



International Labour Organization

iTrack

Evaluation

## ILO EVALUATION

**Evaluation Title:** *INTERNAL MIDTERM EVALUATION OF Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality*

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- **Name of consultant(s):** Natasha Mechkaroska Simjanoska
- **ILO Administrative Office:** ILO DWT/CO New -Delhi
- **ILO Technical Backstopping Office:** ILO Decent Work Team for South Asia and Country Office for India; INWORKS
- **Other agencies involved in joint evaluation:** N/A
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- **Evaluation Manager:** Nina Siegert, CTA
- **Key Words:** social protection; health insurance; coverage; informal economy; transition to formality; social dialogue

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



**EVALUATION REPORT**  
**INTERNAL MIDTERM EVALUATION OF**  
*Technical support to ESIS for improving and expanding access to health care services in India*  
*(Health Financing) – A transition to formality*

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## LIST OF ACRONYMS

CTA –	Chief Technical Advisor
DWCP –	Decent Work Country Programme
EO –	Employers’ Organisation
ESIC –	Employees’ State Insurance Corporation
ESIS –	Employees’ State Insurance Scheme
ILO –	International Labour Organization
MoEA –	Ministry of External Affairs, Government of India
MoHFW –	Ministry of Health and Family Welfare, Government of India
MoLE –	Ministry of Labour and Employment, Government of India
SDG –	Sustainable Development Goal
SP –	Social Partners
ToR –	Terms of Reference
WO –	Workers’ Organization

## EXECUTIVE SUMMARY

### BACKGROUND

Indian population faces a low coverage through comprehensive social health protection, in global terms. Employees' State Insurance Scheme (ESIS) as part of its social security package provides the largest contributory social health insurance scheme in India and among the largest in the world. ESIS covers employees in formal enterprises that earn less than INR 21,000 per month in non-seasonal factories and establishments employing 10 or more persons. Currently, it serves nearly 35 million insured persons or more than 133 million beneficiaries including family members.

This project of initially 18 months (extended to 24 months up until December 2020) contributes to improving access to health care services to ESIS beneficiaries in India. It aims at assessing the ESIS that is the largest contributory social health insurance scheme in the country. It provides support to the development of a transformative implementation plan to improve health service access to its beneficiaries by proposing interventions to extend its coverage to more workers. Efforts to strengthening the scheme and expand its coverage will benefit from lessons learned from international experiences, including through knowledge sharing and mutual learning activities between Indian stakeholders and those engaged in similar activities in other parts of the world.

### EVALUATION BACKGROUND

ILO considers evaluation as an integral part of the implementation of technical cooperation activities. The mid-term evaluation of the project *Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality* took place in July and August 2020 following ILO principles, methods and strategy of ILO's internal evaluation policy and covers the period January 2019 to June 2020.

The purpose of the Midterm Internal Evaluation is to assess the continued relevance of the project and the progress made towards achieving its planned objectives. It would also ascertain if the project is still coherent with the ILO's strategic objectives; is relevant and useful to the key stakeholders and is being conducted efficiently according to ILO standards and the agreed project document. The evaluation focuses on the criteria of relevance, validity, efficiency, effectiveness, impact and sustainability.

#### Scope

The mid-term evaluation focuses on all the activities undertaken by the project during the period January 2019- June 2020. The evaluation includes all stages of the project, including initial project design, work planning, and implementation, monitoring and reporting.

Gender equality and tripartism are important cross-cutting policy drivers of the ILO. The evaluation will look particularly at how gender equality concerns and tripartite consultations were integrated throughout its methodology, strategies/approaches, data and all deliverables, including in the reports submitted to the donor.

#### Clients and users of the evaluation are:

- Chief Technical Advisor of the project

The evaluation process consisted of:

- **Document review** - project documents; progress reports; progress trackers, and other relevant material from secondary sources;
- **Review of the results** of the project and discussions with the project team thereon;
- **Interviews with direct stakeholders** – project management, ILO country office, and stakeholders, carried out over Skype for Business, Zoom and WhatsApp. The interviewees were selected on the proposal of the project team, and were relevant for the project implementation.

## FINDINGS

### Relevance and strategic fit

The evaluation assessed the extent to which the project activities comply with the national strategies and efforts. Project activities contribute to India's achievement of the Sustainable Development Goals, and in particular **Goal 1.3** and **Goal 3.8.**, and are closely aligned with the United Nations Sustainable Development Framework for India (2018-22).

The project contributes to the attainment of the **2018-2019 ILO Programme and Budgeting Outcome 6: Formalization of the informal economy** and **2020-2021 Outcome 8: Comprehensive and sustainable social protection for all**. The activities are fully aligned with the *Priority 3 of the Decent Work Country Programme 2018-2022*.

Finally, the relevance of the project was confirmed by the interviewed stakeholders, as accommodating to the emerging needs in the Indian reality, primarily the labour legislation reform process and the Covid-19 pandemic.

### Validity of design

The available information demonstrates that the project is backed by evidence from the healthcare scheme and crafted in response to the identified challenges. The project contains an analysis of the national context in which the project needs to operate and provides clear arguments in justification of the intervention.

The project is complex and ambitious for the timeframe, as this type of intervention and piloting require more time to materialize. Under the three components there is a clear flow of activities and the project is organized around three interlinked outcomes.

The action plans and the ecosystem have the potential to lead to a significant impact on the reform and improved effectiveness of the insurance scheme, beyond the project life.

The project document elaborates well the risks and assumptions for the successful implementation of the project and has mitigation measures for the identified potential problems of the project.

### Adaptation during implementation

The need to postpone some of the project activities, necessitated a no-cost 6-month extension that enabled the continuation of the agreed actions. The Covid-19 crisis further threatened the implementation of the activities, in particular the workers and enterprises surveys in the field.

Progress reports and interview data indicate that the ILO adapted the activities to the needs of the project beneficiaries, thus adding two outputs in addition to the initially planned, such as the ESIS

beneficiary satisfaction survey, and the institutional assessment to better understand the legal/policy and capacity framework of ESIC.

### Effectiveness and progress

The project started on the 1<sup>st</sup> January 2019. There was a significant delay of 7 months in the recruitment of the Chief Technical Advisor, since the initially selected candidate withdrew his availability. The lengthy procedure for issuance of work permit to the newly selected CTA, further delayed the start. This delay was critical for an 18-month project.

In this inception phase, the ILO DWT CO - India director and the team of specialists profoundly supported the project administratively and technically to bridge the gap, and to ensure buy-in on the side of the Government. In the preliminary phase (before the joining of the CTA), the National Project Coordinator supported by the Project Assistant and concerned Programme Officer, initiated preparatory activities under Components 1 and 2 of the project. After the set-up of the project team, ILO India and ILO HQ continued to provide their backstopping and technical expertise.

The project team, led by the CTA, revised the work plan in consultation with relevant ILO specialists and the CO Director in order to accelerate delivery of the outputs and make it more action oriented.

### Component 1

In the preliminary phase, the project managed to collect relevant data on ESIS, its structure and functioning, including diversity among States, and other information from external sources, which are critical for Component 1 of the project.

Throughout the diagnostics phase, data was collected to feed the comprehensive report covering four areas of interest - revenues, risk-pooling and benefit package; strategic purchasing; provision of services; and governance and organization of ESIS. During the evaluation period, the project was concluding the consolidation of the four individual reports and the recommendations for transformative action for reform, to be presented to MoLE and ESIC. This work has been substantially delayed, mainly due to delays in full project set up on the ground (in Delhi) at the beginning, and the timely completion of the beneficiary survey was affected by the Covid-19 pandemic.

### Component 2

Covid-19 emergence has severely affected Component 2 deliverables, in particular the survey aimed at collecting primary data on potential beneficiaries. The project adjusted its approach and adjusted the survey to the Covid-19 situation through follow-up telephonic interviews, while regular continuation of the field work had to be put on hold.

### Component 3

The delivery of Component 3 largely depends on Component 1 and 2, hence major delays have been observed there as well. The project team has identified the stakeholders of the ecosystem, including the Ministry of Health, which is not a beneficiary. The objective is to facilitate a forum of discussion and encourage universal healthcare coverage. At the time of the mid-term evaluation, the project has been actively working with a closed ecosystem of core beneficiaries and stakeholders. The project has also been engaging with other healthcare sector experts and organizations, including with members of the Health Systems Design (HSD) ecosystem of the donor organization BMGF.

### Efficiency of implementation

While a limited financial assessment has been conducted, and the financial efficiency cannot be commented with specificity, the overall finding is that the project has been well-managed and that



the ILO has provided significant added value via its extensive resources base, technical expertise, project management backstopping, making good use of its comparative advantage.

The project is advised by a Technical Committee, composed of representatives of ESIC, as well as by the donor foundation separately.

#### Orientation to impact and sustainability

A sustainability plan is essential for any intervention and, even at this late stage, a plan that can be agreed on by the project partners should be developed.

A theory of change for the project would also be useful as it would identify crucial points of influence where action can be steered to obtain the greatest effect.

The established Technical Committee and the tripartite ecosystem have the potential to continue serving as drivers of any ESIC related discussions and reforms in the future, and platform for consultation and knowledge-sharing.

#### Gender equality

The project stakeholders were satisfied how the project promoted gender equality throughout the project objectives and the surveys. The project management has a good gender balance. The evaluation interviews had a somewhat gender balance. On the side of the beneficiaries, men are predominant on a technical level, while women on the managerial positions.

The project promotes tripartite consultations on the key actions and recommendations. The social partners are considered as key actors in the strengthening of the Indian healthcare system, next to the Government.

As reported above, the project seeks, inter alia, to promote extension of the social health insurance scheme, which broadly aligns with Convention 102 on Social Security (Minimum Standards) and Recommendation 202 on Social Protection Floors.

## CONCLUSIONS

1. The project has strategic and political importance attached to it. ESIC is currently under scrutiny, and its relevance and destiny are being discussed by the Parliament under the comprehensive labour legislation and health sector reform.
2. The project is being implemented in a highly dynamic and sensitive context, with a high degree of unpredictability in the policy environment.
3. The ILO is working very closely with the MoLE and ESIC to maintain alignment of the project strategy with the reality (reform process and Covid-19 implications).
4. ILO, in agreement with the beneficiaries and the donor, undertook a comprehensive approach by assessing both the demand side (workers and employers, as current and potential contributors to the scheme) and the supply side (organizational and governance) issues of the scheme. The project expects greater responsiveness on the action plan from the MOLE and the ESIC once the labour law reform bills are passed by the Parliament.
5. The ILO delivered as expected, in terms of supporting the scheme. It provided excellent technical basis, though high-level experts in the field, and examined ESIC from all four angles of relevance. Yet, the reform cannot be pursued unless the Government commits to enhancement of the health insurance scheme effectiveness.
6. The team hired has hands-on experience on the topic and largely contributed to the successful implementation of the intervention and acceleration of the delayed activities. The project team fosters open and transparent communication and ensures regular reporting. The project

has been managed efficiently and transparently, achieving project results, and making good use of ILO comparative advantage in social security and formalization.

7. The project has a strong potential for sustainability due to the relevance it bears, but it will require commitment and ownership from the tripartite actors to push forward the reform. The lack of a clear sustainability strategy that goes beyond the project life might be mitigated through securing funds for the implementation of the recommendations by MoLE and ESIC, as implementing agencies.
8. Covid-19 interfered with the overall delivery of the outputs, and in particular with the field implementation of the surveys. Due to the critical spread of the virus, India faced a major lockdown, resulting in temporary restrictions on visits to the MoLE and ESIC offices.
9. The project adequately promoted gender equality through its management structure and programme of activities.
10. Visibility of the project will be ensured with the communication of the findings and recommendations, and through the knowledge-sharing activities.

**The project adapted to the challenging environment in which it had to operate, still, due to the aforementioned, it would need an additional no-cost six-month extension to complete project activities.**

## **LESSONS LEARNED AND GOOD PRACTICES**

- The project adapted well to the changed realities, including the Covid-19 pandemic, labour legislation reform, the ESIC functioning without a Director-General.
- The interview data indicate that communication is based on transparency. All actions and changes are carried out in agreement with BMGF.
- ILO stepped in at the right time, in a context that offers a technical and political opportunity to support the stakeholders' uptake the project's contributions and steer the ongoing reform process.
- For the implementation purposes, a key lesson has emerged from the need to have MoLE as the main 'client' to the project.
- The established Technical Committee was seen as a game-changer, bringing around the table the most relevant actors that should expand the implementation of the scheme and ensure quality services and its financial viability.
- The use of the comparative advantage of ILO in the field of social security and formalization, and consultations at the tripartite level is proven as a good practice that adds significant value to the project.

