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List of acronyms or abbreviations

AFD	Agence Française de Développement
AIF	Agricultural Insurance Fund
CHV	Community Health Volunteer
CNAAS	Compagnie Nationale d'Assurance Agricole du Sénégal
ECCF	Emergency, Chronic and Critical Illness Fund
EVAL	ILO Evaluation Office
FGD	Focus Group Discussion
FNDA	National Fund of Agricultural Development (Benin)
GAIP	Ghana Agricultural Insurance Pool
GIA	Ghana Insurers Association
ICII	International Conference on Inclusive Insurance
ILO	International Labour Organization
ILS	International Labour Standards
IRB	Institutional Review Board
KII	Key Informant Interview
KM	Knowledge Management
M&E	Monitoring and Evaluation
MINAGRI	Ministry of Agriculture and Animal Resources (Rwanda)
MIS	Management Information System
MoF	Ministry of Finance
MoFA	Ministry of Food and Agriculture
MTE	Mid-Term Evaluation
NAEB	National Agricultural Export Board (Rwanda)
NAIS	National Agricultural Insurance Scheme (Rwanda)
NHIF	National Hospital Insurance Fund (Kenya)
NIC	National Insurance Commission (Ghana)
NGO	Non-Governmental Organization
NVivo	Qualitative Data Analysis Software
OECD DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PPP(s)	Public-Private Partnership (s)
RFP	Request for Proposals
SACCO	Savings and Credit Cooperative Organization
SCOR	Société Centrale de Réassurance (Global reinsurer)
SDG	Sustainable Development Goal
SHA	Social Health Authority
SHIF	Social Health Insurance Fund
SME	Small and Medium Enterprise
SPSS	Statistical Package for the Social Sciences
TSP	Technical Service Provider
ToC	Theory of Change
ToR	Terms of Reference
UHC	Universal Health Coverage
UNEG	United Nations Evaluation Group

Executive Summary

Final Evaluation for the “*Stimulating innovation and impact insurance in Africa.*”

Quick Facts

Countries:	Kenya, Rwanda, Ghana, Senegal, and Côte d'Ivoire
Coverage Period:	1 May 2021 – 30 June 2025
Evaluation Type:	Project
Evaluation Timing:	Final
Administration Office:	Department of Enterprises
Technical Office:	Impact Insurance Facility / Social Finance
Evaluation Manager:	Patil Mardigian
Evaluation Consultant(s):	SkiQa Group Limited
DC Symbol:	RAF/20/02/FRA
Donors(s) & budgets:	US\$ 2,580,278.51
Key Words:	Impact Insurance, Stimulating Innovation

BACKGROUND AND CONTEXT

Summary of the project purpose, logic and structure	The “<i>Stimulating Innovation and Impact Insurance in Africa</i>” project, implemented by the International Labour Organization (ILO) with funding from the Agence Française de Développement (AFD), aims to strengthen inclusive insurance ecosystems in Sub-Saharan Africa by promoting innovation, developing sustainable public–private partnerships (PPPs), and building the technical capacities of key actors. The project was designed to address the persistent vulnerability of low-income households, farmers, and small enterprises who are highly exposed to health, agricultural, and business risks but remain underserved by traditional insurance markets. Its intervention logic is structured around two components: - Innovation Management – supporting the design, piloting, and scaling of inclusive insurance solutions that address the needs of low-income populations. This included a competitive partner selection process, financial and technical support to five implementing institutions, and the placement of Social Finance Fellows within host institutions to catalyze innovation and capacity building. - Capacity and Knowledge Development – aimed at strengthening the enabling environment for inclusive insurance by generating lessons, conducting trainings, promoting cross-country learning, and fostering dialogue among regulators, governments, insurers, and distribution actors. The project’s strategy emphasizes multi-stakeholder collaboration and integration of gender, disability, and climate considerations. Geographically, it covers five countries, Kenya, Rwanda, Ghana, Senegal, and Côte d’Ivoire/West Africa, working with national insurers and regional actors. Management is coordinated by ILO’s Social Finance Programme in Geneva, in partnership with AFD, and supported by embedded fellows, local partners, and a Project Advisory Committee providing strategic oversight.
Present situation of the project	At the time of the final evaluation, the “<i>Stimulating Innovation and Impact Insurance in Africa</i>” project has completed implementation across its five target countries, Kenya, Rwanda, Ghana, Senegal, and Côte d’Ivoire/West Africa. The project has successfully piloted and supported innovative health, agricultural, and SME insurance solutions, while strengthening the capacities of partner institutions through the embedded Social Finance Fellows and technical assistance. Implementation was marked by contextual challenges, including the lingering effects of the COVID-19 pandemic, which influenced demand patterns and required adaptive digital and outreach strategies. Despite some delays in recruitment and adjustments in timelines, the project has broadly achieved its planned outputs and contributed to the emergence of more inclusive insurance markets. The operating context remains one of high vulnerability to climate shocks, economic uncertainty, and limited insurance penetration, underscoring the continued relevance of the project’s objectives.

Purpose, scope and clients of the evaluation	The final evaluation of the “<i>Stimulating Innovation and Impact Insurance in Africa</i>” project has been commissioned by the International Labour Organization (ILO) with support from the Agence Française de Développement (AFD). Its purpose is to assess the project’s relevance, coherence, effectiveness, efficiency, impact, and sustainability, and to generate evidence-based lessons for future programming. The evaluation covers the full project implementation period (1 May 2021 to 30 June 2025) and its geographic focus on five African countries, Kenya, Rwanda, Ghana, Senegal, and Côte d’Ivoire, while also considering cross-country learning. The primary clients of this evaluation are the ILO and AFD, with additional stakeholders including implementing partners, regulators, government institutions, workers’ and employers’ organizations, and the end beneficiaries such as smallholder farmers, informal workers, and SMEs. The findings will be used to inform accountability, guide future project design, and strengthen knowledge sharing within the inclusive insurance ecosystem.
Methodology of evaluation	The evaluation applied a theory-based, utilization-focused, and mixed-methods approach anchored in OECD–DAC criteria, the ILO Evaluation Policy, and UNEG standards. Data were gathered through a comprehensive desk review of project and contextual documents, 16 Key Informant Interviews (KIIs) with ILO staff, partners, Social Financial Fellows, regulators, and social partners, 3 Focus Group Discussions (FGDs) with farmers, informal workers, and women entrepreneurs, and an end-user survey with 28 respondents across five countries. Qualitative data were thematically coded using NVivo, while survey data were analysed using descriptive and inferential statistics with disaggregation by gender, age, disability, and country. Evidence was triangulated across methods, stakeholder levels, and contexts to ensure validity and comparability. Key limitations included evaluation’s reliance on implementing partners to facilitate in-country access to stakeholders and end-users, recall bias over a four-year project cycle, delays in responses from some stakeholders, and time constraints due to multi-country coverage. Mitigation strategies included purposive and diversified sampling, engagement of local consultants, and flexible scheduling.
MAIN FINDINGS & CONCLUSIONS	Phase II of the AFD–ILO Impact Insurance Facility Project demonstrated that inclusive insurance is both relevant and feasible across diverse contexts, with clear evidence of demand and institutional traction. At the same time, sustainability requires deeper investment in transparency, affordability, and targeted inclusion of marginalized groups, alongside systemic measures to strengthen trust in insurance markets. The project demonstrated strong relevance, moderate effectiveness, variable efficiency, and promising but uneven prospects for sustainability. Its design responded directly to country needs in extending social protection to informal and rural workers, aligning

	well with ILO mandates, AFD priorities, and national policy frameworks. By targeting vulnerable groups, particularly women, smallholder farmers, and informal workers, the project addressed a critical protection gap. The demand for inclusive insurance products was evident, with community members describing coverage as <i>“a light of hope when the harvest fails”</i> and implementers noting that <i>“farmers became more willing to join when they saw the first payouts.”</i> Relevance - The project’s focus on inclusive insurance was highly relevant to national development priorities in Kenya, Ghana, and Rwanda. Internal strengths included clear alignment with ILO standards on social protection floors and tripartism, while external enabling conditions included government interest in expanding health and agricultural insurance schemes. However, contextual challenges, such as low literacy, weak insurance culture, and distrust of public insurers, negatively affected uptake, particularly among rural women and youth. Coherence - The project demonstrated strong internal and external coherence by aligning with national strategies, donor priorities, and institutional frameworks, while also complementing other development initiatives. In Rwanda, tea insurance was integrated into agricultural and cooperative strategies; in Ghana, reforms through GAIP supported implementation of the Insurance Act 2021; and in Kenya, health pilots complemented NHIF/SHIF reforms for informal workers and SMEs. Coordination with partners such as the World Bank in Senegal and GIZ in Ghana ensured continuity and avoided duplication, while cross-country exchanges, study visits, and training-of-trainers cascades enabled South–South learning and knowledge transfer. Despite these achievements, gaps remained in tripartite engagement and systemic coordination, particularly in ensuring consistent involvement of workers’ and employers’ organizations across countries. Effectiveness - The project achieved notable results in piloting and expanding insurance products. For example, in Ghana, farmer sensitization reached thousands, and in Kenya, market associations piloted health microinsurance. These achievements illustrate responsiveness and innovation. Yet, gaps emerged in claim transparency, product affordability, and inclusion of youth and persons with disabilities. Effectiveness was strongest where partnerships with cooperatives and associations allowed scale-up, but weakest where trust deficits or technical capacity constraints limited engagement. Efficiency - The project achieved efficiency by leveraging partnerships with cooperatives, insurers, and local associations to rapidly scale outreach and training. As one farmer reflected, <i>“We met about 3,000 farmers in just a few months— something we could not have managed without the project’s support.”</i> Strategic use of resources enabled wide sensitization, though efficiency was
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	constrained by COVID-19 disruptions, climate-related shocks, and internal delays in product design. For end users, high transaction costs in claim processing — especially where intermediaries were involved — further limited perceived efficiency. Impact - The project's most tangible impact was increased awareness and initial uptake of inclusive insurance, particularly among women farmers in rural areas. Beneficiaries reported reduced anxiety and greater willingness to invest in farming activities when insured. Institutional impacts included enhanced technical capacity among national insurance regulators and cooperatives. However, the impact was diluted by structural challenges: limited claim payouts undermined trust, and exclusion of marginalized groups such as youth and PWDs meant the effect was uneven. Sustainability - Sustainability prospects are mixed. On the positive side, regulatory bodies in Kenya and Ghana demonstrated strong buy-in, and some insurers are institutionalizing gender and inclusion policies. Partnerships with cooperatives provide a pathway for continued delivery beyond the project period. On the negative side, sustainability is threatened by affordability challenges, a lack of effective risk pooling for small farmers, and continuing distrust in claim processes. Without stronger institutional accountability and dedicated strategies for youth and PWD inclusion, long-term continuity may be fragile. Internal and External Conditions - Positive internal conditions included strong technical expertise, clear alignment with ILO standards, and robust partnerships with cooperatives and associations. Negative internal conditions included limited capacity for monitoring inclusion outcomes and insufficient focus on transparency in claim settlement. Positive external conditions included government commitment to expanding social protection schemes, donor alignment, and rising policy recognition of climate-related risks. Negative external conditions included weak insurance culture, low financial literacy, political sensitivities around social protection expansion, climate shocks (floods and droughts), and COVID-19 disruptions.
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RECOMMENDATIONS, LESSONS LEARNED, AND GOOD PRACTICES

Recommendations	<i>Institutionalize inclusive insurance through legal and policy frameworks</i> - Anchor inclusive insurance in national laws and policies to secure sustainability beyond pilots. This should include codification of reforms, alignment with financial inclusion and social protection agendas, and provisions for affordability and consumer protection. <i>Expand gender- and youth-responsive insurance products</i> - Expand tailored insurance products for women, youth, PWDs, and SMEs to close equity gaps. Cooperative channels and digital
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	platforms should be leveraged to diversify products (e.g., small livestock, health cover for informal workers). 3. <i>Strengthen user education and grievance mechanisms alongside digital rollouts</i> - Strengthen financial literacy, transparent communication, and accessible grievance mechanisms alongside digital rollouts. This will ensure users understand premiums, payouts, and claims while having recourse to independent redress systems. 4. <i>Scale up the fellowship and training-of-trainers (ToT) capacity-building models</i> - Establish clear, participatory, and well-communicated processes for how payouts are calculated to avoid perceptions of unfairness. Increased openness around actuarial models, weather data, and basis risk will reduce mistrust and community tensions. 5. <i>Integrate climate risk into health and social insurance</i> - While agricultural insurance effectively embeds climate resilience, health and social protection schemes lag. Future designs should mainstream climate risk into health financing reforms and social insurance products, expand coverage for climate-sensitive illnesses, and design bundled products that link agricultural and health coverage. 6. <i>Strengthen transparency and fairness in claims calculation</i> - Unclear payout processes eroded trust in several contexts. Insurers, regulators, and governments should adopt transparent, user-friendly claims calculation methods, issue individualized payout statements, and establish grievance channels. Cooperative-based validation can enhance accountability and fairness. 7. <i>Strengthen monitoring and evaluation systems for learning and accountability</i> - Enhance monitoring and evaluation to capture behavioral change, gender/youth outcomes, and household welfare effects. Digital feedback loops and disaggregated data should inform accountability and adaptive learning.
Main lessons learned and good practices	Lessons Learned 1. <i>Embedding insurance products in existing community structures enhances trust and uptake</i> - Schemes implemented through cooperatives, savings groups, and local associations achieved higher enrollment and retention because communities trusted familiar intermediaries over external actors 2. <i>Digitalization is necessary but insufficient without parallel investment in literacy and communication</i> - While MIS and mobile platforms improved efficiency, users with low digital literacy struggled to engage fully. Pairing digital tools with accessible training, local-language communication, and ongoing support proved essential for meaningful participation. 3. <i>Transparent, individualized, and timely claims communication builds trust and drives uptake of insurance schemes</i> - Lack of clarity in payout calculations created mistrust and reduced re-

	enrollment. Conversely, transparent and personalized claims communication, via SMS alerts, cooperative briefings, and clear formulas, improved credibility and sustained user participation. 4. <i>Sustainability requires legal and policy anchoring rather than reliance on individual champions</i> - Programs driven by strong individuals often stall when leadership changes. Embedding inclusive insurance into legal and policy frameworks ensured continuity, accountability, and institutional ownership. 5. <i>Gender-responsive design increases uptake but requires deliberate targeting of underserved groups</i> - Targeted outreach and product adaptation for women, youth, and PWDs significantly improved participation, but inclusion did not occur automatically. Success depended on deliberate design, active engagement, and sex-, age-, and disability-disaggregated monitoring. Good Practices 1. <i>The fellowship model as a scalable approach to building insurance expertise</i> - Embedding fellows within insurers and regulatory bodies enhanced technical skills, governance, and digital innovation. The model built institutional memory and is replicable in regions facing human resource gaps in inclusive insurance. 2. <i>Linking climate-smart insurance with national social protection schemes</i> - Aligning agricultural insurance with government-led social protection programs created synergies in scale, data sharing, and subsidy targeting, increasing both impact and sustainability. 3. <i>Using cooperatives as trusted intermediaries for last-mile delivery</i> - Cooperatives successfully bridged trust gaps by aggregating demand, facilitating communication, and supporting claims processes—proving especially effective where formal insurance infrastructure is limited. 4. <i>Insurance schemes directly targeting climate change adaptation</i> - Index-based and climate-smart agricultural insurance products integrated environmental sustainability into financial protection, safeguarding livelihoods against droughts and floods while promoting adaptive farming practices. 5. <i>Clear and individualized payout communication strengthens trust and sustains enrollment</i> - Transparent, personalized communication through MIS platforms, SMS, and cooperative meetings increased fairness, satisfaction, and renewal rates. This practice directly supports the project’s goal of building trust and long-term participation in inclusive insurance schemes.
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CHAPTER 1: PROJECT BACKGROUND

This final evaluation reviews the “*Stimulating Innovation and Impact Insurance in Africa*” project (ILO DC Code: RAF/20/02/FRA), jointly implemented by the International Labour Organization (ILO) and the Agence Française de Développement (AFD) between 1, May 2021 and 30, June 2025. With a budget of approximately US\$2.58 million, the initiative was implemented through the ILO’s Impact Insurance Facility. The evaluation is being undertaken at the close of implementation, both to ensure accountability to partners and to draw lessons for replication, scaling, and potential redesign of inclusive insurance programmes. Its findings will provide evidence to inform future programming and contribute to global dialogue on strengthening resilience and financial protection in developing economies. In doing so, it directly supports the achievement of Sustainable Development Goal (SDG) 8 on Decent Work and Economic Growth, as well as related goals on poverty reduction, health, gender equality, and climate resilience.

1.1. Context and Background

The project was conceived in response to the high vulnerability of low-income households, farmers, and small enterprises in Sub-Saharan Africa, who are exposed to recurrent health, agricultural, and business risks without adequate social protection or reliable financial safety nets. Insurance markets in the region remain shallow, with limited penetration among poor and informal workers due to affordability constraints, lack of trust in providers, weak distribution systems, and low financial literacy. These structural barriers have reinforced cycles of vulnerability, undermining productivity and access to decent work.

The project was designed to expand financial protection through innovative public–private partnerships (PPPs), while strengthening the enabling environment for inclusive insurance. Its approach reflects the ILO’s mandate to extend social protection and promote decent work, as well as AFD’s priority of strengthening financial systems and resilience. It is further aligned with global frameworks, particularly SDG 8 on sustained and inclusive economic growth, by seeking to reduce poverty, enhance resilience, and demonstrate how PPPs can deliver scalable and inclusive insurance solutions. Several contextual factors shaped the project’s design:

1. The need for innovative PPPs to overcome structural market failures.
2. The recognition that trust-building, behavior change, and financial literacy are essential for sustained insurance uptake.
3. The imperative of embedding capacity development within local institutions to ensure long-term sustainability.
4. The COVID-19 pandemic, which underscored the urgency of financial risk management, accelerated the digitalization of service delivery and reinforced the focus on innovation, capacity development, and institutional strengthening.

1.2. Project purpose, logic, and objectives

The purpose of the project was to stimulate innovation in inclusive and impact insurance as a means of strengthening resilience and enabling more secure economic participation among low-income groups. It aimed to develop, test, and scale client-centric insurance products while simultaneously building the institutional capacity of financial service providers, regulators, and other stakeholders. A strong learning agenda was embedded to foster cross-country exchange and to demonstrate how innovative public–private partnerships could advance inclusive insurance markets.

The theory of change, reconstructed during the MTE in 2023, articulated a clear causal pathway: if innovative and client-responsive insurance solutions were developed and tested in partnership with local institutions, and if technical support and capacity development were provided, then vulnerable groups such as farmers, informal workers, and SMEs would be able to access affordable insurance. This, in turn, would improve their ability to manage risks, protect livelihoods, and sustain productive economic activity, thereby contributing to SDG 8 on decent work and economic growth. The theory of change assumed that partner institutions would be willing and capable of sustaining innovations, that governments and regulators would provide enabling environments, and that low-income populations would adopt insurance products if they were affordable and relevant to their needs. The diagram below illustrates this theory of change, highlighting the causal linkages, assumptions, and expected outcomes.

