any questions for us?

REVISED/ADDITIONAL GUIDE FOR KEY INFORMANT INTERVIEWS

While undertaking the KIIs, the evaluators amended the detailed version of tools to prepare a shorter version of the KII tools. These tools were used during interviews/meetings where relatively a short time was available.

Dept. Of Family Health (SMOH), State Basic Education Centre (SUBEC), State ALGON, and Media Entities

Possible Respondents:
SMOH *– Staff at Department of Family Health who deal with birth registration during MNCH Campaigns, Immunisation Campaigns, and Planning of PHC Services.*
SMOE *– Staff of SUBEC – in particular person responsible for planning and coordination of birth registration during enrolment period in primay schools (often between August to mid-September).*
State ALGON: *ALGON representative for the State who oversees the coordination between NPopC and ALGON and ALGON lead birth registration (in fact certificate of origin) services.*
Media Representative: *Someone who has been directly involved in birth registration campaigns sponsored by UNICEF, which include Kaduna, Bauchi, Adamawa, Kebbi. The person most likely be someone from State/National Radio.*

Interview Guide for SMOH, SMOE/SUBEC, ALGON, and Media (adapt questions according to the respondents).

Guidance: *Ask for and take note of details such as name, title, phone number and email of the Govt. Official is noted as respondent and/or participant of the group interview; Open discussion by asking the respondent/s' children and how many are registered and with which agency like Health, LG, NPopC, Church and others.*
When meeting with health and NPopC staff, make sure you also get some necessary data such as no. of total LGAs, Wards; and the total number of Health Facilities (both PHCs and health clinics and the general hospital etc, and record the facts as shared by the respondent)

1. Please share with us the role (direct or indirect) of your organisation (SOME, SMOH, others) in birth registration? If yes, probe further by asking how and when their organisation/agency got involved in birth registration, ask for specifics like what is their role and responsibilities and what of NPopC?
2. Has this relationship with NPopC been formalised, enquire if there are any agreements and/or MOUs signed and when? Probe further by asking questions about how this partnership was formalised and as per MOU/agreement (or even practice) who does what and how? (NPopC and SMOE/SMOH/SALGON? (and if no MOU/Agreement exist, then ask for any specific reason/s of not formulizing the relationship)
3. Has collaboration (formal/informal – with/without MoU) of your organization (SMOH/SMOE/SALGON) with NPopC helped in improving the birth registration services, if yes, please explain how?
4. How is this partnership benefitting your own organisation (in planning, data management, etc.)? And how is it helping the NPopC?
5. Does your organisation (SMOE, SMOH, SALGON) uses the NPopC or CRVS data for planning of health/education services? If yes, how do you get access to NPopC data and if not what population data you use for planning of services and resources allocations?
6. What are the most significant challenges working together with NPopC for birth registration, please share how these challenges can be addressed (recommendations top 5)?
7. In this LGU/area, are there still parents who have not registered their child birth? Why do you think parents don't register child birth? Ask to list all the key reasons for not registering children (in case they find it difficult to articulate, then share the following to take the discussion forward)? In the end, ask them to rank 5 most common/important reasons for not registering children?

Instructions: Use the following as cue to let the discussion move forward.

1. Staff is not available at facilities
2. Long distance to cover to get to birth registration facilities
3. Fees for birth registration is high
4. No transport is available
5. Transport costs are high (unaffordable)
6. Parents are busy
7. Parents do not have knowledge about advantages of birth registration for children
8. Parents don't know about the birth registration procedure/requirements
9. Parents don't know about the agency responsible for birth registration
10. Parents don't know about the location of the office of relevant public agency
11. Others (Please specify): _____

8. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?

9. How your organization can help in enlightening (awareness raising) the communities/parents on the need and benefits of the BR? Are there any specific examples of the MOST SUCCESSFUL awareness raising campaigns on any topic/issue by any govt. department? If yes, what are those campaigns, how and why they proved more successful than others?

10. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

11. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, training, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

12. Please suggest what should be the priorities for UNICEF to assist NPopC in next 3-5 years to achieve the target of Universal Child Birth Registration by 2030?

KII DISCUSSION GUIDE – NPopC

Participants must include all the following departments:

- HOD CRVS
- Database Administrator/Officer
- Super Monitor /team in charge monitoring the Database
- HOD - Public Relation/Awareness Departments in charge of communication

Questions

1. Please share with us the assistance UNICEF Nigeria provided to NPopC particualry to your State from 2012 to 2017? Probe further given need about the following
    a. Training of NPopC staff, teachers, health workers, and others (ask for details like when, how many, in which areas/skills)
    b. Supplies of birth certificates, forms, and registers (ask for what, when, how many etc)
    c. Furniture and equipment like desktops, motorbikes etc.
    d. Signing of MOUs with Health, Education and others at State level.
    e. Mopup exercises like MNCH weeks, immunization campaigns, school enrolment campaigns, etc.
    f. Public education and awareness campaigns
    g. Others (not listed above)

2. Enquire, what of the above-mentioned assistance/strategies worked well? Probe further by asking each one of the above and then enquire (ask for evidences and examples) why do they think it worked well?
3. Enquire, what of the above-mentioned assistance/strategies did not work well? Probe further by asking why and ask for examples and evidences enquire why do they do they think it worked well?
4. What are the continuous/existing challenges they face in their work? How do they think these could be addressed (enquire about issues and their solutions)? While lising solutions, please enquire who should take action on those and how?
1. What were the birth registration targets and priorities for NPopC (at Federal and State level) in 2012? Probe further such as digitization of birth registration process, increase in number of registrars, community education, etc? How you think UNIEF assistance helped established those targets and implementing those strategies? Did targets and strategies change with UNICEF involvement like Rapid SMS, MOUs with Education and health, etc.
2. What should UNICEF future assistance (say next 4 years) focus to realize the vision of Universal Birth r Registration in Nigeria? Probe further on each of the recommendation like why should it be done and how would it benefit?
3. Are there any other organizations (public like education, health, ALGON) that help with birth registration in the State? If yes, has NPopC formalised the relationship by signing any agreement and/or MOUs and when? Probe further by asking as as per MOU/agreement (or even practice if no formal relationship) <u>who does what and how?</u> (NPopC and SMOE/SMOH/SALGON?
4. Has collaboration (formal/informal – with/without MoU) between NPopC and State FMoH/FMoE/ALGON, helped in improving the birth registration services, if yes, please explain how? How is this partnership benefitting NPopC and State State FMoH/FMoE/ALGON? Probe where further probing is required?
5. Do State FMoH/FMoE/ALGON, use (or ask for) the NPopC or CRVS data for planning of health/education services? If yes, how do they request and access the NPopC/CRVS data and for what use (share examples and evidences)?
6. Do you face any challenges working together with State FMoH/FMoE/ALGON for birth registration? Please share how these challenges can be addressed (recommendations top 5)?
7. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?
8. How does NPopC (Public Affairs Department) do to enlighten or raise awareness of communities/parents on the need and benefits of the birth registration? Are there any specific

examples of the MOST SUCCESSFUL awareness raising campaigns/strategies that worked in your State? If yes, what are those campaigns, how and why they proved more successful than others?

9. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

10. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, training, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

Appendix 10: List of People Met During KIIs

State	Organization / Dept.	Name	Position
Lagos	NPopC	Mr Lawal	Acting Head of CRVS & Database Specialist
Lagos	NPopC	Mr Sadiku	Supermonitor
Lagos	NPopC	Mr Atobasire	HOU census/CSB admin
Lagos	NPopC	Mrs Lawal	Acting Head of Community education team
Lagos	SOME/SUBEB	Mrs AB Dosumu	Director Social and Mobilization SUBEB
Lagos	SOME/SUBEB	Mrs Ojuri	UNICEF Desk Officer
Lagos	Timba objects	Greg Emuze	Dash board Operator
Lagos	Timba objects	Dipo Odumosu	Software Developer
Kaduna	NPopC	Umaru Adamu	Head of CRVS & Database Specialist
Kaduna	NPopC	Hamza Mohammed	Monitoring team (group interview) who manages RapidSMS system at state level;
Kaduna	NPopC	Sanni Shanuna	Head of community education team
Kaduna	SMoH / NPHCDA	Hamza Ibrahim	State Director Primary Healthcare Department
Kaduna	SMoH / NPHCDA	Usman .K.Binawa	State Rep responsible for planning of child immunisation and other services and responsible for coordination with NPopC
Kaduna	SMOE	Esther Jibji	Officials who were involved in the MoU process with the NPopC
Kaduna	SMOE	Aminu Ibrahim	Relevant department head at the state level
Kaduna	Media	Buhari Auwalu	Media agencies/rep involved in campaigning
Kaduna	ALGON	Mohammed Aliyu	Head/Chairman or Director of the Local Government Council responsible for Birth Registration system at LGA level
Kebbi	NPopC	Lawal Aliyu Kangiwa	Head of CRVS & Database Specialist
Kebbi	NPopC	Dandare Bunza	HOD Admin (super monitor/team in charge of monitoring the data)
Kebbi	NPopC	Umar Muhammad Argungu	HOD Public Awareness Dept.
Kebbi	SMOE	Hajiya Fatima Abubakar Udulu	Director Planning Research and Statistics SUBEB Kebbi State
Kebbi	SMoH / NPHCDA	Muhammed Abdullahi Bubuchi	Deputy Director Primary Health Care Department
Kebbi	SMOE	Muhammed Sambo Bunza	Deputy Director Social Mobilization
Kebbi	Media	Zaliyatu Suru Umaru	Community Duty Announcer
Kebbi	ALGON	Alhaji Umar Jegga	Deputy Director, Primary Health Centre (Ministry of Local Government
Abia	NPopC	Mr Ehiemere David	Head of CRVS & Database Specialist
Abia	NPopC	Joyce Ukadinma	HOD VRD
Abia	NPopC	Njoku Akudo	Monitoring team (group interview) who manages RapidSMS system at state level
Abia	SMoH / NPHCDA	Okoh Victor	HOD PHCS Monitoring and Evaluation Department
Abia	SMoH / NPHCDA	Emeka Sopuruchi	Programmes Department officer
Abia	SMOE	Mr. Josiah .o Anomuba	Director Research and Planning Research and Statistics/ community education team
Abia	Media	Mmadukwe Chimobi Daniel	Media rep

Appendix 11: Evaluation Tools – Focus Group Discussion Guide

This Appendix presents discussion guides[138] which were used during focus group discussions. Following key guides are covered in this appendix.

Guide Questions for Focus Group Discussion with;

1. **Birth Registrars**
2. **Parents/Caregivers**
3. **Community Leaders/Elders**
4. **Auxiliary Registrars**

Focus Group Discussion with Birth Registrars + Dy Birth Controller (NPopC)

Good Morning/Afternoon/Evening and welcome to this conversation/discussion session today. My name is _____ and these are my colleagues _____, (the moderator to introduce other members and their role in the conversation). We on behalf of AAN Associates (Pakistan)/Practical Sampling International (Nigeria) are collecting data for an ongoing evaluation of UNICEF/NPopC 'Birth Registration Programme (2012-16)'. The programme was implemented to improve the birth registration services across Nigeria and educate communities about the significance of birth registration in order to encourage them to register child births.

Your participation and views are very important as front line staff of NPopC responsible for birth registration and NPopC as key partner to this Programme. It is important to learn from you how you feel the services and knowledge of communities have improved because of this partnership. We will ask few questions to seek your views around areas where services have improved, and their direct/indirect impact on children and families. Please share your experiences, reflections and suggestions freely. We would very much appreciate your active participation and honest feedback, to include this into the evaluation to enable both NPopC and UNICEF to help them plan better for the future. These views and suggestions will be kept confidential and would only be used for the evaluation of IEBR.

Please bear in mind that there are no right or wrong answers, but differing points of view. So, express yourself freely during the discussion. Everyone will get a chance to speak, so please listen patiently to everyone. Your participation for this group discussion is voluntary. You can chosee to leave the discussion at any time. We hope that you will participate in this process, as your inputs and suggestions can help NPopC improve their services.

If you may allow us to record (audio) this conversation, as this would enable to capture this fully and use this for transcription. This is to reiterate that the information shall be used for evaluation only and kept anonymous while reporting. The group discussion will take 90 minutes or slightly more to complete.

Do you have any questions about the evaluation or the group discussion at this time?
May we begin the group discussion now?

Note/Instructions: The Moderator is to adapt questions based on the types of the participants, total number of participants and anticipated level of understanding about the programme or the topic under discussion. The Moderator will ensure;

- **Equal opportunity is given to each participant for sharing his/her opinion.**
- **The respondents must include only the LGA based 'Birth Registrars' and 'Dy. Controller Birth' and any 'Adhoc Registrars'.**

[138] Revised during field and shared with UNICEF

- **Views of each participant are listened to and given due respect while maintaining the dignity of each member participating in the discussion regardless of differences of opinion**
- **Group discussion is held in a secure and safe place in a pleasant/comfortable environment.**

Date		Commune/Village	
State		Rural/Urban	
LGA			

FGD Moderator Name:
FGD Note Taker Name:
FGD Observer Name:
Others (if needed):

(Note: Fill in the details in advance to the extent possible).

Participant Details:

Sr. No	**Name**	**Position and Number of Years' Experience**

Note: Start the conversation by asking participants about their children, their birth registration and when/how was it done. Ask them about their role, education, number of years' experience, and any recent training events to help ease the environment and enable them to open up.

QUESTIONS:

[Effectiveness]

1. How many parents in your community may know about the agency (with primary birth registration responsible) and its staff, legal requirement (the law about mandatory birth registration), location (of their office), fees (involved in birth registration) benefits (for children and parents) and procedure (including requirements) for birth registration?

Response: _____

2.

Moderators'/Facilitators' Assessment:

(Instructions: Each moderator/facilitator must add few lines about their own assessment of the response such as key findings, analysis and conclusion).

2. In your view, where do people/parents get information about where to and how to register child birth? Probe further by asking which sources do they get information from e.g. NPopC/birth registrars, neighbours, traditional and/or religious leaders, staff at nearest health/education centres, media etc.? What are the most preferred and reliable sources of information for your community and why (radio, local leaders, friend, health unity staff etc)?

Response (transcription/short notes): _____

Moderators'/Facilitators' Assessment:

3. Please share with us what does NPopC do to educate parents/communities to raise awareness (of significance of birth registration, agency responsible, procedures and benefits) on regular basis? Has there been any campaigns (to educate communities) run in last 5 years, if yes, tell us more about the campaign contents, partners, messages, mediums, and how successful were those? What else may need to be done to improve community/parents' awareness and how? Probe further if increased knowledge of parents have had impact on demand and service utilisation (by parents), if yes, please do share your views/evidences?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness]

4. Do you think in the past few years more parents have started registering child birth? If yes/no, ask for reasons for this increase/no increase? Probe further by asking specifically if it is due to increase in knowledge of significance/advantages of birth registration, procedures of birth registration, increased number of service delivery points (because of involvement of health and education), and ask them to rank 5 Top reasons (for increase or no increase)?

Response: _____

Moderators'/Facilitators' Assessment:

5. In this LGU/area, are there still parents who have not registered their child birth? Why do you think parents don't register child birth? Ask to list all the key reasons for not registering children (in case they find it difficult to articulate, then share the following to take the discussion forward)? In the end, ask them to rank 5 most common/important reasons for not registering children?
   Instructions: Use the following as cue to let the discussion move forward.
   12. Staff is not available at facilities
   13. Long distance to cover to get to birth registration facilities
   14. Fees for birth registration is high
   15. No transport is available
   16. Transport costs are high (unaffordable)
   17. Parents are busy
   18. Parents do not have knowledge about advantages of birth registration for children
   19. Parents don't know about the birth registration procedure/requirements
   20. Parents don't know about the agency responsible for birth registration
   21. Parents don't know about the location of the office of relevant public agency
   22. Others (Please specify): _____

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Equity/HRBA]

6. In your view, if and how do the following conditions of parents/family affect the likelihood of birth registration of children:
   1. Poor parents
   2. Illiterate parents
   3. Parents from ethnic minorities
   4. Religion of parents
   5. Single mothers

6. Rural parents
7. Parents in conflict affected areas
8. Co-habiting parents
9. Others (please specify)

Instructions: Probe and ask for more specific information as to how the above conditions affect the likelihood of child's birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness, Equity, Relevance]

7. In your view, if parents have any preferences for registering boy/girl child birth? If yes, please share why is that so (or reasons for particular preferences)?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness]

8. In this LGA, are health centres/school head teachers involved in birth registration? If yes, please explain when and how they got involved? Please share if and how has their involvement improved the demand and delivery of birth registration services (including their core services like health and education)? Probe further if there are any challenges working with health centres/school head teachers and what needs to be done to address those?

Response: _____

Moderators'/Facilitators' Assessment:

9. Are traditional and religious leaders in your community involved in raising community awareness about birth registration? If yes, probe further by asking when and how they got involved and benefits/results of their involvement? How their role and influence could be used more for birth registration (please share 3-4 recommendations)?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Efficiency, Sustainability, Equity/HRBA]

10. Are you aware of UNICEF supported 'Birth Registration Programme 2012-16 (please take note of how many of the total are aware of this)? If yes, what support has UNICEF provided (in case are unable to articulate give them cue as legislative and policy changes, training, equipment and materials, Rapid SMS, Dashboard, community awareness campaigns) and how has it helped in their work? Which support from UNICEF has remained most effective and why (probe further by asking each one of the elements of UNICEF support)? What areas do you feel UNICEF should extend assistance in future, why (you think it is important) and how should it be delivered?

Response: _____

Moderators'/Facilitators' Assessment:

11. Do you know about any other local/international NGOs working with NPopC and communities for increase in birth registration? If 'Yes', please share with us the organisation/s' name and work and how is that helping with birth registration services?

Response: _____

Moderators'/Facilitators' Assessment:

12. What are the key challenges that hinder your work, please explain? Please rank the top 5 key challenges that affect your work? Please share your thoughts on what should/could be done to address these and how it may facilitate your work?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact]

13. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?

Response: _____

Moderators'/Facilitators' Assessment:

14. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

Response: _____

Moderators'/Facilitators' Assessment:

15. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, trainng, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

Response: _____

Moderators'/Facilitators' Assessment:

Guide Questions for Focus Group Discussion - Parents

Good Morning/Afternoon/Evening and welcome to this conversation/discussion session today. My name is _____ and these are my colleagues _____, (the moderator to introduce other members and their role in the conversation). We on behalf of AAN Associates (Pakistan)/Practical Sampling International (Nigeria) are collecting data for an ongoing evaluation of UNICEF/NPopC 'Birth Registration Programme (2012-16)'. The programme was implemented to improve the birth registration services across Nigeria and educate communities about the significance of birth registration in order to encourage them to register child births.

Your participation as Parents is essential to understand how the services and knowledge of its benefits has improved. We will ask few questions to seek your views and may ask you to share your experiences and suggestions. We would very much appreciate your active participation and honest feedback to pass on to NPopC and UNICEF, to help them plan better for the future. These views and suggestions will be kept confidential and would only be used for the evaluation of IEBR.

Please bear in mind that there are no right or wrong answers, but differing points of view. So, express yourself freely during the discussion. Everyone will get a chance to speak, so please listen patiently to everyone. Your participation for this group discussion is voluntary. You can also chose to leave the discussion at any time. We hope that you will participate in this process, as your inputs and suggestions can help NPopC improve their services.

If you may allow us to record (audio) this conversation, this would enable to capture this fully and use this for transcription. This is to reiterate that the information shall be used for evaluation only and kept anonymous while reporting. The group discussion will take 90 minutes or slightly more to complete.

Do you have any questions about the evaluation or the group discussion at this time?
May we begin the group discussion now?

Note/Instructions: The Moderator is to adapt questions based on the types of the participants, total number of participants and anticipated level of understanding about the programme or the topic under discussion. The Moderator will ensure:

- **The respondents' may include only the parents (with preferably under 5 year child), and don't include both parents in one group. Where required, separate FGDs may be undertaken.**
- **Equal opportunity is given to each participant for sharing his/her opinion.**
- **Views of each participant are listened to and given due respect, while maintaining the dignity of each member participating in the discussion, regardless of differences of opinion.**
- **Group discussion is held in a secure and safe place in a pleasant/comfortable environment.**

Date		Commune/Village	
State		Rural/Urban	
LGA			

FGD Moderator Name:
FGD Note Taker Name:
FGD Observer Name:
Others (if needed):

Parents Participant Details:

Sr. No	**Name**	**Mother/Father**	**Profile: Age, Number and Ages of Children, Number of Children with Registered Birth**

Note: The moderators are advised to open up the discussion with points such as where and which classes the children are studying, nick names, food preferences, etc to build rapport and make parents at ease.

QUESTIONS:

[Relevance]

1. As parents, what are 5 most priority (besides food, clothing and roof/home) needs that you may want to provide for your children? Where required, guide them with issues such as education, immunisation, etc.

Response: _____

Moderators'/Facilitators' Assessment:

(Instructions: Each moderator/facilitator must add few lines about their own assessment of the response such as key findings, analysis and conclusion).

[Effectiveness]

2. How many parents in your community may know about the agency (with primary birth registration responsible) and its staff, legal requirement (the law about mandatory birth registration), location (of their office), fees (involved in birth registration) benefits (for children and parents) and procedure (including requirements) for birth registration?

Response: _____

3.

Moderators'/Facilitators' Assessment:

3. Do parents generally know that birth registration is 'Right' of every child and there is a law that makes it 'compulsory' to register child birth (enquire how many parents do know this in the community)? Probe more and enquire about the participants knowledge and record below?

4.

Response: _____

5.

Moderators'/Facilitators' Assessment:

6.

Participant Sr#	Awareness on Right of BR (Yes)	9. Awareness of national BR Compulsory Law (Yes)	Views about other parents [All, most, some, few]
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

4. In your view, where do people/parents get information about where to and how to register child birth? Probe further by asking which sources do parents get information from e.g. NPopC/birth registrars, neighbours, traditional and/or religious leaders, staff at nearest health/education centres, media etc.? What are the most preferred and reliable sources of information for the parents in your community and why (radio, local leaders, friend, health unity staff etc)?

Response: _____

Moderators'/Facilitators' Assessment:

5. Has there been any campaigns (to educate communities about birth registration) run in last 5 years, if yes, tell us more about the campaign contents/messages, mediums, and how successful were those (do you feel more convinced and why)? What else may need to be done to improve community/parents' awareness and how? Probe further if increased knowledge of parents have had impact on demand and service utilisation (by parents), if yes, please do share your views/evidences?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness]

6. Do you think in the past few years more parents have started registering child birth? If yes/no, ask for reasons for this increase/no increase? Probe further by asking specifically if it is due to increase in knowledge of significance/advantages of birth registration, procedures of birth registration, increased number of service delivery points (because of involvement of health and education), and ask them to rank 5 Top reasons (for increase or no increase)?

Response: _____

Moderators'/Facilitators' Assessment:

7. In your community are there still parents who have not registered their child birth? Why do you think parents don't register child birth? Ask to list all the key reasons for not registering children (in case they find it difficult to articulate, then share the following to take the discussion forward)? In the end, ask them to rank 5 most common/important reasons for not registering children?

   Instructions: Use the following as cue to let the discussion move forward.
   1. Staff is not available at facilities
   2. Long distance to cover to get to birth registration facilities
   3. Fees for birth registration is high
   4. No transport is available
   5. Transport costs are high (unaffordable)
   6. Parents are busy
   7. Parents do not have knowledge about advantages of birth registration for children
   8. Parents don't know about the birth registration procedure/requirements
   9. Parents don't know about the agency responsible for birth registration
   10. Parents don't know about the location of the office of relevant public agency
   11. Others (Please specify): _____

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Equity/HRBA]

8. In your view, if and how do the following conditions of parents/family affect the likelihood of birth registration of children:

52.

10. Poor parents
11. Illiterate parents
12. Parents from ethnic minorities
13. Religion of parents
14. Single mothers
15. Rural parents
16. Parents in conflict affected areas
17. Co-habiting parents
18. Others (please specify)

Instructions: Probe and ask for more specific information as to how the above conditions affect the likelihood of child's birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness, Equity, Relevance]

9. In your view, if parents have any preferences for registering boy/girl child birth? If yes, please share why is that so (or reasons for particular preferences)?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness]

10. In your community, are health centres/school head teachers involved in birth registration? If yes, please explain when and how they got involved? Please share if and how has their involvement improved the delivery and demand of birth registration services (including their core services like health and education)?

Response: _____

Moderators'/Facilitators' Assessment:

11. Are traditional and religious leaders in your community involved in raising community awareness about birth registration? If yes, probe further by asking when and how they got involved and benefits/results of their involvement? How their role and influence could be used more for birth registration (please share 3-4 recommendations)?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Efficiency, Sustainability, Equity/HRBA]

12. Are you aware of UNICEF supported 'Birth Registration Programme 2012-16 (please take note of how many of the total are aware of this - if they don't know move to the next questions)? If yes, what support has UNICEF provided to NPopC e.g. in case are unable to articulate give them cue as legislative and policy changes, training, equipment and materials, Rapid SMS, Dashboard, community awareness campaigns) and how has it helped in increasing birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

13. Do you know about any other local/international NGOs working with NPopC and communities for increase in birth registration? If 'Yes', please share with us the organisation/s' name and work and how is that helping with birth registration services?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact]

14. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?

Response: _____

Moderators'/Facilitators' Assessment:

15. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

Response: _____

Moderators'/Facilitators' Assessment:

16. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, training, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

Response: _____

Moderators'/Facilitators' Assessment:

Focus Group Discussion Traditional/Religious Leaders

Good Morning/Afternoon/Evening and welcome to this conversation/discussion session today. My name is _____ and these are my colleagues _____, (the moderator to introduce other members and their role in the conversation).
We on behalf of AAN Associates (Pakistan)/Practical Sampling International (Nigeria) are collecting data for an ongoing evaluation of UNICEF/NPopC 'Birth Registration Programme (2012-16)'. The programme was implemented to improve the birth registration services across Nigeria and educate communities about the significance of birth registration in order to encourage them to register child births.

Your participation as Traditional/Religious Leaders is essential to understand how the services and knowledge of its benefits has improved. Also, the role of leaders as opinion makers to influence parents to register child birth. We would very much appreciate your active participation and honest feedback to pass on to NPopC and UNICEF, to help them plan better for the future. These views and suggestions will be kept confidential and would only be used for the evaluation of IEBR.

Please bear in mind that there are no right or wrong answers, but differing points of view. So, express yourself freely during the discussion. Everyone will get a chance to speak, so please listen patiently to everyone. Your participation for this group discussion is voluntary. You can also chose to leave the discussion at any time. We hope that you will participate in this process, as your inputs and suggestions can help NPopC improve their services.

If you may allow us to record (audio) this conversation, this would enable to capture this fully and use this for transcription. This is to reiterate that the information shall be used for evaluation only and kept anonymous while reporting. The group discussion will take 90 minutes or slightly more to complete.

Do you have any questions about the evaluation or the group discussion at this time?
May we begin the group discussion now?

Note/Instructions: The Moderator is to adapt questions based on the types of the participants, total number of participants and anticipated level of understanding about the programme or the topic under discussion. The Moderator will ensure:

- **Equal opportunity is given to each participant for sharing his/her opinion.**
- **This group must bring together the traditional and religious leaders (of the community/neighbourhood) such as local Chief, Elders, Pastor, Masjid Imam and others.**
- **Views of each participant are listened to and given due respect, while maintaining the dignity of each member participating in the discussion, regardless of differences of opinion.**
- **Group discussion is held in a secure and safe place in a pleasant/comfortable environment.**

Date		Commune/Village	
State		Rural/Urban	
LGA			

FGD Moderator Name:
FGD Note Taker Name:
FGD Observer Name:
Others (if needed):

Traditional and/or Religious Leaders Details:

Sr. No	**Name**	**Profile/Position of the Leader**	**Children Profile: Age, Number and Ages of Children, Number of**

			Children with Registered Birth

QUESTIONS:

[Relevance]

1. What are 5 most priority (besides food, clothing and roof/home) needs that parents in your community may want to provide for the children? Where required, guide them with issues such as education, immunisation, etc.

Response: _____

Moderators'/Facilitators' Assessment:

(Instructions: Each moderator/facilitator must add few lines about their own assessment of the response such as key findings, analysis and conclusion).

[Effectiveness]

2. How many parents in the community may know about the agency (with primary birth registration responsible) and its staff, legal requirement (the law about mandatory birth registration), location (of their office), fees (involved in birth registration) benefits (for children and parents) and procedure (including requirements) for birth registration?

Response: _____

53.

Moderators'/Facilitators' Assessment:

3. In your view, where do people/parents get information about where to and how to register child birth? Probe further by asking which sources do parents get information from e.g. NPopC/birth registrars, neighbours, traditional and/or religious leaders, staff at nearest health/education centres, media etc.? What are the most preferred and reliable sources of information for the parents in your community and why (radio, local leaders, friend, health unity staff etc)?

Response: _____

Moderators'/Facilitators' Assessment:

4. Has there been any campaigns (to educate communities about birth registration) run in last 5 years, if yes, tell us more about the campaign contents/messages, mediums, and how successful were those (do you feel more convinced and why)? What else may need to be done to improve community/parents' awareness and how? Probe further if increased

knowledge of parents have had impact on demand and service utilisation (by parents), if yes, please do share your views/evidences?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness]

5. Do you think in the past few years more parents have started registering child birth? If yes/no, ask for reasons for this increase/no increase? Probe further by asking specifically if it is due to increase in knowledge of significance/advantages of birth registration, procedures of birth registration, increased number of service delivery points (because of involvement of health and education), and ask them to rank 5 Top reasons (for increase or no increase)?

Response: _____

Moderators'/Facilitators' Assessment:

6. In your community are there still parents who have not registered their child birth? Why do you think parents don't register child birth? Ask to list all the key reasons for not registering children (in case they find it difficult to articulate, then share the following to take the discussion forward)? In the end, ask them to rank 5 most common/important reasons for not registering children?

   Instructions: Use the following as cue to let the discussion move forward.
   1. Staff is not available at facilities
   2. Long distance to cover to get to birth registration facilities
   3. Fees for birth registration is high
   4. No transport is available
   5. Transport costs are high (unaffordable)
   6. Parents are busy
   7. Parents do not have knowledge about advantages of birth registration for children
   8. Parents don't know about the birth registration procedure/requirements
   9. Parents don't know about the agency responsible for birth registration
   10. Parents don't know about the location of the office of relevant public agency
   11. Others (Please specify): _____

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Equity/HRBA]

7. In your view, if and how do the following conditions of parents/family affect the likelihood of birth registration of children:

54.
   1. Poor parents
   2. Illiterate parents
   3. Parents from ethnic minorities
   4. Religion of parents
   5. Single mothers
   6. Rural parents
   7. Parents in conflict affected areas
   8. Co-habiting parents
   9. Others (please specify)

Instructions: Probe and ask for more specific information as to how the above conditions affect the likelihood of child's birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness, Equity, Relevance]

8. In your view, if parents have any preferences for registering boy/girl child birth? If yes, please share why is that so (or reasons for particular preferences)?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness]

9. In your community, are health centres/school head teachers involved in birth registration? If yes, please explain when and how they got involved? Please share if and how has their involvement improved the delivery and demand of birth registration services (including their core services like health and education)?

Response: _____

Moderators'/Facilitators' Assessment:

10. Are you as traditional and religious leaders (and opinion makers) in the community involved in raising community awareness about birth registration? If yes, probe further by asking when and how they got involved and benefits/results of their involvement? How their role and influence could be used more for birth registration (please share 3-4 recommendations)?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Efficiency, Sustainability, Equity/HRBA]

11. Are you aware of UNICEF supported 'Birth Registration Programme 2012-16 (please take note of how many of the total are aware of this – if they don't know move to the next questions)? If yes, what support has UNICEF provided to NPopC e.g. in case are unable to articulate give them cue as legislative and policy changes, training, equipment and materials, Rapid SMS, Dashboard, community awareness campaigns) and how has it helped in increasing birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact]

12. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female

genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?

Response: _____

Moderators'/Facilitators' Assessment:

13. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

Response: _____

Moderators'/Facilitators' Assessment:

14. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, training, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

Response: _____

Moderators'/Facilitators' Assessment:

Focus Group Discussion - Auxiliary Registrars (Health Workers & Head Teachers – Optional)

Good Morning/Afternoon/Evening and welcome to this conversation/discussion session today. My name is _____ and these are my colleagues _____, (the moderator to introduce other members and their role in the conversation).
We on behalf of AAN Associates (Pakistan)/Practical Sampling International (Nigeria) are collecting data for an ongoing evaluation of UNICEF/NPopC 'Birth Registration Programme (2012-16)'. The programme was implemented to improve the birth registration services across Nigeria and educate communities about the significance of birth registration in order to encourage them to register child births.

Your participation as Auxiliary Birth Registrars is essential to understand how the services and knowledge of its benefits has improved. Also, the role of health centres and schools (head teachers) in birth registration. We would very much appreciate your active participation and honest feedback to pass on to NPopC and UNICEF, to help them plan better for the future. These views and suggestions will be kept confidential and would only be used for the evaluation of IEBR.

Please bear in mind that there are no right or wrong answers, but differing points of view. So, express yourself freely during the discussion. Everyone will get a chance to speak, so please listen patiently to everyone. Your participation for this group discussion is voluntary. You can also chose to leave the discussion at any time. We hope that you will participate in this process, as your inputs and suggestions can help NPopC improve their services.

If you may allow us to record (audio) this conversation, as this would enable to capture this fully and use this for transcription. This is to reiterate that the information shall be used for evaluation only,and kept anonymous while reporting. The group discussion will take 60-90 minutes to complete.

Do you have any questions about the evaluation or the group discussion at this time?
May we begin the group discussion now?

(Note: Please note that not in all communities these workers may be available, hence confirm in advance if nearest health centre and/or school is involved in birth registration (from NPopC Birth Registrars during FGD – start with FGD of NPopC Birth Registrars in each LGA) and then proceed. In case neither is involved, then don't hold FGD with them).

Note/Instructions: The Moderator is to adapt questions based on the types of the participants, total number of participants and anticipated level of understanding about the programme or the topic under discussion. The Moderator will ensure;

- **Equal opportunity is given to each participant for sharing his/her opinion.**
- **The respondents may include health centre and school staff involved in birth registration. Please confirm in advance from NPopC Birth Registrars in advance to proceed, otherwise drop this.**
- **Views of each participant are listened to and given due respect while maintaining the dignity of each member participating in the discussion regardless of differences of opinion**
- **Group discussion is held in a secure and safe place in a pleasant/comfortable environment.**

55.

Date		Commune/Village	
State		Rural/Urban	
LGA			

FGD Moderator Name:
FGD Note Taker Name:
FGD Observer Name:

Others (if needed):

Auxiliary Registrars Participant Details:

Sr. No	Name	Agency and Title including when took on Birth Registration role	Children Profile: Age, Number and Ages of Children, Number of Children with Registered Birth

[Effectiveness]

1. How many parents in the community may know about the agency (with primary and secondary birth registration responsibility) and its staff, legal requirement (the law about mandatory birth registration), location (of their office), fees (involved in birth registration) benefits (for children and parents) and procedure (including requirements) for birth registration?

Response: _____

56.

Moderators'/Facilitators' Assessment:

(Instructions: Each moderator/facilitator must add few lines about their own assessment of the response such as key findings, analysis and conclusion).

2. In your view, where do people/parents get information about where to and how to register child birth? Probe further by asking which sources do they get information from e.g. NPopC/birth registrars, neighbours, traditional and/or religious leaders, staff at nearest health/education centres, media etc.? What are the most preferred and reliable sources of information for your community and why (radio, local leaders, friend, health unity staff etc)?

Response (transcription/short notes): _____

Moderators'/Facilitators' Assessment:

3. Please share with us what does NPopC/health/education departments do to educate parents/communities to raise awareness (of significance of birth registration, agency responsible, procedures and benefits) on regular basis? Has there been any campaigns (to educate communities) run in last 5 years, if yes, tell us more about the campaign contents, partners, messages, mediums, and how successful were those? What else may need to be done to improve community/parents' awareness and how? Probe further if increased knowledge of parents have had impact on demand and service utilisation (by parents), if yes, please do share your views/evidences?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness]

4. Do you think in the past few years more parents have started registering child birth? If yes/no, ask for reasons for this increase/no increase? Probe further by asking specifically if it is due to increase in knowledge of significance/advantages of birth registration, procedures of birth registration, increased number of service delivery points (because of involvement of health and education), and ask them to rank 5 Top reasons (for increase or no increase)?