## **RECOMMENDATION**

General recommendations for the ILO:

1. A theory of change should be developed that allows for a better understanding of the assumptions and the change to be brought about by the project.
2. Project extensions should be of sufficient duration to allow the implementation of the foreseen activities and to ensure buy-in and ownership assuming by the partners.
3. For projects with 18-months duration, it is critical that the team is established before the project kick-off.
4. Specialists on topics relevant for the project should be involved and consulted in the design phase, as well as informed on the progress, on a regular basis.

Project-related recommendations:

1. Further no-cost extension of the project is needed in order to support the implementation of the operational programme and the piloting in at least two states, where the scheme allows

it. The testing requires additional funds to be provided by the Government. MoLE and ESIC should ensure strong commitment and ownership, and drive the reform.

2. Independent and quality diagnostics of the scheme is required, to learn the current hurdles and opportunities, and be able to offer practical solutions.
3. MoLE and ESIC should not wait for the final reports from the diagnostic before recommending actions, but engage more interactively with the ILO to jointly develop the action plans.
4. Better coordination and communication should be incited among the relevant institutions, including the MoLE, ESIC, MoHFW, to overcome the current institutional practice of working in silos.
5. Scattered meetings, in particular with the social partners, are not sufficient. Regular updating of the workers' and employers' organizations on the progress is highly recommended. In the Covid-19 context, virtual modalities can be explored. The findings emerging from the comprehensive assessment should be discussed with the workers' and employers' organizations before the final recommendations are shaped
6. Unless the Covid-19 affected context allows for the surveys on the field to resume, the survey methodology should be revisited and raw data be used in the most feasible manner.
7. During the follow-up interviews with the beneficiaries, which would be organized over a phone or online, particular attention should be paid that not only people with education and technology are covered. The project team must ensure adequate coverage of different categories of people, women, people with disabilities, and people susceptible to social exclusion, due to level of education and societal status.
8. Learning from other countries, similar in size and population, on their experiences of organizing the social security system was found to be incredibly valuable. The Indian Government should be exposed to the experiences, such as of Brazil, Columbia, China, and provided with the promised report on Mexico.
9. It is necessary to bring together a broader ecosystem, involving the Ministry of Health, in order to push forward formalization.
10. Consider the possibility of sharing ILO experience in actuary analysis of the health insurance system. This will round up the support to MoLE and ESIC that do not have experience and resources for actuary analyses.
11. According to the interviewed social partners, the ILO should recommend a minimum coverage (social security floor).

## INTRODUCTION

The current document presents a report of the Midterm Evaluation of the Project *Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality* carried out by Natasha Mechkaroska Simjanoska, ILO internal evaluator.

The evaluation was implemented by an ILO staff officer, as an internal evaluator, not linked with the project. The evaluation was managed by Ms Nina Siegert, CTA of the Project *Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality*. The evaluation benefited from national constituents consultation and feedback, as well as the inputs from the ILO Project team and ILO Decent Work Team and Country Office in New Delhi.

The primary purpose of the evaluation is to promote accountability among the ILO and key stakeholders. The evaluation attempts to contribute to organizational learning by identifying lessons learned and emerging good practices, and by providing recommendations that can inform the project realization until its completion, as well as future ILO projects.

## BACKGROUND AND CONTEXT<sup>1</sup>

India has witnessed rapid economic growth in the last two decades and has emerged as one of the fastest-growing middle-income countries in recent years. From 2007 to 2016, India's economy more than doubled, growing by 112 per cent. Over the past decade, India has achieved impressive rates of economic growth, surpassing other large middle-income countries.

The Indian labour market reflects the historical features of the economy as well as new trends. Between 1994 and 2012, the proportion of population below poverty line fell from 45 to 22 per cent, and approximately 133 million people were lifted out of poverty. India has developed public employment programmes and initiatives for financial inclusion, skill development, social security, environment and other issues. India is a large, complex and diverse country with 29 States and seven Union Territories (UTs). In order to have an impact on the labour market, more nuanced strategies are required in consultation with tripartite partners, reflecting differences across the States and UTs. Developing States of India, which cover a lot of the aspirational 115 districts, have more significant decent work challenges.

Besides, the Government of India is aiming to consolidate 44 labour laws into four codes – industrial relations, wages, social security, and occupational safety, health and working conditions. The stated objective of the code on Social Security and Welfare is to extend the right to social protection to all workers in India, regardless of the size of the employing entity, or whether public or private, but most notably by extending the protection to workers operating in the informal economy where 90 per cent of the 450 million-strong workforce operates.

### Project background and objectives

Indian population faces low coverage through comprehensive social health protection, in global terms, which results in high levels of out of pocket expenditures, with only marginal reductions in the last decade, and substantial exclusion from health care services. ESIS as part of its social security package provides the largest contributory social health insurance scheme in India and among the largest in the world. ESIS covers employees in formal enterprises that earn less than INR 21,000 per month in non-seasonal factories and establishments employing 10 or more persons. Currently, it serves nearly 35 million insured persons or 133 million beneficiaries including family members. ESIS

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<sup>1</sup> Source: DWCP India 2018-2022 - [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new\\_delhi/documents/publication/wcms\\_650119.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_650119.pdf)

benefits are very comprehensive, compared to the private insurance that provides only medical care for a limited amount.

With relatively low contribution rates, a comprehensive health benefit package and large family coverage, still the scheme is running with surplus. Despite the high financial performance, in reality, ESIS faces substantial challenges, with the lowest level of utilization rate of health care worldwide. This has led for 4 million people to fall in poverty due to the lack of health insurance coverage. While the scheme has experienced an increase in the number of beneficiaries and revenues in the last years, expenditures on health care have been relatively flat and diminishing on a per-beneficiary basis. Both access to outpatient and in-patient services appear to be very low despite the sound financial situation of the scheme. In addition to difficulties with the provision of services by internal providers, the lack of strategic purchasing from external providers contributes to undermining access to healthcare as well as the capacity to set right incentives for efficiency and quality in the system. The absence of up-to-date and robust financial and healthcare data and analytics limits the possibility for effective management. In addition to affecting the services provided to the current beneficiaries of the scheme, the poor performance of ESIS leads to incentivize evasion.

The extension of the ESIS coverage to those eligible yet uncovered would constitute a significant achievement in terms of transition to formality in the country, by ensuring that a more significant share of economic activities by workers and economic units are covered by law and in practice by formal arrangements.

The project seeks to address the overall (under)performance of the scheme. The aim is that the scheme gains on effectiveness, better serves its current beneficiaries and uses its resources more efficiently. Subsequently, a second phase of the project would explore the possible ways to incentivize the not registered enterprises, but also to extend coverage to the non-poor in the informal economy that would meet the current criteria of eligibility of ESIS. The overall objective is to contribute to improving access to healthcare services in India.

## EVALUATION BACKGROUND

### 3.1 Evaluation objectives

ILO considers evaluation as an integral part of the implementation of technical cooperation activities. As outlined in the project document and agreed with the donor, the project *Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality* should go through two evaluations: a mid-term internal evaluation and a final external evaluation. Both evaluations will be managed by an ILO appointed evaluation manager and conducted by an internal and independent evaluator, respectively. In agreement and recognition of the project delays, the mid-term evaluation was re-scheduled in agreement with the donor to take place in July and August 2020 following ILO principles, methods and strategy of ILO's internal evaluation policy.

The purpose of the Midterm Internal Evaluation is to assess the continued relevance of the project and the progress made towards achieving its planned objectives. This would allow assessment of the project progress towards its long-term goal, determine if the project design addresses the needs that were identified and to assess how well the project is being implemented to meet these needs. The findings of the evaluation would inform the revision or improvement, as may be required, of work plans, strategies, objectives, partnership arrangements and resources, including recommendations for the remaining period of implementation.

The midterm evaluation would also ascertain if the project is still coherent with the ILO's strategic objectives; is relevant and useful to the key stakeholders and is being conducted efficiently according to ILO standards and the agreed project document. The evaluation focuses on the criteria of relevance, validity, efficiency, effectiveness, impact and sustainability.

**Specific objective(s) of the evaluation:**

- a) Assess the implementation of the project during the period January 2019 – June 2020. Identify factors affecting project implementation, both positively and negatively. If necessary, propose revisions to the expected level of achievement of the objectives project design and project timelines based on lessons learned;
- b) Analyze the implementation strategies of the project concerning their potential effectiveness in achieving the project outcomes; including unexpected results.
- c) Review the institutional set-up, capacity for project implementation, coordination mechanisms and the use and usefulness of management tools including the project monitoring tools and work plans;
- d) Identify the contributions of the project to the DWCP, SDGs, the ILO objectives and its synergy with other projects and programs;
- e) Identify lessons and potential good practices for the key stakeholders. Good practices criteria to use are effectiveness/ impact, efficiency, replicability, relevance and sustainability;
- f) Provide strategic recommendations for the different key stakeholders to improve implementation of the project activities and attainment of project objectives;
- g) Assess the relevance of the sustainability strategy, its progress and its potential for achievement, identifying the processes that are to be continued by stakeholders.

**Scope**

The mid-term evaluation focuses on all the activities undertaken by the project during the period January 2019 – June 2020. The evaluation includes all stages of the project, including initial project design, work planning, and implementation, monitoring and reporting.

Gender equality, tripartism, and international labour standards are important cross-cutting policy drivers of the ILO. The evaluation will look particularly at how gender equality concerns and tripartite consultations were integrated throughout its methodology, strategies/approaches, data and all deliverables, including in the reports submitted to the donor.

**Main client of the evaluation:**

- Chief Technical Advisor of the Project

**Secondary clients and users of the evaluation are:**

- Country stakeholders
- ILO HQ, DWT-New Delhi and its technical and programme backstopping officers
- ILO Regional Director for Asia and the Pacific
- Representatives of government
- Representatives of workers' organizations
- Representatives of employers' organization
- BMGF as the donor agency

**3.2 Evaluation approach, methodology, and methodological limitations**

The evaluation was carried out in accordance with the UN Evaluation Group (UNEG) Norms and Standards (updated in 2016), and OECD/DAC's recommendations, as well as the ILO's Evaluation Policy

Guidelines<sup>2</sup>, by adhering to the ethical standards and codes of conduct when gathering information in order to protect those involved in the evaluation process. Thus, the confidentiality of the respondents was respected. As much as possible, the evaluation applied triangulation/cross-checking and observations to increase the credibility and validity and also to minimize any subjective conclusions.

The evaluation criteria and questions, as much as possible, took into account stakeholder diversity and ensured gender equality.

The evaluation was based on a desk review and online interviews with the project staff, ILO specialists and beneficiaries. The evaluation used triangulation of data sources (e.g. document analysis, interviews, reports data on participants, and limited direct observation) to ensure the validity and reliability of the findings.

The primary evaluation activities included:

- **Document review** (project documents; progress reports; progress trackers, and other relevant material from secondary sources (see Annex 3 for a detailed presentation of the documentation reviewed).
- **Review of the results** of the project and discussions with the project team thereon;
- **Interviews with direct stakeholders** – project management, ILO country office and HQ, and stakeholders, carried out over Skype for Business, Zoom and WhatsApp. The interviewees were selected on the proposal of the project team, and were relevant for the project implementation. The only stakeholder who was not available for an interview during the evaluation exercise was the MOLE. The list of interviewees is provided in Annex 2.

## LIMITATIONS

- The evaluation took place mid-Covid-19 pandemic, which made travelling and field visits impossible. The interviews were carried out online, using Skype for Business, Zoom and WhatsApp platforms, thus limiting the possibility for close observations of the context and presenting a challenge for the evaluator.
- The evaluator did not have the opportunity to interview a representative of the Ministry of Labour and Employment.
- At the point of evaluation, the diagnostic results could not be shared with the evaluator as the content was still being worked on and had not yet been shared nor validated by the constituents.

### 3.3 Evaluation criteria and questions

The evaluation applied the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria, namely, the relevance of the programme to needs, the validity and coherence of the programme design, the programme's efficiency and effectiveness, the impact of the results and the potential for sustainability. For each criterion, specific evaluation questions were suggested in the ToR (Annex 3).