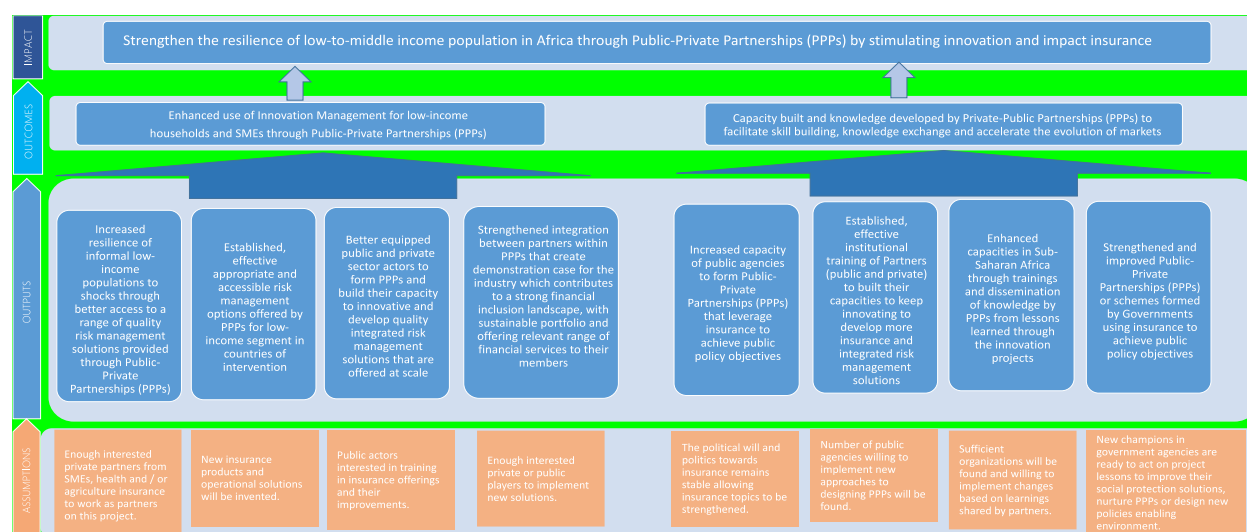


Figure 1: Reconstructed Theory of Change: Pathways to Strengthened Resilience and Secure Economic Participation

The project was structured around two components. The first, innovation management, supported the design, testing, and scaling of solutions with partners across five countries. Second, capacity and knowledge development, embedded Social Finance Fellows within partner institutions, delivered training, and facilitated regional knowledge-sharing activities. The evaluation specifically delves into the activities and outcomes associated with the following key partners and their thematic focus within the project's scope:

Organization	Type of Institution	Country	Matched Fellow	Theme
Ghana Agricultural Insurance Pool	Pool of Insurers	Ghana	Ritesh Pandey	Agricultural insurance
PharmAccess Kenya	NGO clients	Kenya	Akinyemi Alebiosu	Health insurance
Radiant Insurance Company	Private Insurer	Rwanda	Jackline Chemutai	Agricultural insurance
Pula Advisors	Insurtech	Côte d'Ivoire	Djitaba Sachko-Patel	Agricultural insurance
CNAAS	Public insurer	Senegal	Gregoire Minani	Agricultural insurance

Table 1: Key Partners and Thematic Focus for the Final Evaluation

The project was managed by ILO's Social Finance Programme, with Social Financial Fellows providing embedded technical support in host institutions. The Head of Social Finance and dedicated project managers provided oversight, supported by technical officers and capacity-building specialists. AFD ensured financial support and strategic alignment, while local partners provided contextual relevance and ownership.

1.3. Current situation of the project

By the time of the end-of-term evaluation in 2025, the “Stimulating Innovation and Impact Insurance in Africa” project had completed implementation and made substantial progress toward its intended outcomes. All five partner institutions had successfully piloted innovative insurance products ranging from agricultural index-based solutions to digital health and SME-linked products and had integrated new approaches into their operational models. Digital processes were deployed to expand outreach and improve efficiency, while the fellowship program proved pivotal in strengthening institutional systems, technical expertise, and governance. Cross-country knowledge-sharing platforms facilitated the exchange of lessons, helping partners learn from diverse regulatory, operational, and market contexts.

The Mid-Term Evaluation (MTE) of 2023 informed refinements to the project's logframe and Theory of Change, placing greater emphasis on gender responsiveness and monitoring behavioral shifts in insurance uptake. Progress reports from 2022 to 2024 documented consistent advances in output delivery and capacity-building, while also flagging persistent constraints. These included delays linked to pandemic-related disruptions, uneven institutional capacities among partners, and the inherent challenge of transforming insurance perceptions and behaviors within a relatively short project cycle. Despite these challenges, the project established a solid foundation for scaling inclusive insurance models across Africa.

1.4. Role of ILO and stakeholders

The ILO provided technical expertise, project management, and a convening role, ensuring quality assurance and alignment with global standards. AFD contributed financial resources and strategic guidance. Partner institutions were central in piloting solutions and embedding innovations in local markets.

Governments and regulators provided enabling policy frameworks and oversight, while workers' and employers' organizations, cooperatives, farmers' associations, and civil society actors supported awareness-raising, policy dialogue, and last-mile outreach. The placement of Social Finance Fellows within partner institutions further strengthened innovation and institutional capacity. Crucially, end-users, farmers, informal workers, SMEs, and vulnerable households were placed at the center of the initiative. Their participation shaped demand, generated feedback, and guided the adaptation of products and services to real needs.

Overall, the project represents an important contribution to advancing decent work and economic growth in Africa by linking financial protection with economic participation, productivity, and resilience. Through its focus on innovation, partnerships, and capacity development, it has offered a practical demonstration of how inclusive insurance can support SDG 8 and the broader social protection agenda.

CHAPTER 2: EVALUATION BACKGROUND

The evaluation of the project “Stimulating Innovation and Impact Insurance in Africa” was commissioned as the initiative reached the end of its implementation period (2021–2025). The exercise is intended to provide both accountability to stakeholders and learning for future programming. By assessing the project’s relevance, coherence, effectiveness, efficiency, impact, and sustainability, the evaluation will generate evidence that informs decision-making around the scaling, replication, and redesign of inclusive insurance interventions in Africa. It will also capture lessons to strengthen the ILO’s social finance work and AFD’s support for financial system development.

2.1. Purpose of the Evaluation

The final evaluation of the *Stimulating Innovation and Impact Insurance in Africa* project is undertaken at the close of its implementation period (2021–2025). Its primary purpose is twofold: accountability and learning.

In terms of accountability, the evaluation provides donors, partners, and the International Labour Organization (ILO) with an independent assessment of the project’s performance, results, and use of resources. It responds to the requirements of the donor, Agence Française de Développement (AFD), and the ILO, demonstrating how effectively resources were used and whether the project achieved its stated outcomes.

Regarding learning, the evaluation seeks to generate knowledge and insights regarding what worked, what did not, and why. This includes capturing lessons, good practices, and challenges that can inform future interventions in inclusive insurance. The evaluation also addresses the MTE’s recommendation to deepen analysis of gender integration, systemic change, and pathways to scale.

The evaluation aims to assess the project’s contribution to strengthening public–private partnerships, developing innovative insurance products for low-income populations, and enhancing institutional capacity for sustainability. It will examine the relevance, coherence, effectiveness, efficiency, impact, and sustainability of the project according to the OECD-DAC criteria. Additionally, it seeks to generate actionable recommendations for scaling or replication and to contribute to organizational learning within the ILO, AFD, and partner institutions.

2.2. Scope of the Evaluation

The evaluation covers the entire four-year project implementation period, from 1 May 2021 to 30 June 2025, across the five participating countries: Kenya, Rwanda, Ghana, Senegal, and Côte d’Ivoire. References to activities in other countries (e.g., Benin) are included only as illustrative replication/spillover cases and are outside the evaluation scope. Thematic coverage includes agricultural insurance, health insurance, and SME risk solutions, with cross-cutting considerations of gender equality, disability inclusion, environmental sustainability, and social dialogue. The evaluation also considers the project’s contribution to broader international development priorities, particularly Sustainable Development Goal 8 on decent work and economic growth, as well as ILO Programme and Budget Outcomes 3, 4, and 6. In line with the project’s logic, the evaluation assesses both short-term outputs (e.g., products piloted, fellows embedded, trainings delivered) and medium- to longer-term effects such as institutional capacity development, policy influence, and market development.

2.3. Intended Users of the Evaluation

The evaluation is designed to serve multiple stakeholders. The primary clients are the ILO’s Social Finance Programme, the Impact Insurance Facility, regional and country offices engaged

in social protection and financial inclusion, the ILO Evaluation Office (EVAL), and the donor Agence Française de Développement (AFD). Beyond these, the findings will be relevant to project partners, including insurance providers, national implementing partners, innovation teams, relevant government ministries, regulators, employers' and workers' organizations, civil society actors, and end beneficiaries such as smallholder farmers, informal workers, and SMEs. At the policy level, the results are expected to inform ongoing debates on inclusive insurance in Africa, support strategic planning and sustainability efforts of implementing institutions, guide future project design, and strengthen knowledge sharing within the inclusive insurance ecosystem. The evaluation is structured to ensure broad usability of its findings by both policy-level actors and practitioners, with stakeholder consultation and validation processes promoting ownership and effective utilization of the results.

2.4. Evaluation Process and Timeline

The evaluation process was conducted in line with the ILO's evaluation framework, as outlined in the Terms of Reference and inception report. It commenced with an inception phase in late July 2025, during which the evaluation team undertook a detailed review of project documentation, refined the methodology, and developed data collection tools.

The main data collection phase combined multiple methods to capture diverse perspectives. This included key informant interviews with ILO staff at headquarters and country offices, the donor (AFD), implementing partners, government officials, and other institutional stakeholders. Focus group discussions and structured surveys were held with end-users such as farmers, informal workers, women entrepreneurs, and youth. A comprehensive desk review of project reports, monitoring data, and relevant policy documents complemented the primary data collection.

Analysis and synthesis of findings took place in the latter half of August 2025, integrating evidence from across five countries and multiple stakeholder levels.

The evaluation will conclude with the submission of a comprehensive final report to the ILO, AFD, and partner institutions on 12th September 2025, with findings disseminated to inform accountability, learning, and future programming of inclusive insurance.

CHAPTER 3: EVALUATION CRITERIA AND QUESTIONS

This evaluation applies internationally recognized standards to ensure rigor, comparability, and credibility of findings. The framework for analysis is based on the OECD–DAC evaluation criteria, complemented by ILO evaluation standards and the priorities outlined in the Terms of Reference. In addition, learning from the Mid-Term Evaluation and the reconstructed Theory of Change guided the development of specific sub-questions and indicators. The evaluation matrix, provided in *Annex (3): Evaluation Matrix*, operationalizes these criteria into a structured plan for data collection and analysis.

3.1. Evaluation Criteria

To ensure methodological rigour, this evaluation adopts the internationally recognized OECD–DAC evaluation criteria. These criteria guided both the design of data collection tools and the structure of analysis, providing a comprehensive framework to assess performance, outcomes, and long-term effects. The table below presents a summary of the six criteria and the key dimensions they cover in this evaluation.

Criterion	Core Evaluation Dimension
Relevance	Alignment of the project with the needs of low-income households, smallholder farmers, SMEs, and national development priorities.
Coherence	Consistency with ILO and AFD strategies, complementarity with national policies and other donor initiatives.
Effectiveness	Achievement of intended objectives, outputs, and outcomes; contribution of the fellowship model, PPPs, and capacity development.
Efficiency	Cost-effectiveness and timeliness of project delivery; use of resources and digital innovations to enhance scalability.
Impact	Lasting changes at client, institutional, market, and policy levels; systemic influence on inclusive insurance ecosystems.
Sustainability	Likelihood that benefits and results will continue after project completion; institutionalization, ownership, and exit strategies.

Table 2: OECD-DAC Evaluation Criteria Dimensions

3.2. Evaluation Questions

The evaluation matrix was developed to operationalize the key evaluation questions. These questions were derived from the project's Theory of Change, logframe, and Terms of Reference, and further refined during the inception phase to address cross-cutting issues and learning needs identified in the Mid-Term Evaluation. The table provides a structured overview linking each criterion to the specific evaluation questions that guided data collection and analysis.

Criterion	Key Evaluation Questions
Relevance	- Did the project address the needs of target populations (farmers, SMEs, informal workers)? - Were thematic areas (agriculture, health, SME insurance) appropriate for country contexts?
Coherence	- How well did the project align with ILO, AFD, and national strategies? - Did it complement other initiatives or contribute to cross-country learning?
Effectiveness	To what extent did the project achieve its stated objectives?

	• What results emerged from PPP engagement, fellowships, and institutional capacity building?
Efficiency	• Were resources (time, funding, staffing) used effectively? • Did digital tools improve efficiency and outreach?
Impact	• What longer-term or systemic changes occurred (institutional, policy, client behaviour)? • Were there unintended outcomes?
Sustainability	• What measures were taken to sustain project outcomes (policies, systems, budgets)? • What risks could hinder continuity, and how might they be mitigated?

Table 3: Evaluation Criteria and Key Questions Matrix

3.3. Integration of Gender Equality

Gender equality was a cross-cutting priority in the project's design and is a key focus of this evaluation. The project is committed to ensuring that women and men, as well as persons with disabilities, have equitable access to inclusive insurance solutions. The Mid-Term Evaluation noted early progress but highlighted the need for more systematic integration of gender-sensitive approaches. In response, partners increased their efforts to collect sex-disaggregated data, engage women's groups, and consider gender dynamics in product design.

This evaluation, therefore, captures gender-related results at both institutional and client levels, assessing whether insurance solutions reached women, addressed their specific vulnerabilities, and contributed to broader empowerment outcomes. Data were disaggregated by sex, age, and disability wherever possible, and participatory methods such as focus group discussions were used to capture gendered experiences and perspectives.

3.4. Cross-Cutting Themes

The evaluation will consider key cross-cutting themes that are central to the ILO's mandate and AFD's development priorities to ensure that the evaluation captures not only the direct outputs and outcomes of the project but also its broader contribution to inclusive, sustainable, and rights-based development.

1. **Tripartism and Social Dialogue:** Employers' and workers' organizations, alongside government actors, were engaged in promoting awareness, supporting product design, and strengthening linkages with social protection systems. Their involvement is assessed for effectiveness and sustainability.
2. **International Labour Standards (ILS):** The project's contribution to advancing social protection, a core dimension of decent work, is analysed against ILO normative frameworks.
3. **Environmental Sustainability:** Given the centrality of agricultural insurance, the evaluation examines how climate risks such as droughts and floods were integrated into insurance design and whether products contributed to resilience.
4. **Capacity Development:** Institutional strengthening was a key feature of the project through fellow placements, training, and technical support. The evaluation explores both immediate capacity gains and medium- to longer-term institutionalization of skills and systems.
5. **Other considerations:** The COVID-19 pandemic significantly shaped implementation, accelerating the use of digital platforms and influencing demand for insurance. Lessons on adaptability and resilience are integrated into the evaluation.

CHAPTER 4: EVALUATION APPROACH AND METHODOLOGY

The evaluation of the “*Stimulating Innovation and Impact Insurance in Africa*” project was designed to be comprehensive, credible, and utilization-focused. It is anchored in internationally recognized OECD–DAC criteria, the ILO Evaluation Policy, and UNEG Norms and Standards. Building on the Mid-Term Evaluation (MTE) and project progress reports, the methodology combined qualitative and quantitative methods to assess the project’s design, implementation, results, and sustainability. This chapter outlines the approach, data collection methods, analysis techniques, stakeholder engagement, and ethical safeguards applied throughout the evaluation.

4.1. Evaluation Approach

The evaluation adopted a comprehensive approach that was theory-based, participatory, utilization-focused, and mixed-methods. This design reflected the complexity of the project, its multi-country scope, diverse beneficiary groups, and the need to produce actionable lessons for multiple stakeholders, including ILO, AFD, implementing partners, regulators, social partners, and end-users. The approach ensured that findings were robust, credible, and relevant for informing accountability, guiding future programming, and contributing to the inclusive insurance ecosystem in Africa.

1. **Theory-Based Approach:** The evaluation used the project’s Theory of Change (ToC), revised during the Mid-Term Evaluation, to trace causal pathways, test assumptions, and understand how project inputs translated into outcomes and potential impacts. This allowed the evaluation to move beyond a descriptive account of activities to an analytical assessment of what worked, for whom, in what context, and why.
2. **Participatory Approach:** Diverse stakeholders, including ILO, AFD, implementing partners, national regulators, employers’ and workers’ organisations, and end-users, were systematically engaged. Stakeholders contributed evidence, helped interpret findings, and validated conclusions, enhancing ownership, credibility, and relevance of the evaluation.
3. **Utilization-Focused Approach:** The design prioritized generating evidence that is directly useful for ILO, AFD, and project partners, informing accountability to the donor, guiding future programming, and contributing to broader policy dialogue on inclusive insurance in Africa.
4. **Mixed-Methods Approach:** The evaluation combined qualitative evidence, including Key Informant Interviews, Focus Group Discussions, and country case studies, with quantitative data such as end-user surveys and project monitoring information. This triangulation across multiple sources and perspectives ensured that findings were robust and reflective of both institutional dynamics and lived beneficiary experiences across Kenya, Rwanda, Ghana, Senegal, and Côte d’Ivoire. Any mention of countries beyond the five in scope is presented as an illustrative replication/spillover case and excluded from sampling denominators, ratings, and quantitative aggregations.

4.2. Data Collection Methods

To generate a comprehensive and credible evidence base across five countries and diverse stakeholder groups, the evaluation combined mutually reinforcing methods that capture policy, institutional, and end-user perspectives while enabling cross-country comparability. Due to access and scheduling constraints, the achieved sample (KIIs/FGDs/survey) is smaller than planned and uneven across countries and stakeholder groups. We therefore treat survey results as descriptive signals, not estimates. To mitigate small-N effects, we applied pre-set

triangulation rules (no claim reported unless supported by ≥ 2 independent sources, e.g., KII + document), and we attach an evidence-strength label (High/Moderate/Indicative) to key findings.

4.2.1. Document Review

The evaluation commenced with a comprehensive desk of project and contextual documents to establish an analytical foundation, inform the design of primary data collection tools, and provide a benchmark for assessing outcomes. Key documents reviewed included the 2024 Mid-Term Evaluation report, ILO–AFD progress reports (2022, 2023, 2024), project selection process documents, the Fellowship programme guidelines, the evaluation ToR, as well as ILO corporate frameworks on evaluation, decent work, social protection, gender equality, disability inclusion, and social dialogue. Concept notes, financial statements, and knowledge products were also analysed. The review mapped project implementation progress, identified gaps, tested underlying assumptions, and contextualised the project within national policy priorities and institutional frameworks.

