Inclusive Social Development: Mid-term internal evaluation

Supporting the implementation of openIMIS for the administration of social protection schemes in countries matching the openIMIS catalytic fund criteria

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Introduction

This is an internal mid-term evaluation, conducted between November 2022 to February 2023. It was commissioned by the Social Protection Department (SOCPRO) by the Project Manager, Rodrigo Ortiz d'Avila Assumpçao, under SOCPRO management.

This mid term evaluation is intended to provide accountability and organizational learning for the ILO, its constituents, implementing countries and the donor; it is intended to be constructive and forward thinking, to see what can be learned from the experience of all four countries, all at different stages of adoption of openIMIS.

The primary users of the midterm evaluation are the ILO constituents and partners in implementing countries, implementing ILO unit SOCPRO, ILO country offices, ILO regional offices and the Development Partner, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. It is also intended to help inform the final independent evaluation.

The scope of the midterm internal evaluation includes a review and assessment of all outputs, activities and workflows carried out under the project in the implementing countries and at the global level since the start date of the project 01 December 2020. It addresses the areas of project relevance, effectiveness, efficiency, impact and sustainability, its progress, its implementation arrangements, partnerships, achievements, challenges, good practices, and lessons learned from the implementation of the project.

Evaluators are Sylvia Beales and George Gelber, of the inclusive development consultancy, BealesGelber Consult.

The project

The aim of this project, "Supporting the implementation of openIMIS for the administration of social protection schemes in countries matching the openIMIS catalytic fund criteria", is to improve the management and administration of social protection schemes by supporting the implementation of an open-source Management Information System, openIMIS, for the administration of social protection schemes in selected countries matching the openIMIS catalytic fund criteria.

openIMIS[1] is an opensource insurance management information system developed by the Swiss Agency for Development Cooperation and now managed by GIZ, the German Agency for International Development. It has been used successfully to manage health insurance programmes in Nepal, Tanzania and Cameroon.[2]

The countries included in the project are Burkina Faso, Moldova, Nepal and Nigeria (State of Kaduna). The time scale of the project is December 2020 to July 2023, with the possibility of a no cost extension to December 2023. The principal development partner for the project is the Government of Germany/GIZ . Its overall budget is US$ 1,134,707.28**.**

[1] https://openimis.org/features

[2] The ILO was not involved in any of these programmes.

Two ILO staff, the Social Protection Management Information Systems Specialist (Rodrigo Assumpçao) and an IT expert and administrative officer (Sven Nef) are responsible for managing the project. Technical assessments (of each country's capabilities and systems) and field visits have been conducted by consultants. Local IT companies are being contracted to write the code for the installation of openIMIS on the basis of the systematisation of the standard operating procedures set out by the consultants. openIMIS staff based at GIZ in Bonn are also available to respond to technical enquiries.

The project specifically supports improved governance and efficient management of social security in developing countries. Efficient, transparent and flexible management information systems are urgently needed in countries where the databases and IT systems used by governments and social security institutions are often fragmented and out of date; where systems have been introduced piecemeal and therefore lack interoperability; and where the schemes in place cover only a small proportion of the workforce.

Both governments and donors acknowledge that more needs to be done to extend social protection to the informal sector which provides livelihoods and income for the majority of the working population – around 90 per cent in sub-Saharan Africa. Typically existing social insurance schemes only cover workers in the formal economy where there are usually separate schemes for the private sector and public sector workers. There are also additional, separate non-contributory social assistance schemes/programmes, most often targeted at population groups regarded as especially vulnerable. The great majority of the working population earn their livelihoods in the informal economy and are not covered by systematic social protection of any kind. A small proportion receive some social assistance which is means tested on the basis of extreme poverty and other criteria. openIMIS offers the possibility of enrolling more informal economy workers in social security schemes.

The project seeks to extend social security as defined by ILO standards in the selected countries beyond health insurance. Each of the four countries within the project meet the openIMIS catalytic fund criteria in that they have demonstrated strong interest in openIMIS, have shown that they have the basic resources required to manage openIMIS, mainly their own qualified IT teams capable of operating openIMIS with minimal external assistance, and are on the GIZ list of donor recipient countries.

Purpose, scope and clients of the evaluation

The clients in the four project countries are social security institutions which want to use openIMIS to operate their schemes. For them the benefits of openIMIS include increased efficiency (all countries); ability to extend the schemes in terms of types of benefit/insurance (Nepal, Burkina Faso and Nigeria); ability to set up a completely new scheme (Moldova).

The SSF in Nepal and Kadchma in Nigeria are starting with people who are already contributing to health insurance schemes, that is, people employed in the formal sector by government and private companies. Both institutions, however, wish to expand their schemes to people working in the informal economy.

- In the case of Nigeria, Kadchma (Kaduna Contributory Health Management Authority), having taken over responsibility for health insurance and health care from the central government, has an obligation to extend its scheme beyond the formal sector.
- In Nepal, the purpose of the ILO financed project, using openIMIS, is for SSF to include other claims and areas – old age, maternity, disability and child benefits. SSF, with the support of GIZ, is already using openIMIS to process health, medical and accident claims. The expectation is that the processing via openIMIS of these three additional areas of SSF will be operational by mid-2023, with further functionalities, such as fund management, to be developed in subsequent discussion with GIZ and others, subject to funding.

- The cahier des charges of Burkina Faso is an open-ended document. It provides for the enrolment of the "indigents" (very poor) without indicating how many people will be classified as indigent. The care packages, their prices and the contribution and reimbursement rates for different classes of people have not been defined. It is anticipated that openIMIS will be able to manage this ambitious and wide-ranging scheme although it is recognised that additional work is needed before the project can move to writing the functionalities of the programme.
- The scheme in Moldova is simple and well-defined. Employers will be obliged to purchase vouchers for each day's work of each labourer. Part of the voucher will go towards the labourer's pension, another part will be tax income for the government, and a third part will build up short-term savings for the labourer which can be redeemed after six months. It will not be difficult to set out the standard operating procedures and to write the functionalities to make the scheme operational. In Moldova, however, the viability of the scheme itself has been questioned because of the potential negative response of employers with the possibility that they will try to avoid buying the vouchers. There will be incentives to accept the scheme and penalties for non-compliance but we have yet to see whether these will be sufficient.

Relevance to ILO global targets and demonstration effect

OpenIMIS holds the promise of accelerating progress towards the achievement of the targets of the ILO Global Flagship Programme (building sustainable and robust social protection systems and improved the social protection); towards SDG Target 1.3 (implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable); and towards achieving the 40 per cent social protection target contained in the Africa Regional Social Protection Strategy.

Successful installation and use of openIMIS in the different schemes of the four countries, and the showcasing of openIMIS through the ILO/ITC social protection courses and the USP 2030[3], programme of work. openIMIS is one of the open softwares which are being explored for use in low income countries though the Digital Convergence Initiative,[4] one of the four working groups of the USP 2030 partnership whose mission is to achieve the promise of SDG 1.3: "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable". openIMIS, therefore, holds the promise of a demonstration effect in countries which are in the process of building and managing fragmented social insurance schemes and seeking to extend social protection to workers in the informal economy.

Findings

The project is timely and welcomed by national partners. Its vision of achieving interoperability between unconnected systems of social security and social protection is of clear value to all countries and to SDG implementation, especially Goal 1 target 3 to extend national floors of social protection to all.

For the countries and their social security institutions, openIMIS provides the means to implement social protection efficiently and transparently, reducing costs and enhancing the possibilities of extending social protection to previously uncovered populations.

[3] https://usp2030.org/

[4] https://sp-convergence.org/resources/

For both the ILO and the governments of the project countries the successful deployment of openIMIS, which is open source software with relatively low installation costs, will demonstrate its superiority over out of date software which has been installed piecemeal for different schemes and therefore lacks interoperability, a key requirement for scaling up and extending social protection to previously uncovered groups. openIMIS is, of course, vastly superior to any remaining paper-based systems.

The project can be considered a kind of pilot. If openIMIS can be implemented successfully in such different contexts, its use can and will be acknowledged with more countries requesting this support. It will be important therefore that the country cases be well documented and considered within the ITC social protection training courses and the Digital Convergence Initiative - as well as included in potential training in-country - as they will encourage and inform potential users of the system.

In terms of the use of financial resources budgeted for the project, work undertaken so far is well within budget after allowance is made for the impact of Covid-19 and the fact that the project's fifth country (Country E in the budget) has not been designated.

Challenges to be overcome include the rather tight schedule of the project. The reality is that both the ambition of the project and the implementation in very dissimilar countries are affected by contextual issues which do not respond well to tight planning. Ambitious deadlines and strict adherence to the timetable on the assumption that all will go well and that there will no unexpected problems or delays can help to focus efforts but at the same time project managers need to be aware that factors beyond the control of the project can frustrate these deadlines and that implementation schedules need to be adjusted accordingly. The assumption that all will go well is referred to as "vanilla planning" by the consultants, Birkin & Barre.

In all countries mutual agreement between the stakeholder organisation and ILO is required for the contracting the IT company to write the openIMIS code which will run the management information system. This has been the cause of some delay in Nepal. However, all concerned are optimistic that if "vanilla planning" holds up – that is, if there are no further unforeseen difficulties – openIMIS will be successfully installed and deployed – in the cases of Nepal, Nigeria and Moldova, by the project end date.

Improved documentation of the openIMIS operates will support successful implementation and take up.

Recommendations

1. ILO, together with partner organisations, should review existing documentation on openIMIS to find out where improvements need to be made in order to ensure that it is clear, unambiguous and easy to understand. Good documentation reduces the time that software companies need to spend when implementing openIMIS and the costs of doing so.
   - ILO Project management, GIZ and selected partners, especially those who have experience of using the documentation, e.g. 2MCorp in Gambia. This is *high priority*.
   - Timeline: this should be done as soon as possible.
2. Vanilla planning and implementation, with its time scale of 12 months from inception to implementation, then 3 to 6 months of aftercare, 18 months altogether, with support given by the development partner when everything goes smoothly and according to schedule, is very rare. It is important, therefore, to have flexibility and, if possible, to avoid tight and over-

ambitious timetables and to build in additional contingency time, even if contingency funding is not available. Funders must be told not to be fixated on predetermined termination dates.

- ILO Project management. *High priority*.
- Timeline: this should be in place before any new project begins.

3. The success of openIMIS and the management information systems which it is intended to operate starts off with the implementation of openIMIS in the client's social security scheme. It is therefore important that the client should have an IT team ready and able to manage openIMIS, not only for its existing base of insured persons, but for the new populations with differing profiles that the scheme will cover as it expands. There is a need, therefore, to carry out an assessment of the training needs of the in-country IT teams who will manage openIMIS once it is installed. There is also a need to ensure that there are IT staff with openIMIS expertise at regional level to whom national teams can turn for assistance in resolving difficulties.

   - Project management and partner organisation to assess training needs of in-country IT teams. *High priority*.
   - Timeline: this should be in place before the project begins.

4. There should be a clear path and timeline between the initial diagnostic analysis and the subsequent actions to be taken, with responsibilities assigned, clarity as to who has to agree key decisions (e.g. choice of development partner). This should have the agreement of the implementing social security institution.

   - ILO Project management. *High priority* for new countries.
   - Timeframe: this should be in place before the project starts.

5. There should be an inventory of relevant available resources for the project at the outset. This should include a review of the stakeholder's IT resources and a wider assessment of the IT industry in the country concerned.

   - ILO Project management, in consultation with GIZ and stakeholder. *High priority* for new countries.
   - Timeframe: this should be in place before the project starts.

6. ILO should also make an assessment of the financial resources that could be needed for further development after the immediate project has been concluded. Additional resources, both human and financial, will be needed to address problems that are likely to arise as data volumes and complexity increase.

   - ILO Project management. *High priority*.
   - Timeframe: medium.

7. Governance, management, transparency and accountability are key issues. The end goal must be for stakeholder organisations to ensure that lines of responsibility are clear and unambiguous; that policies and procedures are also clear; and that decisions are transparent.

   - Stakeholder organisations. *High priority* for new countries.
   - Timeline: medium.

8. At the end of the project ILO should have ensured that stakeholders have taken responsibility for and control over their own IT development, either by assembling the resources in-house or outsourcing tasks to accountable and trusted partners.

   - Stakeholders, with advice if necessary from ILO project management and country offices. *High priority*.
   - Timeline: short-term.

9. The choice of development partner and data storage technology (national or international cloud storage or local servers) should be made at an early stage. It has been suggested that development partners may be able to make a useful suggestions on the implementation process before they begin to write openIMIS code.
   - ILO Project management. *Medium priority*.
   - Timeframe: medium.
10. The choice of development partner and data storage technology (national or international cloud storage or local servers) should be made at an early stage. It has been suggested that development partners may be able to make a useful suggestions on the implementation process before they begin to write openIMIS code.
   - ILO Project management. *Medium priority*.
   - Timeframe: medium.