#### Relevance and strategic fit

- Assess whether the problems and needs that gave rise to the Project still exist or have changed. Has the Project identified any other constraints or opportunities that need to be accommodated in the design in order to increase the impact and relevance of the Project?
- Is the Project coherent with the Government objectives, and does it support the outcomes outlined in the UNDAF (UNSDCF) and DWCP as well as the SDGs?

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<sup>2</sup> [https://www.ilo.org/wcmsp5/groups/public/---ed\\_mas/---eval/documents/publication/wcms\\_571339.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_571339.pdf)

- How does the project complement and fit with other on-going ILO programmes and projects in the country?

#### Validity of design

- Does the project design (i.e. priorities, outcomes, outputs and activities) address the stakeholder needs that were identified?
- Are external factors (assumptions and risks) identified, relevant and valid?
- Does the design need to be modified for the remainder of the Project?
- Is the Project realistic (in terms of expected outputs, outcome and impact) given the time and resources available, including performance and its M&E system, knowledge sharing and communication strategy?
- To what extent has the Project integrated ILO cross-cutting themes in the design?
- Are the means of verification for the indicators appropriate?
- Has the Project elaborated a Theory of change that is comprehensive, integrating the external factors and is based on systemic analysis?

#### Effectiveness and progress

- Has significant progress been made related to the Project's desired outcomes and the contributing and hindering factors for moving towards their achievement and whether the Project's response were appropriate and sufficient?
  - Have unintended results of the Project been identified?
  - How has the Project contributed to coordination of government agencies and partners to enable them to work together effectively on the Project?
- Has the Project provided good visibility to BMGF as a donor?

#### Efficiency

- Have the available technical and financial resources been allocated and used strategically to provide the necessary support and to achieve the broader project objectives (Value for money) and could the use of the resources be improved?
- Examine delivery of Project outputs in terms of quality and quantity. Have they been delivered in a timely manner?
- Has the management and governance structure put in place worked strategically with all key stakeholders in India, ILO and the donor to achieve project goals and objectives?
- How has the staff recruitment/hiring process facilitated or hindered the project implementation?
- Does the project management have an M&E plan in place on activities and results (i.e. output and outcome)?
- Is information being shared and readily available to national partners?
- Has the Project received adequate administrative, technical and - if needed - policy support from the ILO office and specialists in the CO and in HQ?

#### Impact

- How is the Project contributing to strengthening the ESIC and Social Health Protection?
- How is the Project contributing towards the improvement of health service access to beneficiaries by the ESIS?
- How is the Project contributing towards improving the management and governance of the ESIC?
- How is the Project contributing to India's effort to achieving Universal Health Coverage?



## Sustainability

- Is the project strategy and management steering towards sustainability?
- Assess the Project's key partnerships that can contribute to the sustainability of the initiatives under the Project and to what extent. Identify if there would be other partnerships to consider.
- To what extent has the Project strengthened the capacities of government structures, social partners and private sector to ensure improved ESIC governance and management?
- To what extent the Project has promoted the relevant ILS or ratification and application of the ILS, social dialogue and tripartism?

## Cross-cutting issues

- To what extent has the project incorporated the gender equality matters?
- Has the project addressed other vulnerable groups?
- Does the project employ tripartite consultations?
- Does the project promote any International Labour Standard?

## FINDINGS

### Relevance and strategic fit

The relevance and strategic fit of the project were evaluated based on a review of secondary information, project documents, Decent Work Country Programme, UN SDG programme, United Nations Sustainable Development Framework for India (2018-22), and validated through interviews with the ILO constituents, beneficiaries, ILO project staff and specialists in New Delhi. The evaluation assessed the extent to which the project activities comply with the national strategies and efforts.

The idea for the project emerged in a period of very low coverage of the employees by the health insurance scheme (less than 10%) and discussions among the national stakeholders on the very relevance and justification thereof. The project aims to assess the reasons behind the long-term ineffectiveness of the scheme from four aspects, to test the possibility of extending the coverage, and ultimately ensure a transition to formality and a contribution to universal health protection.

Project activities contribute to India's achievement of the Sustainable Development Goals, and in particular:

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

The project activities are closely aligned with the United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2 – ***By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services***

The project contributes to the attainment of the

- ***2018-2019 ILO Programme and Budgeting - Outcome 6: Formalization of the informal economy***<sup>3</sup>

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<sup>3</sup> [https://www.ilo.org/wcmsp5/groups/public/---ed\\_mas/---program/documents/genericdocument/wcms\\_582294.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---program/documents/genericdocument/wcms_582294.pdf)

Indicator 6.2: Number of member States that have developed or revised integrated policies, legislation or compliance mechanisms, to facilitate transition to formality, including for specific groups of workers or economic units

- **2020-2021 ILO Programme and Budgeting - Outcome 8: Comprehensive and sustainable social protection for all<sup>4</sup>**

Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems

Indicator: 8.2.1. Number of member States with new or revised policy measures to enable social protection systems to be sustainable and provide adequate benefits

The activities are fully aligned with the *Priority 3 of the Decent Work Country Programme 2018-2022*, in particular with **Outcome 3.3 - By 2022, national and state social protection systems are better managed with expanded coverage and increased access.**

The project is implemented in synergy with the other ILO effort and projects concerning formalization of the informal economy.

Finally, the relevance of the project was confirmed by the interviewed stakeholders, as accommodating to the emerging needs in the Indian reality, primarily the labour legislation reform process and the Covid-19 pandemic, which brought numerous challenges to the surface. The diagnostics and recommendations produced by the Project should provide a solid evidential base and critically feed the discussion and advocacy by the beneficiaries concerning the ESIS.

#### Validity of design

The evaluation of the design validity was based on secondary information, the project document and project reports, validated through interviews with the ILO constituents, beneficiaries, ILO project management, HQ and country office in New Delhi.

The available information demonstrates that the project is backed by evidence from the healthcare scheme and crafted in response to the identified challenges. The project contains an analysis of the national context in which the project needs to operate and provides clear arguments in justification of the intervention.

The project is complex and ambitious for the timeframe, as this type of intervention and piloting require more time to materialize.

Under the three (3) components there is a clear flow of activities. The project is organized around three interlinked outcomes:

**Outcome 1:** A technically practical and acceptable pathway for strengthening the ESIC to service the needs of the existing beneficiaries and ensure financial sustainability has been established and is being implemented.

**Outcome 2:** An initial blueprint for extending coverage of the ESIS to non-poor in the informal economy is established and being tested through a pilot.

**Outcome 3:** A shared understanding among key Indian actors of challenges and opportunities to strengthen ESIS and extend its coverage, foster coherence and complementarities between their interventions.

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<sup>4</sup> [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_719163.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_719163.pdf)

Still, the project document does not provide clear indicators and targets for the actions. It also lacks a theory of change, defined as a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. This might be due to the very nature of the project that seeks to develop diagnostics and recommendations. At a later stage, the developed Action Plans and the ecosystem should lead to a significant impact on the reform and effectiveness of the health insurance scheme, and beyond that to its extension.

The project document elaborates well the risks and assumptions for the successful implementation of the project and has mitigation measures for the identified potential problems of the project. The project could have not foreseen, however, the change in the management of ESIC and the global Covid-19 crisis that has interrupted the implementation of the project.

The monitoring framework for the project follows the external donor framework. The project team tracks the progress against an agreed Results Framework Format of the donor and regularly reports progress and revisions to the workplan to the Country Office Director the donor, MOLE and ESIC. Establishment of 2 working groups was foreseen, with a monitoring role, to some extent. At the time of implementation start these working groups had not been formed due to the project delays and in an accelerated workplan approach monitoring i.e. reporting of progress was adjusted to happen to the main stakeholders directly.

#### Adaptation during implementation

The project has been confronted with a number of challenges in regards to the context in which it has operated, including the significant delay in the recruitment of project staff, labour legislation reform, change in management in the beneficiary institutions, and the most significant among them, the Covid-19 pandemic, resulting in complete lockdown.

The greatest implication on the project was the need to postpone some of the project activities. As a consequence, the project was approved a no-cost 6-month extension that enabled the continuation of the agreed actions. These are reflected in the progress reports and updated work plan and are approved by the donor.

However, the Covid-19 crisis further threatened the implementation of the activities, in particular the workers and enterprises surveys in the field. Additional time will be needed to complete the initiated interviews to obtain quality data to feed the beneficiaries' satisfaction and the potential contributors' assessment reports.

Progress reports and interview data indicate that the ILO adapted the activities to the needs of the project beneficiaries, thus adding two outputs in addition to the initially planned:

- An ESIS beneficiary satisfaction survey (upon request by MOLE)
- An institutional assessment to better understand the legal/policy and capacity framework of ESIC (project need).

#### Effectiveness and progress

##### **Overall objective**

The overall objective of this project is to strengthen the ESIS Health System, through improved access to health care services.

##### **Specific objectives**

The matter will be addressed from three levels, and the project aims to achieve the following specific objectives:

1. assess the (under)performance of the Employees' State Insurance Scheme (ESIS) from four aspects
2. develop a strategic plan to improve the effectiveness of services provided by ESIS
3. extend the coverage to more workers, by incentivizing the employers to register by ensuring **equality in the use of the services, avoiding gender-based discrimination and securing access to people vulnerable to exclusion.**

The project started on the 1<sup>st</sup> January 2019. The inception phase, as agreed by BMGF and ILO, aimed at hiring project staff, on-boarding of the Government (MoLE and ESIC) and trust-building among all stakeholders. There was a significant delay of seven months in the recruitment of the Chief Technical Advisor. The ILO followed the internal procedures of competition and identification of the most suitable candidate. After the initial selection, the potential CTA withdrew his availability, and the ILO was required to repeat the process. The lengthy procedure for issuance of work permit to the newly selected CTA, involving several institutions (MoLE, MoH, MoEA), further complicated the “real” kick-off of the project, planned for August 2019. It resulted in three months telework for the CTA, until October 2019. This delay was critical for an 18-month project, and demanded a 6-month no-cost extension, until December 2020.

Meanwhile, the ILO DWT CO - India Director and the team of specialists profoundly supported the project administratively and technically to bridge the gap, and to ensure buy-in on the side of the Government. In the preliminary phase (before the joining of the CTA), the National Project Coordinator supported by the Project Assistant and concerned Programme Officer, initiated preparatory activities under Components 1 and 2 of the project – strongly supported by the ILO India country team. Moreover, numerous actions were taken to pave the way and ensure smooth handing-over of the project to the CTA, at a later stage (including establishment of cooperation, preliminary data collection, drafting of ToRs for the external lead advisor). After the set-up of the project team, ILO India and ILO HQ continued to provide their backstopping and technical expertise.

The project team, led by the CTA, revised the work plan in consultation with relevant ILO specialists and the CO Director in order to accelerate delivery of the outputs and make it more action oriented.

### **Component 1**

In the preliminary phase, the project managed to collect relevant data on ESIS, its structure and functioning, including diversity among States, and other information from external sources, which are critical for Component 1 of the project.

Throughout the diagnostics phase, data was collected to feed the comprehensive report covering four areas of interest

- revenues, risk-pooling and benefit package
- strategic purchasing
- provision of services
- governance and organization of ESIS.

During the evaluation period, the project was concluding the consolidation of the four individual reports and the recommendations for transformative action for reform, to be presented to MoLE and ESIC. It will then offer support to the development of an implementation plan to improve the services provided by the scheme to its beneficiaries and provide the basis for the design of an intervention to extend its coverage to more workers, primarily to those in the informal economy with a capacity to contribute. This work has been substantially delayed, though, mainly due to challenges of full project management capacity on the ground (in Delhi) at the beginning.

On the other hand, the survey field work on beneficiary satisfaction has been interfered by the Covid-19 pandemic, without a clear outlook of resuming. The agency will strive to provide preliminary findings to support the diagnostic results of the demand-side perspective assessment.

- ✓ Major **data collection** on ESIS completed
- ✓ Supporting Global Experts for each foreseen work-stream (health financing, strategic purchasing, provision of services and governance) hired
- ✓ **ESIS diagnostic reports for each work-stream with clear policy recommendations** formulated
- ✓ **A consolidated action plan** developed based on the work-stream reports (to be presented and validated by MOLE, the ESIC and other ILO constituents (employers and workers) as well as relevant health sector partners in August/September 2020)
- ✓ An **ESIS beneficiary survey** initiated (research design by hired agency underway).

