



# ILO EVALUATION

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- **Evaluation Manager:** *David Kwabla Dorkenoo*
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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**

## KEY WORDS

- Africa
- Agriculture and index insurance
- Basis risk
- Behavioural change
- Bundling insurance
- Business model
- Capacity building
- Catastrophic risk
- Change management
- Community of practice
- Consumer education
- Customer centricity
- Decent work
- Design Thinking
- Digitalization
- Distribution
- Emerging markets
- Final evaluation
- Financial inclusion
- Health insurance
- Impact Insurance Facility
- Inclusive insurance markets
- Informal sector
- Innovation
- Insurance services
- Insurance product development
- Knowledge management
- Life insurance
- Low-income market
- Marketing
- Microfinance institutions (MFIs)
- Microinsurance
- Mobile technology
- Organizational capacity development
- Poverty alleviation
- Product, Access, Cost and Experience (PACE) added value analysis framework
- Responsible insurance
- Small and medium-sized enterprises (SMEs)
- Social protection schemes
- Technical assistance
- Technological innovation
- Public-private partnerships
- Risk transfer
- Rural Development
- Smallholder farmers
- Value chains

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**LIST OF ACRONYMS**

AFD	French Development Agency
CNAAS	National Agricultural Insurance Company of Senegal
CoP	Community of Practice
DWCPs	Decent Work Country Programmes
EIA	Equity Insurance Agency
FAO	Food and Agriculture Organization of the United Nations
FSDA	Financial Sector Deepening Africa
GDP	Growth Domestic Product
HQ	Headquarters
ILO	International Labour Organization
KPIs	Key performance indicators
MFI	Microfinance institutions
NHIA	National Health Insurance Authority
NHIF	National Hospital Insurance Fund
OECD/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
PACE	Product, Access, Cost and Experience
RBM	Results-Based Management
SDGs	Sustainable Development Goals
SMEs	Small and medium-sized enterprises
SWOT	Strengths, weaknesses, opportunities and threats
TOC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNDAF	United Nations Development Assistance Framework
WFP	World Food Programme
WHO	World Health Organization
WFP	World Food Programme

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## EXECUTIVE SUMMARY

### BACKGROUND & CONTEXT

#### Summary of the project purpose, logic and structure

The project “Strengthening the role of financial institutions for micro-insurance development in Africa”, was a partnership of the International Labour Organization (ILO) and the French Development Agency (AFD). The project was funded by AFD with the sum of EUR 3'000'000 and implemented by the ILO. The project aimed to strengthen the resilience of low to middle income population in seven African countries, namely Burkina Faso, Cote D'Ivoire, Ethiopia, Ghana, Kenya, Madagascar and Senegal. The project had two main expected outcomes: (1) Increase the resilience of informal low-income populations to shocks through better access to a range of quality microinsurance products distributed by microfinance institutions (MFIs) and other intermediaries; and (2) Better equip practitioners and constituents to address issues hindering the development of quality microinsurance products at scale, and enhance capacities in Sub-Saharan Africa through trainings and dissemination of knowledge from lessons learned. The project had three components: (I) Stimulate innovation through technical assistance to advanced financial institutions and other microinsurance distribution channels to promote quality at scale; (II) Build capacities of other microinsurance providers in other markets in Africa based on new lessons from component I, and (III) Provide additional support to other microinsurance pilots.

#### Purpose, scope and clients of the evaluation

The three purposes of this independent final evaluation were: (1) Give an independent assessment of results of the Project across all the outcomes; assessing performance as per the targets and indicators of achievement at the output level, the strategies and implementation modalities chosen, partnership arrangements, constraints and opportunities in Project Countries; (2) Provide strategic and operational recommendations as well as highlight lessons to improve performance; and (3) Assess the relevance, efficiency, impact and sustainability of the Project. This evaluation covered all project interventions under the programme from 15 March 2015 to 14 March 2019. The gender and disability dimensions were considered as a cross-cutting concern throughout the methodology, deliverables and final report of the evaluation. The primary end users of the evaluation findings are AFD, the ILO Impact Insurance Facility and the project team and Partners. Secondary parties are other relevant project stakeholders making use of the results of the evaluation.

#### Methodology of evaluation

Different evaluation tools were combined to ensure an evidence-based qualitative and quantitative assessment. The evaluator emphasized on cross-validation of data through triangulation and an assessment of plausibility of the results obtained. The methodological mix included a desk review, semi-structured individual interviews, semi-structured interviews of focus groups and a short survey. Data was gathered from different sources, by different methods for each of the evaluation questions, and findings were triangulated to draw valid and reliable conclusions. Data was disaggregated, at a minimum, by sex and by other dimensions where available. Conclusions and recommendations were based on evaluation findings (deductive reasoning). The evaluation work was conducted from May to August 2019 in close coordination with ILO

Impact Insurance Facility and the Evaluation Manager, Mr. David Kwabla Dorkenoo, Workers' Specialist, ILO Abuja Office, and resulted in the following findings, conclusions and recommendations.

### MAIN FINDINGS

The body of the evaluation report presents answers to all key evaluation questions, which represent the proper **findings** of this evaluation.

#### A. Relevance and strategic fit

➔ To what extent are the objectives and the interventions of the project consistent with the beneficiaries' requirements and relevant to partners' needs? The interventions of the project were consistent with partners' needs. The project adopted a systematic approach to ensure the project was aligned with Partners' overall strategies. Market research activities were conducted by the project to ensure solutions responded to end users' needs. The project conducted change management interventions to develop organizational capacity of implementing Partners. This was perceived as very useful in such complex environments where change takes time. Several interviewees mentioned that ensuring systematically that an appropriate budget based on a robust project design (to be requested from Partners), organizational capacity development provided to all project partners (notably under Component III) and more extensive support to solutions implementation would be highly relevant to partners' needs to set the ground for successful and sustainable results.

➔ To what extent does the project align to national priorities in project countries? While the project did not intend to contribute directly to national priorities, the project contributed to a limited extent to financial inclusion, poverty alleviation, better social protection and agriculture extension that are priorities in the project countries.

➔ To what extent is the project relevant to Decent Work for Africa and project countries DWCPs? Although it was not intended, the project was aligned with Decent Work Country Programmes (DWCPs) based on its development objective and expected impact, namely “More low-income households have better employment resulting from improved productive decisions and enhanced protection that are enabled by quality insurance products offered by MFIs and other intermediaries.”

➔ To what extent did the project objectives and interventions consider relevant SDGs targets and indicators? The project objectives and intervention were aligned with relevant SDGs, in particular with SDG 8.10 related to financial inclusion.

➔ How responsive was the project design to national development plans and SDGs? As mentioned above, the intervention was aligned with relevant SDGs, national strategies and aforementioned priorities.

➔ To what extent does the project complement and fit with other ongoing ILO and other partners' interventions? The project mainly complemented and fitted another similar ILO intervention funded by the Financial Sector Deepening Africa (FSDA) programme.



## **B. Validity of design**

→ *Was the intervention an appropriate solution to the development problem at hand? Does it target the main causes of the problem? The intervention was overall an appropriate solution to the development problem at hand. The project provided capacity building, notably through the Fellowship programme, for partner organizations to improve systems, processes and to develop quality microinsurance products. While the intervention allowed to stimulate innovation through technical assistance to promote quality, the project could not address extensively all the main issues that hinder the development of quality microinsurance at scale in the framework of this 48-month intervention.*

→ *To what extent is the results framework appropriate, given ILO and AFD expectations? The results framework reflected ILO and AFD expectations and was defined together with the donor. Not all indicators (such as gender-related) were monitored by the project and its partners.*

→ *To what extent are the indicators described in the project document appropriate and useful in assessing the project’s progress? Activity-based indicators were in general appropriate given expected outcomes, outputs and activities. No target was however defined at both output and outcome levels.*

→ *To what extent are the project design (objectives, outcomes, outputs and activities) and its underlining theory of change logical and coherent? The project design and underlining theory of change are overall logical and coherent. While the project focused mainly on product development, the project design did not integrate more activities to ensure quality at scale.*

→ *To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to (i) gender and non-discrimination and (ii) inclusion of people with disabilities? The project did not define any strategy related to gender and discrimination issues.*

→ *How realistic were the risks and assumptions upon which the project logic was based? Risks and assumptions upon which the project logic was based were in general realistic. There was a real need for MFIs to develop their skills to more efficiently provide quality microinsurance for low-income populations. However, not all partners were willing to peer exchange and participate in coaching activities.*

→ *Were the indicators designed and used in a manner that they enabled reporting on progress under specific SDGs and indicators? The only indicator allowing to report on progress under specific SDGs was the indicator for expected outcome 1, namely the number of low-income people with better access to microinsurance who are clients of selected Partners.*

## **C. Effectiveness**

→ *To what extent have the expected outputs and outcomes been achieved or are likely to be achieved in relation to its results framework or operational objectives? The project achieved most of its activity-based targets. As the project did not set any target with regards to output and outcome-based expected results, the evaluation cannot*

*indicate its level of achievement. While the intervention achieved successful results considering the project duration and challenges, the project did not reach sufficient scale yet, notably based on the initial expected outreach by Partners. Many questions remained unanswered for partners with regards to how to achieve quality at scale. Furthermore, 50% of partners, other stakeholders and donors were of the opinion that the project achieved between 51% and 75% of expected outcomes. Some interviewees also mentioned the importance to manage stakeholders’ expectations and to set realistic targets.*

→ *In what areas (geographic, components, issues) does the project have the greatest achievements so far? Why and what have been the supporting factors? Overall some of the greatest project achievements were following: 23 new products designed and 7 products redesigned. Solutions were developed based on a client-centric approach. The National Health Insurance Authority (NHIA) project intervention in Ghana had the greatest achievements supported by factors such as (i) senior buy-in and willingness at the managerial level to get the project done, (ii) in-house technical capacity, and (iii) robust project management, risk management and anticipation. In March 2019, 11’971’956 scheme members were benefitting from this new solution.*

→ *To what extent can the identified results be attributed to the activities of the Project intervention? Based on many converging statements by partners, the quality of market analysis, product design or redesign, set up of digital solutions and process improvements were directly linked to the work provided by the Facility and fellows.*

→ *To what extent has the project adapted its approach to specific country contexts? To what extent are the project interventions contributing (or not) to the relevant SDGs and related targets and indicators? The intervention was aligned with relevant SDGs as mentioned above. While the project adapted its approach to its operational environment, country regulations and situation, the project did not engage systematically with government, regulators, ILO Offices and other UN specialized and international organizations to provide most appropriate solutions in a collaborative way to address the problems at stake in specific countries.*

→ *To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities? Between 2015 and 2019, five project progress reports were produced by the project. The project included a dashboard presenting KPIs updated quarterly as well as progress narratives. Based on some converging statements, progress reports proved not to be comprehensive enough and with room for improvement. No gender-specific indicator was added in the logical framework for this intervention.*

## **D. Efficiency of resource use**

→ *How well have resources and inputs (funds, expertise, time, etc.) been allocated or used strategically to achieve the expected results? The project resources and inputs allocation allowed to achieve most activity-related expected results and to have some flexibility in project interventions where changes were required. Based on*

several converging statements, while in some projects not all funds were spent, other interventions would have benefitted from more funds, in particular under Component III. Several interviewees also mentioned that more funds could have also been allocated to pilot testing and scaling up with lesser focus on product development.

➔ Have project outputs been delivered in a timely manner? If not, what are the factors that have hindered timely delivery of outputs? Based on several converging statements, apart from some interventions including NHIA where the project was overall ahead of time, a number of activities were delayed, pending or cancelled due to (i) challenges with priorities within Partner organizations or with their external partners, (ii) technical issues or (iii) other external factors such as elections, drop in crop prices or national emergencies. The project worked around each of these issues although some activities were delayed.

➔ To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities? The project did not factor-in any cost of specific activities, outputs and outcomes to address gender and disability issues.

➔ To what extent have project resources been leveraged with other related interventions to maximize impact, if any? The extent to which project resources have been leveraged with other interventions remain low. As mentioned above, the project worked in collaboration with a similar intervention financed by FSDA.

➔ Has the project reached sufficient scale and depth to justify the donor investment? Considering activity-based expected results the project reached or surpassed most of its targets. The project justifies donor investment although, based on the desk review, evaluation survey and interviews, the project did not achieve all expected outcomes and did not reach yet sufficient scale. While improvements are possible, overall the project successfully conducted multiple activities under its three components and set the stage for further development to achieve expected outcomes. The intervention adapted to various challenges and constraints while navigating in complex environments.

#### **E. Impact orientation and sustainability**

➔ To what extent are the planned results of the project likely to be durable and can be maintained or even scaled up and replicated by other partners after major assistance has been completed? According to several interviewees, while quality should constantly remain on top of microinsurance providers’ agendas, in order to be sustainable, stronger focus on achieving quality at scale would be expected at this stage for all interventions. Partners could scale up or replicate such intervention provided they have enough internal resources, evolve in an enabling environment and further build capacity to tackle the numerous challenges that remain unsolved.

➔ How effective has the project been in establishing national/local ownership? The project did not establish national/local ownership in all of its interventions and did not systematically engage with local and regional offices, government and other organizations to facilitate national / local ownership and aid effectiveness at country levels.

There is an opportunity for further engaging with a wider range of key stakeholders at the national level should there be a second phase.

➔ To what extent are the results of the intervention likely to have a long term, sustainable and positive contribution to the SDGs and relevant targets? The project did not contribute substantially to relevant SDGs as it did not achieve sufficient scale to do so.

#### **F. Gender and disability issues assessment**

Evaluation interviewees included 45% of women (with 66% of women among ILO interviewees, 50% of women and men among fellows, 33% of women among donors, 100% among beneficiary representatives and other organizations). The project did not track systematically the gender balance in its activities. Most of interviewees encouraged to mainstream gender and disability in future interventions, working with other ILO departments and organizations, and defining tailor-made strategies.

#### **G. Tripartite issues assessment**

The project did not systematically engage with tripartite stakeholders. Based on desk reviews and interviews, there is an opportunity to engage more with government beyond the existing Community of Practice and build capacity of governments representatives and regulators. Employers and employees both benefit from microinsurance products. A few interviewees mentioned or agreed with the importance of getting on board both buyers and producers in global value chains and trade policy makers.

#### **H. International labour standards issues assessment**

The ILO-AFD project was aligned with promoting compliance with international labour standards through fostering more productive and decent work by managing risks faced by low-income people, in particular in the informal sector.

### **CONCLUSIONS**

#### **Conclusion 1 on relevance and strategic fit**

The project interventions were consistent with beneficiaries’ requirement and partners’ needs: the intervention provided useful technical assistance such as market research, developing quality microinsurance products and digital solutions in different countries and contexts, organizational capacity building supported by an effective change management approach, and solutions integrated into Partners’ business models and global value chains.

#### **Conclusion 2 on validity of design**

Capacity building, technical assistance and the Fellowship programme were appropriate solutions to develop implementing Partners’ ability to provide more efficiently quality microinsurance to low-income populations. A 48-month intervention could not allow the project to tackle all key issues and challenges faced by partners. The set of indicators monitored by the project did not entail all important indicators in the results framework, in particular at the output and outcome levels.

#### **Conclusion 3 on effectiveness**

The project was successful in achieving or surpassing most of its expected results at the activity-level. The intervention included a significant amount of technical assistance



assignments, new products, strategies and processes, changes, capacity building activities, and knowledge products that were shared with the wider Community of Practice. The intervention contributed to rethink existing systems and innovate existing microinsurance solutions in areas such as agricultural, credit-linked, health and mobile products. By building capacity of partners, the project set the ground to tackle further challenges to achieve outcome-level objectives with notably stronger focus on scaling up.

#### **Conclusion 4 on efficiency of resource use**

This 4-year intervention did not allow to achieve all expected results, in particular at the outcome-level. A 5 to 8-year project with 3 to 5-year grants would allow to achieve more sustainable results based on each partner’s long-term strategy. Project resources and inputs allowed to successfully achieve activity-related expected results. This set the ground for further work to significantly increase the number of low-income people accessing quality microinsurance products while constantly improving services and products via an iterative approach.

#### **Conclusion 5 on impact orientation and sustainability**

While it is too early to assess the project impact, there are early signs of sustainability in particular in the NHIA project where the intervention set the ground for continued activities with strong buy-in of decision-makers, and in new solutions embedded in Partners’ business models. The organizational capacity building, notably in adopting a client-centric approach, and setting up relevant digital solutions for further business development will remain, provided the partners have enough resources to dedicate to the continuity of projects and strong senior management support. At the time of the evaluation, some partner organizations lacked resources and capacity to ensure sustainability.

#### **Conclusion 6 on gender and disability issues**

The majority of project stakeholders support gender and disability mainstreaming in future interventions independently of donor requirements – notably to be aligned with ILO gender policy.

in complex environments and facilitate senior management buy-in.

### **RECOMMENDATIONS**

To operationalize the recommendations below, sub-recommendations have been formulated in the report.

- **Recommendation 1** (from conclusions 2, 3,4, 5 and 6) proposes to ILO, partners and donors, to conduct a second phase. Should there be a second phase or a similar intervention in the future: conduct even more thorough due diligence when selecting partners, focus more on quality at scale, provide organizational capacity building to all partners and mainstream gender and disability. Priority: High / Importance: High / Resource implication: High.
- **Recommendation 2** (from conclusion 2, 3 and 4) proposes to ILO, fellows and the donor to improve project design, monitoring and reporting at the programmatic level (notably based on a clear description of donor expectations and ILO / standard project management good practices). Priority: High / Importance: High / Resource implication: Low.
- **Recommendation 3** (from conclusions 3 and 5) proposes to ILO to adopt a systems approach to the intervention providing a coordinated package of assistance (i) within the programme through convergence activities and joint planning, (ii) at the local level with local partners, and (iii) among similar or complementary interventions. Priority: Medium / Importance: High / Resource implication: Medium.

### **LESSONS LEARNED & GOOD PRACTICES**

**Emerging lesson learned:** The project operated in complex environments and provided advanced partner organizations (microinsurance providers) with technical assistance to promote quality at scale. While the project faced numerous challenges, and despite the fact that it had conducted rigorous due diligence, experience shows that in such contexts where results closely depend on key project Partners, due diligence should even be more extensive to avoid dealing with unsuccessful partnerships that might put project interventions at stake.

**Emerging good practice:** The project adopted a change management approach that was systematically used notably to build partner organizations’ (microinsurance providers’) capacity to efficiently provide quality microinsurance for low-income populations. While any change entails resistance, the Facility and Microinsurance Innovation Facility Fellows used this effective change management approach that allowed the project to conduct interventions

## 1. INTRODUCTION

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The Impact Insurance Facility commissioned a final independent evaluation of its “Strengthening the role of financial institutions for micro-insurance development in Africa” project. This final evaluation was conducted by Ms. Maria Zarraga, Managing Director at ForWaves Consulting SARL.

Guided by the Terms of Reference (ToR), the independent evaluation work was undertaken between May and August 2019 in close coordination with ILO Impact Insurance Facility and the Evaluation Manager, Mr. David Kwabla Dorkenoo, Workers’ Specialist, ILO Abuja Office.

### A. PROJECT DESCRIPTION AND CONTEXT

#### (i) Description

The project “Strengthening the role of financial institutions for micro-insurance development in Africa”, was a partnership of the International Labour Organization (ILO) and the French Development Agency (AFD). The project aimed to *strengthen the resilience of low to middle income population in the following seven selected African countries: Burkina Faso, Cote D’Ivoire, Ethiopia, Ghana, Kenya, Madagascar and Senegal*. The project targeted workers in the informal sector that do not have access to adequate risk management options. The Partners were selected in collaboration with the French Development Agency (AFD). The project was funded by AFD with the sum of EUR 3’000’000 as the project budget and implemented by the ILO.

The seven aforementioned partner countries are all *lower middle-income countries with huge informal sector activities*. The informal economy generates a large amount of jobs for the active labour force of these countries. Unfortunately, these countries are also characterized by high decent work deficits due to the fact they are not very well organized to enable them to access the needed support from their respective governments to address the numerous challenges they face. One of the major challenges in project countries is the lack of risk mitigation tools, such as microinsurance, enabling vulnerable communities to be more resilient to shocks.

The project sought solutions to *overcome barriers in microinsurance through stimulating innovation* for selected advanced Partners, whether they are insurance companies, Banks, Micro Finance Institutions (MFIs), Mobile Network Operators (MNOs), companies, such as agri-business companies, or other risk sharing and delivery channels that are seeking to offer microinsurance products. The project also provided capacity building to the selected Partners as well as to the industry (including sharing experiences with the public sector) in selected countries.

*The Innovation Laboratory implemented action research interventions* with the partner organizations to generate credible insights to improve insurance services, leading to improved value for their core business and also for their clients.

The responsible office within the ILO was the Social Finance Unit / Impact Insurance Facility (Enterprises). This office provided administrative and technical backstopping required for the project. Under the guidance of Mr. Craig Churchill, team leader of the Social Finance Unit, one of the Facility technical officer, initially based in New York at ILO Office for the United Nations and then in Hong Kong, managed this project and oversaw the implementation of the project on a daily basis. Four other officers of the Facility team were part of the project team. They were directly involved in innovation and capacity building work, and in managing the Facility’s Fellowship Programme. Four technical officers of the Facility acted as mentors for fellows, providing technical inputs and working also with Partners to guide the project and ensure progress. Selected partner organizations were supported by fellows who are professionals displaying substantial experience in financial services and/or insurance. Fellows were selected by the Facility together with partner organizations, and provided technical and project management support to Partners’ innovation projects in low-income markets, while building organizational capacity to provide added value microinsurance.

The Facility also partnered with Microsave, a global consulting firm that enables social, financial, and economic inclusion in the digital age. Microsave was in charge of administrative backstopping which included contracting of fellows, provision of health, insurance, orientation materials for the host country, processing payments of stipends, transactions and reimbursements for learning activities upon receiving approval by the Facility.

#### **Conceptual Framework of the Project**

As described in the Terms of Reference, the developmental objective of the Project was to ensure that **“More low-income households have better employment resulting from improved productive decisions and enhanced**

**protection that are enabled by quality micro-insurance products offered by Micro-Finance Institutions and other intermediaries”.**

*Specifically, the objectives of the project were:*

- a. To increase access to appropriate microinsurance products for the targeted population; and
- b. To create a demonstration effect through local capacity building.

*Key learning objectives were designed collectively by the selected innovation laboratory Partners; preliminary research suggested the following areas of interest:*

- ▶ Improve the ability of Partners to **assess client risks, and design appropriate insurance products** (focus on market segmentation) in relation to other formal and informal financial services;
- ▶ **Use technology** to make enrolment and **claims processes more accessible and reduce operating costs**;
- ▶ **Develop health insurance products** that extend or supplement existing social protection schemes;
- ▶ **Develop meso-level insurance products** that benefit small-scale farmers and improve financial institutions’ risk management abilities. **Disseminate the results from the different action research projects to a broader audience** using the Facility’s knowledge tools (briefs, trainings, bite-sized lessons, webinars etc.). Assess performance from both the client and institution perspectives.
- ▶ Support the training of Partners to **improve organizational capacity to deliver microinsurance** as well as **disseminate new lessons to governments and other relevant stakeholders** to influence their policies with regards to how insurance can be used to achieve public policy objectives.

*The project had two main outcomes:*

- I. Increase the resilience of informal low-income populations to shocks through better access to a range of quality microinsurance products distributed by MFIs and other intermediaries.
- II. Practitioners and constituents are better equipped to address issues hindering the development of quality microinsurance products at scale and enhance capacities in Sub-Saharan Africa through trainings and dissemination of knowledge from lessons learned.

*In order to achieve these specific outcomes, the project was divided into three components as described below.*

- ▶ **Component I: Innovation laboratory** - Stimulating innovation through technical assistance to advanced financial institutions and other microinsurance distribution channels, to promote quality at scale.  
*Many questions remain about the design and delivery of relevant insurance services for the low-income market. To continue learning from market leaders, the Facility partnered with seven microinsurance providers (including insurance companies, MFIs, banks, intermediaries, national schemes) to answer specific learning questions in three critical areas: health insurance, agriculture insurance and bundling insurance with other financial services. Each solution was designed and evaluated from both the client and the business perspective. The objective of this component was to answer a set of questions referred to as the “Learning Agenda” (See Annex 11). Besides, with each Partner a set of research questions have been determined before the inception of each Partner’s support (the “Research Questions”).*
- ▶ **Component II: Capacity building** - This component leverages the new lessons from Component I to build capacities of other microinsurance providers in other markets in Africa.  
*The project hoped to train more than 150 professionals from at least 50 providers through a face-to-face delivery of expanded training module for MFIs and through a blended course with e-learning component.*
- ▶ **Component III: Support to other microinsurance pilots**  
*Under this, some support was provided to other AFD microinsurance pilots through review of up to 9 funding proposals, 3 project evaluations and 3 targeted technical assistance assignments. This concerned mostly smaller pilots that requested support from AFD, and showed some potential to deliver quality insurance products in a sustainable way.*

## Partner organizations, fellows, projects and capacity building

The project worked with 7 Partners in 5 countries. Prior to the final selection, 16 organizations were shortlisted in 2015 among 34 organizations during the due diligence phase. This was based on the feedback from interviews and Expressions of Interest of organizations. The latter were either regional or based in Burkina Faso, Cameroon, Côte d’Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Rwanda, Senegal, Tanzania, Zambia and Zimbabwe. The project conducted key informant interviews with 37 interviewees. Further to due diligence field visits to shortlisted candidates (2-4 days) the Facility drafted a recommendation sheet to AFD to jointly select the following list of Partners:

Partner	Country
<b>Barry Callebaut</b> Cocoa trading company	Côte d’Ivoire
<b>CNAAS</b> Public-private insurer	Senegal
<b>National Health Insurance Authority (NHIA)</b> Public institution	Ghana
<b>Kifiya</b> Technology services providers (FSDA support)	Ethiopia
<b>APA</b> Insurance company	Kenya
<b>Equity Insurance Agency</b> Financial institution (FSDA support)	Kenya
<b>MicroEnsure</b> Intermediary	Regional

Table 1 – Selected Partners

### → COMPONENT I

All projects designed by the Facility with Partners (see table below)<sup>1</sup> under **Component I (innovation laboratory)** were supported by a **fellow for a period of 2 years**. Partners, apart from MicroEnsure were allocated a grant funding of up to USD 50’000. The Facility also developed a partnership with the Financial Sector Deepening Africa (FSDA)<sup>2</sup> programme. Funds from this partnership allowed to provide additional support around change management for Equity Insurance Agency (EIA) and Kifiya.

The Facility provided technical support to implement a systematic **change management process** to help Partners adapt their organizational structure, culture and partnerships to more effectively serve low-income populations.

Partner	Country	Project Details	Theme
<b>Barry Callebaut</b> Cacao trading company	Côte d’Ivoire	<b>Integrating insurance to the farmer finance offering</b> The project aims to complement Barry Callebaut’s farmer finance offerings (facilitation of saving, productivity lending) with insurance solutions to benefit their 100’000 cocoa producers. The objective is to make farmers more resilient to "single events" that overthrow planning (accidents, death, death of a family member etc.), thereby reducing their vulnerability and increasing their willingness to invest in long-term productivity interventions on their farms. The Facility will provide support to design and implement valuable insurance products.	Agriculture; Bundling
<b>CNAAS</b> Public-private insurer	Senegal	<b>Scaling agriculture insurance through microfinance institutions (MFIs)</b> The National Agricultural Insurance Company of Senegal (CNAAS) is a public-private partnership in charge of underwriting crop and livestock insurance in Senegal. CNAAS currently partners with financial institutions to distribute agricultural insurance products, but they are limited by the partners’ understanding of insurance. The project will conduct an assessment of distributors to identify the most appropriate	Agriculture; Bundling

<sup>1</sup> Project details as described in the project progress report for 2016.

<sup>2</sup> CNAAS was not allocated a grant initially. After the fellow was terminated, the project and the Partner decided to build and pilot an application to process claims, the cost of which was about USD 18’000.

		channels and strengthen their management capacity to better understand how insurance can mitigate the risks of their institutions and their customers also.	
<b>National Health Insurance Authority (NHIA)</b> Public institution	Ghana	<b>m-Renewal</b> The NHIA administers Ghana’s national health insurance scheme. Each year, the 10.5 million members of the scheme need to renew their membership in person at a District Office. This is a time-consuming process that may deter members and results in lost coverage. The project proposes digitalization of the renewal process allowing members the ability to remotely renew membership through members’ mobile phones or through partner organizations. This will enable members, especially the informal sector, to ensure continuity of coverage and enable access to health care.	Health; Digital
<b>Kifiya</b> Technology services providers	Ethiopia	<b>PPP to scale-up agricultural index insurance</b> Kifiya provides digital infrastructure to enable development and delivery of insurance products. Kifiya’s digital financial services platform (DFS) enables enrolment, premium collection and claims payment processing. This project will focus on achieving scale and sustainability for Kifiya’s new agricultural insurance offering that is being launched in partnership with Ministry of Agriculture and four private insurers.	Agriculture; Bundling; Digital
<b>APA</b> Insurance company	Kenya	<b>Bundled insurance products for the tea industry</b> Kenya has 700’000 tea pickers that provide for almost 3 million Kenyans. Tea pickers are affected by weather risks and have limited protection from these risks through insurance. The project proposes a hybrid product that provides meso protection to the tea factory and an insurance and/or savings platform for the tea pickers and farmers that individuals can tap into during times of emergency. This type of product can potentially impact the entire value chain and reduce the losses in the sector.	Agriculture; Bundling; Digital
<b>Equity Insurance Agency</b> Financial institution	Kenya	<b>Bundling insurance solutions for SMEs</b> <i>Initial project details:</i> Equity Insurance Agency plans to expand the range of services it offers to small and medium enterprises clients in order to protect them from risk event that affect their production capacity. The project will segment Equity Bank’s SME clients to assess their risks and then design bundled insurance solutions that will be delivered through Equity’s bank branches (200) and extensive network of low-cost agents (17’000). In addition to working on the SME-products, the Facility will also help develop and manage the overall strategy of the bancassurance agency for the informal sector.  <i>During the project, the focus of the intervention changed to Digitalization to align with the broader strategy at Equity Bank. Updated project details:</i> This project supports Equity Insurance Agency’s new digitization strategy to make it easier for low-income and mass market segments to access and use insurance. The main activities identified are: (i) offering insurance through a digital platform, (ii) offering a freemium mobile insurance product through Equitel, and (iii) digitizing the insurance back-end procedures.	SME; Bundling
<b>MicroEnsure</b> Intermediary	Regional	<b>Data analysis and digital consumer education for mobile insurance</b> MicroEnsure offers freemium mobile insurance (includes life, accidental permanent disability, and hospital cash insurance) through Airtel in several African countries. It is launching a paid version of these products that clients can buy to top up individual benefits or buy cover for their family. The project will support launches in Kenya, Nigeria and Malawi, focusing on: (1) development of an algorithm to identify and segment customers that are most likely to buy and retain the paid product, and (2) test the impact of digital customer education campaigns to identify the most cost-effective way to educate customers and improve their understanding of the product.	Digital

Table 2 – Project details

The selection of Partners was conducted in 6 steps (see figure below) based on a robust and systematic process. The project made sure that critical thematic areas defined by AFD were covered, namely:

- › Health insurance that extends or supplements existing national health schemes;
- › Individual or meso-level insurance that benefits small-scale farmers and improved their ability to cope with risks;
- › Insurance bundled with financial services or value-added services that improve consumers’ ability to manage risk, but also increase their productivity capabilities;
- › Risk management solutions for micro and/or small and medium enterprises (MSMEs); and



- Using technology to improve understanding amongst clients and reduce cost of distribution without losing the ‘client touch’.