Methodology

The evaluation included desk study of relevant documentation, which included background to the countries, the templates, business plans (where available) and feasibility studies for each country and relevant ILO documentation.

For each country interviews of approximately one hour in length were held with key stakeholders, including GIZ, and with the consultants contracted by the project to analyse and set out the SOPs in all countries. It was possible to interview one "development partner" – the IT firm based in Gambia contracted to work with the country counterparts to install openIMIS in Nigeria and Burkina Faso.

We also interviewed Geneva-based staff in the Actuarial Service Unit of SOCPRO. We were guided at all times with very extensive and helpful conversations with the Social Protection Management Information Systems Specialist, manager of the project.

Sample questions used in the interviews are included in the appendices. Questions were divided into those addressing relevance, coherence and strategic fit with ILO and country objectives; design; management; capacity in country; efficiency and sustainability issues. Questions were customized for each country but we sought to understand from the interviewees the following:

1. Where is the country (Nepal, Nigeria, Burkina Faso, Moldova) in relation to the process of installing openIMIS to manage its social protection schemes?
2. Have any of the countries moved beyond health and health insurance to other areas of social security? Do any of the countries have plans to do so?
3. What have been the experiences of each country in relation to openIMIS? This question refers to the experiences of the institutions and their staff which are installing or intending to use openIMIS to manage their health/social protection schemes and to the experiences of the personnel (GIZ, ILO, consultants) who are providing the technical assistance in each country.
4. What has gone well? What difficulties have been encountered? How have they been resolved?

A full list is those interviewed in the ILO, GIZ and in country is annexed. All interviewees gave freely of their time and were detailed in their responses, following up with relevant documentation. Each interview was written up and where possible sent to the interviewee for checking and amendment for accuracy.

Discussions were held with ILO staff on key findings, result of which are included in the final document.

Provisional text on Emerging Good Practice and Lessons Learned can be found in Appendix 3

▶ Full report

1. Introduction

1.1. The project

The aim of the project "*Supporting the implementation of openIMIS for the administration of social protection schemes in countries matching the openIMIS catalytic fund criteria*" is to improve the management and administration of social protection schemes by supporting the implementation of an open-source Management Information System, openIMIS, for the administration of social protection schemes in a number of selected countries matching the openIMIS catalytic fund criteria.

This project started implementation in December 2020 and is expected to end on 31 July 2023.[5] This project is being funded by the Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) with an overall budget of €949,750.

The Project Outcome: as specified in the project document, is to *Implement in 5 selected countries a Management Information System based on openIMIS to administer specific social protection schemes, incrementing the stakeholders capacity to govern, manage and maintain the implemented MIS while collecting, analysing and systematizing all the relevant information in order to contribute to the evolution and strategic planning of the openIMIS initiative*.

Participating countries: There are four, not five, countries participating in this project – Nepal, Nigeria, Burkina Faso and Moldova. Two countries, Honduras and Guinea, after expressing an initial interest in openIMIS, dropped out after failing to follow up on their initial approaches.

1.2. About openIMIS[6]

OpenIMIS (open source Insurance Management System) is an open source software system originally developed by the Swiss Agency for Development Cooperation to manage community health funds in Tanzania where it was first implemented in 2012. It has since been used in Cameroon and Nepal for the management of health insurance schemes and in Gambia for a cash transfer programme implemented in response to Covid19. These schemes were not implemented under the auspices of the ILO.

OpenIMIS is now supported by the Swiss Agency for Development Cooperation and the German Federal Ministry for Economic Cooperation and Development. The openIMIS coordination desk,[7] now hosted at GIZ's Global Initiative Social Protection Innovation and Learning in Bonn, is responsible for:

- the coordination of the implementers' and developers' committees;
- maintaining the openIMIS wiki, and other collaboration tools;
- managing new software development;
- promoting the used and further development of openIMIS.

[5] With the possibility of a six month no cost extension till December 2023.

[6] https://openimis.org/features

[7] Ibid.

The coordination provides technical assistance to the community of users or directs requests for technical assistance to developers who already have experience of openIMIS.

1.3. Catalytic Investment Fund (CIF)

The purpose of the CIF is to provide complementary investments to scheme operators who wish to implement or scale up openIMIS in their social (and health) protection schemes. The catalytic fund is aimed at helping scheme operators to get their schemes off the ground and allow them to keep growing the schemes beyond the initial implementation. openIMIS makes clear that the catalytic fund is unlikely to disburse funds directly to applicants, but consists of a technical assistance package which is agreed by BMZ and SDC, after a pre-feasibility study which is compiled on the basis of information supplied by the applicant and consultation with the applicant. If the pre-feasibility study is positive, a full feasibility study is undertaken. Applicants who have passed the pre-feasibility stage can be described as those matching the openIMIS Catalytic Fund criteria.[8]

1.4. Project phases

The Terms of Reference for the mid-term evaluation set out three phases for the implementation of openIMIS in the four project countries, as follows:

- "**Phase 1** is composed of: choosing the countries for the implementation projects, initially defined as five[9] countries where we can combine both the openIMIS Implementation Fund criteria and the ILO criteria for defining the countries fit for implementation as well as the country's interest and minimum capacity for implementation; establishing detailed implementation plans with the active engagement of the ILO country offices as well as the local stakeholders, this is necessary to define both the needs and the limitations of the implementation process, the necessary customizations and or adaptations to the existing openIMIS modules as well as the possible development of new modules.

  We have noted that the possibility of limiting the project to four countries was discussed with GIZ from the beginning.
- **Phase 2** is composed of executing the defined implementation plans that will typically run as follows: conduct a diagnosis of the IT situation of the local partner; conduct a diagnosis of the Standard Operating Procedures (SOPs) of the social protection schemes covered by the MIS to be implemented; define and procure the necessary infrastructure to run the MIS; customize and develop the necessary modules for the specific scheme; rollout, test and correct possible problems in order to have a functioning MIS system in place; develop the capacity of the stakeholders to govern, manage, maintain and use both the database and the MIS; develop a roadmap for the MIS orienting the possible expansion and interoperability with other social protection schemes; develop training materials on openIMIS for the users and the stakeholders.
- **Phase 3** is composed of collecting, analysing and systematizing all the relevant information provided by the implementation projects in order to contribute to the evolution and strategic planning of the openIMIS initiative. This will culminate with a final evaluation seminar with the stakeholders, the involved experts as well as the openIMIS coordination desk of GIZ. One of the expected results is the structuring of a course on the implementation, governance and management of MISs based on all the training materials

[8] See openIMIS: The openIMIS Catalytic Implementation Fund: The openIMIS Catalytic Implementation Fund - openIMIS - openIMIS Wiki (atlassian.net).

[9] Only 4 countries ae in the current project.

produced in the country implementations, to be offered subsequently by the ILO International Training Center (ILO-ITC) in Turin."

On the basis of this description it is judged that all four countries are in, or at the beginning of, Phase 2.

1.5. Background

The rationale for openIMIS for the ILO and other stakeholders stems from their awareness of the operational difficulties faced by health and social insurance schemes in developing countries. They are fragmented, with poor data and with little interoperability, with different schemes for formal sector workers (which rely on contributions from employers and employees) and non-contributory programmes, most often targeted at households identified as poor and vulnerable, who themselves usually constitute only a small proportion of the very low income population. High administration costs can also reduce the value of the benefits delivered to contributors. Registration difficulties are a serious limitation. Social security institutions often struggle to maintain and update their own IT systems.

The high rates of informality in all countries, especially so in low income countries – as high as 90 per cent – are a core challenge for social security, and one on which the ILO and member governments are doing much important work. The vision of the ILO is to extend coverage to workers in the informal economy and to improve the governance of social security at three levels – management (board); financial; and data governance. The openIMIS project contributes to improve data governance. One of the key tasks for the future in all four project countries will be to extend coverage to workers in the informal economy. This will be challenging because it means enrolling workers who are accustomed to working and receiving payments in the cash economy with little or no contact with official financial institutions. In one of the project countries, Moldova, openIMIS will be used to manage payments and pension contributions of temporary workers.

In 2019, the ILO saw that by adopting openIMIS to manage health and social security schemes, institutions in developing countries could overcome some of the challenges related to the data governance, and began to work towards the present project. Since March 2020, the openIMIS initiative coordination desk[10] and the Actuarial Services Unit (SOC/ASU) of the Social Protection Department of the ILO have been working together to develop and adapt openIMIS for the management of the other branches of benefits (i.e. other than health and EII).

As mentioned above, the project originally intended to select five countries to implement a Management Information System based on openIMIS to administer social protection schemes. Six countries had expressed an interest in implementing openIMIS to manage different types of health and social security schemes. After Honduras and Guinea dropped out, four countries remained in the project (**Burkina Faso, Moldova, Nepal and Nigeria**). Agreements have been signed with these four countries.

One of the conditions for inclusion in the project was that the selected countries had to be on the GIZ list, in other words, a German targeted country for development aid. Commitment on the part of the government and the social security agency is a core criterion – and this commitment has to be shown by designating staff to work with openIMIS. Failure to do this would indicate a lack of commitment which would jeopardise the success of the project.

[10] https://openimis.atlassian.net/wiki/spaces/OP/pages/589365335/Coordination+Desk

1.6. Project intervention logic and organizational arrangements for the project's

implementation

Once selected and agreed in country each implementation process would typically do the following:

(1) conduct a diagnosis of the IT situation of the local partner and of the Standard Operating Procedures (SOPs) of the social security schemes covered by the MIS to be implemented;

(2) customize and develop the necessary modules for the specific scheme;

(3) define and procure the necessary hardware to ensure that openIMIS can function without difficulty;

(4) rollout, test, and correct possible problems in order to have a functioning MIS system in place;

(5) subsequently develop the capacity of the stakeholders to govern, manage, maintain, and use both the database and the MIS.

It is intended that each implementation will also develop a roadmap for the MIS, providing guidance for the possible expansion and interoperability with other social protection schemes, and aggregate and systematize all the information on all implementations for lesson learning and strategic planning and evolution of the openIMIS initiative.

For the project to operate at maximum efficiency it is important to have sufficient capacity within the ILO to support it. It will be important that there be an assessment of staff and training needs at HQ, national and regional level, and where necessary that extra support is provided through training and or staffing. It is already clear that the pool of IT experts available to the ILO and to countries implementing openIMIS is limited and could be increased. In the past ILO has relied on IT companies it knows well to instal the software and support training.

The success of openIMIS and the management information systems which it is intended to operate starts off with the implementation of openIMIS in the client's social security scheme. It is therefore important that the client should have an IT team ready and able to manage openIMIS, not only for its existing base of insured persons, but for the new populations with differing profiles that the scheme will cover as it expands. There is a need, therefore, to carry out an assessment of the training needs of the in-country IT teams who will manage openIMIS once it is installed. There is also a need to ensure that there are IT staff with openIMIS expertise at regional level to whom national teams can turn for assistance in resolving difficulties.

It was suggested in May 2021 that post-installation, institutions using openIMIS might rely on a community of users to help them resolve difficulties with the software. This has now been judged insufficient. The ILO (with part funding from GIZ) has agreed to assign a person with an IT background who will provide solutions to any difficulties being encountered or be able to point to others who can provide the necessary assistance. It is also expected that as more countries instal openIMIS to manage social security schemes and more IT teams become familiar with openIMIS, it will become easier to find the expertise needed to resolve problems.

The systematization of the process will also include the structuring of a course for national staff on the implementation, governance, capacity building and management of openIMIS. This will be offered on an ongoing basis though the ITC-ILO training centre in Turin and is an important element of the project's sustainability.

Currently the project is managed by one Social Protection Management Information Systems Expert who is based in the Actuarial Services Unit (SOC/ASU) of the Social Protection Department of the ILO. The expert is responsible for project implementation, identifying and working with the

IT developers, supervising staff, allocating project budgets, preparing progress reports and maintaining project relations with national partners and the development partner. He is supported by one person with an IT background, referred to above, national ILO officers in the countries of the project and also the social protection specialists in the relevant regional offices.

2. Evaluation background[11]

The project is subject to a midterm internal evaluation in-line with ILO Evaluation Policy.

2.1. Purpose

The midterm evaluation is intended to provide accountability and organizational learning for the ILO, its constituents, implementing countries and the Donor. The purpose of this mid-term evaluation, which is constructive and forward thinking, is to see what can be learned from the experience of all four countries, all at different stages of adoption of openIMIS, starting from the initial engagement with the implementing teams (ILO and consultants), through feasibility studies and diagnoses, to the actual process of transferring data from legacy systems to deployment and use of openIMIS.

