Promoting Birth Registration for Children's Development and Protection
Final Evaluation January - February 2017
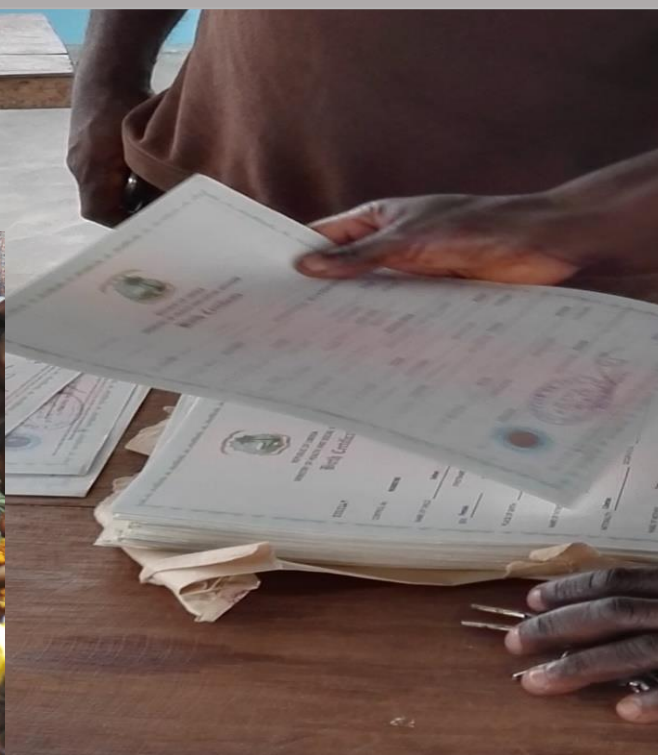
ACKNOWLEDGEMENTS

ACRONYMS

BC	Birth Certificate
BR	Birth Registration
CJPS	Centre for Justice and Peace Studies
CMI	Crisis Management Initiative
COMBI	Communication for Behavioral Impact
CRC	Convention on the Rights of the Child
CRVS	Civil Registration and Vital Statistics
CSI	Community Safety Initiative
DCI	Defence for Children International
DHO	District Health Officers
DMHT	District Management Health Team
EVD	Ebola Virus Disease
FGD	Focus Group Discussion
HDF	Human Dignity Foundation
IH	Plan International Headquarter
KII	Key Informant Interview
LECO	Liberian Environmental Care Organisation
M&E	Monitoring & Evaluation
MOHS	Ministry of Health and Sanitation
NCRA	National Civil Registration Authority
NGOs	Nongovernmental Organisations
NOBD	National Office of Births and Deaths
PHU	Peripheral Health Unit
RBMF	Results Based Management Framework
RMNCAH	Reproductive, Maternal, Child, New-Born and Adolescent Health
SO	Strategic Objective
UBR	Universal Birth Registration
UNDP	United Nations Development Program
UNICEF	United Nations Child Fund
VSLA	Village and Savings and Loan Associations
WHO	World Health Organisation
YES	Youth for Environmental Services

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Executive Summary

In April 2012, Plan International Ireland received funding from the Human Dignity Foundation (HDF) to implement the program 'Promoting Birth Registration for Children's Development and Protection' in Liberia and Sierra Leone. The program was a response to disquieting rates of birth registration in Sierra Leone and Liberia, with the latter having the most severe rate of non-registration globally. It was implemented successfully for two years. In May 2014 the Ebola Virus Disease (EVD) hit both countries and program activities were put on hold. After a post-EVD assessment, HDF approved amendments to the original program and resumed in January 2016, with activities ending in Feb 2017.

The program's three Specific Objectives (SOs) were largely met and some targets exceeded:
(i) To increase **registration rates of children** under 13 in targeted areas of Liberia, and children under 5 years (Western Area District) and under 18 years (Port Loko and Kailahun Districts) in Sierra Leone.
(ii) To contribute to a **births and deaths registration system** that is digitalised, child rights-based and integrated into governmental plans for the establishment of a nation-wide Civil Registration and Vital Statistics (CRVS) system.
(iii) To increase **awareness and knowledge on birth and civil registration among selected governments and within the Plan family**.

Plan and its partners managed to register over 800,000 children, 326,125 in Liberia and 502,839 in Sierra Leone, despite a major national emergency in both countries. The initial birth registration target for Liberia had been set at 400,000 but between May 2012 and May 2014 (phase 1) just 205,554 children were registered. For the period after Ebola, (phase 2), the target was set more realistically at 115,950 for a one year period, with 120,571 actual registrations exceeding the target. The birth registration target for Sierra Leone was 320,000 for phase I and actual registrations were 239,634. The target for phase 2 was 47,700 and 263,205 actual health unit/mobile/school registrations were achieved, hence **significantly higher than the target**. Birth registration also took place during the polio campaign, but though the effort was massive, constraints were multiple and the numbers that can be attributed to Plan in Kailahun, Port Loko and Western Area could not be ascertained. In terms of efficiency, the unit costs per registration diminished in phase 2 compared to phase 1 in both countries pointing at **improved efficiency**.

Including the enabling environment component to improve the registration system in the project design was very positive as it addressed the weaknesses in both policy and capacity of partners, and contributed to sustainability. These activities were **substantially achieved**. Both static (13 in Sierra Leone and 8 in Liberia) and mobile (4 in Sierra Leone and 3 in Liberia) units were equipped to smoothly perform birth registration. Further, almost all training and awareness raising activities targets were achieved or surpassed (school awareness, talk shows, focus group discussions, consultative meetings, training of health and registration staff, etc.) of the importance of birth registration was also achieved in both countries and Plan strengthened collaborations with governments, donors, NGOs, and telcoms. In Sierra Leone, a mobile app for birth registration data capture and a manual were developed. Notably, Plan is recognised by the government of Liberia as the first development partner working on birth registration after the civil war. According to UNICEF, the only other international partner in both countries, Plan's approach to birth registration as a legal and protection issue within the context of child rights was added value to UNICEF's work.

Plan has also been effective in achieving its third objective of raising awareness and contributing to best practice knowledge and advocacy in the international realm; it created best practice materials for practitioners, comparative research on 4 countries, a methodology for assessing government and country office registration capacity, etc.

The **major factors that contributed to project success** are Plan's commitment to birth registration at the international level, a well-designed project including enabling environment, buy-in from governments, and support from UNICEF. Particularly in Liberia, coming from a very low base, the impact and additionality have been momentous. The project design was spot on in adding a system objective which ensured lasting impact with the set-up of a national coordination unit, equipped data processing units at county hospitals or service centres, harmonization of county and national servers in Liberia and Plan advocacy being able to influence other donors in Sierra Leone.

Lessons learned for other birth registration project design:
- Using lessons learned from previous experience (local, international) is important for design.
- Incorporating partner input ensures the design is appropriate and implementation efficient.
- The fact that the project addressed both demand for birth registration (beneficiary level) and supply (policy and capacity building at the local level) was important to project success.
- Always include an enabling environment component in activities, with capacity building for national level agencies, for effectiveness and sustainability.
- Government buy-in, built through national level activities, is critical to project success.
- Governmental Task Forces require ample effort but pay off in policy and structural change.
- When developing ICT solutions, a thorough analysis of the capacity of government partners to implement these (software, computers, apps, mobile phones) is important for planning.
- Budget for adequate training on the importance of birth registration to all health workers in the communities, with emphasis on the health benefits of birth registration.
- Messaging about the importance of birth registration is crucial, and needs to be adapted with feedback from community leaders. It should be ongoing, noting illiteracy is a big challenge. Involving children helps them know their rights and encourage carers to register.
- Involving health and education sectors has great potential to increase demand for birth registration, provided the supply side manages to process the registrations on time.
- Ensure sufficient and (re) trained staff/volunteers and materials for mass registration events.
- If not enough time is made available for fund raising and a clear exit strategy, this may affect project sustainability. An option is gradually reducing funding for static registrations to be exclusively funded by Government the last year of the project, while Plan focuses on the more expensive mobile registrations to clear the registration backlog.
- An important lesson learned due to HDF support, was that most donors do not fund a regional program (2 countries) plus a global component (SO3), and yet it was key to success.

Main recommendations can be summarized for:

Plan International:

- Produce a complete and country-specific Theory of Change for future project proposals of this scope and budget with SMART indicators and realistic and measureable targets.
- Always undertake full-fledged, systematic bottleneck analysis on enabling environment, supply and demand barriers, including a capacity assessment of the main project partners.
- Implement a set of different interventions for comparative purposes as a true experimental pilot (including the costing to determine their cost-effectiveness) and set-up a mechanism to assess which mix of strategic interventions are most effective (in terms of cost and impact).
- Develop a comprehensive M&E framework that remains consistent throughout a project. Report on the results-based monitoring framework (RBMF) in the progress reports, by each Results Indicator. For the global component, develop a monitoring mechanism for measuring global indicator results, from which an evaluation team could do some random sampling.
- Investigate the impact that birth registration has had on preventing child marriage and other social development issues.

- Direct interventions to marginalised groups and involve young people as agents of change.
- Launch a social media campaign (gofundme, kickstarter), approach donors like Norwegian Refugee Council and the Danish Refugee Council who had shown interest in birth registration, approach AfDB, World Bank, UNHCR, UNICEF, DFID, Irish Aid, EU, etc.
- Include funding for institutional costs in contracts with local Implementing Partners.
- Ensure adequate staffing levels especially in case the geographically area is wide.

Plan Field Offices:

- Plan is indispensable at this stage in Liberia and Sierra Leone so the program should continue. As such, approach embassies, businesses, and other entities for funding.
- Scrutinize the achievement tables in Annex 5-7 to detail room for improvement
- In the case of Sierra Leone, continue to lobby for inclusion of birth registration in the overall framework of CRVS now that attention is moving to voter registration.
- Include capacity building to partners as part of the intervention so Implementing Partners capacity building assessments are not merely an administrative requirement.
- In any training of county level implementers (esp. community mobilisers), put more emphasis on the birth registration system and how it works, to ensure sustained interest and action by caregivers beyond mobile registration campaigns.
- Incorporate birth registration into other activities, like Plan Sierra Leone has incorporated it into its girls' education program, and institutionalize this within Plan Sierra Leone's policies and activities, eg, into its Child Protection briefing to new staff and consultants.
- Improve periodic progress reporting by local Implementing Partners and the knowledge management of project documentation.
- Discuss findings of evaluations with the stakeholders, i.e. the owners of the information, as a means of respecting their ownership of the information and to ask feedback.
- Learn from counties/districts where registration demand surged and document in the form of Positive Deviance studies the drivers for changing behaviour and how to replicate.

Donors with an interest in birth registration:

- Advocate for the very basic right of birth registration also with other donors.
- Encourage grantees to incorporate birth registration components in other projects
- Consider proposals for a systematic approach to achieve universal birth registration, e.g. to start with of all children below 12 years within six years in Liberia.

Government:

- Possible steps towards a systematic approach to achieve universal birth registration of all children below 12 years:
  o Make birth registration (not certification) mandatory to obtain vaccination for children between 0 and 6 years.
  o Make promotion of birth registration part of the official job description of vaccinators, mid wives and other health staff who provide services to children below 5 years.
  o Ensure each child obtains a birth certificate before the vaccination schedule completion
  o Make birth registration (not certification) mandatory for children who start their first year of primary education
  o Allow school principals to facilitate registration of new enrolments to primary education at the beginning and throughout the academic year
  o Undertake a broad media campaign announcing the need for birth registration (not certification) to benefit from vaccination programmes and for primary school enrolment
  o Ensure sufficient number of paid data clerks at the county data processing centres

I.   Introduction

1.1 Background to the program and the evaluation

1.   The Program

In April 2012, **Plan International Ireland** received funding from the **Human Dignity Foundation (HDF)** to implement the 3-year 'Promoting Birth Registration for Children's Development and Protection' program.[1] When in May 2014 the Ebola Virus Disease (EVD) hit both countries, program activities were put on hold for over a year. Activities resumed based after HDF approved adjustments based on undertaken post-EVD assessments and was eventually completed in February 2017.

The program Specific Objectives (SOs) were:
> SO1 - To increase registration rates of children under 13 in Program targeted areas of Liberia, and children under 5 years (Western Area District) and under 18 years (Port Loko and Kailahun Districts) in Sierra Leone.
> SO2 - To contribute to a births and deaths registration system that is digitalised, child rights-based and integrated into governmental plans for the establishment of a nation-wide CRVS system.
> SO3 - To increase awareness and knowledge on birth and civil registration among selected governments and within the Plan family.

The Plan country offices in Liberia and Sierra Leone implemented the projects in partnership with relevant local governmental agencies and local implementing partners.

2.   The Final Evaluation

The overall purpose of this final evaluation is to assess the relevance, effectiveness, efficiency, impact, and sustainability of the program. Plan also seeks to distil lessons learned and provide recommendations for potential follow-on projects. The evaluation framework is available in Annex 1.

This evaluation took place in January/February 2017, and covered Phase 1 (April 2012 – June 2014, up to the Ebola crisis) and Phase 2 (Jan 2016 – February 2017). There were two teams, the first covering Sierra Leone and the global component (Strategic Objective 3), and the second covering Liberia. Three consultants were involved, one of whom was present in both countries.

1.2 Report Outline

In accordance with the Terms of Reference (ToR) and the Inception Report, this report provides Plan and HDF with a systematic overview of the performance of their birth registration projects in Liberia and Sierra Leone and the global component, lessons learned and recommendations for improvement. The evaluation report is composed of the following chapters:
> **I. Introduction** – which contains an introduction to the program and the evaluation.
> **II. Methodology** – which contains a description of the methodology used.
> **III. Liberia Project Performance** – findings and recommendations from the Liberia field work.
> **IV. Sierra Leone Project Performance** – findings and recommendations from the Sierra Leone field work.

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[1] Also referred to as **the Universal Birth Registration (UBR) Program**

V. UBR Global Program – findings and recommendations regarding the programs international component.

VI. Risk and Mitigation – which contains a description of risks identified for this type of program and thoughts on possible mitigation of the risks.

VII. Lessons Learned – which contains a description of the lessons learned from this project to be taken into account for future programming.

VIII. Conclusions and Recommendations – this sections summarizes the main conclusions from the chapters III, IV and V and provides recommendations.

Each section is divided into the key evaluation questions (from the ToR, in bold and italicized), followed by findings for each, and then recommendations are presented at the end of each section.

II. Methodology of the Evaluation

2.1 Synopsis of Methodology

The evaluation methodology chosen consisted of a variety of qualitative research intruments including document review, key informant interviews (KIIs), focus group discussions (FGDs), and observation as per the synopsis below.

The evaluation methodology and research tools are detailed in the Inception Report, dated 10 January 2017. That report also contained a series of annexes that relate to the methodology which include the evaluation framework (attached as Annex 1 for ease of reference), key informant interview guides, focus group discussion guides, a selection of stakeholders to interview, and the evaluation itinerary.

Snapshot of Methodology, Scope and Tools	
Parameter	**Scope**
General Features	
Evaluation Type	End of Program Evaluation
No of countries	2+global component
No of districts/counties	2 in Sierra Leone, 5 in Liberia
Evaluation Fieldwork period:	Liberia: 17-29 January, Sierra Leone: 29 January-7 February
Evaluation Fieldwork Mission composition	2 International consultants 1 regional field researcher Plan country office staff 1 Plan Ireland International (Liberia only)
Research Tools	
Documents (internal)	70 documents
Documents (other)	55 documents
KIIs Liberia	19
KIIs Sierra Leone	37
KIIs global program	4
FGDs Liberia	12
FGDs Sierra Leone	10

1. Document Review and Preparation

The document review started right away upon receipt of documents from Plan at contract signing. By the time the inception report was submitted, a listing was also included of documents needed and received. From the information received at the time, a table on Quantitative Information on Indicators and Targets was prepared to identify information gaps. Subsequently more documents were sent by Plan. During the field missions a number of additional documents were also collected. In total some 65 internal Plan documents and reports were reviewed and an additional 60 other documents. An overview of all the documents collected and reviewed during the evaluation is included in Annex 2 - Bibliography.

2. *Key Informant Interviews*

Key informant interviews were held with Plan staff, local implementing partners (Liberia), Ministry staff, and others. The evaluation team attempted to speak to key informants who were involved with the project or who had knowledge of the project.

The research tools included specific key informant interview guides for:
- Plan staff;
- government representatives;
- local implementing partners; and
- donors.

Nineteen (19) key informant interviews were held with stakeholders in Liberia, thirty-seven (37) in Sierra Leone and four (4) at global level. A list of stakeholders interviewed can be found in Annex 2.

3. *Focus Group Discussion*

Most focus groups were conducted primarily with mothers and children (beneficiaries), but a few others were organized from other categories, as appropriate. The focus group participants were chosen by in-country staff and local partners.

The research tools included specific focus group discussion interview guides for:
- mothers/caregivers
- district health management teams;
- community health teams;
- community mobilizers;
- teachers; and
- participants of the consultative meetings

Twelve focus groups were conducted in Liberia, and ten in Sierra Leone.

As mentioned, a list of stakeholders interviewed can be found in Annex 2.

4. *Sampling – selecting field visit areas*

The evaluation team opted for a sampling strategy of purposively selecting the FGDs and KIIs. In Sierra Leone, the consultant team was able to visit all three of the project target districts. In Liberia, the team visited the following counties: Bomi, Bong, Margibi, Montserrado, and Nimba.

2.2 Evaluation Management

The evaluation was well managed by Plan International Ireland. Ayani was very appreciative of the frequent communication between the evaluation team and Plan International Ireland as well as in-country Plan offices.

Though a lot of aspects during the evaluation period were quite eventful given always challenging and changing country contexts, a start during the Christmas holiday period and fielding of the mission during peak times and need to change the schedule, the evaluation teams managed to optimize the time in the field through strong support of the field offices (UBR as well as logistical and other staff).

The interviews in-country were arranged and scheduled by Plan country offices based upon lists of 'Stakeholders to Interview' prepared by the evaluation team (See Annex 3). For the global component, introductions to key informants were facilitated by Plan Ireland.

For both countries, the respective Plan UBR Coordinator accompanied the consultant team and was present in most interviews. This was beneficial to the undertaking of the mission as the team could build on the trust relationships of the local Plan teams and get a lot of work done in a short period of time. It also allowed a participatory process and an open and iterative exchange of findings and conclusions.

In Liberia, the Plan Ireland Desk Officer for the UBR Program was present for several days during the field work. This was beneficial as it allowed a participatory process and an open and iterative exchange of findings and conclusions.

2.3 Limitations

In line with the budget for the evaluation, there was no room to conduct random sampling and to interview control groups (i.e. to obtain the counterfactual in counties/districts not targeted by the program).

As such, the evaluators note that, given evaluation budget and time constraints, the numbers of people interviewed were not large in comparison to the number of project beneficiaries. Having said that, the opinions expressed were consistent, and the evaluation team does not feel that the findings were compromised by lack of interviewees.

Other limitations relate to the existing monitoring framework and monitoring strategies (see Annex 4 for en elaboration of the project Theory of Change, baseline and endline surveys, the strengths and weaknesses of the results based monitoring framework (RBMF) and monitoring implementation during the life of the project.

III.   Liberia Country UBR Project Performance

3.1   Relevance

This first section analyses the extent to which the project implemented by Plan Liberia has been responsive to the actual needs of the intended beneficiaries and whether the project has been designed in such a way that it allows an effective response to these needs.

> **Conclusion on relevance of the project**
> The Plan Liberia birth registration project is highly relevant to Liberian policy context, the needs of the target population as well as Plan International's global priorities. The project has had a very high degree of additionality[2], as Plan Liberia is only one of two development partners financially supporting interventions for the implementation of decentralized birth registration. The participatory preparations have led to an appropriate project design, coherent with national development frameworks and gaps and constraints identified. However, design and implementation could have benefited from a more complete Theory of Change and the inclusion of some activities that would have made the project a more strategic pilot project. Also, the accountability and feedback mechanisms to beneficiaries could be improved.

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[2] "Additionality" refers to the benefits/advantages that Plan Liberia provided that no other actor could.

"This project gave light to birth registration" – local Implementing partner
"Birth registration is a basic human right" – Government partner

Was a situation analysis done? Was it accurate and comprehensive?

A baseline study was done and the proposal contained a situation analysis at the beginning of the project and again when Ebola had subsided and phase 2 started. The initial situation analysis is accurate and clear in its presentation, with some room for improvement in referencing existing policy documents[3] and ideally more disaggregation in the analysis by sex, geographic location and other possible parameters**.** For Phase 2 the situation analysis is more elaborate, but mostly focussing on findings from the post-Ebola assessment, it being initiated by the donor to this end;no reference is made to birth registration assessments and their relevant findings that had taken place between the preparation of Phase 1 and Phase 2 proposal or relevant policy frameworks[4]. The proposals for both phases do not assess the situation of the most marginalised children (e.g. children with disabilities[5], orphans, street children, etc.) even though they are central to Plan's global strategy[6].

Systemic and comprehensive situation analysis, in countries where enough data is available, would optimally inform the determination of Plan's most appropriate strategies. Table 1 shows a situation analysis following a comprehensive and systematic approach that can be employed, addressing all relevant parameters that determine the birth registration system.

How appropriate/relevant was the project design to the needs of the target group?

For both Phases, the design of the project logic model and its interventions were appropriate to the identified needs of the target group (both the caregivers of children and service providers). The situation analyses for Phase 1 and 2 appropriately highlight many of the gaps and constraints in birth registration in Liberia (e.g. persistent very low registration rates, low awareness of caregivers on importance of birth registration[7], low capacity of service providers and understanding of their role). This is confirmed by other assessments done prior to and during the implementation of the project, either by Plan (such as the baseline assessment for Phase 1 and the post-Ebola assessment) or the Government[8]. As such project design, strategy and activities were sound, except limited enabling environment efforts.

The design is consistent with the comparative advantage and agreed role of Plan Liberia in the decentralisation of birth registration in Liberia. The project is *de facto* Plan's contribution to the implementation of the decentralization process. Plan is recognised as the first development partner working on birth registration after the civil war. At the time of the decision to decentralise birth

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[3] For example no reference was made to MoHWS (2011), National Health and Social Welfare Policy and Plan 2011–2021. After project start, the country diagnosis was reinforced by a comprehensive baseline survey for Liberia (including a control county)

[4] MoHSW (2013), Birth Registration Improvement Plan 2014-2018, the post-Ebola assessment done by the Government parallal to that of Plan, MoHSW (2013) Civil Registration and Vital Statistics Assessment-Final Report and Strategic Improvement Plan

[5] Jingles used in year 2 include messages on the importance of birth registration for children with disabilities.

