Evaluation title:	Final evaluation technical support to Employees' State Insurance Scheme (ESIS) for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality.
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Name of consultant(s):	Smita Premchander, Aindrila Mokkapati
ILO Administrative Office:	ILO, New Delhi
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Evaluation Manager:	Rattanaporn Poungpattana, Monitoring and Evaluation Officer, ILO Regional Office for Asia and the Pacific, Thailand
Key words:	Decent work, informal employment, social protection, social security, health insurance, informal economy, health.

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Abbreviations

APR	Annual Progress Reports
BMGF	Bill and Melinda Gates Foundation
CO	Country Office
CSO	Civil Society Organization
CTA	Chief Technical Advisor
DWCP	Decent Work Country Programme
DWT	Decent Work Technical Support Team
EBMO	Enterprise and Business Member Organization
EO	Employers' Organization
ESIC	Employee State Insurance Corporation
ESIS	Employee State Insurance Scheme
FGD	Focus Group Discussions
GEEW	Gender Equality and Empowerment of Women
GoI	Government of India
HQ	Headquarters
ILO	International Labour Organization
INWORK	Inclusive Labour Markets, Labour Relations and Working Conditions Branch, ILO
IP	Insured Person
MOLE	Ministry of Labour and Employment
MTE	Mid-term Evaluation
OOP	Out of Pocket Expenses
P&B	ILO Programme and Budget
PFACTS	Public Finance, Actuarial and Statistics Unit, ILO
ROAP	ILO Regional Office for Asia and Pacific
SDG	United Nations Sustainable Development Goals
SOCPRO	Social Protection Department, ILO
ToC	Theory of Change
TOR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Guidelines
WO	Workers' Organization

Executive summary

Project and Evaluation Overview

Despite the high financial performance and being the largest contributory social health insurance scheme in India, ESIS still faces substantial challenges, such as the low level of utilization of health care by the beneficiaries, service provision quality issues, etc. To address these issues, the ILO designed the project with three components dealing with improving the service provision of the Employee State Insurance Corporation (ESIC), extend its coverage and develop an ecosystem of actors in the social health protection and financing sector for knowledge sharing and communication. The project implementation was originally scheduled between 19 December, 2018 and June, 2020. It received 2 back to back no-cost extensions (NCE), the first between July– December 2020 and the second between January – June 2021. It received a third NCE from July – September 2021 and is now scheduled to end by March 2022. The original project duration was 18 months which was later extended to 39 months.

The evaluation office of the International Labour Organization (ILO) commissioned an independent evaluation team to design and conduct a Final Evaluation of technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality. implemented by the ILO and funded by the Bill and Melinda Gates Foundation.

Purpose and methodology

The purpose of this evaluation is to provide an assessment of the development contribution of the technical support to the Employee State Insurance Scheme (ESIS) for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality project.

The geographic scope of the evaluation was national since the project has activities related to ESIC's Headquarters in Delhi, and covered the state level operations of ESIS, especially two surveys which covered 6 states. The scope of the evaluation included an assessment of the project's performance vis a vis outputs, outcomes, strategies, partnership follow up on identified challenges and opportunities and management of financial resources based on the OECD criteria. It also intended to assess the extent to which the project outcomes will be sustainable, identify lessons learned, good practices and provide recommendations on the design of a possible next phase. The evaluation integrated gender equality and disability across the methodology and final report evaluation. It ensured the accountability and transparency of the ILO's project delivery to key stakeholders, including the Government of India (GoI) and the donor-Bill and Melinda Gates Foundation (BMGF), and aimed to enhance learning within the ILO and key stakeholders. The main clients of the report are the stakeholders who were consulted during the evaluation, BMGF as the donor agency, the project team, and country director, country stakeholders including ESIC, Government of India (GoI) (Ministry of Labour and Employment (MoLE), Ministry of Health and Family Welfare (MoHFW), workers' organizations and employers' and business membership organizations (EBMOs), the ILO DWT-New Delhi and its technical and programme backstopping officers, the ILO Regional Office for Asia and Pacific (ROAP) and other relevant ILO resources.

The evaluation used the qualitative approach of in-depth enquiry. The evaluators conducted the evaluation through the review and analysis of primary and secondary data and have undertaken an extensive review of the documents. The team held individual or group discussions with different categories of stakeholders: the ILO ESIS project team, BMGF, ESIC and MOLE officials, ILO's tripartite partners and key external collaborators.

There were mobility restrictions due to the COVID-19 pandemic. Hence the evaluators conducted the meetings online. The evaluators could not meet any of the stakeholders in person. However, the online

consultations have been extensive, and have provided the perspectives of a wide range of stakeholders. The evaluators could get very limited direct feedback from senior government officials during the evaluation process, which could cause a potential bias of missing out on the government's perspective. However, this was partially overcome by asking a former ESIC and current government official, questions about the government's plans to take forward the reforms in the social health protection sector in India.

Evaluation findings

Relevance of the project

The project is highly relevant for all the stakeholders involved in the project. From the perspective of the workers' organizations (WOs), the objective of the ILO supporting ESIC in expanding its coverage to more workers was relevant. From the perspective of EBMOs, coverage of SMEs self- employed workers/ own-account entrepreneurs were essential to make them true representatives of all kinds of employers.

The project aligned with the India Health Policy of 2017, which envisaged achieving universal healthcare coverage, and with the plans of the Ministry of Labour and Employment (MoLE). It aligned with the ESIC Vision 2022 that envisages expansion of ESI scheme in each district of the country with the target of covering 100 million workers by 2022. ESIC was also interested in learning about the beneficiary perspectives to improve the services and to reduce their out-of-pocket (OOP) medical expenses.

As the project aimed to improve governance of ESIC and expand social health protection coverage to informal workers, it aligned to ILO Programme and Budget (P&B) Outcome 6 related to formalization of the economy and Outcome 8 related to social protection. The project was also aligned with the ILO's DWCP 2018-2022, Priority 3 – Outcome 3.3 which aims to contribute to improved management and coverage of, and increased access to, national and state social protection systems.

This project built upon BMGF's past work with the planning body (Niti Aayog) on health financing and health systems in India.

Coherence

The projects design had three main components:

- 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.
- An initial blueprint for extending coverage of the ESIS to the non-poor in the informal economy is established and tested through a pilot.
- A shared understanding among key Indian actors of challenges and opportunities to strengthen ESIS and extend its coverage, and foster coherence between their interventions.

The three components were well conceived and coherent.

However, the initial design envisaged that the design for transformational change of a large autonomous organization, agreement of action plan, and a pilot at the state level would all be achieved in 18 months. Even with extensions of 15 months, this was highly ambitious, and not mindful of the complexities of change processes in the given context. The project can only serve as a first phase in which the necessary

relationships have been established, issues understood, to be followed up by subsequent phases of transformational work.

Effectiveness

The project strategies were effective to achieve the project outputs. While the project was severely impacted by implementational challenges due to COVID-19 and other changes in context, it has achieved or will achieve most of the outputs. The flexibility of design and the support of the donor to change the design as per requirement, helped the project become more effective and achieve most of the outputs.

Outcome 1 relates to improving the services of ESIC: The project completed a diagnostics report, two surveys, a summary research report on informal economy workers, an assessment report on innovative (technological) practices and a report on the mapping of key actors. The project could not implement the Consolidated Action Plan or the state pilot due to insufficient timelines and multiple implementation challenges.

Outcome 2 relates to a survey of potential beneficiaries and a pilot for increasing the coverage of ESIC: This was completed, but the pilot could not be started due to the onset of COVD-19. The project considered the issue of extending coverage of social health protection to informal workers more broadly than just through ESIC. The project generated knowledge on health seeking behaviour of IPs and non-IPs and the challenges they face to access social health protection schemes. The social partners appreciated the project objective to increase the coverage of ESIC to non-poor informal workers.

Outcome 3 envisages a shared understanding among key Indian actors of challenges and opportunities to strengthen ESIS: Extend its coverage and foster coherence between their interventions. The project shared some key outputs and PowerPoint slides of presentations but was unable to complete and disseminate some of the knowledge sharing products at the time of this evaluation. The project proactively communicated progress of activities and discussed outputs with the stakeholders.

The project was managed by the project team under the ILO Country Office in New Delhi. It received strategic guidance and feedback from various departments of the ILO including INWORKS and SOCPRO and from the Technical Committee at ESIC. The project management monitored the performance and results regularly as per the ILO and donor's requirements. The flexible project design helped to deal with implementation challenges.

Efficiency of resource use

The project has been efficient in its use of staff and technical specialists from the DWT team in India and at ILO headquarters. The outputs were delayed due to COVID -19, late joining of the project Chief Technical Advisor (CTA), frequent changes of the ESIC leadership and the changing policy context due to labour law reforms. The staff have shown resilience in reorganizing the project activities to complete several outputs during the pandemic period. The budget use has been biased towards the studies and survey that would help improve ESIC's services, which is well invested as it provided a valuable entry to the ILO and BMGF into the field of social health protection, building relationships between the ILO and ESI, and valuable insights for influencing policy and structural reform.

