



**Bloomberg
Philanthropies**  **DATA FOR
HEALTH INITIATIVE**

CRVS analyses and evaluations

Report on the University
of Melbourne, Bloomberg
Philanthropies Data for Health
Initiative's Civil Registration and
Vital Statistics Fellowship Program.

January 2020





Resources available from the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative

CRVS course prospectuses

These resources outline the context, training approach, course content and course objectives for the suite of CRVS trainings delivered through the Bloomberg Philanthropies Data for Health Initiative. Each course focuses on a specific CRVS intervention or concept, and is designed to support countries to strengthen their CRVS systems and data.

CRVS Fellowship reports and profiles

The CRVS Fellowship Program aims to build technical capacity in both individuals and institutions to enhance the quality, sustainability and health policy utility of CRVS systems in Fellows' home countries. *Fellowship reports* are written by Fellows as a component of the program, and document, in detail, the research outcomes of their Fellowship. *Fellowship profiles* provide a summary of Fellows' country context in relation to CRVS, an overview of the Fellowship experiences, the research topic and the projected impact of findings.

CRVS analyses and evaluations

These analytical and evaluative resources, generated through the Initiative, form a concise and accessible knowledge-base of outcomes and lessons learnt from CRVS initiatives and interventions. They report on works in progress, particularly for large or complex technical initiatives, and on specific components of projects that may be of more immediate relevance to stakeholders. These resources have a strong empirical focus, and are intended to provide evidence to assist planning and monitoring of in-country CRVS technical initiatives and other projects

CRVS best-practice and advocacy

Generated through the Initiative, CRVS best-practice and advocacy resources are based on a combination of technical knowledge, country experiences and scientific literature. These resources are intended to stimulate debate and ideas for in-country CRVS policy, planning, and capacity building, and promote the adoption of best-practice to strengthen CRVS systems worldwide.

CRVS country reports

CRVS country reports describe the capacity-building experiences and successes of strengthening CRVS systems in partner countries. These resources describe the state of CRVS systems-improvement and lessons learnt, and provide a baseline for comparison over time and between countries.

CRVS technical guides

Specific, technical and instructive resources in the form of *quick reference guides*, *user guides* and *action guides*. These guides provide a succinct overview and/or instructions for the implementation or operation of a specific CRVS-related intervention or tool.

CRVS tools

Interactive and practical resources designed to influence and align CRVS processes with established international or best-practice standards. These resources, which are used extensively in the Initiative's training courses, aim to change practice and ensure countries benefit from such changes by developing critical CRVS capacity among technical officers and ministries.

Published by the University of Melbourne, Civil Registration and Vital Statistics Improvement, Bloomberg Philanthropies Data for Health Initiative.

Melbourne School of Population and Global Health
Building 379
207 Bouverie Street
Carlton, VIC 3053
Australia

CRVS-info@unimelb.edu.au
www.mspgh.unimelb.edu.au/dataforhealth

**Made possible through funding from
Bloomberg Philanthropies**
www.bloomberg.org

Suggested citation

Hudson, S, Adair, T. *Report on the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative's Civil Registration and Vital Statistics Fellowship Program*. CRVS analyses and evaluations. Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne; 2020.



Contents

Introduction	4
Methods	5
Results	5
Part 1: Fellowship experiences	5
Satisfaction	5
Fellowship challenges.....	7
Part 2: Post-Fellowship experiences	8
CRVS networks.....	8
Skills and knowledge transfer.....	8
Career progression	9
Part 3: Country context.....	10
Discussion and recommendations	11
Limitations	12
Appendix 1	13



Report on the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative's Civil Registration and Vital Statistics Fellowship Program

Introduction

Methods

Results

Part 1: Fellowship experiences

Part 2: Post-Fellowship experiences

Part 3: Country context

Discussion and recommendations

Limitations

Introduction

Civil registration is a process by which major vital events occurring within a population, such as marriages, births and deaths (including causes of death), are officially recorded. Vital statistics data collected and analysed through a civil registration system are used by government, business and multilateral development partners, and are key to informing public health policy and program development¹. In addition, data from civil registration and vital statistics (CRVS) systems are necessary for countries to measure, monitor and evaluate their progress towards achieving the Sustainable Development Goals (SDGs). A strong CRVS system is the foundation of a public health system, and requires highly skilled and motivated personnel across an array of government departments and public health institutions to function effectively.

Since November 2016, the University of Melbourne (UoM), as part of the Bloomberg Philanthropies Data for Health (D4H) Initiative, has been conducting a CRVS Fellowship Program to build technical capacity in both individuals and institutions to enhance the quality, sustainability and health policy utility of CRVS systems in the Fellows' home countries. Since the beginning of the program, a total of 36 Fellows from 14 countries have successfully completed the program.

Fellowships are awarded to applicants from low- to middle-income countries, who have established working relationships with one or more of the institutions responsible for the operation and development of their country's CRVS system. Fellows spend six weeks to three months² either at UoM or the Swiss Tropical and Public Health Institute (Swiss TPH) in Basel, and occasionally at both locations³, learning broadly about CRVS systems through participation in a CRVS "Bootcamp", and receiving intense one-on-one mentorship on the identified CRVS project from a senior technical staff member. The project topic is selected by the Fellow in consultation with the supervisor, and has direct application to the Fellow's professional CRVS-related activities in their home country.