[6] Plan Ireland (2012) states as Plan's goal: To reach as many children as possible, particularly those who are excluded or marginalised, with high-quality programmes that deliver long-lasting benefits.

[7] Birth registration commonly was only perused when it was a requirement to obtain an official document or access to certain services (e.g. travel abroad, scholarship, access to school, etc.).

[8] MoHSW (2013) Civil Registration and Vital Statistics Assessment-Final Report and Strategic Improvement Plan: most data clerks not on Government payroll, less than 1/3 of staff was trained in birth registration, limited resources and supervision. MoHWS (2013) Assessment of birth registration in Liberia: lack of training in birth registration, lack of understanding of their role in birth registration, not being on the payroll and absence of funding at the local level as main constraints.

registration in Liberia, in 2010, the main partners agreed with the Ministry of Health and Social welfare on the focus of their support. Interviews with KIIs confirmed that **it was agreed that Plan Liberia would concentrate on awareness raising and contribute to increasing capacity of service providers**. This role also comes out clearly from the 2014-2018 Improvement Plan on Birth registration. This explains the concentration of Plan on the UBR Task Force in terms of activities on the enabling environment[9].

What activities is the project implementing that address the issues around birth registration?

Table 1: Determinants of a birth registration system and interventions by the project

	Determinant	Description	Activities (both Phases, unless otherwise mentioned)
Enabling environment	Social norms	Widely followed social rules of behaviour	Mass awareness sessions, consultative meetings (Phase 2), Focus Group Discussions (Phase 2), radio talk shows, performance awards (Phase 1)
	Legislation and policy	Adequacy of laws and policies	Advocacy to influence national development planning processes, public advocacy events, preparing legal briefings (Phase 1), national conference (Phase 2)
	Budget and expenditure	Allocation and disbursement of required resources	Advocacy to influence national development planning processes, public advocacy events, advocacy for increased budget
	Management and coordination	Roles and accountability, coordination, partnership	Revitalization of a UBR Task Force, the development of an advocacy strategy for the Task Force (Phase 1), political mapping (Phase 1), document best practices (Phase 2), national conference (Phase 2)
Supply	Availability of essential commodities	Inputs required to deliver a service	Production of brochures with messages (Phase 2)
	Access to adequately staffed services, facilities and information	Physical access to services and facilities and information)	Capacity building of county health teams (registrar, community mobilisers, data clerks), establishment of local static units (Phase 1), mass registration campaigns
	Quality of care	Adherence to required quality standards (national or international norms)	Improve digitalisation process, monitoring visits (Phase 2)
Demand	Financial access	Direct and indirect costs for services and practices	Not applicable for children up to 13 for whom it is free.
	Social and cultural practices and beliefs	Individual and community beliefs, awareness, behaviours, practices and attitudes	Mass awareness sessions, consultative meetings (Phase 2), Focus Group Discussions (Phase 2), radio talk shows, performance awards (Phase 1), school awareness (Phase 2)

What is the level of significance of the results to address the primary needs of the beneficiaries?

In the opinion of the beneficiaries, the project is highly relevant. Focus Group Discussions revealed that beneficiaries as well as data clerks, community mobilisers and teachers had no idea about the importance of birth certification prior to the decentralisation process, other than the need "when you travel" (i.e. to obtain a passport). And while this was often still one of the first reasons mentioned, caregivers demonstrated a clear understanding and appreciation of the importance of a certificate.

In their view the birth registration system would be even more relevant if:
- The age limit for free registration was stretched to 18 years or ideally for all citizens; However, this may have required additional funding to ensure coverage of a larger age group
- Birth registration for persons above 13 also were decentralized

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[9] It should be noted that the activities of Phase 1 were more comprehensive on policy advocacy, but also consolidated after a revision (see Plan Ireland (2013). Revision of the Results Based Management Framework).

- Time between registration and certificate receipt through static units would not be 2-3 months

Have any gaps in the design (that might exist) been rectified?

The design for both Phases has remained largely the same and the few gaps in design (e.g. attitudes of service providers, free certificate for all children, marginalised groups) have remained unaddressed. Interviews revealed that capacity and attitude of health service providers vis-à-vis birth registration falls short and neither Phase 1 nor Phase 2 explicitly covered changing this attitude[10]. Also, no further advocacy was undertaken to ensure that all children under 18 can obtain a birth certificate free of charge. An original intention to work with young people as community mobilisers and agents of change has not been developed and implemented, reportedly due to funding constraints. Lastly, in spite of Plan's global commitment to marginalised groups, and the explicit aim of the Birth Registration Improvement Plan 2014-2018 to cover marginalised children, these are left invisible in the design of both phases and not mentioned among the groups of rights holders for Liberia. Given Liberia's very low level of birth registration, a focus on registering a large number of unregistered children is appropriate. However, a future approach, since Plan's mandate is child protection, might be to focus on those children who are more in need of child protection.

On the other hand, due to several lessons learned in Phase 1, some of the strategies and interventions in Phase 2 were changed. These changes have turned out to be very successful (see Effectiveness).

Table 2: Plan proved responsive to refine the project design

Lesson	Change in design of interventions
Inefficiency in conducting mass awareness sessions and actual registration separately	Combination of mass awareness with mass registration into one activity for mobile registration campaigns
High demand by schools for awareness sessions	Inclusion of an explicit activity on awareness raising in schools

What preparatory activities were carried out, and how did these help ensure that the interventions were relevant? Were any missing, and how did this effect the implementation?

A series of preparatory activities were undertaken with various stakeholders, but with little involvement of national level Government partners and with limited documentation of the findings. Yet, there is no evidence that this has negatively impacted the implementation of the project.

The following preparatory activities have been identified through document review and interviews:
- Discussions with Government and partners like UNICEF and CMI on the role of Plan Liberia in the implementation of decentralisation of birth registration through the UBR Task Force
- Scoping mission of Plan Liberia staff to anticipated counties, including interviews with potential beneficiaries as well as potential local Implementing Partners (e.g. CJPS) and a design workshop between Plan Liberia staff and stakeholders
- Invitation of existing local implementation partners to submit a concept note on how they see implementation of the project in their county
- Start-up workshop with local partners on the interventions, their roles and the budget. For Phase 2, local partners were directly involved in setting of targets for their organisations

The following observations were made with respect to the preparatory process:

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[10] For example, EPI professionals do not see promotion of birth registration as part of their responsibilities.

- Little documentation was found on the findings during the preparation process of either phase
- Comprehensive capacity assessments of local Implementing Partners (so-called partnership assessments) were conducted but without any follow-up capacity strengthening
- No formal capacity assessments were conducted for Government partners other than the identification of required equipment; however the Ministry of Health shared capacity gaps with all implementing partners involved in the project during coordination meetings
- The baseline assessment for Liberia for Phase 1 was done after project start so findings are not fully reflected in the diagnosis of the project. Although comprehensive, the baseline—like the post-Ebola assessment—is not consistent with the results-based framework
- National level partners were informed about the design of the project after it was completed with the message "this is what we can do". They were also not consulted on the targets set for the project; however, project partners accept that Plan was trusted with designing a project that matched their assigned role and comparative advantage, and it has not led to duplication of efforts with UNICEF supported activities. For the Phase 2 design, corrective action was taken.

Is the project design coherent with national frameworks and strategies of each country?

The design of both Phase 1 and 2 is fully coherent with national and regional frameworks. Though the national and regional frameworks are not referred to in the Phase 2 proposal, the project aligned to:
- The Birth Registration Improvement Plan 2014-2018 of which Plan Liberia is one of four principal implementing partners. The project works on all four strategies of the government plan, and Plan Liberia's project activities include many of the five improvement plan components[11].
- An assessment of the Country Accountability Framework for Reproductive, Maternal, Child, New-Born and Adolescent Health (RMNCAH) identified Plan Liberia as co-lead in the decentralization of birth registration and roadmap activities coherent with those of Phase 1.
- The Third Ministerial Meeting on CRVS agreed to a decade of Civil Registration from 2015-2024.
- The activities of the project are coherent with those planned in the RMNCAH Investment Case for 2016-2020[12], which is a national strategic roadmap for Liberia through which the Government of Liberia has prioritized strengthening the CRVS system as a basic social service to its citizens and as a source for vital statistics.[13]

How does the project ensure accountability towards beneficiaries?

No written evidence on feedback from beneficiaries (i.e. caregivers of children under 13 years) is available. Interviews undertaken for the evaluation confirm that neither Plan Liberia nor its Implementing Partners have undertaken such feedback sessions. However, the strong participatory approach of preparatory activities for both phases have made an important contribution to the high degree of relevance of the project. The post-Ebola assessment done for Phase 2 included interviews with key stakeholders on the status regarding intervention areas included in Phase 1 (e.g. digitalisation, Task Force, political commitment)

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[11] Unfortunately, the results based management framework, targets and indicators are not fully coherent with that of the government Improvement Plan.

[12] Republic of Liberia (undated). Investment case for reproductive, maternal, new-born, child, and adolescent health, 2016-2020, pp. 49-50.

[13] Activities include: 1) improving birth registration services through training, advocacy and equipment of facilities; 2) expanding registration points (Plan assistant in 8 static units); 3) improving civil registration information systems (support on digitalization); 4) strengthening legislation and raising awareness and advocacy; and 5) coordinating national efforts.

What is the level of awareness of the children, local Implementing Partners and other stakeholders on the results of the project?

There is no mechanism of informing children and parents/caregivers on the status of project activities. The project does not have a review mechanism involving Government and civil society stakeholders. **End-year reviews are undertaken with Implementing Partners**, but no government partners. **Progress reports are however shared with Government, though not formally discussed.**

Lessons learned regarding project the project design • A Theories of Change could have facilitated the development of a narrative and visual of the pathway of change demonstrating the vertical logic between the different levels of results • The situation analysis paid little attention to the legislative, policy and public finance environment, although several such frameworks were available • Conducting a baseline survey is cost-inefficient if it is not consistent with the project results framework and followed up by an endline survey • The development of an exit strategy should be an explicit project activity of any project, with dedicated time and money allocation
Recommendations for relevance 1. Produce a complete and country specific Theory of Change for future project proposals of this scope and budget 2. Undertake a full-fledged and systematic problem analysis of supply and demand barriers, enabling environment, and a capacity assessment of the main project partners 3. Make special efforts to identify and address the most marginalised groups 4. Provide follow-up to the local Implementing Partners capacity assessments 5. Discuss findings of the evaluation of a project with the stakeholders, i.e. the owners of the information, as a means of respecting their ownership of the information and to ask feedback

3.2 Efficiency

This section focuses on timeliness of activities, efficient fund utilization, satisfaction of partners and observations of any possible areas with room for improvement (see Annex 5).

Conclusion on the efficiency of the project The project exhausted the total available funding. It was used for the appropriate project activities, but with less than planned match funding for Phase 2. The unit cost for registering a child has decreased over time from $4.5 to $3.8. While this may be due to a variety of factors, it is likely to indicate an increased efficiency in implementation. Efficiency could have been further enhanced with faster liquidation and financial disbursement to project partners The dedicated and stable staffing at country office level since the outset and throughout the project lifetime has undoubtedly affected project management efficiency.

Was the use of project resources cost-effective? Did the project give value for money?
The cost per registration has substantially decreased, indicating an increase in efficiency.

Table3: Cost per registration reducing over time

Period	Total number of registrations	Total expenditure	Unit cost per registration
Phase 1	205,554	USD 923,808	USD 4.5
Phase 2	120,571	USD 465,850	USD 3.8

There was no disaggregation of cost-effectiveness of mobile ('mass') registration versus static (at the health centres) registration. Therefore, no conclusion can be made about which was more cost-effective. This would be important information to have for planning future projects of this nature.

Furthermore, as indicated under Relevance, the project was conceived as a pilot project, but not designed and implemented as such. Therefore, no costing has been undertaken of the different types of critical interventions (e.g. mobile mass registration, static registration, awareness campaigns, etc.). This would have made it possible to determine which of the interventions were not only effective, but also efficient in terms of value-for-money. This is particularly relevant because all data and all stakeholders confirm that **mobile registration is the most effective, but it also requires most resources**. And it is not known if the same results could have been achieved in other ways with fewer resources.

Were project inputs (funds, expertise, time, and other resources, etc.) converted into results in the required quantity and in good time?

The project budget was mostly spent according to planned budget and targets for the activities and outputs were achieved within budget and on time (see Effectiveness), but with significantly less than planned match funding in Phase 2. Expenditure for Phase 1 was 98% of donor funding and 95% of planned match funding. During Phase 2, the donor funds allocated for Liberia surpassed those originally planned. Additional funding for Liberia was deliberately taken from activities planned for global activities, in order to compensate for the reduced matching fund and allow for execution of interventions like mobile registration. This was possible because Plan International was able to fund global activities from other funds. For Liberia a total of 111% of planned funding is expected to be spent by February 2017. The total project budget, however, will not be overspent.

Even though most of the targets for activities were achieved (see Effectiveness), the limited Plan Liberia staff working full time on the project are likely to have influenced the efficiency of the implementation of activities. Unlike other projects of similar size, only one single Plan Liberia staff was fully dedicated to the project for the full duration of the project. The project did not include full budget for an accountant, M&E technical support, field offices and the like. This has likely contributed to:

- delays in liquidation and disbursements to local Implementing Partners, caused by lack of communication between Plan and local Implementing Partners on required documentation[14];
- the fact that the procurement for equipment was completed at the end of the first year of implementation, possibly having its impact on the number of registrations that can be contributed to the project[15];

In addition, funds disbursements to Government partners has been hindered on several occasions (due to late liquidation or putting on hold of registration) delaying implementation of some projects (e.g. training of data clerks in 2016).

Plan's stable staffing (in particular, the UBR Coordinator) has contributed to efficiency. Plan's internal financial and procurement procedures are in place and followed, so this also would contribute to efficiency. For example, assets for partners were procured in a timely manner.

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[14] Notwithstanding, it was confirmed that incentives to people working on the project at county level (e.g. data clerks and community mobilisers) has generally been paid on time.

[15] Plan Ireland (2013). Promoting Birth Registration for Children's Development and Protection. Interim Progress Report. Year 1. Quarter 4.

Exchange of lessons learned between Sierra Leone and Liberia (April 2013) created efficiencies. One example was an alteration of a communications message to communities, adapting it to include information on the costs of registration.

Progress reporting by local Implementing Partners and Plan Liberia has generally been on time. Regular meetings were not undertaken with Local Implementing Partners, but regular field level partner meetings were held in the implementing counties. Local Implementing Partners have not dedicated disproportionate amounts of time to reporting rather than to implementing activities. At the level of Plan Liberia, more time could have been dedicated to record keeping to ensure an accurate overview of real progress made.

Local Implementing Partners have undertaken routine monitoring of activities by media partners, community mobilisers and data clerks. Monitoring by Plan Liberia has been constrained by available staff time, but is also not very well documented in terms of follow up actions. Good examples of monitoring by local Implementing Partners include:
- Checking tapes of radio talk shows for their clarity and content and checked in communities on the understanding of the jingles, in Margibi
- Calling schools to ask about their work on birth registration with PTAs and with follow up requests to visit again.

There were a number of revisions of the M&E framework, which was inefficient. For example, there was a framework in the original Phase 1 proposal (2012) and a Revision of the Results-Based Management Framework document produced in Sept 2013. The HDF RBM Progress Report Nov 2013 says that the indicator Knowledge level of communities on the importance of birth registration was added during of the Y1 interim review. Other indicators were also modified during this review.

What has been the partner country contributions from local institutions and government (e.g. offices, experts, reports, materials, labour), target beneficiaries and other local parties?

A major constraint on the Government side is the lack of public budget for birth registration at the county level (see Effectiveness and Sustainability). There has been no Government allocation of funds since the start of decentralisation. The Government finances the UBR coordinator and her two assistants[16] as well as the county registrars, M&E officers and those data clerks that are on the payroll; however, a significant number of the data clerks remain without contract and *de facto* work on a voluntary basis. In addition, regular delays in payment for data clerks within the UBR Unit resulted in lack of willingness to process applications[17], as they consider birth registration as additional to their core work. Equipment for county data processing teams have primarily come from donor funding and the Government has not been able to finance any outreach from its own budget.

Plan Liberia has not contributed to institutional cost incurred by local Implementing Partners, which should have come from Plan Liberia's matching fund. During Phase 1, co-funding has been estimated at about 25% (e.g. rent, electricity, finance and admin staff, management staff, fuel, bank charges, stationary). In order to meet the targets in their contracts, and even though not agreed or required by the service delivery contracts and work plans local Implementing Partners have decided to also use their own resources for:
- Design, production and erection of billboards
- Invitations of people to consultative meetings
- Radio air time

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[16] Idem

[17] Plan Ireland (2014). Final Report. Phase 1. April 2012 – May 2014.

- Mobile registration by sending their own staff to help

How efficient (responsive) was project management to changes in the environment in which the project operates?

Starting with the final quarterly report of year 1, Plan has regularly reported on emerging issues and its response to these issues, showing Plan's responsiveness and understanding of arising opportunities and challenges. Some examples of actions taken with positive results include:
- Progress report 4 of year 1: A budget adjustment to allocate some budget savings towards allowing for a 'motivating package' for front line health staff. This was included in the revised budget for year 2 and been highly appreciated by the stakeholders
- Final report of Phase 1: School awareness sessions were implemented in the targeted areas, following an emerging opportunity to link with the education sector. This became a critical activity in Phase 2
- Proposal for Phase 2: Combining mass awareness with mass registration into integrated mobile registration campaigns based on lessons on the inefficiency of separate mass awareness and mass registration sessions during Phase 1

However, a number of issues remained unaddressed despite their recognized and limiting impact:
- No recruitment of a dedicated project accountant and M&E officer, although based on lessons from the UBR project, nowadays projects of similar size commonly have such project staff
- No follow up in Phase 2 of the hiring of one additional project officer respectively in Bong and Nimba counties planned at the end of Phase 1
- No budget adjustment for additional data clerks and/or re-prioritisation of budget for additional computers for data entry[18], in spite of known increased workload due to demand created by mass awareness.

How efficient is the co-operation among project partners and other key stakeholders in achieving project results?

"NGOs help to speed up the registration because they have set targets, the Government has a lot of bureaucracy" – data clerk

Both Implementing and Government Partners are generally content with the co-operation and communication with Plan Liberia. The Government partners further recognise that collaboration with local Implementing Partners improved in Phase 2. (They were considered more loyal to Plan Liberia in Phase 1 because of the contract with plan and targets they were meant to achieve.) Examples of how collaboration improved include:
- Joint operation of mobile registration campaigns
- Recommendation of community mobilisers in Montserrado financed through the project by District Health Officers
- Assisting the Government not only with awareness and mobile registration, but also with routine registration and distribution of certificates through the community volunteers

The national UBR Task Force is the primary forum where birth registration is discussed between development partners. Plan is considered an active and constructive member of this forum. The fact that it does not meet according to a set schedule, but rather on a needs-basis might be

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[18] Note that the number of mobile registration per year and the increase in routine registration would not have merited an increase in staff and equipment in all counties covered and UNICEF did provide some additional computers.

considered an efficient way of operating. The downside is it does not have a structured forward-looking agenda, which limits opportunities to make it a more effective strategy and policy mechanism (see Effectiveness).

Plan Liberia's partners are mostly regarded as implementers of agreed targets of an overall consolidated project workplan, with limited joint planning, strategizing and information sharing between all stakeholders at national and county level (incl. community mobilisers, data clerks and health staff). Government partners want to be more involved in joint planning and local Implementing Partners currently feel they are treated as contractors rather than true partners. While this has not affected their commitment and ownership of the interventions (see Effectiveness), this contractual relationship may also have impacted on the lack of pro-active and unsolicited information sharing (such as progress reports, inventories, etc.), resulting in inefficiency in data collection. For example:

- The Government does not have readily available the numbers of children registered through mobile campaigns in all counties supported by Plan Liberia, forcing it to manually to track all mobile registration and to verify the number in the system from time to time
- Plan Liberia collected its own information on the status of provided equipment, through its asset registry of donated assets, rather than obtaining it through the Principal Registrar's office

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Lessons learned from implementation
- Disaggregation of cost-effectiveness of mobile ('mass') registration versus static (at the health centres) registration is needed to understand the cost-effectiveness of each
- Recruiting well-performing volunteers recommended by District Health Officers as community mobilisers in Montserrado ensured commitment by mobilisers and close collaboration with the county health team
- Projects with wide geographical coverage and many different implementing partners require sufficient Plan Liberia project staffing to ensure close monitoring and follow up on project management
- Stakeholders participation in a project as true partners, not as implementers of activities only, increases commitment and possibly future sustainability

Recommendations for efficiency
1. Develop, at the beginning of a project, a comprehensive M&E framework that remains static throughout the project period.
2. Ensure sufficient Plan Liberia project management staff for projects with wide geographical coverage and many implementing partners
3. Implement a set of different interventions as a true experimental pilot including the costing to determine their cost-effectiveness[19]
4. Improve periodic progress reporting by local Implementing Partners and the knowledge management of project documentation
5. Include financial support to institutional cost in contracts with local Implementing Partners

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3.3 Effectiveness

"Plan has done well in a critical situation, and we have been able to effectively use what we have" – *Government partner*
"These days people have more interest in birth registration, but we are still on trial" – *community mobiliser*

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[19] Interventions that could be compared are 1) mobile registration, 2) pro-active promotion by health facility staff (e.g. vaccinators), 3) mandatory requirement of proof of registration of birth for vaccination and for entry at primary school .

This section presents an analysis of the progress made against the planned results for the project. It does this in two distinct parts:

1. Those levels that are <u>under control</u> of Plan Liberia, i.e. at *activity and output* level (called Results in the project). This indicates how effective Plan Liberia and its partners have been in their interventions.
2. Those results and indicators to which Plan Liberia <u>makes a contribution</u>, but for which it cannot be held accountable (i.e. at *outcome and impact level*).[20]

Note: The result frameworks have changed between Phase 1 and 2 and their structures are not fully consistent. The below analysis takes the 2015 RBM framework of the final proposal as a base and reports on those activities and results that were similar in 2012.[21]

Conclusion on effectiveness of the project

Thanks to the county level partners, who have shown strong commitment of the project, the project has been very **effective in achieving (and often exceeding) most of the targets set** for activities and results that under the control of Plan Liberia. These same partners are also **content with the capacity building** made possible by the project. In terms of policy advocacy activities, evidence of targets having been met was harder to ascertain as not all of the achievements have been well documented. Yet it is clear Plan Liberia has been able to influence a number of national planning and policy milestones, mainly due to its constructive participation in the UBR Task Force. The effective implementation of the project earned Plan Liberia the **award for the best International NGO** by a group of national newspapers in 2013.