Impact orientation and sustainability

Impact orientation: The project has provided concrete evidence to ESIC for potential areas of improvement and ways to extend social health insurance to informal economy workers. It has contributed to the ability of stakeholders to work towards improved social health insurance, health systems and inclusion of informal economy workers in social health insurance systems. The project has also contributed to the promotion of formalization via knowledge creation, especially the survey of potential beneficiaries. A higher-level positive impact is the collaboration started between the ILO and MoLE/ESIC on social health protection. It opened-up the possibility of more tripartite discussions and social dialogues. There are no unintended negative impacts of the project.

Sustainability: The project has produced significant outputs which will be used by ESIC, workers' and employers' organizations beyond the project period, e.g., the detailed studies of the diagnostics report, the mapping studies and the beneficiary survey reports. The project has been able to create interest and ownership to continue the awareness and advocacy work that would be needed for a more comprehensive provision of services and coverage of workers. The bipartite partners aim to use the knowledge products for capacity building of their members and for advocacy for improved quality and more comprehensive social health protection.

Tripartite and gender considerations

Tripartism - The project proposal narrative provides for a tripartite working group/ PAC. However, this was not formed given the sensitivity of the issue of organizational change. Instead, the project engaged with the EBMOs and WOs separately, or in bipartite meetings and workshops.

Gender, disability and inclusions considerations

The diagnostic reports do not contain an analysis of gender, disability or inclusion aspects; however, the surveys include the perspectives of women, differently abled and scheduled castes and scheduled tribes workers. The project can promote non-gender discrimination, gender equality and disability and social inclusion more effectively by highlighting the findings in their knowledge products for the use of the stakeholders, and also advise ESIS and the social partners to mainstream gender equality and social inclusion perspectives in their digital data collection, analysis and programme planning.

COVID-19 and other challenges

The two large-scale primary studies carried out in six states during the peak of the pandemic, were able to capture crucial information and insights on the impact of COVID-19 on workers' health, enterprises' growth and changes in the overall attitude towards social health protection among key stakeholders.

The project activities were severely impacted due to COVID-19 and hence the outputs were delayed. The donors were flexible and accommodating. The project team maintained regular contact with the key stakeholders, holding online meetings and workshops during the lock down and face to face meetings when possible. Other changes in context were changes in labour regulations and multiple changes in ESIC leadership. The project could offer technical support to ESIC on some of the new opportunities created by the new Code on Social Security, 2020. However, India is now reeling under a new second wave of COVID-19 so the project may need to complete the committed outputs in the current phase and schedule any new activities to a potential next phase.

Conclusions of the evaluation

The project was found to be highly relevant, from the point of view of all stakeholders, who value high quality services and social health protection coverage through good governance of the organization and endorsed the need for coverage of informal economy workers.

The project design was coherent, although extremely ambitious even for the extended 33-month time period. The donors recognized that the design was ambitious it included their vision for a second phase to take the work forward. They also remained flexible in the current phase, changing the outputs and results matrix during the project implementation. Furthermore, external factors have intervened to delay implementation, namely the COVID-19 pandemic, the delayed appointment of the project manager and changes in the leadership of ESIC. The donor's flexibility with respect to time and activities, and the results matrix, has facilitated the implementation. The ILO's DWT team and technical specialists have added value to the project activities.

Most of the targets for outputs have been achieved, others scheduled to be completed by the end of the project, and some have been renegotiated with the donor during the currency of the project. The project has been successful in bringing out an in-depth and objective analysis of the organization.

In pursuing the objective of extending coverage to more workers, the project extended its scope beyond ESIC in the area of social health protection and has engaged with social partners who have shown an interested in using the project outputs. The two surveys of current and potential beneficiaries highlighted their needs and attitudes about accessing social health protection. These have included responses from women, disabled persons and across social and economic categories. The analysis is gender segregated too, and case studies provided useful insights into the access of people with disabilities to social health protection, which will aid design of inclusive interventions.

The first steps of ecosystem development were taken with the project informing the tripartite stakeholders of the knowledge outputs, which has built their awareness. The formal production of knowledge products will facilitate their action towards improved governance, advocacy and capacity building.

The present phase has provided the ILO valuable grounds to actively collaborate with interested state governments and social partners on the agenda of social health protection. The project has also generated crucial knowledge on the general health seeking behaviour of insured and non-insured worker populations, which can be used to explore ESIC and other avenues of expanding social protection coverage to workers in different states. It would be useful if the investments of this phase are not lost but built upon and new and focussed interventions are planned during a continuation of the project.

The planning of phase 2 could be based on a clearly articulated Theory of Change (ToC), around which stakeholders would agree to work together, with the ILO's support. Phase two requires an intensive inception phase too, with inclusive studies about the ESIC/MoLE response to COVID-19, joint setting of priorities and selection of states.

Emerging good practices and lessons learned

The project has adopted several good practices, namely the flexibility of project design, the use of the beneficiary survey, the strong technical support it received from the ILO DWT-India as well as other departments of the ILO at ROAP and good engagement with the social partners.

The lessons learned include the following: The project time frame was too short to achieve the project objectives; the articulation of a Theory of Change facilitates a common vision among key stakeholders, and an agreement on assessment frameworks and expertise promotes better collaboration.

Recommendations

The recommendations for the different key stakeholders are provided, separating those for the current phase (recommendations 1 and 2) and those for a potential second phase.

Recommendation 1: Complete and share knowledge products with social partners.

Deliver the reports and case studies generated during the current phase to the stakeholders for them to use for capacity building and advocacy, thereby helping the sustainability of project outcomes.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, project team	High	Short-term	Low

Recommendation 2: Continue the project for the next phase.

Continue the project for a second phase, to carry through the process of collaboration of ILO and ESIC/MoLE towards a transformational change of ESIC, especially as the pandemic has highlighted the need for continued technical support from the ILO for the improvement of services and expansion of coverage to newer and informal sectors, through ESIC and state level pilots.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, donor	High	Short to long term	High

Recommendation 3: Articulate a Theory of Change.

Develop a well-articulated ToC for the next phase with achievable targets for shorter period interventions to gain ownership of the vision and strategy from all stakeholders.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, donor	High	Short- term	Low

Recommendation 4: Prioritize the areas of technical support for phase 2

Prioritize the areas of technical support in Phase two, including a study on ESIC's response to COVID-19 covering gender and inclusion aspects, operationalization of the provisions in the Code on Social Security, 2020 for coverage of unorganized workers, gig workers, platform workers, plantation workers and build capacities of social partners for evidence-based planning, and governance of social health protection schemes.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, donor	High	Short-medium term	Medium

1. Introduction

1.1. Project background and intervention logic of the project

Less than ten per cent of the population in India is covered by a comprehensive health insurance scheme, resulting in one of the highest levels of out-of-pocket (OOP) expenditures in the world (64 per cent), with only marginal reductions in the last decade, and strong exclusion from health care services (ILO, 2018).

The ESIS is the largest contributory social health insurance scheme in India. Despite high financial performance, ESIS faces substantial challenges, as indicated by the low level of utilization of health care by the beneficiaries. While the scheme has experienced an increase in the number of beneficiaries and revenues in recent years, expenditures on health care have been relatively flat (as until 2018) and diminishing on a per-beneficiary basis. Both access to outpatient and in-patient services were very low despite the good financial situation of the scheme. This situation has changed over the last few years, when ESIC expanded investments in health infrastructure. ESIC also stepped up its services significantly during the COVID-19 pandemic. However, stakeholders have raised issues of quality health care provision, absence of robust up-to-date data and analytics for effective management. An improvement in services of ESIS would directly impact the current 135 million beneficiaries of the scheme, and improvement of coverage would extend its reach to workers uncovered by social health protection.

Hence the International Labour Organization (ILO), along with the Bill and Melinda Gates Foundation (BMGF) launched the project - Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality, referred to as the project, to enhance the effectiveness of ESIC and the overall social contributory health insurance in India.

The project implementation was originally scheduled between 19 December, 2018 and June, 2020. It received 2 back to back no-cost extensions, the first between July– December 2020 and the second between January – June 2021. It received a third NCE from July – September 2021 and is now scheduled to end by March 2022. The original project duration was 18 months which was later extended to 39 months.

1.2. Project objectives

The key objective of the project is to improve the long-term effectiveness of ESIC. The project follows a three-pronged strategy:

- Outcome 1: A technically practical and acceptable pathway for strengthening the Employee State Insurance Corporation (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 the 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 complementaries between their interventions.