## Component 2

Aside the delays in project staffing, Covid-19 emergence has seriously delayed Component 2 deliverables. The survey aimed at collecting primary data on potential beneficiaries has been severely affected by the lockdown and there are no prospects for fully fledged findings by the end of August. The project adjusted its approach and adjusted the survey to the Covid-19 situation through follow-up telephonic interviews, while regular continuation of the field work had to be put on hold. The hope is to re-start field work towards the end of the year in order to complete the entire interview sample (Covid-19 permitting).

Knowledge-sharing products have been developed under this component relating to comparative social health protection systems (country briefs) and innovative technologies for social health protection.

- ✓ Report on the health-seeking behaviour and status of informal workers in India produced.
- ✓ The **survey on un-covered populations** has been launched in January 2020. It will suffer from the current situations as field data collection has come to a halt with the Covid-19 lockdown nation-wide. The survey had to completely stop its ongoing field research. 30-35% of the initial sample has been interviewed and a report on the preliminary results drafted.
- ✓ **Report on innovative technologies for SHI** - country experiences and digital health solutions for SHP is produced. An online workshop for ESIC officials on this topic has been prepared by the consultant and was conducted among ESIC officials in August 2020
- ✓ **Country fact sheets on SHP** in Asia have been developed in collaboration with ILO HQ /SOCPRO including the case study for India.

## Component 3

The delivery of Component 3 largely depends on Component 1 and 2, hence major delays have been observed there as well.

The project team has identified the stakeholders of the ecosystem, including the Ministry of Health, Ministry of Finance, which can be interested should the incentives go beyond the health insurance contributions. The objective is to facilitate a forum of discussion and prevent operating in silos.

At the time of the mid-term evaluation, the project has been actively working with a closed ecosystem of core beneficiaries and stakeholders. The project has also been engaging with other healthcare sector experts and organizations, including with members of the Health Systems Design (HSD) ecosystem of the donor organization BMGF.

This component includes a number of knowledge-sharing activities aimed at building capacity of the ESIC and the larger ecosystem. Even though delayed, preparations are on track to conduct all the knowledge-sharing activities planned under the project by the end of the next period.

- ✓ A **technical exchange workshop** was conducted beginning of February with ESIC, the ILO project team and its global experts. Here first analytical observations were shared with the ESIC Director General and his entire technical team
- ✓ One **Worker's and one Employer's consultations** in February collecting feedback from their perspective on ESIS under a SWOT guided framework
- ✓ Presentation of **interim-results to the Secretary of MoLE** was organized in March 2020
- ✓ **Webinar** on the project objectives and preliminary finding **to BMGF grantees** in April 2020
- ✓ Regular technical exchange meetings have been held almost every month with **the ESIC Technical Team**

The operational programme for enhancing the effectiveness of the scheme, as well as the piloting to cover the informal non-poor workers are not likely to be realized before the contract end of December 2020.

#### Efficiency of implementation

While, a limited financial assessment has been conducted, and the financial efficiency cannot be commented with specificity, the overall finding is that the project has been well-managed and that the ILO has provided significant added value via its extensive resources base, technical expertise, project management backstopping, making good use of its comparative advantage.

The project is managed by a CTA, project coordinator and a project assistant. Reporting is to the Country Office Director in ILO New Delhi. The Country Office Director retains ultimate responsibility as a project holder. The project is further strategically guided by the Chief of INWORK who with the Country Office Director and the CTA involves in regular strategic discussion and project adjustments with the donor and the MoLE/ESIC. Technical support is also provided by ILO SOCPRO. The project is advised by a Technical Committee, composed of representatives of ESIC, as well as by the donor foundation separately.

The project has depended highly on the commitment and endeavour of the country team. Staffing is adequate given the ILO's extensive capacity to provide backstopping and technical support. However, the success of the intervention largely depends on the technical expertise of global consultants to steer and consolidate the analyses and findings and develop and implement the surveys. The experts hired are among the world most renowned in the field.

#### Orientation to impact and sustainability

A sustainability plan is essential for any intervention and, even at this late stage, a plan that can be agreed on by the project partners should be developed.

A theory of change for the project would also be useful as it would identify crucial points of influence where action can be steered to obtain the greatest effect.

The established Technical Committee and the tripartite ecosystem have the potential to continue serving as drivers of any ESIS related discussions and reforms in the future, and platform for consultation and knowledge-sharing.

### Gender equality

The project stakeholders were satisfied how the project promoted gender equality throughout the project objectives. A particular attention to the gender perspective is paid in the surveys implementation. The project management has a good gender balance. The evaluation interviews had a somewhat gender balance, where women predominated on the side of the ILO managing and programme officers and the donor, while men on the side of the ILO specialists and project beneficiaries. The gender structure in the meetings and the working groups organized by the project, on the average, is as follows:

- Workers' Representatives: Mostly male participants with 10-20% being women.
- Employers' Representatives: Mostly male participants with 20-30% women.
- ESIC Technical Committee: All 3 members are male
- ESIC Director General and MOLE Joint Secretary dealing with the project are both women.
- BMGF Programme Officer in-charge of the project is a woman.

The project promotes tripartite consultations on the key actions and recommendations. The social partners are considered as key actors in the strengthening of the Indian healthcare system, next to the Government. The project design has tripartism as a critical interlocking feature, and each output should be discussed and validated by the tripartite actors. The ecosystem will be a tripartite body to work on future improvements of the scheme and knowledge sharing.

As reported above, the project seeks, inter alia, to promote extension of the social health insurance scheme, which broadly aligns with Convention 102 on Social Security (Minimum Standards) and Recommendation 202 on Social Protection Floors.

### CONCLUSIONS

Evaluation criteria used to evaluate the project are the standard OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. The preliminary stage consisted in defining key evaluation questions; the objectives of the evaluation and an understanding of evidence required. An inception report (Annex 4) was developed to identify different data sources. It also set out the generic and specific questions that would be asked. Interviewees were nominated by the project team on the basis of their involvement as stakeholders in the project. Data collection activities primarily consisted of document reviews, discussion with project team and interviews with project stakeholders. Conclusions have been drawn, after discussion with the project team, on the basis of evidence available to the evaluator.

The project has strategic and political importance attached to it. The idea for it emerged after years of ineffectiveness and underperformance of the scheme, in terms of services utilization. ESIS is currently under scrutiny, and its relevance and destiny is being discussed by the Parliament under the comprehensive labor legislation and health sector reform. Due to this, the project is being implemented in a highly dynamic and sensitive context. Simultaneously, the pressures upon the system, introduce high degree of unpredictability in the policy environment of the project. Most recently, Covid-19 strongly affected the informal economy workers and highlighted the need to look into ESIS functioning and structure and to push forward extended coverage. In this context, ESIS proved to be a centrepiece in the social security puzzle. The ILO is working very closely with the MoLE

and ESIC to maintain alignment of the project strategy with the reality (reform process and Covid-19 implications).

ILO stepped in at the right time, in a context that offers a technical and political opportunity to support the stakeholder's uptake the project's contributions and steer the ongoing reform process. ILO, in agreement with the beneficiaries and the donor, undertook a comprehensive approach by assessing both the demand side (workers and employers, as current and potential contributors to the scheme) and the supply side (organizational and governance) issues of the scheme. MoLE and ESIC are engaged with the ILO and show great interest and enthusiasm for the project outputs and deliverables, but are hesitant when it comes to expression of opinions and approvals. This might be due to the fact that ESIC operates for quite some time without a Director-General. The project expects greater responsiveness on the action plan from the MoLE and ESIC once the labour law reform bills are passed by the Parliament.

MoLE and ESIC were initially involved to gauge interest and commitment to the project, and afterwards at the strategic level through membership in the Technical Committee that met at a regular basis. From the interviews, the effectiveness of the Technical Committee could not be evaluated, since some respondents explained that they are an active part of the Committee and cannot judge their own work.

The ILO delivered as expected, in terms of supporting the scheme. It provided excellent technical basis, though high-level experts in the field, and examined ESIS from all four angles of relevance. Yet, the reform cannot be pursued unless the Government commits to enhancement of the health insurance scheme effectiveness.

The team hired has hands-on experience on the topic and largely contributed to the successful implementation of the intervention and acceleration of the delayed activities. The project team fosters open and transparent communication and ensures regular reporting. The project has been managed efficiently and transparently, achieving project results, and making good use of ILO comparative advantage in social security and formalization.

The project has a strong potential for sustainability due to the relevance it bears, but it will require commitment and ownership from the tripartite actors to push forward the reform. The lack of a clear sustainability strategy that goes beyond the project life might be mitigated through securing funds for the implementation of the recommendations by MoLE and ESIC, as implementing agencies.

Covid-19 interfered with the overall delivery of the outputs, and in particular with the field implementation of the surveys. Due to the critical spread of the virus, India faced a major lockdown, resulting in temporary restrictions on visits to the MoLE and ESIC offices.

The project adequately promoted gender equality through its management structure and programme of activities.

The donor's expectations with regard to their brand visibility is planned to be met through the activities of Component 3 of the project. Visibility of the project will be ensured with the communication of the findings and recommendations, and through the knowledge –sharing activities. Some major outputs of the projects are politically sensitive and require careful branding and calibrated dissemination in tune with the prevailing political and policy environment.



**The project adapted to the challenging environment in which it had to operate, still, due to the aforementioned, it would need an additional no-cost six-month extension to complete project activities.**

## **LESSONS LEARNED AND GOOD PRACTICES**

The project adapted well to the changed realities, including the Covid-19 pandemic, labour legislation reform, the ESIC functioning without a Director-General.

The interview data indicate that communication is based on transparency, in particular when it comes to the donor that is always in the loop. All actions and changes are carried out in agreement with BMGF.

ILO has a comparable expertise value and influence over the topics of social security and protection. The project strategy and design are deeply cognizant of the dynamics of the reform process. The outputs are timed in a manner to feed critically in MoLE and ESIC agendas for transformation. Despite the delays in implementation, the restructured project plan ensures that high levels of responsiveness to the policy context are sustained through phased deliveries of key outputs.

For the implementation purposes, a key lesson has emerged from the need to have MoLE as the main 'client' to the project. Only by MoLE and ESIC assuming ownership and leadership in the realization of project outcomes, the project can be successful. Besides, the establishment of a trustful work relationship between MoLE and ESIC officials, project recommendations will be heard and have the potential to be implemented. Furthermore, consultations with the other constituents, workers and employers representatives will be critical in moving forward the project (as the main stakeholders/beneficiaries of the ESIS but also as ILO constituents).

The established Technical Committee was seen as a game-changer, bringing around the table the most relevant actors that should expand the implementation of the scheme and ensure quality services and its financial viability. The Technical Committee has been established instead of a common project advisory committee that would only oversee the project implementation, without substantial contribution to the contents of the outputs.

The use of the comparative advantage of ILO in the field of social security and formalization, and consultations at the tripartite level is proven as a good practice that adds significant value to the project. The ILO made effective and efficient use of technical backstopping and project management support that is validated as providing added security to funders and national stakeholders.

## **RECOMMENDATION**

General recommendations for the ILO:

1. A theory of change should be developed that allows for a better understanding of the assumptions and the change to be brought about by the project.
2. Project extensions should be of sufficient duration to allow the implementation of the foreseen activities and to ensure buy-in and ownership assuming by the partners.
3. For projects with 18-months duration, it is critical that the team is established before the project kick-off.
4. Specialists on topics relevant for the project should be involved and consulted in the design phase, as well as informed on the progress, on a regular basis.

#### Project-related recommendations:

1. Further no-cost extension of the project is needed in order to support the implementation of the operational programme and the piloting in at least two states, where the scheme allows it. The funding for the project staff and activities is secured from the existing project budget. However, the testing requires additional funds to be provided by the Government. MoLE and ESIC should ensure strong commitment and ownership, and drive the reform that would be guided by the principles of flexibility, inclusion, and protection. The no-cost extension period would be used for the knowledge-sharing activities among the broader ecosystem.
2. Independent and quality diagnostics of the scheme is required, to learn the current hurdles and opportunities, and be able to offer practical solutions. The assessment should focus on the most burning issues identified by the beneficiaries, such as shortage of HR, poor quality of treatment, and poor infrastructure to effectively implement ESIS.
3. MoLE and ESIC should not wait for the final reports from the diagnostic before recommending actions, but engage more interactively with the ILO to jointly develop the action plans.
4. Better coordination and communication should be incited among the relevant institutions, including the MoLE, ESIC, MoHFW, to overcome the current institutional practice of working in silos.
5. Scattered meetings, in particular with the social partners, are not sufficient. Regular updating of the workers' and employers' organizations on the progress is highly recommended. In the Covid-19 context, virtual modalities can be explored.
6. The findings emerging from the comprehensive assessment should be discussed with the workers' and employers' organizations before the final recommendations are shaped.
7. Unless the Covid-19 affected context allows for the surveys on the field to resume, the survey methodology should be revisited and raw data be used in the most feasible manner.
8. During the follow-up interviews with the beneficiaries, which would be organized over a phone or online, particular attention should be paid that not only people with education and technology are contacted. The project team must ensure adequate coverage of different categories of people, women, people with disabilities, and people susceptible to social exclusion, due to level of education and societal status.
9. Learning from other countries, similar in size and population, on their experiences of organizing the social security system was found to be incredibly valuable. The Indian Government should be exposed to the experiences, such as of Brazil, Columbia, China, and provided with the promised report on Mexico.
10. It is necessary to bring together a broader ecosystem, involving the Ministry of Health, in order to push forward formalization.
11. Consider the possibility of sharing ILO experience in actuary analysis of the health insurance system. This will round up the support to MoLE and ESIC that do not have experience and resources for actuary analyses.
12. According to the interviewed social partners, the ILO should recommend a minimum coverage (social security floor).

