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Table of Contents

List of Tables	iv
List of Abbreviations	v
Executive Summary	vii
1 Introduction	1
1.1 Background and Objectives of the Project.....	1
1.2 Purpose, Scope and Limitations of the Final Independent Evaluation	4
2 Methodology of the Evaluation	6
2.1 Conceptual Framework.....	6
2.2 Methodology, Key Deliverables and Work Plan	8
3 Overall Findings	12
3.1 Relevance and strategic fit.....	12
3.2 Coherence	15
3.3 Validity of design.....	16
3.4 Effectiveness.....	19
3.5 Efficiency of resource use.....	25
3.6 Impact	28
3.7 Sustainability	29
3.8 Cross-cutting issues/Issues of Specials Interest to the ILO	31
4 Conclusions and Recommendations	33
4.1 Conclusions	33
4.2 Recommendations	38
5 Lessons Learned and Good Practices	42
ANNEXES	43
Annex 1: Terms of Reference (TOR)	44
Annex 2: Data Collection Worksheet	61
Annex 3: List of Main Partners/Stakeholders	66
Annex 4: Outcome Summary	69
Annex 5: Project Tracking Matrix	71
Annex 6: Attendees at stakeholder workshop	78
Annex 7: Risk Matrix	79
Annex 8: Evaluation Work Plan	80
Annex 9: Priorities for Second Phase	81

Annex 10: Recommendations by the MTE and progress updates	83
Annex 11: Lessons Learned (LL) and Good Practices (GP)	85
Annex 12: Documents Consulted	89

List of Tables

Tables:

1	The Project Team: Staffing by position and by component	25
2	Expenditures by Budget Categories as per 10 September 2021	26
3	Expenditures on Activities by Project Component	27
4	Expenditures in % by years of implementation.	28

List of Abbreviations

ACT/EMP	(ILO) Bureau on Employers' Activities
ACTRAV	(ILO) Bureau on Workers' Activities
ADB	Asian Development Bank
AIHD	ASEAN Institute for Health Development (under Mahidol University)
ASEAN	Association of Southeast Asian Nations
BIA	Benefit Incidence Analysis
BKK	Bangkok
CCA	Common Country Assessment
CTA	Chief Technical Adviser
DPs	Development Partners
DWCP	Decent Work Country Programme
DWT	ILO Decent Work Team
EO	Employers' Organisation
EPHS	Basic package of health services
EU	European Union
FGD	Focus Group Discussion
FIA	Financial Incidence Analysis
FPRW	Fundamental Principles and Rights at Work
HISRO	Health Insurance System Research Office (Thailand)
HR	Human Resources
HSPI	Health Strategy and Policy Institute (Viet Nam)
ILO	International Labour Organization
ITC	International Training Center (ILO)
JPO	Junior Professional Officer
KIHASA	Korea Institute for Health and Social Affairs
Lao PDR	Lao Popular Democratic Republic
LECS	Lao Expenditure and Consumption Survey
LSSO	Lao Social Security Office (formerly NSSF), MLSW
M&E	Monitoring and Evaluation
MLSW	Ministry of Labour and Social Welfare (Lao PDR)
MOH	Ministry of Health (Viet Nam, Lao PDR)
MoHS	Ministry of Health and Sport (Myanmar)
MOLISA	Ministry of Labour, Invalids and Social Affairs (Viet Nam)
MOLIP	Ministry of Labour, Immigration and Population (Myanmar)
MOPH	Ministry of Public Health (Thailand)
MPHM	Master on Primary Health Care Management (CONNECT)
MTE	Mid-Term Evaluation
MU	Mahidol University
NGO	Non-Governmental Organization
NHI	National Health Insurance (Lao PDR)
NHIB	National Health Insurance Bureau (Lao PDR)
NPC	National Project Coordinator
NSSF	National Social Security Fund in Lao PDR (now LSSO)
OECD/DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee

OIT	<i>Organisation Internationale de Travail</i>
OOP	Out-of-pocket
OSH	Occupational Safety and Health
P&B	Programme & Budget
P4H	Global Network for Health Financing and Social Health Protection
PARDEV	Partnerships and Field Support
PM	Program Manager
PMT	Project Management Team
PPS	Provider-Purchaser Split
PRODOC	Project Document
PSC	Project Steering Committee
RTF	Regional Technical Facility
SHI	Social Health Insurance
SHP	Social Health Protection
SNU	Seoul National University
SPF	Social Protection Floor
SRC	Swiss Red Cross
SSB	Social Security Board (Myanmar)
SSO	Social Security Office (Lao PDR)
ToC	Theory of Change
ToR	Terms of Reference
TPHI	Tropical and Public Health Institute (Lao PDR)
TPR	Technical Progress Report
UHC	Universal Health Coverage
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Frameworks
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDF	United Nations Sustainable Development Framework
USD	United States Dollars
VCCI	Viet Nam Chamber of Commerce and Industry
VGCL	Viet Nam General Confederation of Labour
VN	Viet Nam
VSS	Viet Nam Social Security
VZF	Vision Zero Fund
WB	World Bank
WHO	World Health Organization

Executive Summary

Background and project description

The present evaluation report is mandated by the Terms of Reference (ToR) for the Independent Final Evaluation of the project entitled '**Support to the Extension of Social Health Protection in South East Asia**' (see Annex 1). The Project has a total duration of 48 months, from 1 October 2017 until 31 October 2021. The project midterm evaluation was conducted in February 2020. The project is coming to an end in October 2021 and as per ILO requirements, a final independent evaluation is required. The **overall objective** of the project is to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection (SHP), under the overall umbrella of national strategies towards universal health coverage (UHC) and the 2030 Agenda for Sustainable Development, including ILO's Flagship Programme on Social Protection Floors. The project also includes a Regional Component, under which a regional technical facility (RTF), called Connect for Social Health Protection (CONNECT), has been established providing a platform for exchange, joint research and regional training opportunities for experts, academic institutions and practitioners in the area of social health protection and implementing a sustainable capacity building strategy.

Purpose, Scope and Methodology of the Evaluation

The main *purpose* of this final evaluation is related to both accountability and learning. It is to enable project staff, constituents and other relevant stakeholders assess whether project outcomes have been met and take stock of lessons learnt that maybe relevant for a follow-up phase or for similar future interventions (cf. Annex 1). The *scope* of the Evaluation covers the entire project period from the start on 1 October 2017 until the end of October 2021. It will cover all three project countries and the regional component; the evaluation will integrate ILO's cross-cutting issues, including the gender dimension, throughout the evaluation methodology and all deliverables. The *primary clients* of the evaluation are the ILO constituents and the ILO Offices in the three project countries, ILO ROAP and ILO HQ and the donor, while the *secondary users* are other interested partners, academic, other ILO units and regions, and public. The evaluation will adopt a participatory process and will consult with the tripartite constituents and other key stakeholders throughout the evaluation process. The *methodology* includes a desk study, primary data collection through in-depth interviews and discussions which were all conducted online due to the COVID-19 pandemic, data analysis and reporting. It also includes a critical reflection process by the key stakeholders in particular through the online stakeholders' workshop and the inputs by stakeholders to the draft report. Key deliverables are the inception report, the preliminary presentation of findings at the virtual stakeholders' workshop, the draft report, and the final report taking into consideration the feedback on the draft report.

Findings

The conclusions of the present independent final evaluation are below categorized according to the eight evaluation criteria used throughout this report. The **Relevance and Strategic Fit** of the SHP intervention is very high, and it is relevant to the needs of the target groups often lacking access to adequate social protection coverage, and to the mandate and priorities of the respective governments. The project is in principle also relevant to the social partners, but only few joint activities were developed. The intervention further clearly aligns to the SDGs, the ILO Programme and Budget (2020-21), the Decent Work Country Programmes (DWCP) as well as to the policies of the Government of Luxembourg. The evaluation further found that all stakeholders interviewed

for this evaluation underlined the high relevance of the intervention, which even *increased* with the onset of the COVID-19 pandemic. The project has responded efficiently and flexibly to this pandemic in close cooperation with the Donor, the partners, ILO country offices, DWT and ROAP, and has contributed to a series of specific COVID-19 responses. The response to the sudden emergence of the political crisis in Myanmar on the 1st of February 2021, was to follow the “UN Country Engagement Guidelines” and to complete those activities that could still be undertaken and to prepare for possible future engagements.

The **Cohherence** of the intervention was quite substantial with the project being firmly embedded within the DWCP’s of the three targeted countries and in the work of ILO ROAP. The project team has participated actively in coordination mechanisms among Development Partners (DP) creating different types of synergies (e.g. the P4H Network). According to the interviewed participating DP’s these mechanisms have clearly proven their usefulness. The project also leveraged different partnerships with other UN agencies and other DP’s that enhanced the intervention’s relevance and contribution to SDG targets. The collaboration between the project and the donor, the Grand Duchy of Luxembourg, was maintained on a regular basis in particular with the Embassy of Luxembourg in Vientiane, and in particular also since the start of the pandemic.

The **Validity of the project design** was satisfactory although the design was rather complex and ambitious with three countries and a regional component (cf. the MTE). The SHP project built on the previous ILO-Luxembourg project on social protection policies in Lao PDR. The inception period was relatively long partly by design and partly due to delays in recruiting essential staff. The intervention logic or Theory of Change (ToC) consisting of three interrelated levels concerning the provision of SHP (policy level, SHP schemes, and scheme management) is useful although not very elaborate. The design through the Results Framework/LogFrame and its Outcomes and Outputs was logical and coherent but needs some improvement at indicator and baseline levels. In general, the project design is appropriate for achieving its intended Development Objective: the three country Outcomes directly target the accessibility for the population of the various schemes in health insurance, while the regional component contributes indirectly through capacity building and the production and exchange of knowledge. The consultation and involvement of the tripartite constituents varied significantly, with mostly a clear involvement of the relevant ministries but much less so of the social partners.

The **Effectiveness** of the intervention in achieving the *Five Outcomes* was partial. While CONNECT has been established and capacity building services were developed (first outcome), it is not yet fully sustainable. The second Outcome was mainly achieved through the knowledge produced and shared with all stakeholders. The achievements related to the three country Outcomes could not be determined fully as the indicator of increased *coverage of women and men by SHP schemes* could not be measured clearly because data were not updated (regularly) by the countries involved and because of the impact of the COVID-19 pandemic. At the *Output* level, the project managed to deliver almost all planned activities and outputs, except for those in Myanmar and some other activities were *reprogrammed*. On the whole, the project has undertaken a large number of activities (see Annex 5). The intervention faced a number of quite substantial *Challenges* including COVID-19 and the Myanmar crisis. That still so many activities were undertaken is due to several *Success Factors*: the sustained commitment of the involved governments and other stakeholders; the experience of the previous ILO/Lux project in Lao PDR and the intensive communication with the Embassy of Luxembourg in Vientiane; and considerable credit is due to the Project Team with support from ILO-DWT in Bangkok and ILO-HQ.

The conclusion of the MTE that the intervention was rather complex led to considerations whether an alternative strategy would have been to leave out one of the three countries, but this was not logical under the overall objective (which includes all three countries). Another alternative strategy could have been to leave out the Regional Component, but one of its aims, 'learning from other countries', is an important element and has the great interest of the countries involved; this was implemented through capacity building and knowledge development. The large number of stakeholders interviewed for this evaluation (45; Annex 3) have in large majority expressed their satisfaction about the quality and usefulness of the outputs and activities. The project has clearly engaged with a series of key partners and stakeholders in the project countries although for some the cooperation was new, for example with the MoH in Viet Nam. The project has mostly been engaging with the *right* partners, although it was sometimes challenging to maintain the balance between the ministries of labour and of health in a country. The eight Recommendations made by the MTE have mostly been sufficiently incorporated into the project.

Overall, the *Efficiency of resource use*, was more than satisfactory especially also considering the many challenges faced. Due to the complexity of the design, *staffing* was required in four countries with the Program Manager based in Hanoi, an externally funded JPO position in Bangkok, and further included three National Programme Coordinators (Table 1). The stakeholders interviewed underlined the expertise and experience of the Project Team. Monitoring was efficiently undertaken while overall oversight was provided by the Program Manager with the support of the Vietnam Country Office as well as by a Steering Committee. The ILO offices in the three project countries provided support where needed, while the Program Manager regularly performed tasks for the Vietnam Country Office. In addition, important technical support was provided by experts from the ILO-DWT in Bangkok and from ILO-HQ. Most stakeholders interviewed underlined the good support and communication from the Project Team.

On the whole, the Resources have been allocated strategically and efficiently. About 89% of the overall budget of just over US\$ 3 million was spent, and the balance of over 10% can in part be explained by the halting of activities in Myanmar. For staff costs of the project team 38% was used, while expenditures on 'Activities' amounted to over 34% (Table 2). The project's activities were mostly in line with the scheduled work and budgetary plans, but exceptions were the slow rates of expenditures in Vietnam in the beginning, the pausing of most of the spending in Myanmar since February 2021, and the slow start of CONNECT. The COVID-19 Pandemic does not seem to have a decisive impact on the implementation and on the spending pattern of the project. The project has clearly leveraged resources with other projects and through partnerships with other organizations to enhance the project's impact and efficiency.

The project strategy and project management have clearly steered towards *Impact* by focusing on existing policy developments such as the merger into one NHI Scheme in Lao PDR, the revision of the SHI Law in Viet Nam and the administration/management support to the SSB in Myanmar. The regional component is intended to have a more indirect impact through the development of knowledge and capacity building which will ultimately support policy development. Financial health protection, contributing to Universal Health Coverage (UHC) and to SDG3, was supported through such activities as the costing exercise in Lao PD and the actuarial work in Viet Nam. The intervention has delivered an impressive list of outputs (Annex 5) and these will have improved the *capacity* of national staff and of national institutions in implementing social health protection. It also clearly has strengthened the *enabling environment* for SHP through support to the development of laws/policies and through the various communication, advocacy and

awareness raising activities which impacted the attitudes of staff of the partners. The COVID-19 pandemic has not specifically affected the potential impact of the project since most activities could be continued with online modalities. Stakeholders further underlined that *'learning from each other' (in terms of countries)* has been enhanced e.g. through the trainings, and the regional component has given a real push to this through the development of the Compendium, and potentially also through the setting up of CONNECT.

With respect to **Sustainability**, it was found that no overall *exit strategy* was developed, but that many of the results of the intervention are quite durable and are likely to be maintained, such as: CONNECT which is expected to stay with its Charter and Work plan; The master's study is fully embedded in the university's structures; Knowledge generation has been good with the Regional Compendium as the landmark publication; Information sharing (attitude); The law revisions and the merger of schemes; and the communication, advocacy and awareness raising materials produced under the project will continue to exist. In addition, CONNECT might well be replicated in other countries through ILO-HQ. A major focus of the project was on developing **full ownership** at national level and building capacities through a strategy labelled "doing together" with national partners, which resulted in substantial national ownership of outputs among the two ministries of health in Lao PDR and Viet Nam, as well as among the VSS in Viet Nam and the SSB in Myanmar. In contrast, ownership among LSSO in Lao PDR and among social partners was not much developed. Lastly, strong ownership has developed in CONNECT.

With respect to **ILO's Cross-cutting issues** the attention may have to be enhanced for some of these issues. The project's objectives and outputs are clearly consistent with prescriptions in ILO's normative instruments (including *ILS*) and the basis for the SHP intervention is formed by the Social Security Convention (C102) and the Social Protection Floors Recommendation (R202). More needs to be done concerning *social dialogue* to sensitize the social partners around SHP. The project was definitely **gender** sensitive, and a few targeted activities were undertaken, but at the same time it was found that the attention and dedicated resources for enhancing gender equality was not systematically applied, and this may be enhanced in the second phase. Lastly, the intervention did not specifically look into *disability* and *non-discrimination*.

Recommendations

The recommendations formulated on the basis of the findings of the present independent final evaluation are as follows:

- 1. Continue with the organization of a major Closing Event whereby the Regional Compendium can be launched**, and where the dialogue with the key partners can be enhanced and focused on issues of sustainability.
- 2. Consider an additional, second no-cost extension if the 2nd Phase cannot start directly in November/December 2021** in view of maintaining the existing continuity stability of the Project Team.
- 3. As many activities undertaken in the current phase of the SHP project need a sustained follow-up and support, the strong Recommendation to the ILO and the Donor is to agree on the Second Phase Proposal with a few modifications** (as below). The current proposal for the 2nd Phase is appropriate in that it reflects the needs of Lao PDR and Vietnam in terms of social health protection as can be seen from the priorities listed by the stakeholders at the last Steering Committee meeting (see Annex 9). It is also appropriate in its focus on Lao PDR, Viet Nam and the Regional Component. However, the provision to include Myanmar in this particular intervention *if and when* the political crisis there is resolved seems optimistic in view of the current directives from the UN and from the Government of Luxembourg; in addition,

such a conditional provision prevents solid planning within the second phase as resources need to be reserved for Myanmar which can subsequently not be included in the planning for the other countries/components. Besides, once the UN decides that its Development Programme can be opened up again for Myanmar sufficient funding will certainly be made available for this country from other funding sources/lines. Furthermore, the set-up of the project is already sufficiently complex with two countries and a regional component (cf. the findings of the MTE and of the present evaluation). Therefore, one Modification is to reduce substantially the amount allotted in the 2nd Phase proposal to Outcome 4 on *partnerships in the region*.¹ A second Modification is to increase the *share* of ‘activities spending’ in Lao PDR as this is the country that is most in need of support and as this is the focal country for Luxembourg; for example, the ratio among components/countries can be similar as in the present phase excluding Myanmar (see Table 3). Staffing is the subject of the next recommendation.

4. **Maintain as much as possible the current complete Project Team in place for reasons of stability and continuity with the one addition already included in the 2nd Phase Proposal of an International Expert P3 based in Vientiane** working on activities both for Lao PDR and for CONNECT for the full period (36 months).. Once the travel restrictions are reduced, the Program Manager could also regularly visit Lao PDR as she did before the pandemic started.

This recommendation includes thus also to maintain the position of Program Manager in Hanoi as it has worked overall quite well in the present phase (despite the adverse conditions of the pandemic), as the ILO office in Hanoi is a full-fledged Country Office with full administrative-financial authorizations, and as it is a more family-friendly duty station than Vientiane.²

With respect to the budget, the current 2nd Phase Project Document proposes 49% for staff costs, and while it is likely that the total amount of the budget will be reduced to the level of the current project, it will be important to maintain that percentage, or even reduce it somewhat, in order to maintain a balance between staff costs and activities.

5. With respect to the Project Design of a Regional project, it is recommended to **maintain the balance between, on the one hand, the number of activities proposed in several countries and in a Regional Component, and on the other hand, the resources available**. Such a regional set-up easily risks becoming ambitious and very complex for a Project Team that needs to divide its attention over the different countries and the regional component. Another aspect of project design concerns **the indicators of the outcomes which are recommended to be more clearly measurable**.
6. **Involve the social partners more systematically in the activities in particular in Lao PDR, i.e. the Lao Federation of Trade Unions (LFTU) and the Lao National Chamber of Commerce (LNCCI)**, but also in Viet Nam (VGCL and VCCI), and support this with budgetary allocations/lines.
7. **Include a Gender Equality Strategy in the 2nd Phase** (developed with support from ILO’s gender experts in Bangkok and/or Geneva), and allocate dedicated resources to this strategy.
8. **Develop a full-fledged business case for CONNECT in the coming years which addresses institutional and financial sustainability** specifying the direction to follow; consider for example a portfolio of donors including private sector, tuition fees, research

¹ US\$ 140,000 is allotted to Outcome 4: “Support to extension of effective, efficient, accountable and sustainable gender responsive social health protection is supported with partnerships in the region.” (Output 4.1 Capacity building. Output 4.2. Policy reforms supported, based on evidence produced by the project). (Source: 2nd Phase proposal June 2021).

² The International Civil Service Commission (ICSC) published its ‘Hardship Classification’ list in January 2021 which shows that Viet Nam is in Class A while Lao PDR is in Class B. See: https://ficsa.org/fileadmin/user_upload/ICSC-HARDSHIP-D-ST-Consolidated_List_20210101.pdf

funding, a membership fee, etc. This business case can also be seen as the exit plan for the 2nd Phase but needs to be developed as early as possible. It should include a full-fledged CONNECT-Manager funded from the project who will still be supported by the Program Manager in Hanoi and by the new P3 expert in Vientiane. The existing plans to gradually increase the number of members and to pursue the international accreditation of the master's study need to be included in this business case.

9. **Make provisions in the 2nd Phase Budget to keep those 1st Phase master's students on board who will not be able to complete their MA Thesis by 31 December 2021** despite their contractual obligations. It is now foreseen that maybe three of the six students will not complete their thesis until April 2022, and if they would indeed abandon the study this would imply a large degree of (human) capital destruction. Therefore, in order not to 'lose' these students they need to be supported in 2022 for example with registration as student at Mahidol University in 2022, advisory fees, and internet costs.
10. **For Lao PDR it is recommended to continue the support through the 2nd Phase of the project for the implementation of the newly designed (merged) comprehensive SHP scheme;** analysing the effects of the merger may be considered jointly with selected Development Partners. Other specific priorities for Lao PDR are mentioned by the key partners in Annex 9.
11. **For Viet Nam it is recommended to continue the support through the 2nd Phase of the project for the revision of the SHI Law and once this Law is ratified (possibly in 2022) for the development of the implementation regulations.** Other specific priorities for Viet Nam are mentioned by the key partners in Annex 9.

Lessons Learned and Good Practices

From the experience gained by evaluating the present project two Lessons Learned (LL) and two Good Practices (GP) have been identified in this report as follows:

LL1 – The Project Design with activities in three countries and a Regional Component is too ambitious and complex in view of the resources available.

LL2 – To set up a Regional Technical Facility like CONNECT takes substantial time, but it can be crucial for knowledge development and sharing as well as for long-term technical capacity building.

GP1 – The development of a multi-country Regional Compendium on Social Health Protection is a Good practice to be replicated elsewhere since countries have shown to be interested to learn from each other.

GP-2 – The implementation modalities of the Costing Exercise on the health insurance benefit package and health facility costing in Lao PDR is a Good Practice to be replicated in other projects.

The ILO/EVAL **Templates** with the full description of these Lessons Learned (LL) and Good Practices (GP) are provided **in Annex 11**.

1 Introduction

1.1 Background and Objectives of the Project

The project entitled “**Support to the Extension of Social Health Protection in South East Asia**” was funded by the Grand Duchy of Luxembourg (it is often referred to as ILO-Lux or ILO-SHP).

Background Literature Review

In low-income countries an estimated 90 % of people have no financial protection against catastrophic health expenditures. Globally, about 39 % of the population is lacking such coverage. As a result, about 40 % of health expenditures globally are shouldered directly by the sick and their families (cf. ToR, Annex 1). Countries in Southeast Asia are no exception to this global trend. The importance and potential of social protection and social health protection in reducing poverty and inequalities and contributing to a more inclusive and sustainable economic development is recognised in the 2015 Sustainable Development Agenda.

With respect to South-East Asia, the PRODOC (2017) indicates that five ASEAN Member States have set specific targets for achieving Universal Health Coverage (UHC): Viet Nam (by 2014), the Philippines (2016), Indonesia (2019), Lao People’s Democratic Republic (2025), and Myanmar (2030). Progress was notorious but not all the countries were able to reach the targets within the adopted timeframe. Four ASEAN Member States have achieved (near) UHC through general tax-financed national health care systems (Brunei Darussalam, Malaysia, and Thailand) and mandatory savings - and contribution-based health care system with a social assistance component for those in need (Singapore). To extend their respective social protection floors for health care, some Member States – Indonesia, Philippines, Singapore, and Viet Nam – have introduced either mandatory or voluntary coverage for self-employed or informal economy workers, who represent the majority of the working age population in most low- and medium-income countries. Lao PDR chose a similar path with the launch of a tax-based scheme covering the informal sector while formally employed workers will continue to pay health insurance contributions.

Despite the progress achieved and growing political commitment aiming at achieving universal health care, medical service utilization rates among the poor and vulnerable are still low in most countries. Low utilization indicates the existence of barriers to effective health coverage, including geographical, financial, and cultural difficulties, in addition to often low quality of services available in rural areas. Besides population coverage, financial health protection should also be assessed in terms of cost of coverage or the degree of financial protection, and the range of medical services available to those covered.

The shift of employment towards the manufacturing and service sectors that is taking place in some of the countries in the region has also contributed to increased employment opportunities in the formal sector and therefore provides a window of opportunity to strengthen sustainable social insurance schemes providing wage workers protection in case of income loss and ill health. In conjunction there is a growing recognition of the need for non-contributory social protection

schemes catering to the poor, the near-poor, and those working informally, which still make up the majority of the population in the ASEAN region.

The health systems of the three project countries differ according to the PRODOC (2017) with respect to their main financing mechanism: national social health insurance system in Viet Nam, as compared to limited health insurance coverage complemented by general tax funding in Myanmar and Lao People's Democratic Republic.

Project Objectives and Outcomes

The project's **overall objective** is to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, under the overall umbrella of national strategies towards universal health coverage (UHC) and the 2030 Agenda for Sustainable Development, including ILO's Flagship Programme on Social Protection Floors. In addition, the project includes a Regional Component, under which a regional technical facility (RTF) has been established providing a platform for exchange, joint research and regional training opportunities for experts, academic institutions and practitioners in the area of social health protection and implementing a sustainable capacity building strategy. This facility, called *Connect for Social Health Protection* (CONNECT), has been fully operational since May 2020; it is expected to contribute with regional experiences to global discussions while at the same time promoting South-South cooperation between the participating countries. At country level, activities are aligned with national social health protection strategies and complement initiatives of other development partners. The main effort is placed on the development of national institutional and human resources.

The project, therefore, has **five Outcomes**, two Regional and three Country outcomes:

- 1) A sustainable network of educational and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection (**Regional**)
- 2) A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence (**Regional**)
- 3) Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in **Lao PDR**
- 4) Effective, efficient, accountable and sustainable Social health protection delivered with an increased coverage in **Myanmar**.
- 5) Strengthened national capacities contribute to effective implementation of social security policies and strategies in **Viet Nam**.

Intervention Logic/Theory of Change (ToC)

The Mid-Term Evaluation (MTE) in February 2020 concluded that "The project design (priorities, outcomes, outputs and activities) and its underlying theory of change are logical and coherent." The LogFrame Matrix in the Project Document (PRODOC) identifies the above-mentioned **five Outcomes** and in total **16 Outputs**, and these are included in the Project Tracking Matrix which is the subject of Annex 5. In Annex 4 an outline is given of the *Outcome Summary* provided in the last Technical Progress Report (TPR March 2021). The MTE concluded that "The project design is ambitious and complex..." in particular because it involves both the regional component and three separate countries; in some ways it resembles even four different projects although under

the umbrella of one PRODOC and coordinated by one Program Manager from Hanoi. This has been investigated further in the present report.