The grant proposal narrative of the project states that the key intended beneficiaries of the project are the current beneficiaries of ESIS, the non-poor beneficiaries in the informal economy, ESIS, and the GoI. It is important to clarify that, as per the project design and interventions, the ILO's role is to provide technical support to ESIC and the government through knowledge-creation and consultation with the social partners, workers' organizations (WOs) and employers' and business membership organizations

(EBMOs), to improve social health protection (SHP). Therefore the 'direct beneficiaries' of the project are ESIC/MOLE, WOs and EBMOs. The 'insured workers and enterprises' are indirect beneficiaries of the project. The project engaged with them through the social partners and knowledge dissemination activities.

A brief description/review of the project's implementation

The project assessed the performance of ESIS according to four core aspects in any social health insurance: 1) revenues, risk-pooling; 2) strategic purchasing; 3) provision of services; and 4) governance and organization. The project aimed to test the possibility of extending the coverage, and ultimately ensure a transition to formality and a contribution to universal health protection. A key underlying effort of the project was to build stakeholder consensus, including critical buy-in at ESIC, on the agenda for reforms and expansion of coverage. The project envisaged to do this through the three outcomes discussed earlier. Planned activities under each of the outcomes is briefly discussed below.

Outcome 1 consisted of a diagnostic report of the performance covering four strategic areas mentioned earlier along with an institutional analysis of ESIC. This was to be accompanied by a detailed action plan and recommendations for improving the performance which was added after consultation with the ESIC. The project was expected to support ESIC to launch the implementation of the action plan. The project added a survey of existing beneficiaries to this component after consultation with the ESIC. The proposal narrative suggested the constitution of a technical committee acting as ESIC's technical counterpart to the project for effective collaboration, implementation and monitoring.

Outcome 2 comprised of a summary of research on informal economy workers, a survey of potential beneficiaries in the informal economy, an assessment of the innovative technological practices in the domain of social health insurance and a compendium of international good practices in the domain of social health insurance. Outcome 2 envisaged working with the ESIC and other stakeholders to design and implement a potential state pilot for providing better services by ESIC and extending its coverage. The project was to constitute Working Group 2 composed of relevant national actors and ILO specialists who would contribute to the overall process of the assessment under component 2.

Outcome 3 consisted of activities for mapping of Indian actors in the domain of health care and creating an ecosystem to work with going ahead. The project aimed to organize meetings and knowledge sharing events with the stakeholders to serve as a dialogue platform bringing together relevant stakeholders to discuss the different activities, outputs and to agree on the way forward.

The project was initially intended for 18 months but received two 6-month extensions and one 3-month extension, finally making it a 33-month project. The first extension was between July and December 2020 and the second extension between January and June 2021 and the third extension between July and September 2021

BMGF approved the first no-cost extension of the project due to the late assumption of duty by the CTA. The second no-cost extension was provided due to the various implementational challenges. The project faced many implementational difficulties due to the COVID-19 pandemic, the labour legislations which were being reformed and as well as a change in leadership in the beneficiary institution. The project received the third no-cost extension to be able to complete the ongoing activities.

The overall project budget was US$ 2.09 million, which was contributed by the Bill and Melinda Gates Foundation, the donor. The ILO contributed by providing support from its staff funded by the regular budget of the organization.

Organizational arrangements for project implementation

The project had a three-member team – a Chief Technical Advisor (CTA) as the project manager, a project coordinator and a project assistant. The project team reported to the Country Office Director in ILO New Delhi, who holds the final responsibility as the project holder. The CTA held regular strategic discussions and project adjustments with the donor and the MoLE/ESIC. In ESIC, a technical committee, composed of representatives of ESIC, was formed to guide and collaborate with the project team. The project planned to establish a country-level Project Advisory Committee (PAC) consisting of representatives from the ILO, EBMOs, WOs and BMGF, to provide guidance on the project's implementation. However, this could not be formed due to the sensitivity of the topic under consideration. The project was further strategically guided by the Chief of INWORK, the department of INWORK at the ILO HQ. The ILO HQ specialists from the SOCPRO provide ILO member States with tools and assistance to achieve and maintain the human right to social protection and provided technical support to the project. The donor, BMGF, kept close oversight and guided the project from time to time.

Description of contributions and role of the ILO, project partners and other stakeholders

The ILO contributed to the project notably by allocating to the project over 20 work/months of its staff, funded by the regular budget of the organization. This included the Social Protection Specialist, the Informal Economy Specialist, the Office Director and the Funds Control Officer and administrative support of the ILO Decent Work Team and Country Office in Delhi. It also included the time of the Social Protection Specialists, Informal Economy Specialist, and technical supervision by the Chief of the Inclusive Labour Markets, Labour Relations and Working Conditions Branch in ILO, Geneva. Administrative support was provided from ILO Bangkok and ILO Geneva.

The project team was led by a Chief Technical Adviser (CTA), based in Delhi, who was responsible for the administrative, operational, and technical supervision as well as the implementation of different project interventions. The CTA was responsible for establishing a channel for regular communication with country-level staff from the Bill and Melinda Gates Foundation (BMGF), with the objective to exchange views and provide updates on the project. Regular consultations were to be organized during the implementation between BMGF, ILO Delhi and the Technical Services in Geneva. At the country-level, a Project Advisory Committee (PAC) was to provide guidance on the project's implementation. However, this could not be formed, so regular meetings with stakeholders enabled communication and project management.

2. Evaluation Overview

2.1 Evaluation Purpose, Scope , Users and Objectives

As per the Terms of Reference (TOR) (enclosed in Annex 8), the purpose of this final independent evaluation is to promote accountability to ILO key stakeholders, including the Government of India and the donor-Bill and Melinda Gates Foundation (BMGF), and to enhance learning within the ILO and key stakeholders. Knowledge and information (including lessons learned, good practices, challenges, etc.) obtained from this evaluation, will be used to help inform the design and implementation of a possible second phase beyond September 2021, which may include a focus on supporting an inclusive economic recovery to COVID-19. The evaluation also assessed the extent to which the recommendations of the MTE have been followed up/achieved.

The specific objectives of the final independent evaluation were:

- Assess the coherence, relevance, efficiency, and effectiveness of the project interventions, while identifying the supporting factors and constraints that have led to them, including strategies and implementation modalities chosen, and partnership arrangements.
- Identify lessons learned, good practices, and recommendations on the design of a possible next phase (second phase beyond September 2021).
- Assess contributions and results of the interventions (both expected and unexpected, both positive and negative changes) and examine how and why the changes were caused by the interventions and measure the size of the effect caused by that intervention or tactic.
- Assess project impact (including where the project's support has been most/least effective and why), including the extent to which Government of India's (GoI) capacity has been strengthened, and the benefits of the project's contribution to improvement of ESIS.
- Assess the extent to which the recommendations of the MTE have been followed up/achieved.
- Assess the project's contribution to COVID-19 immediate responses and recovery.
- Assess the extent to which the project outcomes will be sustainable.
- Assess the extent to which the project promotes gender equality and non-discrimination and is gender responsive.
- Assess the extent to which the project management and coordination mechanisms adequately addressed the needs and implementation challenges and how effectively the project management monitored project performance and results.

The scope of the evaluation

The evaluation covers the period of implementation of the project from its start in January 2019 until the time of the final evaluation, till March 31, 2021, covering key outputs and outcomes (including unexpected results). It involved discussions with ILO project staff, national counterparts and development partners of the project, the donor-BMGF, and the ILO technical specialists based in DWT-New Delhi and HQ.

The scope of work included an assessment of the performance of the project vis-à-vis:

- Outputs and outcomes - against targets and indicators.
- Chosen strategies and implementation modalities.
- Partnership arrangements.
- Follow-up on identified constraints/challenges and opportunities/recommendations.
- Use and management of the financial resources of the project.

The scope of work also included the formulation of recommendations for the design and implementation of a possible next phase of the project. The evaluation integrated gender equality and disability as cross-cutting concerns throughout the methodology, the deliverables, and the final report of the evaluation.

The geographic scope of the evaluation was national since the project has activities related to ESIC's Headquarters in Delhi, and covered the state level operations of ESIS, especially two surveys which covered 6 states.

The main audience of the report

The users of the evaluation report are all the key stakeholders who were also consulted during the evaluation phase. The main stakeholders are:

- Project team and Country Director.
- Country stakeholders including ESIC, Government of India (MOLE, MOHFW), workers' organizations and employers' organizations.
- The ILO HQ in Geneva, the DWT-New Delhi and its technical and programme backstopping officers.
- BMGF as the donor agency.
- The ILO Regional Office for Asia and Pacific (ROAP).
- Other relevant ILO policy departments, branches and projects.

The stakeholders had the opportunity to provide the inputs at various stages of the evaluation.