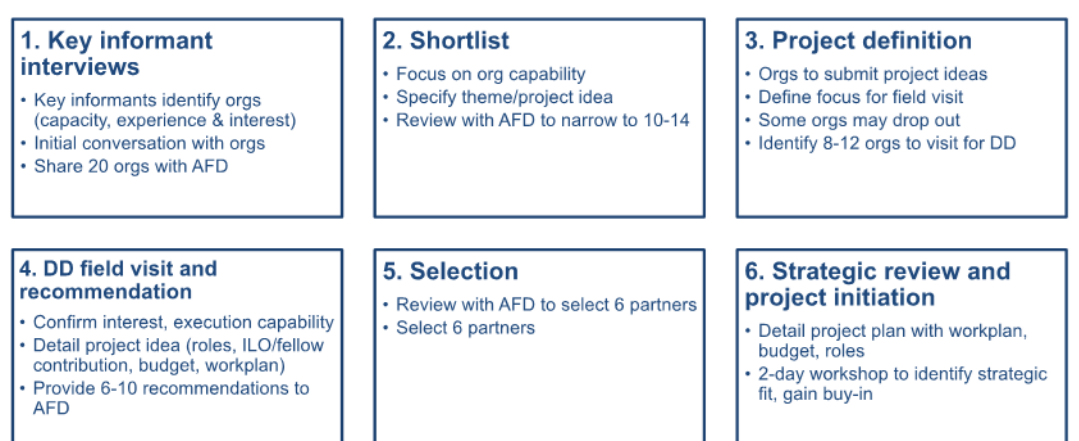


Figure 1 – Partner selection process

A more detailed description of the selection process can be found in [Annex 12](#). Partners were evaluated across the four categories below:

- Client value and market assessment;
- Viability;
- Applicant’s strategy and capability; and
- Strategic fit with ILO and AFD.

A more detailed list of selection criteria can be found under [Annex 13](#).

The Facility announced the Fellowship roster in October 2015 to ensure that once they had selected the Partners they could immediately move on with matching suitable fellows to Partners. By January the Facility received over 150 applications. They administered written tests with 75 applicants and interviewed 32 shortlisted candidates. The list of fellows selected are in [Table 3](#).

Fellow	Host	Host location	Start date
Queenie Chow	MicroEnsure	Nairobi, Kenya	August 2016
Sarfraz Shah	APA	Nairobi, Kenya	August 2016
Enock Singoei	Kifiya	Addis Ababa, Ethiopia	July 2016
Nuno Meira	CNAAS	Dakar, Senegal	July 2016
Edgar Antonio Aguilar	Barry Callebaut	Abidjan, Côte d'Ivoire	July 2016
Indira Gopalakrishnan	Equity Insurance Agency	Nairobi, Kenya	April 2017
Shilpi Nanda	NHIA	Accra, Ghana	May 2017

Table 3 – Fellow details

An orientation week took place in June 2016 with 9 fellows, donors, namely AFD and Financial Sector Deepening Africa (FSDA), and Microsave to train fellows on technical insurance concepts and help them understand their role within the project and as part of the Facility. Fellows were briefed on technical, practical, administrative and logistical matters. Fellows then integrated their host organizations.

## → COMPONENT II



Under **Component II**, the intervention included Community of practice (CoP) events, webinars for Partners and fellows, trainings, publications, blog posts and emerging insights in order to leverage lessons of Component I and build capacities of an extended community of microinsurance providers and other private actors in other markets in Africa. A quarterly-webinar series started during the first quarter in 2017. While the initial idea was to restrict the webinar to Partners, the Facility decided to share their project experiences with a larger audience, as only about 30 participants participated in the first webinar on “Improving Claims management”.

Furthermore, in order to encourage learning amongst fellows, the project organized **fellow exchange and learning visits**. Each fellow who remained in the host organization during two years had an opportunity to conduct between 1 and 4 learning activities per year (in addition to the CoP meetings). A list of learning activities can be found in [Annex 14](#).

### → COMPONENT III

Under **Component III**, the project provided support to other microinsurance pilots. Together with AFD, the Facility decided to provide more in-depth assistance to fewer organizations, and worked with 3 organizations, instead of 6, providing support and capacity building during key phases of strategy formulation and product development. The project hence planned to visit each organization 3 times (instead of once) and to allocate some of the time (i.e. 30 days instead of 15 days) of fellows from CNAAS and Barry Callebaut, to selected organizations, namely ADEFI in Madagascar, CIF Vie in Burkina Faso and Allianz Africa in Côte d’Ivoire. The project details for Component III are described below.

Partner	Country	Project Details	Theme
ADEFI	Madagascar	ADEFI: The organization is currently running a successful community-based health insurance scheme, reaching 75’000 clients in Madagascar at a very low cost (USD 0.07 per family per year), the remainder supported by profits from its parent organization. However, usage of the services is low. ADEFI is keen to upgrade its offering to its clients without putting at risk their current operations. In particular, it is looking to improve the value of its product and clients’ understanding of it, as well as possibly introducing new products.	Health
CIF Vie	Burkina Faso	The Facility will carry out a client value assessment (using the Product, Access, Cost and Experience (PACE) tool) and market research to help CIF Vie improve its current offer of voluntary products. The inputs from the assessments will be used to jointly improve the sustainability of the product portfolio. Fellows from Barry Callebaut and SUNU (an FSDA project) will conduct these activities in March and April 2017.	Family protection
Allianz Africa	Côte d’Ivoire	The project will focus on: 1) Introduction of a simple health solution in Côte D’Ivoire. Health is critical uninsured risks facing the low-income population in Côte D’Ivoire; 2) Explore with Allianz what they have for telemedicine for developed markets and how these models or lessons can be applied to emerging markets; and 3) Incorporate the lessons from the first two activities to revise their overall emerging market strategy and facilitate the presentation of this revised strategy to AFD.	Health

**Table 4 – Project details (other microinsurance pilots)**

#### (ii) General context

The partner countries, namely Burkina Faso, Côte d’Ivoire, Ethiopia, Ghana, Kenya, Madagascar and Senegal are all lower middle-income countries with huge informal sector activities.

As mentioned above, these countries are characterized by **high decent work deficits** and one of the major challenges faced by these countries is the **lack of tools enabling populations to be more resilient to shocks**. Notwithstanding that microinsurance could potentially allow strengthening vulnerable communities’ resilience to shocks, there is a **low uptake of microinsurance** in these countries.

While certain countries are more advanced than others in developing a microinsurance ecosystem, there is still significant untapped microinsurance opportunities in Sub-Saharan Africa. Sub-Saharan Africa presents risks, challenges and opportunities for the insurance industry. There is no one-size fits all approach that could succeed across markets and countries. New technologies play a crucial role in expanding the market for insurance. Agents and brokers play also a major role in selling insurance products. The latter are neither tangible or well understood notably by the majority of low-income people who have never purchased insurance. Volatility of returns, underwriting capacity, strengthening organizational capacity of microinsurance providers for change, lack of confidence among consumers due to weak carriers unable to pay valid claims, lack of adequate reinsurance, and issues in the regulation and supervision of microinsurance are some of the challenges faced by microinsurance providers and other key stakeholders.

According to FAO, by 2050, the population in the Sub-Saharan region will rise to nearly 22% or 2.1 billion people. Undernourishment is a long-term problem and progress in this regard is uneven across the region. Slow progress on food security is attributed to low productivity of agricultural resources, strong population growth, political instability and civil unrest. Regional disparities remain strong. The importance of the agricultural sector for food security is reflected in development and national programmes. Protecting smallholder farmers from climate variability is a priority for governments. Furthermore, there is a need to expand health coverage in Africa, in particular in the informal sector. Partnerships, distribution channels, quality of insurance products and health insurance systems of Sub-Saharan African countries must be rethought. Building quality at scale remains a major challenge for the international microinsurance community that supports low-income people, smallholder farmers and small and medium-sized enterprises to help them avoid falling into poverty in case of distress.<sup>3</sup>

## **B. SCOPE, PURPOSE, METHODOLOGY AND LIMITATIONS OF THIS EVALUATION**

### **(i) Scope**

According to the ILO Policy Guidelines for results-based evaluation, all projects over USD 1 million must undergo at least one independent evaluation. For projects over 30 months, annual reviews, a mid-term evaluation and a final evaluation, are required. The ILO did not commission a mid-term evaluation in agreement with the donor agency as the project advancement was perceived as insufficient at that point in time to conduct an evaluation.

The independent evaluation covered entire aspects of the project, from May 2015 to June 2019, including the project environment, project organization, project relevance and efficiency of resource utilization and effectiveness. Above all, sustainability and contribution to broader sectoral impact were crucial. The evaluation assessed key results that were expected from the project.

In response to ILO’s Evaluation policy and Strategy, gender concerns were addressed in accordance with the ILO’s Evaluation Guidance Note 4 and specific policy requirements. The gender dimension was considered as a cross-cutting concern throughout the methodology, deliverables and final report of the evaluation. In terms of this evaluation, this implies involving both men and women in the consultation and evaluation analysis. Moreover, the evaluator reviewed data and information that was disaggregated by gender, when available, and assessed the relevance and effectiveness of gender-related strategies and outcomes to improve lives of women and men.

The evaluation also gave specific attention to how the Project was relevant to ILO’s programme and policy frameworks at the national and global levels, relevant Sustainable Development Goals (SDGs), Decent Work Country Programmes (DWCPs) and national sustainable development strategies (or their equivalent) or other relevant national development frameworks, including any relevant sectoral policies and programmes. Specific questions addressing these aspects across the evaluation criteria were included in the evaluation questions below.

### **(ii) Key purpose**

*The independent evaluation served three (3) main purposes:*

- Give an independent assessment of results of the Project across all the outcomes; assessing performance as per the targets and indicators of achievement at output level, strategies and implementation modalities chosen, partnership arrangements, constraints and opportunities in Project Countries;
- Provide strategic and operational recommendations as well as highlight lessons to improve performance; and
- Assess the relevance, efficiency, impact and sustainability of the Project.

<sup>3</sup> References: “L’agriculture en Afrique subsaharienne: Perspectives et enjeux de la décennie à venir”, OECD/FAO, 2016; “How to expand health coverage in health insurance coverage in Sub-Saharan Africa?”, iD4D Blog coordinated by AFD “Waves of change: revisited Insurance opportunities in Sub-Saharan Africa”, EY, (December 2015);

*The evaluation was expected to look largely into:*

- Project achievements and progress towards achieving the project targets;
- Adherence to the plans of key stakeholders including, donor, private stakeholders as well as ILO and the UN country team;
- Prospects for replication and sustainability of the interventions;
- Relevance, feasibility and desirability of the innovations developed through the intervention;
- Influence of the intervention over donors, development communities and the seven partner countries; and
- Strategic analysis of the programme in terms of analysis of internal factors (strengths and weaknesses) as well as external factors (opportunities and threats).

The primary end users of the evaluation findings are AFD, the ILO Impact Insurance Facility, the project team and Partners. Secondary parties are other relevant project stakeholders making use of the results of the evaluation.

This evaluation was elaborated in full compliance with relevant evaluation norms and standards, and followed ethical safeguards, as specified in the ILO’s evaluation procedures. The ILO adheres to the UN system of evaluation norms and standards as well as to the OECD/DAC Evaluation Quality Standards.

Accordingly, project quality was assessed against the following main evaluation criteria:

- ✓ **Relevance:** The extent to which project objectives were consistent with beneficiaries’ needs.
- ✓ **Efficiency:** How efficiently resources/inputs (e.g. funds, expertise, time) were converted into results.
- ✓ **Effectiveness:** The extent to which objectives were achieved.
- ✓ **Sustainability:** The likelihood of continuation of project benefits (outputs, outcomes) after the end of the project.

The evaluation balanced the need for organizational learning with the purpose of ensuring accountability to the donor. While maintaining independence, the evaluator applied a participatory approach seeking the views of all groups of project stakeholders. Enrolling key stakeholders in the evaluation process and in the discussions on key findings, conclusions and recommendations, facilitated organizational learning.

Different evaluation tools were combined to ensure an evidence-based qualitative and quantitative assessment. The evaluator emphasized on cross-validation of data through triangulation and an assessment of plausibility of the results obtained. The methodological mix included a desk review, semi-structured individual interviews, semi-structured interviews of focus groups and a short survey conducted with all interviewees. (See [Annex 5](#)). Data was gathered from different sources, by different methods for each of the evaluation questions, and findings were triangulated to draw valid and reliable conclusions. Data was disaggregated, at a minimum, by sex and by other dimensions where available. Conclusions and recommendations were based on evaluation findings (deductive reasoning).

The gender and disability dimensions were considered as a cross-cutting concern throughout the methodology, deliverables and final report of the evaluation.

The evaluator was initially informed that the ILO planned only to conduct evaluation interviews remotely. The evaluator advised ILO to keep the evaluation field work as planned in the ToR for the quality of the evaluation. The list of interviewees covered all key stakeholders provided by ILO for all project countries. Further to receiving the lists of stakeholders to be interviewed, the evaluator requested to interview additional interviewees, namely UNDP, Microsave and end beneficiaries.

Field missions could not be organized in all countries due to limited resources and lack of project staff on the ground to facilitate the mission. Most of the fellows had left their host organizations at the time of the final evaluation. In Kenya, one of the fellows was hired by the company after his fellowship, and was able to organize a field trip to meet beneficiaries in Kitui. Visiting Nairobi allowed to interview a larger number of stakeholders than in other countries as the project conducted several interventions in Kenya.

Qualitative information was obtained through field visits in Nairobi and Kitui, in Kenya, at ILO Headquarters, in Geneva, Switzerland, and through phone and Skype calls with stakeholders who were not available for face to face meetings for geographic reasons. Phone or Skype calls with interviewees who were not based in Kenya or who were not in Nairobi during the evaluation field mission were scheduled between 27 May and 7 June 2019 and between 17 and 19 July 2019. The schedule for the field mission in Kenya took place from 10 to 14 July 2019.

More detailed information on the evaluation questions, schedule and interviews undertaken to conduct this final evaluation is described in [Annexes 5 and 6](#).

The desk study included the analysis of existing project documents, progress reports and reviews including the Financing agreement between the French Development Agency (AFD) and the ILO, the mid-term review commissioned by FSDA and project progress reports and publications.

The evaluator worked freely and without interference. All stakeholders interviewed were ready to openly share their views. Information obtained during data collection was comprehensive, consistent and clear.

Information on stakeholders’ views obtained through interviews is presented in this report in a way that it cannot be traced back to the specific source.

40 interviewees (among which 45% are women) took part in this evaluation. The list of stakeholders interviewed includes:

- ✓ French Development Agency (AFD);
- ✓ ILO Impact Insurance Facility and fellows;
- ✓ Partner organizations that the project collaborated with; and
- ✓ End beneficiaries.

The full list of persons interviewed and documents consulted are presented in [Annexes 3 and 4](#) to this report.

### (iii) Main limitations to this evaluation

1. Given that organizing field missions in all partner countries was not possible, the main focus of the evaluation was on covering the project interventions implemented by partner organizations visited during the field mission in Kenya, namely APA Insurance, Equity Insurance Agency (EIA) and MicroEnsure. To the extent possible, the evaluation drew conclusions for the entire project, adding examples from other countries based on the desk review and Skype interviews with key project stakeholders.
2. Given the number of stakeholders including project teams, it was not possible to interview them all individually. Focus group interviews were therefore conducted in addition to key informant interviews, with the caveat that some views may not have been expressed as freely as they would in individual interviews.
3. Despite the evaluator’s request to conduct interviews with end beneficiaries and the project Partners’ efforts to organize evaluation interviews with claimants, the evaluator could only meet two end beneficiaries during the field visit – requiring a whole day of travel outside of Nairobi. The duration of the field visit and mission schedule did not allow to travel to more remote places to meet additional beneficiaries.

## 2. FINDINGS AND ASSESSMENT

This section presents the findings of the evaluation and provides an assessment of project quality against the evaluation criteria. The assessments below are formulated based on a cross-section of opinions expressed by a majority of stakeholders and double-checked with the project frameworks and available data.

### A. RELEVANCE AND STRATEGIC FIT

- ➔ To what extent are the objectives and the interventions of the project consistent with the beneficiaries' requirements and relevant to partners' needs?

*Based on the majority of statements, the interventions of the project are consistent with partners’ needs. During the selection of Partners, the project adopted a systematic approach to ensure the project is aligned with Partners’ overall strategies. Initial project descriptions were based on a SWOT analysis, Partners’ existing technical gaps and a financial assessment. The project also conducted market research activities to ensure solutions responded to end users’ needs. The Facility offered an e-learning course on market research for fellows and Partners. The project conducted change management interventions to develop organizational capacity with the support of fellows. This was perceived as very useful in complex environments where (i) change takes time, (ii) the buy-in of senior management is essential, and (iii) changing processes always entails resistance.*

*Several interviewees mentioned that (i) ensuring systematically that an appropriate budget is based on a robust project design (to be requested from Partners), (ii) providing organizational capacity development to all partners notably under Component III (in addition to strategy formulation and product development), and (iii) providing more extensive support to solutions implementation would be highly relevant to partners’ needs to set the ground for successful and sustainable results.*

Although the project revised the scope of activities under Component III to provide more intensive assistance to selected organizations, some interviewees mentioned that these companies would have required and/or appreciated more extensive support. Providing robust project management support and linking partners with relevant partners for scaling up would, according to some interviewees, reduce the risk of developing new products that partners may not have the capacity to then launch on the market.

Based on many converging statements, good quality microinsurance products were developed by the project throughout the intervention based on a robust client-centric approach. However, the lack of quality at scale did not allow most project interventions to reach out to as many low-income people as initially expected, in order to be able to respond to beneficiaries’ requirements and increase their resilience to shocks. Furthermore, one of the challenges faced by project partners is the distrust of target beneficiaries towards microinsurance providers, as vulnerable communities sometimes experience or witness unpaid claims.

Many converging statements mention the need to receive broader support with a more holistic approach. Support would include awareness raising, consumer’s insurance literacy, strengthening regulatory frameworks getting decision makers on board, and building national capacity in order to operate effectively in an enabling microinsurance ecosystem. Based on interviews with various stakeholders including beneficiaries<sup>4</sup>, once beneficiaries experienced a successful claim payment, this naturally built trust and raised awareness and interest of other potential beneficiaries in microinsurance products. Some Partners included an end-consumer behavioural change component in their activities, which they perceived as important to facilitate increased market penetration.

*“The market maturity is not yet at that level required. None of the schemes has achieved sufficient scale. We need local capacities with the right attitude to build these models and commercialize them.”*

*Final ILO-AFD evaluation interviewee*

➔ To what extent does the project align to national priorities in project countries?

*While project did not intend to contribute directly to national priorities, the project contributed to a limited extent to financial inclusion, poverty alleviation, better social protection and agriculture extension that are priorities in the countries where the project operated.*

The objective of this multinational project was primarily to create a pool of institutions (insurers and intermediaries) who develop valuable solutions for low-income and emerging consumers. As stressed by several interviewees, without developing quality at scale, the project contributed very little to such priorities considering the limited amount of low-income people having access to a range of quality insurance products at this stage.

➔ To what extent is the project relevant to Decent Work for Africa and project countries DWCPs?

*While the project did not intend to contribute to Decent Work for Africa and project countries’ DWCPs, the project contributed to DWCPs to a limited extent based on its development objective and expected impact, namely “More low-income households have better employment resulting from improved productive decisions and enhanced protection that are enabled by quality insurance products offered by microfinance institutions (MFIs) and other intermediaries.”*

The project ultimate beneficiaries are “low-income households whose breadwinner mainly works in the informal sector in Sub-Saharan Africa who will have better access to microinsurance products distributed by MFIs and banks”. By increasing the resilience of 770’669 low-income people (total of new clients) to shocks through better access to a

<sup>4</sup> Claimants met during the field mission in Kitui benefitted from a free premium.



range of quality microinsurance products distributed by project Partners (MFIs and intermediaries), the project was aligned with countries’ strategies related to poverty alleviation, managing agriculture, health and small business-related risks that could push people into extreme poverty. A total of 11’986’096 people benefitted from changes to existing products / processes (with 11’971’957 for the NHIA intervention and 14’140 for the other interventions).

Project countries	Decent Work Country Programmes (DWCPs) and national strategies
Burkina Faso	The project was notably aligned with the country Poverty Reduction Strategy, the Government’s priorities as outlined in its national plan for economic and social development for 2016–2020, including strengthening the provision of providing social protection for all
Côte d’Ivoire	The project was notably aligned with the DWCP 2017-2020 including promoting development-oriented policies that promote productive activities, the creation of decent jobs, entrepreneurship, creativity and innovation and stimulating the growth of micro-enterprises and small and medium-sized enterprises and facilitate their integration into the formal economy, including access to financial services; and strengthening social protection of workers, men and women, in the rural and informal sectors.
Ethiopia	While 90 per cent of agriculture depends on rainfall rather than irrigation, protecting smallholder farmers from this climate variability became a priority for the Ethiopian government. The intervention was notably aligned with the Growth and Transformation Plan (GTP) that was established by the government as a strategic framework for the agricultural sector from 2011 to 2015. The GTP notably aims to enhance productivity and production of smallholder farmers and pastoralists, and to improve participation and engagement of the private sector.
Ghana	The project was notably aligned with the Coordinated Programme for Economic and Social Development Policies (2017 to 2024) emphasizes reducing income disparities, enhancing access to formal social security and improving targeting of social protection programmes. It also identifies enhanced funding and cost-effectiveness, effective institutional arrangements for sectoral collaboration on poverty reduction. This includes access to quality healthcare for all, notably tackling increased cost of healthcare delivery.
Kenya	The project was notably aligned with national priorities such as food security that can be affected by drought or flooding, poverty alleviation in particular related to low-income men and women in the informal sector, and decent work. The DWCP includes the priority of enhancing social protection through policies and actions that promote social assistance, social security and health insurance. The United Nations Development Assistance Framework (UNDAF) includes the following results areas and outcomes: “By 2022, productivity in services sectors, agriculture, manufacturing, extractives, blue economy and their value chains increased.”; “By 2022, marginalized vulnerable groups and regions in Kenya have increased access to decent jobs, income and entrepreneurship opportunities.”; “By 2022, people in Kenya have increased and equitable access to and utilize quality health services (...);” and “By 2022, individuals and communities in Kenya have reduced exposure to risks and are more resilient to disasters and emergencies”.
Madagascar	The project was notably aligned with the DWCP 2015-2019 that includes the priority of extending social protection to all. The challenge is twofold: extending the coverage of social protection to members and improving the quality of services, and identifying social protection strategies for all workers, including in the informal sector.
Senegal	DWCP 2018-2022 and the Senegal Emergent plan include the priority of strengthening production and the economic emergence of Senegal by 2035 based on three main axes: (i) the structural transformation of the economy and the growth, (ii) human capital, social protection and development (iii) governance, institutions, peace and security.40% of the population is living in rural areas (General Census of Population, Housing, Agriculture and Livestock, ANSD, 2016)). The primary sector, which accounts for almost 20% of the growth domestic product (GDP) in 2016, is dominated by agriculture, which still depends on rainfall.

**Table 5 – Project countries: DWCPs and national strategies**

➔ To what extent did the project objectives and interventions consider relevant SDGs targets and indicators?

*Although it was not intended, the project objectives and intervention were notably aligned with the following SDG Targets, and in particular with SDG 8.10.*

*All project interventions were aligned with decent work and economic growth related goals :*

- SDG 8.3. Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services.
- **SDG 8.10. “Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all.” (Financial inclusion)**

*Project interventions such as APA, Kifiya, Barry Callebaut were aligned with the following SDGs on Climate action and Food security.*

- SDG 2.3. By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.
- SDG 13.1. Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries



*All health-related project interventions such as those under Component III, NHIA, EIA (Riziki) or APA (hospitalization cash) were notably aligned with the following SDG:*

- SDG 3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

➔ How responsive was the project design to national development plans and SDGs?

*As mentioned above, the project did not intend to align with national development plans and SDGs but contributed to objectives mentioned above based on the intervention’s expected outputs, outcomes and impact.*

➔ To what extent does the project complement and fit with other ongoing ILO and other partners' interventions?

*The project mainly complemented and fitted another similar intervention funded by FSDA.*

FSDA aims to reduce poverty across Sub-Saharan Africa by building financial markets that are efficient, robust, and inclusive. The FSD Africa and ILO Impact Insurance Facility “Change Management to Achieve Impact with Insurance” project was conducted in parallel with the AFD ILO intervention. The FSDA project aimed to cumulatively reach one million of MSMEs and poor individuals in selected Sub-Saharan African countries with affordable and ideal insurance products by January 2020. The project supported seven (originally five) leading insurers and distributors across five countries in the Sub-Saharan Africa, namely: (1) Kenya: Equity Insurance Agency and Britam, (2) Ethiopia: Nyala and Kifiya, (3) Mozambique: NBC, (4) Nigeria: AXA Mansard and (5) Ivory Coast: SUNU. The Facility also appointed fellows to these projects. AFD and FSDA project fellows worked together on some interventions, notably conducted in partnership between Barry Callebaut (Cacao trading company, ILO-AFD project) and Sunu (Insurance company, ILO FSDA project). Partnerships were also formed between Equity and Britam, APA and Equity, and Nyala and Kifiya.

Based on an opportunistic approach, the Barry Callebaut intervention also integrated another ILO project on child labour and social finance to tackle the root causes of child labour through financial solutions. This type of project was perceived as quite innovative as this project worked together with the government and the private sector while ILO is more used to working with the public sector. Another example is APA that worked with Caritas to reach out to beneficiaries of an index insurance co-financed by the Kenyan government and the Food and Agriculture Organization of the United Nations (FAO).<sup>5</sup>

According to many interviewees, the Facility could further explore how it could contribute to the following issues and strengthen collaboration notably with other ILO departments and offices:

- Trade and sectoral policies and employment creation;
- Decent work<sup>6</sup>;
- Child labour;
- Migration: There are insurable and uninsurable risks faced by vulnerable groups such as migrant workers. Microinsurance professionals could provide services that could cover specific risks faced by migrant workers; and
- The Facility could collaborate with other ILO departments working specifically on gender and disability issues to define and implement relevant strategies to mainstream gender and disability using specific key performance indicators (KPIs).

A large majority of interviewees would encourage more collaboration between the Facility and other ILO departments (notably to share good practices, such as on Design Thinking) and between ILO and other UN specialized organizations, non-governmental organizations and government entities to strengthen the intervention’s impact at the country and international levels. For example, neither UNDP, ILO staff nor any other UN specialized agency in Kenya were aware of the ILO-AFD intervention. Based on converging statements, the Facility could enhance effectiveness, efficiency and sustainability by informing key organizations in the different countries, starting by ILO offices, on their activities and defining possible collaboration at an early stage of interventions. Furthermore, according to a few

<sup>5</sup> (At the time of the evaluation, the government had not paid its share but APA planned to get them again involved next year, notably to cover their unpaid share paid by FAO and to allow end beneficiaries to be further insured.)

<sup>6</sup> For example, collaboration with programmes such as The Better Work Programme (a partnership between the ILO and the International Finance Corporation (IFC)) could be an interesting avenue to explore if of any interest to donors.

interviewees, all country interventions need to be aligned and integrated into the United Nations Development Assistance Framework to be taken into consideration by governments in project countries.

## B. VALIDITY OF DESIGN

- ➔ Was the intervention an appropriate solution to the development problem at hand? Does it target the main causes of the problem?

*Based on a majority of converging statements, the intervention was overall an appropriate solution to the development problem at hand. Providing capacity building, notably resources through the Fellowship programme was an appropriate solution and good model for partner organizations to improve systems, processes and to develop quality microinsurance products, and to track their progress and results.*

*While the intervention allowed to stimulate innovation through technical assistance to promote quality through the innovation laboratory, the project could not address extensively all the main issues that hinder the development of quality microinsurance at scale<sup>7</sup> in the framework of this 48-month intervention.*

Training and dissemination of knowledge from lessons learned was an appropriate solution to allow the wider community of microinsurance providers, partners and fellows to develop skills and enhance capacities to improve microinsurance offerings. Activities that focused on incorporating client needs - such as market research or process redesigns - were among the most useful solutions as they brought a new perspective on to how partners operated and could improve their services.

- ➔ To what extent is the results framework appropriate, given ILO and AFD expectations?

