



# ILO EVALUATION

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This evaluation has been conducted according to ILO's evaluation policies and procedures. It has not been professionally edited, but has undergone quality control by the ILO Evaluation Office.

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## List of acronyms

ADB	Asian Development Bank
CBHI	Community Based Health Insurance
GDP	Gross Domestic Product
GoL	Government of Lao PDR
HEF	Health Equity Fund
ILO	International Labor Organization
Lux-Dev	Lux-Development S.A.
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSW	Ministry of Labor and Social Welfare
MNCH	Maternal, neonatal and children's health
MoPI	Ministry of Planning and Investment
NSSF	National Social Security Fund
PDR	People's Democratic Republic
SASS	State Authority for Social Security
SHP	Social Health Protection
SSO	Social Security Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Program
WHO	World Health Organisation
WPRO	Western Pacific Regional Office (WHO)

## Executive Summary

### Project background

Lao PDR has some of the poorest health indicators in the region. The Government of Lao is committed to the progressive harmonization of existing health insurance schemes and the extension of coverage. By building on their respective partnerships with Ministry of Labour and Social Welfare (MoLSW) on the one hand and Ministry of Health (MoH) on the other hand, ILO and WHO aimed – in the context of the project – to play the role of neutral brokers in working with both Ministries to facilitate the development and implementation of the new social health protection strategy in Lao PDR.

The project aimed to develop capacities in social security and social health protection and provide technical support in the area of policy-making, design, implementation and monitoring of the schemes and the progressive harmonization of their operations. The direct recipients are therefore the policy makers, administrators and technical staff involved in the design and operation of the social security and social health protection schemes. Employers, workers, civil society and mass organizations are also direct recipients of trainings on social security / social health protection in Lao PDR.

The ultimate beneficiaries are all the present and future insured persons and families of the social health protection schemes in Lao PDR particularly in the areas where the project was implemented. The project aimed to ensure that the benefits resulting from project activities will reach ultimate beneficiaries by assisting implementers of social health protection schemes in establishing their implementation plans in efficient and effective ways and also monitor such indicators as the extension of coverage and the satisfaction of beneficiaries.

The project has three immediate objectives:

*Immediate objective 1:* By the end of the project the policy and regulatory framework will have been further developed at the national level (support for the preparation/finalization and harmonization of all the decrees, laws, regulations, etc.) and costing of social health protection benefits will have been conducted.

*Immediate objective 2:* By the end of the project a staircase approach, including the ‘harmonization’ of benefits, operations and MIS & IT systems across existing schemes, support to new enrolments and the establishment of a fund to increase access to social health protection for the poor will have been demonstrated as feasible in one province.

*Immediate objective 3:* By the end of the project the experience outlined in objectives one and two will be documented and evaluated and a second phase project proposal will be prepared and submitted to a pool of donors to further support the establishment of the National Health Insurance Agency and the extension of coverage in a larger number of provinces.

### Evaluation background & methodology

The main purpose of this evaluation is to assess the relevance, performance and success of the activities undertaken by the project. It also examined achievements, good practices and lessons learned from the project in order for the ILO, WHO and Ministry of Labour and Social Welfare (MoLSW), Ministry of Health (MOH) and the Government of Lao PDR to

identify key areas which are replicable and the necessary conditions for sustainability. Knowledge and information obtained from the evaluation will be used as basis for better design and management for results of future ILO and WHO activities in Lao PDR. The evaluation also supports public accountability of the Government of Lao PDR, ILO and WHO.

Clients and users of the evaluation:

- ILO Country Office for Thailand, Cambodia and Lao PDR, WHO Country Office for Lao PDR, WHO HQ and WPRO management,
- Government of Lao PDR [Ministry of Labor and Social Welfare (MoLSW), Ministry of Health (MoH)], Workers and Employers' organizations, social security organizations (NSSF) and the donor
- ILO HQ and RO-Bangkok.

The evaluation examined the progress, achievements, good practices, and lessons learned from the implementation of the project's interventions in order to support the progressive harmonization of the schemes and increase coverage.

The evaluation included all activities undertaken by the ILO and WHO joint project during the current project period (2012-2016 (March)). The evaluation considered achievements towards strengthening policy processes, harmonization of procedures of different schemes and expanding coverage national health insurance policy in Lao PDR.

The evaluation verified good practices and lessons learned from the implementation of the project and includes a set of practical recommendations for immediate adoption/ application recommended for further integration in to ILO and WHO practices in similar future projects.

The evaluation was carried out by Dr. Mel Cousins with support from Mr. Thongleck Xiong, national consultant. The evaluation manager was Mr. Borhan Uddin. The detailed evaluation questions are set out in the body of the report.

The evaluation team followed the ILO's Evaluation Guidelines as the basic evaluation framework. The final evaluation was carried out in accordance with ILO standard policies and procedures, and complied with evaluation norms and ethical safeguards. The evaluation methodology included:

- Desk review of relevant documents and related to performance and progress of the project, including the initial project document, progress reports, etc.
- Review of other relevant documents set out in Annex 1 of the ToRs, e.g. Decree on National Health Insurance and Social Security Law (2013), National Health Financing Strategy (HFS) 2010-2015, etc.
- Interviews with ILO Country Office management, CTA and staff, other ILO project staff whose project is targeting health and social protection sectors, relevant technical specialists both at HQ and DWT-BKK level
- Interviews with other key project stakeholders, e.g. tripartite constituents, donors, implementing partners, direct recipients (staff of relevant government departments) direct beneficiaries. This will include the Government of Lao PDR [Ministry of Labour and Social Welfare (MoLSW), Ministry of Health (MoH)], Workers and Employers' organizations, and social security organizations (NSSF).

- Stakeholders' validation workshop in Vientiane where the preliminary findings were presented to key stakeholders
- Validation and revision of initial findings in the light of stakeholder feedback.

The conceptual framework used in this evaluation addressed the criteria of relevance, efficiency, effectiveness, sustainability and impact (as specified in the ToRs). Issues concerning gender and marginalized groups were considered throughout the evaluation process.

### Evaluation findings & Conclusions

Overall, a health insurance related project was clearly relevant to Lao PDR. However, as discussed in more detail in the main report, there were a number of weaknesses in the project design including somewhat overambitious objectives, and weak risk assessment. The involvement of four main parties (ILO, WHO, MoLSW and MoH) led to a rather complicated project which was difficult to implement. In this context, there has been considerable success in implementing project outputs (which are listed in detail in the Appendices).

Developments in Lao policy and institutions also led to some necessary changes in project phasing. It was originally intended (in the PRODOC) that the first phase of the project would focus on a pilot project with a proposed second phase to support the establishment of the National Health Insurance Bureau. In practice, however, the Decree establishing the NHIB was approved in December 2012 shortly after the commencement of the project. This then meant that the pilot project was delayed while national and local implementation structures were put in place. The pilot project was not able to commence until January 2015 which meant that its implementation period was much shorter than originally planned.

Conversely, the project carried out more work on supporting the NHIB, including studies of the organisational mandate of the NHIB and a range of capacity building activities. In addition, MoLSW – which is also an important stakeholder in the health insurance field - had an expectation that support provided under previous ILO projects would continue in relation to the adoption of a Social Security Law (2013) and the administrative amalgamation of the existing social security schemes (including health insurance) for civil servants and private employees under the National Social Security Fund. In response, the project also provided needed supports to MoLSW and the two implementing agencies operating under its supervision (SSO and SASS).

Given the design weaknesses, the project implementation team have done very well to implement most of the activities originally envisaged under the project. And indeed, an additional output (actuarial review) was added (see Appendix 1 for further details). One can conclude that

- immediate objective 1 was fully achieved;
- immediate activities have been completed in relation to all the specific outputs under objective 2 and the objective has been partially achieved but full implementation was arguably never realistic; and
- immediate objective 3 has been partially achieved with implementation ongoing (e.g. completion of final project evaluation and impact evaluation of pilot).

The responses to the detailed evaluation questions are summarised in the following table:

Criteria	Questions
<p>- <b>Relevance</b></p>	<ul style="list-style-type: none"> <li>- Given the deficits in health coverage in Lao PDR, the project was clearly relevant to the issues faced by Lao PDR and has addressed the need of the project beneficiaries.</li> <li>- The priorities of the donor (Government of Luxembourg) include a focus of health coverage and, therefore, the project has addressed the donors' priority in Lao PDR.</li> <li>- In terms of gender, although there are a number of references to gender in the PRODOC, it is not clear that a gender analysis was included during the initial needs assessment of the project.</li> </ul>
<p>- <b>Validity of design</b></p>	<ul style="list-style-type: none"> <li>- There were significant weaknesses in the project design. Given the lack of clarity as the policy direction (which is noted in the PRODOC), it was perhaps overambitious to expect that a pilot project could achieve the objectives set out in the project.</li> <li>- Changes in the context since the project was designed, have not greatly clarified the situation and have had limited impact on the design of the project</li> <li>- The capacity of various project's partners was not sufficiently taken into account in the project's strategy and means of action. For example, although the PRODOC identified limited administrative capacities, it did not specifically address this in risk assessment or project outcomes.</li> <li>- Limited participation was envisaged in the PRODOC for the social partners</li> <li>- The weaknesses in project design have had consequential impacts on the adequacy of the implementation and performance plans. It is not clear that all the suggested indicators were relevant.</li> <li>- The risk assessment was weak and did not, for example, take sufficient account of capacity issues on the national side. The level of risk (risk scores) were arguably understated. The risk assessment also did not identify risk mitigation strategy.</li> <li>- The project strategy made limited reference to the needs and capacities of females and male beneficiaries</li> </ul>
<p>- <b>Effectiveness</b></p>	<ul style="list-style-type: none"> <li>- The project attained its objectives to a certain extent. In addition to the design issues discussed above, the main challenges, constraints, problems and areas in achieving the results were the complexity of the project, the limited capacity of the national implementing agencies,</li> <li>- The attainment of milestones to date against the implementation and performance plans is set out in the Appendices</li> <li>- National stakeholders generally indicated satisfaction with their involvement in project implementation. Overall, the project was reasonably effective in establishing national ownership given the national context</li> <li>- The ILO appears to have played the main role in coordinating the stakeholders and, as noted above, there was general satisfaction with this. There was also co-ordination with other key actors such as the Swiss Red Cross and NSSF.</li> </ul>



	<ul style="list-style-type: none"> <li>- The project did engage with the employers, and trade unions in implementing its interventions. The social partners were involved to a somewhat limited extent in implementation but this reflects their role at a national level.</li> <li>- In terms of knowledge management, the project has prepared and disseminated a wide range of studies and has adopted a practice of holding workshops to ensure that the findings of these studies are disseminated and understood by national stakeholders. It is intended that key outputs will be included on the ILO website before the end of the project</li> <li>- The project has been very flexible in responding to the changing situation of the country and/or of the constituents and partners' priorities within the constraints of the project plan</li> <li>- It is not clear that results (effects of activities and outputs) affect women and men differently</li> </ul>
<ul style="list-style-type: none"> <li>- <b>Efficiency of resource use</b></li> </ul>	<ul style="list-style-type: none"> <li>- Project funds and activities have generally been delivered in a timely manner. It appears that the absence of a project imprest account locally (budget was in custody at ILO Regional Office in Bangkok) contributed to some delays in specific activities and to an increased administrative burden on the CTA</li> <li>- Resources (funds, human resources, time, expertise etc.) have been allocated strategically to achieve the project objectives. However, the division of the project (into ILO and WHO offices) increased the administrative burden on the CTA which led to the CTA spending more time than envisaged on administrative issues and, conversely, less time on technical inputs</li> <li>- Insofar as can be established the project appears to have acted in an economical manner in converting the inputs into outputs and results given the country context. The project has collaborated with other projects in the field such as the Swiss Red Cross which is also carrying out pilots to improve health coverage in Laos.</li> <li>- The fact that it was not possible to proceed with a combined project office and the need to establish two separate offices led to some delay in activities, to less cohesion between the different elements of the project, and to a greater administrative burden.</li> <li>- The PRODOC did not identify specific gender-related objectives</li> </ul>
<ul style="list-style-type: none"> <li>- <b>Effectiveness of Management arrangement</b></li> </ul>	<ul style="list-style-type: none"> <li>- In general the existing management structure and technical capacity were sufficient and adequate for the project although there were issues about the lack of a local bank account and limited project support staff</li> <li>- The project received adequate political, technical and administrative support from the ILO and its national implementing partners</li> <li>- The extent of coordination mechanism/arrangements between ILO and WHO were limited</li> <li>- The Project steering committee and the regular/periodic meetings among project staff and with donors and key partners were reasonably effective in supporting the management of the project but the context is highly bureaucratic</li> <li>- At an operational level, the project has been very flexible in responding to the changing situation of the country and/or of the</li> </ul>

	<p>constituents and partners' priorities within the constraints of the project plan</p> <ul style="list-style-type: none"> <li>- The project appears to have managed finances in an appropriate manner (subject to some delays caused by the lack of a local bank account)</li> </ul>
- <b>Gender</b>	<ul style="list-style-type: none"> <li>- The PRODOC did not specify a strategy specifically to engage women workers and women leaders, as well as men. This led to limited gender-specific actions by the stakeholders</li> <li>- Data is available on a gender basis so that gender results can be properly monitored and reported. However, no specific gender indicators were set under the PRODOC</li> </ul>

### Lessons learned and emerging good practices

In the case of this evaluation, the lessons learned focussed on project design. In particular, we identify three key lessons:

1. Need for a thorough risk assessment including adequate risk analysis and risk mitigation.
2. Need to include specific gender objectives/outputs/activities in the project document.
3. ILO should deploy resources so as to maximize its strengths, in particular its acknowledged technical expertise in the area of social protection.

In this case, risk assessment was weak and there is a need for a more thorough risk assessment of future proposals. Of course, risk assessments cannot prevent risks arising but they can identify likely risks and identify what actions can be taken to avoid them (and indeed provide guidance on whether the level of risk is acceptable).

In the case of this project, the PRODOC makes limited reference to gender issues. If gender is to be seen as an important issue in project implementation, it is important that specific outputs and activities be identified in the PRODOC rather than expecting that these will emerge during project implementation.

Finally, this project evaluation suggests that the ILO should deploy resources so as to maximize its strengths. It is questionable whether involvement in pilot projects at a distance and without any local project staff (and where there is no in-country office) represents best use of resources. This should be born in mind in the design of future projects in this field. ILO might consider that a more regional approach would represent a better use of its limited resources and expertise.

The main emerging practice in this project was the level of capacity building (human and institutional) which was carried out with the national stakeholders. This included the series of technical workshops set out in Appendix 2 and the provision of scholarships on the human resources side and work such as IT development on the institutional side. The targets of these events were the national stakeholders including the MoLSW, MoH and NSSF and their management and staff, including the tripartite social partners. This capacity building has the potential to have a long-term impact though the development of national capacity in the areas of health insurance and social protection more generally. These type of capacity building activities could be replicated in different contexts.

## Recommendations

1. In relation to project selection, ILO (Bangkok) should carry out a rigorous assessment process in order to refine (where necessary) the project design. In particular, a rigorous risk assessment should be carried out including risk mitigation. (Medium-term)
2. ILO (Bangkok) should consider whether its strengths are best served through the implementation of small-scale pilot projects. In general, ILO might be better advised to focus on its strengths in providing technical assistance at national/regional level. (Medium-term)
3. The ILO/WHO project should carry out an impact evaluation of the pilot project in Vang Vieng (already planned). (Immediate - before project completion).
4. Development partners (including insofar as possible ILO) with relevant ministries should carry out policy review of health insurance in Lao PDR in the light of the evaluation of this and other pilots to draw broader policy lessons. (Immediate – to be addressed in 2016)
5. ILO (Bangkok) should consider future support in this area in the light of this and other policy developments. This might include looking at how Lao PDR can draw on the experience of other countries in the region. ILO should also mobilise existing resources to provide inputs to ongoing policy developments, e.g. to ensure maximum relevance of the actuarial review and to contribute to the review of how best to achieve health coverage targets (Medium-term)
6. In order to ensure that gender issues form an integral part of projects, ILO should ensure that such issues are fully integrated at the design stage rather than expecting these to be identified and addressed during implementation. (Medium-term)

In general, these recommendations do not have significant resource implications.