Dates, events, and the operational sequence of the evaluation

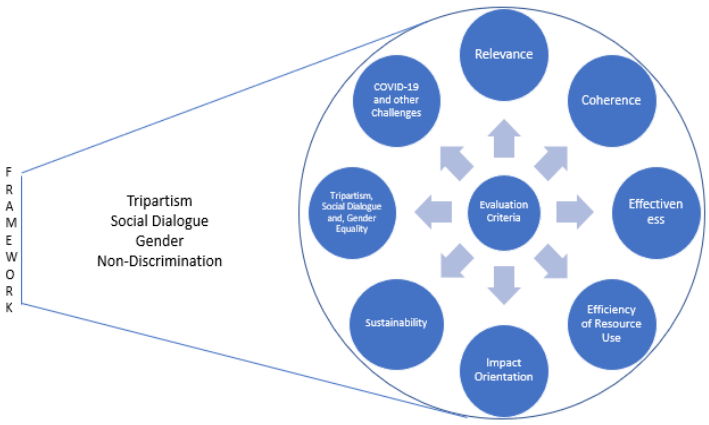
The evaluation was commissioned by the end of March 2021. The final inception report was submitted on 11 May 2021. A desk review was ongoing throughout April and May 2021 and interviews with stakeholders including the project team, ESIC officials, MoLE officials and social partners were conducted from end of March onwards till end of May 2021. The evaluators conducted a debriefing workshop of the findings for the ILO representatives on June 1, 2021. They conducted a similar debriefing for the social partners on June 3, 2021. The draft report was submitted on 13 June 2021. Feedback from FCDO is expected in the last week of June 2021, after which the evaluators will submit a final evaluation report by end of June 2021.

2.2 Evaluation Design and data collection methods

2.2.1 The evaluation criteria and questions

The final evaluation was carried out according to the ILO's standard policies and procedures and the OECD/DAC evaluation criteria. The framework used to evaluate the project is depicted in Figure 1:

Figure 1. Framework for evaluation



The evaluation adheres to the United Nations Evaluation Group (UNEG) norms of ensuring utility, credibility, independence, impartiality, ethics, transparency and professionalism in the evaluation. The evaluation considered questions of human rights and gender equality within the evaluation (UNEG 2016).

The evaluation questions answered with respect to the evaluation criteria are as specified in the TOR.

Relevance

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

2. Is the modality used by the project right to achieve the objective (i.e., contribution for performance enhancement of ESIS towards increased health services access and utilisation and a model for expansion of services beyond current beneficiaries)?

Coherence

3. To what extent and how successfully has the project leveraged resources with other interventions and through partnerships with other organizations, to enhance the projects' effectiveness and maximize impact, if any?
4. Are there any opportunities or recommendations for improved leveraging?

Effectiveness (including effectiveness of management arrangement)

5. The extent to which the interventions achieved, or are expected to achieve its outputs and results, including any differential results across groups?
6. Have the desired outcomes been achieved as per the indications of success agreed with the donor?
7. How effective were the chosen strategies and implementation modalities in achieving the project targets? What are the good practices and lessons to be learned from the project approach and strategy? What are the key lessons learned and recommendations for the design of possible next phase?
8. To what extent have the project management and coordination mechanisms adequately addressed the needs and implementation challenges? How effectively the project management monitored project performance and results?
9. Is the project management and implementation participatory? And is this participation contributing towards achievement of the project outcomes and objective?

Efficiency of resource use

10. How efficiently have resources (staff, time, expertise, budget, etc.) been allocated and used to provide the necessary support and to achieve the broader project objective and results?

Impact orientation

11. Assess project impact, including the extent to which the capacity of the ESIC as well as other stakeholders in India involved in social health insurance, health system and formalization of the informal economy has been strengthened, as a result of the project contribution.
12. To what extent can now access to health care services be improved, and ESIS coverage be expanded, as a result of the project intervention?
13. Are there any positive or negative, intended or unintended, higher-level effects?
14. To what extent has the project promoted formalization and transition to formality in India?

Sustainability

15. What strategies have the projects put in place to ensure continuation of the initiative, if the support from the ILO programme ends? How can the key partnerships contribute to the sustainability of the initiatives under the projects and to what extent?
16. How effective has the project been in establishing and fostering national/local ownership, building capacity, and creating linkages to alternative resources in order to facilitate sustainability?

Tripartism, social dialogue, gender equality and non-discrimination

17. To what extent has the project contributed to gender and disability and social inclusion and what are opportunities/gaps? How can the project promote non-gender discrimination, gender equality and disability and social inclusion more effectively?
18. To what extent do the governance arrangements of the project provide for quality tripartite dialogue on the project's agenda and priorities?

COVID-19 and other challenges and risks

19. To what extent has the project contributed to the COVID-19 response/recovery?
20. How well has the project managed the major challenges/risks that affected project performance (including those related to COVID-19)?
21. Are there any other major changes in context and any adjustments needed to address these issues?
22. Are there any opportunities to address challenges that have affected project progress?

The evaluation includes an analysis of gender and tripartite issues and the impact of the COVID-19 pandemic.

2.3 Description of the evaluation methods and data collection instruments

The methods and tools of evaluation included the following:

- **Review of documents:** The evaluators undertook an extensive review of documents. These included the project document, the Annual Progress Reports (APRs) of the programme, results framework and trackers, mid-term evaluation reports, training materials, research reports, financial reports, minutes of the meetings, and other knowledge products produced by the programme. The documents reviewed are listed in Annex 7.
- **Semi-structured interviews and focus group discussions (FGDs) with stakeholders:** The evaluators collected data using individual interviews and FGDs conducted via Skype/ Zoom. These covered the stakeholders listed above, and a detailed enumeration of stakeholders interviewed during the inception and the evaluation phase is given in Annex 5.
- **Triangulation:** Some questions have been asked in 2-3 places in different ways to solicit answers for triangulation. The consultants have ensured triangulation of answers with the same respondent as well as across different respondents.

The evaluators have elaborated the questions according to the categories of stakeholders and made them context-specific for the different types of stakeholders. The evaluators triangulated the views expressed in documents and by one stakeholder with discussions with other stakeholders, which will also enable gathering of diverse perspectives.

The evaluation used a Gender Equality and Empowerment of Women (GEEW) approach to examine whether gender, disability and inclusion aspects were covered in diagnostic studies and surveys

conducted by the project. It integrated gender equality, disability, inclusion and tripartite issues as cross-cutting concerns in designing the questions and/or in the interviews as well as the analysis of information. The evaluation findings include a section on gender, disability and inclusion. Gender is also integrated in the conclusions and recommendations.

2.4 Description of the sources of information / data used

The team conducted the evaluation through the review and analysis of primary and secondary data. The evaluators relied heavily on the desk-based review of existing programme documentation as there have been substantive internal reviews of the programme at its various stages, annually. The team also conducted a desk-review of project documents including progress reports, research and diagnostic reports, training reports, minutes, reports from partners, relevant correspondence and others as deemed appropriate.

2.5 Sampling and Description and rationale for stakeholder participation in the evaluation process

The evaluation approach was one of in-depth enquiry using a qualitative approach. The consultants interviewed nine categories of stakeholders. The sampling procedure used was purposive sampling. The interviewees are those who had collaborated most closely with the project. They were selected based on the information and suggestions made by the project team and other key persons consulted during the inception phase. During the inception and evaluation phases, individual and group discussions were held with stakeholders from March to June 2021 in each of the following categories, as outlined in Table 1.

Table 1. Selection of stakeholders for interviews

Category	No. of stakeholders			No of interviews
	Female	Male	Total	
1. The ESIC project team, ILO CO-New Delhi, India	2	1	3	4
2. ILO- Monitoring and Evaluation, Admin/Finance (HQ-Geneva, RO-Bangkok, CO-New Delhi)	2	1	3	1
3. ILO DWT/CO – New Delhi, India	2	3	5	6
4. Senior management and technical specialists of the ILO in Inclusive Labour Markets, Labour Relations and Working Conditions Branch (INWORK), Social Protection Department (SOCPRO), Public Finance, Actuarial and Statistical Services (PFACTS)	2	2	4	4
5. Representatives of the Ministry of Labour and Employment, Government of India	1	0	1	1
6. Senior staff of Employees' State Insurance Corporation, India	1	3	4	4
7. Workers' Organizations	1	1	2	2
8. Enterprise and Business Member Organizations	0	3	3	3
9. BMGF	0	1	1	1
10. Others (former stakeholders, external consultants)	1	1	2	2
11. Validation meetings (additional persons)	2	7	9	2
12. Total	**14**	**23**	**37**	**30**

A total of 37 individuals (14 women and 23 men) participated in 28 individual or group interviews and two sessions on validation of findings. Annex 5 and Annex 6 provide the full list of stakeholders interviewed and the interviews conducted.