What was the progress made in achieving the results of the project at the activity and output levels, compared with the projects results framework?

Many of the targets that are under control of Plan Liberia have been met, especially implemented by local Implementing Partners at the county level (see for a detailed analysis Annex 6 Progress against activities and output targets that are under Plan Liberia's control). An important reason is said to have been the inclusion of explicit targets in the contracts of local Implementing Partners in Phase 2, which they said were realistic and achievable. Local Implementing Partners and community mobilisers alike have also found creative ways to ensure they reached the targets such as:

- Collecting birth certificates and booklets with birth registration sheets in Monrovia and delivering them to the county health teams/Service Centres/community volunteers
- Sharing the jingles with other radio stations that are not formally part of the project
- Recruiting data clerks from other counties for mobile registration campaigns
- Paying for the internet connection at the static registration units to ensure timely uploading of data to the county server
- Facilitating registration while doing door-to-door awareness

However, planned targets at the national level, i.e. policy advocacy activities, have been met to a lesser extent, most likely due to the limited number of project staff available at Plan Liberia to pro-actively plan, organise and implement policy advocacy interventions.

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[20] The results framework was revised in October 2015. Also after this revision certain results at the output level (i.e. Results) are considered beyond Plan Liberia's control.

[21] Plan Liberia conducted a comprehensive baseline during Phase 1 (including a control county) but it was not consistent with the RBM design and there was no follow up with an endline. It is therefore not possible to establish a counterfactual to the interventions supported by Plan Liberia. Nevertheless, since Plan Liberia has been the sole development partner in the project target counties, the results achieved can be attributed to a large extent to the support provided by Plan Liberia.

Furthermore, not all of the achievements have been well documented with rigorous evidence (e.g. retention of knowledge through meetings and results and follow up of training). This is also evident from the limited implementation of the activities related to the pilot nature of the project, i.e. on collection of best practices and lessons learned from Liberia and Sierra Leone (Activity 3.2.1 in Phase 1). While cross-country visits took place, resources apparently fell short to translate the earning into evidence to demonstrate the effectiveness, impact and efficiency of the pilot project.

What have been the achievements against planned results at the outcome level compared with the project results framework? What were the success factors or challenges?[22]

The project nearly achieved its target for Strategic Objective 1 on registration of children in Phase 2, which was adjusted to more realistic levels after only half the target was met in in Phase 1. A total of 326,125 of 515,950 children were registered; equal to 60% of the total target for Phase 1 and 2 combined. During Phase 2, 95,350 children were registered, or 82% of the target. (A more detailed analysis of progress against results not fully under Plan Liberia's control is included in Annex 7: Progress against outcomes for which Plan Liberia is not accountable). As with the outputs, the explicit contractual agreements on targets for local Implementing Partners made a strong contribution to the near achievement in Phase 2. At the same time, even though many of the direct products on policy and advocacy at the output level were not delivered, the project made important contributions to planning and policy frameworks on birth registration in Liberia at the outcome level. As one of the most active members of the Task Force, it directly helped develop the first Improvement Plan for Birth Registration and contributed to progress made on the civil registration and vital statistics system.

On the other hand, the digitalisation of the program has not yet been fully completed. At the time of the evaluation, two servers (one for county level data and one for registration at the national level) were being harmonized. It appeared that information from the system was incomplete and therefore not fully reliable. But compared to Sierra Leone it greatly improved availability of data.

No registration took place during the Ebola outbreak at all, and the post-Ebola assessment prior to Phase 2 required time and monetary investment that otherwise would not have been required. Additional donor funding that might have constituted match funding was diverted to the Ebola crisis. People's fear of health centres due to Ebola had to be overcome in Phase 2; this necessitated a change in messaging and continued involvement and activism from community leaders. Refresher trainings had to be done that may not have been needed without the virus outbreak.

The success factors that led to the achievement of activities and results were:
- Participatory design and planning of the program
- Buy-in from community leaders
- Support for Plan's program by UNICEF and the Ministry of Health and Social Welfare
- Inclusion of an enabling environment component
- Limited financial support from other donors for other projects (no "competition" from other activities, until the Ebola crisis hit)

Issues that presented challenges to the project were:
- Lack of matching funds from government or other donors
- Availability of accurate baseline data
- Rotation of government staff (loss of capacity)

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[22] As mentioned earlier, some outputs as presented in the Phase 2 RBM framework are not under Plan Liberia's control, and are therefore discussed in response to this key evaluation question.

- Unpaid volunteer registrars (limited capacity, subsidies needed)
- Transport costs for parents/caregivers
- Beneficiaries don't know birth dates or surnames of children
- Remoteness of some communities
- Inadequate resources and assets of government and communities
- Weak M&E framework and implementation
- Small budget for the extent of the problem
- The Ebola crisis

How effective were efforts in capacity building of the partners and other local project stakeholders?

Overall, the project has been effective in building the capacity of partners and stakeholders (except for radio partners), with clear demonstration of increase in knowledge and skills and appreciation by beneficiaries of the quality of training. There is room for improvement in systematically measuring effectiveness of the training and provide refresher trainings. No follow up training plans were prepared for local Implementing Partners after the partnership assessment. But they did benefit from several group and individual on-the-job training for which these assessments served as a basis. Professionals at the county level also have demonstrated increased knowledge and skills and appreciation of training provided.

Table 4: Effectiveness of capacity building training provided

Capacity building exercise	Result	Constraint / Room for improvement
Group training of local Implementing Partners on results-based management, action planning and advocacy	Partners appreciated the quality of the trainings and have indicated they still use what they have learned in these trainings for other projects they implement. In fact, RBM training may have contributed to acceptance of targets for registration in Phase 2 contracts	Partnership assessments are not combined into an overall training plan for local Implementing Partners
Group training of county level staff on birth registration	Government partners know much better what is expected of them "They can now do the registration by themselves" – Government partner "Before the training they had no idea what to do" – Government partner	**No systematic training evaluation was undertaken.** All health staff at the county level are yet to see birth registration as their responsibility, and therefore would need orientation about their role in the system
Group training of community mobilisers	Strong increase in knowledge on the characteristics and importance of birth registration. Unclear if pre-training and post-training tests were undertaken in all counties (in Montserrado this was done).	**No systematic training evaluation was undertaken.** Not all community mobilisers are sufficiently familiar with the system of birth registration and do not promote pro-active registration by caregivers beyond the mobile registration exercises and direct facilitation of registration and delivery of certificates ("we do not do birth registration anymore because the project ended" – community mobiliser)

To what extent was there local ownership of the project?
"We feel we have an obligation to our people, we are complementing the efforts of the Government"
– local implementing Partner

The project was implemented with strong ownership of both Government and local Implementing Partners. As reported earlier, local Implementing Partners have often gone the extra mile, using their own resources and creative solutions, to achieve their targets. They have indicated that also after the completion of the project, they continue to promote birth registration as an integrated service in other projects.

During the implementation of the project, the Government partners have also demonstrated ownership. They have worked side-by-side with their civil society partners, and are continuing with birth registration after the project completed with their own means albeit with a lower intensity.[23] Radio stations have also shown strong commitment to the project during its implementation, although they have taken a more commercial attitude and thus stopped after funding ended.

Lessons learned from implementation
- Starting a new and innovative project requires some start up time, which should be factored in to ensure realistic project targets
- The combination of mass awareness and mobile mass registration has proven to be a very successful move and has become the most effective intervention
- Community mobilisers are key to the success of birth registration, not only during mobile registration campaigns, but also to promote the uptake of routine static registration
- Issuing the birth certificate the very same day makes a big difference in ensuring continued pro-active demand, not only during mobilisation campaigns, but also at static units
- The lack of costing of various possible interventions prevents knowing the relative cost-effectiveness of these interventions. The most effective intervention (i.e. mobile registration), may not be the most efficient, cost-effective and sustainable one
- There remains a lot of untapped potential for the education system to facilitate registration of school going children

Recommendations for effectiveness
1. Ensure an accurate baseline prior to beginning a project
2. Investigate either prior or during the implementation of the project which mix of strategic interventions are most effective (in terms of cost and impact)
3. In any training of county level implementers (esp. community mobilisers), put more emphasis on the birth registration system and how it works to ensure sustained interest and action by caregivers beyond mobile registration campaigns
4. Not only set targets for the local Implementing Partners and county level staff (e.g. community mobilisers), but also provide incentives for those who exceed their targets

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3.4 Impact

"The project helped to develop people's minds, and it helped parents to exercise the rights of their children" – Government partner

This section assesses the positive and negative changes produced by the project, directly or indirectly, intended or unintended. It also attempts to analyse negative and positive external factors.

Note: Since its introduction in 2012, decentralised birth registration has effectively only been implemented for three years, taking into account the interruption during the Ebola crisis. An assessment of long term impact so shortly after the ending of this pioneering project should therefore be considered with caution. Furthermore, the scope and time available for this evaluation

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[23] For example, some county health teams continue to engage with radio stations to stimulate demand for registration.

only allows for reporting on anecdotal evidence obtained through reports and interviews with key informants and caregivers.

> **Conclusion on the impact of the project**
> The project has made a **significant contribution to the birth registration system operationalisation of the decentralisation and the awareness of caregivers** on the importance of the right to an identity. This has led to a strong increase in birth registration rates in Liberia thanks to the project which otherwise is unlikely to have taken place. While the Ebola outbreak has affected the momentum gained during the first two years of implementation, **interest in birth registration continues to be high**, leading to a situation where supply constraints are the greatest risk to fulfilling children's right to an identity in Liberia.

What are the most significant changes that occurred, and to what extent can they be attributed to the project?
"Birth registration has multiplied compared with pre-decentralisation period" – Government partner
"Our children are blessed to know their age" – caregiver
"I want to get the certificate for our children before we suffer again" – caregiver

The most significant change of the project is the increase in birth registration with a total of more than 300,000[24] children, amounting to around 20% of all children under 13 years in Liberia[25]. Children registered through mobile registration can be fully *attributed* to Plan Liberia, as the campaigns were implemented with project funding. Further, Plan Liberia made a critical *contribution* to the children registered through static units in the counties covered by the project. However, no breakdown between the two types of registration is available. Registration rates in target counties proved much higher than in non-target counties, demonstrating the value added of the project.[26]
"So many people now know about their right" – Plan coordinator
"People want it" – community mobiliser
"People go willingly to register their child" – local Implementing Partner
"Now everybody knows, the message was all over" – caregiver

A second major change has been the increase in caregivers' knowledge and awareness of the importance of birth registration as a child right. The messaging was clearly effective: even though no comparative data is available on the awareness and knowledge before and after the project, every single interview and focus group discussion conducted for this evaluation stressed the increase of awareness of the right to birth registration; or rather the start of awareness, as this was virtually non-existent before the implementation of the project. Most interviewees clearly demonstrated they retained the messages and a positive attitude towards registration. Prior to the project they associated birth registration with travel only (the need for passport), which is "only a dream for most people". Many interviewees mentioned they now see registration a right of their children

A third significant change is Plan Liberia's contribution to creation of a functional decentralised birth registration system in the country. While it cannot be established how the county level birth registration structure would have evolved without Plan Liberia's support (i.e. counterfactual), the project has undoubtedly contributed to the establishment of the decentralised registration system. As one of the very few development partners working on the subject, Plan has significantly

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[24] Strictly speaking the numbers of children registered reached with funding from HDF should be discounted with those achieved with funding from Electric Aid (10,000), Bank of Ireland (15,600) and the Methodist Church of Italy (10,000 with a further 8,000 still to be expected). However, all this funding is considered match funding and still implemented under the same UBR project managed by Plan Liberia.
[25] According to documentation from the Ministry of Health the total estimated child population below 13 years is 1.543.651. The United Nations estimates the same group at 1,716,000 children (see: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Edition).
[26] Plan Ireland (2014). Final Report. Phase 1. April 2012 – May 2014.

contributed to the progress made in policies and plans on the national civil registration and vital statistics system. Furthermore, the introduction of community mobilisers in the project is likely to have contributed to the health reform strategy of the Government to introduce community assistants at the local level, (to be paid from its own funding). The community mobilisers recruited for the project are the most likely candidates for these new positions.

What positive/negative changes, intended/un-intended, has the project produced on the target group during the life of the project?

The evaluation took place immediately at the end of the project, making it too soon to make such assessment and rigorous documentation on changes in people's life is not yet available nor could it be established within the scope and timing of this evaluation. Nevertheless, interviews conducted for the evaluation repeatedly indicated the potential long term impact of the birth registration on **prevention of child marriage** and correct treatment of a juvenile offender as minor. Furthermore, on several occasions birth registration was said to be used to ensure that a child is named after the rightful/biological father and not the *de facto* male caregiver (grandfather or brother).

Has the project produced any un-intended or unexpected impacts, and if so, how have these affected the project objectives?

The most important unexpected impact of the project has been the hoped for high demand for birth registration during phase 2, with both positive and negative consequences.[27]

Table 5: Unexpected High Demand had Positive and Negative Consequences

Positive: unexpected impact	Negative: un-intended harm
Far more people than expected have attended the mobile registration and even health facilities to register their children. The interest to register children at schools has been unexpectedly positive	The high demand stretched the capacity of service providers (insufficient staff, equipment and funding), leading to long delays of delivery of birth certificates. This resulted in discouraged caregivers with the danger of a ripple effect on the friends and families in their community
"We were impressed by the message on the radio and wanted the certificate" – caregiver	"we are overwhelmed to service everybody, and do not have enough equipment" – county registrar "we still have not received our certificate" – caregiver "I asked for more staff but did not get them and we are now using volunteers" – county registrar "we are disappointed that the certificates have not come to the clinic yet; seeing is believing" – caregiver

What external factors have facilitated/constrained the project?

"Ebola and its spill over effect is still hunting the system. For example, we have not been able to pay staff regularly" – Government partner

Only one identified significant external factor has facilitated the implementation of the project emerged during the evaluation. Children of workers of the Firestone rubber plantation are granted free access to a private company-financed school, provided they have proof their parents are Firestone employees. With the decentralisation process, this has boosted the birth registration in those areas.

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[27] This was already identified at the end of Phase 1: "Parents lost interest in obtaining certificates due to the long gap between registration and certification. This was exacerbated by the fact that no specific timeframes were set for collection" (Plan Ireland (2014). Final Report. Phase 1. April 2012 – May 2014).

The Ebola outbreak has been the number 1 restraining external factor for the project. The project was forced to stop after two successful years had built momentum in implementing a Government policy reform. No registration took place during the Ebola outbreak at all, and a post-Ebola assessment was requested before Phase 2, requiring time and monetary investment that otherwise would not have been required. Furthermore, the break between the two Phases may also have contributed to the inconsistency in design between the two Phases, affecting efficiency in monitoring and reporting. Moreover, a significant number of government staff lost their lives due to Ebola and others had not been working on birth registration for more than one year. This called for refresher trainings that may not have been needed without the virus outbreak. Although the local Implementing Partners report they have been able to pick up the work without much delay, Government partners indicate that the health sector as a whole is still very much pre-occupied with the recovery of the Ebola crisis, diverting attention and perhaps funding that otherwise may have been allocated to birth registration.

To what extent has the project contributed to broader economic and social development? To what extent has the project made a difference in terms of cross-cutting issues like gender equality, environment, good governance and conflict prevention?

It is too soon to assess the project's broader impact on economic and social development in general, or any cross-cutting issues. However, what is known already is the said effect of reducing child marriage which should eventually translate into more economic activity and a higher place on the human development index.

Lessons learned from implementation
- In situations with a very large untapped potential demand for a service, sufficient attention should be given to the supply side of a project to be able to respond once the demand is created
- Ensuring sufficient capacity (staffing and equipment) for mobile registration campaigns is critical to avoid discouragement by caregivers and un-intended harm to the process
- Involving health and education sectors has a great potential to further increase demand for birth registration, provided the supply side manages to process the registrations on time

Recommendations for impact
1. Investigate the impact birth registration has had on preventing child marriage, the treatment of children in conflict with the law and/or other social development issues

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3.5 Sustainability

"The completion of the project will certainly leave a gap of services in the eight supported counties" – Government partner
"We rely on our partners" – Government partner
"Birth registration is a project of the Government and will continue. How much and what interventions will depend on the funding available" – Government partner
"We feel it that the project has ended, we have not gone out for six months" – data clerk
"We would be happy for Plan to come back, we still need support" – county M&E officer

This last section discusses the sustainability of the project; its design, interventions and results. It looks at this from a financial, structural and capacity angle.

Conclusion on the sustainability of the project
The project interventions are not sustainable as implemented, primarily due to lack of Government funding to continue these interventions at the same intensity as well as due to the very limited interest of donors present in Liberia. The project strategies were not designed to pilot and test the

most effective and efficient strategies with the aim to select the best for upscaling at national level, but rather aimed at making a strong contribution to the improvement of birth registration rates in Liberia. Discussions on an exit strategy and adjustment of Government's strategic approach to birth registration, based on lessons from the project, have not yet started. Nevertheless, the project has made some important structural contributions to the birth registration system, in terms of organisational structure and the digitalisation of the system.

To what extent did government and donor policy support the project positively or adversely?

As indicated under Relevance, the project operated in complete harmony with government and donor policies. The project was implemented with close coordination with Government and donors through the Task Force. The results of the project are fully embraced by the Government will continue implementing the decentralised birth registration system to which this project contributed.

Were the activities in the project able to create stakeholder buy-in, and did it contribute to sustainability?

As discussed under Effectiveness, the project has been implemented with strong Government buy-in and with dedication to the decentralisation of birth registration; however, public fund allocation falls short. The commitment to birth registration by the Government is stronger than at the beginning of the project and progress was made in the national civil registration and vital statistics system policies and plans. But the system is not yet fully operational and public fund allocation to birth registration is still minimal. Birth registration does not have its own budget line and remains part of the planning budget of the Ministry of Health and Social Welfare. Hampered by attention to recovery from Ebola, many data clerks are still not on the pay roll and work as volunteers.

Local Implementing Partners have also shown strong buy-in to birth registration and have indicated to continue working on the issue beyond the project. Where possible, local Implementing Partners have integrated promotion of birth registration into other projects they execute or continue to promote birth registration in their communities (e.g. during church congregations).

Has institutional capacity of the Government and counterpart institutions improved to such an extent as to ensure sustainability of the outcomes? To what extent have changes in internal capacity (leadership, number and quality of staff, system, etc.) of local institutions supported by the project contributde to sustainability of the outcomes?
"Birth registration will never leave us, it is part of our activities" – local Implementing Partner
"We will continue birth registration, albeit at a lower intensity" – Government partner

The project has contributed to a number of structural changes in the institutional set up of the birth registration system, which are expected to be sustained in the future:
1. Harmonization of two separate servers (county and national level) into one single national data base
2. Establishment of a national coordination unit with a national UBR coordinator and two assistants, all funded from Government budget
3. Establishment of trained and equipped data processing units at county hospitals or service centres, even though not all data clerks are currently on Government payroll
4. Creation of a cadre of community mobilisers, which has led to Government's intention to establish positions of community assistants (i.e. health extension workers) financed from Government public funding
5. County health teams have started inviting non-health professionals working on birth registration to help sensitise health professionals on birth registration

Furthermore, local Implementing Partners recognise their institutional capacity has strengthened as a result of the project. Their work in other projects benefits from the trainings on results-based management and action planning. And they are integrating birth registration into other projects. A number of partners indicated they are now principal reference partners on birth registration for the Government at the local level. Furthermore, one partner has adopted similar Plan International child protection for its own organization.

Key evaluation question: To what extent has the project respected local norms? What have been the results in terms of sustainable change in social behaviour?

The project has produced significant changes in both knowledge and attitude, but more limited progress was made on actual change in people's behaviour and practices. Change in people's behaviour generally goes through various stages: 1) knowledge; 2) attitude; and 3) behaviour. Even though no robust survey data is available, the evaluation found a number areas with room for improvement in achieving and sustaining social change.

Table 6: Room for Improvement to change behaviour towards more birth registration

	Areas for improvement in demand by caregivers for birth registration	Areas for improvement in supply by service providers for birth registration
Knowledge	**Knowledge levels has improved, but it is not systematically measured** "It makes you a citizen" – caregiver "You and only you can get it, nobody else" – teacher	**Self-reported knowledge levels have improved, but it is not systematically measured through pre-sensitisation and post-sensitisation assessments (either at events or through surveys)**
Attitude	**Caregivers' attitudes is generally positive towards birth registration, but remains passive** "Many people called in to ask for mobile registration to continue" – radio talk show host "It's not a requirement for school enrolment" – data clerk "The community mobiliser is responsible to go village by village to register" – caregiver	**Health service providers still see birth registration mostly as an *additional* task** "Nurses need to educate people" – caregiver "Health staff need to see birth registration as part of their package of services" – Government partner "Everybody needs some money to keep you up, the incentive is too small" – data clerk
Practices	**Many caregivers do not yet pro-actively apply for birth registration, and do it whenever they are at the health facility/service centre for another service** "You do not run after it" – caregiver "People still do not come to the health facilities themselves. It is only busy on Monday, which is vaccination day" – data clerk	**Not all health professionals are pro-actively offering their help to register a child**

Was the budget adequate for its purpose? What is the project's financial sustainability? Is birth registration currently (and after the project ends) priced in a way that is affordable to families?

The cost of the interventions of this project is beyond the financial means of Plan Liberia's partners making the project financially unsustainable as designed and implemented. The project was able to achieve its results with the funding available for the project and **the funding for mass registration campaigns has played a crucial part** in this success. They are considered the most effective intervention by every single stakeholder in the project. The main bottleneck to parents is not affordability of the fees for birth registration (free for children under 13 years), but the transport cost and he time involved to obtain one (esp. for children above 12 for whom birth registration is not yet decentralised). Many caregivers have therefore indicated they will wait for such mobile

campaigns to register their children. The Government, however, does not have the funding to continue the mobile registration campaigns or the awareness raising activities that support them.

Little progress has been made on the exit strategy and finding alternative funding to sustain the interventions introduced by the project. Plan Liberia has not yet started serious discussions on how to ensure sustainability of the project within the Task Force and with other potential actors. The Government has not gone beyond the recognition it will have to "rethink" what to do next. As indicated earlier, the project was not designed as a pilot project with the aim to sustain innovations of the project within the birth registration system. Various progress reports during Phase 1 and 2 include a section on sustainability and exit strategy, but without indications of concrete actions and strategies. At the end of Phase 1 it was reported that the Norwegian Refugee Council and the Danish Refugee Council had expressed interest in supporting the work of birth registration in Liberia, but this has not materialised. Currently, no other donors than UNICEF and the World Bank are engaged in birth registration. UNICEF is financing similar activities through the Government in other counties than those supported by the project; however, it is unlikely to be able to finance coverage in the eight target counties of this project. A project to be financed by the World Bank is planned to be implemented in only three counties (one of which is among the eight target counties of this project).