## 1. Project background

Lao PDR has some of the poorest health indicators in the region. The predominant mechanism of health care delivery in the Lao PDR is through public health facilities which include a network of three central teaching hospitals, 5 regional hospitals, 13 provincial hospitals, and 143 district health offices which include 133 district hospitals and about 874 functional health centres. The quality of these health facilities is quite uneven. With a low allocation to the non-wage recurrent budget, health facilities are underfunded and rely on revolving drug fund-alike mechanisms of financing which covers 51-83% of their total operating budgets. Low social health protection coverage forces individuals to either reduce utilization of health care (ultimately prolonging their ill health or worsening their condition) or expose themselves to the risk of impoverishment when making out-of-pocket payments to cover medical-related costs.

The Lao social health protection system is formed by three health insurance schemes and one fully subsidized SHP scheme for the poor – which are implemented in a fragmented way. Private and state enterprise employees are covered through the Social Security Organization's (SSO) social insurance scheme established in 2001, which originally covered only four provinces. Civil servants have had their own health insurance scheme since 1975. These two schemes have now been brought together administratively under the National Social Security Fund (NSSF). Informal economy workers and their families are covered by voluntary community-based health insurance (CBHI) launched in 2002 by Ministry of Health and currently operating in 50 districts of 17 provinces (including Vientiane capital) 19 districts in 8 provinces. Since 2004, the MoH with the support of some donors has piloted health equity funds (HEF) for the poor in 36 districts of 8 provinces.

The government of Lao is committed to the progressive harmonization of existing schemes and the extension of coverage. Government's commitments are reflected in a Prime Minister's Decree on the establishment of a National Health Insurance Agency (2011), National Health Financing Strategy 2010-2015, Social Welfare Development Strategy (2011-2020), Strategy for the establishment of a Maternal Neo Natal and Child (< 5 years old) health care package, and draft social security law.

In order to translate the government's commitment into action, a number of consultations have supported the design of a road map towards merging and extending social health protection in Lao PDR. However, a number of problems persist and hinder the way towards the further development of social health protection in Lao PDR and the achievement of universal coverage by 2025, as set by the Government. These include underfunding of health care (less than 1% of GDP is allocated to the health sector) and inefficiencies - leading to poor quality and very limited access to health care particularly in rural and remote areas; difficulties to reach/attract and retain members of existing schemes (low satisfaction regarding quality of care and services); difficulties in negotiating with health care providers because of a lack of reliable information on the cost of the benefit packages, the overall lack of information to keep track of utilizations of health services; and limited capacities in the field of design and management of social health protection schemes.

By building on their respective partnerships with Ministry of Labour and Social Welfare (MoLSW) on the one hand and Ministry of Health (MoH) on the other hand, ILO and WHO aimed – in the context of the project – to play the role of neutral brokers in working with

both Ministries to facilitate the development of the new social health protection strategy in Lao PDR.

The project aimed to develop capacities in social security and social health protection and provide technical support in the area of policy-making, design, implementation and monitoring of the schemes and the progressive harmonization of their operations. The direct recipients are therefore the policy makers, administrators and technical staff involved in the design and operation of the social security and existing social health protection schemes (SSO, SASS, CBHI, HEFs), as well as the staff and administrators of the new national health insurance agency (NHIB). Employers, workers, civil society and mass organizations are also direct recipients of trainings on social security / social health protection in Lao PDR.

The ultimate beneficiaries are all the present and future insured persons and families of the social health protection schemes in Lao PDR (SSO, SASS, CBHI, HEFs) particularly in the areas where the project was implemented. The project ensures that the benefits resulting from project activities will reach ultimate beneficiaries by assisting implementers of social health protection schemes in establishing their implementation plans in efficient and effective ways and also monitoring such indicators as the extension of coverage and the satisfaction of beneficiaries.

## Objectives

The project has three immediate objectives:

*Immediate objective 1:* By the end of the project the policy and regulatory framework will have been further developed at the national level (support for the preparation/finalization and harmonization of all the decrees, laws, regulations, etc.) and costing of social health protection benefits will have been conducted.

*Immediate objective 2:* By the end of the project a staircase approach, including the 'harmonization' of benefits, operations and MIS & IT systems across existing schemes, support to new enrolments and the establishment of a fund to increase access to social health protection for the poor will have been demonstrated as feasible in one province.

*Immediate objective 3:* By the end of the project the experience outlined in objectives one and two will be documented and evaluated and a second phase project proposal will be prepared and submitted to a pool of donors to further support the establishment of the National Health Insurance Agency and the extension of coverage in an larger number of provinces.

## Key collaborators

The project was jointly conducted by the ILO and WHO. The stakeholders of the project included the following institutions:

- Ministry of Health (MoH) and Ministry of Labour and Social Welfare (MoLSW), at the central level and in the province (and the districts) where the project was implemented: provincial and district health and labour/social welfare offices, health care providers;

- Social health protection schemes (NSSF, SSO, SASS,<sup>1</sup> CBHI, Health Equity Funds) at central, provincial and districts levels;
- Ministry of Finance (MoF); Ministry of Planning and Investment (MoPI);
- Government of Luxembourg (donor)
- Employers and workers organizations;
- Civil society organizations;
- Other UN agencies and development partners involved in the field of social health protection and health care.

### Management set-up

The project was jointly run by the ILO and WHO, and the project team includes:

- One international social protection expert and Chief Technical Adviser (P4), recruited by the project (ILO), in charge of the daily management of the project and technical reporting to all parties involved.
- One existing international health financing and health systems development technical officer (P4) financed on a part time basis (25%) by the project (WHO), who provides technical support and policy advice to the project's team.
- Two national experts, recruited by the project (WHO), who are in close collaboration with Lao MOH and MOLSW and responsible for the implementation and monitoring of the project's activities, administrative tasks and work closely with stakeholders in the districts.
- Two national project directors on the government side (one from MoLSW and one from MoH) who participate in all stages of project's implementation.
- One administrative and financial assistant recruited by ILO, who works full time for the project.
- The project was jointly managed by the respective ILO and WHO offices
- Technical backstopping and supervision of project implementation: ILO allocates one w/m per year of its social security specialist based in Bangkok and WHO allocates one w/m per year of its program management officer (health systems) based in Vientiane with key support from the WHO Western Pacific Regional office (WPRO).
- Several national and international experts (consultants) provide some technical expertise to the project; they are assigned to carry out specific activities aiming at the delivery of the outputs planned under the project.

### Donor Management Mechanism

The donor of the project is the Government of Luxemburg which has its own mechanism to review and monitor projects. The WHO provides an annual report to ILO highlighting activities under WHO activities and a joint Annual Progress Report is provided to the donor by the ILO.

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<sup>1</sup> During the lifetime of the project, the administrations of the civil service (SASS) and private sector (SSO) schemes have been amalgamated to form the National Social Security Fund (NSSF). This amalgamation process is still underway and the two schemes remain legally distinct as set out in the Social Security Law 2013.

## 2. Evaluation Background & Methodology

### Background

The main purpose of this evaluation as set out in the Terms of Reference (see Appendix 6) is to assess the relevance, performance and success of the activities undertaken by the project. It also examined achievements, good practices and lessons learned from the project in order for the ILO, WHO and Ministry of Labour and Social Welfare (MoLSW), Ministry of Health (MOH), and the Government of Lao PDR to identify key areas which are replicable and the necessary conditions for sustainability. Knowledge and information obtained from the evaluation will be used as basis for better design and management for results of future ILO and WHO activities in Lao PDR. The evaluation also supports public accountability of the Government of Lao PDR, ILO and WHO.

Clients and users of the evaluation:

- ILO Country Office for Thailand, Cambodia and Lao PDR, WHO Country Office for Lao PDR, WHO HQ and WPRO management,
- Government of Lao PDR [Ministry of Labor and Social Welfare (MoLSW), Ministry of Health (MoH)], Workers and Employers' organizations, social security organizations (NSSF) and the donor
- ILO HQ and RO-Bangkok.

The evaluation examined the progress, achievements, good practices, and lessons learned from the implementation of the project's interventions in order to support the progressive harmonization of the schemes and increase coverage.

The evaluation included all activities undertaken by the ILO and WHO joint project during the current project period (2012-2016 (March)). The evaluation considered achievements towards strengthening policy processes, harmonization of procedures of different schemes and expanding coverage national health insurance policy in Lao PDR.

The evaluation verified good practices and lessons learned from the implementation of the project and includes a set of practical recommendations for immediate adoption/application recommended for further integration in to ILO and WHO practices in similar future projects. In particular the evaluation focused on the following:

- To evaluate the outcomes of the project and assess whether the project has achieved the objectives
- Assess the progress of the program against output and outcome targets
- To what extent the management system appropriate to achieve desired results and outcome within a timely, effective and efficient manner.
- Assess the appropriateness of the Implementation and performance plans [results framework] and appropriateness of its indicators, targets and the overall M&E practices
- How has the project engaged with the tripartite constituents and the direct beneficiaries
- Assess the quality of operational work planning, budgeting and risk management
- Identify lessons learnt and good practices.

The evaluation was carried out by Dr. Mel Cousins with support from Mr. Thongleck Xiong, national consultant. The evaluation manager was Mr. Borhan Uddin.

## Evaluation Criteria and Questions

The following evaluation criteria and questions were addressed in the evaluation:

Criteria	Questions
- <b>Relevance</b>	<ul style="list-style-type: none"> <li>- The extent to which the project continued its relevance and responsive to address issues faced by Lao PDR</li> <li>- To what extent the project has addressed the need of the project beneficiaries?</li> <li>- Was a gender analysis included during the initial needs assessment of the project?</li> <li>- The extent to which the project has addressed the donors' priority in Lao PDR</li> </ul>
- <b>Validity of design</b>	<ul style="list-style-type: none"> <li>- Given the change of the context since the project was designed, whether the design of the project (and the revised design) still address the stakeholders' needs that were identified?</li> <li>- Were the design and the logframe valid?</li> <li>- Was the capacity of various project's partners taken into account in the project's strategy and means of action? Did the project design adequately plan for an effective participation of governments and social partners?</li> <li>- Has the implementation and performance plan been adequate<sup>2</sup>? Were the suggested indicator values realistic and tracked?</li> <li>- Did the design identify risks and key assumption and whether the project has a mitigation strategy taking into account the situation of Lao PDR?</li> <li>- Is the project strategy adapted to the identified needs and capacities of females and male beneficiaries?</li> </ul>
- <b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- Did the project attain its objectives? What were the main challenges, constraints, problems and areas in achieving the results?</li> <li>- Assess the attainment of milestones to date against the implementation and performance plans [results framework and monitoring plan]</li> <li>- How have stakeholders been involved in project implementation? How effective has the project been in establishing national ownership?</li> <li>- Assess the ILO and WHO's role in coordinating the stakeholders and this includes coordination with key actors like WHO, UNFPA and SSO.</li> <li>- How has the project engaged with the employers, workers, trade unions and the government for implementing its interventions?</li> <li>- To what extent the project has managed the practice of knowledge management and lessons dissemination and visibility effort on project branding</li> <li>- How has the project been responding to the changing situation of the country and/or of the constituents and partners' priorities?</li> <li>- Do results (effects of activities and outputs) affect women and men differently? If so, why and in which way?</li> </ul>

<sup>2</sup> While the ToRs refer to the 'results framework' and the 'monitoring and evaluation plan', in practice, the PRODOC used the terminology of a logframe and a performance plan.



<p>- <b>Efficiency of resource used</b></p>	<ul style="list-style-type: none"> <li>- Have the project funds and activities been delivered in a timely manner? If not why? What mechanism has been put in place to mitigate the problems?</li> <li>- Have resources (funds, human resources, time, expertise etc.) been allocated strategically to achieve the project objectives?</li> <li>- How economically have the various inputs been converted into outputs and results? The extent to which the project has leveraged resources/collaborated with other projects?</li> <li>- Identify specific constraints that has affected the efficiency of implementation</li> <li>- Were resources (funds, human resources, time, expertise, etc.) allocated strategically to achieve gender-related objectives?</li> </ul>
<p>- <b>Effectiveness of Management arrangement</b></p>	<ul style="list-style-type: none"> <li>- Given the size of the project, its complexity and challenges, were the existing management structure and technical capacity sufficient and adequate?</li> <li>- Did the project receive adequate political, technical and administrative support from the ILO and its national implementing partners? If not why? How that could be improved?</li> <li>- The extent of coordination mechanism/arrangements between ILO and WHO – how timely and appropriate decisions were made for effective implementation and problem solving?</li> <li>- How effective was the monitoring mechanism set up including the role of the Project steering committee and the regular/periodic meetings among project staff and with donors and key partners? Also assessing the effectiveness of the project steering committee and the donor management mechanism</li> <li>- How well did the project manage finances? This should include budget forecasts, spending and reporting</li> <li>- Did the project have an M&amp;E system in place that collect sex-disaggregated data and monitor results?</li> </ul>
<p>- <b>Gender</b></p>	<ul style="list-style-type: none"> <li>- What is the strategy to engage women workers and women leaders, as well as men workers? Are the strategy the same? What particular action has been undertaken by the partners, constituents, and the ILO?</li> <li>- Are systems in place to ensure that gender results are properly monitored and reported?</li> </ul>

## Methodology

The evaluation followed the ILO's Evaluation Guidelines as the basic evaluation framework. The final evaluation was carried out in accordance with ILO standard policies and procedures, and complied with evaluation norms and ethical safeguards.

The evaluation methodology included:

- Desk review of relevant documents and related to performance and progress of the project, including the initial project document, progress reports, etc. (See Appendix 9 for a full list of documents reviewed)
- Review of other relevant documents set out in Annex 1 of the ToRs, e.g. Decree on National Health Insurance and Social Security Law (2013), National Health Financing Strategy (HFS) 2010-2015, etc.

- Interviews with ILO Country Office management, CTA and staff, other ILO project staff whose project is targeting health and social protection sectors, relevant technical specialists both at HQ and DWT-BKK level (see Appendix 8 for a full list of the interviews carried out)
- Interviews with other key project stakeholders, e.g. tripartite constituents, donors, implementing partners, direct recipients (staff of relevant government departments) direct beneficiaries. This will include the Government of Lao PDR [Ministry of Labour and Social Welfare (MoLSW), Ministry of Health (MoH)], Workers and Employers' organizations, and social security organizations (NSSF) (see Appendix 8).
- Stakeholders' validation workshop in Vientiane where the preliminary findings were presented to key stakeholders
- Validation and revision of initial findings in the light of stakeholder feedback.

The conceptual framework used in this evaluation addressed the criteria of relevance, efficiency, effectiveness, sustainability and impact (as specified in the ToRs). Issues concerning gender and marginalized groups were considered throughout the evaluation process. The detailed questions set out in the ToRs are addressed in section 3 of this evaluation.

The evaluation was carried out in close contact with the evaluation manager and subject to the quality assurance guidance of the Regional M&E officer ILO.

An Inception Report (see Appendix 7) was prepared by the evaluator and approved by ILO.

### 3. Main findings

This section begins with a brief, overall assessment of the project's performance, including its relevance, effectiveness, efficiency, impact and sustainability. More detailed assessments are set out below in relation to the specific questions set out in the ToRs while specific details of the attainment of milestones to date against the logframe and performance plan is set out in the Appendices.

#### Overall assessment

Overall, given the health deficits discussed above, a health insurance related project was clearly relevant to Lao PDR. However, as discussed in more detail below, there were a number of weaknesses in the project design including somewhat overambitious objectives, and weak risk assessment. The involvement of four main parties (ILO, WHO, MoLSW and MoH) led to a rather complicated project which was difficult to implement. In this context, there has been considerable success in implementing project outputs (which are listed in detail in the Appendices).

Developments in Lao policy and institutions also led to some necessary changes in project phasing. It was originally intended (in the PRODOC) that the first phase of the project would focus on a pilot project with a proposed second phase to support the establishment of the National Health Insurance Bureau. In practice, however, the Decree establishing the NHIB was approved in December 2012 shortly after the commencement of the project. This then meant that the pilot project was delayed while national and local implementation structures were put in place. The pilot project was not able to commence until January 2015 which meant that its implementation period was much shorter than originally planned.

Conversely, the project carried out more work on supporting the NHIB, including studies of the organisational mandate of the NHIB and a range of capacity building activities. In addition, MoLSW – which is also an important stakeholder in the health insurance field - had an expectation that support provided under previous ILO projects would continue in relation to the adoption of a Social Security Law (2013) and the administrative amalgamation of the existing social security schemes (including health insurance) for civil servants and private employees under the National Social Security Fund. In response, the project also provided needed support to MoLSW and its agencies.