2.2. Evaluation clients

The stakeholders of the midterm evaluation are:

- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH;
- ILO Tripartite Constituents: representatives from Governments, Workers' and Employers' Organizations, and civil society who have participated in project interventions;
- ILO Social Protection Department;
- ILO project and programming staff based in country/regional offices where the project is being implemented; and
- Other interested parties.

The primary users of the midterm evaluation are the ILO constituents and partners in implementing countries, implementing ILO unit SOCPRO, ILO country offices, ILO regional offices and the Development Partner. It is also intended to help inform the final independent evaluation.

2.3. Scope

The proposed evaluation will examine the project in terms of its progress, its implementation arrangements, partnerships, achievements, challenges, good practices, and lessons learned from the implementation of the project. The scope of the midterm internal evaluation includes a review and assessment of all outputs, activities and workflows carried out under the project in the implementing countries and at the global level since the start date of the project 01 December 2020.

2.4. Evaluation criteria

The midterm internal evaluation will address the areas of project relevance, effectiveness, efficiency, impact and sustainability.

[11] Taken from the Tors for the Mid-term Evaluation.

2.5. Project indicators defined in the TOR

Evaluators have considered progress at this stage of the work according to the project indicators in the TOR and conclude:

- Countries have been selected according to defined criteria and budget – *yes*
- Country implementation plans have been approved by local partners – *yes*
- Country Management Information Systems are implemented and are deemed functional – *not yet*
- Country stakeholders and users are trained on the use of openIMIS – *not yet; ongoing*
- Final country implementation report published in the openIMIS knowledge repository – *not yet*
- ICT G&M and MIS implementation course offered in the ITC-ILO – *not yet, in preparation*

The difficulties encountered and the ways in which they were and are being addressed and overcome have been assessed. These experiences can show how they can be anticipated and planned for in the future.

3. Methodology

The evaluation included desk study of relevant documentation, which included background to the countries, the templates, business plans (where available) and feasibility studies for each country and relevant ILO documentation.

For each country interviews of approximately one hour in length were held with key stakeholders, including GIZ, and with the consultants contracted by the project to analyse and set out the SOPs in all countries. Because each country in the project is still in or just beginning Phase 2, it was only possible to interview one “development partner”– the IT firm based in Gambia contracted to work with the country counterparts to install openIMIS in Nigeria and Burkina Faso.

We also interviewed Geneva-based staff in the Actuarial Service Unit of SOCPRO. We were guided at all times with very extensive and helpful conversations with the Social Protection Management Information Systems Specialist, manager of the project.

Sample questions used in the interviews are included in the appendices. Questions were divided into those addressing relevance, coherence and strategic fit with ILO and country objectives; design; management; capacity in country; efficiency and sustainability issues. Questions were customized for each country but we sought to understand from the interviewees the following:

1. Where is the country (Nepal, Nigeria, Burkina Faso, Moldova) in relation to the process of installing openIMIS to manage its social protection schemes?
2. Has any of the countries moved beyond health and health insurance to other areas of social security? Do any of the countries have plans to do so?
3. What have been the experiences of each country in relation to openIMIS? This question refers to the experiences of the institutions and their staff which are installing or intending to use openIMIS to manage their health/social protection schemes and to the experiences of the personnel (GIZ, ILO, consultants) who are providing the technical assistance in each country.
4. What has gone well? What difficulties have been encountered? How have they been resolved?

A full list is those interviewed in the ILO, GIZ and in country is annexed. All interviewees gave freely of their time and were detailed in their responses, following up with relevant documentation. Each interview was written up and where possible sent to the interviewee for checking and amendment for accuracy.

4. Project implementation

4.1. Project outputs

The official start date of the project was 01 December 2020. According to the project Progress Report (1 December 2020 to 21 May 2021), planned outputs are as follows, (numbering has been changed to reflect that the evaluation is looking at progress in four, rather than five, countries):

- Output 1.1. – Definition of 4 implementation projects with countries, partner institutions and specific social protection schemes;
- Output 1.2. – Implementation of an MIS based on openIMIS in Nepal;
- Output 1.3. – Implementation of an MIS based on openIMIS in Nigeria:
- Output 1.4. – Implementation of an MIS based on openIMIS in Burkina Faso;
- Output 1.5. – Implementation of an MIS based on openIMIS in Moldova;
- Output 1.6. – Final report on MIS implementation strategies to contribute to the evolution of the openIMIS initiative;
- Output 1.7. – Course in ICT governance, management and implementation of MISs.

4.2. The project countries

The four countries and schemes are:

- Nepal – Social Security Fund: social security;
- Nigeria, Kaduna State – Kaduna State Contributory Health Management Authority (KADCHMA): health insurance;
- Burkina Faso – Caisse nationale d'assurance universelle (CNAMU): health insurance;
- Moldova – Ministry of Labour and Social Protection: Voucher Scheme for day labourers.

4.3. Output 1.2 to Output 1.5

Implementation of an MIS based on openIMIS in four countries: of the four countries – Nepal, Nigeria, Burkina Faso and Moldova – which have requested ILO assistance in adopting and using openIMIS, it is Nepal, where openIMIS was first deployed in 2016 by the Health Insurance Board (not under the auspices of ILO), which has most experience in using it.

There was no ILO involvement in the implementation of openIMIS by the Health Insurance Board of Nepal for the management of its health insurance schemes nor in the employment injury insurance scheme, launched by the Social Security Fund in 2020.

In Nigeria, the Kaduna State Contributory Health Management Authority (KADCHMA), having decided to adopt openIMIS, is at an early stage in preparing for installation.

Moldova and Burkina Faso are just beginning.

4.4. Steps (outputs) in the implementation process

Each country has completed, or will complete, the following steps (outputs) in the implementation process, as follows:[12]

- Business case – a detailed rationale for the project, unique to each country
- Setting out and getting agreement on the standard operating procedures (SOPs)

[12] Conversation with Anneke and Sven of Birkin & Barre.

- Carrying out a functional analysis – the interactions and transactions that the project is intended to deliver, e.g. recording of injuries and claims based on injuries.
- Implementation of openIMIS
- Testing with different scenarios
- Finalisation with the development partner – contracted to deliver the software
- Deployment – operations mode – training – writing manuals

Outputs 1.6 and 1.7 are outstanding.

5. Management and implementation

5.1. Who is involved in implementing openIMIS?

ILO staff members involved are:

- André Picard (Head of Actuarial Services Unit, Geneva) who is responsible for overseeing the project;
- Rodrigo Ortiz d'Avila Assumpçao (Social Protection Management Information Systems Specialist, Geneva), project manager;
- Sven Nef (IT expert and administrator).

Country ILO staff assisting in project implementation are:

- Nepal – André Bongestabs (Social Protection Technical Officer, Kathmandu); Suravi Bhandary (National Programme Coordinator);
- Nigeria – Segun Tekun (National Project Officer, Abuja);
- Burkina Faso – Adama Sanou (National Project Coordinator, Ouagadougou);
- Kenichi Hirose – (Senior Specialist, Social Protection, Budapest).

Consultants:

- Birkin & Barre BVBA (Anneke Baeten and Sven Hutse) responsible for writing project initiation documents (business case) and codifying SOPs in Nepal and Nigeria.
- Youssouf Timera, author of *CNAMU – Manuel de procédures et cahiers des charges* (Burkina Faso – 01 November 2022).
- Serge Alias Wilfried KY, author of *Étude de faisabilité pour l'implémentation du système d'information OpenIMIS au sein du régime d'assurance maladie universelle au Burkina Faso* (January 2022). Even though ILO has used this document it is not formally part of project.
- Momodou Jarju (2M Corp, Gambia) contracted to write openIMIS code for KADCHMA and expected to do the same for CNAMU, Burkina Faso.

5.2. Scheduling and "Vanilla planning"

"Vanilla planning" is the term used by ILO consultants Birkin & Barre to describe the process when everything goes well. Birkin & Barre have designed 10 templates,[13] which are being used to customise openIMIS implementation in each country. Birkin & Barre have therefore created a methodology in principle which can be used in any country. They have worked previously for the ILO in a number of countries, including Pakistan and Bangladesh, from which the templates have been developed. They have been involved in some workshops in Turin with Rodrigo Ortiz d'Avila Assumpçao.

[13] See appendix.

Birkin & Barre explained how they work on openIMIS with applicant countries as ILO consultants. Interoperability is an important issue for countries which are running multiple systems out of different institutions. Interoperable systems require a national registry, a 'single source of truth' or 'authentic source' which will enable data to be exchanged.

The time scale for each country is generally 12 months from inception to implementation, then three to six months of aftercare, 18 months altogether, with support given by the development partner.

The development partner configures openIMIS, i.e. does the coding according to the specifications of the SOPs and what the system is intended to deliver (functionalities). At the end, when openIMIS is up and running, there will be a service agreement with the development partner. Birkin & Barre will be available for trouble shooting and consultation.

5.3. Project phases

The project is divided into three phases. The following description of the phases is taken from the terms of reference of the mid-term evaluation. The phases were previously set out on pages 6 and 7.

- **Phase 1 –** choosing the countries for the implementation projects:
  - countries had to be able to satisfy the openIMIS Implementation Fund criteria and the ILO criteria for defining the countries fit for implementation and to have a clear interest in adopting openIMIS together with a minimum capacity for implementation;
  - establishing detailed implementation plans with the active engagement of the ILO country offices as well as the local stakeholders – this is necessary to define both the needs and the limitations of the implementation process, the necessary customizations and/or adaptations to the existing openIMIS modules as well as the possible development of new modules.
- **Phase 2 –** the four defined implementation plans, typically running as follows:
  - conduct a diagnosis of the IT situation of the local partner;
  - conduct a diagnosis of the Standard Operating Procedures (SOPs) of the social protection schemes covered by the MIS to be implemented;
  - define and procure the necessary infrastructure to run the MIS;
  - customize and develop the necessary modules for the specific scheme;
  - rollout, test and correct possible problems in order to have a functioning MIS system in place;
  - develop the capacity of the stakeholders to govern, manage, maintain and use both the database and the MIS;
  - develop a roadmap for the MIS orienting the possible expansion and interoperability with other social protection schemes;
  - develop training materials on openIMIS for the users and the stakeholders.
- **Phase 3 –** collecting, analysing and systematizing all the relevant information provided by the four implementation projects in order to contribute to the evolution and strategic planning of the openIMIS initiative. This will culminate with a final evaluation seminar with the stakeholders, the involved experts as well as the openIMIS coordination desk of GIZ. One of the expected results is the structuring of a course on the implementation, governance and management of MISs based on all the training materials produced in the country implementations, to be offered subsequently by the ILO International Training Center (ILO-ITC) in Turin.

All four countries are currently in Phase 2.

6. Country specific findings

6.1. Nepal

6.1.1. Relevance, coherence, and strategic fit

The Social Security Fund (SSF) is the institution which is planning to implement openIMIS to manage its social insurance programmes. The SSF was set up in 2011 and was given formal status by the new constitution which came into force in 2015 with provisions for social security and for health. This established the SSF to complement the functions of the existing Health Insurance Board. Although SSF was created in 2011, this was more theoretical than real, because it started to operate only in 2017, after the 2015 constitution came into force. Nevertheless work on the software to be used by SSF started immediately in 2011 in the absence of any real-world operations. This meant that when operations did start in 2017 the system had to adapt quickly.

The Contribution-based Social Security Act (CBSSA) of 2017 made the provision of social insurance to all workers mandatory and provided the legal framework for covering eight of the nine contingencies set out in the ILO's Social Security (Minimum Standards) Convention n.102 (1952). This fits squarely within the ILO's Global Policy Outcomes.

The SSF plans to implement the provisions of the Act in a phased manner. Four new social security schemes were launched in July 2019. These include a Medical and Health Protection scheme, a Maternity Protection scheme, an Accident and Disability Protection scheme, a Dependent Family Protection scheme and an Old Age Protection scheme. More schemes are contemplated over the coming years.[14] In mid-2021 14,738 employers and 257,817 contributors were registered with SSF – out of and estimated total of 923,000 private institutions across the country.

The ultimate aim of the SSF is universal social security embracing three million workers in the formal and informal sectors. Success will provide an important case study for national progress on development targets, and contribute to understanding of the implementation of target 1.3 of the SDGS. Progress on the project has been slower than expected but the bottlenecks causing delay have now largely been resolved. There is a case pending in the Supreme Court, filed by the trade unions of 22 commercial banks challenging mandatory listing in the SSF, claiming that it is less beneficial to workers than existing welfare funds. Contributions to the SSF are 10 per cent of the salary of contributed by employees and 21 per cent by employers.[15] The Supreme Court has yet to make a decision on this case. This is outside the scope of the openIMIS project but is nevertheless a crucial issue for the SSF.