2.6 Limitations of the evaluation and potential bias

This evaluation was constrained by the restricted movement due to the COVID-19 pandemic, and the pre-occupations that all stakeholders have due to dealing with the debilitating impacts of the pandemic. However, the design of the evaluation overcame this limitation by doing online interviews, with interviews spread over five weeks so that the respondents had sufficient time to schedule, and if needed, reschedule the interviews. The evaluators received very limited direct feedback from senior government officials during the evaluation process, and this could cause a potential bias in terms of missing out on the government's perspective. However, this potential bias was partially overcome by asking a former ESIC and current government official, questions about the government's plans to take forward the reforms in social health protection sector in India . The evaluators could not meet any of the stakeholders in person. However, the online consultations have been extensive, and have provided the perspectives of a wide range of stakeholders.

3. Evaluation Findings

The presentation of findings follows the evaluation criteria, and the detailed evaluation questions therein.[1] The findings include an assessment of how gender considerations have been included in the project design, implementation, and gender related impact information.

3.1 Relevance

Finding: *The project "Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality" works in the domain of Social Health Protection, with a special focus on one organization, the ESIC. The project is highly relevant to all categories of stakeholders. The unmet needs of the beneficiaries and the insured persons formed the key motivation for the formulation of the project and are at the foundation. The project answers to India's health policy, and to international goals like the SDGs 1.3 and India's DWCP outcome 3.3 relating to social protection and SDG 3.8 relating to universal health coverage. The modalities adopted supported the objectives of providing technical support for improvement of services of ESIC, increasing the coverage of beneficiaries as well as knowledge creation. In summary, the project design is well oriented towards the needs of the final beneficiaries, blue-collar workers, and its relevance has only increased with the onset of the COVID-19 pandemic.*

Q 1 The extent to which the intervention objective, design and approach continue to respond to beneficiaries, country, and partners/institution/donors' needs, policies, and priorities, and is expected to continue to do so if circumstances change (or have changed).

3.1.1 Relevance for stakeholders

The relevance of the project for each of the stakeholder categories is discussed below:

Beneficiaries, workers' organizations, and employers' organizations

The project was relevant for the workers as it directly worked with the needs of the beneficiaries (the insured persons). Many of them lacked awareness about ESIC and its services. For the workers and

[1] The results of the project are discussed under Q 5 of the TOR, in Section 4.3 on effectiveness.

employers who were aware, the insured persons sought better quality service delivery as they had contributed towards these and other health protection schemes. Enterprise organizations also considered improved services and coverage their right, as employers contribute towards the health coverage of workers. Workers' organizations had the same demand of ESIC.

The WOs and EBMOs, identified the need for widening coverage too. The WOs wished to open the question of coverage to informal workers, self-employed and home-based workers, and relaxation of income limits to include workers over the current income limits. EBMOs stated that coverage of small and medium enterprises (SMEs) and self- employed workers/ own-account entrepreneurs, would take them one step further in being a true representative of all kinds of employers.

WOs, and EBMOs stated ESIC's governance as a critical area to address and valued the ILO project as it provides an opportunity to influence the ESIC, beyond the tripartite process that they themselves participate in.

Indian policy context

The project is aligned with the India Health Policy of 2017 which envisages achieving universal healthcare coverage and reducing the reliance on out-of-pocket spending. The project supports the GoI's Decent Work Country Programme (DWCP) priorities and outcomes, to create a more decent future of work through better quality of jobs, transition to formal employment and environmental sustainability. The activities are fully aligned with the Priority 3 of the DWCP, in particular with Outcome 3.3, which works towards better management and expanded coverage of national and state social protection systems by 2022.

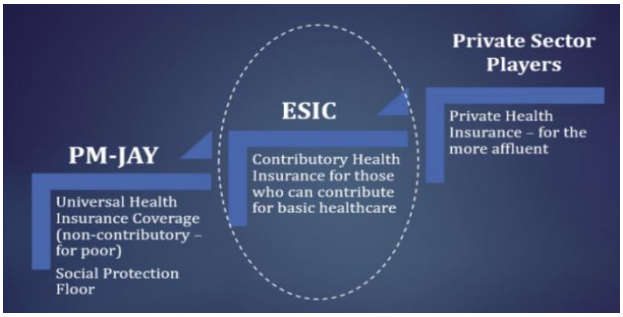
The project activities are aligned with the United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2, which aims for improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services by 2022. More specifically, the project contributed to two SDGs related to Poverty and Health, and the following targets:

1) Target 1.3, to implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030; and
2) Target 3.8, to 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.

ESIC needs

ESIC acknowledged the high relevance of the project to improve its services to the insured persons. The new Social Security Code 2020 clearly stated its intention to include workers in specific sectors, which called for a response from ESIC.

Figure 2. Spectrum of healthcare financing in India



India's healthcare insurance providers fall under a broad spectrum ranging from non-contributory universal healthcare provided by government schemes like the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) on one end to private health care insurance on the other end (Figure 2).

ESIC falls in the middle of the spectrum, as it is a contributory scheme for workers who can contribute for basic healthcare services. The project responded to the new Code on Social Security, 2020 which discussed expansion of social health coverage to unorganised, gig, platform and plantation workers.

ESIC is the largest organization providing health services based on a contributory scheme. ESIC has huge reserves. It caters to 135 million beneficiaries. The project started at a time when the Government of India (GoI) was assessing the performance of ESIC as well as ESIC needed to respond to the clauses of the new SSC. ESIC itself was also interested in knowing about the beneficiary perspectives to improve its services. Additionally, the relevance of ESIC as an organization providing healthcare services and benefits, increased during the COVID-19 pandemic. The project also aligned with the ESIC Vision 2022 that envisages expansion of ESIC scheme in each district of the country with the target of covering 100 million workers by 2022.

Necessity and justification of intervention by the donor

This project built upon BMGF's past work on health financing and health systems in India with the planning body in India, the Niti Aayog. The BMGF aims at achieving a structural change to the Indian health financing and health systems and to strengthen the service providing institutions. It sought out the ILO as an implementing partner as the ILO is the UN agency mandated to work with the Ministry of Labour and Employment (MoLE), under which ESIC has been set up. The ILO is also committed to social protection strengthening. The BMGF also recognized the importance of knowledge creation among the beneficiaries of ESIC and wanted to promote bottom-up demand for change, thus making the project relevant to them.

Necessity and justification of intervention by the ILO

The project is aligned to the ILO's Decent Work Country Programme (DWCP) Priority 3 – Outcome 3.3 which aims to contribute to improved management and coverage of, and increased access to, national and state social protection systems. It also contributes to Outcome 8, particularly Output 8.2, to contribute to increased capacity of member States to improve governance and sustainability of social protection systems.

The project also contributed to ILO 2018-19 and 2020-2021 Programme and Budget (P&Bs), wherein Outcome 6 relates to the formalization of the informal economy. The project catered to the agenda of formalization by means of including more workers under the social health protection scheme. The new Code on Social Security, 2020 helped it by opening discussions on including more categories of workers under ESIC. Informal economy workers are an important work for ILO, and a key component of the

project is devoted to the question of increasing coverage to workers yet uncovered by social health protection.

The project covered aspects expanding social health protection coverage to informal workers as well as improve governance of ESIC. The project is important for the ILO as it adds to the ILO's relatively recent capacities in the field of social health protection. The portfolio is limited, with projects in Viet Nam, Cameroon and Thailand, and the Indian project adds to this.

Change in circumstances

The project will continue to be relevant in changed circumstances. The new Code on Social Security, 2020 has changed the landscape, and has made contributory social health protection available for the unorganised, gig, platform and plantation workers. COVID-19 has rendered workers vulnerable making the health protection through ESIS even more important. The project's significance has increased with the change in context.

Q 2 Is the modality used by the project right to achieve the objective (i.e. contribution for performance enhancement of ESIS towards increased health services access and utilisation and a model for expansion of services beyond current beneficiaries)?