1 Richards N, Sorchik R, Brolan C. *Why the Sustainable Development Goal agenda needs strong civil registration and vital statistics systems. CRVS development series.* Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne; 2018. Available at: <https://crvsgateway.info/file/9849/1967>

2 From 2019, the duration of the Fellowship was reduced to six-weeks, allowing more Fellows to move through the program each year.

3 From 2019, UoM became the sole option for location of the Fellowship.

Upon completion, Fellows produce a report for publication in either an academic journal or on the CRVS Knowledge Gateway⁴ and are expected to present on CRVS systems and their Fellowship topic in their home-country. Where possible, supervisors continue to work with Fellows to implement an agreed plan of ongoing monitoring and support to assist implementation of the Fellow's learnings into their daily work. Fellows are encouraged to be CRVS advocates and trainers in their home country, and there is a strong expectation that they will be key drivers of change and development within their respective CRVS systems.

This evaluation was undertaken to better understand the individual learning and professional implications for individuals who have successfully completed a Fellowship, and the extent to which the program has been delivering on its intended objectives. Beyond individual impacts, the results will also be used to analyse the positive effects of the program on the broader CRVS system in Fellows' home countries – a key factor in the sustainability of this capacity building initiative. Finally, the information provided by Fellows about the CRVS challenges facing their country will be used to inform the structure and content of the program to ensure continued relevancy and responsiveness to evolving global contexts.

Methods

Data was obtained from a survey (**Appendix 1**) sent to 30 past recipients of the CRVS Fellowship, which at the time of survey distribution was every recipient of the Fellowship (since this time, a further six Fellows have successfully completed the program). Of the 30 past Fellows contacted, 23 completed the survey. Fellows were contacted by email, and were provided a hyperlink to the survey which was hosted on the online platform, Survey Monkey⁵. The survey was delivered in English, and comprised of closed-ended, open-ended and likert-scale questions.

Participation was voluntary, and participants were advised that their responses would be anonymous and possibly published or used for reporting purposes. Two respondents declined the reproduction of their feedback for publication, and quotations from their qualitative responses have therefore been excluded from the presentation of results.

Results

The survey response rate was 77%, (n=23), from 30 eligible participants (those who had completed a CRVS Fellowship between November 2016 and March 2019) contacted. Of the 30 eligible participants, 53% (n=16) were male and 47% (n=14) female, and originated from a total of 12 different countries.

At the time of applying for the Fellowship, 50% (n=15) worked for their respective Ministry of Health (or equivalent) or other government division, with the remaining 50% split across statistical institutes (27%, n=8), centres for disease control (13%, n=4), registration agencies (7%, n=2), and a biomedical centre (3%, n=1).

Part 1: Fellowship experiences

Satisfaction

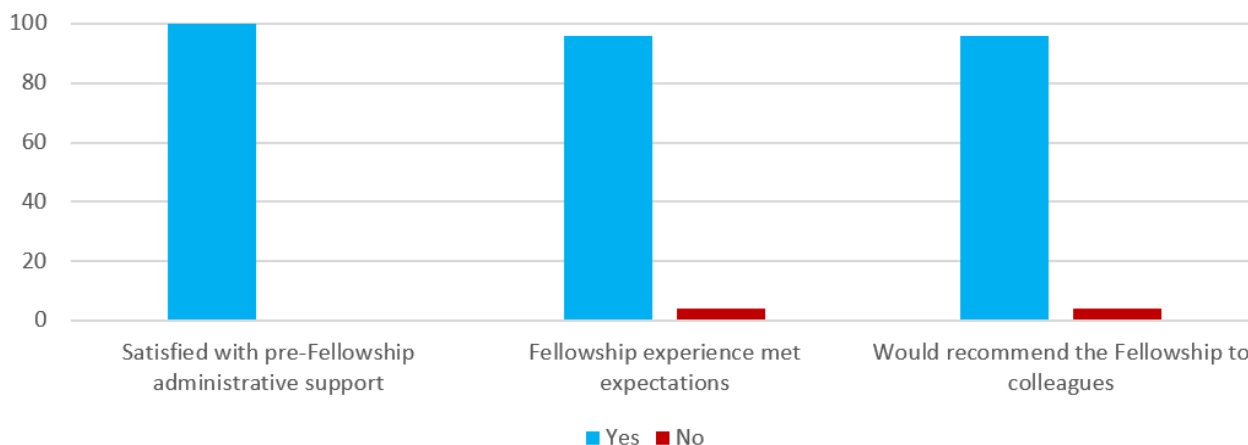
96% of respondents reported that the overall experience met their expectations and that they would recommend the program. The one respondent who advised that their experience fell below expectations stated that there were *'some topics left to be learned'*. All respondents who had required pre-Fellowship administrative support from UoM felt that their needs had been adequately met (**Chart 1**). Respondents were also asked to rate their experience from one (very poor) to five (excellent), resulting in an **overall average rating of 4.52** (or, 90% of the maximum possible score). Only one respondent provided a rating below four.

⁴ <https://crvsgateway.info/>

⁵ <https://surveymonkey.com>



Chart 1: Satisfaction with general Fellowship experiences (%), n=23



61% of respondents felt that the Fellowship was about the right length, with 39% reporting that it was too short or much too short (30% and 9% respectively). None of the respondents reported that it was too long.

Qualitative responses regarding the most useful aspects of the Fellowship demonstrated a range of reflections (**Chart 2**), although the **collaboration with, and mentorship by the assigned supervisor was by far the most commonly cited benefit**, with 43% of respondents mentioning this.