## ANNEX 1 STATUS OF PROJECT ACTIVITIES AS OF 30 JUNE 2020

Output Number	Output Description	Status
	COMPONENT 1	
101	Preliminary steps and data Collection <ul style="list-style-type: none"> <li>Preliminary report on the functioning of the ESIS, including diversity among States, based on the data collected by the different administrative areas and on other information from external sources.</li> </ul>	Completed
102	Diagnosis <ul style="list-style-type: none"> <li>Report on revenues, risk-pooling and benefit package</li> </ul>	Completed
103	<ul style="list-style-type: none"> <li>Report on strategic purchasing</li> </ul>	Completed
104	<ul style="list-style-type: none"> <li>Report on provision of services</li> </ul>	Completed
105	<ul style="list-style-type: none"> <li>Report on governance and organization</li> </ul>	Completed
106	<ul style="list-style-type: none"> <li>Diagnosis Report that consolidates results in the four areas (revenue, pooling/insurance and package of health services; strategic purchasing; provision of services; and governance of the ESIS) and includes policy recommendations</li> </ul>	On-track
107	<ul style="list-style-type: none"> <li>Validated Diagnosis Report.</li> </ul>	On-track
	Action Plan <ul style="list-style-type: none"> <li>Action Plan that defines strategic axes and components, expected results, etc. as well as the “business case” of the proposed interventions (reasons, expected benefits, costs of not engaging, options, expected costs, risks, etc.)</li> </ul>	On-track
108	<ul style="list-style-type: none"> <li>Validated Action Plan</li> </ul>	On-track
109	<ul style="list-style-type: none"> <li>Dissemination of specific outputs, including short video, fact-sheet, briefs, presenting the main contents of the diagnosis and action plan.</li> </ul>	Delayed
110	Implementation <ul style="list-style-type: none"> <li>Validated Operational Program of implementation that includes detailed description of the tasks to realize, allocation of responsibilities, resources allocated, timeframe and obligations in term of monitoring.</li> </ul>	Delayed

111	<ul style="list-style-type: none"> <li>Monitoring Report of the implementation</li> </ul>	Delayed
	COMPONENT 2	
201	<p>Preliminary steps:</p> <ul style="list-style-type: none"> <li>Agencies in charge of contributing to the development of survey tools (questionnaires and method) and to carry out the survey, selected</li> </ul>	Completed
202	<ul style="list-style-type: none"> <li>Compilation of existing surveys and studies in India on informal economy workers, health conditions and coverage and report summarizing main results</li> </ul>	Completed
203	<ul style="list-style-type: none"> <li>Technical report presenting survey data collection tools and method (sampling method, questionnaires and interview guides)</li> </ul>	Completed
204	<p>Assessment</p> <ul style="list-style-type: none"> <li>Assessment report of examples of past or current experiences of extension of health insurance to informal economy workers (in India and international experiences)</li> </ul>	Delayed
205	<ul style="list-style-type: none"> <li>Assessment report on what innovative practices, including based on new technologies, may support the affiliation to the health insurance of informal non-poor</li> </ul>	Completed
206	<ul style="list-style-type: none"> <li>Consolidated results from the quantitative ad-hoc survey and qualitative interviews</li> </ul>	Delayed
207	<ul style="list-style-type: none"> <li>Workshop: Restitution of results of the survey with the Working Group 2 (set under component 3) and validation and discussion of the possible setting for developing pilots to test extension of coverage</li> </ul>	Delayed
208	<p>Pilot(s) to test and learn about inclusion of informal non-poor under ESIS</p> <ul style="list-style-type: none"> <li>Technical report defining modalities for extending coverage among the informal non-poor that would meet the current criteria of eligibility of ESIS (incentives, enrolment, collection of premiums, adjustment or not in the benefit package, related cost and level of premium, institutional setting, healthcare delivery / providers, etc.)</li> </ul>	Delayed
209	<ul style="list-style-type: none"> <li>Monitoring system in place</li> </ul>	Delayed
210	<ul style="list-style-type: none"> <li>Pilot operational in one State</li> </ul>	Delayed

211	<ul style="list-style-type: none"> <li>• Technical report with first lessons learnt</li> </ul>	Delayed
	COMPONENT 3	
301	<p>Preliminary steps to establish the core ecosystem</p> <ul style="list-style-type: none"> <li>• One mapping of Indian actors engaged in access to health care, including through insurance mechanisms, and in implementing integrated approaches to reduce decent work deficits in the informal economy, including through formalization.</li> </ul>	Completed
302	<ul style="list-style-type: none"> <li>• The ecosystem constituted</li> </ul>	On-track
303	<p>Activities with the whole ecosystem</p> <ul style="list-style-type: none"> <li>• First meeting of all members of the ecosystem to share knowledge about and review the overall plan of implementation of the project and identify: 1) the members willing to be consulted on each of the two components, 2) the main topics to tackle through knowledge sharing activities, 3) the institution that will be heading the ecosystem.</li> </ul>	On-track
304	<ul style="list-style-type: none"> <li>• One meeting to review progress of the project at mid-term</li> </ul>	On-track
305	<ul style="list-style-type: none"> <li>• One meeting at the end of the project to discuss lessons learned and follow-up.</li> </ul>	Delayed
306	<p>Contribution to component 1</p> <ul style="list-style-type: none"> <li>• One workshop with ESIC representatives to share practices and experiences in different States, including lessons learned, challenges and opportunities.</li> </ul>	Delayed
307	<ul style="list-style-type: none"> <li>• One knowledge sharing event on the four areas: revenue, pooling/insurance and package of health services; strategic purchasing; provision of services; and governance and organization</li> </ul>	On-track
308-310	<ul style="list-style-type: none"> <li>• 3 meetings of Working Group 1 with the Technical Committee and the project to review strategy and activities under component 1 (diagnosis, action plan, operational implementation programme)</li> </ul>	On-track
311	<p>Contribution to component 2</p> <ul style="list-style-type: none"> <li>• One knowledge sharing event on the extension of social insurance to informal economy workers that will review international experiences</li> </ul>	Delayed

312-314	<ul style="list-style-type: none"> <li>• 2 meetings regarding key steps of implementation of component 2: 1) review information on informal economy workers, survey collection tools and proposed methods; 2) discuss results of the survey and possible setting for developing pilots</li> </ul>	Delayed
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## ANNEX 2 LIST OF INTERVIEWS

No .	Name	Organization	Designation	Platform used	Date of Interview	Project Role
<b>Employees' State Insurance Corporation, India</b>						<b>Client</b>
1	Sh. S. Ravichandran	ESIC	Addl. Commissioner - Medical Administration, P&D, CAIU	Zoom	21 August 2020	Primary contact, ESIC Technical Team in-charge of ILO project
<b>Bill &amp; Melinda Gates Foundation</b>						<b>Donor Agency</b>
1	Ms. Amrita Agarwal	BMGF	National Lead, Health Systems Design	Zoom	17 August 2020	Programme Lead, India
<b>Social Partners</b>						<b>Beneficiary</b>
1	VK Singh	EFI	Advisor	Zoom	13 August 2020	Employers' Organization
2	Arvind Francis	AIOE	Assistant Secretary General	Zoom	13 August 2020	Employers' Organization
3	Saji Narayanan	BMS	President	Zoom	14 August 2020	Trade Union
4	Sankar Saha	AIUT UC	President	WhatsApp	18 August 2020	Trade Union
5	Shalini Trivedi	SEWA	Policy Coordinator	Zoom	17 August 2020	Trade Union
6	Harsh Juneja	CII	Executive Officer – Industrial Relations	Zoom	18 August 2020	Employers' Organization
<b>ILO DWT/CO - New Delhi, India</b>						<b>Host Unit in ILO</b>
1	Ms Dagmar Walter	DWT/CO ILO - New Delhi	Director	Skype for Business	31 August 2020	Project Holder
2	Mr Ravindra Laksen Prasanna Peiris	DWT/CO ILO - New Delhi	Senior Specialist on Employers Activities	Skype for Business	14 August 2020	Advisor on engagement with Employer Constituents
3	Mr Syed Sultan U Ahmmed	DWT/CO ILO -	Specialist on Workers' Activities	Skype for Business	17 August 2020	Advisor on engagement with Worker Constituents

		New Delhi				
4	Mr Xavier Estupinan	DWT/ CO ILO - New Delhi	Wages Specialist	Skype for Business	12 August 2020	Regional focal point for social protection. Senior member of original project conception and set up team in ILO-New Delhi.
5	Ms Divya Verma	DWT/ CO ILO - New Delhi	Programme Officer	Skype for Business	11 August 2020	Area focal point for International Labour Standards (ILS) , Labour Law, FPRW (Fundamental Principles and Rights at Work) , Social Protection (SP)
<b>ILO HQ</b>						<b>Technical backstopping</b>
1	Mr. Philippe Marcadent	ILO HQ	Chief of INWORKS	Skype for Business	24 September 2020	Project Oversight from Geneva
<b>ESIC Project Team, ILO CO-New Delhi, India</b>						<b>Implementation Unit</b>
1	Ms Nina Siegert	CO ILO- New Delhi	Chief Technical Advisor	Skype for Business	21 August 2020	Project Manager
2	Mr. Vaibhav Raaj	CO ILO- New Delhi	National Project Coordinator	Skype for Business	04 August 2020	Project Coordinator



### **ANNEX 3 LIST OF REVIEWED DOCUMENTS**

1. United Nations Sustainable Development Goals programme
2. United Nations Sustainable Development Framework for India (2018-22)
3. Decent Work Country Programme for India 2018-2022
4. Project Proposal to BMGF
5. Progress Narrative Report to BMGF
6. Results Framework and Trackers
7. Minutes of Meetings
8. Other project related documents

#### ANNEX 4 TERMS OF REFERENCE FOR THE INTERNAL EVALUATOR

**Terms of Reference  
for  
Internal Mid-Term Project Evaluation  
“Technical support to ESIS for improving and expanding access to health care services in India  
(Health Financing) – A transition to formality”**

<b>Project Code</b>	IND/18/01/GAT
<b>Implementer</b>	ILO Decent Work Team for South Asia and Country Office for India (ILO DWT/CO New -Delhi)
<b>Implementing Partners</b>	<ul style="list-style-type: none"><li>• Ministry of Labour and Employment (MoLE),</li><li>• Employee State Insurance Corporation (ESIC) and Employee State Insurance Scheme (ESIS)</li><li>• Employers and Workers Organizations</li></ul>
<b>Collaborating ILO Units</b>	INWORKS, SOCPRO, DWT New Delhi
<b>Donor</b>	Bill and Melinda Gates Foundation
<b>Budget</b>	Total USD \$ 2'087'569
<b>Implementation Period</b>	18 + 6 (extension) months, of which <ul style="list-style-type: none"><li>• 6 months (January 2019 – June 2019) inception</li><li>• 15 months (July 2019 - Sept 2020) operations</li><li>• 3 months (Oct 2020- December 2020) wind-down</li></ul>
<b>Type of Evaluation</b>	Mid term
<b>Timing</b>	January 2019 – July 2020
<b>Duration of the assignment</b>	20 working days over the period of 2 months (the assignment will be started from 1 <sup>st</sup> July 2020 and final delivery date 28 <sup>th</sup> August 2020)
<b>Duty Station</b>	Home-Based/ teleworking mode

## **Background and Country Context**

Currently, less than 10% of the population in India is covered by a comprehensive health insurance scheme, resulting in one of the highest levels of out of pocket expenditures in the world (64%), with only marginal reductions in the last decade, and strong exclusion from health care services.