A decision to accept the unions' petition by the Court would undermine the fundamental principle of insurance – the pooling of risk. SSF management, however, said that the outcome of this case, even if negative for SSF, would not threaten the SSF's social security scheme. This is a risk to the scheme, not to openIMIS and its implementation.

6.1.2. Design and effectiveness

For the time being only health, medical and accident claims are currently processed by SSF through openIMIS. The inclusion of other claims and areas (old age, maternity, disability and child benefits) will be done by the project. The expectation is that the processing of these three core

[14] ILO, April 2021: The Social Security Fund of Nepal: A Capacity Needs Assessment and Learning Plan. Report by Costanza de Toma. Available at: https://www.ilo.org/kathmandu/whatwedo/publications/WCMS_811622/lang--en/index.htm.

[15] Nepali Times, 18 July 2021: *Nepalis insecure about new Social Security Fund*. Available at: https://www.nepalitimes.com/here-now/nepalis-insecure-about-new-social-security-fund/.

areas SSF via openIMIS will be operational by mid-2023, with further functionalities, such as fund management, to be developed in subsequent discussion with GIZ and others, subject to funding. SSF is committed to resourcing the current system – but knows that more resources will be needed to include the full package of claims and functionalities. SSF is concerned to avoid a scenario where demand could outstrip capacity. Also, it is aware that the project is due to end in July 2023 but may require more time.

Since mid-2022, 20 per cent of claims, about 150 per day, are currently being managed by openIMIS through a programme of GIZ and SSF. Claims are made by health providers who, providing the claim is eligible, receive 80 per cent of their fee from SSF. A 20 per cent out-of-pocket co-payment fee is paid by the claimant. The scales of fees for different treatments have been negotiated with SSF. These are based on fees charged by government clinics which are lower than those charged by private health providers. OpenIMIS does not currently provide reverse feedback on claims which are judged ineligible. The claimant has to be informed manually, usually by text message. The majority of rejected claims, which are few in number, are the result of inadequate paperwork but in some cases the substantive claim is judged ineligible, perhaps because the fee charged by the health provider is higher than that agreed with SSF.

The business mapping process for the current SOPS is almost complete, and the development partner has now been identified. The role of the development partner (software company) is to write the code which will based on a format specifying the functionalities of the system derived from the mapping of the Standard Operating Procedures. The mapping of the Standard Operating Procedures and the specification of the functionalities have been completed by consultants contracted by the project. The development partner will also be contracted by the project. There was some delay because the first choice was a Dhaka-based software company which had already worked with the ILO on a database to process claims arising from garment factory disasters in Bangladesh. The SSF, however, asked that the contract should be awarded to a Nepali company. The contract has to comply with ILO rules and procedures but does not have to be the result of competitive tendering, providing that the overall cost is less than USD$50K.

6.1.3. Efficiency, sustainability and impact

It is clear that once openIMIS is fully operational, it will reduce the workload of SSF staff provide accountability to stakeholders and claimants. However, the process of implementing openIMIS will be arduous because health providers will have to upload their own records to openIMIS and SSF staff will have to be trained to use openIMIS and to deal with queries and complaints arising from decisions on claims made by openIMIS in accordance with SSF's standard operating procedures. It is likely that the full operationalisation of health insurance under openIMIS together with the inclusion of the new areas supported by the ILO project may be challenging for SSF's existing IT teams as they are presently structured. This is something that SSF will need to keep under review together with the development partner and supporting agencies, including ILO.

In 2021, before this project was launched (or at the same time) ILO carried out a review of the capacity needs of SSF and drew up a learning plan. One key finding, under the heading of Delivery Excellence, was, "Ensuring a service culture is fostered at all levels across the institution, reaching out to, listening to and integrating participant feedback in product design (or re-design) in order to ensure to meet their needs, the delivery of value-led services and powerful communication, will be essential. Without this, trying to persuade employers and workers to join the Fund will be ineffective. Although most survey respondents demonstrated relatively positive attitudes to this dimension, it should be noted that Senior Managers and staff from the Human Resource and

Information Management department scored lower than other groups. Going forward, the institution may wish to redouble its efforts to foster a service culture."[16]

6.1.4. Summary

The Nepal experience illustrates well the challenge of timing, sequencing and external risks.

The SSF overall is currently in a development and learning phase as it is still finding its feet as a modern social security institution. At the same time it is being asked to implement a software package which will require trained staff to use and manage it effectively.

The project is operating within a tight time frame. This would not be problematic if everything were going according to plan, following "vanilla planning" in the words of Sven Hutse and Anneke Baeten, (Birkin & Barre) when the entire project can be delivered in 12 months from inception to implementation, followed by three to six months of aftercare, making 18 months altogether, with support given by the development partner.

Informality in Nepal is a major challenge. While the technical issues of implementing openIMIS are separate from those affecting SSF as a whole, for SSF as a universal, rights-based social security institution, the effective pooling risk across all employers and ultimately across a good proportion of the informal economy must take place but cannot be guaranteed without mandatory enrolment. Olivier de Schutter, the UN Human Special Rapporteur on Extreme Poverty and Human Rights, who visited Nepal in December 2021, said that the government needed to develop,

> … a clear plan for how to include informal workers in the contributory social protection system … in line with ILO Recommendation No. 204 concerning the Transition from the Informal to the Formal Economy, which at the time of the Special Rapporteur's mission could not be articulated by the Government. A key component of the strategy should be to provide the right incentives for formalization of work and enrolment in the SSF, and to provide appropriate information to workers about the advantages from such enrolment. Lack of clear communication with businesses and stakeholders on how the Government plans to invest the Fund is also leading to scepticism among the business community. Furthermore, there is lack of clarity over how and why businesses already making use of other pension funds, such as the Government-owned Employees Provident Fund are to migrate to the new Fund. It will be important for the Government to monitor and incentivize enrolment in the SSF as well as exercise transparency in how funds are used.[17]

At the time of writing SSF is optimistic that the project can be up and running with openIMIS by mid-summer 2023. It will be important to resolve the doubts that have been expressed, about the capacity of the in-house IT team at SSF, in terms of the number of skilled people in the team, and

[16] ILO, April 2021, op. cit., p. 14.

[17] Statement by Professor Olivier De Schutter, United Nations Special Rapporteur on extreme poverty and human rights, on his visit to Nepal, 29 November – 9 December 2021, Chapter 7: Social Protection, Section c Social Security Fund. Available at https://www.ohchr.org/en/statements/2021/12/statement-professor-olivier-de-schutter-united-nations-special-rapporteur.

the process to familiarise themselves with openIMIS and to assume responsibility for it in the time available.

6.2. Burkina faso

6.2.1. Background; relevance, coherence and strategic fit

The political context is that the last 12 months has been a period of extreme political instability in Burkina Faso. In December 2021, President Kaboré dismissed the prime minister and government; on 24 January Kaboré himself was overthrown by a military coup d'état; and on 30th September there was a second military coup. The main reason for these abrupt changes is dissatisfaction with the government's inability to deal satisfactorily with the jihadist insurgency in the north of the country. In June 2022 the ECOWAS mediator, Mahamadou Issoufou, a former president of Niger, said that the government controlled only 60 per cent of the territory of Burkina Faso.[18] Jihadist groups are also blocking transport routes and impeding the supply of electricity, water, food and healthcare to hundreds of thousands of people;[19] 90 per cent of the population of Burkina Faso is classified as in the informal sector.

Despite these upheavals and the prevailing climate of insecurity, it appears that the commitment of the authorities to social security remains solid. To deliver social security in the face of the generalised insecurity of the time would be an important sign of government commitment to its citizens. The ILO consultant, Youssouf Timera, who visited Burkina Faso in August 2022, reported that the director of the Caisse nationale d'assurance maladie universelle (CNAMU), the Burkinabé counterpart in this project, was reconfirmed in his post together with his staff after a month long period of uncertainty following the September coup.

The social security panorama of Burkina Faso includes provision for universal health through the work of CNAMU,[20] which was set up in March 2018 to be the management body for Burkina Faso's Universal Health Assurance Scheme (Régime d'assurance mutuelle universelle – RAMU). Its functions align with ILO global policy and embrace:

- the management of the Assurance maladie universelle (AMU) fund;
- defining the basket of insured treatments in such a way as to ensure financial viability;
- agreeing health benefits with healthcare providers;
- organising and coordinating all the technical functions of the insurance scheme (affiliation of employers, registration of insured persons, collection of contributions, management of benefits, collection, etc.).

CNAMU has received assistance from the ILO for the operationalisation of its health insurance scheme under the Flagship Programme Building Social Protection Floors for All (*Bâtir des systèmes nationaux de protection sociale robuste pour couvrir les travailleurs de l'économie informelle et leurs familles, faciliter leur accès aux soins de santé et leur permettre de faire face aux défis du futur*).

Implementation of openIMIS in Burkina Faso provides learning material for a potential case study on taking forward social protection floors in the context of generalised insecurity.

[18] Aljazeera, 18 June 2022. State controls just 60 per cent of Burkina Faso: ECOWAS mediator. https://www.aljazeera.com/news/2022/6/18/state-controls-only-60-percent-of-burkina-faso-mediator.

[19] European Parliament resolution of 20 October 2022 on the situation in Burkina Faso following the coup d'Etat, 20 October 2022, https://www.europarl.europa.eu/doceo/document/TA-9-2022-0375_EN.html.

[20] Caisse nationale d'assurance maladie universelle.

6.2.2. Design and effectiveness

In June 2021 the then director of CNAMU wrote to the ILO confirming the interest of CNAMU in openIMIS and formally requesting a feasibility study and subsequent adaptation and installation of openIMIS. The ILO consultant, Serge Alias Wilfried KY, visited Burkina Faso in January 2021 to undertake an ICT diagnostic. Two versions were submitted to ILO, the first, provisional version in December 2021 and the final, definitive version in February 2022. A second consultant, Youssouf Timera, visited Burkina Faso in August 2022 and submitted a report on standard operating procedures and specifications for the installation of openIMIS (Manuels des procedures et cahier des charges) on 1 November 2022. This report is now being reviewed by CNAMU.

The health system in Burkina Faso operates at three geographical levels – district, intermediate (regional health directorates provide technical support to the health districts and coordinates health activities in the region) and central (the Ministry of Health represented by the Minister's office, the General Secretariat and the technical departments. These are the strategic and political decision-making bodies and the regional technical support bodies).

Health care provision is organised into three sub-sectors: public, private and traditional. It is a pyramid-type system with three levels:

- The primary level (lowest, health district) includes the Health and Social Promotion Center (CSPS) and the Medical Center (CM), acting as the gateway to the health system. They provide a Minimum Package of Activities (PMA) consisting of curative, preventive, rehabilitative and promotional care. District hospitals complement primary care, providing a Complementary Package of Activities (PCA), including surgery, paraclinical examinations, general medical consultations and specialized examinations.
- The second level of care is represented by the Regional Hospital Center (CHR) which serves as a reference and resource for the Hôpital de District Sanitaire.
- The third level of care is the University Hospital Center (CHU), providing specialized care, university training and research.

In 2013, the Ministry of Health set up the Entrepôt Nationale des Données Sanitaires (National Health Data Repository/Warehouse) – Burkina Faso (ENDOS-BF) based on District Health Information Software 2 (DHIS2). Serious efforts have been made to rationalise the programmes used to record data or at least make them capable of sharing data. Data entry on the software is mainly done at the district level via the Center for Health Information and Epidemiological Surveillance (CISSE) and then goes up the health pyramid for validation, aggregation, analysis and sharing.

In 2016, the MSanté-Burkina system was set up in the north of Burkina Faso with the technical and financial support of international partners (UNICEF) using the mobile phones of the community-based health workers to collect and transmit Mother and Child data from their districts. The system has since been extended to other regions. The MSanté application, used by more than 200 community health agents in different regions of the country, is a mobile application that has improved the monitoring of care provided to children under five at the community level. This system uses SMS to transmit data on the implementation of the integrated child care protocol and the management of drug stocks.

There are also plans to merge two major applications, the Electronic Consultation Register and the Msanté application. The Electronic Consultation Register is a decision support tool for health workers in the implementation of the Integrated Child Care protocol and is used in nearly 70 per cent of health facilities for more than seven million consultations for children under five years old. The tool collects individual data from 604 community health promoters in four regions and 16 health districts. It is not clear to what extent the Health Ministry has been able to carry these plans to completion.