‘The face-to-face discussion with the mentors from the University of Melbourne can make me better understand CRVS principles and handle the tools by CRVS to analyse our data and find out the problems in our district.’

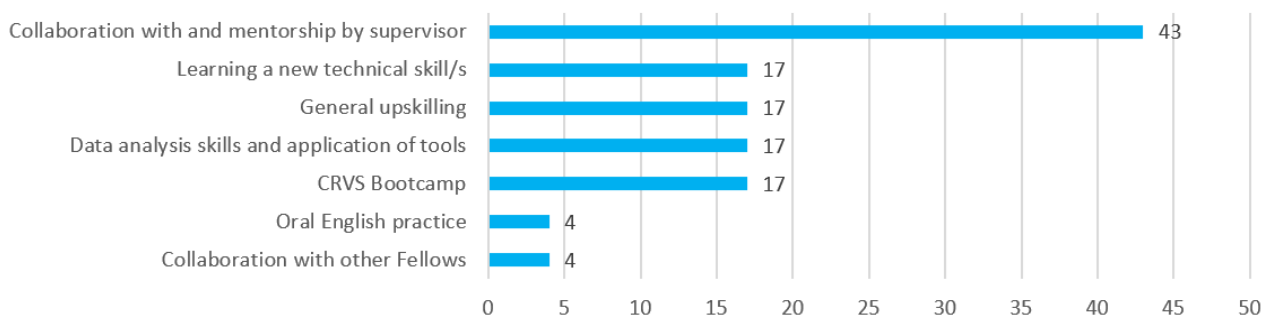
‘The excellent guidance and support from the supervisors and management.’

Other positive aspects reported were: learning a specific new technical skill, mentioned by 17% of respondents; general upskilling (17%), data analysis skills and tools (17%); the CRVS Bootcamp (17%); exposure to a new culture (4%); oral English practice (one respondent), and; collaboration with other Fellows (one respondent).

‘My knowledge in statistics and demography has grown. It was also an excellent opportunity to learn about a new culture.’

‘From my point of view, the Fellowship is excellent. I have got the new calculation method for completeness of death registration and ways of the mortality statistics indicators.’

Chart 2: Most useful aspects of Fellowship: qualitative responses (%), n=23



When asked to provide feedback on aspects of the Fellowship that were least useful, all but one respondent said there was nothing about the program that was not useful, with this single respondent stating that the bootcamp lectures were unhelpful. To the question regarding aspects of the Fellowship that could be improved, however, respondents provided a range of qualitative responses.

Extending the duration of the Fellowship emerged as the primary suggestion for improving the Fellowship, with 30% of respondents mentioning this. 13% (three responses) felt that the experience could be improved through increased contact with their supervisor during the Fellowship, with a further 9% (two responses), respectively, stating that the program could benefit from: increasing networking opportunities with other Fellows or D4H staff; increasing the duration of the bootcamp, and; setting publication of a paper as a requirement of the Fellowship. Single responses were recorded for the following suggestions: provision of ongoing support post-completion from supervisors; requiring mandatory pre-Fellowship preparation (i.e. liaising with the supervisor to begin work on the report); training in essential CRVS data analysis programs, such as ANACONDA; assignment of an additional/co-supervisor; provision of hard-copy resources (the resources in question were not specified); availability of an online/remote Fellowship program; delivery of bootcamps tailored to individual Fellowship topics, and; awarding of an “honorary Fellowship” status upon completion.

‘By giving an adequate duration depending on the project.’

‘I think if there was a possibility to interact with other students, to know a little more about the epidemiological and demographic situation beyond our country.’

Fellowship challenges

61% of respondents experienced one or more minor challenges throughout their Fellowship, with qualitative responses revealing language and communication issues, and data identification and/or availability as the most common issues (17% respectively). Other feedback included: issues relating to the per diem (9%) (one respondent received this a bit late, while another felt the amount was too small); overlap of professional and Fellowship responsibilities (9%); time limitations (one respondent), and; a steep learning curve for application of new a modelling technique (one respondent).

‘Finding data source is limited. Some information are limited in my country [sic].’

‘To have to do some work tasks while doing the Fellowship sometimes was overwhelming.’

In addition to an open-ended question regarding challenges, respondents were also asked directly whether English language skills were an issue throughout the Fellowship, with 61% of respondents reporting that language skills were not a challenge.

Of the 39% who felt that their language skills were problematic, the vast majority (78%) stated that this did not negatively impact their overall experience.

A range of varied responses were given to a question regarding the difficulty of learning new technical skills during the Fellowship, with 30% of respondents reporting some difficulties and 35% of respondents reporting few (these respondents advised that the new technical skills were either “somewhat easy” [13%] or “easy” [22%] to learn). 30% of respondents felt that the new technical skills were “neither difficult nor easy to learn”, and one respondent stated that they did not learn anything new at all.

In respect to the production of a Fellowship report or peer-reviewed paper, 91% of respondents felt that their supervisor provided sufficient support and guidance. Of the two respondents (9%) who felt that appropriate guidance had been lacking, one felt that they had been given insufficient information regarding referencing for their Fellowship report, and the other suggested that the provision of templates or training in report and academic journal-writing would have been useful. At the time of survey completion, 37% of eligible respondents had published their report on the CRVS Knowledge Gateway; 7% had published in an academic journal; 33% were still working on a report or publication, and; 23% had not, and were unlikely to submit any product relating to their Fellowship.