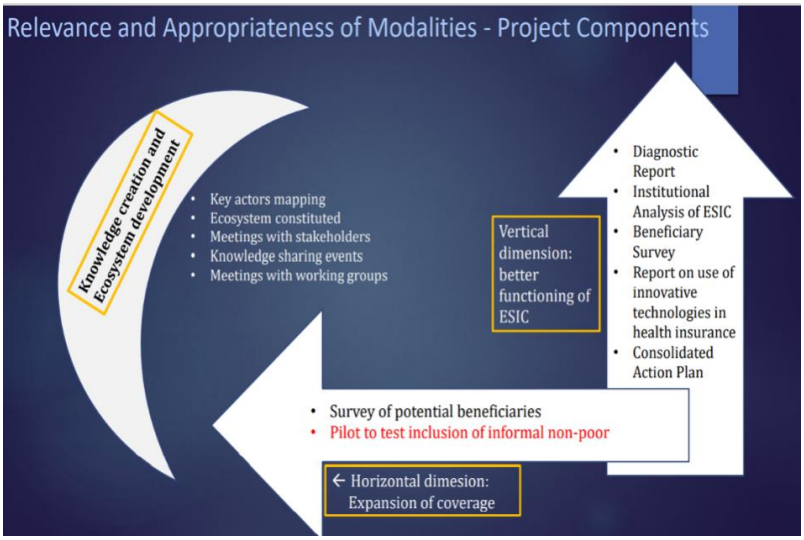
3.1.2 The project modality

Finding: *The project is well conceptualized, in terms of vertical and horizontal expansion, and knowledge creation and ecosystem development. The project addresses both demand and supply side issues of ESIC's performance as well as the expansion of health protection coverage. The modality, or project design, was well-conceptualised. The time envisaged was very short, however.*

Modality for performance enhancement

The project components can be categorised under three broad headings – the vertical dimension including activities catering to improved service delivery of ESIC (Component 1 of the project), the horizontal dimension including activities catering to expansion of coverage of ESIC beneficiaries (Component 2 of the project) and activities related to knowledge creation and ecosystems development (Component 3 of the project). The components are visually represented in Figure 3.

Figure 3. Project components



Under improved delivery of ESIC's services, the project started with a performance diagnostic with an additional component Institutional Assessment of ESIC. It was a good place to start because it would establish a relationship of trust, and a pathway on which ILO and ESIC/ MoLE could work together in the future. The Beneficiary Survey sought to assess requirements of current beneficiaries and enhance ESIC's performance and was recognized by all the stakeholders as highly relevant and needed. This was also an addition to the original project design. The project produced a report on use of innovative technology in delivery of healthcare financial services. The project prepared a Consolidated Action Plan which is in the process of validation.

Expansion of coverage

Component 2 activities consisted of a survey of potential beneficiaries and a potential state level pilot for inclusion of informal workers. SIC could not extend coverage to informal workers, with the entry to the scheme currently being through contributions made by formal enterprises on behalf of themselves and their workers. The expansion of coverage was rendered difficult by 1) compliance issues in having formal enterprises include all their workers, and 2) failure of two earlier pilots to include informal and self-employed workers (e.g. auto drivers, domestic workers). This brought up discussions with stakeholders about eligible but not yet covered groups, and about ways in which more workers can become eligible. The new Code on Social Security, 2020 includes more categories of workers under health protection schemes. This inclusion opens up discussions around ways in which informal workers may be covered in contributory health protection schemes such as ESIC. The two surveys conducted were also relevant for understanding issues of implementation of ESIS at the state level.

Knowledge creation and ecosystem development

Lack of awareness about ESIC is a key reason for fewer enterprises and workers using its services, so increased awareness among employer organizations and enterprises which leads to more registrations and contributions by enterprises. Knowledge creation would also bring pressure from EOs and WOs for better quality of service delivery and increased coverage. The process of mapping of actors, constituting an ecosystem, organising meetings with stakeholders, and creating working groups is aimed at supporting the process of knowledge creation and dissemination.

Though the project modalities were well-conceptualised and paid attention to both demand and supply issues, there was no clear articulation of a theory of change (ToC). The mid-term evaluation recommended developing a ToC but it was not completed during the current phase of the project. The lack of a ToC prevented stakeholders, particularly ESIC and ILO from coming together around a shared vision. Please refer to Lesson Learned 2 in Annex 4.

3.2 Coherence

Q 3 To what extent and how successfully has the project leveraged resources with other interventions and through partnerships with other organizations, to enhance the project's effectiveness and maximize impact, if any?
Q 4 Are there any opportunities or recommendations for improved leveraging?

Finding: *The project did not leverage financial resources from other interventions. It contributed financially to the development of country cases to a compendium of 21 case studies on social health production compiled by ILO HQ. The rapid changes in ESIC strategies arising from the government's COVID-19 response have led to an increase in service provision, yet the out of pocket (OOP) costs for the insured persons (IPs) increased too.[2] The ILO's continued engagement on these new opportunities for partnerships would benefit all the stakeholders.*

3.2.1 Leverage of resources

The project has focussed on completing direct project commitments, which faced severe constraints due to COVID-19. The funding received from the donor could cover the cost of the activities that were completed during the current phase. Consequently, there have been no financial resources leveraged through other partnerships.

In terms of partnerships, the project contributed to a compendium on Social Health Protection compiled by ILO HQ, where practices of 21 countries will be collated. The compendium will also be a good contribution to the stakeholders of the project, who are interested in learning from international experience, especially countries with a large informal economy, and large populations.

3.2.2 Opportunities for increased leveraging

After the onset of the COVID-19 pandemic, the civil society organizations have focused on improved and speedy coverage of all informal workers and migrant workers under the social health protection scheme. The questions that the project addresses have become even more relevant. The project can address these with a wide range of stakeholders, especially through the processes envisaged in Component 3. The project can ask WOs and EBMOs to appoint focal points for information dissemination among the beneficiaries and receive their feedback and hold independent discussions with them regularly.

The government and ESIC have responded to the COVID-19 crisis by extending its services to the beneficiaries of the main social health protection scheme of the government, Ayushman Bharat, and activating its partnerships with hospitals empanelled under this scheme. While this has increased coverage, it has also increased the Out of Pocket (OOP) costs of existing IPs, as explained earlier. ESIC is on a path of serious structural changes and the ILO's continued partnership at this time to promote

[2] The government decreed that all ESIC hospitals be used for COVID-19 treatment, which made medical services available to COVID-19 affected persons. To meet the needs of insured persons, the ESIC made agreements for them to seek treatment in the hospitals empaneled under the government's flagship health insurance schemes. However, this created two problems for the insured persons: 1) they had to pay cash for their treatment, whereas in ESIC/ESIS hospitals they receive free treatment, and 2) They paid the rates of the empaneled hospitals, but were reimbursed at government rates, thus incurring costs which, under their contributory scheme, were to be fully covered by ESIC.

tripartite engagement would be of value to the beneficiaries, workers and enterprise organizations, the government, ESIC and the ILO.

3.3 Effectiveness

3.3.1 Effectiveness of project interventions

Q 5 The extent to which the interventions achieved, or are expected to achieve its outputs and results, including any differential results across groups?

***Findings**: Most of the outputs have been achieved or are scheduled to be completed during the extended project period. The outputs include the consolidated diagnostics report, the two surveys, the summary research on informal economy workers, assessment report on innovative (technological) practices and a report mapping Indian key actors in the field of social health protection. An additional report was prepared on the role of ESIC in providing a social protection floor, as envisaged in the Social Security Code. Outputs related to implementation of the Consolidated Action Plan were not achieved due to multiple implementational challenges. The project has also generated crucial knowledge on the general health seeking behaviour of insured and non-insured worker populations. The project shared some PowerPoint presentations with the EOs and WOs but was unable to publish and disseminate many of the knowledge sharing products at the time of completion of this report.*

The details of the outputs and the activities as per the results matrix of the project are contained in Annex 1.

A summary of the outputs expected and achieved are summarized in Table 2 below.

Table 2. Outputs planned and achieved

	Outputs planned	Outputs and results
	Outputs related to Outcome 1	
1)	Diagnostics report and its sub reports prepared and validated (1.1.1, 1.2 – 1.7)	Completed.
2)	Consolidated Action Plan delivered and validated (1.8)	Delivered and to be validated.
3)	Dissemination of findings of diagnostics and action plan (1.9)	Scheduled to be completed.
4)	Consolidated Action Plan implemented and monitored (1.10, 1.11)	ESIC will implement specific elements of the action plan in due course.
5)	Survey of existing beneficiaries (1.1.2)	Completed and preliminary results presented to the constituents.
	Outputs related to Outcome 2	
6)	Summary of research on informal economy workers (2.2)	Completed.
7)	Survey of potential beneficiaries (2.1, 2.3, 2.6)	Survey completed, report to be completed in the current project period.
8)	Compendium of international experience (2.4)	Prepared and pending publication at the HQs.
9)	Assessment report on innovative (technological) practices (2.5)	Completed and published.
10)	Workshop with EBMOs and WOs on survey and potential pilots (2.7)	Presentations on survey findings completed, and workshop scheduled to be held in July.
11)	Pilots for extending coverage (2.8 – 2.11)	Has been scheduled for Phase 2.
	Outputs related to Outcome 3	
12)	Mapping of Indian Actors (3.1)	Completed and document produced.