Given the design weaknesses, the project implementation team have done very well to implement most of the activities originally envisaged under the project. And indeed, an additional output (actuarial review) was added (see Appendix 1 for further details). One can conclude that immediate objective 1 was fully achieved; immediate activities have been completed in relation to all the specific outputs under objective 2 and the objective has been partially achieved but full implementation was arguably never realistic; and immediate objective 3 has been partially achieved with implementation ongoing (e.g. completion of final project evaluation and impact evaluation of pilot).

#### Relevance

As noted above, given the deficits in health cover and the policy objective of the GoL of increasing health coverage and making this universal by 2025, the project was clearly relevant to the needs of the country. This was clearly reflected by MoLSW and MoH during

the dissemination workshop. The project was also relevant to the donor priorities which include health care.<sup>3</sup>

### Validity of design

However, there were a number of weaknesses in project design which created challenges for project implementation. These included:

- Overambitious objectives given a lack of clarity as to national policy directions and somewhat different views in MoH and MoLSW as to how best to implement national policy goals;
- Weak risk assessment including underestimating risks,<sup>4</sup> not fully taking risks into account;<sup>5</sup> and failing to identify risk mitigation measures;
- Over complex structure (with four main stakeholders) and unrealistic administrative arrangements;<sup>6</sup>
- Practicality of carrying out a pilot project in Vang Vieng (which formed a significant part of the planned work) at a substantial time distance from Vientiane but without any local project staff;
- Gender issues not fully taken into account;
- Inappropriate indicators for some measures (see below).

### Effectiveness

Despite the weaknesses in design, project activities have been largely implemented in relation to all objectives and the specific outputs listed in the PRODOC (see Appendix 1).

### Objective 1

Overall, the policy and regulatory framework – referred to in *Objective 1* – has been further developed at the national and local level and costing of social health protection benefits has been carried out. Additional work (not specified in the original PRODOC) has been carried out in this area including support to the drafting of the 2013 Social Security Law and the carrying out of an actuarial valuation. The work of the project in this area was acknowledged by both MoLSW and MoH at the dissemination workshop. MoLSW noted the project's contribution to the Social Security Law and guidelines, and to setting up the NSSF while MoH noted the support received in relation to issues such as operational guidelines and improvements in financial management. The provincial Health Insurance Office directly

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<sup>3</sup> The donor has been engaged in the health area in Lao for many years and is also supporting a much larger Health project (Lao/027) which is working with the Ministry of Health.

<sup>4</sup> All risks are categorized as low to medium whereas a more detailed risk assessment carried out as part of the current ADB Health Sector Governance Program assesses all risks as medium to high.

<sup>5</sup> For example, although the PRODOC specifically identified that 'capacities to administer an expanded social health insurance scheme are limited' (at p. 8), capacity issues were not identified in the risk assessment section.

<sup>6</sup> It was planned to have a joint project office (ILO & WHO) at WHO premises but this proved not to be possible for WHO which led to inefficiencies in project implementation.

involved also noted the impact of the project in terms of issues such as improved reimbursement systems, better management structures and improved capacity.

## Objective 2

*Objective 2* referred to the ‘harmonization’ of SHP schemes in one province. This related to the proposed pilot in Vang Vieng. As noted above, for reasons outside the responsibility of the project, it was not possible to commence implementation of this pilot until January 2015 so that the time period for implementation was less than originally intended. In any case, the project design was overambitious in this regard and one might suggest that it was not realistic to expect to harmonize national (SSO and SASS) and local schemes on a pilot basis in one district.<sup>7</sup> In the circumstance, the project decided to focus on the harmonization of ‘local’ (covering the informal sector) schemes (CBHI, HEF, etc.). In this area a number of important achievements have been delivered:

- Web-based membership database and MIS developed and tested in Vang Vieng district for CBHI members; integration of HEF membership data currently ongoing
- Web-based ATD system developed for the reporting of medical services by hospitals and health centres for all schemes
- Two awareness-raising and enrolment campaigns conducted (in January and October 2015) to promote voluntary coverage and encourage enrolment in 63 villages of Vang Vieng District
- Allocation of the solidarity fund budget for the piloting of the contribution subsidies (50%) as stipulated in Decree 470/PM.
- Provider payment mechanism of NHI pilot scheme in Vang Vieng reviewed, modified, and harmonized with HEF
- Patient satisfaction survey undertaken in Vang Vieng to assess patient satisfaction and quality of care
- Consultancy commissioned to design quality assurance mechanism, and system implemented in Vang Vieng district hospital

Overall, it was reported that the awareness-raising and enrolment campaigns and the subsidy of contributions led to significant increases in enrolment during 2015.<sup>8</sup> However, there is no indication of any significant increase in CBHI coverage since the Baseline study in 2012 and, in fact, this study indicated a higher overall level of health insurance coverage (22% compared to 20.9% in 2015). Coverage is slightly higher for women than men (22.2% compared to 19.7%).

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<sup>7</sup> This point is also raised in the Bultman report which questions the relevance of piloting a national scheme (NHI) in a district.

<sup>8</sup> The comparability of the data will be investigated by the evaluator prior to submission of the final report.

### Objective 3

*Output 3* related to documentation and evaluation of the impact of the project; and to a second phase project proposal. A baseline study has been completed and an impact evaluation of the pilot is currently in preparation. Initial discussions in relation to future projects are currently underway having regard to the changes in context since the original design in 2011.

### Delays and challenges

There was some delay in the commencement of the project. In particular, a delay of several months was experienced due to the need to prepare an implementation agreement for endorsement by the four parties. There was also a need to review and modify the operational set-up and logistical arrangements given that WHO was not able to host a joint ILO-WHO project office at the WHO premises as initially proposed. As a consequence, the new ILO project office (hosted within MOLSW premises) had to be renovated and refurbished before becoming fully operational.

The weaknesses in project design have had consequential impacts on the adequacy of the implementation and performance plans. It is also not clear that all the suggested indicators were relevant. For example, the indicators proposed under objective 2 include the percentage of women of reproductive age and children under five, identified as poor/not poor in the target district (Vang Vieng) and in other districts of Vientiane province with access to a minimum benefit package. However, at least in theory, all poor women should be covered by Health Equity Funds while the project did not, in fact, have any real presence in other districts of Vientiane province. A second indicator was the percentage increase in OPD consultations per capita per year. However, this is a somewhat ambiguous measure unless one can control for other factors and, in any case, full data as to access to health care in the district is not readily available (e.g. persons with access to the military hospital).<sup>9</sup> A third indicator was percentage adherence to therapeutic guidelines of insured IPD admissions and OPD consultations. However, the project did not directly engage with supply-side quality issues and it is not clear that this data exists.

In some cases, it was necessary to adjust the original outputs to some extent to reflect the situation on the ground. For example, output 2.4 referred to the creation of a fund to subsidise the poor to receive a minimum SHP benefit package. Having commissioned and discussed a study on this issue, it was decided that the best use of funds in this area would be to subsidise the contributions payable to the existing CBHI scheme as envisaged in Decree 470. During the evaluation mission, a number of local stakeholders referred to this in a very positive way and saw it as being a major contributor to the increase in health coverage. The MoH has now provided funding to replicate this approach in the other three districts of Vientiane province.

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<sup>9</sup> The military hospital is accessible to laypersons in addition to military and police. The Baseline study revealed that it is cheaper than the District Hospital and the preferred choice of many patients.

### Capacity building activity

Although, as discussed above, capacity issues were arguably not sufficiently recognised in the project design, in practice, the project paid considerable attention to capacity building with the staff of the MoH and MoLSW and their institutions. This included the provision of four scholarships on a Master's in health financing degree in a university in Thailand to NHIB staff (Naresuan University for the MSC programme in Health Security Financing and Management). This programme is designed to equip current and future social security experts with high level quantitative and analytical skills to meet the challenges of achieving a comprehensive Health System. This international Master's degree combines: core courses, which enable students to gain a general understanding of how to implement a health security system/scheme including issues such as health systems and recent health care reform, health security financing, population coverage, benefit packages decision, purchasing health service, provider payment mechanisms; specialized courses, including designing monitoring system, achieving universal health-care, ensuring the long-term sustainability of the system, reducing fragmentation of existing schemes; and individual independent research study related to health security and management.

In addition, many of the technical workshops organised by ILO and WHO contributed to capacity building for MoLSW, MoH and NSSF staff. In total over 1,500 people participated in the various technical meetings and workshops which covered issues such as Social Security Standards, Policy, and Legislation; Patient Reporting (ATD) Systems; Hospital Costing; awareness raising (SHIP coverage); and quality assurance mechanisms (a full listing is provided at Appendix 2).

### Impact & sustainability

There has been considerable impact (and potential impact) in terms of the sustainability of the project. For example, the supports provided to the NSSF has assisted considerably in the amalgamation of social security schemes (including health insurance) on the formal side. In addition, the actuarial review which is currently being finalised can assist in the long-term development of the Lao health insurance system (and the social security system more broadly). In relation to the MoH and its bodies, the ILO policy inputs included workshops on costing, financial arrangements, provider payment mechanism, pilot guidelines, and NHI institutional mandate.

Some concrete examples of the impact of the project are the fact that the GoL altered the pension formula for the private sector set out in the draft Social Security Law based on the ILO comments. The contribution ceiling was also raised (to five times the minimum wage) following the workshop organised and the advisory note drafted by ILO for the NSSF and MoLSW. In addition, the MoH now plans to subsidise social health insurance contributions following the ILO approach.

On the MoH side, the project has also assisted the establishment of the NHIB in terms of capacity building and a range of other activities including the review of Provider Payment Mechanisms (PPM), costing of social health benefits and support for IT systems.

The project has also examined what is feasible in terms of the amalgamation of existing schemes in a pilot site (Vang Vieng) and the role that this can play in achieving the GoL objectives in the field of health coverage. It is planned to replicate a number of the outputs

from the Vang Vieng pilot including in Vientiane province (contributions subsidies), in the current WHO/EU health project (IT systems) and in further reforms of health coverage being implemented by the NHIB (e.g. IT systems).

It is somewhat difficult to be definitive about the long-term impact of the project given the uncertainties about future health coverage policies in Lao PDR. The limited impact of the project in terms of increased coverage would suggest that the GoL goal of achieving high (or indeed universal) levels of health coverage through voluntary health insurance is unlikely to be successful without very high levels of subsidy. It is more likely that the activities (discussed above) which related to the capacity and knowledge concerning social security of the key partners will be sustained, e.g. the MSC on Health Financing, the development of knowledge concerning actuarial studies, etc.

### Stakeholder engagement

In terms of the engagement of stakeholders, national stakeholders generally indicated satisfaction with their involvement in project implementation.<sup>10</sup> Overall, the project was reasonably effective in establishing national ownership given the national context. The ILO appears to have played the main role in coordinating the stakeholders and, as noted above, there was general satisfaction with this. There was also co-ordination with other key actors such as the Swiss Red Cross and NSSF. The project did engage with the employers, and trade unions in implementing its interventions. The social partners were involved to a somewhat limited extent in implementation but this reflects their role at a national level.

### Knowledge management

In terms of knowledge management, the project has prepared and disseminated a wide range of studies and has adopted a practice of holding workshops to ensure that the findings of these studies are disseminated and understood by national stakeholders. It is intended that key outputs will be included on the ILO website before the end of the project.

### Efficiency of resource use

As the evaluation is being carried out some months prior to completion of the project, full expenditure details are not yet available. As of 31 December 2016, total expenditure (including program costs, indirect support costs and administrative agent fees) amounted to \$1.7 million out of total contributions by the donor of \$2.058 million. It appears that project funds and activities have generally been delivered in a timely manner.

Resources (funds, human resources, time, expertise etc.) have been allocated strategically to achieve the project objectives. However, the division of the project (into ILO and WHO offices) increased the administrative burden on the CTA which led to the CTA spending more time than envisaged on administrative issues and, conversely, less time on technical inputs.<sup>11</sup> The fact that it was not possible to proceed with a combined project office and the

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<sup>10</sup> MoLSW expressed the view that there should have been greater national involvement in disbursement but this was not possible under the Project Plan and ILO financial procedures.

<sup>11</sup> The two local project coordinators were employed by the WHO and based at WHO project office and could therefore provide only limited support to ILO-driven activities.



need to establish two separate offices also led to some delay in activities, to less cohesion between the different elements of the project, and to a greater administrative burden.

Insofar as can be established the project appears to have acted in an economical manner in converting the inputs into outputs and results given the country context. The project has collaborated with other projects in the field such as the Swiss Red Cross which is also carrying out pilots to improve health coverage in Laos.

However, it appears that the absence of a local project account contributed to some delays in specific activities and to an increased administrative burden on the CTA. The administrative decision not to establish a local (Lao) imprest account for the project, (i.e. to administer the budget in Bangkok) affected project operations in a negative manner to some extent by adding additional workload and often long and unpredictable processing times. This limited the CTA's ability to deliver activities in a timely manner. For example, some field missions had to be delayed due to delayed authorizations in relation to relatively small amounts. Given the high level of administration involved (both at ILO and national level), the project might have benefitted from some additional project staffing (e.g. project coordinator and a driver/messenger) to deal with these issues (e.g. organise bank statements, collect visa documents, distribute workshop invitations, etc.)

### Effectiveness of Management arrangement

The original management arrangements in the PRODOC included co-ordination through a Health Planning and Financing Technical Working Group. However, this was considered unsuitable<sup>12</sup> and was amended before the commencement of the project to a Project Steering Committee. In practice, the PSC met somewhat infrequently due to difficulties in obtaining suitable dates for all members to attend and a somewhat high level of bureaucracy involved in arranging meetings. However, this does not seem to have created any major issues for project implementation and the Project steering committee and the regular/periodic meetings among project staff and with donors and key partners were reasonably effective in supporting the management of the project.

At an operational level, the project has been very flexible in responding to the changing situation of the country and/or of the constituents and partners' priorities within the constraints of the project plan.

In general the existing management structure and technical capacity were sufficient and adequate for the project although there were issues about the lack of a local account and limited project support staff (see above). Subject to this, the project received adequate political, technical and administrative support from the ILO and its national implementing partners.

The extent of coordination mechanism/arrangements between ILO and WHO were limited due the lack of a joint office and the resultant division of the project into (effectively) two sub-components.

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<sup>12</sup> The TWG does not include all the project stakeholders (MoLSW and social partners not represented) and comprises many other members including all development partners working in the health field.

The project appears to have managed finances in an appropriate manner (subject to some delays caused by the lack of a local account)

## Gender

The PRODOC states that

Gender issues will be explicitly and systematically integrated into all stages of the project in order to identify, assess and address the specific needs and concerns of both women and men concerning the project.

However, the PRODOC otherwise makes few references to gender in the objectives and outputs. This led to limited gender-specific actions by the stakeholders. Due to the database which has been developed, data is available on a gender basis so that gender results can be monitored and reported. However, no specific gender indicators were set under the PRODOC

If gender is to be a key issue in the implementation of projects, it is important that such issues be identified in the PRODOC in a specific manner. Otherwise, it cannot be expected that such issues will be addressed in the implementation process.

## 4. Lessons Learned and Emerging Good Practices

This section looks at the lessons learned and emerging good practices in line with ILO guidance (see also Appendices 4 and 5).<sup>13</sup>

### Lessons learned

In the case of this evaluation, the lessons learned focussed on project design. In particular, we identify three key lessons:

1. Need for a thorough risk assessment including adequate risk analysis and risk mitigation.
2. Need to include specific gender objectives/outputs/activities in the project document.
3. ILO should deploy resources so as to maximize its strengths, in particular its acknowledged technical expertise in the area of social protection.

In this case, risk assessment was weak and there is a need for a more thorough risk assessment of future proposals. Of course, risk assessments cannot prevent risks arising but they can identify likely risks and identify what actions can be taken to avoid them (and indeed provide guidance on whether the overall level of risk is acceptable).

In the case of this project, the PRODOC makes limited reference to gender issues. In order to ensure that gender is seen as an important issue in project implementation, it is necessary that specific outputs and activities be identified in the PRODOC rather than expecting that these will emerge during project implementation.

Finally, this project suggests that the ILO should deploy resources so as to maximize its strengths. It is questionable whether involvement in pilot projects at a distance and without any local project staff (and where there is no in-country office) represents best use of resources. This should be borne in mind in the design of future projects in this field. ILO might consider that a more regional approach would represent a better use of its limited resources and expertise.

### Emerging good practices

The main emerging practice in this project was the level of capacity building (human resource and institutional) which was carried out with the national stakeholders. This included the series of technical workshops set out in Appendix 2 and the provision of scholarships on the human resources side; and work such as IT development on the institutional side and the support for the development of the NHIB.