6.2.3. Efficiency, sustainability and impact

The functioning of this system, which relies on mobile phones to transmit basic data, requires internet coverage. According to the Feasibility Study, 100 per cent of the country is covered by at least a 3G signal. In most health facilities key services are not interconnected. This mainly relates to cash registers and pharmacies, if there is an internet connection.

In summary, only 18 per cent of medical establishments have connected their medical services, and 85 per cent of medical establishments do not have a computer connection within the care service. According to the Cahier des Charges, the Electronic Consultation Register (REC) implemented by the TDH project (Terre des Hommes) uses CommCare and this project has already covered 80 per cent of health structures in the public sector by providing them with tablets. According to the Feasibility Study, however, all the 'formations sanitaires' are equipped with tablets which can report to the ENDOS-BF. The use of tablets means that data can be recorded when the health promoter or doctor is not connected to the internet and can be uploaded when he/she visits a centre with the necessary connection. Smart phones, though used for reporting via SMS, are not connected to ENDOS.

Power supply is also a serious issue. According to the feasibility study, in 2017 the national rate of electrification was 22.62 per cent and that of rural areas was 3.24 per cent - and there are frequent power cuts and outages.

While these factors do not affect the installation of openIMIS, they do mean that only a small proportion of health care providers and users are likely to benefit from the efficiencies which openIMIS can introduce. Nevertheless the 'cahier de charges' submitted in November is comprehensive and primarily geared towards contributors and the services provided to them. It also leaves open the possibility of services provided for people living in poverty (les indigents) who will be enrolled by the Registre social unifié (Unified Social Registry) according to procedures which are not defined in the cahier des charges. There is interest on the part of AMU (Assurance maladie universelle) in reaching out to the informal sector – 90 per cent of the population of Burkina Faso.

Strategic Purchasing for Primary Health Care (SP4PHC) is a project run by the US NGO, Thinkwell. SP4PHC is working with the Ministry of Health to support reform to enhance strategic purchasing of family planning and mother and child health services. A key focus is the *gratuité* scheme that uses government funds to replace out-of-pocket payments and allows public health facilities to provide a defined package of mother and child health services free of charge. SP4PHC's goal is to facilitate the eventual harmonization of this and other schemes under the Caisse nationale d'assurance maladie universelle (CNAMU), and to drive efficiency and effectiveness. ILO said that the ministry has transferred finance and administrative work to Thinkwell. Currently AMU does not store data of non-subscribers (85 per cent of the population) but these data should be available to all.

The cahier de charge is an ambitious document offering, as it says, four web applications and two mobile data collection applications and an API to facilitate the exchange of data with the existing software of healthcare providers, adding that all its applications will use the same database which will be centralized. The package includes facilities for health personnel to use tablets offline in areas where there are no internet connections to collect and record data which, when connected later to a functioning data terminal, can be uploaded to the central CNAMU database. The cahier des charges points out that the Electronic Consultation Register (REC) implemented by the Terre

des hommes project uses CommCare.[21] This project has already covered 80 per cent of health structures in the public sector by providing them with tablets.

The cahier de charge is an open-ended document in that it sets out procedures for the enrollment of "les indigents" without specifying how many people are likely to fall in this category. One study using community-based targeting in rural communities found that approximately one third of the population were identified as 'indigent' or vulnerable.[22] In 2016 Burkina Faso introduced free health care for all pregnant women and children under the age of five.

Important aspects of the population to be covered and the nature and quality of the coverage are yet to be defined. The cahier de charges itself states that there are many questions relating to the operation of the CNAMU to which answers have not been provided. The amounts and methods of calculating the contributions of the different socio-professional groups (strata) have not been defined, and the care packages as well as the rates of reimbursement are not yet known.

6.2.4. Summary

It appears that there is political will to implement the system. Despite the political upheavals the Director General of the Ministry has remained in post and is keen to see the software installed. A development partner has been identified and Youssouf Timera is confident that openIMIS can be installed and made to work.

However, Burkina Faso authorities might need to acquire additional hardware for the installation and management of openIMIS. Consultants believed that the necessary funding could be/will be made available but could not say for certain where it would originate from. Software costs could be provided by the government of Belgium and ILO is prepared to provide technical assistance.

Decisions have yet to be made about data storage. Consultants were not aware of any legislation which determined where or how data could be stored. Security of physical servers is clearly an issue in the present context of violent insurgency. However, specific legislation will be needed to permit the storage of data outside the country. A cloud-based solution could be the answer. There is clearly a need for some investment to ensure the security of the data.

Political instability, pressing humanitarian needs[23] and the fact that a large percentage of the country is out of reach due to insurgency must be considered as a key limitation to sustainability.

6.3. Moldova

6.3.1. Background; relevance, coherence and strategic fit

Moldova is at the very beginning of its openIMIS journey. Informality is a key concern of the government; the overall rate of informality in the economy of Moldova, which relies primarily on agriculture, is 22.8 per cent; 70 per cent of all workers in agriculture are informal and 60 per cent of all informal sector employees work in agriculture. Ensuring progress is made with access to social security by informal workers is a key plank of ILO global policy.

[21] CommCare is a mobile data collection app, which can be used with mobile phones and tablets when offline with data being uploaded later to central database.

[22] Ouédraogo S., Ridde V., Atchessi N. *et al.*: Characterisation of the rural indigent population in Burkina Faso: a screening tool for setting priority healthcare services in sub-Saharan Africa. *BMJ Open* 2017; 7: e13405 doi: 10.1136/bmjopen-2016-013405 https://bmjopen.bmj.com/content/7/10/e013405.

[23] In October 2022, The EU reported 4,9 million people are in need of humanitarian aid in Burkina Faso, including 3,4 million people who face severe food insecurity: https://www.europarl.europa.eu/doceo/document/TA-9-2022-0375_EN.html.

The government of Moldova proposes to use openIMIS to manage a voucher scheme for a payment and social security scheme for temporary workers, the majority of whom are agricultural workers, which will make payments into a pension scheme, pay tax to the national government and act as a short term compulsory saving scheme for workers. The scheme will also serve the purpose of formalising the informal sector.

This is an innovative approach which can provide case material for global learning and training use though the Turin courses.

According to the Centrul de Investigatii SociologiceSi Marketing 'CBS-Research', the current situation, under the present Day Labourers' Law, is characterized by a high level of informality in the relations between beneficiaries (employers) and day laborers and mass avoidance by day labourers of their social and medical insurance obligations and relatively limited interventions by control bodies. As a result, the vast majority of day laborers do not benefit from state medical and social insurance. Even though the law obliges employers to keep a register of day laborers, in reality it appears that few are correctly registered. This is negative from a social and human perspective and, in the long run, damaging economically and politically.[24]

The majority of agricultural employers are themselves small holders. According to the agricultural census of 2011, there were 896,105 farmers owning small holdings of between less than a tenth of a hectare and 10 hectares, 3,080 medium farmers (10-50 hectares), and 3,029 large farms (5 – 2,500+ hectares).[25] This pattern of landholding is the result of decollectivisation after the end of the Soviet Union, with farms being divided into individual plots (cota) of between 0.5 to 1.2 hectares.[26]

6.3.2. Design and effectiveness

The scheme appears simple. Employers ('beneficiaries' is the word used to describe them in official explanations of the scheme) will purchase vouchers online and from government offices and post offices. Each voucher will be worth 25 lei (c. USD$5.5),[27] divided into a 40 per cent pension payment and a 60 per cent contribution to the state budget (tax). A proportion of the 60 per cent contribution can be described as compulsory savings: each worker will be entitled to a yearly lump sum payment after working a certain number of days. The example given in the concept note states, "… if the value of vouchers cashed is more than 2,000 lei by 30 November each year, the day labourer will be eligible to receive a one-off payment of 700 lei (after 100 days worked)." In other words, almost 60 per cent of the contribution to the state budget (1,200 lei in this example) will be recoverable by the worker.

One voucher will be issued for each day's work. Currently (Summer 2022) the daily wage for a day labourer has been reported as being in the range of 250-300 Lei. The employer will enter the worker's national identity number online when purchasing the vouchers for that particular worker

[24] Centrul de Investigatii SociologiceSi Marketing 'CBS-Research', 2022. Studiu Calicativ. *Opinii si perceptii ale zilierilor privind introducerea voucherelor/ „bonurilor de pensie și de sănătate".* Adapted via Google Translate-

[25] Japan International Cooperation Agency (JICA) – Data Collection Survey on Agriculture Sector in Moldova Final Report, September 2017, https://openjicareport.jica.go.jp/pdf/1000041538.pdf.

[26] Dina Bolokan: *Against single stories of 'left behind' and 'triple win': on agricultural care chains and the https://www.frontiersin.org/articles/10.3389/fsoc.2021.590760/fullpermanent subsistence crisis*. Frontiers in Sociology, May 2021, Vol. 6, Article 590760. Available at: https://www.frontiersin.org/articles/10.3389/fsoc.2021.590760/full.

[27] Social Protection Vouchers in the Moldavian Agricultural Sector – Policy Paper prepared for ILO by Jens-Christian Stougaard, January 2-23, p. 4; 25 Lei is an increase from the 20 Lei recommended in the original government paper, Concept for Amendments to the Day Labourers Law (undated).

and will give the worker a tear-off section of the voucher, stamped with a unique barcode, which will be the worker's physical proof that payment has been made into his/her account. The administrative burden on employers will be minimal: there will be only three pieces of information needed for the system to operate: the voucher number, the worker's identification number, and the date that the voucher is assigned to the worker. Everything else will be built in functionalities in the system.[28] OpenIMIS will keep track of the contributions made by employers and the government to the accumulated pension and savings of the worker and withdrawals made from the savings account.

A consultant has now visited Moldova and submitted a policy paper on the voucher system (January 2023). A rapid timetable for the introduction of openIMIS was presented by the Ministry of Labour and Social Protection in August 2022. The timetable starts with the Feasibility Study – Step by step action plan for ensuring on smooth implementation, due to be completed in August/September and finishes with the IT system delivered in December and launched and operational in March 2023. This timeline, with an end date of 8th April 2023, has been confirmed in documents submitted by the consultant.

One clear advantage is that the proposed scheme is very clear and can build on the experience of vouchers which have been used for social security payments for workers outside the formal economy in a number of European countries. The proposal indicates that the vouchers will be heavily subsidised by the government as an incentive for both employers and workers to join the scheme. According to an ILO bulletin one subsidy mechanism will reward the employer for raising wages: the Government will introduce a subsidy mechanism through which employers who raise an employee's wage by at least 50 per cent will be reimbursed the full amount of the social contributions paid for the increase for a period of two years. The measure aims to encourage salary increases and the whitening of the economy by removing the costs for legalizing under-declared work."[29]

6.3.3. Efficiency, sustainability and impact

The voucher project is part of wider efforts by the government to clamp down on informal work which accounts for almost a quarter of the Moldovan economy. An estimated 192,000 people currently work informally, most of them in agriculture, construction and trade. They are left without any form of social protection and may face extreme poverty in old age. As a consequence of undeclared work, in 2022 there is a deficit of almost 5 billion Moldovan lei to the social security budget, while total fiscal losses are estimated at 15 billion lei annually, undermining the funding of social services, infrastructure projects and other public goods. The effect of widespread undeclared work on businesses is also significant. There is a serious economic cost to law-abiding businesses because they cannot compete with those who operate undeclared. The prevalence and manifold impact of informal work present a formidable challenge to the development of the country and require urgent and decisive action.[30]

Alongside the voucher scheme, the Moldovan government is offering incentives to employers to enrol in the scheme. As mentioned above, the government will reimburse in full for a period of two years the social security contributions made by any employer who increases wages of

[28] Ibid, p. 5.

[29] ILO website *News*, 6 December 2022. Turning Moldova "white" – The Moldovan government takes bold steps to encourage the formalization of employment: https://www.ilo.org/budapest/whats-new/WCMS_863365/lang--en/index.htm.

[30] International Conference "Moldova turns white: Solutions to encourage the transition to legal work." Conference was held on 4 November 2022. See: https://www.ilo.org/budapest/whats-new/WCMS_863365/lang--en/index.htm.

employees by at least 50 per cent. At the same time the powers of the labour inspectorate will be increased. The frequency of inspections will be increased and they will be unannounced and violators of employment law will no longer have to be pursued in court but will receive spot fines.

However, in an agricultural economy dominated by cash payments, some observers believe that few people will join the scheme. Focus groups of labourers in Moldova conducted by Centrul de Investigatii SociologiceSi Marketing 'CBS-Research' showed widespread scepticism among day labourers regarding the proposed vouchers.