The ESIS is the largest contributory social health insurance scheme in India. Despite high financial performance, ESIS faces substantial challenges, as the critically poor level of utilization of health care by the beneficiaries indicates. In fact, while the scheme has experienced an increase in the number of beneficiaries and revenues in the last years, expenditures on health care have been relatively flat and diminishing on a per-beneficiary basis. Both access to outpatient and in-patient services appear to be very low despite the good financial situation of the scheme. In addition to difficulties with the provision of services by internal providers, the lack of strategic purchasing from external providers contributes to undermining access to healthcare as well as the capacity to set right incentives for efficiency and quality in the system. The absence of up-to-date and robust financial and healthcare data and analytics limits the possibility for effective management. In addition to affecting the services provided to the current 124 million of beneficiaries of the scheme, the poor performance of ESIS leads to incentivize evasion.

## **Project Background and current status:**

The project will address the overall underperformance of the scheme. The aim is that the scheme better serves its current beneficiaries and uses its resources more efficiently. In complementarity, the project will test approaches to extend coverage to the non-poor in the informal economy that would meet the current criteria of eligibility of ESIS. This project of 24 months will contribute to improving access to health care services in India. It has currently concluded the assessment of the ESIS and will soon be presenting results to its project partners and constituents. It will offer support to the development of an implementation plan to improve the services provided by the scheme to its beneficiaries and the design of an intervention to extend its coverage to more workers, notably to those in the informal economy with a capacity to contribute.

Technical work on the project started with some delay in the team set-up (due to recruitment and work permit challenges for India), only towards mid-2019. The delays had been discussed with the donor and a 6 months no-cost extension agreed to in January 2020 (ending this phase of project now in December 2020). Covid-19 emergence has further delayed and affected project deliverables. Component 1 of the Project is largely completing its diagnostic and presenting results to MOLE in July 2020. Any survey related activity collecting primary data on beneficiaries and potential beneficiaries as part of components 1 and 2 of the project have been severely affected by the Covid-19 lockdown and will not be completed to their full planned extend within the project duration. Knowledge-sharing products have been developed under component 2 relating to comparative social health protection systems (country briefs) and innovative technologies for social health protection. A lot of the ecosystem activities under component 3 have been affected by the COVID-19 situation and by the delays of the project's technical work.

## **Project partners and beneficiaries:**

The lead implementation partner in the Project the Ministry of Labour and Employment (MoLE). The Employee State Insurance Corporation (ESIC) is the lead government agency.

## **Other direct beneficiaries are:**

- The ESIC insured persons and their families
- Informal sector workers

## **Key results achieved during the period January 2019 - July 2020 are as follows:**

Component 1:

- Since project inception beginning of 2019, major **data collection** activities have been completed on ESIS.
- Supporting Global Experts for each foreseen work-stream (health financing, strategic purchasing, provision of services and governance) have been hired and have formulated **ESIS diagnostic reports for each work stream with clear recommendations**
- **A consolidated action plan** has been developed out of the work stream reports to be presented and validated by MOLE, the ESIC and other ILO constituents (employers and workers) as well as relevant health sector partners in July 2020.
- An **ESIS beneficiary survey** has been initiated (research design by hired agency underway) to support the diagnostic results from an assessment of the demand-side perspective.

#### Component 2:

- The **survey on un-covered populations** has been launched in January 2020. It will suffer from the current situations as field data collection has come to a halt with the COVID19 related lockdown nation-wide. The Survey had to completely stop its ongoing field research. About 40% of the initial sample has been interviewed and a report on the pre-liminary results drafted.
- **Report on innovate technologies for SHI** - country experiences and digital health solutions for SHP is produced. An online workshop for ESIC officials on this topic has been prepared by the consultant and the project team awaiting communication of a date by ESIC to conduct it. (Estimated to take place beginning of July 2020)
- **Country fact sheets on SHP** in Asia have been developed under ILO HQ /SOCPRO guidance incl. India.

#### Component 3:

- A **technical exchange workshop** was conducted beginning of February with ESIC, the ILO project team and its global experts. Here first analytical observations were shared with the ESIC Director General and his entire technical team
- One **Worker's and one Employer's consultations** in February collecting feedback from their perspective on ESIS under a SWOT guided framework
- Presentation of **interim-results to the Secretary MOLE** in March 2020
- **Webinar** on the project objectives and pre-liminary finding **to BMGF grantees** in April 2020

### Project Management Arrangement

The project is based in ILO Delhi Office. The project is being executed under the overall guidance of the Chief, Inclusive Labour Markets, Labour relations and Working Conditions Branch in ILO HQ (INWORKS) and the Country Director for ILO India. The project is led by the Chief Technical Advisor who is responsible for overall Project management, supervision, monitoring and liaison with other ILO Projects and other related Projects and activities. The CTA leads a team of National Staff. In addition to staff, the project includes national and international expertise contracted on a short-term basis to address specific issues. The project also has dedicated services of ILO staff experts in the areas of Quality Assurance, Social Protection, Labour Markets and Worker and Employer engagement. National program staff have significant substantive responsibilities, particularly in terms of liaising with the Government and local as well as international contractors.

### Evaluation Background

ILO considers evaluation as an integral part of the implementation of technical cooperation activities. Provisions are made in all Programmes in accordance with ILO evaluation policy and based on the

nature of the programme and the specific requirements agreed upon at the time of the Programme design and during the programme as per established procedures.<sup>5</sup>

As agreed with the donor, this project will go through two evaluations: an internal mid-term assessment; and a final external evaluation. Both evaluations will be managed by an ILO appointed evaluation manager, and conducted by an internal and independent evaluators, respectively. In agreement and recognition of the project delays the mid-term evaluation was re-scheduled in agreement with the donor to take from place in July 2020 following ILO principles, methods and strategy of ILO's internal evaluation policy.

The ILO has submitted 01 Mid-term Report for this programme. The report was submitted to BMGF together with a revised results framework based on which the 6 month no-cost extension was agreed and approved by the donor. The report is also available via Share-Point/ PARDEV.

This evaluation will follow the ILO policy guidelines for results-based evaluation<sup>6</sup>. For all practical purposes, this ToR and ILO Evaluation policies and guidelines, Checklist 3 "Preparing the inception report"; Checklist 4 "Validating methodologies"; and Checklist 5 "Preparing the evaluation report", define the overall scope of this evaluation. Recommendations, emerging from the evaluation, should be strongly linked to the findings of the evaluation and should provide clear guidance to stakeholders on how they can address them.

### **Purpose, scope, objectives and clients of evaluation**

#### **Purpose**

The purpose of the Midterm Internal Evaluation is to assess the continued relevance of the project and the progress made towards achieving its planned objectives. This would give an opportunity to assess the progress of the project towards its long-term goal, determine if the project design addresses the needs that were identified and to assess how well the project is being implemented to meet these needs. The findings of the evaluation would provide all stakeholders with information to assess and revise or improve, as maybe required, work plans, strategies, objectives, partnership arrangements and resources, including recommendations for the remaining period of implementation.

The MTE would also ascertain if the project is still coherent with the ILO's strategic objectives; is relevant and useful to the key stakeholders and is being conducted in an efficient manner according to ILO standards and the agreed project document. The evaluation will focus on the criteria of relevance, validity, efficiency, effectiveness, impact and sustainability

#### **Specific objective(s) of the evaluation:**

- h) Assess the design and implementation of the project during the period January 2019-June 2020. Identify factors affecting project implementation, both positively and negatively. If necessary, propose revisions to the expected level of achievement of the objectives project design and project timelines based on lessons learnt;
- i) Analyze the implementation strategies of the project with regard to their potential effectiveness in achieving the project outcomes; including unexpected results.
- j) Review the institutional set-up, capacity for project implementation, coordination mechanisms and the use and usefulness of management tools including the project monitoring tools and work plans;

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<sup>5</sup> The evaluation in ILO is for the purpose of accountability, learning and planning and building knowledge. It should be conducted in the context of criteria and approaches for international development assistance as established by: the OECD/DAC Evaluation Quality Standard; and the UNEG Code of Conduct for Evaluation in the UN System.

<sup>6</sup> [http://www.ilo.ch/wcmsp5/groups/public/---ed\\_mas/---eval/documents/publication/wcms\\_571339.pdf](http://www.ilo.ch/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_571339.pdf)

- k) Identify the contributions of the project to the DWCP, SDGs, the ILO objectives and its synergy with other projects and programs;
- l) Identify lessons and potential good practices for the key stakeholders. Good practices criteria to use are effectiveness/ impact, efficiency, replicability, relevance and sustainability;
- m) Provide strategic recommendations for the different key stakeholders to improve implementation of the project activities and attainment of project objectives;
- n) Assess the relevance of the sustainability strategy, its progress and its potential for achievement, identifying the processes that are to be continued by stakeholders;

### **Scope**

The mid-term evaluation will include all the activities undertaken by the project during the period January 2019- June 2020. The evaluation shall also include all stages of the project, including initial project design, work planning, and implementation monitoring and reporting. The evaluation shall also refer to the progress reports submitted to the donor. The evaluation shall also look at actual implementation mechanisms in line with initially planned implementation mechanisms, from the institutional set-up to the implementation plan. How the strategies and approaches have progressed, changed or evolved over the course of implementation.

Gender equality, social dialogue and tripartism are important cross-cutting policy drivers of the ILO. The evaluation will look particularly at how gender equality concerns were integrated throughout its methodology, strategies/approaches, data and all deliverables, including in the reports submitted to the donor.

### **Clients and users of the evaluation are:**

- Country stakeholders
- ILO HQ, DWT-New Delhi and its technical and programme backstopping officers
- ILO Regional Director for Asia and the Pacific
- Representatives of governments
- Representatives of workers' organizations
- Representatives of employers' organization
- BMGF as the donor agency

### **Evaluation criteria and questions:**

The evaluator may adapt the evaluation criteria and questions, but any fundamental changes should be agreed between the evaluation manager and the evaluator, and reflected in the inception report

### **Strategic fit and relevance:**

- Assess whether the problems and needs that gave rise to the project still exists or have changed. Has the project identified any other constraints or opportunities that need to be accommodated in the design in order to increase the impact and relevance of the project?
- Is the project coherent with the Government objectives, and does it support the outcomes outlined in the UNDAF (UNSDCF) and DWCP as well as the SDGs?
- How does the project complement and fit with other ongoing ILO programmes and projects in the country?

### **Validity of design:**

- Does the project design (i.e. priorities, outcomes, outputs and activities) address the stakeholder needs that were identified?
- Are external factors (assumptions and risks) identified, relevant and valid?
- Does the design need to be modified for the remainder of the project?

- Is the Project realistic (in terms of expected outputs, outcome and impact) given the time and resources available, including performance and its M&E system, knowledge sharing and communication strategy?
- To what extent has the project integrated ILO cross cutting themes in the design?
- Are the means of verification for the indicators appropriate?
- Has the project elaborated a Theory of change that is comprehensive, integrating the external factors and is based on systemic analysis?

#### **Efficiency of implementation:**

- Have the available technical and financial resources been allocated and used strategically to provide the necessary support and to achieve the broader project objectives (Value for money) and could the use of the resources be improved?
- Examine delivery of Project outputs in terms of quality and quantity. Have they been delivered in a timely manner?
- Has the management and governance structure put in place worked strategically with all key stakeholders in India, ILO and the donor to achieve project goals and objectives?
- How has the staff recruitment/hiring process facilitated or hindered the project implementation?
- Does the project management have an M&E plan in place on activities and results (i.e. output and outcome)?
- Is information being shared and readily available to national partners?
- Has the project received adequate administrative, technical and - if needed - policy support from the ILO office and specialists in the CO and in HQ?

#### **Effectiveness:**

- Has significant progress been made related to the project's desired outcomes and the contributing and hindering factors for moving towards their achievement and whether the project's response were appropriate and sufficient?
- Have unintended results of the project been identified?
- How has the project contributed to coordination of government agencies and partners to enable them to work together effectively on the project?
- Has the project provided good visibility to BMGF as a donor?

#### **Orientation to impact:**

- How is the project contributing to strengthening the ESIC and Social Health Protection?
- How is the project contributing towards improvement of health service access to beneficiaries by the ESIS?
- How is the project contributing towards improving the management and governance of the ESIC?
- How is the project contributing to India's effort to achieving Universal Health Coverage?