The targets of these events were the national stakeholders including the MoLSW, MoH and NSSF and their management and staff, including the tripartite social partners. This capacity building has the potential to have a long-term impact through the development of national capacity in the areas of health insurance and social protection more generally although –

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<sup>13</sup> See [http://www.ilo.org/global/docs/WCMS\\_165981/lang--en/index.htm](http://www.ilo.org/global/docs/WCMS_165981/lang--en/index.htm)

given the long-term nature of such work - in the short-term it is difficult to identify specific outcomes linked to capacity building. However, in interviews the staff of NHIB at national and local levels identified improved staff capacity as one of the main outcomes of the project. These types of capacity building activities could be replicated in different contexts.

## 5. Recommendations

Based on the evaluation of this project, this report identifies a number of specific recommendations both in relation to taking forward the objectives of this project and for future project selection and implementation by the ILO. We focus here on recommendations which would be considered to be medium-high priority.

### ILO project selection

There is inevitably an element of compromise in project selection given the differing priorities of the ILO, donors and other stakeholders. In this case, and with the benefit of hindsight, one can suggest that a more rigorous assessment process might have been warranted in the case of this project in order to refine the project design. In particular, a more rigorous risk assessment should have been carried out which might have led to some changes in project design and a greater emphasis on capacity building.

More generally, the ILO might consider whether its strengths are best served through the implementation of small-scale pilot projects (such as the pilot in Vang Vieng). In this case, this was particularly difficult due to the lack of local ILO staff and the distance from the nearest ILO office which led to limited operational capacity especially as the budget was managed at a distance. In general, however, ILO might be better advised to focus on its strengths in providing technical assistance at national/regional level rather than attempting to manage small scale pilot projects, especially when there is no ILO country office in the country in question.

### Role of pilot projects in evidence-based policy making

One important issue in terms of the project and, in particular the pilot in Vang Vieng, is the role of pilot projects in evidence-based policy making. It is a challenge in a wide range of countries (including developed countries) to ensure that the lessons learned in pilot projects are implemented as part of evidence-based policy making. The UK Government has recently carried out a study of this issue and has set out a range of recommendations as to the selection and implementation of pilots. We focus here on the recommendations as to the use of results from pilot projects. These include

- Pilots which reveal policy flaws should be viewed as a success, not a failure;
- Appropriate mechanisms should be in place to adapt or abandon a policy or its delivery mechanisms in light of a pilot's findings;
- Pilot reports should be made easily accessible to facilitate easy reference of past successes and failures.<sup>14</sup>

These recommendations are particularly relevant to this project. For example, the evidence in relation to voluntary health insurance would suggest that it will be very difficult to achieve high levels of health coverage through the use of voluntary health insurance without very high levels of subsidisation. Therefore it would be beneficial to carry out (as

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<sup>14</sup> UK Cabinet Office, *Trying it out: The role of 'pilots' in policy-making: Report of a review of government pilots*, 2003.

planned by the project) an impact evaluation of the pilot to see in more detail the impact which it has had.

It is understood that the Swiss Red Cross also plans to evaluate a number of pilots which it has been implementing. It would be very useful to draw broader lessons from these evaluations to inform the future development of health policy in Lao PDR. Therefore, the development partners (including insofar as possible ILO), with relevant ministries, should carry out policy review of health insurance in Lao PDR in the light of the evaluation of this and other pilots to draw broader policy lessons and inform the future direction of policy in Lao PDR. It is understood that this policy review (of all existing pilots and broader policy framework) will be supported jointly by ILO, SRC, WHO and NHIB, with collaboration from p4H. The ILO project is planning to allocate financial and technical support for the policy review (in June/July 2016).

### Future project work

It was originally envisaged that the project would form the first phase of a two phase project and one of the indicators for output 3 is that 'Second phase proposal prepared and submitted to donors by the end of the project'. However, the project has now been extended on two occasions and has, thereby, lasted longer than originally envisaged. In addition, the original PRODOC envisaged that phase 1 would focus on policy development and the pilot project and phase 2 would support the establishment of the National Health Insurance Agency. However, as noted above, the project has, in practice, provided considerable support to the establishment of the NHIB.

Discussions are ongoing about the future role of the ILO in supporting the development of social protection in the Lao PDR. Various national stakeholders, including MoLSW, have expressed their wish to have further support from ILO in relation to health insurance and social protection generally, including with the ongoing amalgamation of SSO and SASS and the organisational development of NSSF, and the proposed revision of the Social Security Law which is planned for 2018-19. The final outcome of these discussions needs to have regard to the change in the situation since the drafting of the original project proposal. This might include looking at how Lao PDR can draw on the experience of other countries in the region through a regional health insurance project. ILO should also mobilise existing resources to provide inputs to ongoing policy developments, e.g. to ensure maximum relevance of the actuarial review and to contribute to the review of how best to achieve health coverage targets. It should be noted that the UN Partnership Framework (2016-20) for Lao PDR now refers to social protection as a priority area.

### Gender issues

In order to ensure that gender issues form an integral part of projects, it will be necessary for ILO to make sure that such issues are fully integrated at the design stage rather than expecting these to be identified and addressed during implementation.

### Recommendations

To summarise the recommendations:

1. In relation to project selection, ILO (Bangkok) should carry out a rigorous assessment process in order to refine (where necessary) the project design. In particular, a rigorous risk assessment should be carried out including risk mitigation. (Medium-term)
2. ILO (Bangkok) should consider whether its strengths are best served through the implementation of small-scale pilots as part of such projects. In general, ILO might be better advised to focus on its strengths in providing technical assistance at national/regional level where it is better equipped. (Medium-term)
3. The ILO/WHO project should carry out an impact evaluation of the pilot project in Vang Vieng (already planned). (Immediate - before project completion).
4. Development partners (including insofar as possible ILO) with relevant ministries should carry out policy review of health insurance in Lao PDR in the light of the evaluation of this and other pilots to draw broader policy lessons. (Immediate – to be addressed in 2016)
5. ILO (Bangkok) should consider future support in this area in the light of this and other policy developments. This might include looking at how Lao PDR can draw on the experience of other countries in the region. ILO should also mobilise existing resources to provide inputs to ongoing policy developments, e.g. to ensure maximum relevance of the actuarial review and to contribute to the review of how best to achieve health coverage targets (Medium-term)
6. In order to ensure that gender issues form an integral part of projects, ILO should ensure that such issues are fully integrated at the design stage rather than expecting these to be identified and addressed during implementation. (Medium-term)

In general, these recommendations do not have significant resource implications.

## Appendices



## Appendix 1. Objectives and outputs and activities undertaken

Project structure	Activity undertaken
<p><b>Immediate objective 1:</b> By the end of the project the policy and regulatory framework will have been further developed at the national level (support for the preparation/finalization and harmonization of all the decrees, laws, regulations, etc.) and costing of social health protection benefits will have been conducted.</p>	
<p>Output 1.1: The drafting and finalization of decrees, laws, regulations is supported and coherence across legal texts, strategies and guidelines is ensured</p>	<ul style="list-style-type: none"> <li>• Consultancy commissioned to clarify NHIB governance arrangements at central and local levels (Bultman report)</li> <li>• Pilot guidelines (Vang Vieng) prepared and endorsed by Minister of Health</li> <li>• Health Financing Strategy finalized and presented at workshop (WHO)<sup>15</sup></li> <li>• Consultancy to clarify institutional mandate of NHIB and NHI implementation strategy (Fuenzalida report)<sup>16</sup></li> <li>• Operations Manual (NHIB) currently being prepared by consultant</li> <li>• Comments on draft Social Security Law prepared by ILO and submitted to Minister of Labour and Social Welfare for consideration.</li> <li>• Workshop organized to discuss the draft social security law with MOLSW, SSO, and SASS.</li> <li>• Workshop organized on social security standards and legislation with participants from Lao PDR, Cambodia, Myanmar, and Vietnam (Aug 2013).</li> <li>• Workshop organized with project support on the Dissemination of the Social Security Law to all Line Ministries.</li> <li>• Social Security law and regulations translated and printed (pending approval of translation by MOJ).</li> <li>• Workshops conducted to support drafting of various Social Security Regulations (Benefit regulations, invalidity and employment injury, Contribution ceiling).</li> <li>• Workshop planned to discuss draft NSSF financial regulations (scheduled for May 2016).</li> </ul>

<sup>15</sup> The Health Financing Strategy was not a project output (earlier WHO product) but the final workshop was funded from the project budget (WHO portion) and the CTA contributed to the development of the Strategy.

<sup>16</sup> This report is an output under the EU/WHO project but again CTA contributed to the process through substantive inputs and meetings.

Project structure	Activity undertaken
	<ul style="list-style-type: none"> <li>• Workshop planned to discuss draft Regulation on Occupational Diseases (May/June 2016).</li> </ul>
<p>Output 1.2: A costing of social health protection benefits is conducted.</p>	<ul style="list-style-type: none"> <li>• Consultancy commissioned to support the costing task force gathering stakeholders from MOLSW and MOH</li> <li>• 3 training workshops conducted on costing methodology, review of data collection, data analysis, endorsement of results, review of capitation and PPM (WHO Consultant: review PPM March – May 2016)</li> <li>• Data collection conducted in 3 national hospitals</li> <li>• Presentation of costing results to high-level officials (2 MOH Vice-ministers)</li> <li>• Data collection organized in 3 provinces gathering data from 3 provincial hospitals, 6 district hospitals, and 12 health centers</li> <li>• Report on ‘Costing of Public Health Care facilities’ drafted and disseminated</li> <li>• Report translated into Lao and shared with high-level decision makers;</li> <li>• Workshop conducted to present final results of costing exercise;</li> <li>• Bottom-up costing exercise undertaken including data collection in xx hospitals aiming to estimate unit cost for the case categories defined in PPM;</li> <li>• Draft report prepared for comments to (pending finalization)</li> </ul>
<p>Output 1.3: An actuarial valuation of the social security law is undertaken (new output, added Nov 2013).</p>	<ul style="list-style-type: none"> <li>• Actuarial valuation of social security benefits ongoing</li> </ul>
<p><u>Immediate objective 2</u>: By the end of the project a staircase approach, including the “harmonization” of benefits, operations and IT systems across existing schemes, support to new enrolments, and establishment of a fund to increase access to social health protection for the poor will have been demonstrated as feasible in one province</p>	
<p>Output 2.1: The results of the costing study are used to harmonize levels of contributions across schemes at provincial level and applied to support extension of coverage</p>	<ul style="list-style-type: none"> <li>• Technical meeting organized to establish unit cost reference rates and seek agreement on the adjustment of the capitation rate for various schemes. A uniform capitation rate (across schemes) agreed upon for budgeting purposes.</li> <li>• Workshop conducted with MOLSW and MOH to seek endorsement by stakeholders and agreement on a budget per capita for the inclusion of the formal sector members under NHI.</li> </ul>

Project structure	Activity undertaken
	<ul style="list-style-type: none"> <li>• Technical meetings organized on the design on the new provider payment mechanism for the Vang Vieng pilot scheme, and adjustment of the contribution schedule by family size (cf Pilot Guidelines)</li> <li>• Workshop organized with MOLSW on the provider payment mechanism of the formal sector scheme (SSO and SASS) to discuss proposed rate adjustments and to discuss alternative options for an improved PPM. (Adjusted rates were consequently adopted by NSSF and minor changes made to PPM)</li> </ul>
<p>Output 2.2: Existing MIS – management information systems - are harmonized, a common module is developed at central level and a common database piloted in one province</p>	<ul style="list-style-type: none"> <li>• Workshop organized with four schemes (Oct 2013) to discuss the design of a harmonized ATD service reporting system for the 4 schemes (CBHI, HEF, SSO, SASS).</li> <li>• Consultancy commissioned to conduct an assessment of the global IT architecture of the 4 schemes, and to consider alternative design options for an integrated IT architecture;</li> <li>• Web-based membership database and MIS developed and beta-tested in Vang Vieng district for CBHI members; integration of HEF membership data currently ongoing.</li> <li>• Web-based ATD system developed for the reporting of medical services by hospitals and health centres for all schemes (data for SSO and SASS reported to NSSF via the formal-sector ATD system)</li> <li>• Consultancy commissioned to develop system specifications for a new MIS for NSSF integrating SSO and SASS membership data and other modules.</li> <li>• Support planned on system development by a private IT company to develop new NSSF system based on system specifications developed (scheduled in May-July 2016).</li> </ul>
<p>Output 2.3: Coverage extended at Vang Vieng district and at provincial level through various awareness raising and enrolment campaigns</p>	<ul style="list-style-type: none"> <li>• Two awareness-raising and enrolment campaigns conducted (in January and October 2015) to promote voluntary coverage and encourage enrolment in 63 villages of Vang Vieng District;</li> <li>• Project supported the design and printing of promotion materials (posters and leaflets) to support enrolment campaign;</li> <li>• Social Security Extension campaign undertaken, including a 2-day tripartite workshop (Vang Vieng and Kasee districts) with industrial sectors to encourage enrolment of enterprises with NSSF.</li> <li>• Workshop scheduled in May 2016 on NSSF inspection regulations aiming to clarify arrangements regarding inspection of enterprises and legal provisions on the enforcement of coverage.</li> </ul>

Project structure	Activity undertaken
<p>Output 2.4: The feasibility study for the creation of a fund to subsidise the poor to receive the minimum benefit package (institutional deliveries and care for children under 5 years old) free of charge is conducted and the fund is created. It is followed by the design &amp; implementation of a common risk pool that will contribute to accelerate the merger of the schemes at provincial level</p>	<ul style="list-style-type: none"> <li>• Consultancy commissioned to undertake feasibility study on subsidization of benefits via Solidarity Fund. In light of the adoption of MNCH decree and related MOH budget allocations, it was agreed to allocate the solidarity fund budget for the piloting of the contribution subsidies (50%) as stipulated in Decree 470/PM.</li> <li>• Workshop conducted on NHI financial arrangements to discuss merger issues, pooling, and cross-subsidization between target groups.</li> <li>• Discussions on NHI pooling arrangements still ongoing; proposed pooling arrangements to be documented in the NHI Operations Manual currently being prepared (ongoing).</li> </ul>
<p>Output 2.5: The provider payment mechanisms are assessed at national level and common provider payment mechanism are established at provincial level for the provision of the contributory benefit packages and the minimum benefit package</p>	<ul style="list-style-type: none"> <li>• Provider payment mechanism of NHI pilot scheme in Vang Vieng reviewed, modified, and harmonized with HEF (case-based payment).</li> <li>• Consultancy commissioned to conduct Service Availability and Readiness Assessment (SARA survey) with providers in the pilot district and beyond.</li> <li>• Patient satisfaction survey undertaken in Vang Vieng to assess patient satisfaction and quality of care (WHO).</li> <li>• Consultancy commissioned to design quality assurance mechanism, and system implemented in Vang Vieng district hospital.</li> <li>• Consultancy commissioned to review PPM experience of pilot scheme and draw lessons learnt (ongoing).</li> <li>• Household survey planned to assess patient satisfaction of NHI members and gather evidence regarding linkages between insurance coverage, patient satisfaction, and patient expectations (TBC).</li> </ul>
<p><b>Immediate objective 3:</b> By the end of the project the experience outlined in objectives one and two will be documented and evaluated and a second phase project proposal will be prepared and submitted to a pool of donors to further support the establishment of the National Health Insurance Agency and the extension of coverage in an larger number of provinces</p>	

Project structure	Activity undertaken
<p>Output 3.1: An independent baseline-evaluation of the project is conducted</p>	<ul style="list-style-type: none"> <li>• Household survey undertaken to gather baseline data from the target population in Vang Vieng district.</li> <li>• Baseline evaluation undertaken and baseline report prepared and disseminated in English and Lao.</li> <li>• Final project evaluation undertaken (ongoing) including stakeholder workshop to gather feedback from project stakeholders.</li> <li>• Consultancy scheduled (May) to undertake impact evaluation of pilot scheme and inform a broader HI policy review towards UHC.</li> <li>• Consultancy planned (June/July) to support review of other pilots and broader SHP policy review.</li> <li>• Final project report and policy brief to be prepared (by ILO/WHO) before the end of the project.</li> </ul>
<p>Output 3.2: A second phase project proposal will be prepared and submitted to a pool of potential donors and the government of Lao PDR to further support the establishment of the National Health Insurance Agency and the extension of coverage in a larger number of provinces based on the experience and lessons learned of phase one</p>	<ul style="list-style-type: none"> <li>• Initial discussions held regarding needs for TA in specific areas to inform the formulation of follow-up project(s) on social security and health insurance.</li> </ul>