*The results framework reflected ILO and AFD expectations and was defined together with the donor. Not all indicators (such as gender-related) were monitored by the project and its Partners. While the project monitored or had answers for 89% of activity-related KPIs, only 25% of output-based or outcome-based indicators were tracked. (See [Annex 8](#)) The evaluation found no explanation in project progress reports as to why certain KPIs or learning questions were not included in the cumulative dashboard of KPIs or in the set of learning questions. According to the project, the initial learning questions were used to select relevant Partners. After their selection, separate learning questions were defined for each organization. However, based on interviews, answers to all initial questions were still of interest to report recipients.*

Based on the logical framework, the project developed a set of indicators that were included in a dashboard (see [Annexes 9 and 10](#)) that was updated on a quarterly basis. However, based on a few converging statements, considering the variety of projects, some of these KPIs were not always adapted to specific project interventions, which also had their own set of specific KPIs that were not incorporated in project progress reports.

- ➔ To what extent are the indicators described in the project document appropriate and useful in assessing the project’s progress?

*Activity-based indicators were in general appropriate given expected outcomes, outputs and activities. No target was however defined at both output and outcome levels. Hence, this did not allow the project to measure project success against clearly defined / revised expected results at those levels. The cumulative dashboards in project progress reports did not include comparison values allowing readers to quickly gain understanding of the project progress against clear targets and previous results.*

Several interviewees stressed their satisfaction and the importance for such a project to offer a reasonable amount of flexibility with regards to setting targets. This allowed the project to adapt its innovation activities to complex environments and situations throughout the intervention. However, based on several converging statements, interviewees also identified the need for the project to define / update a clearer results framework with revised KPIs along these changes, and to communicate them based on a well-defined change management process, involving all

<sup>7</sup> Project Outcome 2. See [Annex 8](#)

key stakeholders, including the donor, in a timely manner. Based on these statements, in some cases, the lack of defining, revising and communicating a more robust and updated results framework did not allow as much clarity for fellows, Partners and donors as desired.

➔ To what extent are the project design (objectives, outcomes, outputs and activities) and its underlining theory of change logical and coherent?

*The project design and underlining theory of change are overall logical and coherent. While the project focused mainly on product development, based on some converging statements, the project design could have integrated more activities to ensure quality at scale.*

Several interviewees mentioned the following: (i) the fear that the Facility remains too theoretical focusing on product development rather than on achieving scale and market development, without providing senior management with the support required to create relevant partnerships and achieve scale successfully; (ii) the need for clearer KPIs regarding capacity building workshops / presentations to be provided by the fellow internally to build capacity of employees of all host organizations; (iii) systematically include a change management component for all partners, notably under Component III; and (iv) reduce the number of product development (for example no more than 2 products) and concentrate more on scaling up. Based on an anecdotic statement, the project developed close to 30 products instead of 14 as initially planned.

➔ To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to (i) gender and non-discrimination and (ii) inclusion of people with disabilities?

*The project did not define any strategy related to gender and discrimination issues. Based on desk review and interviews, the project did not face any particular concern relating to these matters.*

Some interviewees however mentioned certain issues that could be tackled such as, for example, how to encourage healthy men to sign up for health insurance while they display a tendency of not caring about their health. Many interviewees agreed with the fact that (i) gender and non-discrimination and (ii) inclusion of people with disabilities issues should be tackled more thoroughly in future interventions, based on relevant strategies developed in light of specific projects, contexts and countries, while engaging with the right partners at an early stage.<sup>8</sup>

➔ How realistic were the risks and assumptions upon which the project logic was based?

*Risks and assumptions upon which the project logic was based were in general realistic. There was a real need for MFIs to develop their skills to more efficiently provide quality microinsurance for low-income populations. However, not all partners were willing to peer exchange and participate in coaching activities.*

At the senior management level, some partners mentioned that they were already skilled enough in subject matters covered in Community of Practice (CoP) events and trainings. According to a few interviewees, more practical technical assistance and tailor-made capacity building would be required instead. However, other interviewees were of the opinion that all partners could have benefitted from CoP and trainings provided by the project, and that partners should also get involved in knowledge and experience sharing with the CoP, notably considering that this is a public-private sector cooperation also serving a wider community. Hence, according to some partners, training topics did not always match the actual needs of practitioners in focus countries. Many Partners however encouraged more in-house capacity building or presentations by fellows in order to systematically involve employees (and not only the microinsurance project teams) in all host organizations. The majority of project team members expressed strong interest in being more involved in training and knowledge sharing provided by the Facility.

According to several interviewees and based on the desk review, there were cases where the project team had doubts or was aware of risks related to the low readiness of key stakeholders to support the project, and to Partners' limited operational capacity to conduct several projects simultaneously. Several interviewees also added that sometimes it

<sup>8</sup> (working in close collaboration with ILO specialized departments and relevant international and local organizations)

was challenging to identify risks related to low commitment or limited resources of Partners to collaborate with the project. While due diligence had been conducted based on a robust and systematic process to select Partners, interviewees also mentioned that this type of risks could be further mitigated through even more thorough due diligence. Risks were not revised by the project during the intervention.

- Were the indicators designed and used in a manner that they enabled reporting on progress under specific SDGs and indicators?

*Based on available documents and converging statements, the only indicator allowing to report on progress under specific SDGs was the indicator for expected outcome 1, namely the number of low-income people with better access to microinsurance who are clients of selected Partners (MFIs and other intermediaries).*

This indicator allowed to measure the extent of the intervention’s contribution in particular to SDG 8.10. “Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all”.

### C. EFFECTIVENESS

- To what extent have the expected outputs and outcomes been achieved or are likely to be achieved in relation to its results framework or operational objectives?

*Based on activity-based targets and available information, the project achieved most of its expected results, namely at least 80% of initial expected results. As the project did not set any target with regards to output and outcome-based expected results, the evaluation cannot indicate the level of achievement. (See Annex 8) While the intervention achieved successful results considering the project duration and challenges, the project did not reach yet sufficient scale, according to many interviewees, and based on the initial expected outreach by Partners<sup>9</sup>. Many questions remain unanswered for partners with regards to how to achieve quality at scale. Furthermore, 50% of partners, other stakeholders and donors were of the opinion that the project achieved between 51% and 75% of expected outcomes. (See Table 7 below) Some interviewees also mentioned the importance to manage stakeholders’ expectations and to set realistic targets.*

*Based on project progress reports, the Facility team, fellows and consultants conducted in total 16 technical assistance (TA) assignments to support project partners. A total of 23 new products were designed<sup>10</sup> and 7 existing products were redesigned<sup>11</sup>. Furthermore, 22 new products were tested and 9 products were scaled up. The project recorded 430’669 enrolments to new solutions for low-income people. 340’000 new low-income people enrolled to existing solutions.<sup>12</sup> In March 2019, the project had reached out to 770’669 new clients. This intervention allowed to develop 43 new strategies / processes, conduct 16 organizational changes within partner organizations, and set up 30 distribution partnerships. In March 2019, the number of low-income people who benefitted from changes to existing products and processes amounted to 11’986’096 (14’140 without NHIA). The NHIA project contributed to 99% of this result. (Results measured against key performance indicators as of March 31, 2019 are presented in Annex 10.)*

Based on a short survey conducted by the evaluation (with a participation rate of 77%<sup>13</sup>), overall 57% of survey respondents were very satisfied with the project outcomes in the framework of their specific project activities and 43% were somewhat satisfied. 52% were of the opinion that the intervention achieved more than 76% of expected results, 41% rated the project achievement between 51% and 75%, and 7% between 26% and 50%. For more details regarding the results per stakeholder group, see Tables 6 and 7 below). The survey included a SWOT analysis. (See summary in Annex 7)

ILO (5)

1 = Very dissatisfied	2 = Somewhat dissatisfied	3 = Somewhat satisfied	4 = Very satisfied
0%	0%	20%	80%

Fellows (6)

<sup>9</sup> (See “Recommendation Sheet – Application Summary”: An initial estimated total expected outreach by partners was in total of more than 33’290’000<sup>9</sup> (within 3 years for Kfiya and NHIA having 10.5 million members).

<sup>10</sup> This includes: Crop, Livestock Indemnity, Life, Health, hospital cash, Credit, agriculture index, health enhanced cover, weather index for tea farmers, weather-index bundled loans, hybrid weather index and multi-peril crop insurance, micro-property cover insuring solar light, claims app, authentication solution and mobile renewal.

<sup>11</sup> This includes: Livestock, Area yield index, bundled hospital cash and funeral, increased household cover, PACE assessments and index insurances.

<sup>12</sup> The project did not consistently track gender-related data. Among the 340’000 new low-income people who enrolled to existing solutions - and based on available data - at least 14’607 (3%) were women.

<sup>13</sup> Excluding UNDP representatives who did not take part in the project.

1 = Very dissatisfied	2 = Somewhat dissatisfied	3 = Somewhat satisfied	4 = Very satisfied
0%	0%	33.5%	66.5%
Partners, other stakeholders and donor (16)			
1 = Very dissatisfied	2 = Somewhat dissatisfied	3 = Somewhat satisfied	4 = Very satisfied
0%	0%	53%	47%
Beneficiaries (2)			
1 = Very dissatisfied	2 = Somewhat dissatisfied	3 = Somewhat satisfied	4 = Very satisfied
0%	0%	0%	100%

**Table 6 – Survey results – Question A (“How satisfied are you overall with the project outcomes?”)**

ILO (5)			
0-25%	26-50%	51-75%	76-100%
0%	0%	20%	80%
Fellows (6)			
0-25%	26-50%	51-75%	76-100%
0%	0%	33.5%	66.5%
Partners, other stakeholders and donors (16)			
0-25%	26-50%	51-75%	76-100%
0%	12.5%	50%	37.5%
Beneficiaries (2)			
0-25%	26-50%	51-75%	76-100%
0%	0%	0%	100%

**Table 7 – Survey results – Question B**

**(“To what extent do you consider the project has achieved its expected outcomes?”)**

**Most interviewees mentioned that project interventions were in general successful** considering challenges such as change in regulation, lack of financial and skilled human resources, cultural differences, lack of support of senior management, other in-house departments or industrial stakeholders, technical issues, lack of a procurement component and legal liability protection in contracts with the public sector, and resistance to change. Successful results were supported by the project adopting an effective change management approach, organizational capacity building, a client-centric approach for product development, design thinking, the Design Google Sprint Process, User Centred Design (UCD) and Human Centred Design (HCD) approaches, as well as tools such as the client value assessment tool (PACE).

**During the last year of project implementation, partners achieved most of expected activity-based results.** As mentioned by the project in its last progress report, among other results, the intervention achieved (i) the nationwide launch of the mobile renewal solution by NHIA in Ghana; (ii) APA’s role as a leader of agricultural insurance product in Kenya; (iii) the digitalisation journey taken by Equity Insurance Agency in Kenya; and (iv) the testing of the claims application by CNAAS in Senegal. Partners faced during that year significant challenges, namely change in regulation in Côte D’Ivoire that prevented Barry Callebaut from offering its productivity package; Kifiya’s problems with staff retention and challenges in scaling the crop insurance product without a government subsidy; and MicroEnsure’s challenges in sustaining the Innovation Lab initiative. (See progress narratives in [Annex 8](#))

Most interviewees mentioned that the projects successfully achieved product prototyping using results from the market research and the setup of different digital solutions for insurance renewal, underwriting and claims management. The project successfully developed quality products based on a robust client centric approach and improved efficiency through digital solutions<sup>14</sup>. In some cases, products were not launched into the market further to pilot testing due to unsatisfactory results. The project developed product bundling strategies, communication strategies (in particular for funeral/life insurance), solutions integrated into Partners’ business models and improved strategic partnerships. Interventions also allowed Partners to successfully improve internal processes. Based on converging statements, some interventions under Component III were perceived as less effective as partners would have required additional funding and more organizational capacity.

- In terms of **capacity building events** (See Annex 15), 4 COP events took place between 2016 and 2018 in Nairobi and Abidjan. The project took into consideration geographic, cultural and language preferences, and avoided conducting all meetings in English to also better involve French speaking partners. Furthermore, 15’424 partner’s staff were trained. The project organized an orientation week for fellows and 12 training workshops in Ethiopia, Kenya, Nigeria, Rwanda and Senegal. In Senegal, Nigeria and Kenya, the intervention used a training-of-trainers

<sup>14</sup> (such as reducing operating costs, claims turnaround time and improving product and process relationship across the value chain)



model so that the trainings could be provided by the local colleges on an on-going basis. In total, 15 lessons / cases were documented and 30 knowledge sharing events to the broader community were organized by the Facility. The project organized 5 webinars and published 13 blog posts and 7 emerging insights. One thematic paper and 3 case briefs were also published by the Facility. At the time of the evaluation, based on available information and documents, the Facility was in the process of preparing two additional thematic papers, one study and three case briefs. Based on 12/15 available evaluations for trainings, the project exceeded the expected result of an overall satisfaction rate of 3.5/5 per training with an average satisfaction rate of 4.61. Trainings covered subject matters such as health microinsurance, managing distribution, market research, MFIs, managing partnerships in insurance business, providing insurance responsibly, change management and claims management. Trainings were provided to project Partners, fellows and the broader industry players. While some interviewees mentioned that having an action plan for trainings would be useful, the evaluation found no evidence that the project defined any action plan with participants as initially planned.<sup>15</sup> Furthermore, this KPI<sup>16</sup> was not tracked by the project.

Knowledge products are of good quality and published on the Facility’s website. Several project members expressed their interest in automatically being part of a mailing lists in order to receive updates on the Facility’s publications. Some interviewees mentioned they were not aware that these products were available although they were part of the microinsurance project teams. A few project members were not aware that this was an ILO-AFD project.

➔ In what areas (geographic, components, issues) does the project have the greatest achievements so far? Why and what have been the supporting factors?

*Overall some of the greatest project achievements (mentioned above) are following: 23 new products designed and 7 products redesigned; 22 products tested (including agricultural, credit-linked, health, and mobile products); over 430’000 new clients enrolled to new solutions; adoption of client-centric approach for product development and process redesigns by Partners; formation of public-private partnerships; formation of a community of practice for knowledge exchange; and sharing project lessons through the Facility’s knowledge management platform. Based on desk reviews and several converging statements, the NHIA project intervention in Ghana had the greatest achievements so far. (see below).*

NHIA intervention: Following the official launch in December 2017, the number of renewals over the mobile phone increased exponentially. Only three months after the national launch of the digital solution, between 60% and 70% of all renewals took place over the mobile phone. Given that many members were previously traveling far to the district offices, and queuing in person for up to 11 hours every year to renew membership, the digital solution saved members time and money. Based on the desk review and interviews, some of the supporting factors were following: (i) Perfect solution for the problem at hand identified during the scoping mission and solving more than one problem (avoiding queuing and losing days of work, setting up a validation process reducing fraud and increasing revenue while reducing costs); (ii) Senior buy-in and willingness at the managerial level to get the project done; (iii) NHIA in-house technical capacity; (iv) Successful fellow recruitment with right technical and soft skills<sup>17</sup>; (v) Fellow and mentor acting as catalysts with a good relationship and frequent updates (approximately every two weeks); (vi) Informal discussions and involvement of senior management on a daily basis; (vii) Change mostly led by middle management with the fellow being able to transcend the team as an external force in a very hierarchical context; (viii) robust project management skills, risk management and anticipation; and (ix) paving the way for the future: setting conditions for further development (if additional funds are provided) and more resources (previously involved in renewal registration) available to expand the scheme. As a result, in March 2019, 11’971’956 scheme members were benefiting from this new solution.

Based on several converging statements, in general success of projects notably depended on (i) the level of insurance literacy of low-income people, (ii) an enabling environment including regulatory frameworks for microinsurance products, and (iii) setting the right partnerships to achieve scale. For example, a few interviewees mentioned that depending on different stages of countries and markets, some countries were ready for voluntary products (such as the Philippines) and others were not, notably considering the level of consumers’ insurance literacy and regulatory frameworks.

➔ To what extent can the identified results be attributed to the activities of the Project intervention?

*Based on many converging statements by partners, the quality of market analysis, product design or redesign, set up of digital solutions and process improvements were directly linked to the work provided by the Facility and fellows.*

<sup>15</sup> According to the Procedures Handbook, the project initially planned to evaluate training modules before, during and after workshops. Trainings would have included a pre-assessment, a post-test, a satisfaction questionnaire, an Action Plan, an Action Plan monitoring and impact discussions with participants. The Action Planner was meant to help participants to take the lessons from the course and apply them to their organizations.

<sup>16</sup> See Annex 8: “Output 2.1. Total number of participants trained, percentage of participants that followed through their action plans”

<sup>17</sup> Based on converging statements, it was key to select fellows with the right skills, namely the ability to get along with people, navigate the politics, identify key champions early on and working with them, manage resistance and people blocking the project for different reasons, make success shared success, work with different and multi-disciplinary teams, quickly assimilate situations around them, display diplomacy and be easy to connect and work with, be appreciate by colleagues and stakeholders, and be diligent.



While the project did not track the outcome-based indicator of “Number of practitioners that report improvements in product/process resulting from training activities”, based on interviews, Partners considered that the training provided to fellows positively contributed to the quality of results with regard to product / process improvements in host organizations.

➔ To what extent has the project adapted its approach to specific country contexts? To what extent are the project interventions contributing (or not) to the relevant SDGs and related targets and indicators?

*As mentioned above, based on the project design, the intervention was aligned with relevant SDGs.<sup>18</sup> While the project adapted its approach to its operational environment, country regulations and situation, the project did not engage systematically with government, such as ministries of planning, agriculture, health, labour and employment, regulators, ILO Office in Kenya that reports to ILO CO-Dar es Salaam, UNDP and other UN specialized and international organizations to provide most appropriate solutions in a collaborative way to address the problems at stake in specific countries.*

For example, the United Nations Development Assistance Framework (UNDAF) results areas and outcomes include the following: “By 2022, individuals and communities in Kenya have reduced exposure to risks and are more resilient to disasters and emergencies”. Furthermore, a few interviewees mentioned or agreed with the importance for ILO interventions to be stated in UNDAFs in order to be part of a mutual accountability framework between governments and the UN Country Teams, as this also allows to be aligned with the Paris Declaration on Aid Effectiveness to ultimately best serve target countries and beneficiaries.

➔ To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?

*Between 2015 and 2019, five project progress reports were produced by the project. The project included a dashboard presenting KPIs updated quarterly as well as progress narratives. Based on some converging statement, progress reports proved not to be comprehensive enough and with room for improvement as described below.*

The grant agreement included a table template to allow comparing progress against key milestone. This table was only included in two project progress reports (for 2016 and 2017). Based on interviews, the donor expectations for reports were not always well understood or reflected in progress reports. In this case, based on available information, the project rather focused on the next steps and product to be developed throughout the intervention. Each partner had a workplan that indicated the status of current activities tracked on a quarterly basis. These documents did not include an overview of all activities and deadlines. Based on the desk study and some converging statements, progress project reports did not provide the readers with a comprehensive understanding of the intervention’s progress against expected results, deadlines and baselines, and a swift comparative analysis. The project also did not monitor all key indicators and some important initial learning questions remained unanswered. (See answers to learning questions collected so far in [Annex 11](#)).

Project progress reports also did not include results from event / training evaluations. Training evaluations were conducted on a regular basis across the intervention.

A more robust change management process to initiate, record, assess, approve and resolve project changes was also mentioned as desirable by some interviewees. (For project achievements, please see [Annex 8](#))

Fellows were overall very satisfied with the mentoring and ongoing support provided by ILO, and regarding project monitoring: (i) some fellows were very satisfied with ILO approach of having regular chats during monthly calls rather than a strict follow-up by the organization and were of the opinion that this was the right approach to have in this context; and (ii) other fellows appreciated more follow-up or felt that ILO could have taken a stricter approach providing clearer guidelines and targets to both partner organizations and fellows. Initially, not all fellows were aware that the Fellowship would not be an employer-employee relationship with ILO. A few interviewees suggested fellows should report to host organizations with a dotted line to ILO. Regarding Fellowship reports, they follow different formats. These reports and partner updates did not systematically present (i) their intervention’s specific key performance indicators in addition to the project cumulative dashboard; and (ii) the learning agenda. Several interviewees mentioned that yearly project reports were not shared with fellows. Some of them raised their interest in knowing what information would be required by the donor to best serve the project needs.

It was challenging for the project to systematically disaggregate the data with regards to the outreach of the intervention to women clients as not all project Partners collected this information. Furthermore, gender mainstreaming was not required from AFD and the project had not incorporated the gender component in product design. The project reached out to at least 14’607 new women clients who enrolled to new solutions. This represented 3.3% of total new clients to new solutions. Several interviewees mentioned that the contribution of the project to the

<sup>18</sup> (in particular to SDG 8.10 “Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all”)

inclusion of people with disabilities relies on the health insurance products covering disability risk. No gender-specific indicator was added in the logical framework for this intervention.

#### D. EFFICIENCY OF RESOURCE USE

➔ How well have resources and inputs (funds, expertise, time, etc.) been allocated or used strategically to achieve the expected results?

*The project resources and inputs allocation allowed to achieve most activity-related expected results and to have some flexibility in project interventions where changes were required. Based on several converging statements, while in some projects not all funds were spent (such as for NHIA or Barry Callebaut), other interventions would have benefitted from more funds, in particular under Component III. Several interviewees also mentioned that more funds could have also been allocated to pilot testing and scaling up with lesser focus on product development.*

Based on the Statement of Income and Expenditure<sup>19</sup>, in May 2018, at 73% of the programme implementation period, the project had spent 83% of the approved budget (USD 3'331'553). The project dedicated 69.5% of expenses to Component I through technical assistance to advanced MFIs, 32% to building capacity of MFIs under Component II and 0.8% to support other AFD projects under Component III. The expenses under Component I focused primarily on the Partners selection and fellows matching (37% of expenses under this component) and on product development launch (67%). Pilot testing and scaling up represented 0.2% of these expenses.

At the time of the evaluation, all funds were committed according to the project. The Facility had disbursed all Innovation Grants to Partners, except USD 20'000 to EIA and USD 15'000 to Barry Callebaut. It was planned to disburse the remaining amount to EIA upon receipt of the final report. Barry Callebaut had only spent USD 22'047 of the USD 35'000 disbursed to the partner. After the government banned any productivity project in order to reduce the cocoa production volume and try to stabilize the price of cocoa, Barry Callebaut could no longer offer the productivity package loan with the life insurance component to their farmers in Côte d'Ivoire. Due to this change, Barry Callebaut was no longer allowed to offer the productivity package and the Facility requested the Partner to return funds dedicated to this activity. The Facility planned to reallocate the remaining (USD 27'953)<sup>20</sup> from the Barry Callebaut grant) to produce the knowledge outputs<sup>21</sup> as previously discussed with the donor.

Based on several statements, budget allocation could be improved by (i) taking into consideration the countries where interventions are conducted (levels of costs); (ii) estimating costs based on a more robust project proposal submitted by all partners; and (iii) provide implementing partners with an advanced payment (60%) to avoid delays and the partner having to advance funds. The evaluation found no evidence of a centralized dashboard to monitor the project intervention's allocated and used budget and not all information was available for the desk review.

The project provided limited grant funding (maximum of USD 50'000) to implementation Partners as, according to the project team, direct technical assistance and project management support would be more effective. Based on the desk review and interviews, grant funding was utilised by Partners on activities that could act as a catalyst for future product development cycles, market research, product development, building digital platforms, marketing, web portal and mobile app deployment, training and capacity building.

According to many interviewees, considering the project short timeline and complexity, it would be sound to allocate 5-8 years to implement such an intervention with 3 to 5-year grants. Several Partners mentioned that based, for example, on their 10-year strategic plans, the Facility could perhaps identify the type of skills and specific Fellowship duration required to support Partners. Several interviewees also suggested that prior to the end of the Fellowship programme, they would appreciate re-assessing future needs together with ILO. Based on interviews, Partners would welcome, should there be available funds, longer-term partnerships for more sustainability with eventually the support of several fellows depending on the different expertise required.

In addition to the time of fellows allocated to each host organization, the project also allocated some of their time and expertise to support other AFD projects. In one case the contract of a fellow was terminated and another fellow was appointed to support two host organizations.

➔ Have project outputs been delivered in a timely manner? If not, what are the factors that have hindered timely delivery of outputs?

<sup>19</sup> (31 May 2018)

<sup>20</sup> (USD 15'000 that were yet to be disbursed and USD 12'953 that Barry Callebaut will to return to the Facility)

<sup>21</sup> 2 webinars (one on NHIA and one on agricultural insurance/distribution (USD 3'000) ; 5 Emerging Insights or Blog posts based on the new case briefs that we are writing for each partner (USD 4'500); 1 video on NHIA (USD 10'000-12'000); 1 technical visit to ADEFI as one of the fellows who was supposed to conduct this assignment could not do so and the Facility hired a consultant (USD 1'000-2'000)

*Based on several converging statements, apart from some interventions including NHIA where the project was overall ahead of time, a number of activities were delayed, pending or cancelled due to (i) challenges with priorities within Partner organizations or with their external partners, (ii) technical issues or (iii) other external factors such as elections, drop in crop prices or national emergencies. The project worked around each of these issues although some activities were delayed.*

- To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?

*The project did not factor-in any cost of specific activities, outputs and outcomes to address gender and disability issues. No specific strategy was set to tackle these issues. However, most interviewees displayed strong interest in working with relevant ILO departments, UN and other organizations to address this. This would however require taking into consideration the cost of such activities in the future.*

- To what extent have project resources been leveraged with other related interventions to maximize impact, if any?

*The extent to which project resources have been leveraged with other interventions remained low. As mentioned above, the project worked in collaboration with a similar intervention financed by FSDA and appointed AFD and FSDA project fellows who worked together on some interventions.*

- Has the project reached sufficient scale and depth to justify the donor investment?

*Considering activity-based expected results the project reached or surpassed most of its targets. The project justified donor investment although, based on the desk review, evaluation survey and interviews, the project did not achieve all expected outcomes and did not reach yet sufficient scale. While improvements are possible, overall the project successfully conducted multiple activities under its three components and set the stage for further development to achieve expected outcomes. The intervention adapted to various challenges and constraints while navigating in complex environments.*

## **E. IMPACT ORIENTATION AND SUSTAINABILITY**

- To what extent are the planned results of the project likely to be durable and can be maintained or even scaled up and replicated by other partners after major assistance has been completed?

*The intervention notably achieved successful results in developing quality products and processes, and setting up digital solutions together with partners, integrating a client-centric approach. According to several interviewees, while quality should constantly remain on top of microinsurance providers’ agendas, in order to be sustainable, stronger focus on achieving quality at scale would be expected at this stage for all interventions. Partners could scale up or replicate such intervention provided they have enough internal resources, evolve in an enabling environment and further build capacity to tackle the numerous challenges that remain unsolved.*

At the time of the evaluation, the project reported that 46% out of 30 new products or solutions and redesigned products were scaled with the support of this intervention.<sup>22</sup> Notwithstanding these results, according to several interviewees, the project had not yet achieved the expected level of scale in order to be perceived as satisfactory. Furthermore, the total amount of low-income people enrolled to new solutions (new clients) and low-income people benefiting from changes to existing products/processes (12’448’506) is much lower and reduced by 96% (476’550) without the NHIA intervention. The latter, as mentioned above, contributed to a large extent to this result.

Several interviewees mentioned that the fellow appointed to their organization worked essentially alone on many project components. Some convergent statements suggest to dedicate an internal resource to work with the fellow throughout the project to ensure most effective handover and sustainability of the intervention, in order to avoid putting continuity at stake.

<sup>22</sup> At the time of the evaluation, the project reported that 10 out of 24 new products or solutions were scaled, 5 were at the pilot stage, 5 were at the design stage, and 4 were withdrawn from the market. Regarding the 6 redesigned products, 4 were scaled, 1 was at the pilot stage, and 1 was at the design stage.

Many converging statements mention that a more holistic approach would allow the project to be more sustainable, in order for Partners to operate in an enabling environment. Strengthening national capacity in microinsurance to increase the number of talented and skilled professionals with the right attitude, engaging with governments notably to raise awareness through various techniques such as storytelling, and strengthening regulatory frameworks, as well as raising awareness of low-income populations to increase insurance literacy were perceived as some of the key components serving sustainability. At the time of the evaluation, partners mentioned many challenges and the lack of capacity for scaling up. Many questions remained unanswered regarding effective market development.

→ How effective has the project been in establishing national/local ownership?

*The project did not establish national/local ownership in all of its interventions and did not systematically engage with local and regional offices, government and other organizations to facilitate national / local ownership and aid effectiveness at country levels. The NHIA project for example was able to establish such ownership, working closely with the public sector, supported by strong senior management buy-in. While the Facility concentrated on its network of microinsurance providers and practitioners, there is an opportunity for further engaging with a wider range of key stakeholders at the national level should there be a second phase.*

→ To what extent are the results of the intervention likely to have a long term, sustainable and positive contribution to the SDGs and relevant targets?

*The project did not contribute substantially to relevant SDGs as it did not achieve sufficient scale to do so. However, the intervention allowed to set the stage for product development and innovation life cycle that are required to provide low-income households with relevant means to protect themselves against the effects of risk, and for promoting quality at scale.*

## F. GENDER AND DISABILITY ISSUES ASSESSMENT

Equality of gender is a priority to the ILO. The ILO policy on equality between women and men that is expressed in the Director-General’s Circular no. 564 (1999) calls for integrating gender equality into all aspects of ILO work. Challenges in microinsurance and in specific countries go beyond ensuring an equal number of men and women participating in ILO interventions.

Evaluation interviewees included 45% of women (with 66% of women among ILO interviewees, 50% of women and men among fellows, 33% of women among donors, 100% among beneficiary representatives and other organizations). The CoP meetings included a 45% ratio of women participation. Based on available information for 2/15 trainings, 40% to 60% of participants were women.

While gender was addressed in the project design, the evaluation found no evidence that this question was answered by the project during its implementation. “*What are gender differences and how they can be leveraged to meet needs of men and women?*”.

As mentioned above, most of interviewees encouraged to mainstream gender and disability in future interventions, working with other ILO departments and organizations, and defining tailor-made strategies. The latter should be aligned with existing national strategies and policies, taking also into consideration if project countries have ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Many interviewees are of the opinion that gender related data should be captured and analysed on a systematic basis by insurance providers. While low-income people with disability often lack access to affordable healthcare, for example NHIA is currently tackling the issue of how to most efficiently reach out to disabled people. Handicap International found that (HI, 2009): (i) 66% of people with disabilities never attended school; (ii) 76.8% were unemployed; and (iii) 43.7% said they felt socially isolated.