Response: _____

Moderators'/Facilitators' Assessment:

5. In this LGU/area, are there still parents who have not registered their child birth? Why do you think parents don't register child birth? Ask to list all the key reasons for not registering children (in case they find it difficult to articulate, then share the following to take the discussion forward)? In the end, ask them to rank 5 most common/important reasons for not registering children?

Instructions: Use the following as cue to let the discussion move forward.

1. Staff is not available at facilities
2. Long distance to cover to get to birth registration facilities
3. Fees for birth registration is high
4. No transport is available
5. Transport costs are high (unaffordable)
6. Parents are busy
7. Parents do not have knowledge about advantages of birth registration for children
8. Parents don't know about the birth registration procedure/requirements
9. Parents don't know about the agency responsible for birth registration
10. Parents don't know about the location of the office of relevant public agency
11. Others (Please specify): _____

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Equity/HRBA]

6. In your view, if and how do the following conditions of parents/family affect the likelihood of birth registration of children:

    1. Poor parents
    2. Illiterate parents
    3. Parents from ethnic minorities
    4. Religion of parents
    5. Single mothers
    6. Rural parents
    7. Parents in conflict affected areas
    8. Co-habiting parents
    9. Others (please specify)

Instructions: Probe and ask for more specific information as to how the above conditions affect the likelihood of child's birth registration?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness, Equity, Relevance]

7. In your view, if parents have any preferences for registering boy/girl child birth? If yes, please share why is that so (or reasons for particular preferences)?

Response: _____

Moderators'/Facilitators' Assessment:

[Effectiveness]

8. In this LGA, when and how did health centres/school head teachers got involved in birth registration? Please share if and how has their involvement improved the demand and delivery of birth registration services (including your core services like health and education)?

Response: _____

Moderators'/Facilitators' Assessment:

9. How satisfied are you with the support provided by NPopC (training, materials, regular follow-up and others) to enable you to assist with birth registration? Probe further if there are any challenges working with NPopC (in a coordinatd way) and what needs to be done to address those?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact, Effectiveness, Efficiency, Sustainability, Equity/HRBA]

10. What are the key challenges that hinder your work, please explain? Please rank the top 5 key challenges that affect your work? Please share your thoughts on what should/could be done to address these and how it may facilitate your work?

Response: _____

Moderators'/Facilitators' Assessment:

11. Are you aware of UNICEF supported 'Birth Registration Programme 2012-16 (please take note of how many of the total are aware of this)? If yes, what support has UNICEF provided (in case are unable to articulate give them cue as legislative and policy changes, training, equipment and materials, Rapid SMS, Dashboard, community awareness campaigns) and how has it helped in their work? Which support from UNICEF has remained most effective and why (probe further by asking each one of the elements of UNICEF support)? What areas do you feel UNICEF should extend assistance in future, why (you think it is important) and how should it be delivered?

Response: _____

Moderators'/Facilitators' Assessment:

[Impact]

12. In your view if (at all), does birth registration impact the lives of (registered) child and parents, if yes how? Probe further by asking if reduces the risk/cases of early child marriages, female genital mutilation, child trafficking, and if yes how? Similarly, if it improves planning of education (as a result enrolment) and health services (as a result the immunisation of children)?

Response: _____

Moderators'/Facilitators' Assessment:

13. In your view, what are necessary conditions or need to change to reduce the risk/cases of early child marriages, female genital mutilation, child trafficking, increased enrolment in schools, and immunisation? What needs to be done and by whom to achieve these?

Response: _____

Moderators'/Facilitators' Assessment:

14. In your view if there are any unintended (positive or negative) impact of UNICEF assistance (media campaigns, supplies, training, services expansion and involvement of health and education, SMS alerts and dashboard etc.) for communities, children, NPopC or others? How have those impact the services delivery and services utilisation (of birth registration services)? Please share evidences and examples and how could those be addressed?

Response: _____

Moderators'/Facilitators' Assessment:

Appendix 11A: Focus Group Discussion – Distribution Scheme

The Table below elaborates on distribution of FGDs by sampled State, and by type of respondent group.

ACTUAL DISTRIBUTION

Table: Distribution of FGDs by Stakeholder and Type of Group (Treatment & Control)

State / Group	Kaduna		Kebbi		Treatment Total	Lagos		Abia		Control Total	FGD
Stakeholder	LGA # 1	LGA # 2	LGA # 3	LGA # 4		LGA # 5	LGA # 6	LGA # 7	LGA # 8		
NPopC Birth Registrars	1	1	1	1	4	1	1	1	1	4	8
Auxiliary BR Staff	0	1	0	1	1	1	0	0	1	2	4
Community/ Religious Leaders	2	1	2	1	6	2	1	2	1	6	12
Parents (M/F)	2	2	2	2	8	2	2	2	2	8	16
FGD Total	**5**	**5**	**5**	**5**	**20**	**6**	**4**	**5**	**5**	**20**	**40**

PLANNED

Table: Planned Distribution of FGDs by Type of Group, States and LGAs

FGD Type	Kaduna		Kebbi		Treatment Total	Lagos		Abia		Control Total	Planned FGDs
	LGA #1	LGA #2	LGA #3	LGA #4		LGA #5	LGA #6	LGA #7	LGA #8		
NPopC Birth Registrars	1	1	1	1	4	1	1	1	1	4	8
**Auxillary Registrars	0	1	0	0	1	0	0	0	0	0	1
Community Elders / Leaders	2	2	2	2	8	2	2	2	2	8	16
Parents/ caregivers	2	2	2	2	8	2	2	2	2	8	16
	6	**5**	**5**	**4**	**21**	**6**	**4**	**6**	**4**	**20**	**41**

**Auxilliary Registrars are staff from Health and Education departments as well as other volunteers/ who have ever been involved in doing birth registrations either as part of their regular job or during campaigns. In most cases such staff was not available in all communities so the actual number of FGDs in this category varied from the planned numbers.

TREATMENT GROUP - LGA 1 (Chikun); LGA 2 (Kagarko); LGA 3 (Augie); LGA 4 (Maiyama)

CONTROL GROUP - LGA 5 (Mushin); LGA 6 (Badagry); LGA 7 (Ukwa East); LGA 8 (Ikwuano)

Appendix 12: List of Participants/Respondents of FGDs

No.	State	LGA	Name	Role in the Community
1	Abia	Ikwuano	Mrs. Comfort	Religious Leader/Women Leader
2	Abia	Ikwuano	Josephine	Religious Leader/Reverend Sister
3	Abia	Ikwuano	Florence	Religious Leader
4	Abia	Ikwuano	Hart	Community Leader
5	Abia	Ikwuano	Ihanyi chukwu	Community Leader/Secretary
6	Abia	Ikwuano	Ndubueze	Community Leader/Chairman
7	Abia	Ikwuano	Francis	Community Chief
8	Abia	Ikwuano	Emmanuel	Religious Leader
9	Abia	Ikwuano	Okechukwu	Religious Leader / Community Chief
10	Abia	Ikwuano	Evangelist Ezinmba	Community Leader
11	Abia	Ukwa East	Father Michael	Religious Leader
12	Abia	Ukwa East	Mrs Joy	Community Chief
13	Abia	Ukwa East	Onyeama	Community Elder
14	Abia	Ukwa East	Emeka Kamalu	Community Leader
15	Abia	Ukwa East	Chief Eruba	Community Head
16	Abia	Ukwa East	Nwankama	Community Leader
17	Abia	Ukwa East	Uzo	Community Chief
18	Abia	Ukwa East	Mr. Friday Ugochukwu	Community Chief
19	Abia	Ukwa East	Nwanchukwu	Community Leader
20	Abia	Ukwa East	Deaconess Dorcas	Religious Leader
21	Abia	Ukwa East	Mrs. Beatrice	Religious Leader
22	Abia	Ikwuano	Chukwuemeka Kalu	Adhoc Registrars
23	Abia	Ikwuano	Nwachukwu Mercy	Adhoc Registrars
24	Abia	Ikwuano	Nwagba Joyce	Adhoc Registrars
25	Abia	Ikwuano	Okwuka Amarachi	Adhoc Registrars
26	Abia	Ikwuano	Zaiyanu Sale Augie	Adhoc Registrars
27	Abia	Ukwa East	Ege Ifeanyi	Adhoc Registrars
28	Abia	Ukwa East	Okechukwu Chinenye	Adhoc Registrars
29	Abia	Ukwa East	Nwafor Nwanne.	Adhoc Registrars
30	Abia	Ukwa East	Mathew	Adhoc Registrars
31	Abia	Ukwa East	Glory	Adhoc Registrars
32	Abia	Ukwa East	Blessing.	Adhoc Registrars
33	Abia	Ikwuano	Nwachukwu Joab	Controller
34	Abia	Ikwuano	Robert	NPopC Birth Registrar
35	Abia	Ikwuano	Charles	NPopC Birth Registrar
36	Abia	Ikwuano	Ahamefuna Steven	NPopC Birth Registrar
37	Abia	Ikwuano	Chibuzor	NPopC Birth Registrar
38	Abia	Ikwuano	Envagelist Emeka	NPopC Birth Registrar
39	Abia	Ikwuano	Robert	NPopC Birth Registrar
40	Abia	Ikwuano	Charles	NPopC Birth Registrar
41	Abia	Ukwa East	Kingsley Nna	Controller
42	Abia	Ukwa East	Emily Sunny	NPopC Birth Registrar

No.	State	LGA	Name	Role in the Community
43	Abia	Ukwa East	Fidelia Okey	NPopC Birth Registrar
44	Abia	Ukwa East	Joy	NPopC Birth Registrar
45	Abia	Ukwa East	Ezinne Onyenachi	NPopC Birth Registrar
46	Abia	Ukwa East	Ngozi Nwagbor	NPopC Birth Registrar
47	Abia	Ukwa East	Joyce Makanachi	NPopC Birth Registrar
48	Abia	Ukwa East	Uchenna Okechukwu	NPopC Birth Registrar
49	Abia	Ikwuano	Ugochi	Mother
50	Abia	Ikwuano	Sunday	Father
51	Abia	Ikwuano	Ijeoma	Mother
52	Abia	Ikwuano	Chioma Nwachukwu	Mother
53	Abia	Ikwuano	Nkechi	Mother
54	Abia	Ikwuano	Pamela	Mother
55	Abia	Ikwuano	Ezu Aki	Father
56	Abia	Ikwuano	Victor	Father
57	Abia	Ikwuano	Stella	Mother
58	Abia	Ikwuano	Chinedu	Father
59	Abia	Ukwa East	Mary	Mother
60	Abia	Ukwa East	Ezenna	Father
61	Abia	Ukwa East	Destiny	Father
62	Abia	Ukwa East	George	Father
63	Abia	Ukwa East	Glory	Mother
64	Abia	Ukwa East	Chizzle	Mother
65	Abia	Ukwa East	Chukuwdi	Father
66	Abia	Ukwa East	Mercy	Mother
67	Abia	Ukwa East2	Mrs Stella Godwin	Mother
68	Abia	Ukwa East2	Edith	Mother
69	Abia	Ukwa East2	Helen Monday	Mother
70	Abia	Ukwa East2	Goodluck	Father
71	Abia	Ukwa East2	Goodness Nwachukwu	Mother
72	Abia	Ukwa East2	Emeka	Father
73	Abia	Ukwa East2	Jane Okafor	Mother
74	Abia	Ukwa East2	Tochi	Father
75	Abia	Ukwa East2	Emeka	Father
76	Abia	Ukwa East2	Johnson	Father
77	Kaduna	Chikun	Alh. Garba Ilyasu	Traditional/Religious Ruler
78	Kaduna	Chikun	Felix Ishaya	Community Chief/Youth Leader
79	Kaduna	Chikun	Saleh Ibrahim	Community Chief/Youth Leader
80	Kaduna	Chikun	Hamsu Adamu	Religious Leader
81	Kaduna	Chikun	Bala Abdullahi	Community Elder
82	Kaduna	Chikun	Stephen D. Bala	Religious Leader/Pastor at ECWA Church
83	Kaduna	Chikun	Alpha Mike Magasi	Youth Pastor
84	Kaduna	Kagarku	Mohammed T. Sheu	Traditional/Religious Ruler/Imam
85	Kaduna	Kagarku	Ibrahim Ahmed	Community Leader

No.	State	LGA	Name	Role in the Community
86	Kaduna	Kagarku	Makama Danlami	Ward village Head
87	Kaduna	Kagarku	Mohammed Suleiman	Traditional Leader
88	Kaduna	Chikun2	Sunday Zakka	Secretary
89	Kaduna	Chikun2	Dankar Jefrey	Community PRO
90	Kaduna	Chikun2	Abdulbakar Musa	Peace Ambassador
91	Kaduna	Chikun2	Abdulahi Bello	Religious Leader
92	Kaduna	Chikun2	Sanusi Abdulahi	Parents teachers Chairman
93	Kaduna	Chikun2	Godwin David	Religious Leader/Pastor
94	Kaduna	Chikun2	Augustine Anga	Traditional Council
95	Kaduna	Chikun2	Longkat Gunyen	Religious Leader/Pastor
96	Kaduna	Chikun	Oyelowo Emmanuel	NPopC Birth Registrar
97	Kaduna	Chikun	Sijuade Modupe	NPopC Birth Registrar
98	Kaduna	Chikun	Ishaku Musa	NPopC Birth Registrar
99	Kaduna	Chikun	Sani Hassan	NPopC Birth Registrar
100	Kaduna	Chikun	Aya Kukwi Sunday	NPopC Birth Registrar
101	Kaduna	Chikun	Danboy .D. Mako	NPopC Birth Registrar
102	Kaduna	Chikun	Nachanala .B .Salu	NPopC Birth Registrar
103	Kaduna	Chikun	Victoria Gaiya	NPopC Birth Registrar
104	Kaduna	Chikun	Akoil Barnabas	NPopC Birth Registrar
105	Kaduna	Kagarku	Awu Elisha	NPopC Birth Registrars Controller
106	Kaduna	Kagarku	Amuson Habila, Dangima	NPopC Birth Registrars
107	Kaduna	Kagarku	Zainab M. Bature	NPopC Birth Registrars
108	Kaduna	Kagarku	Umar Musa Hassan	NPopC Birth Registrars
109	Kaduna	Chikun	Darity Chukwudi	Adhoc Registrars
110	Kaduna	Chikun	Moses Michael Bode	Adhoc Registrars
111	Kaduna	Chikun	Jovi Ishanuk	Adhoc Registrars
112	Kaduna	Chikun	Peter Adamu	Father
113	Kaduna	Chikun	Yusuf B.Bako	Father
114	Kaduna	Chikun	Ephram Bitrus,	Father
115	Kaduna	Chikun	Samson Duniya Sankey	Father
116	Kaduna	Chikun	Emmanuel Adamu	Father
117	Kaduna	Chikun	Yossy Dauda	Mother
118	Kaduna	Chikun	Naomi Kafoi	Mother
119	Kaduna	Chikun	Elizabeth Andrew	Mother
120	Kaduna	Chikun	Joy Abednego	Mother
121	Kaduna	Chikun	Rahinatu Adam	Mother
122	Kaduna	Chikun	Sani Abashiya	Father
123	Kaduna	Chikun	Abigail Ibrahim	Mother
124	Kaduna	Chikun	Anna Babatunde	Mother
125	Kaduna	Kagarku	Hajara	Mother
126	Kaduna	Kagarku	Fatimah Umar	Mother
127	Kaduna	Kagarku	Subiatu Haruna	Mother
128	Kaduna	Kagarku	Aisha	Mother

No.	State	LGA	Name	Role in the Community
129	Kaduna	Kagarku	Blessing,	Mother
130	Kaduna	Kagarku	Blessing Ausa	Mother
131	Kaduna	Kagarku	Felicia	Mother
132	Kebbi	Augie	Mallam M. Husseini	Imam (Religious leader)
133	Kebbi	Augie	Suleiman Adamu	Ward head (Religious leader)
134	Kebbi	Augie	Liman AbubakarTunga	Imam (Religious leader)
135	Kebbi	Augie	Sani Dogo	Traditional Leader
136	Kebbi	Augie	Abba Hakimi Tunga Bawa	Village Head
137	Kebbi	Augie	Suleiman Abdulaziz	Imam (Religious leader)
138	Kebbi	Augie	Basimi Idris	Imam (Religious leader)
139	Kebbi	Augie	Abdulrazaq Idris	Traditional leader
140	Kebbi	Augie2	Musa Mohammed Nagaru	Imam (Religious leader)
141	Kebbi	Augie2	Malam Garba Hashimu	Maishiya; Ward head (Traditional leader)
142	Kebbi	Augie2	Musa Adamu	Imam (Religious Leader)
143	Kebbi	Augie2	Bello Musa	Maishiya (Ward Head)
144	Kebbi	Augie2	Salhatu Mohammed	Traditional leader
145	Kebbi	Augie2	Malam Aliyu Mohammed	Imam (Religious leader)
146	Kebbi	Augie2	Hamidu Mohammed	Assistant Imam (Religious Leader)
147	Kebbi	Augie2	Umaru Mohammed	Traditional leader (Ward Head)
148	Kebbi	Augie2	Alhaji Lawali Mohammed	Sarkin Samari (Youth Leader)
149	Kebbi	Maiyama	Usman Mohammed	Traditional Leader
150	Kebbi	Maiyama	Muhammadu D.A.	Traditional Leader
151	Kebbi	Maiyama	Adamu Hussaini	Religious Leader/Imam
152	Kebbi	Maiyama	Adamu Ajiya	Community Leader
153	Kebbi	Maiyama	Abdullahi Aliyu	Community Leader
154	Kebbi	Maiyama	Auwal Balarabe	Religious Leader/Imam
155	Kebbi	Maiyama	Umar Abubakar	Religious Leader/Imam
156	Kebbi	Maiyama	Usman Saidu Yahaya	Religious Leader/Imam
157	Kaduna	Augie	Mrs. Rashida	Adhoc Registrars
158	Kaduna	Augie	Murtala Aliyu	Adhoc Registrars
159	Kaduna	Augie	Saifulahi Adamu	Adhoc Registrars
160	Kaduna	Augie	Salamatu Augie	Adhoc Registrars
161	Kaduna	Augie	Zaiyanu Sale Augie	Adhoc Registrars
162	Kaduna	Augie	Ahamed Augie	Adhoc Registrars
163	Kaduna	Augie	Hassan Bawa Augie.	Adhoc Registrars
164	Kaduna	Maiyama	Sa'adu M Isah Maiyama	Birth Registrar/General hospital Maiyama
165	Kaduna	Maiyama	Sani Sule Bubuche	Birth Registrar
166	Kaduna	Suru	Hamidu Yunusa Dakingari	Birth Registrar / Suru LGA
167	Kaduna	Kalgo	Bashar Ibrahim	Birth Registrar / Kalgo LGA
168	Kaduna	Maiyama	Mande Umaru Bunza	DCR /Maiyama Local Government
169	Kaduna	Mungadi	Musa Shehu Bunza	Birth Registrar/Rural Health Center, Mungadi
170	Kaduna	Augie	Muhammed Umaru Turaki	DCR Local Government
171	Kebbi	Augie	Rabi Nuhu	Mother

No.	State	LGA	Name	Role in the Community
172	Kebbi	Augie	Mrs. Hadiza Augie	Mother
173	Kebbi	Augie	Rashida Amir	Mother
174	Kebbi	Augie	Maryam Lawal	Mother
175	Kebbi	Augie	Rabi Damana	Mother
176	Kebbi	Augie	Umma muhammed	Mother
177	Kebbi	Augie	Habiba Hassan	Mother
178	Kebbi	Augie	Aisha Yakubu	Mother
179	Kebbi	Augie	Samira Abbakar	Mother
180	Kebbi	Augie	Rabi Zubairu	Mother
181	Kebbi	Maiyama	Ibrahim Muhammed	Father
182	Kebbi	Maiyama	Sarkin Makera	Father
183	Kebbi	Maiyama	Musa Maikasuwa	Father
184	Kebbi	Maiyama	Sani Ma'iya	Father
185	Kebbi	Maiyama	Umar A. Usman	Father
186	Kebbi	Maiyama	Abubakar Ibrahim	Father
187	Kebbi	Maiyama	Abdul Mumumi Muhammed	Father
188	Kebbi	Maiyama	Alhaji Yahaya Dan Lolo	Father
189	Kebbi	Maiyama2	Atika Bello	Mother
190	Kebbi	Maiyama2	Murjanatu Abdullahi	Mother
191	Kebbi	Maiyama2	Nasara Ibrahim	Mother
192	Kebbi	Maiyama2	Halima Hamidu	Mother
193	Kebbi	Maiyama2	Mainna Umar	Mother
194	Kebbi	Maiyama2	Maryam Nafiu	Mother
195	Kebbi	Maiyama2	Jummai Mohammed	Mother
196	Kebbi	Maiyama2	Zarahu Yahaya	Mother
197	Lagos	Agege	Alhaji Akeem Lawal	Religious leader
198	Lagos	Agege	Ilawa Abudulkarma	Community Leader
199	Lagos	Agege	Kenny Rasaq	Community leader/LCDA
200	Lagos	Agege	Imam Kolawole Answarudeen	Religious leader
201	Lagos	Agege	Mr Afeez Afariogun	Community Leader Association Leader
202	Lagos	Agege	Mrs. Ademola Brigdet	Religious Leader/Church Women Leader
203	Lagos	Agege	Olasunkanmi Sodiq	Community Leader
204	Lagos	Agege	Karmoru Aderoumu	Religious Leader/Imam
205	Lagos	Agege	Bukola Adeleke	Religious Leader
206	Lagos	Agege	Mrs. Adaeze	Community Leader
207	Lagos	Mushin	Evang. Kingsley	Religious Leader /Pastor
208	Lagos	Mushin	Pastor Arowosegbe	Religious Leader /Pastor
209	Lagos	Mushin	Omobolaji Amusan	Community Leader/ Politician
210	Lagos	Mushin	Mummy Florence Akinde	Community Elder
211	Lagos	Mushin	Mrs Amudat	Religious Ruler/Asalatu
212	Lagos	Mushin	Mr Najeem Ogunrinde	Religious Ruler/Iman
213	Lagos	Mushin	Pa Adewunmi Samuel	Community Elder
214	Lagos	Mushin	Pa Lanre Baloye.	Community Elder

No.	State	LGA	Name	Role in the Community
215	Lagos	Mushin	Ma. Odubati Mary- Politician	Community Leader/ Politician
216	Lagos	Mushin	Mrs Olaogun Kikelomo	Religious Leader /Pastor
217	Lagos	Mushin	Felicia Ayegbayo	Religious Leader /Pastor
218	Lagos	Mushin2	Joke Ariyo	Community leader/LCDA
219	Lagos	Mushin2	Pastor Okoko	Religious Leader
220	Lagos	Mushin2	Muibi Fatai	Community leader/LCDA
221	Lagos	Mushin2	Mrs. Arowoye	Community leader
222	Lagos	Mushin2	Shola	Youth leader
223	Lagos	Mushin2	Mrs. Mosunmola	Association Leader
224	Lagos	Mushin2	Owoeye Toyin	Religious Leader/Church Women Leader
225	Lagos	Mushin2	Mr. Abdulrazaq	Religious Leader/Imam
226	Lagos	Agege	Mrs. Gbadebo	LGA Controller
227	Lagos	Agege	Mr. Chucks	NPopC Birth Registrar
228	Lagos	Agege	M.A Akinsola	NPopC Birth Registrar
229	Lagos	Agege	Adekoya Adekunle	NPopC Birth Registrar
230	Lagos	Agege	Mrs. Popoola	NPopC Birth Registrar
231	Lagos	Agege	Kemi Shobowale,	NPopC Birth Registrar
232	Lagos	Mushin	Adeshola.	Adhoc Registrars
233	Lagos	Mushin	Funmilola.	Adhoc Registrars
234	Lagos	Mushin	Damilola.	Adhoc Registrars
235	Lagos	Mushin	Aremu Kafaya.	Adhoc Registrars
236	Lagos	Mushin	Akeem.	Adhoc Registrars
237	Lagos	Mushin	Idris.	Controller
238	Lagos	Mushin	Bimbo.	NPopC Birth Registrar
239	Lagos	Mushin	Okonkwo Dominic	LGA Controller
240	Lagos	Mushin	Ogunlami Olusegun	NPopC Birth Registrar
241	Lagos	Mushin	Mrs. Toyin Lawrence	NPopC Birth Registrar
242	Lagos	Mushin	Agunbiade Abayomi	NPopC Birth Registrar
243	Lagos	Agege	Shola Yusuf	Father
244	Lagos	Agege	MohammedAbdu	Mother
245	Lagos	Agege	Mrs. Risikat Muhamed	Mother
246	Lagos	Agege	Ojoba Sunny	Mother
247	Lagos	Agege	Kate	Mother
248	Lagos	Agege	Gladys	Father
249	Lagos	Agege	Sendu Panshak	Mother
250	Lagos	Agege	Funmi	Father
251	Abia	Mushin	Clark Kennedy	Father
252	Abia	Mushin	Bojuwola Tunde	Father
253	Abia	Mushin	Mrs. Azeez Rashidat	Mother
254	Abia	Mushin	Adetutu Adebayo	Mother
255	Abia	Mushin	John Glory	Mother
256	Abia	Mushin	Otubade Clarence	Father
257	Abia	Mushin	Arike adeyemi	Mother

No.	State	LGA	Name	Role in the Community
258	Abia	Mushin	Ogunbowale Adewale	Father
259	Abia	Mushin2	Milfred Victor	Father
260	Abia	Mushin2	Bimpe Gbadebo	Mother
261	Abia	Mushin2	Jumoke Obai	Mother
262	Abia	Mushin2	Apemi Adesola	Mother
263	Abia	Mushin2	Temitope Olusesi	Mother
264	Abia	Mushin2	Lateef Arowolo	Father
265	Abia	Mushin2	Victoria Gbadebo	Mother
266	Abia	Mushin2	Isiaka Bello	Father
267	Abia	Mushin2	Tochi	Father
268	Abia	Mushin2	Emeka	Father
269	Abia	Mushin2	Johnson	Father

Appendix 13: Compliance to UNEG Guidance on Impact Evaluation

The section explains adherence to UNEG Guidance (2013) on the following key aspects of impact evaluation design, planning and execution.

I. Compliance with Quality Control Criteria at the Design Stage of Impact Evaluation
II. Compliance to Internal/Construct/External Validity
III. Compliance to Quality Control criteria for overall technical implementation of Impact Evaluation
IV. Quality Control for Evaluation Norms and Standards
V. Compliance to Quality Control for Impact Evaluation of Normative Work

Compliance with Quality Control Criteria at the Design Stage of Impact Evaluation

UNEG Criteria			Evaluation Response
Contribution	Explanation	Effects	
Is the design able to identify multiple causal factors?	Does the evaluation make it clear how causal claims will be arrived at?	Are long term effects identified?	The evaluation design is based on 'Theory Based Evaluation Approach'. The evaluators have consultatively revised the Theory of Change (TO), to provide basis for the evaluation. The ToC clearly identifies the causal factors at multiple levels (Impact, Outcome and from inputs/activities to Outputs) including the long-term intended effects (i.e. Impact).
Does the design take into account whether causal factors are independent or interdependent?	Is the chosen design able to support explanatory analysis (e.g. answer how and why questions)?	Are these effects related to intermediate effects and implementation trajectories?	The ToC clearly identifies the causal pathways to identify the independent (advocacy, partnerships, communication for behaviour change etc.) and dependent (long-term effect i.e. Impact; intermediate and long-term Outcome) variables for assessment. Moreover, the evaluation tools (household survey questionnaire and guides for KIIs, FGDs) incorporates a mix of 'Descriptive', 'Causal' and Evaluative questions to understand the causal factors and pathways.
Can the design analyze the effects of contingent, adjacent and cross-cutting interventions?	Is theory used to support explanation? (E.g. research-based theory, Theory of Change), if so, how has theory been derived	Is the question 'impact for whom' addressed in the design?	The ToC identifies 'all Nigerian children' particularly and 'the Nigerian Society' as ultimate beneficiaries of the intended Impact. Moreover, the evaluation design, methodology and execution clearly incorporate the gender, equity and human rights-based approach. This evaluation focus is reflected in drafting the evaluation questions, evaluation matrix, evaluation tools preparation and during data collection and analysis stage.

Compliance to Internal/Construct/External Validity

UNEG Validity Type	Evaluation Response
Internal validity: establishes that the causal relationships verified or measured by the evaluation correctly describe the links between outputs, outcomes and impacts	• The drafting of the evaluation tools (household survey questionnaire and guides for KIIs, FGDs) incorporates a mix of 'Descriptive', 'Causal' and Evaluative questions to ensure that the causal factors and pathways are appropriately explored and assessed.

Construct validity: establishes that the variables selected for measurement appropriately represent the underlying process of change	• Qualitative and participatory methods, on the other hand, focus on the details, complexity and meanings of change and may therefore be highly effective in terms of construct validity[139]. The Evaluation has adopted a mix of methods (both qualitative and quantitative) approach to ensure internal, external and construct validity of findings. • The evaluators have developed relevant indicators/variables to establish a logic model (Theory of Change) that reflects the underlying process of change. For this Programme, it is important to know how and to what extent behvioural change communication interventions have contributed to an increased awareness of the BR need, significance and process requirement leading to a heighted demand for BR processes.
External validity: establishes the extent to which the findings from one evaluation can be generalized to inform similar activities In order to ensure a certain degree of internal (external, construct) validity of findings, the Guidance advocates for a mix of methods, "triangulating" the findings of different methods by comparing them with each other[140].	• The overall sampling approach, for both the HHS and qualitative data collection, considers adequate sample size, sampling distribution covering all regions and the participation of relevant right-holders and multiple beneficiary groups at national, state, LGA and community level, are the salient features that adds to the generalizability of evaluation findings to other similar context, if all other factors remain unchanged. • The evaluation data analysis and extraction of findings, lessons, conclusion and recommendations were drawn upon using the triangulation technique.

[139] Impact Evaluation in UN Agency Evaluation Systems: Guidance on Selection, Planning and Management Guidance Document. August 2013. http://www.uneval.org/document/download/1880
[140] ibid

Considerations to Control/Reduce Selection Bias

The evaluation design and methodology minimize the selection bias at multiple levels including the sample size determination and drawing the sampling frame for HHS, adding the pertinent questions in the FGD/KII guides to explore the presence/involvement of other development agencies for similar work (contagion group)[141], data analysis through triangulation of information from quantitative and qualitative sources as well as findings from literature review. The HHS sampling considers the following aspects particularly;

1. Overall sample size has been distributed into two groups i.e. Treatment and Control, in compliance with the impact evaluation design. The treatment States (four) are those where UNICEF/NPopC have implemented media campaigns about birth registration. Whereas control States refer to those States that have not been exposed to such media campaigns.
2. The selection of control States is done based on the application of 'Closest match' method using the criteria of population and geographic parameters such as rural/urban status and proximity of location.
3. Within each state, the selection of LGAs is done through 'randomization' method where the list of all LGAs within each selected state was first retrieved from UNICEF/NPopC to apply random selection method.

Compliance to Quality Control criteria for overall technical implementation of Impact Evaluation

UNEG Criteria	Evaluation Response
Choice of designs and methods	The selection of evaluation design and methods is informed by comprehensive review of published literature, findings of the evaluability assessment, feedback by Evaluation Steering Committee (ESC) at all key stages of the evaluation. Above all, a dearth of impact evaluation guidelines by UNEG, UNICEF, DFID and other development partners were referred to for selection of the impact assessment approach that fits well in the context of BRP. The Evaluation design considers all the intervention attributes, context of the intervention (risks and assumptions as articulated in the revised ToC) and stakeholders' perspective on the appropriateness of the chosen evaluation approach and methods.
Reliability	The 'reliability[142]' of evaluation approach, design and methods is ascertained through following measures; • The overall evaluation is informed by clearly articulated evaluations questions, Theory of Change, the context (identified risks and assumptions) and a 'hypothesis'. The use of a range of data collection methods provided enough assurance that the overall evaluation approach and framework yielded reliable findings and recommendations. • The use of 'participatory' approach and rigorous consultations throughout the evaluation execution also adds to the reliability of the evaluation outcome. • The overall data collection approach (adequate sample size, sampling frame, use of quasi-experimental design to include control group, application of Difference-in-difference method, representation of diverse regions and the participation of relevant right-holders and multiple beneficiary groups at national, state, LGA and community level, are the salient features of the evaluation to assure the 'high' reliability of the evaluation findings, lessons and recommendations. • The evaluation focus is to explore the possible 'confounding variables' such as the effect of similar interventions by some other organization to assess the net effects (Outcome and Impact) of the BRP Programme.

[141] The comparison group must serve as the basis for a credible counterfactual, addressing issues of selection bias (the comparison group is drawn from a different population than the treatment group) and contagion (the comparison group is affected by the intervention or a similar intervention by another agency). Outline of Principles of Impact Evaluation. http://www.oecd.org/dac/evaluation/dcdndep/37671602.pdf

[142] Matthew H. Morton (2009). Applicability of Impact Evaluation to Cohesion Policy: Report Working Paper Department of Social Policy & Social Work, University of Oxford. http://ec.europa.eu/regional_policy/archive/policy/future/pdf/4_morton_final-formatted.pdf

UNEG Criteria	Evaluation Response
	• The evaluators maintained their impartiality and independence for all data analysis and ensured transparent and accountable reporting.
Robustness	• Application of Evaluation Design and Method has been clearly explained in the appropriate sections. • The robustness of impact evaluation requires significant financial and human resources as well as time. This evaluation is being carried out by a team of experienced evaluators and there seems no constraint of the timeline and funds for the evaluation. • The evaluation methods go beyond just relying on undertaking KIIs and FGDs that includes multiple 'consultations', convening a workshop, and field experiences gathered by the core team itself. The use of such qualitative methods ensured more robust findings to supplement, cross-check and verify the quantitative methods. Moreover, the evaluation design, approach, methods is informed through the findings of the Evaluability mission. Such an exposure to the context, stakeholders and Programme management by the evaluation team is very desirable to inform the evaluation design. Lastly, post-data collection, during data analysis and reporting phase, where required Skype conversations were convened to cross-verify and re-check the critical findings for validation, factual corrections and corroboration purposes143.
Transparency	Legitimate and justifiable conclusions of findings were drawn, with consideration to stakeholder judgements while ensuring the evaluators' impartiality and independence for transparent and accountable reporting. Where required, specific limitations of the evaluation (design and implementation) has been clearly described.

Quality Control for Country based and Institutional Criteria Standards

UNEG		Evaluation Response
Country-based Criteria	• Have country-based stakeholders (government and civil society) been actively involved and consulted in formulating evaluation questions? • Have country-based administration and information systems been used as far as possible? • Has the evaluation been set into the country context and other country-based evaluation considered?	• The evaluators have worked with the Evaluation Steering Committee and all relevant stakeholders in the development of key stages of the Impact Evaluation i.e. Evaluation Design, Evaluation Matrix and Theory of Change. • The evaluation utilized the available data collected by the RapidSMS System, maintained by NPopC at National level, for birth registration to supplement and support field findings and survey results as part of evaluation. • Where feasible, data from national surveys like MICS and others were referred to for comparison purpose. • During the Evaluability Assessment the country context and stakeholders' perspective on evaluation utility were studied to inform the evaluation design.
Ethical Criteria	• Have the evaluators made explicit their interests and values as they relate to this intervention?	• All applicable ethical considerations have been considered as stipulated by various UNEG and UNICEF documents on the subject. Please refer to dedicated sections# 3.9 to 3.11. furthermore, the report clearly identifies all relevant stakeholders with their interests in evaluation and uses of the

[143] Outline of Principles of Impact Evaluation. http://www.oecd.org/dac/evaluation/dcdndep/37671602.pdf

UNEG		Evaluation Response
	• Have arrangements been put in place to monitor and remedy bias or lack of impartiality? • Have confidentiality and risks to informants been taken into account? • Have feedback and validation procedures that involve stakeholders been specified and used?	evaluation (see Table 1.3 and Table 2.2 in section# 1 & 2) • At every stage of the Evaluation i.e. development of the Evaluability Assessment Report, Evaluation Matrix, Theory of Change (ToC), frequent feedback and validation of the relevant stakeholders has been sought, and relevant and appropriate amendments have been made to incorporate their feedback and recommendations. The evaluators also sought stakeholders' input and recommendations during the Field Data Collection phase.
Institutional Criteria	• Are there any joint or partnership arrangements in place – joint evaluations, consortia involving local partners? • In what ways has the evaluation contributed to evaluation capacity building in-country? • What has the evaluation done to feed into policy making both among donors and in partner countries?	• Practical Sampling International (PSI) is the local partner for this Evaluation to support the evaluators in field data collection, data processing and analysis of data. • The Evaluation offers an objective outlook and analysis of the Programme achievements, challenges and lessons learnt. The Evaluation findings and recommendations will inform UNICEF's future support to NPopC for the next Country Programme. • The Evaluation findings and recommendations supplement the present knowledge and data on birth registration and its significance and is likely to contribute towards adoption of best strategies and interventions, not only in Nigeria, but to the other regional countries facing similar challenges.

