

UNICEF FINAL REPORT TO Italian Agency for Development Cooperation

Strengthening the Civil Registration System for Children's Right to Identity – Phase II



H.E. Sahlework Zewde Awarding a birth certificate to baby Marken Yetneberk Negussie during the celebration of the annual civil registration day on August 10, 2019 (Photo credit INVEA communication directorate)

**Submitted By
UNICEF Ethiopia**

September 2019

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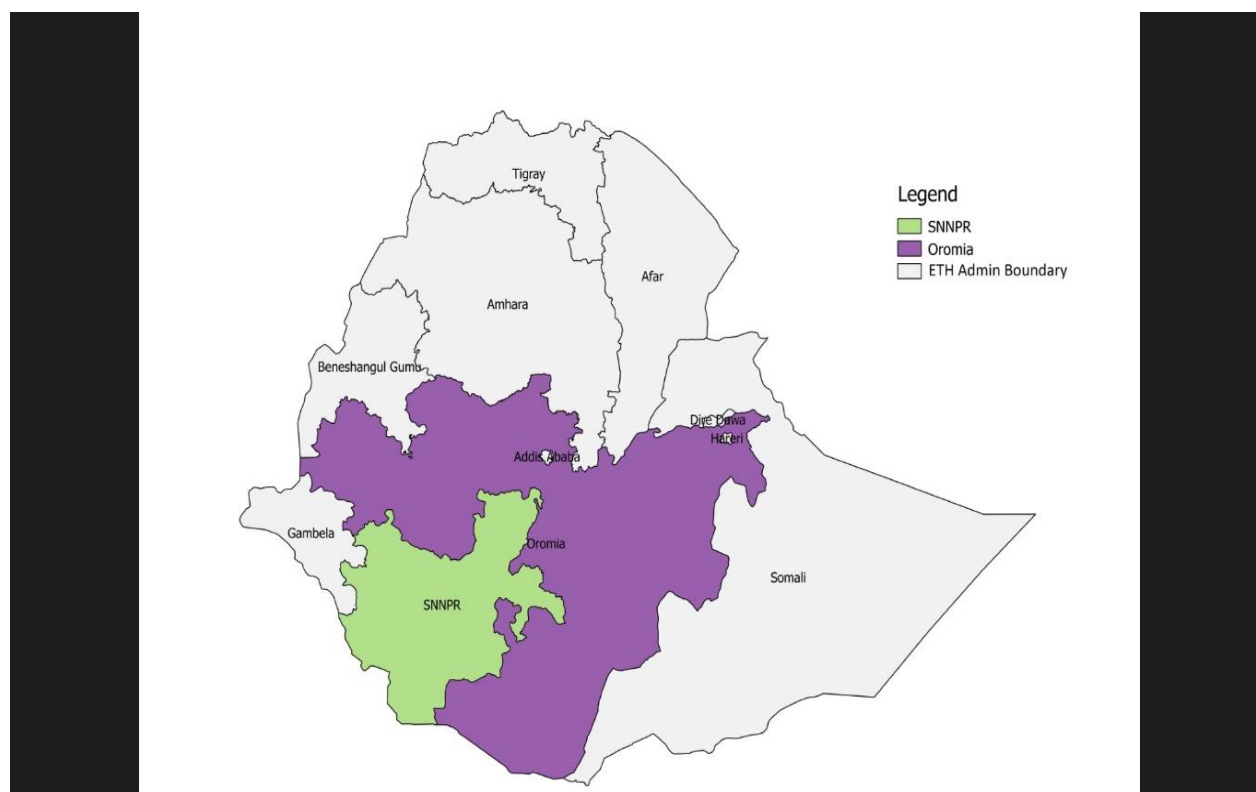
Table of Contents

List of Acronyms	2
Map of Ethiopia showing the target regions: Oromia and SNNP regions.....	3
2. Executive Summary	6
3. Purpose	7
4. Results.....	8
4.1. Main Results Achieved	8
4.2. Specific Project Activities and Results Achieved	9
4.3. Challenges and Lessons Learned	18
<i>Challenges</i>	18
<i>Lessons Learned</i>	19
4.4. Monitoring and Evaluation	20
4.5. Key Partnerships and Inter-Agency Collaboration	20
5. Financial Implementation	21
6. Expression of Thanks	21

List of Acronyms

BCC	Behaviour Change Communication
BoE	Bureau of Education
BoH	Bureau of Health
BoWCYA	Bureau of Women, Children and Youth Affairs
CRVS	Civil Registration and Vital Statistics
DSA	Daily Substance Allowance
EDHS	Ethiopia Demographic and Health Survey
HEW	Health Extension Workers
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
INVEA	Immigration, Nationality and Vital Events agency
KAP	Knowledge, Attitude and Practice
MNCH	Maternal and Newborn Child Health
MoU	Memorandum of Understanding
RVERA	Regional Vital Events Registration Agency
SDG	Sustainable Development Goals
SNNPR	Southern Nations, Nationalities and Peoples' Region
WDA	Women Development Army

Map of Ethiopia showing the target regions: Oromia and SNNP regions



1. Programme Summary

Project Name	Project to strengthen the civil registration system for children's right to identity: "identification for development" (ID) phase II
Country	Ethiopia
Donor	Italian Agency for Development Cooperation
Grant Reference	SC170732
Total Contribution	EUR 1,000,000
Funds received to date	EUR 1,000,000
Funds utilized to date	USD 1,184,309.73
Unspent balance	USD 524.39
Duration of grant	6 December 2017 to 5 June 2019
Report Type	Final
Reporting Period	6 December 2017 to 5 June 2019
Report due date	5 September 2019
Report prepared in	August 2019
UNICEF Strategic Plan and Sustainable Development Goal (SDG) targets	UNICEF Strategic Plan 2018–2021 • Outcome indicator 3.7: Percentage of children under five whose births are registered Sustainable Development Goal (SDG) targets • Target 16.9: "By 2030, provide legal identity for all, including birth registration." • Indicator 16.9.1: "Proportion of children under 5 years of age whose births have been registered with a civil authority."
UNICEF Outcome and Output	UNICEF CP Outcome: "By 2020, an increased number of children, including adolescents at risk of or who have experienced violence, exploitation and abuse and harmful practices (notably child marriage and FGM/C) in emergency and non-emergency settings, benefit from quality, gender-sensitive, community-based and formal child protection (i.e. social welfare, justice/law enforcement) and other appropriate services. An increased number of children up to 5 years have their birth registered with civil authorities."
	Output: "Strengthened birth registration services as part of a civil registration and vital events system."

Project outputs	Output 1: Improved institutional and technical capacity of Regional Vital Events Registration Agency (RVERA) in Oromia and SNNP to effectively lead and coordinate the registration of vital events Output 2: Established data/information management system on CRVS Output 3: Improved knowledge of the importance and benefits of birth registration in selected kebeles Output 4: Improved inter-sectoral collaboration, monitoring and supportive supervision for delivery of standardized CRVS program Output 5: Generated evidence on effectiveness of CRVS interventions and results Output 6: Improved capacity and effectiveness of health institutions and personnel for notification of births occurring in health facilities and communities
Geographic focus area	Southern Nations, Nationalities and Peoples' region (SNNPR) and Oromia region in Ethiopia ¹
Focus Population	An estimated 819,570 newborns in the targeted 50 per cent of <i>woredas</i> (districts) in Oromia and SNNP region
Programme Partners	The Vital Events Registration Agencies of Oromia and SNNP regions
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¹ The Italian Agency for Development Cooperation supported two phases of this project: the first phase focused on 50 per cent of the *woredas* and the second phase covered the remaining 50 per cent. The current project (phase two) targeted the remaining 50 per cent of the *woredas*: 171 in Oromia and 84 in SNNP regions.

2. Executive Summary

Oromia region, the largest in Ethiopia both in terms of population and area coverage, is divided into 20 administrative zones, 317 *woredas*² and further sub-divided into 7,339 *kebeles* (villages), of which 7,209 are rural and 125 urban³. The population of Oromia region is about 35,467,000,⁴ which is almost a third of the total Ethiopian population out of which over 85 per cent live in rural areas. Of the 5,367,235 children under five in the region, the rate of birth registration is only two per cent⁵ (approximately 107,345 girls and boys under five).

Southern Nations, Nationalities and Peoples (SNNP) region has a total population of 19,171,000, approximately 20 per cent of the total Ethiopian population.⁶ Ninety per cent of the population lives in rural areas. The region has 15 zones, 170 *woredas* and 4,202 *kebeles*⁷ and an estimated 2,810,085 children under five years. Based on the 2016 EDHS, only 3.4 per cent of children under five (approximately 95,543 girls and boys under age five) have had their birth registered with civil authorities.