4.2.2. Key Informant Interviews (KIIs)

A total of 22 semi-structured Key Informant Interviews (KIIs) were conducted with a diverse range of stakeholders. These included ILO staff (headquarters and Social Financial Fellows), Donor (AFD), implementing partners (PharmAccess Kenya, Radiant Yacu Insurance Rwanda, GAIP Ghana, and CNAAS Senegal), government ministries and insurance regulators, fellows, employers' and workers' organisations, private sector distributors, and selected academic and research institutions. KIIs were primarily conducted remotely through secure platforms (Zoom and Google Meet), with in-person interviews held where it was feasible to deepen engagement. Respondents were purposively selected based on their role in governance, implementation, oversight, or knowledge of the project, ensuring a broad spectrum of institutional and policy perspectives.

A detailed list of all KIIs conducted, including institutions and positions of respondents, is provided in Annex (04): List of Stakeholders Covered under the Evaluation.

4.2.3. Focus Group Discussions (FGDs)

The evaluation facilitated 3 Focus Group Discussions (FGDs) across the five project countries to capture community-level experiences of end beneficiaries. Groups included smallholder farmers, informal sector workers, women entrepreneurs, youth, and insurance users (health, agricultural, SME). FGDs were held in local languages and typically engaged 6–10 participants per session, supported by country-based consultants. Discussions followed a structured guide aligned with the evaluation matrix and the Theory of Change, exploring awareness, access, affordability, satisfaction, and perceived impact of insurance solutions, as well as barriers to uptake.

A detailed list of the FGDs conducted, including locations and participant profiles, is provided in Annex (04): List of Stakeholders Covered under the Evaluation.

4.2.4. End-User Survey

The end-user survey collected 28 responses in total across the five countries; distribution across countries and stakeholder groups was uneven. Given the small and uneven sample, survey results are treated as descriptive signals, not statistically generalizable estimates. To safeguard quality, we triangulated survey patterns with key informant interviews (KIIs), focus group discussions (FGDs), and documentary evidence (MIS extracts, progress reports,

regulator/insurer data), and we flag uncertainty at the point of claim. See §4.3 for detailed limitations and the evidence-strength labels used in Chapter 5.

4.2.5. Sampling Procedures

Sampling followed a purposive, multi-stage strategy aligned with the project's Theory of Change and logframe. For KIIs, respondents were selected for their direct role in project oversight, management, or knowledge. For FGDs and surveys, beneficiary lists were provided by partners, but selection was intentionally diversified to reflect gender, disability inclusion, insurance type, and rural–urban spread. This ensured a balance between inclusivity and practicality, enabling the evaluation to generate insights that were representative within scope, while safeguarding ethical standards, voluntary participation, and cultural sensitivity.

4.3. Methodological Limitations and Bias

The evaluation acknowledges certain methodological constraints inherent in multi-country, multi-stakeholder assessments that influenced the timing, depth, and breadth of evidence collection. While mitigation strategies were applied, it is important to acknowledge these constraints when interpreting the findings.

The following limitations should be considered when interpreting findings:

1. **Small-N and distribution bias** - The achieved multi-country sample is small and uneven across stakeholder groups and countries. Findings are therefore indicative rather than statistically generalizable. We mitigated this by triangulating evidence (project MIS, AFD/ILO progress reports, regulator/insurer records, KIIs/FGDs) and flagging uncertainty at the point of claim.
2. **Selection (sampling) bias** - Beneficiary lists were largely provided by implementing partners/insurers, which risks over-representing more engaged or accessible clients. To reduce this bias, the team purposively diversified participants, actively sought balancing perspectives (e.g., regulators, non-participants), and weighted documentary evidence where available.
3. **Contribution, not attribution** - Given concurrent reforms and multiple actors, the evaluation interprets results using a contribution lens rather than strict attribution.
4. **Recall bias** - Respondents' ability to accurately describe interventions and behavioral changes over the period may have been affected, especially for early phases. Interview and FGD responses were cross-checked against project documents, progress reports, and monitoring data.
5. **Timeliness of stakeholder responses** - Delays in scheduling or receiving responses from implementing partners and external stakeholders affected the timing of KIIs and FGDs in some countries, compressing time for analysis. This was mitigated through flexible scheduling, systematic follow-ups, and the use of local consultants for on-the-ground access.
6. **Remote engagement constraints** - Although country-based consultants reduced language barriers, conducting interviews online with dispersed experts limited opportunities for deeper informal engagement and rapport-building. This was balanced by the broader reach of online engagement, which enabled inclusion of geographically dispersed fellows, regulators, and technical experts.

7. **Time constraints** - The breadth of stakeholders and five-country coverage within a limited evaluation period constrained iterative reflection. This was managed through a structured evaluation matrix, concurrent data-collection streams, and real-time evidence synthesis.
8. **Presentation of findings** - To safeguard quality despite the small-N, we applied pre-set triangulation rules (no claim reported unless supported by ≥ 2 independent sources, e.g., KII + document; survey + KII).

Despite these limitations, the evaluation team is confident that the triangulated mixed-methods design, along with the use of embedded fellows and local consultants, ensured that findings remain credible, balanced, and reflective of diverse perspectives across all five countries.

4.4. Data Analysis

The evaluation employed a systematic mixed-methods analysis strategy to generate credible, balanced, and actionable evidence. By combining qualitative depth with quantitative breadth, the analysis captured both institutional dynamics and the lived experiences of end-users across the five project countries. The approach was anchored in the evaluation matrix, which drew from the Terms of Reference, the reconstructed Theory of Change, and refined logframe (as updated during the MTE), and the broader ILO and OECD–DAC evaluation frameworks. This ensured the analysis was theory-based, responsive to the evaluation questions, and informed by lessons and assumptions already identified in the MTE.

4.4.1. Desk Review and Secondary Data

The desk review provided the analytical foundation for the evaluation. Project and contextual documents were systematically reviewed, including the Mid-Term Evaluation, annual progress reports (2022–2024), the project’s procedures manual, fellowship guidelines, country partner profiles, financial statements, knowledge products, and relevant ILO corporate strategies on social protection, gender equality, and social dialogue. These documents helped trace the project’s implementation trajectory, identify intended outcomes, and highlight cross-cutting issues such as gender integration, disability inclusion, and the sustainability of public–private partnerships. Insights from the desk review also informed the refinement of data collection tools, ensured alignment with national priorities, and provided a baseline for triangulating primary data.

4.4.2. Qualitative Analysis

Qualitative data from KIIs and FGDs were synthesised into detailed notes and transcripts. The evaluation team applied thematic coding that combined deductive and inductive approaches. Deductive coding followed the evaluation matrix and OECD–DAC criteria, focusing on relevance, coherence, effectiveness, efficiency, impact, and sustainability. Inductive coding allowed the identification of emergent issues such as digitalisation in insurance delivery, behavioural dynamics affecting trust and uptake, and the strengths and weaknesses of public–private partnerships in diverse country contexts. To ensure rigour, transparency, and traceability, coding was supported by NVivo software. This process enabled systematic comparisons across stakeholder groups (policy-makers, implementers, end-users) and countries, while surfacing cross-cutting insights related to gender equality, social dialogue, and capacity development.

4.4.3. Quantitative Analysis

Quantitative data from the end-user survey 28 were cleaned, coded, and analysed using descriptive and inferential techniques. Descriptive statistics (frequencies, percentages, means) summarised patterns in awareness, access, affordability, satisfaction, and trust. Inferential tests

(including chi-square and t-tests) were used to explore differences across gender, age, disability, socio-economic groups, and countries. This disaggregation was central for assessing inclusivity and detecting potential equity gaps in the reach and impact of the insurance products. By linking survey findings to the Theory of Change and logframe indicators, the quantitative analysis helped validate output and outcome achievements and measure progress toward the project's SDG contributions, particularly SDG 8.

4.4.4. Triangulation and Cross-Country Comparison

Triangulation was a central feature of the analytical strategy. Evidence was cross-checked across methods (desk review, KIIs, FGDs, surveys), levels (policy, institutional, community, end-user), and countries (Kenya, Ghana, Rwanda, Senegal, and Côte d'Ivoire). For example, survey findings on client satisfaction were validated with qualitative insights from FGDs, while institutional perspectives from KIIs were checked against documentary evidence from progress reports and financial statements. This triangulation not only enhanced the robustness of the findings but also allowed for meaningful cross-country comparisons, highlighting both common trends (such as challenges in affordability and digital uptake) and context-specific dynamics (such as regulatory engagement in Rwanda or digital health innovation in Kenya).

4.4.5. Integrative Analysis

By integrating secondary and primary data, qualitative insights with quantitative patterns, and cross-country evidence with local case studies, the evaluation moved beyond descriptive reporting to a more causal and explanatory analysis. This enabled the team to assess what worked, what did not, for whom, and under what conditions. The inclusion of cross-cutting themes, gender, disability, social dialogue, and environmental sustainability, within the analysis framework ensured that the evaluation addressed equity and systemic factors alongside effectiveness and efficiency. Ultimately, this comprehensive analysis provided a balanced evidence base for assessing project performance against OECD–DAC criteria and generating lessons for future programming.

4.5. Stakeholders' participation

Stakeholder engagement was central to ensuring the credibility, inclusiveness, and utility of this evaluation. The approach reflected both the participatory ethos of the ILO and the principles of utilization-focused evaluation, recognising that the relevance and uptake of findings depend on the meaningful involvement of those who shape, implement, and benefit from the project.

1. Design, the ILO headquarters was engaged in refining the evaluation matrix, developing sampling strategies, and reviewing data collection tools. This early engagement helped ensure that the evaluation addressed priority questions, responded to institutional learning needs, and was methodologically sound.
2. Data collection: a broad range of actors were consulted through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and the end-user survey. Institutional stakeholders, such as regulators, insurance providers, and fellows, shared insights on governance, innovation, and sustainability, while end-users, including smallholder farmers, informal workers, and women entrepreneurs, provided lived experiences on access, affordability, and impact. This dual emphasis on supply- and demand-side perspectives ensured that the evaluation captured the full ecosystem of inclusive insurance.

The participatory approach reinforced the ILO's tripartite principles, giving space to governments, employers, and workers' organisations while also broadening engagement to include civil society, private sector actors, and development partners. This inclusive

participation strengthened the credibility of the evaluation and anchored its findings in the realities of those directly affected.

4.6. Evaluation Norms, Standards, and Ethical Safeguards

The evaluation was conducted in full adherence to international evaluation standards, including the ILO Evaluation Policy, the UNEG Norms and Standards for Evaluation, and the UNEG Ethical Guidelines for Evaluation. These frameworks guided the conduct of the evaluation team and ensured that the process was impartial, transparent, and protective of participants' rights and dignity.

1. **Consultant Self-Assessment and Evaluator Certification:** Before engagement, all consultants completed the ILO Self-Assessment and the mandatory ILO Evaluator Self-Certification. The Evaluator Self-Certification additionally reaffirmed their commitment to uphold impartiality, transparency, and ethical safeguards throughout the evaluation. Together, these measures ensured integrity, accountability, and full compliance with ILO requirements.
2. **Independence and impartiality:** Evaluation team members signed the ILO Code of Conduct for Evaluators, declared no potential conflicts of interest, and conducted the process free from undue influence.
3. **Informed consent:** All participants were fully briefed on the purpose, scope, and voluntary nature of their participation. Consent was obtained orally.
4. **Confidentiality and anonymity:** No personal identifiers were recorded in reports, and raw data were securely stored with access restricted to the evaluation team.
5. **Do No Harm principle:** Special measures safeguarded vulnerable groups, including women, youth, informal workers, and persons with disabilities. Data collection instruments and facilitation techniques were adapted to respect cultural norms, while local consultants supported engagement in local languages.
6. **Cultural sensitivity:** Data collection tools and facilitation approaches were adapted to local languages and contexts, with national consultants supporting engagement to ensure respectful and inclusive participation.
7. **Country-level approvals:** Where required, country-level ethical approvals were obtained in consultation with ILO country offices and local partners, ensuring compliance with national research regulations.

These safeguards collectively ensured that the evaluation was both methodologically rigorous and ethically robust, respecting the dignity of participants, aligning with international standards, and reinforcing accountability to all stakeholders involved.

CHAPTER 5: EVALUATION FINDINGS

5.1. OECD -DAC Criteria

This chapter presents the main findings of the end-term evaluation, structured around the OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability, while also integrating cross-cutting themes of gender and inclusion, tripartism and social dialogue, international labour standards, environmental sustainability, and capacity development. The findings are organized thematically by the OECD-DAC criteria, with cross-cutting themes woven throughout. Illustrations from different sectors (agriculture, health, and informal economy) and across the three implementation countries are used to demonstrate patterns, similarities, and context-specific differences.

5.1.1. Relevance

The project was highly relevant to the needs of smallholder farmers, informal workers, and SMEs across multiple countries and sectors, addressing protection gaps linked to agricultural risks, health shocks, and climate vulnerabilities. In agriculture, the CNAAS partnership in Senegal expanded insurance coverage to over 500,000 farmers and livestock keepers (as of May, 2024), moving beyond vegetable production to cover crops, livestock, and the full agricultural value chain: *“we don’t stop with credit for vegetables, but we go to credit for vegetables, for animals, to cover all the value chain from production to commercialization”* (KII, Sow). Similarly, Radiant Yacu in Rwanda introduced tea insurance, a previously unserved crop, protecting farmers against hail, drought, landslides, and heavy rainfall. Farmers valued that premiums were affordable, often deducted from payments for harvested tea, and that cooperatives were mobilized to ensure accessibility: *“The contribution was easy to provide because it was based on the amount of tea harvested rather than taking money from the household”* (FGD, R10). Participatory design processes enabled farmers to shape coverage and contributions, fostering ownership, although individual-level vulnerabilities such as gender, youth, and disability were only partially addressed.

In Ghana, GAIP strengthened institutional cohesion, developing products such as the Germination Index Insurance for smallholders while integrating farmers’ inputs through sensitization sessions in five northern regions, reaching thousands of participants. Institutional and regulatory alignment ensured that insurance solutions responded to national priorities: *“Agriculture insurance in the country had been running for several years, but the stakeholders were not able to come together on a common platform to discuss the way forward”* (Project fellow, Ghana).

Health-focused interventions were similarly relevant. In Kenya, PharmAccess addressed gaps in the NHIF/SHIF frameworks for informal workers and SMEs, piloting group-based enrollment, premium financing aligned with income flows, and distribution through community health volunteers and market associations. These approaches specifically targeted women and other vulnerable groups, including people living with sickle cell disease: *“Our approach was multi-front...we would find more access to women through the market association and the community health volunteers”* (KII, Implementer, Kenya). Subsidies and co-financing helped lower-income households access coverage, although trust challenges remained due to prior negative experiences with formal schemes.

The project consistently integrated climate risk into agricultural products, reflecting farmers’ most pressing vulnerabilities. In Rwanda, tea farmers highlighted climate shocks as their main concern: *“Our main challenges include heavy rain and hail that destroy tea... Long dry seasons... also reduce yields. These risks motivated us to take insurance”* (FGD, R8). Similar patterns were evident in Senegal and Ghana, where drought index insurance experienced spikes

in uptake following climate shocks. Environmental considerations were indirectly addressed through agricultural advice bundled with insurance products, although explicit integration into health and SME interventions was limited.

Looking ahead, strengthening relevance will require embedding climate resilience into health and social insurance alongside agricultural schemes. Climate shocks such as floods, heatwaves, and droughts directly increase household health costs through malnutrition, vector-borne diseases, and other climate-sensitive conditions. Yet, these risks were not fully addressed within health and social insurance pilots. Future programming should focus on integrating climate considerations into national health financing schemes (e.g., SHIF/NHIF in Kenya, NHIS in Ghana, CBHI in Rwanda) and social protection programs. Doing so would provide more holistic protection, particularly for women, youth, and informal workers who bear disproportionate climate-health risks, and would align with government priorities on adaptation and resilience.

Gender relevance was observed in several initiatives, particularly where cooperatives or market associations facilitated women's participation. Radiant Yacu's cooperative-based model ensured representation of women and persons with disabilities: *"Among them there are people with disabilities... you might find that in the five thousand people in a cooperative, two thousand and above are female"* (KII, Implementor, Rwanda). A respondent, reflecting on training initiatives, emphasized intentional gender inclusion: *"We always consider the perspective of women as well... if we see that we don't have a good number [of women participants], we usually try to discuss with the partner to see if more women can be supported to come."* However, through projects, disability inclusion was limited, and youth-specific targeting was generally underdeveloped.

Affordability and accessibility were core to the relevance of project solutions. Across Rwanda, Senegal, and Kenya, premiums were linked to production or income cycles, digital tools enabled payments and claims via mobile money, and cooperative or community channels facilitated outreach. Trust was gradually built through repeated engagement, claims settlement, and participatory design: *"At first, we didn't really trust it... After seeing Radiant return and explaining clearly, we started trusting"* (FGD, R9). Yet, respondents repeatedly noted gaps in payout adequacy and transparency, particularly when compensation did not match the full value of losses, highlighting ongoing challenges in perceived value.

Institutionally, the project was relevant in building capacity for inclusive insurance. CNAAS, GAIP, and NIC strengthened MIS systems, clarified regulatory mandates, and enhanced institutional coordination. In Ghana, the project bridged fragmentation among agricultural insurance stakeholders, facilitating dialogue on policy, technical, and market issues. In Kenya, digital claims pilots and group-based enrollment models influenced national health insurance practices, embedding lessons into the Social Health Insurance Act 2023. These systemic alignments demonstrated relevance not only to immediate beneficiary needs but also to long-term sectoral priorities, including government involvement, public-private partnerships, and climate adaptation.

The project demonstrated strong relevance across multiple dimensions—sectoral, geographic, and thematic. Agricultural and health insurance solutions responded to farmers' and informal workers' vulnerabilities, affordability and access barriers were addressed through innovative financing and delivery mechanisms, and institutional reforms supported systemic uptake. While gender inclusion was partially integrated and disability targeting remained limited, climate risk was consistently considered in agricultural insurance design. Going forward,

expanding climate risk integration into health and social protection schemes will be critical for ensuring holistic relevance in the face of increasingly climate-driven vulnerabilities.

BOX 5.1.1-A. REPLICATION BEYOND SCOPE — BENIN (ILLUSTRATIVE)

Context and what it shows: Stakeholders reported that project technical assistance catalysed the emergence of a national agricultural insurance offer from a near-zero baseline in Benin. The work helped embed agricultural insurance within government policy processes and align emerging products with fiscal/credit frameworks (including IFI-supported programming). The case illustrates how policy anchoring, market design and distribution partnerships can be sequenced to unlock early adoption.

Key elements: Feasibility analysis and product design; alignment with ministries/regulator; distribution via producer organisations/financial institutions; and early awareness/sensitisation campaigns.

Evidence: KII-BEN-[INS/REG/IMPL-##]; technical assistance notes/memos (titles & dates, pp. xx–yy). Where figures are cited, they are attributed to the named sources and treated as indicative pending verification.

Learning value for in-scope countries: Demonstrates a replicable pathway for policy anchoring and market start-up; clarifies the sequencing of feasibility → product design → distribution partnerships → risk financing; and highlights the role of public messaging for trust-building.

Boundary: Benin is outside the evaluation scope; the case is presented for learning only and is excluded from ratings, samples and KPI denominators.