Compliance to Quality Control for Impact Evaluation of Normative Work

UNEG Standard	Compliance Approach by Evaluation design & Implementation
UN Normative work: Impact evaluation of normative work refers to identifying the lasting and significant changes of this work at all levels in the results chain, including at its end, e.g. on people's livelihoods, their empowerment, increased biodiversity and healthier ecosystems. Institutions are indeed the first and direct focus of impact of Normative Work (NW) and this level can have considerable intrinsic value in itself, such as when government policies, practices, or organizational cultures are changed in response to the NW itself. The most feasible, and important approach is identifying what actually took place and indicating how the normative work (along with other actions) influenced or contributed to the observed change. Data on activities, outputs and intermediate outcomes, irrespective of who is directly responsible for	• The Evaluation Design of the Evaluation has been informed by the long-term impact specified in the ToC i.e. birth registration to improve access to child development and protection services. • The Evaluation Matrix questions explored the crucial elements (causal pathways and strategies for implementation) as have been identified in the impact statement of the ToC. • The tools were developed to critically focus on observing and assessing the significant changes realized due to BRP. • Pertinent questions in the FGD/KII guides to explore the presence/involvement of other development agencies for similar work (contagion group) has been considered along with using the triangulation of quantitative and qualitative data and literature review to assess the Programme contributions.

UNEG Standard	Compliance Approach by Evaluation design & Implementation
them, are essential components of the impact evaluation of normative work.	• The Data Analysis Plan has also been developed to fulfil the UNEG standards.
Gender equality, equity and human rights (GE and HR) are both substantive areas of normative work and crosscutting issues, which should be mainstreamed in all UN initiatives and that should be assessed in all UN evaluations, including impact evaluations. The UNEG Handbook "Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance" notes that "All UN interventions have a mandate to address Human Rights and Gender Equality issues". The Handbook identifies the following principles for integrating human rights and gender equality in evaluation: • Inclusion • Participation • Fair power relations • Mixed evaluation methods	• The evaluation design, methodology and execution clearly incorporate the gender, equity and human rights-based approach. This evaluation focus is reflected in drafting the evaluation questions, evaluation matrix, evaluation tools preparation and during data collection and analysis stage. • A balanced field team comprising of both female and male enumerators were deployed for data collection. • Data collection instruments and the data analysis were focused on generating disaggregated evidence by gender, income and other factors. • Following factors (independent variables) were considered to generate cross-tabulations for equity analysis using key 'dependent' variables (such as knowledge, experience/practice, reasons/factors and Impact) of birth registration services/campaigns. a) Urban/Rural profile; b) Income profile; c) Education (Illiterate vs. literate); d) Ethnicity; e) Language; f) Special Group/s (single mother, illiterate, poor etc.) to assess the effects/change in the intended Impact and Outcome (dependent variables). The selection of respondents for HHS and FGDs includes both the male and female for compliance to gender considerations. • The evaluators have worked with the Evaluation Steering Committee and all relevant stakeholders in the key stages of the Impact Evaluation i.e. Evaluation Design, preparation of tools and recommendations etc. • Mixed Evaluation methods have been utilized i.e. both Qualitative (Key Informant Interviews, Focus Group Discussions, Field Observations, Field Evidence & Case Studies) and Quantitative (Household Survey) to draw rich information and overcome method specific limitations.

Appendix 14: Household Survey Sampling Methods

Sample Size
Te KAP survey was designed and implemented to get a representative indication about programme interventions within the surveyed communes (the study universe).

The study aimed to predict the pertinent proportion of the universe. A parsimonious and representative sampl was important to get true idea about the population parameter(s). In the absence of any specific information on the exact population size or the number of households in each commune/village, and assuming the 'normal distribution' of the total population across the universe, the population size doesn't matter in calculation of sample size. To get the optimal sample size our calculation is based upon margin of error and level of confidence. In the calculation provided below we have calculated the sample size using the 95% confidence level and 2.5% margin of error. Table below explains the parameters used in the formula to calculate an optimal sample size.

Level of Confidence (LOC)	*Describes the level of uncertainty in the sample mean or prevalence as an estimate of the population mean or prevalence.* ***Recommended value:*** *1.96 (for 95% confidence level)*
Margin of Error (FMoE)	*The expected half-width of the confidence interval. The smaller the margin of error, the larger the sample size needed.* ***Recommended value:*** *0.05*
Baseline levels of the indicators (Ind)	*The estimated prevalence of the risk factors within the target population. Values closest to 50% are the* ***most*** *conservative.* ***Recommended value****: 0.5 if no previous data on population, else value closest to 0.5 from previous data*
Formula: for LOC = 1.96 (95% Confidence Level); FMoE = 2.5% and Ind = 0.5	

$$\text{Sample Size (n)} = \frac{LOC^2 \times Ind \times (1 - Ind)}{FMoE^2}$$

$$\text{Sample Size (n)} \approx 2663$$

To control the other methodological errors or biases, the sample size was increased by 1.5% of the total calculated number, thus, the total proposed sample size equals 2700 HHs for the Household Survey.

Sampling Unit

A 'Household' for this survey is considered as a sampling unit. An adult member (mother or father) from the selected/sampled households in the targeted Local Government Area (LGA) was interviewed.

Sampling Strategy
The evaluators began work on the sampling strategy after thorough review of the TORs and data sets received from UNICEF at the time of the signing of the contract and during the Pre-Evaluability Field Mission. These data sets were cleaned, converted, processed, ported, verified and helped the evaluators to establish clarity on the tagging of entries in the received data.

For this Impact Evaluation of Birth Registration (IEBR), the evaluators used a Stratified Multistage Random Sampling Approach. The various stages of the random selection for the sample design included:

- Random selection of Primary Sampling Units (PSU)
- Random selection of Sampling Start Point (SSP)
- Random selection of households
- Random selection of respondents

The study population comprise of 6 regions, further divided into 36 States and 774 Local Government Authorities and Federal Capital Territory.

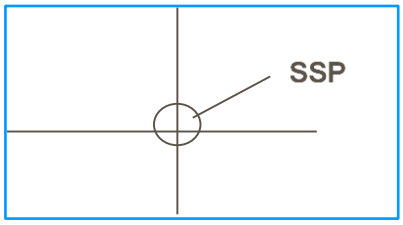
For the sample allocation and for the reduction of biasness and standard of error, the total sample of 2700 households, was split (50%) equally between the intervention/treatment (1,350) and control States (1,350). This allow a reasonable comparative analysis of programme results leading to informed findings.

The Local Government Authorities (LGAs)[144] within four States[145] (8 LGAs per state) in two regions[146] where UNICEF had conducted a communication campaign and were treated as intervention States. As each Local Government Authorities and States contain multiples villages, different population size, birth registration numbers and segregation of rural and urban population and this was set as criteria in the selection of control States. Approximately 48 LGAs, six control States[147] were selected from four regions (2 regions same as from the treatment group) as close and similar in characteristics to those of the treatment groups. With this sample selection, the evaluators covered all the six regions of Nigeria and fulfil the criteria laid out by UNICEF. The sample size and the distribution strategy is expected to yield survey results, which are representative at the programme level for the targeted communes in the respective LGAs and States.

At the first stage, the overall population was divided into two distinct strata, one being the treatment group where UNICEF had implemented its IEC/BCC campaigns, and second being the non-intervention (without exposure to the UNICEF media campaigns on BR) regions/States. The second stage involved the selection of the exposed/treatment States within the NE and NW regions, in addition to one non-exposed state (control) from the same regions. Additionally, the evaluators had also selected one non-exposed state for the control group in the remaining four regions (NC, SS, SE and SW), to ensure that regional diversity and representativeness is captured. For the selection of control States, in addition to non-exposure to UNICEF campaign, other determinants include similarity to the treatment States, judged on the basis of criteria including birth registration coverage, urban-rural ratio and population using mainly MICS data.

Household Selection Method

In terms of household selection, Primary sampling Units (PSUs) or Enumeration Areas (LGAs) are the smallest sampling blocks of about equal landmass with identifiable, well-defined boundaries, encompassing between 400 – 500 households. Sampling Start Points (SSP) is a systematic method of establishing the spot to start the random walk pattern or random route walk within randomly selected PSU/EAs per field team.



Sampling Start Point Illustration

In the urban locations where maps of PSU/EAs are available, the supervisor selects the SSP using a grid. The procedure involves spreading the EA map on a table, placing a ruler along the side of the map and using a table of random numbers/numbered cards to select a number for the top axis and another on the side axis I.e. Y & X axis. The next stage is to draw a line across the horizontal and vertical side of the line to form an intersection. The point on the map where the two lines meet is the randomly selected starts point for the team within the EA/PSU. The team then travels to the nearest dwelling settlement to the selected point, to commence fieldwork.

Once the dwelling structure has been randomly selected, the interviewer then proceeds to randomly select the household where the interview was conducted. A household is defined as a set of individuals living under the same roof and having a common arrangement for feeding. However, members of the household were also expected to have stayed together for a period of not less than 6 months and identify one person as the head of the household.

[144] Number of LGAs in four intervention states
[145] Kebbi, Kaduna, Adamawa, Bauchi
[146] North East and North West
[147] Taraba, Katsina, Niger, Abia, Delta and Lagos

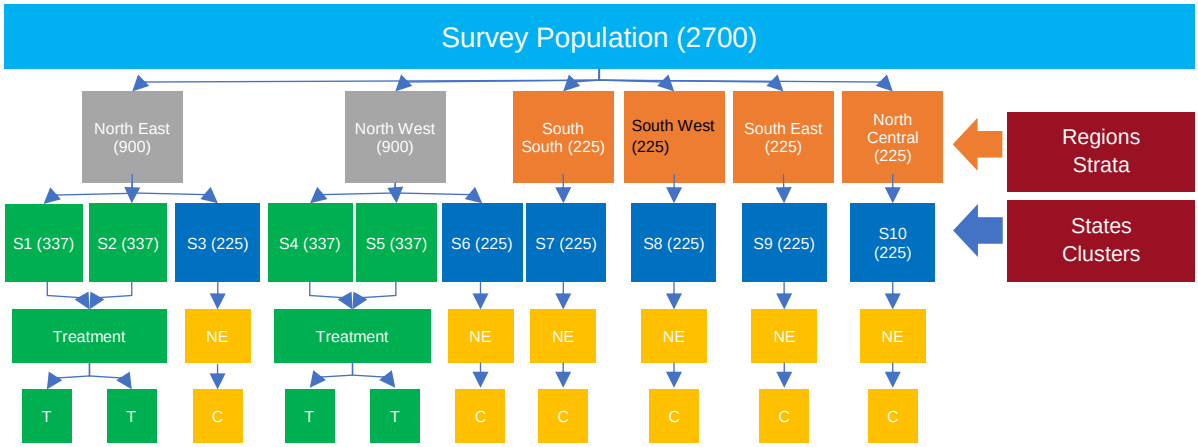
On entering a selected dwelling structure, the interviewer first determined the number of households within the structure. Having done that, the interviewer then used the household selection grid to determine the household where the interview was conducted.

If the dwelling structure is a multi-storey building, the interviewer proceeded to the topmost floor to select the household and thereafter observed the required sampling gaps (sampling interval) by counting subsequent floors before the next interview. If there were more than one household in a dwelling structure, the interviewer used the household selection grid (a table of random numbers) to select the household where the interview was conducted.

Appendix 14A: Household Survey – Sampling Frame

The sampling frame was drawn based on the Programme context that media communication interventions were focused in four States (Kaduna, Kebbi, Bauchi and Adamawa) only. These States formed the Starum-1 of the total universe (whole country). All other States of the country were considered as Starum-2, where no media campaigns were implemented. At next stage, within each Strata, 'clusters' were defined by equating each of the six geographic regions (North East, North West, North Central, South South, South East and South West) of the Country as a 'cluster'. The four States with media campaigns, are in two regions/clusters i.e., North East and North West and are referred as 'Treatment States'. For the formation of the 'control group', at least one State from each of the six regions (refer Table 3.5) were identified. The selection of control States was guided by 'closest match' method using the criteria of population size, rural/urban status and proximity of location.

At next stage, at least 08 LGAs were randomly selected to distribute the total allocated sample for each State. In summary, a sample of 337 households (1350/4) was allocated to each of the four States in the Treatment Group. This Sample of 337 HHs, was further equally distributed across 8 LGAs (32 HHs per LGA) at the State level. The same approach was applied for the 'Control Group States'. Resultantly, a sample of 225 (1350/6) households was distributed in each of the 6 control States and within each State, across 8 LGAs (48 HHs per LGA) as illustrated in the above Figure 3.5. This distribution allows for the comparative oversampling of the treatment States/LGAs to balance the effect of the relatively large number of States/LGAs in the control group. Simultaneously, equal representation of all regions and relatively a greater number of States in the control group also ensures wider coverage in the sample. See below tables illustrating the data used to establish the control group, based on 'Closet Match' method to the treatment States based on the above-mentioned criteria. The illustration below highlights the conceptual model used by the evaluators to draw the sampling design and frame.



Legend:
E: Exposed/Experimental; NE: Non-exposed/Non-experimental
T: Treatment group; C: Control group
Note: Number in brackets shows sample size

The Table 3.5 outlines the overall sampling strategy including the randomly selected States (both treatment and control) and the sample allocation at Strata, Cluster and LGA level.

Table 3.5: Survey Sampling Strategy

Sampling unit	Approach	Selection	Randomly Selected	No. of HHs
Region	Stratum	North and South		2,700
Control States	Cluster - Random selection per region (stratum) from a list of those	6	Taraba, Katsina, Niger,	1,350

	States where no communication campaign was conducted by UNICEF		Abia, Delta and Lagos	
Treatment States	The BRP focused Staes where communication campaigns were conducted by UNICEF	4	Kaduna, Kebbi, Bauchi and Adamawa	1,350
LGA	Lowest administrative sampling unit – randomly selected per State	80 (6*8 + 4*8 = 80)		225 and 338
Household	Sampling Unit			

The Table below summarises the planned sampling distribution strategy by Region, State, LGA and at Community levels.

Table 3.6: Summary – Planned Sampling Frame

Regions	Treatment (T) / Control (C)	State Name	Sample (HHs) per State	LGAs	Number of HHs per LGA	No. of Surveyed Communities
North East	T	Kaduna	338	8	338	24
North East	T	Kebbi	338	8	337	24
North East	C	Taraba	225	8	225	16
North West	T	Adamawa	337	8	338	24
North West	T	Bauchi	337	8	337	24
North West	C	Katsina	225	8	225	16
North Central	C	Niger	225	8	225	16
South South	C	Delta	225	8	225	16
South East	C	Abia	225	8	225	16
South West	C	Lagos	225	8	225	16
Total	10	10	2700	80	2700	192

It is worth to note due to non-availability of complete list of communities in each LGAs with the evaluators, the National Partner involved the relevant staff from NPopC's statistical department to provide the randomly selected 'Enumerations Areas (communities)' out of the randomly selected LGAs (done by the evaluators) for survey execution. Moreover, during execution, the same procedure was adopted to find the 'replacement EA' for the communities which could not be accessed/found due to flooding in some communities or inconsistency of names, during field work.

Sampling Strategy (for Household Survey) at the LGA Level

Random Selection of LGAs and FGDs distribution between AAN and the National Partner

Group	State	LGA	AAN Team	National Partner
Parents/ (mothers/fathers)	Kaduna, Kebbi, Lagos and Abia (Taraba)	8 LGAs (villages/urban areas where HHS is implemented)	6	10
Religious/community leaders, elders	Kaduna, Kebbi, Lagos and Abia (Taraba)	Mushin, Badagry, Chikun, Kagarko, Augie, Maiyama, Ukwa East, Ikwuano	4	4
Health Facility Staff + School Teachers (where BR are being provided)	Kaduna, Kebbi, Lagos and Abia (Taraba)	Nearest health facility to the village selected	4	4
Birth Registrars + SCR	Kaduna, Kebbi, Lagos and Abia (Taraba)	LGA	4	4
Total			18	22

Random Selection of LGAs

States	Kebbi	Kaduna	Adamawa	Bauchi	Niger	Delta	Katsina	Taraba	Abia	Lagos
LGAs	Aleiro	Kaduna North	Lamurde	Bauchi	Tafa	Burutu	Dutsi	Zing	Aba South	Lagos Island
	Fakai	Kagarko	Toungo	Dass	Gbako	Oshimili South	Safana	Jalingo	Ikwuano	Agege
	Dandi	Zaria	Yola South	Katagum	Gurara	Patani	Mani	Ibi	Isiukwuato	Amuwo-Odofin
	Augie	Chikun	Gombi	Itas/Gadau	Shiroro	Uvwie	Zango	Ussa	Ukwa East	Mushin
	Gwandu	Sabon-Gari	Madagali	Ningi	Lapai	Warri South West	Danja	Lau	Umuahia North	Shomolu
	Maiyama	Sanga	Fufore	Alkaleri	Agwara	Oshimili North	Kusada	Sardauna	Isiala-Ngwa South	Badagry
	Ngaski	Zangon-Kataf	Maiha	Ganjuwa	Mariga	Ndokwa West	Jabia	Donga	Ohafia	Ajeromi-Ifelodun
	Bunza	Je,a'a	Jada	Giade	Mokwa	Warri North	Kafur	Bali	Aba North	Ikorodu

Sampling Frame (Complete) for Household Survey

Executive Summary Table

Regions	Treatment/Control	States	Number of HHs per state	LGAs	Number of HHs per LGA	Communities
North East	T	Kaduna	338	8	338	24
North East	T	Kebbi	338	8	337	24
North East	C	Taraba	225	8	225	16
North West	T	Adamawa	337	8	338	24
North West	T	Bauchi	337	8	337	24
North West	C	Katsina	225	8	225	16
North Central	C	Niger	225	8	225	16
South South	C	Delta	225	8	225	16
South East	C	Abia	225	8	225	16
South West	C	Lagos	225	8	225	16
6	10	10	2700	80	2700	192

Regions	Treatment/ Control	States	Number of HHs per state	LGAs	Number of HHs per LGA	Communities	HHs
North East	Treatment	Kaduna	338	Kaduna North	43	1	16
						2	14
						3	14

Regions	Treatment/ Control	States	Number of HHs per state	LGAs	Number of HHs per LGA	Communities	HHs
				Kagarko	43	4	14
						5	14
						6	14
				Zaria	42	7	14
						8	14
						9	14
				Chikun	42	10	14
						11	14
						12	14
				Sabon-Gari	42	13	14
						14	14
						15	14
				Sanga	42	16	14
						17	14
						18	14
				Zangon-Kataf	42	19	14
						20	14
						21	14
				Je,a'a	42	22	14
						23	14
						24	14
North East	Treatment	Kebbi	338	Aleiro	43	25	16
						26	14
						27	14
				Fakai	43	28	14
						29	14
						30	14
				Dandi	42	31	14
						32	14
						33	14
				Augie	42	34	14
						35	14
						36	14
				Gwandu	42	37	14
						38	14
						39	14
				Maiyama	42	40	14
						41	14
						42	14
				Ngaski	42	43	14
						44	14
						45	14
				Bunza	42	46	14
						47	14
						48	14
North East	Control	Taraba	225	Zing	29	49	15
						50	14
				Jalingo	29	51	14
						52	14
				Ibi	28	53	14
						54	14
				Ussa	28	55	14
						56	14
				Lau	28	57	14
						58	14
				Sardauna	28	59	14
						60	14
				Donga	28	61	14
						62	14
				Bali	28	63	14
						64	14
North West	Treatment	Adamawa	337	Lamurde	43	65	15
						66	14
						67	14
				Toungo	43	68	14

Regions	Treatment/ Control	States	Number of HHs per state	LGAs	Number of HHs per LGA	Communities	HHs
						69	14
						70	14
				Yola South	42	71	14
						72	14
						73	14
				Gombi	42	74	14
						75	14
						76	14
				Madagali	42	77	14
						78	14
						79	14
				Fufore	42	80	14
						81	14
						82	14
				Maiha	42	83	14
						84	14
						85	14
				Jada	42	86	14
						87	14
						88	14
North West	Treatment	Bauchi	337	Bauchi	43	89	15
						90	14
						91	14
				Dass	42	92	14
						93	14
						94	14
				Katagum	42	95	14
						96	14
						97	14
				Itas/Gadau	42	98	14
						99	14
						100	14
				Ningi	42	101	14
						102	14
						103	14
				Alkaleri	42	104	14
						105	14
						106	14
				Ganjuwa	42	107	14
						108	14
						109	14
				Giade	42	110	14
						111	14
						112	14
North West	Control	Katsina	225	Dutsi	29	113	15
						114	14
				Safana	28	115	14
						116	14
				Mani	28	117	14
						118	14
				Zango	28	119	14
						120	14
				Danja	28	121	14
						122	14
				Kusada	28	123	14
						124	14
				Jabia	28	125	14
						126	14
				Kafur	28	127	14
						128	14
North Central	Control	Niger	225	Tafa	29	129	15
						130	14
				Gbako	28	131	14
						132	14
				Gurara	28	133	14

Regions	Treatment/ Control	States	Number of HHs per state	LGAs	Number of HHs per LGA	Communities	HHs
						134	14
				Shiroro	28	135	14
						136	14
				Lapai	28	137	14
						138	14
				Agwara	28	139	14
						140	14
				Mariga	28	141	14
						142	14
				Mokwa	28	143	14
						144	14
South South	Control	Delta	225	Burutu	29	145	15
						146	14
				Oshimili South	28	147	14
						148	14
				Patani	28	149	14
						150	14
				Uvwie	28	151	14
						152	14
				Warri South West	28	153	14
						154	14
				Oshimili North	28	155	14
						156	14
				Ndokwa West	28	157	14
						158	14
				Warri North	28	159	14
						160	14
South East	Control	Abia	225	Aba South	29	161	15
						162	14
				Ikwuano	28	163	14
						164	14
				Isiukwuato	28	165	14
						166	14
				Ukwa East	28	167	14
						168	14
				Umuahia North	28	169	14
						170	14
				Isiala-Ngwa South	28	171	14
						172	14
				Ohafia	28	173	14
						174	14
				Aba North	28	175	14
						176	14
South West	Control	Lagos	225	Lagos Island	29	177	16
						178	14
				Agege	28	179	14
						180	14
				Amuwo-Odofin	28	181	14
						182	14
				Mushin	28	183	14
						184	14
				Shomolu	28	185	14
						186	14
				Badagry	28	187	14
						188	14
				Ajeromi-Ifelodun	28	189	14
						190	14
				Ikorodu	28	191	14
						192	14
6	2	10		80	2700	240	2700

Selection of Control States - Comparative Data used for selection

Note: The following tables illustrate the data used to establish the control group, based on maximum similarity to the treatment states on the basis of the mentioned criteria.

Control States									
		Population Size						Number of Birth Registration	
		2011			2016				
Region	State	2011	Urban (%)	Rural (%)	2016	Urban (%)	Rural (%)	2011	2016
North East	Taraba	2,652,880	15.0	85.0	3,066,834	15.0	85.0	30,821	377,249
	Gombe	2,775,400	20.0	80.0	3,256,962	20.0	80.0	99,875	712,049
North West	Katsina	6,740,479	29.0	71.0	7,831,319	29.0	71.0	285,148	1,867,779
	Sokoto	4,301,896	22.0	78.0	4,998,090	22.0	78.0	79,731	873,986
North Central	Niger	4,687,610	27.0	73.0	5,556,247	27.0	73.0	96,313	800,882
	FCT Abuja	2,238,752	67.0	33.0	3,564,126	67.0	33.0	97,383	799,250
South East	Abia	3,256,642	38.0	62.0	3,727,347	38.0	62.0	88,235	675,359
	Enugu	3,796,685	81.0	19.0	4,411,119	81.0	19.0	97,787	672,312
South South	Delta	4,825,999	51.0	49.0	5,663,362	51.0	49.0	98,399	725,166
	Edo	3,700,706	58.0	42.0	4,235,595	58.0	42.0	106,995	653,303
South West	Lagos	10,694,915	94.0	6.0	12,550,598	94.0	6.0	313,600	2,213,042
	Osun	4,009,839	57.0	43.0	4,705,589	57.0	43.0	118,697	963,636

Treatment States									
		Population Size						Number of Birth Registration	
		2011			2016				
Regions	Treatment States	2011	Urban (%)	Rural (%)	2016	Urban (%)	Rural (%)	2011	2016
North East	Kaduna	7,102,877			8,252,366			91,766	137,012
North East	Kebbi	3,802,526			4,440,050			22,485	422,476
North West	Bauchi	5,515,526			6,537,314			97,833	102,398
North West	Adamawa	3,674,992			4,248,436			72,339	576,669

Population Details Referred During States Selection and Sampling Methods

Sr. #	Districts	Population	Sr. #	Districts	Population
1.	Federal Capital Territory	1.8.1.1.1 1,405,201	1.8.1.1.2 20	Osun State	1.8.1.1.3 3,423,535
2.	1.8.1.1.4 Kano State	1.8.1.1.5 9,383,682	1.8.1.1.6 21	1.8.1.1.7 Kogi State	1.8.1.1.8 3,278,487
3.	1.8.1.1.9 Lagos State	1.8.1.1.10 9,013,534	1.8.1.1.11 22	1.8.1.1.12 Zamfara State	1.8.1.1.13 3,259,846
4.	1.8.1.1.14 Kaduna State	1.8.1.1.15 6,066,562	23	1.8.1.1.16 Enugu State	1.8.1.1.17 3,257,298
5.	1.8.1.1.18 Katsina State	1.8.1.1.19 5,792,578	1.8.1.1.20 24	1.8.1.1.21 Kebbi State	1.8.1.1.22 3,238,628

6.	1.8.1.1.23	Oyo State	1.8.1.1.24	5,591,589	1.8.1.1.25	25	1.8.1.1.26	Edo State	1.8.1.1.27	3,218,332
7.	1.8.1.1.28	Rivers State	1.8.1.1.29	5,185,400	1.8.1.1.30	26	1.8.1.1.31	Plateau State	1.8.1.1.32	3,178,712
8.	1.8.1.1.33	Bauchi State	1.8.1.1.34	4,676,465	1.8.1.1.35	27	Adamawa State		1.8.1.1.36	3,168,101
9.	1.8.1.1.37	Jigawa State	1.8.1.1.38	4,348,649	1.8.1.1.39	28	1.8.1.1.40	Cross River State	1.8.1.1.41	2,888,966
10.	1.8.1.1.42	Benue State	1.8.1.1.43	4,219,244	1.8.1.1.44	29	1.8.1.1.45	Abia State	1.8.1.1.46	2,833,999
11.	1.8.1.1.47	Anambra State	1.8.1.1.48	4,182,032	1.8.1.1.49	30	1.8.1.1.50	Ekiti State	1.8.1.1.51	2,384,212
12.	1.8.1.1.52	Borno State	1.8.1.1.53	4,151,193			1.8.1.1.54	Kwara State	1.8.1.1.55	2,371,089
13.	1.8.1.1.56	Delta State	1.8.1.1.57	4,098,391	1.8.1.1.58	31	1.8.1.1.59	Gombe State	1.8.1.1.60	2,353,879
14.	1.8.1.1.61	Niger State	1.8.1.1.62	3,950,249	1.8.1.1.63	32	1.8.1.1.64	Yobe State	1.8.1.1.65	2,321,591
15.	1.8.1.1.66	Imo State	1.8.1.1.67	3,934,899	1.8.1.1.68	33	1.8.1.1.69	Taraba State	1.8.1.1.70	2,300,736
16.	1.8.1.1.71	Akwa Ibom State	1.8.1.1.72	3,920,208	1.8.1.1.73	34	1.8.1.1.74	Ebonyi State	1.8.1.1.75	2,173,501
17.	1.8.1.1.76	Ogun State	1.8.1.1.77	3,728,098	1.8.1.1.78	35	1.8.1.1.79	Nasarawa State	1.8.1.1.80	1,863,275
18.	1.8.1.1.81	Sokoto State	1.8.1.1.82	3,696,999	1.8.1.1.83	36	1.8.1.1.84	Bayelsa State	1.8.1.1.85	1,703,358
19.	1.8.1.1.86	Ondo State	1.8.1.1.87	3,441,024	1.8.1.1.88	37				

Appendix 14B: Sampling Approach (Proposal Stage)

As part of quantitative data collection, the Consultant proposed has conducted two different surveys (one is the Knowledge, Attitudes and Practices (KAP) survey with parents and caregivers, and other is facility and capacity assessment of staff which is involve in programme.

By doing both the surveys, the Consultant has compared results from 2012 to 2016, by doing the temporal analysis of the critical indicators, extracting data from the dashboard and the progress reports. This will be helpful to identify the high and low performing State/ LGAs. If baseline of the programme is not available then the Consultant will use two ways to extract information of 2012; one is from the other relevant survey report if conducted by the Government of Nigeria, UN agencies or any other agencies, whereas the second way is the Recall Method/ Retrospective Pre-test[148]. The Consultant will add to the recall questions in the questionnaire of both type of surveys (KAP Survey and facility and capacity assessment). These will help in creating a baseline, but this is optional if the baseline exists and contains KAP for parents/ caregivers and facility and capacity of staff. Please see the methodology for KAP and Capacity assessment below.

Knowledge, Attitude and Practice (KAP) Survey

To answer all evaluation questions, a questionnaire based KAP survey was implemented. The rationale for KAP survey is to undertake a comprehensive assessment of the knowledge, attitude and practices of among the communities. The results will be corroborated with the qualitative findings to make valid judgement on the knowledge, attitude and practice among communities regarding awareness of Birth Registration Programme. The description below narrates the key aspects of the KAP administration.

Target Group (Population)

The study population comprising of 774 Local Government Authorities in 36 States and Federal Capital Territory.

Sampling Unit

The sampling unit for this study is a 'Household' in the targeted communes from which parents (Mother and Father) will be interviewed.

Sample Size

Te KAP survey is to get a representative indication about programme interventions within the communes (the study universe).

The study aims to predict the pertinent proportion of the universe. A parsimonious and representative sampl was important to get true idea about the population parameter(s). In the absence of any specific information on the exact population size or the number of households in each commune/village, and assuming the 'normal distribution' of the total population across the universe, the population size doesn't matter in calculation of sample size. To get the optimal sample size our calculation is based upon margin of error and level of confidence. In the calculation provided below we have calculated the sample size using the 95% confidence level and 2.5% margin of error. Table below explains the parameters used in the formula to calculate an optimal sample size. Please input the formula

Level of Confidence (LOC)	*Describes the level of uncertainty in the sample mean or prevalence as an estimate of the population mean or prevalence.* ***Recommended value:*** *1.96 (for 95% confidence level)*
Margin of Error (FMoE)	*The expected half-width of the confidence interval. The smaller the margin of error, the larger the sample size needed.* ***Recommended value:*** *0.05*
Baseline levels of the indicators (Ind)	*The estimated prevalence of the risk factors within the target population. Values closest to 50% are the* ***most*** *conservative.* ***Recommended value****: 0.5 if no previous data on population, else value closest to 0.5 from previous data*
Formula: for LOC = 1.96 (95% Confidence Level); FMoE = 2.5% and Ind = 0.5	

[148] http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/evaluation-methodology/the-retrospective-pretest-an-imperfect-but-useful-tool

Sample Size (n)	=	$\frac{LOC^2 \times Ind \times (1 - Ind)}{FMoE^2}$
Sample Size (n)	≈	*2663*

To control the other methodological errors or biases, the Consultants propose to increase the sample by approximately 4.2% of the total calculated number, thus, the total proposed sample size equals 2775 HHs for the Household Survey.

Sampling Frame

The Consultants propose to use *'Two-stage cluster sampling'*, which is a simple case of multistage sampling. In the first stage, clusters are selected using ordinary cluster sampling, and in the second stage, simple random sampling is used on individual elements in each cluster. The numbers of elements selected from different clusters are not necessarily equal. The total number of clusters, sampled clusters, and numbers of elements from selected clusters need to be pre-determined.[149] Two-stage cluster sampling aims at minimizing survey costs and at the same time controlling the uncertainty related to estimates of interest[150]. This method can be used in health and social sciences. Sampling in this method can be quicker and more reliable than other methods, which is why this method is now used more frequently.[151]

The Consultant has distributed the sample among all 36 states and federal capital, and in each state randomly select two (2) LGAs where the Consultant will divide sample size equally. So, sample of 75 for one state and it will further be divided into two LGA's (1 urban and 1 rural).

Rationale of Sampling Frame

Since this is a national level intervention, therefore the Consultant would conduct KAP survey nationally and through this get an idea about the awareness level of communities regarding birth registration. In this context, the 'two-stage cluster random sampling' approach will best suit the context as it allows each commune equal probability to be selected in the sample due to randomization, hence is capable of yielding survey results which are 'representative' at the programme level, and to some degree for the targeted communes/provinces as well. The following table presents the distribution of the sample among state which will further divide into rural and urban population per state.[152] The selection of LGA was purely random, and the Consultant also assumes that every state has both urban and rural LGA. The Consultants will use rural/urban division of data done by National Population Commission across Nigeria and specified the states where only urban/ rural communities are accessible.

Final Proposed HHS Sample

Note: *The above stated sampling approach is tentative and will be discussed with the evaluation and programme management during the inception phase. The application of this approach requires the availability of the complete listing of the communes and the number of HHs within each commune. It is expected that UNICEF will provide all relevant information during inception phase for its finalization.*

[149] Ahmed, Saifuddin (2009). Methods in Sample Surveys (PDF). The Johns Hopkins University and Saifuddin Ahmed.
[150] Daniel Pfeffermann; C. Radhakrishna Rao (2009). Handbook of Statistics Vol.29A Sample Surveys: Theory, Methods and Inference
[151] LP Galway; Nathaniel Bell; Al S SAE; Amy Hagopian; Gilbert Burnham; Abraham Flaxman; Wiliam M Weiss; Julie Rajaratnam; Tim K Takaro (27 April 2012). "A two-stage cluster sampling method using gridded population data, a GIS, and Google Earth imagery in a population-based mortality survey in Iraq". International Journal of Health Geographics.
[152] https://en.wikipedia.org/wiki/List_of_Nigerian_states_by_population

Appendix 15: Household Survey (HHS) Questionnaire

IMPACT EVALUATION BIRTH REGISTRATION (IEBR) – HOUSEHOLD SURVEY

AAN Associates Pakistan

Address: 108, Executive Heights, F-11/1, Islamabad, Pakistan

www.aanassociates.com

Supervisor's ID No: **Interviewer's ID No:** **Respondent No:**

Interviewer's Name……
Order Of call……
Respondent's Name……....
Call Commenced……..……
Address……
Call Completed……..……
Town……..
Back Checked By……...
Respondent 's Phone No……
Date of interview……

Regions (Nigeria)			
South West	**1**	North West	**4**
South South	**2**	North East	**5**
South East	**3**	North Central	**6**

States (Nigeria)			
Abia	**1**	**Katsina**	**6**
Adamawa	**2**	**Lagos**	**7**
Bauchi	**3**	**Niger**	**8**
Delta	**4**	**Taraba**	**9**
Kaduna	**5**	**Kebbi**	**10**

LGA

Adamawa		Bauchi		Niger		Delta		Katsina		Taraba		Abia		Lagos	
Lamurde		Bauchi		Tafa		Burutu		Dutsi		Zing		Aba South		Lagos Island	
Toungo		Dass		Gbako		Oshimili South		Safana		Jalingo		Ikwuano		Agege	
Yola South		Katagum		Gurara		Patani		Mani		Ibi		Isiukwuato		Amuwo-Odofin	
Gombi		Itas/Gadau		Shiroro		Uvwie		Zango		Ussa		Ukwa East		Mushin	
Madagali		Ningi		Lapai		Warri South West		Danja		Lau		Umuahia North		Shomolu	
Fufore		Alkaleri		Agwara		Oshimili North		Kusada		Sardauna		Isiala-Ngwa South		Badagry	
Maiha		Ganjuwa		Mariga		Ndokwa West		Jabia		Donga		Ohafia		Ajeromi-Ifelodun	
Jada		Giade		Mokwa		Warri North		Kafur		Bali		Aba North		Ikorodu	

Kaduna		**Kebbi**
Kaduna North		Aleiro
Kagarko		Fakai
Zaria		Dandi
Chikun		Gwandu
Sabon-Gari		Maiyama

Sanga		Ngaski
Zangon-Kataf		Bunza
Je,a'a		

Sampling Point/Enumeration Area

Urbanisation
Urban……1
Rural……...2

Introduction and Consent

Good Morning/Afternoon/Evening/. My name is _____ and I am working with Practical Sampling International (PSI) and AAN Associates, Pakistan, on behalf of UNICEF, Country Office, Nigeria. I am here to learn what people in this community think and do with respect to birth registration services. We would like to talk to you and other people in your neighbourhood about the birth registration programme. You were chosen by chance and your help in answering our questions is important and voluntary. There are no right or wrong answers to these questions; I am only interested in your own view or experiences. Your responses will be treated with confidentiality.