## G. TRIPARTITE ISSUES ASSESSMENT

The project did not systematically engage with tripartite stakeholders. Based on the desk review and interviews, there is an opportunity to engage more with government beyond the existing Community of Practice and build capacity of governments representatives and regulators should there be a second phase. Employers and employees both benefit from microinsurance products. A few interviewees mentioned or agreed with the importance of getting on board both buyers and producers in global value chains and trade policy makers. Based on existing ILO good practices, tripartite working groups or national advisory boards have proven to be effective in contributing to Aid Effectiveness and convergence activities at the country level.

## H. INTERNATIONAL LABOUR STANDARDS ISSUES ASSESSMENT

International labour standards are legal instruments drawn up by the ILO’s constituents. These standards set out basic principles and rights at work. The ILO-AFD project was aligned with promoting compliance with international labour standards through fostering more productive and decent work by managing risks faced by low-income people, in particular in the informal sector. Hence, the project was aligned with international labour standards, including the ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, adopted by the International Labour Conference at its 86th Session in 1998. “Risk and vulnerability to risk are fundamental causes of underdevelopment” (World Bank 2000, Dercon 2006, Islam 2007) Managing risks of low-income people requires new insurance products, country and institutional capacity in meeting their insurance needs, improving labour conditions and social protection. The project was also aligned with the 2008 Declaration on Social Justice for a Fair Globalization (SJD) that aims at strengthening ILO capacity to promote its Decent Work Agenda and effectively responding to the challenges of globalization.

## 3. CONCLUSIONS

The findings and assessment above lead to the following conclusions:

### Conclusion 1 on relevance and strategic fit

- *The project interventions were consistent with beneficiaries’ requirement and partners’ needs: the intervention provided useful technical assistance such as market research, developing quality microinsurance products and digital solutions in different countries and contexts, organizational capacity building supported by an effective change management approach, and solutions integrated into Partners’ business models and global value chains.*
- *The project adopted a client-centric approach responding to beneficiaries’ requirements.*
- *The Innovation Laboratory implemented action research interventions that served both implementing Partners and the wider Community of Practice including other microinsurance providers.*
- *While the project did not intend to align its intervention to SDGs and financial inclusion, national development plans and DWCPs, its objectives were aligned with some of their targets and to national priorities. The latter included decent work (tackling notably informal sector issues), food security and protecting smallholder farmers from climate variability and social protection.*

### Conclusion 2 on validity of design

- *The Fellowship programme was an appropriate solution to develop implementing Partners’ ability to provide more efficiently quality microinsurance to low-income populations.*
- *A 48-month intervention could not allow the project to tackle all key issues and challenges faced by partners.*
- *The set of indicators monitored by the project did not entail all important indicators in the results framework, in particular at the output and outcome levels.*
- *The target of scaling up at least 6 products did not allow to respond to Partners’ needs to achieve more scale and acquire learning insights on this important topic.*
- *All implementing partners, including those receiving limited technical assistance would require more organizational capacity building and further support (after testing and prototyping products) to notably achieve greater market penetration and client conversion.*
- *Specific strategies to tackle gender and disability issues would allow to be responsive to emerging concerns on this matter and to contribute to ILO policy on equality. Projects should align with ILO policies (notwithstanding donors’ priorities) as an accountable organization.*
- *While it was expected by the project that partners participate in CoP and training events, not all partners perceived the latter as addressing the main issues that hinder the development of quality microinsurance at scale. More tailor-made assistance would be required.*

### Conclusion 3 on effectiveness

- *The project was successful in achieving or surpassing most of its expected results at the activity-level. The intervention included a significant amount of technical assistance assignments, new products, strategies and processes, changes, capacity building activities, and knowledge products that were shared with the wider Community of Practice.*



- *The intervention contributed to rethink existing systems and innovate existing microinsurance solutions in areas such as agricultural, credit-linked, health and mobile products.*
- *By building capacity of partners, the project set the ground to tackle further challenges to achieve outcome-level objectives with notably stronger focus on scaling up.*
- *The project also reached out to a number of low-income people although results were lower than Partners’ initial expectations.*
- *The evaluation cannot indicate the level of achievement at output and outcome levels as the project did not set any targets and did not monitor most of these indicators. Monitoring and reporting at the programmatic level could be improved to best serve all stakeholders involved, including donors based on clear expectations, and existing ILO and project management best practices.*
- *The project had initially planned to define an action plan for training with participants This KPI was not tracked by the project although participants perceived this as useful.*
- *The project did not answer all initial questions in the learning agenda that remained of interest to interviewees.*
- *Should there be a second phase, the formation of public-private partnerships and Community of Practice could be extended to government, regulators, other ILO offices and department, UN specialized agencies and local and international organizations to contribute to Aid Effectiveness and concretely seize opportunities of collaboration to multiply the intervention effects and leverage resources.*
- *The use of techniques and approaches such as empathetic listening story telling<sup>23</sup> could be useful to raise awareness for example among governments and regulators.*
- *Clarifying / revising the role of fellows and reporting lines would allow to better manage their expectations and facilitate their assignment.*

#### **Conclusion 4 on efficiency of resources**

- *This 4-year intervention did not allow to achieve all expected results, in particular at the outcome-level. A 5 to 8-year project with 3 to 5-year grants would allow to achieve more sustainable results based on each partner’s long-term strategy. Project resources and inputs allowed to successfully achieve activity-related expected results. This set the ground for further work to significantly increase the number of low-income people accessing quality microinsurance products while constantly improving services and products via an iterative approach.*
- *Limited technical assistance was not sufficient to respond to all partners’ needs. The project could consider only providing full assistance to partners to avoid investing time and resources in interventions that would not cover all organizations’ needs (as this could lead to abandoning the project due to a lack of organizational capacity, resources and strategic partnerships).*
- *More in-house capacity building would notably allow to engage in the intervention more employees of the host organization on a regular basis.*
- *Partners dedicating a resource to work with the fellow throughout the intervention and ensuring during the due diligence process that potential Partners could dedicate enough resources and time to the intervention would allow better handover and project success and sustainability.*

#### **Conclusion 5 on impact orientation and sustainability**

- *While it is too early to assess the project impact, there are early signs of sustainability in particular in the NHIA project where the intervention set the ground for continued activities with strong buy-in of decision-makers, and in new solutions embedded in Partners’ business models.*
- *The organizational capacity building, notably in adopting a client-centric approach, and setting up relevant digital solutions for further business development will remain, provided the partners have enough resources to dedicate to the continuity of projects and strong senior management support. At the time of the evaluation, some partner organizations lacked resources and capacity to ensure sustainability*
- *A more holistic approach involving tripartite and other relevant stakeholders, providing capacity building at the country level as well as raising awareness and enhancing insurance literacy are key components the Facility could consider for future interventions. This would further contribute to creating an enabling environment and developing a sustainable microinsurance market.*

#### **Conclusion 6 on gender and disability issues**

<sup>23</sup> (See for reference Empathy: Impact Through Storytelling by Art + Marketing: <https://artplusmarketing.com/empathy-impact-through-storytelling-vol-1-1d710a6020a>)

- *The majority of project stakeholders support gender and disability mainstreaming in future interventions independently of donor requirements – notably to be aligned with ILO gender policy.*
- *Setting relevant strategies on these matters, allocating adequate resources, working in close collaboration with other ILO departments and organizations and involving partners at an early stage would be key measures to successfully integrate gender and disability issues.*

## 4. RECOMMENDATIONS

**Recommendation 1 (from conclusions 2, 3,4, 5 and 6) proposes to ILO, partners and donors, to conduct a second phase. Should there be a second phase or a similar intervention in the future: conduct even more thorough due diligence when selecting partners, focus more on quality at scale, provide organizational capacity building to all partners and mainstream gender and disability.** Priority: High / Importance: High / Resource implication: High.

- › *R.1.1. Conduct a second phase in continuity of this intervention. If this is a new intervention, consider designing a 5 to 8-year project (should there be sufficient funding) with 3 to 4-year grants.*
- › *R.1.2. Conduct more thorough due diligence when selecting partners and other stakeholders playing a key role in the project implementation and in achieving quality at scale.*
- › *R.1.3. Project interventions shall be of limited scope<sup>24</sup> to ensure quality at scale (and not only focus on product development / numerous products).*
- › *R.1.4. Provide organizational capacity building to all implementing partners.*
- › *R.1.5. Define systematically an action plan with participants for trainings (and track this specific KPI – see project logical framework / Output 2.1: “Percentage of participants that followed through their training action plans”).*
- › *R.1.6. Encourage Partners to allocate a resource to work closely with the fellow throughout the intervention to ensure smooth handover.*
- › *R.1.7. Towards the end of the Fellowship programme, review Partners’ long-term strategy and decide whether to allocate or not another fellow (based on Partners’ results and commitment and available funds).*
- › *R.1.8. Reconsider if resources allocated under Component III could serve an additional partner under Component I - providing more extensive technical assistance (TA) while reducing the risk that uncomplete TA may lead to unsuccessful outcomes (due to partners’ lack of resources and internal capacity).*

**Recommendation 2 (from conclusion 2, 3 and 4) proposes to ILO, fellows and the donor to improve project design, monitoring and reporting at the programmatic level (notably based on a clear description of donor expectations and ILO / standard project management good practices).** Priority: High / Importance: High / Resource implication: Low.

- › *R.2.1. Formalize templates for project progress reports (produced by the Facility and the fellows) notably based on donor expectations.  
Include project progress against all indicators in the logical framework and against milestones; Include on a systematic basis all learning questions and specific KPIs for all interventions; Include results from previous years in the cumulative dashboard; All progress reports should systematically include financial statements for donors; Share progress reports with fellows for feedback; Include main training evaluation results; collect gender disaggregated data for all activities.*
- › *R.2.2. Develop relevant strategies to mainstream gender and disability and define specific KPIs allowing to track project progress in implementing these strategies.*
- › *R.2.3. Monitor all indicators (in particular at the output and outcome levels), project expenses on a regular basis and timeliness of outputs;*
- › *R.2.4. Clarify / review (i) the roles of fellows to manage their expectations (in all relevant communications in the recruitment process), (ii) objectives with clear targets (including in-house capacity building); and reporting lines.*
- › *R.2.5. Conduct feasibility studies prior to project implementation, stakeholder analysis and regular risk assessment.*
- › *R.2.6. Set up a more robust change management process to initiate, record, assess, approve and resolve project changes and involve donor in changes.*

**Recommendation 3 (from conclusions 3 and 5) proposes to ILO to adopt a systems approach to the intervention providing a coordinated package of assistance (i) within the programme through convergence activities and joint planning, (ii) at the local level with local partners, and (iii) among similar or complementary interventions (for example, to be coordinated by UNDP).** Priority: Medium / Importance: High / Resource implication: Medium.

- › *R.3.1. Align the project objectives (including those related to gender and disability issues) with SDGs, national development plans and DWCPs and include specific KPIs in the logframe (to assess to what extent the intervention contributes to the relevant targets identified by the project).*

<sup>24</sup> (For example, no more than 2 products could be developed as suggested in interviews – when relevant for the project.)

- › **R.3.2.** *Adopt a systems approach to the intervention providing a realistic coordinated package of assistance (i) convergence activities and joint planning in future interventions, (ii) at the local level with local partners, and (iii) among similar or complementary interventions (for example, to be coordinated by UNDP).*
- › **R.3.3.** *Based notably on donor priorities identify relevant ILO departments and offices to liaise with for strengthened collaboration.*
- › **R.3.4.** *Engage with regulators to contribute to setting up a robust regulations framework and define realistic goals the project can achieve. Use story telling techniques<sup>25</sup> if appropriate for awareness raising.*
- › **R.3.5.** *Conduct capacity building activities (notably with government and regulators) at the country level.*
- › **R.3.6.** *Contribute to strengthening insurance literacy together with project Partners and other stakeholders.*

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<sup>25</sup> (See for reference Empathy: Impact Through Storytelling by Art + Marketing: <https://artplusmarketing.com/empathy-impact-through-storytelling-vol-1-1d710a6020a>)

## ANNEXES

Annex 1	Terms of Reference ( <i>Attached to this document</i> )
Annex 2	Inception Report ( <i>Attached to this document</i> )

## ANNEX 3: LIST OF PERSONS INTERVIEWED

N°	Name, title, department, organization
1	Mr. Craig Churchill, Team Leader, <i>Impact</i> Insurance Facility, ILO
2	Ms. Aparna Dalal, Project Manager, <i>Impact</i> Insurance Facility, ILO
3	Ms. Aida Lindmeier, former officer at <i>Impact</i> Insurance Facility, PARDEV, ILO
4	Ms. Alice Merry, <i>Impact</i> Insurance Facility, ILO
5	Ms. Lisa Morgan, <i>Impact</i> Insurance Facility, ILO
6	Mr. Miguel Solana, former officer at <i>Impact</i> Insurance Facility, ILO
7	Mr. Edgar Aguilar, former fellow, Barry Callebaut, <i>Impact</i> Insurance Facility, ILO
8	Ms. Queenie Chow, former fellow, Barry Callebaut, <i>Impact</i> Insurance Facility, ILO
9	Ms. Indira Gopalakrishna, former fellow, Equity, <i>Impact</i> Insurance Facility, ILO
10	Ms. Shilpi Nanda, former fellow, Barry Callebaut, <i>Impact</i> Insurance Facility, ILO
11	Mr. Sarfraz Shah, former fellow, APA, <i>Impact</i> Insurance Facility, ILO
12	Mr. Enock Singoei, former fellow, Kifiya, <i>Impact</i> Insurance Facility, ILO
13	Mr. Laurent Melere, Senior Operations Lead, Financial Systems Unit at Agence Française de Développement (AFD)
14	Mr. Andrew Mwangi, Assistant Manager, Financial Institutions, FSDA
15	Ms. Peris, N. Mburu, Change Management Consultant, FSDA
16	Mr. Manoj Panday, Microsave
17	Ms. Maryse Razafimahazo, ADEFI
18	Mr. Patrick Mommeja, Allianz Afrique
	Mr. Charles Wambua, APA Insurance (Survey only)
19	Ms. Redemta Mwendu Malusi, Beneficiary (claimant), APA / Caritas
20	Ms. Riziki Mbonge, Beneficiary (claimant), APA / Caritas
21	Mr. James Papa, Business Developer Micro, APA Insurance
22	Ms. Liza Mguru, Agri Underwriting, APA Insurance
23	Ms. Leah Mungai, Micor & Livestock Underwriter, APA Insurance
24	Ms. Lucianne Mukuria, Business Developer Micro, APA Insurance
25	Mr. Andres Tschannen, Barry Callebaut
26	Mr. Mustapha Fall, Director General, CNAAS
27	Mr. Omar Diop, Administrative Director, CNAAS
28	Mr. Makhary Diop, IT Manager, CNAAS
29	Mr. Jean Ndour, Claims Services Manager, CNAAS
30	Mr. David C. Muchiri, Associate Director, Bancassurance, Equity Insurance Agency
31	Ms. Regina Mbugua, Regional Manager, Bancassurance, Equity Insurance Agency
32	Mr. Christiano Ong’oa, Bancassurance, Equity Insurance Agency
33	Ms. Flociah Shallo, Finserve
34	Mr. David Francois Waithaka, Finserve
35	Mr. Megeersa Miressa, Kifiya
36	Mr. Richard Leftley, CEO, MicroEnsure
37	Mr. Peter Gross, former manager of the Innovation Lab initiative
38	Mr. Theodore Pantone, former manager of the Innovation Lab initiative, MicroEnsure
39	Ms. Sheila Ngatia, Assistant Country Director & Head of Programme, UNDP Kenya
40	Ms. Jane N. Likimani_Gachanja, Coordination Analyst, Office of the UN Resident Coordinator

(55% male and 45% female interviewees)

Table 8 – List of persons interviewed



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**ANNEX 4: BIBLIOGRAPHY**


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1. “Financing agreement between Agence Française de Développement and International Labour Organization” (CZZ 196601K);
2. “International Labour Organization, Technical Cooperation, Strengthening the role of financial institutions for microinsurance in Africa” Progress Reports for years 1, 2, 3 and 4 (draft);
3. “Change Management to Achieve Impact with Insurance project” Mid-term review commissioned by FSDA, November 2018;
4. “United Nations Development Assistance Framework (UNDAF) 2018-2022”, United Nations Kenya;
5. Community-of-Practice meetings documents including: presentations, CoP attendee lists, meeting agendas and evaluations;
6. Project statements of income and expenditure for 2016, 2017 and 2018;
7. Partner selection process documents:
  - 7.1. AFD Selection process summary;
  - 7.2. Long list of organizations for AFD selections;
  - 7.3. Summary scores of organizations;
  - 7.4. Recommendation Sheet – Application Summary; and
  - 7.5. AFD final selections.
8. Project documents including: project description and learning agendas, workplan and budget, quarterly partner updates, updated KPI dashboards and Fellowship reports:
 

<ol style="list-style-type: none"> <li>8.1. ADEFI;</li> <li>8.2. Allianz;</li> <li>8.3. APA Kenya;</li> <li>8.4. Barry Callebaut;</li> <li>8.5. CIF Vie;</li> </ol>	<ol style="list-style-type: none"> <li>8.6. CNAAS;</li> <li>8.7. Equity;</li> <li>8.8. Kifiya;</li> <li>8.9. MicroEnsure; and</li> <li>8.10. NHIA.</li> </ol>
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9. Project publications :
  - 9.1. “Case brief: Equity Insurance Agency”, Aparna Dalal, Alice Merry and Indira Gopalakrishna, ILO Impact Insurance Facility
  - 9.2. “Case brief: Kifiya Financial Technology”, Aparna Dalal, Alice Merry and Enock Sing’oei, ILO Impact Insurance Facility
  - 9.3. “Case brief: MicroEnsure’s Innovation Lab”, Alice Merry, Queenie Chow and Aparna Dalal, ILO Impact Insurance Facility
10. Training evaluations and lists of participants for two trainings: “Claims Management in Microinsurance”, Nairobi, Kenya, June 11-12, 2018 and ”Make change happen: Getting insurers ready to serve low-income and emerging markets”, Nairobi, Kenya, March 6 and 7, 2019;
11. Project knowledge products: Case briefs, webinars, blog posts and emerging insights. (See [links in Annex 16](#))
12. “Empathy: Impact Through Storytelling” by Art + Marketing: <https://artplusmarketing.com/empathy-impact-through-storytelling-vol-1-1d710a6020a>

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**ANNEX 5: DATA COLLECTION INSTRUMENTS – INTERVIEW PROTOCOL & SURVEY**


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**EVALUATION CRITERIA AND QUESTIONS:**

*The evaluation addresses the following ILO evaluation criteria (based on the OECD-DAC evaluation criteria) as defined in the ILO Policy Guidelines for results-based evaluation, 2017. A complete set of questions by each criterion is outlined below:*

*Relevance and strategic fit*

- ▶ To what extent are the objectives and the interventions of the project consistent with the beneficiaries' requirements and relevant to partners' needs?
- ▶ To what extent does the project align to national priorities in project countries?
- ▶ To what extent is the project relevant to Decent Work for Africa and project countries DWCPs?
- ▶ To what extent did the project objectives and interventions consider relevant SDGs targets and indicators?
- ▶ How responsive was the project design to national development plans and SDGs?
- ▶ To what extent does the project complement and fit with other ongoing ILO and other partners' interventions?

*Validity of design*

- ▶ Was the intervention an appropriate solution to the development problem at hand? Does it target the main causes of the problem?
- ▶ To what extent is the results framework appropriate, given ILO and AFD expectations?
- ▶ To what extent are the indicators described in the project document appropriate and useful in assessing the project's progress?
- ▶ To what extent are the project design (objectives, outcomes, outputs and activities) and its underlining theory of change logical and coherent?
- ▶ To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to (i) gender and non-discrimination and (ii) inclusion of people with disabilities?
- ▶ How realistic were the risks and assumptions upon which the project logic was based?
- ▶ Were the indicators designed and used in a manner that they enabled reporting on progress under specific SDGs and indicators?

*Effectiveness*

- ▶ To what extent have the expected outputs and outcomes been achieved or are likely to be achieved in relation to its results framework or operational objectives?
- ▶ In what areas (geographic, components, issues) does the project have the greatest achievements so far? Why and what have been the supporting factors?
- ▶ To what extent can the identified results be attributed to the activities of the Project intervention?
- ▶ To what extent has the project adapted its approach to specific country contexts? To what extent are the project interventions contributing (or not) to the relevant SDGs and related targets and indicators?
- ▶ To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?

*Efficiency of resource use*

- ▶ How well have resources and inputs (funds, expertise, time, etc.) been allocated or used strategically to achieve the expected results?
- ▶ Have project outputs been delivered in a timely manner? If not, what are the factors that have hindered timely delivery of outputs?
- ▶ To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?
- ▶ To what extent have project resources been leveraged with other related interventions to maximize impact, if any?

- ▶ Has the project reached sufficient scale and depth to justify the donor investment?

*Impact orientation and sustainability*

- ▶ To what extent are the planned results of the project likely to be durable and can be maintained or even scaled up and replicated by other partners after major assistance has been completed?
- ▶ How effective has the project been in establishing national/local ownership?
- ▶ To what extent are the results of the intervention likely to have a long term, sustainable and positive contribution to the SDGs and relevant targets?

## Description of data collection instruments:

*The main data collection instruments used in this evaluation are following: project data, semi-structured questionnaires, key informant interviews and focus group discussions. The evaluation also included a short survey including a SWOT analysis that was distributed to interviewees.*

code	Evaluation questions	Criteria	Sources	Method Interview (individual / groups) = I Document review = DR, Survey = S)	Interview / Protocol Questions	Group protocol
REL1	To what extent are the objectives and the interventions of the project consistent with beneficiaries' requirements and relevant to partners' needs?	Relevance and strategic fit	i) Partner organizations and beneficiaries; ii) ILO HQ technical department; and iii) ILO project team	I / DR	To what extent has the project responded to beneficiaries' needs?  Do you feel that your needs have correctly been understood and addressed? (Y)  How well did the programme respond to partners' needs?	V-W-X-Y
REL2	To what extent does the project align to national priorities in project countries?	Relevance and strategic fit	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	To what extent do project objectives contribute to accelerating progress toward national priorities?	V-W-X
REL3	To what extent is the project relevant to Decent Work for Africa and project countries DWCPs?	Relevance and strategic fit	ILO HQ technical department and project team	I / DR	How well does the project respond to Decent Work for Africa and project countries' DWCP priorities?	V-X
REL4	To what extent did the project objectives and interventions consider relevant SDGs targets and indicators?	Relevance and strategic fit	ILO HQ technical department and project team	I / DR	To what extent did the project objectives and interventions consider relevant SDG targets and indicators?	V-X
REL5	How responsive was the project design to national development plans and SDGs?	Relevance and strategic fit	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	How well is the project design aligned with national development plans and SDGs?	V-W-X
REL6	To what extent does the project complement and fit with other ongoing ILO and other partners' interventions?	Relevance and strategic fit	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	Does the project complement other ILO or other partners' interventions? If yes, how?	V-W-X
VD1	Was the intervention an appropriate solution to the development problem at hand? Does it target the main causes of the problem?	Validity of design	i) Partner organizations and beneficiaries; ii) ILO HQ technical department; and iii) ILO project team	I / DR	What project activities and tools tackle best the problem at hand and its related causes? Which ones were less useful, and why?	V-W-X-Y
VD2	To what extent is the results framework appropriate, given ILO and AFD expectations?	Validity of design	ILO HQ technical department, donor and project team	I / DR	How well does the results framework reflect ILO and AFD expectations?	V-W-X
VD3	To what extent are the indicators described in the project document appropriate and useful in assessing the project's progress?	Validity of design	ILO HQ technical department and project team	I / DR	To what extent did the project track indicators described in the project document?  Were these indicators appropriate and useful for assessing the project's progress?	V-X
VD4	To what extent are the project design (objectives, outcomes, outputs and activities) and its underlining theory of change logical and coherent?	Validity of design	ILO HQ technical department project team	I / DR	To what extent are the project design and its underlining theory of change logical and coherent?	V-X
VD5	To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to (i) gender and non-discrimination and (ii) inclusion of people with disabilities?	Validity of design	ILO HQ technical department and project team	I	Did the project face any emerging concern with regards to gender, disability and diversity? If yes, how well did the project tackle such concerns?	V-X
VD6	How realistic were the risks and assumptions upon which the project logic was based?	Validity of design	ILO HQ technical department and project team	I / DR	To what extent were the risks and assumptions identified by the project realistic? Did the project need to revise them?	V-W-X
VD7	Were the indicators designed and used in a manner that they enabled reporting on progress under specific SDGs and indicators?	Validity of design	ILO HQ technical department and project team	I / DR	Did the project monitoring framework integrate specific SDG related indicators? Did the project collect such data? If not, why?	V-X
EFF1	To what extent have the expected outputs and outcomes been achieved or are likely to be achieved in relation to its results framework or operational objectives?	Effectiveness	ILO HQ technical department and project team	I / DR	Has the project achieved all its expected outputs and outcomes, based on its results framework or operational objectives? If not, why?	V-X
EFF2	In what areas (geographic, components, issues) does the project have the greatest achievements so far? Why and what have been the supporting factors?	Effectiveness	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	What are the project greatest achievements? What have been the key success factors?	V-W-X
EFF3	To what extent can the identified results be attributed to the activities of the Project intervention?	Effectiveness	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	To what extent did the project contribute to identified results, and how?	V-W-X
EFF4	To what extent has the project adapted its approach to specific country contexts? To what extent are the project interventions contributing (or not) to the relevant SDGs and related targets and indicators?	Effectiveness	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	How did the project adapt its approach to the specific country contexts?  To what extent does the project harness SDGs?	V-W-X
EFF5	To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?	Effectiveness	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	How well was the project designed, monitored and implemented?  Did the intervention contribute to gender equality and non-discrimination, and to inclusion of people with disabilities?	V-W-X
EFFIC1	How well have resources and inputs (funds, expertise, time, etc.) been allocated or used strategically to achieve the expected results?	Efficiency of resource use	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	How well has the project efficiently managed its resources?	V-W-X
EFFIC2	Have project outputs been delivered in a timely manner? If not, what are the factors that have hindered timely delivery of outputs?	Efficiency of resource use	i) Partner organizations and beneficiaries; ii) ILO HQ technical department; and iii) ILO project team	I / DR	Were outputs delivered in a timely manner? If not, why?	V-W-X

EFFIC3	To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: (i) Gender equality and non-discrimination? (ii) Inclusion of people with disabilities?	Efficiency of resource use	ILO HQ technical department and project team	I / DR	To what extent did the project budget factor-in the costs of gender, disability and diversity related activities?	V-X
EFFIC4	To what extent have project resources been leveraged with other related interventions to maximize impact, if any?	Efficiency of resource use	ILO HQ technical department and project team	I / DR	How did the project connect the dots with other initiatives to leverage project resources and enhance the impact of the intervention? How well did it work?	V-X
EFFIC5	Has the project reached sufficient scale and depth to justify the donor investment?	Efficiency of resource use	i) Partner organization; ii) ILO HQ technical department; and iii) ILO project team	I / DR	How much scale and depth did the intervention achieve? Does it justify donor investment?	V-W-X
IS1	To what extent are the planned results of the project likely to be durable and can be maintained or even scaled up and replicated by other partners after major assistance has been completed?	Impact orientation and Sustainability	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	To what extent is the intervention likely to be sustainable or could be scaled up and replicated after the project has ended?	V-W-X
IS2	How effective has the project been in establishing national/local ownership?	Impact orientation and Sustainability	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I / DR	To what extent has the project established national/local ownership, and how?	V-W-X
IS3	To what extent are the results of the intervention likely to have a long term, sustainable and positive contribution to the SDGs and relevant targets?	Impact orientation and Sustainability	i) Partner organizations; ii) ILO HQ technical department; and iii) ILO project team	I	To what extent is the intervention likely to contribute positively to SDGs and relevant targets on the long-term?	V-W-X
SWOT	What went well and further will?	General / SO	i) Partner organizations, donor and beneficiaries; ii) ILO HQ technical department; and iii) ILO project team	I / DR / S	What went well and further will? / What will remain?	V-W-X-Y
SWOT	What went ill and can change / further will (if issue not tackled)?	General / WT	i) Partner organizations, donor and beneficiaries; ii) ILO HQ technical department; and iii) ILO project team	I / DR / S	What went ill and can change / further will (if issue not tackled)? / What major risks did the project take into consideration and should if a second phase takes place?	V-W-X-Y
LL	Which lessons learnt at the country level could serve similar interventions in other countries?	General / LL	i) Partner organizations and donor; ii) ILO HQ technical department; and iii) ILO project team	I / DR	Which lessons learnt at the country level could serve similar interventions in other countries?	V-W-X
GP	What good practices could be replicated in other ILO / country projects or programmes?	General / KM	i) Partner organizations and donor; ii) ILO HQ technical department; and iii) ILO project team	I / DR	What good practices could be replicated in other ILO / country projects or programmes?	V-W-X

Table 9 – Data collection plan worksheet

**INTERVIEW PROTOCOL:**

**INTERVIEW PROTOCOL:** Key questions for (V) ILO HQ - (W) Partner organizations, other relevant stakeholders and donor - (X) Project team - (Y) Beneficiaries

code	Interview / Protocol Questions	Group protocol
REL1	To what extent has the project responded to beneficiaries' needs? Do you feel that your needs have correctly been understood and addressed? (Y) How well did the program respond to partners' needs?	V-W-X-Y
REL2	To what extent do project objectives contribute to accelerating progress toward national priorities?	V-W-X
REL3	How well does the project respond to Decent Work for Africa and project countries' DWCP priorities?	V-X
REL4	To what extent did the project objectives and interventions consider relevant SDG targets and indicators?	V-X
REL5	How well is the project design aligned with national development plans and SDGs?	V-W-X
REL6	Does the project complement other ILO or other partners' interventions? If yes, how?	V-W-X
VD1	What project activities and tools tackle best the problem at hand and its related causes? Which ones were less useful, and why?	V-W-X-Y
VD2	How well does the results framework reflect ILO and AFD expectations?	V-W-X
VD3	To what extent did the project track indicators that are defined in the project document? Were these indicators appropriate and useful for assessing the project's progress?	V-X
VD4	To what extent are the project design and its underlining theory of change logical and coherent?	V-X
VD5	Did the project face any emerging concern with regards to gender, disability and diversity? If yes, how well did the project tackle such concerns?	V-X
VD6	To what extent were the risks and assumptions identified by the project realistic? Did the project need to revise them?	V-W-X



VD7	Did the project monitoring framework integrate specific SDG related indicators? Did the project collect such data? If not, why?	V-X
EFF1	Has the project achieved all its expected outputs and outcomes, based on its results framework or operational objectives? If not, why?	V-X
EFF2	What are the project greatest achievements? What have been the key success factors?	V-W-X
EFF3	To what extent did the project contribute to identified results, and how?	V-W-X
EFF4	How did the project adapt its approach to the specific country contexts? To what extent does the project harness SDGs?	V-W-X
EFF5	How well was the project designed, monitored and implemented? Did the intervention contribute to gender equality and non-discrimination, and to inclusion of people with disabilities?	V-W-X
EFFIC1	How well has the project efficiently managed its resources?	V-W-X
EFFIC2	Were outputs delivered in a timely manner? If not, why?	V-W-X
EFFIC3	To what extent did the project budget factor-in the costs of gender, disability and diversity related activities?	V-X
EFFIC4	How did the project connect the dots with other initiatives to leverage project resources and enhance the impact of the intervention? How well did it work?	V-X
EFFIC5	How much scale and depth did the intervention achieve? Does it justify donor investment?	V-W-X
IS1	To what extent is the intervention likely to be sustainable or could be scaled up and replicated after the project has ended?	V-W-X
IS2	To what extent has the project established national/local ownership, and how?	V-W-X
IS3	To what extent is the intervention likely to contribute positively to SDGs and relevant targets on the long-term?	V-W-X
SWOT	What went well and further will? / What will remain?	V-W-X-Y
SWOT	What went ill and can change / further will (if issue not tackled)? / What major risks did the project take into consideration and should if a second phase takes place?	V-W-X-Y
LL	Which lessons learnt at the country level could serve similar interventions in other countries?	V-W-X

**Table 10 – Interview / protocol questions**

**SURVEY:**→ *ENGLISH VERSION*

INDEPENDENT FINAL EVALUATION: ILO-AFD – Strengthening the role of financial institutions for microinsurance development in Africa (ILO project code: RAF/14/05/FRA)

Document to be distributed and collected at the end of meetings

What is your role in the project? (Please mark your answer with a cross)

- ILO staff (Project staff, HQ technical department)
- Fellow
- Donor representative
- Partner organization
- Other project stakeholder
- Beneficiary representative

A. How satisfied are you overall with the project outcomes? (Please mark your answer with a cross.)

1 = Very dissatisfied	2 = Somewhat dissatisfied	3 = Somewhat satisfied	4 = Very satisfied

Comments:

B. To what extent do you consider the project has achieved its expected outcomes?

0-25%	26-50%	51-75%	76-100%

Comments:

C. Please provide any additional comment in the SWOT table below:

STRENGTHS (S)	WEAKNESSES (W)
OPPORTUNITIES (O)	THREATS (T)

Thank you for your participation!