Outside-scope case for learning; not included in evaluation ratings, sample counts or KPI totals.

5.1.2. Coherence

The project demonstrated strong internal and external coherence by aligning with national strategies, donor priorities, and institutional frameworks, while also leveraging synergies with other initiatives across the five participating countries. Its focus on agricultural, health, and SME insurance addressed priority policy areas and complemented broader financial inclusion and social protection agendas. At the same time, the project fostered coordination with development partners and created opportunities for cross-country knowledge-sharing, though the involvement of social partners and sustainability of inter-agency coordination varied across contexts.

Alignment with National Policy Priorities

At the national policy level, the project was well integrated into sectoral and government priorities. In Rwanda, the introduction of tea insurance was directly aligned with agricultural and cooperative strategies, protecting a key export crop and addressing farmers' vulnerability to climate shocks. As one government official noted: *"We had this insurance linked with the tea cooperatives so that it is in line with the Ministry's agenda to support cash crop farmers"* (KII, Government, Rwanda).

In Ghana, reforms supported through GAIP aligned with the Insurance Act 2021 and contributed to the establishment of a dedicated agricultural insurance fund. A regulator emphasized: *"It was important that the project came in at this time when the Act was passed, because it gave us the technical support to adjust our institutions to meet the new policy direction"* (KII, Regulator, Ghana).

In Kenya, pilots addressing informal workers and SMEs through PharmAccess filled gaps in the NHIF/SHIF reforms, ensuring that health financing reforms included low-income groups. As one county-level stakeholder explained: *“We were running parallel with the SHIF reforms, and our lessons fed directly into the discussions at county and national levels”* (KII, County Official, Kenya).

Complementarity with Donor and Partner Initiatives

The project demonstrated strong alignment with the strategic priorities of the Agence Française de Développement (AFD), which co-financed the initiative alongside the ILO. AFD’s development agenda emphasizes climate resilience, gender equality, digital innovation, and financial inclusion, all of which were reflected in the project’s design and implementation.

AFD consistently underscored the role of public–private partnerships (PPPs) in inclusive insurance. As highlighted in AFD’s technical guidance, *“the public and private sector provide complementary skills — for example, data support from government is essential to allow the private sector to apply underwriting expertise”* (AFD Insights, 2024). The project operationalized this principle through multi-stakeholder collaboration: in Ghana, GAIP worked closely with regulators to establish the Agricultural Insurance Fund; in Senegal, CNAAS partnered with government and international donors to co-finance premium subsidies; in Kenya, PharmAccess engaged county governments and cooperatives to align health pilots with the Social Health Authority reform. In Rwanda, the model went a step further, with Radiant Insurance directly implementing a government-led tea insurance scheme through cooperatives. As one regulator explained, *“We had this insurance linked with the tea cooperatives so that it is in line with the Ministry’s agenda to support cash crop farmers”* (KII, Government, Rwanda). Radiant staff emphasized their bridging role: *“We are implementing the government’s policy, but through the cooperatives it becomes practical for the farmers”* (KII, Radiant). This hybrid arrangement exemplified AFD’s PPP vision by marrying state priorities with private sector expertise and cooperative distribution.

In Senegal, CNAAS’s digital transformation work was coordinated with the World Bank and national agricultural programs: *“The support from ILO–AFD complemented the digital system upgrades we were already working on, so there was no overlap”* (KII, CNAAS). In Ghana, a smooth transition was managed between GIZ and ILO support, with fellows helping maintain continuity: *“ILO came in right after GIZ, and the fellow helped ensure there was no gap... everything continued smoothly”* (KII, GAIP). Similarly, in Rwanda, stakeholders emphasized that the project was integrated into broader government strategies and coordinated with other insurance schemes to prevent duplication.

Digitalization was another cornerstone of AFD’s priorities, and project experience mirrored this. In Rwanda, satellite-based loss assessments and mobile money claims processing enhanced efficiency, while in Kenya, the M-TIBA platform accelerated enrollment and digital claims. At the same time, MIS delays in Senegal highlighted AFD’s caution that digital transformation requires not only financial investment but also strong institutional capacities and user literacy.

Climate resilience was a unifying theme across AFD’s portfolio and the project. Agricultural pilots in Rwanda, Ghana, and Senegal responded directly to climate shocks, embedding risk management in national insurance frameworks. AFD further emphasized the need to extend this integration to health and social insurance, where climate-sensitive risks (such as vector-borne diseases and heat-related illnesses) are rising. The evaluation found progress in agricultural adaptation, but future initiatives should respond more explicitly to this donor priority by mainstreaming climate considerations across all social protection schemes.

Gender and inclusion also featured prominently in AFD’s guidance. Their recommendations included conducting gender-sensitive demand assessments, tailoring insurance literacy materials for women, and leveraging trusted distribution channels such as savings groups and producer associations. Project experience confirmed the relevance of these approaches: women’s uptake increased where cooperatives and market associations were mobilized, as in Rwanda and Kenya. However, youth and persons with disabilities (PWDs) remained underserved, underscoring the need to extend AFD’s gender lens to broader inclusion strategies.

Finally, AFD emphasized the importance of sustainability through institutional anchoring. In Ghana, embedding agricultural insurance into law and creating the Agricultural Insurance Fund provided long-term stability. In Senegal, state subsidies covering up to 50% of CNAAS’s portfolio demonstrated government commitment to co-financing risk protection. In Benin, outside the project’s formal scope, PULA worked with regulators and ministries to institutionalize agricultural insurance, illustrating AFD’s call for *“a comprehensive national strategy and roadmap with public and private inputs.”*

The evaluation found that the project was highly coherent with AFD’s strategic priorities. It contributed to climate resilience, advanced gender-sensitive approaches, leveraged digital tools, and strengthened PPPs. At the same time, AFD’s forward-looking insights highlight areas for deepening impact, particularly in integrating climate risk into health insurance, expanding youth and PWD inclusion, and ensuring transparency in claim processes to sustain trust.

BOX 5.1.2-A – Donor Alignment - AFD Perspective

The project demonstrated strong alignment with the strategic priorities of the Agence Française de Développement (AFD), which co-financed the initiative alongside the ILO. AFD’s agenda emphasizes **climate resilience, gender equality, digital innovation, and financial inclusion**, all of which were reflected in project design and delivery.

Public–Private Partnerships (PPPs) - AFD stresses that *“the public and private sector provide complementary skills — for example, data support from government is essential to allow the private sector to apply underwriting expertise”* (AFD Insights, 2024). This principle was operationalized in Ghana (GAIP’s collaboration with regulators), Senegal (CNAAS’s partnership with government to co-finance subsidies), and Kenya (PharmAccess working with counties to align with Social Health Authority reforms).

Digitalization - In Rwanda, satellite-based loss assessments and mobile money claims streamlined payouts, while in Kenya, the M-TIBA platform accelerated health enrollment and claims. Delays in Senegal’s MIS validated AFD’s caution that digitalization requires both investment and institutional/user capacity.

Climate Resilience - Agricultural pilots in Rwanda, Ghana, and Senegal embedded climate risk into insurance frameworks. AFD’s forward-looking priority is extending this integration to **health and social insurance**, given climate-sensitive health risks (e.g., heat-related illnesses, vector-borne diseases).

Gender and Inclusion - AFD recommended gender-sensitive demand assessments, tailored literacy tools, and trusted distribution channels (cooperatives, savings groups, producer associations). Women benefited where these were applied (e.g., Rwanda, Kenya), but youth and persons with disabilities (PWDs) remained underserved.

Sustainability - AFD emphasizes institutional anchoring through law, policy, and financing. Ghana's Agricultural Insurance Fund, Senegal's 40% subsidy framework, and Benin's national agricultural insurance roadmap exemplify this approach.

Cross-Country Learning and Peer Exchange

Cross-country learning and peer exchange further enhanced coherence. Stakeholders in Ghana and Rwanda reported benefiting from exposure to models in Kenya and other countries, while Senegal hosted delegations from Mali and Burkina Faso to share experiences with its national agricultural insurance scheme. As one fellow reflected: *"The project created a platform where experiences from one country could directly shape solutions in another, especially through the workshops and study visits"* (Fellow, Rwanda).

Capacity Development and Knowledge Sharing

Capacity development efforts reinforced coherence across the ecosystem. Training sessions, technical tools, and case studies were widely shared with regulators, cooperatives, and insurers, enabling integration of knowledge beyond the immediate project scope. For instance, training-of-trainers models in Rwanda and Ghana allowed knowledge to cascade to regional levels. In Côte d'Ivoire, collaboration with Pula Advisors linked project activities to broader agricultural financing reforms. A cooperative leader explained during an FGD: *"The training we received was not just for us — we could take it back and train others in the region"* (KII, Cooperative Leader, Rwanda).

Remaining Gaps in Coherence

Despite these achievements, gaps remained in tripartite engagement and systemic coordination. While some employers' and workers' organizations participated in awareness raising, notably in Rwanda's tea sector, their involvement was not consistent across countries, limiting the extent to which the ILO's tripartite mandate was fully realized. In some contexts, coordination with ministries outside agriculture or health was limited, leaving opportunities for deeper policy integration untapped.

The project demonstrated strong coherence generally by embedding its innovations within national strategies, complementing donor initiatives, and enabling South–South learning. The fellowship model further reinforced coherence by linking technical expertise with institutional and policy frameworks. Remaining challenges are largely related to sustaining coordination among diverse actors and ensuring broader engagement of social partners, which would be critical for scaling inclusive insurance within national systems.

BOX 5.1.2-B. TRIPARTITE ENGAGEMENT IN TEA SECTOR INSURANCE — RWANDA (ILLUSTRATIVE)

Context and what it shows: The Rwanda tea insurance scheme illustrates how coherence can be reinforced when social partners are actively engaged. The project aligned with the Ministry of Agriculture's cooperative strategy, while also drawing on tea cooperatives as key intermediaries. Importantly, workers' and employers' representatives were consulted in awareness campaigns and in shaping the design of the scheme. This created a stronger link to the ILO's tripartite mandate compared to other contexts.

Key elements: integration with national agricultural strategies; cooperative-based delivery; social partner engagement in awareness raising; and alignment with export-oriented economic priorities.

Evidence: KII–RWA–[Government/Cooperative/Workers’ Organization]; FGD with tea cooperative members (2023), where participants highlighted that workers’ representatives facilitated dialogue on premium contributions and claims.

Learning value for in-scope countries: demonstrates how engaging workers’ and employers’ organizations can strengthen ownership, reinforce coherence with national labor and economic priorities, and broaden the legitimacy of inclusive insurance schemes.

Boundary: Rwanda case presented as an illustrative pathway. Relevant for in-scope learning but not separately rated.

5.1.3. Effectiveness

The project demonstrated notable effectiveness across diverse country contexts, delivering new insurance products, strengthening institutional capacity, and influencing policy frameworks. Results were visible at both the community and institutional levels, with several interventions contributing directly to policy reform and market transformation.

Product and Service Delivery

In Rwanda, the introduction of crop insurance for tea farmers was widely recognized as a milestone achievement. Implemented through partnerships between FERWACOTHE cooperatives and Radiant Insurance, the scheme aligned with agricultural strategies and built farmer confidence. A cascading awareness model, where cooperative leaders trained members, facilitated broad engagement: *“This multi-level engagement ensured that farmers were well informed and able to make decisions.”*

Farmers reported that payouts after hailstorms were both timely and useful: *“On March 15th the hail fell, and by around April 15th they had already started giving us money to use.”* Beyond financial benefits, respondents emphasized intangible gains: *“Like with Mutuelle, when you’ve paid, you sleep in peace... this insurance also gave us peace.”* However, effectiveness was undermined by reliance on outdated yield data (2010–2021), which created a mismatch between actual losses and payouts. Some farmers also expressed dissatisfaction with the cooperative-wide coverage model: *“When damage happens only to my plot, I still don’t get paid if the rest of the cooperative is fine.”* These challenges highlight the importance of transparent data and more localized assessment tools.

In Ghana, effectiveness was evident in the restructuring of the GAIP pool. Stakeholders acknowledged *“the realization that the GAIP pool was not sustainable”* and successfully transitioned agricultural insurance portfolios to private insurers, while GAIP assumed a facilitative role. This transition not only improved efficiency but also aligned with Ghana’s Insurance Act 2021. The project contributed directly through technical expertise, with one regulator noting that ILO fellows were *“key architects regarding the direction that the document should look like.”*

Other countries also registered tangible results. In Côte d’Ivoire, yield measurement services were developed for cocoa producers, enabling better product design in partnership with microfinance institutions. In Senegal, CNAAS expanded its portfolio to include weather index, livestock index, area yield, and hybrid index products, contributing to growth from CFA 1.5–2.5 billion to CFA 2.7 billion.

In Kenya, more than 65,000 households enrolled in health insurance products, significantly improving access to referral-level care. A road accident victim who benefitted unexpectedly became *“the champion of the program”* in his community. Women similarly reported new opportunities for maternal care, previously unaffordable. At the same time, increased demand

strained some health facilities, and progress slowed at the county level: *“It has to go through the county assembly, and it is not really cheap.”*

Institutional Strengthening and Policy Reform

The fellowship model consistently emerged as a driver of effectiveness. In Rwanda, a fellow co-designed the tea insurance scheme over two years, embedding expertise into both cooperative and insurer systems. In Ghana, fellows bridged transitions between GIZ and ILO support, maintaining momentum. In Senegal, their contribution was described as indispensable: *“If we had to sign a contract with any bank, the fellow had to write that contract, and so all the new contracts are written by him.”* In Kenya, a fellow was praised for navigating government transitions: *“He was one of the fellows we had during the challenges because of the transition in the government, and with all things considered, I think he did really well.”*

Community-Level Outcomes

At the household level, insurance access translated into greater resilience. In Rwanda, farmers emphasized a sense of solidarity and security: *“Having the insurance gives us hope and confidence that we will not be alone if a disaster occurs.”* In Kenya, community trust in insurance was strengthened through visible success stories, with individuals acting as champions for broader enrollment. These testimonies underscore that effectiveness was not limited to technical outputs but extended to improvements in social protection and well-being.

Unintended Effects

Unintended positive outcomes further strengthened project impact. In Kenya, government authorities later launched a flexible insurance payment plan for informal workers, which respondents linked to project pilots. In Rwanda, cooperative-level insurance fostered collective identity and hope. Conversely, negative unintended effects included dissatisfaction with small payouts compared to actual income losses in Rwanda, tensions among Ghanaian stakeholders during negotiations, and the risk of fellows being absorbed into private deliverables rather than contributing to broader institutional learning.

Cross-Country Knowledge-Sharing

Cross-country knowledge-sharing amplified effectiveness. For instance, Ghana adapted awareness-generation methods from India and Rwanda. A fellow summarized: *“The project created a platform where experiences from one country could directly shape solutions in another.”*

The project proved highly effective in piloting and scaling inclusive insurance products, mobilizing PPPs, and supporting institutional reforms. The fellowship model, cooperative engagement, and peer exchange were particularly strong enablers. Persistent challenges, outdated data systems, limited transparency in payouts, and uneven partner capacity constrain outcomes in some contexts. Nonetheless, participant testimonies illustrate that the project consistently delivered context-specific results that improved household resilience and advanced national insurance systems.

BOX 5.1.3-A. REPLICATION BEYOND SCOPE — BENIN (ILLUSTRATIVE)

What it shows (effectiveness): Evidence from government and implementer interviews suggests that technical assistance linked to the broader ILO–AFD programme, particularly feasibility analysis, product design support, and policy dialogue, helped catalyze the establishment of a national agricultural insurance scheme in **Benin**, starting from a near-zero baseline. Early plans focused on reaching farmers via producer organisations and public credit channels, with distribution arrangements and product features shaped by the TA inputs.

Contribution channels: technical assistance for feasibility and product design; policy/PPP framework development; distributor onboarding and awareness; early claims process design and MIS set-up.

Evidence and status: Reported targets and reach figures remain indicative, pending documentary verification.

Learning value for in-scope countries: The Benin case demonstrates how early technical work and policy anchoring can shorten the path from feasibility to operational launch. It also clarifies sequencing (feasibility → product design → distributor agreements → risk financing) and underscores the importance of public messaging and distributor incentives for trust-building.

Boundary: Benin was not one of the five core countries covered by the evaluation. It is therefore presented solely as an illustrative replication case. The experience is excluded from evaluation ratings, sample counts, and KPI denominators, but is included here for its relevance to scaling strategies in countries like Kenya, Rwanda, Ghana, and Senegal.

5.1.4. Efficiency

The project generally demonstrated prudent use of resources, though the degree of efficiency varied by country and phase. Gains were most visible where digital tools, existing structures, and cost-sharing partnerships were leveraged. Conversely, delays in management information systems (MIS), policy transitions, and organizational restructuring sometimes undermined timeliness.

Digital Tools and Transaction Efficiency

Digitalization emerged as both a strength and a weakness. In Senegal, multiple iterations of MIS platforms slowed implementation: *“We had two management information systems, and they didn’t work altogether, and we were on the third one.”* While the need for digitalization was widely recognized, the systems were *“not efficient”* at the time of reporting.

By contrast, Rwanda and Kenya experienced efficiency gains through mobile and platform-based solutions. Farmers in Rwanda highlighted that payouts reached them within weeks: *“After two months, we had already received a message of money.”* In Kenya, the M-TIBA platform ensured instant linkage to NHIF systems upon registration, and WhatsApp became the preferred channel for reliable and low-cost communication. Still, gaps in transparency remained: *“With Ejo Heza or Mutuelle, we get SMS showing deductions. With Radiant, we don’t see how much is sent or received.”*

Leveraging Existing Structures

Outreach mechanisms reduced transaction costs. In Rwanda, cooperative-level enrollment streamlined participation, though it limited individual choice: *“Our representative signed in our places.”* In Kenya, CHVs, saccos, and provincial administrators facilitated large-scale enrollment at minimal expense. In Ghana, airtime-based premium payments and partnerships with universities cut duplication and maximized reach.

Partnerships and the Fellowship Model

Partnerships with government and local institutions enhanced cost-effectiveness. In Senegal, government subsidies covered 50% of CNAAS’s portfolio, while ILO’s training strategy capitalized on partner venues to save costs: *“Our partners usually have their own venues... that makes the whole thing very cost-effective.”*

The fellowship model consistently emerged as an efficient implementation tool. Fellows were described as *“very qualified candidates at subsidized costs”* who saved resources by co-

designing products, drafting templates, and embedding technical expertise. Where mismatches occurred, rapid adjustments mitigated delays: *“We were quickly able to change our tactics and... hire another fellow.”*

Contextual Factors

Efficiency was shaped by external dynamics. In Kenya, the transition from NHIF to SHA created administrative slowdowns. In Ghana, GAIP’s internal restructuring temporarily stalled delivery: *“The challenges were basically internal... we had transitioned from a company underwriting agricultural insurance to one that will not do any underwriting.”* In Côte d’Ivoire, an 18-month feasibility study took longer than anticipated but ultimately strengthened national ownership.