The questions that I will ask will be mainly on birth registration services. There is no direct benefit to you for participating, but the answers that you provide will be used to help UNICEF and the National Population Commission (NPopC) plan for and later evaluate the overall situation of birth registration in Nigeria. The combined information that we collect from people where this survey is being carried out will be shared confidentially and used to improve birth registration services in your community. If we ask you any questions you don't want to answer let me know and I will go on to the next question. You can also stop the interview at any time.

Do you have any questions about the survey at this time?

Yes….1
No……2

Section 1: Household Identification and Respondent Profiling Questions

Respondent Eligibility Criteria

1. Respondent must be a father and/or mother of at least one child of **under-five (5) years age.** **Instruction:** If respondent's profile meetsthe above-mentioned criteria, please proceed with the interview. **<u>If notthe please end the conversation and move to the next potential respondent for interview</u>** **Nuclear family:** means all members of a household (mother, father and their dependent children) that share a common kitchen. **Joint family:** means all members of a household including Grandfather, Grandmother and any other extended family member For this survey, 'Birth Registration' refers to having a birth certificate. (The complete birth registration involves three stages i.e. intimation of a birth, filing the birth registration Form - A, recording the event on the birth register and issuance of birth certificate). End interview. Go to Section 7 and record result of visit.

Respondent Household Identification

1.1 Interview Date DD-MM-YYYY: [__|__]-[__|__]-[_2_|_0_|_1_|_8_]		
1.2 Interviewer's name [_____]	1.2a. Interviewer Code / ID	[__|__|__|__]|__]
1.3 State Name [_____]	1.3a. State Name Code	[__|__|__|
1.4 LGA Name [_____]	1.4a. LGA Name Code	[__|__|__|
1.5 Community Name/Identity [_____]	1.5a Community Code	[__|__|__|__]|__]
1.6 Household Map ID [__|__|__]	1.6a Household (HH) Identity Code	[__|__|__|__]|__]
1.7. Ward Name		

How many household are in the dwelling structure?

Do you have children under 5 years old	
Yes	1
No- **Thanks the Respondent and Terminate**	2

Respondent Profiling Questions

1.11. How many children do you have? (Given the respondent is a mother and/or father).

1.11. How many of these children are under **five (5) years of age**? (Given the respondent is a mother and/or, father)

1.12. Please share with us the age and sex of your children who are under five (5) years of age(Please mark in each appropriate cell;

Note: The number of total children (U5) should match with the total number of children mentioned in above question (Q1.11a).

	Male	Female	Age (in completed years)	Age (in completed month)
Child 1			Less than 1 year……..1	
Child 2			1 Year……2	
Child 3			2 Years……..3	
Child 4			3 Years……..4	
Child 5			4 Years……...5	

1.13Please share with us the details of your children **(only under five)**who are registered with relevant birth registration authorities and have birth registration certificates?

- To avoid interruptions, first complete all sections of the questionnaire and in the end please verify and check the birth registration certificate and record your observations in last column. Write 'Yes' or 'No' where applicable.
- It is possible that a child is registered but do not have birth certificate.
- It is also possible that a child is registered and has birth certificate but parents could not present it for physical observation.

	Registered Yes / No	Have BR Certificate Yes / No	Certificate Observed	
			Yes	No
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Respondent Category

Father……1

Mother……2

1.8. What is your name?

1.9. What is your age?	
_____ Years (age is always in completed years)	
Don't know	**98**
Refused	**99**

SECTION 2: DEMOGRAPHICS (D)

Q. No	QUESTIONS	RESPONSES	CODES
D1	How would you describe your marital status?	Single (Never Married)	1
		Married with one spouse	2
		Married, and my husband has more than one wife	3

	DO NOT READ OUT EACH OPTION, SINGLE CODE ONLY	Married with more than one wife	4
		Divorced/Separated	5
		Widowed	6
		Cohabiting	7
		Other (specify):_____	8
		Refused/No answer	99
D2	What is your religion? ***DO NOT READ OUT EACH OPTION, SINGLE CODE ONLY***	Muslim	1
		Christian	2
		Traditional worshipper	3
		Other	4
		No religion	5
		Refused/No answer	99
D3	What is your literacy level? It is important to note that a person can be literate even without having any formal education. Definition from NPopC manual **If answer is literate go to D4**	**Literate** (A person is literate if he/she can read and write in any language with understanding.)	1
		Illiterate (A person who can read but cannot write is illiterate (not literate).	2
D4	What is your highest level of education? ***DO NOT READ OUT EACH OPTION, SINGLE CODE ONLY***	Koranic	1
		Primary	2
		Middle / Modern	3
		Secondary/Teacher Training	4
		Higher School/GCE	5
		Polytechnic/NCE	6
		University	7
		No formal education	8
D5	What is your primarymother tongue? ***DO NOT READ OUT EACH OPTION, SINGLE CODE ONLY***	Hausa/Fulani	1
		Yoruba	2
		Igbo	3
		Urobo	4
		Others (Please specify) _____	5

D6. What is your Ethnic Group?							
Alago	**1**	Fulani	**8**	Igala	**15**	Tiv	**22**
Annang	**2**	Gwari	**9**	Ijaw	**16**	Urobo	**23**
Bura	**3**	Hausa	**10**	Isoko	**17**	Yoruba	**24**
Chamba	**4**	Higgi	**11**	Kanuri	**18**	Other: _____ Please specify	**25**
Edo	**5**	Ibibio	**12**	Munnuye	**19**		
Efik	**6**	Ibo	**13**	Nupe	**20**		
Ekoi	**7**	Idoma	**14**	Ogoni	**21**		

D7. How many of the following do you **or** someone in your householdhave that is in working condition? ***(Read out options and fill in number of each item. Write '00' in the boxes if no one in the household has the item. Write '98' if the head of household refuses to respond and '99' if they don't know how many. Record only items in working condition.)***

Note: Please list items which are owned by members of your nuclear family

a. Bicycle..... [___|___|___]
b. Motorcycle/scooter ..... [___|___|___]
c. Car/truck..... [___|___|___]

d. Animal-drawn cart ..... [___|___|___]
e. Boat with motor ..... [___|___|___]
f. Boat with no motor ..... [___|___|___]
g. Radio..... [___|___|___]
h. Television ..... [___|___|___]
i. Cassette player ..... [___|___|___]
j. Mobile phone..... [___|___|___]
k. Fixed phone/Landline ..... [___|___|___]
l. Refrigerator ..... [___|___|___]
m. Table ..... [___|___|___]
n. Chairs..... [___|___|___]
o. Sofa seats ..... [___|___|___]
p. Bed..... [___|___|___]
q. Cupboard..... [___|___|___]
r. Clock ..... [___|___|___]

D8. How many of the following livestock do you have? ***(Read out options and fill in number of each animal. Write '00' in the boxes if the household does not have that animal.Write '98' if the respondent refuses to respond and '99' if they don't know how many.)***

a. Local cattle ..... [___|___|___]
b. Exotic/Cross cattle..... [___|___|___]
c. Chicken ..... [___|___|___]
d. Sheep..... [___|___|___]
e. Goat..... [___|___|___]
f. Pigs ..... [___|___|___]
g. Horses/Donkeys/Mules ..... [___|___|___]
h. Rabbits……[___|___|___]
i. Turkey…… [___|___|___]
j. Other (*please specify)* ……[_____]

D9. Does your household own the land on which the house you live is constructed?***(Read all responses. Circle <u>one</u> response.***		
Yes, owns the land	1	
No, pays rent	2	
No, not paying rent at the consent of the owner	3	
No, not paying rent (squatting)	4	
Other (specify	98	

D10. Does your household own any other land?		
Yes	1	
No	2	
Don't know	98	

D11.What is your family's (husband, wife and dependent children – nuclear family) average monthly income from all sources? **(Please ask where applicable)**	
None	1
Less than 20,000 NGN	2
20,001- 40,000NGN	3
40,001- 60,000 NGN	4
60,001- 80,000 NGN	5
80,001- 100,000NGN	6
100,001-300,000 NGN	7

More than 300,001 NGN	8
Don't Know	98
Refused	99

Section 3: Knowledge, Practice / Experience of Birth Registration

In this section, I am going to ask you about your knowledge and experience of getting your child's birth registered.

KNOWLEDGE OF BIRTH REGISTRATION SERVICES

BR1. In your view, is it mandatory to register the birth of the child with relevant authorities in Nigeria?	
Yes	1
No	2
Don't Know	98
Refused	99

BR2. Do you think that child's birth registration is the right of every child?	
Yes	1
No	2
Don't Know	98
Refused	99

BR3. Which of the following public authority/department/agency has the **primary** responsibility to register child birth? **Note: Read out option and ask them to identify one.**	
National Populations Commission (NPopC)	1
Local Government	2
HealthFacility/Centre	3
Education	
Other, please specify; _____	4
Don't Know	98
Refused	99

BR3a. Which of the following public authority/departments/agency have **secondary** responsibility to register child birth? **Note: Read out option and ask them to identify one or more.**	
National Populations Commission (NPopC)	1
Local Government	2
HealthFacility/Centre	3
Education	4
Other, please specify; _____	5
Don't Know	98
Refused	99

BR4. In youropinion, please tell mewhich NPopC (National Populations Commission) official is responsible for birth registration?	
Birth Registrar	1
Auxiliary Registrar	2
Other, please specify; _____	3
Don't Know	98
Refused	99

BR5. Do you know the location of NPopC (National Populations Commission) office where births are registered?	
Yes	1
No	2

Don't Know	98

If No, Skip BR5a-b

BR5a. Is office of the NPopC (National Populations Commission) Birth Registrar available in your community/neighbourhood?	
Yes	1
No	2
Don't Know	98

BR5b. How far is NPopC (National Populations Commission) Birth Registrar Office from your house?	
Less than 1 Km / Less than 30mins	1
1-3 Km / 31mins-59mins	2
4-5 Km /1hr-3hrs	3
More than 5 Km/ More than 2hrs	4
Don't Know	98

BR6. Do you know if there is any fee for child's birth registration?	
No fee - Birth Registration is free	1
Fee/payment is required for birth registration	2
Don't Know	98

BR7 Are you aware of the birth registration procedure? (***Procedure means knowledge about documents and any other requirements)***	
Yes	1
No	2
Don't Know	98
Refused	99

If No, Don't Know and Refuse, Skip to QPE1

BR8. Which documents are required for the birth registration procedure? **(Please do not record more than 3 documents)**
1. _____
2. _____
3. _____

BR8a:Which information are required for birth registrations procedure? **(Please do not record more than 3 Information).**
1. _____
2. _____
3. _____

PRACTICE/EXPERIENCE OF ACCESSING BIRTH REGISTRATION SERVICES

PE1. Have there been any birth registered in your family in the past 5 years?	
Yes	1
No	2

Note: if NO then go to Section 4. (Do not ask question from PE2 to PE17)

PE1b. Who did the registration?

Myself	1
Someone else	2

PE2. Where did you go to register your child's birth? (**Select ALL that apply**)	
Health Centre	1
School	2
Local Government Area	3
NPopC Office (Birth Registrar)	4
NPopC (Mobile Team)	5
Others (Please Specify)	6

If Code 5 i.e NPopC (Mobile Team) skip PE3, PE4, PE8, PE10, PE10A AND PE11

PE3. How much distance did you travel to reach to the birth registration office?	
Less than 1Km/Less than 30 mins	1
1-3Km/ 31mins-59mins	2
4-5Km/1hrs-2hrs	3
More than 5 Km/ More than 2hrs	4

PE4. How many trips did it take you to get child's birth registered?	
One Trip	1
Two Trips	2
More (Please Specify)……..	3

PE5. How much time did it take to register your child's birth***(Time taken within the centre/office to get the child registered? It does not include the travel time)***	
Less than one (1) hour	1
Between one to two (1-2) hours	2
Between two to three (2-3) hours	3
Between three to four (3-4) hours (approx. half a day)	4
More than four hours (approx. full day)	5
More than a day	6

PE7. How much fee did you pay to register your child's birth? **Record answer In Naira.(Transport cost, treatment etc should not be included)**	
No Fee	1
_____ (Naira)	2
Don't Know	3

PE8. How did you travel to the registration office?	
By foot	1
Personal transport	2
Public/rented transport	3
Others	4

Note: In case of response 2, 3 and 4 (personal/public/rented transport), please ask the question PE9.

PE9. How much did it cost including the transport, meal or any other cost incurred other than the birth registration fee? **Record answer In Naira**	
0 – 100	1
101-300	2
301-500	3
501-1000	4
More than 1001	5

PE10. Did someone else (from family or friends) accompany you to the birth registration office?	
Yes	1
No	2
Don't know/Can't Remember	3

PE10a. Who did accompany you when you went to register the child birth? **Select all that apply**	
Father	1
Mother	2
Grand father	3
Grand Mother	4
Brother	5
Sister	6
Neighbours	7
Friend	8
Others (Please specify) _____	98

PE11. Was relevant official/staff available at the birth registration facility when you visited them?	
Yes	1
No	2

PE12 Did you receive adequate guidance (information on the procedure and requirements) from the official/staff present?	
Yes	1
No	2

If response is No, move to Q PE13

PE12a. Was the information provided by the staff useful?	
Yes	1
No	2

PE13. Were all the necessary materials (forms, register and birth certificates) available at the birth registration facility?	
Yes	1
No	2

PE14. Did you find the staff helpful/cooperative?	
Yes	1
No	2

PE15. How do you rate the overall experience at the birth registration centre??	
Excellent	1
Good	2
Fair	3
Poor	4
Very Poor	5

PE16. Did you face any difficulties at the facility while registering your child's birth?**If the answer is Yes, please ask the follow up question**	
Yes	1
No	2

If No Skip QPE17 to Section 4

PE17. Please tell me which of the difficulties/challenges you faced at the facility?**Read all listed below and mark all that apply**	
Facility is closed mostly	1
Relevant staff is unavailable	2
Staff arrived late	3
Difficulty in finding the office/desk of NPopC Staff	4
Guidance on procedures/requirements was not provided	5
Staff informed that forms/register/certificates are not available	6
Office closed permanently	7
There were too many people at the facility	8
Multiple trips were made to get birth registered	9
It took long time to register	10
NPopC facility is located far away	11
Birth registration fee is high	12
Transport costs are high	13
Others (please specify) _____	14

Section 4: Parents' Priorities & Choices for Birth Registration

CH1. As parents, what are five most important priorities you have for your children?
INS - 1 being the highest and 5 being the lowest. Please read out all the options below and ask the respondent to rank them. Record priority order in 'priority number' column.

Sr#	Options	Priority Number
1	Birth Registration	
2	Child Health	
3	Immunisation	
4	Child Education	
5	Child Safety	
6	Clothing	
7	Child Food	
8	Child Protection (from being trafficked or involved in other undesirable activities)	
9	Female Genital Mutilation	
10	Others, please specify _____	

CH2. In your view how many parents/caregivers in your community may have registered their children births?	
Only few parents (less than a half)	1
Most parents (more than a half)	2
All parents	3
Don't know	4

If the answer to this question falls within first two categories (1 and 2) please ask the follow up question; otherwise go to CH4

CH3. Why do you think some parents may have not registered the birth of their children? **Do not read out the options:**	
Staff is not available at facilities	1
Long distance to cover to get to birth registration facilities	2
Fees for birth registration is high	3
No transport is available	4
Transport costs are high (unaffordable)	5
Parents are busy	6
Parents do not have knowledge about advantages of birth registration for children	7
Parents don't know about the birth registration procedure/requirements	8
Parents don't know about the agency responsible for birth registration	9

Parents don't know about the location of the office of relevant public agency	10
Others (Please specify): _____	11

CH4: Please help us list the top five reasons why parents are not registering their child birth? **1 being the highest and 5 being the lowest**		
S#	Options	**Priority Number**
1	Staff is not available at facilities	
2	Long distance to cover to get to birth registration facilities	
3	Fees for birth registration is high	
4	No transport is available	
5	Transport costs are high	
6	Parents are busy	
7	Parents do not have knowledge about advantages of birth registration for children	
8	Parents don't know about the birth registration procedure/requirements	
9	Parents don't know about the agency/office responsible for birth registration	
10	Parents don't know about the location of the office of relevant public agency	
11	Others (Please specify): _____	

CH5. In your community, do you think parents prefer registering child birth of? **(Read all responses. Circle one response.)**	
Boy child	1
Girl child	2
No preference (equally prefer both the boys and girls)	3
Don't know	4

CH6. In your view, are parents with these characteristics/profiles less likely to register their children? (Mark all that apply)	
Poor parents	1
Illiterate parents	2
Parents from ethnic minorities	3
Single mothers	4
Rural parents	5
Parents in conflict affected areas	6
Co-habiting parents	7
Others (please specify)	8

Section 5: Communication Campaigns about Birth Registration

CC1. In last five years, did you ever receive any message/s about birth registration?	
Yes?	1
No	2

If 'no', skip the questions (CC2 to CC10) and ask Question# CC11

CC2. Please identify the source/s? **Read all for the respondent and mark all those apply**	
NPopC centre	1
Birth registrars	2
Health facility staff	3
School teachers	4
Religious leaders (Imam and Pastor)	5

Community/tribal leaders	6
Neighbours	7
Friends	8
Relatives	9
Radio	10
TV	11
Newspaper	12
Posters	13
Internet/Social media	14

Others (Please specify) _____	15

CC3. Did you find the medium (through which message was disseminated) suitable for you?	
Yes	1
No	2

CC4. Was the message/s in your local language?	
Yes	1
No	2

If 'No', ask CC4a

CC4a. **In which language did you receive the message/s?** _____?

CC5. Was the message understandable for you?	
Yes	1
No	2

CC6: How convincing did you find the message?	
Fully convincing	1
Mostly convincing	2
Slightly convincing	3
Not convincing at all	4
Don't know	5

CC7: Are you more likely to register your child now after receiving the message?	
Yes	1
No	2
Don't Know	3

CC8. Did the message help you understand the following better? **Read all and select all that apply**	
That birth registration is right of the child	1
The advantages of birth registration for child	2
The procedure/requirements of birth registration	3
The primary/secondary public agencies responsible for birth registration	4
Office location of the responsible public agency	5
None of the above	6

CC9. In your view, did the message contribute to the increased community understanding of advantages of birth registration?	
Yes	1
No	2
Don't Know	3

CC10. In your view, did the message contribute to increase the demand for birth registration services in your community?	
Yes	1
No	2
Don't Know	3

CC11. Did your community take any action/s (written letters or met with relevant public officials) to communicate the increased demand for birth registration services in the past to relevant authorities?	
Yes	1
No	2
Don't Know	3

If 'Yes', ask CC12 – (If 'No', go to CC13)

CC12. How did the demand for birth registration services communicate to the relevant authorities?	
By writing letter/s to LGA/NPopC Officials	1
By meeting with LGA/NPopC Officials	2
Others (please specify)	3

CC13. Did the relevant public authorities take any action on your demands for birth registration services?	
Yes	1
No	2
Don't Know	3

CC14. Which information sources are preferred or considered more reliable to you?
Mark all that apply in column C1
Please ask the respondent to rank from 1 to 5 the priorities which s/he mentioned;
Write 1 for being the highest and 5 being the lowest

C1	Options	Priority Number
1	NPopC Centre (Local Office of the Birth Registrar}	
2	Birth Registrars	
3	Health Facility Staff	
4	School Teachers	
5	Religious Leaders (Imam and Pastor)	
6	Community/tribal Leaders	
7	Neighbours	
8	Friends	
9	Relatives	
10	Radio	
11	TV	
12	Newspaper	
13	Internet/Social Media	
14	Posters	
15	Others (Please specify) _____	

CC15. Do you know any local or International NGOs who was involved in delivering birth registration messages?	
Yes	1
No	2
Don't Know	3

If 'Yes', please specify the name of organization: _____

Section 6: Birth Registration and Perceived Impact

BI1. Do you think that birth registration services have improved in this community in the last five (5) years?	
Yes	1
No	2
Don't Know	3

If the answer is 'Yes', please ask the follow up question BI1a
If 'No', go to BI2

BI1a: In which ways do you feel that the birth registration services have improved?**Select ALL that apply**	
Number of birth registrars have increased	1
Number of birth registration centres by NPopC have increased	2
NPopC mobile teams are more active	3
Staff is available at service centres	4
Supplies (birth registration forms, registers and certificates) are available	5
Other agencies have started providing services e.g. LGA (local government), health, and education	6
Religious leaders (Church and Mosque) are now more actively involved in disseminating the messages about birth registration	7
Community leaders are more actively involved in disseminating the messages about birth registration	8
Community receives messages about birth registration from other sources like TV/Radio, Posters and by the other government staff/departments	9
Others (please specify) _____	10

BI2. In your view what are the benefits associated with birth registration for child and parents? **Select all that apply**	
Gives legal (formal) identity to the child	1
Helps children in accessing the health services	2
Helps in increasing children school enrolment	3
Helps in decreasing the early childhood marriages	4
Helps in reducing the female genital mutilation	5
Helps in reducing the child trafficking	6
Don't know	8
Others (please specify) _____	7

BI3. In your view, does birth registration improve the likelihood of child's wellbeing/safety?	
Yes	1
No	2
Don't Know	3

BI4. In your view doesbirth registration increase the likelihood of child's access to immunization services?	
Yes	1

No	2
Don't Know	3

BI5. In your view doesbirth registration increase the likelihood of child's accessto school education/enrolment in school?	
Yes	1
No	2
Don't Know	3

BI6. In your view doesbirth registration reduce the likelihood of early childmarriages?	
Yes	1
No	2
Don't Know	3

BI6a. In your view does birth registration reduce the likelihood of early child (boys) marriages	
Yes	1
No	2
Don't Know	3

BI6b. In your view does birth registration reduce the likelihood of early child (girls) marriages?	
Yes	1
No	2
Don't Know	3

BI7. In your view does birth registration reduce the likelihood of female (child) genital mutilation?	
Yes	1
No	2
Don't Know	3

BI8. In your view does birth registration reduce the likelihood of child trafficking?	
Yes	1
No	2
Don't Know	3

BI9. In your view, can birth registration have any negative impact for child?	
Yes	1
No	2
Don't Know	3

If yes, please ask the BI10.

B10. Please help us identify the negative impact for children? Record only, to a maximum of three responses R. _____

SECTION 7: OUTCOME OF THE INTERVIEW

Visit Details Visit 1 Visit 2 Visit 3

Date	[__|__]-[__|__]-[_1_|_8_]	[__|__]-[__|__]-[_1_|_8_]	[__|__]-[__|__]-[_1_|_8_]
6.1 Result Completed full interview No CU5 / with illness in last 2 weeks (HH not eligible) Interview interrupted Eligible caregiver not available Entire household absent Dwelling abandoned Refused ***SKIP to 6.4*** 8= HH would not allow caregiver to participate Other *(specify)*	[____]	[____]	[____]
Time started ***(use 24hr clock*** Time completed ***N/A = 00:00)***	[___|___:___|___] [___|___:___|___]	[___|___:___|___] [___|___:___|___]	[___|___:___|___] [___|___:___|___]

6.2. Comments *(If the Head of Household would not let the caregiver participate or caregiver refuses provide reason for refusal.*

6.3. Latitude reading; North or South [__]-[__|__|__] . [__|__|__|__|__]	6.4. Longitude reading: East [E]-[__|__|__] . [__|__|__|__|__]

	Supervisor : Name ID	Entered by : Name ID
Name	[_____] [___|___]	[_____] [___|___]
Date	[___|___]-[___|___]-[_1_|_2_]	[___|___]-[___|___]-[_1_|_2_]

Total number of Sections completed for this household:

Appendix 15A: HHS - Survey Data Analysis Plan

Instruction: Data Analysis (survey tabulations) must take into account that all tabulations should clearly mention the overall results for Treatment States (Four) and for the Control States (Six) separately; PLEASE SEE THE TEMPALTE

Equity analysis: Following factors (independent variables) must be taken into account for generating tables to be used for equity analysis against KEY DEPENDENT VARIABLES (such as knowledge, experience/practice, reasons/factors and Impact) of birth registration services/campaigns. a) Urban/Rural profile; b) Income profile; c) Education (Illiterate vs. literate); d) Ethnicity; e) Language; f) Special Group/s (single mother, illiterate, poor etc.)

Template Table for All Tabulations

Question /Indicator# X	Control States (CS)												Overall (CS)			Treatment States (TS)								Overall (TS)			Overall		
	S1		S2		S3		S4		S5		S6					S7		S8		S9		S10								
Option 1	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T	M	F	M	F	M	F	M	F	M	F	T	M	F	T
Option 2																													
Option 3																													
Option 4																													
Option 5																													
Option 6																													

Respondent Household Identification

1.1	Interview Date
1.2	Interviewer's name
1.3	Frequency distribution of respondents by State and LGA
1.4	Frequency distribution of respondents by LGA and Community (Name/Identity)
1.5	Household Map ID
1.6	Household (HH) Identity Code
1.7	Frequency distribution of respondents by LGA and Ward Name (if applicable)

Respondent Profiling Questions

1.8	What is your name?
1.9	What is your age?
1.10	Percentage distribution of respondents by Locality (rural/urban), State and sex
1.11	Percentage distribution of respondents stating number of children they have by sex and State
1.12	Percentage distribution of respondents stating number of children under five (5) years of age by sex and State
1.12a	Percentage distribution of respondents stating the sex and age of their children under five (5) years of age
1.13	Percentage distribution of respondents reporting the number of children (under five only) **registered** with relevant birth registration authorities by sex and State
1.13a	Percentage distribution of respondents reporting the number of children (under five only) who **have birth certificates** authorities by sex and State

S2 SECTION 2: DEMOGRAPHICS (D)

D1	Percentage distribution of respondents by marital status, sex and State
D2	Percentage distribution of respondents by religion, sex and State
D3	Percentage distribution of respondents by literacy level, sex and State
D4	Percentage distribution of respondents by highest level of education, sex and State
D5	Percentage distribution of respondents by primary mother tongue, sex and State
D6	Percentage distribution of respondents by Ethnic Group, sex and State
D7	Percentage distribution of respondents by income profile (based on their fixed assets), sex and State
D8	Percentage distribution of respondents by income status (based on ownership of livestock) by sex and State

D9	Percentage distribution of respondents by income status (based on the land ownership) by sex and State
D10	Percentage distribution of respondents by ownership of any other land by sex and State
D11	Percentage distribution of respondents by (nuclear family) average monthly income from all sources by sex and State
S3	**Section 3: Knowledge, Practice / Experience of Birth Registration**
K	**KNOWLEDGE OF BIRTH REGISTRATION SERVICES**
BR1	Percentage distribution of respondents who knows birth registration of children as mandatory by sex and State
BR2	Percentage distribution of respondents who think that child's birth registration is the right of every child by sex and State
BR3	Percentage distribution of respondents having knowledge of the public department with primary responsibility to register child birth by sex and State
BR3A	Percentage distribution of respondents having knowledge of public departments with secondary responsibility to register child birth by sex and State
BR4	Percentage distribution of respondents having knowledge to identify which NPopC official is responsible for birth registration by sex and State
BR5	Percentage distribution of respondents having knowledge on the location of NPopC office where births are registered by sex and State
BR5a	Percentage distribution of respondents having knowledge of any facility or representative from the NPopC available in your neighbourhood/village by sex and State
BR5b	Percentage distribution of respondents having knowledge of the distance of the NPopC birth registrar office by sex and State
BR6	Percentage distribution of respondents who know about birth registration fee by sex and State
BR7	Percentage distribution of respondents who are aware of birth registration process by sex and State
BR8	Percentage distribution of respondents who are aware of the documents requirements by sex and State
BR8a	Percentage distribution of respondents who are aware of the OTHER REQUIREMENTS, other than the required documents by sex and State
Practice	**PRACTICE/EXPERIENCE OF ACCESSING BIRTH REGISTRATION SERVICES**
PE1	Percentage distribution of respondents having experience of birth registration of child in the past 5 years by sex and State
PE2	Percentage distribution of respondents who knows the facility/Center to register your child's birth by sex and State
PE3	Percentage distribution of respondents mentioning the distance traveled to reach to the birth registration office by sex and State
PE4	Percentage distribution of respondents reporting number of trips made to the registrar office to register the child's birth by sex and State
PE5	Percentage distribution of respondents mentioning the time taken to register his/her child's birth by sex and State
PE6	Percentage distribution of respondents mentioning the fee paid for birth registration by sex and State
PE7	Percentage distribution of respondents stating the means of reaching/accessing the registration office by sex and State
PE8	Percentage distribution of respondents mentioning the total cost (transportation, meal etc.) incurred for registration by sex and State
PE9	Percentage distribution of respondents if accompanied by someone to go to birth registration office by sex and State
PE9a	Percentage distribution of respondents accompanied by some family member or neighbors to go to register the child birth by sex and State
PE10	Percentage distribution of respondents reporting the availability of relevant official/staff at the birth registration facility during the first visit by sex and State
PE11	Percentage distribution of respondents who received guidance from the official/staff by sex and State

Appendix 16: Quality Assurance of Data Collection Processes

The description below explains all field protocols and quality assurance aspects of the data collection activities (HHS) undertaken during evaluation.

Quality Assurance of the HHS was ensured by complying with or implementing the following processes and mechanisms:

- Questionnaires were tracked and accounted for through unique identification numbers.
- Interview log sheets, used to record completed questionnaires and rescheduled appointments, were maintained and updated regularly duly verified by field the supervisor.
- Mistakes by the enumerators and other field staff, lessons and corrective measures were discussed by each field team in daily evening meetings.
- Close coordination with field supervisors was maintained during data collection to overcome any unforeseen situation in the field as well as to monitor the progress of data collection and oversee logistics, communication, safety and security protocols.

The evaluators, through the local partner deployed a team of independent quality assurance staff (QA or field monitors) to undertake the following activities:

- Appropriate respondent selection: The survey supervisors ensured that respondent selection was done appropriately as per the defined criteria and where required the replacement procedure was followed correctly.
- Accompanying Interviews (observations and guidance): The survey supervisors ensured they accompany data collectors for about 10% of the accomplished HHS interviews and provided the necessary on-spot guidance to enumerators on multiple aspects including the phrasing of questions, recording the appropriate response and other aspects of interaction with the respondents, to ensure all field protocols and guidance given during the training was practiced by all enumerators.
- Spot-checking: The QA staff made unannounced visits to randomly selected enumeration areas to monitor various aspects of data collection. A total of 5% HHS interviews were observed through spot-check visits as part of quality assurance.
- Backcheck; The QA staff also conducted backcheck of about 5%-10% of completed HHS interviews by re-administering the interviews for randomly selected questions to ensure correctness of the recorded information/responses and to serve as a consistency check.

Appendix 17: Field Challenges and Mitigation Measures

State	Challenges	Steps Taken
ABIA	Late start at work owing to Sunday, hence finished late	Started work late, therefore finished late
ABIA	Remote EA destination	Started early to have sufficient to find location for scheduled interviews
ABIA	Interview schedule clashed with respondents' town hall meeting with the village head	Waited for end of meeting to conduct interview at their home
ADAMAWA	Initially, head of the Boggare community was hesitant to grant approval to conduct interviews there	Community Leader later convinced to conduct the interviews
ADAMAWA	All scheduled calls could not be conducted in the first visit	Appointment for interview made in advance to interview on second visit
ADAMAWA	Mobility challenge: inaccessible roads due to flooding in Daware Long 3 hours commute to and from Gombi LGA Had to use a bike on mountainous terrain to reach Gangran, hence reached there late	Used canoe to cross river to reach destination Difficult commute did not hinder from successfully conducting all 14 scheduled calls
BAUCHI	Long journey to reach some communities e.g. Gaure and Gorondo, hence delay in scheduled interviews	
BAUCHI	Inaccessibility: overflowing of stream on way to Baraza community	Paid residents to be mounted on their back to cross river to reach Baraza
BAUCHI	Respondents complaint: long interview	
BAUCHI	Respondents complaint: impact of research not evident	
DELTA	Heavy rain in Oshimili North LGA, where plan was to visit two communities	Field Staff only visited one community instead of two
DELTA	Work ended late to be able to interview male respondents, mainly farmers	Making advance appointments to avoid waiting on second visit
DELTA	Accessibility challenge: community across river	Speed boat used to reach destination
DELTA	Bad roads to reach Etua-Oliogo community	
KADUNA	Farming season, therefore respondents away working during daytime	Interviewed respondents at their homes after their return
KADUNA	Faulty GPS of tablets	
KADUNA	Lengthy travel time, and security issue (because of finishing work late)	Challenges overcome with appropriate measures
KADUNA	Chikun LGA: Flooding, and security threat of kidnapping	
KADUNA	Cultural/religious constraints: Consent of husbands required to interview their wives, resulting in high refusal rate for interviews	Relevant male members were contacted to seek required permissions and facilitation to access the respondents.
KATSINA	Inaccessible/remote location	Trekking done to reach destination
KATSINA	Continuous rainfall	
KATSINA	Refusal to be interviewed	Community leader intervention sought to convince them to give interview
KEBBI	Inaccessibility of destination Inaccessible roads in Babu Hausa because of flooding	Had to detour to access road to destination Walked on foot through water to reach destination

LAGOS	Communication issue with interviewers led to delayed start, and hence all interview targets not met	Target interviews completed next day
LAGOS	Ajegunle: Inaccessible/remote location	Extra time used up to locate destination; success in meeting set quota on same day
LAGOS	Non-availability of Muslim community members for interviews on Salah day	
LAGOS	Heavy rain	Finished work late
NIGER	Faulty road Inaccessible road, due to flooding	 Not able to access the relevant community
NIGER	Remote location	Reached community via canoe
TARABA	Delay in starting work during advocacy visit to community leader's palace	Supervisor requested to do brief introductions to save time
TARABA	Rainfall Heavy rainfall caused some delays in field work	All staff utilised their umbrellas Field work conducted successfully in spite of sticky and slippery mud in rain aftermath
TARABA	Long distance travelling on motorcycle	Team briefed about importance of pre-planning and punctuality for field work
TARABA	Ended work late due to late start	Target was achieved
TARABA	Inaccessible road/Difficult terrain	Special motorcycles used to access location
TARABA	Riverine community	Used boat to reach community located across the river

Appendix 18: Evaluation Team Composition and Roles

The table below summarizes the roles and responsibilities of the international team members:

Name	Position	Responsibilities
Nadeem Haider	Evaluation Team Lead	Lead and delegate following key tasks: delivery of all evaluation deliverables, evaluation methodology, tasks allocation & coordination, quality assurance, field implementation, data collection & analysis and reporting.
Asmat Ali Gill	Deputy Team Lead Evaluation & Qualitative Data Analysis Expert	To contribute to literature review, evaluation design, the design of research tools, data consolidation & analysis and reporting.
Maheed Khan	Evaluation Specialist	To contribute in final analysis, reporting and quality assurance of the evaluation report.
Aemal Khan	Statistical Expert	To manage the design and planning of data collection activities, to organize and process data and to analyse collected data.
Saad Ibrahim Rasheed	Evaluation Coordinator	To manage & contribute in development of the evaluation methodology, tools development, quality control of key deliverables, supervision of team members, undertaking field work, data consolidation, analysis and report writing. Additionally, responsible to coordinate with UNICEF & national partner.
Amna Ijaz and Asad Khan	Research Associates	Support the evaluation by assisting in literature review, data processing & analysis and report writing and any other delegates tasks

Appendix 19: Evaluation Timeline and Implementation

Table 4.2: Evaluation Timeline

Milestones/Deliverables	Original	Updated
Contract Start Date & Signing Date	November 2017	November 2017
Literature Review & Evaluability Mission	Initial literature review + skype meetings + Pre-EA Report (Feb 20, 2018) EA Mission to Abuja: Feb 24 – Mar 8, 2018	Initial literature review + skype meetings + Pre-EA Report (Feb 20, 2018) EA Mission to Abuja: Feb 24 – Mar 8, 2018
Draft & Final Evaluability Assessment Report (Deliverable 01)	Draft 01 submitted to UNICEF Nigeria on March 29, 2018.	3rd April 2018
	Consolidated feedback received from UNICEF/ESC Nigeria by 6th April, 2018	2nd May 2018
	Final version of the EA Report submitted by April 11, 2018	9th May 2018
Draft & Final Inception Report (Deliverable 02)	Draft 01 submitted to UNICEF Nigeria on April 20, 2018	14th May 2018
	Consolidated feedback received from UNICEF/ESC Nigeria by April 30, 2018	4th June 2018
	Final version of the Inception Report submitted by May 7, 2018	11th July 2018
Planning of the Field Mission (Data Collection)	Contract finalization with local partner (PSI) Skype discussions with PSI to finalize the implementation approach and quality assurance protocols during data collection Finalization of the field plan and sharing with UNICEF before travel to Nigeria	28th July 2018 – 8th August 2018
Field Mission	Master Training and regional training events for field staff Pre-testing; completion of the all planned KIIs and FGDs; Reflection workshop with stakeholders Debrief with Chief CP and Focal Person UNICEF for BRP	10th August 2018 – 5th September
Data Processing, Consolidation and Analysis	Transcriptions of the audio recordings; consolidation of field notes; HHS data analysis; qualitative data processing/analysis; triangulation of all data Presentation with UNICEF (Chief CP and PME, and Programme Focal Person) to discuss preliminary evaluation findings and recommendations	
Draft & Final Evaluation Report (Deliverable 03)	Draft 01 submitted to UNICEF Nigeria on July 13, 2018	20th December 2018
	Consolidated feedback received from UNICEF/ESC Nigeria	15-20 January 2019
	Final version of the Evaluation Report submitted by August 15, 2018	February 2019
Notes: • ESC: Evaluation Steering Committee • The evaluators sought three no cost extensions in the Contract.		