Lessons learned from implementation
- The multi-year funding for the project, as opposed to oftentimes short-term or one-off funding, enhanced commitment of all stakeholders (incl. private sector/radio stations) and facilitated the contribution to structural improvement
- Exit strategy discussions need to start well before the known completion of a project to assure maximum contribution to its sustainability

Recommendations for sustainability
1. Present a proposal for a systematic approach to achieve universal birth registration of all children below 12 years in the period of six years (see Annex L.4 for some suggestions)
2. Lobby for conversion of community mobilisers to paid community assistants
3. Contribute advocacy at the international level and fundraising for birth registration
4. Include Knowledge, Attitude and Behaviour surveys in future projects for which changing behaviour is key to its success
5. Plan Liberia and Sierra Leone can incorporate birth registration to a greater extent into their own internal policies, for example, into their Child Protection briefing to staff and consultants

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IV.   Sierra Leone UBR Project Performance
4.1 Relevance

"No other partner (than Plan and UNICEF) showed any interest in birth registration." – Government partner

This section analyses the extent to which the project implemented by Plan Sierra Leone has been responsive to the needs of the intended beneficiaries and whether the project has been designed to allow an effective response to these needs.

Conclusions on relevance of the project
The Plan Sierra Leone UBR project was relevant to the needs of the country and the target group, as it was based on a comprehensive situation analysis, the lessons learned from a prior BR project in Sierra Leone, and Plan's international BR experience up to that date. The project was designed in a participatory manner with partners. The activities themselves were comprehensive and met the identified needs of both the

government (at the policy level and at the district level) and the beneficiaries (children and their caregivers). Using the government as an implementing partner was appropriate. The project reinforced the efforts of the only other donor working in this area, UNICEF, creating additionality.

Was a situation analysis done? Was it accurate and comprehensive?

The situation analysis for Sierra Leone in the Phase 1 proposal identifies the existing problems correctly (see Table below). Both supply and demand side problems were identified in the situation analysis. These are the same problems that the evaluators encountered in the field work for this final evaluation. For Phase 2, the situation analysis focuses on findings from the post-Ebola assessment done by Plan in 2015, and the impact of EVD on birth registration. The design also built upon earlier Plan work in birth registration, including a prior project in Moyamba District in Sierra Leone and Plan's international experience in Brazil, Bangladesh, Pakistan, Cambodia, and Kenya, well described in the document *Promoting Birth Registration for Children's Development and Protection: A Universal Birth Registration (UBR) programme proposal by Plan Ireland, from 2012*.

The situation analysis and the project design were done in a participatory manner, involving relevant stakeholders and engaging them in consultative meetings to determine the best activities.

One thing that could have been done better, based on interviews, was the analysis of the technical capacity of the national government to handle digitization and mobile technology. This capacity building turned out to be more intensive than expected, and caused a number of delays and changes to the M&E targets. These technological activities were relevant (see Table below), but the targets and deliverables for the technology component were too ambitious.

How appropriate/relevant was the project design to the Theory of Change (ToC) and the objectives of the programme? To the needs of the target group? What activities were planned to address the issues around birth registration?

The ToC was not fully articulated, though elements were present in both proposals. The activities were relevant to the objective of birth registration. The design and interventions were appropriate to the identified needs of the target group (both the caregivers of children, i.e. the demand side, and the service providers, i.e. the supply side. The Table illustrates the problems identified in the situation analysis and the activities identified to address those problems in the project.

Table 7: Problems Identified in birth registration and activities planned to address them

	Problem	Activities (both Phases, unless otherwise mentioned)
Enabling environment	Gaps in legislation – lack of consistent policies, not best practice in BR	Legislative analysis, creation of Task Force; advocacy for changing policies, lobbying for inclusion of BR in many venues
	Lack of commitment to/support for BR	Awareness-raising at the government level; advocacy via creation of a task force
Supply	Poverty of government/overstretched resources	Funding for government vehicles, computers, outreach activities, BR supplies
	Records destroyed; not cared for – no storage, improperly handled	New building, storage facilities
	Poor quality data entry; information incorrect	Training to registrars and health care staff; digitization of record keeping
	Expensive to register	Mobile app for registration
	Lack of accessibility of records	Digitization of records
	Reassignment of health care staff to Ebola interventions; changes in personnel (Phase 2)	Re-training

	Problem	Activities (both Phases, unless otherwise mentioned)
Demand	Poverty of people (People are too poor to pay for registration)	Free registration for selected target groups in selected districts during the project time period
	Limited access of people to health units (where registration occurs)	Mobile registrations in the communities and at schools
	Lack of awareness at local level of the importance of BR; lack of awareness of the cost of BR	Awareness-raising activities; education of community leaders
	Fear of health care facilities (Phase 2)	

From the table, above, it is clear that all identified problems were addressed by a project activity. Including the enabling environment component SO2 in the project was very positive, as it addressed the weaknesses in both policy and capacity at the national level, and contributed to sustainability. There was only one other actor working at this level, UNICEF, and Plan's project reinforced UNICEF's efforts, adding another voice to the need to make changes in policy and practice at the national and district level. This was not a duplication of effort; each entity had its own comparative advantages in this field. According to UNICEF, Plan's expertise and approach to birth registration as a legal and protection issue within the context of child rights was added value to UNICEF's work.

The use of the government as a partner in Sierra Leone was appropriate. Plan used one NGO as a partner in SL in Phase 1, because it had experience in birth registration.[28] Most of the birth registration activities in SO1, however, were implemented through the district health management teams, to build sustainability of the process within the government, and to make up for lack of funding for these processes. In the second phase, all funding was directed to government, due to sustainability concerns, in order to build government capacity.

What was the level of significance of the design to address the primary needs of the beneficiaries?

Even though birth registration was much more common in Sierra Leone than Liberia before the program, the demand was still rather low. Now, at the end of the project, there is much more awareness of the importance of birth registration. The awareness-raising activities proved effective and the provision of birth registration for free for certain age groups in the targeted communities addressed the needs of the beneficiaries and helped to further increase the demand.

However, in neither of the proposals for the two Phases reference is made to the situation of marginalised children (e.g. children with disabilities, orphans, street children, etc.) even though they are central to Plan's global strategy.[29] Nor is reference made to under-age (adolescent) mothers who are unregistered and therefore vulnerable to exploitation and abuse. This was due to the focus on registering a large number of unregistered children in Phase 1, and that was appropriate. A future approach, since Plan's mandate is child protection, especially if funding is limited, might be to focus on those children who are more in need of child protection, rather than new-borns.

Have any gaps in the design (that might exist) been rectified?

Lessons from an earlier program were incorporated, and this improved design. Plan staff used lessons learned from an earlier project in Moyamba District. They looked at gaps and challenges, and based on this analysis, added a component on digitalization to address the poor status of the archives. As mentioned earlier, the goals for digitization and mobile app were revised downward as

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[28] The evaluators were not able to interview this NGO, Christian Brothers, because no contact information was available for the person who was involved with the project at the time (Phase 1).
[29] Plan Ireland (2012) states as Plan's goal: To reach as many children as possible, particularly those who are excluded or marginalised, with high-quality programmes that deliver long-lasting benefits.

Plan realized the weak level of government in this area. Several small issues appeared during the field work that were seemingly not addressed in the design. One was the fact that unregistered parents bring their infants in to register, but do not register themselves. This may be a gap in the training to registrars and in the awareness-raising messages to the communities. Also overlapping this issue is the fact that some people do not know their last names or their date of birth. There did not seem to be a clear response by partners during the field work about a solution to these issues.

There was no exit strategy. Plan assumed that there would be follow on funding after Phase 1, but the Ebola crisis changed donors' focus to the emergency response to this crisis. At the time of this evaluation, donors are wrapping up their Ebola response programs, and Plan is preparing proposals for further program funding. Plan should have designed an exit phase for the last six months of the program, which would have informed all partners at all levels of the expected results of the program and developed a plan for handing over responsibilities. Some of these activities did occur, but it does not seem to be systematic.

What preparatory activities were carried out, and how did these help ensure that the interventions were relevant? Were any missing, and how did this effect the implementation?

A series of preparatory activities were undertaken with various stakeholders, including with involvement of national level Government partners, but documentation is scarce.

The following preparatory activities have been identified through interviews:
- Discussions with national government and district level health teams, Freetown City Council, UNICEF, and Christian Brothers
- Start-up workshop with local partners on the interventions, their roles and the budget.
- Project launch (July 2012), then a startup workshop, where partners identified their roles and activities and their capacity to do it. Workplans were developed from this event.

Was the project design coherent with national frameworks and strategies of each country?

There were gaps in the national frameworks and strategies regulating birth registration at the beginning of the project. One impact of the project is the reinforcement of these frameworks and strategies to bring them in line with best practices. The Plan Proposal to HDF, Phase 1 (2012), notes that the 2004 Local Government Act mandates the function of birth and death registration to the local councils. This was not a functional approach, and impacted the quality and coverage of registration. The legislation at the time, the Births and Deaths Registration Act, 1983 and Registration of Births and Death Rules, 1987, were not "sufficiently comprehensive to ensure effective birth registration."[30] The poor quality of many records violated Sierra Leone's Child Rights Act, 2007 and International Convention on the Rights of the Child, 1989. The design supported rectifying these gaps.

How does the programme ensure accountability towards beneficiaries?
The project in Sierra Leone does not appear to have a mechanism for soliciting feedback from beneficiaries. This could have been incorporated into a mechanism for measuring awareness, which is one of the expected results of some of the project activities.

What is the level of awareness of the children, government partners and other stakeholders on the results of the project?

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[30] Promoting Birth Registration for Children's Development and Protection: A Universal Birth Registration (UBR) programme proposal by Plan Ireland (March 2012).

There does not appear to be any mechanism for providing children and parents/caregivers with information on the status of project activities. Implementing partners at the district level were aware of their own results due to monitoring activities, but it was not clear if they knew the overall project results. At a more local level, PHU staff and volunteers did not seem to be aware of project results. The government at the national level was aware of project results, as was UNICEF.

Lessons learned from the design of the project
- Using lessons learned from previous experience (international and in-country) is also important for design.
- Soliciting and incorporating input from potential partners is important for ensuring that the design is appropriate.
- Addressing both demand and supply sides in project design is important for project success. In this case, the project addressed both demand for birth registration (beneficiary level) and supply (policy and capacity building at the local level).
- A more thorough analysis of the capacity of government partners to understand and implement activities involving technology (software, computers, apps, mobile phones) is important for planning.

Recommendations for relevance
1. Ensure that partner capacity to manage any components involving technology is well understood and planned for.
2. Produce a complete and country-specific Theory of Change for future project proposals.
3. Consider a more targeted approach in future interventions towards more marginalized children or those who are more immediately in need of protection (e.g. adolescent girls).
4. Ensure that there is a mechanism for soliciting feedback from beneficiaries and making them aware of project results. The latter could be incorporated into community awareness messages
5. Incorporate in the design, and implement, an exit strategy.

4.2 Efficiency

This section focuses on timeliness and completeness of activities implemented, efficient fund utilization, satisfaction of partners with regards to implementation, and any observations of possible inefficiencies in practice (see Annex 5 for details on areas demonstrating efficiency and areas with room for improvement).

Conclusion on the efficiency of the project

Overall, the use of program resources is judged to be efficient, with some areas of improvement needed. The project was implemented according to workplans, which were developed with partners, and in accordance with Plan's standardized procedures for all projects, which created efficiencies. Disbursements to partners were handled in a timely manner. Plan responded quickly to changes in the project environment (such as the Ebola crisis). Plan communicated efficiently with its partners and other stakeholders.

A baseline occurred six months into the project (somewhat tardy) and no endline was done, which makes the cost of the baseline less efficient. There was no government match of funds, which decreased efficiency (more economies of scale could have occurred with this match). The M&E framework underwent a number of revisions.

Was the use of project resources cost-effective? Did the project give value for money?
It is not possible to determine the cost-effectiveness or value for money ratio against international or otherwise comparable standards, as these are not available. However, using expenditures and registrations data, the cost per registration can be calculated (see table below). The cost per

registration has decreased significantly in Phase 2, indicating an increase in efficiency (although there may be additional reasons that were not investigated). This was partially due to the joint effort with UNICEF to include birth registration activities in the national polio vaccination campaign, but also due to the fact that Phase 2 achieved efficiencies by building on the Phase 1 infrastructure.

Table 8: Cost per registration reducing over time

Period	Total number of registrations	Total expenditure USD	Unit cost per registration USD
Phase 1	239,634	1,421,933	5.93
Phase 2	502,839	262,730	0.52

There was no disaggregation of cost-effectiveness of mobile ('mass') registration versus static (at the health centers) registration. Therefore, no conclusion can be made about which was more cost-effective. This would be important information to have for planning future projects of this nature.

Were project inputs (funds, expertise, time, and other resources, etc.) converted into results in the required quantity and in good time?

The project budget was spent according to workplans, and activities were rolled out in a timely manner, with the exception of a baseline, which was rolled out somewhat late in the project start up period. No complaints were heard from partners about delays in activities; on the contrary, all were very satisfied by the project.

Expenditures for Phase 1 were 79% of total funding (with match) and 126% of donor funding (over-expenditure). During Phase 2, 60% of donor funds were expended and 31% of total funds.[31] A no-cost extension was given by the donor until Feb 2017 in order to expend remaining funds. Disbursements were done according to Plan's standardized procedures: activities were allocated to partners, workplans were created for these activities with all partners, a budget was then created based on these activities, and a contract signed with partners. Disbursements were done when 80% of the previous disbursement had been spent, and requests for disbursements were accompanied by activity and financial reports. These went first through the district level Plan office's financial team, and then to the UBR Coordinator for approval. Disbursements reportedly took not more than 1 week to process, which is efficient.

A baseline was conducted six months into the project; it should have been conducted earlier to inform the design earlier. Unfortunately, no endline survey was conducted due to budget constraints, which means that there is no possibility of making an objective comparison of changes in the program. This is an inefficient use of project resources.

Plan's stable staffing (in particular, the UBR Coordinator) has contributed to efficiency. Plan's internal financial and procurement procedures are in place and followed, so this also contributes to efficiency. For example, assets for partners were procured in a timely manner. Exchange of lessons learned between Sierra Leone and Liberia (April 2013), and modifications to activities due to this exchange, created efficiencies. One example was an alteration of a communications message to communities, adapting it to include information on the costs of registration.

There were a number of revisions of the M&E framework, and this was inefficient. For example, there was a framework in the original Phase 1 proposal (2012), and then a *Revision of the Results-*

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[31] According to Plan, this is low because there were exchange rate gains in Sierra Leone and some trainings on the ICT solution did not take place due to timing of the project close.

Based Management Framework document produced in Sept 2013. The HDF RBM Progress Report Nov 2013 says that the indicator *Knowledge level of communities on the importance of birth registration* was added during the Y1 interim review, during which more indicators were modified.

Reporting from partners required a lot of follow up and this was inefficient, and could have been rectified by more training to partners and/or a higher budget for district-level M&E. In this, Plan was constrained by its budget.

What have been the partner country contributions from local institutions and government (e.g. offices, experts, reports, materials, labour), target beneficiaries and other local parties?

A major constraint on the government side is the lack of public budget for birth registration at all levels. Complicating this is the new initiative creating a National Civil Registration Authority (NCRA), under the Ministry of Internal Affairs (as opposed to the Ministry of Health and Sanitation, which manages the National Births and Deaths Office and Registry), which also needs resources, especially with the upcoming general elections in 2018 and the need to register voters.

There have been no documented government financial contributions to the project. The government was supposed to contribute the land upon which to build a new dedicated NBDO, but the land was not allocated, and the HDF funds for the construction of the building were re-allocated. There have been many volunteer hours invested (an in-kind contribution). Government financial contribution can be attributed to salaries paid to Government Health workers, the District Health Management Team & National office of Births and Deaths staff. The UBR project provided incentives to volunteers for each birth registered, and also raised awareness about the true costs of birth registration via radio jingles, dramas, posters, and billboards. This may have lowered the incidence of requests for bribes.[32]

How efficient (responsive) was project management to changes in the environment in which the project operates?

Plan was responsive to these changes. For example, after the Ebola crisis, Plan found that people were afraid of the health centers. So it was necessary to change the messaging and outreach. Plan reached out to community leaders, such as imams and paramount chiefs, and used them to help re-create demand. The number of mobile registrations was increased in order to boost demand. Another example is the government's desire to incorporate birth and death registration into the CRVS registry. Plan changed its advocacy approach to ensure that births are incorporated into the CRVS processes. "[NCRA] hadn't even thought of birth registration [before Plan]." (UNICEF).

Starting with the final quarterly report of year 1, Plan SL has regularly reported on emerging issues and its response to these issues, showing **responsiveness** and understanding of arising opportunities and challenges. Some examples of actions taken with positive results include:
- Year 1, Quarter 3: It was decided to expand the scope of the ICT landscape to the policy including a legal and policy framework review, to identify the revisions needed to introduce digital birth registration while identifying key recommendations to develop a new framework.
- Year 1, Quarter 4: After feedback from awareness-raising sessions, Plan incorporated information on the cost of birth registration. This information was added into the session.
- Jan - June 2016 - During this period, Plan facilitated, in partnership with the Communication Department at the Ministry of Health and Sanitation, National Office of Births and Deaths,

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[32] Document in the UBR Program Baseline.

UNICEF, National Registration Secretariat, National Electoral Commission, a national two-day workshop to develop consistent messaging about birth registration to ensure that all partners were conveying the same messages to beneficiaries.

Communications and reporting between Plan Ireland and the Plan SL project were efficient. There were frequent interactions between the UBR Coordinator in SL and her counterpart in Plan Ireland (the Child Rights and Advocacy Officer). Reporting from SL was done on a monthly basis, with progress reports submitted to the donor on a quarterly basis.

How efficient is the co-operation among project partners and other key stakeholders in achieving project results?
The cooperation between Plan and government is excellent and efficient, as is the cooperation between Plan and UNICEF. Communications are good, each partner respects the others' opinions and inputs, agendas and minutes of meetings are created, and meetings are held on schedule. For example, at a meeting in Nov 2016 with Plan, UNICEF, and UNDP, it was agreed to set up a subcommittee "charged with the responsibility to ensure Births and Deaths are integrated into the National Civil Registration System. Technical issues identified will be looked into at the subcommittee level and recommended for approval by the CR Taskforce."[33] This committee has been meeting and making contributions.

The national UBR Task Force was the primary forum where birth registration is discussed between development partners. Plan was an active and constructive member of this forum, indeed, a leader. The UBR Task Force has been rolled into the National Civil Registration Task Force and new members incorporated. While not completely under Plan's control, Plan was a major mover of this Task Force, which met weekly. The **Task Force appeared to be an efficient mechanism** for ensuring that stakeholders were aware of each other's activities regarding civil registration issues. It has a full complement of relevant members who attend, and there are agendas and minutes.

Lessons learned from implementation
- Having established procedures for projects contributes to efficiency.
- Stable staff contributes to efficiency.
- Generating workplans in a participatory manner with partners contributes to efficiency.
- Stakeholder participation in a project as true partners, not as implementers of activities only, increases efficiencies.

Recommendations for efficiency
1. Better tracking of costs at the field level, and disaggregation of different types of registration activities, could be invaluable to future projects and to donors
   and practitioners who are planning projects.
2. Conduct baselines early in projects, and do an endline for comparative purposes.

4.3 Effectiveness

This section presents an analysis of the progress made against targets for activities and results for the project. Annex 6 compares targets with achievements for both the results level and the activities level (the activities level is summarized, as activities were numerous).[34]

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[33] Minutes of Meeting held with Births and Deaths Stakeholders 2016. Plan document.
[34] The results frameworks changed between Phase 1 and 2, and so their structures are not consistent. Also, a number of indicators at the Results level do not have targets nor are reported on in Plan activity reports. In such case, the evaluator gives an opinion based on interviews and anecdotal findings. See Annex 6 for details.

> **Conclusion on effectiveness of the project**
>
> The project has been effective in achieving the targets set for activities. A large number of activities in SO1 and SO2 have achieved or over-achieved targets. As to the results (output) level, results were more difficult to determine, as the M&E framework did not have targets or do measurements on many. Having said that, the evaluators feel that the presumptive intended results – raising awareness of the importance of birth registration, improving the capacity of the system to register children, improving the policy environment for addressing the need for birth registration, were substantially achieved. The ICT subcomponent is the area that saw the greatest challenges, due to weak government capacity in this area. The major factors that contributed to the success of the project are Plan's commitment to birth registration at international level, an enabling environment (national-level) capacity building component, buy-in from the government, and support (mostly in the advocacy realm) from UNICEF.

What was the progress made in achieving the results of the project at the activity and results (output) levels, compared with the projects M&E framework?

During Phase I the number of children registered amounted to 239,634 of the target of 320,000 (75%) children. During Phase 2 the project significantly overachieved with 263,205 children against its target of 47,700 with.[35]

For SO1 (building capacity at the local level), in Phase 2, **awareness-raising activities (Activities 1.1) mostly reached their targets**. These included consultative meetings with community leaders, radio talk shows and jingles, youth drama group presentations in schools, static registrations and so on. In Phase 1, these activities mostly exceeded their targets. In Phase 2, activities (Activities 1.2) that aimed to improve the birth registration system also reached targets except for the production of brochures, which was postponed. In Phase 1, these activities were mostly achieved, with the exception of equipping the National Births and Deaths Office in a new location. This did not occur due to the Ministry of Health's inability to fund the construction.

In Phase 2, **the ICT activities (Activities 1.3) to create a software application and a mobile app for birth registration data capture were partially achieved**. This is an area where there were significant challenges due to the government's weakness in understanding information technology. The development of software was started and was used by registrars and health staff to enter data and transmit to a central database. But efforts to expand this software were halted due to government concerns that it be part of an integrated CRVS platform. A mobile app has been developed, along with a manual, and the app is being tested in the Western District. In Phase 1, Activities 1.3 focused on improving registration systems through training local registrars and health staff. These targets were over-achieved; more people were trained than expected.