Farmer-Level Experiences

At the farmer level, cooperative deductions and mobile payments were considered convenient: *“I’m paid for tea every week and know the deduction will be made monthly—no hassle to ‘go pay’ somewhere else.”* Yet delays of up to two months for payouts, coupled with absent SMS confirmations, reduced perceived efficiency compared to other national schemes.

Efficiency was strongest where existing structures were used, partnerships lowered costs, and digital tools were adapted to local realities. It was weakest where MIS systems faltered, organizational restructuring disrupted progress, or communication gaps undermined trust. Nevertheless, across countries, stakeholders consistently agreed that resources were used wisely and that both the fellowship model and PPP arrangements represented good value for money.

BOX 5.1.4-A. COST-SAVING INNOVATIONS THROUGH MOBILE PAYMENTS IN GHANA (ILLUSTRATIVE)

Context and what it shows: In Ghana, efficiency gains came from integrating agricultural insurance with mobile technology and academic partnerships. GAIP piloted airtime-based premium collection and worked with universities to provide actuarial support, cutting costs while expanding reach.

Key elements: Airtime-based premium payments; reduced transaction costs; academic partnerships lowering consultancy fees; alignment with the Agricultural Insurance Fund operationalization.

Evidence:

- *“We partnered with universities, so we didn’t need to pay high consultancy fees.”* (Key Informant, Ghana)
- *“Farmers could pay directly with airtime, which was faster and avoided travel to offices.”* (KII, Ghana)
- *“The challenges were basically internal, as GAIP transitioned away from underwriting... but the system itself saved us costs.”* (Stakeholder, Ghana)

Learning value for in-scope countries: Demonstrates how efficiency can be achieved by combining digital payment platforms with low-cost institutional partnerships, while also showing how internal restructuring can temporarily offset gains.

Boundary: The Ghana case is presented as illustrative. Relevant for learning but not separately rated.

Taken together, the evidence shows that efficiency gains consistently emerged when digital tools were pragmatic, when community or institutional structures were leveraged, and when partnerships spread costs across actors. Rwanda's cooperative-based outreach and Kenya's use of CHVs and M-TIBA illustrate how localized platforms can reduce transaction costs, while Ghana demonstrates how mobile airtime payments and academic partnerships minimized expenses. At the same time, weaknesses in MIS systems (Senegal), institutional restructuring (Ghana), and policy transitions (Kenya) highlight that efficiency is vulnerable to system-level disruptions beyond project control. The cross-country lesson is that efficiency is strongest when projects invest in user-friendly technology and existing structures, while ensuring contingency planning for institutional or policy shifts.

5.1.5. Impact

The project generated impacts at three levels: household resilience, institutional strengthening, and systemic policy change. While depth and visibility varied across countries, common threads included reduced vulnerability to shocks, strengthened organizational capacity, and formal integration of inclusive insurance within national frameworks.

Household-Level Impacts

Farmers across contexts reported that insurance provided a safety net during climate shocks, allowing them to maintain consumption, pay school fees, and avoid distress sales. In Rwanda, one farmer shared: *"In the home, getting money during a month you didn't harvest helps buy beans, notebooks for school without selling a garden plot or the family's only goat."* Another noted: *"When hail destroyed tea, they paid—small, yes, but at least we got something."*

These payouts, though modest, reduced vulnerability and began shifting perceptions of insurance from mistrust to cautious acceptance. However, adequacy concerns were widespread: *"Imagine if you were supposed to earn 200,000 Frw and you get 20,000 Frw compensation, it is not fair."* Such frustrations highlight fragile trust that could erode if payouts do not match expectations.

In Kenya, health insurance pilots had similarly visible household impacts. Beneficiaries cited reduced exposure to catastrophic health costs and increased access to referral-level maternal and emergency care. Yet demand sometimes exceeded facility capacity, showing how successful coverage can place new pressures on under-resourced systems.

Institutional-Level Impacts

Institutions in several countries emerged stronger and more resilient.

- In **Senegal**, CNAAS diversified its products, created new departments, and expanded coverage to over 500,000 farmers by 2024, supported by a 50% government subsidy.
- In **Rwanda**, Radiant Yacu transitioned into a central player in the agricultural insurance landscape, scaling outreach from five to 21 cooperatives.
- In **Ghana**, GAIP redefined its role, shifting from direct underwriting to a technical pool embedded within the Agricultural Insurance Fund.
- In **Côte d'Ivoire**, the project contributed to the revival of a dormant market, though detailed evidence remains limited outside the scope.

These institutional reforms are structural investments that increase the likelihood of sustainability beyond project timelines.

Systemic and Policy-Level Impacts

National frameworks are increasingly embedded in inclusive insurance.

- In **Kenya**, pilots directly informed the Social Health Insurance Act (2023), with digital claims, CHV enrollment, and county subsidy models replicated nationally.
- In **Senegal**, subsidies reinforced state commitment to agricultural insurance as a risk protection tool.
- In **Ghana**, agricultural insurance was codified into law through the Agricultural Insurance Fund, securing policy stability.
- In **Rwanda**, pilots created entry points for tea insurance into the national scheme.

More broadly, the PULA PPP model gained traction as a replicable approach: *“It’s almost like there’s a business model for replication, PULA brings governments and insurers to the table and helps them work out details.”*, (Fellow, Côte d’Ivoire).

Unintended Impacts

Impacts were not uniformly positive. Farmers’ rising expectations for higher payouts and calls to reinvest pooled funds in productive ventures signaled new forms of agency but also risks of disillusionment. Insurers noted financial strain from prolonged pilots: *“When prolonged, it can affect your financiers. When you have a few clients and you are paying claims, you are in losses.”* In Kenya, increased insurance utilization stressed health facilities, while in Rwanda, some farmers mistakenly expected market price protection.

Variation Across Contexts

- **Rwanda** demonstrated some of the clearest household-level benefits, though adequacy issues limited satisfaction.
- **Senegal** showed the most substantial institutional strengthening, positioning CNAAS as a regional leader despite digitalization gaps.
- **Ghana** illustrated systemic embedding through the Agricultural Insurance Fund, securing long-term stability, though with slower immediate outreach.
- **Kenya** stood out for influencing national health insurance reform, but impacts highlighted supply-side strains.
- **Côte d’Ivoire** achieved progress through yield measurement services and partnerships with MFIs, although the evidence base was less detailed than for Rwanda, Kenya, or Senegal.

Across contexts, the project delivered tangible impacts. Household resilience through modest payouts, institutional strengthening of insurers and cooperatives, and systemic reforms embedding insurance into laws and financing frameworks. Impacts were clearest in Rwanda (household), Senegal (institutional), and Ghana/Kenya (systemic). Where information was incomplete, this reflected either low levels of activity or limited documentation. The main cross-country lesson is that while modest payouts build early trust, lasting impact depends on the adequacy of benefits, institutional durability, and policy anchoring to secure systemic change.

BOX 5.1.5-A. IMPACT OF YIELD MEASUREMENT IN CÔTE D’IVOIRE (ILLUSTRATIVE)

Context and what it shows: In Côte d’Ivoire, impact was less visible in household testimonies but significant in institutional strengthening. Yield measurement services for cocoa producers, introduced with MFI partnerships, improved product design, and laid the foundation for broader agricultural insurance adoption.

Key elements: Development of measurement services; integration with MFIs; enabling environment for future national scheme.

Evidence:

- “The yield services helped us to better calculate what farmers actually produce, so the insurance makes more sense.” (Insurance partner, Côte d’Ivoire)
- “Before, products were too general. Now, with measurement data, we can adapt them to reality.” (Insurance partner, Côte d’Ivoire)

Learning value for in-scope countries: Shows how technical infrastructure, rather than payouts alone, can create long-term impact by enabling better-designed products and institutional credibility. Relevant for contexts like Rwanda or Senegal, where data quality remains a constraint.

Boundary: Côte d’Ivoire case is presented as illustrative. Relevant for learning but not separately rated.

5.1.6. Sustainability

Sustainability of the project was shaped by six interrelated factors: ownership, institutionalization, policy alignment, trust, affordability, and technical capacity. Across contexts, these determined whether insurance schemes for farmers, informal workers, and SMEs were likely to endure beyond the project period.

Ownership and Participation

Farmer ownership was repeatedly emphasized as a condition for sustainability. In Rwanda, tea farmers demonstrated agency by suggesting higher contributions: “*The five we contribute should be increased, so that next time we’re better off*” (FGD, R2). Cooperative integration reinforced this ownership: “*Nothing is done outside government frameworks; the government oversees and runs these initiatives*” (FGD, R7). Still in **Rwanda**, participatory approaches with tea cooperatives and Radiant Insurance enabled farmers to shape coverage and payouts. This fostered ownership and optimism about continuity: “*Yes, we believe it will continue because it meets a real need in tea farming. Farmers are already aware and willing to contribute*” (FGD, R10). In **Senegal**, CNAAS applied similar participatory methods, particularly in designing crop and livestock index products. Farmers reported that their involvement in discussions around coverage and claims strengthened confidence in the schemes and supported sustainability beyond the project period. Together, these cases illustrate how participatory design, whether through cooperatives in Rwanda or national institutions in Senegal, was central to building farmer trust and securing the long-term sustainability of inclusive insurance schemes.

Yet, ownership was undermined where compensation calculations lacked transparency. Farmers in Rwanda voiced frustration: “*What the farmers are not happy about is the way this compensation was given... at first, people were happy, but later they were surprised*” (FGD, R2). Calls for individualized payouts reflected a need to better align ownership with fairness: “*If they calculated for each individual by looking at the harvest they would have made... it would have been fair*” (FGD, R1).

Institutionalization and Policy Alignment

Embedding schemes in national frameworks increased durability. In Côte d’Ivoire, agricultural insurance was institutionalized, with staff handovers: “*PULA hired someone to replace me... I onboarded this person, worked closely with her.*” In **Ghana**, GAIP secured sustainability via the Agricultural Insurance Fund and regulatory backing: “*We will have a council or a certain*

committee... Beyond that, we have support from the agricultural insurance fund, as well as donors and commissions.” In Kenya, PharmAccess institutionalized innovations through the Marwa Fund, SafeCare tools in 200 facilities, and integration into Primary Care Networks: “We are still members of the technical working group... developing strategies jointly with the county” (KII, Implementor). In Rwanda and Senegal, government partnerships supported claims and awareness campaigns, anchoring schemes locally.

Trust and Transparency

Trust emerged as a cornerstone of sustainability. In Rwanda, early skepticism shifted after repeated engagement: *“At first, we didn’t really trust it... After seeing Radiant return and explaining clearly, we started trusting”* (FGD, R9). Quick claims settlement was cited as the most effective trust-builder: *“We don’t see a claim as an expense but as an investment... it is through paying claims quickly that demonstrates the value we give to clients”* (KII, Implementor, Rwanda).

Affordability and Financing Models

Affordability remained a universal concern. Farmers warned of disengagement if contributions rose without adequate payouts: *“We need clear explanations. You might see one farmer gets 10,000 and another 2,000. What’s the formula?”* (FGD, R5, Rwanda). In Senegal, subsidies buffered this risk: *“40% of the company’s portfolio is from the government and it is subsidized”* (KII, Sow). In Ghana, GAIP diversified funding (donors, commissions, national funds), reducing dependency: *“Making GAIP attractive... is another matter.”* In Kenya, sustainability for informal workers was challenged by annualized premiums: *“This is the time we probably need creative ways of supporting those in informal sectors”* (KII, Implementor).

Technical and Operational Capacity

Capacity gaps threatened delivery. In Senegal, CNAAS’ MIS system failed: *“After the whole 12 months... the code sources were not accessible so it was not possible to make modifications.”* Across contexts, digitalization and technical training were identified as critical enablers for sustaining schemes and scaling to low-income farmers.

Sectoral Differences

1. **Agriculture** - Sustainability was reinforced by climate-risk integration. Farmers valued protection from hail, drought, and landslides: *“Yes, because it protects our main source of income”* (FGD, R1, Rwanda). Uptake rose after shocks in Ghana: *“Last year, we had a run on drought index insurance because of climate change.”*
2. **Health** - In Kenya, alignment with NHIF and SHA payment systems expanded access, but affordability and trust were fragile during transitions.
3. **SMEs** - Anchoring in public-private partnerships improved durability, though market attractiveness remained uncertain: *“There are still not many insurers that are interested in entering this area... it ends up not being sustainable.”*

Inclusion Dimensions

Gender was partially addressed through cooperative-level efforts: *“We always consider the perspective of women... if we see that we don’t have a good number, we try to discuss with the partner to see if more women can be supported”* (Capacity Building Officer, ILO). However, disability inclusion was weak, and youth were rarely targeted explicitly, reflecting sustainability gaps in inclusive design.

Enablers vs. Risks for Sustainability

Enablers - participatory ownership, government integration, cooperative structures, diversified financing, transparency, rapid claims settlement, and climate-risk integration.

Risks - affordability pressures, opaque payout formulas, technical/MIS failures, dependence on key individuals, regulatory transitions, and weak disability/youth inclusion.

Cross-Country Synthesis

Sustainability potential was highest in Rwanda, Senegal, and Benin, where government engagement, cooperative ownership, and institutional handover were strongest. Kenya and Ghana faced greater risks due to policy transitions, affordability challenges, and market dependence. Overall, the project left a legacy of embedded institutions and policy frameworks, but sustaining farmer trust and affordability will determine whether schemes expand or fragment in the long term.

BOX 5.1.6-A. SUSTAINABILITY THROUGH COOPERATIVE OWNERSHIP IN RWANDA

Context and what it shows: In Rwanda, the sustainability of agricultural insurance was strongly linked to farmers' sense of ownership, fostered through tea cooperatives and alignment with government frameworks. This collective approach increased willingness to contribute, strengthened accountability, and reduced dependency on external actors.

Key elements:

- Integration with existing cooperatives.
- Farmers' proactive willingness to increase contributions.
- Continuous government oversight and involvement.

Evidence from participants:

"The five we contribute should be increased, so that next time we're better off." (FGD, R2)

"Nothing is done outside government frameworks; the government oversees and runs these initiatives." (FGD, R7)

"Continuation depends on cooperation from farmers and support from Radiant. Transparency and good communication are key." (FGD, R4)

Learning value for other contexts:

This case shows that sustainability is strengthened when insurance is not just an external product but embedded in **existing collective structures** with visible state endorsement. Farmer ownership reduces dropout risks, while cooperative mechanisms create a platform for scaling and for ensuring fairness in payouts.

Boundary: Illustrative of sustainability through ownership and alignment; relevant for cross-country learning but not separately rated.

5.2. Cross-Cutting Issues

5.2.1. Gender Issues Assessment

Gender and inclusion were addressed unevenly across the project, with stronger results where insurance products were deliberately linked to women's roles in agriculture and informal economies. In **Senegal**, diversification of insurance beyond cash crops and cattle to include goats, poultry, rice, and vegetables, activities primarily managed by women, was widely recognized as an important step. As one respondent explained: *"The women do not do the horse and beef, but they do the domestic animals such as the goats, and if [you] cover these kinds of animals, you cover women."* This product expansion directly supported women's livelihoods and provided a more inclusive form of protection.

In **Kenya**, women's access was enhanced by grassroots delivery mechanisms, including market associations and community health volunteers (CHVs), which are heavily populated by women. A fellow reflected: *"We would find more access to women through the market association and the community health volunteers."* This operationalized gender sensitivity in distribution channels and helped women traders gain health coverage through sacco-based schemes, including access to maternal health services facilitated by flexible premium payment options.

In **Rwanda**, the cooperative model structurally expanded coverage by mandating enrollment for all members, men, women, and, in some cases, persons with disabilities (PWDs). A cooperative leader explained: *"We insure all of them at the cooperative level, and it is compulsory for any member... among them there are people with disabilities."* While this collective approach expanded coverage efficiently, it also limited the direct participation of marginalized groups in design and decision-making. Contracts were often signed at the leadership level: *"All farmers around 10,000 cannot have access to forms to sign. Our representative signed in our place."* This reinforced existing power dynamics, leaving women, youth, and PWDs with limited influence over product features.

Equity considerations were present in some aspects of project implementation. In Senegal, 36 women directly participated in project discussions, signaling a degree of gender balance. Women themselves highlighted the value of cooperative meetings and peer group discussions as spaces for learning and clarifying misunderstandings: *"Even those who were unsure could ask questions in the group setting. This peer discussion helped everyone understand the product better."*

Efforts were also made to integrate gender into training curricula and collect sex-disaggregated data, demonstrating awareness of inclusion as an analytical dimension. However, gaps remained significant. Disability was often overlooked: *"Disability did not factor into the discussion,"* admitted one respondent. Youth-specific targeting was also weak, despite their significant presence in both cooperative and informal work settings. In some contexts, gender was framed more as a learning theme than a guiding design principle: *"Gender...was really not necessarily that programs have to focus more on women versus men... we included gender as a key kind of learning theme."* This helped generate lessons on how products affected men and women differently, but fell short of embedding those lessons into systematic design changes.

The project delivered structural inclusion through group-based enrollment mechanisms, which enabled women, men, and sometimes PWDs to access products. However, intentional inclusion, designing insurance products to address the unique vulnerabilities of women, youth, and PWDs, was less consistent. Stronger practices were seen in Senegal (livestock and rice coverage linked to women's livelihoods), Kenya (use of women-dominated networks for health microinsurance), and Rwanda (cooperative-based compulsory coverage including PWDs). Yet across all countries, equity was not fully mainstreamed. Future insurance models need to move beyond "open access" and adopt inclusion strategies that actively respond to the differentiated risks faced by women, youth, and PWDs.

5.2.3. Tripartite Issues Assessment

Tripartism, a cornerstone of the ILO, emphasizes dialogue and cooperation between governments, employers, and workers. Within the project, multi-stakeholder dialogue was consistently fostered, but the degree to which it reflected a fully tripartite structure varied across contexts.

In Ghana, the governance of GAIP came closest to operationalizing tripartism. Its structure blended the leadership of the National Insurance Commission with private insurers and farmer representation, creating a platform where government, market actors, and beneficiaries jointly shaped outcomes. Sensitization sessions in the northern regions ensured that farmer perspectives were incorporated into product design and delivery. As one fellow described, GAIP represented *“a near-perfect mix between the National Insurance Commission or the public sector and the private sector;”* while also embedding user input into decision-making.

In Kenya, county-level Technical Working Groups created spaces where insurers, government actors, and community representatives discussed the design of health microinsurance. Government ownership was evident, with one fellow noting: *“Anything I did was passed on to the staff of the county to take on even after we leave.”* However, trust remained fragile at the grassroots level: *“There is a big distrust at the community level of NHIF.”* This highlighted the tension between effective institutional dialogue and persistent community skepticism.

In Rwanda, dialogue was mediated through cooperatives, which served as the primary link between farmers, insurers, and the government. Beneficiaries appreciated this channel: *“They used to call us to training... the way of communication was more efficient.”* Yet, frustrations emerged when payouts lacked transparency: *“We do not know what they based their calculation on... no one knows how it happened.”* Here, the cooperative model ensured structured engagement but sometimes limited the direct articulation of farmer concerns.