The diagram provided in the ToR for the present evaluation (see Annex 1, page 3) provides a representation of the intervention logic. This diagram shows that the intervention targets three interrelated levels concerning the provision of social health protection:

- 1) Strategy and Policy Reforms,
- 2) Social Health Protection Schemes: Design and Systems, and
- 3) Social Health Protection Schemes: Administration.

Implementation of these three different levels of intervention is intended both to build the capacity of national staff and to provide the tools to national agencies in order to improve policy and implementation.

The Project is grounded on the establishment of partnerships with other institutions, including development partners towards the mobilization of additional resources, aiming at expanding the operation of the regional facility beyond the three initial countries. A major focus of the project is on developing full ownership at national level and building capacities. In order to do so, the project took the approach of promoting deep involvement of national partners (“doing together” as opposed to “doing for them”). In concrete terms, this translates into a slower pace to complete activities. Therefore, it was considered crucial to take into account in the project planning (i) the possible limited implementation capacity and (ii) the amount of time needed for partners to “absorb” the support being provided to them.

Project Management Arrangement

The Project is under the overall responsibility of the ILO Regional Office for Asia and the Pacific (ROAP) based in Bangkok. The respective ILO offices for Myanmar, Lao PDR and Viet Nam are the collaborating units. The project team consists of a Chief Technical Advisor (CTA, full-time, based in Hanoi), three national project coordinators (1 full time, 2 part-time) and 4 admin and finance assistants (2 full-time, 2 part-time). The national staff budget allocation has varied over time, based on opportunities to share costs in countries with other ILO projects or with other Development Partners. In addition, additional funds from the Government of the Grand Duchy of Luxembourg were financing a full time Junior Professional Officer (JPO) position in Bangkok from July 2019 until July 2021; since then and until the end of the project this position is financed by ILO-ROAP. The CTA is the principal staff responsible for project implementation, in charge of technical work but also supervising staff, allocating project budgets, preparing technical progress reports (TPR) and maintaining project relations with institutional partners. She is also responsible for elaborating the final project document, gathering supporting information and developing preliminary work plans. The project is technically backstopped by the Social Protection Specialist based in the Decent Work Support Team office of the Regional Office of Asia and the Pacific (ROAP) and from Geneva, the Social Protection Department (SOCPRO).

Duration and Budget

The Project has a total duration of 48 months, from 1 October 2017 until 31 October 2021. Although the project has encountered delays in the implementation due to the COVID-19 pandemic and the political crisis in Myanmar, most of the interventions will be completed by October 2021. The project is financed by the Government of the Grand Duchy of Luxembourg through a budget of USD 3,029,240.

1.2 Purpose, Scope and Limitations of the Final Independent Evaluation

Evaluation Background

ILO considers evaluation as an integral part of the implementation of technical cooperation activities. The internal MTE was undertaken in February 2020. In line with the ILO Evaluation Policy Guidelines³ any project having a budget between one to five million US\$ will require an independent final evaluation. The evaluation complies with the United Nations Evaluation Guidelines (UNEG) Norms and Standards ILO policy guidelines (4th edition, 2020)⁴ and the ethical safeguards. The COVID-19 crisis led to some restrictions especially on travel and on meetings that affect the evaluation methodology and possibly the scope of the analysis. In this regard, the evaluation draws on internal ILO guidance, in particular the document: *Implications of COVID-19 on evaluations in the ILO: An internal guide on adapting to the situation*⁵ and its recent update of 19 August 2021.⁶

Purpose and Objectives of the Evaluation

The purpose of the independent end-term evaluation is for both accountability and learning. It is to enable project staff, donor, constituents and other relevant stakeholders assess whether project outcomes have been met and take stock of lessons learnt that maybe relevant for follow-up phase or for similar future interventions. The evaluation provides an opportunity for taking stock, reflection, learning and sharing knowledge regarding how the project has performed vis-à-vis defined project outcomes (see also Annex 1).

This end-term evaluation serves two main **objectives**:

- 1) Conduct an independent assessment of progress to date of the Project across the five outcomes in the three project countries and in the regional component; assess the performance as per the foreseen targets and indicators of achievement at output level; assess the strategies and implementation modalities chosen, as well as the partnership arrangements, constraints and opportunities, and
- 2) Provide strategic and operational recommendations as well as highlight lessons learnt to improve future related projects, and possibly a second phase of the project.

Scope of the Evaluation

The evaluation scope covers the whole project period from the start on 1 October 2017 until the end of October 2021. It covers all three project countries and the Regional Component. The evaluation integrates ILO's cross-cutting issues, including norms and social dialogue, gender equality, disability inclusion, other non-discrimination concerns, and medium and long-term effects of capacity development initiatives throughout the evaluation methodology and all deliverables, including the final report. The **Gender dimension** is considered as a cross-cutting concern throughout the methodology, deliverables and final report of the evaluation. The independent evaluation covers all outcomes of the Project, with particular attention to synergies across intervention approaches at global/regional and country levels (Evidence and Knowledge sharing, Partnerships, Technical Assistance, Policy Reforms, Administration & Management, Capacity Building, Awareness Raising).

³ See: https://www.ilo.org/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm

⁴ See: <http://www.unevaluation.org/document/download/2787>

⁵ See: http://www.ilo.ch/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_741206.pdf, and www.ilo.ch/eval/WCMS_744068/lang--en/index.htm

⁶ See: https://www.ilo.org/eval/WCMS_817079/lang--en/index.htm

Clients of the Evaluation

The **primary** end users of the evaluation findings are the ILO constituents in the project countries (Lao PDR, Viet Nam and Myanmar), ILO Offices in project countries, ILO ROAP and ILO HQ (SOCPRO, Evaluation Office, and other relevant technical departments) as well as the donor. **Secondary** users of the evaluation findings are other interested partners, academic, other ILO units and regions, and public. The evaluation adopted a participatory process and consulted with the tripartite constituents and other key stakeholders throughout the evaluation process.

Limitations

The Evaluation assignment is clearly laid out in the ToR (Annex 1) and the list of stakeholders to be interviewed is comprehensive and is representative of the main stakeholders (see Annex 3). The travel restrictions laid out by different countries as a result of the COVID-19 crisis made it impossible for the international consultant to undertake field missions and for the national consultants to travel in-country. The mitigation strategy was to focus on conducting virtual and phone interviews with project stakeholders through online means of communication.

A second limitation is caused by the political crisis in Myanmar which prevented the evaluators from conducting (online) interviews with tripartite stakeholders in this country. This was partly mitigated by interviewing in-country ILO staff of the present and other projects, and relevant Development Partners present in Myanmar.

Contents of Report

The present Evaluation Report provides in the next section an overview of the Conceptual Framework based on eight Evaluation Criteria and of the methodology, deliverables, management arrangements and work plan. In Chapter 3 the findings will be presented for each of the eight evaluation criteria identified. The Conclusions and recommendations will be presented in Chapter 4, while the final Chapter will discuss the Lessons Learned and the Good Practices identified.

2 Methodology of the Evaluation

2.1 Conceptual Framework

As defined in the ToR (Annex 1) the present evaluation addresses the following eight *Evaluation Criteria*:

- A. Relevance and strategic fit
- B. Coherence
- C. Validity of design
- D. Effectiveness
- E. Efficiency of resource use
- F. Impact
- G. Sustainability
- H. Cross-cutting issues/Issues of Special Interest to the ILO

For each of these eight criteria, a series of *Evaluation Questions* (in total 47 questions) have been identified in the Inception Report (August 2021) as follows:

A. Relevance and strategic fit

- 1) Is the project relevant to the achievements of social health protection outcomes in the respective national development plans, the UNDAF/UNSDCF's, the ILO P&B and the Viet Nam, Lao PDR and Myanmar DWCP?
- 2) Is the project relevant to achieve the social protection targets set in relevant regional and global commitments?
- 3) The extent to which the project has responded to the need of the tripartite constituents, beneficiaries and recipients in Viet Nam, Lao PDR and Myanmar?
- 4) Do the beneficiaries consider the projects objectives and approach relevant?
- 5) How responsive was the project in responding to COVID-19 pandemic? And in responding to political crisis in Myanmar?
- 6) How far is the project impacted by the COVID-19 pandemic and to what extent was the project able to remain relevant and adapt in response to the COVID-19 crisis as well as the local context?

B. Coherence

- 7) How well does the project complement and fit with other ongoing ILO programmes and projects in the targeted countries? Assess the extent of compatibility of interlinkages between this Grand Duchy of Luxembourg funded interventions and other interventions carried out by Governments of Viet Nam, Lao PDR, Myanmar; social partners and other international partners?
- 8) The extent to which the Grand Duchy of Luxembourg funded intervention adheres to decent work principles including International Labour Standards, human rights- based approach and gender equality and non-discrimination?
- 9) Has the project maximized synergies and improve collaboration with new or existing actors? Has there been a duplication of efforts/resources?
- 10) To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhanced projects relevance and contribution to priority SDG targets and indicators (explicitly or implicitly)?
- 11) How was the collaboration between the project and the Grand Duchy of Luxembourg both with the HQ in Luxembourg City and with the Embassy in Vientiane?

C. Validity of design

- 12) Are the project's defined outputs and performance indicators with baselines and targets, realistic in contributing to the outcomes (VNM151, LAO226 and MMR151) given the intervention logic, time and resource available?

- 13) Assess if the programme design (including its regional approach, CONNECT, balance between policy influencing and programming work of the project) is appropriate for achieving its intended development objective of 'more women and men in Lao PDR, Myanmar and Viet Nam have access to adequate social health protection'?
- 14) Validity, relevance and potential synergies among the project outcomes; between regional outcomes 1&2 and the country specific outcomes 3,4 &5?
- 15) Has the project adequately taken into account the risks of various type e.g., political crisis, capacity of Govt., etc.?
- 16) Has the project integrated an appropriate strategy for sustainability?
- 17) Has the project carried out a proper consultation and involvement of tripartite constituents during planning, implementation and monitoring?
- 18) Have gender and non-discrimination issues been addressed in the project design? If so how?

D. Effectiveness

- 19) Assess the achievement made toward achieving the planned results. In which area (geographic, intervention approach, issue) has the project had greatest achievements? Why and what have been the supporting or hindering factors?
- 20) What alternative strategies would have been more effective in achieving the project's objectives (if any)?
- 21) Were outputs produced and delivered as per the work plan? Has the quantity and quality of these outputs been satisfactory? How do the stakeholders perceive them?
- 22) To what extent has the project promoted non-discrimination and gender equality? To what extent did the program target persons with disabilities? Do the benefits accrue equally to men and women? What approaches have been adopted to ensure the interests of workers including women and other socially and economically disadvantaged groups of workers are fully taken into account in developing project outputs and carrying out project activities? What specific technical assistance and advice is effective in promoting non-discrimination and gender equality?
- 23) To what extent the project has engaged/enhanced the partnership with key stakeholders in the project countries?
- 24) Did the project receive adequate political, technical and administrative support from its national partners/implementing partners?
- 25) Are there any unintended results of the project?
- 26) Have the recommendations from the mid-term evaluation been sufficiently incorporated into the project?
- 27) Is the project engaging the right social partners to pursue the project strategy? The extent to which the social partners have been involved in the implementation and how?

E. Efficiency of resource use

- 28) Was project management and staffing to implement and monitor the project adequate? Assess the monitoring and oversight of this Grand Duchy of Luxembourg funded project – how efficient it is and whether it has affected the delivery of the project. How effective is the role of country office in each project country, CTA and CO-Hanoi, DWT, ROAP, and HQ in technical supporting and monitoring of the project?
- 29) Has the project steering committee and/or governance structure exists to oversee the project?
- 30) Have resources (funds, human resources, time, expertise, etc.) been allocated strategically and efficiently to achieve expected results? Could they have been allocated more effectively and if so, how?
- 31) Were the project's activities/operations in line with the schedule of activities as defined by the project team and country specific and overall project level work plans?
- 32) Were the disbursements and project expenditures in line with expected budgetary plans? If not, what were the bottlenecks encountered?
- 33) How did the project make decision to shift the focus of the outputs/activities (if any)? The extent to which the project had spent their expenditure before the COVID-19 pandemic and the pandemic impact on the implementation? Briefly describe the expenditure spending before the lockdown, during lockdown, and after the project has revised its milestones/outputs. Review how other impeding factors like political crisis in Myanmar impacted implementation and budget utilization.

- 34) To what extent has the project leveraged resources with other projects/programmes, and through partnerships with other organizations, to enhance the project impact and efficiency?

F. Impact

- 35) Has the project strategy and project management steered towards impact and sustainability?
36) Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)
37) Has the project built the capacity of people and national institutions or strengthened an enabling environment (laws, policies, people's skills, attitudes etc.)?
38) What are the evidence of broader and longer-term effect that the project has contributed that benefit young women and men and people with disabilities? And whether the COVID-19 pandemic has affected the possible impact of the project?

G. Sustainability

- 39) To which extent the results of the intervention are likely to have a long term, sustainable positive contribution to the SDG and relevant targets (explicitly or implicitly)?
40) To what extent sustainability considerations were taken into account in the project interventions?
41) What is the likelihood that the results of the intervention are durable and can be maintained or even scaled up and replicated by constituents and other partners after major assistance has been completed?
42) Has the project developed and integrated an exit strategy in its work?
43) How strong is the level of ownership of results by the targeted communities, institutions?

H. Cross-cutting issues/Issues of Specials Interest to the ILO

- 44) The degree to which intervention activities, outputs, and objectives are consistent with prescriptions in relevant normative instruments (including ILS) where they have been formally embraced through ratification or expressions of endorsement by stakeholders.
45) What ILO normative framework (Conventions, Recommendations, operational guidelines, agreed policy instruments etc.) that forms the basis of this social health protection project?
46) To what extent the project has further enhanced social dialogue among the constituents and partners in the project countries? And the extent that the social dialogue has contributed to achieving the CPOs?
47) To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards Gender equality and non-discrimination? And towards the inclusion of people with disabilities?

The ILO template for the [Data Collection Worksheet](#) describes the way that the chosen data collection methods, data sources, sampling and indicators support the evaluation questions identified above. In the Inception Report (31 August 2021) it has been discussed in detail, and this Data Collection Worksheet is included here in Annex 2.

2.2 Methodology, Key Deliverables and Work Plan

The evaluation has been undertaken through a **participatory** process and all key partners and stakeholders included in the project have been consulted throughout the evaluation process. The methodology comprised multiple methods, with analysis of both quantitative and qualitative data, and was able to capture the intervention's contributions to the achievement of expected and unexpected outcomes. The methods of data collection were implemented **flexibly** taking into account the current situation of the COVID-19 pandemic. The evaluators reviewed data and information that is **disaggregated by sex** and assessed the relevance and effectiveness of gender-related strategies and outcomes to improve the lives of women and men.

The methodology for collection of evidences was implemented in **three phases**: (1) an inception phase based on a review of existing documents; (2) a data collection phase to collect and analyse primary data; and (3) a data analysis and reporting phase to produce the final evaluation report.

1) *Inception Phase*

In the first phase, initial discussions were held with the ILO Evaluation Manager and the Project Manager. Upon reviewing the available key documents (see Annex 12) an Inception Report was prepared (dated 31 August 2021).

2) *Data Collection Phase*

The evaluators applied **a mixed methods approach**, engaging with key stakeholders of the project at all levels during the design, field work, validation and reporting stages. Both qualitative and quantitative evaluation approaches were considered, and the methods of data collection employed are:

- review of secondary data (see Annex 12),
- review of project support documents including correspondence, project reports, communication and awareness campaign materials, project website, etc.,
- interviews with key informants and beneficiaries, and
- stakeholder's consultation workshop.

Data were collected from different sources by different methods for each evaluation question as much as possible in such a manner that findings could be triangulated to ensure reliability, validity and generalizability (cf. Section 2.1 above).

Due to the COVID-19 restrictions on travel, the evaluation consultants were not able to travel to, nor within project countries. Therefore, the interviews undertaken were either online interviews (through Teams, Zoom, Skype or others), or, in the case of in-country interviews by the national consultants, through phone calls or message services (WhatsApp, Viber, etc.). Key informant interviews were conducted as per the list provided by the project team which was discussed and adjusted during the initial discussions in the inception phase (see Annex 3). The English-speaking stakeholders were interviewed by the international consultant while in Viet Nam and Lao PDR the national consultants joined those interviews. The non-English-speaking stakeholders in these two countries were in large majority interviewed jointly by the international consultant and the respective national consultant; in just a few cases the national consultants interviewed stakeholders on their own (in Viet Nam and Lao PDR) and then made interview transcripts in English with the key findings and conclusions shared with the international consultant.

In total, 34 online interviews were held in which **45 key partners/stakeholders** participated (see Annex 3). This is, by all counts, a rather large number of interviews to conduct and to analyse given the time and human resources available for data collection; therefore, the ToR of the team leader was changed from 25 to 30 workdays (see below under Work Plan).

The criteria for selecting the stakeholders for interviews was based on purposive sampling based on the degree of engagement in the project and included apart from the Project team, also ILO's Tripartite Constituents (where involved in the project), the Development Partners operating in social health protection, other ILO projects operating in similar areas, the donor, and a selection of the main partners of CONNECT. In principle, there were several partners *more* in Myanmar (i.e. MoLIP, MoHS and social partners) but as a result of the political crisis in this country it was

not possible to interview them; however, four international partners were interviewed in Myanmar as mentioned in Annex 3 (No.'s 1 - 4).

The questions posed to these partners/stakeholders relate to all of the eight evaluation criteria discussed in Chapter 3, whereby the (47) Evaluation Questions listed in Section 2.1 above were used as checklist. In the very few cases in which the interview in Lao PDR or Viet Nam was done by the national consultant on her own, the eight evaluation criteria were also used as guidance, and the evaluation questions as checklist.

In terms of beneficiaries, six Master students are enrolled under the project in the regional technical facility, CONNECT, originating from the three project countries. Five of these Master students were interviewed: three from Lao PDR and two from Viet Nam (Annex 3).

3) *Data analysis and reporting phase*

The third and final phase includes the data analysis and the preparation of a draft report and ultimately the final report (for details see below under 'Deliverables').

Deliverables

The following four deliverables were provided:

1. **Inception report** was dated 31 August 2021.
2. **Stakeholder workshop:** After the data collection phase was completed, the *initial, preliminary findings* were presented by the team leader by means of a PowerPoint presentation to all key partners and stakeholders for validation in a virtual stakeholders' workshop on Thursday 30 September 2021, which was very well attended (see Annex 6). The purpose was to discuss the preliminary findings and to complete data gaps with the key stakeholders, and the comments were included in the draft report.
3. **Draft evaluation report:** This report was prepared as per the *ILO EVAL Checklist 5: Preparing the Evaluation Report*. The structure of the final report followed closely the proposed structure in the ILO evaluation guidelines. The first draft evaluation report will be improved by incorporating the comments and inputs from the Evaluation Manager. Subsequently, it will be shared with all key partners and stakeholders and a request for comments will be made to be returned within a specified period of time (usually not more than 10 to 14 working days).
4. **Final evaluation report with a stand-alone evaluation summary:** The final report was finalised as per the *ILO Checklist 5: Preparing the Evaluation Report*. The comments received from key partners and stakeholders will be incorporated into the final report, and a matrix will be provided with the comments and the responses by the evaluators indicating how comments were incorporated or, if not incorporated, why not. The quality of the report and evaluation summary will be assessed against the ILO Checklists 5, 6, 7 and 8 (cf. ToR in Annex 1). The evaluation report will include lessons learned and good practices identified by the evaluators and a stand-alone evaluation summary will also be prepared in the ILO EVAL template.

Management Arrangements

The evaluation is managed by an ILO certified Evaluation Manager who has no prior involvement in the project. For this exercise, the evaluation manager is Narendra Nadh Choudary Bollepalli, Technical Officer for Monitoring and Evaluation, ILO Country Office Kathmandu. He is responsible for the overall management of the evaluation and the specific tasks are listed in the ToR (Annex 1, page 13). Ms. Pamornrat Pringsulaka, Regional Evaluation Officer, ROAP in Bangkok (pamornrat@ilo.org) is tasked with undertaking quality assurance of the report and EVAL, Geneva will give approval of the final evaluation report.

The evaluator, an external international consultant, is Theo van der Loop, who reports to the Evaluation Manager. The two national consultants are Ms. Dao Ngoc Nga (Viet Nam) and Ms. Latsany Phakdisoth (Lao PDR). The Team Leader (International Consultant) is overall responsible to deliver the evaluation with the support of national consultants. The Team Leader guides the national evaluators (National Consultants) while planning, collecting and reporting of country level data in selected countries (Viet Nam and Lao PDR) as the national consultants have the advantage of location, language and required flexibility in undertaking data collection in this current COVID-19 situation.

The key stakeholders and partners are participating actively in the evaluation process including providing inputs to the TOR and to the evaluation team, and a large number of them participated in the stakeholders' workshop (see Annex 6) and will review the draft evaluation report.

The Program Manager and the other members of the Project Team are actively engaged in the evaluation process and provided relevant inputs required by evaluators and provided all relevant documents to the evaluators. The project team supports all administrative and logistics needed during the evaluation process (in line with the ILO rules and regulations).

Evaluation Work Plan and Timeline

The Final Evaluation is being conducted between 15 August and 25 October 2021, and the level of efforts included 30 working days for the team leader and 10 working days for each of the two national consultants. The detailed work plan is included in Annex 8.

3 Overall Findings

For the Independent Final Evaluation of the project entitled '**Support to the Extension of Social Health Protection in South East Asia**', eight evaluation criteria have been identified in the previous chapter which will be discussed in depth in the present chapter (Sections 3.1 – 3.8). These criteria have been analysed with the help of the 47 Evaluation Questions (listed in Section 2.1 above).

3.1 Relevance and strategic fit

The relevance of the SHP intervention is very high and has been investigated from different angles. It is relevant to the needs of the target groups as a majority of the population in the three project countries lacks access to adequate social protection coverage (see Section 1.1 above). It is also relevant to the mandate and priorities of the respective governments through their national development plans and strategies towards Universal Health Coverage (UHC), in particular:

- Lao PDR: The mainly tax based National Health Insurance (NHI) scheme launched by the Ministry of Health (MOH) in 2016.
- Myanmar: The Social Security Medical Care Scheme managed by the Social Security Board (SSB) of the Ministry of Labour, Immigration and Population (MOLIP), and National Health Plan (2017 to 2021) of the Ministry of Health and Sports (MoHS).
- Viet Nam: The Revision of the Social Health Insurance (SHI) Law of the Ministry of Health (MOH).

The project is in principle also relevant to the social partners, i.e. employers' and workers' organisations, as they can be involved in the design and the governance of SHP schemes/laws, but joint activities were only developed by the SHP project in Myanmar and Viet Nam.

The intervention is further relevant to the social protection targets set in the global Sustainable Development Goals (SDG), and in particular, financial health protection is recognised as one contributing factor to reach UHC, which is one of the targets under SDG3 on "Good Health and Well-being; Ensure healthy lives and promote well-being for all at all ages."

The intervention also clearly aligns to the priority areas of the UN in the project countries:

- In Lao PDR, the intervention aligns to the Lao PDR-United Nations Partnership Framework for Sustainable Development (UNPFSD 2017-2021), in particular to Pillar 2 focusing on Human Development, which is expected to "...contribute to increasing access to quality education and skills for children and youth, improving access to quality health services, water, sanitation and hygiene and improving food security and nutrition for the most vulnerable."
- In Myanmar the project aligns with the first United Nations Development Assistance Framework (UNDAF 2018-2022). The UNDAF adopted the principle from the 2030 Agenda of 'leaving no one behind', and it is based on the "5 Ps" – People, Planet, Prosperity, Peace and Partnership. The intervention in particular aligns to the People Outcome '*All people in Myanmar, particularly those affected by poverty, discrimination and vulnerabilities, benefit from improved sustainable access to social services and enhanced opportunities for human development to reach their full potential*', which

includes one of the four critical national social sector plans prioritised by the government for UN cooperation: the National Health Plan (2017 to 2021).

- It also aligns to the One Strategic Plan 2017-2021 between the Government of the Socialist Republic of Viet Nam and the United Nations in Viet Nam, in particular with Focus Area 1: Investing In People, and its 'Strategic Intent': "Inclusive and equitable quality social services and social protection systems are in place for people living in Viet Nam to be healthy, educated and free of poverty and to be empowered to reach their full potential."

With respect to the priorities of the ILO, the intervention aligns to the ILO Programme and Budget (P&B 2020-21) Outcome 8: Comprehensive and sustainable social protection for all, as well as to the output level, in particular: Output 8.1. Increased capacity of member States to develop new or reformed sustainable national social protection strategies, policies or legal frameworks to extend coverage and enhance benefit adequacy, and Output 8.2. Increased capacity of the member States to improve the governance and sustainability of social protection systems. The intervention also aligns to the Decent Work Country Programmes (DWCP) of the respective countries and the Regional Outcome:

- DWCP for Lao PDR 2017-2021: CPO: LAO226 - Social protection mechanisms strengthened and expanded, with a particular focus on the expansion of health insurance.
- DWCP for Viet Nam 2017-2021: CPO: VNM151 - Strengthened national capacities and knowledge base for the effective implementation of social security policies and strategies.
- DWCP for Myanmar 2018-2021: CPO: MMR151 - Extending social protection in Myanmar through social security policy review and national dialogue on a Social Protection Floor.
- Regional: RAS154 - Comprehensive and sustainable social protection for all.

It is further aligned to the ILO overall policy, especially through the global ILO Flagship Programme on Social Protection Floors (SPF) endorsed by the ILO Governing Body in 2015. Social Protection was also at the centre of this year's 109th International Labour Conference (ILC) held in Geneva in June 2021; the Global Call to Action, unanimously adopted on 17 June 2021, commits countries to ensuring that their economic and social recovery from the crisis is "fully inclusive, sustainable and resilient", including universal social protection. Furthermore, very recently the ILO launched its flagship "*World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future*" (2 September 2021) in which, significantly, a separate Section is dedicated to "*4.4 Social health protection: Towards universal coverage in health.*" (pages 187-205).

The intervention is also relevant to the policies of the Government of Luxembourg and Lao PDR is one of their priority countries: Luxembourg has supported this country for almost 25 years now. The intervention fits into the "Accord-cadre Luxembourg-OIT (2016-2021)" signed on 23 November 2016. Jointly with ILO, the Government of Luxembourg has already supported social protection activities in Lao PDR since 2012, and SHP is one of the priorities in the new Lao-Luxembourg country strategy with a total funding of Euro 42 million in the health sector for 2021 to 2025; with that, Luxembourg is one of largest donors to this sector in the country. In addition, the SHP intervention aligns well with Luxembourg's "Road to 2030" Strategy. Universal Health Coverage (UHC) is identified as the overall objective of Luxembourg Development Cooperation's

activities in the health sector. In Viet Nam the project activities are in phase with Luxembourg Development Cooperation's transition from traditional development cooperation to a strengthening of economic, cultural and scientific ties and to build on Vietnamese expertise in the framework of triangular cooperation (although with substantially reduced funding). Moreover, south-south cooperation among the countries involved is an important element for Luxembourg.