Evaluation Implementation Phases and Timeline

Evaluation Implementation Phases

#	Phase / Activities	Outputs /Deliverables
1	**Pre-inception Phase (Dec 2017 – Mar 2018) / Evaluability Assessment:** Post contract-signing, a series of Skype meetings were convened with UNICEF in (December and January) to clarify the scope of the evaluation and to develop the evaluators' understanding of the BRP. The literature review of programme documents was initiated; queries and requests for required documents and data were generated. The design of the Evaluability Assessment was finalised, and draft versions of the revised Theory of Change (ToC) and Evaluation Matrix (EM) were developed prior to the Evaluability Assessment Mission (EAM). In coordination with UNICEF, preparations & planning for the EAM were finalized (visa, itinerary etc.). The EAM was undertaken, and information gained, through KIIs, a workshop and observations, was used to develop the Draft Evaluability Assessment Report and strengthen the ToC and EM.	• Evaluation Matrix and ToC developed and shared with UNICEF • Brief on Impact Evaluation Designs and Methods was prepared and shared with UNICEF • Evaluability Assessment Mission completed (24th February to 8th March) • Evaluability Assessment Report finalized based on feedback received from ESC/UNICEF

Evaluation Implementation Phases

#	Phase / Activities	Outputs /Deliverables
2	**Inception Phase - (Mar – Jun 2018):** The literature review remained a continued process; Draft Inception Report prepared including the evaluation tools to seek ESC/UNICEF feedback. The feedback for the Draft Evaluability Assessment Report was received and EA report finalized. The Ethical Clearance was sought from NPopC. Contracting arrangements with the National Partner finalized. Preparation and planning for the main field data collection mission (visa, field mission planning, coordination with the national partner etc.) was completed with support from UNICEF. Feedback from UNICEF on the Draft Inception Report received and used to finalize the Inception Report along with all appendices.	• Draft Inception Report shared with ESC/UNICEF for feedback • Evaluation Tools and Data Tabulation Plan shared with ESC/UNICEF • Inception Report finalized based on feedback and shared with UNICEF • Detailed field plan shared • Ethical Clearance secured
3	**Field Data Collection Phase (Jul – Aug 2018):** The International Team travelled to Nigeria from 10 Aug to 05 Sep 2018 for primary data collection purpose. Comprehensive training event was held in Lagos to train master trainers and field staff from Lagos State; external field monitoring to oversee HHS administration under direct supervision of core evaluation team was implemented; this quality assurance arrangement was in addition to the routine quality assurance measures (spot checks, back check, accompanying interviews etc.) implemented by the National Partner (PSI). Consultations with ESC members done on need basis; a Reflection Workshop was convened. A debrief session with selected/available members including the Chief of Child Protection and UNICEF's BRP focal person, was convened to share field impressions and preliminary field findings.	• Household Survey and all other planned number of KIIs and FGDs completed. • Reflection Workshop with all relevant stakeholders convened to document lessons, challenges and recommendations. • All necessary appendices prepared as a preparatory stage for the final evaluation report.
4	**Data Processing, Consolidation and Analysis Phase (Sep - Dec 2018):** Consolidation of the primary data (field notes, HHS data, KIIs, FGDs) collected from field was completed. Transcription of the KII and FGD recordings completed. Data analysis processes such as data cleaning, entry, coding, and editing of the quantitative & qualitative data completed alongside the continued literature review. All data analysis processes completed.	• HHS results/tabulations prepared, and analysis of both quantitative and qualitative data completed
5	**Reporting and Dissemination Phase (Dec 2018 – Feb 2019)** This phase is marked with preparing the Draft Evaluation Report and its finalization after feedback from ESC/UNICEF	• Evaluation Report finalized based on feedback and shared with ESC/UNICEF

Appendix 20: Findings – Additional Details

EFFECTIVENESS

Output 2 & 3: Integration of BR into Health and Education Services

The Programme intended to leverage the Health and Education services for birth registration in Nigeria. These two institutions have a wider presence in the country, hence, it was envisioned that following the principle of interoperability, engaging Health (health centres) and Education (schools) can significantly contribute in increasing birth registration coverage. The evaluation findings conclude that the approach of interoperability was effective with Health, but least effective on the part of Education.

UNICEF and NPopC collaborated with the Federal Health Ministry and NPHCDA to sign an MOU between the two entities (NPopC and FMoH/NPHCDA). The signing of the MOU in 2013 at Federal level provided a stepping stone to formally integrate birth registration into all health interventions and to support NPopC in expansion of BR services. The Health Section UNICEF played a pivotal role in supporting the CP Section UNICEF (responsible for Birth Registration Programme) in the initiation and execution of MOU signing process. The collaboration was further extended between UNICEF, NPopC, State level Ministries of Health, and State Public Health and Community Development Agencies (PHCDA), culminating in signing of 36 MOUs (by 2018)[153] at the State level.

Despite the wider appreciation of the partnership between health and NPopC and its outcomes, the on-ground situation around 'interoperability' of the two organizations faces some challenges. Among the most notable challenges are the 'norm' around behaviour of health staff, where they feel the task of birth registration as an additional burden that results in either refusal or reluctance on their part to support NPopC BRs. The lack of any additional financial incentive remains the major motive behind such behaviour, while ignoring their official mandate to do this job. The other associated factors are, though exaggerated, the perception of high workload due to their routine tasks, and to some extent operational issues regarding logistics of the materials and supplies. Finally, the mutual relationship between the NPopC BR and the health staff stand-out as the main determinant of the extent of their cooperation, and thus affects the outputs around birth registration. Such situation depicts the need for more emphasis on the institutionalization of 'interoperability' by developing and implementing all relevant SOPs to govern the collaboration between NPopC and Health.

Under 'interoperability' with Health, integration of BR services (awareness raising, massive birth registrations) with MNCHW campaigns remains the key focus of the Programme. The prominent features of UNICEF's support are the provision of allowances for hiring, training and deployment of the sub-registrars during these campaigns to ensure adequate human resource is available to do registration in addition to the staff from NPopC (regular birth registrars and ad-hoc registrars) and Health Department. The MNCHW campaigns were held on bi-annual basis, mostly continued for 01 to 03 weeks, and remained a regular feature of the Programme. A detailed review of the available activity reports on MNCHW campaigns points to a 'significant' success in achieving the intended outputs (number of birth registrations for all age groups particularly under1 and under5 children) of these campaigns. However, a weak aspect is that the Programme did not prioritize the generation, compilation and consolidation of data in the form of a central repository, either within UNICEF or at NPopC, to inform and facilitate better planning of health and birth registration services in future.

The collaboration with Education was limited and did not prove effective, despite UNICEF's collaboration with National Council on Education (NCE) in 2014-15. Subsequently, MOUs between NPopC and State Universal Basic Education Boards (SUBEBs), and School Based Management Committees (SBMC) were signed in 11 States (Edo, Delta, Ogun, Oyo, Lagos, Osun, Ekiti, Ondo, Ebonyi, Niger and Kebbi)[154], from 2015 onward.

[153] Achievements of Civil Registration and Vital Statistics through UNICEF Sponsorship From 2012 -2017: Document shared by Hapsatu Husaini Isiyaku (UNICEF Focal Person in NPopC)

154 UNICEF CO Nigeria: Annual Review Report UNICEF Child Protection 2015

Output 4, 5 & 6: State Level Roll-out Plans, Training of NPopC birth registrars, healthcare, and education staff, and supply of training material

For this purpose, training workshops were held in 23 locations across the country for about 3,000 birth registrars from January 2011 to September 2013[155]. Furthermore, 3,829 health workers were trained in 2014 to provide registration services, bringing the total of trained registrars in health facilities to over 10,000[156]. The training of NPopC and health workers were followed by training of ad-hoc and sub-registrars by the trained NPopC staff. Reportedly, uniform training modules and teaching materials were used[157] to ensure consistency of skills and competencies among all staff, though no training module/material were made available to evaluators for their review and commentary. Similarly, evidence lacked to reflect on the involvement of any staff from Timba Object (Private Contractor to develop and deploy RapidSMS) for facilitating training workshops on RapidSMS.

Output 7: Use of ICT for data management and progress tracking

Qualitative discussions, with over 50 NPopC Registrars and monitors, clearly point to such examples of individuals and LGAs, where BR situation improved remarkably because of using this tool. The Score Card data is also used by HQ monitoring team to plan their State-level monitoring visits by providing evidence-based basis for the need of such visits. Where such monitoring visits enable State-level team to discuss issues and take corrective actions, some registrars expressed their dislike for the policing attitude of the monitoring team from the State or HQ office. They believed a sociable attitude from the monitoring team during monitoring visits can be more inspiring for them to perform better.

Despite all such strengths of the Score Card System, its ability to inform the strategic planning at HQ level is undermined by some disabling factors related to data entry format on Excel sheet. In its current format, entry is done for each LGA separately for each month of a year in a separate sub-sheet; for the next year, a separate sub-sheet is used. This makes the consolidation of all entered data into a database-structure a challenging task due to some inconsistencies of the format. Resultantly, the system is unable to provide meaningful insight on quarterly or annual basis for the entire State in one glance, though useful to track performance at LGA level for any specific month. This issue emerged in response to evaluators' several requests, made to relevant staff in HQ to provide the consolidated Score Card data to inform the evaluation. Unfortunately, such data was not readily available and the Super monitor in HQ had to requests all 36 States for consolidation and provision of data. Consequently, HQ was only able to share incomplete and inconsistent data for only 22[158] out of 36 States, received in three different batches and time intervals (Sep 9, Oct 3 and Oct 14). Moreover, first year of reporting through Score Card varies for most States in data sheets made available to evaluators (See Appendix 22). Also, for some States, data for any one or more years is either not available or incomplete. The data provides important information, but plausibly due to inadequate skills of the monitors to use the Excel Spreadsheet, and lack of prioritization of the need for consolidation is undervaluing the overall utility of SCS.

Output 8: Equipment & Material Support to NPopC

Although, the provision of materials and supplies related support to NPopC undermines UNICEF's position of a strategic partner working on system strengthening approach, the material/supplies support was considered essential in view of the extent of problem of shortage of materials and irregular supplies by the government. The same problem was also highlighted in the bottleneck analysis (2011-2012).

Most of the birth registrars were of the view that with UNICEF's support, now the issue is not of inadequacy of materials, but the adequate and timely distribution of supplies from NPopC registrars to other functional centres (mostly, health facilities in remote and hard to reach areas). Transportation of materials is still a sporadic challenge because of lack of any logistics support to the registrars. Currently, whatever channel or arrangement is made at local level (LGA) to distribute materials and supplies, it is organized and managed by the relevant staff at its own. Moreover, health staff who are willing and actively engage in doing birth registration also consider this task

[155] Birth Registration –RapidSMS Innovation Nigeria's Experience by Sharon Oladiji, Nov 2017
[156] UNICEF Child Protection Programme: Annual Review Report, 26 - 27 November 2014 at Immaculate Suites, Abuja
[157] Supervision & Monitoring strategy- the RapidSMS technology. The Registration trend after the intervention; by Zainab Mahmoud (2014)
158 KWARA, NASARAWA, NIGER (North Central); ADAMAWA, BAUCHI, TARABA (North East); KADUNA, KANO, KATSINA, KEBBI (North West); ABIA, ANAMBRA, EBONYI, ENUGU, IMO (South East); AKWA IBOM, BAYELSA, CROSS RIVER, DELTA, EDO, RIVERS (South South); LAGOS (South West)

(materials retrieval/availability and transfer of materials) as the sole responsibility of NPopC registrar and does not extend any type of support from its (health) department.
The materials/ and supplies support was also evident during the planning and implementation of birth registration campaigns including measles, MNCH week, mop-ups, and training events. The inadequacy of materials is no longer appears to be an issue, apart from a few rare instances where shortage of materials was reported.
The material support was also to be extended to schools by equipping head-teachers with necessary BR materials including forms and certificates; however, there is no traceable evidence available to highlight any progress being made in this regard. Despite this, evidence available to indicate successful execution of school enrolment drives in Niger and Katsina in November 2016.
Discussions with birth registrars at various locations indicate the provision of portable computers and modems to Federal monitors and State level Super monitors[159] by UNICEF in 2014. Beside this IT support, UNICEF also provided Motor Cycles (one per State in few selected States), however, the exact quantity, States, year and the initiative under which these were given could not be verified from any document.

Output 9: NPopC Service Delivery Points & Staff and adequate capacities

Qualitative discussions highlight that about 3,000 birth registration centers (BRCs) were operational during 2012-2014. However, an extensive review of over 30 documents (to identify the exact number of BRCs in 2011-12 to establish a baseline) indicate a gradual increase in number of functional BRCs from 2012 to 2014 and beyond. This increase in Centres is largely linked with UNICEF's efforts on institutionalizing RapidSMS where more Centres have started reporting to RapidSMS, leaving behind the actual number of operational BRCs unknown. Reportedly[160], in 2011 there were about 2322 BRCs across the Country. The number increased to 2951 (July 2012)[161], and to 3186, as have been mentioned in the resource-mapping matrix (Excel spreadsheet), updated in 2013[162].
Despite conflicting information on exact number of BRCs, BRs, and the number of health facilities providing BR services, based on triangulation of all available information, the evaluators are certain that NPopC service delivery points have increased roughly by 21%, from about 3000 in 2012 to 3641 BRCs currently[163] (See screenshot of RapidSMS Dashboard Data, accessed on 16 Oct 2018, in Appendix 23).
About health centres, the increase is roughly 5% from 10% in 2012[164] to 15% in 2014[165], though exact number of health facilities with BR services remains undocumented. A latest presentation (Nov 2017) mentions that "health sector is currently operating through 40,000 decentralized health centres, whereas birth registrars are only in about 3,000 health centres"[166]. Differing from this fact, all qualitative discussion with senior officials from NPopC and UNICEF indicate that currently, about 4,000 health centres have integrated birth registration in routine health services.
The other aspects of UNICEF's advocacy with NPopC for improving the service delivery include provision of ad-hoc registrars by NPopC HQ in response to request by NPopC State Offices to ensure service delivery in LGAs with larger populations and/or catchment areas. Moreover, emphasis was placed on deployment of sub-registrars/auxiliary staff to support NPopC registrars during massive birth registration campaigns to ensure adequate staff is available to cater for heightened demand for birth registration during campaign days. For instance, about 23,000 sub registrars were employed in the 17 States to organize birth registration campaigns in 2016[167]. UNICEF has disbursed about USD 27,000 (82 Million Naira) in 2016 alone, for various payments such as paying the honoraria to ad-hoc and sub-registrars (staff deployed for birth registration during special campaigns), and other payments to the selected participants of training, workshops and review meetings.

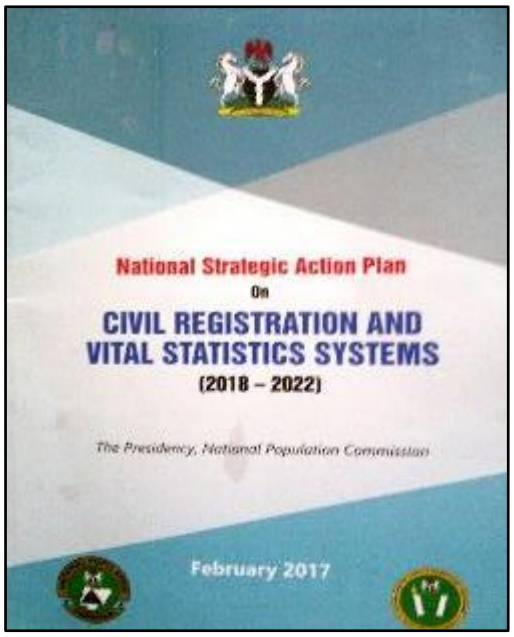
[159] Achievements of Civil Registration and Vital Statistics Through UNICEF Sponsorship From 2012 -2017: Document shared by Hapsatu Husaini Isiyaku (UNICEF Focal Person in NPopC)
[160] Rapid SMS Pilot 1 Experience. New World Hotel, Kafanchan, 25 March 2011
[161] Birth and Death Registration in Nigeria - Presentation to 55th National Council on Health Meeting. 19th July 2012. By J.D Zubema, Director General National Population Commission.
[162] UNICEF, Excel Spreadsheet on mapping of NPopC Birth Registration Centres/Registrars and other details (2013), shared by UNICEF Focal Person (Sharon Oladiji)
[163] See Screenshot of RapidSMS Dashboard Data (accessed on 16 Oct 2018) in Appendix 23
[164] Birth Registration Status for National Population Commission Chairman's visit to UNICEF, Abuja. 29th October 2012
[165] Integrating birth registration in health care services. UNICEF, Nigeria Child Protection Section, Presentation by Rachel Harvey, Sharon Oladiji. (2014)
[166] Birth Registration –RapidSMS Innovation Nigeria's Experience by Sharon Oladiji, Nov 2017
[167] GoFRN/UNICEF Country Programme of Cooperation: (2014-2017) Child Protection Programme 2016 Mid -Year Review meeting. 21st - 22nd June 2016 Presentation on birth Registration by Hapsatu Husaini Isiyaku National Population Commission

Output 10: National CRVS Strategic Plan Developed and Funded

The absence of a comprehensive National Strategic Plan was identified as a major gap in the way of setting up and streamlining a functional CRVS System for Nigeria. A key achievement of UNICEF's technical assistance to NPopC is undertaking the first ever Country-wide comprehensive assessment of CRVS system in Nigeria. This assessment was a follow-on to the rapid assessment (2012), executed in two phases (December 2013 and July 2014) and in two regions (in Kano and Oyo State) of the Country. The assessment used the WHO, University of Queensland assessment methodology.

Building on this CRVS assessment and moving forward towards achieving the priorities as agreed during second Conference of African Ministers Responsible for Civil Registration, held in Durban in 2012, whereby the Ministers pledged to develop 'National Costed Strategic CRVS Plans' for their countries. UNICEF and NPopC jointly prioritized the agenda of developing first ever National Strategic Plan. Consequently, the first draft *National Strategic Plan* of Action 2015-2019 (later, extended to 2018-22) on improving the CRVS in the Country was developed in November 2014.

Later, UNICEF supported NPopC in convening a week-long consultative workshop[168] in Nov 2015 at Kaduna State for finalization and Costing of the draft Strategic CRVS Plan (Key highlights of the workshop are reflected in section below). This was followed by a multi-stakeholder validation meeting in Abuja (Jan 2016), where 2nd Draft of the Plan was shared and finalized. UNICEF and WHO remain the key technical support agencies in all such interim achievements. A key feature of UNICEF's efforts was the strong coordination and collaboration with all key stakeholders for developing consensus and greater ownership of the entire processes. In doing so, while supporting the NPopC, UNICEF was able to bring representatives[169] from NIMC, NBS, NIS, NPopC, NIO, OAGF, FMWA, NPHCDA, FMOH, 6 NPopC Vital registration Heads of Department- one from each geo-political zone, WHO, Academia and Civil Society Organization. Enabling a such a comprehensive participation is well appreciated by the Commission and others.



The National Strategic Action Plan on CRVS 2018-2022 was approved by The Presidency, NPopC in Feb 2017. All stakeholders particularly the NPopC senior officials appreciated UNICEF's continued technical support in materializing this first ever strategic level achievement by the NPopC. The availability of this CRVS Strategic Plan reflects the National Government's resolve and a stronger will to achieve Universal Birth Registration through Government commitment, to provide optimum level of the required resources in future. Currently, strong advocacy efforts and continued follow-ups are inevitable by NPopC Senior management, UNICEF and other stakeholders to ensure Government fulfil its commitment by allocating optimum financial resources in the coming years to support the implementation of National Plan.

Excerpts from NPopC Report on Finalization of CRVS Strategic Plan

The CRVS Strategic Plan Finalization and Costing Workshop, Access International Hotel, Kaduna, Kaduna State. November 15th – 21st 2015

Key Components of the <u>Draft</u> CRVS Strategic Plan

[168] National Population Commission: Report of The CRVS Strategic Plan Finalization and Costing Workshop, Access International Hotel, Kaduna, Kaduna State. November 15th – 21st 2015

[169] National Identity Management Commission (NIMC), National Bureau of Statistics (NBS), Nigeria Immigration Services (NIS), National Planning Commission (NPC), Nigeria Immigration Office (NIO), Office of the Accountant General of the Federation (OAGF), Federal Ministry of Women affairs (FMWA), Academia, Civil Society Organization, NPHCDA, FMOH, Resource Persons, 6 - NPopC Vital registration Heads of Department- one from each geo- political zone, WHO and UNICEF.

- Conceptual Framework for CRVS Improvement Plan;
- CRVS Mission, Vision, guiding principles & values; goals strategic objectives and sub-component intervention areas;
- Monitoring mechanism and indicators of key objective areas including Supervision, Monitoring & Evaluation plan;
- Implementation plan with timelines and responsible persons/institutions; and
- Risk & Mitigation Plans

Key Reference Documents used for Assessment and Population Projections;

- WHO/HIS, UNECA and University of Queensland to guide costing process.
- DEMPROJ & ONEHEALTH software to determine demographic projections.
- The Spectrum Manual (Spectrum System of Policy Models); an analytical tool for policy decisions concerning public health and accompanying research was also used.

Participation: Representatives from National Identity Management Commission, National Bureau of Statistics, Nigeria Immigration Services, National Planning Commission, Nigeria Immigration Office, Office of the Accountant General of the Federation, Federal Ministry of Women affairs, Academia, Civil Society Organization, NPHCDA, FMOH, Resource Persons, 6 NPopC Vital registration Heads of Department- one from each geo- political zone, WHO and UNICEF.

Highlights of the Workshop:

DEMPROJ & ONEHEALTH software enabled participants to determine the following projections:

- ***Under-1 :7 Million births per year***
- ***Under-5 as of 2015: 32 million***
- ***Total population by 2015: 184 Million***
- ***Death rate for 2016:2,334,714***

Cost Categories

- cost of birth, death, marriage and divorce registration forms;
- determination of annual rate and completeness of birth and death registration across States and LGAs;
- cost of setting up of mobile registration units;
- cost of forms for medical certification of death;
- cost of form for lay-reporting of cause-of-death;
- cause-of-death forms; National Population Register" -derived from data collected from civil registration system, etc

Resource Estimation

Activity-based costing strategy provided the following costs categories**: to wit:**

- Intervention area 1: HR, Policy & legislative
- Intervention area 2: Registration
- Intervention area 3: Death certification & ICD
- Intervention area 4: Data Management
- Intervention area 5: Inter-agency coordination (National, State, LGA and Communities) & M & E

<u>Resource Allocation Strategy Highlights</u>

- It is the responsibility of the Government (Federal, State and LGA) to allocate enough resources (human, financial, material and technical) for the implementation of the CRVS strategic plan.
- The Commission must look for the process of supplementing its statutory funding sources with donor funding from bilateral and multilateral sources.
- In conclusion, the meeting agreed that Government, Donor Agencies and the organized private sector and indeed the Nigerian populace need to support the implementation of the CRVS plan.

Output 11 & 12 IEC/BCC campaigns + Alliance Building with Media

It is important to mention that media campaigns were run and managed from Three States i.e., Kaduna 2015 (Aug-Nov), Kebbi (Nov 2016 - Jan 2017), and Adamawa (Sep-Nov 2016).

The first Campaign in **Kaduna** was initiated with close collaboration between Federal Radio Corporation of Nigeria (FRCN) in Kaduna, UNICEF CP section and NPopC. Out of constituting elements of the campaign package in Kaduna, the jingles were aired through other FM stations across seven North Western States (Kano, Katsina, Kaduna, Jigawa, Kebbi, Zamfara and Sokoto), and to other parts of the Country using short-to-medium wave.

The second media campaign in **Kebbi** was implemented by involving five media houses[170] to ensure complete coverage (21 LGAs) across all 21 LGAs of the State. All media houses broadcasted the same standard content developed under guidance of UNICEF and NPopC. Beside the use of electronic media, theatre performances in four communities in 08 LGAs were also organized in Kebbi State as a replacement Strategy in lieu of the cancelation of some of the planned programmes because of the refusal from NPopC officials to appear in studio-based programmes. The Kebbi campaign also included a 15 minutes short documentary on birth registration and post-campaign organizing a town hall meeting in Katsina to disseminate the campaign successes. All related stakeholders including the other media houses, CSOs, traditional and religious leaders, women and youth representatives, and other resource persons participated in the event and live interviews were aired[171].

Media Campaign – Public Announcement Messages

'The National Population Commission is calling on parents and care givers of children from birth to 17 years to please ensure that children are registered and obtain birth certificate. Birth certificate can be obtained at all health facilities, general hospitals and all local government headquarters across the State. Remember the registration for birth certificate is for children from birth to 17 years and there is no charge, it is free. Don't miss this golden opportunity, allow your children to be registered'.

(Announcement from IEC Materials)

The last campaign was executed in **Adamawa** where UNICEF partnered with a private media house namely Gotel Communications (Gotel) using company's AM, FM Radio and Television Networks[172]. These media campaigns proved effective in boosting the birth registration within a short period of time as is evident from RapidSMS data for the campaign period in the three States.

Output 13: Religious and Traditional Leaders Engaged

Under the behaviour change communication component, the Programme's engagement with religious institutions and local leaders (traditional rulers) remained limited, and thus proved ineffective. This is despite the documented success of the results of a six-month long pilot[173] programme in 2013, the scale-up was not prioritized in the later years. Resultantly, no formal collaboration is visible in any State except sporadic involvement of leaders in a few locations, and that is too because of individual motivation of the NPopC registrars; these views were shared by most registrars during the group discussions. Some registrars in Kaduna and Lagos also shared that, though, they do not have any formal partnership with any religious leaders, they often visit churches in their catchment area to attend Baptism ceremony to conduct awareness raising sessions with parents on the need and benefits of birth registration. Though, executed at individual level, at limited scale, the strategy demonstrated success in increasing awareness on BR. Alongside, some of the religious leaders met during group discussions expressed their willingness to participate in any programme on awareness raising for birth registration if they would be contacted by NPopC or by the Local Government.

About involvement of local/traditional leaders, Registrars acknowledged their great potential, because of their networking with 'town criers' and LG, that can be instrumental for awareness raising on any issue, however, was not capitalized by the Programme. A few registrars also shared that due to local leader's demand for financial incentives, they do not contact them to seek their support in birth registration. Qualitative discussions point that much of the community mobilization occurred at health facility level or through individual efforts of birth registrars during BR campaigns such as MNCH, EAD activities and other similar activities. The visible gaps in communication strategy to generate greater demand for BR services, thus, require leveraging ALGON/LG's influence on traditional leaders to engage them formally in BR. Moreover, religious associations such as Christian Association of Nigeria (CAN) and Sultan of Sokoto should have been considered to capitalize on the greater role of religious leaders.

[170] Kebbi State radio, Kebbi radio, Radio Nigeria Equity FM/BK (16 LGAs); Kebbi State Television, (Nov/Dec2016 to Jan/Feb 2017), Equity Television Kebbi (private T.V Station) [Ibid]
[171] MOU (14 Aug 2015) Between the Federal Radio Corporation of Nigeria (FRCN) Kaduna and UNICEF Country Office Nigeria
[172] MOU (6 Sep 2016) Between UNICEF Country Office Nigeria and Gotel Communications, Adamawa.
[173] UNICEF and NPopC executed a six-month long pilot programme in 2013 where religious leaders from 24 institutions (12 churches and 12 mosques) in six LGAs in the FCT were involved to promote birth registration messages.

Appendix 20A: Reflection Workshop Brief Report

The complete report is attached as separate document.

Appendix 20B: Impact Evaluation – Evaluability Report

The complete report is attached as separate document.

Appendix 21: Memo to Senate Committee on Constitutional Review - Discrete Excerpts

Senator Ike Ekweremadu,
Deputy Senate President/Chairman,
Senate Committee on Constitutional Review,
National Assembly,
Abuja.

MEMORANDUM

PROPOSED AMENDMENT TO THE SECOND, THIRD AND FOURTH SCHEDULES TO THE CONSTITUTION OF THE FEDERAL REPUBLIC OF NIGERIA, 1999 (AS AMENDED).

(1) SECOND SCHEDULE: LEGISLATIVE POWERS, PART 1 EXCLUSIVE LEGISLATIVE LIST

In view of the proposed 2016 biometric census by the National Population Commission, which would give a unique identification number that would accompany all Nigerians from birth to death, the need for any other organisation to register same vital events becomes unnecessary.

Accordingly, to achieve this objective, the following proposed amendment to the Constitution of the Federal Republic of Nigeria 1999 is imperative.

SECOND SCHEDULE

The Second Schedule to the Constitution is altered in Part 1, item 8 by inserting, the words "and registration of other Vital Statistics" immediately after the word "deaths" but before the words "throughout Nigeria".

(2) THIRD SCHEDULE: FEDERAL EXECUTIVE BODIES
PART 1 (PARAGRAPH 24)

Section 153, sub-section (1) (j) of the Constitution of the Federal Republic of Nigeria, 1999 established the National Population Commission as a federal body and provided under Part 1 of the Third Schedule to the Constitution, its composition and powers.

The amendment hereby sought is to provide for population coordination activities as one of the functions of the Commission in furtherance of the Presidential directive to the Secretary of the Government of the Federation (SGF). The Secretary of the Government of the Federation in its letter Ref. No. 58741/642 dated 7th day of May, 2003 (a copy of which is hereby attached) in compliance with the said directive directed the Commission as follows:

"(a) All population-related issues and activities, including policy formulation, monitoring evaluation should be transferred to the National Population commission; which should also coordinate all activities of the population sector;

Accordingly the following amendment is proposed:

THIRD SCHEDULE

(i) Part 1, J, *paragraph 24 of the Third Schedule to* the Constitution is altered in item 8 by inserting, the words "and registration of other Vital Statistics" immediately after the word "deaths" but before the words "throughout Nigeria".

(ii) Part I, J, paragraph 24 of the third Schedule to the Constitution is altered by inserting a new sub-paragraph "(f)" –
"24 (f) coordinate population activities"

(3) FOURTH SCHEDULE: FUNCTIONS OF A LOCAL GOVERNMENT
(Paragraph 1 sub-paragraph (1): Registration of all births, deaths and marriages

The legal and institutional framework for the registration of Births and Deaths are captured by the Constitution of the Federal Republic of Nigeria, 1999 (hereinafter referred to as "the Constitution"), the National Population Act and the Births, Deaths etc (Compulsory Registration) Act.

Section 153(1) of the Constitution established the National Population Commission and provided as one of its functions in Part 1, paragraph 24, sub-paragraph (b) of the Third schedule as follows:

"establish and maintain a machinery for continuous and universal registration of births and deaths throughout the Federation".

Appendix 22: Score Card Data Inconsistencies

Summary of Data Inconsistencies and Gaps in the Data

R	States	Score Card Data Received to evaluators	First Year	End Year	Data Inconsistencies
NC	BENUE	No	No	No	N/A
NC	FCT	No	No	No	N/A
NC	KOGI	No	No	No	N/A
NC	PLATEAU	No	No	No	N/A
NE	BORNO	No	No	No	N/A
NE	GOMBE	No	No	No	N/A
NE	YOBE	No	No	No	N/A
NW	JIGAWA	No	No	No	N/A
NW	SOKOTO	No	No	No	N/A
NW	ZAMFARA	No	No	No	N/A
SW	EKITI	No	No	No	N/A
SW	OGUN	No	No	No	N/A
SW	ONDO	No	No	No	N/A
SW	OSUN	No	No	No	N/A
SW	OYO	No	No	No	N/A
NE	ADAMAWA	Yes	2012	2018	Complete
NE	BAUCHI	Yes	2012	2017	Complete
NE	TARABA	Yes	2012	2017	2013 missing
NW	KEBBI	Yes	2012	2017	Complete
NC	NASARAWA	Yes	2013	2017	2014 missing
NC	NIGER	Yes	2013	2018	Complete
NW	KANO	Yes	2013	2017	Complete
SS	AKWA IBOM	Yes	2013	2017	2015 missing
SS	BAYELSA	Yes	2013	2018	Complete
SS	CROSS RIVER	Yes	2013	2017	Complete
SS	DELTA	Yes	2013	2017	Complete
SS	RIVERS	Yes	2013	2017	Complete
NC	KWARA	Yes	2014	2017	Complete
SE	ABIA	Yes	2014	2017	Complete
SE	ANAMBRA	Yes	2014	2018	2017 missing for some LGAs
SE	EBONYI	Yes	2014	2017	2014 complete; data for last three years is not complete
SE	ENUGU	Yes	2014	2017	2015 missing
SE	IMO	Yes	2014	2018	Complete
SS	EDO	Yes	2014	2018	Complete
SW	LAGOS	Yes	2015	2017	Complete
NW	KADUNA	Yes	2016	2017	Complete
NW	KATSINA	Yes	2016	2017	Complete

Summary Score-Card Indicators;

Score Card Monitoring – Indicators & Sub-Indicators

1 Infrastructure
1.1 Number of BR centers
1.2 Number of health centers
1.3 Number of health centers with BR activities
1.4 Percentage of health centers with BR activities

2 Human resources
2.1 Number of regular registrars
2.2 Number of ad hoc registrars
2.3 Total number of registrars

3 Management
3.1 Number of registrars with approved workplan
3.2 Percentage of registrars with approved workplan
3.3 Number of registrars with blank RapidSMS reports
3.4 Percentage of registrars with blank reports

4 Data processing
4.1 Number of received applications
4.2 Number of rejected applications
4.3 %age of applications rejected vs. reported

5 Coverage
5.1 Total number U1 BR events in RapidSMS
5.2 Expected births per month
5.3 Percentage (U1) BR coverage

6 Quality assurance
6.1 No. of BR events reported to RapidSMS
6.2 %age of applications received vs. reported

Sample Report – Screenshot of Score Cards for one LGA in Abia State

ABA NORTH L.G.A												
2017	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Infrastructure												
Number of BR centers	8	8	8	8	8	8	8	8	8	8	8	8
Number of health centers	45	45	45	45	45	45	45	45	45	45	45	45
Number of health centers with BR activities	10	10	10	10	10	10	10	10	10	10	10	10
% of health centers with BR activities	22	22	22	22	22	22	22	22	22	22	22	22
Human resources												
Number of regular registrars	6	6	6	6	6	6	6	6	6	6	6	6
Number of ad hoc registrars	1	1	1	1	1	1	1	1	1	1	1	1
Total number of registrars	7	7	7	7	7	7	7	7	7	7	7	7
Management												
Number of registrars with approved workplan	0	0	0	0	0	0	0	0	0	0	0	0
% of registrars with approved workplan	0	0	0	0	0	0	0	0	0	0	0	0
Number of registrars with blank RapidSMS reports	0	0	0	0	0	0	0	0	0	0	0	0
% of registrars with blank reports	0	0	0	0	0	0	0	0	0	0	0	0
Data processing												
Number of received applications	508	474	511	2030	529	901	516	602	614	582	879	423
Number of rejected applications	0	0	0	0	0	0	0	0	0	0	0	0
% of applications rejected vs.reportd	0	0	0	0	0	0	0	0	0	0	0	0
Coverage												
Total number U1 BR events in RapidSMS	271	243	268	785	316	475	276	287	223	281	416	229
Expected births per month	217	217	217	217	217	217	217	217	217	217	217	217
Percentage (U1) BR coverage	125	112	124	362	146	219	127	132	103	129	192	106
Quality assurance												
Number of BR events reported to RapidSMS	508	474	511	2030	529	901	516	602	614	582	879	423
Percentage of applications received vs. reported	100	100	100	100	100	100	100	100	100	100	100	100

Appendix 23: Functionality Upgrades in the Use of RapidSMS for Managing the BR services

The RapidSMS provides "Live update" for monitoring and reporting of birth registration data and real-time update site by site. Under the system timely supervision and trouble-shooting is key responsibilities of State/LGA managers and monitoring staff. RapidSMS-based system makes it easy for them in performing their tasks. On average, the RapidSMS dash board receives and process 6,215 messages/reports monthly (using message counts for 2013). **Between January 2011 and December 2016, about 32,708,003 children have been reportedly registered in the 4 age bands: <1, <5, 5-9 and 10-18**[174]

"The RapidSMS dashboard functionality was upgraded (at the back end) to: track stillbirths and death reports to allow for tracking the true population growth in contrast with the scenario where only birth registrations are considered, improve computation of the coverage/number registered and provide a better representation of data captured as well as improve data validation rules, reduce error reporting; and to add data overlays on maps so as to provide a visual geographical context to the data. Email containing a report of locations where birth registrar's data are missing or are unreported, are sent out to managers, thus promoting accountability and efficiency of registrars at the local level. A bi-monthly reporting system that sends out emails to stakeholders - UNICEF partners, NPopC Directorate and NPopC Headquarter monitors was integrated into the RapidSMS platform. Improved functionality is enabling access to birth registration results/reports/coverage on a consistent basis and helping to track hierarchy of performance by states and improve birth registration programming in Nigeria"[175]. (an excerpt from report).