13) Ecosystem constituted (3.2)	Identified and ad hoc involvement of actors.
14) Activities with the whole ecosystem (3.3)	Meetings held with ESIC, EBMOs and WOs separately and more meetings scheduled.
15) Mid-term progress review meeting (3.4)	Meetings conducted with MoLE, ESIC, EBMOs and WOs separately.
16) Meeting for Lessons Learnt (3.5)	To be scheduled at end of project.
17) Workshop with ESIC representatives to share practices and experiences in different states (3.6)	Scheduled in this project period.
18) Knowledge sharing event on Diagnostics study (3.7)	Completed.
19) Three Meeting of Working Group 1/ Technical Committee about Component 1(3.8-3.10)	2 meetings completed; third meeting scheduled.
20) Knowledge sharing event on eligible but not registered workers ((3.11)	Scheduled in this project period.
21) Two stakeholder meetings for progress review and planning of Component 2 (3.12-3.14)	1 meeting regarding implementation of Component 2 completed, 1 meeting scheduled.

Under Component 1 the project completed the diagnostic report with five sub-reports focussing on 1) Revenue and Risk Pooling; 2) Strategic Purchases; 3) Health Service Provision; 4) Governance and Organization and 5) Institutional Assessment of ESIC. Four of these reports had been envisaged earlier, and one more, an institutional assessment of ESIC, was added as a part of the diagnostic report on the request of ESIC. A survey of existing beneficiaries of ESIC was also added on ESIC's request. Both these were completed during the project period. The project prepared and submitted a consolidated action plan, ESIC will send formal comments to implement some elements in due course, after it considers the suggestions in its policy making process.

An additional report was produced on the ESIC's role in establishing a social protection floor in India, as envisaged in the Social Security Code, which was not in the results matrix, but was considered useful for project implementation.

Under Component 2 the project prepared a compilation of existing surveys and studies of the Indian informal economy, health conditions and coverage of workers under social health protection schemes. The project prepared a report on the innovative practices in the health insurance of informal non-poor and made a presentation on that to representatives of ESIC and MoLE. It also conducted a survey of potential beneficiaries and presented the results to stakeholders. The project has prepared case studies of international experiences, which are yet to be finalized by the HQ. The project conducted workshops with WOs and EBMOs to discuss the survey results and get feedback on pilot design.

The preliminary results of the survey of potential beneficiaries were presented to all the constituents. For the survey on existing beneficiaries, partial results were shared with the constituents in 2020 and the final results will be shared in the current project period. A workshop to discuss the pilot is scheduled during the current phase. Implementation of the pilot is likely in the next phase.

The two surveys helped to expand the project's outreach beyond the central level to the six states covered – Haryana, Jharkhand, Kerala, Rajasthan, Tamil Nadu and West Bengal. Please refer to Good Practice 2 in the Annex.

Component 3 focussed on ecosystem development. The project design recognized that the ILO constituents need to employ social dialogue approaches on the issue of social health protection, especially the role of ESIC, which was one of the key issues addressed by the project. The project planned and held separate workshops with the stakeholders, to create an environment of discussion on the issues of contributory social health protection. However, ESIC is itself a tripartite organization, and autonomous, yet under a Ministry, and any discussions of a tripartite nature must be led by ESIC, not an ILO project.

3.3.2 Achievement of desired outcomes

Q 6 Have the desired outcomes been achieved as per the indications of success agreed with the donor?

Finding*: The first outcome related to the design and acceptance of a pathway for strengthening ESIC. The pathway has been elaborated in a detailed diagnostic report and action plan and shared to ESIC. ESIC is likely to implement some recommendations of the report, e.g., reduction of Out-of-Pocket costs for beneficiaries, better access to services through partnerships with other health service providers, especially after the onset of COVID-19. ESIC will decide on other recommendations in discussion with its parent ministry, MOLE. As part of Outcome 2, the project was expected to prepare an initial blueprint for extending coverage of the ESIS to non-poor in the informal economy and test it through a pilot. The diagnostics report highlighted issues of compliance, which ESIC is not able to respond to, as they fall outside their domain of action. The project completed a survey of potential beneficiaries, which provides insights into attitudes and needs of informal workers. However, the design and implementation of a pilot was not possible due to restrictions imposed during COVID-19 pandemic. However, the surveys put the ILO in a good position to support ESIC in the development of its strategy to respond to the new Code on Social Security, 2020 which has opened the pathway to cover unorganised, gig, platform and plantation workers. It also provides insights with which ILO can shape state level pilots. Outcome 3 envisaged a shared understanding among key Indian actors of challenges and opportunities to strengthen ESIS and extend its coverage, and foster coherence between their interventions. The project has contributed to the shared knowledge of the social partners and the government. A movement to increase collaboration among actors, could not, however, be achieved during the project period.*

Key actors' acceptance and support for project suggestions for strengthening of ESIC

6.1 To what extent is the established pathway for strengthening ESIC technically practical and acceptable and supported by key actors?

Outcome 1 envisioned preparing and implementing a technically practical and acceptable pathway for strengthening ESIC to service the needs of the existing beneficiaries and ensuring financial sustainability.

Towards this outcome, the project has provided the pathway to improve the quality of services of ESIC through the diagnostic survey and recommendations included in the consolidated Action Plan. ESIC has found some of the suggestions acceptable like those on quality of service, reduction of OOP costs, and improved, actuarial analysis. However, ESIC was doubtful of implementing some suggestions, partly because the data used in the report has become outdated, and partly because specific suggestions may not be acceptable to its tripartite partners. A lesson that can be learned from this experience is about early discussions for an agreed framework and the expertise required for conducting a diagnostic study, which is elaborated in Lesson Learned 3.

Overall, the diagnostics are likely to be partly actioned by ESIC, while on others ESIC may decide in discussions with its parent ministry, the MOLE.

Indian key actors' support for increased coverage

6.2 How well has the initial blueprint for extending coverage of the ESIS to non-poor in the informal economy, been established and supported by key actors?

Outcome 2 intended to prepare an initial blueprint for extending coverage of the ESIS to non-poor in the informal economy and test it through a pilot.

The ESIC Act currently allows coverage based on three main criteria – formality, minimum number of workers (10 for seasonal and 20 for non-seasonal enterprises) and a wage limit of a maximum of 21,000 Indian rupees (Rs) per month. Since the Act currently allows for only formal enterprises or those with at least 20 employees to be covered, it acts as a hindrance to expand the coverage to informal sector. The diagnostics report estimates that the gap in enrolment of workers is 30 per cent and suggests two pathways for increasing coverage. The first one is through improved compliance. The study estimates about 70 per cent of workers eligible for social health protection under the ESIC Act are in fact enrolled with ESIC. They suggest that ESIC try to enroll the other eligible workers. Discussions with ESIC highlighted those matters of compliance, e.g. lack of enrolment of enterprises, and of workers within those enterprises, are the responsibility of labour inspectors. The inspectors are appointed by MoLE and are not employees of ESIC. ESIC also questions the calculation of the gap, estimating that about five to ten per cent of the eligible workers in enterprises may not be enrolled. For these reasons, ESIC may not be able to enforce compliance in enrolment of eligible workers.

The larger issue raised about coverage is that of extending coverage to those who are self-employed, e.g., gig and platform economy workers. Workers and employers' organizations consider Component 2 - extending coverage of the ESIS to non-poor in the informal economy – a highly relevant and important strategic issue for ESIC, due to the increasing tendency of labour becoming informal. The new Code on Social Security, 2020 has provided an opportunity at the policy level to discuss pathways by which informal workers may gain access to social health protection schemes. ESIC is in discussion with MoLE and within the organization about the implications for the Code for implementation modalities.

Outcome 2 envisaged a pilot programme to enrol informal workers, which was not possible in the current phase of the project due to the onset of the COVID-19 pandemic. However, the project conducted a survey of potential beneficiaries to assess the attitudes and demand for a contributory health service, the results of which have been shared with ESIC and the tripartite partners. These provide a good basis not only for ESIC to develop its strategy for increased coverage, but also for the ILO to design state level pilots for improved coverage of informal economy workers.

Overall, the project has highlighted the need for improved coverage of the workers employed in eligible enterprises and highlighted the potential constraints that the ESIC faces in extending coverage to informal workers. The project is in a good position to support ESIC in its strategy for inclusion of workers as per the new labour regulations, and has paved the way for state level pilots in a potential second phase.

Indian key actors' support for project interventions

6.3 To what extent has the project's Indian key actors shared understanding of challenges and opportunities to strengthen ESIS and to what extent they are supportive of extending its coverage, fostering coherence and complementarity between their interventions?

Outcome 3 called for a shared understanding among key Indian actors of challenges and opportunities to strengthen ESIS and extend its coverage, and foster coherence between their interventions.

The lack of availability of health services of ESIC is a key issue for both the EBMOs and the WOs, as workers and employers, both contribute to ESIS. Although ESIC has recently reduced the contribution from 6.5 per cent to 4 per cent, the WOs and EBMOs emphasized that the quality of services remained to be addressed.