## Appendix 2. List of workshops and training seminars supported by the project, 2013 – 2016

### 1. ILO events

No.	Date	Title/Subject	Type	# of days	Location	# of participants	Counterparts
1	4-5 April 2013	Workshop to discuss the draft Social Security Law	Workshop	2	Talath, Vientiane province	31	SSD, MOLSW
2	27-29 Aug 2013	Technical Training Seminar on Social Security Standards, Policy, and Legislation	Training	3	Luang Prabang	31	SSD, MOLSW
3	23 Oct 2013	Technical Workshop on Harmonization of Patient Reporting (ATD) System	Workshop	1	Vientiane	30	NHIB
4	19-20 Nov 2013	Technical Seminar on Hospital Costing Exercise	Seminar	2	Vientiane	30	MOLSW
5	22 Nov 2013	Meeting of Project Steering Committee	Meeting	0.5	Vientiane	22	PSC members
6	11 February 2014	Training with costing committee on Data collection and costing methodology	Workshop	1	Vientiane	30	MOLSW, NHIB
7	18 March 2014	Training with costing committee on Analysis of costing data	Workshop	1	Vientiane	30	MOLSW, NHIB
8	28 April 2014	Training with costing committee Discussion of preliminary results	Workshop	1	Vientiane	28	MOLSW, NHIB
9	27 June 2014	Technical workshop on Draft Guidelines for	Workshop	1	Vientiane	12	NHIB

		NHI Pilot scheme in Vang Vieng District					
10	11 July 2014	Workshop on hospital costing  Presentation of results of costing exercise	Workshop	1	Vientiane	20	MOLSW
11	17 July 2014	Expert review meeting of costing results and estimation of unit medical cost	Workshop	1	Vientiane	20	MOLSW
12	18 July 2014	High-level workshop on costing results and review of capitation fee	Workshop	1	Vientiane	20	MOH, MOLSW
13	13 August 2014	Workshop on Dissemination of the Social Security Law	Workshop	1	Vientiane	154	MOLSW
14	26 August 2014	Seminar on Implementation Guidelines for NHI Pilot in Vang Vieng	Workshop	1	Vientiane	16	NHIB
15	26 Sept 2014	Meeting of Project Steering Committee	Meeting	0.5	Vientiane	24	PSC members
16	16 Oct 2014	Inception Workshop of The Governing Board of the National Social Security Fund	Workshop	1	Vientiane	74	MOLSW
17	16-17 Oct 2014	Workshop on Review of Costing results and NHI financial arrangements	Workshop	2	Talath, Vientiane province	28	NHIB, MOLSW
18	29 Nov 14	Consultation meeting of Costing Committee on calculation of Revised Capitation rate	Meeting	1	Vientiane	15	MOLSW, MOH
19	18 Dec 14	Workshop on Revised Capitation fee and budgeting for health insurance	Workshop	2	Thalat, Vientiane province	26	MOLSW, MOH

20	5 March 2015	High Level Inter Ministerial meeting on Health Insurance	Workshop	1	Vientiane	21	MOLSW
21	11-12 March 2015	Social Security Extension Campaign  Awareness-raising workshop on social security	Workshop	2	Vang Vieng and Kasee districts	167	MOLSW, NSSF
22	11-13 March 2015	Technical meetings with health care providers on contracting arrangements	Meeting	3	Vientiane	19	NHIB
23	23-27 March 2015	Implementation of the Social Security Law  Thematic consultations on drafting social security benefit regulations	Technical meetings	5	Vientiane	13	MOLSW
24	1-3 April 2015	Workshop on draft social security bylaws and Regulations	Workshop	3	Vientiane province	116	MOLSW
25	12 June 2015	Workshop on Review of NSSF capitation fee and adjustment of PPM for NSSF	Workshop	1	Vientiane	27	MOLSW
26	18-19 June 2015	Workshop on Social security Regulations Review of social security terminology, legal drafting, and English translation	Workshop	2	Vientiane province	35	MOLSW
27	25 June 15	Meeting of Project Steering Committee	Meeting	0.5	Vientiane	15	PSC members
28	26 June 2015	IT Workshop on Membership identifier and National Identification Number for Social Security and Health Insurance schemes	Workshop	1	Vientiane	30	MOLSW



29	26 August 2015	Workshop on the Implementation of the Social Security Law – Review of benefit regulations on Employment Injury and Invalidity benefits	Workshop	1	Vientiane	47	MOLSW
30	7 Sept 2015	Workshop on NSSF Health Insurance Branch – Revised Contracting Arrangements for Public Health Care Providers	Workshop	1	Vientiane	41	MOLSW
31	2 Oct 2015	Workshop on NSSF Health Insurance Branch – Validation of Contracting Arrangements for Public Health Care Provider	Workshop	1	Vientiane	33	MOLSW
32	15 Dec 2015	Workshop on ‘Review of ceiling on insurable earnings for private sector workers insured under the National Social Security Fund’	Workshop	1	Vientiane	26	MOLSW
33	05 April 16	Final Project Evaluation ILO-WHO Project (LAO/11/01M/LUX) - Stakeholder Workshop	Workshop	0.5	Vientiane	30	MOLSW, NHIB
34	Planned on 20 April 16	Workshop on Social Security Inspection Regulations	Workshop	2	Vientiane	26	MOLSW
35	Planned on 28 April 16	Project workshop on Review of Provider Payment Mechanism 04 April 2016, Vientiane Capital, Lao PDR	Workshop	1	Vientiane	40	NHIB

36	Planned for May 2016	Workshop on Financing Arrangements and revised Financial Regulations for the NSSF	Workshop	2	Thalat, Vientiane Province	34	MOLSW, NSSF
<b>2. WHO events</b>							
1	29-30 October 2013	Workshop for experience sharing with neighbouring countries on Social Health Protection development in Lao PDR	Workshop	2	Vientiane Capital	40	NHIB
2	25-27 September 2013	Consultation workshop to the key stakeholders on designing a minimum health services package and financing arrangements to be subsidized by the joint ILO-WHO project in Vang-Vieng	Workshop	2	Vientiane	25	NHIB
3	19- 20 February 2014	Workshop on review and updates M&E forms for CBHI scheme in Vang Vieng	Workshop	2	Vang-Vieng	30	NHIB
4	8-9 January 2015	Preparation workshop on health insurance guideline orientation and awareness campaign in Vang-Vieng district	Workshop	2	Vang-Vieng	35	NHIB
5	12-30 January 2015	Awareness campaign conducted at village level in Vang-Vieng District	Workshop	15	Vang-Vieng	67 villages	NHIB
6	24-26 February 2015	Orientation training of health care staff on the covered benefit package and procedures and tools	Training	2	Vang-Vieng	35	NHIB

		to be used when receiving patients in Vang Vieng district and Vientiane Province					
7	15-19 June 2015	Training on newly design quality assurance mechanism to target audiences in VTE province/VV district	Training		Vang-Vieng	38	NHIB
8	23 October 2015	District Health Insurance Management Committee Meeting in Vangveing District	Workshop	1	Vang-Vieng	32	NHIB
9	14-17 December 2015	Training on quality assurance and improvement for service providers at provincial level in Talad, Vientiane Province	Training	4	Talad, Vientiane Province	28	NHIB
10	Planned to conduct in May 2016	Consultation workshop among concern authorities in Vang-Vieng to establish a quality assurance/improvement committee at Vang-Vieng district to contribute strengthen quality of services	Workshop	1	Vang-Vieng	40	NHIB
11	Planned to conduct in May/June 2016	Workshop to follow up/support newly establishment of quality improvement committee functioning their tasks and responsibilities	Workshop	1	Vang-Vieng	35	NHIB

## Appendix 3. Performance plan & outcomes [indicators]

Indicators	Base-line (+ date)	End Target (+ date)	Final (2016)	Comment
Immediate Objective 1: By the end of the project the policy and regulatory framework will have been further developed at the national level (support for the preparation/finalization and harmonization of all the decrees, laws, regulations, etc.) and costing of social health protection benefits will have been conducted.				
NHI decree; Social Security decree; and related laws and regulations for the establishment and implementation of the NHI Agency; as well as costing of the social health protection benefits will be finalized, approved and disseminated by the end of the project	0%, May 2011	80%, Dec 2014	NHI decree and regulations, Social Security Law; and costing of SHP benefits all finalized, approved and disseminated	
Immediate Objective 2: By the end of the project a staircase approach, including the “harmonization” of benefits, operations and IT systems across existing schemes, support to new enrolments, and establishment of a fund to increase access to social health protection for the poor will have been demonstrated as feasible in one province				
% of women of reproductive age and children under five, identified as poor (26% of the population) in the target district (Vang Vieng) and in other districts with access to a minimum benefit package (institutional deliveries; and care for children under five years old);	0%, May 2011	100% in Vang Vieng and 50% other Districts of Vientiane Province	In principle, all such women and children would be covered by HEFs	Inappropriate indicator as coverage not related to project work
% of women of reproductive age and children under five, above poverty line, in the target district (Vang Vieng) and in other districts of Vientiane province with access to a minimum benefit package (institutional deliveries; and care for children under five years old);	0%, May 2011	50% in Vang Vieng and 20% in other Districts of Vientiane Province	Data not available	Inappropriate indicator as data not available

Indicators	Base-line (+ date)	End Target (+ date)	Final (2016)	Comment
% coverage of the population with social health protection schemes in the target district (Vang Vieng) and other districts	10% [the baseline survey carried out in 2013 found that 22% of the population in VV had cover - not including army and military personnel for whom data are not available]	40%, Dec 2014	Data provided indicated that 20.9% had SHP not including army and military personnel	In principle, this is an important indicator but the available data are limited as army and military are not included. Data show a rise in coverage but also indicate the limitations of this voluntary approach
% increase in OPD consultations per capita per year	0.37 **	An increase is expected but exact targets TBD	No targets agreed but current OPD usage is 0.50 (2015)	This again does not take account of usage of the military hospital in the area. Without careful control for other factors, this is not a very appropriate indicator
Operations (IT, financial management, contracting arrangements and related payment mechanism with health care providers, contribution rates, use of a common risk pool, awareness campaigns, enrolment procedures, and monitoring and evaluation) of all schemes will be fully harmonized in Vang Vieng district (possibly other districts as well) and at the provincial level	no harmonization	100%, Dec 2014	As detailed in the report, some progress has been made towards harmonization but it is impossible to estimate a %	This was never an achievable target in the first place
% of drop outs from the SHP schemes (to measure degree of satisfaction of insured population with the scheme/quality of care)	4% [it appears that this refers to the quarterly rate]	will be reduced to 2%, Dec 2014	In 2015, the annualised drop-out rate was 10% but this would not be directly comparable with the original target	

<b>Indicators</b>	<b>Base-line (+ date)</b>	<b>End Target (+ date)</b>	<b>Final (2016)</b>	<b>Comment</b>
% adherence to therapeutic guidelines of insured IPD admissions and OPD consultations (to measure quality of care)	0	TBD	No targets determined	Given that the project did not work on the supply side, this was not an appropriate indicator
<p>Immediate Objective 3:By the end of the project the experience outlined in objectives one and two will be documented and evaluated and a second phase project proposal will be prepared and submitted to a pool of donors to further support the establishment of the National Health Insurance Agency and the extension of coverage in a larger number of provinces</p>				
Baseline and impact assessment of the project conducted and results disseminated by the end of the project;	0	Baseline & Impact assessment	Baseline complete and impact assessment in train	
Second phase proposal prepared and submitted to donors by the end of the project.	0	Proposal submitted	Discussions ongoing but context has changed	

## Vang Vieng indicators, 2015

### 1. Social Health Protection Coverage in Vang Vieng District, December 2015

	<i># Households</i>		<i>Persons (total)</i>	<i>Male</i>	<i>Female</i>
<b>CBHI</b>	793		4,602	1,934	2,668
<b>HEF</b>	143		546	268	278
	<i># Contributors</i>	<i># Dependents</i>	<i>Persons (total)</i>	<i>Male</i>	<i>Female</i>
<b>SASS</b>	1,782	1,230	3,012	1,720	1,292
<b>SSO</b>	1,224	2,716	3,940	1,885	2,055
Total Coverage Vang Vieng (Dec 2015) <sup>1</sup>			12,100	5,807	6,293
Coverage rate (% of population)			20.9	19.7	22.2
Total Population Vang Vieng (2015):			57,795	29,494	28,301
<i>Notes</i>					

Source: Data provided by NHIB and NSSF

### 2. Number of institutional deliveries in Vang Vieng District, year 2015

<u>Total births, year 2015 (estimation)<sup>1</sup></u>	<u>1,349</u>
Population (Vang Vieng)	57,795
Female (estimation)	28,301
Birth rate (assumption)	0.0476
<u>Institutional deliveries (excl. military hospital)</u>	<u>669</u>
District Hospital (+ referrals to PH/CH if any)	
Health Centres	
Military Hospital <sup>2</sup>	n.a.
<b>Rate of institutional deliveries (% of births)<sup>3</sup></b>	<b>49.6</b>
<i>(1) Assumptions from actuarial model</i>	
<i>(2) No data available for military hospital</i>	
<i>(3) Excluding military hospital</i>	

Source: DHO Annual Report Vang Vieng, 2015 (MOH)

### 3. Drop-out rates for CBHI Vang Vieng, quarterly and annual, 2015

	<i>Q1-Q2 (2015)</i>	<i>Q2-Q3 (2015)</i>	<i>Q3-Q4 (2015)</i>	<i>Q4-Q1 (2015/16)</i>	<i>Annual (2015)</i>
Dropout rate	2.4%	4.6%	3.1%	0.9%	10.1%

Source: Calculated from data on dropouts provided by NHIB

### 4. Number of contacts (OPD) and admissions (IPD), Vang Vieng District, year 2015

	<b>OPD</b>	<b>IPD<sup>1</sup></b>
District Hospital (incl. referrals to PH/NH)	18,671	3,750
Health Centres	10,171	0
<u>Total (all facilities)<sup>1</sup></u>	28,842	3,750
Utilization rate	0.50	0.065

(1) Excluding deliveries

(2) Excluding military hospital (no data)

(3) Cases per person per year based on the total population of Vang Vieng (57,795)

Source: DHO Annual Report Vang Vieng, 2015



## Appendix 4. Lessons learned

### ILO Lesson Learned Template

**Project Title:** Final Evaluation of Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage      **Project TC/SYMBOL:** LAO/11/01M/LUX

**Name of Evaluator:** Mel Cousins

**Date:** April 2016

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
<b>Brief description of lesson learned (link to specific action or task)</b>	Need for a thorough risk assessment including adequate risk analysis and risk mitigation.
<b>Context and any related preconditions</b>	The context for these lessons derives from the weaknesses in project design which have been identified in the course of the evaluation
<b>Targeted users / Beneficiaries</b>	Those involved in the design and approval of future projects
<b>Challenges /negative lessons - Causal factors</b>	The weaknesses in project design created considerable challenges in the implementation of this project
<b>Success / Positive Issues - Causal factors</b>	The local project staff and project management responded in a flexible manner so as to adapt the project plan and outputs to the concrete local needs
<b>ILO Administrative Issues (staff, resources, design, implementation)</b>	These issues should be taken into account in project design. No specific resource implications although training in, for example, risk assessment, may be required

## ILO Lesson Learned Template

**Project Title:** Final Evaluation of Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage      **Project TC/SYMBOL:** LAO/11/01M/LUX

**Name of Evaluator:** Mel Cousins

**Date:** April 2016

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
<b>Brief description of lesson learned (link to specific action or task)</b>	Need to include specific gender objectives/outputs/activities in the project document.
<b>Context and any related preconditions</b>	The context for these lessons derives from the weaknesses in project design which have been identified in the course of the evaluation
<b>Targeted users / Beneficiaries</b>	Those involved in the design and approval of future projects
<b>Challenges /negative lessons - Causal factors</b>	Lack of specific gender objectives/outputs/activities in project design created considerable challenges in the implementation of this project
<b>Success / Positive Issues - Causal factors</b>	Gender issues were included insofar as possible
<b>ILO Administrative Issues (staff, resources, design, implementation)</b>	These issues should be taken into account in project design. No specific resource implications although training in, for example, gender analysis, may be required

## ILO Lesson Learned Template

**Project Title:** Final Evaluation of Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage      **Project TC/SYMBOL:** LAO/11/01M/LUX

**Name of Evaluator:** Mel Cousins

**Date:** April 2016

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
<b>Brief description of lesson learned (link to specific action or task)</b>	ILO should deploy resources so as to maximize its strengths, in particular its acknowledged technical expertise in the area of social protection.
<b>Context and any related preconditions</b>	The context for these lessons derives from the weaknesses in project design which have been identified in the course of the evaluation
<b>Targeted users / Beneficiaries</b>	Those involved in the design and approval of future projects
<b>Challenges /negative lessons - Causal factors</b>	The weaknesses in project design created considerable challenges in the implementation of this project
<b>Success / Positive Issues - Causal factors</b>	The local project staff and project management responded in a flexible manner so as to adapt the project plan and outputs to the concrete local needs
<b>ILO Administrative Issues (staff, resources, design, implementation)</b>	These issues should be taken into account in project design. No specific resource implications

## Appendix 5. Emerging good practice

### ILO Emerging Good Practice Template

**Project Title:** Final Evaluation of Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage

**Project TC/SYMBOL:** LAO/11/01M/LUX

**Name of Evaluator:** Mel Cousins

**Date:** April 2016

The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.