Part 2: Post-Fellowship experiences

CRVS networks

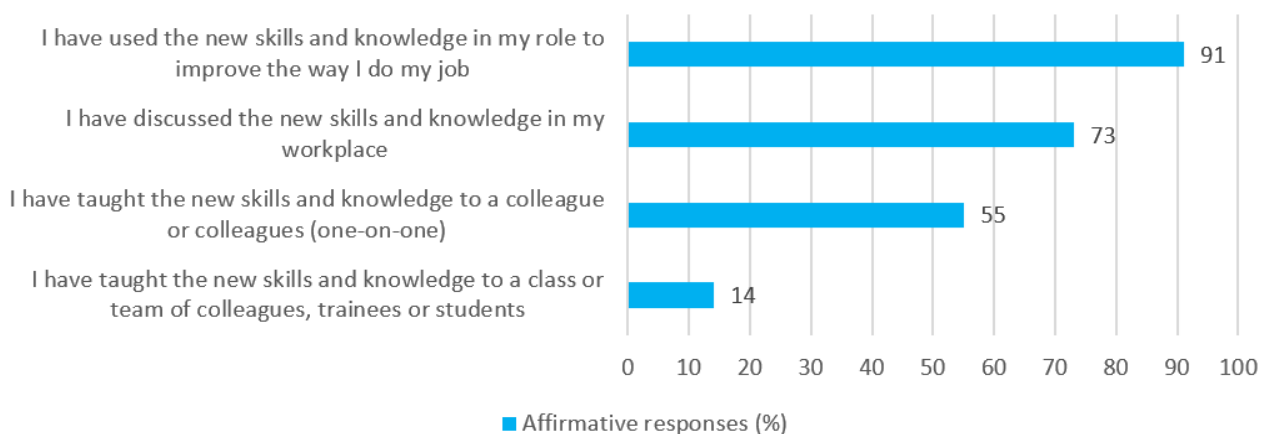
91% of respondents advised that they had received post-Fellowship support from their supervisor, with 81% of these respondents reporting ongoing support at the time of survey completion. The majority of these respondents were receiving support to draft or finalise a Fellowship report or other paper, with some advising that they were receiving practical guidance on CRVS system-strengthening activities (such as implementation of verbal autopsy and application of data analysis tools). Of the 9% of respondents who had not been in contact with their supervisor following the Fellowship, all stated that they would have liked ongoing support. **57% of respondents also remained in contact with other D4H (non-supervisors).**

In addition to ongoing contact with supervisors or other D4H staff, **61% of respondents advised that they remained in touch with other CRVS Fellows they had met during their time in-country.** 17% had not, and the remaining 22% had not undertaken their Fellowship concurrently with other Fellows which meant there were no opportunities to form these connections.

Skills and knowledge transfer

96% of respondents felt that they had, in some capacity, been able to apply new skills and knowledge to support CRVS activities in their workplace since returning home. Of these 22 respondents, 91% said the newly acquired skills and knowledge had led to improvements in the way they did their job, 69% said that that they had either engaged in one-on-one teaching with colleagues or conducted group trainings, and 73% had informally discussed their new knowledge in the workplace (**Chart 3**).

Chart 3: Application of Fellowship skills and knowledge in workplace (% , n=22)



Qualitative responses (n=23) regarding how the skills and knowledge learned had been institutionalised or used to improve CRVS functions highlighted a range of encouraging initiatives and changes: 39% of respondents reported general professional practice improvements (e.g. leaderships skills, training/mentoring, use of new templates and methodologies); 22% had improved data analysis techniques; 13% reported an improved quality of medical certification of cause of death practices; 13% reported improvements in coding (including use of ICD-10 standards); 9% had begun to assess birth and death completeness; 9% had initiated verbal autopsy- (VA) related interventions (one respondent had begun using VA for community deaths, and another had introduced an online VA course); one respondent had scaled up a death notification and registration project, and; one respondent had driven CRVS policy changes.

'I have been periodically assessing completeness levels of birth registration at district levels as part of monitoring birth registration improvements. The figures are shared with district offices for further interventions in improving coverage. There has been great improvements in registration completeness in most districts as a result of this intervention.'

'My confidence level has improved, approach to CRVS related matters have changed. I speak to CRVS related issues on big platform [sic] with boldness, have participated in panelist discussion on different platforms locally and internationally.'

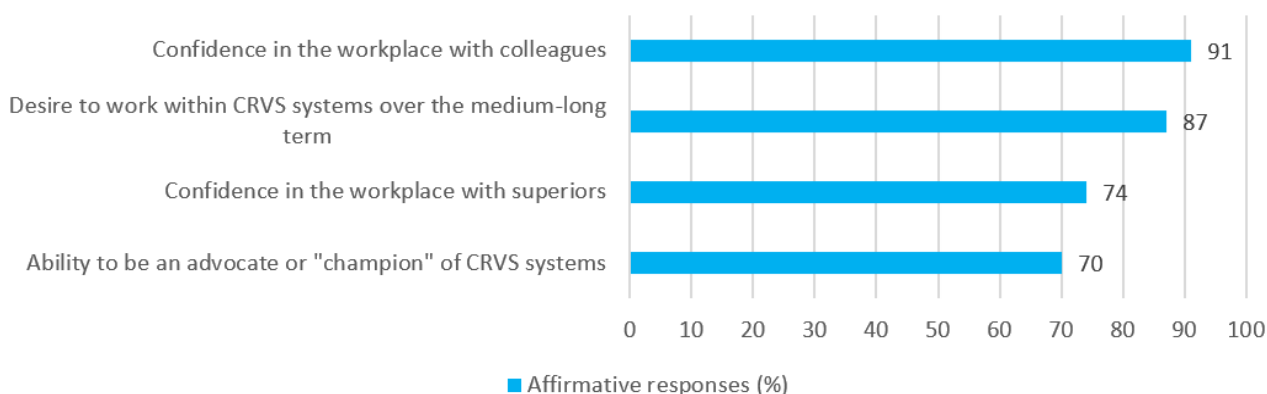
'With the knowledge learned we are now able to [assess] the completeness of births and deaths in Brazil in subnational levels and specific groups as [sic], women in fertile age or children under five years old.'