→ *FRENCH VERSION*

EVALUATION INDEPENDANTE FINALE : PROJET OIT-AFD Renforcer le rôle des institutions financières dans le développement de la micro-assurance en Afrique (RAF/14/05/FRA)

Document à distribuer suite aux entretiens

Quel est votre rôle dans le projet ? (Veuillez marquer d'une croix votre réponse.)

- Personnel de l'OIT (Equipe de projet ; Département technique, Siège Genève)
- Donateur
- Organisation partenaire
- Autre partie prenante du projet
- Bénéficiaire

A. Dans quelle mesure êtes-vous satisfait(e) des résultats du projet ? (Veuillez marquer d'une croix votre réponse.)

1 =Très insatisfait(e)	2 = Assez insatisfait(e)	3 = Assez satisfait(e)	4 = Très satisfait(e)

Commentaires :

B. Dans quelle mesure le projet a-t-il atteint selon vous les résultats escomptés (dans le cadre des activités auxquelles vous avez participé) ? (Veuillez marquer d'une croix votre réponse.)

0-25%	26-50%	51-75%	76-100%

Commentaires :

C. Veuillez fournir tout commentaire supplémentaire dans le tableau SWOT ci-dessous :

STRENGTHS (S) / FORCES	WEAKNESSES (W) / FAIBLESSES
OPPORTUNITIES (O) / OPPORTUNITES	THREATS (T) / RISQUES

Nous vous remercions de votre participation !

## ANNEX 6: MISSION SCHEDULE

ILO-AFD Project Stakeholders			
Organization	Category	Person attending	Email
ADEFI (Madagascar)	Partner	Maryse Razafimahazo	Maryse.RAZAFIMHAZO@adefisante.org
Allianz Afrique (France)	Partner	Patrick Mommeja Neeraj Maheshwari	patrick.mommeja@allianz.fr EXTERN.MAHESHWARI_NEERAJ@ALLIANZ.COM
APA Insurance (Kenya)	Partner	Charles Wambua	charles.wambua@apainurance.org
Barry Callebaut (Cote D'Ivoire)	Partner	Andres Tschannen	andres_tschannen@barry-callebaut.com
CNAAS (Senegal)	Partner	Moustapha Fall	moustapha.fall@cnaas.sn
Equity (Kenya)	Partner	Ken Kiboro David Muchiri	Kenneth.Kiboro@equitybank.co.ke david.muchiri@equitybank.co.ke
Kifiya (Ethiopia)	Partner	Megerssa Miressa	mmiressa@kifiya.com
MicroEnsure (Kenya)	Partner	Richard Leftley	richard.leftley@microensure.com
MicroEnsure (Former managers of the Innovation Labs initiative)		Peter Gross Theodore Pantone	petergross@gmail.com theodorepantone@gmail.com
NHIA (Ghana)	Partner	Dr. Selby	baaba.selby@nhia.gov.gh
AFD (France)	Donor	Laurent Melere	melerel@afd.fr
FSD Africa (Kenya)	Donor	Paul Musoke Andrew Kabucho	paul@fsdafrica.org andrew@fsdafrica.org
Impact Insurance Fellow - APA	Fellow	Sarfraz Shah	sarfrazshah25@gmail.com
Impact Insurance Fellow - Barry Callebaut	Fellow	Edgar Aguilar	edgar.aguilar.pe@gmail.com
Impact Insurance Fellow - Kifiya	Fellow	Enock Singoei	enocsingoei@yahoo.com
Impact Insurance Fellow - MicroEnsure	Fellow	Queenie Chow	queenie.chow@microensure.com
Impact Insurance Fellow - Equity	Fellow	Indira Gopalakrishna	indira.gopalakrishna@gmail.com
Impact Insurance Fellow - NHIA	Fellow	Shilpi Nanda	shilpi.nanda@gmail.com
Impact Insurance Facility	Facility	Aida Lindmeier	lindmeier@ilo.org
Impact Insurance Facility	Facility	Alice Merry	merry@ilo.org
Impact Insurance Facility	Facility	Aparna Dalal	dalal@ilo.org
Impact Insurance Facility	Facility	Lisa Morgan	morgan@ilo.org
Impact Insurance Facility	Facility	Miguel Solana	solana@ilo.org
Impact Insurance Facility	Facility	Craig Churchill	churchill@ilo.org

Table 11 - List of stakeholders provided by the project

Phone or Skype calls with interviewees who were not based in Kenya or who were not in Nairobi during the evaluation field mission were scheduled between 27 May and 7 June 2019 and between 17 and 19 July 2019. The schedule for the field mission in Kenya is described below.

Dates / Deadlines	Activities
8-30.05.2019	Inception phase
23.05.2019	Briefing session
27.06-07.07.2019	Stakeholders interviewed by Skype and phone
10-14.07.2019	Evaluation mission in Kenya
30.04.2019	Stakeholders interviewed by Skype and phone
15.07.2019	Draft evaluation report (deadline 1)
29.07.2019	Final evaluation report (deadline 2)
31.08.2019	Evaluation Manager submits revised report to EVAL

Table 12 - Evaluation schedule

*Strengthening the role of financial institutions for microinsurance development in Africa  
Independent Final Evaluation Mission Itinerary*

<b>Visit to Kenya, 10 - 14 June 2019</b>
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<b>▶ June 10, Monday</b>
--------------------------

- |                 |   |
|-----------------|---|
| • 7:00 – 7:15   | Meeting with APA staff                              |
| • 7:15 - 11:30  | Departure from Nairobi and travel to Kitui (175 km) |
| • 11:30         | Arrival in Kitui                                    |
| • 12:30 - 13:30 | Meeting with Caritas representatives                |
| • 14:30 - 15:30 | Meeting with beneficiaries                          |
| • 16:00 - 20:00 | Departure from Kitui and travel to Nairobi.         |

<b>▶ June 11, Tuesday</b>
---------------------------

- |               |   |
|---------------|---|
| • 09:00-11:00 | Meeting with Equity Insurance Agency project team   |
| •             | <i>Meeting with Riziki claimants (requested) – Cancelled. No claimant was available for this meeting.</i> |

<b>▶ June 12, Wednesday</b>
-----------------------------

- |               |   |
|---------------|---|
| • 09:00-13:00 | Meeting with APA project team   |
| •             | <i>Meeting with Mr. Kiereini Kirika, Regional Director for East Africa, MicroEnsure (tentative schedule) – Cancelled (no answer from Mr. Kirika despite several follow-ups by the evaluator, MicroEnsure and ILO)</i> |
| •             | <i>Meeting with Mr. Ted Pantone, former Manager of the Innovation Labs initiative within MicroEnsure (tentative schedule) – Replaced by interview by Skype</i>  |

<b>▶ June 13, Thursday</b>
----------------------------

- |                 |   |
|-----------------|---|
| • 15:00 – 16:00 | Meeting with UNDP Assistant Resident Representative |
|-----------------|---|

<b>▶ June 14, Friday</b>
--------------------------

- |                 |   |
|-----------------|---|
| • 09:00 – 10:00 | Meeting with APA senior management                    |
| • 10:00 – 12:00 | Meeting with APA project team                         |
| • 14:30-15:30   | Meeting with Financial Sector Deepening Africa (FSDA) |

**Table 13 - Mission schedule**



ANNEX 7: SWOT Analysis (Summary)

STRENGTHS (S)	OPPORTUNITIES (O)
<ul style="list-style-type: none"> <li>▶ <b>ILO’s expertise on inclusive insurance.</b> - Expertise and availability of support from the ILO team. - Good understanding of the African insurance market and how to reach out to the different stakeholders. Trust of the industry in the ILO. Capacity to deliver quality without a conflict of interest (compared to consulting organizations). - Collection of knowledge and expertise at one place and sharing it.</li> <li>▶ <b>Fellow model was quite effective.</b> - The Fellows’ experience from other markets is brought to the organization, thus we learn. - Knowledgeable individuals bringing in new perspectives, years of experience, international experience, skills and approach to operations and business in general. - Having a fellow based within the host organization gave clarity to ILO Impact Insurance Facility and a more precise / realistic picture of execution and implementation of projects. It also made it easy for the host organization to collaborate - As a fellow I learnt a lot on InsurTech platforms. - Good Fellow/Mentor relationship. - Exchanging among fellows.</li> <li>▶ <b>Good model.</b> – Financial support / Funding. - Hands on involvement. - Coordination and follow up. - Flexibility to adjust project objectives. - Partner solution was satisfactory given what the project has achieved. - Public-private partnerships. - Crop Insurance public private partnership Model. - Capacity for a project to bring together various local partners. - Good relationship with the government agencies</li> <li>▶ <b>Project diversity and products addressing market needs: weather index, livestock products, health and life products.</b> - <b>Quality of ILO’s marketing works and surveys.</b> - Digital product in a market with growing technology adoption. - Product development - Client centric processes. Better pricing for the product. - The project has done especially well on one product (the project focused on); we achieved our objective. - Technology ability to onboard customer into insurance scheme.</li> <li>▶ <b>Capacity brought our organization to new levels.</b> - Structures and processes have been set for business growth and impact on the society. - Change management approach: a great tool.</li> <li>▶ <b>Senior management buy-in and willingness at the managerial level to get the project done.</b> - <b>In-house technical capacity and support.</b> - Powered by the partner / brand which has recognition and effective and efficient working ways. - CEO has big ambition, will attitude and commitment in providing innovative financial solutions to low income people. - Patience from the partner to get things started despite political changes in the Board.</li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>Create partnerships both regionally and locally.</b> - <b>Market development in terms of creating new heads and partners.</b> – Capacity for ILO to approach local administrations, public/private distributors. - Governments and regulators are more aware on how insurance can be useful to help achieve public policy objectives. - Lobbying for changes in regulatory space to increase insurance penetration. - Contribute to the new initiatives formed by the stakeholder in the industry. This would definitely result in increased microinsurance penetration. - To interact with other key partners who have been in the industry, in an effort to bring general improvements into the industry – Input that would result in increasing microinsurance penetration into the market, hence increasing outreach.</li> <li>▶ <b>Creation of awareness with regard to insurance.</b> - Increased awareness of micro insurance in the region and among insurers – Rising incomes in the region may increase demand for products.</li> <li>▶ <b>The Fellowship programme was also a good opportunity for young professionals to get into the field of microinsurance</b> and get “on-the-ground” experience. I believe this program has “created” a number of microinsurance professionals subsequent to the program. - Longer term opportunities for ex-fellows with ILO. - Build on previous cohorts of fellows.</li> <li>▶ <b>Providing training to partner organizations.</b> – <b>Develop a continuous relationship with partner organizations to guarantee continuity and sustainability.</b> - Ability of partners to use ILO to market and leverage products and scalability of other to greater heights. - Share white papers and best practices. - To include more tailor-made capacity building techniques in future projects. - To train more with governments and develop capacity at country level.</li> <li>▶ <b>Microinsurance is still unexplored and its potential is eminent.</b> - The industry in Africa is more open to test new products for new market segments. - To do more in the mass market space and in emerging markets – Climate change crop and livestock. - No commercial products and the risk facing smallholder/low income communities is huge. - Quality of the local networks/connections. - Several downstream opportunities e.g. on data and digital innovations. - Flexibility and convenience offered by digital platforms. - Opportunity to upscale from loyalty to paid-up policies reaching out to more clientele. – There is a broad market and opportunities for future product development. - Below 2% insurance penetration means there is huge room for growth. - Big market around 800’000 cocoa farmers in Côte d’Ivoire and many distribution partners. - The pre piloted products - The PPP established in Ethiopia. - More public private partnerships such as NHIA to achieve universal health coverage. - Time to deliver new products as market is familiar with insurance and they trust them. - The partner now has the chance to deploy employees who were previously involved in renewal in registration to increase the overall number of members and expanding the scheme. The solution saves time and money. - Opportunity to use this efficiency gains to make the scheme operations even better. - There is so much more that can be done off the back of what we have started, but additional funding is needed for such projects. - ILO could continue helping by giving technical assistance based on existing weaknesses of partners, but would need additional funding to do so.</li> <li>▶ <b>Opportunity to combine this approach with lessons learnt from other projects,</b> e.g. the importance of change management approach. - Continue to use similar model to support projects, with improvements based on learnings from AFD project and others.</li> </ul>
WEAKNESSES (W)	THREATS (T)

WEAKNESSES (W)	THREATS (T)
<ul style="list-style-type: none"> <li>▶ <b>Integration with other programs including other ILO interventions.</b> - More interaction with ILO to drive performance. – ILO to leverage its brand to improve product and awareness. - Limited capacity of ILO to contribute to launch concrete pilots/operational business. – Project progress reporting.</li> <li>▶ <b>Cultural differences</b> especially where the fellow is of a different culture. - Some Partners had <b>misaligned expectations for the Fellowship model.</b> They thought they were getting consultants. - <b>Shortage of time for the Fellowship</b> / too short in time for Fellows. – <b>Handover</b> before fellows left was not smooth – Making available an inhouse resource to the fellow to the entire period to ensure we maximize on ILO.</li> <li>▶ <b>Limited time frame – Stipend too low to be a viable proposition</b> - Inadequate / low resources. - Funding for product development and marketing drive. - If monetary funding (even if little) was given to this project, ILO Impact Insurance Facility would have greater influence in how the products developed become. - Limited project implementation timeframe – it doesn’t provide for unexpected scenarios that take much of the project time.</li> <li>▶ <b>Some projects did not reach expected scale.</b> - Too much focus on product design and less on business development. - Linked to productivity package, limiting scale. - Project has dragged slowly more than it should have due to our systems communication with our provider. We have been able to overcome this though. - Ability to translate some of the designed products to the market - High price tag.</li> <li>▶ <b>Limited internal capacity for partner organization on product design and implementation of commercial microinsurance products.</b> - Information gaps between the product development team and market needs and requirements. – Training or capacity building was minimal. – More knowledge sharing with all members of project teams. - Building a cohort of high-calibre professionals who go on to have a big impact on the sector.</li> <li>▶ <b>Lack of regulatory framework for microinsurance products.</b> - The regulator has limited capacity to buy in to new innovative ideas. - Infrastructural challenges from the terrain. - Lack of local development partner support.</li> <li>▶ <b>Institutional support</b> was lukewarm from the top in some cases. - Limited ownership of microinsurance initiative by other senior management team a part from the CEO. – (Lack of) long-term engagement with good partners which were able to achieve significant outcomes in terms of product launches, operational changes, scale etc. - Sometimes limited involvement of the staff directly in the projects relying too much on the fellows.</li> <li>▶ <b>There is so much more that can be done</b> off the back of what we have started, but additional funding is needed for such projects.<sup>26</sup> - Limited focus on inclusion in terms of gender, disability etc.</li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>The recruitment and matching</b> of host process took a very long time (almost 6 months; not always perceived as a very competitive process).</li> <li>▶ <b>Resistance to change</b> especially when one has to change the processes Partners are used to. - Internal systems and procedures which frustrate fellows.</li> <li>▶ <b>Sustainability of the micro insurance teams in the long run.</b> - Projects stalling from exit of the fellow.</li> <li>▶ <b>Employee turnover</b>- The organization has a huge turnover. Key microinsurance team members leaving the organization means rebuilding skills again. - Ability to retain staff or hire qualified staff to fulfill fellows’ roles.</li> <li>▶ <b>Internal capacity</b> for running well integrated InsureTech platforms. - The opportunities presented are not seized due to lack of capacity of internal know-how.</li> <li>▶ <b>To avoid mismatched expectations</b> by ensuring realistic projections in terms of scale, <b>or longer-term projects in order to reach greater scale.</b></li> <li>▶ <b>Partnership and project challenges.</b> - Involve new partners and not deliver the value offered and break the trust built. Without ILO role, insurance companies can maybe increase the price? Not deliver the value offered at the beginning? - Organization project diversity can be a threat to the microinsurance department. The management might have a tendency to focus on others quick income generating products. - Diminished funding. - Lack of controls and enforcement on CCC validations would weaken intervention if not addressed in 2019. - Successful upgradation of the biometric solution is imperative for better claims controls else danger of increasing claims burden. - Full-fledged technology usage (not properly using it per the plan). - System challenges that led to a high number of customers not upselling. - Low awareness about insurances. – Climate change challenges and getting affordable models. – Other insurance companies. - Regulatory hurdles.</li> <li>▶ <b>How to consolidate and apply the lessons</b> that come out of these experience to the general industry and governments in the region.</li> </ul>

Table 14 – SWOT analysis

## Annex 8 – Project Progress against expected results

<sup>26</sup> (Examples are: Mining the new data stream generated through automation of renewal and also the claims authentication; Actuarial analysis of the above and understanding any differences between the genders, geographical area etc.; Metrics to help senior management make data-driven and timely decisions. It is unclear if the partner has the capacity to do the above given that everyone else is engaged in other business as usual.)

- ✓ Achieved or exceeded
- Work in progress (WIP) or no target (NT)
- Not achieved
- N/A not applicable

1	<b>OUTCOME 01:</b> Increase the resilience of informal low-income populations to shocks through better access to a range of quality microinsurance products distributed by Partners (MFIs and other intermediaries)	Number of low-income people with better access to microinsurance who are clients of selected Partners (MFIs and other intermediaries).	<ul style="list-style-type: none"> <li>▪ “Number of low-income people enrolled to new solutions (new clients)” – 430’669</li> <li>▪ “Number of new clients reached (new or existing clients)” – 770’669, namely 3% of the initial expected outreach as defined in the initial project descriptions</li> </ul>
1.1	<b>Output 01.01.</b> Innovation laboratory: Stimulating innovation through technical assistance to advanced Partners, to promote quality at scale.	Participation rate in the Innovation Lab and Community of Practice activities	<ul style="list-style-type: none"> <li>▪ COP1: 36 attendees (39% women); COP2: 36 attendees (39% women) and COP3: 21 attendees (31% women) In total participants; In total 111 attendees (39% women)</li> <li>– (The evaluation found no evidence that the project tracked the participation rate (in %) of partners in Innovation Lab and Community of Practice activities)</li> </ul>
		Number of knowledge products produced and activities organized,	<ul style="list-style-type: none"> <li>▪ In total, 15 lessons / cases were documented and 30 knowledge sharing events to the broader community were organized by the Facility. The project organized 5 webinars and published 13 blog posts and 7 emerging insights. One thematic paper and 3 case briefs were also published by the Facility. At the time of the evaluation, based on available information and documents, the Facility was in the process of preparing two additional thematic papers, one study and three case briefs.</li> <li>▪ The Facility also organized an orientation week for fellows, 3 COPs, 5 webinars and 12 training workshops in Ethiopia, Kenya, Nigeria, Rwanda and Senegal. In Senegal, Nigeria and Kenya, the intervention used a training-of-trainers model so that the trainings can be provided by the local colleges on an on-going basis.</li> </ul>
		% increase in website visits and page views related to project’s knowledge products	<ul style="list-style-type: none"> <li>– The project reported on the Blog and Emerging Insights views reported in progress reports without however mentioning the % increase in website visits (not available) and page views. The rate of page views varies between a decrease of 50% to an increase of 185%.</li> </ul>
1.1.1-1.1.5	<b>Activities</b> 01.01.01. Six to eight Partners pilot at least 12 new products and scale up at least half of them 01.01.02. Partners answer key learning questions through action research projects 01.01.03. Peer learning through a practitioner learning group results in better skills among partners and more insightful lessons 01.01.04. 20 knowledge products (papers, webinars, case briefs, bitesized lessons) based on lessons from Partners	Innovation Lab plan produced	✓ Done
		Map of Innovation Lab tools and products produced	<ul style="list-style-type: none"> <li>✓ Products reported in each progress report under Partner update table:</li> <li>▪ Number of new products designed = 23 (no available target)</li> <li>▪ Number of existing products redesigned = 7 (Ibid)</li> </ul>
		Due diligence and partner selection process completed	✓ Done
		Strategic review completed with all innovation partners	✓ Done
		Market research and segmentation completed with all innovation partners	✓ Done. Reported under Partner updates in progress report.

	01.01.05. Eight new fellows with developed skills available to support microinsurance development	At least 15 other technical assistance assignments (process mapping, partnership development, pricing, technology, marketing, distribution) completed with innovation partners	✓ Number of TA assignments provided to partners by Facility team and consultants - 16
		At least 12 new products or refined products piloted	✓ Number of new products tested - 22
		At least 6 products scaled up	✓ Number of products scaled-up - 9
		At least two face to face peer exchange activities successfully conducted (satisfaction rate of at least 3.5 in scale of 1 to 5; 5 as highest)	✓ 3 COP meetings organized with satisfaction rates of 4.51 for COP1, (information not available for COP2), and 4.69 for COP3
		CoP launched via face to face event, and event documented	✓ 3 COP meetings organized
		At least two webinars for CoP members conducted	✓ 5 webinars and 30 knowledge sharing events organized for a broader community
		Five thematic briefs produced	<ul style="list-style-type: none"> <li>▪ One thematic paper and 3 case briefs were also published by the Facility. At the time of the evaluation, based on available information and documents, the Facility was in the process of preparing two additional thematic papers, one study and three case briefs. (Number of lessons/cases documented = 15)</li> </ul>
		Ten emerging insights produced	<ul style="list-style-type: none"> <li>▪ The project produced 7 emerging insights</li> </ul>
		Learning agenda questions and method of lessons extraction	<ul style="list-style-type: none"> <li>▪ Reported in Progress report for 2018 – Not all initial learning questions have been answered. See Annex</li> </ul>
2	<b>Outcome 2:</b> Address the main issues that hinder the development of quality microinsurance products at scale and enhance capacities in SSA through trainings and dissemination of knowledge from lessons learned.	Number of practitioners that report improvements in product/process resulting from training activities	<ul style="list-style-type: none"> <li>– N/A (information not available)</li> <li>▪ The project replaced this indicator by the “Number of changes made within organizations” =16</li> </ul>
2.1	<b>Output 2.1.</b> Capacity building for Partners in other markets	Total number of participants trained	<ul style="list-style-type: none"> <li>▪ Number of partner's staff trained = 15'424</li> <li>– <i>Number of total number of participants trained not available</i></li> </ul>
		Percentage of participants that followed through their training action plans	– <i>The evaluation found no evidence of any action plan set systematically by the project for trainings.</i>
1.2.1-1.2.3	<b>Activities</b> 02.01.01. 150 professionals from more than 50 Fis and other private actors trained on how to improve microinsurance offerings 02.01.02. Expanded training curriculum, also adapted for a blended delivery with e-learning components 02.02.03. At least 50 government and other relevant stakeholders reached through ten targeted L&A sessions in six countries	One training module developed/updated and piloted in focus countries	<ul style="list-style-type: none"> <li>✓ 12 training workshops</li> <li>✓ Workshops conducted in Ethiopia, Kenya, Nigeria, Rwanda and Senegal – covering 3/7 project countries</li> <li>– Number of FIs and other private actors trained not available</li> <li>– No evidence that the project trained at least 50 government and other relevant stakeholders reached through ten target L&amp;A session in six countries (see description of activities – 2.2.3)</li> </ul>
		The training module transformed for e-learning platform	○ <i>This has not been done.</i>
		At least one stakeholder meeting organized in each focus country with each meeting having an attendance rate of at least 70%	– N/A (information not available)
		At least five training of providers and channels in six intense focus countries conducted with at least 15 participants per training and overall satisfaction of 3.5 per training (in scale of 1 to 5; 5 as highest)	<ul style="list-style-type: none"> <li>▪ KPIs were not systematically tracked by the project. However, some information could be found in the project progress reports (trainings delivered were reported in each progress report narrative. The gender balance was not systematically tracked.</li> <li>✓ 15 training workshops</li> <li>▪ Claims management = 10 participants Change management = 5 part. // Average satisfaction rate was high : Claims management = 4.83 and Change management = 5.</li> </ul>

			<ul style="list-style-type: none"> <li>▪ Further to the request of the evaluator for the lists of participants and training evaluations, documents were only made available by the project for 2/15 trainings (see above) for the desk review. The project then shared additional lists of participants and evaluations for 10 other trainings after the draft evaluation report had already been submitted. These 10 other trainings also had an overall satisfaction rate above 3.5.</li> <li>▪ Based on 12/15 trainings: (i) the average satisfaction rate was of 4.61 and (ii) 59% had at least 15 participants.</li> </ul>
2.2	<b>Output 2.2.</b> Support to other projects	Number of practitioners in AFD projects that report improvements in products/processes resulting from evaluations or new technical inputs	<p>– N/A</p> <p>(According to the project, based on this KPI the project tracked the “Number of low-income people benefiting from changes to existing products/processes – 11’986’096 (including NHIA) or 14’140 (without NHIA)</p>
2.2.1	6 additional AFD projects benefit from evaluations or new technical inputs	At least six additional technical assistance assignments completed with other AFD partners	<p>✓ This was changed to 3 partners - CIF Vie, ADEFI and Allianz Afrique.</p>

Table 15 – Project progress against expected results



Objective #	Key Milestones	Status as of 2015	2016	2017	2018	End of Grant	Results & Comments
			Target at period end	Target at period end	Target at period end	Target at period end	
1	Issue innovation grants to conduct market research, test product benefits (product design), price, access and administration (processes and customer experience)						
2	Publish research papers identifying key attributes of microinsurance that create value for clients and generate evidence on how microinsurance changes client behaviors around risk management, investment and health care ‘seeking’						
3.	Issue and manage grants to test different microinsurance partnership and delivery models. Monitor key business processes						

**Table 16 – Table for progress against targets, status and results for each milestone**

This table has not been systematically used in project progress reports

→ **Component I: Innovation Laboratory**

**APA INSURANCE:** APA is a leader in agricultural insurance in Kenya and has been focusing on a number of new products for farmers offered in partnership with a range of aggregators across the agricultural value chain. Following is a summary of products and partnerships that APA is currently implementing.

- APA leads the pool of insurers that are implementing the Kenya Agriculture Insurance Program (KAIP). KAIP is an area yield index insurance product with 50% subsidy from the Govt of Kenya. During 2018, approximately 340'000 farmers were insured under the program in 21 counties.
- As it has been challenging to convince tea factories to pay for the group cover that was designed during our project with APA, APA has initiated dialog with the State Department of Agriculture to include the tea crop in the KAIP program. If this succeeds, farmers/tea factories will enjoy the 50% subsidy and there is a strong chance that the product could be tested in the market.
- An agriculture product comprising of weather index-linked crop insurance and multi-peril crop insurance was bundled with loans offered by Equity Bank. The pilot was successful but APA received no claims. Equity Bank felt that the coverage under weather-index was limited. APA is now offering agriculture portfolio cover to Equity Bank that will cover all the farmers taking crop loans under Equity Bank's agriculture portfolio across the country. The agreements have been signed and the cover will start from long rains in 2019.
- APA has an ongoing partnership to offer a hybrid weather index product to sorghum farmers. It has insured 1'000 farmers so far and hopes to double this number this year.
- A micro-property cover for solar equipment is being offered in partnership with Azuri. The product has reached to Ksh 4 Million premium covering 11'000 customers.
- The area yield index products introduced with WFP has doubled from 4,800 farmers (2017) to 10'000 farmers (2018). Claims have been paid for KSh 60 Million in 2018 and Ksh 1.2 Million in 2019.
- One of the partnerships operating at scale is with One Acre Fund (OAF). APA offers hospitalization cash cover to approximately 100'000 farmers who are members of OAF. The partnership is between APA, MicroEnsure and OAF. Farmers are enrolled when they apply for a loan from OAF. A farmer, his spouse and a child are covered for Ksh 10'000 per annum. In case a farmer or family member is hospitalized for two nights or more, the insurance will pay him Ksh 5000. The maximum claim per family is two claims per year. This product is interesting as it is covering risks that farming households face that go beyond agricultural risks. Often products offered to farmers only cover crop or weather risks.