During the launch of the national vital events registration system in August 2016, civil registration services were provided in only 50 per cent of the administrative *kebeles* in the two regions; however, in 2019, both regions have expanded the administrative coverage of civil registration, with Oromia region reaching 96 per cent and SNNP region reaching 94.2 per cent as of June 2019.⁸ There was also an improvement in the quality of registration data and interoperability of civil registration with health services. Between July 2018 and June 2019, SNNP and Oromia Regional Vital Events Registration Agency (RVERA) reported birth registration rates (for children under the age of one) at 12 per cent and 14.5 per cent, respectively.

In terms of improving the technical capacity of registrars, a training was provided to 7,195 (2,739 female and 4,456 male) *kebele* civil registrars, *woreda* and zonal vital events registration officers and RVERA experts. This has resulted in an improved capacity of the registrars. One example of the improved capacity has been evidence of the significant reduction of errors in the completed registers. For example, the percentage of completed registers with errors that were returned to the regions for correction, after going through different quality checks, is 0.12 per cent in Oromia region and 0.26 per cent in SNNPR. This is a significant improvement compared to a 6 per cent error recorded in July 2017.

The interoperability of civil registration with health is also steadily improving the timeliness and quality of birth registration. The notification of out-of-facility births has increased as a result of the training provided to health officers and health extension workers (HEWs). The training has increased HEWs' awareness and commitment in notifying births that occur both at the health facilities and at the community level. As indicated in INVEA's Ethiopian Fiscal Year (EFY) 2011⁹ administrative data, 15 per

² Districts, or *woredas*, are the third-level administrative divisions of Ethiopia. They are further subdivided into a number of wards (*kebeles*), which are the smallest unit of local government in Ethiopia.

³ Data from Oromia Region Vital Events Registration Agency

⁴ Central Statistical Agency, Population Projection 2007-2037, Table A7.4.4

⁵ Ethiopia Demographic and Health Survey (EDHS) 2016.

⁶ Central Statistical Agency, Population Projection 2007-2037, Table A7.4.7

⁷ Data from SNNP regional VERA

⁸ Coverage of service means that there is a *kebele* civil registration office and a *kebele* manager/civil registrar who has been trained to provide the service and availability of registration documents.

⁹ EFY 2011 is July 2018-June 2019.

cent and 19.7 per cent of births registered between July 2018 to June 2019 in Oromia and SNNP regions respectively were supported by notification from health.

Targeted promotional activities were part of the interventions to increase public awareness about the value and importance of birth registration and to increase demand. With this project, communication strategies were developed at the regional level which informed the different communication approaches used, including integration of civil registration with health messages. The project supported a media programme and community-level sensitization workshops facilitated by RVERAs and produced billboards in local languages. A knowledge, attitude and practices (KAP) assessments were conducted in April and June 2018 in the SNNP and Oromia regions respectively. The KAP result showed an increased community awareness on the benefits of birth registration compared to the level of community awareness before undertaking of communication interventions. For instance, in SNNPR the respondents of the KAP assessment that were able to list three or more benefits of vital events registration increased by 33 per cent between September 2017 and April 2018.

Despite these achievements, there are areas that still require further strengthening, such as the requirement for both parents to be present for registration, fees required for certificates (50 Birr in Oromia and 25 Birr in SNNP), cultural taboos against registration of vital events, loose interoperability of civil registration with health services, the limited capacity of registrars and frequent turnover meaning training investment is lost, poorly equipped registration centres in terms of office equipment, data archiving and storage facilities, and limited awareness of and demand for registration among the communities. Targeted and continuous advocacy to remove the procedural requirements, improve coordination with health facilities and increase sensitization programmes on the benefits of vital events registration that have been carried out with this project need to be further strengthened to achieve optimal results in the future.

In December 2017, the Italian Agency for Development Cooperation generously contributed a total of Euro 1,000,000.00 (i.e. USD 1,184,834.12) in support of this project. From this, USD 1,184,309.73 has already been utilized leaving a balance of US\$ 524.39 which will be expended before the financial closure of the grant.

3. Purpose

The Phase II “Identification for Development” project aims to standardize the civil registration and certification services provided to children in Oromia and SNNP regional states of Ethiopia. The project is designed to contribute to children’s right to identity by improving and standardizing the civil registration system, which serves as a passport to protection from violence, abuse and exploitation, and ensuring children’s access to basic services.

Birth registration establishes the existence of a person before the law and lays the foundation for protection of children’s rights. Article 7 of the Convention on the Rights of the Child provides that a child shall be registered immediately after birth and shall have the right from birth to a name and nationality. Data generated from registration of birth and other vital events is generally accepted to be the preferred source of real time vital statistics. Reliable and timely vital events data, including birth, play a critical role in decision-making processes and the ability to monitor progress of key development indicators (such as the GTP II target of achieving birth registration for 50 per cent of children in Ethiopia by 2020).

Moreover, vital events registration data helps governments set their priorities and inform their immediate, medium-term and long-term planning for basic services affecting children, thereby contributing to the United Nations Development Assistance Framework (UNDAF) Outcome 13 which states that by 2020, national and sub-national institutions apply evidence-based, results-oriented and equity-focused decision making, policy formulation, programme design, monitoring, evaluation and reporting.

This project was designed to ensure provision of standardized civil registration and certification services to children in SNNP and Oromia regions. UNICEF implemented the project in collaboration with the RVERAs and Bureau of Health (BoH) of the two regions based on a jointly developed annual work plan.

4. Results

4.1. Main Results Achieved

The technical and institutional capacity-building provided to the two target regions through the investment from Italian Agency for Development Cooperation has contributed to increased geographic coverage of the civil registration system and the rates of registered births and other vital events (death, marriage and divorce). Currently, 94.2 and 96 per cent¹⁰ of *kebele* registration offices in SNNP and Oromia regions respectively have started providing vital events registration services which is higher compared to the current national average of 88.5 per cent coverage.

According to administrative data from Oromia and SNNP RVERAs and the Immigration Nationality and Vital Events Agency (INVEA), the number of births registered (for children less than one year old) between July 2018 and June 2019 were 217,393 in Oromia and 105,306 in SNNP region¹¹, respectively. This is 11.9 and 14.5 per cent of the total number of children under the age of one in Oromia and SNNP region respectively.¹² Given the 2016 EDHS data showing a 2 per cent and 3 per cent birth registration rate for children under the age of five in Oromia and SNNP region, the progress of the two target regions over the last two years is encouraging. This is attributable to increased government commitment as well as the capacity-building and demand-creation interventions provided through the current project. However, with the current progress being made in the rates of registered births, achievement of the Growth and Transformation Plan (GTP) II target of 50 per cent of children with a birth certificate is not feasible.¹³

The project funding has also been instrumental in strengthening the interoperability between health and civil registration services in the two target regions. This is evidenced by the fact that 50 per cent of all health facilities in SNNP region and 44.8 per cent of health centres and hospitals in Oromia region are now providing birth notification for newborns. According to the administrative data from INVEA, 15 per cent and 19.7 per cent of births registered during the 2011 Ethiopian fiscal year (EFY) (July 2017 -June 2018) in Oromia and SNNP regions, respectively, were supported by notification papers from health

¹⁰ August 2019 Administrative data of INVEA.

¹¹ These figures are a sum of 'on time' (registrations taking place less than 90 days after birth) and 'delayed' (more than 90 days, but less than one year after birth) registrations.

¹² June 2019, administrative data of SNNP and Oromia RVERAs.

¹³ Note that the GTP II target is unrealistic. Ethiopia launched the CRVS system in August 2016. Setting targets is challenging as we cannot rely on past trends to make projections.

facilities. In SNNP, the proportion of birth registrations that were supported by notification from health was 0 per cent in EFY 2009 (July 2016-June 2017) and only 2 per cent in EFY 2010 (July 2017 – June 2018). Among some of the reasons reported by RVERAs for limited coverage and provision of birth notification services by health facilities include: lack of birth notification forms, limited commitment and priority given to notification by health facilities, and absence of trained staff on birth registration and notification.

4.2. Specific Project Activities and Results Achieved

Output 1: Improved institutional and technical capacity of RVERAs in Oromia and SNNP regions to effectively lead and coordinate the registration of vital events.

Through the contribution of the Italian Agency for Development Cooperation, improved data management, security and enhanced institutional capacity of vital events registration offices at various levels were achieved. This can be attributed to the refurbishment of 128 *kebele* registration centres in Oromia with filing cabinets (130) that ensure the safe keeping of registration data and supply of chairs (640), armchairs (128) and office tables (128) that improve the capacity of the offices to provide better services to beneficiaries. Similarly, 19 zonal vital events registration offices, 40 *woreda* offices and 32 *kebele* registration centres in SNNP region were provided with computers (78), printers (78) and bags (1,042 for safe transportation of completed registers).