The biggest concern of the respondents is that this mechanism will not work because it means more expenses for agricultural leaders (agricultural employers) – "it will only remain on paper". Agricultural leaders will not want to grant vouchers, and day laborers who insist on receiving them will no longer be required to work – "ask for the voucher, stay at home, he will find someone else". The concern that those who insist on receiving vouchers will be less likely to be asked for work or even shunned by employers was voiced in all focus groups. Respondents believe that there will be enough people who will want to work without receiving vouchers, and this will be more profitable for farmers. Some respondents believe that they will continue paying only a few people who are more frequently present at the leaders – "even if they take these vouchers, they will give them to those 3-4 people who work more often"; "I don't think they will give it to those who come only for seasonal work".[31]

As with other social security schemes, the success or lack of success of the scheme will not affect the installation of openIMIS which will function with few or many clients.

6.3.4. Summary

The big challenge to the scheme will be the willingness of employers to accept and implement it. The scheme represents a big break from past practices of informal employment and cash payments. The policy paper prepared by the ILO consultant notes that "… since compliance is low in the outset, the short-to-medium term goal must be to secure a significant increase in compliance with the obligations under the law as the knowledge of the voucher scheme spreads amongst employers and employees."[32]

Researchers have found that there is widespread scepticism among day labourers regarding the proposed voucher scheme. They believe that employers will seek to avoid buying the vouchers because they will be an additional expense. In group discussions, almost all respondents said that they thought that the implementation of the voucher mechanism will be rejected by the agricultural employers given the additional costs that they have to assume. The day labourers agree with the idea, but believe that the functionality of this mechanism can only be ensured by the agricultural leaders, who must be monitored by the public authorities.

They also have little faith in labour inspections and say that current inspection activities are ineffective. The precarious situation of day laborers and their dependence on the income provided by agricultural employers make them vulnerable to the conditions imposed by the leaders, especially since there is already a decades-long tradition of informal remuneration in the agricultural field. They said that some employers already instruct workers, telling them what they must say to inspectors when they visit their farms. There is an additional fear that some employers will mechanise their operations to reduce their reliance on day labourers.

[31] Centrul de Investigatii SociologiceSi Marketing 'CBS-Research'. 2022. Studiu Calicativ. *Opinii si perceptii ale zilierilor privind introducerea voucherelor/ „bonurilor de pensie și de sănătate".* Adapted via Google Translate, p. 1.

[32] Social Protection Vouchers in the Moldavian Agricultural Sector, op. cit., p. 4.

6.4. Nigeria/Kaduna

6.4.1. Background; relevance, coherence and strategic fit

Kaduna state is situated in central northern Nigeria. It is the fourth largest and third most populous state in Nigeria with a population of approximately 9 million people. A high proportion of the population work in the informal sector. Boko Haram rebels are active in Kaduna making security a key issue. Social protection coverage in Nigeria is low – about 11 per cent according to 2019 ILO research – and this is a cause of tension.

In 2015, in response to low coverage achieved by the nation-wide National Health Insurance Scheme, the National Council on Health approved the decentralization of the National Health Insurance Scheme (NHIS), allowing states to set up their own State Social Health Insurance (SSHI) Agencies. Decentralization aimed at creating and strengthening subnational structures to implement health insurance functions with overall guidance and regulation from the NHIS toward achieving Universal Health Care in Nigeria.[33] Health care at the state level is financed by the Basic Health Care Provision Fund(BHCPF), which aims to extend Primary Health Care (PHC) to all Nigerians by substantially increasing the level of financial resources to PHC services. The BHCPF is predominantly financed through an annual grant from the Federal Government of not less than 1 per cent of the Consolidated Revenue Fund (total Federal Revenue before it is shared to all tiers of government). Additional sources of funding can include grants by international donors and funds generated from sources such as taxes on cigarettes and alcohol. To be eligible for Fund donations, States and Local government areas are expected to contribute 25 per cent counterpart funding respectively towards PHC projects.[34]

The process of decentralizing health insurance to the states was accelerated by the challenges of Covid-19. Health insurance in Kaduna, run by Kadchma (Kaduna Contributory Health Management Authority) is one of 37 state health insurance schemes.

Most states are having difficulty managing their schemes. The barriers are the prevalence of work in the informal sector, the large number of documents required for enrolment and geographical distance from centres where enrolment is possible. Cost is also a huge problem for people classed as 'poor and vulnerable'. Under decentralization it is up to states to identify people who should not pay for health care. However, the 1 per cent fund does not provide the resources to cater for all the poor and vulnerable so the state (Kaduna) is trying to mobilise additional resources to extend coverage.

The majority of the states of Nigeria have an interest in strengthening their health management information systems (MIS). ILO identified Kaduna for the openIMIS project because its health system was 'doing well' but had/has very low coverage and because Kaduna can count on the availability of good human resources – very good professionals who are keen to help. OpenIMIS has been welcomed by the head of Kadchma – and other states are also interested in the system. It is an interesting case for the ILO as it offers learning on implementing universal coverage at the federal level and how building confidence in social protection coverage lowers social tensions. It has the potential for important learning for countries dealing with generalised insecurity while seeking to honour their national and global commitments to social security.

[33] Joint Learning Network for Universal Health Coverage. 2019. Targeted Technical Support: JLN Country Core Group and the Decentralization of Nigeria's Social Health Insurance. Available at: https://www.jointlearningnetwork.org/news/targeted-technical-support-jln-country-core-group-and-the-decentralization-of-nigerias-social-health-insurance/

[34] Health Policy Research Group. March 2015. Implementing the Basic Health Care Provision Fund in Nigeria. https://resyst.lshtm.ac.uk .

6.4.2. Design and effectiveness

OpenIMIS, as a digital electronic system connected via the internet, will help overcome the difficulties which distance (from health centres and beneficiaries) creates for the management of a manual system. There are also security issues for staff who rather than meet in person meet via Zoom.

OpenIMIS will be customised to fit with the Standard Operating Procedures of Kadchma. It will be adapted in order to include people working in the informal sector, and also to act as a channel for leading people into the formal sector. The registration process is currently based on the employer/employee relationship so changes are necessary to include people in the informal economy.

The basic identifier for individual members of Kadchma is the national identity number. At the same time all Kaduna residents have (or are supposed to have) a registration number – but not all do. Kadchma staff visit communities with national registration staff so that people can be registered nationally (to be given a national registration number) at the same time as they are enrolled in Kadchma. Registration is also handled by third parties. Kadchma also works with traditional chiefs to register people.

After registration, individuals are empanelled to a local health primary care centre which they must visit before seeking secondary level treatment. Residents can choose this centre themselves. Health care can be provided by private or public clinics, with different levels of service, including a minimum package.

Health care providers must also be registered in the system. They must have certain minimum requirements (in terms of equipment, for instance) to qualify for registration. In the past it was common practice for providers to borrow equipment when they were about to be inspected. Now there will be spot checks and they will be monitored quarterly. Practices such as this (borrowing equipment) used to be common.

Registration must be as universal as possible – this is the basis of health insurance. If this is not upheld, then risk is not adequately pooled, putting the system at risk. There will always be an incentive for sicker people to register in order to access treatment.

The premiums which people are asked to pay require actuarial valuation – in other words, the total of all the premiums paid by the insured population (capitation fees) must be sufficient to fund the treatment of that proportion of the population that requires medical treatment. One abuse of the system has been the practice of some health providers not to provide treatment which costs more than the premium paid by the individual.

When Kadchma decided to use openIMIS to manage its health insurance, it was using three or more external data administrators who managed its entire operation. In fact one of the motivations for installing openIMIS was that this would enable Kadchma to bring all its data in house. The team are now slowly bringing data in house with openIMIS and the plan is continue this process using the Kadchma's own employees. The fact that private companies (external providers) are in control of data crucial to Kadchma operations is a serious risk. The implementation of openIMIS will oblige everyone to operate under the same system and will place control of data a payments to Kadchma and ensure accountability to claimants.

Kadchma has a complaints department with its own call centre through which people can report poor treatment. OpenIMIS can help to identify and act on reported problems through stakeholders (health care providers) being obliged to report to the scheme through the platform, specifying the number of people coming in for treatment and the number of times that they have been treated.

6.4.3. Efficiency, sustainability and impact

When openIMIS was first being introduced, there were two meetings a week on the SOPs, always attended by the Director General. While the meetings have now been reduced to once a week with the external consultant, the DG is very serious about having all the IT staff in training and acting on all the recommendations, bringing them together once a week to review all the recommendations given. The DG was very positive about this process.

In January 2023, the DG expects the work will begin with the development partner to customise the openIMIS to the system. The goal of interoperability is some way off, given the existence of digital and paper systems. However, the project will pay the development partner who will be responsible to the stakeholders team – ILO, Kadchma and the state government.

The project reports to the Health Finance Group and to the Social Protection partners group and to the government. It was stated that the work was not 'subject to political hiccups' and there is every intention of demonstrating the success and feasibility of the work to other states, via the Commissioners Forum and the Governors Forum, working in close cooperation with the ILO which reports to them on the Kaduna project.

The ultimate goal of Kadchma is to register and enrol the entire population of the state of Kaduna. This will also aid the process of registering Kaduna residents as citizens of Nigeria and will support the process of formalising a greater proportion of the working population.

6.4.4. Summary

There is general agreement that, in selecting Kaduna for the launch of openIMIS at the state level, ILO made a good choice. The project is progressing well. There is political will to advance and introduce the scheme, and it is anticipated that eventually openIMIS could be used for a national scheme. Other states in Nigeria are already approaching ILO for assistance in implementing openIMIS.

ILO's support currently is just for openIMIS. Currently Kadchma is looking at the possibility of the private sector providing health care for poor people (those who cannot pay into the system). This will require a good examination of the sustainability of such a proposal, and an actuarial analysis, which would require additional resources from other donors.

The fact that national elections will be held in Nigeria in February 2023 and the Director General is a political appointment, creates a degree of uncertainty. It is important, therefore, that the development partner come on board as soon as possible. In fact, it was said that it would have been helpful to have had the development partner on board from the beginning because they could have helped in the design of the Management Information System.

7. Findings

7.1. Relevance, coherence and strategic fit

Relevance applies to the project countries themselves and to the ILO with its wider mission to extend social protection to all and to be the key driver of the implementation of target 1.3 of the SDGS.[35]

For the countries and their social security institutions, openIMIS is extremely relevant as it provides the means to implement social protection efficiently and transparently, reducing costs

[35] "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable."

and enhancing the possibilities of extending social protection to previously uncovered populations.

For the ILO, openIMIS is relevant because the demonstration effects of implementation in all four countries, especially Nepal, Nigeria and Burkina Faso, will show other low income countries what is possible. For Moldova it is an innovative approach to include the informal sector of the agricultural economy and ensure accountability of employers though the use of vouchers, which are widely used across Europe. It is highly relevant to the Global Flagship Programme Building Social Protection Floors for All and the Africa Regional Social Protection Strategy, 2021–2025 with its ambition of achieving 40 per cent social protection coverage to achieve the SDGs by 2025.

Of particular interest is the adaptability of openIMIS for use in countries with only patchy coverage of electricity supply and internet connectivity. Interviewees have confirmed the possibility of using tablets off grid to record data and enroll people and households which can be uploaded to the central database at a later time when connected to the grid. Nigeria is likely to be the first country where this will be demonstrated.

For both the ILO and the governments of the project countries the successful deployment of openIMIS, which is open source software with relatively low installation costs, will demonstrate its superiority over any remaining paper based systems. It is also superior to software which has been installed piecemeal for different schemes and therefore lacks interoperability, a key requirement for scaling up and extending social protection to previously uncovered groups.

7.2. Design

Two of the projects, Burkina Faso and Kaduna, have chosen to implement a standard package of health applications, with relatively few customised adaptations. In theory this should make implementation an easy and smooth process. Burkina Faso, with four web applications and two mobile data collection applications and an API, appears more complex and difficult to implement, although the cahiers des charge, having identified the necessary software and apps to achieve this, is confident that this can be done without too much difficulty.

It is in Nepal is where most of the new developments will happen. Moldova presents a new venture with vouchers.

It is likely that social security institutions in other countries will be interested in the use of openIMIS in these four countries. The ILO too will want to use this experience to generate interest in openIMIS. The standard package, to be implemented in Nigeria and Burkina Faso, will stand alongside the SSF system in Nepal and other uses of openIMIS, such as the cash transfer programme in Gambia. All of these experiences are likely to have an immediate positive demonstration effect.

The very interesting package proposed for Burkina Faso, with the use of tablets providing the ability to operate offline, is relevant to most developing countries where reliable electricity supply and internet connections are concentrated in urban centres.

Project documents break implementation into different components, starting with the feasibility study and ending with implementation and training of institutional ICT staff to run and maintain the system. Certain choices, of development partner and data storage facilities, have to be made along the way. Experience in Nepal especially has shown that these choices can cause delay, so the learning here is that decisions should be made as early as possible so as not to cause delays towards the end of the project when the coding of the scheme and its functionalities has to be done.