Next steps:

- APA is exploring new partnerships with Safaricom's Digifarm initiative (crop insurance) and ETA an integrated agriculture supply chain. The ETG pilot will involve bundling an area-yield index insurance product with the fertilizer bag.
- APA plans to offer property cover for shops including stock and hospitalization cash for shop owners and insurance for tablets provided by Dukamili to shopkeepers. Dukamili is a technology provider that aims to connect the entire supply chain from manufacturer to the retailer. It aims to connect 300'000 Duka (small shops) directly with distributors and financial institutions. The pilot will begin in June 2019.
- APA also plans to partner with an app-based cab service provider to offer a bundled product covering hospital cash/last expense/personal accident for its drivers and customers. Pilot will kick off in June 2019

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**BARRY CALLEBAUT:** Barry Callebaut provided life insurance to 627 farmers (1254 lives covered) in 2017 as part of the first-year pilot. The underwriting process with the insurer, SAHAM, faced challenges because of the delay in sending the contracts to farmers and also because SAHAM refused to insure farmers more than 70 years old. This meant that Barry Callebaut acted as the de-facto insurer as it collected the premium and ended up paying two claims in 2017.

Barry Callebaut was exploring a credit life product to implement with SAHAM for their Productivity Package. The idea was that BC could pay the premium for this credit life product and only ask farmers to pay the premium for the life product. However, after two consecutive pilots and lots of challenges with SAHAM, Barry Callebaut received a new offer from another insurance company (SUNU) in 2018. The new offer included a bigger coverage for the same premium amount. The life insurance covered now four family members (wives and children) instead of only one wife. SUNU also offered a digital solution for the underwriting and claims processes in order to overcome our previous challenges in the field.

The fellow identified a local marketing company and asked for a new communication strategy for the productivity package, including the life insurance. The marketing consultants conducted two field missions and came up with an interesting communication strategy. They designed a whole concept and brand for the productivity package in order to increase the adoption of the package and better offer the product in the rural market. *Unfortunately, this strategy had to be changed. The Government banned any productivity project in order to reduce the cocoa production volume and try to stabilize the price (not best solution in our view) of cocoa, which was falling. Barry Callebaut could no longer offer the productivity package loan with the life insurance component to their farmers.* As cocoa farmers are expecting to get access to loans, Barry Callebaut gave its whole portfolio to Advans (a microfinance institution). Advans is now managing the loan on behalf of Barry Callebaut. Hence, the partnership set up for the insurance component had to be reviewed. SUNU had to work directly with Advans. SUNU needed to integrate the underwriting process into Advans' operational procedures, and manage this new partnership.

As a result, Barry Callebaut was able to provide life insurance to 5,569 farmers (27,845 lives covered) in 2019 through this partnership with Advans and SUNU. Barry Callebaut is considering ways to offer the insurance product without the productivity package as linking it to the package means that it can only offer the product to farmers that borrow. One option would be to bundle insurance with the certification process that all farmers need to go through. This is being considered but is still in early stages.

Next steps:

There is a solid collaboration between Barry Callebaut, Advans, and SUNU. They will keep improving the product features based on client experience. SUNU will also integrate digital solutions to better manage underwriting and claims processes. This was already designed but was not implemented because SUNU had to readapt their procedures to deliver the product through Advans. SUNU is also exploring a hospital-cash product as there is an increasing demand for health insurance solutions. They are already testing this product with other partners and will come up with an offer for Barry Callebaut clients.

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**CNAAS:** The project is focusing on improving the processes for rice farmers. CNAAS rice insurance scheme in River Valley in the Northern Senegal is the biggest product line in their books. It contributes to close to 80% of total annual premium collected. It is the most profitable product with a claim ratio of around 40%. This product is distributed by the local financial institutions bundled to their credit products for rice financing. The National Extension Service Agency (SAED) is the main actor building the relationship among all actors in order to finance rice farmers and delivers trainings and advisory services for the rice farming. However, only 49% of total rice farmers get access to credits through a financial institution, and are hence insured. 17% farmers are financed by value chain actors (agro-processing companies or big scale farmers), but are not insured. And 33% do not get access to any type of credit and are hence not insured.

Despite the good infrastructural support, the rice insurance scheme faces a lot of challenges ranging from: long underwriting and claims processes, manual subscription, inspection and loss assessment methodologies, partnership management, high admin cost, delay in claim settlement (up to over 60 days) and limited farmer and partners trust on product and product related processes. These challenges were identified and documented during the field study conducted by fellows (Enock and Edgar). Summarizing these issues CNAAS has challenges in delivering their promise at the right time.

This led to a recommendation for development of a complete underwriting and claims management platform. Based on resources, CNAAS needs, and prioritization, the team selected development of Claims management mobile and Web application with possible future expansion of the system to include subscription, premium collection and underwriting modules. The app offers capacity to CNAAS and partners to handle claim operations in an effective, efficient, paperless and transparent way.

The development adopted both User Centred Design (UCD) and Human Centred Design (HCD) approaches in design and development. UCD looked into understanding CNAAS app users, claims activities and claim ecosystem. The user partners were involved through the design and development. HCD looked into the value of innovation to farmers by understanding how it will reduce claims turnaround time and improves product and process relationship across the value chain.

From August to December 2018, SAED extension officers and CNAAS local agents used the claims app and could experience the innovation. Users could share their challenges related to the use of the claims app. These challenges were addressed by the CNAAS IT Manager and the international consultant who helped with the design of the claims app. Two trainings were organised to collect users experience and present the improvements of the claims app. At this stage, CNAAS can provide to their agents a well-adapted solution. IT Manager knows how to manage the claims app from end-to-end.

Next steps:

CNAAS is looking to expand this solution to other regions and crops. They would also like to integrate the underwriting process into the mobile application. However, this will require the participation of the microfinance institutions that are lending to farmers and offering CNAAS insurance products and additional funding.

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**EQUITY INSURANCE AGENCY** EIA is working on its digitalization strategy to provide better access to products through digital channels and improve internal operations and implemented a number of activities during the last 24 months. In terms of new products, a freemium mobile insurance product (Riziki) was piloted with 900'000 mobile customers in January, 2018 and further scaled to all Equitel mobile customers in June, 2018. EIA is solving tech issues that are affecting payments. It is working on the tech upgrade to allow all 9 million Equity Bank customers to buy the paid product. The auto debit facility, that will allow customers to set a monthly debit facility instead of remembering to pay is in UAT.

A public-private partnership with NHIF went live in July 2018, which saw EIA being allowed to offer an enhanced version of NHIF Supa Cover to registered groups (Chamas, MSMEs and Corporates). In the first 5 months, 17 groups have been placed on cover. This partnership is currently on hold due to issues raised by IRA (Insurance Regulator) and change of NHIF's top management. EIA is collaborating with NHIF, IRA and top health insurers to design a collaborative backend solution without changing the customer facing parts of the product that was launched earlier.

A partnership has been formed with a digital provider, e-Bima, to offer all insurance products through an online portal that can be accessible to both clients and agents. The motor insurance module is set to go live in June 2019, there have been delays due to the complexity of system integrations.

A pilot for weather index-linked crop insurance product bundled with loans was run with around 250 farmers, in collaboration with IFPRI. A project for area yield index-linked crop insurance product bundled with loans was run in 15 counties in collaboration with the Government (Kenya Agriculture Insurance Program) and APA as the insurer.

On the digitization and change management activities, a new incentive structure plan has been implemented for the entire sales staff working in the Equity branches. This plan was piloted in 2018 and is being re-launched in 2019. Simultaneously, KPIs for HO staff has been re-designed to make them quantifiable and transparent. The core system called Turnquest has been overhauled to be able to support future digitization integrations. Further, some internal processes have been decentralised and digitized to increase efficiencies such as printing of the motor insurance certificate. Also, the project to on-board around 30’000 Equity Bank Agents to sell insurance has been put on hold due to strategic discussions. Lastly, EIA plans to expand operations to four countries in East Africa, starting with Uganda.

Next steps:

Riziki – EIA is solving tech issues that are affecting payments and working on the tech upgrade to allow all 9 million Equity Bank customers to buy the paid product. The auto debit facility, that will allow customers to set a monthly debit facility instead of remembering to pay is in UAT.

Eazzy Insure – Project teams are collaborating to launch the online motor insurance module in June, 2019. Contract is ready for sign-offs. UATs are slated to begin by the 3rd week of April.

NHIF- EIA is collaborating with NHIF, IRA and top health insurers to design a collaborative backend solution without changing the customer facing parts of the product that was launched earlier.

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**KIFIYA:** The crop index and livestock index products have continued and efforts are being made to gradually scale them up. Technical changes were made to the crop index insurance product, which was relaunched as a hybrid NDVI and area yield index product. Kifiya also made changes to its distribution strategy, which it focused on just two channels – ATA clusters at district level and smallholder seed producer cooperatives. The newly designed product was part of what convinced these two strong channels to distribute the product. Seed cooperatives can more easily pay premiums on behalf of their members who wish to sign up, with members then repaying the premium amount when they sell their seeds. In addition, Kifiya changed the incentives scheme to increase incentives for front line staff. Finally, two more insurance companies joined the scheme and the scheme is exploring a possible subsidy from the Global Green Growth Initiative (GGGI). GGGI is conducting a survey on “capacity to pay and willingness to pay” to decide the size of subsidy that farmers need. It is expected that some form of premium subsidy will be available for the 2020 crop season.

Despite these important changes made to the product and distribution strategy, sales in 2018 have been lower than previous seasons with 909 policies sold (355 to women and 554 to men), compared to 2,300 sales in 2017. Kifiya believe demand was partly suppressed by good rains this year, as well as by the fact that the sales campaign started late. This was partly delayed by changes in the participating insurers. The CEO of one of the main insurance partners, EIC, changed and it was more difficult to engage with them. In addition, more work was needed to integrate the two new insurers who had joined. This year there were no rain, disease or pest problems and no claims pay-outs were made.

The livestock insurance sales continue, with 3,367 sales in 2018 (1,415 to women and 1,952 to men), compared to 2,900 in 2017. Kifiya is waiting on its application for a mobile money licence. If granted, it plans to introduce mobile money payments from agents to the insurers and for claims pay-outs. The January/February 2019 sales window for livestock insurance concluded with sales of 1,622 policies (567 female and 1055 male) and sum insured of ETB 9’000’384 and premium of ETB 916,050.

The product design for the health product is complete and will include inpatient and outpatient cover. With Milliman’s inputs, the product has been simplified. The final pricing will be provided in May and the product launch is planned for June 2019. The delay was due to challenges with paying consultants due to foreign exchange shortage in Ethiopia. The product will be distributed through Kifiya’s MFI and agents (in the first year, it will be sold through five branches, each with ten in-branch agents and five additional agents that operate outside the branch). The product will be available on a one-off purchase basis or through instalments provided on credit through Kifiya’s MFI.

Bereavement products for Iddirs (funeral societies) and customer facing (individual funeral cover) are still planned. However, Kifiya have decided to delay the products due to the demands of running the current products and introducing the health product. The concept for the livestock indemnity for highland farmers is complete but further product development is on hold while the health product is launched.

The team previously lost one important member of staff (Meseret) and has more recently also lost Mohammed. In addition, the team has been restructured. Megerssa is now the only full-time member of staff working on microinsurance. He is placed in the digital financial services team which has three areas – microinsurance, mobile money and the MFI. The staff in the team work together but Megerssa is nonetheless having to take on a great deal of work previously carried out by other microinsurance team members.

Next steps:

1. Continue efforts to scale up existing products
2. Launch health product
3. Integrate mobile money to livestock product if license is granted
4. Determine premium subsidy amount for crop insurance

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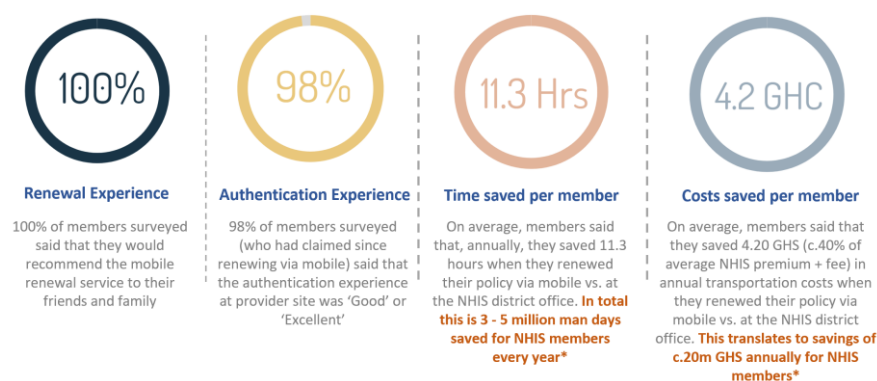
**MICROENSURE:** During the project, MicroEnsure experimented with distribution channels, most notably a digital market place and direct agents. Similar models were tested by the Innovation Labs team across different countries – namely Kenya, Ghana, Philippines and India. Several lessons have been gathered on how to recruit, train and incentivize direct agents that would be useful for the broader industry. In particular, such direct agents sales model gained traction in Ghana and have ultimately been transferred under the management of the business-as-usual team.

In Kenya, a new “all-risk” cover was designed that covers 12 risks including life, accident, critical illness, fire, mobile phone theft. Due to the comprehensiveness and complexity of the cover, it was decided to offer this to employers (as a staff benefit) but this proved to be challenging as employers were more interested in being WIBA compliant (Workmen Injury Benefit Act - workers protection) than offering additional protection to their employees. Whilst including WIBA protection made the product more attractive, only few employers signed on. The amount of group business made with this product was not sufficient to cover the salary of the agent. Moreover, the Board did not see great improvement in sales, and the product is to be withdrawn.

The fellow helped set up an Innovation Lab team within the Philippines by applying the lessons learnt in Kenya, such as using a design sprint methodology to quickly prototype and test new products. The team explored partnerships with online retailers, mobile health providers and telecom operators with support from the fellow. At the departure of the fellow, a product targeting SME named “Buko” was developed. This is a bundled product which includes hospital cash, telemedicine, health food discounts / complementary relaxation massage which addresses the market gap of young entrepreneurs in Manila.

The fellow graduated in August 2018 and since then MicroEnsure has dissolved the Innovation Labs team and moved the innovation and product development functions within the country offices. Part of the reason was to better integrate the innovation function with the business-as-usual team as ongoing support had to be provided by the country teams in order for products to become sustainable. We also felt that there was significant pressure to make the pilots achieve scale and become sustainable quickly without investment of adequate time and resources. These pressures made it challenging to sustain the specialised the innovation function. Most of the members of the Innovation Lab in Kenya have left MicroEnsure since our project ended.

**NHIA:** In 2017, the Facility, with support from AFD, started a partnership with the NHIA to digitize the renewal process, allowing members of the National Health Insurance Scheme (NHIS) the option to renew their membership digitally on their mobile phones. The aim of the project was to make the process more user-friendly and efficient. Secondly, the project planned to put in place the related systems for membership and identity verification at the healthcare providers. The mobile renewal and non-biometric authentication solutions were piloted in two districts: Asuogyaman, a medium-sized peri-urban district in the Eastern region of Ghana, and West Mamprusi, a large and relatively rural district in Northern Ghana. During the pilot, a survey was conducted with 300 members who used the mobile renewal service. This was followed by two focus group discussions with members. This research revealed the impact of the new solution on members, who benefited from reduced expenses and time taken to renew their cover (see graphic below: *Impact on members’ experience (based on a survey conducted with 300 members who used the NHIS mobile renewal service during the pilot)*)



**Figure 2 – Impact on NHIA members’ experience**

Interviews were also conducted with staff and provider representatives. A key learning from the pilot was that the USSD authentication solution, whilst sufficient for small and medium-sized facilities, was not fit for purpose for larger facilities e.g. primary and secondary hospitals. Originally, this was the only interface available, but after the pilot NHIA made the authentication solution available through other interfaces, including an android application, a web portal and integration with health management information systems.

National roll-out of the mobile renewal and non-biometric authentication processes began in November 2018. It took NHIA only six weeks to train more than 15’000 NHIA, government and healthcare provider staff and to deploy digital authentication at nearly 3,500 healthcare facilities. This was possible due to the strong district and regional workforce and systems at NHIA’s disposal. In December 2018, the Vice President of Ghana, Hon. Dr Mahumudu Bawumia, launched the solution as part of NHIA’s 15-year anniversary celebrations. By the end of the year, the mobile renewal process was live in all districts in Ghana. Since launch, the number of renewals over the mobile phone has increased exponentially. After only three months since the national launch, between 60% to 70% of all renewals are taking place over the mobile phone. From the NHIA’s perspective, this solution is a game-changer, increasing revenue through the simple renewal process that uses mobile payments, reduction in leakage that is chronic in cash-based collection systems, reducing claims through better alignment of interests between NHIA and healthcare providers, and reducing expenses by reducing ICT costs for the scheme.

#### Next Steps:

- Enforce stricter claims code validation at all claims processing centres.
- Link legacy data to new data generated from project's implementation to drive more timely and actionable insights
- Continue education and awareness campaign via district staff and refocus efforts on new member registration
- Accelerate efforts to integrate with Nia Ghana card to open new member registration to mobile channel
- Implement more wide-reaching policy reform to bring scheme back to full sustainability.

#### ➔ **Component III: Support to other microinsurance pilots**

**ADEFI SANTE:** At the time of the evaluation, this project intervention had not achieved all its targets as the project was on hold. In March 2017, a consultant from ThinkWell and the fellow at AXA conducted an evaluation of ADEFI. Summary results were shared with ADEFI. One of the critical issues raised by the evaluation was around data (understanding what the data system held and then how to use it to monitor the claims and other experience of the scheme. The project proposed to create a dashboard of actuarial KPIs to continuously monitor the scheme. The objective

was to set this up, train Adefi Sante on the usage of it for them to continue using this tool. Due to unforeseen circumstances and resource constraints, as one of the fellows who was supposed to support them could not anymore do so, activities supported by the project were suspended. Based on recommendations provided by the project, the partner hired a Deputy Operations Officer, in charge of Development and Marketing, and also worked on setting up and developing a new Management System at the time of the evaluation. At the time of the evaluation, activities were on hold and Adefi Sante was expecting additional funding for technical support to move forward.

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**Allianz:** *The intervention included a market research and the design of a health microinsurance product. Allianz required further support from ILO to solicit partners for product distribution, help them implement a product launch strategy, and set up processes to manage this product. Allianz not only required theoretical marketing skills but also robust project management skills. The company did not pursue the intervention, notably due to a financial proposal for additional consultancy fees perceived as too costly taking into consideration a number of risks that such product launch entails.*

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**CIF-VIE:** *This project intervention has successfully achieved all its targets. In March and April 2017, fellows from Barry Callebaut and Sunu (FSDA project) conducted a market research in and outside the capital. The Facility also carried out a client value assessment (using the Product, Access, Cost and Experience (PACE) tool) in order to improve CIF VIE’s offer of voluntary projects. One of the products on family protection was not well suited to the target (in terms of age, insurance coverage and duration). Furthermore, the product was difficult to sell due to the fact that many low-income people are not literate. The product was hence simplified to be better understood by the target. The communication was also adapted the target and presented as a solution to “what could happen to people’s loved ones in case they would no longer be there”.*



## Annex 9 – Cumulative Dashboard

Indicators	Explanation	Q4 2016	Q1 2017
<b>Project-level indicators (capture for all)</b>			
New products designed			
Existing products redesigned			
Products tested			
Products scaled-up			
Number of low-income people enrolled to new solutions (new clients)*	New product introduced since the project started		
Number of those who are women			
Number of low-income people enrolled to new solutions (existing clients)	Existing clients that buy any new products		
Number of those who are women			
Number of TA assignments provided to partners by Facility team and consultants	E.g. Ksharing/CM diagnostic workshops internal and external		
Change management strategies developed			
Changes made within organisation	E.g. implementing a new role		
Number of partner's staff trained	Include internal and external trainings		
Number of distribution partnerships set up			
Number of lessons/cases documented	E.g. IIR case brief		
Number of knowledge sharing events to broader community	E.g. APA presenting project in IMC in Sri Lanka		
<b>Product-level KPIs (new/revised products)</b>			
<b>Product description</b>			
Product type	Health/life/agriculture/accident etc.		
Is the product voluntary (as opposed to bundled or mandatory)? (yes/no)			
If bundled, please state with what product	E.g. farming supplies, loan		
Government subsidised or supported (yes/no)	Government subsidised, or offered through a government channel with their support etc.		
Does the product make use of digital technology? (yes/no)			
<b>Product KPIs (once product is implemented)</b>			
Estimated target population			
Number of insured			
Number of active policies			
Number of renewed policies			
Number of potential renewals			
Number of claims reported			
Number of claims rejected			
Number of incurred but not reported claim			
Total number of claims paid:			
Number of claims paid within 0 to 7 days			
Number of claims paid within 8 to 30 days			
Number of claims paid within 31 to 90 days			
Number of claims paid within more than 90			
Net Income Ratio			
Net Income Ratio (non-extraordinary income)			
Incurred Expense Ratio			
Incurred Expense Ratio (before extraordinary expenses)			
Incurred Claims Ratio			
Operating Margin			
Renewal Rate Ratio			
Coverage Ratio			
Claims Rejection Ratio			
Variations to previous year in Number of Insured (= Growth Ratio)			

Table 17 – Initial Cumulative Dashboard with KPIs



<b>Indicators</b>	<b>Total 2018</b>	<b>Total 2019</b>
Number of new products designed	23	23
Number of existing products redesigned	6	7
Number of new products tested	13	22
Number of products scaled-up	4	9
Number of low-income people enrolled to new solutions (new clients)	92,185	430,669 (products)
Number of those who are women (new clients)	14,505	14,607 (not captured by all Partners)
Number of new low-income people enrolled to existing solutions (new clients)	200,000	340,000
Number of low-income people benefiting from changes to existing products/processes	15,640	11,986,096 (includes NHIA)
Number of TA assignments provided to partners by Facility team and consultants	14	16
Number of new strategies/processes developed	43	43
Number of changes made within organisation	13	16
Number of partner's staff trained	422	15,424
Number of distribution partnerships set up	21	30
Number of lessons/cases documented	9	15
Number of knowledge sharing events to broader community	22	30

**Table 18 – Cumulative Dashboard with KPIs**  
(Comparison with previous year added)

Annex 10 – KPIs Dashboard for all projects (as of March 31, 2019)

Indicators	Total	Kifiya	Kifiya Details	EIA	EIA Details	APA	APA Details	BC	Barry Calebaut Details	CNAAS	CNAAS Details	ME	ME Details	NHIA	NHIA Details
Number of new products designed	23	4	Crop, Livestock indemnity, Life, Health	4	Equitel hospicash - RIZIKI SATISFY- A Risk Contingent Credit Product KAIP - agriculture index NHIF - enhanced cover	6	Weather-index for tea farmers; Weather-index bundled loans for Equity, AYI WFP; hybrid weather index and MPCI for sorghum farmers; micro property cover insuring solar light, OAF hospital cash	1	Productivity package (life insurance)	1	Claims app	5	Fearless, Fuser, pharmacy, digital marketplace, All-risk cover	2	Authentication solution and mobile renewal
Number of existing products redesigned	7	1	Livestock	0		3	Area yield index with R4, bundled hosp cash and funeral, KAIP	1	We have increased the number of household members covered. Before the product only covered one wife and now it covers 4 people besides the farmer (mix of wives and children)	2	PACE - Naatal Mbay index maize farmers Rice farmers in Saint Louis				
Number of new products tested	22	2	Crop index, Livestock	4	RIZIKI, Satisfy, KAIP, NHIF	9	Area yield index, sorghum, tobacco	1				4	Fearless, pharmacy, digital marketplace, All-risk	2	Mobile non-biometric authentication solution and mobile renewal
Number of products scaled-up	9	1	Crop	2	RIZIKI, NHIF	4	KAIP, WFP, OAF hosp cash, sorghum					-		2	
Number of new clients reached (new or existing products)	770,669	22339		229145	Calculated cell	466,800	Calculated cell	29,099	Calculated cell	-	Calculated cell	23,286	Calculated cell	-	Calculated cell
Number of low-income people enrolled to new solutions (new clients)*	430,669	22339	Crop = 11313 (2018 - 909), IBLI = 9404 (2018 - 3367, 2019 - 1622)	229145	Rizki Cover, 225768 clients enrolled for free insurance and 2175 bought paid policies SATISfy- 250 farmers, KAIP-80 farmers, NHIF - 872 in 20 groups	126,800	Azur: = 11000, WFP = 14800, Property = 1000, OAF = 100000	29,099	SUNU, in partnership with Advans, is about to enroll 5569 cocoa farmers, covering 27,845 lives.			23,286	Life, hosp cash, disability, telemedicine		Mobile authentications at one district
Number of those who are women (new clients new solutions)	14,607	2337	Women in 2018 sales (355 - crop, 1415 - livestock, 2019 - 567 in livestock)		Gender is not captured in the system			627	They dont have it yet			11,643		-	68.90% of authentications
Number of new low-income people enrolled to existing solutions (new clients)	340,000	0		0		340,000	KAIP = 340000		We cant tell how many are new or how many renewed.						
Number of low-income people benefiting from changes to existing products/processes	11,986,096					11,400	Changes in KLIP claims processes				2,740	Rice farmers		11,971,956	People renewed via mobile: 1,440,900 Amount collected via mobile: 3,856,803 USD People authenticated digitally: 10,531,056
Number of TA assignments provided to partners by Facility team and consultants	16	2		3	E.g. Week-long regional strategy meetings for bancassurance staff on digitisation	4	E.g. Health training, Agricultural insurance workshop			1	CM workshop	4	E.g. Kiharing, Dashboard	2	CM workshop, Design thinking workshop
Number of change management strategies developed	43	4	E.g. Millman partnership. Change of roles with ATA taking lead in distribution	6	E.g. Digitization of claims, onboarding, new sales incentive plan, decentralisation of motor certificate, digital sales platform, KPIs for HQ staff	7	E.g. Distribution strategies for government program, reporting system for govtschemes	2	E.g. marketing study and communication strategy	14	E.g. claims app, training to SAED extension officers and CNAAS North about the use of the new claims app	10	E.g. Claims Management/reporting, WOP for data management, pricing, fraud management, call centre and operation management, sprint-week in PH	1	Design thinking for prototype development
Number of changes made within organisation	16	2	E.g. MI unit is part of Digital Financial Services group	5	E.g. project management role, ne incentive plan, new process for claims and enrolment, KPIs for HQ staff, provider payments for health team	4	E.g. Actuarial scientist hired, Process changes for underwriting, process maps, team restructuring				New IT manager, appointed first to manage the claims app but then hired by CNAAS to support all activities	5	E.g. New processes for market research, innovation/ product development implemented, call centre and operation management.	1	
Number of partner's staff trained	15,424	137	E.g. Livestock sales agents Cooperatives, MFIs, Village insurance promoters, Direct agents	130	Bancassurance agents training	59	E.g. IBLI Agents training	13		5		80		15,000	Trained on digital
Number of distribution partnerships set up	30	4		3	1) 5 party partnership for Riziki 2) Partnership for digitization 3) NHIF	12	Azur Solar, Orsho, iCow, WFP, Equity Bank, MicroEnsure, Nyando holding, Kenya Red Cross, TULA&t, Transu, KACU, OAF	3	SAHAM, SUNU and Advans partnership. Before working with SAHAM, now working with SUNU and Advans			7	E.g. Direct agents, digital platform, co-working space, online grocer.	1	Technology provider - Interpay
Number of lessons/cases documented	15	2	Blogs	5	4 Blogs, 1 case brief	1		1	EI			6	Blogs	2	EI, Blog on design thinking
Number of knowledge sharing events to broader community	30	14	E.g. GHF conference, Finttech conference, IMC presentation	3	Webinar on digitization, International Mikroinsurance Conference	4	E.g. IMC conference, ILO agri workshop in Ghana	2	West Africa webinar IMC	1	West Africa webinar	3	E.g. Claims webinar	3	Design thinking webinar, Impact Insurance Academy, IMC

Table 19 – Cumulative Dashboard for all projects (March 2019)

Hypotheses	Questions
Demand for voluntary product is low because microinsurance products are not adapted to low-income clients current risk-management behaviours and are not designed to complement other risk-management tools (such as savings, credit and informal risk-sharing).	<p>How low-income households manage risks? What are the informal and formal tools that they use? What are the most important gaps (both actual and perceived)?</p> <p>What are the distinct groups on the market by the risk-management behavior? How do these groups compare to prospective market? What are gender differences and how they can be leveraged to meet needs of men and women?</p> <p>How to design mandatory or voluntary products that add value to low-income household's current management mix?</p> <p>How microinsurance can be bundled with other financial services or value-added services such as health, education, discounted medicines and agriculture to improve client value and business case for the provision</p>

	of microinsurance services?
Mezzo level or portfolio insurance such as coverage against catastrophic event for all the clients of Financial Institutions (FIs) is a cost effective way to protect clients, especially small-scale farmers.	<p>How can mezzo level insurance improve FIs' risk and benefit the client at the same time?</p> <p>How to increase client understanding and manage claims?</p> <p>What institutional model is required for FIs, what role should policymakers and donors play?</p> <p>How to better integrate microinsurance into agriculture value chains? How to establish schemes with input sellers or output buyers that reach scale and offer quality?</p>
Health microinsurance can extend or support existing social protection schemes in a way that benefits low-income clients in the informal sector.	<p>How to leverage health insurance as a mechanism to implement social protection to informal sector with the use of PPPs and subsidies?</p> <p>How to design health insurance to supplement existing social protection schemes (e.g. simple products that provide supplementary benefits)?</p> <p>How to embrace primary care in insurance product design and delivery to improve quality of healthcare and reduce the total costs of health systems?</p>
Using technology in education and training can reduce cost of distribution without losing the 'client touch'	<p>Which of the distribution processes could be automated with technology? Which technology would be more suitable? What is the impact of the interventions on sale force performance, client understanding of the product? What are the costs associated?</p>
Microinsurance can improve financial performance of FIs (improve staff retention, lower default rate, improved customer loyalty, increased saving etc.)	<p>What is the impact of insurance on the FIs performance? Is microinsurance attracting new clients, retaining more clients, improving portfolio quality? What are the costs associated with providing insurance?</p>

Table 20 – ILO-AFD initial Learning Agenda

The questions above were used to select Partners. The Facility then defined with each partner a set of questions described in the table below.