The evaluation further found that all stakeholders, partners and beneficiaries which were interviewed for this evaluation underlined the high relevance of the intervention, and that this relevance has even *increased* with the onset of the COVID-19 pandemic in March 2020.

The project has responded efficiently and flexibly to **the COVID-19 pandemic**, switching swiftly to online meetings, trainings, events and even studies, and providing support and training to key partners in order to use online means of meeting and sharing information. For this transformation the Project Team maintained close contacts with the Donor, the partners and ILO country offices, DWT and ROAP. In addition, the project has contributed to a large number of specific COVID-19 responses, including:

- Recommendations on social protection measures to address the health and economic impact of COVID-19 were laid down in several technical notes: three on Viet Nam,⁷ one on Lao PDR which took the form of inputs that the project provided to the UN Country team note,⁸ one on Myanmar,⁹ as well as contributions to one regional note.¹⁰
- In Myanmar, the project supported a communication campaign on COVID-19 with the awareness raising sticker package 'Let's overcome this together' jointly with the ILO-Korea project in cooperation with SSB and Viber messaging app.
- Contributions to the global ILO database on ongoing social protection measures on Covid19 with specific Country policy responses.¹¹
- The project provided coordinated inputs on UN country assessments and strategies in the context of Covid-19 in Myanmar and Viet Nam.
- The project is undertaking jointly with VSS a study to analyse the impact of COVID-19 on membership trends and structures.
- Finally, the project, through the CTA participated in a number of webinars and produced one podcast to share experiences and lessons learned on how countries are addressing the impact of Covid-19, and a technical brief was co-authored by the CTA.¹²

With respect to the sudden emergence of **the political crisis in Myanmar** on the 1st of February 2021, the project followed the "UN Country Engagement Guidelines" which stipulated that the entire 'Development Programme' was to be postponed until further notice. Work at the ILO Liaison Office in Yangon was then shifted to completing whatever activities could still be undertaken and to preparing for possible future engagements, while conducting weekly online meetings with the ILO Country Office staff to monitor and discuss the developing situation in the country and with the partners and stakeholders there.

⁷ Entitled: "Technical note on Social protection responses to the Covid-19 crisis in Viet Nam"; "Analysis of Social Protection measures in Resolution No. 42/NQ-CP and Decision 15/2020 /QD-TTg to support vulnerable workers and respective families on Covid-19 context"; and "Impact of the suspension of social security contributions proposed in Resolution No. 42/NQ-CP".

⁸ Entitled "Developing a shock-responsive national social protection system to respond to the COVID-19 crisis in Lao People's Democratic Republic".

⁹ Entitled "Social Protection responses to the COVID-19 crisis in Myanmar"; it was also translated into Burmese language.

¹⁰ "Social Protection responses to the COVID-19 crisis in Asia Pacific" by the DWT Social Protection Specialists in Bangkok

¹¹ <https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#UN>

¹² Entitled: "Review of international experience in social insurance sickness benefits for gig workers" which was produced together with ILO China Office Social Protection Specialist and ILO HQ.

In particular, a Myanmar Workplan Review was undertaken for 2021 and project activities were reprogrammed. The Project amended the TORs of five contracts with the objective to ensure that the activities can be resumed once the situation returns to normal. After the contract amendments, and upon receiving the deliverables to the satisfaction of the Project Manager, the Project closed these five contracts. It was also decided to translate 12 International Social Security Association (ISSA) guidelines from English to Myanmar covering such areas as Administrative Solutions for Extending Coverage, Actuarial Work, Service Quality, and Workplace Health Promotion, in order to make the most of the technical support still in place at that time. In addition, the editing of the SHP reports produced by the Project was undertaken. Active participation in international fora is continuing as well, for example: in the reprogramming of the UN Socio-Economic Response Framework (UN-SERF) into the UN Social Economic Resilience Response Plan (UN-SERRP) with SHP included under Pillar 2 - Protecting People where ILO serves as a co-lead of this Pillar; in the Health Financing Partners Group; and in the Social Protection Sector Working Group.

3.2 Coherence

The project was firmly embedded within the work of the ILO offices of the three targeted countries, and being an integral part of the three DWCP's, the project complements and fits with other ongoing ILO programmes and projects. Specific examples are:

- Joint activities with the ILO-projects of Vision Zero Fund (VZF) on Occupational Safety and Health (OSH) in Lao PDR and in Myanmar.
- The sharing of national staff (NPC and ADMIN) with other ILO projects such as Irish Aid (Viet Nam) and Korea Regional Project (Regional Component in BKK), as well as with the UN Joint Programme (UNJP) in Lao PDR on "Leaving no one behind: Establishing the basis for social protection floors".
- The active collaboration in Viet Nam between the Social Protection team and the Employment Team in the ILO Country Office on Informality (joint study).

The project was also clearly embedded in the ILO Regional office (ROAP) in Bangkok, for example through the support from the Decent Work Team (DWT) there and also through the funding of the Junior Professional Officer staff position since July 2021, previously funded by another Government of Luxembourg funding line since July 2019.

The project has participated actively in coordination mechanisms among Development Partners (DP) creating different types of synergies, for example:

- The project's Program Manager is also the ILO country focal point for Viet Nam for the P4H Network which promotes active exchanges and collaborations between the various health financing stakeholders at national and global level to progress towards the SDG targets since its inception in 2007.
- The intervention also undertook joint activities with the P4H network in Myanmar through the focal point there.
- The SHP project further participated actively in the *informal* DPs working group in Lao PDR coordinated by the Swiss Red Cross (SRC). There were also links to the *formal* health sector working group chaired by the Ministry of Health with WHO and Japan as co-chairs, which has various other priorities beyond health financing. In Viet Nam it is much more difficult to obtain information on past and present support provided by DPs in the area of health insurance/financing; the project has attempted to continue to conduct

meetings with DPs, to inform other DPs about the activities of the SHP project, and has been active in keeping the P4H web-platform up to date by making posts every week related to the activities of DPs and to official news on the HI or health financing agenda in Viet Nam, and by developing short articles on the project activities.

These kinds of cooperation mechanisms also have the added objective to avoid the duplication of efforts and/or resources, and according to the interviewed participating organisations (ILO, WHO, WB, SRC, UNJP and P4H Networks) these mechanisms have proven their usefulness, although there are always DP's that operate more in isolation.

The intervention adheres clearly to decent work principles including such cross-cutting issues as International Labour Standards (ILS), human rights- based approach and gender equality and non-discrimination. These will be further discussed in detail in Section 3.8 below.

The project also leveraged different partnerships with other UN agencies and other DP's that enhanced the intervention's relevance and contribution to SDG targets, in particular:

- Joint activities and **joint financing** with SRC, WHO, WB and Fred Hollows Foundation of the Costing exercise on the health insurance benefit package and health facility costing in Lao PDR.
- Cost sharing of the NPC position in Lao PDR with the UN Joint Programme (UNJP) on "Leaving no one behind: Establishing the basis for SPF's".
- Support to the revision of the SHI Law in Viet Nam is provided by ILO in collaboration with such DP's as WHO, WB and ADB.
- Joint awareness raising activities with WHO and UN Women in Viet Nam.

The collaboration between the project and the donor, the Grand Duchy of Luxembourg, was maintained on a regular basis in particular with the Embassy of Luxembourg in Vientiane. The communication has been regular since the beginning but was substantially increased in intensity since the beginning of the COVID-19 pandemic in order to discuss the way to deal with the quite severe lockdowns and travel restrictions in the project countries and the agreement on the resulting budget modifications. For example, originally ten missions were scheduled for the regional component (including to the project countries and to Thailand and Korea), but only three were conducted before the pandemic started; the budget was then in mutual consent re-focused on capacity building and knowledge development within CONNECT.

3.3 Validity of design

The SHP project builds in particular on the previous ILO-Luxembourg project on social protection policies in Lao PDR. The PRODOC (September 2017) was designed by ILO-DWT in Bangkok with support from ILO-Geneva and ILO-experts on SHP in the region. A relatively long inception period, partly by design and partly due to delays in recruiting essential staff, allowed the project team to plan activities in line with the then current needs of the project partners resulting in the 'Baseline Report' (January 2019). Flexibility to the updated requests of the key stakeholders was a feature that marked the entire project implementation. This can be considered from different angles; on the one hand is flexibility considered as an important attribute, while on the other hand, requests for capacity building in terms of areas and topics are changing very frequently, making the development of a capacity building plan complicated. In the latter case, organizing follow-up

meetings of the consultations were organized by the project to agree and to confirm the specific areas of support.

The Mid-Term Evaluation (MTE February 2020) found that the project design was ambitious with considerable complexity because work was scheduled both at the regional level as well as in three countries in the region. The intervention logic developed by the project targets three interrelated *levels* concerning the provision of social health protection:

- 1) The first focuses on the wider policy level (strategy and policy reforms).
- 2) A second level of support targets social health protection schemes, including the scheme design aspects.
- 3) The third level has a more concrete emphasis on scheme management and administration.

Implementation of these three different levels of intervention both improves the capacity of national government staff to improve policy and implementation and provides the tools to national agencies to improve policy and implementation. These levels constitute also the core of the intervention logic or **Theory of Change** (see the diagram in Annex 1, third page) which is useful, although it is not a very elaborate ToC since it mainly lists the three levels mentioned above, the four groups of activities and the countries/region involved; there is no clear indication of the underlying logic linking together the inputs and activities to the five outcomes.

The design through the **Results Framework/LogFrame** and its Outcomes and Outputs was logical and coherent (cf. also the MTE of February 2020). It combines strategic activities at the regional level with related policy and implementation activities in three countries which each have a different specific focus:

- *Regional Component*: Includes the setting-up of the Regional Technical Facility (RTF) called CONNECT based in Bangkok, the master's degree study, the regional Compendium, etc.
- *Lao PDR*: Support the strengthening and expansion of the National Health Insurance (NHI) scheme, including the merging of various HI schemes into one Scheme which requires cooperation with the Lao Social Security Office (LSSO) of the Ministry of Labour and Social Welfare (MLSW).
- *Myanmar*: Support the strengthening of the management and administration of health insurance by the Social Security Board (SSB) and support to the extension of coverage.
- *Viet Nam*: Support the revision of Social Health Insurance (SHI) Law including capacity building on SHI and SHP, with inputs from the Vietnam Social Security agency (VSS) and the Ministry of Labour, Invalids and Social Affairs (MOLISA).

The Results Framework of the PRODOC is good at the logical level but needs some improvement at indicator and baseline levels. The project's defined *outputs* (cf. Annex 5) follow logically from the objective and outcomes and are realistic in contributing to the DWCP and Regional outcomes (VNM151, LAO226, MMR151 and RAS154; see Section 3.1 above). The performance *indicators* are good for Outcomes 1 and 2 (Regional level), but not appropriate for Outcomes 3 to 5 because "Number of women and men covered by SHP schemes", or more to the point "Percentage of population covered by SHP schemes", is very difficult to measure correctly and are dependent on the measurement by the respective ministries and the statistics bureaus of the governments involved; for example, Lao PDR did not publish updated membership coverage, and 94% is the official rate which dates back to December 2019 (see Annex 4). In addition, attribution to the project is near to impossible, especially also since changes due to the COVID-19 pandemic, such

as loss of jobs, etc., may substantially affect such figures downwards. For example, in Myanmar, the coverage kept on decreasing since the start of the pandemic, and it is very likely it has further dropped as a consequence of the military coup on the 1st of February 2021. The *baselines* for Outcomes 1 and 2 are logically “None”, because all indicators are products of the project, while for Outcomes 3 to 5 national government figures are mentioned which are measured only incidentally and are very much affected by the impact of the COVID-19 pandemic; for the differences by country, reference is made to the analysis of Outcomes in Section 3.4. Lastly, the *targets* set are appropriate and logical following the outcomes and outputs.

In general, therefore the project design is appropriate for achieving its intended **Development Objective** of ‘more women and men in Lao PDR, Myanmar and Viet Nam have access to adequate social health protection’ in particular because the three country Outcomes directly target the accessibility for the population of the various schemes in health insurance. The regional component contributes only indirectly but importantly to this objective through capacity building and the production and exchange of knowledge with many countries beyond the three project countries. This contributes to the *synergies* between the two regional outcomes and the country specific outcomes, which is further complemented by the production of knowledge in the three country levels which is being used at the regional level by CONNECT and in the Compendium. There is a great interest in the countries involved in learning from the experience of other countries as was found during trainings and requests for support as well as during the interviews. For example, LSSO underlined in the interview that one of their priorities is to expand the coverage of its *voluntary* scheme, and for that they would like to learn more from other countries and would welcome more support and cooperation in this area.

Through the **Risk Matrix** in the PRODOC the project has adequately taken into account the risks of various types. Categorized around four types of assumptions related to Sustainability, Development, Implementation and Management (see Annex 7), some mitigation measures are quite realistic and detailed, for example under implementation:

- Possible delays with the recruitment of the team in comparison with the inception phase deadline: Measures are: Preparing the Job Description and work with the Human Resource department before the Project is formally approved; Organize the interview panel in advance; and Direct involvement of the Social Protection Specialist in preparing activities if delays occur.
- Challenge to follow up in countries that do not benefit from the CTA presence: Measures are: Ensure the resources available for missions; Ensure a good distribution of the time; and Define clearly the CTA Job Description jointly with CO Directors to ensure clarity in the CTA scope of work.
- Different paces of implementation for the different target countries: Measures are: Ensure the Project has flexibility to review work plans; and Inclusion of an Inception Phase.

That such significant challenges as the COVID-19 pandemic and the Myanmar political crisis affected the project could not have been foreseen.

The project has not integrated as such a comprehensive, appropriate strategy for **sustainability**, and this will be further discussed in Section 3.7 on Sustainability.

The **consultation and involvement of tripartite constituents** during the different phases of the project has tended to vary significantly. During the planning phase consultation has been minimal,

while in the inception phase discussions were conducted with selected ministries. However, the other tripartite stakeholders, i.e. the social partners, were at the most incidentally involved in these phases and in Viet Nam they indicated during the interviews that they would like to be more involved in these planning and preparatory phases. The same holds for the implementation phase which was marked by continuous consultations with and involvement of various ministries, but much less so with the social partners. During the monitoring phases (MTE, Final evaluation) most of the stakeholders were consulted.

Gender and non-discrimination issues were not systematically addressed in the project design (PRODOC and Baseline report). This will be investigated in-depth in Section 3.8.

3.4 Effectiveness

The effectiveness of the intervention in achieving the **Five Outcomes** will be discussed here first, followed by a discussion of the extent to which the project managed to deliver the planned activities and outputs.

Concerning the *first Outcome, Sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection*, it can be concluded that it was partly achieved. On the one hand, a network of educational and research institutions in the region, i.e. CONNECT, was indeed established with five founding members, but, on the other hand, it did not achieve its target of at least 10 different Institutions participating to the facility with a variety of expertise and countries (cf. Annex 4) and it is not yet fully sustainable (this is explained in detail in Section 3.7). The network was also expected to actively provide technical and capacity building services to national stakeholders in social health protection, and capacity building services were developed, i.e. the master's study at Mahidol University. However, the provision of technical services by experts of the CONNECT members could not be developed due to two reasons; firstly, the fact that the level of expertise available in the region is not sufficient to provide those services. The intervention tried it in Lao PDR and Myanmar and found that the quality of the services provided was much below expectations and that the team had to re-do part of the work. The second issue is administrative: the ILO cannot implement direct selection of consultants as CONNECT concerns an autonomous institute, which makes the selection of experts through CONNECT impossible. For these reasons, it was decided not to pursue this mandate during the project period and to rather focus on capacity building and knowledge development (as discussed in the above).

The *second Outcome, A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence*, was mainly achieved following the three indicators for this Outcome (cf. Annex 4) Number of policies/strategies/laws in the area of SHP, gender responsive, formulated in the region with the support of the project (6); Number of technical reports produced including gender disaggregated data and analysis (15); and Number of communication tools produced (5). A lot of technical evidence was thus produced, in particular also through the compendium, while the knowledge produced was indeed shared with all stakeholders. However, this was expected to form the basis for the adoption of a growing number of policies that promote the extension and sustainability of social protection in the region and to a certain extent this was also achieved (as discussed in the above), but for example the NHI Law in Viet Nam has not yet been adopted and has been postponed to 2022.

The indicators for the three country outcomes are difficult to measure as was assessed in Section 3.3 above when analysing the design through the Results Framework/LogFrame. The *third* and *fourth* Outcomes are *Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR (Outcome 3) and in Myanmar (Outcome 4)*, and the fifth one is *Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam*. All three outcomes have just one indicator and it is the same for all: *Number of women and men covered by Social Health Protection schemes*. Effective population coverage has been maintained and/or further grew in 2020 in Viet Nam and Lao PDR, despite the Covid-19 pandemic. Many factors are contributing to the results in these two countries, including a relatively lower economic impact compared to other countries in the region. In Viet Nam, the social security system design allowed those who lost their job but qualify for Unemployment Insurance to remain insured under the scheme. In Laos the majority of members are covered through Government subsidies, and the population coverage rate has not been updated since 2019 (cf. Annex 4). In Myanmar job losses are significant and the absence of unemployment insurance means that a job loss immediately translates into loss of Health Insurance coverage. As a consequence, the coverage kept on decreasing since the start of the pandemic, from 2.77% in March 2020 to 2.52% in January. It is very likely it has further dropped as a consequence of the military coup since the 1st of February 2021 (cf. third TPR February 2021).

At the Output level, the project managed to deliver almost all planned activities and outputs, except for those in Myanmar which are put on hold as a result of the political crisis and except for the missions scheduled for CONNECT which had to be cancelled because of COVID-19 travel restrictions. In addition, several activities were *reprogrammed* in consultation with the donor and the key stakeholders and these were replaced by new activities often on the request of ministries involved underlining the flexibility mentioned in the above.

The project has undertaken a large number of activities under the regional component and in the three project countries which are listed in Annex 5. Here, we provide an overview of the **Main Outputs Delivered** by these four components. For the Regional Component the main deliverables were:

- The setting up of the RTF called 'CONNECT' with five founding members, regular SC meetings, a work plan and a Charter.
- A Master's degree study focussed on SHP with 6 students from the three project countries.
- A regional Compendium on SHP in 21 countries in Asia/Pacific ("from Afghanistan to Fiji").

CONNECT thus made important steps towards becoming a platform for exchange and South-South cooperation, capacity building and joint research for experts, academic institutions and practitioners in the area of SHP.

For Lao PDR the main activities were:

- Capacity Building of staff from NHIB and Lao Social Security Office (LSSO, formerly called National Social Security Fund, NSSF) on Health Insurance Management, including consultations on verification guidelines.
- Capacity Building on SHP: master's study at Mahidol University (NHIB) and inspection (LSSO).

- Costing Exercise and Financial and Benefit Incidence Analysis (FIA/BIA) with NHIB/MoH, Tropical and Public Health Institute (TPHI/MoH) and Development Partners.
- Support NHIB to strengthen their Management Information System (MIS).
- Awareness raising and advocacy with NHIB and LSSO.

A lot of different activities were undertaken in Lao, but in order to have their full impact, follow-up activities are required as was underscored by the key stakeholders in the interviews for this evaluation.

For Myanmar the main activities were:

- Several activities to strengthen the health insurance management of SSB (MIS, M&E, business processes, accounting software, etc.).
- Capacity Building in SHP of SSB and social partners: Masters and tailored trainings.
- Support in the preparation of policy reforms (Provider-purchaser split, Social Security Law, UHC-SHI Law, Actuarial analysis, etc.) to SSB, social partners and MOHS.

As most of these activities are now on hold and as the future of the main partner in Myanmar, the SSB, is not clear, their impact can currently not be assessed.

For Viet Nam the main activities were:

- Support the revision of the Health Insurance Law through Regulatory Impact assessment (RIA) with MoH, comments on draft law and decree, and Tripartite Forum with MoH and social partners.
- Capacity Building in SHP: Masters (MoH), and with the Viet Nam Chamber of Commerce and Industry (VCCI) related to the SHI Law.
- Support VSS: Actuarial work on models and training, as well as strengthening Customer Care at national and provincial levels.
- Policy brief on the participation of the informal economy in health insurance, and on the impact of COVID-19 on SHI.
- Awareness raising for female workers with the Viet Nam General Confederation of Labour (VGCL) and mass events in factories, as well as social media campaigns, including a Contest for the best story or video/poster on SHP organised jointly with the Hanoi university of Public Health, to raise the awareness and knowledge of university students.

The implementation of activities in Viet Nam was relatively slow in the first years according to the MTE. There were several reasons for that: ILO was new to the social health area in Viet Nam; the social health concept was new to MoH and had to be explained; and, lastly, the delays due to the revision of the SHI Law. However, activities have clearly picked up rapidly since then. More support is required as the revision is expected to be finalized in 2022 and then the implementation will require substantial guidance.

There were also a number of factors hindering project implementation, and the following **Main Challenges** were faced:

- 1) The COVID-19 pandemic which changed many activities into online meetings and trainings, and Section 3.1 provides details on how the project dealt with it.
- 2) The Myanmar political crisis put most activities on hold in this country, and Section 3.1 provides details on how the project dealt with it.
- 3) The fact that the project consists of four different components (regional and 3 countries) raised various challenges, such as a multiplication of key stakeholders, the involvement of several ILO country offices, extensive travel arrangements (pre-COVID), etc. (see also Section 3.3).

- 4) Ministries experience regular staff changes and often a shortage of (qualified) staff (and sometimes funds) affecting the speed of decision-making; in addition, effective cooperation between ministries of health and of labour is at times complex, which may sometimes result in a third ministry (planning and/or finance) becoming involved, for example to create a budget line to transfer money between ministries. The project and in particular the NPC's have to be commended for maintaining good relations with ministries despite such changes.
- 5) There is a shortage of national and international expertise since the intervention's areas of work are often highly technical and require specific expertise and experience; these are certainly in very short supply at country level in the region. Many of the activities, therefore, require a substantial involvement of the project team and in particular of the Program Manager.
- 6) Accurate and complete data are often difficult to find or accessed in the project countries. A specific problem in this respect was noted by one Lao stakeholder in that data (e.g. the sixth Lao Expenditure and Consumption Survey 2018-2019 – LECS-6) belong to the Lao Statistics Bureau and they generally provide only 60% of the data to others; perhaps this Bureau can somehow be involved in the second phase to make sure that data sets will be provided in full.
- 7) Specific for the Regional Component: To set-up the RTF was innovative and took more time than anticipated to really take off, which eventually occurred from December 2020. This has led to delays in making the facility sustainable and in expanding the number of members beyond the five founding members.
- 8) Specific for Lao PDR: Ministries cannot pre-finance activities any longer because of a severe budget deficit in the country. This is a recent development, and the project needs to discuss it with ILO-Bangkok and Geneva how to solve this problem within the existing financial regulations of the ILO.
- 9) Specific for Viet Nam: Delays in the SHI law revision; the fact that the SHP-concept was new in this country; internal changes within the MoH; and (although this issue was raised by only one stakeholder) the ILO is very careful in approving activities and therefore procedures are relatively slow compared to some other international organisations. In particular the fact that the SHP-concept was new in Viet Nam led to delays, but the project quickly developed training activities to mitigate this.

Project implementation was enhanced by a number of **Success factors** as follows:

- 1) The sustained commitment of the involved governments and other stakeholders to work on SHP. In this respect the COVID-19 pandemic contributed to underlining the critical importance of SHP to all stakeholders enhancing their commitment further.
- 2) The experience of the ILO in Lao PDR with the previous project funded by the Government of Luxembourg, and the good understanding as well as the regular communication between the project and the Embassy of Luxembourg in Vientiane resulting in flexibility in adjusting to changing government requests and to adverse conditions.
- 3) Considerable credit is due to the Project Team with support from ILO-DWT in Bangkok and ILO-HQ. The staff stability of the complete Team was also an important factor.
- 4) For some activities the conducting of meetings online went more smoothly especially in those cases in which key participants are based in different countries (e.g. in the case of CONNECT).

- 5) Specific for the Regional Component: The strong commitment of the five founding partners in particular Mahidol University, and the linkage to the Annual Social Security Forum of the Korea Institute for Health and Social Affairs (KIHASA).
- 6) Specific for Lao PDR: The long standing relation between the Government of Lao PDR and the ILO through the previous Luxembourg-funded project, and the DP's work well together.
- 7) Specific for Viet Nam: The already ongoing reform on the basis of the Health Sector Plan (2016-20), as well as the fact that the gender element is an important element of the government in law making.

The question whether there are any **alternative strategies** which would have been more effective in achieving the project's objectives needs to consider the exact wording of the overall development objective which is "*to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, under the overall umbrella of national strategies towards universal health coverage (UHC) and the 2030 Agenda for Sustainable Development.*" While one efficient, alternative strategy would have been to leave out one of the three countries, this was not logical under this objective. Another alternative strategy could have been to leave out the Regional Component, but as we have seen in the above, 'learning from other countries' is an important element in policy development in the countries in question, and this was in particular one of the aims of this component, both through the very much needed long-term capacity building (the master's degree), and through knowledge development and exchange of information (CONNECT and the Compendium). Although the leaving out of Myanmar in the second phase proposal due to the political crisis there, should be looked at as a genuine loss for the progress in SHP policy development and capacity building in this country, at the same time it provides an opportunity for focusing the efforts, human resources and funds within the SHP project more on the two countries of Lao PDR and Viet Nam in addition to the regional component. This also adheres to the conclusion of the MTE (2020: 8) that the complexity of the project (in terms of components) should be reduced if a second phase or extension is being considered.

As indicated in the above under 'Achievements' the outputs were produced and delivered mainly as per the work plan, but adjustments were also made especially on the request of the main stakeholders. The large number of outputs and activities are listed in Annex 5. The large number of stakeholders interviewed for this evaluation (45; cf. Annex 3) have in large majority expressed their satisfaction about the quality and usefulness of these outputs and activities. They also underlined that their capacity has been enhanced as a result of the various project activities. The level of support received led to follow-up requests for support; for example, once the HI Law revision is completed then the Government of Viet Nam would really need much more support for the implementation as was made clear during the interviews. Furthermore, the project has worked closely with other Development Partners and these partners were also very positive about the project's work and the level of co-operation.

The project has usually paid attention to the enhancement of **Gender Equality** in specific activities, but more systematic attention is required for this aspect as well as for other cross-cutting issues. In particular, more dedicated activities (e.g. maternity benefit services) and a dedicated budget would be needed. For more details on cross-cutting issues see Section 3.8.