For SO2, **the enabling environment component**, the goal was to increase government buy-in and commitment for birth registration and to improve the system at the national level, including policymaking. This **was substantially achieved** due to Plan's advocacy on the UBR Task Force and its sharing of best practices and research on international solutions. There is government support for birth registration, and the government is interested in pursuing a digital birth registration system in the context of CVRS. The challenge is that the government is unwilling or unable to commit resources to support this. These (digitization and mobile app) have the potential to have a large impact on the numbers of children registered, but their future is uncertain given the end of the project and lack of government resources for implementation. Targets for Phase 2 Activities 2.1 (Advocacy at the national level through the Task Force) were over-achieved and Plan's influence on the decisions taken by this task force are visible. In Phase 1, these activities centred on the

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[35] Plan reports that there are an additional 200,000 children registered in Phase 2, which would make the target significantly over-achieved. The evaluation team could not confirm this number.

establishment of the UBR TF, along with a strategy/action plan, and this was achieved. Activities 2.2 (Phase 1 only) provided an analysis of the feasibility and potential of a digitized birth registration system as well as training health staff in the use of the software.

Results were more difficult to determine, as the M&E framework did not have targets or do measurements on many (e.g. improvements in awareness or knowledge of birth registration at the community level). There was **some confusion in the M&E framework and in Plan activity reports** as to the difference between results and activities. Plan should make more effort to capture this data, and to present it in progress reports in comparison to targets, in addition to reporting on activities.

What were the success factors or challenges?

The factors that led to the achievement of activities and results were:
- Plan International's commitment to birth registration
- Participatory design and planning of the program – as discussed in the section on Relevance
- Buy-in from community leaders – also discussed under Relevance; this support is still visible
- Use of subsidies for volunteers for registration – subsidies provided motivation for volunteers, some of whom, before the project, would solicit bribes from registrants
- Support for Plan's program by UNICEF and the Ministries of Health and Sanitation and Internal Affairs
- Inclusion of an enabling environment component – to address national level system weaknesses
- Some financial support from UNICEF – who provided birth certificate forms
- Limited financial support from other donors/projects – in other words, there was no "competition" for the government's attention from other activities, until the Ebola crisis hit

Issues that presented **challenges** to the project were:
- The Ebola crisis, which was without a doubt **the largest negative factor** affecting the accomplishments of the program (see for an elaboration section 4.4 Impact).
- Lack of matching funds from government or other donors
- Availability of accurate baseline data
- Rotation of government staff (loss of capacity)
- Weak government capacity in technology
- Unpaid volunteer registrars (limited capacity, subsidies needed)
- Transport costs for parents/caregivers (reduce demand)
- Beneficiaries don't know birth dates or surnames of children
- Remoteness of some communities
- Inadequate resources and assets of government and communities
- Weak M&E framework and implementation
- Small budget in comparison to the extent of the problem
- The upcoming national elections

How effective were efforts in capacity building of the partners and other local project stakeholders?

Overall, the project has been effective in building the capacity of partners and stakeholders, with clear demonstration of increase in knowledge and skills and appreciation by beneficiaries of the quality of training; however, in general, no systematic measurement of training effectiveness was undertaken and training often was only one-off. Training focused on filling out the forms correctly and data entry into computers, as well as general awareness-building on the importance of birth registration. Based on interviews and observations conducted during the evaluation field work,

government health unit staff and volunteer registrars noted that their capacity to fill out birth registration and birth certificate forms had improved greatly, and those staff in charge of entering the data into a computerized software also indicated that the training had been effective.

Table 9: Effectiveness of capacity building training provided

Capacity building exercise	Result	Constraint / Room for Improvement
Group training of birth registrars and local health staff on birth registration processes	Participants appreciated the quality of the trainings and have indicated they still use what they have learned in these trainings. Potential unintended benefit – Staff who received training and then rotate to new districts may be using their knowledge there (could not be verified but seems likely)	Due to literacy level of volunteers, constant re-training is needed Inadequate budget for this (out of Plan's control) No systematic impact assessment of training was undertaken; however, spot-checks were done in monitoring visits and re-training provided at that time Subsidies to volunteers are ending with the end of the project and this may impact quality of data entry
Training to NOBD staff and district health staff in birth registration procedures. Data capture, on how to conduct sensitization in communities, and refresher training after Ebola		Due to rotation of staff, constant re-training is needed More staff reportedly need training; other districts' staff need training but project budget did not allow
Computer training	Participants learned and applied their knowledge of the Birth Registration software program and are currently using it	Due to rotation of staff, constant re-training is needed
DHMTs were trained on the reporting/monitoring tools and templates	These staff learned to use the templates and reports were prepared in these formats	Due to weak capacity, significant follow up on reports was needed by Plan staff

While the evaluation methodology did not allow a comparison of Plan districts to others, UNICEF, which is working in other districts, saw a notable difference in quality of data entry in birth registration between Plan districts and other districts.

To what extent was there local ownership of the project?
"Even before the start of this project, [Plan] engaged local leaders." – Government

The project was implemented with strong ownership of the Ministry of Health and Sanitation, and through the efforts of the UBR Task Force, other government entities bought in as well. The MoHS was involved from the beginning, and indeed was part of the design of the project. The NBDO and DHMTs were fully committed and implemented the project according to workplans. Volunteers (youth drama groups, PHU registrars) and community leaders were also fully supportive. At the national level, the MoHS was fully engaged in the UBR Task Force activities. It was and remains strongly committed to the goals of the project.

> **Lessons learned from implementation**
> - Government buy-in was critical to the success, and building that buy-in through the national level activities contributed greatly to this.

- Community volunteers are key to the success of birth registration, but may need subsidies for quality control of data entry.
- Messaging is crucial, and needs to be adapted. To adapt, feedback from community leaders is important.
- Technological solutions can be challenging in poor countries with limited capacity. Re-training and reinforcement should be ongoing.
- Schools are important venues for birth registration activities.
- Financial contributions from poor governments are challenging to acquire since their needs are great.
- Task Forces at a governmental level require significant effort but can have significant pay-offs in policy and structural change.

Recommendations for effectiveness
1. Improve the measurement of results (outputs level).
2. Ensure enough time and capacity building for technological components.

4.4 Impact

"It gives children their nationality." – Government health staff

This section assesses the positive and negative changes produced by the project, directly or indirectly, intended or unintended. It also attempts to analyse negative and positive external factors.

Note: Since its introduction in 2012, decentralised birth registration has effectively only been implemented for three years, taking into account the interruption during the Ebola crisis. An assessment of long term impact so shortly after the ending of this project should therefore be considered with caution. Furthermore, the scope and time available for this evaluation only allows for reporting on anecdotal evidence obtained through reports and interviews with key informants and caregivers.

Conclusion on the impact of the project
The project has made a significant contribution to the awareness of the importance of birth registration in the targeted districts and at the national government level. It has also contributed greatly to the operationalisation of the processes of birth registration in the government health system in the target districts and at a central government level. This has led to an increase in birth registration rates in the target districts in Sierra Leone. These impacts would not have occurred without the project. While the Ebola outbreak affected the momentum gained during the first two years of implementation, the project was able to scale up afterwards and have additional impact. Interest of relevant government agencies involved in birth registration continues to be high.

What are the most significant changes that occurred, and to what extent can they be attributed to the project?

The most significant change due to the project is the increase in birth registration. The Final Report Phase 1 April 2012 – May 2014 indicates that 239,634 children were registered in Phase 1. In Phase 2, the health unit-, mobile- and school-registrations amounted to 263,205 while in addition dozens were also registered in the Plan supported districts Kailahun, Port Loko and Western Area during the polio campaign of 10 – 13 July 2015. This totals over 502,839 children who now have the protection of a birth certificate and birth registration. All children registered through mobile registration in the target districts can be fully attributed to the UBR project, since these would not have occurred otherwise. The project also made a critical contribution to the number of children registered through

static units, due to increases in capacity and provision of assets at local health units. The project in Phase 1 also re-established birth records for children whose records had been lost.

A second major change has been the increase in community and government knowledge and awareness of the importance of birth registration, especially in the context of children's rights. The messaging was clearly effective – in interviews and focus groups, people could list the reasons why birth registration was important. Reasons included travel, employment, school registration, avoiding child marriages, tracking children, protection of children, and rights of children. In the baseline, lack of awareness of the value of a birth certification was found; this appears to have changed due to the project (but no endline survey was done). Even schools have begun asking students for birth certificates upon enrolment (but not excluding them if they lack one).

A third significant change is Plan's contribution to an improved birth registration system at the national level. While it cannot be established how the county-level birth registration structure would have evolved without Plan Sierra Leone's support (i.e. counterfactual), there do not seem to have been other donors involved, and the government did not have the means nor interest in doing so. Therefore, the project has undoubtedly contributed to the establishment of the decentralised registration system. This change includes an increase in capacity of government health workers and volunteers (in importance of, promotion of, and process of birth registration), better assets for promoting and monitoring birth registration, better quality of data once collected, better storage of data (central database), better coordination of national level entities and processes for birth registration (inclusion in national strategy papers). A number of national level government agencies are now involved in birth registration, eg the Ministry of Education, Internal Affairs, and Justice.

What positive/negative changes, intended/un-intended, has the project produced on the target group during the life of the project?

Rigorous documentation on changes in people's life is not yet available nor could it be established within the scope and timing of this evaluation. Furthermore, the evaluation took place immediately at the end of the project, making it too soon to make such assessment. Nevertheless, interviews conducted for the evaluation repeatedly indicated the potential long term impact of the birth registration on prevention of child marriage and correct treatment of a juvenile offender as minor, among other things. Furthermore, on several occasions birth registration was said to be used to ensure that a child is named after the rightful/biological father and not the *de facto* male caregiver (grandfather or brother).[36]

What external factors have facilitated/constrained the project?

The Ebola outbreak has been the largest external constraint for the project. The project was forced to stop after two successful years, during which a momentum had built up in implementing the project. N**o registration took place during the Ebola outbreak**, and a post-Ebola assessment was requested before Phase 2, requiring time and monetary investment that otherwise would not have been required. **Additional donor funding** that might have constituted match funding was diverted to the Ebola crisis. **People's fear of health centres** due to Ebola had to be overcome in Phase 2; this necessitated a change in messaging and continued involvement and activism from community leaders. Moreover, a significant number of government staff lost their lives due to Ebola and others had not been working on birth registration for more than one year so r**efresher trainings had to be done** that may not have been needed without the virus outbreak. Government partners indicate that the health sector as a whole is still very much pre-occupied with the recovery of the Ebola crisis,

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[36] This is particularly relevant in cases where the biological father does not want to assume his parental responsibilities.

diverting attention and perhaps funding that otherwise may have been allocated to birth registration.

Regarding the national elections to be held in 2018, this has started to divert attention from birth registration to voter registration. Plan's UBR Coordinator has made every effort to ensure that birth registration remains on the radar of the government while they plan their CRVS system. The government has embarked on a unified CRVS system, and every government department and agencies that have already developed a software system will be integrated into the national system. Other external factors, in order of importance from the perspective of the evaluators, are the following:
- Inadequate resources and assets of government and communities
- Weak government capacity in technology
- Rotation of government staff (loss of capacity)
- Remoteness of some communities
- Transport costs for parents/caregivers (reduce demand)
- Beneficiaries don't know birth dates or surnames of children

Has the project produced any un-intended or unexpected impacts, and if so, how have these affected the project objectives?

The most important unexpected impact of the project has been the high demand for birth registration, with both positive and negative consequences.

Table 10: Unexpected High Demand had Positive and Negative Consequences

Positive:	Negative:
Far more people than expected have attended the mobile registrations and even health facilities to register their children. The interest to register children at schools has been unexpectedly positive.	The high demand stretched the capacity of volunteer registrars when many people came to mass registrations, leading to delays of delivery of birth certificates (the mass registrations often went on for several days).
School staff are now aware that they should ask for students' birth certificates upon enrolment; this is the law (however, there were no incidences of students being denied schooling due to lack of birth certificates).	Due to budget constraints, only a limited number of mass registrations were conducted.

To what extent has the project contributed to broader economic and social development? To what extent has the project made a difference in terms of cross-cutting issues like gender equality, environment, good governance and conflict prevention?

It is too soon to assess the project's impact on economic and social development in general, or any cross-cutting issues.

Lessons learned from implementation
- Involving health and education sectors has a great potential to further increase demand for birth registration, provided the supply side manages to timely process the registrations.
- Awareness-raising about birth registration should be ongoing.

Recommendations for impact
1. Investigate the impact birth registration has had on preventing child marriage, the treatment of children in conflict with the law and/or other social development issues

4.5 Sustainability

"We are praying for more money." – Government partner
"Our dream is to digitize everything." – Government partner
"There are districts that are begging for this [project]." – Health unit staff
"When the project ends, the monitoring will probably end." – Health unit staff

This last section discusses the sustainability of the results of the project.

> **Conclusion on the sustainability of the project**
> The project interventions are not sustainable as implemented, primarily due to lack of Government funding and lack of other donor support. Nevertheless, the project has made important structural contributions to the birth registration system, in terms of organisational structure and the data capturing of the system.

To what extent did government and donor policy support the project positively or adversely?

As indicated under Relevance, the project was implemented with close coordination between government and donors through the Task Force. The results of the project are fully embraced by the government, and it will continue implementing the birth registration system to which this project contributed to the extent possible with its limited resources.

Were the activities in the project able to create stakeholder buy-in, and did it contribute to sustainability? Has institutional capacity of the Government and counterpart institutions improved to such an extent as to ensure sustainability of the outcomes? To what extent have changes in internal capacity (leadership, number and quality of staff, system, etc.) of local institutions supported by the project, contributed to sustainability of the outcomes?

As discussed under Effectiveness, the project has been implemented with strong government buy-in and with sincere dedication from a number of government agencies, in particular the Ministry of Health and Sanitation. However, public fund allocation remains insufficient. The commitment to birth registration by the Government is stronger than at the beginning of the project and progress was made in incorporating birth registration into national policies and plans, and in particular into the recent initiatives on the national civil registration and vital statistics system. But the system is still weak and underfunded. Hampered by attention to recovery from Ebola, much of the work at the community level is done by volunteers. Significant rotation of government staff and volunteers hampers the sustainability of the system as well.

Government health staff indicated that they will keep doing static registration at the community health points. At this level, sustainability will be affected by lack of budget for birth registration and birth certificate forms, and by rotation of staff and volunteers, which will reduce the promotion of birth registration and the quality of data entry over time.

Community awareness will be reduced over time, since the radio programs are no longer occurring. The three billboards that were put up have deteriorated and can no longer be read. Some of the vehicles, computers, megaphones, and other assets provided by the project have stopped working and cannot be repaired due to lack of government or donor funding.

The fee schedule for birth registration may change now that the project has ended. During the project, Plan succeeded in lobbying for free birth registration for children between 0 - 5 years in Western Area and 0 - 18 years in Port Loko and Kailahun Districts. The evaluation team could not

verify if this will continue, and/or how the CRVS registration campaign will affect these fees. If fees increase, this will lower demand.

Plan Sierra Leone is keeping the UBR Coordinator and UBR is in their CSP, according to Plan, which will save the institutional memory of the project, and contribute to a faster start up if additional funding is found. The fate of the mobile app is up in the air.

It seems clear that the presence of UNICEF and MoHS on the CRVS Steering Committee will help keep the committee focused on birth registration.

To what extent has the project respected local norms? What have been the results in terms of sustainable change in social behaviour?

Was the budget adequate for its purpose, and what is the financial sustainability of the project? Is birth registration currently (and after the project ends) priced in a way that is affordable to families?

The budget needed to be larger, but even so was effectively used. More training could have occurred, more mass registrations conducted, and of course, more districts could have been included, if the budget had been larger.

One bottleneck to parents/caregivers before the project was affordability. During the project, since the service was free, the bottlenecks were the cost of transport and the remoteness of communities. The Government does not have the funding to continue the mobile registration campaigns or the awareness-raising activities that support them.

Little progress has been made on finding alternative funding to sustain the interventions introduced by the project. International donors are focused on the national CRVS system. UNICEF is financing similar activities in Sierra Leone but to a limited extent due to limited funding.

> **Recommendations for sustainability**
> 1. Approach embassies in country, businesses, and other entities for funding.
> 2. Launch a social media campaign in country or internationally (gofundme, kickstarter).
> 3. Contribute advocacy at the international level (see SO3) and fundraising for birth registration.
> 4. Plan SL (and Plan Liberia) can incorporate (and are incorporating to some extent) the element of birth registration into other activities that they undertake. In SL, Plan has reportedly incorporated birth registration into its girls' education program.
> 5. Plan SL and Liberia can incorporate to a greater extent the element of birth registration into their own internal policies, for example, into their Child Protection briefing to new staff and consultants.

V.   Global UBR Project Performance - Strategic Objective 3

This section analyses Strategic Objective 3 (SO3): *To increase awareness and knowledge on birth and civil registration among selected governments and within the Plan family.* This analysis takes the DAC evaluation approach by looking at relevance, effectiveness, efficiency, impact, and sustainability.

Planned activities under this component were:

Phase 1:
- Publication of Comparative Country Research on UBR

- Dissemination of research findings and political lobbying at the international level
- Develop ICT channels for the purpose of awareness raising (an integrated web and mobile phone application)
- Internal (to Plan) sharing and learning on UBR (collect and analyse best practices and lessons learned at the country level, share this learning in a variety of fora, create/strengthen internal mechanisms for sharing UBR information, develop toolkits and guidance notes)
- External sharing and learning

Phase 2:
- Technical support and capacity building to selected governments in Asia and Africa on CRVS
- Cross-country visit (SL and Liberia)
- Production and dissemination in Ireland and at the global level of a best practice video

5.1 Relevance

"Plan adds value to our work: its expertise and approach within child rights as it is a legal and protection issue." – UNICEF Sierra Leone

Conclusion on relevance
The project design and activities were and still are relevant to the international context and to Plan International at the beginning of the project. The design of the global component centered on building Plan's capacity to support birth registration programs and initiatives in Plan's country offices and building donors' and governments' support for birth registration. UNICEF notes that 230 million children are unregistered globally (Oct 2016), indicating that the program is still relevant.[37] Birth registration is a key component of Plan's Global Strategy, and the global component supports that. The global component also supports Plan's efforts to increase digital birth registration in the context of CRVS initiatives globally.

In Plan's Global Strategy (2015 - 2020), it is stated under Focus Area 2: Families Providing Care and Protection, that "Plan International will help children to thrive in their families by supporting wider Plan International programs to help families access birth registration services with the aim of ensuring that young children are able to access protection, education and health services (among others)." [38]

As a top priority for Plan, the UBR program builds on Plan's earlier experience in various African and Asian countries. For several years Plan International has been undertaking a global campaign on birth registration and lessons from this campaign are consistent with the logic model and interventions of the project (political will necessary, working with communities on awareness, conducting relevant research).

Plan works closely with UNICEF and other international actors to promote UBR. Plan has been working with UNICEF since 1998, beginning with The Unregistered Children Project (UCP). Plan organized the Asia Civil Registrars General Convention on Birth Registration in Bangkok, Thailand. This meeting was the catalyst for Plan's collaboration with UNICEF on the issue of birth registration. The process culminated with a National Workshop for all stakeholders in each of the eight countries, co-hosted by Plan, the Civil Registry and UNICEF.[39]

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[37] https://www.unicef.org/protection/57929_58010.html
[38] Protection from violence is every child's right. Plan International's Global Strategy for Child Protection Programming2015 –2020 https://plan-international.org/publications/global-strategy-child-protection-programming-2015%E2%80%932020
[39] UBR: A Universal Responsibility. (February 2005) Plan International.

UBR remains relevant in many countries. UNICEF's database on UBR indicates that, worldwide, 71% of children under 5 years are registered, while in least developed countries, only 45% are registered.[40] It is enshrined in the UN Convention on the Rights of the Child (ratified 20 November 1989) Article 7 states "1. The child shall be registered immediately after birth…"

5.2   Efficiency

> **Conclusion on efficiency**
> In the judgement of the evaluation team, the global component was efficiently implemented. The funds contributed to a large variety of activities, and the overall program helped leverage additional funding, although not the matches that were expected or budgeted. Plan was responsive to changes in the environment and adapted its activities accordingly. There was some inefficiency, mostly outside of Plan control. One area that Plan could control better is rotation of staff, which results in loss of institutional memory.

It is not possible to determine the efficiency or cost-effectiveness against international or otherwise comparable standards, as these are not available. A look at the HDF expenditures and Plan matches for this global component shows:

Table 11: Global Component Expenditures and Matches

Phase	HDF funds expended USD	Match funds expended USD	Total funds expended	% Match of total expended
Phase 1	175,971	240,914	416,885	58%
Phase 2	78,443	172,000	250,443	69%
Total	**254,414**	**412,914**	**667,328**	**62%**

The table above shows that HDF's funds were increased by 37% in Phase 1 and 119% in Phase with Plan funding. This is an indicator of the importance of the program to Plan.

In Phase 1, funds (including match) were spent on the following activities[41]:
- Plan New York Liaison Office Head of Office (10%)
- Plan Geneva Representative (10%)
- International Headquarters Global Advocacy Officer (10%)
- International Headquarters Staff
- International Headquarters staff travel (international flights)
- International Headquarters staff travel (European)
- International Headquarters staff travel (per diems)
- Comparative research on UBR
- Communication material

In Phase 2, funds were spent on the following activities:
- Plan IH Advocacy and Communication Officer
- UBR Advocacy Manager 50%
- DBR Project Manager 20%
- Grant/Financial officer 15%

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[40] UNICEF Birth Registration Database. May 2016. Available at: http://data.unicef.org/topic/child-protection/birth-registration/
[41] HDF Financial Report Phase 1 Final.xls

- Geneva/NY liaison Officers 15%
- International Headquarters staff travel (international flights)
- Dissemination of final comparative report
- Technical support & Capacity building at global level
- Production of advocacy and communication material
- Global Reference Group

Given the activities that Plan International engaged in (see next section: Effectiveness, Results Table SO3), it seems that there was good use of the funds and that a significant number of activities occurred and staff supported with these funds. The program apparently helped Plan leverage other donor funds for BR activities (these were not matches), such as African Development Bank funding for the [Guidebook on CRVS Digitisation for Africa](#).

Plan IHO and Plan Ireland were responsive to changes in the environment in which the project operated. The activities were adjusted to the realities on the ground (e.g. through the Plan CO assessments and themes of conferences and workshops) and the demand (e.g. the feedback from a COMBI workshop that proposed that each department would develop its own COMBI plans in relation to specific behavioural outcomes linked to parent).[42]

Interviews indicate a few areas of inefficiency that may have been unavoidable. There were a significant amount of budgetary reallocations and shifts due to underspending in certain areas, because donor matches did not materialize, probably due to the reallocation to the Ebola crisis response. Financial reporting in Phase 2 was problematic due to (1) the transition of Plan's accounting software to SAP Finance Accounting software, which required a high level of staff training and support, and (2) critical staff turnovers in Plan IH, INO and the COs which adversely affected institutional memory and resulted in reporting problems. This required an intense level of remedial action and time investment by both Plan INO and HDF in Phase 2.