7.3. Effectiveness

The project is scheduled to run from 1st December 2020 to 30th July 2023. The first two years of the project coincided with the two years in which Covid-19 brought many activities to a standstill. Notwithstanding Covid-19, consultants have visited and worked in Nepal, Nigeria and Burkina Faso and, in the case of Nepal and Nigeria, continue to work remotely, holding weekly meetings. At the time of writing we understand that the consultant who will be responsible for setting out the Standard Operating Procedures in Moldova will have travelled there.

This key stage in Phase 2 has, therefore, been completed in all four countries.

In all countries mutual agreement between the stakeholder organisation and ILO is required for the contracting the IT company to write the openIMIS code which will run the management information system. This has been the cause of some delay in Nepal. However, all concerned in all countries are optimistic that if "vanilla planning" holds up – that is, if there are no further unforeseen difficulties – openIMIS will be successfully installed and deployed – in the cases of Nepal and Nigeria by the project end date.

In Burkina Faso, the SOPs have been submitted to CNAMU for approval and this should forthcoming very soon. However, there were three political coups d'état in Burkina Faso in the course of 2022 and there is an ongoing Islamist insurgency causing death and destruction over a wide area with over 1.7 million displaced persons, so there may well be delays in implementation.

A consultant has been contracted to work on the business case and SOPs for the voucher scheme in Moldova. The fact that voucher schemes for social security payments have been widely used across Europe should be helpful.

Although openIMIS has not yet been installed in any of the project institutions, its use elsewhere provides grounds for optimism that, when installed, it will be effective and beneficial. openIMIS is already being used to run health insurance schemes in other countries. Tanzania has the longest experience with openIMIS where it was first deployed in 2012, starting in one pilot region and later in three. It has now been rolled out in all 26 regions of the Tanzanian mainland. All regions in Tanzania have been asked to implement the new ICHF (Improved Community Health Funds) model in the country using CHF IMIS as the IT backbone for running CHF operations. All components of IMIS (online, offline, mobile phone and AR IMIS) are being used.[36]

Gambia has a very different experience. In 2020 the Government of Gambia established a cash transfer scheme known as Nafa Quick ('quick benefits') to protect poor households against the economic effects of COVID-related lockdowns. Household registration, enrolment and payment processes for Nafa Quick were managed using openIMIS. On the basis of openIMIS, the Gambian software development company, 2M Corp, designed and developed the registration, enrolment and payment modules of the management information system for Nafa Quick. It also provided technical assistance to the National Nutrition Agency to manage and operate the system.[37] It should be emphasised that, when contracted to provide the programme for Nafa Quick, it was the 2M Corp that decided that openIMIS would be the most appropriate software.

These two examples show that openIMIS can adapted and deployed to manage different schemes. Burkina Faso and Nigeria are currently only health schemes while Nepal's Social Security Fund is a social security fund with a strong health focus. Moldova, on the other hand, is a payment system for temporary workers involving pension contributions and savings.

[36] See openIMIS – https://openimis.org/tanzania.

[37] See openIMIS – https://openimis.org/gambia-cash-transfer.

7.4. Gender and disability

OpenIMIS as a management information tool is neutral with regard to gender and disability. It is the responsibility of stakeholders to ensure that gender and disability biases present in their societies are not reflected in the social security schemes managed through openIMIS. In particular, they will need to ensure that efforts are made to ensure that women and female headed households, and persons with disability are registered, perhaps going out to their way to seek them out, rather than relying on passive registration arrangements, such as registration events which citizens are invited to attend on a voluntary basis.

There should be plans to cover gender and disability specific risks, particularly physical and IT access to registration, and maternity, including health risks and maternity leave, even if there is no immediate possibility of achieving this coverage. Health providers should also be made aware of health conditions that are gender and disability specific, both for women and men.

7.5. Management arrangements

Covid-19 clearly has had a significant impact on project implementation, delaying and preventing consultants' travel. Delays have occurred with the result that Phase 2 has not been completed in any of the project countries and Phase 3 implementation has yet to begin. Covid-19 restrictions have already been relaxed and are already opening up international travel, so consultants will be able to travel more freely in the future.

The experience in Kaduna, Nigeria, demonstrates the importance of clear commitment on the part of the government agency, the official in charge and of the IT staff in the national team. Management responsibility, time commitment and resources for capacity building to fully discharge the tasks anticipated in vanilla planning are vital contributors to success.

The current project overall has a rather tight schedule. The reality is that both the ambition of the project and the implementation in very dissimilar countries are affected by contextual issues which do not respond well to tight planning. Ambitious deadlines and strict adherence to the timetable of 'vanilla planning' can help to focus efforts but at the same time project managers need to be aware that factors beyond their control of project can frustrate these deadlines and that that implementation schedules need to be adjusted accordingly. Flexibility over delays must therefore be factored in project design according to each country situation.

The project can be considered a kind of pilot. If openIMIS can be implemented successfully in such different contexts, its use can and will be acknowledged with more countries requesting this support. It will be important therefore that the country cases be well documented and considered within the ITC training courses - and potential training in-country - as they will encourage and inform potential users of the system.

Limitations include that of the size and dispersion of the ILO team – comprising those in Geneva and country level. The pool of development partners – (software companies which will write the code for the implementation of openIMIS) and support the country implementation of the system once the SOPs are agreed and developed – is not large either. Time is needed to gain agreement of the national partner to accept the development partner, the human resources available and where the data is stored (nationally or in the cloud). Delays in resolving these issues have a knock-on effect on the timing of Phase 3 implementation. In one country we were told that it would have been helpful to have had the development partner 'on board' from the beginning because they could have helped in the design of the Management Information System and rollout of openIMIS.

Training in openIMIS is just starting and requires investment in country as well as in the ILO, together with building networks of good providers of Management Information Systems, to ensure support for national institutions to run openIMIS efficiently.

7.6. Efficiency of project management

"Vanilla planning and implementation", with its time scale of 12 months from inception to implementation, then 3 to 6 months of aftercare, 18 months altogether, with support given by the development partner when everything goes smoothly and according to schedule, is very rare. It is important, therefore, to have flexibility and, if possible, to avoid tight and overambitious timetables and to build in additional contingency time, even if contingency funding is not available. Funders must be told not to be fixated on predetermined termination dates.

The project cannot proceed without the mutual agreement at key decision points between stakeholders (the institutions where openIMIS is to be implemented and which will be using the software to manage its programmes), the ILO and GIZ. Decisions requiring mutual agreement include the choice of consultant who will assess the IT situation of the stakeholder and diagnose and set out its SOPs; purchase of any hardware from the project budget; the technology used for data storage; and the choice of the software developer who will write the code for openIMIS.

With the exception of the choice of software developer in Nepal, we understand that none of these agreements, necessary for the progress of the project, has caused any delay or, if there has been delay, it has not been significant. In Nepal the choice of developer has now been agreed.

As mentioned above, all consultants charged with writing business plans and setting out SOPs have now personally visited the four countries. The quality of the work undertaken by consultants, completed and ongoing, has been praised by stakeholders in Burkina Faso, Nepal and Nigeria.

7.7. Efficient use of financial resources

In terms of the use of financial resources budgeted for the project, work undertaken so far is well within budget after allowance is made for the impact of Covid-19 and the fact that the project's fifth country (Country E in the budget) has not been designated.

According to preliminary figures released on 9 December 2022, the total budget for the project at its start date was US$ 1,134,707.[38] The total of all project expenditure up to 09 December 2022 (the last date for which figures are available) was $255,766 (actuals + encumbrances). With the exception of $24,349 (ILO international staff and support costs) spent in 2022, all expenditure is concentrated in the year 2022 with no project expenditure recorded for 2021. $97,000 was budgeted for work in the fifth project country (Country E) but none of this has been spent. Resources budgeted for Country E are carried over as a spending commitment in future years, which include the current year, 2023. Total budgeted expenditure for 2023 is $780,785 (including Country E). This means that there will be surplus (balance) of over $600,000 at the project's end date of 30 July 2023. At that time, with the usual proviso of "if all goes well", openIMIS will have been installed and will have started to work in three project countries. It is too early to predict what progress will have been made by that date in Burkina Faso.

The predicted surplus means that a no-cost extension will be possible and could possibly allow for the inclusion of a fifth project country at a later date.

7.8. Sustainability and impact

It is too early to assess the impact of implementing openIMIS in the project countries. The desired impact will be greater efficiency and transparency in managing stakeholders' social security programmes; flexibility giving stakeholders the ability to expand their programmes in terms of the numbers of people covered; qualitatively greater coverage - including of the 'hard to reach',

[38] Budget recorded as $1,124,075 in ILO Project Financial Status Report – 9 December 2022. All figures have been rounded.

with a focus on age, gender and disability; and extension of the programmes in terms of the health or social security risks which they cover. To date, all of the stakeholder institutions remain hopeful that openIMIS will deliver its promised benefits, with the caveat that capacity building and resources in country need to be built up and supported.

OpenIMIS is a tool which will reduce costs of managing health and social security schemes and will be capable of extending coverage in terms of quality and numbers of people. Without good registration it is not possible for social security to function. It is, therefore, an essential addition to the means by which universal coverage can be achieved. Its relevance to the informal sector cannot be overstated. Case studies based on current and past experience, and familiar with the scheme through training are important tools for sustainability.

As more schemes are managed through openIMIS and more software developers become familiar with openIMIS, there should be a greater pool of expertise on which system managers can draw when they need to seek advice – advice which in general could be made freely available. It is to be welcomed that ILO has already appointed an IT specialist to whom scheme managers can turn for assistance, which can either be provided directly or indirectly. Thus the qualities of openIMIS itself and the system and community of users being developed to support stakeholders will contribute specifically to the sustainability of openIMIS and the schemes which it is managing. Care should be taken to ensure that appropriate and timely advice is available to deal with stakeholders' problems.

8. Concluding comments

The project is timely and welcomed by national partners. Its vision of achieving interoperability between unconnected systems of social security and social protection is of clear value to all countries and to SDG implementation, especially Goal 1 target 3 to extend national floors of social protection to all.

The importance of the quality of the documentation held by the openIMIS wiki has been raised by a number of respondents including the software developer contracted for Nigeria and Burkina Faso. He explained that improvements to the documentation would save significant amounts of time when it comes to writing the software for installation in the stakeholders management system as 'it would allow others to come on board' and 'show people how to implement functionalities'. He reinforced the importance of having a key decision maker in the national team, who would be able to ensure team commitment and resources for ongoing capacity building and training one the software is installed. This is something to be considered for the next phase of the work.

Finally it is useful to reiterate and bear in mind for the completion of the project and its extension to other countries factors affecting timing and project outcomes; which include:

- Political context; political upheaval, insecurity, personnel changes and elections creating uncertainty about the future of the project
- Reaching national consensus on the scheme; for example legal challenges to basic functioning of the insurance scheme
- Realistic assessment of national capacity to implement the system
- Embedding IT capacity building at national level for implementation
- National decisions and legal requirements about data storage
- Sequencing – 'vanilla planning'
- Financing

9. Recommendations

1. ILO, together with partner organisations, should review existing documentation on OpenIMIS to find out where improvements need to be made in order to ensure that it is clear, unambiguous and easy to understand. Good documentation reduces the time that software companies need to spend when implementing openIMIS and the costs of doing so.
   - ILO Project management, GIZ and selected partners, especially those who have experience of using the documentation, e.g. 2MCorp in Gambia. This is *high priority*.
   - OpenIMIS coordination acknowledged that documentation needs to be improved and are taking steps to address this issue. Material on openIMIS will become searchable in the Wiki and a communications expert is to be contracted to make documentation on openIMIS easier to understand.
   - Timeframe: this should be done as soon as possible.
2. The success of openIMIS and the management information systems which it is intended to operate starts off with the implementation of openIMIS in the client's social security scheme. It is therefore important that the client should have an IT team ready and able to manage openIMIS, not only for its existing base of insured persons, but for the new populations with differing profiles that the scheme will cover as it expands. There is a need, therefore, to carry out an assessment of the training needs of the in-country IT teams who will manage openIMIS once it is installed. There is also a need to ensure that there are IT staff with openIMIS expertise at regional level to whom national teams can turn for assistance in resolving difficulties.
   - Project management and partner organisation to assess training needs of in-country.
   - IT teams. *High priority*.
   - Timeline: this should be in place before the project begins.
   - ILO Project management and selected country offices to assess availability of openIMIS expertise at regional level. *Medium priority*.
   - Timeframe: this should be completed before the project begins.
3. "Vanilla planning and implementation", with its time scale of 12 months from inception to implementation, then 3 to 6 months of aftercare, 18 months altogether, with support given by the development partner when everything goes smoothly and according to schedule, is very rare. It is important, therefore, to have flexibility and, if possible, to avoid tight and overambitious timetables and to build in additional contingency time, even if contingency funding is not available. Funders must be told not to be fixated on predetermined termination dates.
   - ILO Project management. *High priority*.
   - Time frame: this should be in place before any new project begins.
4. There should be a clear path and time line between the initial diagnostic analysis and the subsequent actions to be taken, with responsibilities assigned, clarity as to who has to agree key decisions (e.g. choice of development partner). This should have the agreement of the implementing social security institution.
   - ILO Project management. *High priority* for new countries.
   - Time frame: this should be in place before the project starts.
5. There should be an inventory of relevant available resources for the project at the outset. This should include a review of the stakeholder's IT resources and a wider assessment of the IT industry in the country concerned.