Training of kebele Civil Registrars, Oromia region, © Oromia RVERA /2019/ Communication Directorate

With the project support, technical capacity building trainings were provided to 7,215 (2,744 female and 4,471 male) existing and newly-assigned *kebele* civil registrars, *woreda* and zonal vital events registration officers and regional VERA experts. 1,148 staff (228 in SNNP region and 920 in Oromia) were trained during the first six months of the project period and the remaining 6,067 (3,365 in SNNP region and 2,702 in Oromia) were trained from July 2018 to June 2019. The training programmes covered the concept and benefits of vital events registration, roles and responsibilities of civil registrars,

data management and archiving, and legal frameworks (e.g., proclamation of vital events registration and regulation on establishment of Vital Events Registration Agency, 2012 and the revised proclamation No. 1049/2017, regional vital events registration regulations and guidelines). In addition, based on identified gaps in competencies and knowledge of civil registrars, as well as quality of completed registers, SNNP RVERA provided a refresher in-service training to 550 registrars (525 male and 25 female) between 30 January and 2 February 2018.

The positive outcome of the capacity-building interventions is evident in the improved quality of registration in both regions. According to July 2019 administrative data of Oromia RVERA, 269 (0.12 per cent) out of the 217,393 completed registers, were reverted for correction. For SNNPR, 226 (0.26 per cent) out of the 87,000 quality checked registers were reverted to the region for corrections. This is a considerable improvement compared to the 2017 data where more than 6 per cent of completed registers in both regions were returned for corrections due to errors and incomplete variables.



Training to kebele Civil Registrars, SNNP region © SNNP RVERA/ 2019/ communication Directorate

Output 2: Established information management system on Civil Registration and Vital Statistics (CRVS).

The paper-based and electronic data-capturing tools were reviewed and customized to the different regional contexts. The tools were revised to be able to capture clients' data in a disaggregated manner and with more comprehensive variables including sex, age, education level, rural/urban, etc. To make sure that these tools are effectively utilized at all levels (*kebele*, *woreda*, zonal and regional), capacity-building training was provided to 116 (64 female and 52 male) data entry officers and 784 (212 female and 572 male) zonal and town administration VERA data experts in SNNP region.



On-the-job training to data experts, SNNP region © SNNP RVERA/ 2019/ Communication Directorate

The training sessions focused on the revised data-gathering tools and the process of collecting, handling and reporting on vital events data. It was reported that the training enabled participants to improve the quality of data storage and their capacity for electronic data management using a temporary database being modelled in selected *woredas* of the two regions. Because of this intervention, all the target *woredas* in the two regions are using a uniform data collection and reporting template and the timeliness of data capturing and reporting from *kebele* to *woreda* up to the federal level has improved.

Output 3: Improved knowledge of the importance and benefits of birth registration in selected kebeles.

The project supported demand-creation interventions in the two regions based on the communication strategy developed. Accordingly, context-specific information, education and communication (IEC) and behaviour change communication (BCC) materials (50 billboards and 3,000 posters) were developed and distributed to 85 targeted *woredas* in SNNP region. In addition, CRVS messages on the benefits and importance of birth registration were produced and broadcasted through nine regional radio stations and *Debut* TV. It is estimated that a total of 2.5 million people were reached with information on the benefits of vital events registration and the means to access services.

Similarly, Oromia VERA bought an airtime from radio Fana and transmitted information to the public about the importance and requirements of vital events registration.

A KAP assessment was conducted in SNNP region to measure the level of community knowledge, attitude and practices around birth registration. The baseline was conducted in September 2017 and the post-intervention period was in April 2018. As can be seen from the table below, significant

improvement was observed in community awareness on the key benefits of vital events registration within the eight-month period.

Table 1 Findings of SNNP KAP assessment

Variables	Sept 2017	Apr 2018	% of increment
Respondents having some information about vital event registration.	70%	82.8%	12.8%
Respondents who were able to list between 1 and 4 vital events.	62.1%	78.9%	31.2%
Respondents who were able to state 3 or more benefits of vital event registration.	21.2%	54.2%	33%

In Oromia, to inform harmonised communication interventions on vital events registration, 210 government communication personnel drawn from VERA, health and public service bureaus were trained for five days on the use of the communication strategy developed at regional level. Training was also provided to 187 (29 female and 158 male) zonal and *woreda* VERA heads on the communication strategy developed by the regional VERA.

To measure the effectiveness of the communication interventions, Oromia RVERA conducted a KAP assessment, in November 2018 in 146 *kebele* in 45 *woredas* of ten zones in partnership with Adama University. The key findings of the assessment, which serves as a baseline, are summarized below:

- Respondents were asked whether they had ever heard about civil registration. 75.2 per cent responded “Yes” while 24.8 per cent responded “No”.
- Media is playing a leading role in raising public awareness about civil registration. Out of the respondents who had heard about civil registration, 46.1 per cent mentioned media as the source of their information (31.7 per cent from television and 14.4 per cent from radio). Other sources of civil registration information were training (24.9 per cent) and friends (12.9 per cent).
- 91.4 per cent of service users felt that vital events registration has a direct impact on the socio-economic development of a country. 89.4 per cent of responders stated that vital events registration helps for fair distribution of resources.
- The KAP assessment further reported that religious and other community leaders were rarely used to promote birth and other civil registration services in the region

Output 4: Improved inter-sectoral collaboration, monitoring and supportive supervision for delivery of standardized CRVS programme.

Project funds have been used to strengthen inter-agency coordination mechanisms at various levels in both regions. The coordination structures are composed of representatives of the key agencies including RVERA, BoH, Regional Attorney General, Bureau of Women, Children and Youth (BoWCY), UNICEF, academic institutions, and members of religious and community groups. In SNNP region, the memorandum of understanding (MoU) establishing the coordination structures were revised to include relevant stakeholders such as the Bureau of Education (BoE) and mass media organizations. The functionality of the MoU is being ensured through quarterly review meetings at regional and zonal level, monthly review meeting at *kebele* level and through joint planning and monitoring. Civil registration is

being mainstreamed into activities, including the maternal and child health programme with health, child protection programmes under BoWCYA, early childhood and primary education programmes under BoE, and communication and media programmes.



Regional review meeting with health and other stakeholders, SNNP region © SNNP RVERA/ 2018/Communication Directorate

Review meetings were conducted among RVERA, BoH, BoWCY, UNICEF, Regional Attorney General and representatives from the regional administration in SNNP to discuss ways to improve the rate and demand for birth registration as well as strengthening linkages among the relevant stakeholders in SNNP. The first joint review meeting was held on 1 May 2018 in Yirgalem town and the second on 13 May 2018 in Shashemene town. Members of community structures such as the youth league, women's league, the Orthodox Church, mosques, youth and women's federation, *Iddirs* and civil society representatives also participated in these forums. During the forum, the roles and responsibilities of government sectors, academic institutions, religious leaders and community structures were extensively discussed. At the end of the review meetings, each sector agreed to take responsibility to create demand for birth registration by mainstreaming civil registration into their respective programmes and activities.



Coordination Meeting in Shashemene town, © SNNP RVERA/ 2018/Communication Directorate

In Oromia region, three rounds of programme monitoring missions, covering 6 zones and 12 *woredas* (38 *kebeles*) were conducted to assess the effectiveness of vital events registration and provide the necessary support to make improvements. The missions targeted vital events offices at zonal, *woreda* and *kebele* level, health centres and health posts. The findings of the first two joint monitoring missions were presented and deliberated in a five-day workshop in Adama town. The challenges identified included: limited progress in providing birth notifications by health facilities, reluctance of parents to register their children after receiving a notification form from the health facility (mainly because of limited awareness on the value of registering births and some parents confuse notification papers for birth certificates), a poor standard of data archiving and limited storage facilities, the high workload and turnover of registrars, and limited community awareness of the importance of registering vital events and requirements to register. The findings from the monitoring mission and the workshop have led to recommendations to boost timely registration and address some of the identified gaps. The recommendations of the assessment include strengthening notification of birth from health centres and ensuring active engagement of the health sector in capacity-building training and monitoring. Based on these recommendations, capacity building training was provided to 357 midwives and head of health centres from 60 *woredas* of 20 zones with the aim of promoting birth registration during immunization and improve notifications of birth. Currently, birth registration is being conducted during immunization and post-natal care services in Oromia region.