GP Element	Text
<b>Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)</b>	The main emerging practice in this project was the level of capacity building (human and institutional) which was carried out with the national stakeholders. This included the series of technical workshops set out in Appendix 2 and the provision of scholarships on the human resources side and work such as IT development on the institutional side.
<b>Relevant conditions and Context: limitations or advice in terms of applicability and replicability</b>	Capacity building such as that carried out in this project should be applicable and replicable in the case of most ILO projects
<b>Establish a clear cause-effect relationship</b>	It is not possible to establish a clear cause-effect relationship in this case and the expected outcome is more long-term
<b>Indicate measurable impact and targeted beneficiaries</b>	The targeted beneficiaries were the key national stakeholders and their management and staff. As noted, immediate impact is difficult to measure.
<b>Potential for replication and by whom</b>	Possible to replicate in similar projects
<b>Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)</b>	Linked to Lao DCWP Outcome 3.1 Social security mechanisms strengthened and expanded, with a particular focus on health insurance
<b>Other documents or relevant comments</b>	None

## Appendix 6. Terms of Reference

### TERMS OF REFERENCE

4 November 2015

<b>Project Title</b>	Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage
<b>TC project code</b>	LAO/11/01M/LUX
<b>Donors</b>	Government of Luxemburg
<b>Total approved budget</b>	USD 2 million
<b>ILO Administrative unit</b>	ILO Country Office for Cambodia, Lao PDR and Thailand
<b>ILO Technical Units</b>	ILO Decent Work Technical Support Team for East and South East Asia and the Pacific
<b>Evaluation date and field work dates</b>	December 2015 -January 2016
<b>Evaluation Manager</b>	Borhan Uddin <uddin@ilo.org>
<b>TOR preparation date</b>	November 2015

#### *Introduction and Rationale for the Final evaluation*

This terms of reference (TORs) covers the final evaluation of the Supporting the Establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage (NHIS-P). The project is implemented by ILO and WHO, and funded by the Government of the Luxemburg.

The project start date is on 16 July 2012 and the end date is 31 December 2015<sup>17</sup>. In accordance with ILO policy governing technical cooperation projects, an independent final evaluation is required for projects of such budget size and duration. The final evaluation will apply the key criteria of relevance, validity of design, effectiveness, efficiency, gender equality as well as monitoring and evaluation to determine the completed results of the intervention.

The final evaluation aims to assess the continued relevance of an intervention and the progress made towards achieving its planned objectives. The independent final evaluation will be conducted by a team of independent evaluators and will be managed by Monitoring and Reporting Officer based at ILO Dhaka Office (CO Dhaka) with quality assurance provided by Regional M&E Officer, ILO Regional Office for Asia and the Pacific

The evaluation manager will prepare TORs and will subsequently finalize it in a consultative process involving key stakeholders of the programme including the donors. The evaluation will comply with UNEG Norms and Standards and the ethical safeguards will be followed.

#### *Background of the Project*

Lao PDR has some of the poorest health indicators in the region. The predominant mechanism of health care delivery in the Lao PDR is through public health facilities which include a network of three central teaching hospitals, 5 regional hospitals, 13 provincial hospitals, and 143 district health offices which include 133 district hospitals and about 874 functional health centres. The quality of

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<sup>17</sup> A request for a no-cost extension up to June 2016 was endorsed by the Project Steering Committee in June 2015 but donor approval is pending.

these health facilities is quite uneven. With a low allocation to the non-wage recurrent budget, health facilities are underfunded and rely on revolving drug fund-alike mechanisms of financing which covers 51-83% of their total operating budgets.

Low social health protection coverage forces individuals to either reduce utilization of health care (ultimately prolonging their ill health or worsening their condition) or expose them to the risk of impoverishment when making out-of-pocket payments to cover medical-related costs.

The Lao social health protection system is formed by three health insurance schemes and one safety net – which are implemented in a fragmented way. Private and state enterprise employees are covered through the Social Security Organizations (SSO)'health insurance scheme established in 2001, and cover only four provinces. Civil servants have had their own health insurance scheme since 1975. Informal economy workers and their families are covered by voluntary community-based health insurance (CBHI) launched in 2002 by Ministry of Health and currently operating in 50 districts of 17 provinces (including VT capital) 19 districts in 8 provinces. Since 2004, the MoH with the support of some donors has piloted health equity funds (HEF) in 36 districts of 8 provinces.

The government of Lao is committed to the progressive harmonization of existing schemes and the extension of coverage. Government's commitments are reflected in a Prime Minister's Decree on the establishment of a National Health Insurance Agency (2011), National Health Financing Strategy (HFS) 2010-2015, Social Welfare Development Strategy (2011-2020), Strategy for the establishment of a Maternal Neo Natal and Child (< 5 years old) health care package, and draft social security law.

In order to translate the government's commitment into action, a number of consultations have supported the design of a road map towards merging and extending social health protection in Lao PDR. However, a number of problems persist and hinder the way towards the further development of social health protection in Lao PDR and the achievement of universal coverage by 2020, as set by the Government: underfunding of health care (less than 1% of GDP is allocated to the health sector) and inefficiencies - leading to poor quality and very limited access to health care particularly in rural and remote areas; difficulties to reach/attract and retain members of existing schemes (low satisfaction regarding quality of care and services); difficulties in negotiating with health care providers because of a lack of reliable information on the cost of the benefit packages, the overall lack of information to keep track of utilizations of health services; and limited capacities in the field of design and management of social health protection schemes.

By building on their respective partnerships with Ministry of Labour and Social Welfare (MoLSW) on the one hand and Ministry of Health (MoH) on the other hand, ILO and WHO aimed – in the context of the project – to play the role of neutral brokers in working with both Ministries to facilitate the development of the new social health protection strategy in Lao PDR.

The project aims to develop capacities in social security and social health protection and provide technical support in the area of policy-making, design, implementation and monitoring of the schemes and the progressive harmonization of their operations. The direct recipients are therefore the policy makers, administrators and technical staff involved in the design and operation of the social security and existing social health protection schemes (SSO, SASS, CBHI, HEFs), as well as the staff and administrators of the future national health insurance agency. Employers, workers, civil society and mass organizations are also direct recipients of trainings on social security / social health protection in Lao PDR.

The ultimate beneficiaries are all the present and future insured persons and families of the social health protection schemes in Lao PDR (SSO, SASS, CBHI, HEFs) particularly in the areas where the project will be implemented. The project ensures that the benefits resulting from project activities will reach ultimate beneficiaries by assisting implementers of social health protection schemes in

establishing their implementation plans in efficient and effective ways and also monitor such indicators as the extension of coverage and the satisfaction of beneficiaries.

A special focus placed on mothers and children, by guaranteeing financial access to a minimum benefit package which takes into account their specific needs (i.e. institutional deliveries and care for children under five) in the districts where the project will be implemented as well as by linking up with safety net interventions targeted at them (e.g. vouchers schemes implemented by WHO, Lux-Dev and World Bank, awareness campaigns and empowerment sessions for women conducted by UNFPA).

**Key collaborators:**

The project is jointly conducted by the ILO and WHO. The stakeholders of the project are the following institutions:

- Ministry of Health (MoH) and Ministry of Labour and Social Welfare (MoLSW), at the central level and in the province (and the districts) where the project will be implemented: provincial and district health and labour/social welfare offices, health care providers;
- Existing social health protection schemes (SSO, SASS, CBHI, Equity funds) at central, provincial and districts levels;
- Ministry of Finance (MoF); Ministry of Planning and Investment (MoPI);
- Employers and workers organizations;
- Civil society and mass organizations;
- Other UN agencies and development partners involved in the field of social health protection and health care: UNFPA, UNICEF, WFP, AfD, Lux Dev, Swiss Red Cross, GRET, ADB and the World Bank.

**Management set-up:**

The project is jointly run by the ILO and WHO, and the project team includes:

- One international social protection expert and Chief Technical Adviser (P4), recruited by the project (ILO), in charge of the daily management of the project and technical reporting to all parties involved.
- One existing international health financing and health systems development technical officer (P4) financed on a part time basis (25%) by the project (WHO), who provides technical support and policy advice to the project's team.
- Two national experts (NO-A and NO-B), recruited by the project (WHO), who are in close collaboration with Lao MOH and MOLSW and responsible for the implementation and monitoring of the project's activities, administrative tasks and work closely with stakeholders in the districts.
- Two national project directors on the government side (one from MoLSW and one from MoH) who participate in all stages of project's implementation.
- One administrative and financial assistant recruited by ILO, who works full time for the project.
- The project was jointly managed by the respective ILO and WHO offices
- Technical backstopping and supervision of project implementation: ILO allocates one w/m per year of its social security specialist based in Bangkok and WHO allocates one w/m per year of its programme management officer (health systems) based in Vientiane with key support from the WHO Western Pacific Regional office (WPRO).
- Several national and international experts (consultants) provide some technical expertise to the project; they are assigned to carry out specific activities aiming at the delivery of the outputs planned under the project.

**Donor Management Mechanism** – the only donor of the project is the Government of Luxemburg and has its mechanism to review and monitor. The WHO provides an annual report to ILO highlighting activities under WHO activities and a joint Annual Progress Report to the donor by the ILO.

*Purposes and Objectives of the evaluation:*

The main purpose of this evaluation is to assess the relevance, performance and success of the activities undertaken by the project. It also shall examine achievements, good practices and lessons

learned from the project in order for the ILO, WHO and Ministry of Labour and Social Welfare (MOLSW), Ministry of Health (MOH) and or other relevant technical Ministries, and the Government of Lao PDR to identify key areas which are replicable and the necessary conditions for sustainability.

Knowledge and information obtained from the evaluation will be used as basis for better design and management for results of future ILO and WHO activities in Lao PDR. The evaluation also supports public accountability of the Government of Lao PDR, ILO and WHO.

Clients and users of the evaluation:

- ILO Country Office for Thailand, Cambodia and Lao PDR, WHO Country Office for Lao PDR, WHO HQ and WPRO and NHIS-P management,
- Government of Lao PDR [Ministry of Labour and Social Welfare (MOLSW), Ministry of Health (MOH)], Workers and Employers’ organizations, social security organizations (SSO) and the donor
- ILO HQ and RO-Bangkok

*Scope of the assessment:*

The proposed evaluation will examine the progress, achievements, good practices, and lessons learned from the implementation of the project’s interventions in order to support the progressive harmonization of the schemes and increase coverage and the project's second phase aiming to establish national health insurance agency.

The evaluation shall include all activities undertaken by the ILO and WHO joint project during the current project period (2012-2015). The evaluation will look into achievements towards strengthening policy processes, harmonization of procedures of different schemes and expanding coverage national health insurance policy in Lao PDR. It will also look into the progress made towards starting a new phase aiming to establish national health insurance agency for Lao PDR.

The evaluation shall verify good practices and lessons learned from the implementation of the project. At the end of the evaluation, a set of practical recommendations for immediate adoption/ application should be made available, and recommended for further integration in to ILO and WHO practices in similar future projects. The evaluation shall identify approaches and/or activities that can be scaled up in the extended period and issues to be further worked on in regard to national health insurance scheme of Lao PDR.

In particular the evaluation should focus on the followings:

- To evaluate the outcomes of the project and assess whether the project has achieved the objectives
- Assess the progress of the programme against output and outcome targets
- To what extent the management system appropriate to achieve desired results and outcome within a timely, effective and efficient manner.
- Assess the appropriateness of the results framework and appropriateness of its indicators, targets and the overall M&E practices
- How has the project engaged with the tripartite constituents and the direct beneficiaries
- Assess the quality of operational work planning, budgeting and risk management
- Identify lessons learnt and good practices

*Evaluation Criteria and Questions*

Criteria	Questions
- Relevance	<ul style="list-style-type: none"> <li>- The extent to which the project continued its relevance and responsive to address issues faced by Lao PDR</li> <li>- To what extent the project has addressed the need of the project beneficiaries?</li> <li>- Was a gender analysis included during the initial needs assessment of the project?</li> <li>- The extent to which the project has addressed the donors’ priority in Lao PDR</li> </ul>



<ul style="list-style-type: none"> <li>- Validity of design</li> </ul>	<ul style="list-style-type: none"> <li>- Given the change of the context since the project was designed, whether the design of the project (and the revised design) still address the stakeholders' needs that were identified?</li> <li>- Were the design and the logframe valid?</li> <li>- Was the capacity of various project's partners taken into account in the project's strategy and means of action? Did the project design adequately plan for an effective participation of governments and social partners?</li> <li>- Has the results framework and the monitoring and evaluation plan been adequate? Were the suggested indicator values realistic and tracked?</li> <li>- Did the design identify risks and key assumption and whether the project has a mitigation strategy taking into account the situation of Lao PDR?</li> <li>- Is the project strategy adapted to the identified needs and capacities of females and male beneficiaries?</li> </ul>
<ul style="list-style-type: none"> <li>- Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>- Did the project attain its objectives? What were the main challenges, constraints, problems and areas in achieving the results?</li> <li>- Assess the attainment of milestones to date against the results framework and monitoring plan</li> <li>- How have stakeholders been involved in project implementation? How effective has the project been in establishing national ownership?</li> <li>- Assess the ILO and WHO's role in coordinating the stakeholders and this includes coordination with key actors like WHO, UNFPA and SSOs.</li> <li>- How has the project engaged with the employers, workers, trade unions and the government for implementing its interventions?</li> <li>- To what extent the project has managed the practice of knowledge management and lessons dissemination and visibility effort on project branding</li> <li>- How has the project been responding to the changing situation of the country and/or of the constituents and partners' priorities?</li> <li>- Do results (effects of activities and outputs) affect women and men differently? If so, why and in which way?</li> </ul>
<ul style="list-style-type: none"> <li>- Efficiency of resource used</li> </ul>	<ul style="list-style-type: none"> <li>- Have the project funds and activities been delivered in a timely manner? If not why? What mechanism has been put in place to mitigate the problems?</li> <li>- Have resources (funds, human resources, time, expertise etc.) been allocated strategically to achieve the project objectives?</li> <li>- How economically have the various inputs been converted into outputs and results? The extent to which the project has leveraged resources/collaborated with other projects?</li> <li>- Identify specific constraints that has affected the efficiency of implementation</li> <li>- Were resources (funds, human resources, time, expertise, etc) allocated strategically to achieve gender-related objectives?</li> </ul>
<ul style="list-style-type: none"> <li>- Effectiveness of Management arrangement</li> </ul>	<ul style="list-style-type: none"> <li>- Given the size of the project, its complexity and challenges, were the existing management structure and technical capacity sufficient and adequate?</li> <li>- Did the project receive adequate political, technical and administrative support from the ILO and its national implementing partners? If not why? How that could be improved?</li> <li>- The extent of coordination mechanism/arrangements between ILO and WHO – how timely and appropriate decisions were made for effective implementation and problem solving?</li> <li>- How effective was the monitoring mechanism set up including the role of the Project steering committee and the regular/periodic meetings among project staff and with donors and key partners? Also assessing the effectiveness of the project steering committee and the donor management mechanism</li> <li>- How well did the project manage finances? This should include budget forecasts, spending and reporting</li> <li>- Did the project have an M&amp;E system in place that collect sex-disaggregated data and monitor results?</li> </ul>

- Gender	<ul style="list-style-type: none"> <li>- What is the strategy to engage women workers and women leaders, as well as men workers? Are the strategy the same? What particular action has been undertaken by the partners, constituents, and the ILO?</li> <li>- Are systems in place to ensure that gender results are properly monitored and reported?</li> </ul>
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### *Methodology*

ILO's policy guidelines for results-based evaluation (2<sup>nd</sup> edition) 2012 provides the basic framework, the evaluation will be carried out according to ILO standard policies and procedures. ILO adheres to the United Nations Evaluation Group (UNEG) norms and standards on evaluation as well as to the OECD/DAC evaluation quality standards.