In Senegal, CNAAS maintained close collaboration with the Ministry of Agriculture and microfinance institutions, embedding government subsidies into insurance delivery. *“We informed the government through the Ministry of Agriculture... they have been with us in every step of the way,”* one respondent noted. While this demonstrated strong government–private sector alignment, formalized participation of employers’ and workers’ organizations was less visible, and dialogue was largely bilateral between government and insurers.

Across all countries, fellows played a catalytic role, acting as bridges that brought governments, insurers, and cooperatives together. One stakeholder observed: *“The key achievement was bringing all stakeholders together to come to a common platform, discuss all the challenges, and come out with a way forward.”*

The project demonstrated that social dialogue can be an effective mechanism for aligning government and private sector action with the needs of beneficiaries. However, the ILO’s full tripartite approach, where employers’ and workers’ organizations are systematically represented alongside governments, was only partially realized. Beneficiary voices were often mediated through cooperatives, and employer associations had limited structured involvement. While this fostered coordination and policy alignment, it fell short of institutionalizing balanced tripartite mechanisms capable of sustaining dialogue over the long term.

5.2.4. International Labour Standards (ILS) Assessment

The project’s core objective, to extend protection to informal workers, smallholder farmers, and other vulnerable populations, was strongly aligned with the ILO mandate on universal social protection floors. As one respondent emphasized, *“the public policy objective here... is being able to extend protection to needy groups.”* While interventions were not always framed

explicitly in the language of ILO Conventions (such as C102 or Recommendation 202), they embodied the principles of universality, equity, and adequacy at the heart of ILO standards.

In **Kenya**, pilots embedded health microinsurance within the National Health Insurance Fund (NHIF) and later informed the Social Health Insurance Fund Act (2023). This advanced a rights-based approach to health coverage, consistent with ILO principles of universality and non-discrimination. As one fellow explained: *“We need to transition to a system where all people have access, whether they are working or not.”*

In **Rwanda**, agricultural insurance was mainstreamed into national legislation: *“Agricultural insurance has been made part of the insurance law... with a portion that talks about the agricultural insurance fund.”* This institutionalization demonstrated how pilot innovations were translated into regulatory frameworks, reinforcing the ILO’s call for sustainable, nationally owned systems. Yet, the adequacy of protection remained a challenge. Farmers valued coverage against hail damage, but payouts were sometimes perceived as insufficient: *“Imagine if you were supposed to earn 200,000 Frw and you get 20,000 Frw compensation.”*

In **Senegal**, CNAAS leveraged government subsidies that covered up to 50% of premiums. By insuring crops and livestock often managed by women, it expanded protection for groups historically excluded from commercial insurance. However, broader vulnerabilities such as price volatility and health shocks remained outside the scope of coverage, reflecting only partial alignment with adequacy principles.

Across contexts, the project also intersected with Universal Health Coverage (UHC) agendas. In Kenya, pilots with market associations and community health volunteers improved access for informal workers, directly linking social protection to public policy. In Rwanda and Ghana, agricultural schemes supported cooperatives that served women and smallholders. While **Uganda’s role** was primarily in cross-country knowledge exchange rather than direct implementation, its engagement demonstrated how cooperative structures could be leveraged for inclusive health protection in comparable settings.

The project made important contributions to the ILO’s Decent Work Agenda by reducing vulnerability and linking informal sector workers to social protection frameworks. As one respondent concluded: *“A number of the members that are targeted by these schemes are all within the informal sectors. I think... it works and fits ILO’s mandate.”*

5.2.5. Environmental Sustainability

Environmental sustainability emerged most clearly through the integration of climate risk management into agricultural insurance products. In Rwanda, the project expanded national schemes to include new crops that had previously been overlooked, directly addressing climate vulnerabilities: *“The idea there was to do like another crop in the national scheme that was not already covered.”* Similarly, Rwandan insurers piloted satellite-based monitoring and parametric insurance to track rainfall and crop losses, though the hilly terrain posed technical challenges in capturing micro-climate variations.

In Senegal, CNAAS diversified its product portfolio to manage droughts and rainfall variability by introducing weather index, livestock index, and hybrid index products. As one respondent noted: *“Since 2022... a hybrid index that covers weather loss and agronomic area yield loss.”* These tools positioned the institution as a key factor in building resilience to climate change.

Ghana advanced climate adaptation by embedding agricultural insurance into broader policy frameworks. GAIP developed a germination index and promoted drought index insurance, reflecting a deliberate response to increasing climate variability: *“Agricultural insurance is*

climate risk related... and indeed, we have experienced a few of them.” Ghana is also linked to the Global Shield Initiative, aligning insurance solutions with national risk adaptation planning.

In Kenya, environmental risk considerations were less explicit in health-focused pilots, but the fellowship contributed indirectly by creating digital surveillance tools. Initially developed for COVID-19, these systems were later adapted for cholera and other epidemics, showing how resilience to environmental and public health shocks can be built even outside the agricultural space.

Farmers themselves consistently linked environmental shocks to insurance demand. In tea-growing regions, participants highlighted risks from hail, drought, and excessive rainfall: *“During two months of heavy rain, a farmer may not get any harvest... Long dry seasons also reduce yields. These risks motivated us to take insurance.”* In cooperative-based schemes, coverage of livestock, rice, and vegetables—activities often managed by women—ensured broader environmental and social reach.

At a systemic level, the establishment of dedicated funds, such as the Agricultural Insurance Fund in Ghana, under the 2021 Insurance Act, has embedded climate resilience into law and governance structures, anchoring sustainability beyond individual projects. Similarly, partnerships with initiatives like the Nairobi Declaration on Inclusive Insurance provided platforms for linking local innovations with global climate adaptation agendas.

Beyond risk coverage, some products integrated sustainable farming practices into insurance delivery. Advisory services bundled with insurance in Rwanda encouraged soil conservation and erosion prevention: *“If you are using good farming practices, you are preventing soil erosion... in a way it is protecting the environment.”* While these were not always systematic, they show the potential of insurance as an entry point for environmentally sustainable farming.

Overall, environmental sustainability was strongest in agriculture-focused interventions, where insurance directly targeted droughts, floods, and crop failures. However, outside of agriculture, explicit climate integration was less consistent. The durability of these achievements will depend on scaling digital tools, deepening government buy-in, and linking insurance more deliberately with preventive measures such as climate-smart agriculture and early warning systems.

5.2.6. Capacity Development

Capacity development emerged as one of the project’s strongest and most enduring contributions, spanning institutional, technical, and individual levels across countries and sectors. A key strategy was the placement of ILO fellows and technical experts within partner organizations, enabling hands-on support in areas such as product design, fund governance, stakeholder coordination, and regulatory compliance. As one fellow reflected, *“The major breakthrough was... bringing all stakeholders together... it gave a clear roadmap what would be the role of different stakeholders.”*

Institutional Strengthening and Governance

Across Rwanda, Senegal, Ghana, and Kenya, institutional roles and governance structures were clarified and strengthened. CNAAS in Senegal expanded its portfolio from CFA 1.5–2.5 billion to 2.7 billion, bolstered partnerships with multiple banks and MFIs, and institutionalized processes for contracting and product development: *“If we had to sign a contract with any bank, the fellow had to write that contract”* (KII, Sow). In Kenya, Kisumu County established the Marwa Fund, implemented digital enrollment systems (M-TIBA), and rolled out SafeCare quality standards across 200 facilities, embedding technical and policy capacities within local governance structures: *“Anything I did was passed on to the staff of the county”* (Fellow).

Similarly, Ghana's GAIP transitioned from an underwriting entity to a service-oriented body, focusing on product development, sensitization, and technical support, with capacities reinforced through diversified funding and lean governance.

Technical Skills and Systems

The project strengthened technical capacities in parametric insurance, claims monitoring, actuarial analysis, and digital tools. Radiant staff gained skills in product design and data-driven monitoring: *"From the start we participated fully in the collection of data and design, and now we are involved in how to monitor claims settlement through this parametric product... a new skill that has come in."* MIS systems, call center training, and exposure to international experiences, including India and cross-country workshops, enhanced practical know-how: *"We learned from the fellows in the country and also from other countries that were implementing this project."*

Knowledge Transfer and Endurance

Sustainability was reinforced through training-of-trainers models, exposure visits, and peer-to-peer learning. Fellows and technical teams deliberately promoted staff ownership: *"I behaved like their consultant, but a consultant who wants every employee to own every project I was working on."* In Rwanda and Senegal, these approaches enabled local counterparts to absorb skills effectively, while knowledge products such as blogs, case studies, and adapted curricula ensured wider dissemination.

Farmer and Community Capacity

Capacity development extended to farmers and cooperatives. Training improved understanding of insurance as a risk-management tool, enhanced collective decision-making, and built confidence: *"Having the insurance gives us hope and confidence that we will not be alone if a disaster occurs"* (Section 5). Cooperatives strengthened their intermediary role in managing contracts and payouts, though gaps remained in understanding calculation methods and satellite-based monitoring: *"It would be good if another training could be provided... delays or misunderstandings can even lead to disputes"* (FGD, R6).

Cross-Country and Sectoral Insights

The fellowship model enabled cross-country learning, with exposure to India's awareness campaigns, workshops in Rwanda, and multi-country PPP training packages enhancing institutional capacities in both the agricultural and health sectors: *"One of the key things... was the efforts made by the Indian scheme in various awareness generation activities."* Institutional knowledge was also embedded in national frameworks, such as Ghana's 2021 Insurance Act and Kenya's SHIF processes, further reinforcing durability.

Risks and Sustainability Considerations

Despite these gains, some capacity outcomes remained personality-driven and risked erosion if key individuals departed: *"Very personality-driven... if key individuals moved on, some knowledge could be lost"* (FGD, R7). Digital system gaps and reliance on government subsidies in certain contexts were also highlighted as potential vulnerabilities. Nevertheless, diversified training, institutional embedding, and government buy-in across Rwanda, Senegal, Ghana, and Kenya suggest that the core technical and institutional capacities are likely to endure beyond the project lifecycle.

CHAPTER 6: CONCLUSION

The evaluation concludes that the project made a substantial contribution to advancing inclusive insurance in Africa, demonstrating both the potential and limitations of extending protection to smallholder farmers, informal workers, and SMEs. It was highly relevant, strategically coherent, and delivered demonstrable though uneven effectiveness across contexts. Early impacts are visible at the household, institutional, and policy levels, while sustainability prospects vary, depending on the degree of institutionalization, government commitment, and trust in insurance processes.

Relevance emerged as one of the strongest dimensions of performance. The project directly addressed risks such as climate shocks for farmers and catastrophic health costs for informal workers, which are most acutely felt by vulnerable populations. Agricultural pilots in Rwanda, Senegal, and Ghana were especially pertinent, embedding risk management into national priorities at a time of increasing climate volatility. Farmers consistently affirmed that these products met their most pressing needs. Health insurance pilots in Kenya likewise responded to clear protection gaps in the transition from NHIF to the Social Health Authority, though affordability and mistrust limited uptake. Relevance was less pronounced in areas where climate and gender considerations were not explicitly integrated into design, or where youth and persons with disabilities (PWDs) remained largely excluded.

Coherence was generally strong, with the project aligning with both donor priorities and national strategies. Interventions complemented broader social protection reforms such as Kenya's health financing reforms, Ghana's Insurance Act 2021, and Rwanda's cooperative-led agricultural strategies. In Senegal, CNAAS's digital transformation was deliberately coordinated with World Bank programs to avoid duplication. Cross-country exchanges further reinforced coherence, creating platforms where solutions in one country informed those in another. Still, coherence was not uniform with delays in MIS rollout in Senegal, and fragmented engagement of workers' and disability organizations across several contexts, limiting the full realization of the ILO's tripartite mandate.

Effectiveness was mixed but meaningful. The fellowship model consistently accelerated institutional capacity, leaving behind stronger governance structures, technical systems, and partnership management. In Ghana, fellows helped design the Agricultural Insurance Fund's governance framework, while in Senegal, they drafted new contractual templates for insurers and banks. End-users reported positive outcomes, particularly where payouts were timely and cooperative leaders played a trusted intermediary role. Yet concerns about payout adequacy and opaque calculations persisted. Basis risk, outdated yield data, and uneven communication mechanisms undermined confidence in some schemes.

Efficiency varied across countries but was generally acceptable. Fellows represented a cost-effective model for technical expertise, and leveraging cooperatives, savings groups, and community health volunteers reduced transaction costs for outreach. Partnerships that shared venues and tapped government subsidy frameworks further improved cost-effectiveness. Digital platforms worked well in contexts like Kenya and Rwanda, where M-TIBA and mobile money enabled immediate enrollment and payouts, but they faltered in Senegal, where sequential and incompatible MIS systems delayed claims processing. Coordination across multiple actors, for instance governments, insurers, and donors, was resource-intensive and slowed momentum in some settings, though stakeholders often judged that resources were used prudently and strategically.

Impact was visible at three levels. At the household level, payouts, though modest, reduced vulnerability by helping families cover food, school fees, or avoid distress asset sales. At the institutional level, partners such as CNAAS, Radiant, and GAIP strengthened portfolios, diversified products, and redefined their roles within insurance ecosystems. At the systemic level, inclusive insurance was anchored in national laws and policy frameworks, as with Ghana's Agricultural Insurance Fund, Senegal's subsidy system, and Kenya's Social Health Insurance Act. Unintended impacts also emerged: insurers faced financial strain when prolonged pilots required claims without a large client base; increased health coverage in Kenya put pressure on under-resourced facilities; and in Rwanda, farmers developed unrealistic expectations that insurance might protect against market price fluctuations.

Sustainability is strongest where reforms were embedded in laws, budget frameworks, and governance systems, and where governments actively co-financed risk. In Ghana, insurance is now codified in law; in Senegal, subsidies covered 40% of CNAAS's portfolio; in Kenya, lessons from county pilots shaped national reforms. Cooperative ownership in Rwanda reinforced sustainability by encouraging members to contribute. Yet risks remain. Affordability gaps threaten participation, technical fragilities undermine service delivery, and trust is eroded when claims are opaque, or payouts are inadequate. Disability and youth inclusion remain limited, leaving sustainability vulnerable to equity gaps.

Cross-cutting themes added nuance to the conclusions. Gender inclusion was achieved mainly where women were reached through cooperatives, CHVs, or market associations, but gender-specific features were rare, limiting equity gains. PWDs and youth were underrepresented, pointing to a gap in inclusive design. Climate risk management was a central strength in agricultural insurance, but integration into health and social insurance was less developed, despite its rising importance. International Labour Standards were advanced in principle, as the project extended protection to informal and rural workers, though adequacy and equity gaps remain. Tripartism was partially realized, with strong government–insurer partnerships but weaker involvement of workers' organizations and disability advocates.

While the project advanced universality and equity by extending protection to informal workers and smallholder farmers, the principle of adequacy was only partially realized. Farmers and informal workers consistently emphasized that while payouts provided relief, they were often insufficient compared to actual losses. Such experiences risk eroding trust and undermining the ILO's standard on adequate benefits under C102 and Recommendation 202. This gap reflects the challenges of basis risk, outdated yield data, and product design limitations, which constrained the ability of schemes to provide compensation commensurate with needs. Addressing this issue will be critical for scaling inclusive insurance in line with the ILO's Decent Work Agenda, as adequacy, alongside universality and sustainability, is essential to ensure that extended coverage translates into real social protection.

These conclusions are underpinned by triangulated evidence from KIIs, FGDs, surveys, and documentary review, providing high confidence in judgments on relevance, institutional capacity, and policy embedding. Confidence is moderate for household-level impact and efficiency, given contextual heterogeneity, and moderate-to-high for sustainability in settings where reforms are institutionalized. Where evidence was thin particularly for youth and PWD outcomes judgments were qualified.

In totality, the project demonstrated that inclusive insurance for vulnerable groups is both achievable and valuable, but fragile unless supported by transparent claims, inclusive design, and institutional embedding. To convert early gains into lasting systems, future efforts will need to: reduce basis risk and accelerate claims through better data and digitalization; hard-wire

gender, youth, and disability features into product design; strengthen tripartite and community dialogue; and stabilize financing to sustain insurance beyond subsidies.

CHAPTER 7: LESSONS LEARNED AND GOOD PRACTICES

7.1. Lessons learned

Lesson 1: Embedding insurance products in existing community structures enhances trust and uptake.

The project demonstrated that informal workers and smallholder farmers are more likely to adopt and renew insurance when products are delivered through trusted local structures such as cooperatives, savings groups, or farmer associations. In Rwanda, tea cooperatives played a pivotal role in organizing farmers, explaining products, and ensuring collective enrollment, helping to overcome long-standing mistrust of insurers. Similarly, in Kenya, community health volunteers (CHVs), market associations, and *saccos* mobilized informal workers for health insurance enrollment. These findings confirm that *trust, peer accountability, and proximity* are critical determinants of uptake. The lesson applies in any context where informal networks serve as trusted entry points for financial products. **Insurers, governments, and development partners** should prioritize community-based distribution and communication mechanisms to strengthen credibility and retention.

Lesson 2: Digitalization improves efficiency but must be paired with literacy and communication investments.

Digital tools such as mobile-based management information systems (MIS), electronic claims, and SMS notifications improved operational efficiency but were not always inclusive. In Senegal, limited digital literacy, especially among older farmers and women, excluded some users despite the availability of mobile tools. In Rwanda, efficient electronic payouts were undermined by poor understanding of payout calculations, revealing a communication gap. This shows that *digitalization alone cannot build trust*. It must be accompanied by digital literacy efforts, user-friendly communication in local languages, and grievance mechanisms. **Insurers, project managers, and government regulators** should pair technology investments with user engagement to ensure digital systems enhance rather than erode inclusion and confidence.

Lesson 3: Transparent, individualized, and timely claims, communication builds trust and drives uptake of insurance schemes.

Transparent and individualized claims communication proved vital for sustaining trust and re-enrollment. In Rwanda, collective payout models left farmers confused and dissatisfied: “*We do not know what they based their calculation on... no one knows how it happened.*” Similarly, in Kenya, delays in communication about claims and premiums undermined confidence in health microinsurance. Conversely, where insurers used SMS notifications, individualized payout summaries, or participatory claim validations, satisfaction and renewal intentions increased. The lesson underscores that *clarity, fairness, and speed* in communicating claim outcomes are as important as the payout itself. **Governments, insurers, and regulators** should standardize transparent claims communication through individualized digital updates, clear

payout formulas, and cooperative-level feedback meetings to build long-term credibility and trust.

Lesson 4: Sustainability depends on policy and institutional anchoring, not individual champions.

In several countries, early progress relied on dynamic individuals, fellows, reform-minded officials, or private-sector champions, who drove innovation. Yet these gains were fragile when not institutionalized. In Côte d'Ivoire, promising insurance pilots lost momentum when key advocates left office. In contrast, Ghana's Agricultural Insurance Fund and Kenya's Social Health Insurance Act (2023) secured reforms within law and policy, ensuring continuity. The lesson is clear: *sustainability rests on legal, institutional, and financial anchoring—not personalities*. **Governments, ILO technical units, and donors** should prioritize embedding reforms in regulations, budgets, and governance systems to safeguard progress through political and institutional transitions.