- An end of project joint review was conducted from 22-23 March 2019 in the presence of INVEA and the Ministry of Health. The regional VERAs and BoHs of both regions were also invited for experience sharing. Based on the assessment done by INVEA in 14 hospitals (rural/urban), 19 health centres and 9 private health facilities, the following findings have been highlighted: All the health facilities assessed have started providing notification papers
- Technical committee composed of VERA and Health offices are providing support to the health facilities
- Follow up on notification process was included in the regular monitoring checklist of the regional BoHs
- Around 500 health facilities are conducting awareness raising activities to mothers and care givers on the benefits of registration as well as what to do with the notification papers

The review also identified the following challenges:

- Notification target is not clear – both regions do not have the target number or proportion of notifications against birth per year/quarter/month at facility level
- Notification papers are not printed using the recommended specific pad in most facilities – some use the correct pad (numbered and dated) and others just photocopy the notification papers
- The notification paper must be signed by a medical director, creating a delay when the medical director is not around
- The community's misunderstanding about notification papers (identified through field monitoring missions and discussions with community groups) found that some parents confuse the notification papers with a birth certificate
- The engagement of private health facilities in the notification process is not to the required level. This is mainly due to the priority of the Ministry of Health and regional Bureaus of Health in expanding the coverage of birth notification in public health facilities.
- Limited accountability and perception of notification as additional burden by the health facilities

The following were recommendations that came out of the review:

- Include regular monitoring into the annual work plan of the health sector at all levels
- Include notification in the result-based performance evaluation system of staff to ensure accountability of relevant personnel
- Assign a responsible focal person in each facility to manage notification related work processes
- As notification is the responsibility of health facilities, the health sector should allocate the budget for printing and distribution of notification pads preferably decentralized at regional level
- With regards to involvement of the private health facilities, it was agreed that in rural areas the focus should be to strengthen interoperability with birth registration among mainly public/government health facilities; while in urban towns due to significant delivery rates in private health facilities technical assistance is being rendered to ensure full interoperability of birth registration and notification with the private health facilities.

Output 5: Generated evidence on effectiveness of CRVS interventions and results.

Regular quarterly performance reviews (including monitoring and coordination meetings) were conducted based on the monitoring and data-collection tools developed for the purpose. Using these tools, civil registration progress and challenges were systematically reviewed to inform corrective actions. The findings of the monitoring missions and the civil registration data compiled at *woreda*, zonal and regional level are deliberated upon during the review meetings.

With regards to geographic coverage of civil registration, there is good progress in both regions with the number of registration centres steadily increasing over the past two years. Accordingly, compared to the current national average of 88.5 per cent, the progress in both regions is significant (SNNP region 94.2 per cent and Oromia 96 per cent). As can be seen from the table below, within a period of one year, an additional 218 *kebeles* in Oromia and 117 *kebeles* in SNNP have started providing birth and other vital event registration services.

Table 2 Number and percentage of functional registration structures in the target regions

Region	Timeline	Number of kebeles in the region	Number and % of <i>kebeles</i> with Vital Events Registration Centres			
			Rural	Urban	Total	%
Oromia	June 2018	7,339	6,711	127	6,838	93
	June 2019	7,342	6,927	129	7,056	96
SNNP	June 2018	4,202	3,420	427	3,847	91.6
	June 2019	4,208	3,537	427	3,964	94.2

Moreover, the number of births registered has increased in the two regions. According to administrative data from Oromia and SNNP RVERAs and INVEA¹⁴, the number of births registered (of children who

¹⁴ These figures are a sum of 'on time' (registrations taking place less than 90 days after birth) and 'delayed' (more than 90 days, but less than one year after birth) registrations.

were less than one year old) between July 2018 and June 2019 in Oromia were 217,393 while those registered between July 2017 and June 2018 were 125,680. For SNNP region, during the period of July 2018 to June 2019, there were 105,306 registered births compared to the 89,990 children below one year that were registered between June 2017 to July 2018. This is 11.9 per cent and 14.5 per cent of the total number of children under the age of one, born between July 2018 and June 2019¹⁵ in Oromia and SNNP regions, respectively. Given the 2016 EDHS data of only 2 per cent and 3 per cent birth registration rate for children under five in Oromia and SNNP region, respectively, the progress of the two target regions is promising. Nevertheless, with the current rate of progress on registered births in both regions and the high fertility rate for women in both regions,¹⁶ achievement of the GTP II target by 2020 becomes farfetched.

Output 6: Improved capacity and effectiveness among health institutions and personnel for notification of births occurring in health facilities and community.

Bottleneck analysis of the birth notification system at different levels of the health sector, from hospitals to health posts, was conducted in the SNNP region. The RVERA and regional BoH jointly conducted the assessment from 22 August to 9 September 2018 to identify the key challenges in the notification and registration process, and to better understand opportunities of interoperability between the two sectors to inform joint planning. The assessment targeted seven zonal offices, one district in each zone and Yem special *woreda*. From each *woreda*, one hospital, one health centre, one health post and *kebele* where the health post is located were covered.

The assessment findings included: limited commitment of zonal and district administrators and VERA officers in promoting and creating an enabling environment for registration; some health facilities not taking their roles of notification seriously; no proper action plans or clear targets for birth and death notifications in some zonal and district health facilities; inadequate distribution of notification forms in some facilities and lack of continuous joint review and monitoring by the two sectors.

Based on the assessment findings, a joint review meeting that brought together VERA and health representatives from 85 *woredas* was organized. Key challenges were discussed for immediate and long-term actions. Interoperability between the two sectors was prioritised for discussion and joint action. Following the joint review, a clear action plan, outlining the roles and responsibilities of both sectors was developed and operationalized. As a result, engagement of the two sectors has improved, contributing to a significant improvement in birth and death notification and interoperability between the two sectors.

The Oromia region also carried out an analysis of bottlenecks among health facilities in notifying births and deaths. Bottlenecks identified were: limited awareness about the responsibility of health facilities to notify births and deaths; lack of notification forms; and lack of accountability mechanisms across the health structures for failure to notify births. Based on these findings, Oromia RVERA has supported the BoH to cascade the MoU signed by the two sectors at regional level to zonal and *woreda* levels. As a result, representatives of RVERA and health services at zonal and *woreda* levels are aware of their respective responsibilities and signed the MoU at their respective levels. As a result of the signed MOU,

¹⁵ June 2019, administrative data of SNNP and Oromia RVERAs and July 2019 admin data of INVEA

¹⁶ According to EDHS 2016, total fertility rate for Oromia is 5.4 while for SNNP 4.4. the national average is 4.6 children per women.

most of the health facilities in urban areas and almost half of those in rural areas have started providing notification papers.

The project funding has been instrumental in expanding and sustaining interoperability between the two sectors which has improved notification-supported registration. In Oromia region, 44.8 per cent (628/1,400) of health centres, 44 per cent of hospitals (36/81) and 12 per cent of health posts (780/6,500) are now providing birth notification for new-borns. In SNNP region, 50 per cent of all health facilities in the region are now providing birth and death notification and have established linkages with civil registration. According to the administrative data from health information systems and VERA, 15 per cent and 19.7 per cent of births registered during EFY 2011 in Oromia and SNNP regions, respectively, were supported by notification papers. Considering the proportion of notification-supported birth registrations was 0 per cent in EFY 2009 and only 2 per cent in EFY 2010 in SNNPR, this has yielded encouraging results.



Training to Health Extension Workers, SNNP region © SNNP RVERA/ 2019/Communication Directorate

To scale up notification of birth in Oromia region, a two-day awareness-raising training was provided to midwives and managers of health centres and hospitals. This project supported the training of 222 (67 female, 155 male) members of the health workforce on the importance of birth registration, the rights and benefits it provides to a child, the expected role and legal duties of the health sector to notify events, and how to use the notification forms. In SNNP, 50 per cent of all health extension workers in the region (1,187), were trained on birth notification and registration procedures.

To address the gap observed in terms of availability of notification formats in sufficient quantities, 4,000 standardized birth and death notification pads with user guidance were printed and distributed to all health facilities in Oromia region. The notification pads are estimated to serve more than 200,000 births in the region. During a joint review meeting between VERA and health in March 2019, the issue of government ownership in printing and distribution of notification pads were extensively discussed and

consensus was reached between the two sectors for Health to fully cover the cost and be responsible to produce and disseminate the notification pads.

Innovative birth registration processes introduced through interoperability with the health system

Baddessa *woreda* in West Hararege, Oromia region was promoted as a demonstration site for an innovative one-stop shop approach. Baddessa Health Centre, which is one of the targets supported through this fund, developed an innovative approach on interoperability of birth registration and maternal, new-born and child health (MNCH) services. The health centre dedicated a regular day (Friday) and a dedicated office within the health centre to offer birth registration services – and linked it with key maternal and child health services, such as early postnatal immunization and family planning. On Fridays, both parents are encouraged to come with their children for vaccinations as well as birth registration and certification – with all services provided in the health centre as one-stop shop.



Parents registering birth and receiving birth certificates during immunization, Oromia region © Oromia RVERA/2019/ Communication Directorate

4.3. Challenges and Lessons Learned

Challenges

- Security issues, emergencies and inter-ethnic conflicts in both regions have been critical challenges that affected the timeliness of the project implementation. Planned activities in both target regions were heavily constrained. The conflict and instability have displaced hundreds of thousands of people from their homes and has hindered the free movement needed to provide technical support and monitor progress of the project. In addition, in some areas registration offices have been fully or partially closed, registration documents burned, and some government personnel have fled to different areas, leading to significant delays in programme implementation. The regional and *woreda* VERAs were unable to undertake demand-creation and community-mobilization activities due to restriction of movement and security concerns.