More specifically, the Dashboard functionality was upgraded on the following aspects[176];

1. Updated the core dashboard to take advantage of current advances in the technology
2. Fixed known bugs by applying updates
3. Formulated and implemented a disaster recovery plan and a routine backup strategy
4. Upgraded to current applications like Bednets, VLM and MNCHWs which involved some partial/full rewrites to take advantage of the updated modules.
5. Fixed estimation formula for percentage coverage for under 1 and under 5 birth registration rates. Formula was reviewed and approved by the NPopC statisticians.
6. Improved SMS responses to improve usability of reports
7. Commenced sending SMS alerts to birth registrars prompting them to send their reports
8. Data export tools inserted
9. Enhanced birth registration component to capture and display death reports to help identify trends in population growth and patterns
10. Enhanced data analysis and charting tools for improved data representation
11. Included data management tools to enable relevant staff (NPopC staff) take over the role of editing and removing erroneous data

[174] UNICEF (2017). Birth Registration, RapidSMS Innovation Nigeria's Experience. Presentation by Sharon Oladiji, Focal Person Birth Registration Programme, Child Protection Section.
[175] UNICEF Nigeria, Child Protection Annual Review 2016
[176] UNICEF (2017). Birth Registration, RapidSMS Innovation Nigeria's Experience. Presentation by Sharon Oladiji, Focal Person Birth Registration Programme, Child Protection Section.

Appendix 24: Reporting Variations on NPopC Service Delivery Points

Legend: Text in Purple Font – Represent the Programme Document/Presentation shared by UNICEF;

Note: This Appendix is intended to reflect on the data and reporting inconsistencies on quantification of service delivery points. It appears that reporting on RapidSMS by some BRC/BR is considered a proxy indicator for reporting on birth registration centres.

Reference to indicate final number of Birth Registration Centres (Source:

2017

File Name; Presentation on RapidSMS and functionality Nov 2017
Birth Registration –RapidSMS Innovation Nigeria's Experience by Sharon Oladiji, Nov 2017

- Health sector have established about 40*,000* decentralized networks and health centres but birth registrars are ONLY in about 3,000 *Health Centres.*
- A data base/spreadsheet indicating details of about 3000 registrars in specific health centre available

2014

File Name; Presentation: Overview of Civil Registration and Vital Statistics (CRVS) in Nigeria, By Dr Babagana Wakil, Ag. Director Vital Registration Department. At Access Hotel, Kaduna, 27th October 2014

- There are at present over 4000 functional registration centres spread across the 774 LGAs manned by a Registrar. These centres are mostly located in health institutions-maternity homes, hospitals, LGA secretariat and, LGA offices of National Population Commission.
- There is an average of five centres in every LGA.
- Integration of Birth Registration into The National Health Care Delivery System – participation in MNCHW, IPDs, Midwives Service Scheme (MSS), Use of over 35,000 existing health facilities & personnel.

Presentation Summary Birth Registration Policy by Christopher Kang, UNICEF Consultant 2014

- The NPopC manages a distributed network of over 3,000 birth registrars nationwide.

File Name; Presentation on BR innovation in Nigeria
Policy intervention- multi sectoral approach (health/CMAM/Religious/Algon) by Sharon Oladiji (2014)

- Health sector have established about 40,000 decentralized networks and health centres but birth registrars are ONLY in about 3,000 Health Centres.
- A data base/spreadsheet indicating details of about 3000 registrars in specific health centre available

File Name; Supervision and monitoring strategy
Supervision & Monitoring strategy- the RapidSMS technology. The Registration trend after the intervention By Zainab Mahmoud (2014)

- Health sector have established about 40,000 decentralized networks and health centres but birth registrars are ONLY in about 4,000 Health Centres. A data base/spreadsheet indicating details of about 3000 registrars in specific health centre available

File Name; Policy - 4 – Health
Integrating birth registration in health care services. UNICEF, Nigeria Child Protection Section, Presentation by Rachel Harvey, Sharon Oladiji. (2014)

- In Nigeria, national public health programming includes more than 25000 health centers as well as many groups of community health workers. In contrast, there are approximately 3500 birth registration centers. Of these, only 15% are located at health centers.

2012

File Name; Presentation NPopC chairman REV
Birth Registration Status for National Population Commission Chairman's visit to UNICEF, Abuja. 29th October 2012

- Health sector has 10 times larger workforce available on the ground!
- Health sector has established network of 25,000 health centers for outreach / access
- Limited collaboration at decentralized level – 10% of health centers have BR service
- Successes to date: Use of RapidSMS for Real-time Monitoring of Birth Registration activity
- Twice a month report of BR posted on RapidSMS Dashboard

- 774 LGAs, 3,148 Centres in 36+1 States

File Name; Presentation on BR Federal Commisioners Oct Meeting
Birth Registration Status Presented at National Population Commission Headquarters Abuja. 19th September 2012, by Sharon Oladiji

- Use of RapidSMS as a management tool at various administrative levels
- RapidSMS as a unique and powerful tool
- 2,887 birth registration centers; 686 LGAs; 33 states + FCT; 6 regional zones. About 200 centres including those newly created are yet to report any data

File Name; PRESENTATION TO NCH
BIRTH AND DEATH REGISTRATION IN NIGERIA - A PRESENTATION TO THE 55TH NATIONAL COUNCIL ON HEALTH MEETING. 19TH JULY 2012. BY J.D ZUBEMA, **DIRECTOR GENERAL NATIONAL POPULATION COMMISSION**

- There are at present 2951 functional registration centres spread across the 774 LGAs manned by a Registrar.
- Collaboration with Health sector- Opportunities; 25,000 Health Facilities conduct RI regularly, as compared to 2951 registration Centres with birth registration activities

File Name; Presentation - NPopC - 2012-04-10 VIMP.ppt
Birth registration in Nigeria: analysis. By Kristopher Kang, Consultant UNICEF Nigeria (2012)

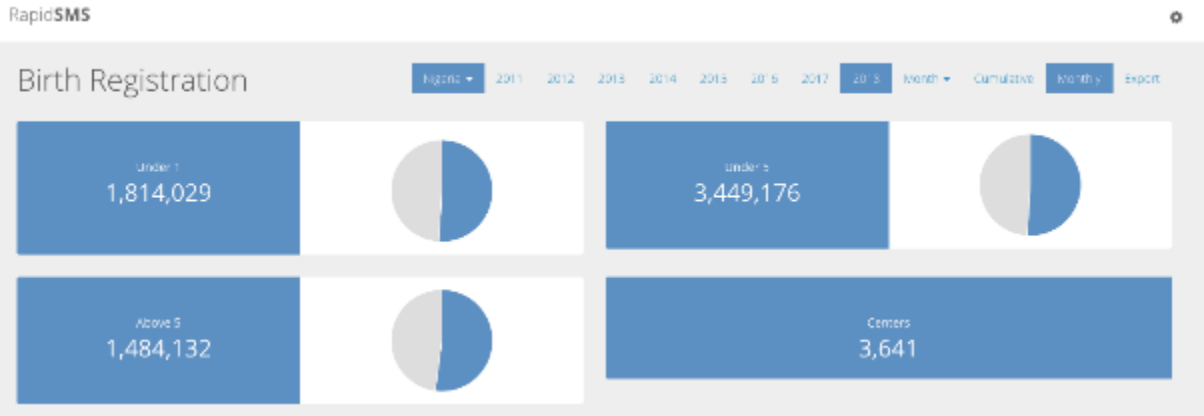
- RapidSMS is a unique and powerful tool; Reporting 2011 data: **1582 birth registration centers**; 382 LGAs; 19 states; 6 regional zones;
- Partnership with health critical to expanded programming re: using established network of 25,000 health centers for outreach / access

2011

File Name; Rapid SMS Pilot 1 Experience
Rapid SMS Pilot 1 Experience. New World Hotel, Kafanchan, 25 March, 2011

- Birth registration centres - limited to only 2,322 registration centres in the 774 LGAs in the country

Screenshot RapidSMS Dashboard, Accessed 16 OCTOBER 2018)



Appendix 25: List of Trainings (Consolidated by evaluators)

The matrix below has been consolidated by the evaluators to reflect on some of the training events organized by NPopC AND UNICEF. The below list is not exhaustive in any manner because of non-availability of any further reports, database/documents on capacity development efforts.

State	Training Theme	Partner	Start Date	End Date	Days
Adamawa	Report on the two days training of primary health workers on birth registration in the remaining eight LGAs of Adamawa state	NPopC, ADSPHCDA UNICEF	28/06/2016	29/06/2016	2
Adamawa	Report on DCRS to attend refresher training for facility managers on ISS quality improvement and birth registration in Adamawa state 18-21,2016	NPopC, ADSPHCDA	18/07/2016	21/07/2016	4
Adamawa	Report on one day training of health desk officer (HOD) on birth registration, ADSUBEB - 21st Jul, 2016	NPopC, ADSPHCDA UNICEF	21/07/2016	-	1
Abuja	Report of a 3 -days digitization training of civil registration and vital statistics in some selected centers in Abuja municipal area council FCT Abuja held on the 14th-16th November 2016 at Bolton hotel	UNICEF, NPopC	14/11/2016	16/11/2016	3
Kebbi	Kebbi Report on training of health workers on birth registration 11th-19th of july,2016	UNICEF, NPopC	07/11/2016	19/7/2016	9
Kebbi	Training report on digitization of civic registration process in Kebbi from 27th to 29th October 2016	UNICEF, NPopC	27/10/2016	29/10/2016	3
Lagos	Report on training of education actors in Lagos (Kosofe and Ikeja) on birth registration process	NPopC, Ministry of Education	03/02/2017	03/07/2017	6
Adamawa	Report on the two -days training of primary health workers on birth registration in the remaining eight LGAs of Adamawa state	NPopC, ADSPHCDA UNICEF	28/06/2016	29/06/2016	2
Abuja	Report of a three days digitization training of civil registration and vital statistics in some selected centers in Abuja municipal area council FCT Abuja held on the 14th-16th November 2016 at Bolton hotel	UNICEF, NPopC	14/11/2016	16/11/2016	3

Other References on Number of Training Beneficiaries

UNICEF Child Protection Programme: Annual Review Report, 26 - 27 November 2014 at Immaculate Suites, Abuja

A further 3,829 health workers were trained in 2014 to provide registration services, bringing the total of trained registrars in health facilities to over 10,000 in 24 states.

File Name: CHILD PROTECTION BR mid-year review presentation 20 06 16.
GoFRN/UNICEF Country Programme of Cooperation (2014-2017) Child Protection Programme 2016 Mid -Year Review meeting. 21st - 22nd June 2016 Presentation on birth Registration By Hapsatu Husaini Isiyaku National Population Commission

- About 23,000 sub registrars were employed in the 17 states.
- LGA by LGA registration efforts is key to boosting coverage and an easy route to ensure routine registration of children in wards, communities and in 100% of health centres.

File Name; Presentation on BR innovation in Nigeria
Policy intervention- multi sectoral approach (health/CMAM/Religious/Algon) by Sharon Oladiji (2014)

- Over 7000 health personnel currently trained to perform registration-related tasks; working on ensuring birth registration information becomes part of routine health records.

File Name; Presentation on RapidSMS and functionality Nov 2017
Birth Registration –RapidSMS Innovation Nigeria's Experience by Sharon Oladiji, Nov 2017

Training workshops held in 23 locations across the country for about 3000 birth registrars- for 18 months- January 2011-September 2013

Appendix 26: Programme's Budget and Expenditure Analysis

Programme Planned Budget as per UNICEF's Rolling Workplans (RWP – 2012-2016)

The following budget details were extracted from the five RWPs which were received from UNICEF as Programme documents.

S.No.	RWP Year	Activity as per RWP	Coding for Analysis	Amount USD
1	2011-2012	Inst. Building	Inst. Building	120,000
2	2011-2012	Inst. Building	Inst. Building	30,000
3	2011-2012	Inst. Building	Inst. Building	30,000
4	2011-2012	Inst. Building	Inst. Building	90,000
5	2011-2012	Inst. Building	Inst. Building	50,000
6	2011-2012	Social Mobilization	Social Mobilization	50,000
7	2012-2013	Inst. Building	Inst. Building	100,000
8	2012-2013	Inst. Building	Inst. Building	50,000
9	2012-2013	Inst. Building	Inst. Building	30,000
10	2012-2013	Inst. Building	Inst. Building	120,000
11	2012-2013	IMS	BR Database (RapidSMS) / Monitoring	150,000
12	2012-2013	Social Mobilization	Social Mobilization	60,000
13	2014-15	Salaries	Salaries	505,278
14	2014-15	Monitoring	BR Database (RapidSMS) / Monitoring	10,000
15	2014-15	BR Integration (Hlth/Edu.)	BR Integration	916,670
16	2014-15	Realign National ID Programme	Realign National ID Programme	200,000
17	2014-15	BR Database (RapidSMS)	BR Database (RapidSMS) / Monitoring	170,185
18	2014-15	Advocacy / Social Mobilization	Social Mobilization	100,000
19	2015-2016	BR Integration (Hlth/Edu./LG)	BR Integration	3043
20	2015-2016	Inst. Building	Inst. Building	3679
21	2015-2016	BR Database (RapidSMS)	BR Database (RapidSMS) / Monitoring	3311
22	2016	BR Integration (Hlth/Edu./LG)	BR Integration	1083015
23	2016	Inst. Building	Inst. Building	1017059
24	2016	BR Database (RapidSMS)	BR Database (RapidSMS) / Monitoring	151409
			Grand Total	**5,043,649**

Where was required, the evaluators converted the local currency into USD to maintain consistency and being able to consolidate, codified and analyse the financial data.
Rolling Work Plans - 2011-2012, 2012-2013, 2014-2015, 2015-2016 and 2016-2017

Planned Budget (RWPs) Distribution by Theme/Output

Planned Budget Distribution by Theme/Output		
BR Integration	2,002,728	39.7%
Inst. Building	1,640,738	32.5%
Salaries	505,278	10.0%
BR RapidSMS / Monitoring	484,905	9.6%
Social Mobilization	210,000	4.2%
Realign National ID Programme	200,000	4.0%
	5,043,649	**100%**

Summary of Programme Expenditure Statements (UNICEF 2012-2016)

All financial information was extracted from UNICEF Provided Two Expenditure Statements.

UNICEF's Output	Allocation	Actual	Utilized	Balance
003-13.3 Civil Registration (2009-2013)	3,716,024	2,571,352	2,571,352	1,144,672
004 - 38 Birth Registration (2014-2016)	5,253,425	5,253,425	5,253,425	-
Grand Total		**7,824,777**	**7,824,777**	**-**
Business Area: Nigeria - 3210 Country Programme: 3210/A0/04 NIGERIA CP (2009-2013) EXT; and 3210/A0/05 NIGERIA CP (2014-2017) Reporting Period: "1 January 2009 to 31 December 2013" and "1 January 2014 to 31 December 2016" Outcome: 505 - PCR13 - YS505 - Child Protection System and 008 - 08 Child Protection System				

Expenditure Analysis; Percentage Distribution by Programme Component

Expenditure Distribution by Programme Components	Amount (USD)	Percentage
BR Campaign	2124823	27%
Supplies/Materials	1795430	23%
Salary	1133549	14%
Training	1061260	14%
Meeting	703535	9%
Trip/Travel/Transport/Cater/Hotel/	268922	3%
Workshop/Review/Conference	241629	3%
Consultancy/Technical support	223864	3%
IMS/DMS/Digitization	102159	1%
Other Categories	169607	2%
	7824777	100%

Expenditure Distribution by Campaign Category (in above table)	Amount (USD)	Percentage
MNCHW Campaigns	918297	12%
EAD Campaigns	241376	3%
Measles Campaigns	671991	9%
Mop-Up Campaigns	280445	4%
School Enrol Camp	12714	0%
	2124823	27%

Expenditure Distribution by Other Category (in above table)	Amount (USD)	Percentage
Monitoring	67781	0.9%
Media campaign	**67059**	**0.9%**
Awareness, social mobilization	**22802**	**0.3%**
IDP camps	11965	0.2%
	169607	2.2%

Expenditure Distribution by Year (2012-2016)

Table: Expenditure Distribution by Year		
2012	1,456,304	18.61%
2013	1,112,684	14.22%
2014	1,961,598	25.07%
2015	1,221,520	15.61%
2016	2,072,296	26.48%
2017*	375	0.00%
	7,824,777	100.00%
*The posting date for transaction in 2017 needs verification, plausibly a data entry error.		

Cost per Beneficiary Analysis

Table: Cost per Beneficiary Analysis

Total Birth Registrations (2012-2016)	Total UNICEF Budget (2012-2016) (USD)	Cost / Beneficiary (USD)
28,630,219	**7,824,402**	**0.27**

- Total registered births include all categories (U1, U5, Above 5,) as RapidSMS Dashboard (2012 & 2016)
- Analysis excludes all other costs incurred by NPopC, Health and/or from use of any others public resources.
- UNICEF Total Budget is extracted from two budget sheets i.e. Programme Implementation Details by Grant for 2009-2013 and 2014-2016

Appendix 27: Detailed Analysis of RapidSMS Data – BR Numbers and Coverage (%)

Birth Registration Numbers Summary

Year	Total < 1	Total 1 to 4	Total under 5 (U1+1-4 Yrs.)
2011	1531402	1136425	2,667,827
2012	1839892	1211253	3,051,145
2013	1916492	1244083	3,160,575
2014	2016994	1234893	3,251,887
2015	2615326	2208803	4,824,129
2016	2561756	2415219	4,976,975
2017	2605550	2324293	4,929,843
Grand Total	**15087412**	**11774969**	**26,862,381**

Year	Total under 5	Total 5+	Grand Total (U5 + 5+)
2011	2,667,827	1,319,704	**3,987,531**
2012	3,051,145	1,487,828	4,538,973
2013	3,160,575	1,618,817	4,779,392
2014	3,251,887	1,495,910	4,747,797
2015	4,824,129	1,993,105	6,817,234
2016	4,976,975	2,765,513	**7,742,488**
2017	4,929,843	2,668,070	7,597,913
Grand Total	**26,862,381**	**13,348,947**	40,211,328

BR Numbers Under 1

Year	Birth Registrations (U1)	% Increase	% Increase (2012 to 2016)	% Increase (2011 to 2016)
2011	1,531,402			**67.3%**
2012	1,839,892	**20%**	**39.2%**	
2013	1,916,492	**4%**		
2014	2,016,994	**5%**		
2015	2,615,326	**30%**		
2016	2,561,756	**-2%**		
Cumulative Total	**12,481,862**			
Per Year Avg.	**2,080,310**			

BR Numbers Under 5 (U1 plus 1-4 Years)

Year	Birth Registrations (U5)	% Increase	% Increase (2012 to 2016)	% Increase (2011 to 2016)
2011	2,667,827			**86.6%**
2012	3,051,145	**14.4%**	**63.1%**	
2013	3,160,575	**3.6%**		
2014	3,251,887	**2.9%**		
2015	4,824,129	**48.3%**		
2016	4,976,975	**3.2%**		
Cumulative Total	**21,932,538**			
Per Year Avg.	**3,655,423**			

BR Numbers Under 5 (U1 plus 1-4 Years)

Year	Birth Registrations (Above 5+)	% Increase	% Increase (2012 to 2016)	% Increase (2011 to 2016)
2011	1319704			**109.6%**
2012	1487828	**13%**	**85.9%**	
2013	1618817	**9%**		
2014	1495910	**-8%**		
2015	1993105	**33%**		
2016	2765513	**39%**		
Cumulative Total	**10,680,877**			
Per Year Avg.	**1,780,146**			

State-Wise Ranking Birth Registration Numbers 2012-2016

State	Total < 1	Total 1 to 4	Total under 5	Total 5+	Total All Categories
KANO	705796	663041	1368837	628145	1,996,982
LAGOS	877042	363311	1240353	659089	1,899,442
OYO	678957	422783	1101740	532344	1,634,084
KATSINA	598595	486015	1084610	498021	1,582,631
ADAMAWA	386075	502873	888948	411844	1,300,792
BAUCHI	311772	396292	708064	300484	1,008,548
KEBBI	249761	415469	665230	311546	976,776
KADUNA	295609	271874	567483	360732	928,215
ANAMBRA	304148	197671	501819	380602	882,421
KWARA	359133	260827	619960	234159	854,119
OSUN	390186	224958	615144	229795	844,939
OGUN	369610	186966	556576	244285	800,861
SOKOTO	260299	300122	560421	233834	794,255
PLATEAU	270998	225463	496461	266974	763,435
NIGER	229995	190625	420620	283949	704,569
Federal Capital Territory	316610	137048	453658	248209	701,867
JIGAWA	233342	260066	493408	184774	678,182
KOGI	332296	164195	496491	174686	671,177
DELTA	284651	164908	449559	177208	626,767
AKWA-IBOM	258197	153800	411997	207958	619,955
GOMBE	248811	200926	449737	162437	612,174
BENUE	228152	181891	410043	192362	602,405
ABIA	210160	165191	375351	211773	587,124
YOBE	167646	216813	384459	195331	579,790
ENUGU	251270	130467	381737	192788	574,525
ONDO	236564	141622	378186	194672	572,858
RIVERS	251711	137804	389515	178930	568,445
EDO	272296	110422	382718	163590	546,308
IMO	219424	125628	345052	186150	531,202
BORNO	171551	133399	304950	182808	487,758
NASARAWA	176092	123272	299364	184185	483,549
EBONYI	178318	131874	310192	160956	471,148
ZAMFARA	140767	166668	307435	119450	426,885
CROSS RIVER	148005	103430	251435	119405	370,840
EKITI	136279	95825	232104	114948	347,052
TARABA	120092	89580	209672	136756	346,428
BAYELSA	80250	71132	151382	95994	247,376
	10950460	8314251	**19264711**	**9361173**	**28,625,884**

State-Wise Ranking Birth Registration Numbers 2011-2016

Row Labels	Total < 1	Total 1 to 4	Total under 5	Total 5+	Total All Categories
LAGOS	1031310	423645	1454955	758087	2,213,042
KANO	760357	716281	1476638	680579	2,157,217
KATSINA	707169	573083	1280252	587527	1,867,779
OYO	761093	462609	1223702	584144	1,807,846
ADAMAWA	418696	542591	961287	443507	1,404,794
BAUCHI	349133	456764	805897	352950	1,158,847
KADUNA	339386	319863	659249	423445	1,082,694
KEBBI	260357	427358	687715	328515	1,016,230
OSUN	451477	249823	701300	262336	963,636
ANAMBRA	339751	214734	554485	403566	958,051
KWARA	383764	274485	658249	255814	914,063
OGUN	427119	211694	638813	270003	908,816
SOKOTO	287182	329936	617118	256868	873,986
PLATEAU	309200	258667	567867	305531	873,398
JIGAWA	272463	311240	583703	255437	839,140
NIGER	261274	221659	482933	317949	800,882
Federal Capital Territory	362546	156901	519447	279803	799,250
KOGI	358452	188848	547300	207269	754,569
DELTA	329458	193286	522744	202422	725,166
GOMBE	286232	231093	517325	194724	712,049
BORNO	247110	214759	461869	247733	709,602
AKWA-IBOM	292047	176355	468402	236958	705,360
BENUE	257697	211163	468860	223463	692,323
ABIA	241920	190677	432597	242762	675,359
ENUGU	298492	149782	448274	224038	672,312
RIVERS	298859	161915	460774	207462	668,236
EDO	323964	137710	461674	191629	653,303
ONDO	266658	162877	429535	217617	647,152
YOBE	185419	237879	423298	211723	635,021
IMO	254099	145658	399757	212517	612,274
NASARAWA	202182	144743	346925	208982	555,907
EBONYI	202900	152372	355272	191550	546,822
CROSS RIVER	188799	127247	316046	148807	464,853
ZAMFARA	148212	175013	323225	130185	453,410
EKITI	160509	117347	277856	156695	434,551
TARABA	127061	99539	226600	150649	377,249
BAYELSA	89515	81080	170595	107631	278,226

Birth Registrations by State and by Category - Arranged Alphabetically (2011-2016)

Row Labels	Total < 1	Total 1 to 4	Total under 5	Total 5+	Total All Categories
ABIA	241920	190677	432597	242762	675359
ADAMAWA	418696	542591	961287	443507	1404794
AKWA-IBOM	292047	176355	468402	236958	705360
ANAMBRA	339751	214734	554485	403566	958051
BAUCHI	349133	456764	805897	352950	1158847
BAYELSA	89515	81080	170595	107631	278226
BENUE	257697	211163	468860	223463	692323
BORNO	247110	214759	461869	247733	709602
CROSS RIVER	188799	127247	316046	148807	464853
DELTA	329458	193286	522744	202422	725166
EBONYI	202900	152372	355272	191550	546822
EDO	323964	137710	461674	191629	653303
EKITI	160509	117347	277856	156695	434551
ENUGU	298492	149782	448274	224038	672312
Federal Capital Territory	362546	156901	519447	279803	799250
GOMBE	286232	231093	517325	194724	712049
IMO	254099	145658	399757	212517	612274
JIGAWA	272463	311240	583703	255437	839140
KADUNA	339386	319863	659249	423445	1082694
KANO	760357	716281	1476638	680579	2157217
KATSINA	707169	573083	1280252	587527	1867779
KEBBI	260357	427358	687715	328515	1016230
KOGI	358452	188848	547300	207269	754569
KWARA	383764	274485	658249	255814	914063
LAGOS	1031310	423645	1454955	758087	2213042
NASARAWA	202182	144743	346925	208982	555907
NIGER	261274	221659	482933	317949	800882
OGUN	427119	211694	638813	270003	908816
ONDO	266658	162877	429535	217617	647152
OSUN	451477	249823	701300	262336	963636
OYO	761093	462609	1223702	584144	1807846
PLATEAU	309200	258667	567867	305531	873398
RIVERS	298859	161915	460774	207462	668236
SOKOTO	287182	329936	617118	256868	873986
TARABA	127061	99539	226600	150649	377249
YOBE	185419	237879	423298	211723	635021
ZAMFARA	148212	175013	323225	130185	453410
	12481862	9450676	**21932538**	**10680877**	**32613415**

State-Wise Birth Registration Numbers by Year (2011-2016) / RapidSMS Data

States	2011	2012	2013	2014	2015	2016	Grand Total
ABIA	88,235	78,419	82,278	86,961	134,619	204,847	675,359
ADAMAWA	104,002	96,651	108,208	131,042	115,189	849,702	1,404,794
AKWA-IBOM	85,405	126,766	114,599	102,113	119,356	157,121	705,360
ANAMBRA	75,630	110,838	117,897	122,741	149,979	380,966	958,051
BAUCHI	150,299	220,799	133,424	148,208	346,384	159,733	1,158,847
BAYELSA	30,850	32,826	42,082	46,767	49,258	76,443	278,226
BENUE	89,918	122,075	135,903	130,613	114,049	99,765	692,323
BORNO	221,844	126,078	37,398	64,656	119,205	140,421	709,602
CROSS RIVER	94,013	61,821	86,195	60,194	58,425	104,205	464,853
DELTA	98,399	118,404	131,532	133,460	100,313	143,058	725,166
EBONYI	75,674	92,003	100,003	93,137	68,476	117,529	546,822
EDO	106,995	107,976	92,129	107,282	99,146	139,775	653,303
EKITI	87,499	74,175	63,106	57,233	59,881	92,657	434,551
ENUGU	97,787	95,577	122,040	105,434	84,736	166,738	672,312
Federal Capital Territory	97,383	150,330	132,353	126,279	146,237	146,668	799,250
GOMBE	99,875	76,513	75,808	109,937	249,818	100,098	712,049
IMO	81,072	93,523	103,856	89,779	89,403	154,641	612,274
JIGAWA	160,958	140,090	115,799	119,949	215,081	87,263	839,140
KADUNA	154,479	175,494	173,522	138,575	207,975	232,649	1,082,694
KANO	160,235	204,376	305,410	364,485	706,417	416,294	2,157,217
KATSINA	285,148	338,368	283,848	278,185	326,932	355,298	1,867,779
KEBBI	39,454	47,517	54,217	56,313	223,456	595,273	1,016,230
KOGI	83,392	118,863	148,820	150,526	138,650	114,318	754,569
KWARA	59,944	93,186	146,134	135,550	333,027	146,222	914,063
LAGOS	313,600	312,647	348,101	376,846	383,936	477,912	2,213,042
NASARAWA	72,358	78,344	91,583	107,082	98,476	108,064	555,907
NIGER	96,313	122,121	156,279	133,097	165,263	127,809	800,882
OGUN	107,955	133,025	146,543	125,106	124,357	271,830	908,816
ONDO	74,294	97,947	106,694	103,380	112,792	152,045	647,152
OSUN	118,697	145,351	164,724	162,475	145,119	227,270	963,636
OYO	173,762	291,921	337,413	226,253	400,828	377,669	1,807,846
PLATEAU	109,963	102,922	120,090	129,740	298,931	111,752	873,398
RIVERS	99,791	112,696	121,508	103,369	96,634	134,238	668,236
SOKOTO	79,731	75,588	104,183	144,418	360,887	109,179	873,986
TARABA	30,821	55,055	67,991	59,694	63,236	100,452	377,249
YOBE	55,231	56,421	70,537	67,332	107,763	277,737	635,021
ZAMFARA	26,525	52,267	37,185	49,586	203,000	84,847	453,410
Grand Total	**3,987,531**	**4,538,973**	**4,779,392**	**4,747,797**	**6,817,234**	**7,742,488**	**32,613,415**

Birth Registration Performance / Coverage (%) – U1 and U5

	2011	2012	2013	2014	2015	2016	2017
U1 Performance (%)	45.79	53.37	53.65	54.48	68.10	66.19	63.63
U5 Performance (%)	10.72	11.77	12.04	11.85	16.07	17.50	15.01

Single Difference (%) – 2011-2016

Source: Dashboard Geographical Graph

	2011	2016	% Diff
U1 National Performance (%) / Average	44	62	**18**
U5 National Performance (%) / Average	10	16	**6**

Source: RapidSMS Dataset:

	2011 (%)	2016 (%)	Diff (%)
U1 National Performance (%) / Average	45.8	66.2	**20.4**
U5 National Performance (%) / Average	10.7	17.5	**6.8**

Birth Registration Coverage / Performance (%) By State and By Year

U1 Performance (%)	Sorted by Difference		
State	**2011**	**2016**	**Difference (%)**
ADAMAWA	38.84	219.11	180.27
KEBBI	12.53	155.24	142.71
YOBE	34.11	125.16	91.05
KWARA	37.58	92.54	54.96
TARABA	11.45	65.5	54.05
OYO	85.87	124.99	39.12
KANO	23.72	59.54	35.82
ANAMBRA	41.01	75.78	34.77
ABIA	54.58	83.57	28.99
OGUN	53.86	81.71	27.85
ZAMFARA	10.72	37.34	26.62
BAYELSA	31.62	50.6	18.98
KOGI	16.77	34.7	17.93
ONDO	43.11	59.52	16.41
EBONYI	34.39	49.73	15.34
KADUNA	23.31	32.41	9.1
NASARAWA	48.54	56.42	7.88
BAUCHI	35.38	42.7	7.32
EKITI	51.92	59.15	7.23
IMO	34.44	41.21	6.77
LAGOS	64.56	70.72	6.16
NIGER	25.84	30.91	5.07
DELTA	41.37	45.64	4.27
AKWA-IBOM	52.8	56.74	3.94
BENUE	22.87	26.46	3.59
ENUGU	55.4	57.82	2.42
OSUN	119.7	122	2.29
SOKOTO	27.35	27.5	0.15
KATSINA	67.26	66.29	-0.97
PLATEAU	37.11	35.77	-1.34
EDO	85.81	82.33	-3.48
GOMBE	63.46	59.3	-4.16
FCT	80.23	75.89	-4.34
RIVERS	47.36	42.66	-4.7
JIGAWA	39.07	28.17	-10.9
CROSS RIVER	66.43	40.47	-25.96
BORNO	73.68	33.6	-40.08

U5 Performance (%)	Sorted by Difference		
State	**2011**	**2016**	**Difference (%)**
ADAMAWA	11.19	77.31	66.12
KEBBI	2.94	47.35	44.41
YOBE	7.45	30.41	22.96
ANAMBRA	9.69	25.5	15.81
ABIA	15.38	28.9	13.52
OGUN	13.31	25.67	12.36
KWARA	8.03	19.7	11.67
OSUN	18.09	29.38	11.29
OYO	14.46	24.61	10.15
TARABA	3.46	11.69	8.23
EBONYI	12.11	19.55	7.44
BAYELSA	7.84	14.33	6.49
KANO	5.04	10.97	5.93
ONDO	10.08	15.47	5.39
ENUGU	14.92	20.24	5.32
ZAMFARA	2.04	6.51	4.47
LAGOS	15.91	20.35	4.44
IMO	10.08	13.68	3.6
AKWA-IBOM	9.98	13.41	3.43
KOGI	7.02	10.21	3.19
KADUNA	6.75	8.69	1.94
DELTA	11.92	13.79	1.87
NASARAWA	11.47	12.95	1.48
EKITI	14.26	15.66	1.4
SOKOTO	6.54	6.91	0.37
RIVERS	9.75	10.09	0.34
NIGER	6.71	7.01	0.3
BENUE	6.84	6.63	-0.21
KATSINA	13.97	13.69	-0.28
EDO	16.9	16.46	-0.44
FCT	19.14	18.32	-0.82
BAUCHI	8.89	7.87	-1.02
GOMBE	12.54	10.75	-1.79
PLATEAU	11.37	9.44	-1.93
CROSS RIVER	15.02	12.07	-2.95
JIGAWA	8.91	4.96	-3.95
BORNO	16.69	6.99	-9.7

Birth Registration Coverage / Performance (%) By State and By Year (2011 to 2017)

Birth Registration Rate Under 1							
State	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
ABIA	54.58	55.86	58.3	60.89	72.69	83.57	75.54
ADAMAWA	38.84	40.69	47.76	57.37	46.35	219.11	71.65
AKWA-IBOM	52.8	112.08	72.06	61.4	65.51	56.74	54.98
ANAMBRA	41.01	60.17	58.84	59.06	67.29	75.78	55.3
BAUCHI	35.38	56.49	40.91	45.03	81.24	42.7	227.97
BAYELSA	31.62	41.11	43.69	49.6	65.04	50.6	36.1
BENUE	22.87	33.56	37.13	36.31	28.68	26.46	21.35
BORNO	73.68	49.8	14.15	25.44	28.73	33.6	56.9
CROSS RIVER	66.43	36.32	72.83	36.07	36.15	40.47	34.25
DELTA	41.37	52.5	47.45	51.53	42.35	45.64	34.24
EBONYI	34.39	36.56	49.72	49.91	43.01	49.73	35.98
EDO	85.81	93.15	75.15	86.9	80.1	82.33	69.29
EKITI	51.92	49.69	47.41	54.05	55.08	59.15	50.03
ENUGU	55.4	50.75	58.99	54.76	47.15	57.82	47.57
Federal Capital Territory	80.23	97.8	86.38	79.82	84.29	75.89	70.86
GOMBE	63.46	54.79	48.47	69.35	148.23	59.3	90.38
IMO	34.44	38.26	42.9	39	36.73	41.21	27.84
JIGAWA	39.07	48.23	35.53	40.8	61.43	28.17	49.26
KADUNA	23.31	30.65	27.03	24	29.64	32.41	26.86
KANO	23.72	31.95	40.97	52.23	90.04	59.54	55.52
KATSINA	67.26	67.4	62.34	69.85	72.95	66.29	71.18
KEBBI	12.53	15.41	16.3	18.67	53.74	155.24	41.27
KOGI	16.77	25.84	38.66	47.41	47.42	34.7	55.24
KWARA	37.58	59.18	81.21	93.95	169.65	92.54	90.94
LAGOS	64.56	67.19	66.91	63.48	65.13	70.72	73.2
NASARAWA	48.54	59.96	56.89	65.28	61.13	56.42	57.37
NIGER	25.84	28.76	39.31	33.4	39.14	30.91	40.07
OGUN	53.86	59.89	58.51	55.81	56.4	81.71	42.84
ONDO	43.11	66.3	64.51	59.92	60.12	59.52	54.79
OSUN	119.71	139.39	153.42	153.7	126.19	122	138.82
OYO	85.87	128.74	143.06	104.07	140.86	124.99	112.28
PLATEAU	37.11	35.94	38.58	44.62	86.7	35.77	33.01
RIVERS	47.36	51.26	50.75	43.51	41.18	42.66	37.46
SOKOTO	27.35	23.85	30.67	41.02	116.4	27.5	35.26
TARABA	11.45	24.11	27.18	27.95	33.58	65.5	48.17
YOBE	34.11	29.47	34.14	37.79	55.87	125.16	147.41
ZAMFARA	10.72	21.77	16.98	21.66	83.37	37.34	83.23

RapidSMS Dashboard Data Analysis Disaggregated by Sex

BR Category	Girls	Girls	Boys	Boys	Total (G+B)
< 1	5,313,911	49%	5,636,549	51%	10,950,460
1 to 4 Years	4,016,221	48%	4,298,030	52%	8,314,251
5 to 9 Years	2,367,902	49%	2,494,867	51%	4,862,769
10+ Years	2,189,517	49%	2,308,887	51%	4,498,404
Total (All Categories)	13,887,551	49%	14,738,333	51%	**28,625,884**

Appendix 28: Field Observations

To reduce the file size, photographs have been intentionally deleted and shared separately.