#### **Sustainability:**

- Is the project strategy and management steering towards sustainability?
- Assess the project's key partnerships that can contribute to the sustainability of the initiatives under the project and to what extent. Identify if there would be other partnerships to consider.
- To what extent has the project strengthened the capacities of government structures, social partners and private sector to ensure improved ESIC governance and management?
- To what extent the project has promoted the relevant ILS or ratification and application of the ILS, social dialogue and tripartism?

**Gender Mainstreaming:** The gender dimension should be considered as a cross-cutting concern throughout the methodology, deliverables and the final report of the evaluation. In terms of this evaluation, this implies involving both men and women in the consultation, evaluation analysis and evaluation team. Moreover the evaluator should review data and information that is disaggregated by sex and gender and assess the relevance and effectiveness of gender-related strategies and outcomes to improve lives of women and men. All this information should be accurately included in the inception report and final evaluation report.

### **Proposed Methodology**

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

The ILO Evaluator will carry out a desk review of all appropriate materials including Programme documents, progress reports, studies, copies of outputs of the Programmes, results of internal planning processes and other documents from secondary sources, whichever are available. At the end of the desk review, an inception report will be submitted to the Evaluation Manager defining the methodological approach and instruments that will be used throughout the evaluation. The Evaluation Manager will review and sign-off the inception report.

The evaluation is proposed to be carried out through a desk review and telephonic interviews (field visits are not possible due to the current COVID-19 crisis so all work will evolve remotely from the Evaluators work base) with relevant GoI offices, partners, worker's and employer's representatives, the donor, relevant ILO officers and other key stakeholders. The evaluator may apply virtual in-depth interview (IDI), focus group discussion (FGD), and small group discussion (SGD), or other methods or techniques as appropriate.

At the end of the work a virtual stakeholders' workshop may be organized to present preliminary results. Then the draft evaluation report will be shared with all relevant stakeholders and a request for comments will be asked within a specified time by the evaluation manager. After receiving the consolidated comments from the evaluation manager the evaluation team will produce the final version of the report and indicate reason for not integrating comments if that would have been the case. Therefore, the evaluation methodology shall include but not be limited to the following:

**Desk review:** A desk review will be undertaken to analyze project and other relevant documentation including revised results framework and initial interviews with the Chief, Inclusive Labour Markets, Labour Relations and Working Conditions Branch, the CTA, Programme Officer and the donor. The desk review will suggest a number of initial findings that in turn may point to additional or fine-tuned evaluation questions. This will guide the evaluation instrument which should be finalized under the Inception report that should be approved by the evaluation manager before starting the interviewing phase.

**Interviews with Key Stakeholders:** A first meeting will be held with the Chief, Inclusive Labour Markets, Labour relations and Working Conditions Branch and the ILO Country Director and with the Project Team. Thereafter, the evaluator will meet the Key Implementing partners within MOLE and ESIC. The evaluator may investigate further on the operations and functioning of the project, its implementation processes, interventions and achievements to date, M&E Tools. A detail itinerary will be prepared for these interviews in discussion with the Evaluation Manager according to the list provided by the project.

**Interviews with ILO Staff:** The evaluation team will undertake group and/or individual interviews with the concerned staff in the ILO offices in the DWT New Delhi, management, programme and finance units, project team including key staff of other ILO projects that are linked to this project, and ILO staff



responsible for technical backstopping of the project in the HQ, INWORKS and SOCPRO or DWT New Delhi through conference calls early in the evaluation process. The project manager (CTA) or the Programme Officer (M&E) will share an indicative list of persons to be interviewed after further discussion with the Evaluation Manager.

It is expected that the evaluator will work to the highest evaluation standards and codes of conduct and follow the UN evaluation standards and norms. Transparency and objectivity will be observed at all times. ILO's policy guidelines for results-based evaluation (2nd edition) 2012 provides the basic framework, the evaluation will be carried out according to ILO standard policies and procedures. ILO adheres to the United Nations Evaluation Group (UNEG) norms and standards on evaluation as well as to the OECD/DAC evaluation quality standards.

### **Main Deliverables: Inception report, draft and final evaluation report**

#### **The evaluation shall result in a concise evaluation report detailing:**

The overall and specific performance of the project as assessed in terms of relevance and strategic fit of the intervention; validity of intervention design; intervention progress and effectiveness; efficiency of resource use; effectiveness of management arrangements; impact orientation and sustainability of the intervention; as defined in the ILO Guidelines for the Preparation of Independent Evaluations of ILO Programmes and Projects. The assessment shall provide information, such as below, but not limited to;

- progress made against indicators of achievement;
- contribution to the UNSDCF, SDGs, Donor strategy, ILO Decent Work Country Programmes in India and any other broader national processes; validity of the design and quality of implementation;
- evaluation of the processes applied within the project particularly in terms of the timely delivery of project outcomes;
- recommendations on a possible continuation of the project into a 2<sup>nd</sup> Phase beyond December 2020
- Whether gender is properly mainstreamed in the project cycle, from planning to implementation, monitoring and evaluation;

#### **Key deliverables are as follows:**

- 1. Draft Inception report:** upon the review of available documents and an initial discussion with the project. The inception report should set out any changes proposed to the methodology or any other issues of importance in the further conduct of the evaluation. The Inception report, along with detailed work plan and data collection instruments, following ILO EVAL Checklist 3, should include:
  - Description of the evaluation methodology explaining the instruments to be used for data collection (qualitative and quantitative); analysis, triangulation including the data collection plan in line with the TOR
  - Guiding questions for IDI, FGD, SGDs
  - Evaluation Plan
  - Detailed work plan (to be developed in consultation with the Evaluation Manager and project team)
  - The evaluation report outline.
- 2. Conduct interviews and consultations with the tripartite constituents and relevant stakeholders**
- 3. Stakeholder Workshop:** Facilitation during, and delivering a power point presentation at the Stakeholder workshop(s): upon completion of primary data collection, to present the preliminary

findings at a virtual stakeholder's meeting to be organized by the project team. The workshop would have participation from key stakeholder representatives, project officials, ILO CO officials, and donor. In the workshop the evaluation team will briefly describe:

- The methodology followed during the evaluation
- The brief findings in line with 5 OECD/DAC criteria.
- Initial tentative recommendations based on the findings

The evaluation team will share the agenda for the stakeholder workshop in advance with the evaluation manager.

4. Produce and submit a draft evaluation report, including an Executive Summary (following standard ILO format) of key findings, conclusions and recommendations for a second phase (the report should be set-up in line with the ILO's 'Quality Checklists 4 and 5' for Evaluation Reports)
  5. Final evaluation report incorporating feedback from ILO and implementing partners
  6. Stand-alone evaluation summary (standard ILO format)
  7. A power-point presentation of up to 15 slides summarising the report
  8. Notes with reflections on the process of the evaluation identifying lessons learnt and suggestions for future ILO evaluations
- The total length of the report should be a maximum of 40 pages for the main report, excluding annexes. Annexes can provide background and further details on specific components of the project evaluated.

**The evaluation report should include:**

- Title page (standard ILO template)
- Table of contents
- Executive summary (standard ILO template)
- Acronyms
- Background and project description
- Purpose of evaluation
- Evaluation methodology and evaluation questions
- Project status and findings by outcome and overall
- Conclusions and recommendations
- Lessons learnt and potential good practices (as per ILO guidelines on Evaluation lessons learnt and good practices) and models of intervention
- Annexes (list of interviews, overview of meetings, proceedings stakeholder meetings, other relevant information)

**Management arrangements, work plan & time frame**

Composition of evaluation team: The evaluation team will consist of one internal evaluator. The evaluator will have responsibility for the evaluation report. He/she will be an ILO qualified evaluation specialist on conducting independent evaluations and ideally versed on the project thematic area (Social Protection and Informality). The evaluator will report to Ms. Nina Siegert, CTA, ILO DWT/CO New Delhi, (siegert@ilo.org), as the Evaluation Manager for the mid-term internal evaluation for the ILO ESIS project.

**Financing:** This evaluation will be fully financed by the ESIS Project. The funds will cover the costs of the evaluator and evaluation related activities.

**Evaluator (Internal ILO Evaluator):**

The mid-term internal evaluation will be led by an ILO evaluator who will be responsible to produce the above deliverables. He/she will be required to ensure the quality of data (validity, reliability, consistency, and accuracy) throughout the analytical and reporting phases. It is expected that the report will be written in an evidence-based manner.

**Qualification of the evaluator (International):**

- Experience in evaluations of ILO and UN programmes and projects;
- Relevant background in Social Protection, labour markets, informality, Project Coordination, social and/or economic development or other related field an asset;
- Demonstrated ability to deliver quality results within strict deadlines;
- Fluency in English is essential;
- Experience in facilitating workshops for evaluation findings;
- Experience and knowledge of socio-economic development trends and strategy in South Asia, in particular in India an asset;
- Ability/ experience in facilitating an evaluation stakeholders' workshop;
- Ability to write concisely in English;

**Evaluation manager:**

Nina Siegert, CTA of the Project at ILO DWT/CO Delhi (siegert@ilo.org) with whom the evaluator should discuss any technical and methodological matters of the project as well as the evaluation. The evaluation manager will supervise and monitor activities of the evaluation and approve the final report.

All draft and final outputs, including supporting documents, analytical reports and raw data should be submitted to the evaluation manager in electronic version compatible with Word for Windows. The first draft of the report will be circulated to all partners for a two weeks review. Comments from stakeholders will be presented to the evaluator by the evaluation manager for its integration into the final reports as appropriate or to document why a comment has not been included.

**Legal and Ethical Issues:** The evaluation will comply with UN Norms and Standards. The evaluator will follow the UNEG ethical guidelines and abide by the EVAL's Code of Conduct for carrying out the evaluations. The consultant should not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation

All reports, including drafts, will be written in English and following ILO templates for (each section). Ownership of data from the evaluation rests jointly with the ILO and the consultants. The copyright of the evaluation report will rest exclusively with the ILO. Use of the data for publication and other presentations can only be made with the written agreement of the ILO. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

**Quality assurance:** The final evaluation report will only be considered final when it gets approved by the ILO Evaluation Manager and the EVAL Department.

**Administrative and logistic support:** The ILO Project team consisting of the Chief Technical Advisor and the National Project Coordinator will provide relevant documentations, administrative and logistic support to the evaluation team. The project team will also assist in organizing a detailed evaluation interview agenda, and to ensure that all relevant documentations are up to date and easily accessible by the evaluator.

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

## ANNEX 5 EVALUATION INCEPTION REPORT

### CONTENTS OF INCEPTION REPORT

The present Inception Report focuses on the understanding of the Terms of Reference by the evaluator, elaborating its purpose and scope as identified in the inception phase. It, moreover, provides an overview of the conceptual evaluation framework evaluation, and details on the methodology, work plan and deliverables.

#### 1) UNDERSTANDING OF THE TOR

##### *Purpose of the evaluation*

Evaluation, as considered by the ILO, is an integral part of the implementation of technical cooperation activities. The overall purpose of the internal midterm evaluation is to assess the relevance and progress of the project, promote accountability and strengthen learning among the ILO and key stakeholders.

The evaluation is expected to fulfil the following purposes:

1. Assess the design and implementation of the project to date, identifying factors affecting project implementation (positively and negatively). If necessary, propose revisions to the expected level of achievement of the objectives;
2. Analyze the implementation strategies of the project concerning their potential effectiveness in achieving the project outcomes and impacts; including unexpected results.
3. Review the institutional set-up, capacity for project implementation, coordination mechanisms and the use and usefulness of management tools including the project monitoring tools and work plans;
4. Identify the contributions of the project to the DWCP, SDGs, the ILO objectives and its synergy with other projects and programs;
5. Identify lessons and potential good practices for the key stakeholders;
6. Provide strategic recommendations for the different key stakeholders to improve implementation of the project activities and attainment of project objectives;
7. Assess the relevance of the sustainability strategy, its progress and its potential for achievement.

##### *Scope of the Evaluation*

The mid-term evaluation will include all the activities undertaken by the project during the period of implementation – January 2019 and July 2020, and it will focus on all stages of the project.

Regarding the geographical scope of the evaluation, interventions at the national level are to be assessed.

The evaluation will follow the OECD-DAC framework and principles for evaluation. For all practical purposes, this ToR and ILO Evaluation policies and guidelines define the overall scope of this evaluation. Recommendations, emerging from the evaluation, will be linked to the findings of the assessment and should provide clear guidance to the project team and stakeholders on how they can address them. The evaluation will focus on what worked, what did not work and why, based on feedback against evidence.