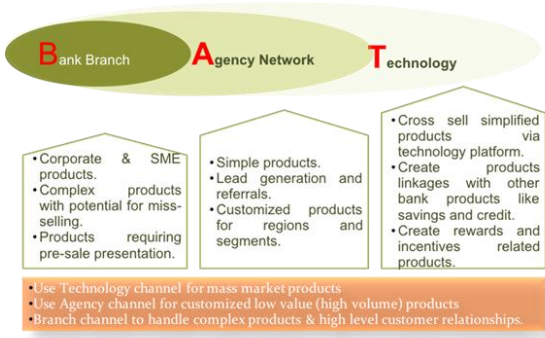


#	APA	<p>→ Answers to Learning Agenda questions (for each partner) were included by the Facility in the project progress report 2017-2018 * (Answers were not included in the draft project progress report 2018-2019)</p> <p>→ Additional information from final Fellowship reports was added in the table when no information was available in the project progress reports.</p>
1	How to align the solution to the needs and preferences of tea factories, farmers and pickers?	<p>*N/A (Not in the progress report)</p> <p><i>Final Fellowship report:</i> A Baseline market research was done with tea factories, tea farmers and tea pickers which clearly showed that this kind of product will be helpful for the entire value chain. Farmers and tea pickers strongly showed the desire for a product which can pay them when weather is not good. However, they did not show the interest to pay for the same as they expect the tea factories to pay for insurance. It was also observed that people were not familiar with insurance and weather insurance being a complex one might not be feasible to offer directly to farmers &amp; pickers at the pilot stage and should be offered differently.</p>
2	How to reach scale quickly? What is the most efficient distribution model (channel, training, Draft Independent Final Evaluation Report for the ILO-AFD project)?	<p>*The tea factory is the key to scale as they have direct access to the tea farmers and pickers. However, it has been difficult to get factories to be interested. The only factory that showed interest was a cooperative model that has a social mission. But the factory saw the pilot as an additional cost and was resisting to buy the solution. On the other hand, offering this solution directly to the tea pickers and farmers is not viable due to their scattered presence which will lead to high cost of distribution. The initial idea was to offer training and incentives to the collection supervisors of the tea factory to enrol people under the pilot, but needs to be revised. The new product that is being proposed includes a MPIC and hence is cheaper than an index product. We are yet to get confirmation on whether the factory will be interested in buying such a solution.</p> <p><i>We have revised the learning agenda to include questions related to the other schemes that APA is working on and that the fellow has been supporting actively. We will include reflections on this revised agenda in the next progress report. → NOTE: No further information was available at the time of the final evaluation as this was not included in the next progress report (2018-2019.)</i></p> <p><i>Final Fellowship report:</i> After the baseline survey tea factories came out to be the most effective distribution model and on the basis of these 3 tea factories were selected for the pilot phase. The marketing and enrolment will be done by the supervisors (tea collection officers) of each tea factory with the help of a mobile app.</p>
3	How digital technology can be used to facilitate customer journey and make operations more efficient?	<p>*N/A (Not in the progress report)</p> <p><i>Final Fellowship report:</i> A web portal supported by a mobile app was developed to change the enrolment &amp; tea collection data of farmers and pickers from manual to digital. The real time tea collection data can be captured through the app from the tea collection points which will help tea factories in planning the production for each day accordingly. Each farmer and picker will get an SMS of tea deliveries made by them to tea factories. The tea factories will have all the data (demography of farmers &amp; pickers, daily tea deliveries, payment due etc.) on the web portal. In case of an insurance pay-out farmers will be informed through SMS and can check the money deposited as savings through a basics phone as the platform is developed over a USSD platform.</p>
4	What are the most efficient options to make the solution more tangible? Can it be bundled with other services?	<p>*N/A (Not in the progress report)</p> <p><i>Final Fellowship report:</i> Savings were seen the most appropriate option as farmers and pickers can withdraw the money in case of small weather events when insurance may not pay. They can also withdraw the money during the festive season when they have many expenses and school fee to pay.</p>
5	Provided the base solution is successful, what are upselling and cross-selling options to increase insurance coverage in the segment?	<p>*N/A (Not in the progress report)</p> <p><i>Final Fellowship report:</i> It was agreed that hospital cash cover and funeral cover can be bundled after the pilot phase. An option will be given to farmers to buy the product them self in future to cover the entire land they own.</p>
#	Barry Callebaut	
1	What are the different farmer profiles that can be identified among BC’s suppliers and what are the different financial services that suit their risk management and financing needs best?	<p>*Farmer profiles:</p> <ul style="list-style-type: none"> <li>▸ Organized in cooperatives (SACO) and not organized in cooperatives (Biopartenaire)</li> <li>▸ Land accumulated, size: 1-5, 5-10, &gt;10 ha</li> <li>▸ Age of farmer: young (&lt;35), middle age (35 to 50), and old (&gt;50); average age is 52 years old</li> <li>▸ Labour force available: farmer + wife; + care-takers (fixe work, informal land and harvest arrangements); + workers (sporadic work, capital to cover this cost)</li> <li>▸ Diversification level: cocoa dependent (up to 80% cash income), 50-80% cash income (coffee, rubber, palm)</li> </ul> <p><u>Financial practices:</u></p> <ul style="list-style-type: none"> <li>▸ Financial needs closely follow the cocoa campaign in terms of income generation and expenses needed. This is affected by the household needs that enter in competition to the cocoa needs, making farmers choose their main priority, which is mostly the household well-being</li> </ul>



		<ul style="list-style-type: none"> <li>▸ Cash flow is very difficult to manage as cocoa income is seasonal (October to January)</li> <li>▸ At the end of the cocoa season (January), farmers will try to plan their year and plant other crops (mainly food crops) to ensure that they have enough food for the year. If possible, they will sell the surplus and generate some income from it. Inputs expenses will also be allocated in this planning. However, household risks (health, death of a family member, thefts) and production risks (drought, pests) will disrupt this planning as farmers won't have enough money to cover what they planned. Farmers hence will not apply inputs or will even sell their food reducing their food intake</li> <li>▸ The small cocoa campaign (April to June) will help to cover household expenses (mainly food) and buy some inputs for the food crops. If during this campaign a farmer faces any risk, he will probably reduce his food intake or go for loans for food</li> <li>▸ The months before the cocoa campaign, from May/June to August, farmers do not have cash for income generation activities, making them highly vulnerable to any risks. Besides, in August, farmers will need to pay school fees and mostly go for loans for it</li> <li>▸ A savings product, during the main cocoa campaign, will help to keep some money for the difficult months or for some explicit projects as school fees, health expenses, or inputs; and hence better manage the cash flow</li> <li>▸ Cash flow management products as credits for school fees, health expenses, or others, will avoid farmers going for expensive solutions (moneylenders) that will be reimbursed during the cocoa season, and hence reduce their revenues for the following year</li> <li>▸ A risk management solution will be extension services (advice and coaching) to better manage food crops or other crops beyond cocoa. The worst it can happen to a farmer is to lose their food production or their other revenues. Climate change is affecting the yearly calendar and farmers are learning by doing how to face these new events paying a very high price.</li> </ul>
2	What are the insurance products that best serve the risk management needs of different segments of cacao farmers and what are the process needed to distribute them? If a health insurance product is identified, how can it fit into the national universal health coverage in Ivory Coast?	<p>*Risk management needs:</p> <ul style="list-style-type: none"> <li>▸ Household risks (health, death of a family member, thefts) that impact the farming system as less capital will be available to better face production risks (improved seeds, inputs, new techniques, irrigation)</li> <li>▸ Production risks (drought, pests) that affect not only cocoa production but the whole farming system including any other crop, reducing income and hence providing less capital to better face household risks</li> <li>▸ Risks can be unforeseen (death, health, drought, or pests)</li> <li>▸ Risks/Expenses that are foreseen (school fees) as they become frequent</li> <li>▸ Current solutions or strategies farmers undertake are to pay for expensive financial products (informal loans), sell assets, or reduce food intake as food is sold</li> </ul> <p>Insurance products that best serve the risk management needs:</p> <ul style="list-style-type: none"> <li>▸ Health insurance would be an important solution but difficult to implement as there is no reliable health care providers in rural areas</li> <li>▸ Life insurance to avoid farmers going for expensive loans or losing their assets (farms) to cover funeral expenses</li> <li>▸ Agriculture insurance that covers not only risks related to the cocoa production but insures the cocoa farming system (including the other crops)</li> </ul> <p>The new product has to be fully integrated to their current credit product (productivity package) and process.</p>
3	What are the different determinants of loyalty for cacao farmers in terms of financial services?	*N/A (Not in the progress report)
#	<b>CNAAS</b>	
1	What are the best mechanisms to improve the distribution of agricultural insurance products?	*N/A (Not in the progress report)
2	What changes are needed in the organizational structure to implement new activities to improve service quality and manage scaling?	<p>“As the scope of the project has changed, we are capturing new lessons around improving of enrolment and claims processes and also on how to make change happen within a quasi-public entity like CNAAS. We will include the analysis in the next progress report.” (Project progress report 2017-2018) <i>NOTE: No further information was available at the time of the final evaluation as this was not included in the next progress report (2018-2019.)</i></p>
3	How to implement a training strategy for rural distribution channels and integrate financial education into their activities?	
#	<b>EIA</b>	
1	How to design appropriate insurance solutions for MSMEs? Which segments are most likely to take-up insurance?	*N/A (Not in the progress report)
2	What is the most cost-effective distribution model (bank/agent/mobile channel, training, incentives, processes)?	*EIA plans to use different channels for different customer segments and types of products. A bank branch which would typically entail high resource and rental costs will be used to sell high ticket size, complex products mainly to Corporates and SMEs. Bank agents, who are spread across Kenya even in the most remote locations will be used to sell simple OTC products. Agents will make use of the digital platform to sell. Digital and mobile platform will also be used to attract customers who would like to self-service.



	<p>How to reach scale quickly?</p>	 <p><i>Final Fellowship report (How to reach scale quickly?)</i>:</p> <p>Equity Insurance Agency has 1 mn customers and Equity Bank has around 9 mn customers. They have traditionally believed in directly opening up new products to the entire customer base and learning as they go along, rather than piloting before scaling. In some of the projects undertaken under the Fellowship, we have volitionally postponed scaling to Phase II since we wanted to test and learn from a smaller community of users, given the nature of the initiative. However, once opened to the entire customer base, we have faced challenges in increasing enrolment and conversion. We are trying to overcome these challenges by focussing marketing efforts and dollars to increase customer awareness. Since Equity has a very positive brand image, the assumption is that increase in awareness will lead to increase in enrolment and purchase.</p>												
<p>3</p>	<p>How digital technology can be used to facilitate customer journey and make operations more efficient?</p>	<p><i>*N/A (Not in the progress report)</i></p> <p><i>Final Fellowship report:</i></p> <p>Some of the operational issues that we are trying to smoothen using digital technology are:</p> <table border="1" data-bbox="544 1126 1426 1480"> <thead> <tr> <th>Current (Manual)</th> <th>New (digital)</th> </tr> </thead> <tbody> <tr> <td>Customer needs to walk into a bank branch to buy an insurance policy</td> <td>Customer can be anywhere and buy a policy on his smartphone or computer</td> </tr> <tr> <td>Customer needs to make multiple visits before the process is completed and he gets his insurance policy/certificate</td> <td>Insurance policy/certificate will be emailed/delivered to his house</td> </tr> <tr> <td>Customer depends on the sales staff to give all relevant product and price details for him to decide on the best product OR the sales staff makes the decision on behalf of the customer</td> <td>Customer can compare details of all the products on offer before deciding on the best product</td> </tr> <tr> <td>Customer needs to walk into bank branch to renew his policy</td> <td>Customer can renew policy online</td> </tr> <tr> <td>Customer needs to walk into bank branch to register a claim</td> <td>Customer can register a claim online and in real time</td> </tr> </tbody> </table>	Current (Manual)	New (digital)	Customer needs to walk into a bank branch to buy an insurance policy	Customer can be anywhere and buy a policy on his smartphone or computer	Customer needs to make multiple visits before the process is completed and he gets his insurance policy/certificate	Insurance policy/certificate will be emailed/delivered to his house	Customer depends on the sales staff to give all relevant product and price details for him to decide on the best product OR the sales staff makes the decision on behalf of the customer	Customer can compare details of all the products on offer before deciding on the best product	Customer needs to walk into bank branch to renew his policy	Customer can renew policy online	Customer needs to walk into bank branch to register a claim	Customer can register a claim online and in real time
Current (Manual)	New (digital)													
Customer needs to walk into a bank branch to buy an insurance policy	Customer can be anywhere and buy a policy on his smartphone or computer													
Customer needs to make multiple visits before the process is completed and he gets his insurance policy/certificate	Insurance policy/certificate will be emailed/delivered to his house													
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Customer needs to walk into bank branch to renew his policy	Customer can renew policy online													
Customer needs to walk into bank branch to register a claim	Customer can register a claim online and in real time													
<p>4</p>	<p>What are the most efficient options to make the solution more tangible? Can it be bundled with other services?</p>	<p><i>*N/A (Not in the progress report)</i></p> <p><i>Final Fellowship report:</i></p> <p>We haven't explored this aspect yet</p>												
<p>5</p>	<p>What is the most appropriate structure for EIA?</p>	<p><i>*Earlier, EIA was a flat organization with all sales people reporting directly to Head Office. This created a lot of inefficiency in the system. Hence in 2017, EIA was appropriately restructured to focus on key mandates which are 1) Corporate &amp; SMEs 2) Digital 3) New channels (Agency/Merchants). Six Regional Managers were hired to provide support to on-ground sales staff and drive strategic projects.</i></p>												

		<pre> graph TD     MD[MANAGING DIRECTOR] --&gt; BGD[BUSINESS GROWTH &amp; DEVELOPMENT]     MD --&gt; PD[PRODUCT DEVELOPMENT]     MD --&gt; OP[OPERATIONS]     BGD --&gt; CS[CORPORATE, &amp; SME &amp; HNWI]     BGD --&gt; RS[RETAIL SALES]     CS --&gt; AM[ACCOUNT MANAGERS]     PD --&gt; PA[PRODUCT ANALYST]     OP --&gt; CL[CLAIMS]     OP --&gt; UW[UNDERWRITING]     OP --&gt; MC[MEDICAL CARE]     CL --&gt; BOSS[BACK OFFICE SUPPORT STAFF]     UW --&gt; BOSS     MC --&gt; BOSS     BOSS --&gt; RSS[REGIONAL SALES SUPPORT]     RSS --&gt; CEP[CHANNELS PROVIDED BY EQUITY GROUP]     CEP --&gt; BR[BRANCHES]     CEP --&gt; DP[DIGITAL PLATFORMS]     CEP --&gt; AG[AGENCY]     CEP --&gt; MER[MERCHANTS]         </pre>
-	<p><i>Additional learnings (from distribution of Riziki)</i></p>	<p>*In terms of learnings, the main challenge that EIA has had is that the subscribers for Equitel do not use the SIM as their primary SIM and hence the messages that are sent to them are not received in time. The system is such that if messages are not received within three days then they get deleted, hence it has proven difficult to raise awareness about the product among all the subscribers. EIA and Britam are planning a marketing campaign (need to allocate resources) to conduct some above-the-line marketing for the product. Also, there are discussions on what this product should be offered to Safaricom subscribers as well, but this change will take time.</p> <p>The other main lesson has been that it is sometimes challenging to get staff of EIA to focus on this product as the revenue stream is smaller compared to their other products. This is a challenge with microinsurance products in general. We have pushed for the product to be incorporated within the Sales teams’ responsibilities so that it is no longer seen as a “ILO fellow” project, but rather as a product within EIA’s portfolio.</p>
#	<p><b>Kifiya</b></p>	<p>1 How can the introduction of a digital platform support the business case for players across the MI value chain?</p> <p>*Use of digital platform can reduce costs and increase outreach. No cost-benefit analysis has yet been conducted due to the fact that Kifiya is still working to reach greater scale, when such an analysis would be more feasible.</p> <p>In addition, the value of the digital platform has been seen in its value in building stronger partnerships. For example, the technology has been really valued by the IBLI product (the number of devices has been increased from 40 devices to 67 devices). In addition, the partnership with the insurer Oromia for the same product has been strong and the technology and devices has helped Kifiya show its value to the insurer.</p> <p>2 What are the costs and benefits of mandatory versus voluntary sales of index-based crop insurance?</p> <p>*N/A (Not in the progress report)</p> <p>3 Besides MFIs and SACCOs, what alternative distribution channels can be effective means of extending coverage to uninsured market segments in Ethiopia?</p> <p>*It has been important for Kifiya to experiment and be open to adapting its distribution strategy to be more creative and go beyond MFIs and SACCOs. In particular, it found that these channels were insufficient for the distribution of the index insurance product. Kifiya has therefore redesigned the distribution model for the index insurance product, which now focuses on ATA’s input voucher package through both cooperatives and ATA’s crop clusters.</p> <p>The health product, on the other hand, will be sold through Kifiya’s own agents (mostly based in its shops) who are currently selling airtime etc. But Kifiya is also planning to use special agents for the product to go out to the market and draw people in (flexible/movable agents that can move around and will specifically target the seven client groups they have identified). This approach will be tested during the pilot.</p> <p>-- <i>Additional learnings</i></p> <p>*Basis risk is not the only issue attached to the client value of index insurance. It is important to carry out research to understand the extent to which the product is meeting client needs and perceived risks and be open to redesign it if necessary.</p> <p>After the initial sales of the index insurance product, a survey was carried out to test the performance of the product in the market. Although they were expecting to test the basis risk, what they found was that clients were not confident with the single peril coverage which they felt did not meet their real risks, and that people would be interested in a multi-peril coverage. Technical changes were therefore made to the crop index insurance product, which was relaunched as a hybrid NDVI and area yield index product. In addition, the survey results helped inform the redesign of the distribution model.</p> <p># <b>MicroEnsure</b></p>

1	What airtime deduction frequencies and amounts are optimal in different countries for maximising payment success of mobile insurance subscribers?	*N/A (Not in the progress report)  <i>MicroEnsure Learning Agenda Report</i> Limited work has been done in the lead generation area for mobile insurance due to data constraint by the MNO. However, lessons have been captured relating to lead generations under a direct sales freemium model:
2	What are the key airtime balance data points needed in building an algorithm to accurately predict a customer’s likelihood of both subscribing to insurance and paying full monthly premium?	<ul style="list-style-type: none"> <li>▶ Regular monitoring of the lead quality is necessary (e.g. frequent QA calls on free product knowledge which serves a mechanism to ensure that agents are producing quality leads);</li> <li>▶ Significance in incentive structures for agents (e.g. daily contracting of agents vs. quarterly contract);</li> <li>▶ Long-term and closer monitoring is improving results. Giving guidance as a mentor on a personal basis.</li> <li>▶ Targeted strategy to reduce churn – increase team commitment and happiness</li> <li>▶ Dynamics around HR policies – sales management tends to be one on one – need to bring people along increasing. Increase interaction to make guys better sellers</li> </ul>
3	What proportion of a mobile telecom’s customers are eligible for subscribing to mobile insurance? What is the addressable market size in each country?	<ul style="list-style-type: none"> <li>▶ What are the characteristics of a good sales agent – the smartest people don’t always stick around – hardworking people may be more successful</li> <li>▶ Profile developed – hard-skills and soft-skills – altruism when it comes to sales program – sellers that will always be sellers – graduate them to a different product/company – those that can be managers that can get to leadership in your own sales team</li> <li>▶ Team composition and individual profile</li> <li>▶ Good leads are generated from personal referral;</li> <li>▶ Returning customers form an importance base for your clientele;</li> <li>▶ Importance of using technology for customer verification process; and</li> <li>▶ Endorsement of institutions (clinic reputation vs. street sales in Fearless Health).</li> </ul>
4	What are the most cost-effective ways of improving customer understanding of mobile insurance products in Africa?	*N/A (Not in the progress report)  <i>MicroEnsure Learning Agenda Report</i>  Specific to direct customer sales model, the following are found to be effective ways which improves customer understanding on insurance products: <ul style="list-style-type: none"> <li>▶ SMS communication (automated back-down operations system)</li> <li>▶ Customer care line</li> <li>▶ Reducing complexity of the product design <ul style="list-style-type: none"> <li>• Fearless product rolled out in December 2017</li> <li>• Blog: listening</li> <li>• Claims pay-out “celebration” event</li> <li>• Blog: when the first claim arrives – team event to visit patient at hospital to show team that it was genuine – especially when agents don’t come from an insurance background. Agents need to see that claims are being paid.</li> </ul> </li> <li>▶ Customers referral bonus scheme</li> </ul>
5	What is the level of impact on customer understanding from using auto-dialled welcome calls, interactive voice response, keyword-based SMS systems, etc.?	*N/A (Not in the progress report)  <i>MicroEnsure Learning Agenda Report</i>  Specific to direct customer sales model, different user-journey has been applied to customers in order to test the impact of the following: <ul style="list-style-type: none"> <li>▶ Robo-dialled vs. human-dialled call introducing complimentary telemedicine service</li> <li>▶ Timing of call reminders for “upgrading” to the paid product (2 days prior and 1 day after to expiry of free policy vs. on the date of expiry)</li> </ul>
6	What KPIs are most important in product profitability for new and existing MicroEnsure products?	*New products: whilst the future sustainability will be put into consideration, profitability will not be the focus, rather a product needs to demonstrate demand in meeting a market need. Examples of such KPI’s include the following: <ul style="list-style-type: none"> <li>▶ % of people providing name &amp; phone numbers to sign-up for the new product when it is available (market research stage)</li> <li>▶ Sales testing on a prototype product (market research stage)</li> <li>▶ Capturing customers’ reaction at (prototype stage)</li> <li>▶ Payments collected (prototype stage)</li> <li>▶ Sales conversion rate (pilot stage)</li> </ul> <p>We did not work on existing products, but similar KPIs should apply.</p>
7	What is the incremental impact of various changes to product features of MicroEnsure’s most popular products?	*N/A (Not in the progress report)  <i>(MicroEnsure Learning Agenda Report: The fellow mentions that she has not been much exposed to this within MicroEnsure.)</i>
8	What does the loss curve look like for MicroEnsure’s most popular products?	*N/A in the progress report  <i>MicroEnsure Learning Agenda Report</i>  This has been long discussed within MicroEnsure but the actuary still has not provided specific data. Progress has been made with the data warehouse project; the fellow has been involved in overseeing some of the work but was not directly involved.)
9	What additional data is needed to build robust claims analysis models and	*N/A (Not in the progress report)  <i>MicroEnsure Learning Agenda Report</i>

	generate claim-specific KPIs	<ul style="list-style-type: none"> <li>▸ <i>Data for claims analysis model: attached is a data list created for the data warehouse to capture. Existing data is also put into consideration.</i></li> <li>▸ <i>Claims dashboard (attached) was built for operations team, including the following KPI's by type of partners, country and line of business:</i> <ul style="list-style-type: none"> <li>○ <i>Number of claims</i></li> <li>○ <i>Status of claims (i.e. paid, in progress, documents incomplete, closed and rejected)</i></li> <li>○ <i>Proportion of paid vs. payable claims</i></li> <li>○ <i>Rejection reasons</i></li> </ul> </li> <li>▸ <i>Timeframes for the following claims processing period:</i> <ul style="list-style-type: none"> <li>○ <i>Incident to MicroEnsure notification</i></li> <li>○ <i>MicroEnsure notification to compete documents</i></li> <li>○ <i>Compete documents to MicroEnsure verification</i></li> <li>○ <i>MicroEnsure verification to insurer notification</i></li> <li>○ <i>Insurer notification to payment</i></li> </ul> </li> </ul>
--	<p><u>Question as stated in the project progress report 2017-2018:</u></p> <p>What are the most effective ways of lead generation?</p>	<p>Limited work has been done in the lead generation area for mobile insurance due to data constraint by the MNO and a shift within the project to focus more on the direct agent model. The following lessons have been captured relating to lead generations under a direct sales freemium model – these will be presented in the third COP meeting and we also plan to convert these into an output for the industry:</p> <ol style="list-style-type: none"> <li>1. Regular monitoring of the lead quality is necessary (e.g. frequent QA calls on free product knowledge which serves a mechanism to ensure that agents are producing quality leads);</li> <li>2. Significance in incentive structures for agents (e.g. daily contracting of agents vs. quarterly contract); <ul style="list-style-type: none"> <li>- Long-term and closer monitoring is improving results. Giving guidance as a mentor on a personal basis. Sales management tends to be one on one – as it is important to bring people along the journey..</li> <li>- Targeted strategy to reduce churn – increase team commitment and happiness</li> <li>- the smartest people don't always stick around – hardworking people may be more successful</li> <li>- Design graduation program for successful agents so that they can become managers that can get to leadership in your own sales team</li> </ul> </li> <li>3. Good leads are generated from personal referral. Returning customers form an importance base for your clientele.</li> <li>4. Importance of using technology for customer verification process; and</li> <li>5. Endorsement of institutions (clinic reputation vs. street sales).</li> </ol>
--	<i>Additional learnings</i>	<ol style="list-style-type: none"> <li>a. Sales agents management: <ul style="list-style-type: none"> <li>○ <i>Contracting and incentives (e.g. daily contracting vs. quarterly contracting, level of flat salary vs. commissions, level of sales required for before going on probation, sales target duration, legislative requirements, uniform and transport)</i></li> <li>○ <i>Training (weekly sales meeting, team building, “team day” where agents work together)</i></li> <li>○ <i>Monitoring (dashboard, stats frequency, mentoring and individual call follow up)</i></li> </ul> </li> <li>b. Innovations: <ul style="list-style-type: none"> <li>○ <i>Design Sprint process</i></li> <li>○ <i>Tools used in pilot stage</i></li> <li>○ <i>Simple and low-cost market research</i></li> </ul> </li> <li>c. Call centre management</li> <li>d. Freemium model without big partnership</li> </ol>
#	<b>NHIA</b>	
1	Understanding the problem and exploring digital solutions: What are the different digital or semi-digital options for those in the informal sector wishing to enrol in the NHIS? Does this differ by different population segments within the informal sector? What are the barriers? Which population sub-segments are most likely to take-up NHIS membership?	<p><i>*N/A (Not in the progress report)</i></p> <p><i>NHIA Learning Agenda Report</i></p> <p>The existing registration and renewal process are fully digital. All member data is captured onto the biometric membership database, a biometric smart card with all relevant details printed and used for the claims process. However, existing digital process largely chained to the district office and not portable (barring few uber expensive mobile registration units). Cost associated with the existing process (hardware and software) is prohibitive which doesn't make it commercially feasible to scale via third party partnerships with banks etc. Digital process needed to be overhauled to make it portable and inexpensive so that it can achieve scale quickly and cheaply.</p> <p>No (this does not differ by different population segments within the informal sector). / There are numerous barriers (and consequently enablers) to enrolment and renewal into Ghana's NHIS.</p> <p>The top three reasons are related to quality of healthcare and service at provider level, access and process issues relating to scheme and price which in turn is linked to the perceived benefits and awareness regarding the scheme. NHIA's own experience in rolling out and monitoring impact of isolated interventions has shown limited success especially given the lack of direct influence on the quality of healthcare delivery. Similarly, addressing access and process issues at the point of scheme enrolment and renewal will need to be accompanied with appropriate communication strategy and community engagement in order to engender greater trust and awareness regarding NHIS. Only a coordinated effort on all fronts is likely to yield results in turning around the fortunes of this unique social healthcare system in Ghana.</p>
2	From the NHIA's point of view: What is the most cost-effective NHIS distribution model (bank/agent/mobile channel, training, incentives, and processes)?	<p><i>*The most cost-effective way of enabling distribution is if people are able to register or renew in the comfort of their homes i.e. via a self-help model. However, mobile phone ownership and digital and functional literacy levels are low, therefore relying on this alone is not expected to very effective.</i></p> <p>NHIA have 165 district offices spread out over the country, 10 regional offices and c.3'000 distribution staff. Each district and regional office have 1 – 2 vehicles, a transportation budget and many have mobile registration kits that can be deployed outside the office. Therefore, over the short to medium term, the most effective way of achieving scale is via the existing branch network and staff using a portable registration/renewal process (e.g. on mobile phones). Over time, as phone ownership</p>

		<p>and literacy levels improve, and third-party agents get into the informal business of ‘helping’ their community members register / renew in exchange for a fee, the need for deploying NHIA staff directly is expected to gradually come down.</p> <p>Using third party distribution options may also be an option and a tie-up with Apex Bank, which is a central bank of RRBs in Ghana, could be quite effective. However, this is definitely something that will take long to implement and should be evaluated once existing staff has been gainfully deployed towards the registration/renewal process and the footprint of the scheme has expanded significantly more.</p>
3	Being member-centric – from the member’s point of view: How can digital technology be used to facilitate the member journey and make operations more efficient?	<p><i>N/A (Not in the progress report)</i></p> <p><i>NHIA Learning Agenda Report</i></p> <p>Refer blog post <a href="https://medium.com/impact-insurance/design-thinking-for-the-public-sector-c05160c92e0e">https://medium.com/impact-insurance/design-thinking-for-the-public-sector-c05160c92e0e</a> for how design thinking was deployed to conduct journey mapping and drive a member-centric approach to design of digital solutions.</p>
4	Aligning incentives: What are the best ways of setting up the identified Public Private Partnerships? What incentives can be put in place to ensure everyone benefits?	<p>*There could be three steps or phases for NHIA going forward:</p> <p>Phase 1: This is the focus of the project at the moment. In this phase, the existing process is simplified, made portable and scalable, and NHIS own staff is used for national level deployment.</p> <p>Phase 2: Once the new process has been embedded, it is expected to drive an increase in membership footprint. As NHIS footprint increases, and suitable strategies have been employed to optimise the use of district office staff, NHIS can look for distribution partners (like Apex bank mentioned earlier in note) to support annual renewals of an expanded membership base.</p> <p>Phase 3: A third phase could be partnership arrangements wherein NHIA is a distribution agency for other parties e.g. NHIA could potentially distribute a standalone telemedicine product (e.g. BIMA doctor) amongst its own membership via a soft or hard bundle. This will earn NHIS some revenue, but much more crucially help reduce claims because BIMA doctor in Ghana have qualified doctors that prescribe medicines (including anti-biotics).</p> <p>However, these dynamics will change significantly if NHIA choose to, instead, capitate for primary care, and offer secondary care for an additional premium.</p>
5	Technical requirements: What technology is needed for different private partners to be able to send data to the NHIA IT system (e.g. a cloud-based integration layer)? What actuarial and other analytics can be built into the process from the start?	<p>*An integration layer is already being built by NHIA as part of a separate project. This project is expected to link all fragmented databases under one umbrella. However, this type of integration layer is not a necessity for enabling mobile renewals and authentication. For purposes of the ILO project, all workflows and API backends were built in-house for mobile renewals/authentication. System integration was achieved with all telcos by using payment aggregator services from third party.</p>
6	Measuring impact: How can alternative membership distribution strategies with private partners improve enrolment and/or renewals for organisations such as the NHIA?	<p><i>N/A (Not in the progress report)</i></p> <p><i>NHIA Learning Agenda Report</i></p> <p>In terms of impact assessment, the following success factors had been identified for the project at the start:</p> <ul style="list-style-type: none"> <li>› Increase in renewal rates</li> <li>› Reduction in time taken for renewal</li> <li>› Reduction in operational costs linked to renewal</li> <li>› Reduction in anti-selective lapse at the point of renewal</li> <li>› Increase in customer awareness regarding NHIS coverage benefits</li> </ul> <p>A baseline survey was designed and conducted by the research team based on these success factors. The survey covered both subscribers and providers. An impact assessment survey will be conducted at the end of the pilot.</p>

Table 21 – Updated ILO-AFD Learning Agenda

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## Annex 12 – Partner selection process

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### **Step 1: Key informant interviews**

The first step involved understanding the landscape and the leading organizations within specific countries. We conducted a series of interviews with key informants (38 in number) to identify potential organizations. We conducted this step because we wanted to solicit applications from a range of organizations beyond insurers, such as agribusinesses and microfinance institutions, and to ensure that we had geographical diversity. It is often difficult to reach these types of organizations through an online application process, as they may not be connected to the right networks. Organizations that were identified as suitable partners were asked to complete an Expression of Interest form.