The evaluation will use a combination of methods and the final methodology will be determined by the evaluation team in consultation with the evaluation manager. The detailed methodology will be elaborated by the evaluation team on the basis of this TORs and documented in the Inception Report, which is subject to approval by the evaluation manager.

It is expected that the evaluation will apply mixed methods that draw on both quantitative and qualitative evidence and involve multiple means of analysis. These include but not limited to: -

- Desk review of relevant documents and related to performance and progress related to the project, including the initial project document, progress reports, the evaluability assessment report, revised results framework, monitoring and evaluation plan, in-built project knowledge etc.
- Review of other relevant documents such as Decree on National Health Insurance and Social Security Law (2013)
- Interviews with ILO Country Office management, CTA and staff, other ILO project staff whose project is targeting health and social protection sectors, relevant technical specialists both at HQ and DWT-BKK level
- Interviews with other key project stakeholders e.g. tripartite constituents, donors, implementing partners, direct recipients (staff of relevant government departments) direct beneficiaries.
- Stakeholders' validation workshop –where the preliminary findings are presented to key stakeholders

At the completion of the field mission, a stakeholder workshop will be organized by the ILO in Bangkok for the evaluation team to present the preliminary findings and proposed recommendations. Draft evaluation TORs and report will be shared with relevant stakeholders for their comments and inputs.

All data should be sex-disaggregated and different needs of women and men and those marginalized groups should be considered throughout the evaluation process.

### *Main deliverables*

- **An inception report** – upon the review of available documents and an initial discussion with the project management. The inception report should set out any changes proposed to the methodology or any other issues of importance in the further conduct of the evaluation. The inception report will
  - describe the conceptual framework that will be used to undertake the evaluation;
  - sets out in some detail the approach for data collection, the evaluation methodology, i.e. how evaluation questions will be answered by way of data collection methods, data sources, sampling and selection criteria, and indicators
  - sets out the detailed work plan for the evaluation, which indicates the phases in the evaluation, their key deliverables and milestones;
  - set out a plan for data collection, interviews or discussions
  - sets out the list of key stakeholders to be interviewed
- **Facilitation and Power Point presentation** of preliminary findings and proposed recommendations at the stakeholders workshop at the completion of the field mission
- **Draft evaluation report**, later transformed into a **final report** when comments of ILO and other key stakeholders have been received and incorporated. The report should have about 30-35 pages

excluding annexes with executive summary (as per ILO standard format for evaluation summary). The quality of the report will be assessed against the EVAL checklist 5, 6 and 7 (see annexes). Any identified lessons learnt and good practices will also need to have standard annex templates (1 lessons learnt per page to be annexed in the report) as per EVAL guidelines. The report should also include a section on output and outcome level results against milestone targets to date.

The report and all other outputs of the evaluation must be produced in English and translated into Lao to share with the national stakeholders. All draft and final report including other supporting documents, analytical reports and raw data should be provided in electronic version compatible with WORD for windows. Ownership of the data from the evaluation rests jointly between ILO, WHO and the consultant. The copy rights of the evaluation report rests exclusively with the ILO and WHO. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

- **Evaluation summary** – according to ILO standard format – will also be drafted by the evaluation team leader after the evaluation report is finalized. The evaluation manager will assess it against EVAL checklist 8.

### *Management arrangement*

#### **Evaluation team**

##### *Team leader*

The final evaluation will be led by an international evaluator who will be responsible to deliver the above deliverables. He/she will be supported by a national consultant. He/she will be required to ensure the quality of data (validity, reliability, consistency, and accuracy) throughout the analytical and reporting phases. It is expected that the report will be written in an evidence-based manner.

Qualification of the team leader:

- Have at least 8 years of experience in evaluation and in evaluating a complex development projects
- Technical knowledge on social protection, health insurance scheme and/or rights at work will be an asset
- Knowledge of ILO's roles and mandate, its tripartite structure will be an advantage
- Demonstrate experience, especially within the UN system, in M&E and results-based management
- Ability to write concisely in English
- No relevant bias related to ILO, or conflict of interest that would interfere with the independent of the evaluation

##### *Evaluation team member (Lao National)*

The team member will provide support to the team leader during the whole process of the evaluation. Evaluation team member reports to the evaluation team leader. Specifically, the national consultant will be responsible for the following tasks:

- Conduct a desk review of relevant documents
- Pro-actively provide relevant local knowledge and insights to the team leader
- Be available and present during the evaluation mission
- Take part in the interviews with ILO constituents and key stakeholders, and to make notes during interviews, and to write brief reports on main observations and conclusions
- Contribute to the main report to be written by the team leader (international consultant) - the national consultant may be asked to contribute to certain sections in the draft and final report as requested by the Team Leader (International Consultant).
- Translate the evaluation report, summary and other materials from English to Lao for sharing the national stakeholders.
- Participate and jointly facilitate the stakeholders' workshop.
- Provide interpretation, where needed.

One national consultant with expertise in evaluation and/or health insurance scheme. Knowledge of local context, of other related local programmes/projects, and of associated local institutions and government structures will be a great asset.

### **Evaluation manager**

Monitoring and Reporting Officer of ILO-RMG Project in Bangladesh, (Mr. Borhan Uddin, uddin@ilo.org)

– will take the responsibility for developing a TOR in consultation with all concerns and will manage the whole evaluation process. Evaluation team leader reports to the evaluation manager.

### **Quality assurance**

Regional M&E officer ILO Regional Office for Asia and the Pacific, Bangkok (Ms Pamornrat Pringsulaka, pringsulaka@ilo.org) – will provide quality control throughout the evaluation process.

### **Administrative and logistic support**

ILO Country Office for Thailand, Cambodia and Lao PDR, National Health Insurance project – will provide relevant documentations, administrative and logistic support to the evaluation. The project management will also assist in organizing a detailed evaluation mission agenda. Also the project needs to ensure that all relevant documentations are up to date and easily accessible by the evaluation team.

### **Roles of other key stakeholders**

All stakeholders particularly those relevant ILO staff, the donors, tripartite constituents, relevant government agencies, NGOs and key other partners – will be consulted throughout the process and will be engaged at different stages during the process. They will have the opportunities to provide inputs to the TOR and to the draft final evaluation report.

**The tasks of the Project:** The programme management will provide logistic support to the evaluation team and will assist in organizing a detailed evaluation mission agenda. Also the project needs to ensure that all relevant documentations are up to date and easily accessible by the evaluation team.

Action	Description	Tentative Dates	Responsible persons
1	Preparation of TOR and consultation with stakeholders	November 7	Evaluation Manager
2	Call for expressions of interest/selection of evaluators	November 15	Evaluation Manager/EVAL
4	Preparation of the contract for the evaluators	December 7	ILO Lao PDR
5	Evaluation team is briefed by evaluation manager (by skype)	December 15	Evaluation Manager
6	Desk Review of documents by the consultant(s)	Jan 1-10	Evaluation Team
6	Field mission in Lao PDR including stakeholders workshop	Jan 11-20	Evaluation team
7	Preparation of draft report for submission to evaluation manager	Jan 24	Evaluation team

8	Draft report is circulated to key stakeholders – comments received and sent back to the evaluators	By January 30	Evaluation manager
9	Revised report submitted	By February 15	Evaluation manager
10	Review revised report and submit to EVAL for final approval	By February 25	EVAL
11	Follow up to evaluation recommendations	March-April	ILO Country Office

### *Resources*

Funding will come from the Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage project :

- 1) the consultant's fee and the Daily Subsistence Allowance (UN rate) and international travel as per ILO rules and regulations
- 2) stakeholders workshop(s)
- 3) transportation during the on-site visit(s)
- 4) interpretation (if needed)

The consultants will be contracted between December 2015 to January 2016.

### *Annexes*

#### **Annex1: Document to be reviewed: -**

- Decree on National Health Insurance Scheme
- National Health Financing Strategy (HFS) 2010-2015
- Lao PDR Decent Work Country Programme (2012-2015)
- LAO/01/01M/LUX project documents and its logical framework,
- The results framework and Monitoring plan
- Annual Progress Report 1 & 2
- Project Work Plan

#### **Annex 2: All relevant ILO evaluation guidelines and standard templates**

Code of conduct form (To be signed by the evaluators)

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206205/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm)

Checklist No. 3 Writing the inception report

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165972/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165972/lang--en/index.htm)

Checklist 5 Preparing the evaluation report

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165967/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165967/lang--en/index.htm)

Checklist 6 Rating the quality of evaluation report

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165968/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165968/lang--en/index.htm)

Template for lessons learnt and Emerging Good Practices

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206158/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm)

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206159/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206159/lang--en/index.htm)

Guidance note 7 Stakeholders participation in the ILO evaluation

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165986/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm)

Guidance note 4 Integrating gender equality in M&E of projects

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165986/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm)

Template for evaluation title page

[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_166357/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_166357/lang--en/index.htm)

Template for evaluation summary:

<http://www.ilo.org/legacy/english/edmas/eval/template-summary-en.doc>

## Appendix 7. Inception Report

### Inception Report

#### Final Independent Evaluation

<b>Project Title</b>	Supporting the establishment of the National Health Insurance scheme in Lao PDR and the extension of coverage
<b>TC project code</b>	LAO/11/01M/LUX
<b>Donors</b>	Government of Luxemburg
<b>Total approved budget</b>	USD 2 million
<b>ILO Administrative unit</b>	ILO Country Office for Cambodia, Lao PDR and Thailand
<b>ILO Technical Units</b>	ILO Decent Work Technical Support Team for East and South East Asia and the Pacific
<b>Evaluation date and field work dates</b>	March-May 2016
<b>Evaluation Manager</b>	Borhan Uddin
<b>TOR preparation date</b>	November 2015

#### 1. TERMS OF REFERENCE

The Terms of Reference (ToRs) for the Final Evaluation provide that the first output shall be

**An inception report** – upon the review of available documents and an initial discussion with the project management. The inception report should set out any changes proposed to the methodology or any other issues of importance in the further conduct of the evaluation. The inception report will

- describe the conceptual framework that will be used to undertake the evaluation;
- sets out in some detail the approach for data collection, the evaluation methodology, i.e. how evaluation questions will be answered by way of data collection methods, data sources, sampling and selection criteria, and indicators
- sets out the detailed work plan for the evaluation, which indicates the phases in the evaluation, their key deliverables and milestones;
- set out a plan for data collection, interviews or discussions
  - sets out the list of key stakeholders to be interviewed

The Inception Report is structured in line with ILO Guidelines (Checklist No. 3 Writing the inception report). The evaluation examines the period of project implementation since project inception. The evaluation will integrate gender equality as a crosscutting concern throughout its methodology and all deliverables, including some recommendations in the final report.

## 2. ADHERENCE TO THE TOR

The conceptual framework used in this evaluation is one that is consistent with results-based Management (RBM) and addresses the following criteria proposed by OECD: relevance, efficiency, effectiveness, sustainability and impact (as specified in the ToRs).

The detailed questions addressed in this evaluation are:

Criteria	Questions
- <b>Relevance</b>	<ul style="list-style-type: none"> <li>- The extent to which the project continued its relevance and responsive to address issues faced by Lao PDR</li> <li>- To what extent the project has addressed the need of the project beneficiaries?</li> <li>- Was a gender analysis included during the initial needs assessment of the project?</li> <li>- The extent to which the project has addressed the donors' priority in Lao PDR</li> </ul>
- <b>Validity of design</b>	<ul style="list-style-type: none"> <li>- Given the change of the context since the project was designed, whether the design of the project (and the revised design) still address the stakeholders' needs that were identified?</li> <li>- Were the design and the logframe valid?</li> <li>- Was the capacity of various project's partners taken into account in the project's strategy and means of action? Did the project design adequately plan for an effective participation of governments and social partners?</li> <li>- Has the results framework and the monitoring and evaluation plan been adequate? Were the suggested indicator values realistic and tracked?</li> <li>- Did the design identify risks and key assumption and whether the project has a mitigation strategy taking into account the situation of Lao PDR?</li> <li>- Is the project strategy adapted to the identified needs and capacities of females and male beneficiaries?</li> </ul>
- <b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- Did the project attain its objectives? What were the main challenges, constraints, problems and areas in achieving the results?</li> <li>- Assess the attainment of milestones to date against the results framework and monitoring plan</li> <li>- How have stakeholders been involved in project implementation? How effective has the project been in establishing national ownership?</li> <li>- Assess the ILO's role in coordinating the stakeholders and this includes coordination with key actors like WHO, UNFPA and SSOs.</li> </ul>



	<ul style="list-style-type: none"> <li>- How has the project engaged with the employers, workers, trade unions and the government for implementing its interventions?</li> <li>- To what extent the project has managed the practice of knowledge management and lessons dissemination and visibility effort on project branding</li> <li>- How has the project been responding to the changing situation of the country and/or of the constituents and partners' priorities?</li> <li>- Do results (effects of activities and outputs) affect women and men differently? If so, why and in which way?</li> </ul>
- <b>Efficiency of resource used</b>	<ul style="list-style-type: none"> <li>- Have the project funds and activities been delivered in a timely manner? If not why? What mechanism has been put in place to mitigate the problems?</li> <li>- Have resources (funds, human resources, time, expertise etc.) been allocated strategically to achieve the project objectives?</li> <li>- How economically have the various inputs been converted into outputs and results? The extent to which the project has leveraged resources/collaborated with other projects?</li> <li>- Identify specific constraints that has affected the efficiency of implementation</li> <li>- Were resources (funds, human resources, time, expertise, etc) allocated strategically to achieve gender-related objectives?</li> </ul>
- <b>Effectiveness of Management arrangement</b>	<ul style="list-style-type: none"> <li>- Given the size of the project, its complexity and challenges, were the existing management structure and technical capacity sufficient and adequate?</li> <li>- Did the project receive adequate political, technical and administrative support from the ILO and its national implementing partners? If not why? How that could be improved?</li> <li>- The extent of coordination mechanism/arrangements between ILO and WHO – how timely and appropriate decisions were made for effective implementation and problem solving?</li> <li>- How effective was the monitoring mechanism set up including the role of the Project steering committee and the regular/periodic meetings among project staff and with donors and key partners? Also assessing the effectiveness of the project steering committee and the donor management mechanism</li> <li>- How well did the project manage finances? This should include budget forecasts, spending and reporting</li> <li>- Did the project have an M&amp;E system in place that collect sex-disaggregated data and monitor results?</li> </ul>
- <b>Gender</b>	<ul style="list-style-type: none"> <li>- What is the strategy to engage women workers and women leaders, as well as men workers? Are the strategy the same? What particular action has been undertaken by the partners, constituents, and the ILO?</li> <li>- Are systems in place to ensure that gender results are properly monitored and reported?</li> </ul>

## 2. EVALUATION METHODOLOGY

The evaluation adopts the ILO's Evaluation Guidelines as the basic evaluation framework. It will be carried out in accordance with ILO standard policies and procedures, and complies with evaluation norms and follows ethical safeguards.

The evaluation methodology will include:

- Desk review of relevant documents and related to performance and progress related to the project, including the initial project document, progress reports, the evaluability assessment report, revised results framework, monitoring and evaluation plan, in-built project knowledge etc.
- Review of other relevant documents such as Decree on National Health Insurance and Social Security Law (2013)
- Interviews with ILO Country Office management, CTA and staff, other ILO project staff whose project is targeting health and social protection sectors, relevant technical specialists both at HQ and DWT-BKK level
- Interviews with other key project stakeholders e.g. tripartite constituents, donors, implementing partners, direct recipients (staff of relevant government departments) direct beneficiaries.
- Stakeholders' validation workshop –where the preliminary findings are presented to key stakeholders

At the completion of the field mission, a stakeholder workshop will be organized by the ILO in Bangkok for the evaluation team to present the preliminary findings and proposed recommendations. Draft evaluation ToRs and report will be shared with relevant stakeholders for their comments and inputs. The data collection worksheet is attached as Annex I. A detailed Mission Plan is set out at Annex III including full details of key stakeholders to be interviewed.