UNICEF was, therefore, forced to request a no-cost extension and provided additional six months (6 December 2018 – 5 June 2019) to complete the planned activities under the project.

- The instability in almost all parts of Oromia and some parts of SNNP region during the project life resulted in displacement of more than a million people. Registration of the births of children in IDP camps was constrained because of absence of registration centers inside camps and fees required for birth certificates on top of the priority given to life saving interventions. In some IDP camps, particularly in Oromia, the government waived the fee for certificates and kebele registrars provided outreach registration services. However, as this was not uniformly done in all IDP camps, many children in these locations (including those born in the camps) did not benefit from birth registration services.
- Another challenge affecting the uptake of vital events registration is the difficulty for people to fulfill the procedural requirements, particularly the requirement for both parents to be present for registration, and the fee associated with birth certificates. As this is not a requirement specific to Oromia and SNNP regions but a nationwide bottleneck, UNICEF is advocating with the government to remove or revise these preconditions. Apart from the various demand-creation activities focusing on creating awareness about the benefits of vital events registration – continuous strategic advocacy for removal of the procedural barriers should take place in collaboration with other partners at different levels.
- While efforts have been made to strengthen the partnership with the health sector, the number of births notified by health institutions compared to facility delivery rates remains low. This is because most midwives and other health officers have limited knowledge of the notification process. There is also less follow-up of children who have been notified to ensure that they get registered on time. There is a need to set up effective tracking systems to ensure all births that are notified receive timely registration. Innovative strategies, including working with health extension workers to identify children who miss birth notification during home visits, follow up of mothers with notification papers to go register their children during post-natal care and scaling up the one stop shop model in Oromia region are being implemented to increase the number notification supported registration.

Lessons Learned

- Targeted strategic advocacy efforts using evidence for removal of key barriers for children to access birth registration services should be further stepped up. One of the barriers is the requirement for both parents to be present for registration. Additional issues include elimination of fees for the provision of birth certificates and the requirement of a renewed kebele resident ID for registration. To eliminate these barriers UNICEF together with and with the support of its partners is engaging in continuous advocacy at all levels.
- Integrating birth registration into maternal and child health services such as immunization and post-natal care helps to reach more children and contributes to quality and timely registration of birth. Continuous consultations and review meetings as well as concerted and systematic collaboration with the health sector, help take concrete steps to address bottlenecks and discharge responsibilities.

- Informal community structures are vital to ensuring registration of children born outside health facilities. Given the required knowledge and skills, and topped up with regular monitoring sessions, introduction standard guidelines and tools as well as provision of suitable context-specific IEC/BCC materials, community structures such as women development armies and HEWs are able to carry out and support a wide range of activities, including awareness-raising, mobilization of communities, notification of births at home and referral to health facilities and civil registration offices. The RVERAs in both regions need to design mechanisms to systematically engage the local structures and help them play a more instrumental role in advancing the vital events registration system. UNICEF will continue to support this in collaboration with its partners.
- Lack of technology in civil registration work increases transaction costs (such as daily subsistence allowance, transportation costs to transfer completed registers and registration data from *kebele* upwards, increased likelihood of errors noting the carbon copies of each form are often difficult to read) and affects the security of confidential vital events registration data. With the support from partners including the Italian Agency for Development Cooperation and aligned with the existing guidance and good practice in digitisation, UNICEF is keen to work towards digitization of the system and availing the upcoming national CRVS comprehensive assessment and development of a strategic plan.
- Several initiatives implemented through this project including capacity building of registrars, interoperability with the health sector and expansion of functional birth registration will contribute to the sustainability of the project. The regional governments of the two regions established and ensured functionality of birth registration structures at all levels from regional to *kebele* levels. The RVERAs have structures and employees at the regional, zonal and *woreda* levels fully financed through government resources. Notification and the prioritisation of the CRVS within the Health Sector Transformation Plan, enabling a legal and policy environment for health sector engagement in birth registration, is a strong indication of project sustainability.

4.4. Monitoring and Evaluation

UNICEF staff in both regions worked closely with partners, in particular RVERAs and BoHs, to ensure regular quarterly monitoring of progress of the project, identify bottlenecks and seek remedial actions in a timely manner. Biannual review meetings strengthened this process further and strengthened stakeholders' commitment and performance.

4.5. Key Partnerships and Inter-Agency Collaboration

The project is jointly coordinated and implemented by RVERAs and BoHs of the two target regions, through jointly-developed annual work plans. These government institutions implemented the project in close collaboration with other government bureaus, such as the BoWCYAs and the BoE, as well as community structures.

The signed and revised MoU elaborating the roles and responsibilities of RVERA and key stakeholders, particularly BoH, BoE and BoWCA, has also contributed to improved coordination among stakeholders.

The media, academic institutions, religious leaders and community structures are also strategic partners in improving the effectiveness of and access to the civil registration system in the two regions.

5. Financial Implementation

Please see attached the Uncertified Donor Statement by Activity.

6. Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation for the contributions of the Italian Agency for Development Cooperation. Thousands of children have benefitted the interventions in Oromia and SNNP regions thanks to your generous support to UNICEF-assisted programmes in Ethiopia.

Donor Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the Public Sector Alliances and Resource Mobilization Office (PARMO) who will share your input with relevant colleagues in the field and in headquarters. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Jennifer Schulz

Email: jschulz@unicef.org

**SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Status of Contribution

External Reference:	AID 11291
Description:	Ethiopia:Strengthening the Civil Registration System for Children's Right
Contribution Reference:	SC170732
Effective Date:	06.12.2017
Expiry Date:	05.06.2019
Recipient Office(s):	Ethiopia
Agreement Currency:	EUR
Agreement Amount:	EUR 1,000,000.00
Funds Received:	EUR 1,000,000.00
Refunds:	EUR 0.00
Funds Receivable:	EUR 0.00

Summary of Expenditures (USD)

<u>Description</u>	<u>Cumulative Expenditure</u>
Programmable Expenditure:	1,096,583.08
Indirect support cost 8%	87,726.65
Total:	1,184,309.73
Funds Received in USD:	1,184,834.12
Unspent Balance:	524.39

Summary of Expenditures by Recipient Office (USD)

Country/Regional Office	Incurred Expense		and Prepayments	Cumulative Expenditure	Commitments*
	2017-2018	2019			
Ethiopia	841,822.44	342,487.29	0.00	1,184,309.73	0.00

* "Commitments" include undelivered purchase orders, payment commitments for implementing partners and travel advances approved but not yet paid. The amounts shown in this column represent the status and value of the commitment as at the date the report is produced. As goods are received and commitments in respect of implementing partners and travel advances are paid these amounts will be added to "incurred expense".