5.3   Effectiveness

Conclusion on effectiveness

Although difficult to quantify, in the judgement of the evaluators, Plan's implementation of the global component was effective in building Plan's internal capacity to promote and implement birth registration initiatives and programs in its country offices. In particular, the capacity in digitizing birth registration has significantly improved during this program lifetime. The global component was also effective in contributing to knowledge, best practice, and better advocacy in the international realm. Plan developed or strengthened collaborations with governments, donors, NGOs, and telcoms. Plan created a number of best practice materials for practitioners, including child-friendly posters, comparative research on 4 countries, a methodology for assessing governments' and Plan CO capacity for implementing birth registration programs, a video, and other materials. Plan is a recognized leader in birth registration in the context of child rights and child protection, as well as in integrating it digitally with CRVS systems.

Under the global component SO3, Plan was able to increase investment in birth registration, increase birth registration awareness and knowledge and stimulating other international agencies (including Plan programs itself) to embed birth registration in policies and programs (See Table 12):

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[42] Plan Interim Report 1st January 2016 to 30th June 2016

Table 12: Global Component Results Overview:		
Phase 1, SO3 To raise awareness and knowledge-base on BR and to promote the inclusion of UBR in policies and practices of key international stakeholders, including Plan International		
Results Indicator	**Target Phase 1**	
Increased investment (financial, human resources, research) in birth registration in Plan	See "results"	
Number of countries that state official commitment to Universal Birth Registration		
Phase 2, SO3 Increased awareness of BR in Plan family		
Results Indicator	**Target Phase 2**	
To increase awareness and knowledge on birth and civil registration among selected governments and within the Plan's family	See "results"	
Phase 1, Results 3.1 Information and knowledge on birth registration is available and shared globally to harness political will for UBR		
Results Indicator	**Target Phase 1**	**Achieved Phase 1**
Increased knowledge base on birth registration among Plan staff	By 2014: • Increased knowledge around UBR internal/external context of UBR Focal points • Increased knowledge around the new UBR framework and pillar • Increased knowledge on the DBR approach	Published *Birth Registration and Children's Rights: A Complex Story* Various tools on UBR produced, including an animated video
Number of partners actively engaging with the research process	No target	A number of international partners are reportedly actively engaged
Increased investment (financial, human resources, research) in birth registration by countries targeted by the research	At least 3 countries to be targeted by the research by 2013	4 countries were involved in the research
Phase 2, Results 3.1 Governments representatives in Asia and Pacific as well as in Africa have increased knowledge on CRVS strategic communication (COMBI methodology) and IT for CRVS		
Results Indicator	**Target Phase 2**	**Achieved Phase 2**
Number of selected Asian and Pacific government that include the COMBI methodology in their plans for CRVS Number of selected African governments that include ICT in their national plans for CRVS	No targets	Training on CRVS strategic communications as part of the first official meeting of the national CRVS focal points from Asia and the Pacific, in Bangkok, December 2015 Plan International's CRVS online guidebook launched at the 2015 African Symposium for Statistical Development COMBI training and plan for Plan staff 2015 Plan participated in the Sub-regional Asian workshop on applying principles and recommendations for implementing the Regional Action Framework for strengthening CRVS 2015

Phase 1, Results 3.2 Birth Registration is embedded into policies, strategies and program work of international agencies, including Plan International		
Results Indicator	Target Phase 1	Achieved Phase 1
Number of Plan COs that have developed programs on birth registration	• An increase in COs focusing on UBR programs by 2016 • 3 COs to implement DBR program by 2016 • 3 COs to implement COMBI by 2016	UBR intranet established UBR Global Reference Group established and operational (2 meetings) Large number of advocacy and networking initiatives carried out (partial attribution)(e.g. inter-ministerial meetings on civil registration in both Asia and Africa, indicating acknowledgeable of Plan's capacity in UBR Reported improvement in knowledge of participants at 2 Plan UBR/DBR workshops (Paris and Bangkok)
Number of COs that have mainstreamed UBR within their CSPs	All COs to integrated UBR into their CSPs by 2017	
Number of partnerships between Plan and other global stakeholders	2 more global partnerships by April 2014	
Phase 2, Results 3.2 Best practices and lessons learned are collected and documented to influence further programming on UBR/CRVS		
Results Indicator	Target Phase 2	Achieved Phase 2
1. Evidence of reciprocal influence from Liberia and Sierra Leone program intervention is incorporated in future plans and program on birth registration 2. Best practices of the program are incorporated within Plan international policies and programmatic work	No targets	Unknown; not measurable by the evaluation

The evaluation team concludes, based on mostly anecdotal evidence, as well as the existence of the materials produced, that Plan has made good progress on SO3.

The HDF grant helped support Plan's efforts in digital solutions to birth registration. Plan is engaged in digital birth registration programs in Pakistan, Bangladesh, Indonesia, and Vietnam. The Head of Birth Registration Innovation gave workshops and presentations on digital birth registration in the context of CRVS at a variety of venues during the lifetime of the program. He was also supporting the technology component of birth registration in Sierra Leone. Plan is a member of the Regional Steering Group for CRVS in Asia and the Pacific which provides guidance and oversight to CRVS in region.[43] The HDF funding helped leverage other funding in support of these activities which led to further BR/CRVS activities. The interest of a number of governments in digital CRVS is increasing.

The HDF grant helped position Plan International as leader in birth registration, and to work on both internal (to Plan) and external advocacy around BR. The 4-country research supported the linkage of birth registration with child protection, from which Plan was able to lobby governments and donors for support for birth registration. The internal advocacy led to Plan's assessment of 23 of its country programs on birth registration applicability, which led to successful funding applications for the digital birth registration programs in Kenya, Pakistan, and Laos. In addition to the research, the HDF funding supported the development of tools about BR, fundraising kits, materials for ministerial meetings, and child-friendly birth registration materials.

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[43] http://getinthepicture.org/event/second-meeting-regional-steering-group-civil-registration-and-vital-statistics-asia-and

One challenge was rotation of staff at the international level; a number of staff who were knowledgeable of and supporting birth registration activities left during the life of the project.

However, the evaluation team notes that there are many M&E difficulties – targets don't match the indicators or there are no targets, there are no mechanisms for measuring the targets, the results (as opposed to the activities) were not reported in the Plan Activity Reports, the RBMFs changed during the project life, etc. Further, the evaluation methodology did not allow investigation of some of the indicators, for example, the number of Plan COs that have developed programs on birth registration, the number of partnerships between Plan and other global stakeholders, and number of selected Asian and Pacific government that include the COMBI methodology in their plans for CRVS. Plan would be advised, in the future, to establish a monitoring mechanism for these accomplishments, from which the evaluation team could do some random sampling.

5.4   Impact

> **Conclusions on impact**
> Impact is difficult to quantify given the evaluation scope and the fact that the program is just ending. Impact usually occurs in the long term. Despite these caveats, the project generated important changes that can lead to significant impact:
> * New best practice materials, tools, and research developed under SO3
> * Greater influence of Plan on international practice of birth registration
> * Better and more collaboration with international actors in birth registration
> * More birth registration programs and better capacity in Plan COs
> * Better strategy and understanding of digital BR and CRVS by international actors
> * Ongoing commitment of Plan, and appropriate institutional changes, to support birth registration

The evaluation team interviewed several Plan employees or former employees, but was not able to interview anyone outside of Plan, to determine impact of the global component, which states: *To increase awareness and knowledge on birth and civil registration among selected governments and within the Plan family.*

Anecdotal evidence points to the following significant changes that occurred as a result of activities under the global component SO3:
* Research on birth registration across 4 countries, which addresses the lack of empirical research on the effects of birth registration, and if and how it benefits children in practice – this research has been disseminated at the international level in workshops, meetings, conferences, and on the Plan website. It may have had an impact on government and donor decision-making, but this could not be confirmed.
* Support of the goals of the Count Every Child campaign, a 10-year initiative to register children globally, which has helped register more than 40 million children[44] - through this initiative, 10 governments have reportedly changed their laws and policies to ensure that children are registered, and awareness about birth registration in the context of child protection has reportedly increased.
* Positioning and influence with the donor and NGO communities - The UBR program helped position Plan as an international leader in UBR and built its credibility in this realm, allowing it to have more influence. Plan has strengthened its relationship with a number of UN agencies, including UNICEF, UNHCR, UNFPA, UNSD and WHO, and is frequently mentioned in their publications on BR. Plan Ireland was awarded the accolade for the most 'Innovative

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[44] https://plan-international.org/10-years-counting-every-child#

Programme of the Year' prize at the Dochas (Irish Association of Non-Governmental Development Organisations) Annual Conference in May 2015 for its 'Promoting Birth Registration for Children's Development and Protection' programme in the 2 COs. Direct involvement by Plan in the negotiations on the first UN Human Rights Council on Birth Registration. As a result of its advocacy efforts, 9 out of 16 submissions made by Plan were incorporated into the new resolution which worked to strengthen the level of protection afforded to children.

- Positioning and influence with inter-governmental structures, such as inter-ministerial meeting on civil registration, the UN Working Group on Birth Registration, and the UN Economic and Social Commission for Africa and the Pacific and the UN Economic Commission for Africa.
- Development of a strategic approach and a methodology to digitizing birth registration – Starting with an assessment of international practices in digital birth registration, this included linkages with telecommunication companies and mobile operators, including Orange, Microsoft, CISCO, and Nokia, building the case for digital birth registration, and integrated birth registration with CRVS. The methodology for developing a digital birth registration program includes the technology itself (software, apps), an assessment of processes, a behavioral change component, and M&E.
- Leveraged the rollout of digital registration programs – in Pakistan, Indonesia, Viet Nam
- Support for digital registration programs in the 2 target countries – Sierra Leone and Liberia thru technical assistance visits.
- Creation and dissemination of materials on birth registration – videos, communication fundraising kits, guidelines for donors, a guidebook for governments on how to digitize CRVS processes, and other materials, including child-friendly materials, have been produced and disseminated.
- Internal changes to Plan to support birth registration – assessed 23 countries' environments for birth registration reform, and built commitment and capacity at the country level for BR initiatives. Development of a dedicated UBR intranet site on PlaNet
- A UBR dedicated internet site was developed and uploaded, and open for UBR focal point and Plan staff in year 1 of the UBR Programme. There are reportedly now links to key UBR documents, pages and tools on UBR. Establishment of, and support to a UBR Global Reference Group which was established and has met on two occasions during Phase 1. Members of this group include Plan staff members from country and national offices, a representative from each of Plan's Regional Office and key staff members from Plan International, including the Count Every Child Advocacy Manager, the Plan UN representative in Geneva, the Digital Birth Registration Project Manager and the Policy Manager.
- Leveraged additional funding from other donors for birth registration, in addition to Plan's internal contributions (matches).
- Building capacity and credibility of the birth registration projects, both UBR project coordinators presented at several international conferences, which was very empowering.

5.5   Sustainability

> **Conclusion on sustainability**
> Sustainability of the global component is good, to the extent that Plan can retain the staff with institutional knowledge of birth registration at regional and headquarter level. Tools and materials will continue to be disseminated. Partnerships can be sustained with Plan commitment, as can awareness. The digital component is sustainable through Plan International funding.

The tools and materials that were produced by Plan (videos, guidance documents, etc.) under this program contribute to the sustainability of the work. The awareness-raising activities (e.g. advocacy at international conferences) do as well. The partnerships that Plan engaged in with various international actors (e.g. UNHCR, UNICEF) and the results of the initiatives that they jointly engaged in, would seem to contribute to the sustainability of awareness of the importance of birth registration. The digital birth registration initiative is ongoing and supported by Plan International funding.

Two concerns of note should be mentioned: one is the rotation of Plan staff. This was not quantified, but it seemed from anecdotal evidence that many staff who supported the goals of the UBR program at the regional and global level have left. Secondly, there is reportedly a lack of donor funding in general for birth registration. This will hamper sustainability of results.

Recommendations for a Global Component in Future UBR Projects

> **Recommendations for a global component in future UBR projects**
> 1. Produce a comprehensive Theory of Change for the global component, with SMART indicators and realistic and measureable targets.
> 2. Do a baseline.
> 3. Develop a monitoring mechanism for measuring global indicator results (not just activities), from which an evaluation team could do some random sampling.
> 4. Report on the RBMF in the progress reports, by each Results Indicator.
> 5. Ensure that staff rotation does not hamper transfer of knowledge and commitment to birth registration among Plan staff.
> 6. Continue advocacy at the international level and fundraising for birth registration.

VI.   Risks and Mitigation

How effective was risk management and mitigation? Were risks correctly assessed in the design phase?

Both the proposals for Phase 1 and Phase 2 include a comprehensive risk analysis with proposed mitigation measures. Most of these mitigation measures mentioned in the proposals have also been included in the project activities and therefore addressed during the implementation.

Overall, the biggest risk for the country programs was inability of Plan to source additional funding for the program, either from other donors or from government partners. This was categorized as high risk, and in fact did occur. If the Ebola crisis had not occurred, it is possible that Plan would have been more successful with fundraising. Other identified risks either did not occur (example: political instability and violence in Sierra Leone), or occurred but were mitigated (example: weak coordination between local and national entities, mitigated by working in close collaboration, pressure and lobbying, and clear feedback).

An additional risk, not identified nor mitigated, was the problem of assessing program results and impact, due to a weak M&E framework.

At the global level, one risk that may have occurred is "Decline of UBR in Plan International's list of priorities." There is some evidence that this has occurred, primarily when looking at staff rotation and loss of UBR technical staff, but the evaluation methodology could not verify this completely.

In Liberia, three major risks that emerged from Phase 1 have not been addressed in the design or implementation of Phase 2:

1. The lack of Government capacity to process birth registration and issue birth certificates to meet the demand created by the successful awareness interventions ("The Implementing Partners wanted to impress Plan by even doing more" – Government partner). The evaluation found that this has left many caregivers discouraged, and may affect their willingness to register their children in the future.

2. The demotivation of the Government staff, who receive an incentive, after completion of the project. Data processing staff and community mobilisers have indicated the incentive package clearly boosted their motivation, especially those who are not yet on Government payroll.

3. The insufficient acceptance of health staff at the county level that birth registration is part of their package of services. They are not proactively accommodating the increase in demand for birth registration, affecting motivation of caregivers to engage in the process.

Therefore, building enough capacity and the right attitude at the supply side of the system should have received more attention.

In Sierra Leone, the greatest risk is the change of focus from birth registration to voter registration. The UBR Coordinator and UNICEF Child Protection have jointly coordinated to mitigate this by lobbying and advocating in the Civil Registration Steering Committee meetings and other venues. UNICEF will be alone in this endeavour once the UBR Coordinator's position is eliminated.

Recommendations on Risks and Mitigation
1. Ensure that the M&E framework is adequate to measure the results and impact of the program.
2. Ensure that there is enough focus on building enough capacity and promoting the right attitude at the supply side of the system.

VII. Lessons Learned and Analysis of Room for Improvement

Plan staff compiled lessons learned throughout the program lifetime, which are mentioned in program documents. The evaluation team also identified lessons learned on good practices as well as areas where there is room for improvement in future projects (see Annex 5), summarized below:

- Engage partners from the design phase to ensure buy-in
- Engage partners when designing communication messages for reaching communities
- Always include an enabling environment component in activities, with capacity building for national level agencies
- Train and re-train local volunteers and community health staff to ensure quality
- Provide stipends to support volunteers
- Ensure that sufficient staff/volunteers, and materials, are on hand for mass registration events
- Provide adequate training on the importance of birth registration to all health workers in the communities, with emphasis on the health benefits of birth registration
- When developing ICT solutions, plan for severe capacity gaps and adequate funding to address these
- For multi-country programs, ensure that there are cross-country knowledge-sharing opportunities
- Awareness-raising at the local level must be ongoing; illiteracy is a big challenge

- Children should be involved in this process to ensure they know their rights and encourage parents, caretakers and community members to register their children.
- A very important lesson learned, due to HDF support, was the fact that most donors do not fund a regional program (2 countries) plus a global component (SO3), and yet this was critical to the success of this program.

VIII. Conclusions and Recommendations

Conclusions

The conclusions provided below form an **independent assessment** of the outcomes of the 'Promoting Birth Registration for Children's Development and Protection' project. The findings are based on desk work in December 2016 and January 2017 followed by field missions to Liberia (17 -29 January) and Sierra Leone (27 January-7 February).

The **evaluation team's overall assessment of the project** is that Plan International Ireland can pride itself in having designed a sound project responding to a key unmet demand in both countries. Plan also managed the implementation of the project well, surpassing targets and becoming widely regarded for its leadership in the area of birth registration in both countries. The fact the project managed to be brought to such a good end while both countries were hit by a devastating Ebola epidemic is remarkable. Below we summarize conclusions which identify areas with room for improvement, some items common to fragile states with reporting and ICT challenges and others specific to the birth registration domain:

The Liberia as well as the Sierra Leone birth registration projects were **highly relevant** to the country and policy context, the needs of the target population as well as Plan International's priorities. The project has had a high degree of additionality for the implementation of decentralized birth registration. The participatory preparations led to an appropriate project design, taking into account lessons learned and coherent with national development frameworks. The project activities were comprehensive and met the identified needs of both the government (at the policy level and at the district level) and the beneficiaries (children and their caregivers). The project reinforced the efforts of the only other donor working in this area, UNICEF, creating additionality. The objective, design and activities to increase awareness and knowledge on birth and civil registration among donors, selected governments and within the Plan family was also relevant.

Project **efficiency** has also been good. The unit cost for registering a child decreased over time. The project was implemented according to workplans, which were developed with partners, and in accordance with Plan's standardized procedures for all projects, which created efficiencies. Disbursements to partners were handled in a timely manner. Its stable staffing at the country offices contributed to efficiency. Furthermore, the Plan country offices responded quickly to changes in the project environment (such as the Ebola crisis) and generally communicated efficiently with its partners and other stakeholders. Plan IHO and Plan Ireland were responsive to changes in the environment in which the project operated and activities were adjusted to the realities on the ground. The global component contributed to a large variety of activities and the project helped leverage additional funding (AfDB).

The project has been **effective** in achieving (and exceeding) most of the targets set for activities and results within the control of Plan. While both countries were faced with a devastating Ebola epidemic which hit the health sector at its heart, its precious staff, over 800,000 children were registered, 326,125 children in Liberia and over 502,839 in Sierra Leone. The mobile registrations,

which were introduced and funded by Plan, proved particularly effective and yielded most registrations, albeit expensive. As such, mobile registrations can be particularly appropriate in clearing registration backlogs where donors could help out in that more costly domain, while governments focus on the most cost-effective, sustainable modalities. Partners also appreciated the capacity building made possible by the project. Plan has been able to influence a number of national planning and policy milestones, mainly due to its constructive participation in the UBR Task Force. The effective implementation of the project earned Plan Liberia the award for the best International NGO by a group of national newspapers in 2013. The global component was also effective with a knowledge products and activities that once again demonstrate Plan leading in birth registration in the context of child rights and child protection and integrating it digitally with CRVS systems.

As to project **impact**, it significantly contributed to the operationalisation of the decentralisation of the birth registration system and the awareness of caregivers on the importance of the right to an identity. This has led to a strong increase in birth registration rates in both countries thanks to the project which otherwise is unlikely to have taken place. While the Ebola outbreak has affected the momentum gained during the first two years of implementation, the awareness created and interest in birth registration continues to be high and supply constraints are now a key risk to the future success of fulfilling children's right to an identity. The greater influence of Plan on international practice of birth registration could have a big impact given the current very limited interest from donors in this very important topic. In countries with better data management capacity and with an improved M&E system in Plan's birth registration projects it will be easier to demonstrate the impacts achieved.

The **sustainability** of project interventions is not guaranteed if Government has no funds to continue the interventions at the same intensity. If in a phased approach, Government would have picked up at least the static registrations in the last year of the project (and Plan the more expensive mobile registrations), continuity would have been assured. Nevertheless, the project made some important structural contributions to the birth registration system, in terms of organisational structure and ICT. Plan Sierra Leone is keeping the UBR Coordinator and UBR is in their CSP, which will save the institutional memory of the project, and contribute to a faster start up if additional funding is found. The tools and materials that were produced under the global component (videos, guidance documents, etc.) under this program contribute to the sustainability of the work.

Summary of high level recommendations for each country (SO1 and SO2)

This section contains the high level recommendations found in the two country reports which follow. The reader should review the country reports in chapter four and five for details on these.

For Sierra Leone, the recommendations regarding the first two strategic objectives are as indicated, below, by DAC criteria:

Relevance
- Ensure that there is a mechanism for soliciting feedback from beneficiaries and making them aware of project results. The latter could be incorporated into community awareness messages.

Efficiency
- Develop, at the beginning of a project, a comprehensive M&E framework that remains static throughout the project period.

Effectiveness
- Ensure an accurate baseline prior to starting a birth registration project.
- Set up a mechanism to assess either prior or during the implementation of the project which mix of strategic interventions are most effective (in terms of cost and impact).

Impact
- Investigate the impact birth registration has had on preventing child marriage, the treatment of children in conflict with the law and/or other social development issues

Sustainability
- Approach embassies in country, businesses, and other entities for funding.
- Launch a social media campaign in country or internationally (gofundme, kickstarter).
- Plan SL (and Plan Liberia) can incorporate (and are incorporating to some extent) the element of birth registration into other activities that they undertake. In SL, Plan has reportedly incorporated birth registration into its girls' education program.
- Plan SL can incorporate to a greater extent the element of birth registration into its own internal policies, for example, into its Child Protection briefing to new staff and consultants.

For Liberia, the recommendations regarding the first two strategic objectives are as indicated below:

Relevance
- Produce a complete and country-specific Theory of Change for future project proposals of this scope and budget
- Undertake a full-fledged and systematic bottleneck analysis on enabling environment, supply and demand barriers, including a capacity assessment of the main project partners (both Government and civil society)
- Direct interventions more explicitly to marginalised groups and involve young people as agents of change
- Follow up on assessment of capacity of local Implementing Partners to ensure it is not only an administrative requirement
- Discuss findings of the evaluation of a project with the stakeholders, i.e. the owners of the information, as a means of respecting their ownership of the information and to ask feedback

Efficiency
- Develop, at the beginning of a project, a comprehensive M&E framework that remains static throughout the project period.
- Ensure sufficient Plan Liberia project management staff for projects with wide geographical coverage and many implementing partners
- Implement a set of different interventions as a true experimental pilot including the costing to determine their cost-effectiveness
- Improve periodic progress reporting by local Implementing Partners and the knowledge management of project documentation
- Include financial support to institutional cost in contracts with local Implementing Partners

Effectiveness
- Investigate either prior or during the implementation of the project which mix of strategic interventions are most effective (in terms of cost and impact)

- In any training of county level implementers (esp. community mobilisers), put more emphasis on the birth registration system and how it works to ensure sustained interest and action by caregivers beyond mobile registration campaigns
- Not only set targets for the local Implementing Partners and county level staff (e.g. community mobilisers), but also provide incentives for those who exceed their targets
- Ensure an accurate baseline prior to beginning a project.