Lesson 5: Gender-responsive design increases uptake but requires deliberate targeting of underserved groups

Women's participation and uptake improved when insurance products reflected their livelihoods and were distributed through women-dense networks. In Senegal, diversifying coverage to goats, poultry, rice, and vegetables, activities primarily managed by women, increased relevance and access. In Kenya, outreach through CHVs and market associations reached women traders effectively: *"We would find more access to women through the market association and the community health volunteers."* However, inclusion was often structural rather than intentional. In Rwanda, cooperative-level enrollment covered women and persons with disabilities but did not guarantee their voice in product design: *"All farmers around 10,000 cannot have access to forms to sign. Our representative signed in our places."* The lesson is that *inclusion must be deliberate and measurable*. **Insurers, project teams, and policy makers** should set gender, youth, and disability inclusion targets, design tailored products and monitor disaggregated data to ensure equitable participation and outcomes.

7.2. Emerging Good Practices

Good Practice 1: The Fellowship Model as a Scalable Approach to Building Insurance Expertise

The fellowship programme, which placed young professionals within regulatory bodies and insurers, strengthened institutional capacity across governance, actuarial science, and product design. Fellows introduced new tools and digital processes that outlived their contracts. This model works because it simultaneously builds technical expertise and institutional memory. It is replicable in other regions facing shortages of inclusive insurance expertise. The primary target users are ILO technical units, governments, and academic partners. Its link to impact is clear: countries with fellows (e.g., Rwanda, Kenya) advanced faster in piloting and scaling inclusive insurance products.

Good Practice 2: Linking Climate-Smart Insurance with National Social Protection Schemes.

Integrating climate risk management into broader social protection frameworks created mutually reinforcing benefits. In Ghana and Senegal, agricultural insurance was aligned with national subsidy and protection schemes, improving scale, data sharing, and fiscal sustainability. This approach worked because it combined state legitimacy with private-sector innovation, ensuring that vulnerable farmers received both protection and adaptation support. The practice is replicable in other countries with government cash-transfer or subsidy systems. The target users are governments and insurers, with demonstrated impacts on resilience and policy integration.

Good Practice 3: Using Cooperatives as Trusted Intermediaries for Last-Mile Delivery.

Cooperatives acted as both distribution channels and accountability mechanisms. In Rwanda, cooperative leaders facilitated claims communication, while in Kenya, they organized member education sessions on insurance. This practice is effective because it addresses trust deficits and ensures feedback loops. It is replicable in other contexts where cooperatives or community associations are strong. Its impact link is clear: *where cooperatives mediated delivery, uptake was higher and grievances were fewer.*

Good Practice 4: Insurance Schemes Directly Targeting Climate Change Adaptation.

The project introduced innovative insurance products such as drought- and flood-index insurance that explicitly linked risk transfer to climate resilience. These schemes encouraged climate-smart farming practices, reduced vulnerability to extreme weather, and integrated environmental sustainability into financial protection. This model works because it simultaneously safeguards livelihoods and incentivizes adaptation. It is replicable in regions exposed to climate risks where agriculture dominates livelihoods. The primary target users are insurers, agricultural ministries, and climate adaptation programs.

Good Practice 5: Clear and Individualized Payout Communication Strengthens Trust and Sustains Enrollment.

Transparent and timely communication of claims decisions, through MIS platforms, SMS notifications, or cooperative briefings, significantly increased fairness, trust, and renewal rates in Rwanda, Kenya, and Senegal. Where payouts were communicated collectively or opaquely, confidence declined. This practice works because individualized information helps beneficiaries understand and trust the process, reducing disputes and improving scheme credibility. It is replicable wherever digital systems or community structures can support personalized communication. The primary target users are insurers, regulators, and governments.

CHAPTER 8: RECOMMENDATIONS

Recommendation 1: Institutionalize inclusive insurance through legal and policy frameworks.

National governments, with technical support from ILO, should codify inclusive insurance policies into law and integrate them into national social protection strategies. This ensures continuity beyond individual leadership changes and strengthens sustainability.

Address to	Priority	Resources	Timing
Governments ILO Technical Units	High	Medium	Medium-term

Recommendation 2: Expand gender and youth-responsive insurance products

Future interventions should design products tailored to women, youth, and PWDs, ensuring outreach strategies and monitoring systems disaggregate data by sex, age, and disability. Lessons from successful livestock and cooperative-based products should be replicated while developing urban-oriented schemes for youth.

Address to	Priority	Resources	Timing
Project Management Insurers ILO Regional Office	High	Medium	Short-term

Recommendation 3: Strengthen user education and grievance mechanisms alongside digital rollouts

Digital platforms should be complemented with user-friendly training, multilingual communication campaigns, and effective grievance redress systems. This will improve transparency and rebuild trust in areas affected by payout delays or basis risk.

Address to	Priority	Resources	Timing
Insurers ILO Country Offices Tripartite Constituents	Medium	Medium	Short-term

Recommendation 4: Scale up the fellowship and ToT capacity-building models

The fellowship model and training-of-trainers (ToT) approach should be institutionalized as regional capacity-building programmes. This will expand the pool of skilled professionals, ensuring sustained technical expertise within regulatory bodies and insurers.

Address to	Priority	Resources	Timing
ILO HQ Technical Unit Governments	High	High	Long-term

Recommendation 5: Integrate climate risk into health and social insurance schemes

While agricultural insurance effectively incorporated climate resilience, health and social protection schemes lagged. Future interventions should mainstream climate considerations by expanding coverage for climate-sensitive illnesses, embedding adaptation features in health reforms, and developing bundled products that link agricultural, health, and social insurance.

These measures would strengthen resilience for vulnerable groups, particularly women, youth, and persons with disabilities, who are disproportionately affected by climate shocks.

Address to	Priority	Resources	Timing
ILO Country Offices Ministries of Health Ministries of Agriculture Regulators Project Management	Medium	Medium	Medium-term

Recommendation 6: Strengthen transparency and fairness in claims calculation

Across countries, unclear payout calculations undermined trust and created community tensions. To build lasting confidence, governments, insurers, and regulators should ensure transparency by clearly communicating the process for determining claims, providing individualized statements to beneficiaries, and establishing effective grievance mechanisms. Participatory validation through cooperatives or community representatives can further enhance fairness and accountability.

Address to	Priority	Resources	Timing
Insurers, Regulators ILO Country Offices Cooperatives/Community Structures	High	Medium	Short-term

Recommendation 7: Strengthen monitoring and evaluation systems for learning and accountability

Monitoring should be systematic, disaggregated by gender, age, and disability, and linked to real-time MIS platforms. Stronger M&E will help detect basis risk, track beneficiary experience, and document household-level impacts.

Address to	Priority	Resources	Timing
Project Management, ILO Country Offices	Medium	Low	Short-term

ANNEXES

Annex 01: Emerging Good Practices

ILO Emerging Good Practice Template	
Project Title: Stimulating innovation and impact insurance in Africa Project TC/SYMBOL: RAF/20/02/FRA Name of Evaluator: SkiQa Group Date: 12.09.2025 The following emerging good practice has been identified during the evaluation. Further text can be found in the full evaluation report. <i>Institutionalizing the Fellowship and Training-of-Trainers (ToT) Models to Build Technical and Institutional Capacity</i>	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The fellowship and ToT models successfully addressed one of the project's central goals, strengthening institutional capacity and technical expertise in inclusive insurance. Fellows were embedded within government agencies, regulatory bodies, and insurers, where they supported governance reforms, digital transitions, and product innovation. The ToT approach further multiplied this effect by enabling continuous in-country training and peer learning. This practice operationalized the project's output on capacity development and directly contributed to sustainability by institutionalizing learning within systems rather than individuals.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Conditions: Requires national ownership, budget support, and integration of fellows within existing institutional structures. Limitations: Some fellowships were personality-driven and dependent on donor funding. Continuity risks arise when governments do not budget for follow-up positions. Advice: Anchor the fellowship model in civil service schemes or national training institutes, and formalize ToT programs through accredited curricula. <i>"The fellows helped us design the digital claims system—we are still using it."</i> (Insurance Partner, Ghana)

Establish a clear cause-and-effect relationship	Cause: Targeted placement of trained fellows and ToTs within insurers and government institutions. Effect: Enhanced technical capacity, improved MIS systems, and accelerated product rollout. Cause: Institutional anchoring of fellows' roles. Effect: Continuity of reforms and institutional memory beyond project cycles.
Indicate measurable impact and targeted beneficiaries	Beneficiaries: National insurance agencies, regulatory bodies, and insurance firms. Impacts: Over 20 fellows and ToTs contributed to product design, fund governance, and data systems. Ministries and insurance regulators in Ghana, Senegal, and Kenya reported increased capacity to manage inclusive insurance.
Potential for replication and by whom	Replication potential: High in social protection projects requiring rapid capacity-building. By whom: Governments and regional training institutes (e.g., African Institute for Inclusive Insurance) can adopt the fellowship scheme regionally. The ILO can replicate the ToT approach in other inclusive finance or social protection programs.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Supports ILO Strategic Objective 1 (Employment and Social Protection) by strengthening institutions to deliver sustainable coverage for informal workers. Contributes to DWCP outcomes on national capacity strengthening and governance reforms.
Other documents or relevant comments	Fellowship evaluations, ToT reports, and interviews confirm the approach's scalability and sustainability across multiple countries.

ILO Emerging Good Practice Template

Project Title: Stimulating innovation and impact insurance in Africa

Project TC/SYMBOL: RAF/20/02/FRA

Name of Evaluator: SkiQa Group

Date: 12.09.2025

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

Linking climate-smart insurance with national social protection schemes enhances systemic resilience and long-term sustainability

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	Integrating climate-smart insurance into broader social protection systems enhances both sustainability and resilience. The project demonstrated that agricultural and weather-index insurance schemes can complement national health and social protection programs to provide holistic coverage against multiple shocks, economic, climatic, and health-related.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	In Rwanda, climate-linked agricultural insurance became part of the national insurance law and expanded through cooperatives. In Ghana, the Agricultural Insurance Fund institutionalized climate risk management. In Kenya, county health pilots integrated digital insurance systems (M-TIBA) aligned with national reforms, showing potential for convergence between health and climate resilience programs. Preconditions include government leadership, policy coherence between ministries of health, agriculture, and social protection, and data infrastructure for climate and health risk modeling.
Establish a clear cause-effect relationship	Governments, ministries of health and agriculture, regulators, insurers, and vulnerable households (smallholder farmers, informal workers, women, and youth).
Indicate measurable impact and targeted beneficiaries	- Fragmentation between agriculture, social protection, and health ministries limited integration. - Weak climate data systems constrained risk modeling and premium pricing. - Limited inclusion of gender and youth perspectives in cross-sectoral planning.

Potential for replication and by whom	- Where climate-smart products were embedded in national social protection strategies (Rwanda, Ghana), resilience improved. - Government subsidies and public-private partnerships reduced affordability barriers. - Integration enabled shared data use, improved targeting, and alignment with adaptation and Universal Health Coverage (UHC) goals.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Strong collaboration between ILO's social protection and enterprise development units fostered policy dialogue, but limited coordination with environmental and climate institutions restricted deeper integration. Future design should allocate dedicated climate expertise and resources for cross-sectoral policy work.
Other documents or relevant comments	Integrating climate-smart insurance into broader social protection systems enhances both sustainability and resilience. The project demonstrated that agricultural and weather-index insurance schemes can complement national health and social protection programs to provide holistic coverage against multiple shocks—economic, climatic, and health-related.

ILO Emerging Good Practice Template

Project Title: Stimulating innovation and impact insurance in Africa

Project TC/SYMBOL: RAF/20/02/FRA

Name of Evaluator: SkiQa Group

Date: 12.09.2025

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

Leveraging Cooperatives as Trusted Intermediaries for Inclusive Insurance Delivery

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The cooperative model emerged as a cornerstone for last-mile delivery and social inclusion . By channeling insurance through cooperatives, the project built on existing trust, reduced transaction costs, and reached women, youth, and PWDs. In Rwanda, every cooperative member was mandatorily enrolled, achieving near-universal coverage within groups. This model also strengthened premium collection and claim follow-up through trusted local structures.

Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Conditions: Works best where cooperatives are well organized and legally recognized. Limitations: Limited participation of marginalized groups in product design and governance. Advice: Combine cooperative-based enrollment with participatory design mechanisms to ensure women and youth voices are heard. <i>“We insure all of them at the cooperative level—it is compulsory for any member... among them there are people with disabilities.”</i> (Cooperative Leader, Rwanda)
Establish a clear cause-effect relationship	Cause: Use of cooperatives as trusted intermediaries for enrollment and awareness. Effect: Increased coverage and lower transaction costs. Cause: Lack of participatory design within cooperatives. Effect: Limited sense of ownership among marginalized groups.
Indicate measurable impact and targeted beneficiaries	Beneficiaries: Smallholder farmers, informal traders, women, and PWDs. Impacts: 85% of insured farmers in Rwanda were reached through cooperatives. Women’s participation in Senegal and Kenya increased through cooperative and market association channels.
Potential for replication and by whom	Replication potential: High across Africa and other regions By whom: Governments can integrate cooperative enrollment models into national insurance frameworks. Insurers can establish long-term partnerships with cooperatives for bundled services (savings, insurance, and credit).

Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Aligns with the ILO's Social Protection Floors Recommendation (No. 202) and Decent Work Agenda by extending coverage through collective mechanisms. Supports DWCP priorities on rural inclusion and extension of protection to informal workers.
Other documents or relevant comments	Focus group discussions in Rwanda and Senegal consistently cited cooperatives as the “most trusted channel” for enrollment and communication.

ILO Emerging Good Practice Template Project Title: Stimulating innovation and impact insurance in Africa Project TC/SYMBOL: RAF/20/02/FRA Name of Evaluator: SkiQa Group Date: 12.09.2025 The following emerging good practice has been identified during the evaluation. Further text can be found in the full evaluation report. <i>Incorporating climate-related health burdens into insurance schemes makes them more relevant, resilient, and future-proof</i>	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The project effectively integrated climate adaptation into agricultural insurance, protecting smallholder farmers from weather-related shocks such as drought, floods, and pest outbreaks. In Rwanda and Senegal, hybrid and area-yield indices linked to satellite data provided objective loss measurement. The next frontier, highlighted through Kenya's pilots, is extending climate-sensitive coverage into health and social insurance, addressing the rising burden of vector-borne and heat-related diseases. This practice contributes directly to the ILO's climate resilience agenda and social protection objectives.

Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Conditions: Requires collaboration with meteorological agencies, access to reliable data, and strong insurer–government partnerships. Limitations: Basis risk due to microclimate variability remains a challenge. Advice: Combine climate indices with agronomic data, and pilot bundled products linking agriculture and health insurance. <i>“When the rain failed, the payout came... it was not much, but it kept us going.” (Farmer, Rwanda)</i>
Establish a clear cause-and-effect relationship	Cause: Incorporation of weather index data and government subsidies. Effect: Increased farmer resilience and policy integration of agricultural insurance. Cause: Lack of similar integration in health insurance. Effect: Missed opportunity for comprehensive climate-health resilience.
Indicate measurable impact and targeted beneficiaries	Beneficiaries: Smallholder farmers, informal sector workers, women and children disproportionately affected by climate-sensitive diseases, and marginalized households. Impacts (potential and observed): Over 200,000 farmers insured against drought or excessive rainfall in Rwanda and Senegal. Ministries of Agriculture in Ghana and Senegal adopted climate insurance into national plans.

Potential for replication and by whom	Replication potential: High in regions facing recurrent climate-related health burdens. By whom: Ministries of Health and Agriculture can co-develop climate-smart insurance packages. Private insurers can use hybrid index models to expand resilience-based products. ILO and AFD can scale this integration through regional learning platforms.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Supports the ILO's Green Jobs and Climate Resilience Framework and DWCP goals on sustainable livelihoods and social protection. Contributes to the UNFCCC adaptation agenda through insurance as a financial protection tool.
Other documents or relevant comments	Country evaluation notes and AFD Insights (2024) affirm that integrating environmental sustainability into insurance strengthens resilience and aligns with donor climate priorities.

ILO Emerging Good Practice Template

Project Title: Stimulating innovation and impact insurance in Africa

Project TC/SYMBOL: RAF/20/02/FRA

Name of Evaluator: SkiQa Group

Date: 12.09.2025

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

Clear and individualized payout communication increases fairness, strengthens trust, and encourages continued enrollment

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	Transparent and individualized claims communication, whether through digital platforms or community-based structures, was found to significantly enhance fairness, strengthen trust, and sustain participation in inclusive insurance schemes. Across Rwanda, Kenya, and Senegal, opaque or collective payout processes undermined confidence, while timely, personalized communication through MIS platforms, SMS alerts, and cooperative briefings improved satisfaction and renewal rates. This approach directly contributes to the project's overall goal of extending inclusive and sustainable insurance coverage to informal workers and smallholder farmers by addressing one of the most critical barriers identified across all countries: mistrust in claims settlement. It also operationalizes Recommendation 6 of the evaluation report: <i>"Strengthen transparency and fairness in claims calculation."</i>
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Conditions: Works best where MIS systems, mobile networks, and cooperative structures are functional, and where insurers are willing to provide individualized feedback. Limitations: In Rwanda, collective payout models limited transparency, while in Kenya, institutional reforms (NHIF → SHA transition) delayed claims. Advice: Transparency can be achieved through both digital and in-person mechanisms. In digital-mature contexts (Kenya, Senegal), SMS notifications were effective; in cooperative-led systems (Rwanda, Ghana), regular meetings and printed payout lists served the same function. <i>"We got a message from Radiant Yacu confirming the payout; it made us feel secure."</i> (Farmer, Rwanda) <i>"We do not know what they based their calculation on... what the farmers are not happy about is the way this compensation was given."</i> (Farmer, Rwanda)
Establish a clear cause-and-effect relationship	Cause: Lack of individualized communication and opaque collective payouts. Effect: Mistrust, dissatisfaction, and reduced re-enrollment. Cause: Transparent, individualized, and timely communication through SMS or cooperative meetings. Effect: Improved understanding, stronger perception of fairness, and increased willingness to contribute and renew coverage.

Indicate measurable impact and targeted beneficiaries	In Rwanda, insured farmers expressed greater confidence when receiving SMS notifications of payouts. In Kenya, county health pilot users reported improved claims tracking and higher satisfaction through digital alerts. In Rwanda, dissatisfaction was higher where collective payouts lacked individualized communication, underscoring the importance of this practice. Targeted beneficiaries included smallholder farmers, informal workers, and cooperative members, many of whom were women or persons with disabilities.
Potential for replication and by whom	Governments: Integrate transparency standards and MIS systems into national insurance reforms. Private Insurers: Develop client-facing dashboards and automated payout notifications. Cooperatives: Use member briefings and printed payout summaries to ensure understanding in low-digital contexts. Transparent claims communication can be scaled regionally through training-of-trainers (ToT) and fellowship models, ensuring institutional uptake.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Supports ILO's Social Protection Floors Recommendation (No. 202) by promoting equitable access, transparency, and accountability in benefit delivery. Contributes to Decent Work Country Programme (DWCP) outcomes on expanding social protection to informal workers and rural populations. Aligns with the ILO's Strategic Programme Framework on inclusive growth, governance, and sustainability through trust-based insurance systems.
Other documents or relevant comments	Farmer focus group reports from Rwanda and Senegal highlighted transparency as <i>"the single most important factor for trust."</i> MIS progress reports from Kenya pilots documented measurable improvements in claims tracking and digital enrollment. The lesson directly reinforces evaluation findings on sustainability, trust, and user confidence as key determinants of successful inclusive insurance.