Organizations will be offered support through the product development and innovation life cycle, specifically: technical support from experts, a fellow hosted by the partner to help with project management and learning for two years, and grant funding of up to USD 50'000.

### **Step 2: Shortlist**

The Facility created a short list of organizations to consider during the due diligence phase based on the feedback from the interviews and the Expressions of Interest. The candidates were shortlisted based on the fit of the project within the themes for the overall AFD project, whether or not the project promises value to clients in terms of the risks covered, and whether the project shows ability to reach scale. The list clearly outlined the strengths and weaknesses of each candidate. AFD and the Facility discussed the list together and identified 14 organizations for the due diligence phase.

Selection criteria defined in the AFD grant agreement was used to short list partners (see Annex A).

### **Step 3: Project definition**

In order to ensure that the due diligence visits were useful, the Facility explored project ideas with each shortlisted candidate remotely before committing to a visit. The purpose of this phase was to define the project better, determine the focus of the field visit, and validate the organization’s interest in the project.

### **Step 4: Due diligence field visit**

A Facility team member visited each shortlisted candidate and spent 2-4 days with the organization, their partners and other stakeholders in the project. The purpose of the visit was to evaluate the partner’s capability and to start detailing the project work plan and budget. A key component of the visit was to identify the skills gap that would need to be filled by the ILO fellow.



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**Annex 13 – Partner selection criteria**

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1. Strong execution skills, qualified project leaders, ability to form good project teams and manage projects;
2. Strategic commitment by senior management and understanding of importance of microinsurance to deliver better business and social outcomes; willingness to invest in developing second-generation of more valuable products (i.e. opportunity to implement specific solutions in the three critical areas to answer the learning questions);
3. Experience with delivering simple insurance products to its client base (i.e. consolidated mandatory, partial covers; established partnerships with insurers who have right skills and partnerships with healthcare providers);
4. Track record of client research, functional MIS and performance reporting;
5. Significant numbers of low to middle-class formal or informal workers that do not have access to insurance and have the capacity to pay a premium to be able to reach scale quickly (MIS data will be mined to understand income levels of the current Partner’s target population);
6. Ability to offer a suite of (financial) services on their own or through established partnerships (for example, MFIs should be allowed to collect savings, distribution channels and insurers may offer compulsory insurance products combined with other products or services, etc.);
7. Potential to replicate the project among a broader network;
8. Enabling environment to test agriculture and health solutions in the country of operation (including: effective agriculture value chains and possibility to partner with input sellers and output buyers, clear health social protection strategy and established government agencies to implement it, quality of healthcare, microinsurance-friendly insurance regulation);
9. Compliance with local financial and legal regulation;
10. Financial ability to cover the financial costs of the intervention; and
11. Human capital to follow through on the product after the ILO intervention ends.

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**Annex 14 – Learning activities (fellows)**

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*The following learning activities and exchanges took place between **June 2017 and March 2018:***

- › MicroEnsure fellow visited Kifiya to build capacity of their team to price products.
- › NHIA and MicroEnsure fellows provided actuarial support for a new product being launched by Nyala in Ethiopia.
- › APA Britam fellows analyzed the marketing approaches and helped build capacity for distributors for the national agricultural insurance scheme in India.
- › MicroEnsure fellow visited AXA Mansard to evaluate the distribution options for a malaria health product.
- › Kifiya and Barry Callebaut fellows provided support to CNAAS on an ongoing basis on distribution and using digital solutions for enrolment of rice farmers.
- › Equity fellow helped develop a partner-assessment framework for NHIA to be used to evaluate new partners in order to increase renewal touch-points.
- › MicroEnsure fellow supported the creation of an Innovation Lab for MicroEnsure in the Philippines.

*The following learning activities and exchanges took place between **April 2018 and March 2019:***

- › Equity fellow conducted a workshop on mobile health with AXA Indonesia, supported focus group discussions in India and participated in the International Microinsurance Conference in Zambia.
- › NHIA fellows participated as a trainer and resource person at the ILO’s Impact Insurance Academy in Turin. The fellow provided training on claim management and change management.
- › MicroEnsure fellow supported the creation of an Innovation Lab for MicroEnsure in the Philippines.
- › Kifiya and Barry Callebaut fellows supported the development of the Claims app for CNAAS and conducted trainings for field staff.
- › APA fellows attended a workshop with policymakers focused on Agricultural Insurance in Ghana.

## Annex 15 – Activities under Component II (Based on project progress reports)

**FELLOWS**

- ✓ **Orientation week:** June 2016  
(The objective of the orientation week was to train fellows on technical insurance concepts, help them understand their role within the project and as part of the Facility, and to integrate them with the Facility team. Fellows received detailed instructions on technical issues and had discussions on the practical areas of the Fellowship programme. The sessions were a mix of instruction and interactive work facilitated by the Facility team. MicroSave jointly with the Facility staff debriefed the fellows on all administrative and logistical matters.)
- ✓ **Session for fellows:** October 2016  
(Two-day session with fellows following the COP: The meeting focused on identifying and resolving challenges that fellows were facing in their projects. Fellows had been on the projects between two to three months, and hence this was a good touch point to tackle challenges – the main challenges related to getting buy-in from management and trying to prioritize the activities related to the project within the existing workload of staff. The meeting focused on how to improve communication between mentors, fellows and hosts and how to better extract and share lessons from projects.)

**COPs**

- ✓ COP 1: October 2016, Nairobi, Kenya
- ✓ COP 2: October 2017, Nairobi, Kenya
- ✓ COP 3&4: Two COP meetings were held in Nairobi and Abidjan on June 13 and 14, 2018.  
(AFD, FSDA and FSDA Moz partners were divided based on geographic and language preferences. The meeting was structured to consolidate the key lessons from the past two years. Partners presented on key areas of expertise including digital transformation, managing change, designing m-health solutions and managing agricultural PPPs.)

**OTHER ACTIVITIES**

- *June 2017 – March 2018*

**Webinars for partners and fellows**

In an effort to promote knowledge-sharing amongst partners, we launched a quarterly-webinar series in Q1 2017. Our initial idea was to restrict the webinar to partners and we organized the first webinar on “Improving Claims management” and featured the claims review process conducted by Britam and the data analytics improvements by MicroEnsure. Unfortunately, this webinar only had around 30 participants. As Partners were willing to share their experiences with a larger audience, we decided to have the subsequent webinars be open to other attendees.

- ✓ **Making change happen within insurers:** This webinar was implemented jointly with FSDA. The webinar highlighted the change management activities of two partners - AXA Mansard (Nigeria) and SUNU Assurances (Côte D'Ivoire). It also outlined FSDA and ILO's change management framework and step-by-step process. The presenters discussed activities, results and lessons that will be helpful to other organizations that wish to go through a similar change process. Registrants: 179; Attendees: 59
- ✓ **Promoting insurance products to rural populations in West Africa:** The webinar discussed the importance of knowing the profile of the rural clients in order to better adapt offers to the needs of these populations. We also reviewed the partnership and business models that are emerging to provide insurance products to rural populations and we discussed the importance of knowing the agricultural sectors. Registrants: 32; Attendees: 15 (The webinar was conducted in French, which limited the audience size).
- ✓ **Design Thinking as a strategy for innovation in Public Sector Health Schemes:** The webinar showcased the successful application of Design Thinking to redesign the renewal process and gain buy-in for the change agenda at the National Health Insurance Scheme (NHIS) of Ghana. Registrants: 342; Attendees: 141

The project skipped the webinar in the fourth quarter due to the COP meeting in that quarter.

**Training**

The following relevant trainings were conducted during the period. In Senegal, Nigeria and Kenya we are using a training-of-trainers model so that the trainings can be provided by the local colleges on an on-going basis.

- ✓ 15–16 March Dakar, Senegal - Health microinsurance: Getting started
- ✓ 20–21 April Lagos, Nigeria - Providing insurance responsibly
- ✓ 17–18 May Nairobi, Kenya - Managing microinsurance distribution
- ✓ 3–4 August Lagos, Nigeria - Managing microinsurance partnerships
- ✓ 28 August Kigali, Rwanda - Providing insurance responsibly
- ✓ 25–26 September Nairobi, Kenya - Managing microinsurance distribution
- ✓ 27–28 September Dakar, Senegal - Pathways towards greater impact: Improving your MFI's microinsurance offering
- ✓ 28–29 September Nairobi, Kenya - Health microinsurance: Getting started
- ✓ 9 October Addis Ababa, Ethiopia - Implementation of microinsurance programmes by MFIs
- ✓ 6–9 March, Lagos - Market research for emerging customers: How to translate consumer insights into improved results (also offered by the Facility as an e-learning course)

## Publications

- In March 2018, the Facility was consolidating lessons for three thematic areas: client insights, responsible insurance, and technology-enabled health (this paper is in lieu of the STANE case study). It was planned (1) to release thematic working papers on each topic that would include best practices for the industry and examples from each of the Partners; (2) to include AFD as peer reviewers for the papers.

## Blogs

- ✓ **Design thinking for the public sector:** Outlines efforts made at NHIA in Ghana to use design thinking to drive the change agenda forward. While the project featured is not a FSDA project, the lesson on using design thinking methodology to get staff to appreciate the changes needed are relevant to the change management discussion.
- ✓ **Why financial services matter in the fight against climate change:** Outlines Kifiya’s innovative approach towards paying claims for its livestock insurance product.
- ✓ **The magic of design sprints:** Draws from MicroEnsure’s experience and provides guidelines on how to use the design spring method to test product ideas.
- ✓ **Musings on mobile microinsurance:** Discusses how to align interests of partners that want to introduce a mobile offering using EIA’s experience with Riziki

## Emerging Insights

- ✓ **Design thinking for public sector health schemes:** The experience of Ghana’s National Health Insurance Scheme
- ✓ **Partnering with an insurer: A client perspective:** How a cocoa-trading company chose an insurer in Côte d’Ivoire

April 2018 – March 2019

## Thematic papers

In March 2019, the project was working on a number of thematic papers that will leverage the lessons learnt from all the Partners. Following is a summary of the focus and status of each of the papers.

- ✓ **Responsible Insurance:** The thematic paper on Providing insurance responsibly was published in June 2018. The paper outlines the seven principles for the provision of responsible insurance that are necessary for insurance to have a significant social and developmental impact. Responsible insurance provision can be defined as the delivery of appropriate products in an accessible, transparent, fair, responsive and respectful way to informed consumers who can use those products effectively.
- **Client insights:** In March 2019, the paper on incorporating client insights was in final review stage. It was planned to publish this paper in June 2019. The paper provides a range of strategies that can be used to do put client insights into practice. Putting client insights into practice is not, at its core, a purely technical question. Rather, companies can struggle to put insights into practice because of internal issues like organization set-up, culture and processes. These barriers cannot be overcome in one go, but many organizations have found that they can shift their approaches and internal set-ups to make it easier to regularly act on client insights. The paper presents seven springboards towards a culture, structure and operations that is capable of responding to client needs. These approaches are practical methods used by insurance companies to gradually instill a culture of listening to clients and experimenting to meet their needs. The springboards are summarized in [Annex 16](#).
- **Improving Sales:** New study on Salesforce Management. The Facility published a paper in 2012 on salesforce management – “[Selling more, selling better: A microinsurance sales force development study](#)” that presented lessons on how to recruit, train, incentivize and monitor their sales force. The paper outlined four sales models (primary vs. auxiliary and in-house vs. outsource) that still hold true today. However, the proliferation of digital technology, the expansion of the target beyond the micro segment, the design of integrated products and the introduction of new players require us to take a fresh look at this critical function. In this new study, the Facility will look at the experience of the innovation Partners and other leading players to examine the following questions:
  - What are the characteristics of a successful sales agent? What selection criteria can be used at the time of recruitment and what elements need to be incorporated in their training?
  - How can providers set up an agent network?
  - How can an insurer or distributor incentivize responsible insurance sales?
  - How have the introduction of digital tools and platforms altered the role of the sales agent? Is there a way to offer “assisted” sales model to improve client understanding?
  - What are the trade-offs between using in-house and outsourced agents?
  - Is there a business case for insurers to develop their own sales force? What products or sales model lend themselves to this model?
  - What are examples of sales agents playing a role in customer maintenance and renewal/retention?
  - What are effective strategies for insurers to “manage” outsourced agents that the insurer has no direct control over?
  - How has the sales model evolved from agents to digital, group, bundled and how insurers can best manage these channels/partnerships to ensure sales are executed efficiently and responsibly?
- **Technology-enabled health:** This paper has been delayed as the resources that we had identified were not able to work on it at the end of 2018. We still intend to publish the paper, but need to determine the best resources for it.

## Case Briefs

The Facility published two case briefs on EIA and Kifiya. The case briefs are four-page briefs that describe the project’s focus and present one to two key lessons from it.

- ✓ **Equity Insurance Agency (EIA):** The case brief presents the various decisions and choices that EIA had to evaluate to go through a digital transformation process. While it eventually planned to digitalize all functions, EIA had to figure out where to focus initially – either on increasing revenues or reducing costs. While both were important, the process also had to be manageable and results needed to be achieved fairly quickly. The briefs present the advantages and disadvantages of the different options available to EIA that could resonate with other organizations wanting to go through a similar process.
- ✓ **Kifiya:** The case brief presents Kifiya’s experience with designing an agricultural index product and the changes that it had to make after the experience of the first season to the product and distribution strategy to ensure that the product could reach more Ethiopian farmers.
- The Facility also published a case brief for MicroEnsure and *will publish case briefs for NHIA (May), APA (June) and CIF Vie (July).*

### Trainings

The following two trainings were conducted during the period.

- ✓ Claims management in microinsurance in Nairobi, Kenya in June 2018; and
- ✓ Make change happen: Getting insurers ready to serve low-income and emerging markets in Nairobi, Kenya in March 2019.

### Webinars

The following webinars were conducted during the period:

- ✓ **Putting client insights into practice:** Though most insurers are collecting data about and from clients, they often struggle to put that information into practice in a way that makes sense for their business. During this webinar, we shared structures, processes and tricks of the trade that help successful companies to do so, using experiences from BIMA and Britam. Registrants: 160; Attendees: 74
- ✓ **The journey towards digital insurance:** Digital technology and insurtech solutions facilitate access to low-income and emerging markets in various ways. This includes using digital channels, reducing operational costs through automation and using alternative information on customers for risk assessment and pricing. For an insurance provider, a digital journey involves transforming processes and, more fundamentally, changing how a business operates. The three key areas on this journey are innovation management, a focus on customer experience and creating new models, such as partnerships with insurtech firms. This webinar highlighted the digital journeys of two organizations: Equity Insurance Agency and Inclusivity Solutions. Registrants: 296; Attendees: 100

### International Microinsurance Conference

- ✓ A number of the Partners presented lessons from the projects during the 14<sup>th</sup> International Microinsurance Conference held in Lusaka, Zambia in November 2018. Projects were also featured in four panels, showcasing the breadth of the projects and the lessons learnt.

### Blogs

Blog Title	Views	Reads	Read ratio
✓ <a href="#">Fulfilling the insurer’s promise for hard-to-reach clients</a>	124	65	52%
✓ <a href="#">Building disruptive business models to improve insurance penetration in Kenya (Equity)</a>	62	25	40%
✓ <a href="#">Public-private partnerships to accelerate Universal Health Coverage in Kenya (Equity)</a>	213	72	34%
✓ <a href="#">Efforts to design a simple, fair and effective sales incentive scheme (Equity)</a>	89	37	42%
✓ <a href="#">10 years of impact insurance...meet the runners-up</a>	116	48	41%
✓ <a href="#">The financial lives of cocoa farmers in Côte D’Ivoire</a>	353	197	56%
✓ <a href="#">Holistic risk management solutions for cocoa farmers</a>	166	77	46%
✓ <a href="#">Why claims matter for sales agents</a>	79	44	56%
✓ <a href="#">From actuary to global innovator</a>	104	68	65%

Table 22 – Blogs (views and reads in 2018-2019)

### Emerging Insights and other lessons

- ✓ **The art and science of being responsible:**  
Total opens (EN+FR): 1079  
Becoming a responsible insurance provider is a mix of art and science. Responsible insurance provision requires the delivery of *appropriate* (1) products in an *accessible* (2), *transparent* (3), *fair* (4), *responsive* (5) and *respectful* (6) way to informed consumers who can *use* (7) those products effectively. These *seven principles* need to be applied in a structured process; deciding on which to address first and finding ways to apply them in a cost-effective way requires creativity.
- ✓ **Going digital: what to do first?**

Total opens (EN+FR): 1,045

Digital technology and insurtech solutions facilitate access to insurance in emerging markets in various ways. Digital channels attract new customers, automation reduces operational costs, and alternative customer data allows new ways to assess risk and carry out pricing. In a webinar on “The journey towards digital insurance: from strategy to implementation” Equity Insurance Agency and Inclusivity Solutions presented lessons from their digitalization journeys.

✓ The financial lives of cocoa farmers in Cote D’Ivoire

Total opens (EN+FR): 1,284

Farmers’ financial lives are determined by the crop cycle and they experience particularly difficult months from June to August, when they often run out of cash before the next harvest season starts. This “hunger season” comes during the rainy season, when farmers also face the risk of climate variation. Struggling to manage the interrelated risks and expenses at household and farm level, and without other financial solutions available, farmers often turn to informal loans at very high interest rates. Farmers repay these expensive loans during the next harvest season, diminishing their income and leaving them with reduced savings. This in turn exacerbates their cash-flow problems during the year ahead.

✓ Designing a digital strategy

Total opens (EN+FR): 1,137

A digital strategy used to be about selecting the right technologies, automating tasks and gaining efficiency. Today, digitalization involves fundamentally transforming the way a business works and what it offers. Equity Insurance Agency embarked on its digital strategy in 2018. EIA analysed possible approaches to digitalization. While it eventually planned to digitalize all functions, EIA had to figure out where to focus initially – either on increasing revenues or reducing costs. While both were important, the process also had to be manageable and results needed to be achieved fairly quickly.

✓ Creating a hybrid agricultural insurance product in Ethiopia

Total opens (EN+FR): 1,101

Why Kifiya redesigned its product to cover pests and diseases. After the first season of its crop insurance product, Kifiya carried out a survey with farmers to understand their impressions of the product and to assess the accuracy of the index – in other words, how closely the payment decisions correlated with farmers’ reported experiences of damage. It found that the index was highly accurate. Only two per cent of farmers felt that the result of the index did not match their experience. However, the field assessment revealed a separate issue: although farmers generally agreed with the results of the index, in many cases they did not believe that the right triggers were being measured.

**Other lessons:**

- ✓ **Need for broader in-country capacity building and long-term business case** - *Staff retention and recruitment has proved an important challenge* for both Kifiya who faced significant difficulties replacing the fellow and other members of their microinsurance teams. *Difficulties are due to both very limited microinsurance and general insurance capacity in the Ethiopian market, and slow progress in scaling products which make other job opportunities in business and development programmes more attractive to staff.* This reinforces the importance of establishing a *strong and long-term business case and management buy in to ensure resources and opportunities for microinsurance staff.* It also suggests the need to carry out *wider capacity building activities in the country* in order to create a pool of talent to recruit from.
- ✓ **Need for focused and reduced product development timeline** - Kifiya initially adopted a very ambitious product development pipeline, based in part on its experience as a financial start-up developing multiple bill-payment and other financial services, and perhaps also partly because of the kind of proposal they had found to be attractive to donors. *Insurance proved far more complex and to require much longer timelines than anticipated. A more focused and reduced product timeline would have allowed Kifiya to better manage expectations, and maintain focus on a few initiatives.* This is both a learning for Kifiya’s product pipeline in the future and perhaps also an indication for us as donors to help grantees feel comfortable *proposing less ambitious, more focused projects.*
- ✓ **Setting up an Innovation Lab** - One of lesson learnt is the innovation process within an intermediary such as MicroEnsure. Whilst the innovation labs concept allowed flexibility and quick speed in response to market needs, it often became an isolated team. *Without the support of the business-as-usual team, good products could not become sustainable.* As a result of this observation, it was decided for the innovations labs to be disbanded and *merged into the business development team.* It is further noted that the idea of innovation labs is often driven largely by the support of key personnel. If such key supporter was to exit the company, the team could not create the impact expected. As a result, in setting up innovation labs, the buy-in of all company stakeholders is of significant importance.
- ✓ **Using a bottom-up approach to development KPIs for central staff** – *Equity needed to develop a quantitative performance measurement framework for head-office staff that was transparent and easy to understand. The impression was that workload was not evenly distributed and that some staff were not being adequately compensated for their efforts.* To understand the division of labour, management took a bottom-up approach and worked with each team lead to understand what people are actually doing on an hour-by-hour, not what they are supposed to be doing. Each team lead was asked to assess - *Is work equally distributed? Is everyone doing equally important work? Does everyone have the skillset? This approach helped to build buy-in for the new KPI system as staff felt that they had given inputs into the measure and knew what tasks they were being monitored on.*



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**Annex 16 - Springboards towards a culture, structure and operations to respond to client needs**

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*These approaches are practical methods used by insurance companies to gradually instill a culture of listening to clients and experimenting to meet their needs. The springboards are summarized below.*

- 1. Appoint a dedicated voice of the client:** For clients’ interests to be permanently incorporated into a company’s operations, they need to be represented within the company’s structure. This can be done by appointing a dedicated individual or team to serve as the voice of the client. This person or group is tasked with advocating on behalf of the client in meetings and product development processes and making sure that their needs are met.
- 2. Bring research in-house:** Many insurers outsource client research to specialized companies. However, the most successful companies build in-house client research capacity and only use outsiders strategically to fill gaps or bring new insights.
- 3. Use client research to change mindsets:** Client research is not only a tool to understand clients; it is also a tool to help shift the mindset of company staff. Without including a broad range of people in client research, it is hard to change attitudes and assumptions about customers that may lead to some stakeholders resisting and delaying changes. Joint customer research is a powerful tool to make sure that other teams in the company, senior management, and new partners are fully on board.
- 4. Invest in client personas:** Inclusive insurance providers are increasingly committed to carrying out client research, but are frequently overwhelmed with the information they collect. They struggle to synthesize and categorize information and decide what to prioritize.
- 5. Make a sprint of it:** The traditional, linear approach of commissioning a major research project, followed by a long-winded product design and traditional pilot is time consuming and costly. The best way to overcome this is to deploy quicker, more iterative design and implementation processes. Such a ‘test and learn’ approach is based on the assumption that learning to meet customer needs is an iterative process.
- 6. Change little and often:** There is a common misconception that client research is a one-off activity that provides ready-to-use answers. In reality, client insights are best collected through an ongoing and iterative process. Once collected, insights will require interpretation and testing to convert into useful product and process features, marketing messages and so on. Again, this is most successful when seen as an iterative exercise.
- 7. Connect client experience improvements to business goals:** Attempting to both meet specific client needs and follow overall company strategy can cause tensions, or at the very least result in projects ending up at the bottom of everyone’s to-do list. It is easier to gain ground when companies chose to focus on changes that match a business objective. In particular, to build momentum, it can be helpful to initially prioritize changes that also help staff members fulfil their existing targets

## Annex 17 – Emerging Lesson Learned

<b>Evaluation Title:</b> Independent Final Evaluation of the “ <i>Strengthening the role of financial institutions for micro-insurance development in Africa</i> ” project	<b>Project TC/SYMBOL:</b> RAF/14/05/FRA
<b>Name of evaluator:</b> Maria Zarraga	<b>Date:</b> 15 July 2019
The following Lesson Learned has been identified during the course of the evaluation. Further text can be found in the conclusions of the full evaluation report.	

LL Element	Text
<b>Brief summary of lesson learned (link to project goal or specific deliverable)</b>	<p>The project operated in complex environments and provided advanced partner organizations (microinsurance providers) with technical assistance to promote quality at scale.</p> <p>While the project faced numerous challenges and despite the fact that it had conducted rigorous due diligence, experience shows that in such contexts where results closely depend on key project Partners, due diligence should even be more extensive to avoid dealing with unsuccessful partnerships that might put project interventions at stake.</p>
<b>Context and any related preconditions</b>	Time and resources need to be allocated accordingly to conduct extensive selection processes of project Partners and of other key stakeholders taking such risk into account.
<b>Targeted users / Beneficiaries</b>	All project staff, stakeholders and beneficiaries can benefit from avoiding technical assistance interventions facing complications that will cause delays and hence reduce overall impact.
<b>Challenges / negative lessons – Causal factors</b>	All project team members and Partners should display the willingness to conduct a lengthier due diligence exercise that can be in some cases be a long and complicated process.
<b>Success / positive issues – Causal factors</b>	Project staff and Partners would benefit from thorough due diligence to avoid dealing at a later stage with complex situations that could have been avoided.
<b>ILO administrative issues (staff, resources, design, implementation)</b>	Additional resources would need to be allocated to due diligence in the project design.
<b>Other relevant comments</b>	

Table 23– Emerging Lesson Learned

## Annex 18 – Emerging Good Practice

<b>Evaluation Title:</b> Independent Final Evaluation of the “ <i>Strengthening the role of financial institutions for micro-insurance development in Africa</i> ” project	<b>Project TC/SYMBOL:</b> RAF/14/05/FRA
<b>Name of evaluator:</b>	<b>Date:</b>

Maria Zarraga

15 July 2019

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

<b>GP Element</b>	<b>Text</b>
<b>Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)</b>	<p>The project adopted a change management approach that was systematically used notably to build partner organizations’ (microinsurance providers’) capacity to efficiently provide quality microinsurance for low-income populations.</p> <p>While any change entails resistance, the Facility and Microinsurance Innovation Facility Fellows used this effective change management approach that allowed the project to conduct interventions in complex environments and facilitate senior management buy-in.</p>
<b>Relevant conditions and Context: limitations or advice in terms of applicability and replicability</b>	<p>Relevant conditions include sufficient time allocated to train fellows and other stakeholders on the change management approach.</p> <p>The change management approach was applied in different organizational and country contexts. The mentoring provided to fellows was very useful to put this approach into practice and extract emerging insights that were then shared with a wider community of practice.</p>
<b>Establish a clear cause-effect relationship</b>	<p>The Facility and Microinsurance Innovation Facility Fellows were able to use a structured approach to transition individuals, teams and organizations to create for example a culture and a system of customer centricity in organizations. This change allowed to design or redesign together with partners quality products to create value for customers.</p>
<b>Indicate measurable impact and targeted beneficiaries</b>	<p>A measurable impact includes a significant number of useful and successful changes that serve the purpose of developing and promoting quality microinsurance at scale.</p>
<b>Potential for replication and by whom</b>	<p>This approach is transferable to different contexts by staff that has been trained on the matter.</p>
<b>Upward links to higher ILO Goals (DWCPs Country Programme Outcomes or ILO’s Strategic Programme Framework)</b>	<p>This emerging good practice is in line with project countries’ DWCPs that include social protection, health insurance, and protecting smallholder farmers from climate variability - as such microinsurance interventions require change.</p>
<b>Other documents or relevant comments</b>	

Table 24 – Emerging Good Practice