Application of the new skills-sets were not without difficulties, however, with 41% of respondents (of the 22 respondents who affirmed that they had applied new skills and knowledge) facing one or more significant challenges. The range of reported challenges included: lack of professional support from leadership (9%); weak general CRVS systems and processes (9%); limited availability of necessary data (9%); lack of engagement from colleagues in CRVS system improvement initiatives (9%); insufficient time during working hours due to other responsibilities to launch or progress new initiatives (one respondent); lack of provision of CRVS training opportunities in the workplace (one respondent); lack of resources (one respondent), and; stalling of the CRVS research project preventing implementation of, or impact from, results (one respondent).

Lack of engagement from senior management in CRVS system development did not appear to be a significant issue for the majority of respondents, with 100% stating that their leadership team understood the importance of CRVS strengthening, and 96% stating that their leadership team were actively trying to improve the system. 35% of respondents said that their superiors provided them "a lot of support" to help implement their Fellowship learnings, 57% said that their superiors provided "some support", with 9% stating that their superiors provided "very little support". No respondent reported their superiors not to have provided any support.

Despite the challenges, **100% of respondents reported at least one professional gain as a result of the Fellowship (Chart 4)**. 91% felt more confident interacting with colleagues; 74% felt more confident interacting with superiors; 70% felt they had an improved ability to be an advocate for CRVS systems, and; 87% had an increased desire to remain within CRVS systems over the medium to long term.

Chart 4: Professional gains acquired through Fellowship (% , n=23)



Career progression

Two respondents (9%) had received a career promotion since completing their Fellowship, in a role still related to CRVS. All remaining respondents (91%) reported to be holding the same position as they had at the time of undertaking the Fellowship.

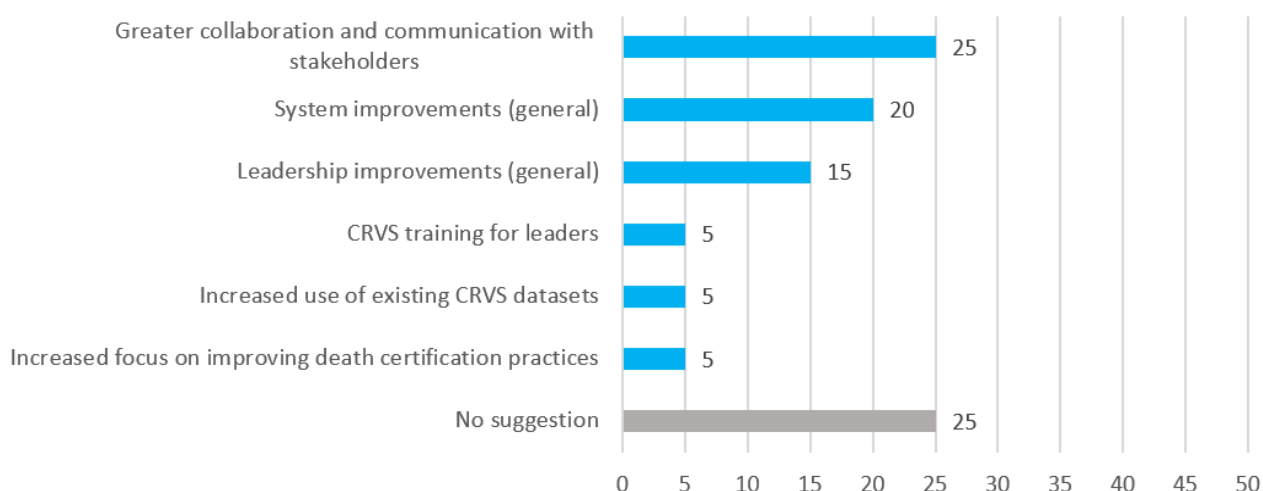
Part 3: Country context

Leadership engagement in CRVS system development (that is, the engagement of leaders and management within CRVS institutions) and other country-specific CRVS challenges are key factors in both the likelihood of Fellows successfully applying new skills and knowledge upon return home.

Qualitative responses (n=20) from respondents on **how they thought their leadership team could more actively engage in CRVS system improvements (Chart 5)** revealed **greater collaboration and communication with stakeholders** (25%) and **general system and process improvements** (20%) to be the areas most in need of attention. Following on from this, 15% of respondents mentioned improvements relating to aspects of general leadership, and one response respectively was recorded for: CRVS training for leaders; increased use of existing CRVS datasets, and; a heightened focus on improving death certification practices. 25% of respondents did not have any suggestions for increasing their leadership team’s engagement in CRVS improvement activities.

‘Need to conduct impact surveys, studies, evaluation on current CRVS achievements, challenges and plan together on next steps.’