The project has clearly engaged with **a series of key partners and stakeholders** in the project countries (cf. Annex 3 and 5) although for some the cooperation was new, for example with the

MoH in Viet Nam which also took some time to establish. With other stakeholders, partnerships were substantially enhanced in particular with the ministries of labour in the three countries and with the MoH in Lao PDR. As indicated the partnerships with the social partners need more attention. The fact that so many partners from Viet Nam and Lao PDR actually participated in the stakeholders' workshop for this evaluation is indeed significant in this respect (see Annex 6).

In terms of political, technical and administrative **support** from its national and/or implementing partners, it has already been stated that one of the success factors was the sustained commitment of the involved governments and other stakeholders to work on SHP, which was further enhanced as a result of the COVID-19 pandemic. However, ministries are often short of qualified staff (and sometimes funds), and effective cooperation between ministries of health and of labour is at times complex and often need to follow intricate protocols. In addition, governments need to follow their own regulations and procedures, which on the whole may sometimes lead to delays in implementing activities or providing reports. In addition, accurate and complete data are often difficult to find or accessed.

The project did not result in significant **unintended results**, although as mentioned before there were a few activities that were re-programmed and the new activities were originally not intended, but later on scheduled partly as a result of requests by stakeholders that arose after the inception phase. The impact of COVID-19 on travel and online meetings can to some extent also be considered as an unintended result, as well as the pausing of all activities in Myanmar.

The **eight Recommendations by the MTE** made in February 2020 have mostly been sufficiently incorporated into the project. The Project Team has produced a kind of management response to each of these recommendations, and this is included in Annex 10. A summary is given below of how the present evaluation assesses the project's responses to the MTE recommendations:

Summary of MTE Recommendations	Follow-up by the project as assessed by the present evaluation
1) More focus to specific gender-related activities	Several activities undertaken (see for details Section 3.8), but more systematic attention needed.
2) Develop a work plan and funding plan for <i>Connect</i>.	Done for the coming few years; a more detailed business plan for the longer-term needs to be developed in the coming 2-3 years.
3) Increasing NPC post in Myanmar to full-time.	Because of cost-sharing with ILO-Korea project this was not implemented, and since the political crisis started in February 2021 no longer urgent.
4) For the final evaluation, project outputs should be listed, and possible outcome indicators should be identified.	Reflected in the Technical progress reports and in the Project Tracking Matrix (cf. Annex 5).
5) There is a strong case for a no-cost extension of the project.	One 6-month no-cost extension was granted by the donor to cover the period March-October 2021.
6) There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project to enhance sustainability.	The Project Document for the 2 nd Project Phase was written by ILO and is currently under appraisal by the donor.
7) Develop an explicit business case as to the role and value of <i>Connect</i> in the medium to long term with a three-year work plan including funding.	See above under Recommendation 2.
8) If a second phase is envisaged, it is recommended that a no-cost extension should be used as a bridge to that second phase and any refocusing of activities should be phased in during the no-cost extension.	A first no-cost extension was granted (see Rec. 5 above), and a proposal was made for a second one (due to stronger covid-19 waves in Viet Nam and Laos and the crisis in Myanmar). However, the Government of Luxembourg preferred to start the second phase in November 2021.

With respect to the **selection of partners**, it can be concluded that the project has mostly been engaging with the right partners to pursue the project strategy, although it was sometimes challenging to maintain the balance between the ministries of labour and of health in a country. This relates to the fact that the official tripartite partner for the ILO from the government side in any country is the ministry of labour, and thus if ILO works with other ministries it has not as much leverage (for example, the ministry of labour is the only ministry participating in the annual International Labour Conference, ILC, in Geneva). Or, as the WHO in Lao PDR stated it: the 'main' partner of the ILO in the country is the LSSO while for the WHO it is the NHIB. The challenge for the project to maintain a balance between the ministries can be further illustrated with the statement of the LSSO in Lao PDR during the interview that they are the *secondary* partner in the SHP project after the NHIB, and that the project support, divided over several different activities, is on the whole a relatively small activity for them. Another issue with the selection of partners is that the employers' and workers' organisations (social partners) have not been systematically involved, in particular in Lao PDR.

3.5 Efficiency of resource use

Overall, the Efficiency of Resource Use by the project was more than satisfactory, especially also considering the many challenges faced.

Due to the complexity of the design, **staffing** was required in four countries (see Table 1). The position of Program Manager (PM, or sometimes called CTA) was initially assumed to be in Bangkok as is the case for many other regional projects which the ILO is implementing; however, the ILO Regional Director decided it should be based in one of the three project countries, and Viet Nam was chosen for various reasons: it has a full-fledged ILO Country Office, it is a family-friendly duty station, and the ILO Country Director was particularly interested to bring this position to Hanoi. To fill the vacuum in Bangkok, a Junior Professional Officer (JPO) position was secured which was externally funded (firstly by Luxembourg on a different budget line than the SHP project, and from July 2021 by ILO-ROAP). National Project Coordinators (NPC) and Administrative-Financial Assistants were located in the ILO Country Office in Hanoi, the ILO Liaison Office in Yangon and the ILO Coordinating Office in Vientiane, as well as an admin/finance assistant in Bangkok. ILO leveraged resources by having several part-time staff shared with other ILO or UNJP projects. Most positions remained the same during the entire implementation period of the project except for the two NPC's in Lao PDR and Viet Nam which were in certain years full-time and in other years part-time (50%) working for the SHP project.

During the interviews undertaken for this evaluation many stakeholders underlined the expertise and experience of the members of the Project Team, in particular of the Program Manager, but also the NPC's in the three project countries were considered as experienced experts in social health protection with good relations to the ministries involved and such experts are scarce in these countries.

Table 1: The Project Team: Staffing by position and by component.

Components	International	NPC	Admin-Fin.
Regional (Thailand)	JPO (other funding)		50%
Lao PDR		50-100%	100%
Myanmar		50%	50%
Viet Nam	PM	50-100%	100%

The project undertook **monitoring** efficiently through the Project Tracking Matrix (in Excel) and through the comprehensive contractual annual Technical Progress Reports (TPR) for which all members of the Team provided the information required. Overall **oversight** was provided by the Program Manager with the support of the Vietnam Country Office, while there was also a **Steering Committee** for the project as a whole which included the Project Team, the Donor, the main partners and the ILO-DWT experts in Bangkok. This committee held in total three such meetings following the completion of the annual TPR's and the last one was held online on 25 March 2021 (when no partners from Myanmar were able to join as a result of the political crisis there). This last steering committee was important because then the various partners indicated their priorities for a possible second phase which amounted to a long list (see Annex 9).

The steering committee meetings also allowed for regular updates and discussions on the possible re-programming of activities as well as inclusion of new activities (see Annex 5), although this occurred of course also in interim meetings with the donor and with other partners as required. Furthermore, the ILO offices in the three project countries provided support where needed, while conversely, the Program Manager regularly conducted various tasks for the Vietnam Country Office including acting as ILO Officer-in-Charge (OIC). In addition, important technical support was provided by experts from the ILO-DWT in Bangkok and from ILO-HQ in Geneva. Most stakeholders interviewed underlined the good support and prompt and sustained communication from the ILO Project Team.

Overall, project management and staffing to implement and monitor the project were adequate, although a few stakeholders interviewed indicated that more in-country presence in Lao PDR of the project team would be important for the next phase.

On the whole, the **Resources** (funds, human resources, time, expertise, etc.) have been allocated strategically and efficiently to achieve expected results given the development objective and the four components of the project design. Of the overall project budget of just over US\$ 3 million, about 89% had been spent (including encumbrances) as of 10 September 2021 (this was the date on which the evaluation team collected the data from the project team; some minor adjustments are still expected until the project end on 31 October 2021). There is thus a substantial Balance of 10.8% (see Table 2). For staff costs of the project team a substantial 38% was used, which is comparable to other ILO projects of a similar budget size. The expenditures on 'Activities' also amounted to a substantial share with 34.5%, and this includes International and National Consultants, Seminars and Sub-Contracts (shaded in green in Table 2).

Table 2: Expenditures by Budget Categories as per 10 September 2021.

Budget Categories	Expenditures + Encumbrances in US\$	%
Project Team	1.152.431	38,0%
Staff Travel, Office Equipment, Security, Sundries, etc.	188.729	6,2%
International & National Consultants	405.486	13,4%
Seminars	191.886	6,3%
Sub-Contracts	447.860	14,8%
Evaluation	38.484	1,3%
Programme Support Costs (ILO)	278.500	9,2%
TOTAL Expenditures + Encumbrance	2.703.375	89,2%
Remaining balance (on 10 Sept. 2021)	325.873	10,8%
TOTAL	3.029.248	100,0%

Source: Based on data provided by the Project team as per 10 September 2021.

The expenditures (including encumbrances) for ‘Activities’ amounted to a total of US\$ 1.04 million, and the division of this amount over the four project components is given in Table 3. The largest part of expenditures was made in Lao PDR with one third of the total, followed by Viet Nam and the regional component. By far the least expenditures are in Myanmar which is explained by the fact that the activities in this country were put on hold since the 1st of February 2021. This also accounts for about half of the balance mentioned in the previous table.

Table 3: Expenditures on Activities by Project Component.

Expenditures + Encumbrances for ‘Activities’ only	%
Regional activities	26,3%
Lao PDR	33,4%
Myanmar	13,1%
Viet Nam	27,2%
TOTAL for Activities	100,0%

Source: Data provided by the Project team as per 10 September 2021.

In view of the above and considering the views expressed by the various stakeholders the evaluation did not find any clear indications that the resources could have been allocated more effectively. Of course, with the benefit of hindsight allocations could have been different if the political crisis in Myanmar was known in advance but this is clearly beyond the reach of the project.

The project’s activities and operations were mostly in line with the schedule of activities as defined in the work plans (see Annex 5), and the project expenditures were in line with the expected budgetary plans as discussed in the above; exceptions were the slow rates of expenditures in Vietnam in the first two years or so, and the pausing of most of the spending in Myanmar since February 2021. As indicated, the setting-up of CONNECT and the period needed for it to become operational and active took much longer than anticipated and took off only from December 2020 as a result of an underestimation in the project design of the time it is needed to materialize such a Regional Technical Facility as CONNECT.

The main bottlenecks, or challenges, faced were discussed already in the above in Section 3.4. One additional bottleneck on the payment schedule of the ILO was raised by the two participating ministries in Lao PDR, the Ministry of Health and the Ministry of Labour and Social welfare. If ILO provides funding for a certain activity its financial regulations proscribe that the final payment can be made only after the satisfactory completion of the activity, implying for a government organisation that advance payments need to be provided by them. This is no longer possible in Lao PDR since earlier this year because of a severe budget deficit. Such a bottleneck was not reported by any of the stakeholders in Viet Nam.

The COVID-19 Pandemic does not seem to have a decisive impact on the implementation and on the spending pattern of the project. Expenditures were quite low in 2018 with the Program Manager taking up her position in May of that year and focusing first on writing the Baseline Report (dated January 2019), as well as setting up the team, developing relationships with partners, assessing their priorities, establishing workplans, etc. Expenditures then quickly picked up pace with a quarter of the total in 2019 and the same share in 2020, while it was further expanded to one third in 2021 (see Table 4). Therefore, there does not seem to be a COVID-19 impact on spending. Instead, it seems that the delay in the revision of the SHI Law in Viet Nam in

the first years of the project and the Myanmar political crisis since February 2021 have had a more direct impact on the level of implementation specifically in those countries.

Table 4: Expenditures in % by years of implementation.

YEAR	%
2018	7.6%
2019	24.0%
2020	25.2%
2021	32.5%
Balance	10,8%
TOTAL %	100,0%
TOTAL absolute in US\$	3.029.248

Source: Data provided by the Project team as per 10 September 2021.

The project has **leveraged resources** with other projects and programmes and through partnerships with other organizations to enhance the project’s impact and efficiency. Several examples were already discussed in the above (sharing of staff, joint activities with Development Partners, etc.), and a notable addition is the Compendium for which the ILO-HQ in Geneva provided a substantial part of funding (about half).

3.6 Impact

The project strategy and project management have clearly *steered towards impact* by focusing on existing policy developments such as the merger into one NHI Scheme in Lao PDR, the revision of the SHI Law in Viet Nam and the administration/management support to the SSB in Myanmar. These policy developments are intended to have a real impact on the daily lives of the whole population once implementation of the involved regulations can be undertaken effectively on a large scale. The regional component is intended to have a more indirect impact through the development of knowledge and capacity building at the regional level which will ultimately support policy development in the three project countries and beyond.

The intervention may ultimately contribute to the achievement of several *SDGs* but targets in particular *SDG3* on “Good Health and Well-being; Ensure healthy lives and promote well-being for all at all ages.” Financial health protection is generally recognised as one contributing factor to reach Universal Health Coverage (UHC) which is one of the targets under *SDG3* on healthier lives, and a number of specific project activities were undertaken to strengthen financial health protection for example the costing exercise in Lao PD and the actuarial work in Viet Nam. The real test will be, as indicated in the previous paragraph, when the various policy developments will be effectively implemented.

The intervention has achieved an impressive list of outputs (cf. Annex 5) and these will have improved the *capacity* of national staff and of national institutions in implementing social health protection in many different specialized areas. It also clearly has strengthened the *enabling environment* for SHP not only by the support to the development of laws and policies and the different types of long-term and short-term trainings, but also by impacting the attitudes of staff in the diverging partners involved in the project in particular through the various communication, advocacy and awareness raising activities.

In terms of effects that would benefit *young* women and men and *people with disabilities*, the project has made no particular effort to target them, but the laws and schemes supported by the project will apply to them as well.

The COVID-19 pandemic has not specifically affected the potential impact of the project since most activities could be continued with online modalities, and if anything, the pandemic demonstrated to all stakeholders involved the crucial importance of SHP in the coming years. In Viet Nam the project has in cooperation with VSS undertaken a study to analyse the impact of COVID-19 on membership trends and structures. The purpose was to identify good design practices to maintain Health Insurance coverage in times of crisis, and to identify the current and possible future impact of COVID-19 on the level of coverage, structure of the SHI membership, so to anticipate risks on membership drops, financial protection and revenues. The study is in the final stages of completion.

The fact that several stakeholders indicated during the interviews that they learned a lot from other country examples in trainings and in the Compendium indicates that *'learning from each other' (in terms of countries)* has been enhanced in this project, and the regional component has given a real push to this through the development of the Compendium, and potentially also through the setting up of CONNECT which can be further developed in the second phase.

3.7 Sustainability

The potential sustainable contribution of the SHP intervention on several *SDGs*, in particular *SDG3*, has been discussed in the above under Impact (Section 3.6).

The PRODOC, the Baseline Report and the TPRs were more focused on the sustainability of the various health insurance schemes of the governments in the three project countries, than on that of the project activities themselves, and, also, no *exit strategy* was developed in these documents. The exception concerns the sustainability of CONNECT which was explicitly targeted in the PRODOC (2017: 26-27):

"To ensure sustainability of the facility, networking among academic and research institutions will be complemented by advocacy work among other donors to allow for a geographical expansion to additional ASEAN countries.

The final objective is to gather different development partners under one umbrella program with donors/partners contributing to specific outputs or countries according to their own priorities. Partners from the private sector will also be invited to sponsor the initiative as part of the Regional Facility Financial sustainability strategy." (PRODOC)

Project management did indeed work towards these sustainability targets but more time, in particular a second phase, is needed to solidify the facility's foundations further and to involve different development partners and donor organisations (this will be further elaborated in Section 4.2 on Recommendations).

The two 'Sustainability assumptions' in the Risk Matrix of the PRODOC (see Annex 7) deal also only with the Regional Technical Facility, and the mitigation measures proposed were: Develop a resource mobilization strategy for the RTF; and Communicate well the RTF objectives and use ILO network from previous Projects and activities. The first measure has been shifted to the second phase, while the second one has been started but needs further work in the second phase.

Many of the results of the intervention are quite durable and are likely to be maintained as is demonstrated by the following examples:

- CONNECT is expected to stay, having now a Charter and a Work plan, and a MoU with an academic institution. The upgraded position of Connect Manager is expected to remain funded from the project in the second phase, but a sustained business case will need to be developed in the coming 1 – 3 years.
- Importantly, the master's study has been approved by the University Council of Mahidol University and is thus sustainable because it is fully embedded in the university's structures! The 6 Masters students funded by the project are staff members in the different ministries of health in the three project countries; they have benefited from long-term capacity building, and during the interviews they have underlined that the study is useful for their job. Particular care should be taken in the coming months that all of them do indeed complete their studies, even if that means supporting them somewhat in the beginning of the second phase.
- Knowledge generation has been particularly good in this project with the comprehensive Regional Compendium covering experiences in SHP in 21 countries as the landmark publication. It is expected to be published and launched before the end of this year; combining such a launch with a virtual project closing event will provide further opportunities for dialogue with the partners and stakeholders on sustainability.
- Information sharing and in particular also the enhanced attitude to do so is likely to have a sustainable effect.
- As indicated earlier the activities related to law revisions and the merger of schemes and the related capacity building are also clearly sustainable.
- Myanmar is in this respect a special case as substantial staff changes have already started to occur since the political crisis began in February 2021. However, some activities will survive such as the Standard operating Procedures (SOP) for SSB, and the Glossary Book on health financing terms which, significantly, was posted by the MoHS on its website (crediting the ILO).
- Lastly, the communication, advocacy and awareness raising materials produced under the project will continue to exist and, expectedly, be used.

A few of the results of the intervention might well be replicated and/or scaled-up, for example:

- With respect to a Regional Technical Facility like CONNECT, ILO-HQ might well think about replicating it in other countries.
- The Students Contest in Viet Nam was so popular among the students that ideas have already arisen to conduct it again next year scaling it up to different regions (Centre and South Viet Nam).

A major focus of the project was on developing **full ownership** at national level and building capacities. In order to do so, the project took the approach of promoting deep involvement of national partners (“doing together” as opposed to “doing for them”). In concrete terms, this translated into a slower pace to complete activities. In the project planning, it has been, therefore, crucial to take into account (i) the possible limited implementation capacity and (ii) the amount of time needed for partners to “absorb” the support being provided to them (PRODOC 2017: 5). This approach has been implemented and resulted in substantial national ownership of outputs among the two ministries of health in Lao PDR and Viet Nam, as well as among the VSS in Viet Nam and the SSB in Myanmar (until the political crisis unfolded in February 2021). Further dialogue needs

to be facilitated with LSSO in Lao to enhance ownership on their part, and particularly to discuss enhanced cooperation with the MoH. In Viet Nam the enhancing of the inter-agency cooperation between the MoH and the Ministry of Labour (MOLISA) requires special attention as well (see also Section 3.4). Ownership of the project's results among the other tripartite partners of the ILO, the employers' and workers' organisations, was not much developed in the three project countries, and these social partners need to be more deeply involved in the future activities. Lastly, strong ownership of outputs and results has developed within CONNECT among the founding members in particular at Mahidol University and KIHASA.

3.8 Cross-cutting issues/Issues of Specials Interest to the ILO

The project's objectives and outputs are clearly consistent with prescriptions in ILO's normative instruments (including International Labour standards, ILS) and the basis for the SHP intervention is formed by:

- C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102)
- R202 - Social Protection Floors Recommendation, 2012 (No. 202)

Worldwide, 59 countries have ratified C102, but none of the project countries are as yet included among them.

The project has made some efforts to enhance social dialogue among ILO's constituents and partners in the three project countries, such as the Tripartite Policy Forum on Law Revision in Viet Nam, trainings for social partners in both Myanmar and Viet Nam to explain the core principles and standards on SHP, and the organisation of discussions on the NHI Law revision (in Viet Nam) and on planned reforms (in Myanmar) to support them in policy dialogue. However, more needs to be done in this respect to sensitize the social partners around SHP and a dedicated budget line will contribute to stimulating such dialogue.

The project was definitely gender sensitive, but at the same time it was found that the attention and the dedicated resources for gender equality could have been increased.

The gender sensitivity of the intervention was clear from the following examples:

- All data were sex-disaggregated.
- There were a few incidental activities specially directed at women:
 - Communication events on SHI were held in Viet Nam with the VGCL for 1,200 female garment workers.
 - The project supported the Regulatory Impact Assessment (RIA) on gender impact assessment.
- In the Compendium a lot of attention is given to gender issues, for example specific attention is paid to maternal health issues (including co-payment for maternity services).
- The gender perspective was also included in the visuals (videos, flyers, etc.).

The percentage of women is sometimes relatively high in project related activities, for example five of the six master's students are female, and the percentages of women and men in most training and other activities are often quite equal. Among some partners, in particular the ministries of health, the majority of staff are women, and, as a rule, all draft laws in Viet Nam must include a gender assessment.

However, on the whole, attention and dedicated resources for enhancing gender equality was not systematically applied, and this may be enhanced in the second phase of the project. One particular area that currently receives a lot of attention within the ILO is Unpaid Care Work associated to ILO's landmark '*Women at Work Centenary Initiative*' and to the *ILO Centenary Declaration for the Future of Work* (2019). Unpaid Care Work has increased significantly through COVID-19 (sometimes called "time poverty") as children and spouses are all at home and all require care. The project might pay attention to this informal type of work as well. Lastly, according to the stakeholders interviewed for the present evaluation, and following the documents review, the intervention did not specifically look into disability and non-discrimination.

4 Conclusions and Recommendations

4.1 Conclusions

The conclusions of the present independent final evaluation are below categorized according to the eight evaluation criteria used throughout this report. The *Relevance and Strategic Fit* of the Social Health Protection (SHP) intervention is very high and has been investigated from different angles. It is relevant to the needs of the target groups as a majority of the population in the three project countries lacks access to adequate social protection coverage, and it is also relevant to the mandate and priorities of the respective governments through their national development plans and strategies towards Universal Health Coverage (UHC). The project is in principle also relevant to the social partners, but only few joint activities were developed. The intervention further aligns to international goals such as the SDGs as well as to the priority areas of the UN in the three project countries. With respect to the priorities of the ILO, the intervention aligns to the ILO Programme and Budget (P&B 2020-21), to the Decent Work Country Programmes (DWCP) of the respective countries and the Regional Outcome, and to the global social protection goals. The intervention is also clearly relevant to the policies of the Government of Luxembourg with Lao PDR as one of the priority countries in particular with respect to the health sector. The evaluation further found that all stakeholders interviewed for this evaluation underlined the high relevance of the intervention, and that this relevance has even *increased* with the onset of the COVID-19 pandemic in March 2020.

The project has responded efficiently and flexibly to the COVID-19 pandemic, switching swiftly to online meetings, trainings, events and even studies. For this the Project Team maintained close contacts with the Donor, the partners and ILO country offices, DWT and ROAP. In addition, the project has contributed to a series of specific COVID-19 responses, including technical reports/briefs, communication campaigns on COVID-19, and participation in webinars. The response to the sudden emergence of the political crisis in Myanmar on the 1st of February 2021, was to follow the “UN Country Engagement Guidelines” which stipulated that the entire ‘Development Programme’ was to be postponed until further notice. Work at the ILO Liaison Office was then shifted to completing whatever activities could still be undertaken and to preparing for possible future engagements.

The *Coherence* of the intervention was also quite substantial. The project was firmly embedded within the work of the ILO offices of the three targeted countries and in the ILO Regional Office (ROAP) in Bangkok; being an integral part of the three DWCP’s, the project complements and fits with several other ongoing ILO programmes and projects. The project team has further participated actively in coordination mechanisms among Development Partners (DP) creating different types of synergies, for example through the P4H Network and the *informal* DPs working group in Lao PDR. According to the interviewed participating organisations (ILO, WHO, WB, SRC, UNJP and P4H Networks) these mechanisms have clearly proven their usefulness. The project also leveraged different partnerships with other UN agencies and other DP’s that enhanced the intervention’s relevance and contribution to SDG targets, including joint activities/financing with SRC, WHO, WB and Fred Hollows Foundation of the Costing exercise in Lao PDR, cost sharing of staff, joint support to the SHI Law in Viet Nam, and joint awareness raising activities. The collaboration between the project and the donor, the Grand Duchy of Luxembourg, was maintained on a regular basis in particular with the Embassy of Luxembourg in Vientiane. The

communication has been regular since the beginning but was substantially increased in intensity since the beginning of the COVID-19 pandemic in order to discuss ways to adjust to the pandemic.

The *Validity of the project design* was satisfactory although the design was rather complex and ambitious with three countries and a regional component (cf. the MTE). The SHP project built in particular on the previous ILO-Luxembourg project on social protection policies in Lao PDR. A relatively long inception period, partly by design and partly due to delays in recruiting essential staff, allowed the project team to plan activities in line with the then current needs of the project partners resulting in the 'Baseline Report' (January 2019). Flexibility to the changing requests of the key stakeholders was a feature that marked the entire project implementation. The intervention logic or Theory of Change (ToC) consists of three interrelated levels concerning the provision of SHP (policy level, SHP schemes, and scheme management) which reinforce each other; this logic/ToC is useful although not very elaborate. The design through the Results Framework/LogFrame and its Outcomes and Outputs was logical and coherent, and it combines strategic activities at the regional level with related policy and implementation activities in three countries which each have a different specific focus (cf. the Outcomes). This Results Framework is good at the logical level but needs some improvement at indicator and baseline levels.

In general, the project design is appropriate for achieving its intended Development Objective: the three country Outcomes directly target the accessibility for the population of the various schemes in health insurance, while the regional component contributes indirectly through capacity building and the production and exchange of knowledge, creating synergies between the five outcomes. There is a great interest in the countries involved in learning from the experience of other countries. The Risk Matrix has adequately taken into account different types of risks with appropriate mitigation measures, while of course the COVID-19 pandemic and the Myanmar political crisis could not have been foreseen. The consultation and involvement of the tripartite constituents during the different phases of the project has tended to vary significantly, with mostly a clear involvement of the relevant ministries but much less so of the social partners.

The *Effectiveness* of the intervention in achieving the *Five Outcomes* was partial. While CONNECT has been established and capacity building services were developed (first outcome), it is not yet fully sustainable and the provision of technical services by CONNECT members could not be developed. The second Outcome was mainly achieved through the knowledge produced and shared with all stakeholders leading at times to a growing number of SHP policies. The achievements related to the three country Outcomes cannot be determined fully. While on the one hand, the activities and outputs will probably have led to a more effective, efficient, accountable and sustainable gender responsive delivery of SHP schemes, on the other hand, assessing whether this has indeed led to an increased *coverage of women and men by SHP schemes* (the indicator for Outcomes 3 – 5) could not be determined because data were not updated (regularly) and because of the impact of the COVID-19 pandemic. At the *Output* level, the project managed to deliver almost all planned activities and outputs, except for those in Myanmar and except for the missions scheduled for CONNECT which were cancelled because of COVID-19. Some activities were *reprogrammed* and replaced by new activities often on the request of ministries. The project has undertaken a large number of activities and an overview of the main deliverables in the three project countries and for the regional component is provided in Section 3.4, while Annex 5 provides a full overview.