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

Details of Expenditures by Activity - Office:**Ethiopia**

Outcome / Output / Activity Description	Incurred Expense		Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
	2017-2018	2019			
Outcome 001 001 HEALTH	113,778.42	119,174.01	0.00	232,952.43	0.00
Output 001 001 HEALTH SYSTEM CAPACITY STRENGTHENING	93,000.00	108,173.37	0.00	201,173.37	0.00
Activity 001 FD POLICY PLANNING AND ADVOCACY	0.00	15,352.43	0.00	15,352.43	0.00
Transfers and Grants to Counterparts	0.00	14,723.70	0.00	14,723.70	0.00
0200004664 - 001 FMOH TAs under UNOPS 2019	0.00	14,723.70	0.00	14,723.70	0.00
General Operating + Other Direct Costs	0.00	628.73	0.00	628.73	0.00
Direct Charge	0.00	(0.21)	0.00	(0.21)	0.00
0000234003 - 002 Advertising costs	0.00	628.94	0.00	628.94	0.00
Activity 007 SN POLICY PLANNING AND ADVOCACY	45,000.00	44,468.12	0.00	89,468.12	0.00
Transfers and Grants to Counterparts	45,000.00	44,468.12	0.00	89,468.12	0.00
0100325937 - 009 20071911 - Conduct joint assessment, VERA and RHB,	45,000.00	0.00	0.00	45,000.00	0.00
0100334692 - 001 20082081 - Support 85 of woredas in the region to	0.00	19,981.48	0.00	19,981.48	0.00
0100347986 - 001 20095168 - Support 85, 50 percent of woredas in th	0.00	24,486.64	0.00	24,486.64	0.00
Activity 015 OR MONITORING AND EVALUATION	48,000.00	48,352.82	0.00	96,352.82	0.00
Transfers and Grants to Counterparts	48,000.00	48,352.82	0.00	96,352.82	0.00
0100319451 - 001 20064911 - Conducting supportive supervision for h	11,067.00	0.00	0.00	11,067.00	0.00
0100319451 - 002 20064919 - Conducting orientation on birth and dea	36,933.00	0.00	0.00	36,933.00	0.00
0100337714 - 002 20083289 - Birth registration expanded and strengt	0.00	28,352.82	0.00	28,352.82	0.00
0100338574 - 004 20083383 - Health facilities and health offices st	0.00	20,000.00	0.00	20,000.00	0.00
Output 005 005 PROGRAMME SUPPORT SALARY	20,778.42	11,000.64	0.00	31,779.06	0.00
Activity 013 FD NATIONAL STAFF SALARY	20,778.42	11,000.64	0.00	31,779.06	0.00
Staff and Other Personnel Costs	19,528.42	10,325.64	0.00	29,854.06	0.00
Direct Charge	19,528.42	0.00	0.00	19,528.42	0.00
0815187573 - 001 Base Salary # Local Staff exc. Tas	0.00	2,720.34	0.00	2,720.34	0.00
0815187577 - 001 Dependency Allow. (Local Staff exc. TA)	0.00	119.50	0.00	119.50	0.00
0815187580 - 001 Pension Fund Contrn (local staff exc. TA)	0.00	537.56	0.00	537.56	0.00
0815187585 - 001 Transfer to ASHI reserve - Local	0.00	108.81	0.00	108.81	0.00
0815187588 - 001 Transfer to Separation Fund - Local	0.00	68.01	0.00	68.01	0.00
0815187594 - 001 Transfer to MIP Reserve - Local	0.00	209.47	0.00	209.47	0.00
0815187603 - 001 Base Salary # Local Staff exc. Tas	0.00	2,720.34	0.00	2,720.34	0.00
0815187607 - 001 Dependency Allow. (Local Staff exc. TA)	0.00	119.50	0.00	119.50	0.00
0815187610 - 001 Pension Fund Contrn (local staff exc. TA)	0.00	537.55	0.00	537.55	0.00
0815187613 - 001 Transfer to ASHI reserve - Local	0.00	108.81	0.00	108.81	0.00
0815187617 - 001 Transfer to Separation Fund - Local	0.00	68.01	0.00	68.01	0.00
0815187621 - 001 Transfer to MIP Reserve - Local	0.00	209.47	0.00	209.47	0.00
0815479266 - 001 Base Salary # Local Staff exc. Tas	0.00	2,046.44	0.00	2,046.44	0.00
0815479267 - 001 Dependency Allow. (Local Staff exc. TA)	0.00	55.77	0.00	55.77	0.00

Note: This report contains data as of the reporting period. All amounts are provided in the Certified Statement of Accounts Report Generated On

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

0815479268 - 001	Pension Fund Contrn (local staff exc. TA)	0.00	405.47	0.00	405.47	0.00
0815479270 - 001	Transfer to ASHI reserve - Local	0.00	81.85	0.00	81.85	0.00
0815479272 - 001	Transfer to Separation Fund - Local	0.00	51.16	0.00	51.16	0.00
0815479274 - 001	Transfer to MIP Reserve - Local	0.00	157.58	0.00	157.58	0.00
General Operating + Other Direct Costs		1,250.00	675.00	0.00	1,925.00	0.00
Direct Charge		1,250.00	0.00	0.00	1,250.00	0.00
0815187598 - 001	Central Serv cost attribution	0.00	250.00	0.00	250.00	0.00
0815187626 - 001	Central Serv cost attribution	0.00	250.00	0.00	250.00	0.00
0815490690 - 001	Central Serv cost attribution	0.00	175.00	0.00	175.00	0.00
Outcome 005 005 CHILD PROTECTION		566,936.15	197,943.02	0.00	764,879.17	0.00
Output 003 003 BIRTH REGISTRATION		519,378.71	184,800.46	0.00	704,179.17	0.00
Activity 006 OR TECHNICAL & INSTITUTIONAL CAPACITY BUI		0.00	35,894.65	0.00	35,894.65	0.00
Transfers and Grants to Counterparts		0.00	35,894.65	0.00	35,894.65	0.00
0100335479 - 002	20083503 - VERA technical capacity for Birth regis	0.00	15,184.00	0.00	15,184.00	0.00
0100335479 - 006	20083509 - Community awareness and demand for birt	0.00	11,838.00	0.00	11,838.00	0.00
0100335479 - 007	20083511 - Technical Assistance 1 strengthened at	0.00	2,008.00	0.00	2,008.00	0.00
0100346415 - 005	20096342 - Community awareness and demand for birt	0.00	4,897.33	0.00	4,897.33	0.00
0100346415 - 006	20096343 - TA, 1 strengthen at the regional, distr	0.00	1,967.32	0.00	1,967.32	0.00
Activity 007 SN TECHNICAL & INSTITUTIONAL CAPACITY BUI		158,903.71	68,656.91	0.00	227,560.62	0.00
Transfers and Grants to Counterparts		158,903.71	68,656.91	0.00	227,560.62	0.00
Direct Charge		(103.71)	0.00	0.00	(103.71)	0.00
0100326529 - 001	20071725 - Birth registration CRVS system operatio	82,000.00	0.00	0.00	82,000.00	0.00
0100326529 - 003	20071728 - Train health professionals mainly HEWs	20,000.00	0.00	0.00	20,000.00	0.00
0100337344 - 001	20083960 - Improving institutional and technical c	0.00	10,684.00	0.00	10,684.00	0.00
0100337344 - 002	20083961 - Strengthen institutional capacity of ci	0.00	15,420.00	0.00	15,420.00	0.00
0100351166 - 001	20101784 - Strengthen ininstitutional capacity of c	0.00	42,552.91	0.00	42,552.91	0.00
0100355533 - 001	40025501 - Strengthen institutional capacity of ci	14,894.65	0.00	0.00	14,894.65	0.00
0100355587 - 001	40025506 - Strengthen institutional capacity of cv	42,112.77	0.00	0.00	42,112.77	0.00
Activity 021 OR SUPP. MONITORING & REPORTING MECHANIS		83,388.00	37,372.90	0.00	120,760.90	0.00
Transfers and Grants to Counterparts		83,388.00	37,372.90	0.00	120,760.90	0.00
0100317652 - 003	20063809 - CRVC communication strategy developed	26,474.00	0.00	0.00	26,474.00	0.00
0100317652 - 004	20063814 - Assesment on the progress constraint of	24,848.00	0.00	0.00	24,848.00	0.00
0100317652 - 005	20063816 - CRVS administrative data system in plac	7,328.00	0.00	0.00	7,328.00	0.00
0100317652 - 006	20063851 - Program monitoring and supervision	24,738.00	0.00	0.00	24,738.00	0.00
0100335479 - 004	20083506 - Quality and frequency of data collecti	0.00	5,000.00	0.00	5,000.00	0.00
0100335479 - 008	20083512 - Periodic monitoring, supportive supervi	0.00	12,000.00	0.00	12,000.00	0.00
0100346415 - 003	20096337 - Quality and freqesncy of data collecti	0.00	11,557.70	0.00	11,557.70	0.00