Chart 5: Increasing leadership engagement in CRVS system improvements, qualitative responses (% , n=20)



Qualitative responses (n=23) regarding the most pressing **CRVS, country-level challenges**, ranged from being quite specific in nature, to broader system-wide issues. 22% of respondents stated **issues with the legal system (e.g. death registration not being mandatory)** as a **key challenge**, followed closely by **challenges with the death registration system and processes** (17%). Respectively, 13% of respondents mentioned incomplete/inaccurate COD data; poor quality of death certification, and; general CRVS system-wide issues as important challenges, with 9% of respondents respectively stating lack of political will or engagement with CRVS systems and limited resources and funding as key issues. One response respectively was recorded for: limited CRVS research and evaluation; decreasing number of verbal autopsies captured; poor motivation among CRVS staff; limited application of data, even when available, and; low public awareness of the importance of CRVS data and systems.

‘The problem of coordination between stakeholders. The existence of outdated legal frameworks and ethical consideration of cause of death matters.’

‘The doctors have too many patients which takes them too much time and attention so that it is hard to focus on the certification for the doctors and then the certification quality is not good.’

Primary barriers to addressing the aforementioned challenges emerged as: a lack of political will and engagement (26%); limited resources and funding (22%); legal issues (13%); general system-wide issues (13%); low public awareness of the importance of CRVS data in systems (9%); lack of training for doctors and other hospital staff on cause of death data quality (one respondent); cultural issues (unspecified) (one respondent), and; health policy advocacy issues (one respondent).



Discussion and recommendations

Operating since November 2016, the CRVS Fellowship Program was the first of its kind, and has awarded 36 Fellowships to recipients from 14 countries. With approximately 24-28 new Fellowships to be made available each year, an evaluation of the key successes and challenges of this program to date provides an important opportunity to ensure the experience continues to be not only individually rewarding for participants, but also impactful on CRVS systems more broadly.

With a high survey response-rate of 77%, sufficient data was available to analyse participants' experiences and interpretations across key elements of the program. Overall, feedback was remarkably positive, with participants describing vast improvements in their confidence levels, technical knowledge and capabilities, motivation to continue working within CRVS systems, and capacity to advocate for and drive positive change in their home country. Nearly all Fellows felt their new skills and knowledge had improved the way they did their job, and the vast majority had passed these skills on to colleagues through either formal or informal teaching and mentoring. Most encouragingly, a number of respondents had implemented tangible interventions or policy changes since returning home - a particularly strong indicator of program success.

One of the leading contributors to these positive outcomes was, undoubtedly, the collaboration and mentorship provided by D4H supervisors and other technical staff – with nearly half of all respondents describing these relationships as one of the biggest benefits of the program, over and above the acquisition of specific technical skills. Keeping the number of in-country, active Fellows at a sustainable level is therefore an important consideration moving forward to ensure the preservation of these close supervisor-to-Fellow relationships.

Data from the evaluation has shown that the technical skills and knowledge presented and taught throughout the Fellowship, through the CRVS Bootcamp and one-on-one mentoring, appear to be set at an appropriate level for the caliber of the applicants selected, with no respondent reporting the skills to be at the highest difficulty-level and only one respondent reporting to have learned nothing new at all. The challenge of the Fellowship is to ensure recipients are suitably challenged and upskilled through the program, while not overwhelmed by needlessly technical or scientific content beyond their skill-level or professional requirements – a balance the program appears to be achieving.

At the time of this evaluation, less than half of Fellows eligible for participation in this survey had produced a Fellowship report or published in a peer-reviewed journal, which, while not a primary objective of the program, highlights a small area for improvement moving forward. A range of reasons exist for stalled or non-submitted reports, including denials or delays in country-approval to publish data; the lengthy process for academic publication; the nature of the Fellowship project itself, which might require a wait for additional or comparator data, and; a lack of time or inclination to finish the report once returning home. Working more closely with Fellows to identify the most appropriate product type producible from their Fellowship, subject to their topic and ability to publish data, may lead to some improvements in this outcome. Further, the continued production of Fellowship Profiles, which summarise the country-context and key objectives and outcomes of each individual Fellowship, will ensure documentation of key learnings and experiences regardless of whether a full report has been produced. While all efforts are made to encourage Fellows to complete a substantial portion of their project while still in-country, the program has limited influence over issues such as individual motivation or data accessibility, and there will likely always be challenges in this area. Additionally, the core focus of the program has been, and will remain, to improve the knowledge and technical capacity of Fellows to advance their country's CRVS system – an outcome independent of research output.

With English language and communication issues emerging as a leading in-country challenge for Fellows, the program should continue to provide additional support (such as editorial support for report-writing) to Fellows with English language limitations to reduce the impact this has on achieving their desired outcomes. However, as supervisors have work demands in addition to their supervisory responsibilities, and may also be supervising more than one Fellow at a time, such support will need to be provided within the scope of the supervisor's availability and should not detract from their time spent with other Fellows. Accounting for this, language challenges need not necessarily be an impediment to a successful Fellowship, and, as identified through this evaluation, may even present a positive opportunity for Fellows looking to make improvements in this area. Achieving this will not only ensure a more valuable experience for individual Fellows, but will also be of greater value to the respective CRVS systems once Fellows return home.