The intervention faced a number of quite substantial *Challenges* including COVID-19 and the Myanmar crisis. Some of these were caused by the complexity of the project design, staff shortages and changes at ministries, complex cooperation procedures between ministries, a shortage of national and international expertise in SHP, and a lack of accurate and complete data. In addition, there were several challenges specific for the involved countries. That still so many activities were undertaken is due to several *Success Factors*: the sustained commitment of the involved governments and other stakeholders; the experience of the previous ILO/Lux project in Lao PDR and the intensive communication with the Embassy of Luxembourg in Vientiane; and considerable credit is due to the Project Team with support from ILO-DWT in Bangkok and ILO-HQ, including staff stability in the team. In addition, several success factors were identified specific for the involved countries and the regional component.

The conclusion of the MTE that the intervention was rather complex led to considerations whether an alternative strategy would have been to leave out one of the three countries, but this was not logical under the overall objective (which includes all three countries). Another alternative strategy could have been to leave out the Regional Component, but as we have seen in the above, 'learning from other countries' is an important element in policy development in the countries in question, and this was in particular one of the aims of this component, both through the very much needed long-term capacity building (the master's degree), and through knowledge development and exchange of information (CONNECT and the Compendium). The political crisis in Myanmar then resulted in a reduced complexity of the intervention.

The large number of stakeholders interviewed for this evaluation (45; Annex 3) have in large majority expressed their satisfaction about the quality and usefulness of the outputs and activities (Annex 5). They also underlined that their capacity has been enhanced as a result of the various project activities. Furthermore, the project has worked closely with other Development Partners and these partners were also very positive about the project's work and the level of co-operation. The project has clearly engaged with a series of key partners and stakeholders in the project countries (cf. Annex 3 and 5) although for some the cooperation was new, for example with the MoH in Viet Nam, and for others, like the social partners, attention needs to be enhanced. In terms of support from the national and/or implementing partners, on the one hand there was their sustained commitment to work on SHP, while on the other hand there were the challenges as mentioned in the above, including shortages of qualified staff and data. The project has mostly been engaging with the *right* partners, although it was sometimes challenging to maintain the balance between the ministries of labour and of health in a country, with the Labour Ministry being the official tripartite government partner for the ILO in any country. The eight Recommendations made by the MTE have mostly been sufficiently incorporated into the project, including a no-cost extension and a project document for the 2nd phase.

Overall, the *Efficiency of resource use*, was more than satisfactory especially also considering the many challenges faced. Due to the complexity of the design, **staffing** was required in four countries with the Program Manager based in Hanoi and an externally funded JPO position in Bangkok, and further included three NPCs and four Administrative-Financial Assistants (see Table 1). During the interviews undertaken for this evaluation many stakeholders underlined the expertise and experience of the members of the Project Team, in particular of the Program Manager, but also the NPC's in the three project countries were considered as experienced SHP experts with good relations to the ministries involved.

Monitoring was efficiently undertaken through the Project Tracking Matrix (in Excel) and through the contractual annual Technical Progress Reports (TPR), while overall oversight was provided by the Program Manager with the support of the Vietnam Country Office, as well as by a Steering Committee which held three annual meetings. The ILO offices in the three project countries provided support where needed, while conversely, the Program Manager regularly conducted various tasks for the Vietnam Country Office including acting as ILO Officer-in-Charge (OIC). In addition, important technical support was provided by experts from the ILO-DWT in Bangkok and from ILO-HQ in Geneva. Most stakeholders interviewed underlined the good support and prompt and sustained communication from the ILO Project Team, although a few stakeholders indicated that more in-country presence in Lao PDR of the project team would have been beneficial.

On the whole, the Resources have been allocated strategically and efficiently. About 89% of the overall budget of just over US\$ 3 million was spent as of 10 September 2021, and the substantial balance of over 10% can in part be explained by the halting of activities in Myanmar. For staff costs of the project team a substantial 38% was used, which is comparable to other ILO projects of a similar budget size. The expenditures on 'Activities' including International and National Consultants, Seminars and Sub-Contracts, also amounted to a substantial share with 34.5% (Table 2). The largest part of activities expenditures was made in Lao PDR with one third of the total, followed by Viet Nam and the regional component, while this was lowest in Myanmar. The project's activities were mostly in line with the scheduled work and budgetary plans, but exceptions were the slow rates of expenditures in Vietnam in the beginning, the pausing of most of the spending in Myanmar since February 2021, and the slow start of CONNECT.

The COVID-19 Pandemic does not seem to have a decisive impact on the implementation and on the spending pattern of the project. Expenditures were quite low in 2018 with the Program Manager taking up her position in May of that year and focusing first on writing the Baseline Report (January 2019). Expenditures then quickly picked up pace with a quarter of the total in both 2019 and 2020, while it was further expanded to one third in 2021. The project has also leveraged resources with other projects and through partnerships with other organizations to enhance the project's impact and efficiency, such as the sharing of staff, joint activities with Development Partners, and the sharing of financing of the Compendium with ILO-HQ in Geneva.

The project strategy and project management have clearly steered towards *Impact* by focusing on existing policy developments such as the merger into one NHI Scheme in Lao PDR, the revision of the SHI Law in Viet Nam and the administration/management support to the SSB in Myanmar. These policy developments are intended to have a real impact on the daily lives of the whole population once implementation of the involved regulations can be undertaken effectively. The regional component is intended to have a more indirect impact through the development of knowledge and capacity building which will ultimately support policy development in the three project countries and beyond. Financial health protection is recognised as one contributing factor to reach Universal Health Coverage (UHC) which is one of the targets under SDG3 on healthier lives, and a number of specific project activities were undertaken to strengthen financial health protection for example the costing exercise in Lao PD and the actuarial work in Viet Nam. The real test will be when the various policy developments will be effectively implemented.

The intervention has delivered an impressive list of outputs (Annex 5) and these will have improved the *capacity* of national staff and of national institutions in implementing social health protection in different specialized areas. It also clearly has strengthened the *enabling environment*

for SHP not only by the support to the development of laws and policies and the different types of long- and short-term trainings, but also by impacting the attitudes of staff of the partners involved in the project in particular through the various communication, advocacy and awareness raising activities. The COVID-19 pandemic has not specifically affected the potential impact of the project since most activities could be continued with online modalities, and if anything, the pandemic demonstrated to all stakeholders the crucial importance of SHP in the coming years. The fact that several stakeholders indicated during the interviews that they learned a lot from other country examples in trainings and in the Compendium indicates that *'learning from each other' (in terms of countries)* has been enhanced in this project, and the regional component has given a real push to this through the development of the Compendium, and potentially also through the setting up of CONNECT which can be further developed in the second phase.

The PRODOC and the Baseline Report did not target **Sustainability** of the project activities directly, except for CONNECT, and no *exit strategy* was developed, but at the same time it was found that many of the results of the intervention are quite durable. The sustainability of CONNECT was proposed through two measures; firstly, to develop a resource mobilization strategy, which was shifted to the second phase; and secondly, to communicate well its objectives and use ILO network from previous projects and activities, which has been started but needs further work in the second phase. The following results of the intervention are quite durable and are likely to be maintained: CONNECT is expected to stay, having now a Charter and a Work plan, and an upgraded position of Connect Manager; The master's study is fully embedded in the university's structures; Knowledge generation has been good with the Regional Compendium as the landmark publication; Information sharing (attitude); The law revisions and the merger of schemes and the related capacity building are also sustainable; and, lastly, the communication, advocacy and awareness raising materials produced under the project will continue to exist. In addition, CONNECT might well be replicated in other countries through ILO-HQ, and ideas have already arisen to scale-up the Students Contest in Viet Nam.

A major focus of the project was on developing **full ownership** at national level and building capacities through a strategy labelled "doing together" with national partners. This approach resulted in substantial national ownership of outputs among the two ministries of health in Lao PDR and Viet Nam, as well as among the VSS in Viet Nam and the SSB in Myanmar. Further dialogue needs to be facilitated with LSSO in Lao to enhance ownership on their part. Ownership of the project's results among the other tripartite partners of the ILO, the employers' and workers' organisations, was not much developed. Lastly, strong ownership of outputs and results has developed in CONNECT in particular at Mahidol University and KIHASA.

With respect to **ILO's Cross-cutting issues** the attention may have to be enhanced for some of these issues. The project's objectives and outputs are clearly consistent with prescriptions in ILO's normative instruments (including ILS) and the basis for the SHP intervention is formed by the Social Security Convention (C102) and the Social Protection Floors Recommendation (R202). A second cross-cutting issue is enhancing social dialogue which the intervention has attempted at times but more needs to be done in this respect to sensitize the social partners around SHP. The project was definitely **gender** sensitive, and a few targeted activities were undertaken, but at the same time it was found that the attention and dedicated resources for enhancing gender equality was not systematically applied, and this may be enhanced in the second phase of the project, including maternity services and Unpaid Care Work. Lastly, the intervention did not specifically look into disability and non-discrimination.

4.2 Recommendations

The recommendations formulated on the basis of the findings of the present independent final evaluation are as follows:

1. **Continue with the organization of a major *Closing Event* whereby the Regional Compendium can be launched**, and where the dialogue with the key partners can be enhanced and focused on issues of sustainability.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, ILO HQ, Tripartite Partners, Other key stakeholders, DPs and Donor	High	Coming months	Part of the 1st Phase budget

2. **Consider an additional, second no-cost extension if the 2nd Phase cannot start directly in November/December 2021** in view of maintaining the existing continuity stability of the Project Team.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO Country Office in Viet Nam, ILO ROAP/DWT in Bangkok, ILO HQ and Donor	High	Coming months	Part of the 1st Phase budget

3. As many activities undertaken in the current phase of the SHP project need a sustained follow-up and support, **the strong Recommendation to the ILO and the Donor is to agree on the Second Phase Proposal with a few modifications** (as below). The current proposal for the 2nd Phase is appropriate in that it reflects the needs of Lao PDR and Vietnam in terms of social health protection as can be seen from the priorities listed by the stakeholders at the last Steering Committee meeting (see Annex 9). It is also appropriate in its focus on Lao PDR, Viet Nam and the Regional Component. However, the provision to include Myanmar in this particular intervention *if and when* the political crisis there is resolved seems optimistic in view of the current directives from the UN and from the Government of Luxembourg; in addition, such a conditional provision prevents solid planning within the second phase as resources need to be reserved for Myanmar which can subsequently not be included in the planning for the other countries/components. Besides, once the UN decides that its Development Programme can be opened up again for Myanmar sufficient funding will certainly be made available for this country from other funding sources/lines. Furthermore, the set-up of the project is already sufficiently complex with two countries and a regional component (cf. the findings of the MTE and of the present evaluation). Therefore, one Modification is to reduce substantially the amount allotted in the 2nd Phase proposal to Outcome 4 on *partnerships in the region*.¹³ A second Modification is to increase the *share* of 'activities spending' in Lao PDR as this is the country that is most in need of support and as this is the focal country for Luxembourg; for example, the ratio among components/countries can be similar as in the

¹³ US\$ 140,000 is allotted to Outcome 4: "Support to extension of effective, efficient, accountable and sustainable gender responsive social health protection is supported with partnerships in the region." (Output 4.1 Capacity building. Output 4.2. Policy reforms supported, based on evidence produced by the project). (Source: 2nd Phase proposal June 2021).

present phase excluding Myanmar (see Table 3). Staffing is the subject of the next recommendation.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO Country Office in Viet Nam, ILO ROAP/DWT in Bangkok, ILO HQ and Donor	Very High	Coming months	Budget for the 2 nd Phase

4. **Maintain as much as possible the current complete Project Team in place for reasons of stability and continuity with the one addition already included in the 2nd Phase Proposal of an International Expert P3 based in Vientiane** working on activities both for Lao PDR and for CONNECT for the full period (36 months).. Once the travel restrictions are reduced, the Program Manager could also regularly visit Lao PDR as she did before the pandemic started.

This recommendation includes thus also to maintain the position of Program Manager in Hanoi as it has worked overall quite well in the present phase (despite the adverse conditions of the pandemic), as the ILO office in Hanoi is a full-fledged Country Office with full administrative-financial authorizations, and as it is a more family-friendly duty station than Vientiane.¹⁴

With respect to the budget, the current 2nd Phase Project Document proposes 49% for staff costs, and while it is likely that the total amount of the budget will be reduced to the level of the current project, it will be important to maintain that percentage, or even reduce it somewhat, in order to maintain a balance between staff costs and activities.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO Country Office in Viet Nam, ILO ROAP/DWT in Bangkok, ILO HQ and Donor	Very High	Coming months	Budget for the 2 nd Phase

5. With respect to the Project Design of a Regional project, it is recommended to **maintain the balance between, on the one hand, the number of activities proposed in several countries and in a Regional Component, and on the other hand, the resources available**. Such a regional set-up easily risks becoming ambitious and very complex for a Project Team that needs to divide its attention over the different countries and the regional component. Another aspect of project design concerns **the indicators of the outcomes which are recommended to be more clearly measurable**.

Responsible Unit	Priority	Time Implication	Resource Implication
ILO HQ, ILO ROAP/DWT in Bangkok, Donors	Medium	Design of new projects	None.

¹⁴ The International Civil Service Commission (ICSC) published its 'Hardship Classification' list in January 2021 which shows that Viet Nam is in Class A while Lao PDR is in Class B. See: https://ficsa.org/fileadmin/user_upload/ICSC-HARDSHIP-D-ST-Consolidated_List_20210101.pdf

6. **Involve the social partners more systematically in the activities in particular in Lao PDR, i.e. the Lao Federation of Trade Unions (LFTU) and the Lao National Chamber of Commerce (LNCCI), but also in Viet Nam (VGCL and VCCI), and support this with budgetary allocations/lines.**

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, Employers' and Workers' Organisations in Lao PDR and Viet Nam	Medium	2022	Budget for the 2 nd Phase

7. **Include a Gender Equality Strategy in the 2nd Phase** (developed with support from ILO's gender experts in Bangkok and/or Geneva), and allocate dedicated resources to this strategy.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, DWT Bangkok, ILO HQ, and Tripartite Partners	Medium	2022	Budget for the 2 nd Phase

8. **Develop a full-fledged business case for CONNECT in the coming years which addresses institutional and financial sustainability** specifying the direction to follow; consider for example a portfolio of donors including private sector, tuition fees, research funding, a membership fee, etc. This business case can also be seen as the exit plan for the 2nd Phase but needs to be developed as early as possible. It should include a full-fledged CONNECT-Manager funded from the project who will still be supported by the Program Manager in Hanoi and by the new P3 expert in Vientiane. The existing plans to gradually increase the number of members and to pursue the international accreditation of the master's study need to be included in this business case.

Responsible Unit	Priority	Time Implication	Resource Implication
CONNECT-Manager, Mahidol University, KIHASA and the other Founding Members of CONNECT, Project Team, ILO ROAP/DWT in Bangkok, ILO-HQ and interested Development Partners/Donors	Medium	2022 - 2023	Budget for the 2 nd Phase

9. **Make provisions in the 2nd Phase Budget to keep those 1st Phase master's students on board who will not be able to complete their MA Thesis by 31 December 2021** despite their contractual obligations. It is now foreseen that maybe three of the six students will not complete their thesis until April 2022, and if they would indeed abandon the study this would imply a large degree of (human) capital destruction. Therefore, in order not to 'lose' these students they need to be supported in 2022 for example with registration as student at Mahidol University in 2022, advisory fees, and internet costs.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, CONNECT, Mahidol University and Donor	Medium	Coming months	Include provisions in the Budget for the 2 nd Phase

10. For Lao PDR it is recommended to continue the support through the 2nd Phase of the project for the implementation of the newly designed (merged) comprehensive SHP scheme; analysing the effects of the merger may be considered jointly with selected Development Partners. Other specific priorities for Lao PDR are mentioned by the key partners in Annex 9.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, Tripartite Partners and other key stakeholders in Lao PDR, and Donor	High	2022-2024	Budget for the 2 nd Phase

11. For Viet Nam it is recommended to continue the support through the 2nd Phase of the project for the revision of the SHI Law and once this Law is ratified (possibly in 2022) for the development of the implementation regulations. Other specific priorities for Viet Nam are mentioned by the key partners in Annex 9.

Responsible Unit	Priority	Time Implication	Resource Implication
Project Team, ILO ROAP/DWT in Bangkok, Tripartite Partners and other key stakeholders in Viet Nam, and Donor	High	2022-2024	Budget for the 2 nd Phase

5 Lessons Learned and Good Practices

This chapter identifies two lessons learned (LL) and two good practices (GP) from the experience gained by the evaluation in the present report.

Lessons Learned

One of the purposes of evaluations in the ILO is to improve project or programme performance and promote organizational learning. Evaluations are expected to generate lessons that can be applied elsewhere to improve programme or project performance, outcome, or impact. The two identified Lessons Learned (LL) are mentioned below and the full descriptions in the ILO/EVAL Templates are included in Annex 11.

LL1 – The Project Design with activities in three countries and a Regional Component is too ambitious and complex in view of the resources available.

LL2 – To set up a Regional Technical Facility like CONNECT takes substantial time, but it can be crucial for knowledge development and sharing as well as for long-term technical capacity building.

Good Practices

ILO evaluation sees lessons learned and emerging good practices as part of a continuum, beginning with the objective of assessing what has been learned, and then identifying successful practices from those lessons which are worthy of replication. The two identified Good Practices (GP) are briefly introduced below and the full ILO/EVAL Templates are included in Annex 11.

GP1 – The development of a multi-country Regional Compendium on Social Health Protection is a Good practice to be replicated elsewhere since countries have shown to be interested to learn from each other.

GP-2 – The implementation modalities of the Costing Exercise on the health insurance benefit package and health facility costing in Lao PDR is a Good Practice to be replicated in other projects.

Templates in Annex 11

The ILO/EVAL Templates with the full description of these Lessons Learned (LL) and Good Practices (GP) are provided in Annex 11.

ANNEXES

Annex 1: Terms of Reference (TOR)

**Terms of Reference – Team Lead
Final Independent Evaluation**

SUPPORT TO THE EXTENSION OF SOCIAL HEALTH PROTECTION IN SOUTH EAST ASIA

Evaluation title	End term evaluation of ‘Support to the extension of Social Health Protection in South East Asia’
Evaluation type	Independent Final Evaluation
Project code	RAS/17/09/LUX
Project budget	USD 3,029,240
Budget source	The Government of the Grand Duchy of Luxembourg
Project duration	1 October 2017 - 31 October 2021
Evaluation period	August - October 2021
Geographical coverage	Viet Nam, Lao PDR and Myanmar
Administrative Unit in charge of the project	ILO Regional Office for Asia and the Pacific (ROAP)
ILO Technical Unit/ ILO Responsible unit(s) for backstopping the project	<ul style="list-style-type: none"> • ILO Decent Work Technical Support Team for East and South-East Asia and the Pacific (ILO DWT-Bangkok) • Social Protection Department (SOCPRO), Geneva
P&B outcome(s) under evaluation	Outcome 3: Creating and extending social protection floors
DWCP outcomes (CPO)	<ul style="list-style-type: none"> • VNM151 - Strengthened national capacities and knowledge base for the effective implementation of social security policies and strategies; • LAO226 - Social protection mechanisms strengthened and expanded, with a particular focus on the expansion of health insurance; • MMR151- Coverage of existing social insurance schemes extended for both formal and informal workers and their dependents
SDG(s) under evaluation	SDG 1, 3, 5, 8 and 10
Evaluation Manager	Narendra Bollepalli, ILO Kathmandu

1. BACKGROUND INFORMATION

In low-income countries an estimated 90 % of people have no financial protection against catastrophic health expenditures. Globally, about 39 % of the population is lacking such coverage. As a result, about 40 % of health expenditures globally are shouldered directly by the sick and their families. Countries in Southeast Asia are no exception to this global trend. The importance and potential of social protection and social health protection in reducing poverty and inequalities and contributing to a more inclusive and sustainable economic development is recognised in the 2015 Sustainable Development Agenda.

Against this backdrop, a Grand Duchy of Luxembourg funded project was developed that aims to increase financial health protection in the three target countries (Viet Nam, Lao PDR, and Myanmar) under the overall umbrella of national strategies towards Universal Health Coverage

(UHC) and the global development agenda including ILO's Flagship Programme on Social Protection Floors. Under the regional component of the Project, a regional facility providing a platform for exchange, joint research and regional training opportunities for experts, academic institutions and practitioners in the area of social health protection, is being established, implementing a sustainable capacity building strategy. The facility is expected to contribute with regional experiences to global discussions while at the same time promoting South-South cooperation between the participating countries. At country level, activities are aligned with national social health protection strategies and complement initiatives of other development partners. The main effort is placed on the development of national institutional and human resources. Technical support focuses on policy advice on extension strategies for social health protection with a specific focus on equity and providing coverage for the informal sector, on strengthening design and implementation of existing schemes through research and assessments of specific aspects of social health protection, on financial sustainability through actuarial valuations and costing studies of strategies, on strengthening capacity of stakeholders and on dissemination and advocacy on the importance of social health protection extension for poverty reduction and equitable development. The [Project](#) has a total duration of 48 months. The Project is grounded on the establishment of partnerships with other institutions, including development partners towards the mobilization of additional resources, aiming at expanding the operation of the regional facility beyond the three initial countries.

Refer to the project [page](#) for details on expected outcomes, outputs of the project and for some of the activity reports. https://www.ilo.org/asia/projects/WCMS_660535/lang--en/index.htm

Although the project has encountered delays due to COVID-19 pandemic in implementations, most of the interventions will be completed by October 2021. Revised work plan and justification is available. The project midterm evaluation was conducted in January 2020. The project is coming to an end and as per ILO requirement, a final independent evaluation is required. The evaluation will be managed by independent ILO evaluation manager who has no prior involvement in the project. The final report will be approved by ILO Evaluation Office.

The Luxembourg-funded ILO project "Support to the Extension of Social Health Protection in South-East Asia" has the overall objective to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, under the overall umbrella of national strategies towards universal health coverage (UHC) and the 2030 Agenda for Sustainable Development, including ILO's Flagship Programme on Social Protection Floors.

The project has five outcomes:

Outcome 1. A sustainable network of educational and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection [Regional]

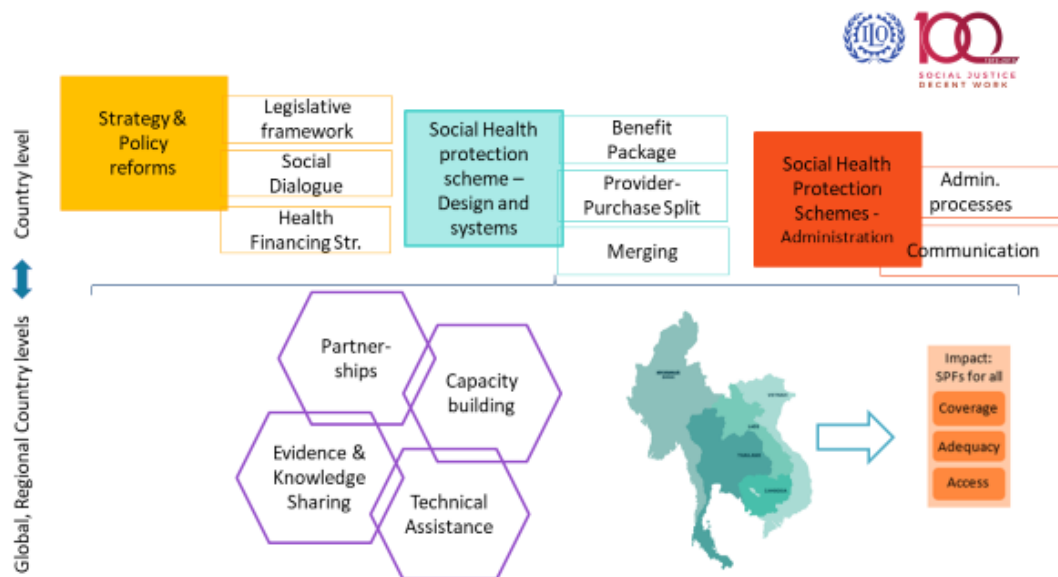
Outcome 2. A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence [Regional]

Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR

Outcome 4 – Effective, efficient, accountable and sustainable Social health protection delivered with an increased coverage in Myanmar.

Outcome 5 - Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam

The intervention logic/theory of change developed by the project is set out below.



The intervention targets three interrelated levels concerning the provision of social health protection:

- **The first focuses on the wider policy level (strategy and policy reforms)**, supporting the development of national social health protection gender responsive strategies/policies; health financing strategies; collaborating in the development of regulatory frameworks, including provision of services such as financial and actuarial assessments and contributing to national dialogue processes on the extension of social health protection.
- **A second level of support targets social health protection schemes**, including the scheme design aspects (benefit package, strategic purchasing, provider payment mechanism, etc.). Actuarial and financial reviews are also expected but this time targeting schemes, conducted upon request aiming to assess the financial viability of schemes; and recommendations provided to target countries on improving schemes financing and sustainability.
- Finally, **the third level has a more concrete emphasis on scheme management and administration**, including topics such as scheme governance; quality assurance, management information systems; and implementation modalities at decentralized level. Following the inception phase and depending on the assessment of country opportunities and needs, this component can also include supporting to pilot innovative implementation modalities.

Implementation of these three different levels of intervention both improves the capacity of national staff to improve policy and implementation and provides the tools to national agencies to improve policy and implementation.

A major focus of the project is on developing full ownership at national level and building capacities. In order to do so, the project took the approach of promoting deep involvement of national partners (“doing together” as opposed “doing for them”). In concrete term, this

translates into a slower pace to complete activities. In the project planning, it has been, therefore, crucial to take into account (i) the possible limited implementation capacity and (ii) the amount of time needed for partners to “absorb” the support being provided to them.

The project is aligned to the respective countries’ DWCP

- DWCP: Decent Work Country Programme for Lao PDR 2017-2021: CPO: LAO226 - *Social protection mechanisms strengthened and expanded, with a particular focus on the expansion of health insurance.*
- DWCP: Decent Work Country Programme for Viet Nam 2017-2021: CPO: VNM151 - *Strengthened national capacities and knowledge base for the effective implementation of social security policies and strategies*
- DWCP: Decent Work Country Programme for Myanmar 2018-2021: CPO: MMR151 - *Extending social protection in Myanmar through social security policy review and national dialogue on a Social Protection Floor*
- Regional: RAS154 - Comprehensive and sustainable social protection for all

Project management arrangement:

The Project is under the overall responsibility of the ILO Regional Office for Asia and the Pacific based in Bangkok. The respective ILO Country Offices for Myanmar, Lao PDR and Viet Nam are the collaborating units. The project team consists of a Chief Technical Advisor (CTA, full-time, based in Hanoi), three national project coordinators (1 full time, 2 part-time) and 4 admin and finance Assistant (2 full-time, 2 part-time) reporting to the CTA. The CTA is the principal staff responsible for Project implementation, supervising staff, allocating Project budgets, preparing progress reports and maintaining Project relations with institutional partners. She is also responsible for elaborating the final project document, gathering supporting information and developing preliminary work plans. The project is technically backstopped by the Social Protection Specialist based in the Decent Work Support Team office of Regional Office of Asia and the Pacific and from Geneva, the Social Protection Department.