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

0100346415 - 007	20096347 - Periodic monitoring, supportive supervi	0.00	8,815.20	0.00	8,815.20	0.00
Activity 022 SN SUPP. MONITORING & REPORTING MECHANIS		14,037.00	30,612.00	0.00	44,649.00	0.00
Transfers and Grants to Counterparts		14,037.00	30,612.00	0.00	44,649.00	0.00
0100326529 - 005	20071732 - Regular monitoring and reporting of res	14,037.00	0.00	0.00	14,037.00	0.00
0100337344 - 003	20083962 - Strengthen the quality and frequency of	0.00	1,746.00	0.00	1,746.00	0.00
0100337344 - 005	20083965 - Program monitoring and reporting includ	0.00	14,046.00	0.00	14,046.00	0.00
0100337344 - 009	20084363 - conduct joint regular monitoring and jo	0.00	774.00	0.00	774.00	0.00
0100345637 - 003	20095676 - Program monitoring and reporting includ	0.00	14,046.00	0.00	14,046.00	0.00
Activity 033 OR SUPP. DEVELOPMENT & OPERATIONALIZATION		230,450.00	0.00	0.00	230,450.00	0.00
Transfers and Grants to Counterparts		230,450.00	0.00	0.00	230,450.00	0.00
0100317652 - 001	20063803 - Birth Registration CRVCsystem operation	126,150.00	0.00	0.00	126,150.00	0.00
0100317652 - 002	20063807 - Institutional capacity assesment conduc	104,300.00	0.00	0.00	104,300.00	0.00
Activity 034 SN SUPP. DEVELOPMENT & OPERATIONALIZATION		12,600.00	10,764.00	0.00	23,364.00	0.00
Transfers and Grants to Counterparts		12,600.00	10,764.00	0.00	23,364.00	0.00
0100326529 - 002	20071726 - Develop and disseminate IEC messages to	12,600.00	0.00	0.00	12,600.00	0.00
0100337344 - 007	20084359 - Provide TA to zones and wordas to intro	0.00	10,764.00	0.00	10,764.00	0.00
Activity 046 SN SUPP. INTEROPERABILITY OF BIRTH REGIS		20,000.00	1,500.00	0.00	21,500.00	0.00
Transfers and Grants to Counterparts		20,000.00	1,500.00	0.00	21,500.00	0.00
0100326529 - 004	20071731 - Convene regional VERA forum with key pa	20,000.00	0.00	0.00	20,000.00	0.00
0100337344 - 008	20084361 - Improve notification of birhs by the he	0.00	1,500.00	0.00	1,500.00	0.00
Output 008 008 PROGRAMME SUPPORT SALARY		40,618.36	12,375.20	0.00	52,993.56	0.00
Activity 013 FD NATIONAL STAFF SALARY		40,618.36	12,375.20	0.00	52,993.56	0.00
Staff and Other Personnel Costs		37,693.16	11,537.58	0.00	49,230.74	0.00
Direct Charge		15,643.64	0.00	0.00	15,643.64	0.00
0814526112 - 001	Base Salary # Local Staff exc. Tas	2,324.00	0.00	0.00	2,324.00	0.00
0814526115 - 001	Dependency Allow. (Local Staff exc. TA)	63.66	0.00	0.00	63.66	0.00
0814526116 - 001	Pension Fund Contrn (local staff exc. TA)	456.23	0.00	0.00	456.23	0.00
0814526119 - 001	Transfer to ASHI reserve - Local	92.96	0.00	0.00	92.96	0.00
0814526122 - 001	Transfer to Separation Fund - Local	58.10	0.00	0.00	58.10	0.00
0814526124 - 001	Transfer to MIP Reserve - Local	178.95	0.00	0.00	178.95	0.00
0814526129 - 001	Base Salary # Local Staff exc. Tas	2,423.08	0.00	0.00	2,423.08	0.00
0814526132 - 001	Dependency Allow. (Local Staff exc. TA)	16.00	0.00	0.00	16.00	0.00
0814526133 - 001	Pension Fund Contrn (local staff exc. TA)	476.55	0.00	0.00	476.55	0.00
0814526134 - 001	Transfer to ASHI reserve - Local	96.92	0.00	0.00	96.92	0.00
0814526135 - 001	Transfer to Separation Fund - Local	60.58	0.00	0.00	60.58	0.00
0814526136 - 001	Transfer to MIP Reserve - Local	186.58	0.00	0.00	186.58	0.00
0814526138 - 001	Base Salary # Local Staff exc. Tas	2,423.08	0.00	0.00	2,423.08	0.00
0814526139 - 001	Dependency Allow. (Local Staff exc. TA)	39.83	0.00	0.00	39.83	0.00
0814526140 - 001	Pension Fund Contrn (local staff exc. TA)	476.55	0.00	0.00	476.55	0.00

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

0814526141 - 001	Transfer to ASHI reserve - Local	96.92	0.00	0.00	96.92	0.00
0814526142 - 001	Transfer to Separation Fund - Local	60.58	0.00	0.00	60.58	0.00
0814526143 - 001	Transfer to MIP Reserve - Local	186.58	0.00	0.00	186.58	0.00
0814859360 - 001	Base Salary # Local Staff exc. Tas	2,423.08	0.00	0.00	2,423.08	0.00
0814859361 - 001	Pension Fund Contrn (local staff exc. TA)	476.55	0.00	0.00	476.55	0.00
0814859362 - 001	Transfer to ASHI reserve - Local	96.92	0.00	0.00	96.92	0.00
0814859363 - 001	Transfer to Separation Fund - Local	60.58	0.00	0.00	60.58	0.00
0814859364 - 001	Transfer to MIP Reserve - Local	186.58	0.00	0.00	186.58	0.00
0814859366 - 001	Base Salary # Local Staff exc. Tas	6,614.91	0.00	0.00	6,614.91	0.00
0814859367 - 001	Pension Fund Contrn (local staff exc. TA)	1,295.45	0.00	0.00	1,295.45	0.00
0814859368 - 001	Transfer to ASHI reserve - Local	264.59	0.00	0.00	264.59	0.00
0814859369 - 001	Transfer to Separation Fund - Local	165.37	0.00	0.00	165.37	0.00
0814859370 - 001	Transfer to MIP Reserve - Local	509.35	0.00	0.00	509.35	0.00
0814859572 - 001	Dependency Allow. (Local Staff exc. TA)	199.16	0.00	0.00	199.16	0.00
0814859583 - 001	Dependency Allow. (Local Staff exc. TA)	39.83	0.00	0.00	39.83	0.00
0814967362 - 001	Base Salary # Local Staff exc. Tas	0.00	4,718.74	0.00	4,718.74	0.00
0814967363 - 001	Dependency Allow. (Local Staff exc. TA)	0.00	119.50	0.00	119.50	0.00
0814967364 - 001	Pension Fund Contrn (local staff exc. TA)	0.00	928.37	0.00	928.37	0.00
0814967365 - 001	Transfer to ASHI reserve - Local	0.00	188.75	0.00	188.75	0.00
0814967366 - 001	Transfer to Separation Fund - Local	0.00	117.97	0.00	117.97	0.00
0814967367 - 001	Transfer to MIP Reserve - Local	0.00	261.85	0.00	261.85	0.00
0814967369 - 001	Base Salary # Local Staff exc. Tas	0.00	2,819.41	0.00	2,819.41	0.00
0814967370 - 001	Dependency Allow. (Local Staff exc. TA)	0.00	39.83	0.00	39.83	0.00
0814967371 - 001	Pension Fund Contrn (local staff exc. TA)	0.00	557.89	0.00	557.89	0.00
0814967372 - 001	Transfer to ASHI reserve - Local	0.00	112.78	0.00	112.78	0.00
0814967373 - 001	Transfer to Separation Fund - Local	0.00	70.49	0.00	70.49	0.00
0814967374 - 001	Transfer to MIP Reserve - Local	0.00	115.60	0.00	115.60	0.00
0814967376 - 001	Dependency Allow. (Local Staff exc. TA)	0.00	15.93	0.00	15.93	0.00
0814967377 - 001	Pension Fund Contrn (local staff exc. TA)	0.00	223.16	0.00	223.16	0.00
0814967378 - 001	Transfer to ASHI reserve - Local	0.00	45.11	0.00	45.11	0.00
0814967379 - 001	Transfer to Separation Fund - Local	0.00	28.20	0.00	28.20	0.00
0814967380 - 001	Transfer to MIP Reserve - Local	0.00	46.24	0.00	46.24	0.00
0815439253 - 001	Base Salary # Local Staff exc. Tas	0.00	1,127.76	0.00	1,127.76	0.00
General Operating + Other Direct Costs		2,925.20	837.62	0.00	3,762.82	0.00
Direct Charge		1,175.20	(12.38)	0.00	1,162.82	0.00
0814526137 - 001	Central Serv cost attribution	500.00	0.00	0.00	500.00	0.00
0814526145 - 001	Central Serv cost attribution	250.00	0.00	0.00	250.00	0.00
0814859365 - 001	Central Serv cost attribution	250.00	0.00	0.00	250.00	0.00
0814859371 - 001	Central Serv cost attribution	750.00	0.00	0.00	750.00	0.00
0814967368 - 001	Central Serv cost attribution	0.00	500.00	0.00	500.00	0.00
0814967375 - 001	Central Serv cost attribution	0.00	250.00	0.00	250.00	0.00
0814967381 - 001	Central Serv cost attribution	0.00	100.00	0.00	100.00	0.00