A further challenge for the CRVS Fellowship Program moving forward will be to contend with broader, country and system-level challenges impacting Fellow's capacity to institutionalise change upon return home. While not within the immediate



scope or focus of the program, the prevalence of legal hurdles and absence of government support for CRVS system development in many countries, as reported by survey participants, have an impact on program outcomes. In light of this, Fellows should be encouraged to develop their skills and involvement in leadership and advocacy initiatives to progress the CRVS agenda in their home country. The program could support this through the delivery of an advocacy workshop for future Fellows whilst in-country, providing advice on the difficulties experienced by past Fellows and encouraging the development or brainstorming of context-specific strategies to effectively lead and promote change following their return home. Additionally, the current policy of selecting applicants whose proposed projects apply directly to their current workplace activities and are supported by their CRVS institution should remain an application requirement, thus ensuring the Fellowship focus and topics investigated have a strong degree of political attention and relevancy.

Despite not being a direct aim of the Fellowship, that the majority of respondents have maintained professional contact with other Fellows since completing the program is an encouraging indicator of a growing global network of highly skilled CRVS professionals who are able and motivated to actively engage with, and learn from, each other. As this network continues expanding, there will be a growing body of connected CRVS experts who are not just informally learning from, and supporting each other, but also contributing to the literature and building on the body of evidence supporting CRVS system development and innovation. Ensuring Fellows have adequate time to network and interact with each other throughout the in-country component of the Fellowship should, therefore, be given some priority.

Given the crucial role CRVS systems play in public health policy, agenda-setting and SDG achievement, a program such as this which offers highly specialised technical training and mentoring is critically important, with its positive impacts on both individuals and broader systems clearly apparent even in the program's infancy. Maintaining the current structure and approach, mindful of the lessons drawn from this evaluation, will ensure the CRVS Fellowship Program remains well on track to achieve, or even exceed, its core objectives.

Limitations

The time elapsed since completing the Fellowship differed substantially across respondents, from two years to six months, and recollection of Fellowship experiences may have been impacted for respondents who had undertaken earlier Fellowship programs. The differing completion timeframes may also have impacted opportunities for career progression following the Fellowship, with respondents undertaking an earlier Fellowship possibly more likely to have advanced professionally given the time advantage.

The language of delivery of the survey may have been a secondary limitation of the evaluation, as for all CRVS Fellows, English is not a first language. While the interpretation of survey questions and ability to comprehensively express ideas may have been impacted by this, any impact would have been slight as a good level of English proficiency is a requirement of successful admission into the program.

Finally, while the number of participants in this evaluation has allowed for a highly meaningful and comprehensive analysis of experiences and outcomes, further evaluation should be undertaken at a later point once more Fellows have completed the program with a view to increasing the survey response rate. This will provide a richer dataset that captures the experiences of a greater number of participants from a wider range of institutions and countries. While the majority of Fellows participating in this evaluation completed a three-month Fellowship, future participants will have completed a shorter program of six-weeks in duration, in line with a new program direction allowing more Fellows to move through the program each year. This should be a consideration when evaluating responses from subsequent surveys.



Appendix 1

CRVS fellowship survey

Thank you for taking the time complete this survey. Your feedback is highly valuable and will be used to improve the CRVS Fellowship experience for future Fellows. The survey should take you around 10-15 minutes to complete and your responses will be anonymous.

Section 1: Employment

The following questions relate to your current employment situation.

1. Do you still have the same role that you had at the time you began your Fellowship?

Yes: Section 2

No: Question 2

2. (If no to q. 1) Is your new role in the same area (CRVS-related)?

Yes: Question 3

No: Question 4

3. (If yes to q. 2) Is your new role a promotion from the role you had at the time you began your Fellowship?

Yes: Question 5

No: Question 5

4. (If no to q. 2) Please specify the area you work in now:

(short-answer)

5. Is your new role in a different organisation?

Yes: Question 6

No: Section 2

6. (If yes to q. 5) Please specify the organisation:

(short-answer)

Section 2: Fellowship experience

The following questions relate to your experiences *before and during* your Fellowship placement (questions on the next page relate to your experiences after your Fellowship placement)

7. Before arriving in Melbourne, did you receive adequate support from the University of Melbourne team?

Yes: Question 10

No: Question 9

8. (If no to q. 7) What support didn't you receive, that you felt would have been helpful?

(short-answer)

9. Did your Fellowship experience meet your expectations?

Yes: Question 12

No: Question 11

10. (If no to q. 9) Why didn't the Fellowship meet your expectations?

(short-answer)



11. How did you feel about the duration of your Fellowship?

- Much too short
- Too short
- About the right length
- Too long
- Much too long

12. What aspects of your Fellowship did you find the *most* useful?

(short-answer)

13. What aspects of your Fellowship did you find the *least* useful?

(short-answer)

14. Did you experience any challenges whilst undertaking your Fellowship?

- Yes: Question 18
- No: Question 19

15. (If yes to q. 17) Please describe your challenges:

(short-answer)

16. How useful was the CRVS Bootcamp in informing you about CRVS systems?

- Not useful
- Somewhat useful
- Very useful

17. How difficult was it to learn the technical skills introduced during your Fellowship?

- Very difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Easy
- I did not learn any new technical skills

18. Did you feel that you were given enough guidance on writing the report and/or academic journal article from your Fellowship?

- Yes
- No

(If no to q. 18) What guidance or support could have been provided to better assist you in writing the report or academic journal article?

(Short answer)

19. Were English language skills a challenge for you whilst undertaking your Fellowship?

- Yes: Question 20
- No: Question 22

(If yes to q. 19) Do you think your English language challenges negatively impacted your Fellowship experience?