Evaluation Management Arrangement:

The evaluation will be managed by a Monitoring and Evaluation Officer based in ILO Kathmandu, who has no prior involvement in the project, administratively and/or technically. The evaluation manager prepares this TOR and will subsequently finalize it in a consultative process involving project team, ILO tripartite constituents and other key stakeholders of the project. The evaluation will comply to the United Nations Evaluation Guidelines (UNEG) Norms and Standards¹⁵, ILO policy guidelines (4th [edition](#), 2020) and the ethical safeguards.

2. PURPOSE AND OBJECTIVES OF THE EVALUATION

ILO considers evaluation as an integral part of the implementation of technical cooperation activities. In line with ILO Evaluation Policy Guidelines¹⁶ and any project having budget between one million to five million will require an independent final evaluation. This development cooperation project is coming to an end in October 2021. This TOR provides details of what, how and when final evaluation would cover and take place.

¹⁵ <http://www.unevaluation.org/document/download/2787>

¹⁶ http://www.ilo.ch/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm

The purpose of the independent end-term evaluation is for both accountability and learning. It is to enable project staff, constituents and other relevant stakeholders assess whether project outcomes have been met and take stock of lessons learnt that maybe relevant for follow-up phase or for similar future interventions. The evaluation provides an opportunity for taking stock, reflection, learning and sharing knowledge regarding how the project has performed vis-a-vis defined project outcomes.

This end-term evaluation serves two main objectives:

1. Give an independent assessment of progress to date of the Project across the five outcomes in the project three countries; assessing performance as per the foreseen targets and indicators of achievement at output level; strategies and implementation modalities chosen; partnership arrangements, constraints and opportunities;
2. Provide strategic and operational recommendations as well as highlight lessons learnt to improve future related projects, and possibly a second phase of the project.

The independent evaluation will cover all outcomes of the Project, with particular attention to synergies across intervention approaches at global/regional and country levels (Evidence and Knowledge sharing, Partnerships, Technical Assistance; Policy Reforms, Administration & Management, Capacity Building, Awareness Raising).

In particular, the evaluation will assess the following:

- Progress made towards achieving the project outcomes
- Internal and external factors that influenced speed of implementation
- Assess whether and how the COVID-19 pandemic has affected the planned objectives and whether the project was able to make adjustments to remain relevant
- Management of the operation of the project, including staff management
- The extent of government buy-in, support and participation in the initiative
- Strategic fit of the initiative within the context of the DWCP
- Relevance of the initiative within national development priorities/frameworks
- Synergies with other relevant ILO projects/programmes and activities
- Knowledge management and sharing
- Results based measurement
- Systems for Risk analysis and assessment
- Assess the implementation of the recommendations from the mid-term evaluation exercise conducted in February 2020
- Other specific recommendations to improve performance, the delivery of results and for similar programmes in future

The primary end users of the evaluation findings is the ILO constituents in the project countries (Lao PDR, Viet Nam and Myanmar), ILO Offices in project countries, ILO Regional Office for Asia and the Pacific (ROAP), ILO HQ (SOCPRO, Evaluation Office, and other relevant technical departments). Secondary user of the evaluation findings are other interested partners, academic, other ILO units and regions, and public.

The evaluation will adopt participatory process and will consult with tripartite constituents and other key stakeholders throughout the evaluation process. The final evaluation will take into

account the contextual situation that the project has been operating in the targeted countries during the project period.

3.EVALUATION SCOPE

The evaluation scope will cover the whole project period from the start on 1 October 2017 until the end of October 2021. It will cover all project countries that the project has its operation. It will encompass the linkage of this development cooperation project and its relevant and contribution to the achievement of relevant CPOs (VNM151, LAO226 and MMR151) under respective country DWCPs and to the related P&B outcomes and to the related SDGs. The evaluation will integrate ILO's cross-cutting issues, including norms and social dialogue, gender equality, disability inclusion, other non-discrimination concerns, and medium and long-term effects of capacity development initiatives throughout the evaluation methodology and all deliverables, including the final report.

Gender dimension should be 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, evaluation analysis and evaluation team. Moreover, the evaluators should review data and information that is disaggregated by sex and assess the relevance and effectiveness of gender related strategies and outcomes to improve the lives of women and men. All this information should be accurately included in the inception report and evaluation report.

4.EVALUATION CRITERIA AND QUESTIONS

The evaluation should address OECD/DAC and ILO evaluation criteria and concerns, i.e. relevance, coherence, effectiveness, efficiency, sustainability and impact as defined in the ILO Policy Guidelines for results-based evaluation 2020. The evaluator may adapt and select the evaluation criteria and questions, but any fundamental changes should be agreed between the evaluation manager and the evaluator, and reflected in the inception report.

Relevance and strategic fit: *The extent to which the intervention objectives, design and approach continue to respond to beneficiaries, country, and partners/institution/donors' needs, policies, and priorities, and is expected to continue to do so if circumstances change (or have changed).*

- Is the project relevant to the achievements of social health protection outcomes in the respective national development plans, the UNDAF/UNSDCF, the ILO Programme & Budget and the Viet Nam, Lao PDR and Myanmar DWCP?
- Is the project relevant to achieve the social protection targets set in relevant regional and global commitments?
- The extent to which the project has responded to the need of the tripartite constituents, beneficiaries and recipients in Viet Nam, Lao PDR and Myanmar
- Do the beneficiaries consider the projects objectives and approach relevant?
- How responsive was the project in responding to COVID-19 pandemic? And in responding to political crisis in Myanmar?
- How far is the project impacted by the COVID-19 pandemic and to what extent was the project able to remain relevant and adapt in response to the COVID-19 crisis as well as the local context?

Coherence: *The compatibility of the intervention with other interventions in a country, sector or institution*

- How well does the project complement and fit with other ongoing ILO programmes and projects in the targeted countries? Assess the extent of compatibility of interlinkages between this Grand Duchy of Luxembourg funded interventions and other interventions carried out by Governments of Viet Nam, Lao PDR, Myanmar; social partners and other international partners?
- The extent to which the Grand Duchy of Luxembourg funded intervention adheres to decent work principles including International Labour Standards, human rights- based approach and gender equality and non-discrimination
- Has the project maximize synergies and improve collaboration with new or existing actors? Has there been a duplication of efforts/resources?
- To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhanced projects relevance and contribution to priority SDG targets and indicators? (explicitly or implicitly)
- Collaboration with Luxembourg fund at HQ and country/regional level?

Validity of design: *The extent to which the design is logical and coherent*

- Are the project's defined outputs and performance indicators with baselines and targets, realistic in contributing to the outcomes (VNM151, LAO226 and MMR151) given the intervention logic, time and resource available?
- Assess if the programme design (including its regional approach, CONNECT, balance between policy influencing and programming work of the project) is appropriate for achieving its intended development objective of 'more women and men in Lao PDR, Myanmar and Viet Nam have access to adequate social health protection'?
- Validity, relevance and potential synergies among the project outcomes; between regional outcomes 1&2 and the country specific outcomes 3,4 &5?
- Has the project adequately taken into account the risks of various type e.g., political crisis, capacity of Govt., etc.,
- Has the project integrated an appropriate strategy for sustainability?
- Has the project carried out a proper consultation and involvement of tripartite constituents during planning, implementation and monitoring?
- Have gender and non-discrimination issues been addressed in the project design? If so how?

Effectiveness: *The extent to which the interventions achieved, or are expected to achieve, its objectives and its results, including any differential results across groups?*

- Assess the achievement made toward achieving the planned results. In which area (geographic, intervention approach, issue) has the project had greatest achievements? Why and what have been the supporting or hindering factors?
- What alternative strategies would have been more effective in achieving the project's objectives (if any?)
- Were outputs produced and delivered as per the work plan? Has the quantity and quality of these outputs been satisfactory? How do the stakeholders perceive them? To what extent has the project promoted non-discrimination and gender equality? To what extent did the program target persons with disabilities? Do the benefits accrue equally to men and women? What approaches have been adopted to ensure the interests of workers including

women and other socially and economically disadvantaged groups of workers are fully taken into account in developing project outputs and carrying out project activities? What specific technical assistance and advice is effective in promoting non-discrimination and gender equality?

- To what extent the project has engaged/enhanced the partnership with key stakeholders in the project countries?
- Did the project receive adequate political, technical and administrative support from its national partners/implementing partners?
- Are there any unintended results of the project?
- Have the recommendations from the mid-term evaluation been sufficiently incorporated into the project?
- Is the project engaging the right social partners to pursue the project strategy? The extent to which the social partners have been involved in the implementation and how?

Efficiency of resource use:

- Has project management and staffing to implement and monitor the project adequate? Assess the monitoring and oversight of this Grand Duchy of Luxembourg funded project – how efficient it is and whether it has affected the delivery of the project. How effective is the role of country office in each project country, CTA and CO-Hanoi, DWT, ROAP, and HQ in technical supporting and monitoring of the project?
- Has the project steering committee and/or governance structure exists to oversee the project?
- Have resources (funds, human resources, time, expertise, etc.) been allocated strategically and efficiently to achieve expected results? Could they have been allocated more effectively and if so, how?
- Were the project's activities/operations in line with the schedule of activities as defined by the project team and country specific and overall project level work plans?
- Were the disbursements and project expenditures in line with expected budgetary plans? If not, what were the bottlenecks encountered?
- How did the project make decision to shift the focus of the outputs/activities (if any)? The extent to which the project had spent their expenditure before the COVID-19 pandemic and the pandemic impact on the implementation? Briefly describe the expenditure spending before the lockdown, during lockdown, and after the project has revised its milestones/outputs. Review how other impeding factors like political crisis in Myanmar impacted implementation and budget utilization.
- To what extent has the project has leveraged resources with other projects/programmes, and through partnerships with other organizations, to enhance the project impact and efficiency?

Impact

- Has the project strategy and project management steered towards impact and sustainability?
- Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)
- Has the project built capacity of people and national institutions or strengthened an enabling environment (laws, policies, people's skills, attitudes etc.)?

- What are the evidence of broader and longer-term effect that the project has contributed that benefit young women and men and people with disabilities? And whether the COVID-19 pandemic has affected the possible impact of the project?

Sustainability

- To which extent the results of the intervention likely to have a long term, sustainable positive contribution to the SDG and relevant targets? (explicitly or implicitly)
- To what extent sustainability considerations were taken into account in the project interventions?
- What is the likelihood that the results of the intervention are durable and can be maintained or even scaled up and replicated by constituents and other partners after major assistance has been completed?
- Has the project developed and integrated an exit strategy in its work?
- How strong is the level of ownership of results by the targeted communities, institutions?

Lessons learned

- What good practices can be learned from the project that can be applied in the next phase and to similar future projects?
- What should have been different, and should be avoided in similar future projects?

5. Cross-cutting issues/Issues of Special Interest to the ILO

International Labour Standards (ILS)

- The degree to which intervention activities, outputs, and objectives are consistent with prescriptions in relevant normative instruments where they have been formally embraced through ratification or expressions of endorsement by stakeholders.
- What ILO normative framework (Conventions, Recommendations, operational guidelines, agreed policy instruments etc.) that forms the basis of this social health protection project?

Social dialogue

- To what extent the project has further enhanced the social dialogue among the constituents and partners in the project countries? And the extent that the social dialogue has contributed to achieving the CPOs?

Gender equality and non-discrimination

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

6. Methodology

Suggested methodologies and approach are the followings:-

- Reconstructing/Examining the intervention's Theory of Change, with particular attention to the identification of assumptions, risk and mitigation strategies, and the logical connect

between levels of results and their alignment with ILO's strategic objectives and outcomes at the regional/global and national levels, as well as with the relevant SDGs and related targets.

- The methodology should include multiple methods, with analysis of both quantitative and qualitative data, and should be able to capture intervention's contributions to the achievement of expected and unexpected outcomes. The methods of data collection has to be flexible due to the current situation of the COVID-19 pandemic, they are as follows but not limit to:-
 - Desk review of relevant documents, i.e., relevant ILO Evaluation guidelines and standard requirements, project document and progress reports, DWCP documents, SDGs relevant documents, reports of studies and research undertaken, curriculum, etc.,.
 - Observations, field visits, interview, focus group discussion, survey with key stakeholders and beneficiaries. Due to the protracted COVID-19 pandemic restrictions, if the field visits are not possible, alternative methods should be applied.
 - Workshop with key stakeholders, debriefing of project team for critical reflection of the findings. It is likely that the virtual stakeholders workshop will be held.
- The data and information should be collected, presented and analysed with appropriate gender disaggregation even if project design did not take gender into account.
- To the extent possible, the data collection, analysis and presentation should be responsive to and include issues relating to ILO's normative work, social dialogue, diversity and non-discrimination, including disability issues.
- The methodology should clearly state the limitations of the chosen evaluation methods, including those related to representation of specific group of stakeholders.
- The detail approach and methodology, including the work plan should be part of the inception report. Criteria for selecting key informants for interviews, survey, or selected areas/units for in-depth assessment must be elaborated in the inception report.
- The methodology should ensure involvement of key stakeholders in the implementation as well as in the dissemination processes (e.g. stakeholder workshop (virtual?), debriefing of project team, etc.).
- The evaluator may adapt the methodology, but any fundamental changes should be agreed between the evaluation manager and the evaluator, and reflected in the inception report.

7.MAIN DELIVERABLES

Deliverable1. Inception report: It should be prepared on the basis of reviewed documents and reports as well as of the initial discussion with the Evaluation Manager and the project team. The Evaluation Manager will review and approve the inception report before the commencement of the field data collection. In line with the ILO EVAL Checklist 3, it should include.

- Examining project logical framework and/or Theory of Change underling the project to be evaluated
- Description of the evaluation methodology and evaluation instruments to be used in data collection and analysis and the data collection plan mentioned above. Evaluation instrument (matrix) should comprise evaluation criteria, evaluation questions and guided sub-questions

- for interview and focus group discussions, and who are the target audience for each questions/sub-questions
- Detailed fieldwork plan for the field trip (if applicable), or draft agenda for the interview/FGD with key stakeholders
 - A proposed report outline structure.

Deliverable 2. Stakeholders workshop: After the evaluator has completed data collection, initial findings should be presented to all key stakeholders for validation. The stakeholders workshop maybe organized after the draft report has become available. Timing of stakeholders workshop should be clearly specified in the inception report.

Deliverable 3. Draft evaluation report: In line with the ILO EVAL Checklist 5, the draft report should include:

- an Executive summary with the methodology, key findings, conclusions and recommendations - conforming to the ILO template¹⁷.
- purposes, scope, and methodology of the evaluation (including limitations);
- an analysis of the findings and a table presenting key outputs delivered under each immediate objective (milestone);
- identified findings, conclusions and recommendations;
 - o Evaluation findings regarding the project performance, organized by evaluation criteria and an explanation given when the evaluation questions could not be addressed;
 - o Conclusions should be together with presentation of relative strength of evidence that supports each of evaluation's main conclusions and recommendations, e.g. high/medium/low strength of evidence; or pointing to specific evidence that underpins each main conclusion; or some other form of definition.
- lessons learnt and emerging better practices in the ILO standard template;
- annexes, including data files, including survey data, case studies and focus group discussions transcribes, etc.;

The Evaluation manager will do a quality standard review of the draft report before circulating the draft report to all key stakeholders, the project staff for their review. Evaluation Manager will collect all comments and forward the consolidated comments to the evaluator.

Deliverable 4. Final evaluation report (using the relevant templates for the Title Page, the Executive Summary and Annexes including lessons learned and emerging good practices in the ILO Template). Report is considered final only when it is approved by ILO Evaluation Office.

The report will be in English following the structure of ILO evaluation report preparation guidelines. The report should be maximum of 35 pages excluding annexes. The quality of the report will be assessed against the relevant EVAL Checklists for evaluation report¹⁸ for evaluation report.

¹⁷ Template for [Summary of Evaluation](#)

¹⁸ [Checklist 4 – Validating methodologies](#); Checklist 5 – [Preparing the Evaluation report](#); Checklist 6 – [Rating the quality of evaluation](#); (Revised March 2014)

All draft and final outputs, including supporting documents, analytical reports and raw data should be provided in electronic version compatible for Word or Windows. The report should be sent as one complete document and the file size should not exceed 3 megabytes. Photos, if appropriate to be included, should be inserted using lower resolution to keep overall file size low.

The Evaluation Manager will review the final version and submit it to ILO Evaluation Office (EVAL) for their final approval. Once approved, the evaluation report, good practices, and lessons learned will be uploaded and stored at [ILO i-eval Discovery](#) as to provide easy access to all development partners, to reach target audiences and to maximize the benefits of the evaluation.

The expected structure of the final report as per the proposed structure in the ILO evaluation guidelines is outlined below:

- Cover page with key intervention and evaluation data
- Executive Summary
- Acronyms
- Description of the Project
- Purpose, scope and clients of evaluation
- Methodology
- Findings (organized by evaluation criteria)
- Conclusions
- Regional outcomes and Country Specific Recommendations
- Lessons learned and good practices

The evaluator is required to append the following items:

- Terms of Reference
- Data collection instruments
- List of meetings / consultations attended
- List of persons or organizations interviewed
- List of documents / publications reviewed and cited
- Lessons learnt based on the ILO templates
- Good practices based on the ILO templates
- Any further information the evaluator deems appropriate can also be added.

8. MANAGEMENT ARRANGEMENTS AND WORK PLAN

The Roles and Responsibilities

- *Evaluation manager:* - The evaluation will be managed by ILO certified Evaluation Manager who has no prior involvement in the project. For this exercise, the evaluation manager is Narendra Nadh Choudary Bollepalli, Technical Officer for Monitoring and Evaluation, ILO Country Office Kathmandu (bollepalli@ilo.org). He is responsible for the overall management of the evaluation and in particular to:
 - prepare the TOR and ensure consultation with all key stakeholders before TOR is finalized
 - facilitate and recruit an independent evaluator;

- ensure proper stakeholder involvement;
- approve the inception report;
- review and circulate draft and final reports;
- dissemination of draft report

Ms. Pamornrat Pringsulaka, Regional Evaluation Officer, ROAP (pamornrat@ilo.org) will do quality assurance of the report and EVAL, Geneva will give approval of the final evaluation report.

- *Evaluator (External consultant):* - will be recruited through competitive process. The evaluator reports to the evaluation manager.

Desired competencies of evaluator

Tasks	Profile
<ul style="list-style-type: none"> - Desk review of project documents and relevant materials; - Briefings with project staff and evaluation manager; - Develop the inception report; - Conduct interviews with selected stakeholders and project staff, donor; - Undertake field data collection - Facilitate stakeholders workshop - Draft and finalize evaluation report. 	<ul style="list-style-type: none"> - Not have been involved in the project implementation. - Relevant background in social and/or economic development - At least 5 years experience in conducting evaluations of projects/programmes of UN/Multilateral agencies. - Experience reviewing programmes and national policies in the areas of social health protection, public policy management, formal employment, market economy, employers' organizations, workers' organizations, - Demonstrated expertise and capability in technical assessment of social protection delivery systems, related national policies and knowledge of government operational framework. - Experience in qualitative and quantitative data collection and analysis and research and survey design; - Experience in the design, management and evaluation of enterprise development projects - Knowledge on gender equality and non-discrimination issues; - Understanding of the development context and experience in the project countries will be an advantage - Fluency in spoken and written English

- **Key stakeholders and partners:** - will participate actively in the evaluation process including provide inputs to the TOR and provides inputs to evaluation team, and will participate in the stakeholders' workshop, and will review draft evaluation report.
- **Project manager/coordinator and team:** - Project team will be actively engaged in the evaluation process and provide relevant inputs required by evaluator(s) and will provide all

relevant documents to the evaluator(s). The project team will support all administrative and logistic needed during the evaluation process (in line with the ILO rules and regulations i.e. coordination interview schedules with respondents/group of respondents, provision of interpretation services when needed, introduction to stakeholders, in-country transportation). The project team will also prepare contract for the evaluator(s) as per agreed terms by the Evaluation Manager and the evaluator(s).

9. WORK PLAN

The duration of this contract for the Evaluation Team Lead (international consultant) is 25 working days between 15 August – 25 October 2021.

Stage	Responsible Person	Timeline	# of working days
Initial briefing with evaluator	EM, Project Team, CO-Hanoi	By 3 rd week of August 2021	2
Desk review and inception Report	Evaluator	By 4 th week of August 2021	5
Stakeholder interviewing: including interviews and validation of initial results with stakeholders	Evaluator	During 2 nd – 3 rd Week of Sept. 2021	9
Development of draft report	Evaluator	During 4 th Week of Sept. 2021	7
- Circulate draft report to key stakeholders for comments and factual check; - Consolidate comments on draft report and send to Team leader	EM; Project Team; Stakeholders	By 1 st week of October 2021	
Finalize the evaluation report, reflecting stakeholders' comments, providing explanations on if comments were not included	Evaluator	By 15 th October 2021	2
Final report approval	ILO Evaluation Office	By 25 th October 2021	
Total no. of working days for Evaluator			25

In the light of current COVID-19 pandemic situation, that prevents international missions, the Team Lead (International Consultant) will be overall responsible to deliver the evaluation with the support of national consultants. The Team Lead will guide the national evaluators (National Consultants) while planning, collecting and reporting of country level data in selected countries

(Viet Nam and Lao PDR) as the national consultants have the advantage of location, language and required flexibility in undertaking data collection in this current COVID-19 situation. The field missions to project countries are expected during Sept. 2021

10. LEGAL AND ETHICAL MATTERS

The evaluation will comply with UN Norms and Standards. The evaluator will abide by the EVAL's Code of Conduct¹⁹ for carrying out the evaluations. UN Evaluation Group (UNEG) ethical guidelines will be followed.

The consultant should not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation.

Ownership of data from the evaluation rests jointly with the ILO and the consultant. The copyright of the evaluation report will rest exclusively with the ILO. The use of data for publication and other presentations can only be made with written agreement of the ILO. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

1. ANNEXURES

Annex 1: Project document

Annex 2: Technical Progress Report

Annex 3: DWCP of project countries and the linked P&B outcomes

Annex 4: other relevant documents like mid-term evaluation report, CONNECT activity reports, Project Steering documents, etc.,

Annex 5: List of key stakeholders (to be finalized in consultation with the project team/stakeholders in each project country)

¹⁹ http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm

Annex 5: List of key stakeholders (to be finalized in consultation with the project team/stakeholders in each project country)

Organization	Name
ILO Country Office, Viet Nam	<ul style="list-style-type: none"> - Director of ILO Viet Nam Country Office - Programme Officer - Chief Technical Advisor of the project - National Project Coordinators, and Project Assistants of the project - ILO colleagues from other relevant projects (tbd)
ILO Country Office, Myanmar	<ul style="list-style-type: none"> - Liaison Officer of ILO Myanmar Country Office (or Deputy) - Programme Officer - National Project Coordinator, and Project Assistant of the project - ILO colleagues from other relevant projects (tbd)
ILO Country Office, Lao PDR	<ul style="list-style-type: none"> - Director of ILO CO for Cambodia, Lao PDR and Thailand - Programme Officer - CO- National Coordinator - National Project Coordinator, and Project Assistant of the project - ILO colleagues from other relevant projects (tbd)
ILO Regional Office- Bangkok	<ul style="list-style-type: none"> - Reiko Tsushima, Chief, Regional Programme Services - Maria Borsos, Programme Analyst, ROAP - Senior Social Protection Specialist, DWT - JPO Social Protection, DWT - Labour Inspection Specialist - Senior Actuary, Head of RASU
ILO HQ	<ul style="list-style-type: none"> - Social Protection Department (SOCPRO) Other departments if engaged with the project - Labour Standards, NORMES - Bureau for Workers' Activities (ACTRAV) - Bureau for Employers Activities (ACT/EMP)
Government of Viet Nam	<p>Ministries of Health, Ministries of Labour, Invalids and Social Affairs (MOLISA), Social security Institution (VSS)</p> <p>CO to suggest exact details of concerned Ministries and personal who are part of the project (TBD)</p>
Government of Lao PDR	Ministries of Health (including NHIB), Ministry of Labour and Social Welfare (including LSSO)
Government of Myanmar	Not allowed due to the political situation
Employer's Organisation	<p>Viet Nam: VCCI</p> <p>Lao PDR: LCCI</p> <p>Myanmar: Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI)</p>
Trade unions	<p>Viet Nam: VGCL</p> <p>Lao PDR: LFTU</p>

Organization	Name
	Myanmar: Myanmar Industries, Craft and Services Trade Unions Federation (MICS)
Research institutes, academic partners	Viet Nam: Health Strategy and Policy Institute (HSPI) Lao PDR: Lao Tropical Public Health Institute Thailand: Mahidol University Korea: Korea Institute for Health and Social Affairs
Donor	Grand Duchy of Luxembourg

ANNEX 6: ALL RELEVANT ILO EVALUATION GUIDELINES AND STANDARD TEMPLATES

1. Code of conduct form (To be signed by the evaluator)

http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm

2. Checklist No. 3 Writing the inception report

http://www.ilo.org/eval/Evaluationguidance/WCMS_165972/lang--en/index.htm

3. Checklist 5 Preparing the evaluation report

http://www.ilo.org/eval/Evaluationguidance/WCMS_165967/lang--en/index.htm

4. Checklist 6 Rating the quality of evaluation report

http://www.ilo.org/eval/Evaluationguidance/WCMS_165968/lang--en/index.htm

5. Template for lessons learnt and Emerging Good Practices

http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm

http://www.ilo.org/eval/Evaluationguidance/WCMS_206159/lang--en/index.htm

6. Guidance note 7 Stakeholders participation in the ILO evaluation

http://www.ilo.org/eval/Evaluationguidance/WCMS_165982/lang--en/index.htm

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

http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm

8. Guidance Note 3.2: Adapting evaluation methods to the ILO's normative and tripartite mandate

https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_721381.pdf

9. Template for evaluation title page

http://www.ilo.org/eval/Evaluationguidance/WCMS_166357/lang--en/index.htm

10. Template for evaluation summary

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

11. Protocol on collecting evaluative evidence on the ILO's COVID-19 response measures through project and programme evaluations, effective on 9 Oct 2020

https://www.ilo.org/eval/WCMS_757541/lang--en/index.htm

Annex 2: Data Collection Worksheet

Below is the Data Collection Worksheet specifying the Evaluation Criteria and Questions, as well as the sources of data, stakeholder interviews and specific methods used in the present final independent evaluation (Source: Inception Report, August 2021).