Impact
- Investigate the impact birth registration has had on preventing child marriage, the treatment of children in conflict with the law and/or other social development issues

Sustainability
- Develop a proposal for a systematic approach to achieve universal birth registration of all children below 12 years in the period of six years (see Annex L.4 for some suggestions)
- Approach donors like Norwegian Refugee Council and the Danish Refugee Council who had shown interest in birth registration.
- Approach World Bank, UNHCR, UNICEF, DFID, the EU and other donors
- Lobby for conversion of community mobilisers to paid community assistants
- Include Knowledge, Attitude and Practices surveys in future projects for which changing behaviour is key to its success

Summary of high level recommendations for other Plan countries (SO3)

Recommendations for a global component in future UBR projects are:

1. Produce a comprehensive Theory of Change for the global component, with SMART indicators and realistic and measureable targets.
2. Ensure that staff rotation does not hamper transfer of knowledge and commitment to birth registration among Plan staff.
3. Continue advocacy and fundraising for BR at the international level.
4. Continue awareness-raising (international community) and training in birth registration (Plan COs and staff).
5. Ensure that results are monitored.

ANNEX 1: Evaluation Framework

Thematic Area	Proposed Key Evaluation Questions	Probable Sources of Information	Data Collection Method	Analytical Method
Relevance:	Was a Theory of Change articulated? How accurate was it?	Project formulation or design documents, Plan staff	Interviews; Desk Review; Focus Groups; Phone/ Internet survey	Comparison of ToC to results
	How appropriate/relevant was the project design to the Theory of Change and the objectives of the program? To the needs of the target group?	Project formulation or design documents, needs assessments; Plan staff, local partner staff, target group		Comparison of design to ToC; comparison of design to needs assessments; Frequency count and weighting of interview content
	What preparatory activities were carried out, and how did these help ensure that the interventions were relevant? Were any missing, and how did this affect the implementation?	Project formulation or design documents, Plan staff, local partner staff		Comparison of activities to needs
	Have any gaps in the design (that might exist) been rectified?	Plan staff, project reports, local partner staff		Comparison of gaps in design docs to actual activities implemented
	What activities is the project implementing that address the issues around birth registration?	Project documents, Plan staff		Comparison of actual activities to problem analysis
	Is the project design coherent with the national frameworks and strategies of each country?	Project docs, Govt publications, Plan staff, government staff		Comparison of project design to national frameworks
	Is the project design coherent with Plan's child rights strategy?	Project doc and Plan docs, Plan staff		Comparison of project design to Plan's child rights strategy
	How does the programme ensure accountability towards beneficiaries?	Plan staff, local partner staff, project procedures manuals, supervisory practices		Analysis of feedback systems in project procedures
	Level of significance of the results to address the primary needs of the beneficiaries.	?		?
	What is the level of awareness of the children, implementing partners and other relevant stakeholders on the results of the project?	Target children, local partners, govt partners,		Comparison of actual results to stakeholder knowledge of results
	What recommendations can the consultants make for future project design?			Analysis of findings, comparison to best practice
Efficiency	Were project inputs (funds, expertise, time, and other resources etc.) converted into results in the required quantity and quality and in good time?	Workplan, Funds disbursements, Plan and partner staff	Interviews; Desk Review;	Comparison of workplans to actual, analysis of timeliness of funding disbursements, analysis of

			Focus Groups; Phone/Internet survey	interview content
	Was the use of the project resources cost-effective? Did the project give value for money?	Project docs, Plan staff, local partner staff, govt staff, beneficiaries		Comparison of costs and results; analysis of interview content (e.g. stakeholder satisfaction)
	Partner country contributions from local institutions and government (e.g. offices, experts, reports, materials, labour), target beneficiaries and other local parties.	?		?
	How efficient (responsive) was project management to changes in the environment in which the project operates?	Project docs, Plan staff, local partner staff, govt staff, beneficiaries		Analysis of interview content; analysis of project documents
	Co-operation among project partners and other key stakeholders in achieving project results.	?		?
	Recommendations, e.g. Could the project activities have been done more efficiently? Could similar results or better results have been achieved at a lower cost in the same amount of time, and if so, how? How timely were project activities?			Analysis of findings, comparison to best practice
Effectiveness:	What was the progress made in achieving the results of the project at all levels, compared to the Project Results Framework?	Project documents, Plan staff	Interviews; Desk Review, Focus Groups	Comparison of actual to targets
	How effective were efforts made in capacity building of the partners and other local project stakeholders?	Project documents, Plan staff, local partner staff, govt staff		Comparison of before/after
	How effective was risk management and mitigation? Were risks assessed correctly in the design phase?	Project documents, Plan staff, local partner staff, govt staff, target group		Comparison of projected to actual risks; analysis of interviews
	To what extent were the project structures, procedures and M&E effective? Was technical backstopping support sufficient and effective?	Project documents, Plan staff, local partner staff, govt staff, target group		Analysis of challenges identified in achieving targets (from interviews and proj docs)
	To what extent was there local ownership of the project? (the 2nd question has been moved to "sustainability")	Project documents, Plan staff, local partner staff, target group, govt staff		Analysis of the factors that create "local ownership" (commitment to objectives, willingness to invest time and funds, etc.)
	What recommendations can the consultants give to improve effectiveness (achievement of results) of future projects like this?			Analysis of findings, comparison to best practice

	Questions	Data Sources	Methods	Analysis
Impact	What are the most significant changes that occurred, and to what extent can they be attributed to the project?	Project progress docs, Plan staff, local partner staff, govt staff, target group	Interviews; Desk Review; Focus Groups; Phone/Internet survey	Comparison of significant changes to project activities and analysis of attribution
	Achievements of the project against the original results (outcomes), outputs, and activities specified in the project log frame.			
	To what extent has the project had an impact on digital birth registration?			
	What positive/negative changes, intended/un-intended has the project produced on the target groups during the life of the project?	Project progress docs, Plan staff, local partner staff, govt staff, target group	Interviews; Desk Review; Focus Groups; Phone/Internet survey	Analysis of content of interviews and proj docs
	What external factors have facilitated/constrained the project?			
	What internal factors (project/programme management, by co-ordination arrangements, by the participation of relevant stakeholders) have facilitated/constrained the project?			
	Has the project produced any unintended or unexpected impacts, and if so how have these affected the project objectives?			
	To what extent has the project contributed to broader economic and social development?			
	To what extent has the project made a difference in terms of cross-cutting issues like gender equality, good governance, environment, conflict prevention?			
	What recommendations do the consultants have about improving project impact?			
Sustainability	To what extent was there the ownership of project objectives and achievements? Were there activities in the project to create stakeholder buy-in? Were they effective? Do project objectives remain embedded in local institutions?	Project progress docs, Plan staff, local partner staff, govt staff, target group	Interviews; Desk Review; Focus Groups;	Analysis of activities vs results; analysis of interviews

	To what extent did government and donor policy support the project positively or adversely? What has been the level of support from governmental, public, business and civil society organizations?	Govt and donor policies, Govt staff, NGOs, others	Phone/Internet survey	Analysis of policies vs results; analysis of interviews
	Has the institutional capacity of the Government (e.g. through policy and budgetary support) and counterpart institutions improved to such an extent as to ensure the sustainability of the outcomes?	Govt staff, counterpart staff, Plan staff, project docs		Before/after analysis of internal capacity; analysis of interviews
	To what extent have changes in internal capacity (leadership, number and quality of staff, systems, etc) of local institutions supported by the project contributed to sustainability of outcomes?	Plan staff, local counterpart staff		same as abo ve
	Was the budget adequate for its purpose (particularly phasing out prospects)?	?		?
	Did local buy-in (if any) contribute to sustainability, and if so, how?	Plan staff, local counterpart staff		Analysis of interviews
	(Socio-cultural factors) To what extent has the project respected local norms? To what extent has the project created a participatory process? What have been the results of this?	Plan staff, local counterpart staff, target group		Analysis of interviews
	Is birth registration currently (and after the project ends) priced in a way that is affordable to families?	Plan staff, local counterpart staff, target group		?
	Please provide recommendations about sustaining the outcomes.			Analysis of findings, comparison to best practice
Reinforcement	Assess the extent to which activities undertaken complement partner country's policies and other donor interventions.			

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ANNEX 3: Stakeholders Interviewed

Liberia			
Wednesday 18 January	**Type**	**Time**	**Plan staff accompanying**
Plan Liberia Mr Musa K. Sanoe, M&E manager, Ms Agnes Freeman-Kormon, M&E specialist	Briefing	09:00	na
Plan Liberia Mr Emmanuel Borbor, Plan UBR coordinator	Face-to-face	10:00	na
MoHWS Mr C. Sanford Wesseh, Assistant Minister, Vital Statistics	Face-to-face	13:00	Emmanuel Borbor
Thursday 19 January			
World Bank Mr Mathew T.K. Flomo, Programme Manager (former Deputy Minister of Health)	Face-to-face	08:30	Emmanuel Borbor
MoHSW Ms Esther Thomas, UBR National Coordinator	Face-to-face	09:00	Emmanuel Borbor
National Office of Births and Deaths Registry Mr Solo S Borton, Principal Registrar Daffa Taweh, Data manager	Face-to-face	11:00	Emmanuel Borbor
UNICEF Ms Elizabeth Kendor-Oka, Child protection officer	Face-to-face	14:00	Emmanuel Borbor
Friday 20 January			
LECO: Mr John K. Gongbo **CSI:** Mr Samuka B. Sannoh **CJPS:** Mr Francis S. Konyon and Mr E. Friday Crusor **DCI:** Mr Robert K. Konneh	Group meeting	10:00	Emmanuel Borbor
Monday 23 January			
County Health Team in Bomi county 2 data clerks, 1 county registrar and 2 community mobilizers	Focus Group	Morning	Emmanuel Borbor
Caregivers in Bomi county 9 parents and the OIC for the health clinic	Focus Group	Morning	Emmanuel Borbor
Teachers in Bomi county 1 primary school teacher and 1 secondary schoolteacher	Focus Group	Afternoon	Emmanuel Borbor
Tuesday 24 January			
Caregivers in Gbartala, Bong county 8 parents	Focus Group	Morning	Emmanuel Borbor

Liberia			
County Health Team in Gbanka, Bong county 2 data clerks, 1 county registrar and 2 community mobilizers	Focus Group	Morning	Emmanuel Borbor
Radio Super Bongi, Bong county Talk show host/journalist	Face-to-face	Afternoon	Emmanuel Borbor
Caregivers in Palala, Bong county 8 parents plus the district commissioner	Focus Group	Afternoon	Emmanuel Borbor
Wednesday 25 January			
County Health Team in Sanniquellie, Nimba county 2 data clerks, 1 county registrar and 2 community mobilizers	Focus Group	Morning	Emmanuel Borbor
Caregivers in Gpatu, Nimba county 8 parents including community leader	Focus Group	Afternoon	Emmanuel Borbor
Caregivers in Kpain, Nimba county 11 parents plus OIC for health clinic and vaccinator	Focus Group	Afternoon	Emmanuel Borbor
Wednesday 25 January			
Caregivers in Kakata, Margibi county 8 parents including local radio station manager	Focus Group	Morning	Emmanuel Borbor Lorraine O'Toole
Radio Kakata, Margibi county Talk show host/journalist	Face-to-face	Morning	Emmanuel Borbor Lorraine O'Toole
Teacher in Kakata, Margibi county 1 secondary school teacher	Face-to-face	Morning	Emmanuel Borbor Lorraine O'Toole
Thursday 26 January			
County Health Team in Kakata, Margibi county 2 data clerks and 1 M&E officer	Focus Group	Morning	Emmanuel Borbor Lorraine O'Toole
Community mobilisers in Montserrado county 6 community mobilisers	Focus Group	Morning	Emmanuel Borbor Lorraine O'Toole
Friday 27 January			
Plan Liberia Ms Victoria Torlo Koiquah, Grants coordinator, Aissa Barrow, Intern Mustapha Doumbia, Grants Coordinator, acting Grants Support Manager	Group meeting	15:30	Emmanuel Borbor Lorraine O'Toole
Plan Liberia Mr Emmanuel Borbor, Plan UBR coordinator, Mr Musa K. Sanoe, M&E manager Ms Agnes Freeman-Kormon, M&E specialist	Debriefing	16:30	Lorraine O'Toole

Plan Sierra Leone UBR Evaluation
Stakeholders Interviewed – Sierra Leone and SO3

Person and Position	Entity
National and Western Area	
Mark Hogan, Programme Officer (by email)	HDF
Lorraine O'Toole, Desk Officer	Plan Ireland
Edward Duffus, Head of Birth Registration Innovation	Plan International
Nicoleta Panta, former Advocacy Manager for Count Every Child Campaign at Plan International	
Vanina Trojan, former Child Rights and Advocacy Officer at Plan Ireland	
Cecilia Hanciles, UBR Programme Coordinator	Plan Sierra Leone
Emmanuel Sandi – IT Manager	Plan Sierra Leone
Ramatu Kargdo, Child Protection Advisor	Plan Sierra Leone
Miriam Murray, Program Support Manager	Plan Sierra Leone
Jenkins Sandiwa, former M&E Officer for Kailahun (now M& E Specialist at National Office)	Plan Sierra Leone
Dr. Joseph Kandeh, Director Primary Health Care	Ministry of Health and Sanitation
Ndanda Moyo, Child Protection Specialist and Grace Harman, Child Protection Specialist	UNICEF
Al Kassan Kondeh, Permanent Secretary	Ministry of Internal Affairs
Richard Konie, Deputy Chief Registrar, Mr. Alhaji Nallo, Mr. Kuyumbeh	National Office for Births and Deaths (NOBD) at the national level
Christian Dawid, Regional, Western Region, Abdul B. Malik (Eastern) and Abdul Sharif (Northern);	National Civil Registration Authority
Kailahun District	
Laurence James, Health Program Manager	Save the Children Kailahun District
Mr. Christopher Scott, District Registrar	District Heath Management Teams (DHMT) Kailahun District
Group of volunteer registrars, a comedian, Chair of the Children's Welfare Committee, the current and income District Registrars (some were participants in the consultative meeting, some were radio show panelists)(15 people, 1 woman)	
Sao Juana K Nabieu, PHU Head	Kailahun Town
Focus group participants at the Kailahun Town PHU (6 young women with babies)	
Observation of the registration process, conducted by 2 registrars, at the Kailahun Town PHU	
Paramount Chiefs (participants in the consultative process), Kailahun District	

Focus group participants in Gbalahun Village (7 kms from Kailahun Town over rough dirt road)(all women, all with young children/babies)	
Jinnah Korgah PHU Head Nurse	Gbalahun Village, Kailahun District
3 Teachers, Gbalahun Village primary school	
Group of students at R. C. Primary school, Gbalahun Village, Kailahun District	
Nabieu Lahai, Sahr Fillie, Albrojie Kamara, Musa Sonna, Ijusu Morison Sidiki	Youth drama group, Kailahun Town (all young men)
Sahr Debah, Principal, National Secondary School	Kailahun Town
Group of students, National Secondary School, Kailahun Town (approx. 20, male and female)	
2 teachers, Methodist Secondary School, Kailahun Town	
6 students, Methodist Secondary School, Kailahun Town (4 boys, 2 girls)	
Mr. Sellu Fatorma	Head, Tegloma (Disabled People's Group), Kailahun Town
John Bockarie	Community Development Associates, Kailahun District (in charge of VSLAs during Phase 1)
Port Loko District	
Tejan Kamara, UBR Focal person	Port Loko
Richard Gborie, Community Mobilizer, DHMT	Port Loko
Dr. Sesay, DMO, DHMT	Port Loko
3 Staff (head nurse, registrar and assistant) Mala Community Health Post	Port Loko
School students, secondary school	Port Loko
Group of mothers (6 women)	Port Loko
Observation of birth registration of one newborn by her mother and grandmother	Port Loko
Group of teachers and community leaders (5 men)	Port Loko
Abu A. Fofana, former UBR Focal Person, Kailahun District	Port Loko
Samuel Byrne, M&E Officer	Port Loko

ANNEX 4: Project Monitoring Framework

Was a Theory of Change articulated?

There is a graphic describing the overall objective, sub-objectives, and results for Phase 1 for the whole program in the document *Annexes Final 22.03.2012* to the proposal for Phase 1, but it seems to be more for presentation than for planning, and is missing elements of a complete ToC. [45] However, each of the two proposals includes a number of critical elements that normally would be part of a Theory of Change, such as:

- Situation analysis of contextual factors hindering birth registration
- Results framework with targets and indicators
- Some risk analysis (assumptions) and mitigation measures

1.   Baselines and Endline

A baseline was done for each country. In Sierra Leone, the baseline was done in late 2012, six months after the start of the project (late in the process). It was adequately done by an outside consultant, and confirmed the problems identified in the earlier situation analysis. The baseline assessment for Liberia for Phase 1 was done after the start of implementation, and findings are not fully reflected in the diagnosis of the project. It is quite comprehensive (including a control county). The baseline is not fully consistent with the results indicators of the results-based management framework (it did not measure all indicators in the RBMF). The same is true for the post-Ebola assessment done for Phase 2. The fact that Plan did a post-Ebola assessment before preparing the update of the proposal for Phase 2 is positive and allowed adaptations of the activities for better effectiveness.

Unfortunately, no endline study was done due to lack of budget. Without the endline study, there is no way for the final evaluation team to assess the true (measurable) impact of the work with any accuracy.

The budget for the baselines was inadequate and was overspent[46]:

Budget US$19,028
Actual US$47,331
Variance (US$28,311)

2.   Results-Based Management Framework

The RBMF had many problems. Many indicators were not SMART (specific, measurable, achievable, relevant, and time-bound). Targets were sometimes not realistic. The expected results were not clearly articulated, and there was too much emphasis on activities/outputs rather than results/outcomes. Means of verification (the tool/source for measuring achievement of targets) were not well-defined. For example, there were targets for trainings (an activity/output), but no indicator for the expected result of the trainings (i.e. increased capacity to register children, or increased quality of data entry on birth registrations). There were targets for radio shows (for awareness-raising) but no indicator or target for increased community awareness. Number of registrations was used as a proxy for awareness-raising, but increases in number of registrations could have been caused by other factors.

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[45] See, for example: Guidance for Developing a Theory of Change for Your Program (no date). Available at: http://www.nesta.org.uk/
[46] HDF Narrative Report Phase 1 Final Revised (003).pdf [titled Final Report Phase 1 April 2012 – May 2014] p. 45.

The RBMF have not been consistent between the two phases. The RBMF developed for Phase 1 was altered for Phase 2, and so the evaluation team could not follow some indicators through the full evaluation period. It is clear from the latest available framework, dated October 2016, that an attempt was made to overcome this problem, but no data and information on progress has been collected for this version of the RBMF.

For Plan Liberia's revised RBMF 2015 framework, its targets and indicators are not fully consistent with those of the government Birth Registration Improvement Plan, even though the goals of that plan are very much in line with the main expected results of the UBR project (e.g. coverage, access, capacity development and coordination).

Because the indicators were problematic, there was poor documentation of progress **at the results level**, which meant that the final evaluation team had to rely primarily on anecdotal evidence. Annex 5: Proposed framework for future birth registration projects (including reference to what the current project includes and measures and what it does not)

Finally, in terms of reporting and documentation, Plan produced many program documents, but a large majority are un-dated and inadequately named, which hampered the evaluation team's ability to understand program issues and chronology. For example, there are several versions of the Phase 2 proposal, and several versions of the RBMF, and it is not clear which ones were first and which followed. Some reports had no authors.

3. Monitoring

Exacerbating the M&E framework issues mentioned in the previous section was a small M&E budget, which meant that field monitoring by Plan was limited, and was mostly dependent on reporting by partners, which was sometimes late and of poor quality.

In Sierra Leone, the local government staff at the DHMT had received vehicles and operating funds for them, and consequently they were able to do monitoring visits and provide feedback to volunteer registrars and local health officials. There were also district-based Plan M&E officers whose salaries were only 10% covered by the project. Consequently their monitoring only took place during other program field visits. They used a checklist, which was effective. They were not involved in data collection. There was a Plan focal point at each district; this person was in charge of supporting implementation and collecting data from the government partners.

The Plan UBR Program Coordinator was able to do quarterly visits, during which time she provided feedback and on the spot training to registrars and health staff if needed.

In Liberia, local Implementing Partners undertook routine monitoring of activities by media partners, community mobilisers and data clerks. Monitoring by Plan Liberia was constrained by limited staff time and was weak (infrequent, not well documented in terms of follow up actions, and weak quality of field visit reports) due to this. The large number of counties covered and the long distances to reach them also constrained monitoring visits.

In neither country was there complete monitoring at the results level. For example, in Phase 1, the SO1 Results 1.1 indicator is "Knowledge level of communities on the importance of birth registration" but there were no monitoring activities to gauge this. In Phase 2, the SO1 Results 1.1 indicator was "Actions undertaken by influential community members to facilitate the birth registration process" but there were no monitoring activities to gauge this either. In Phase 2, the SO2 indicator was "Level of governmental commitment towards the establishment of integrated and functional birth registration system" but there were no monitoring or evaluation mechanisms defined or activities undertaken to measure it.

Plan Ireland undertook several visits to each country, for a combination of monitoring, data collection, and technical assistance. Quantitative monitoring was done on a monthly basis and qualitative (results) on a six-month basis. Visits to each country were done every three months. There were cross-country meetings to share lessons learned; interviews indicated that these were very useful and contributed to making operations more efficient by avoiding problems and also to building capacity of partners.

Plan Liberia and Plan Sierra Leone UBR Coordinators also attended international conferences related to birth registration. This gave their country programs exposure while building capacity. These were reportedly effective.