##### *Cross-cutting themes*

The evaluation will integrate gender equality, social dialogue and tripartism and international labour standards, as important cross-cutting policy drivers. The evaluator will review data and information disaggregated by sex and assess the relevance and effectiveness of gender-related strategies and outcomes to improve the lives of women and men. This information will be accurately included in the final evaluation report.

### *Evaluation beneficiaries*

- Country stakeholders
- ILO HQ, DWT-New Delhi and the technical and programme backstopping officers
- ILO Regional Director for Asia and the Pacific
- Representatives of governments
- Representatives of workers' organizations
- Representatives of employers' organization
- BMGF as the donor agency

## **2) CONCEPTUAL FRAMEWORK: DATA COLLECTION WORKSHEET**

### *Evaluation Criteria*

The mid-term internal evaluation of the project **“Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality”** will be based upon the ILO's evaluation policy and procedures. The ILO adheres to the United Nations system's evaluation norms and standards as well as to the OECD/DAC Evaluation Quality Standards. The ILO uses a conceptual framework that is consistent with Results-Based Management (RBM) and will address the following five Evaluation Criteria as specified in the ToR (see Annex 1):

- i) relevance and strategic fit,
- ii) validity of design,
- iii) effectiveness and progress,
- iv) efficiency of implementation,
- v) orientation to impact and sustainability

### *Data Collection Worksheet*

Data Collection Worksheet in Annex 2 describes the way that the chosen data collection methods, data sources, sampling and indicators will support the evaluation questions. The table below consists of a series of elements, among which: evaluation questions and criteria/indicators, sources of data and method, while an additional component (stakeholder interviews) is also included because it is an essential element in this particular evaluation. For each of the five Evaluation Criteria distinguished, a series of evaluation questions have been identified in the ToR.

Evaluation Criteria and Questions	Sources of Data	Stakeholder Interviews	Specific Methods
<b>A. Strategic Fit and Relevance</b>			
<b>Assess whether the problems and needs that gave rise to the project still exist or have changed. Has the project identified any other constraints or opportunities that need to be accommodated in the design in order to increase the impact and relevance of the project?</b>	Government Policies, PRODOC, Project documents, SDGs	Project Team, Tripartite stakeholders, ILO New Delhi office, HQ	Documents review; Stakeholder Interviews
<b>Is the project coherent with the Government objectives, and does it support the outcomes outlined in the UNDAF (UNSDCF) and DWCP as well as the SDGs?</b>	Government Policies, other ILO projects, other organizations' plans, SDGs	Project Team, Tripartite stakeholders, ILO New Delhi office, HQ	Documents review; Stakeholder Interviews

<b>How does the project complement and fit with other on-going ILO programmes and projects in the country?</b>	other ILO projects, other organizations' plans	Project Team, Tripartite stakeholders, ILO New Delhi office, HQ	Documents review; Stakeholder Interviews
<b>B. Validity of Design</b>			
<b>Does the project design (i.e. priorities, outcomes, outputs and activities) address the stakeholder needs that were identified? Are the project's indicators SMART? Are there identified baseline and target levels at outcome level?)</b>	PRODOC, Project Reports	Project Team, ILO New Delhi, HQ	Document review; Project team and Stakeholder Interviews
<b>Are external factors (assumptions and risks) identified, relevant and valid?</b>	PRODOC, Project Reports	Project Team, Tripartite stakeholders, ILO New Delhi, HQ	Document review; Stakeholder Interviews
<b>Does the design need to be modified for the remainder of the project?</b>	PRODOC, LogFrame, Project Reports	Project Team, Tripartite stakeholders, ILO New Delhi, HQ	Document review; Stakeholder Interviews
<b>Is the Project realistic (in terms of expected outputs, outcome and impact) given the time and resources available, including performance and its M&amp;E system, knowledge sharing and communication strategy?</b>	PRODOC, LogFrame, Project Reports	Project Team, Tripartite stakeholders, ILO New Delhi, HQ	Document review; Stakeholder Interviews
<b>To what extent has the project integrated ILO cross-cutting themes in the design?</b>	PRODOC, LogFrame, Project Reports	Project Team, Tripartite stakeholders, ILO New Delhi, HQ	Document review; Stakeholder Interviews
<b>Are the means of verification for the indicators appropriate?</b>	PRODOC, LogFrame, Project Reports	Project Team, ILO New Delhi, HQ	Document review; Stakeholder Interviews
<b>Has the project elaborated a Theory of change that is comprehensive, integrating the external factors and is based on systemic analysis?</b>	PRODOC	Project Team, ILO New Delhi, HQ	Document review; Stakeholder Interviews

<b>C. Efficiency of Implementation</b>			
<b>Have the available technical and financial resources been allocated and used strategically to provide the necessary support and to achieve the broader project objectives? (Value for money) and could the use of the resources be improved?</b>	Project Reports	Project Team, ILO New Delhi, HQ,	Documents review; Stakeholder Interviews; Observations
<b>Examine delivery of Project outputs in terms of quality and quantity. Have they been delivered in a timely manner?</b>	Project reports	Project Team, Tripartite stakeholders, ILO New Delhi and HQ	Documents review; Stakeholder Interviews; Observations
<b>Has the management and governance structure put in place worked strategically with all key stakeholders in India, ILO and the donor to achieve project goals and objectives?</b>	Project Reports,	Project Team, Tripartite stakeholders, ILO New Delhi and HQ	Documents review; Stakeholder Interviews; Observations
<b>How has the staff recruitment/hiring process facilitated or hindered the project implementation?</b>	Project Reports	Project Team, Tripartite stakeholders, ILO New Delhi and HQ	Documents review; Stakeholder Interviews; Observations
<b>Is information being shared and readily available to national partners?</b>	Project Reports	Project team, Tripartite constituents,	Documents review; Stakeholder Interviews; Observations
<b>Has the project received adequate administrative, technical and - if needed - policy support from the ILO office and specialists in the CO and in HQ?</b>	Project Reports	Project team, ILO New Delhi and HQ	Stakeholder Interviews; Observations
<b>D. Effectiveness</b>			
<b>Has significant progress been made related to the project's overall objective and outcomes and the contributing and hindering factors for moving towards their achievement and whether the project's response was appropriate and sufficient?</b>	Project Reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews



<b>Have unintended results of the project been identified?</b>	Project reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews
<b>How has the project contributed to the coordination of government agencies and partners to enable them to work together effectively on the project?</b>	Project Reports, Government reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews
<b>Has the project provided good visibility to BMGF as a donor?</b>	Project reports, Government reports	Project team, donor	Documents review; Donor Interviews
<b>E. Orientation to impact and sustainability</b>			
<b>How is the project contributing to strengthening the ESIC and Social Health Protection?</b>	Project reports, Strategic documents	Project team, Tripartite constituents, ILO New Delhi	Documents review; Stakeholder Interviews
<b>How is the project contributing towards improvement of health service access to beneficiaries by the ESIS?</b>	Project reports, Strategic documents	Project team, Tripartite constituents, ILO New Delhi	Documents review; Stakeholder Interviews
<b>How is the project contributing towards improving the management and governance of the ESIC?</b>	Project reports, Strategic documents	Project team, Tripartite constituents, ILO New Delhi	Documents review; Stakeholder Interviews
<b>How is the project contributing to India's effort to achieving Universal Health Coverage?</b>	Project reports, Strategic documents	Project team, Tripartite constituents, ILO New Delhi	Documents review; Stakeholder Interviews
<b>Is the project strategy and management steering towards sustainability?</b>	Project reports, Strategic documents	Project team, Tripartite constituents, ILO New Delhi	Documents review; Stakeholder Interviews
<b>Assess the project's key partnerships that can contribute to the sustainability of the initiatives under the project and to what</b>	Project reports	Project team, Tripartite constituents,	Documents review; Stakeholder Interviews

<b>extent. Identify if there would be other partnerships to consider.</b>		ILO New Delhi and HQ	
<b>To what extent has the project strengthened the capacities of government structures, social partners and private sector to ensure improved ESIC governance and management?</b>	Project reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews
<b>To what extent the project has promoted the relevant ILS or ratification and application of the ILS, social dialogue and tripartism?</b>	Project reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews
<b>Gender and Non - Discrimination</b>			
<b>i. What are so far the key achievements of the project on gender equality?</b> <b>ii. Has the use of resources on gender equality activities been sufficient to achieve the expected results?</b> <b>iii. To what extent is the M&amp;E data supporting project decision making related to gender?</b> <b>iv. Has the project addressed other vulnerable groups, which ones and under which modalities and on which aspects?</b>	PRODOC, project reports	Project team, Tripartite constituents, ILO New Delhi and HQ	Documents review; Stakeholder Interviews; Observations

### 3) METHODOLOGY, KEY DELIVERABLES AND WORK PLAN

#### 3.1 Methodology

ILO's Policy Guidelines for Evaluation provide the basic framework for the evaluation methodology.<sup>7</sup> The evaluation will follow ILO standard policies and procedures and in compliance with the United Nations Evaluation Group (UNEG) norms and standards and the OECD/DAC evaluation quality standards.

The proposed methodology includes:

- **Desk review** of relevant documents including, but not limited to, the project document, work plans, project monitoring plans, progress reports, workshop and mission reports, and other documents/materials/publications that were produced through the project or by relevant stakeholders. The evaluator will review most of these documents before conducting interviews.
- **Interviews** (exclusively online, due to the grave situation with Covid-19) with the Project team in India, relevant officials of ILO-New Delhi and HQ, tripartite constituents and the donor.

An indicative list of persons to interview has been prepared by the project in consultation with the evaluation manager (see Annex 3).

The methodology will include analysis of both quantitative and qualitative data as well as observations and will be able to capture the intervention's contributions to the achievement of expected outcomes. The methodology will ensure the involvement of key stakeholders in the implementation, as well as in the dissemination processes (e.g. stakeholder workshop, debriefing of the project manager, etc.) and the triangulation of data and techniques.

#### 3.2 Main Deliverables

The following key outputs will be delivered:

##### ***Deliverable 1: Inception Report by 24 July 2020***

The present Inception Report had been drafted upon the review of the available documents and Skype briefings/initial discussions with the Evaluation Manager and the Project team.

##### ***Deliverable 2: Draft Evaluation Report***

The evaluation report will be drafted in accordance with the ILO Evaluation Checklist 5: "Preparing the evaluation report", and it will be improved by incorporating the evaluation manager's comments. Afterwards, the evaluation manager will circulate the draft report to key stakeholders including the Project team, ILO officials concerned with this evaluation, the donor and national stakeholders for comments.

##### ***Deliverable 3: Final Evaluation Report***

The evaluator will incorporate two rounds of comments received from the ILO and other key stakeholders into the final report, and she will provide comments and explanations why comments were or were not taken on board. The report should be finalized pursuant to the ILO Evaluation Checklist 5: "Preparing the evaluation report". The quality of the report will be assessed against the relevant ILO Evaluation Checklists. The report should not be more than 30 pages (excluding annexes).

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<sup>7</sup> See: [https://www.ilo.org/eval/Evaluationpolicy/WCMS\\_571339/lang--en/index.htm](https://www.ilo.org/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm).

## ANNEX 6 ALL RELEVANT ILO EVALUATION GUIDELINES AND STANDARD TEMPLATES

1. Code of conduct form (To be signed by the evaluator)  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206205/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm)
2. Checklist No. 3 Writing the inception report  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165972/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165972/lang--en/index.htm)
3. Checklist 5 Preparing the evaluation report  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165967/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165967/lang--en/index.htm)
4. Checklist 6 Rating the quality of evaluation report  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165968/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165968/lang--en/index.htm)
5. Template for lessons learned and Emerging Good Practices  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206158/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm)  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_206159/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_206159/lang--en/index.htm)
6. Guidance note 7 Stakeholders participation in the ILO evaluation  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165982/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165982/lang--en/index.htm)
7. Guidance note 4 Integrating gender equality in M&E of projects  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_165986/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm)
8. Template for evaluation title page  
[http://www.ilo.org/eval/Evaluationguidance/WCMS\\_166357/lang--en/index.htm](http://www.ilo.org/eval/Evaluationguidance/WCMS_166357/lang--en/index.htm)
9. Template for evaluation summary: <http://www.ilo.org/legacy/english/edmas/eval/template-summary-en.doc>