Evaluation Criteria and Questions	Sources of Data	Stakeholder Interviews	Specific Methods
A. Relevance and strategic fit			
1) Is the project relevant to the achievements of social health protection outcomes in the respective national development plans, the UNDAF/UNSDCF's, the ILO P&B and the Viet Nam, Lao PDR and Myanmar DWCP?	Policies of Governments and of Social Partners, UNDAF/UNSDCF's, SDGs, ILO-DWCP, CPO & P&B, PRODOC/Baseline Report, TPR's, MTE	Tripartite Constituents, Project Team, ILO country offices, Relevant ILO technical units (Regional & HQ), Partners, Donor, UNCT	Documents review & Stakeholder Interviews
2) Is the project relevant to achieve the social protection targets set in relevant regional and global commitments?	UNDAF/UNSDCF's, SDGs, ILO-DWCP, CPO & P&B, PRODOC/Baseline Report, TPR's, MTE	ROAP, Project Team, ILO country offices, Relevant ILO technical units (Regional & HQ), Donor, UNCT	Documents review & Stakeholder Interviews
3) The extent to which the project has responded to the need of the tripartite constituents, beneficiaries and recipients in Viet Nam, Lao PDR and Myanmar?	Policies of Governments and of Social Partners, UNDAF/UNSDCF's, DWCP, PRODOC/Baseline Report, TPR's, MTE	Tripartite Constituents, Partners, Project Team, ILO country offices, UNCT	Documents review & Stakeholder Interviews
4) Do the beneficiaries consider the projects objectives and approach relevant?	Policies of Governments & of Social Partners	Tripartite Constituents, Partners, Beneficiaries	Documents review & Stakeholder Interviews
5) How responsive was the project in responding to COVID-19 pandemic? And in responding to political crisis in Myanmar?	TPR's, MTE/Project response, EVAL's recent COVID update	Tripartite Constituents, Partners, Project Team, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents review & Stakeholder Interviews
6) How far is the project impacted by the COVID-19 pandemic and to what extent was the project able to remain relevant and adapt in response to the COVID-19 crisis as well as the local context?	TPR's, MTE/Project response, EVAL's latest COVID update	Tripartite Constituents, Partners, Project Team, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents review & Stakeholder Interviews
B. Coherence			
7) How well does the project complement and fit with other ongoing ILO programmes and projects in the targeted countries? Assess the extent of compatibility of interlinkages between this Grand Duchy of Luxembourg funded interventions and other interventions carried out by Governments of Viet Nam, Lao PDR, Myanmar; social partners and other international partners?	UNDAF/UNSDCF's, SDGs, Donor policy, PRODOC/ Baseline Report, TPR's, MTE	Donor, Development Partners, Relevant Ministries, Social partners, Project Team, ILO country offices, Relevant ILO technical units (Regional & HQ), UNCT	Documents review & Stakeholder Interviews
8) The extent to which the Grand Duchy of Luxembourg funded intervention adheres to decent work principles including International Labour Standards, human rights- based	PRODOC/ Baseline Report, TPR's, MTE	Relevant ILO technical units (Regional & HQ), Donor, Tripartite Constituents, Project Team, ILO country offices	Documents review & Stakeholder Interviews

approach and gender equality and non-discrimination?			
9) Has the project maximized synergies and improve collaboration with new or existing actors? Has there been a duplication of efforts/resources?	UNDAF/UNSDCF's, SDGs, Donor policy, PRODOC/ Baseline Report, TPR's, MTE	Donor, Development partners, Relevant Ministries, Social partners, Project Team, ILO country offices, Relevant ILO technical units (Regional & HQ)	Documents review & Stakeholder Interviews
10) To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhanced projects relevance and contribution to priority SDG targets and indicators (explicitly or implicitly)?	UNDAF/UNSDCF's, SDGs, Donor policy	Donor, Development partners, Relevant Ministries, Social partners, Project Team, ILO country offices, Relevant ILO technical units (Regional & HQ)	Documents review & Stakeholder Interviews
11) How was the collaboration between the project and the Grand Duchy of Luxembourg both with the HQ in Luxembourg City and with the Embassy in Vientiane?	Donor policy, ILO-Luxembourg Cooperation website	Donor, Project Team, ILO country offices,	Documents review & Stakeholder Interviews
C. Validity of design			
12) Are the project's defined outputs and performance indicators with baselines and targets, realistic in contributing to the outcomes (VNM151, LAO226 and MMR151) given the intervention logic, time and resource available?	PRODOC/ Baseline Report, TPR's, MTE, ILO-DWCP, CPO & P&B	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor	Documents review & Stakeholder Interviews
13) Assess if the programme design (including its regional approach, CONNECT, balance between policy influencing and programming work of the project) is appropriate for achieving its intended development objective of 'more women and men in Lao PDR, Myanmar and Viet Nam have access to adequate social health protection'?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor, Relevant Ministries	Documents review & Stakeholder Interviews
14) Validity, relevance and potential synergies among the project outcomes; between regional outcomes 1&2 and the country specific outcomes 3,4 &5?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor	Documents review & Stakeholder Interviews
15) Has the project adequately taken into account the risks of various type e.g., political crisis, capacity of Govt., etc.?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor	Documents review & Stakeholder Interviews
16) Has the project integrated an appropriate strategy for sustainability?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor	Documents review & Stakeholder Interviews
17) Has the project carried out a proper consultation and involvement of tripartite constituents during planning, implementation and monitoring?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor	Documents review & Stakeholder Interviews
18) Have gender and non-discrimination issues been addressed in the project design? If so how?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Donor, Ministries & Partners	Documents review & Stakeholder Interviews
D. Effectiveness			
19) Assess the achievement made toward achieving the planned results. In which area (geographic, intervention approach, issue) has the project had greatest achievements? Why and what	PRODOC/ Baseline Report, TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews

have been the supporting or hindering factors?			
20) What alternative strategies would have been more effective in achieving the project's objectives (if any)?	PRODOC/ Baseline Report, TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews
21) Were outputs produced and delivered as per the work plan? Has the quantity and quality of these outputs been satisfactory? How do the stakeholders perceive them? (<i>Original question 21 is divided into two questions: 21 & 22</i>)	PRODOC/ Baseline Report, TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews
22) To what extent has the project promoted <u>non-discrimination and gender equality</u> ? To what extent did the program target persons with disabilities? Do the benefits accrue equally to men and women? What approaches have been adopted to ensure the interests of workers including women and other socially and economically disadvantaged groups of workers are fully taken into account in developing project outputs and carrying out project activities? What specific technical assistance and advice is effective in promoting non-discrimination and gender equality?	PRODOC/ Baseline Report, TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews
23) To what extent the project has engaged/enhanced the partnership with key stakeholders in the project countries?	PRODOC/ Baseline Report, TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews
24) Did the project receive adequate political, technical and administrative support from its national partners/implementing partners?	TPR's, MTE, Project documents & reports	Relevant Ministries & Partners, Project Team, Donor, ILO country offices, Consultants	Documents review & Stakeholder Interviews
25) Are there any unintended results of the project?	TPR's, MTE, Project documents & reports	Project Team, Donor, Relevant Ministries & Partners, ILO country offices, Relevant ILO technical units (regional & HQ), Consultants	Documents review & Stakeholder Interviews
26) Have the recommendations from the mid-term evaluation been sufficiently incorporated into the project?	MTE/Project response, TPR's, Project documents & reports	Project Team, Donor	Documents review & Stakeholder Interviews
27) Is the project engaging the right social partners to pursue the project strategy? The extent to which the social partners have been involved in the implementation and how?	TPR's, MTE, Project documents & reports	Social Partners in three countries, Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents review & Stakeholder Interviews
E. Efficiency of resource use			
28) Was project management and staffing to implement and monitor the project adequate? Assess the monitoring and oversight of this Grand Duchy of Luxembourg funded project – how efficient it is and whether it has affected the delivery of the project. How effective is the role of country office in	TPR's, MTE, Project documents & reports	Donor, Project Team, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant Ministries & Partners	Documents review & Stakeholder Interviews

each project country, CTA and CO-Hanoi, DWT, ROAP, and HQ in technical supporting and monitoring of the project?			
29) Has the project steering committee and/or governance structure exists to oversee the project?	PSC minutes, TPR's, MTE	Donor, Relevant Ministries, Project Team, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents review & Stakeholder Interviews
30) Have resources (funds, human resources, time, expertise, etc.) been allocated strategically and efficiently to achieve expected results? Could they have been allocated more effectively and if so, how?	Financial Reports, TPR's, Work Plans, MTE, Reports produced	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant Ministries and (Development) Partners	Review of Financial and Progress Reports & Stakeholder Interviews
31) Were the project's activities/operations in line with the schedule of activities as defined by the project team and country specific and overall project level work plans?	PRODOC/ Baseline Report, TPR's, Work Plans, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents review & Stakeholder Interviews
32) Were the disbursements and project expenditures in line with expected budgetary plans? If not, what were the bottlenecks encountered?	PRODOC/ Baseline Report, TPR's, Work Plans, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Review of Financial and Progress Reports & Stakeholder Interviews
33) How did the project make decision to shift the focus of the outputs/activities (if any)? The extent to which the project had spent their expenditure before the COVID-19 pandemic and the pandemic impact on the implementation? Briefly describe the expenditure spending before the lockdown, during lockdown, and after the project has revised its milestones/outputs. Review how other impeding factors like political crisis in Myanmar impacted implementation and budget utilization.	PRODOC/ Baseline Report, TPR's, Work Plans, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Review of Financial and Progress Reports & Stakeholder Interviews
34) To what extent has the project leveraged resources with other projects/programmes, and through partnerships with other organizations, to enhance the project impact and efficiency?	PRODOC/ Baseline Report, TPR's, Work Plans, MTE, UNDAF/UNSDCF's	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Development partners, Other ILO projects	Review of Financial and Progress Reports & Stakeholder Interviews
F. Impact			
35) Has the project strategy and project management steered towards impact and sustainability?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners	Documents Review & Stakeholder Interviews
36) Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)	UNDAF/UNSDCF's, SDGs, PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Development partners	Documents Review & Stakeholder Interviews
37) Has the project built the capacity of people and national institutions or strengthened an enabling environment (laws, policies, people's skills, attitudes etc.)?	TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners,	Documents Review & Stakeholder Interviews
38) What are the evidence of broader and longer-term effect that the project has contributed that benefit young women and men and people with disabilities?	TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units	Documents Review & Stakeholder Interviews

And whether the COVID-19 pandemic has affected the possible impact of the project?		(regional & HQ), Relevant ministries & partners	
G. Sustainability			
39) To which extent the results of the intervention are likely to have a long term, sustainable positive contribution to the SDG and relevant targets (explicitly or implicitly)?	UNDAF/UNSDCF's, SDGs, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners	Documents Review & Stakeholder Interviews
40) To what extent sustainability considerations were taken into account in the project interventions?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners	Documents Review & Stakeholder Interviews
41) What is the likelihood that the results of the intervention are durable and can be maintained or even scaled up and replicated by constituents and other partners after major assistance has been completed?	TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners	Documents Review & Stakeholder Interviews
42) Has the project developed and integrated an exit strategy in its work?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents Review & Stakeholder Interviews
43) How strong is the level of ownership of results by the targeted communities, institutions?	TPR's, MTE	Project Team, Donor, Relevant ministries & partners, ILO country offices, Relevant ILO technical units (regional & HQ),	Documents Review & Stakeholder Interviews
H. Cross-cutting issues/Issues of Specials Interest to the ILO			
44) The degree to which intervention activities, outputs, and objectives are consistent with prescriptions in relevant normative instruments (including ILS) where they have been formally embraced through ratification or expressions of endorsement by stakeholders.	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents Review & Stakeholder Interviews
45) What ILO normative framework (Conventions, Recommendations, operational guidelines, agreed policy instruments etc.) that forms the basis of this social health protection project?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents Review & Stakeholder Interviews
46) To what extent the project has further enhanced social dialogue among the constituents and partners in the project countries? And the extent that the social dialogue has contributed to achieving the CPOs?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, Social partners, ILO country offices, Relevant ILO technical units (regional & HQ)	Documents Review & Stakeholder Interviews
47) To what extent were the intervention results defined, monitored and achieved (or not), and what was their contribution (or not) towards Gender equality and non-discrimination? And towards the inclusion of people with disabilities?	PRODOC/ Baseline Report, TPR's, MTE	Project Team, Donor, ILO country offices, Relevant ILO technical units (regional & HQ), Relevant ministries & partners	Documents Review & Stakeholder Interviews

Annex 3: List of Main Partners/Stakeholders

The list of Partners, Stakeholders and Beneficiaries interviewed for the present evaluation is indicated in the table below which includes the number of interviews (first column) and the number of persons interviewed (second column):

#	#	Country	Institution		Position	Full name
		Myanmar				
1	1	Myanmar	Development partners	P4H Network	Focal point	Dr Htet Nay Lin Oo
2	2	Myanmar	ILO-Lux	Yangon	NPC	Dr Thein Than Htay
3	3	Myanmar	External Collaborator	Yangon	Independent	Dr Zin Tway Si
4	4	Myanmar	ILO-VZF	ILO	ILO colleague	Mariana Infante
		Lao PDR				
5	5	Lao PDR	Ministry of Health	National Health Insurance Bureau	Deputy Director	Mr. Viengxay Viravong
	6	Lao PDR	Ministry of Health	National Health Insurance Bureau	Chief of Division	Ms Laddavanh Sengdara
6	7	Lao PDR	Ministry of Health	Lao Tropical and Public Health Institute (TPHI) - CONNECT	Deputy Director	Dr. Manithong Vonglokham
7	8	Lao PDR	Ministry of Health	National Health Insurance Bureau	Student under ILO fellowship	Ms Phimmanivanh Menorath
	9	Lao PDR	Ministry of Health	National Health Insurance Bureau	Student under ILO fellowship	Ms Souphaphone Sayphavongsa
	10	Lao PDR	Ministry of Health	Udomxay Provincial Health Office	Student under ILO fellowship	Ms Santhana Manivanh
8	11	Lao PDR	Ministry of Labour and Social Welfare	Lao Social Security Organization (LSSO)	Deputy Director	Mr. Bounghnorth Chanthavone
	12	Lao PDR	Ministry of Labour and Social Welfare	Lao Social Security Organization (LSSO)	Chief of Planning & Cooperation Division	Ms. Phaengsouk Likaya

9	13	Lao PDR	Development partners	World Health Organization	National Professional Officer	Vanhpheng Sirimongkhoun
	14	Lao PDR	Development partners	World Health Organization	Technical Staff on Health Financing	Dr Eunkyong Kim
10	15	Lao PDR	Development partners	World Bank	Senior Economist	Emiko Masaki
	16	Lao PDR	Development partners	World Bank	National Consultant	Chanhsy Samavong
11	17	Lao PDR	Development partners	Swiss Red Cross	Country Director	Jean Marc Thome
12	18	Lao PDR	ILO	ILO	ILO Coordinator in Lao PDR	Khemphone Phaokhamkeo
13	19	Lao PDR	ILO-Lux	ILO-Lux project	NPC	Thongleck Xiong
14	20	Lao PDR/ Viet Nam	ILO-VZF	ILO-VZF	CTA VZF	Kristina Kurths
	21	Lao PDR	ILO- UNJP	ILO-UNJP	CTA	Loveleen De
		Viet Nam				
15	22	Viet Nam	Ministry of Health	Health Insurance Department	Official	Ms Vu Nu Anh
	23	Viet Nam	Ministry of Health	Legal Department	Deputy Director	Mr Do Trung Hung
16	24	Viet Nam	Ministry of Health	Health economics Department, Health Strategy and Policy Institute HSPI - CONNECT	Director	Ms Nguyen Khanh Phuong
17	25	Viet Nam	Vietnam Social Security (VSS) Agency	International Cooperation Department	Deputy Director	Mr Nguyen Khang
18	26	Viet Nam	Vietnam General Confederation of Labour	VGCL - Industrial relations Dept	Deputy Director	Mr Le Dinh Quang
	27	Viet Nam	Vietnam General Confederation of Labour	VGCL - Female workers affairs	Official	Ms Nguyen Hoai Phuong
19	28	Viet Nam	Vietnam Chamber of Commerce and Industry	VCCI - Employer Bureau	Vice Director	Ms Tran Thi Lien
20	29	Viet Nam	Hanoi University of Public Health	Hanoi University of Public Health	Head of student affairs	Mr. Phan Ngoc Tien Minh
	30	Viet Nam	Hanoi University of Public Health	Hanoi University of Public Health	Department of student affairs	Ms. Pham Thi Thu Huong
21	31	Viet Nam	World Bank	World Bank	Independent	Sarah Bales

22	32	Viet Nam	Health Strategy and Policy Institute	Ministry of Health	Scholarship recipient	Nguyen Thi Phuong Linh
	33	Viet Nam	National Hospital of Tropical Diseases	Ministry of Health	Scholarship recipient	Nguyen Thi Thu Trang
23	34	Viet Nam	ILO-Lux	ILO-Lux project	NPC	Dung Doan Thuy
		Regional				
24	35	Regional/ Thailand	Mahidol University	ASEAN Institute for Health Development	President	Dr Phudit Tejavivaddhana
25	36	Regional/ S. Korea	Korean Institute for Health and Social Affairs	Korean Institute for Health and Social Affairs	Senior Researcher	Ms Jeniffer Kim
26	37	Regional	ILO-Lux	ILO/JPO	JPO	Ms Vesna Jovic
		Overall				
27	38	ILO	ILO	ILO	Director - CO Hanoi	Marielle Phe Goursat - OIC
28	39	ILO	ILO	ILO	Director - CO Bangkok	Graeme Buckley
29	40	ILO	ILO	ILO	Deputy Liaison Officer, Yangon	Piyamal Pichaiwongse
30	41	ILO	ILO	ILO-DWT Bangkok	Social Protection Specialist	Nuno Cunha
31	42	ILO	ILO	ILO-SOCPRO Geneva	Social Health Protection Specialist	Lou Tessier
32	43	ILO	ILO	ILO Hanoi	Program Manager SHP/Lux Project	Marielle Phe Goursat
33	44	Evaluation Manager	ILO	ILO Country Office Kathmandu	Technical Officer for M&E, External Evaluation Manager	Narendra Nadh Choudary Bollepalli
34	45	Funding Partners	Embassy of Luxembourg	Embassy of Luxembourg	Attache	Nicolas Tasch

Annex 4: Outcome Summary

The following Table presents an outline of the Outcome Summary based on the Third Technical Progress Report (TPR) of March 2021 and on updates from the project team; the last column includes the comments from the evaluators:

Outcome	Indicator (numbers)	Base-line	MTE Assessment	Target end-of-project	Achievements	Remarks by Evaluators
1-Sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection	Number of partners members of the RTC	None	Five Founding members: 1. Mahidol Univ./AIHD (Thailand) 2. HISRO (Thailand) 3. KIHASA (Korea), 4. SNU (Korea), 5. HSPI (Viet Nam)	10	Partly achieved: <ul style="list-style-type: none"> 5 founding members 1 additional, i.e. TPPI/MoH, Lao. 3 others not yet registered. 	Partially achieved because decision was made to keep the Preparatory Committee small in this phase to keep it operational. Steering Committee established and functioning regularly with the 5 founding members. 4 Additional partners have been identified and they took part in some joint work but were not invited yet to integrate in the Steering Committee.
	Number of Technical assistance missions carried out by partners of the RTC	None	3	10	Reprogrammed because of COVID-19	Partially achieved due to challenges by COVID-19. Decision was made to re-focus CONNECT on Capacity Building and Knowledge Development (phasing out the missions due to travel restrictions).
	Number of Technical Reports produced by partners of the RTC	None	3	10	11	Over-achieved: 11 technical reports produced for the set-up and products of CONNECT.
2- A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence	Nr. of policies/strategies/laws in the area of SHP, gender responsive, formulated in the region with the support of the Project	None	2	6	6	Fully achieved.

	Number of technical reports produced, including gender disaggregated data and analysis	None	5	15	15	Fully achieved.
	Number of communication tools produced	None	3	5	5	Fully achieved.
3- Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR	Number of women and men covered by Social Health Protection schemes	94 % (Activity report 2017 *)	94 % **)	95 %	On track	Not clear how this can be measured. COVID-19 may have impact as well.
4- Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar	Number of women and men covered by Social Health Protection schemes	1.3 %	2.6 %	5.6 % (with inclusion of dependents)	On track	Not clear how this can be measured. COVID-19 may have impact as well.
5- Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam	Number of women and men covered by Social Health Protection schemes	84 %	87 %	90 %	On track	Not clear how this can be measured. COVID-19 may have impact as well.

*) Cf. the third Technical Progress Report (TPR) of February 2021.

***) Lao PDR did not publish updated membership coverage. 94% is the official rate and dates from December 2019 (Third TPR, February 2021).

Annex 5: Project Tracking Matrix

Outcomes & Outputs	Activities	Main partners	Status	Achievements
O1	A sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection			
1.1.	A gender-sensitive Regional Technical Facility (RTC) in the area of Social Health Protection is operational in partnership with national and regional stakeholders, inclusive of the private sector			
	Set up Secretariat at MU-AIHD with full time coordinator, increase membership	AIHD -Mahidol	Achieved	Coordinator hired, membership extension started (Lao TPHI, Lao PDR)
	Visibility and communication (Website, social medias)	AIHD -Mahidol	Achieved	CONNECT website published (including registration function available) social media channels active (FB /Twitter account created.
	Organize the fourth international meeting on the RTF	RTF PC, AIHD Mahidol University	Achieved	4th international meeting has been held virtually, in 3 on-line sessions. Since March 2021: 5 online steering committee meeting held and facilitated by professional consultants. Main achievements: Charter approved, one year budget developed, plan for extension of membership activated, terms of reference for CONNECT manager approved, on-line coordination platforms used
1.2.	Support to Capacity building of national stakeholders in the area of Social Health Protection is provided through the RF			
	Develop and implement a joint MA on PHCM -special track on SHP under AIHD -Mahidol University	AIHD -Mahidol	Achieved	MPHM in SHP was launched in August 2020 and the special track begun in January 2021. 6 fully-funded ILO fellows are enrolled.
	Guest lecturers and seminars for MA PHCM- SHP (Socioux, HSPI, KIHASA, ILO)	AIHD -Mahidol	Achieved	Between August 2020 and March 2021, 3 seminars with expert guest lecturers have been organised. August 2020 seminar with guest expert lecturers in SHP from the Project partner organisations in Lao PDR, MMR, Thailand and VN is organised to present the situation/challenges and opportunities of their respective countries. Additional 2 lecturers organised with senior ILO social protection experts and senior leconomists in December 2020 and January 2021. 2021 series of 3 expert-led e-seminars on financing for Social Health Protection, organised in the context of the MPHM: 1) WHO Introduction to the National Health Accounts , 2) Seoul University SHP and LTC, 3) SHP experts from France and Germany (through SOCIEUX+)

	NEW - Support to the accreditation of the Master		Achieved	First phase of the accreditation process achieved: International expert recruited, report and process prepared and presented to MU partners, proposal accepted and presented to MU president, next steps (accreditation process) to be started under the ILO-Lux Project Phase 2
	Development of module on actuarial training for Master and teaching	AIHD -Mahidol	On-going	Development on-going by Actuarial expert in Geneva - Course in September
	Conduct and tailoring of trainings, countries exchanges in the region, crossed technical assistance	RTF PC (SSTC)	Achieved	Various e-conferences and country exchanges between October and December 2020: and three (3) global online conferences ((i) Geneva Health Forum – panellist AIHD; (ii) Socialprotection.org e-conference – panellist: KIHASA; and iii) SPARKS e-conference – panellist ILO). In addition: One CONNECT-KIHASA conference being prepared (Sept21), One IBC_CONNECT conference in preparation
O2.	A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence			
2,1	Capacity to formulate evidence informed gender sensitive policies in the area of Social Health Protection in the Region is reinforced			
	Production of a global guide on the extension of social health protection (+SSTC)	ILO	On-going	All 21 working version of country profiles have been produced and have been peer-reviewed. Drafting of the comparative analysis on-going
	Editing, publishing	ILO	On-going	Editing and Design of the compendium to be finalised in September 2021
2.2.	Awareness raised on Social Health Protection and Extension Strategies towards Universal Health Coverage			
	Design and implementation of regional campaign with partners	ILO, partners in 3 countries	Achieved	Lao PDR:Production of awareness raising materials (animated videos, posters and article) in the context of a national advocacy campaign and nationa-wide training
	Development of communication media (SHP booklet)	ILO, partners in 3 countries	On-going	Advocacy booklet on SHP has been produced in English and is currently being translated nto Lao, Burmese and Vietnamese. The booklet complements a series of banners produced in 2019 and 2020.
	Media campagain on social protection	ILO, partners in 3 countries	On-going	Campaign on-going in Viet Nam with the University for Public Health.
2.3	Ways of communicating on results and impact improved and informing advocacy and crowd-funding campaigns organized with SOCPRO Geneva			
	- Adapted and used to support the Project Monitoring and Evaluation	ILO (TA)	Achieved	Regular updates provided to the regional ILO-Lux Project page and the Project workspace on the ILO Social Protection Platform. Information is linked to the CONNECT website.
	- Results of the Project are communicated to global and regional partners of the ILO's Flagship Program.	ILO (TA)	Achieved	Articles, press releases and information documents have been produced to complement national and regional awareness raising activities.