- ILO Project management, in consultation with GIZ and stakeholder. *High priority* for new countries.
- Time frame: this should be in place before the project starts.

6. ILO should also make an assessment of the financial resources that could be needed for further development after the immediate project has been concluded. Additional resources, both human and financial, will be needed to address problems that are likely to arise as data volumes and complexity increase.
   - ILO Project management. *High priority*.
   - Time frame: medium.
7. The choice of development partner and data storage technology (national or international cloud storage or local servers) should be made at an early stage. It has been suggested that development partners may be able to make a useful suggestions on the implementation process before they begin to write openIMIS code.
   - ILO Project management. *Medium priority*.
   - Time frame: medium.
8. Governance, management, transparency and accountability are key issues. The end goal must be for stakeholder organisations to ensure that lines of responsibility are clear and unambiguous; that policies and procedures are also clear; and that decisions are transparent.
   - Stakeholder organisations. *High priority* for new countries.
   - Time frame: medium.
9. At the end of the project ILO should have ensured that stakeholders have taken responsibility for and control over their own IT development, either by assembling the resources in-house or outsourcing tasks to accountable and trusted partners.
   - Stakeholders, with advice if necessary from ILO project management and country offices. *High priority*.
   - Time frame: short-term.
10. The is a need for predictable funding of openIMIS as free and open source software Confirmation was given that GIZ and the Swiss International Development Agency will maintain and possibly increase funding until at least the end of 2026. It is hoped that this support will be maintained after the end of 2026.

▶ Appendix 1. Interviews (all conducted remotely via Zoom or Outlook)

Name	Country	Institution and designation	Date of interview	Record of interview completed	email
Rodrigo Ortiz D'Avila Assumpçao	Geneva	ILO: Social Protection Management Information Systems Specialist	13.10.22 11.11.22 02.12.22 13.12.22 16.12.22 19.01.23 24.01.23	Yes Yes Yes Yes Yes Yes	assumpcao@ilo.org
André Picard	Geneva	ILO: Head of the Actuarial Services Unit (ASU) SOCPRO	18.11.22	yes	picard@ilo.org
Sven Nef	Geneva	ILO Technical officer	22.11.22	Yes	nef@ilo.org
Saurav Bhattarai	Germany	GIZ: Adviser at GIZ Global Initiative Social Protection Innovation and Learning openIMIS Initiative	20.10.22	Yes	saurav.bhattarai@giz.de
Andre Bongestabs	Nepal	ILO: SP Project officer at Kathmandu	09.11.22	Yes	bongestabsa@ilo.org
Suravi Bhandary	Nepal	ILO: National Program Coordinator	08.11.22	Yes	bhandary@ilo.org
Roshan Koju	Nepal	Social Security Fund, Info and Comms Manager	13.12.22	Yes	roshankoju@ssf.gov.np
Sven Hutse Ann Baeten	Belgium	Consultant Consultant	31.10.22	Yes	sven.hutse@birkinbarre.com ann.baeten@birkinbarre.com
Dramane Batchabi	Senegal	ILO Technical Spec, Social Protection	n/a		batchabi@ilo.org
Tekun Segun	Nigeria	ILO: National Project Officer	03.11.22	yes	tekun@ilo.org
Youssouf Timera	Senegal	Consultant Burkina Faso	17.11.22	Yes	ytimera@gmail.com
Adama Sanou	Burkina Faso	ILO national project coordinator Ouagadougou	17.11.22	Yes	sanou@ilo.org
Kenichi Hirose	Moldova	ILO: Sr Specialist, Social Protection	8.11.22	Yes	hirose@ilo.org
Ala Lipciu	Moldova	ILO: National Coordinator - Ala Lipciu was not able to attend the meeting Ken and Corina	8.11.22	n/a	lipciu@ilo.org
Corina Ajder	Moldova	State Secretary	8.11.22	Yes	corina.ajder@social.gov.md
Abubakhar M. Hassan	Nigeria	DG Kaduna/KADCHMA	13.12.22 16.12.22	Yes Yes	Abubakar.M.Hassan@kdsg.gov.ng
Momadou Jarju	Gambia	Software Developer CTO CM Corp	20.12.22	Yes	mjarju@2m-corp.com

▶ Appendix 2. Interview questions

Relevance, coherence, and strategic fit

1. How does the project fit within the ILO's Global Policy Outcomes, the SDGs and relevant targets, especially those identified as priority in the national development strategies (or their equivalent)?
2. Has the specific context of each country been sufficiently considered in the design of the project?
3. How does the project design fit with ongoing national (or other) trends in social protection? Does anything need to be changed to align better?
4. How does the project interface with other partners in country?

Design

1. Are the Programme's strategic elements (objectives, outputs, implementation strategies) achievable? Is the intervention logic realistic?
2. To what extent does the design of the programme consider gender, non-discrimination and inclusion, especially of Persons with Disabilities (PWD)?
3. Have the risk factors and assumptions been considered and updated?

Effectiveness

1. To what extent have the overall project objectives and expected outputs, qualitatively and quantitatively been achieved? Is the project likely to achieve its outcomes by the end of the programme?
2. What are the key factors that constrain/potentially constrain achieving the project's intended results?
3. Were there any unplanned effects (negative or positive)?
4. To which extent have the social partners been involved in the implementation of the project?
5. How effective are the project management arrangements? Is the project able to leverage expertise in the field and at headquarters?
6. What are the noteworthy, good practices and lessons learned?
7. What are the areas for further reinforcement of the project achievements?

Effectiveness of management arrangements

1. Was this project impacted by the COVID-19 pandemic? If so what were the impacts and what were the management arrangements to address them?
2. Does this project receive adequate political, technical and administrative support from its national partners, the ILO, and the development partner?
3. Are administrative modalities adequate to facilitate good results and efficient delivery of the project? Are there areas where management processes could be improved? How is the project's management approach perceived by ILO technical units, implementing partners.

4. How effectively does the project management monitor performance and results? Is relevant information and data regularly collected and analysed to feed into project decisions?

Efficiency

1. What evidence is there of cost-effectiveness in the project's implementation and management?
2. Have project's funds and outputs been used and delivered in a timely manner? Why or why not?
3. What are the partnership arrangements in the implementation of the project at various levels -national, regional and interagency? What are the challenges in the formulation of these partnerships? What are the results of these partnerships and how to improve them?

Sustainability and impact

1. What are the main risks for the sustainability of the project and what are the immediate actions/interventions by the ILO and the development partner to ensure that the achievements of the project can be met and sustained?
2. Does the project have a result/impact focus?
3. What are the areas for further reinforcement of the project achievements?
4. What are the good practices and lessons learned noteworthy of documentation?

▶ Appendix 3. Emerging Good Practice and Lesson Learned

ILO Emerging Good Practice Template

Project Title: openIMIS

Project TC/SYMBOL: GLO/20/49/DE

Name of Evaluator: BealesGelber Consult

Date: 12 February 2023

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

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	**1. Overall project design** The project is structured in stages, starting with the project initiation document, moving through standard operating procedures, ICT analysis, functionalities etc with each stage dependent on completion of the preceding stage. There are clear templates setting out what has to be done in each of these stages. The templates detailing the different stages through which the project has to move, from Template 1 - Concept Note on the Implementation of openIMIS to Template 10 - Project Closure, provide a clear view of the different tasks that have to be completed in the implementation process. The development partner (IT company) contracted to write programme for openIMIS is brought in when all previous stages are complete. **2. Management at country level** In Kadchma, the involvement of both management and the IT team together with the consultant in the process of translating the standard operating procedures into functionalities has been very positive. Progress on the action points agreed on Wednesdays is reported on Fridays two days later. This way of working has engendered ownership and commitment around the openIMIS project.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	**1.** This is the first time that ILO has been directly involved with openIMIS and, with the exception of the use of openIMIS to manage the Nafa Quick cash transfer scheme in Gambia, the first time that openIMIS has been used for social security schemes rather than health insurance. For these reasons, the project can be regarded as a pilot, which can be used to guide other countries wishing to modernise their social security systems. **2.** It is clear that openIMIS can be used with tablets and smartphones on which can be used off grid to gather data, such as enrolment registration, medical conditions etc., and subsequently uploaded to the central database when the staff member has access to a functioning computer terminal. This is highly relevant to most African countries where many people do not have access to the internet and electricity supply is intermittent.

GP Element	Text
Establish a clear cause-effect relationship	**1.** It is expected that the implementation of openIMIS will result in significant gains in efficiency as social security institutions replace out of date electronic systems or paper based systems. **2.** In Nigeria, Burkina Faso and Nepal openIMIS will be used to manage health insurance/social security which are already in place with schemes, beneficiaries and service providers. openIMIS has the flexibility to extend coverage to people outside the formal economy.
Indicate measurable impact and targeted beneficiaries	It will be possible in each country to record the number of people covered by the schemes managed by means of openIMIS. It should also be possible to assess the level of satisfaction of the users of the system. providers. These data will indicate the impact of openIMIS.
Potential for replication and by whom	Social security institutions in other countries, in Africa and Asia, will be able to learn from this project and, with appropriate support, will be able to implement openIMIS in their own countries.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	OpenIMIS holds the promise of accelerating progress towards the achievement of the targets of the ILO Global Flagship Programme (building sustainable and robust social protection systems and improved the social protection); towards SDG Target 1.3 (implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable); and towards achieving the 40 per cent social protection target contained in the Africa Regional Social Protection Strategy.
Other documents or relevant comments	

ILO Lesson Learned Template

Project Title: openIMIS

Project TC/SYMBOL: GLO/20/49/DEU

Name of Evaluator: BealesGelber Consult

Date: 12 February 2023

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

LL Element	Text
Brief description of lesson learned (link to specific action or task)	**1.** It is useful to involve both the scheme management and IT teams in work on the transition from the existing system to the new, openIMIS operated system. In the case of Kadchma in Kaduna, Nigeria, this has generated ownership and motivation. **2.** Tight and demanding timetabling can generate unhelpful tensions, especially if higher level authorities, such as a government minister, have come to expect that everything will be functioning perfectly at a given date. **3.** It is useful to settle choices of development partner and data storage early to avoid unnecessary delay.
Context and any related preconditions	There has been little discussion of the impact of Covid-19 and whether or how it affected work on the project. The start date of the project was December 2020. Project activity in 2021 was mainly ILO staff working to identify project participants and confirm their participation. This meant that all in-country project activity began in 2022. Stakeholder institutions in Nepal, Nigeria and Moldova believe that openIMIS will be operating their management information systems by the project end date of 31st July. It appears that training activities will continue past that date. No expected end date has been provided for Burkina Faso.
Targeted users / Beneficiaries	In Kaduna and Nepal the targeted users will be formal economy workers who are members of existing schemes. Both institutions, Kadchma in Kaduna and SSF in Nepal, have ambitions to extend coverage to workers in the informal economy who have no social security. In Burkina Faso the beneficiaries will be existing members of CNAMU but the cahier des charges visualises much wider coverage, including 'indigents'. In Moldova the beneficiaries will be farm labourers who are currently employed on a cash basis in the informal economy.
Challenges /negative lessons – Causal factors	The most challenging phase in the project seems to be the period when the standard operating procedures are complete and the derived functionalities are being turned into functional code that will operate the scheme. All the project actors are involved – the consultants, the institutions' management and IT teams and the development partner.
Success / Positive Issues – Causal factors	Management of stakeholder institutions in Moldova, Nepal and Nigeria are committed to the project.
ILO Administrative Issues (staff, resources, design, implementation)	The project has been managed since its inception by the Social Protection Management Information Systems Specialist. He was joined by an IT expert/administrative officer in April 2022. ILO representatives in the relevant countries also played key roles. There was good communication between ILO and the openIMIS secretariat at GIZ in Bonn. Independent consultants familiar with openIMIS played a key role in all four countries.