Evaluation Staff Training

Pre-testing of Evaluation Tools / Survey

KIIs / FGDs in Progress

Reflection Workshop

NPopC Office – Working Environment

Appendix 29: Household Results Tables

Table of Content

Section 1: Household Identification and Respondent Profiling Questions

Survey Table 01: Respondent's Distribution by Rural/Urban

Question	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
	Male	Female		Male	Female		Male	Female	
Total	**1350**	**1351**	**2701**	**674**	**677**	**1351**	**676**	**674**	**1350**
Urban	34%	35%	35%	39%	39%	**39%**	30%	30%	**30%**
Rural	66%	65%	65%	61%	61%	**61%**	70%	70%	**70%**

Survey Table 02: How many children do you have?

Question 1.11	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
No. of Children	Male	Female		Male	Female		Male	Female	
	1350	1351	2701	674	677	**1351**	676	674	**1350**
1	22%	19%	20%	27%	21%	**24%**	16%	18%	**17%**
2	18%	20%	19%	22%	22%	**22%**	15%	18%	**16%**
3	16%	19%	18%	16%	20%	**18%**	16%	19%	**17%**
4	10%	13%	11%	9%	14%	**12%**	10%	12%	**11%**
5	10%	11%	10%	9%	10%	**9%**	10%	12%	**11%**
6	7%	7%	7%	5%	6%	**5%**	9%	7%	**8%**
7	4%	5%	4%	3%	3%	**3%**	4%	7%	**5%**
8	4%	3%	4%	3%	2%	**2%**	6%	3%	**5%**
9	2%	2%	2%	2%	1%	**1%**	3%	3%	**3%**
10	2%	1%	1%	1%	0%	**1%**	3%	1%	**2%**
11	1%	0%	1%	1%	0%	**1%**	1%	1%	**1%**
12	1%	0%	1%	1%	0%	**0%**	2%	0%	**1%**
13	1%	0%	0%	0%	0%	**0%**	1%	0%	**0%**
14	1%	0%	0%	0%	0%	**0%**	1%	0%	**1%**
15	0%	0%	0%	0%	0%	**0%**	1%	0%	**0%**
16	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
17	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
18	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
19	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
20	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
21	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
22	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
23	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
24	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
28	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 03: How many of these children are under five (5) years of age?

Question 1.11	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
				Male	Female		Male	Female	
	1350	**1351**	**2701**	**674**	**677**	**1351**	**676**	**674**	**1350**
Child 1	59%	61%	60%	62%	62%	**62%**	56%	60%	**58%**
Child 2	29%	34%	31%	28%	33%	**31%**	30%	34%	**32%**
Child 3	8%	5%	6%	7%	4%	**6%**	8%	5%	**7%**
Child 4	3%	0%	2%	1%	0%	**1%**	4%	1%	**2%**
Child 5	1%	0%	0%	0%	0%	**0%**	1%	0%	**1%**
Child 6	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Child 7	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 04: Percentage distribution of respondents reporting the number of children (under five only) registered with relevant birth registration authorities

Question 1.13	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
	Male	Female		Male	Female		Male	Female	
	952	**882**	**1834**	**456**	**445**	**901**	**496**	**437**	**933**
1st Child Registered	63%	71%	67%	65%	73%	**69%**	61%	70%	**65%**
2nd Child Registered	27%	25%	26%	29%	25%	**27%**	26%	26%	**26%**
3rd Child Registered	6%	3%	5%	4%	3%	**3%**	9%	4%	**6%**
4th Child Registered	2%	0%	1%	1%	0%	**1%**	3%	1%	**2%**
5th Child Registered	1%	0%	0%	0%	0%	**0%**	1%	0%	**0%**
6th Child Registered	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
7th Child Registered	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 05: Percentage distribution of respondents reporting the number of children (under five only) who have birth certificates

Question 1.13-C	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
	Male	Female		Male	Female		Male	Female	
	909	**856**	**1765**	**440**	**436**	**876**	**469**	**420**	**889**
1st Child has birth Certificate	64%	71%	68%	68%	72%	**70%**	61%	70%	**65%**
2nd Child has birth Certificate	26%	26%	26%	25%	25%	**25%**	27%	26%	**26%**
3rd Child has birth Certificate	6%	3%	5%	5%	3%	**4%**	8%	4%	**6%**
4th Child has birth Certificate	2%	0%	1%	1%	0%	**1%**	3%	1%	**2%**
5th Child has birth Certificate	1%	0%	0%	0%	0%	**0%**	1%	0%	**1%**
6th Child has birth Certificate	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
7th Child has birth Certificate	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 06: Respondent's Distribution by State

	State Name	OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
		Male	Female		Male	Female		Male	Female	
	Total	1350	1351	2701	674	677	1351	676	674	1350
1	Abia	8.3%	8.3%	8.3%	16.70%	16.70%	16.70%	0.0%	0.0%	0.0%
2	Adamawa	12.5%	12.5%	12.5%	0.00%	0.00%	0.00%	25.0%	25.0%	25.0%
3	Bauchi	12.5%	12.5%	12.5%	0.00%	0.00%	0.00%	25.0%	25.0%	25.0%
4	Delta	8.3%	8.3%	8.3%	16.70%	16.70%	16.70%	0.0%	0.0%	0.0%
5	Kaduna	12.5%	12.5%	12.5%	0.00%	0.00%	0.00%	25.0%	25.0%	25.0%
6	Katsina	8.3%	8.3%	8.3%	16.70%	16.70%	16.70%	0.0%	0.0%	0.0%
7	Kebbi	12.5%	12.5%	12.5%	0.00%	0.00%	0.00%	25.0%	25.0%	25.0%
8	Lagos	8.3%	8.3%	8.3%	16.70%	16.70%	16.70%	0.0%	0.0%	0.0%
9	Niger	8.3%	8.3%	8.3%	16.70%	16.70%	16.60%	0.0%	0.0%	0.0%
10	Taraba	8.3%	8.3%	8.3%	16.70%	16.70%	16.60%	0.0%	0.0%	0.0%

Survey Table 07: Respondent's Distribution by Local Government Areas

		OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
		Male	**Female**		**Male**	**Female**		**Male**	**Female**	
	Total	**1350**	**1351**	**2701**	**674**	**677**	**1351**	**676**	**674**	**1350**
1	Aba South	1.0%	1.1%	1.1%	2.10%	2.20%	2.10%	0.00%	0.00%	0.00%
2	Aba North	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
3	Ikwuano	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
4	Isiala-Ngwa South	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
5	Isiukwuato	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
6	Ohafia	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
7	Ukwa East	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
8	Umuahia North	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
9	Fufore	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
10	Gombi	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
11	Jada	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
12	Lamurde	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.30%	3.10%	3.20%
13	Madagali	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
14	Maiha	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
15	Toungo	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
16	Yola South	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
17	Alkaleri	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
18	Bauchi	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.30%	3.10%	3.20%
19	Dass	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
20	Ganjuwa	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
21	Giade	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
22	Itas/Gadau	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
23	Katagum	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
24	Ningi	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
25	Burutu	1.0%	1.1%	1.1%	2.10%	2.20%	2.10%	0.00%	0.00%	0.00%
26	Ndokwa West	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
27	Oshimili North	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
28	Oshimili South	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
29	Patani	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
30	Uvwie	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
31	Warri North	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
32	Warri South West	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
33	Chikun	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
34	Jema 'A	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
35	Kaduna North	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.30%	3.30%	3.30%
36	Kagarko	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
37	Sabon-Gari	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
38	Sanga	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
39	Zangon-Kataf	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
40	Zaria	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
41	Danja	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%

Survey Table 07: Respondent's Distribution by Local Government Areas

		OVERALL		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
42	Dutsi	1.1%	1.0%	1.1%	2.20%	2.10%	2.10%	0.00%	0.00%	0.00%
43	Jibia	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
44	Kafur	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
45	Kusada	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
46	Mani	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
47	Safana	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
48	Zango	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
49	Aleiro	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.30%	3.30%	3.30%
50	Augie	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
51	Bunza	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
52	Dandi	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
53	Fakai	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
54	Gwandu	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
55	Maiyama	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
56	Ngaski	1.6%	1.6%	1.6%	0.00%	0.00%	0.00%	3.10%	3.10%	3.10%
57	Agege	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
58	Ajeromi Ifelodun	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
59	Amuwo Odofin	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
60	Badagry	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
61	Ikorodu	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
62	Lagos Island	1.1%	1.1%	1.1%	2.20%	2.20%	2.20%	0.00%	0.00%	0.00%
63	Mushin	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
64	Shomolu	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
65	Agwara	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
66	Gbako	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
67	Gurara	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
68	Lapai	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
69	Mariga	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
70	Mokwa	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
71	Shiroro	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
72	Tafa	1.0%	1.1%	1.1%	2.10%	2.20%	2.10%	0.00%	0.00%	0.00%
73	Bali	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
74	Donga	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
75	Ibi	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
76	Jalingo	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
77	Lau	1.0%	1.0%	1.0%	2.10%	2.10%	2.00%	0.00%	0.00%	0.00%
78	Sardauna	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
79	Ussa	1.0%	1.0%	1.0%	2.10%	2.10%	2.10%	0.00%	0.00%	0.00%
80	Zing	1.0%	1.1%	1.1%	2.10%	2.20%	2.10%	0.00%	0.00%	0.00%
81										

Survey Table 08: Respondent's Distribution by Community and By Gender

	Community Name	Overall		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
		Male	Female		Male	Female		Male	Female	
	Total	**1350**	**1351**	**2701**	**674**	**677**	**1351**	**676**	**674**	**1350**
1	Crown Town	0.5%	0.6%	0.6%	1.00%	1.20%	1.10%	0.00%	0.00%	0.00%
2	Okporoenyi Ohazu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
3	Eziama	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
4	Osusu Aba	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
5	Amawom	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
6	Okwe	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
7	Ikem Osokwa Nvosi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
8	Umuogwo Ikeala Mbutu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
9	Amaba	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
10	Isunabo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
11	Ihenta Ohafia	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
12	Okagwe Ohafia	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
13	Mkpumkpuato	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
14	Umuokoroaja	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
15	Amaogwugwu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
16	Attah Emede	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
17	Daware	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
18	Wuro Kesum	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
19	Wuro Yolde Gurin	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
20	Fotta	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
21	Gangran	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
22	Gombi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
23	Jada	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
24	Sabon Layi (Kila)	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
25	Yauru ,GANGNIRIMI	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%

Survey Table 08: Respondent's Distribution by Community and By Gender

	Community Name	Overall		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
26	Bayan-Dutse	0.6%	0.5%	0.6%	0.00%	0.00%	0.00%	1.20%	1.00%	1.10%
27	Lamurde	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
28	Opalo	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
29	Madagali	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
30	Shaushawa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
31	Wuro Ngayandi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
32	Jalingo	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
33	Konkol	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
34	Wuro Iya	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
35	Gassanopin	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
36	Taksi Gane	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
37	Vessemani	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
38	Boggare	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
39	Njoboli	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
40	Yola	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
41	Alkaleri	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
42	Fantami Fulani	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
43	Jauro Bello	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
44	Bauchi	0.6%	0.5%	0.6%	0.00%	0.00%	0.00%	1.20%	1.00%	1.10%
45	Tudun Salmanu	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
46	Tudun Wada	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
47	Baraza	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
48	Bununu	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
49	Gaure	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
50	Gorondo	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
51	Zakka	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
52	Zida	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
53	Faguji	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
54	Giade	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
55	Rugar Durumi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
56	Ganjin Gabas	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
57	Gizire Kuka	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
58	Mashema	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
59	Azare	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
60	Dagarawan J.Haruna	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
61	Masakun Bare Bari	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
62	Iyayi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
63	Ningi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
64	Yalwa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
65	Odimodi	0.5%	0.6%	0.6%	1.00%	1.20%	1.10%	0.00%	0.00%	0.00%
66	Torugbene	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
67	Etua-Oliogo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
68	Umusadege-Kwale	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
69	Ibusa	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
70	Illah	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
71	Asaba	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
72	Okwe	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
73	Patani	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
74	Tamukunu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
75	Effurun	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
76	Ekpan	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
77	Ogbudugbudu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
78	Opuama	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
79	Deghele	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
80	Ode-Ugborodo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
81	Buruku	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
82	Chidunu	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
83	Sabon Tasha	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
84	Antang	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
85	Fori	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
86	Turkwa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
87	Badarawa	0.6%	0.6%	0.6%	0.00%	0.00%	0.00%	1.20%	1.20%	1.20%
88	Kabala	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
89	Nda	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
90	Kagoh	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
91	Kubacha	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
92	Kwaliko	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
93	Muchia	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
94	Palladan	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
95	Unguwar Godo	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
96	Aban	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
97	Aboro	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
98	Maitozo	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
99	Ung Rimi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
100	Wadon	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%

Survey Table 08: Respondent's Distribution by Community and By Gender

	Community Name	Overall		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
101	Zonkwa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
102	Tudun Wada	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
103	Zaria City	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
104	Jushi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
105	Dabai	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
106	Kwanar Daura	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
107	Kayawa	0.6%	0.5%	0.6%	1.20%	1.00%	1.10%	0.00%	0.00%	0.00%
108	Raba Fulani	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
109	Magama	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
110	Matso-Matso	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
111	Fammaraya	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
112	Unguwar Abdu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
113	Sabon Gari	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
114	Santar Makera	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
115	Keba	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
116	Mala	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
117	Baure	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
118	Safana	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
119	Rogogo Chidari	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
120	Zango	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
121	Aleiro	0.6%	0.6%	0.6%	0.00%	0.00%	0.00%	1.20%	1.20%	1.20%
122	Kashin Zama	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
123	Sabiyel	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
124	Awade	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
125	Gidan Koni	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
126	Ung. Garba, Ung. Kahiru,	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
127	Bunza	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
128	Sabon Garin Tunga	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
129	Zogirma	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
130	Buma	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
131	Fana	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
132	Tungar Baidu (Babu Hausa)	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
133	Gele	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
134	Kangi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
135	Marafa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
136	Gwandu	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
137	Yalango	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
138	Yole Birni	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
139	Aida	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
140	Kuberi	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
141	Saran Dosa	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
142	Bakari	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
143	Kurege	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
144	Ruggar Bawa Mai Rago	0.5%	0.5%	0.5%	0.00%	0.00%	0.00%	1.00%	1.00%	1.00%
145	Ajegunle	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
146	Orile	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
147	Ajegunle	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
148	Alaba - Oro	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
149	Amuwo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
150	Navy Town	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
151	Ganyingbo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
152	Imeke	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
153	Isele	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
154	Ofin	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
155	Isale Gangan	0.6%	0.6%	0.6%	1.20%	1.20%	1.20%	0.00%	0.00%	0.00%
156	Popo Aguda	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
157	Itire	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
158	Papa-Ajao	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
159	Bariga	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
160	Shomolu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
161	Azama Koshi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
162	Zamalo Chepo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
163	Elagi-Emi, Emi-Suayan, Emi-Worongi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
164	Picifugi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
165	Gawu-Babangida	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
166	Iwa	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
167	Eddo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
168	Eshi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
169	Kalgo	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
170	Matseri	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
171	Ekpagi	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
172	Mokwa	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%

Survey Table 08: Respondent's Distribution by Community and By Gender

	Community Name	Overall		TOTAL	CONTROL		TOTAL	TREATMENT		TOTAL
173	Alawa	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
174	Gunu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
175	Asokoro	0.5%	0.6%	0.6%	1.00%	1.20%	1.10%	0.00%	0.00%	0.00%
176	Karfe	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
177	Kokotye	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
178	Shonva	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
179	Gbawana	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
180	Ichur	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
181	Ibua	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
182	Mushere	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
183	Kona Garu	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
184	Murtai	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
185	Apawa Lube	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
186	Kwamiding	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
187	Galadima Village	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
188	Team Yambam	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
189	Ndechi, Upur	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
190	Wawenger	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
191	Lasari	0.5%	0.6%	0.6%	1.00%	1.20%	1.10%	0.00%	0.00%	0.00%
192	Monkin	0.5%	0.5%	0.5%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%

Demographics

Survey Table 09: (D1) How would you describe your marital status?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Single (Never Married)	1%	3%	2%	1%	4%	**3%**	1%	2%	**1%**
Married with one spouse	80%	79%	79%	84%	84%	**84%**	76%	73%	**75%**
Married, and my husband has more than one wife	2%	15%	9%	3%	9%	**6%**	2%	22%	**12%**
Married with more than one wife	14%	0%	7%	8%	0%	**4%**	21%	1%	**11%**
Divorced/Separated	0%	1%	1%	1%	1%	**1%**	0%	1%	**1%**
Widowed	0%	1%	0%	0%	0%	**0%**	0%	1%	**0%**
Cohabiting	2%	1%	1%	3%	2%	**3%**	0%	0%	**0%**

Survey Table 10: (D2) What is your religion?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Muslim	58%	57%	57%	40%	39%	**40%**	76%	75%	**75%**
Christian	41%	42%	42%	58%	59%	**59%**	24%	25%	**25%**
Traditional worshipper	1%	1%	1%	1%	1%	**1%**	0%	0%	**0%**
No religion	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Refused/No answer	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 11: (D3) What is your literacy level?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Literate	75%	62%	69%	78%	61%	**70%**	73%	63%	**68%**
Illiterate	25%	38%	31%	22%	39%	**30%**	27%	37%	**32%**

Survey Table 12: (D4) What is your highest level of education?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1019	841	1860	528	415	**943**	491	426	**917**
Secondary/Teacher Training	32%	38%	35%	35%	33%	**34%**	30%	43%	**36%**
Polytechnic/NCE	22%	10%	16%	18%	12%	**15%**	25%	8%	**16%**
Primary	11%	18%	15%	12%	16%	**14%**	10%	20%	**15%**
Higher School/GCE	16%	14%	15%	19%	17%	**18%**	14%	11%	**13%**
Koranic	6%	9%	7%	6%	10%	**8%**	5%	8%	**7%**
University	9%	4%	6%	8%	6%	**7%**	9%	2%	**6%**
Middle / Modern	3%	6%	5%	2%	6%	**4%**	4%	6%	**5%**
No formal education	1%	1%	1%	0%	0%	**0%**	2%	2%	**2%**

Survey Table 13: (D5) What is your primary mother tongue?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Hausa/Fulani	44%	44%	44%	21%	23%	**22%**	68%	64%	**66%**
Yoruba	8%	6%	7%	16%	12%	**14%**	0%	1%	**1%**
Igbo	13%	13%	13%	24%	26%	**25%**	1%	1%	**1%**
Urobo	2%	2%	2%	4%	3%	**3%**	0%	0%	**0%**
Others (Please specify)	33%	35%	34%	36%	36%	**36%**	31%	34%	**32%**

Survey Table 14: (D6) What is your Ethnic Group?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Hausa	34%	34%	34%	17%	19%	**18%**	51%	48%	**50%**
Other: Please specify	23%	24%	24%	17%	17%	**17%**	30%	32%	**31%**
Ibo	12%	13%	13%	24%	26%	**25%**	1%	1%	**1%**
Fulani	8%	9%	8%	3%	4%	**4%**	13%	13%	**13%**
Yoruba	8%	6%	7%	16%	12%	**14%**	1%	0%	**1%**
Munnuye	3%	3%	3%	4%	5%	**5%**	1%	0%	**1%**
Nupe	3%	3%	3%	6%	5%	**5%**	0%	0%	**0%**
Urobo	2%	2%	2%	4%	3%	**4%**	0%	0%	**0%**
Chamba	1%	1%	1%	0%	0%	**0%**	2%	3%	**3%**
Gwari	1%	1%	1%	3%	3%	**3%**	0%	0%	**0%**
Ijaw	1%	2%	1%	2%	4%	**3%**	0%	0%	**0%**
Isoko	0%	1%	1%	1%	1%	**1%**	0%	1%	**1%**
Tiv	1%	1%	1%	2%	1%	**1%**	0%	0%	**0%**
Annang	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Bura	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Edo	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Efik	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Ekoi	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Higgi	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Ibibio	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Idoma	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Igala	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
Kanuri	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 15: (D7) Percentage distribution of respondents by income profile (based on their fixed assets),

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1308	1284	2592	660	653	**1313**	648	631	**1279**

D7_7_Radio	15%	14%	14%	15%	13%	**14%**	15%	14%	**14%**
D7_16_Bed	11%	12%	12%	11%	12%	**12%**	11%	12%	**11%**
D7_18_Clock	10%	11%	11%	11%	11%	**11%**	10%	11%	**10%**
D7_8_Television	11%	10%	10%	11%	11%	**11%**	10%	9%	**9%**
D7_13_Table	10%	10%	10%	11%	11%	**11%**	9%	9%	**9%**
D7_10_Mobile phone	9%	9%	9%	7%	7%	**7%**	11%	11%	**11%**
D7_2_Motorcycle/scooter	8%	7%	7%	7%	6%	**6%**	9%	8%	**8%**
D7_17_Cupboard	7%	7%	7%	8%	8%	**8%**	6%	6%	**6%**
D7_12_Refrigerator	5%	5%	5%	6%	6%	**6%**	4%	4%	**4%**
D7_1_Bicycle	3%	4%	4%	3%	4%	**3%**	4%	4%	**4%**
D7_9_Cassette player	4%	4%	4%	3%	3%	**3%**	4%	5%	**4%**
D7_3_Car/truck	2%	2%	2%	2%	2%	**2%**	2%	2%	**2%**
D7_14_Chairs	1%	3%	2%	1%	3%	**2%**	2%	3%	**2%**
D7_4_Animal-drawn cart	1%	1%	1%	1%	0%	**0%**	1%	1%	**1%**
D7_15_Sofa seats	2%	1%	1%	2%	1%	**2%**	1%	1%	**1%**
D7_5_Boat with motor	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
D7_6_Boat with no motor	0%	1%	0%	0%	1%	**1%**	0%	0%	**0%**
D7_11_Fixed phone/Landline	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 16: (D8) Percentage distribution of respondents by income status (based on ownership of livestock)

	Overall		**Total**	Control		**Total**	Treatment		**Total**
	M	F		M	F		M	F	
Total	144	207	351	65	56	**121**	79	151	**230**
D8_5_Goat	27%	32%	30%	34%	41%	**37%**	21%	23%	**22%**
D8_1_Local cattle	14%	17%	16%	15%	9%	**12%**	14%	25%	**19%**
D8_3_Chicken	11%	12%	12%	12%	9%	**10%**	11%	14%	**13%**
D8_4_Sheep	14%	6%	10%	14%	4%	**9%**	15%	9%	**12%**
D8_6_Pigs	6%	13%	10%	4%	19%	**11%**	8%	8%	**8%**
D8_10_Other (please specify)	11%	8%	9%	13%	10%	**11%**	9%	6%	**7%**
D8_7_Horses/Donkeys/Mules	10%	7%	8%	1%	2%	**2%**	18%	13%	**15%**
D8_9_Turkey…	3%	2%	3%	6%	2%	**4%**	1%	2%	**1%**
D8_2_Exotic/Cross cattle	2%	2%	2%	2%	4%	**3%**	2%	0%	**1%**
D8_8_Rabbits	1%	0%	1%	0%	0%	**0%**	2%	1%	**1%**

Survey Table 17: (D9) Does your household own the land on which the house you live is constructed?

	Overall		**Total**	Control		**Total**	Treatment		**Total**
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes, owns the land	74%	74%	74%	63%	65%	**64%**	85%	84%	**85%**
No, pays rent	22%	24%	23%	32%	34%	**33%**	12%	14%	**13%**
No, not paying rent at the consent of the owner	4%	1%	2%	4%	1%	**3%**	3%	1%	**2%**
No, not paying rent (squatting)	0%	1%	1%	0%	1%	**1%**	0%	1%	**1%**

Survey Table 18: (D10) Does your household own any other land?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	60%	55%	58%	70%	61%	**65%**	51%	49%	**50%**
No	39%	43%	41%	30%	35%	**33%**	49%	50%	**49%**
Don't know	0%	2%	1%	0%	4%	**2%**	1%	1%	**1%**

Survey Table 19: (D11) What is your family's (husband, wife and dependent children – nuclear family) average monthly income from all sources?

	Overall		**Total**	**Control**		**Total**	**Treatment**		**Total**
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
None	2%	9%	6%	1%	4%	**2%**	3%	14%	**9%**
Less than 20,000 NGN	16%	27%	21%	13%	25%	**19%**	18%	29%	**24%**
20,001- 40,000NGN	35%	21%	28%	34%	20%	**27%**	36%	22%	**29%**
40,001- 60,000 NGN	19%	13%	16%	18%	14%	**16%**	20%	11%	**15%**
60,001- 80,000 NGN	7%	6%	6%	8%	8%	**8%**	7%	3%	**5%**
80,001- 100,000NGN	4%	3%	3%	3%	4%	**4%**	4%	1%	**3%**
100,001-300,000 NGN	2%	1%	2%	1%	2%	**2%**	3%	0%	**2%**
More than 300,001 NGN	1%	0%	0%	0%	1%	**0%**	1%	0%	**0%**
Don't Know	5%	15%	10%	5%	14%	**9%**	6%	17%	**11%**
Refused	10%	4%	7%	17%	8%	**12%**	3%	1%	**2%**

Section 2: Knowledge, Practice / Experience of Accessing Birth Registration Services

Survey Table 20: (BR1) In your view, is it mandatory to register the birth of the child with relevant authorities in Nigeria?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	79%	86%	82%	83%	81%	**82%**	74%	91%	**83%**
No	17%	9%	13%	10%	12%	**11%**	24%	6%	**15%**
Don't Know	4%	5%	5%	7%	7%	**7%**	2%	3%	**2%**
Refused	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 21: (BR2) Do you think that child's birth registration is the right of every child?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	86%	91%	88%	91%	89%	**90%**	81%	92%	**86%**
No	10%	6%	8%	4%	6%	**5%**	15%	5%	**10%**
Don't Know	4%	4%	4%	5%	5%	**5%**	4%	3%	**4%**
Refused	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 22: (BR3) Which of the following public authority/department/agency has the primary responsibility to register child birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
National Populations Commission (NPopC)	35%	28%	32%	36%	31%	**33%**	34%	26%	**30%**
Local Government	20%	16%	18%	19%	11%	**15%**	21%	21%	**21%**
Health/Facility/Centre	38%	50%	44%	34%	51%	**43%**	41%	49%	**45%**
Education	1%	1%	1%	1%	0%	**1%**	1%	1%	**1%**
Other, please specify	3%	1%	2%	5%	1%	**3%**	0%	0%	**0%**
Don't Know	4%	4%	4%	6%	5%	**5%**	3%	3%	**3%**
Refused	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 23: (BR3A) Which of the following public authority/departments/agency has the secondary responsibility to register child birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
BR31_National Population Commission	21%	25%	23%	17%	18%	**17%**	26%	32%	**29%**
BR32_Local Government	30%	29%	30%	35%	39%	**37%**	25%	19%	**22%**
BR33_Health/Facility/Centre	35%	32%	34%	36%	30%	**33%**	35%	35%	**35%**
BR34_Education	7%	6%	6%	7%	5%	**6%**	7%	7%	**7%**
BR35_Other, please specify	0%	1%	1%	1%	1%	**1%**	0%	1%	**1%**
BR398_Don't Know	5%	6%	6%	4%	7%	**6%**	7%	5%	**6%**
BR399_Refused	1%	1%	1%	1%	1%	**1%**	1%	0%	**1%**

Survey Table 24: (BR3A_Other) Which of the following public authority/departments/agency has the secondary responsibility to register child birth? (Other, please specify) [Other (specify)]

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	8	15	23	7	5	**12**	1	10	**11**
Community Head	36%	44%	40%	71%	38%	**54%**	0%	50%	**25%**
District Head	7%	0%	4%	14%	0%	**7%**	0%	0%	**0%**
Don t know	0%	13%	6%	0%	0%	**0%**	0%	25%	**13%**
hospitals	0%	3%	2%	0%	0%	**0%**	0%	6%	**3%**
Npc	0%	6%	3%	0%	13%	**6%**	0%	0%	**0%**
Traditional leader	57%	28%	43%	14%	50%	**32%**	100 %	6%	**53%**
ward head	0%	6%	3%	0%	0%	**0%**	0%	13%	**6%**

Survey Table 25: (BR4) In your opinion, please tell me which NPopC (National Populations Commission) official is responsible for birth registration?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	

Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Birth Registrar	78%	80%	79%	73%	72%	**72%**	84%	89%	**86%**
Auxiliary Registrar	4%	4%	4%	3%	5%	**4%**	5%	3%	**4%**
Other, please specify	0%	0%	0%	0%	0%	**0%**	1%	0%	**0%**
Don't Know	17%	15%	16%	24%	22%	**23%**	10%	8%	**9%**
Refused	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 26: (BR5) Do you know the location of NPopC (National Populations Commission) office where births are registered?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	26%	22%	24%	20%	23%	**21%**	33%	20%	**26%**
No	65%	69%	67%	68%	68%	**68%**	62%	71%	**66%**
Don't know	9%	9%	9%	13%	9%	**11%**	5%	9%	**7%**

Survey Table 27: (BR5a) Is office of the NPopC (National Populations Commission) Birth Registrar available in your community/neighbourhood?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	354	293	647	133	157	**290**	221	136	**357**
Yes	63%	62%	63%	69%	62%	**65%**	57%	62%	**60%**
No	35%	34%	34%	27%	34%	**30%**	42%	35%	**39%**
Don't know	2%	4%	3%	4%	4%	**4%**	0%	3%	**2%**

Survey Table 28: (BR5b) How far is NPopC (National Populations Commission) Birth Registrar Office from your house?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	231	209	440	89	123	**212**	142	86	**228**
Less than 1km / Less than 30mins	58%	65%	62%	65%	66%	**65%**	51%	65%	**58%**
1-3km / 31mins – 59mins	32%	27%	29%	29%	30%	**29%**	36%	23%	**29%**
4-5km / 1hrs – 2hours	7%	8%	8%	4%	4%	**4%**	10%	12%	**11%**
More than 5km /More than 2 hours	2%	0%	1%	2%	0%	**1%**	3%	0%	**1%**
Don't know	0%	0%	0%	0%	0%	**0%**	1%	0%	**0%**

Survey Table 29: (BR6) Do you know if there is any fee for child's birth registration?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
No fee - Birth Registration is free	44%	40%	42%	24%	26%	**25%**	64%	54%	**59%**
Fee/payment is required for birth registration	30%	37%	33%	43%	49%	**46%**	17%	24%	**21%**
Don't Know	26%	23%	25%	34%	25%	**29%**	18%	22%	**20%**

Survey Table 30: (BR7) Are you aware of the birth registration procedure?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	24%	32%	28%	22%	35%	**29%**	25%	30%	**27%**
No	58%	52%	55%	54%	48%	**51%**	62%	56%	**59%**
Don't Know	18%	15%	16%	23%	16%	**19%**	13%	13%	**13%**
Refused	0%	1%	1%	1%	1%	**1%**	0%	1%	**0%**

Section 3: Parents' Priorities & Choices for Birth Registration

Survey Table 31: (PE1) Have there been any birth registered in your family in the past 5 years?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	55%	56%	55%	58%	60%	**59%**	51%	51%	**51%**
No	45%	44%	45%	42%	40%	**41%**	49%	49%	**49%**

Survey Table 32: (PE1a) Who did the birth registration?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	740	755	1495	392	408	**800**	348	347	**695**
Myself	35%	75%	55%	36%	80%	**58%**	34%	71%	**52%**
Someone else	65%	25%	45%	64%	20%	**42%**	66%	29%	**48%**

Survey Table 33: (PE2) Where did you go to register your child's birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	270	569	839	139	326	**465**	131	243	**374**
PE2_1_Health Centre	53%	67%	60%	53%	66%	**59%**	53%	69%	**61%**
PE2_3_Local Government Area	23%	13%	18%	21%	10%	**15%**	25%	16%	**20%**
PE2_4_NPopC Office (Birth Registrar)	12%	12%	12%	6%	10%	**8%**	17%	14%	**15%**
PE2_5_NPopC (Mobile Team)	4%	6%	5%	6%	10%	**8%**	2%	2%	**2%**
PE2_6_Others (Please Specify)	7%	1%	4%	12%	3%	**7%**	1%	0%	**1%**
PE2_2_School	2%	1%	2%	2%	2%	**2%**	3%	0%	**1%**

Survey Table 34: (PE2_Other) Where did you go to register your child's birth? (Others (Please Specify)) [Other (specify)]

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	35	10	45	33	10	**43**	2	0	**2**
Church	0%	50%	25%	0%	50%	**25%**	0%	0%	**0%**
community Heads house	75%	0%	37%	49%	0%	**25%**	100 %	0%	**100 %**
in my house	13%	0%	6%	25%	0%	**13%**	0%	0%	**0%**
traditional ruler	1%	0%	0%	1%	0%	**1%**	0%	0%	**0%**
Village head	13%	50%	31%	25%	50%	**38%**	0%	0%	**0%**

Survey Table 35: (PE3) How much distance did you travel to reach to the birth registration office?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	262	522	784	134	283	**417**	128	239	**367**
Less than 1km / Less than 30mins	59%	65%	62%	57%	75%	**66%**	60%	55%	**58%**
1-3km / 31mins – 59mins	34%	27%	31%	35%	21%	**28%**	33%	33%	**33%**
4-5km / 1hrs – 2hours	6%	6%	6%	7%	2%	**5%**	4%	11%	**8%**
More than 5km /More than 2 hours	2%	2%	2%	1%	2%	**2%**	2%	1%	**2%**