- Yes: Question 21
- No: Question 22

20. (If yes to q. 20) Could you tell us a bit about how this impacted you?

(short-answer)

21. Whilst undertaking your Fellowship, did you access resources on the CRVS Knowledge Gateway?

Yes: Question 23

No: Question 24

I don't know: Question 25

22. (If yes to q 22) Did you find the Gateway useful?

Yes: Question 25

No: Question 24

23. (If no to q. 23) Why not? Do you have any suggestions for how Gateway can be improved?

(short-answer)

24. Would you recommend this Fellowship program to colleagues?

Yes: Question 26

No: Question 27

25. (If no to q.26) Please specify why?

(short-answer)

26. (If yes to q. 26) Why would you recommend this Fellowship?

(short-answer)

27. Do you have any suggestions for how the Fellowship experience could be improved?

(short-answer)

Section 3: Post-Fellowship experience

The following questions relate to your experiences *after* your Fellowship placement.

28. Have you received any post-fellowship support from your supervisor?

Yes: Question 29

No: Question 31

29. (If no to q. 30) Would you have liked to receive any follow-up support?

Yes: Question 32

No: Question 35

30. What kind of follow-up support would have been useful?

(short-answer)

31. (If yes to q. 30) Is the support currently ongoing?

Yes, I am still in contact with my supervisor Question 34

No, I am no longer in contact with my supervisor Question 35

32. (If yes to q. 29) Please describe the support you received/are still receiving:

(short-answer)

33. Have you maintained professional contact, or collaborated with other CRVS Fellows since completing your Fellowship?

Yes

No

I did not meet any other Fellows



34. Since completing your Fellowship, have you maintained contact with other CRVS specialists at the University of Melbourne (other than your supervisor) that you met whilst undertaking your Fellowship?

- Yes
- No

35. Since completing your Fellowship, have you been able to apply new skills and knowledge to support CRVS activities in your home country?

- Yes Question 38
- No Question 40
- I did not acquire new skills or knowledge Question 41
- My work is no longer CRVS related

36. (If yes to q. 37) Please select one or more of the below options describing how you have applied your new skills and knowledge in your home country:

- I have used the new skills and knowledge in my role to improve the way I do my job
- I have taught the new skills and knowledge to a colleague or colleagues (one-on-one)
- I have taught the new skills and knowledge to a class or team of colleagues, trainees or students
- I have discussed the new skills and knowledge in my workplace
- Other (please describe)

37. Have there been any challenges in applying your new skills and knowledge?

- Yes: Question 40
- No: Question 41

38. (If no to q. 37 or yes to q. 39) Please describe the main challenges you have experienced, or why you have not been able to apply your learnings from your Fellowship (including the main barriers preventing this application):

(short-answer)

39. Did your participation in the Fellowship improve any of the following (select all that apply)?

- Your confidence in your workplace with colleagues
- Your confidence in your workplace with superiors
- Your ability to be an advocate or “champion” of CRVS systems
- Your desire to work within CRVS systems over the medium to long-term
- Other (please specify)

40. In your current workplace, do you feel that in general, the leadership team (your superiors) understand the importance of CRVS system improvement?

- Yes
- No
- I’m not sure

41. In your current workplace, do you feel that in general, the leadership team are actively trying to improve CRVS systems?

- Yes
- No
- I’m not sure

42. Do you have any suggestions for how your leadership team could more actively engage in CRVS improvement activities?

(short-answer)



43. To what extent have your superiors supported you in the implementation of your new skills and knowledge since your return?

- I have not received any support from my superiors
- I have received very little support from my superiors
- I have received some support from my superiors
- I have received a lot of support from my superiors

44. Since completing your Fellowship, have you accessed the CRVS Knowledge Gateway?

- Yes: Question 41
- No: Section 4

45. (If yes to q. 44) Have you recommended the CRVS Gateway to colleagues?

- Yes
- No

Section 4: Country context

The following questions relate to the current CRVS situation in your home country.

46. What do you think are the biggest/most immediate CRVS challenges in your home country at present?

(Short answer)

What do you think are the primary barriers to overcoming these challenges?

(Short answer)

47. Do you have any suggested topics for future CRVS Fellows that you think would be useful to your country?

(Short answer)

Section 5: Other feedback

48. Please provide an overall rating of your Fellowship experience (1 (very poor) – 5 (Excellent))

49. Do you have any final comments or feedback about your Fellowship?

(Short answer)

Please note that your responses are anonymous, but may be used for promotional, reporting or evaluation purposes. Where your responses are used, we will not include any information that may identify you. If you do not consent to this, please write 'I do not consent' in the below box:

The program partners on this initiative include: The University of Melbourne, Australia; CDC Foundation, USA; Vital Strategies, USA; Johns Hopkins Bloomberg School of Public Health, USA; World Health Organization, Switzerland.

Civil Registration and Vital Statistics partners:



For more information contact:

CRVS-info@unimelb.edu.au
crvsgateway.info

CRICOS Provider Code: 00116K

Version: 0120-01

Copyright

© Copyright University of Melbourne 2020.

The University of Melbourne owns the copyright in this publication, and no part of it may be reproduced without their permission.

Disclaimer

The University of Melbourne has used its best endeavours to ensure that the material contained in this publication was correct at the time of printing. The University gives no warranty and accepts no responsibility for the accuracy or completeness of information and the University reserves the right to make changes without notice at any time in its absolute discretion.

Intellectual property

For further information refer to: unimelb.edu.au/governance/statutes