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

Output 009 009 PROGRAMME SUPPORT NON SALARY		6,939.08	767.36	0.00	7,706.44	0.00
Activity 037 FD TRAVEL		6,939.08	0.00	0.00	6,939.08	0.00
Travel		6,821.32	0.00	0.00	6,821.32	0.00
0008471825 - 010	*Trip from 19.08.18 To 20.10.18 to AddisAbaba	6,005.87	0.00	0.00	6,005.87	0.00
0008473038 - 010	*Trip from 21.11.18 To 24.11.18 to AdamavisAd	448.84	0.00	0.00	448.84	0.00
0008473143 - 010	*Trip from 25.11.18 To 29.11.18 to Wguje	219.91	0.00	0.00	219.91	0.00
0008473472 - 010	*Trip from 13.12.18 To 05.01.19 to WestGujizo	117.00	0.00	0.00	117.00	0.00
0008473596 - 010	Program Related Tr141Nekemt	29.70	0.00	0.00	29.70	0.00
General Operating + Other Direct Costs		117.76	0.00	0.00	117.76	0.00
Direct Charge		117.76	0.00	0.00	117.76	0.00
Activity 042 OR TRAVEL		0.00	767.36	0.00	767.36	0.00
Travel		0.00	553.85	0.00	553.85	0.00
0008475389 - 010	*Trip from 15.05.19 To 18.05.19 to ChiroandMi	0.00	339.04	0.00	339.04	0.00
0008475491 - 010	*Trip from 13.05.19 To 18.05.19 to Harara	0.00	214.81	0.00	214.81	0.00
General Operating + Other Direct Costs		0.00	213.51	0.00	213.51	0.00
Direct Charge		0.00	213.51	0.00	213.51	0.00
Outcome 880 009 PROGRAMME EFFECTIVENESS OUTCOME		98,750.65	0.83	0.00	98,751.48	0.00
Output 008 008 CO OVERSIGHT OF HR, SUPPLY & FINANCI		932.20	0.83	0.00	933.03	0.00
Activity 001 FD PREPARATION/SUPPORT & CLOSURE OF INTE		932.20	0.83	0.00	933.03	0.00
Contractual Services		113.06	0.41	0.00	113.47	0.00
0000218293 - 007	Admin Miscellaneous Expenses	113.06	0.00	0.00	113.06	0.00
0000218758 - 001	Mobile Pre-paid Scratch card for Operations SM's	0.00	0.41	0.00	0.41	0.00
General Operating + Other Direct Costs		819.14	0.42	0.00	819.56	0.00
Direct Charge		0.14	0.42	0.00	0.56	0.00
0000218758 - 001	Mobile Pre-paid Scratch card for Operations SM's	819.00	0.00	0.00	819.00	0.00
Output 009 009 STAFF SALARIES		97,818.45	0.00	0.00	97,818.45	0.00
Activity 001 FD INTERNATIONAL STAFF SALARY		49,143.29	0.00	0.00	49,143.29	0.00
Staff and Other Personnel Costs		47,522.67	0.00	0.00	47,522.67	0.00
0814137706 - 001	Base Salary # Int. Prof and Higher exc. Tas	5,040.31	0.00	0.00	5,040.31	0.00
0814137708 - 001	Post Adjustment # Int. Prof. and Higher exc. Tas	1,980.84	0.00	0.00	1,980.84	0.00
0814137711 - 001	Dependency Allow. (Int. Prof. & Higher exc TA)	970.46	0.00	0.00	970.46	0.00
0814137714 - 001	Pension Fund Contrn (Int. Prof. & Higher exc TA)	1,674.86	0.00	0.00	1,674.86	0.00
0814137717 - 001	Medical, dental, life ins contrn (IP exc TA)	145.36	0.00	0.00	145.36	0.00
0814137720 - 001	Hardship allowance (Int. Prof. & Higher exc TA)	435.62	0.00	0.00	435.62	0.00
0814137724 - 001	Mobility allowance	507.81	0.00	0.00	507.81	0.00
0814137727 - 001	Rental Subsidy (Int. Prof. & Higher exc TA)	1,148.75	0.00	0.00	1,148.75	0.00
0814137729 - 001	Transfer to ASHI reserve - IP	351.06	0.00	0.00	351.06	0.00
0814137730 - 001	Transfer to Separation Fund - IP	351.06	0.00	0.00	351.06	0.00
0814873029 - 001	Base Salary # Int. Prof and Higher exc. Tas	1,014.97	0.00	0.00	1,014.97	0.00

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

0814873030 - 001	Post Adjustment # Int. Prof. and Higher exc. Tas	437.45	0.00	0.00	437.45	0.00
0814873031 - 001	Dependency Allow. (Int Prof. & Higher exc TA)	213.39	0.00	0.00	213.39	0.00
0814873032 - 001	Pension Fund Contrn (Int. Prof. & Higher exc TA)	332.17	0.00	0.00	332.17	0.00
0814873033 - 001	Medical, dental, life ins contrn (IP exc TA)	250.01	0.00	0.00	250.01	0.00
0814873034 - 001	Hardship allowance (Int. Prof. & Higher exc TA)	83.48	0.00	0.00	83.48	0.00
0814873035 - 001	Transfer to ASHI reserve - IP	72.62	0.00	0.00	72.62	0.00
0814873036 - 001	Transfer to Separation Fund - IP	72.62	0.00	0.00	72.62	0.00
0814877250 - 001	Base Salary # Int. Prof and Higher exc. Tas	13,957.75	0.00	0.00	13,957.75	0.00
0814877251 - 001	Post Adjustment # Int. Prof. and Higher exc. Tas	5,932.04	0.00	0.00	5,932.04	0.00
0814877252 - 001	Dependency Allow. (Int Prof. & Higher exc TA)	1,869.35	0.00	0.00	1,869.35	0.00
0814877253 - 001	Pension Fund Contrn (Int. Prof. & Higher exc TA)	4,658.67	0.00	0.00	4,658.67	0.00
0814877254 - 001	Medical, dental, life ins contrn (IP exc TA)	393.36	0.00	0.00	393.36	0.00
0814877255 - 001	Hardship allowance (Int. Prof. & Higher exc TA)	1,645.83	0.00	0.00	1,645.83	0.00
0814877256 - 001	Mobility allowance	1,768.83	0.00	0.00	1,768.83	0.00
0814877257 - 001	Non-removal allowance	225.00	0.00	0.00	225.00	0.00
0814877259 - 001	Transfer to ASHI reserve - IP	994.50	0.00	0.00	994.50	0.00
0814877260 - 001	Transfer to Separation Fund - IP	994.50	0.00	0.00	994.50	0.00
General Operating + Other Direct Costs		1,620.62	0.00	0.00	1,620.62	0.00
Direct Charge		15.02	0.00	0.00	15.02	0.00
0814137728 - 001	Persnl sec measures	375.00	0.00	0.00	375.00	0.00
0814137731 - 001	Central Serv cost attribution	187.50	0.00	0.00	187.50	0.00
0814873037 - 001	Central Serv cost attribution	43.10	0.00	0.00	43.10	0.00
0814877258 - 001	Persnl sec measures	500.00	0.00	0.00	500.00	0.00
0814877261 - 001	Central Serv cost attribution	500.00	0.00	0.00	500.00	0.00
Activity 010 HR INTERNATIONAL STAFF SALARY		17.88	0.00	0.00	17.88	0.00
General Operating + Other Direct Costs		17.88	0.00	0.00	17.88	0.00
Direct Charge		17.88	0.00	0.00	17.88	0.00
Activity 014 FD NATIONAL STAFF SALARY		48,657.28	0.00	0.00	48,657.28	0.00
Staff and Other Personnel Costs		41,041.97	0.00	0.00	41,041.97	0.00
Direct Charge		30,615.96	0.00	0.00	30,615.96	0.00
0813997978 - 001	Base Salary # Local Staff exc. Tas	3,950.49	0.00	0.00	3,950.49	0.00
0813997979 - 001	Pension Fund Contrn (local staff exc. TA)	770.58	0.00	0.00	770.58	0.00
0813997980 - 001	Transfer to ASHI reserve - Local	158.01	0.00	0.00	158.01	0.00
0813997981 - 001	Transfer to Separation Fund - Local	98.77	0.00	0.00	98.77	0.00
0813997982 - 001	Transfer to MIP Reserve - Local	263.88	0.00	0.00	263.88	0.00
0813999317 - 001	Dependency Allow. (Local Staff exc. TA)	278.84	0.00	0.00	278.84	0.00
0814820102 - 001	Overtime & Compensatory time	172.27	0.00	0.00	172.27	0.00
0814875363 - 001	Base Salary # Local Staff exc. Tas	3,648.01	0.00	0.00	3,648.01	0.00
0814875364 - 001	Pension Fund Contrn (local staff exc. TA)	711.59	0.00	0.00	711.59	0.00
0814875365 - 001	Transfer to ASHI reserve - Local	145.92	0.00	0.00	145.92	0.00

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 06 DECEMBER 2017 TO 21 AUGUST 2019 IN US DOLLARS

Page 2 of 2

0814875366 - 001	Transfer to Separation Fund - Local	91.20	0.00	0.00	91.20	0.00
0814875367 - 001	Transfer to MIP Reserve - Local	136.45	0.00	0.00	136.45	0.00
General Operating + Other Direct Costs		7,615.31	0.00	0.00	7,615.31	0.00
Direct Charge		5,865.31	0.00	0.00	5,865.31	0.00
0813997983 - 001	Central Serv cost attribution	1,000.00	0.00	0.00	1,000.00	0.00
0814875368 - 001	Central Serv cost attribution	750.00	0.00	0.00	750.00	0.00
Total Programmable Cost		779,465.22	317,117.86	0.00	1,096,583.08	0.00
Indirect support cost 8%		62,357.22	25,369.43	0.00	87,726.65	
Total		841,822.44	342,487.29	0.00	1,184,309.73	