Survey Table 36: (PE4) How many trips did it take you to get child's birth registered?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	262	522	784	134	283	**417**	128	239	**367**
One Trip	82%	87%	85%	75%	86%	**80%**	90%	89%	**89%**
Two Trips	16%	12%	14%	23%	14%	**18%**	8%	11%	**10%**
More (Please Specify)	2%	0%	1%	2%	0%	**1%**	2%	0%	**1%**

Survey Table 37: (PE5) How much time did it take to register your child's birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	

Total	271	569	840	140	326	**466**	131	243	**374**
Less than one (1) hour	72%	61%	67%	71%	70%	**70%**	73%	53%	**63%**
Between one to two (1-2) hours	21%	31%	26%	17%	25%	**21%**	25%	37%	**31%**
Between two to three (2-3) hours	5%	6%	6%	11%	5%	**8%**	0%	7%	**3%**
Between three to four (3-4) hours (approx. half a day)	1%	1%	1%	1%	0%	**1%**	0%	2%	**1%**
More than four hours (approx. full day)	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
More than a day	1%	1%	1%	0%	0%	**0%**	2%	1%	**2%**

Survey Table 38: (PE7) How much fee did you pay to register your child's birth?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	271	569	840	140	326	**466**	131	243	**374**
No fee	46%	43%	45%	27%	25%	**26%**	65%	62%	**63%**
Don't Know	2%	2%	2%	1%	2%	**2%**	2%	2%	**2%**
40	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
50	3%	2%	3%	4%	1%	**2%**	3%	3%	**3%**
100	9%	10%	10%	10%	10%	**10%**	9%	11%	**10%**
150	1%	2%	1%	0%	1%	**1%**	1%	2%	**1%**
200	13%	16%	15%	21%	26%	**23%**	6%	7%	**7%**
250	1%	0%	1%	3%	0%	**1%**	0%	0%	**0%**
300	4%	3%	3%	7%	6%	**7%**	0%	0%	**0%**
350	0%	0%	0%	0%	1%	**0%**	0%	0%	**0%**
400	1%	1%	1%	0%	2%	**1%**	1%	0%	**1%**
500	12%	11%	12%	19%	19%	**19%**	5%	4%	**4%**
600	1%	0%	0%	1%	0%	**1%**	0%	0%	**0%**
700	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
800	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
1000	3%	4%	4%	2%	5%	**4%**	4%	3%	**4%**
1500	2%	2%	2%	0%	0%	**0%**	4%	4%	**4%**
2000	1%	1%	1%	2%	0%	**1%**	0%	1%	**1%**
2500	1%	0%	0%	1%	0%	**1%**	0%	0%	**0%**
4000	1%	0%	0%	1%	0%	**1%**	0%	0%	**0%**
5000	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 39: (PE8) How did you travel to the registration office?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	262	522	784	134	283	**417**	128	239	**367**
By foot	38%	37%	37%	38%	40%	**39%**	39%	34%	**36%**
Personal transport	33%	13%	23%	34%	6%	**20%**	33%	20%	**26%**
Public/rented transport	28%	50%	39%	28%	54%	**41%**	28%	45%	**36%**
Others	0%	1%	1%	0%	0%	**0%**	0%	2%	**1%**

Survey Table 40: (PE9) How much did it cost including the transport, meal or any other cost incurred other than the birth registration fee?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	155	330	485	68	171	**239**	87	159	**246**
0 – 100	23%	16%	20%	21%	19%	**20%**	25%	14%	**20%**
101-300	34%	43%	38%	31%	35%	**33%**	36%	51%	**43%**
301-500	23%	19%	21%	30%	19%	**25%**	16%	19%	**17%**
501-1000	10%	11%	10%	8%	19%	**13%**	12%	2%	**7%**
More than 1000	11%	11%	11%	10%	8%	**9%**	11%	14%	**13%**

Survey Table 41: (PE10) Did someone else (from family or friends) accompany you to the birth registration office?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	262	522	784	134	283	**417**	128	239	**367**
Yes	38%	23%	30%	32%	18%	**25%**	44%	28%	**36%**
No	61%	76%	68%	66%	80%	**73%**	56%	71%	**63%**
Don't know/Can't remember	1%	1%	1%	2%	1%	**2%**	0%	2%	**1%**

Survey Table 42: (PE10a) Who did accompany you when you went to register the child birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	108	107	215	40	49	**89**	68	58	**126**
PE102_Mother	48%	10%	29%	51%	15%	**33%**	45%	5%	**25%**
PE101_Father	3%	32%	17%	0%	20%	**10%**	5%	43%	**24%**
PE109_Others (Please specify)	17%	14%	15%	19%	15%	**17%**	14%	13%	**14%**
PE106_Sister	5%	16%	11%	7%	13%	**10%**	3%	19%	**11%**
PE108_Friend	9%	13%	11%	11%	15%	**13%**	6%	10%	**8%**
PE105_Brother	13%	5%	9%	4%	5%	**5%**	23%	4%	**13%**
PE104_Grand Mother	3%	4%	4%	6%	7%	**6%**	1%	2%	**1%**
PE107_Neighbours	2%	4%	3%	1%	3%	**2%**	3%	4%	**4%**
PE103_Grand father	0%	3%	2%	0%	7%	**3%**	0%	0%	**0%**

Survey Table 43: (PE11) Was relevant official/staff available at the birth registration facility when you visited them?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	262	522	784	134	283	**417**	128	239	**367**
Yes	91%	97%	94%	88%	97%	**93%**	93%	97%	**95%**
No	9%	3%	6%	12%	3%	**7%**	7%	3%	**5%**

Survey Table 44: (PE12) Did you receive adequate guidance (information on the procedure and requirements) from the official/staff present?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	271	569	840	140	326	**466**	131	243	**374**
Yes	89%	96%	92%	87%	96%	**92%**	91%	95%	**93%**
No	11%	4%	8%	13%	4%	**8%**	9%	5%	**7%**

Survey Table 45: (PE12a) Was the information provided by the staff useful?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	242	546	788	119	314	**433**	123	232	**355**
Yes	94%	97%	95%	93%	98%	**96%**	94%	96%	**95%**
No	6%	3%	5%	7%	2%	**4%**	6%	4%	**5%**

Survey Table 46: (PE13) Were all the necessary materials (forms, register and birth certificates) available at the birth registration facility?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	271	569	840	140	326	**466**	131	243	**374**
Yes	91%	96%	93%	93%	93%	**93%**	89%	98%	**93%**
No	9%	4%	7%	7%	7%	**7%**	11%	2%	**7%**

Survey Table 47: (PE14) Did you find the staff helpful/cooperative?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	271	569	840	140	326	**466**	131	243	**374**
Yes	94%	97%	96%	93%	98%	**95%**	96%	97%	**96%**
No	6%	3%	4%	7%	2%	**5%**	4%	3%	**4%**

Survey Table 48: (PE15) How do you rate the overall experience at the birth registration centre?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	271	569	840	140	326	**466**	131	243	**374**
Excellent	26%	27%	27%	23%	24%	**23%**	30%	30%	**30%**
Good	61%	58%	60%	58%	61%	**59%**	65%	56%	**60%**
Fair	12%	13%	12%	18%	13%	**16%**	5%	14%	**9%**
Poor	1%	2%	1%	1%	3%	**2%**	0%	1%	**0%**

Survey Table 49: (PE16) Did you face any difficulties at the facility while registering your child's birth?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	271	569	840	140	326	**466**	131	243	**374**
Yes	20%	20%	20%	17%	19%	**18%**	23%	20%	**21%**
No	80%	80%	80%	83%	81%	**82%**	77%	80%	**79%**

Survey Table 50: (PE17) Please tell me which of the following difficulties/challenges you faced at the facility?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	**67**	**102**	**169**	**22**	**60**	**82**	**45**	**42**	**87**
PE17_8_There were too many people at the facility	13%	17%	15%	10%	12%	**11%**	17%	23%	**20%**
PE17_3_Staff arrived late	12%	13%	12%	12%	13%	**13%**	12%	12%	**12%**
PE17_2_Relevant staff is unavailable	7%	9%	8%	7%	14%	**11%**	6%	4%	**5%**
PE17_4_Difficulty in finding the office/desk of NPopC Staff	7%	8%	8%	8%	13%	**10%**	7%	4%	**6%**
PE17_6_Staff informed that forms/register/certificates are not available	8%	8%	8%	4%	10%	**7%**	11%	5%	**8%**
PE17_10_It took long time to register	7%	9%	8%	5%	3%	**4%**	9%	15%	**12%**
PE17_1_Facility is closed mostly	6%	9%	7%	10%	12%	**11%**	2%	5%	**3%**
PE17_12_Birth registration fee is high	5%	8%	6%	8%	7%	**7%**	2%	8%	**5%**
PE17_13_Transport costs are high	7%	5%	6%	6%	2%	**4%**	8%	9%	**8%**
PE17_5_Guidance on procedures/requirements was not provided	8%	2%	5%	12%	2%	**7%**	5%	1%	**3%**
PE17_9_Multiple trips were made to get birth registered	6%	3%	5%	4%	2%	**3%**	9%	5%	**7%**
PE17_14_Others (please specify)	6%	5%	**5%**	9%	8%	**8%**	3%	2%	**2%**
PE17_11_NPopC facility is located far away	4%	3%	4%	2%	2%	**2%**	5%	5%	**5%**
PE17_7_Office closed permanently	4%	1%	2%	4%	0%	**2%**	4%	1%	**2%**

Section 4: Communication Campaigns about Birth Registration

Survey Table 51: (CH1) As parents, what are five most important priorities you have for your children?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
CH1_2_Child Health	**17%**	**18%**	**18%**	17%	18%	**18%**	18%	18%	**18%**
CH1_4_Child Education	**16%**	**17%**	**16%**	16%	17%	**17%**	15%	17%	**16%**
CH1_7_Child Food	**16%**	**15%**	**15%**	15%	13%	**14%**	16%	16%	**16%**
CH1_5_Child Safety	**13%**	**14%**	**13%**	14%	14%	**14%**	12%	13%	**13%**
CH1_3_Immunisation	**10%**	**13%**	**12%**	10%	14%	**12%**	10%	13%	**11%**
CH1_1_Birth Registration	11%	9%	10%	10%	10%	**10%**	12%	8%	**10%**
CH1_6_Clothing	11%	10%	10%	10%	9%	**9%**	12%	10%	**11%**
CH1_8_Child Protection (from being trafficked or involved in other undesirable activities)	6%	4%	5%	7%	4%	**5%**	5%	4%	**4%**
CH1_9_Female Genital Mutilation	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
CH1_10_Others, please specify	0%	0%	0%	0%	0%	**0%**	1%	0%	**0%**

Survey Table 52: (CH1) As parents, what are five most important priorities you have for your children?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1343	1347	2690	674	677	**1351**	669	670	**1339**
CH11_Birth Registration	13%	17%	15%	11%	23%	**17%**	15%	12%	**14%**
CH12_Child Health	42%	42%	42%	49%	36%	**42%**	36%	48%	**42%**
CH13_Immunisation	6%	9%	8%	8%	13%	**11%**	4%	4%	**4%**
CH14_Child Education	10%	6%	8%	7%	4%	**5%**	13%	9%	**11%**
CH15_Child Safety	7%	6%	7%	5%	5%	**5%**	9%	7%	**8%**
CH16_Clothing	4%	3%	4%	6%	2%	**4%**	3%	4%	**3%**
CH17_Child Food	13%	14%	14%	10%	15%	**12%**	17%	13%	**15%**
CH18_Child Protection	4%	2%	3%	4%	2%	**3%**	3%	3%	**3%**
CH19_Female Genital Mutilation	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 53: (CH2) In your view, how many parents/caregivers in your community may have registered their children births?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Only few parents (less than a half)	36%	28%	32%	27%	19%	**23%**	44%	38%	**41%**
Most parents (more than a half)	39%	43%	41%	40%	39%	**40%**	38%	47%	**43%**
All parents	4%	3%	3%	5%	4%	**5%**	2%	1%	**2%**
Don't know	21%	26%	23%	28%	38%	**33%**	15%	13%	**14%**

Survey Table 54: (CH3) Why do you think some parents may have not registered the birth of their children?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1014	967	1981	454	391	**845**	560	576	**1136**
CH3_7_Parents do not have knowledge about advantages of birth registration for children	**23%**	**27%**	**25%**	22%	22%	**22%**	24%	32%	**28%**
CH3_6_Parents are busy	**13%**	**15%**	**14%**	14%	16%	**15%**	12%	14%	**13%**
CH3_8_Parents don't know about the birth registration procedure/requirements	11%	14%	13%	10%	14%	**12%**	13%	15%	**14%**
CH3_9_Parents don't know about the agency responsible for birth registration	11%	11%	11%	10%	12%	**11%**	11%	10%	**11%**
CH3_2_Long distance to cover to get to birth registration facilities	11%	8%	10%	13%	9%	**11%**	9%	7%	**8%**
CH3_10_Parents don't know about the location of the office of relevant public agency	8%	7%	8%	7%	10%	**9%**	9%	5%	**7%**
CH3_1_Staff is not available at facilities	6%	4%	5%	5%	4%	**4%**	7%	4%	**6%**

CH3_3_Fees for birth registration is high	**4%**	**5%**	**5%**	6%	5%	**5%**	3%	4%	**4%**
CH3_4_No transport is available	5%	4%	5%	7%	3%	**5%**	4%	5%	**4%**
CH3_5_Transport costs are high (unaffordable)	5%	4%	4%	6%	4%	**5%**	5%	3%	**4%**
CH3_11_Others (Please specify)	2%	1%	2%	2%	2%	**2%**	3%	1%	**2%**

Survey Table 55: (CH4) Please help us list the top five reasons why parents are not registering their child birth?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
CH4_7_Parents do not have knowledge about advantages of birth registration for children	**18%**	**18%**	**18%**	18%	17%	**17%**	17%	19%	**18%**
CH4_8_Parents don't know about the birth registration procedure/requirements	**16%**	**15%**	**16%**	15%	14%	**14%**	16%	17%	**17%**
CH4_6_Parents are busy	**14%**	**15%**	**14%**	14%	15%	**15%**	13%	14%	**14%**
CH4_9_Parents don't know about the agency/office responsible for birth registration	**14%**	**15%**	**14%**	13%	14%	**14%**	15%	16%	**15%**
CH4_10_Parents don't know about the location of the office of relevant public agency	**11%**	**11%**	**11%**	9%	12%	**11%**	12%	11%	**11%**
CH4_2_Long distance to cover to get to birth registration facilities	9%	8%	8%	10%	9%	**9%**	7%	7%	**7%**
CH4_1_Staff is not available at facilities	5%	4%	5%	5%	5%	**5%**	5%	4%	**4%**
CH4_3_Fees for birth registration is high	4%	5%	5%	5%	6%	**6%**	3%	4%	**4%**
CH4_5_Transport costs are high	6%	5%	5%	6%	5%	**6%**	6%	4%	**5%**
CH4_4_No transport is available	4%	4%	4%	4%	4%	**4%**	4%	4%	**4%**
CH4_11_Others (Please specify)	1%	1%	1%	0%	1%	**1%**	1%	1%	**1%**

Survey Table 56: (CH4) Please help us list the top five reasons why parents are not registering their child birth?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
CH41_Staff is not available at facilities	9%	7%	8%	8%	7%	**7%**	10%	6%	**8%**
CH42_Long distance to cover to get to birth registration facilities	12%	10%	11%	15%	15%	**15%**	10%	6%	**8%**
CH43_Fees for birth registration is high	4%	4%	4%	7%	5%	**6%**	2%	2%	**2%**
CH44_No transport is available	3%	2%	3%	3%	2%	**2%**	4%	3%	**3%**
CH45_Transport costs are high	5%	3%	4%	6%	4%	**5%**	4%	3%	**3%**
CH46_Parents are busy	17%	17%	17%	12%	22%	**17%**	22%	11%	**16%**
CH47_Parents do not have knowledge about advantages of birth registration for children	27%	40%	34%	29%	29%	**29%**	26%	51%	**38%**
CH48_Parents don't know about the birth registration procedure/requirements	8%	6%	7%	7%	6%	**7%**	9%	6%	**7%**
CH49_Parents don't know about the agency/office responsible for birth registration	6%	6%	6%	7%	5%	**6%**	6%	7%	**6%**
CH410_Parents don't know about the location of the office of relevant public agency	6%	5%	5%	7%	4%	**6%**	6%	5%	**5%**
CH411_{0} Other Specify	2%	1%	1%	1%	1%	**1%**	3%	1%	**2%**

Survey Table 57: (CH5) In your community, do you think parents prefer registering child birth of?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Boy child	5%	1%	3%	3%	1%	**2%**	8%	2%	**5%**
Girl child	0%	1%	1%	0%	1%	**0%**	1%	2%	**1%**

No preference (equally prefer both the boys and girls)	88%	90%	89%	90%	88%	**89%**	85%	92%	**88%**
Don't know	7%	8%	7%	7%	10%	**9%**	7%	5%	**6%**

Survey Table 58: (CH6) In your view, are parents with these characteristics/profiles less likely to register their children?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
CH6_2_Illiterate parents	33%	34%	33%	33%	34%	**34%**	32%	34%	**33%**
CH6_1_Poor parents	19%	18%	19%	18%	17%	**18%**	20%	18%	**19%**
CH6_5_Rural parents	16%	16%	16%	15%	15%	**15%**	16%	16%	**16%**
CH6_6_Parents in conflict affected areas	12%	12%	12%	11%	13%	**12%**	13%	11%	**12%**
CH6_4_Single mothers	8%	10%	9%	9%	9%	**9%**	7%	10%	**8%**
CH6_3_Parents from ethnic minorities	7%	7%	7%	6%	6%	**6%**	8%	8%	**8%**
CH6_7_Co-habiting parents	5%	3%	4%	8%	4%	**6%**	2%	1%	**2%**
CH6_8_Others (please specify)	0%	1%	1%	0%	1%	**1%**	1%	0%	**0%**

Communication (IEC/BCC)

Survey Table 59: (CC1) In last five years, did you ever receive any message/s about birth registration?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	22%	22%	**22%**	19%	18%	**18%**	25%	27%	**26%**
No	78%	78%	78%	81%	82%	**82%**	75%	73%	**74%**

Survey Table 60: (CC2) Please tell me the sources

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
CC2_3_Health facility staff	14%	18%	16%	14%	16%	**15%**	13%	20%	**17%**
CC2_10_Radio	14%	13%	14%	12%	13%	**12%**	16%	14%	**15%**
CC2_5_Religious leaders (Imam and Pastor)	12%	10%	11%	12%	11%	**11%**	12%	9%	**10%**
CC2_6_Community/tribal leaders	12%	9%	10%	13%	7%	**10%**	11%	10%	**11%**
CC2_1_NPopC centre	8%	7%	8%	8%	9%	**8%**	8%	6%	**7%**
CC2_2_Birth registrars	7%	9%	8%	7%	7%	**7%**	7%	10%	**8%**
CC2_9_Relatives	7%	9%	8%	7%	9%	**8%**	7%	9%	**8%**
CC2_8_Friends	8%	7%	7%	10%	7%	**8%**	5%	7%	**6%**
CC2_7_Neighbours	5%	7%	6%	4%	5%	**5%**	6%	8%	**7%**
CC2_11_TV	6%	6%	6%	6%	8%	**7%**	7%	4%	**5%**
CC2_4_School teachers	4%	2%	3%	3%	1%	**2%**	4%	2%	**3%**
CC2_12_Newspaper	1%	2%	1%	1%	3%	**2%**	1%	0%	**1%**
CC2_13_Posters	1%	0%	1%	2%	1%	**1%**	1%	0%	**1%**
A_CC2_14_internet/Social media	1%	1%	1%	1%	2%	**1%**	1%	0%	**0%**
CC2_14_Others (Please specify)	0%	1%	0%	0%	1%	**1%**	1%	0%	**0%**

Survey Table 61: (CC2_Other) Please tell me the sources: (Others (Please specify)) [Other (specify)]

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	4	3	7	0	3	**3**	4	0	**4**
Can t remember	0%	33%	17%	0%	33%	**33%**	0%	0%	**0%**
ignorance	17%	0%	8%	0%	0%	**0%**	17%	0%	**17%**
NPopC mobile team	0%	67%	33%	0%	67%	**67%**	0%	0%	**0%**
Phone	17%	0%	8%	0%	0%	**0%**	17%	0%	**17%**
Texts Message	17%	0%	8%	0%	0%	**0%**	17%	0%	**17%**
workshop	50%	0%	25%	0%	0%	**0%**	50%	0%	**50%**

Survey Table 62: (CC3) Did you find the medium (through which message was disseminated) suitable for you?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	86%	94%	90%	91%	92%	**92%**	82%	95%	**88%**
No	14%	6%	10%	9%	8%	**8%**	18%	5%	**12%**

Survey Table 63: (CC4) Was the message/s in your local language?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	87%	85%	86%	85%	75%	**80%**	89%	95%	**92%**
No	13%	15%	14%	15%	25%	**20%**	11%	5%	**8%**

Survey Table 64: (CC4a) In which language did you receive the message/s?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	32	30	62	16	22	**38**	16	8	**24**
English	77%	63%	70%	85%	70%	**77%**	69%	57%	**63%**
English and hausa	4%	0%	2%	7%	0%	**4%**	0%	0%	**0%**
English/ Igbo	0%	10%	5%	0%	20%	**10%**	0%	0%	**0%**
gbagyi	2%	0%	1%	4%	0%	**2%**	0%	0%	**0%**
hausa	17%	26%	22%	4%	9%	**6%**	31%	43%	**37%**
yoruba	0%	1%	0%	0%	2%	**1%**	0%	0%	**0%**

Survey Table 65: (CC5) Was the message understandable for you?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	94%	92%	93%	97%	87%	**92%**	92%	98%	**95%**
No	6%	8%	7%	3%	13%	**8%**	8%	2%	**5%**

Survey Table 66: (CC6) How convincing did you find the message?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Fully convincing	53%	46%	50%	49%	50%	**49%**	58%	42%	**50%**
Mostly convincing	37%	39%	38%	40%	33%	**37%**	34%	45%	**40%**
Slightly convincing	8%	11%	9%	8%	9%	**8%**	8%	13%	**10%**
Not convincing at all	1%	5%	3%	1%	8%	**5%**	0%	1%	**1%**
Don't know	1%	0%	0%	2%	0%	**1%**	0%	0%	**0%**

Survey Table 67: (CC7) Were you more likely to register your child now after receiving the message?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	90%	94%	92%	92%	91%	**92%**	88%	97%	**92%**
No	6%	5%	5%	2%	9%	**5%**	10%	1%	**6%**
Don't Know	4%	1%	2%	6%	0%	**3%**	1%	3%	**2%**

Survey Table 68: (CC8) Did the message help you understand the following better?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
CC8_1_That birth registration is right of the child	33%	33%	33%	32%	33%	**33%**	33%	34%	**33%**
CC8_2_The advantages of birth registration for child	30%	30%	30%	31%	28%	**29%**	28%	33%	**31%**
CC8_3_The procedure/requirements of birth registration	17%	21%	19%	14%	19%	**16%**	21%	24%	**22%**
CC8_4_The primary/secondary public agencies responsible for birth registration	14%	11%	13%	15%	14%	**15%**	13%	8%	**10%**
CC8_5_Office location of the responsible public agency	6%	4%	5%	8%	6%	**7%**	4%	2%	**3%**
CC8_6_None of the above	1%	0%	0%	1%	0%	**0%**	1%	0%	**0%**

Survey Table 69: (CC9) In your view, did the message contribute to the increased community understanding of advantages of birth registration?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	80%	87%	84%	79%	79%	**79%**	81%	95%	**88%**
No	13%	8%	11%	10%	12%	**11%**	17%	4%	**10%**
Don't Know	7%	5%	6%	11%	9%	**10%**	2%	2%	**2%**

Survey Table 70: (CC10) In your view, did the message contribute to increase the demand for birth registration services in your community?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	296	303	599	126	121	**247**	170	182	**352**
Yes	77%	80%	78%	75%	70%	**72%**	78%	90%	**84%**
No	13%	11%	12%	9%	16%	**13%**	17%	7%	**12%**
Don't Know	10%	9%	9%	15%	14%	**15%**	5%	3%	**4%**

Survey Table 71: (CC11) Did your community take any action/s (written letters or met with relevant public officials) to communicate the increased demand for birth registration services in the past to relevant authorities?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	16%	11%	14%	9%	11%	**10%**	22%	12%	**17%**
No	57%	50%	54%	53%	52%	**52%**	62%	48%	**55%**
Don't Know	27%	39%	33%	38%	38%	**38%**	16%	40%	**28%**

Survey Table 72: (CC12) How did the demand for birth registration services communicate to the relevant authorities?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	212	154	366	61	74	**135**	151	80	**231**
By writing letter/s to LGA/NPopC Officials	27%	50%	38%	27%	45%	**36%**	27%	54%	**40%**
By meeting with LGA/NPopC Officials	63%	49%	56%	60%	52%	**56%**	66%	46%	**56%**
Others (please specify)	10%	1%	6%	13%	3%	**8%**	7%	0%	**3%**

Survey Table 73: (CC13) Did the relevant public authorities take any action on your demands for birth registration services?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	

Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	16%	20%	18%	10%	15%	**12%**	22%	24%	**23%**
No	55%	41%	48%	52%	45%	**49%**	58%	36%	**47%**
Don't Know	29%	40%	34%	38%	40%	**39%**	19%	39%	**29%**

Survey Table 74: (CC14) Which information sources are preferred or considered more reliable to you?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
CC14_3_Health Facility Staff	13%	13%	13%	13%	13%	**13%**	12%	13%	**13%**
CC14_5_Religious Leaders (Imam and Pastor)	14%	11%	13%	14%	11%	**13%**	14%	11%	**13%**
CC14_6_Community/tribal Leaders	13%	12%	12%	12%	11%	**12%**	13%	12%	**13%**
CC14_10_Radio	13%	12%	12%	13%	11%	**12%**	12%	12%	**12%**
CC14_8_Friends	7%	8%	8%	6%	8%	**7%**	8%	9%	**8%**
CC14_9_Relatives	6%	9%	8%	6%	7%	**7%**	7%	10%	**8%**
CC14_7_Neighbours	6%	8%	7%	5%	7%	**6%**	7%	9%	**8%**
CC14_11_TV	7%	7%	7%	8%	9%	**8%**	5%	6%	**6%**
CC14_1_NPopC Centre (Local Office of the Birth Registrar	7%	5%	6%	7%	6%	**7%**	6%	4%	**5%**
CC14_2_Birth Registrars	5%	7%	6%	5%	6%	**6%**	6%	7%	**6%**
CC14_4_School Teachers	5%	4%	5%	5%	4%	**5%**	6%	3%	**4%**
CC14_12_Newspaper	2%	1%	2%	3%	1%	**2%**	2%	1%	**1%**
CC14_13_Internet/Social Media	2%	2%	2%	2%	3%	**2%**	2%	1%	**1%**
CC14_14_Posters	1%	1%	1%	1%	1%	**1%**	0%	0%	**0%**
CC14_15_Others (Please specify)	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**

Survey Table 75: (CC15) Do you know any local or International NGOs who was involved in delivering birth registration messages?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	3%	2%	2%	1%	3%	**2%**	5%	1%	**3%**
No	79%	81%	80%	77%	78%	**77%**	81%	85%	**83%**
Don't Know	18%	17%	18%	22%	19%	**21%**	14%	14%	**14%**

Section 5 Birth Registration (Perceived) Impact

Survey Table 76): (BI1) Do you think that birth registration services have improved in this community in last five (5) years?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	49%	45%	47%	45%	35%	**40%**	53%	56%	**54%**
No	29%	32%	30%	25%	33%	**29%**	32%	31%	**31%**
Don't Know	22%	23%	23%	30%	32%	**31%**	15%	13%	**14%**

Survey Table 77: (BI11) In which ways do you feel that the birth registration services have improved?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	659	614	1273	301	239	**540**	358	375	**733**
BI11_Number of birth registrars have increased	24%	22%	23%	27%	22%	**25%**	21%	22%	**21%**
BI12_Number of birth registration centres by NPopC have increased	10%	11%	11%	10%	13%	**12%**	10%	9%	**10%**
BI13_NPopC mobile teams are more active	10%	11%	10%	11%	12%	**11%**	9%	9%	**9%**
BI14_Staff is available at service centres	11%	16%	14%	13%	17%	**15%**	10%	15%	**13%**

BI15_Supplies (birth registration forms, registers and certificates) are available	10%	14%	12%	11%	14%	**13%**	10%	14%	**12%**
BI16_Other agencies have started providing services e.g. LGA (local government), health, and education	8%	8%	8%	7%	8%	**8%**	9%	7%	**8%**
BI17_Religious leaders (Church and Mosque) are now more actively involved in disseminating the messages about birth registration	9%	8%	9%	8%	6%	**7%**	11%	9%	**10%**
BI18_Community leaders are more actively involved in disseminating the messages about birth registration	9%	6%	8%	7%	4%	**5%**	11%	9%	**10%**
BI19_Community receives messages about birth registration from other sources like TV/Radio, Posters and by the other government staff/departments	7%	5%	6%	6%	3%	**4%**	8%	6%	**7%**
BI110_Others (please specify)	1%	0%	0%	1%	0%	**0%**	1%	0%	**0%**

Survey Table 78: (BI2) In your view what are the benefits associated with birth registration for child and parents?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
BI2_1_Gives legal (formal) identity to the child	24%	25%	25%	26%	26%	**26%**	21%	25%	**23%**
BI2_2_Helps children in accessing the health services	23%	25%	24%	23%	24%	**24%**	23%	27%	**25%**
BI2_3_Helps in increasing children school enrolment	23%	26%	25%	22%	24%	**23%**	24%	29%	**26%**
BI2_4_Helps in decreasing the early childhood marriages	11%	8%	10%	9%	9%	**9%**	13%	8%	**10%**
BI2_5_Helps in reducing the female genital mutilation	8%	6%	7%	7%	6%	**6%**	10%	6%	**8%**
BI2_6_Helps in reducing child trafficking	9%	7%	8%	10%	9%	**10%**	9%	5%	**7%**
BI2_7_Others (please specify)	0%	0%	0%	0%	0%	**0%**	0%	0%	**0%**
BI2_98_Don't Know	1%	1%	1%	1%	2%	**2%**	1%	0%	**0%**

Survey Table 79: (BI3) In your view, does birth registration improve the likelihood of child's wellbeing/safety?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	79%	75%	77%	83%	66%	**75%**	74%	85%	**79%**
No	15%	19%	17%	8%	25%	**16%**	21%	13%	**17%**
Don't Know	7%	5%	6%	9%	8%	**9%**	5%	3%	**4%**

Survey Table 80: (BI4) In your view does birth registration increase the likelihood of child's access to immunization services?

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	83%	82%	83%	89%	74%	**81%**	77%	90%	**84%**
No	12%	14%	13%	5%	20%	**13%**	18%	8%	**13%**
Don't Know	5%	4%	5%	6%	6%	**6%**	5%	2%	**3%**

Survey Table 81: (BI5) In your view does birth registration increase the likelihood of child's access to school education/enrolment in school?

	Overall	Total	Control	Total	Treatment	Total

	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	87%	89%	88%	88%	85%	**87%**	85%	92%	**89%**
No	9%	7%	8%	6%	9%	**8%**	11%	6%	**8%**
Don't Know	5%	4%	4%	6%	5%	**6%**	4%	2%	**3%**

Survey Table 82: (BI6) In your view does birth registration reduce the likelihood of early child marriages?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	44%	32%	38%	46%	32%	**39%**	42%	33%	**37%**
No	45%	57%	51%	40%	55%	**47%**	50%	60%	**55%**
Don't Know	11%	10%	11%	14%	13%	**14%**	8%	7%	**8%**

Survey Table 83: (BI6a) In your view does birth registration reduce the likelihood of early child (boys) marriages?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	40%	29%	34%	44%	29%	**37%**	36%	28%	**32%**
No	48%	60%	54%	41%	56%	**48%**	55%	65%	**60%**
Don't Know	12%	11%	11%	14%	15%	**15%**	9%	7%	**8%**

Survey Table 84: (BI6b) In your view does birth registration reduces the likelihood of early child (girls) marriages?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	39%	28%	33%	43%	31%	**37%**	35%	24%	**29%**
No	49%	60%	55%	42%	53%	**48%**	57%	67%	**62%**
Don't Know	12%	12%	12%	14%	15%	**15%**	9%	9%	**9%**

Survey Table 85: (BI7) In your view does birth registration reduce the likelihood of female (child) genital mutilation?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	37%	33%	35%	38%	26%	**32%**	36%	41%	**38%**
No	48%	48%	48%	44%	51%	**47%**	53%	46%	**49%**
Don't Know	14%	18%	16%	18%	23%	**21%**	11%	14%	**12%**

Survey Table 86: (BI8) In your view does birth registration reduce the likelihood of child trafficking?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	
Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	49%	41%	45%	58%	40%	**49%**	40%	41%	**40%**
No	38%	46%	42%	28%	47%	**38%**	48%	44%	**46%**
Don't Know	13%	14%	13%	14%	12%	**13%**	12%	15%	**13%**

Survey Table 87: (BI9) In your view, can birth registration have any negative impact for child?

	Overall		Total	Control		Total	Treatment		Total
	M	F		M	F		M	F	

Total	1350	1351	2701	674	677	**1351**	676	674	**1350**
Yes	1%	1%	1%	1%	1%	**1%**	0%	0%	**0%**
No	90%	89%	90%	88%	86%	**87%**	93%	92%	**92%**
Don't Know	9%	11%	10%	11%	13%	**12%**	7%	8%	**8%**

Survey Table 88: (BI10_1) Percentage distribution of respondents who mentioned any negative impact/s for children

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	9	8	17	6	8	**14**	3	0	**3**
children who are not up to 18years of age will not acccess to their parents inheritance	8%	0%	6%	17%	0%	**8%**	0%	0%	**0%**
is about future	8%	0%	6%	17%	0%	**8%**	0%	0%	**0%**
it can deprive a child from getting some benefit from the government	8%	0%	6%	17%	0%	**8%**	0%	0%	**0%**
Ít helps to assess the child identity	17%	0%	11%	0%	0%	**0%**	33%	0%	**33%**
lack of education	17%	0%	11%	0%	0%	**0%**	33%	0%	**33%**
stop the child from enrolling in school	0%	13%	8%	0%	25%	**13%**	0%	0%	**0%**
stop the child from getting his right	0%	6%	4%	0%	13%	**6%**	0%	0%	**0%**
To know their month of birth is important	17%	0%	11%	0%	0%	**0%**	33%	0%	**33%**
traveled out of country	0%	6%	4%	0%	13%	**6%**	0%	0%	**0%**
when registering the child in school	0%	6%	4%	0%	13%	**6%**	0%	0%	**0%**
when the child is traveling	0%	6%	4%	0%	13%	**6%**	0%	0%	**0%**
when the child want to enrol in a higher level of education	8%	0%	6%	17%	0%	**8%**	0%	0%	**0%**
when the child want to further his or her education to higher level	0%	6%	4%	0%	13%	**6%**	0%	0%	**0%**
when the child wants to enter School	17%	6%	15%	33%	13%	**23%**	0%	0%	**0%**

Survey Table 89: (BI10_2) Percentage distribution of respondents who mentioned any negative impact/s for children

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	9	8	17	6	8	**14**	3	0	**3**
It helps in maturity development	17%	0%	8%	0%	0%	**0%**	33%	0%	**33%**
none	42%	88%	65%	83%	88%	**85%**	0%	0%	**0%**
or traveling outside the country	8%	0%	4%	17%	0%	**8%**	0%	0%	**0%**
poor health	17%	0%	8%	0%	0%	**0%**	33%	0%	**33%**
stop from getting work	0%	13%	6%	0%	13%	**6%**	0%	0%	**0%**
To know their origin	17%	0%	8%	0%	0%	**0%**	33%	0%	**33%**

Survey Table 90: (BI10_3) Percentage distribution of respondents who mentioned any negative impact/s for children

	Overall		Total	Control		Total	Treatment		Total
	M	**F**		**M**	**F**		**M**	**F**	
Total	9	8	17	6	8	**14**	3	0	**3**
poor feeding	17%	0%	8%	0%	0%	**0%**	33%	0%	**33%**
None	83%	100 %	92%	100 %	100 %	**100%**	67%	0%	**67%**