## 3. WORK PLAN

The detailed work plan is set out at Annex II.

Task	Responsible person	Time frame
Submit the inception report to Evaluation Manager	Lead Evaluator	21 March 2016
Mission to Lao PDR and BKK	Lead evaluator (+ national evaluator in Loa PDR)	23 March – 8 April 2016
Draft of evaluation report 0 and submitting it to the Evaluation Manager	Two Evaluators	30 April 2016
Collect and consolidate comments and submit the draft 1 to the Evaluation manager	Lead Evaluator	31 May 2016

#### **4. ADHERENCE TO ILO GUIDANCE AND FORMATTING REQUIREMENTS**

The consultant acknowledges the ILO formatting requirements, especially with regard to:

- Formulating and presenting recommendations;
- Identifying and presenting lessons learned, and filling in the lesson learned templates; and
- Identifying and presenting emerging good practices, and filling in the relevant template.

Checklist 10 (Documents for the evaluator) finalized and signed by the evaluation consultant, is attached below confirming that all necessary documentation has been received.

The consultant confirms acceptance of the terms of Checklist 5: Preparing the evaluation report.

## Checklist 10 - DOCUMENTS FOR THE EVALUATOR

This checklist is for the evaluation manager to ensure that all documents are presented to the evaluator when presenting the contract for signature.

### KEY CONTRACT DOCUMENTS

- Evaluation Contract; which includes the payment schedule.
- Terms of Reference; which includes the WBS, Calendar and Evaluation Budget
- List of individuals pertinent to the evaluation with contact details
- Code of Conduct for Evaluation in the ILO (signed and returned by evaluator)
- Checklist 10: List of supplemental documentation, supplied by links or cloud services.
- Project Documents
  - Project Document
  - Project Baseline report
  - Annual project reports [2013](#), [2014](#), [2015](#) (draft)
  - Decree 470/PM on National Health Insurance
  - Pilot Guidelines, Health Insurance Pilot Scheme, Vang Vieng
  - Report on HI Governance Arrangements (by Jan Bultman, WHO consultant)
  - Report on NHI mandate and conceptual framework (by Hernan Fuenzalida, WHO consultant)
  - Social Security Law, 2013
- ILO or National documentation
  - Social Protection Floor
  - ASEAN Declaration on Social Protection
- EVAL Guidance documents for the evaluator
  - Guidance Note 7 Stakeholder participation in ILO evaluations
  - Checklist No. 3 Writing the inception report plus the templates
  - Checklist No. 5 Preparing the evaluation report
  - Checklist No. 6 Rating the quality of evaluation reports
  - Templates for Lessons Learned and Emerging Good Practices

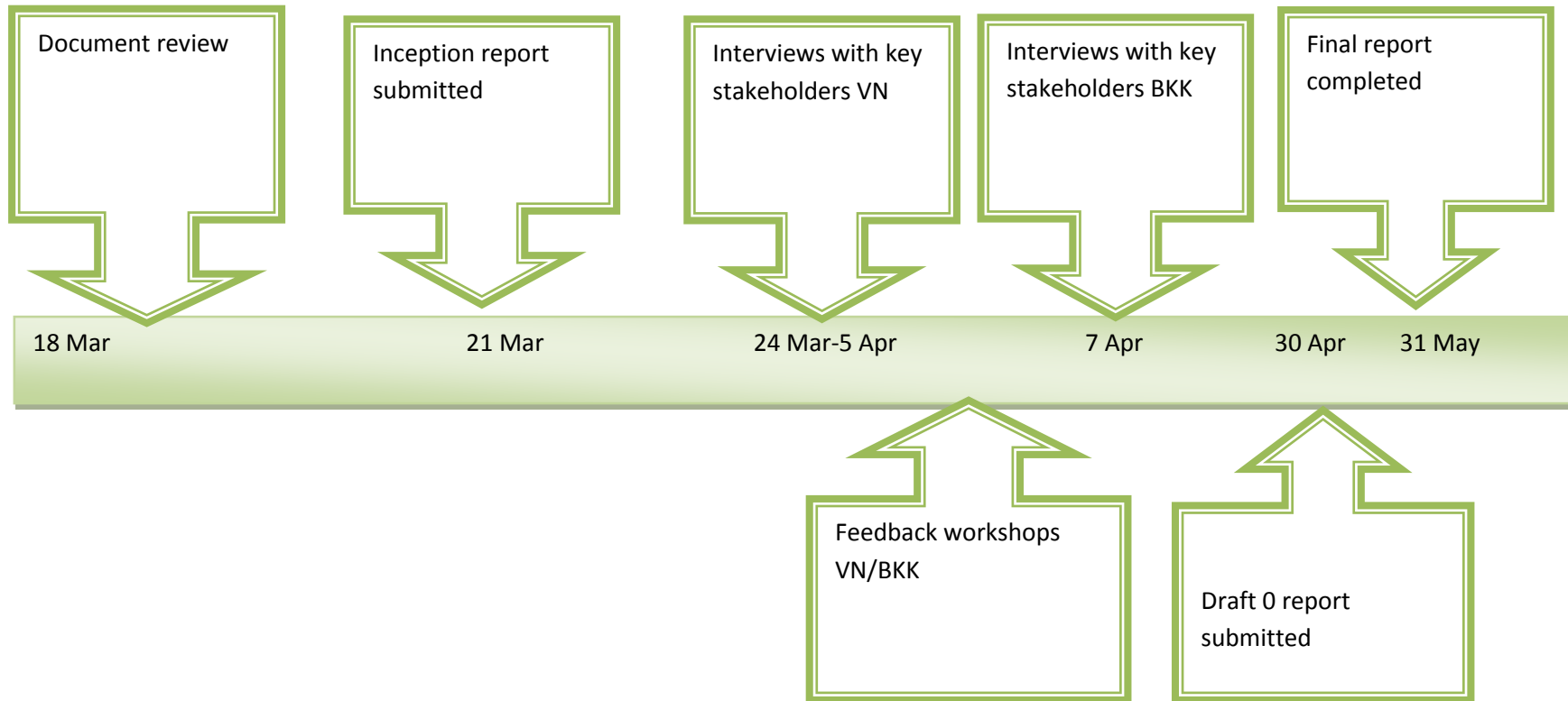
Mel Cousins

Consultant Acknowledges receipt

*Annex I - DATA COLLECTION PLAN WORKSHEET for the inception report*

Evaluation Questions	Indicator	Sources of Data?	Method?	Who Will Collect?	How Often?	Who will analyze?
<b>1 RELEVANCE of the project and strategic fit</b>	Views of key stakeholders	Interviews with key stakeholders	Interview	Consultants	Once off	Consultants
<b>2 VALIDITY of Design</b>	Views of key stakeholders	Interviews with key stakeholders	Interview	Consultants	Once off	Consultants
<b>3 Project PROGRESS and EFFECTIVENESS</b>	Implementation of project plan	Review of documentation/interviews with key stakeholders	Document review/interviews	Consultants	Once off	Consultants
<b>4 EFFICIENCY of resource use</b>	Expenditure data	ILO financial data	Document review	Consultants	Once off	Consultants
<b>5 EFFECTIVENESS of management arrangements</b>	Views of project staff and stakeholders	Interviews with key informants	Interview	Consultants	Once off	Consultants
<b>6 SUSTAINABILITY and IMPACT of the project</b>	Views of key stakeholders	Interviews with key stakeholders	Interview	Consultants	Once off	Consultants

Annex II - TIMELINE



## Mission Schedule (draft v.2)

*Evaluation team:*

*Mr. Mel Cousins, International Consultant*

*Mr. Thongleck Xiong, National Consultant*

Date/time	Activity	Venue	Status
<b>Wednesday, 23 March 2016</b>			
12.05	Arrival at Wattay Airport		
<b>Thursday, 24 March 2016</b>			
09:00 – 12:00	Meeting with JC Hennicot, Chief Technical Adviser, ILO	ILO Project Office, MOLSW, 2 <sup>nd</sup> Floor Pangkham Road	<i>Confirmed</i>
12:00 – 13:30	Lunch		
14:00 – 16:00	Team meeting	ILO Project Office	<i>Confirmed</i>
16:00 - 17:00	Meeting with Don Clarke, Team leader DWCP (Decent Work Country Programme) evaluation mission	ILO Project Office, MOLSW, 2 <sup>nd</sup> Floor Pangkham Road	<i>Confirmed</i>
<b>Friday, 25 March 2016</b>			
09:00 – 10:30	<b>Meeting with WHO</b> Ms. Monica Driu Fong Coordinator Health Systems	WHO Office, Vientiane Tel: +856 21 353902-4	<i>Confirmed</i>
12:00 – 13:30	Lunch		
14:00 – 15:30	<b>Meeting with National Health Insurance Bureau, MOH</b> Dr. Bouaphat Phonvixay,	National Health Insurance Bureau FDD Building, MOH Simeaung Road (Next to Wat Simeaung)	<i>Confirmed</i>
<b>Monday, 28 March 2016</b>			
09:00 – 10:30	<b>Meeting with Department of Social Security, MOLSW</b> Dr. Yangkou Yangleusai, Director General	Department of Social Security New MLSW building, 4 <sup>th</sup> floor Thongsangnan Village, Vientiane	<i>Confirmed</i>
10:45 – 12:00	<b>Meeting with National Social Security Fund (NSSF)</b> Mr. Padeumphone Sonthany, Director General	National Social Security Fund New MLSW building Thongsangnan Village, Vientiane	<i>Confirmed</i>

Date/time	Activity	Venue	Status
12:00 – 13:00	Lunch		
14:00 – 15:30	Meeting with Ms. Khemphone Phaokhamkeo, National Coordinator, ILO	Alounmai Tower, 4th Floor, Room 401 Ban Nongbone, 23 Singha Road Saysettha district, Cell: + 856 20 5662 1760	<i>Confirmed</i>
<b>Tuesday, 29 March 2016</b>			
09:00 – 10:30	<b>Meeting with Lao Federation of Trade Unions (LFTU)</b>	LFTU Office	<i>TBC</i>
12:00 – 13:30	Lunch		
14:00 – 15:30	<b>Meeting with Lao National Chamber of Commerce and Industry (LNCCI)</b>	LNCCI Office	<i>Confirmed</i>
<b>Wednesday, 30 March 2016</b>			
09:00 – 10:00	<b>Meeting with Swiss Red Cross</b> Mr. Jean Marc Thome	Swiss Red Cross Office	<i>TBC</i>
12:00 – 13:30	Lunch		
14:00 – 15:30	<b>Meeting with Lux-Dev Health Project</b>	Lux-Dev Office	<i>TBC</i>
<b>Thursday, 31 March 2016</b>			
7:00 – 8:30	Travel to Pone Hong		<i>TBC</i>
8.30 – 9.30	<b>Meeting with Ms Walailuk, Head of Provincial Health Insurance Office, Vientiane Province</b>	Provincial Health Department Pone Hong, Vientiane Province	<i>TBC</i>
9.30	Depart for Vang Vieng		
12:00 – 13:30	Lunch in Vang Vieng		
14:00 – 15:30	<b>Meeting with District Health Insurance Office (DHIO)</b>	District Health Office Vang Vieng	<i>TBC</i>
15.30	Meeting with District Hospital		<i>TBC</i>
<b>Friday, 1 April 2016</b>			
8.00 – 12.00	Visit 2 health centers (TBD) in Vang Vieng District		<i>TBC</i>
12:00 – 13:30	Lunch in Vang Vieng		



Date/time	Activity	Venue	Status
13.00	Depart from Vang Vieng		
17.00	Arrival in Vientiane		
<b>Monday, 4 April 2016</b>			
9.00 – 10.00	<b>Meeting with Luxembourg Embassy</b> Cooperation Officer	Lux-Dev Office	<i>TBC</i>
12:00 – 13:30	Lunch		
14.00 – 17.00	Preparation of documents for Stakeholder Workshop		
<b>Tuesday, 5 April 2016</b>			
8:00 - 12:00	Stakeholder Workshop Presentation of findings		
12:00 – 13:30	Lunch		
14.00 – 16.00	Debriefing with project team		
21.00	Depart for Bangkok		
<b>Thursday, 7 April 2016</b>			
9.00 – 10.00	Meeting with Mr. Maurizio Bussi, Director, ILO Country Office for Thailand, Cambodia, and Lao PDR	UN/ESCAP Building, 10 <sup>th</sup> Floor Rajadamnern Nok Avenue 10200 Bangkok	<i>TBC</i>
10.00 – 11.30	Meeting with Mr Nuno Cunha, Senior Social Protection Specialist, ILO Decent Work Team for Asia & Pacific	UN/ESCAP Building, 10 <sup>th</sup> Floor Rajadamnern Nok Avenue 10200 Bangkok	<i>TBC</i>
12:00 – 13:30	Lunch		
14.00 – 15.00	Debriefing with Ms Pringsulaka Pamornrat, Evaluation Officer, ILO Regional Office for Asia & Pacific	UN/ESCAP Building, 11 <sup>th</sup> Floor Rajadamnern Nok Avenue 10200 Bangkok	<i>TBC</i>

## Appendix 8. List of persons interviewed

Name	Position
Maurizio Bussi	Director, ILO Country Office for Thailand, Cambodia, and Lao PDR
Nuno Cunha	Senior Social Protection Specialist, ILO Decent Work Team for Asia & Pacific
Pringsulaka Pamornrat	Evaluation Officer, ILO Regional Office for Asia & Pacific
Khemphone Phaokhamkeo	National Coordinator, ILO, Lao PDR
Don Clarke	Evaluator DWCP and ILO-China South-South Co-operation
JC Hennicot	Chief Technical Adviser, ILO, Lao PDR
Monica Driu Fong	Coordinator Health Systems, WHO, Lao PDR
Thomas Lammar	Attaché, Luxembourg Embassy in Laos
Dr. Yangkou Yangleusai	Director General, Department of Social Security, MOLSW
Dr. Bouaphat Phonvixay	Deputy Director, National Health Insurance Bureau, MoH
Padeumphone Sonthany	Director General, NSSF
Jean Marc Thome	Director, Swiss Red Cross
Ms Daovading	Lao National Chamber of Commerce and Industry
Mr. Ounkham	Director General, Labor protection Department, Lao Federation of Trade Unions
Peter Heimann	CTA, Lux-Dev Health Project
Dr. Frank Haegerman	Health Systems Advisor, Lux-Dev Health Project
Ms Valayluck	Head of Provincial Health Insurance Office, Vte Province
Mr. Khamphou	Vice-Director of Provincial Labour & Social Welfare Office
Ms Chanthone	Chief Of Vang Vieng District HI office
Dr. Petsamone	Director of Vang Vieng District Hospital
Mr. Yang Dao	Namone Health Center staff

## Appendix 9. Bibliography

### Official documents Lao PDR

GoL, National Socio-Economic Development Plan VIII (2016-2020), 2015

MoH, Decree on National Health Insurance Fund, 2012

MoH, The VIII<sup>th</sup> Five- Year Health Sector Development Plan, 2014

MoH, Guideline implementation on health insurance informal sector in Vang- Vieng district, Vientiane Province, n.d.

National Assembly, Law on Social Security, 2013

### Lao PDR ILO Documents

Decent Work Country Programme Lao PDR (2011-2015)

### Project reports and documents

Project Document as amended [PRODOC], 2011

Baseline Report, 2013

Comments on the Draft Social Security Law: Lao PDR, 2013

Governance arrangements National Health Insurance Bureau [Bultman Report], 2013

Consultancy to design a minimum health services package and financing arrangements to be subsidized by the joint ILO-WHO project in Vang-Vieng District (2014-2015), 2013

Consolidated Reports on Activities Implemented under the Joint Programme, 2014, 2015 & 2016

Costing of Public Health Care Facilities in Lao PDR, 2014

Service Availability and Readiness Assessment Report, 2014 [WHO]

IT Assessment Report for Social Security and Health Insurance Schemes (SSO, SASS, CBHI, HEF), 2014

Assessment of the provider payment mechanisms in Lao PDR, 2015

NHIB Mandate and Conceptual Framework for NHIB Organization [Fuenzalida-Puelma Report], 2015 [WHO]

User Manual on ATD Database System, 2015

User Manual on Community Based Health Insurance Database Information Management System, 2015

Design and Implementation of a Quality Assurance Mechanism in Vang-Vieng District, Lao PDR, 2015

Patient Satisfaction Survey Report, 2015

Costing of Public Health Care Providers in Lao PDR, 2014

Costing of Health Services in Selected Public Hospitals (bottom-up costing), 2016