4. Pilot or Not?

Various program documents state that the program was a pilot. However, the design is not very clear on the nature of the pilot. The original idea was to have a 5-year project, with two years of piloting and three years of scaling up. Due to limitations in funding, the project duration was reduced to three years, but the design still makes explicit reference to a pilot and scaling phase. However, activities undertaken in the two countries do not suggest a pilot project in the true sense of the concept. This would have included:

- Testing of a package of interventions and prioritizing in terms of effectiveness
- Demonstrating the cost-effectiveness of the innovative interventions
- Documenting the results achieved with the interventions
- Description of the full pilot model, with all guidelines, tools and instructions and cost
- Preparing a strategy for scaling up and an advocacy strategy for adoption by the government and/or other donors

The project strategies were not designed to pilot and test the most effective and efficient strategies with the aim to select the best for upscaling at national level (i.e. a comparison of interventions), but rather aimed at making a strong contribution to the improvement of birth registration rates in the two countries. Therefore, the term "pilot" is confusing.

Recommendations on M&E Frameworks and Practice
1. Create a theory of change during the design phase – this is a planning tool (See Appendix to Annex)
2. Do a baseline early in the project, to inform the M&E framework; make sure the baseline is budgeted sufficiently.
3. Budget for and undertake an endline to which to compare the baseline.
4. Create and use a RBMF with SMART indicators, realistic targets, and means of verification, all of which should be based on the theory of change. Measure results rather than activities.
5. Develop and use a standard nomenclature for project documents.
6. Ensure sufficient budget for monitoring.

Appendix to Annex 4: Proposed framework for future birth registration projects

Level/domain	Issues/Indicator	Achievement	Evidence and indicators included/measured	Comment
Output				
Demand	Knowledge	Good results	Limited evidence, not included	Mostly about travel and some other reasons, limited knowledge on process Baseline available, but no endline
Demand	Registration	Good results	Evidence, included, measured	No real time evidence
Supply	Materials	As per target	Included and measured	No real time evidence Is major constraint Is about adequacy of hardware
Supply	Human capacity	Some results	Limited evidence, no indicators included, not measured	Is major constraint Is about measurement of knowledge after training, and quality of skills
Environment	Policy products	Not achieved	No evidence, included but not measured	Activities not done
Environment	Coordination	Some results	Some evidence, measured	No measurement of quality of coordination
Outcome				
Demand	Attitude and beliefs	Good results	Limited evidence, not included, not measured	Is about value attached to birth registration, which is positive ("do not want my children to suffer")
Demand	Practice/behaviour	Some results	Not included, not measured	Is about actual pro-active routine registration outside mobile registration, which is limited ("you do not run after it")
Supply	Quality	Some results	Limited evidence, not included, not measured	Is about time between registration and certificate, availability of data
Environment	Policies and legislation	Some results	Included but not measured	Most policy advocacy products and activities were not undertaken
Environment	Budget	No results	Not measured	Is about expenses not covered by donor funding, birth registration not considered as income-raising activity
Impact				
Demand	Certificate	Good results	Not readily available, not measured	Is indicator, but not measured

Liberia

Actions demonstrating efficiency	Areas with room for improvement
Cost effectiveness	
Substantial decrease in unit cost from USD 4.5 for Phase 1 to USD 3.8 for Phase 2	
Financial and human resources	
Introduction of "incentive package" to data clerks and community mobilisers by local Implementing Partners generally paid on time	Delays in disbursement of funds from Plan Liberia to local Implementing Partners without feedback on reasons, impacting payment of incentives and implementation of activities "Even to conclude the contractual agreement takes a long time" – local Implementing Partner "If there is a delay in the remittance of funds, there is no communication on the reason why" – local Implementing Partner
	Dedicated financial and administrative support to Plan Liberia UBR programme coordinator (e.g. for liquidations by partners)
	Delay in liquidation by Government partner in 2016 and approval of activities (e.g. training for data clerks and production of communication materials)
Monitoring, reporting and knowledge management	
Annual progress reports by Plan Liberia to the donor in Phase 2	The need for quarterly progress reports by Plan Liberia to the donor in Phase 1 diverting energy and time from project implementation
Quarterly reports by local Implementing Partners	Documentation of routine monitoring of the project implementation by Plan Liberia
Monitoring of community mobilisers and radio station activities by local Implementing Partners	Frequency of field monitoring by Plan Liberia and quality of field visit reports and follow up plans to findings
	Knowledge management of partners' progress reports by Plan Liberia
	Annual review meetings and their documentation by the project
	Learning and sharing between all project partners (Government, local Implementing Partners, radio stations)
Coordination and communication	
Communication between Plan Liberia and local Implementing Partners: "We can call each other anytime" "The relationship is cordial" "The loyalty of the local NGOs is with Plan, but it is important to work together, which happened in Phase 2" – Government partners	Joint planning between Plan Liberia, Government partners and local Implementing Partners "Instead of each of us putting forward a proposal and say what they will be doing, we should all put our cards on the table" – Government partner
Ad-hoc UBR Task Force emergency meetings and Plan's contribution "Plan is key in the Task Force" "Plan always comes to the Task Force meetings" "Plan always proposes improvements in the reporting system and requests monthly reports on statistics" – Government partners	Feedback of monitoring visits and involvement of partners in reporting on progress "Only one county gives regular information on mobilisation campaigns, and we do not get that information from Plan and their Implementing Partners either" – Government partner "We give input for progress reports" – Government partner
Monthly Skype meetings between Plan Liberia and Ireland National Office	Structured and planned UBR Task Force meetings "We do not have a schedule" – Government partner
	Task Forces at the county level "Coordination meetings are happening, but Task Forces are not effective" – Government partner
	Sharing of data on registration amongst partners
Material and technical support to partners	
	Equipment procurement finalised not before end of Year 1 "In Liberia and Sierra Leone procurement and delivery of equipment to partners has been finalised – Progress report Year 1, Q4
	Amount of equipment provided by Plan Liberia per Government staff (i.e. computer): "We informed Plan that equipment was not enough, but there was no re-prioritisation of the budget" – Government partner
	Follow up on and sharing of partnerships assessments
	Material support to community mobilisers (e.g. birth registration branded clothes and bag)

Sierra Leone

Actions demonstrating efficiency	Areas with room for improvement
Cost effectiveness	
Decrease in unit cost between Phase 1 and 2 USD5.93 for Phase 1 and USD4.40 for Phase 2 (although there may be external factors)	
	Costs for mobile (mass) registration vs static registration were not disaggregated
Financial and human resources	
Activities were implemented in accordance with workplans	Baseline should have been done before workplans
No delays in disbursements to partners;	An endline should have been done to compare with baseline
Disbursement procedures in accordance with Plan standards	
Stability of staffing	
Monitoring, reporting and knowledge management	
Exchange of lessons learned with Liberia	Revisions to the M&E framework
	Reporting from partners was often late and of weak quality; more budget was needed for this (not under Plan control)
Partner Contributions	
In-kind (volunteer hours) contributions	Expected financial match did not materialize
Responsiveness to Changes in External Environment	
Reassessment of project after Ebola crisis, change in messaging	
Changes to activities in response to feedback from communities	
Coordination and communication	
Communication between Plan SL, UNICEF, and government entities was excellent The UBR Task Force was a primary forum for exchanging information about the project and about birth registration in general	
Efficient communication and collaboration between Plan Ireland and Plan SL	
Material and technical support to partners	
Provided in a timely manner and according to plan	

ANNEX 6: Progress against Activities and Output Targets under Plan's Control

Liberia

Year	Target	Achievement	Observations and evidence
Strategic Objective 1: To increase registration rates of children in targeted areas of Liberia			
Result 1.1: Increased commitment and access to birth registration in targeted communities			
2015	115,950 registered	120,571 registered of which 95,350 certified	**Target Phase 1 not met, target Phase 2 almost met.** The 2012 target was recognised to be overambitious and targets have subsequently been adjusted for Phase 2. 2015 numbers are reportedly certified, and therefore the total number of children registered but not certified is higher
2012	400,000 registered	205,554 registered	
Activity: Development and piloting of messages for awareness, mobilisation and advocacy			
2015	NA	Completed	**Target met.** This activity was not part of Phase 1. The messages have been completed and validated by the Task Force. They include steps involved in registering a child from 0-12 years (birth notification card)
Activity: Hold consultative meetings at county level with local and religious leaders			
2015	3 meetings 48 people (30% female)	3 meetings Na	**Target exceeded. Effectivity not very clear.** Fewer meetings have taken place, but the total number reached exceeded the target. During Phase 2, the purpose was to inform the stakeholders of the project exit and to discuss possible future funding; however, no action plans for sustained continuation are available
2012	58 meetings 348 people	17 meetings 850 people	
Activity: Training of targeted community mobilisers			
2015	3 trainings 118 mobilisers (59 men and 59 women) 59 work plans	2 meetings Na Na	**Target met. Quality of training can be improved.** Training targets were achieved and quality of training was appreciated by community mobilisers. During Phase 2 mobilisers were given specific targets, but no support was provided for planning. No information is available on sex disaggregation (see more below on capacity development)
2012	28 trainings 116 people	14 trainings 118 people	
Activity: Facilitate focus group discussions			
2015	64 focus groups discussions 1,280 people	>70 focus group discussions 10,634 people	**Target far exceeded and effective activity.** The focus group discussions are indoor meetings upon invitation with up to 100 people in one meeting. No information is available on sex disaggregation of participants
2012	128 focus group discussions 5,120 people	142 focus group discussions 18,945	
Activity: Support airing radio talk shows			
2015	8 stations 64 talk shows Jingles 3 times per week	8 stations 70 talk shows Jingles 3 times per week	**Target exceeded and effective intervention.** No evidence was found for the reported 245,200 people that were reached in Phase 1. Phase 2 does not include such report; however, the evaluation found that the jingles and radio talk shows are widely listened to and effective means of communication. Interviewees could very well repeat the messages transmitted and most heard about the mobile registration campaigns through the radio
2012	Na	12 stations 92 talk shows 245,200 people reached 13 jingles	
Activity: Awareness raising and mass registration sessions			
2015	80 sessions 40,000 caregivers 40,000 children registered 20,000 children certified	88 sessions Na Na Na	**Target exceeded and very effective intervention.** Phase 1 had separate mass awareness sessions. Phase 2 combined mass awareness raising with mobile registration. Most children registered received certificates on the spot. But due to high demand and insufficient capacity of mobile teams, significant numbers needed to collect theirs later. Interviewees were all very content with mobile registration campaigns and could repeat the messages broadcast before and during these campaigns
2012	150 sessions 45,000 caregivers 3 mobile units	146 sessions 62,244 caregivers	
Activity: Provision of school awareness			
2015	96 schools 8,800 children registered	200 schools 11,058 children registered	**Target exceeded, even higher potential for future.** Phase 1 only included awareness. Due to high success, during Phase 2 schools were also used for registration. Teachers
2012	NA	25,690 children reached	

Year	Target	Achievement	Observations and evidence
			indicated their willingness to facilitate registration at start of the school year
Activity: Static registration through universal birth registration clinics			
2015	64,000 children registered	121,487 children registered Incl. mobile registration (according to latest MoH data)	**Achievement unknown, possibly below target with mixed trends across counties.** Capacity at the static units (hospital or Service Centres) to register is a major constraint. Significant backlogs in registration were observed. Some county registration teams reported an increasing trend while others indicated no major upward movement. Availability, timeliness, accuracy and reliability of static registration data remains a matter of serious concern. The evaluation could not obtain clear trend data by county differentiated by static and mobile registration.
Activity: Provision of equipment of static registration units			
2012	8 units	8 units	**Target met, but below needs.** Equipment was procured as per plan, but less than required for mobile registration campaigns. During implementation of project demand increased, and equipment became insufficient. Although other donors supplied some equipment, registration units visited remained without insufficient equipment.
Activity: Provision of performance based awards			
2012	15 awards	13 awards	**Target almost met.**
Result 1.2: Improved capacity, knowledge and tools to effectively use the birth registration system			
Activity: Carrying out of monitoring visits			
2015	24 visits	25 visits	**Target met, but with limited information on result.** While the target was reportedly met, the evaluation did not find evidence on monitoring visits other than 3 monitoring visits undertaken during Phase 1.
Activity: Production and dissemination of brochures			
2015	1,000	1,000	**Target met.**
Activity: Training of local community health and registration staff			
2015	1 training 12 County health teams 8 child survival staff 8 mother and child health staff	1 training 12 County health teams 8 child survival staff 8 mother and child health staff	**Target met in Phase 2 and exceeded in Phase 1.** (See below for more details)
2012	8 trainings 90 people 8 health teams	Na 124 health workers 118 volunteers	
Strategic Objective 2: To contribute to a births and death registration system that is digitalised, child-rights-based and integrated into governmental plans for the establishment of the CRVS system nation-wide			
Result 2.1 Best practices and lessons learned from Plan are taken into account in the improvement of the births and death registration system at the national level			
Activity: Provide support to the UBR Task Force meetings			
2015	5 meetings Evidence of influence through minutes	>5 meetings Na	**Target met.** Plan attends all Task Force meetings and while no minutes of influence are available, the evaluation confirmed it is one of its most influential members. (See above for more information on the efficiency of the Task Force)
2012	4 meetings	20 meetings	
Activity: Undertake policy advocacy activities			
2015	1 national conference 1 conference report	Not yet taken place as no matching fund available, and planned to be funded by UNICEF	**Targets not met.** While Plan Liberia has had clear influence on the national planning and policy agenda of civil and vital registration, none of the planned targets set for the advocacy activities specific for Liberia have been accomplished
2012	2 events Revision of legal review 4 legal briefings 2 shadow reports		

Note: NA = Not Applicable; Na= not information available

Sierra Leone

Results	Target	Achieved	Notes
2015, SO1: Registration Rates			
% of girls and boys under 5 in Western Areas and boys and girls under 18 in Kailahun and Port Loko registered by September 2016 (see # of children registered, below)	47,700	263,205 (Plan states that an additional 200,000 children were registered in a polio campaign nationally but the evaluation team is unable to draw conclusions about the attribution of these to the UBR program)	**Target achieved**: more children registered than project target
2012, SO1: Registration Rates			
% of under five girls and boys whose birth are registered is in the 4 districts of intervention	320,000	239,634	**Target not achieved, outside Plan control**: 75% achieved; the Ebola crisis disrupted targets.
2015, Result 1.1 Increased commitment and access to birth registration in targeted communities			
Number of children (boys and girls) registered		See Phase 2, SO1	
% of children (boys and girls) certified (out of those registered)	100%	100%	Could not be verified
Actions undertaken by influential community members to facilitate the birth registration process	none	n.d.	**Achieved**: Community leaders (eg paramount chiefs, health unit staff, teachers) are involved in promoting birth registration
2015, Activities 1.1 Messaging			
1.1.1: Facilitate the development of consistent messages for awareness, mobilisation and advocacy	No numerical targets: "messages developed"	2 workshops held in Phase 2 to develop consistent messages and to standardize messages across areas and delivery channels	**Target achieved**: Messages were created and adapted with feedback from community leaders
1.1.2 Organise 3 sustainability meetings at the district levels	1. 3 sustainability meetings held with 40 influential people per meeting (a total of 120 people - at least 30% female participants) 2. Action Plan for birth registration initiatives at regional and national level developed	1 in each district; A total of 120 (60% male and 40% female) participants attended these meetings; Action plan developed? (not reviewed by evaluation team)	**Target achieved**: 100% of meetings; 100% of people attending; 100% of female attendance Action plans - unknown
1.1.5: radio talk shows	1. Contract signed with one national radio with coverage in all districts of intervention 2. 30 talk shows aired 3. Ongoing jingles aired 4. Ad hoc public notices aired	6 National radio stations and 4 Community Radio Stations 18 shows in each district aired Jingles – not reported Public notices – not reported	**Target achieved**: >100% of radio stations >100% of shows aired Jingles – unknown Public notices - unknown
1.1.6: awareness and mass registration	9 sessions 1k caregivers 2,7k register 2,7k certify	2 sessions in each district (6 total) 4,306 registered	**Target achieved**: 66% of sessions held >100% registered
1.1.7: school awareness	90 schools 9k students with improved knowledge	90 schools 5,145 registered	**Target achieved**: 100% of schools **Target achieved**: No. of students with

			improved knowledge is not reported but the evaluators noted awareness in focus groups with students
1.1.8: static registration	45k registered, at least 35% female	32,434 children, 49% girls;	**Target underachieved:** 72% of total, % female exceeded
2012, Result 1.1 (taken from HDF RBM Progress Report April 2013)			
Knowledge level of communities on the importance of birth registration	No target	Awareness increased according to project post-tests	**Achieved:** Interviewees reported increase in awareness
Knowledge level of school boys and girls on the importance of birth registration			
Level of awareness on the importance of birth registration amongst youth groups			
# of local leaders including traditional leaders and religious leaders who attend consultative meetings	96 meetings held in 3 districts	Meetings held	
# of local languages in which jingles are translated and aired	No target	5 local languages and English, 11 stations	
2012 Activities 1.1 Messaging			
Awareness-raising	Targets not available	120,459 people reached, thru 378 awareness raising sessions or messages, 30 youth groups trained, 13 posters and billboards, over 20,000 school children reached, 180 radio talk shows, 12 consultative meetings with community leaders (as per Plan Phase 1 Report to HDF)	**Target Over-achieved**
2015, Results 1.2 Improved capacity, knowledge and tools to effectively use the birth registration system			
Comparison between the birth registration data recorded at the county level and those recorded within the national database	none	n.d.	**Achieved**: Interviewees noted that training had helped improve quality of data entered
% of registration entries completed with the all the data required	none	n.d.	
2015 Activities 1.2			
1.2.1: monitoring visits	3 visits	3 visits (4 by Dec 2016)	**Achieved:** > 100%
1.2.2: brochures	500 brochures	0 brochures	Not done due to changes in CR systems
1.2.3 training new staff	3 training 90 people	1 training of 98 people	**Achieved:** 100% trained
2012, Result 1.2 Increased physical and financial access to birth registration for all children in target communities in Sierra Leone and Liberia			
2012 Activities 1.2			
Partner Assessment	1	1 conducted	**Achieved:** Identified a need for storage and data collation at NBDO, among other items
# of functioning static and mobile units equipped with	13 static BRU; 4 Mobile Unit	13 and 3	**Achieved.**

appropriate technology			
Office of Birth and Death registration is constructed and appropriately equipped	NOBD land secured and office construction finalised	Not achieved	Not achieved for reasons outside Plan's control; NOBD was given some computer assets
% of children registered through funds from VSLA groups	1250 VSLA Members; 50 VSLA Group	No data could be collected	Could not be verified; activity discontinued in Phase 2
2015, Result 1.3 Pilot ICT			
ICT solution is introduced to two areas (one urban and one rural) for piloting	2 areas	1	**50% achieved,** Freetown began Dec 2016; government capacity for technology innovations was weaker than expected
2015 Activities 1.3			
1.3.1: software developed for mobile app	1 application developed	1 application developed	100% achieved
1.3.2: pilot software 2012 2.2.2: roll out	2 areas 2 districts	Pilot in one area (Western Area)	50%
1.3.3: training manual	1 manual	Completed	100%
2012, Result 1.3 Strengthened capacity of local government to effectively conduct birth registration for all children on a continuous basis			
2012 Activities 1.3			
% of health workers who are entering vital birth registration data on the record books according to procedures	98	219	**Over-achieved**.
# of NOBD and DHMT WA/PL/K staff accredited in computer skills and usage	20	32	**Over-achieved**.
% of local authorities, including data entry clerks, who are capable to enter data into the new ICT solution for birth registration	No target	n.d.	No target, not measured; Observations of this process during the evaluation indicate that it is being done correctly

ANNEX 7: Progress against Outcomes for which Plan is not Accountable
Liberia

Year	Target	Achievement	Observation and evidence
Strategic Objective 1: To increase registration rates of children in targeted areas of Liberia and Sierra Leone			
2015	115,950 registered	95,350 certified (47,575 boys, 47,775 girls)	**Target Phase 1 not met, target Phase 2 almost met.**
2012	400,000 registered	205,554 registered	The indicator is the same as one of those at the Result level. Actual number of certification and share of children holding certificates would have been more appropriate
Result 1.1: Increased commitment and access to birth registration in targeted communities			
2015	50% certified out of those registered	Na	**Target exceeded.** A total of 120,571 children were registered and 95,350 certificates disseminated. It is therefore not possible to ascertain the share of those registered with an actual certificate
2015	Actions undertaken by traditional leaders	Na	**No accurate information available.** No reported information is available and evaluation could not ascertain actual actions taken, although interviews indicated that traditional leaders support and promote birth registration. No information is available on work plans
Result 1.2: Improved capacity, knowledge and tools to effectively use the birth registration system			
2015	No target on percentage of entries completed with all data required	100%	**Prerequisite for required information not met.** Availability, timeliness, accuracy and reliability of static registration data remains a matter of serious concern. The synchronisation of the national and county servers are yet to be completed. During the evaluation period no definite numbers could be provided on trends per county and disaggregated by static and mobile registration campaigns
2015	No target on comparison between data recorded at county and national level	Na	
Strategic Objective 2: To contribute to a births and death registration system that is digitalised, child-rights-based and integrated into governmental plans for the establishment of the CRVS system nation-wide			
2015	Digitalised system with downloadable data	At the time of the evaluation the two separate servers for the counties and the national level were being harmonized	**Target not met.** The process of digitisation is ongoing and accurate, reliable, and complete data are not yet readily available
Result 2.1: Best practices and lessons learned from Plan are taken into account in the improvement of the birth and death registration system at the national level			

Year	Target	Achievement	Observation and evidence
2015	No target on information from project incorporated in plans No target on evidence on integration / incorporation or birth registration within civil registration	• 2010: Decentralisation and decision of free registration from 0-12 years, up from 0-5 years • 2012 Children Law passed includes birth registration • 2013 Birth registration as priority in Agenda for Transformation 2030 • 2013 Birth registration assessment • 2013 National Improvement Plan for Birth Registration 2014 – 2018 • 2013 Complementary report to the African Charter calling for redouble efforts to increase registration rates • 2013 CRVS assessment and improvement plan • 2015 Investment Plan for Building a Resilient Health System, Liberia 2015 to 2021 • Ongoing Birth registration is included as an agenda item on the county health team and child protection coordination monthly meeting	**Positive evidence. Influence recognised by Government, not well documented by Plan.** • Direct contribution through Task Force • Direct contribution through advocacy as member of Child Rights Coalition • Indirect contribution through advocacy • Direct attribution through Task Force • Direct attribution through Task Force • Direct attribution as member of Child Rights Coalition • Direct contribution through invitation of Government partners to critical international meeting • Indirect contribution through Task Force and support of county level implementation • Direct contribution through local implementing Partners **Plan has not been successful in achieving:** • Increased budget allocation at the county level, even though some local Implementing Partners have also advocated at that level • Further policy reforms to facilitate free birth registration for all children

Note: NA = Not Applicable; Na= not information available