Outcomes & Outputs	Activities	Main partners	Status	Achievements
O.3	Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Lao PDR			
3,1	Strengthened capacity of social health insurance management and administration			
	- Finalization and consultation on verification guidelines	NHIB	Achieved	Approved verification guidelines, draft financial and implementation guidelines available, through series of consultation workshops
	- Consultative workshops on financial, implementation and verification guidelines	NHIB	Achieved	
	- Training on implementation (central) and verification guidelines (District)	NHIB	Achieved	Two training workshops organized in Feb and March in Champasak & Savannakhet provinces
	- Support to NSSF supervision of NHI+ meeting NSSF+NHIB+Police	NSSF	Achieved	Two missions conducted in Xiengkhouang and Luangnamtha in Feb and March 2021
	Communication training for LSSO provincial staff from 18 provinces	NSSF	Achieved	Trainings organized in two parts (south & north) with VZF
3,2	Capacity of Lao PDR stakeholders in the area of social health protection is enhanced			
	Two Scholarship for Master at University of Mahidol in 2020	NHIB	Achieved	Three students enrolled and actively participating
	Short-term trainings	NHIB, NSSF	Achieved	Digital Health Training (near completion)
	NSSF guidelines and capacity building on inspection (Central) to strengthen compliance	NSSF	Achieved	Final Assessment Report available, Ministerial decision developed with support of the project. ISSA guidelines translated to Lao Language. Development of guidelines for LSSO was deprogrammed due to the impossibility to travel to Laos (Covid19)
	Training workshop on FIA/BIA	TPHI	Achieved	Training workshop organized
3,3	Relevant policy reforms are prepared, informed by evidence (particular costing exercise) produced within the Project based on sex-disaggregated data and analysis			
	Finalization of the costing exercise	NHIB, TPHI		
	- Consolidation of all findings and formulation of policy recommendations	NHIB, TPHI	Achieved	Report finalized
	- Support to dissemination (Translation and Consultative workshop)	NHIB, TPHI	On-Going	Translation ready. Consultation pending MoH decision
	Dissemination of NHIB 5 years plan (printing and translation)	NHIB	Reprogrammed	Pending MOH's development of the plan

	Further research to inform policy making - FIA/BIA analysis	TPHI	On-Going	Training carried out, data set purchased, analysis on-going
3,4	Harmonized social health protection arrangements and institutional support systems are in place, with the aim of gender parity in relevant decision making bodies			
	<i>Support to the strengthening of MIS/information management</i>			
	- situation analysis of current MIS system and gaps (in collaboration with SRC, WHO, MoF), and technical meetings for long-term strategy	NHIB	Achieved	Final report available, Dissemination report in April, near completion
	- ATD support - training in two selected provinces	NHIB	Achieved	Training on off-line tool in two provinces (Saysomboun and Xayabouly)
	- Monitoring and supervision in same two selected provinces	NHIB	Achieved	Monitoring of merger in 12 districts in Savannakhet and Xayabouly provinces
	<i>Support to development of on-line application for registration/contribution</i>			
	Technical support to development of ToRs, review of options for NSSF IT system	NSSF	Achieved	Technical note on step wise approach done, Development of ToRs, E-office assessment completed
	<i>Awareness raising and advocacy on NHI (communication strategy, radio, and other events)</i>			
	- Other support (strategy, events) on awareness and advocacy for MoH (radio etc)	NHIB	Achieved	Radio spot in minorities language broadcasted in National Radio Station from Sept - December 2020, and from March to Aug 2021
	- Production of five animated videos on social security benefits	NSSF	Achieved	5 videos being developed
- Awareness raising campaign on social security benefits for coffee association and garment factories	NSSF	Achieved	Campaign on social security benefits in Champasak for managers and workers from coffee association and Vientiane capital for managers and workers from garment factories in collaboration with VZF project	
- Awareness raising campaign for formal enterprise sector and informal economic sector	NSSF	Achieved	Campaign on social security benefits for enterprises joined LSSO and leaders of villages in Luangprabang and Savannakhet provinces	

Outcomes & Outputs	Activities	Main partners	Status	Achievements
O.4	Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar			
4,1	The management and administration of the health insurance unit of the Social Security Board (SSB) is improved; including women's share of decision-making; process and funds transfers are streamlined (medical reform)			

	Set up and implement PIU at central level	SSB	Achieved	Organogram designed and presented to SSB
	Support to management and administration process review and streamlining of the SSB medical benefits (focus on claim management at HQ level and from clinics side to complement Admin work on the township side)	SSB	Paused	Draft report with 12 proposed streamlined processes produced. Medical forms and ledgers are documented and digitalized. Draft Standard Operating Procedures for Sickness, Maternity and Paternity benefits developed
	Support to the development of the SSB IS (OpenIMIS) - focus on medical benefits	SSB	Paused	Mostly achieved. Technical note on the opportunity and challenges to use Open-IMIS produced; Findings and recommendations presented to Director General and Board of Directors of SSB; Support to procurement for large IT development projects
	Accrual basis accounting (Specification and training)	SSB	Paused	Assessment of accounting software conducted recommendations provided in working sessions with Board
	Development of monitoring and evaluation framework, monitoring tools and processes	SSB	Paused	M&E Framework produced, Field work completed.
	Strengthening of contracting (incl. IPD) and reporting from facilities	SSB	Paused	Not Yet started
	Support to awareness raising (communication materials, ToT in two areas)	Social partners	Paused	Not Yet started
	Translations of all ISSA guidelines to Burmese language (NEW)	ILO	On-going	
4,2	Capacity of national stakeholders in social health protection related topics is improved			
	Advanced and tailored trainings (Long-term training, Monitoring and evaluation, MIS, Excel, capitation, awareness, actuarial etc.)	SSB, Social partners	Achieved	Provided two Advanced and Professional Excel Trainings for 81 SSB staff.
	Master PHCM and Social Protection	SSB	Achieved	1 student enrolled and actively engaged
4,3	Relevant policy reforms are prepared, informed by evidence produced within the Project based on sex-disaggregated data and analysis			
	Support to amendment of the Social security Law, including Training	SSB, Social partners, MOHS	Paused	Training materials and training schedules are ready
	Actuarial analysis (with main focus on extension to dependents) and support to strategy for extension of coverage	SSB, Social partners, MOHS	Paused	Experts engaged, Technical working group appointed, Data company hired, Preliminary data availability assessment conducted

	Support to the extension of coverage		Achieved	New activity, upon MoH request. UHC-SHI Draft Law developed, with technical inputs from the project to the Ministry of Health and Sports.
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Outcomes & Outputs	Activities	Main partners	Status	Achievements
O.5	Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam			
5,1	Strengthened capacity of social health insurance management and administration, including women's share of decision-making			
	Satisfaction assessment tools - mapping and recommendations	MOH	Achieved	Assessment conducted, Report finalized, Dissemination workshop took place Further needs identified: VCCC training and capacity building
	Awareness - Capacity building for VSS agents	VSS	Achieved	Training curriculum developed (manual) with methodology; Training organized for VGCL staff
	Awareness - VGCL communication tools and training capacities, advocacy	VGCL	Achieved	Brochure developed, 3 mass communication events for 1,200 female factories workers
	Actuarial capacity and models assessment- VSS	VSS - MoH	Achieved	Assessment conducted, Draft Final report ready, Dissemination workshop done
	Management and governance of SHI funds	MoH - VSS	Reprogrammed	Replaced by actuarial model development
	Actuarial model development - NEW	VSS	On-Going	Feasibility report produced, concluding on need to develop new model (existing model cannot be done). Preparation of training on ILO health actuarial model on-going.
	Training and coaching for VSS on customer care and satisfaction survey - NEW	VSS	On-Going	Training and coaching support on national satisfaction survey measurement completed One training on customer care completed, on-going coaching sessions, upcoming TOT and training on customer care for provincial staff
5,2	Capacity of national stakeholders in social health protection related topics is improved			
	Long term training - Master PHCM and Social Health Protection	MoH	Achieved	2 Vietnamese officials enrolled and actively participating
	VCCI - to be defined	VCCI	Achieved	Training on SHP standards and HI law proposed policy options
	Communication campaign - NEW	Universities	On-Going	Campaign to raise awareness and knowledge of students of relevant background
5.3.	Relevant gender-responsive policy reforms promoting the sustainability of the schemes are prepared, informed by evidence produced under the Project - Revision of HIL			

	RIA - Consultants for Gender and social; Administrative; Legal	MOH	Achieved	Reports produced
	RIA - Field survey	MOH	Reprogrammed	Due to Covid-19, replaced by interviews
	RIA - Consultative meetings	MOH	Achieved	Dissemination event took place New request: further support in Quarter 2 and 3 on gender impact assessment
	Tripartite Policy Forum on Law Revision	MOH, Social partners	Achieved	Replaced by bipartite workshops with MoH, VCCI and VGCL
5,4	Strategies and laws for the inclusion of both women and men “near poor” and informal economy workers are developed and implementation supported			
	Policy brief on informal economy and participation in health insurance	MOH	Achieved	Report produced, main findings presented in Conference with the Economic Commission of Viet Nam
	Research on the impact of Covid19 on SHI - NEW	VSS	On-Going	Research on the impact of Covid19 on Viet Nam SHI membership, and implications on coverage, financial protection and revenues

Annex 6: Attendees at stakeholder workshop

The stakeholder was held virtually via Teams on Thursday 30 September 2021 from 13:45 until 15:43 Hanoi time. The international consultant presented the preliminary findings, after which a general discussion was moderated by the ILO Evaluation Manager. The attendees were:

Name	Institution
1) Nhat Luong Quang	ILO
2) Hai Nguyen Van	ILO
3) Thao Nguyen Thanh	ILO
4) Dr. Bouahom Phommachanh	Lao Social Security Organization (LSSO)
5) Dung Doan Thuy	ILO
6) Jovic Vesna	ILO
7) Theo van der Loop	International evaluation team leader
8) Bollepalli Narendra	ILO Evaluation Manager
9) Latsany Phakdisoth	National Consultant, Lao PDR
10) Ngoc Tran	VCCI
11) Jonathan Ngoc Nguyen Son	ILO
12) Thein Than Htay	ILO
13) Hang Nguyen Khang	VSS
14) Đặng Thị Huệ	VSS
15) MINH HANG	VSS
16) Ms.Lien	VSS - International Cooperation Dept.
17) Duong Ngoc Anh	VSS
18) Mr.Viengxay Viravong	Naitonal Health Insurance Bureau NHIB
19) Nicolas Tasch	Embassy of Luxembourg, Vientiane
20) Dao Ngoc Nga	National Consultant, Viet Nam
21) Dr. Phudit Tejavivaddhana	AIHD, Mahidol University
22) Khanh Phuong Nguyen	VSS
23) Thongleck Xiong	ILO
24) Pringsulaka# Pamornrat	ILO Bangkok
25) Khemphone PHAOKHAMKEO	ILO Lao PDR
26) Brimblecombe# Simon	ILO
27) Pichaiwongse Piyamal	ILO Yangon
28) Markus Ruck	ILO
29) Cunha# Nuno Meira Simoes	ILO Bangkok DWT
30) Marielle Phe Goursat	ILO-Lux

Annex 7: Risk Matrix

The following **Risk Matrix** is taken from the PRODOC (2017: 53, Annex C):

Assumption	Likelihood (H/M/L)	Importance (H/M/L)	Risk level (R/Y/G)	Mitigation measures
Sustainability assumptions				
Capacity building opportunities expire following the Project termination	M	M	Yellow	Develop a resource mobilization strategy for the RTF
Need of robust technical partners in the Region	M	H	Yellow	Communicate well the RTF objectives and use ILO network from previous Projects and activities
Development assumptions				
Challenges to involve the relevant partners (such as MoH or MoF)	L	H	Green	Try to engage a large number of partners in the planning period
Fiscal space available to finance the policy reforms to extend coverage	M	H	Yellow	Develop of gradual reforms that can accommodate for financial constraints
Social Health Protection is a priority in target countries	L	H	Green	Develop an advocacy campaign
Implementation assumptions				
Possible delays with the recruitment of the team in comparison with the inception phase deadline	M	H	Yellow	Preparing the Job Description and work with HRD before the Project is formally approved Organize the interview panel in advance Direct involvement of the SP Specialist in preparing activities if delays occur
Challenge to follow up in countries that do not benefit from the CTA presence	L	H	Yellow	Ensure the resources available for missions Ensure a good distribution of the time Define clearly the CTA Job Description jointly with CO Directors to ensure clarity in the CTA scope of work
Different paces of implementation for the different target countries	M	M	Yellow	Ensure the Project has flexibility to review work plans Inclusion of a Inception Phase
Management assumptions				
The CTA combines high level technical expertise in the topic of SHP with Project management skills	M	H	Yellow	High level of grade (P4) Selection of a family friendly duty station Use of ILO channels of communication Establishment of direct contacts with identified potential candidates
The CTA and national teams do not feel the ownership of the Project log frame	L	M	Green	Create opportunity to review the log frame following the experience of the inception phase

Annex 8: Evaluation Work Plan

Stage	Responsible Person	Timeline	# of working days		
			TL	NC-VN	NC-Lao
Initial briefing with evaluator	EM, Project Team, CO-Hanoi	By 3 rd week of August 2021	1		
Desk review and inception Report	Evaluators	By 4 th week of August 2021	5	2	2
Stakeholder interviews and preparation for Stakeholder Workshop	Evaluators	During 2 nd – 3 rd Week of Sept. 2021	12	7	7
Stakeholder Workshop: Validation of initial results with stakeholders	Evaluators	Scheduled for the 4 th week of September	1		
Development of draft report	Evaluators	During 4 th Week of Sept. 2021	8	1	1
- Circulate draft report to key stakeholders for comments and factual check; time to respond will be approximately 10 days - Consolidate comments on draft report and send to Team leader	EM; Project Team; Stakeholders	By 1 st week of October 2021			
Finalize the evaluation report, reflecting stakeholders' comments, providing explanations on if comments were not included	Evaluators	By 15 th October 2021	3		
Final report approval	ILO Evaluation Office	By 25 th October 2021			
TOTAL			30	10	10

Annex 9: Priorities for Second Phase

The following priorities were identified for Phase 2 by the main partners of the project (Source: Steering Committee Meeting, 25 March 2021, e-Meeting Minutes):

LSSO, Lao PDR:

- the development of the guidelines and training on social security inspection,
- the development of the social security e-office system,
- an actuarial analysis to support the amendment of the Social Security law by 2024,
- the monitoring of the merged NHI scheme, and
- support to awareness raising activities on social security benefits aiming to increase the coverage to the informal sector in rural areas.

VGCL, Viet Nam:

- collect ideas from workers about their demands in the context of upcoming HI law / policies reforms since the HI law reform must take into account the needs of workers to ensure suitable policies.
- Support in disseminating information of new policies to all the workers and concerned individuals
- Improving the capacity of the officials' focal points to ensure a good and correct understanding of the health insurance components and hence provide accurate support and advice to the members.

VSS, Viet Nam: Their priorities are:

- Pension Coverage, not only for health but also for voluntary pension scheme
- Set up the national database system
- Improving administrative work
- Improving communication and awareness raising on rights and duties of beneficiaries
- Application of IT system to develop services and improve access
- Changing payment method/ or improving fund management (as MoH)
- Building staff capacity in developing and using actuarial studies and models.

NHIB, Lao PDR:

- capacity building for NHI staff to support the sustainability of the NHI fund,
- strengthening of the public financial management system and the MIS system, especially the digital health insurance system which will support the management of NHI scheme,
- technical support toward the NHIB reform
- support to the upgrading of health care quality to improve member satisfaction with the services provided by facilities.
- service quality is low and must be urgently addressed (even though health insurance coverage in Lao PDR has reached 93%).

MoH, Viet Nam:

- In the context of the 2021 Health Insurance Law reform, support to the review and discussions on HI policies and regulations
- Support to the design of the supplementary health insurance package

- Undertake an actuarial Valuation of Health Insurance Fund (which constitutes a shared priority between the MoH, VSS and the Ministry of Finance)
- Provide support in identifying how HI policies can be adapted in the context of COVID19, to ensure continuous participation of the labours in businesses affected by the pandemic.

Annex 10: Recommendations by the MTE and progress updates

The eight Recommendations by the MTE (February 2020) and the progress updates by the Project Team:

MTE RECOMMENDATIONS : COMMENTS & STATUS	Responsible	Timescale	Comments	Status
No major change of resource allocation is proposed in the remaining period of the project. More focus might, however, be given to specific gender-related activities	Project team	Immediate	Agreed on the principle. In the VN Social Health Protection system, there is little gaps when it comes to gender though, hence the lack of gender-specific activities	Major awareness campaign organized targeting female factory workers Gender gap assessment for the Health Insurance Law revision
It should be a priority to develop a work plan and funding plan for <i>Connect</i> and to clarify its role in the remaining period of the project.	Project team	2020	Agreed – with the clarification that CONNECT’s sustainability stems from the commitment of partners (incl. DPs) to support CONNECT, and does not mean that CONNECT must ensure cost-recovery through income generating activities	Work plan and one-year funding plan developed CONNECT Charter approved by its members
Given the anticipated heavy work load in Myanmar for the year to come and high expectations from SSB, there would appear to be a need for increased inputs from the NPC. Consideration should be given to increasing this post to full-time. The modalities of this need to be discussed further given the current work-sharing arrangements to ensure that the NPC is able to allocate the additional time to the project in practice.	Project team (& ILO Myanmar)	Immediate	Agreed, but would require the ILO-Korea project to mobilize additional funding to hire a NPC.	Full-time dedication would have meant that the ILO-Korea activities could not be continued, as the project had no resources for TA. ILO-Korea activities are considered complementary to the broader SP portfolio.
For the final evaluation, project outputs should be listed; specific areas of policy and/or implementation, where the project has had a specific impact should be	Project team	Ongoing	Agreed	Reflected in Progress reports

identified; possible outcome indicators should be identified; and consideration should be given to including specific gender indicators and/or disaggregating existing indicators by gender.				
There is a strong case for a no-cost extension of the project to allow for the full implementation of the workplan. This would certainly help to enhance the sustainability of project activities.	ILO & donor	Immediate	Agreed	One 6-month no cost extension was obtained to cover the period March-October 2021
There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project to enhance sustainability. ILO should discuss with the donor a possible further extension or second phase of the project.	ILO BKK/HQ & donor	2020	Agreed	Second phase of the project is being formulated. Project Document is currently under Appraisal
In this context, ILO should develop an explicit business case as to the role and value of <i>Connect</i> in the medium to long term with a three-year work plan including funding.	ILO BKK	Immediate	Partially-agreed - see comments above what sustainability means in the context of CONNECT	See above
If a second phase is envisaged, it is recommended that a no-cost extension should be used as a bridge to that second phase and any refocusing of activities should be phased in during the no-cost extension.	ILO & donor	2021	Agreed	One no-cost extension period obtained. Proposal was made for a second no-cost extension (particularly in the context of the stronger covid-19 waves VN and Laos are going through and the crisis in MMR. However Lux prefers to start the second phase in Nov. 2021

Annex 11: Lessons Learned (LL) and Good Practices (GP)

This Annex provides the full description of two Lessons Learned (LL) and two Good Practices (GP) in the ILO Templates as follows:

LL1: *The Project Design with activities in three countries and a Regional Component is too ambitious and complex in view of the resources available.*

ILO Lesson Learned Template

Project Title: Support to the Extension of Social Health Protection in South East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Theo van der Loop

Date: 13 October 2021

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

LL Element	Text
Brief description of lesson learned (link to specific action or task)	<i>The Project Design with activities in three countries and a Regional Component is too ambitious and complex in view of the resources available.</i>
Context and any related preconditions	<i>To implement a project in four different countries, Lao PDR, Myanmar, Viet Nam and Thailand, is a complex job and requires ample staffing and financial resources. In this case, the project was helped by additional funding for a Junior Professional Officer position in Bangkok. Other ILO Regional projects often have three or more international technical staff members.</i>
Targeted users / Beneficiaries	<i>ILO Country Offices, ILO ROAP/DWT and ILO-HQ, and Donor.</i>
Challenges /negative lessons - Causal factors	<i>Too many different countries and activities will spread the existing resources (human and financial) too thinly and could result in staff overloads.</i>
Success / Positive Issues - Causal factors	<i>The interaction between project components is positive, and the capacity building and learning from other countries are important elements.</i>
ILO Administrative Issues (staff, resources, design, implementation)	<i>Technical and administrative staff needs to be present in each of the four countries involved.</i>

LL2: To set up a Regional Technical Facility like CONNECT takes substantial time, but it can be crucial for knowledge development and sharing as well as for long-term technical capacity building.

ILO Lesson Learned Template

Project Title: Support to the Extension of Social Health Protection in South East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Theo van der Loop

Date: 13 October 2021

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

LL Element	Text
Brief description of lesson learned (link to specific action or task)	<i>To set up a Regional Technical Facility like CONNECT takes substantial time, but it can be crucial for knowledge development and sharing as well as for long-term technical capacity building.</i>
Context and any related preconditions	<i>CONNECT is expected to stay, having now five founding member institutions, regular Steering Committee meetings, a Charter and a Work plan, as well as a MoU with an academic institution, Mahidol University. The upgraded position of Connect Manager is expected to remain funded from the project in the second phase, but a sustained business case will need to be developed in the coming 1 – 3 years.</i>
Targeted users / Beneficiaries	<i>ILO Country Offices, ILO ROAP/DWT and ILO-HQ, and similar regional technical facilities.</i>
Challenges /negative lessons - Causal factors	<i>The setting-up of CONNECT and the period needed for it to become operational and active took much longer than anticipated and took off only from December 2020 as a result of an underestimation in the project design of the time it is needed to materialize such a Regional Technical Facility as CONNECT. Initially, the expectation was that CONNECT could also provide Technical Assistance as required in other (ILO) projects, but it turns out that this should not be automatically expected because CONNECT is an autonomous facility.</i>
Success / Positive Issues - Causal factors	<i>The setting up of CONNECT can be replicated elsewhere in the world by ILO-HQ.</i>
ILO Administrative Issues (staff, resources, design, implementation)	<i>None.</i>

GP1: The development of a multi-country Regional Compendium on Social Health Protection is a Good Practice to be replicated elsewhere since countries have shown to be interested to learn from each other.

ILO Emerging Good Practice Template

Project Title: Support to the Extension of Social Health Protection in South East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Theo van der Loop

Date: 13 October 2021

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

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	<p><i>The development of a multi-country Regional Compendium on Social Health Protection is a Good Practice to be replicated elsewhere since countries have shown to be interested to learn from each other. This Compendium includes the experiences with Social health Protection in 21 countries in Asia/Pacific, “from Afghanistan to Fiji”, and will be launched in the coming months at a Project Closing Event.</i></p> <p><i>Update the Compendium regularly, and follow-up with (policy) briefs on questions the countries will be asking, for example on “sub-topics” (such as Long-term care) which would require further analysis and data collection.</i></p>
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	<p><i>‘Learning from other countries’ has shown to be an important element in policy development in the countries in question, and this was in particular one of the aims of the regional component, both through the very much needed long-term capacity building (a master’s degree), and through knowledge development and exchange of information (the Regional Technical facility of CONNECT, and the Regional Compendium).</i></p>
Establish a clear cause-effect relationship	<p><i>This was also a good practice because the financing of the development and production of the Compendium was shared between the project and ILO-HQ in Geneva.</i></p>
Indicate measurable impact and targeted beneficiaries	<p><i>‘Learning from other countries’ was important as indicated in the above.</i></p>
Potential for replication and by whom	<p><i>Since ILO-HQ Geneva has been deeply involved the knowledge gathered there can be used to replicate the development of such a Compendium in other regions of the world.</i></p>
Upward links to higher ILO Goals (DWCPs, Country Program Outcomes or ILO’s Strategic Program Framework)	<ul style="list-style-type: none"> • <i>ILO Programme and Budget (P&B 2020-21) Outcome 8: Comprehensive and sustainable social protection for all.</i> • <i>ILO Regional Outcome: RAS154 - Comprehensive and sustainable social protection for all.</i> • <i>C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102)</i> • <i>R202 - Social Protection Floors Recommendation, 2012 (No. 202)</i>
Other documents or relevant comments	<p><i>The Compendium itself is expected to be published before the end of 2021.</i></p>

GP2: The implementation modalities of the Costing Exercise on the health insurance benefit package and health facility costing in Lao PDR is a Good Practice to be replicated in other projects.

ILO Emerging Good Practice Template

Project Title: Support to the Extension of Social Health Protection in South East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Theo van der Loop

Date: 13 October 2021

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

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	<i>The implementation modalities of the Costing Exercise on the health insurance benefit package and health facility costing in Lao PDR is a Good Practice to be replicated in other projects.</i>
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	<i>This Costing Exercise was jointly implemented and jointly financed with several development Partners in Lao PDR: Swiss Red Cross (SRC), World Health Organisation (WHO), World Bank (WB) and Fred Hollows Foundation. The Costing Exercise included the Financial Incidence Analysis (FIA) and the Benefit Incidence Analysis (BIA) jointly implemented with the National Health Insurance Bureau (NHIB) and the Tropical and Public Health Institute (TPHI), both part of the Ministry of Health (MoH) in Lao PDR.</i>
Establish a clear cause-effect relationship	<i>The close cooperation in such a technical exercise between several government partners and several Development Partners is a Good Practice to be replicated.</i>
Indicate measurable impact and targeted beneficiaries	<i>The government and development partners were all very positive about this costing exercise.</i>
Potential for replication and by whom	<i>With this example in hand, other partners can be convinced of the importance of this type of cooperation in both implementation and financing.</i>
Upward links to higher ILO Goals (DWCPs, Country Program Outcomes or ILO's Strategic Program Framework)	<ul style="list-style-type: none"> • <i>ILO Programme and Budget (P&B 2020-21) Outcome 8: Comprehensive and sustainable social protection for all.</i> • <i>ILO Regional Outcome: RAS154 - Comprehensive and sustainable social protection for all.</i> • <i>C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102)</i> • <i>R202 - Social Protection Floors Recommendation, 2012 (No. 202)</i>
Other documents or relevant comments	<i>The relevant documents on the Costing Exercise are available from the project team.</i>

Annex 12: Documents Consulted

- Terms of Reference (ToR) for the present Final Independent Evaluation dated 13 August 2021 (see Annex 1).
- Project Document (PRODOC, September 2017)
- Baseline Report (January 2019)
- Technical Progress Reports (TPR): 1) March 2019; 2) February 2020, 3) March 2021
- Mid-Term Evaluation report (February 2020)
- CONNECT activity reports
- Documents for the three Project Steering Committee (PSC) meetings organized, including the Minutes
- DWCP's for Lao PDR 2017-2021, Viet Nam 2017-2021, and Myanmar 2018-2021
- Relevant ILO's P&B's, and Centenary Initiatives.
- UNSDCF's for Lao PDR, Myanmar and Viet Nam.
- Research and studies conducted by the Project
- Missions reports
- Financial information
- Websites, including that of the project.
- Project Document for the 2nd Phase (28 June 2021)
- ILO EVAL: Evaluation Policy Guidelines, including ILO policy guidelines for results-based evaluation: Principles, rationale, planning and managing for evaluations 3rd edition 2017.
- ILO (2020) Policy Guidelines for Results-Based Evaluation (4th edition). ILO-EVAL, Geneva: November 2020. See: https://www.ilo.org/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm
- EVAL (2020): Implications of COVID-19 on evaluations in the ILO: An internal guide on adapting to the situation. Geneva: http://www.ilo.ch/wcmstp5/groups/public/---ed_mas/---eval/documents/publication/wcms_741206.pdf, and: www.ilo.ch/eval/WCMS_744068/lang--en/index.htm
- ILO EVAL (2021): ILO's response to the impact of COVID-19 on the world of work: Evaluative lessons on how to build a better future of work after the pandemic (August 2021): <http://www.unevaluation.org/document/download/2787>
- United Nations Evaluation Guidelines (UNEG) Norms and Standards ILO policy guidelines (4th edition, 2020): https://www.ilo.org/eval/WCMS_817079/lang--en/index.htm
- OECD/DAC Network on Development Evaluation (2019): Better Criteria for Better Evaluation; Revised Evaluation Criteria Definitions and Principles for Use. December 2019.
- Other documents/materials/publications that were produced through the project or by relevant stakeholders.