Annex 02: Lessons Learned

ILO Lesson Learned Template	
Project Title: Stimulating Innovation and Impact Insurance in Africa Project TC/SYMBOL: RAF/20/02/FRA Name of Evaluator: SkiQa Group Date: 12.09.2025	
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. <i>Transparent, individualized, and timely claims communication builds trust and drives uptake of insurance schemes</i>	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	Transparent and individualized claims communication is vital to trust and re-enrollment. Lack of clarity in payout calculations led to perceptions of unfairness, while digital transparency tools (SMS updates, clear formulas) strengthened credibility.
Context and any related preconditions	In Rwanda, collective payout systems caused tension despite timely disbursements. Farmers demanded individualized explanations for losses. In Senegal and Kenya, digital messaging improved understanding, but delays due to MIS and reforms created uncertainty. Preconditions include functioning MIS systems, insurer–farmer communication channels, and cooperative-level involvement in verification.
Targeted users / Beneficiaries	Smallholder farmers, informal workers, cooperatives, insurers, regulators, and implementing partners.
Challenges /negative lessons - Causal factors	• Collective payout systems obscured fairness and accountability. • MIS delays and policy transitions disrupted user confidence. • Limited inclusion of women, youth, and PWDs in claim validation.

Success / Positive Issues - Causal factors	• Digital claim notifications (SMS) improved transparency. • Cooperative engagement improved understanding and accountability. • Quick settlements enhanced trust and repeat participation.
ILO Administrative Issues (staff, resources, design, implementation)	The fellowship model strengthened MIS design and technical capacity. However, system interoperability issues and insufficient attention to inclusive communication limited overall impact.

ILO Lesson Learned Template	
Project Title: Stimulating Innovation and Impact Insurance in Africa Project TC/SYMBOL: RAF/20/02/FRA Name of Evaluator: SkiQa Group Date: 12.09.2025	
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. <i>Digitalization must be accompanied by user education and grievance mechanisms to be effective.</i>	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	While digital tools improved enrollment, claims management, and monitoring, their success depended on parallel investment in digital literacy, clear communication, and responsive grievance systems.
Context and any related preconditions	In Kenya, digital systems like M-TIBA accelerated claims and improved transparency. In Senegal, MIS delays and incompatibility hindered efficiency. Digital platforms succeeded where literacy support and user feedback loops were established. Preconditions include reliable connectivity, trained local agents, and user-friendly interfaces.

Targeted users / Beneficiaries	Farmers, informal workers, local insurers, and implementing partners managing digital insurance systems.
Challenges /negative lessons - Causal factors	- Limited user understanding led to low trust in digital claims. - MIS compatibility issues in Senegal delayed processing. - Grievance systems were not uniformly operationalized.
Success / Positive Issues - Causal factors	- Simplified mobile messaging (SMS) improved communication. - Integration with cooperative or CHV structures enhanced digital literacy. - Localized training strengthened user confidence.
ILO Administrative Issues (staff, resources, design, implementation)	Fellowship and ToT programs built digital and MIS capacity but lacked adequate follow-up funding to ensure full operationalization. Design could better integrate feedback tracking and gender/youth engagement in digital literacy efforts.

ILO Lesson Learned Template

Project Title: Stimulating Innovation and Impact Insurance in Africa

Project TC/SYMBOL: RAF/20/02/FRA

Name of Evaluator: SkiQa Group

Date: 12.09.2025

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.

Embedding insurance products in community and cooperative structures enhances trust, uptake, and sustainability.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	The integration of insurance schemes within cooperatives, market associations, and community-based groups significantly increased trust and uptake among farmers and informal workers. Community ownership and participatory enrollment fostered accountability and continuity beyond donor support.
Context and any related preconditions	In Rwanda, embedding agricultural insurance in tea cooperatives ensured collective participation and consistent premium payments. In Kenya, community health volunteers and market associations improved outreach and trust in health microinsurance. Preconditions include strong cooperative governance, local leadership engagement, and government recognition of these structures.
Targeted users / Beneficiaries	Smallholder farmers, informal workers, cooperatives, local insurers, and county/regional governments.
Challenges /negative lessons - Causal factors	Limited direct participation of women, youth, and PWDs in product design when cooperatives acted as sole intermediaries. Collective decision-making sometimes diluted individual voice and feedback.
Success / Positive Issues - Causal factors	- Existing community trust networks enhanced uptake and premium recovery. - Cooperative-led outreach simplified education and grievance handling. - Integration with national and local frameworks (Rwanda, Kenya) increased continuity.
ILO Administrative Issues (staff, resources, design, implementation)	Design alignment with cooperative systems was strong but required clearer inclusion safeguards. The fellowship model strengthened cooperative partnerships, though resource allocation for gender and disability mainstreaming was limited.

ILO Lesson Learned Template

Project Title: Stimulating Innovation and Impact Insurance in Africa

Project TC/SYMBOL: RAF/20/02/FRA

Name of Evaluator: SkiQa Group

Date: 12.09.2025

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.

Legal and policy anchoring is essential for sustainability beyond project cycles.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	Embedding insurance schemes within legal and policy frameworks ensured continuity beyond donor support and leadership transitions. National integration secured financing and institutional responsibility.
Context and any related preconditions	In Ghana, the Agricultural Insurance Fund was legally established and sustained after project closure. Kenya's health pilots informed the Social Health Insurance Act (2023), institutionalizing inclusive health coverage. Preconditions include strong government engagement, political will, and fiscal alignment.
Targeted users / Beneficiaries	Governments, regulators, cooperatives, and private insurers.
Challenges /negative lessons - Causal factors	- Overreliance on donor funding limited scalability. - Institutionalization lagged in settings without legal backing or national strategy alignment.

Success / Positive Issues - Causal factors	- Legal frameworks stabilized schemes and reduced dependence on champions. - Government co-financing (Senegal) strengthened ownership and sustainability.
ILO Administrative Issues (staff, resources, design, implementation)	Policy engagement was consistent across countries but needed more targeted technical assistance for long-term fiscal planning. The ILO's convening role was critical but under-resourced in some countries.

ILO Lesson Learned Template	
Project Title: Stimulating Innovation and Impact Insurance in Africa Project TC/SYMBOL: RAF/20/02/FRA Name of Evaluator: SkiQa Group Date: 12.09.2025	
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. <i>Gender-responsive design increases uptake but requires deliberate targeting of underserved groups</i>	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	Designing insurance products and delivery mechanisms that respond to women's economic roles significantly increases uptake and trust. Where the project diversified products to include <i>women-managed enterprises and crops</i>, such as goats, poultry, rice, and vegetables in Senegal, and distributed through <i>women-dense networks</i> (cooperatives, market associations, community health volunteers in Kenya), participation rates were higher. However, in most contexts, inclusion was <i>structural rather than intentional</i>; women, youth, and PWDs were covered by virtue of group-based enrollment rather than targeted design. Future schemes must go beyond "open access" to embed gender, youth, and disability-responsive features in product design, delivery, and monitoring.

Context and any related preconditions	Applicable where women form a substantial share of the agricultural or informal economy (e.g., small livestock, rice, market trading). Requires trusted distribution channels (cooperatives, saccos, CHVs, market associations) and basic digital/communication capacity (SMS, WhatsApp) for information and claims. Preconditions for success include sex-disaggregated data collection, gender-aware demand assessments, and budgeted outreach resources for tailored engagement (training materials in local languages, flexible payment schedules).
Targeted users / Beneficiaries	Women smallholder farmers (livestock, vegetables, rice) Women informal workers (market traders, CHV networks) Youth engaged in trading/SME activities (when products are adapted for urban/informal contexts) Persons with disabilities (when accessibility measures are integrated)
Challenges /negative lessons - Causal factors	Incidental inclusion: In Rwanda, cooperative-level contracts provided coverage for all members but limited individual women's influence. <i>"All farmers around 10,000 cannot have access to forms to sign. Our representative signed in our places."</i> Weak youth and disability targeting: PWDs and youth were rarely included in product design; as one respondent noted, <i>"Disability did not factor into the discussion."</i> Insufficient sex-disaggregated data: Monitoring systems rarely tracked outcomes separately for women or PWDs. Limited resources for tailored outreach: Few initiatives budgeted for gender-sensitive materials or dedicated facilitators.

Success / Positive Issues - Causal factors	Product fit: In Senegal, inclusion of small livestock and rice insurance aligned with women’s livelihoods. <i>“The women do not do the horse and beef, but they do the domestic animals such as the goats... if you cover these kinds of animals you cover women.”</i> Channel choice: In Kenya, using market associations and CHVs improved women’s awareness and enrollment. “We would find more access to women through the market association and the community health volunteers.” Deliberate outreach: In Senegal, 36 women actively participated in project discussions and training, improving understanding and ownership. “Even those who were unsure could ask questions in the group setting... this peer discussion helped everyone understand the product better.”
ILO Administrative Issues (staff, resources, design, implementation)	The fellowship and ToT models supported gender-sensitive capacity building where fellows prioritized inclusivity, but this was uneven across contexts and dependent on individual initiative. Gender and disability were acknowledged as <i>learning priorities</i> but not consistently mainstreamed in project design or M&E. ILO should strengthen coordination between Social Protection, Gender, and Disability Inclusion Units to ensure that future insurance projects integrate gender-disaggregated indicators, inclusive design principles, and targeted outreach from inception. Budget allocations for inclusive communication materials, localized training, and community engagement should be built into future project designs.

Annex 03: Evaluation Matrix

OECD/DAC Criterion	Key Evaluation Questions	Sub-Questions / Indicators	Data Sources	Data Collection Methods
Relevance	To what extent was the project responsive to the needs and priorities of low-income populations, national development agendas, and cross-cutting goals?	• Were the project themes (agricultural, health insurance) aligned with country strategies and SDGs? • Did the design respond to real risk management needs of low-income households and small enterprises? • Were gender equality, disability inclusion, environmental sustainability, and social dialogue integrated in the design? • To what extent were host institutions' priorities and capacity needs considered in selecting Fellows and innovations? • How did the project respond to changing country contexts, e.g. policy reforms (e.g. SHA in Kenya)?	Project proposal & ToC, country strategies, host institution workplans, Fellow selection memos, MTE report	Document review, KIIs with host institutions, government, ILO/AFD, FGDs with clients, Fellow interviews
Coherence	How well did the project align with ILO, AFD, national strategies, and existing insurance systems?	• Did the project complement existing insurance initiatives (e.g. NHIF, NAIS, GAIP)? • Were synergies created with other donor or government efforts? • Were efforts made to avoid duplication and ensure coordination with national actors? • Did cross-country learning (e.g. ICII, field missions) contribute to project coherence? • Were private sector actors appropriately engaged and coordinated? • Was the Fellowship model coherent with ILO/AFD capacity development approaches?	ILO/AFD strategies, PPP documentation, coordination reports, MTE, private sector stakeholder feedback	Document review, KIIs with partners, insurance regulators, private insurers, Fellows
Effectiveness	To what extent did the project achieve its intended outcomes, and	• Were KPIs met (solutions designed/tested/scaled, outreach, gender inclusion)? • Were innovations successfully adopted by host institutions? • How did Fellows contribute to institutional strengthening, product design, and capacity building?	KPI reports, M&E tools, Fellow deliverables, host reports,	KIIs with hosts, regulators, ILO, Fellows; FGDs and surveys with clients; M&E review

	what results were achieved?	• Were changes observed in user behavior, e.g. awareness, enrollment, satisfaction, risk management? • To what extent was the M&E system used to track and adapt performance? • Did the project influence national policy frameworks or sector coordination?	client feedback, policy documents, MTE	
Efficiency	How efficiently were time, resources, and systems used to deliver project outputs and manage innovation?	• Were activities implemented on schedule and within budget? • Was the Fellowship model cost-effective and well-coordinated? • Did digital tools (e.g., dashboards, platforms, MIS) improve project delivery? • How efficiently were partnerships (e.g., SACCOs, reinsurers) managed? • What were opportunity costs (e.g., delays in scale-up, duplication)? • Were private partners incentivized effectively to invest time and resources?	Financial reports, Gantt charts, digital usage data, partner feedback, Fellow reflections	Budget analysis, KIIs with ILO/AFD/partners, timeline reviews, lessons learned sessions
Impact	What short- and long-term changes (intended/unintended) have resulted at the individual, institutional, or policy level?	• Did clients experience improved resilience or reduced vulnerability to risks? • Have partner institutions improved systems, reach, or capabilities? • Were policy or regulatory changes catalyzed by the project? • Were gender or disability-specific impacts observed? • What stories of change illustrate project impact? • What negative/unexpected outcomes emerged?	Impact case studies, policy papers, Fellow stories, client testimonials, MTE	FGDs and surveys with clients, KIIs with policy actors and Fellows, case study analysis
Sustainability	Are outcomes likely to endure after project closure, and what mechanisms are	• Were exit strategies or handover plans developed for each partner? • To what extent have host institutions adopted or integrated project outputs into operations or budgets? • Are government or donor mechanisms in place to sustain innovations (e.g. AIF, SHA)?	Exit plans, partner strategy docs, institutional assessments, post-project	KIIs with host institutions, ILO/AFD, donors; Document review; Interviews with

	in place to sustain them?	• What follow-on initiatives or replication efforts are underway? • How were Fellows' contributions institutionalized (e.g., processes, tools, capacity)? • What risks threaten sustainability (e.g., staff turnover, funding gaps)?	funding proposals, Fellow notes	regulators and project partners
Cross-Cutting Themes	Were gender, disability, environmental sustainability, and social dialogue adequately considered in design, implementation, and results?	• Was data disaggregated by sex, age, and disability? • Were gender-sensitive or disability-inclusive products or strategies developed? • Were women's organisations or other vulnerable groups engaged as distribution or awareness partners? • Did environmental risks and climate resilience factor into product design (esp. agriculture insurance)? • Were tripartite actors or social dialogue mechanisms involved (where relevant)?	Partner reports, design documents, MTE, KM materials, disaggregated KPIs	KIIs, FGDs, surveys (with disaggregated sampling), tool review, Fellow interviews
Use of MTE Findings	Did MTE lessons and recommendations inform the evaluation design?	• How did the MTE shape revisions to the Theory of Change, Logframe, or KPIs? • Are MTE-identified weaknesses (e.g. gender integration, coordination gaps) being tracked? • Are MTE-identified good practices being built upon (e.g. PPPs, fellow integration)?	MTE report, revised ToC/logframe, KM products	Document review, KIIs with ILO/partners, evaluator reflections

Annex 04: List of Stakeholders Covered in the Evaluation

SN	Name	Organization	Designation	Country	Interview Type	Date of Interview
1	Mr. Craig Churchill	ILO	Head of Social Finance		KII	14/08/2025
2	Pranav Prashad	ILO	Project Manager / Mentor		KII	22/08/2025
3	Aparna Dalal	ILO	Project Manager (2021–23)		KII	7/8/2025
4	Ms. Lisa Morgan	ILO	Mentor and Technical Coordinator		KII	14/08/2025
5	Camyla Fonseca	ILO	Capacity Building Officer		KII	7/8/2025
6	Ritesh Pandey	GAIP	Social Finance Fellow		KII	5/8/2025
7	Akinyemi Alebiosu	PharmAccess	Social Finance Fellow		KII	5/8/2025
8	Djitaba Sachko-Patel	Pula	Social Finance Fellow		KII	5/8/2025
9	Gregoire Minani	CNAAS	Social Finance Fellow		KII	5/8/2025
10	Dr. K. Kwabahson	GAIP	CEO		KII	11/8/2025
11	Mr. Edward Yano	PharmAccess	UHC Coordinator		KII	5/8/2025
12	Mrs. Ovia Tuhairwe	Radiant Insurance Yacu	CEO		KII	4/8/2025
13	Mr. Omar Cisse Sow	CNAAS	Technical & Commercial Director	-	KII	12/8/2025
14	Dr. Michael Kofi Andoh	NIC	Deputy Commissioner		KII	4/8/2025
15	SHUMBUSHO Philbert	Tea Federation of Rwanda	Executive Secretary		KII	13/08/2025
16	NKURIKIYINKA Vincent	COBACYAMU Cooperative	Manager		KII	19/08/2025
17	Jackline Chemtai	Radiant Insurance Yacu	Social Financial Fellow		KII	02/09/2025
18	Solene Le Bleis	AFD	Donor		KII	28/08/2025

19	Mr. Hugo Lecue	AFD	Donor		KII	28/08/2025
20	Mr. Makhary Diop	CNAAS	Head of Information and Management Systems		KII	10/9/2025
21	Mr. Omar Diop	CNAAS	Administrative and Financial Director		KII	10/9/2025
22	Ms. Diallo Ndeye Khady Diouf	CNAAS	Director of Reinsurance and Control		KII	11/09/2025
1	SEBAKUNZI Emmanuel	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
2	MUHIRE Mathias	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
3	SEMACUMU Anastase	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
4	RISHIRABAKE Francois	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
5	NDUNGUTSE Alexis	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
6	MUKAMAZIMPAKA Cecile	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
7	NZEYIMANA Damien	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
8	ABIMANA Vianney	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
9	FATISUKA Evariste	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
10	CISHAMAKE Julienne	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
11	NKUNDANYIRAZO Jean	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
12	MUKAHIGIRO Herene	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
13	NIYONAGIRA	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
14	KUBWIMANA Liberathe	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
15	UWIZEYIMANA Josephine	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
16	HAKIZIMANA Vianney	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
17	NKUNDWANABAKE J Damascene	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025

18	MUNGANYIKI Jesne	COBACYAMU	Beneficiary	Rwanda	FGD	18/08/2025
19	NYIRAVUGUZIGA Drocella	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
20	BAGWIRE Brigitte Clemence	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
21	BYIRINGIRO Jeremie	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
22	SIBORUREMA Gaspard	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
23	RUDASINGWA Evalide	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
24	NAMBAJIMANA Simon	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
25	NYIRANEZA Brigitte	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
26	NYIRANTAKONTAGIZE M Chantal	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
27	KAZUBWENGE Leopord	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025
28	KAMAGAJU Adelle	COOPTHEVIGI	Beneficiary	Rwanda	FGD	19/08/2025

Annex 05: Terms of Reference

<https://acrobat.adobe.com/id/urn:aaid:sc:EU:e3e6dd13-0e9f-4d07-8824-9cdda32325cc>

Annex 06: Data Collection Instruments

<https://acrobat.adobe.com/id/urn:aaid:sc:EU:30e79d63-4acc-48d7-b63b-af2f84ff0f72>