Although they are part of a tripartite process, they assert that voices of WOs and EBMOs are not heard well. The ESIC is largely governed by the parent ministry, the MoLE, and strategic may not always consider the feedback provided by the WOs and EBMOs. During the evaluation, the key stakeholders stated a clear intention to, and benefit from, mutual coordination. However, this could not be realized in the current project period.

Overall, the project did build an understanding among the key stakeholders of the challenges and opportunities to strengthen ESID and extend its coverage. There has not been sufficient time to achieve a shared understanding between interventions, which could potentially be realized in a subsequent phase of the project.

Collaboration for transition to formalization

6.4 To what extent has the project contributed to strengthening collaboration between government agencies and development partners to push forward transition to formalization?

The project held discussions with the development partners separately, given the sensitivity of the issue. The collaboration is more likely once ESIC has a clear pathway for change that it is open to development partners. Given that a new head of the organization has been recently appointed, it is possible that ESIC may be willing to collaborate with the ILO beyond the current project phase, and lead the interaction with the government, WOs, EBMOs and ILO in the next phase of the project.

3.3.3 Effectiveness of management arrangements

Q 7 How effective were the chosen strategies and implementation modalities in achieving the project targets? What are the good practices and lessons to be learned from the project approach and strategy? What are the key lessons learned and recommendations for the design of possible next phase?

Finding: *The project strategies were effective to achieve the project outputs. The flexibility of design also assisted the project to achieve many of the outputs, which were continuously renegotiated with the donor. The donor supported the change in timelines and activities as per requirement, helping the project cope with the onslaught of the pandemic, focus on achieving fewer outputs, and adjusting the results matrix accordingly. Lessons learned relate to time period being insufficient for an ambitious project design involving organizational change, which was in fact expected to be achieved over two phases.*

Effectiveness of modalities

The project strategies are depicted in Figure 3 in Section 4.1.2 and comprise of three key elements: Diagnostics towards improved services and performance of ESIC, surveys and studies towards enhancing coverage as a means of moving towards formality, and ecosystems development. The modalities of diagnostic studies, research studies and surveys were well conceived, and involved gathering and considering perspectives of current and potential beneficiaries. The third component of the three-pronged strategy was, however, not practicable, as it was difficult to discuss the findings and recommendations in a tripartite setting, given the sensitivity of issues surrounding organizational change. The full agreement of ESIC would be needed, and ideally, such a discussion would be most effective if led by ESIC, not by an ILO project.

This project was the first partnership between the Bill and Melinda Gates Foundation and the ILO. Recognizing the nature of the project, they were open to changes in budgets and permitted budget revisions. After consultation with the ESIC, the original project design was amended, and two additional activities were added – an institutional assessment of the ESIC and a survey of the existing beneficiaries of ESIC. Reporting and accounting formats are different, these were reconciled in the first year. Donor flexibility in time extension and project activities enabled the project to focus on achieving the key outputs that were feasible in the COVID-19 period. Please refer to Good Practice 1 in Annex 3.

The lessons learned, good practices and recommendations are discussed in detail in Sections 6 and 7 of the report.

Addressing challenges, monitoring performance and results

Q 8 To what extent have the project management and coordination mechanisms adequately addressed the needs and implementation challenges? How effectively did the project manage and monitor project performance and results?

Finding: *The project was managed by the project team answerable to the ILO Country Office in India. It received strategic guidance and feedback from various departments of the ILO including INWORK and SOCPRO as well as from the Technical Committee at ESIC. The project management monitored the project performance and results regularly as per the ILO's and BMGF's requirements. The Project Advisory Committee (PAC) that was proposed in the project document could not be formed due to a lack of time as well as the sensitivity of the issue. Instead, the project conducted meetings with the different stakeholders separately and held frequent meetings with the donor to solve issues that arose from time to time. The project team managed the project performance, monitoring and reporting well, supported by the ILO Director and DWT team. Yet, the team could not achieve the results as expected on account of COVID-19, and the preoccupation of ESIC with the COVID-19 response, as well as leadership changes in the organization. The project has responded to most of the MTE recommendations, except the one on preparing the ToC of the project. Two recommendations of the MTE were or became unimplementable, about having a project team in place before the start of the project, and about bringing Ministry of Health on board.*

The original project design involved setting up a country-level Project Advisory Committee (PAC) which would provide guidance on implementation. The PAC would have included representatives from the government, WOs and EBMOs, the ILO and the BMGF. The CTA would share with the PAC key documents concerning the project's implementation, such as monitoring plans, progress reports, evaluations and information on events promoted by the project. However, the PAC was not created due to a delay in the project implementation as well as the sensitivity of the topic under consideration. Frequent meetings between the ILO and the donor ensured that the issues that the project faced could be handled immediately. For example, activities were added when requested by ESIC, and the time frame of the project was extended, to enable the completion of planned project activities.

The ILO and the donor monitored the project performance and results through an annual results framework and tracker. Financial monitoring and reporting were completed as per the ILO and donor requirements. They negotiated project activities and outcomes and no-cost increases with the donor, making adjustments needed due to the onset of COVID-19. Overall, the project management monitored project performance and results effectively.

The ILO commissioned a mid term evaluation of the project, which provided 15 recommendations and most of these have been followed. The project did receive extensions from the donor to complete some activities, including the surveys, while others were scheduled to be taken up in a potential second phase of the project. The surveys included the perspective of women and other socially excluded groups such as people belonging to the Scheduled Castes and Scheduled Tribes (SC/ST). Technical specialists were informed of the project progress and engaged with the activities. The diagnostics report, with recommendations, was submitted. Case studies on good practices have been prepared but have not yet been published. The project provided regular updates to stakeholders and adopted virtual modalities during the COVD-19 pandemic. The project held meetings with partners separately at first, but at a later stage was able to hold bipartite meetings with WOs and EBMOs. The recommendation about having a project team in place could not be implemented as per ILO rules. The recommendation about bringing Ministry of Health on board became unimplementable as the state level work was renegotiated and relegated to a potential second phase. ESIC ownership of the project, and willingness to facilitate coordination among the key stakeholders is likely to increase, as assessed during the current evaluation. Further details are provided in Annex 2.

The project could not complete the recommendation to develop a ToC for the project at the time of completion of this report.

Participatory management and its contribution of project outcomes

Q 9 Is the project management and implementation participatory? And is this participation contributing towards achievement of the project outcomes and objective?

Finding: *In the current phase of the project, stakeholder involvement was limited in the management and implementation of the project. Initially, due to the sensitivity of the project, and COVID-19 restrictions, the project could not hold face to face meetings and opted to inform each group of stakeholders separately. Later, online meetings were conducted involving all social partners. Their engagement was largely restricted to sharing project outputs.*

The project worked with two working groups. Working group 1 (ESIC Technical Committee) comprised of officials from ESIC, who were responsible for validating and working on the recommendations that the project suggested. Involvement of ESIC in the project implementation phase added two components to the original project design – the institutional analysis of ESIC and the survey of existing beneficiaries.

Working group 2 consisted of representatives of workers and employers' organizations. Under Component 3, the project held four meetings with WOs and EBMOs separately. The project conducted multiple meetings with this working group with the support of the ILO's Employment and Workers Specialists under Component 3. They have provided multiple suggestions, e.g. monitoring of ESIS services be done by local level institutions and these suggestions can be piloted for Phase 2.

The project was supposed to have participatory management and implementation. With this objective a PAC was conceptualised which would have representatives from the MoLE, ESIC, WOs, EBMOs and BMGF. Given the sensitivity of a project which would look at the diagnostic of one particular organization, the formation of a PAC was not considered feasible.

3.4 Efficiency of resource use

Q 10 How efficiently have resources (staff, time, expertise, budget, etc.) been allocated and used to provide the necessary support and to achieve the broader project objective and results?

Finding: *The project has been efficient in its use of staff and technical specialists from the DWT team in India and the HQs. The outputs were delayed due to COVID -19, the late joining of the project CTA, frequent changes of the ESIC leadership and the changing policy context due to labour reforms. Staff have shown resilience in reorganizing the project activities to complete several outputs during the pandemic period. The budget use has been biased towards the studies and survey that would help improve ESIC's services, which is well invested as it provided a valuable entry to the ILO and BMGF into the field of official social health protection, building relationship between the ILO and ESIC, and providing valuable insights for influencing policy and structural reform.*

The efficiency of the project is assessed under the headings of use of project staff, time, ILO staff/experts and financial resources. Each of these categories are discussed below.

3.4.1 Project staff

The project worked with a small team which has shown great resilience during the current phase despite COVID-19 related challenges. It managed to achieve many activities despite the multiple implementation challenges (Refer Annexure 1). The team has followed up on activities that could be done, stopped those which could not be done, and then reactivating the contracts when they could be continued (e.g., the contract with IHD for the beneficiary survey was stopped and reactivated after the impact of the first wave of COVID-19 cases receded).

3.4.2 Time

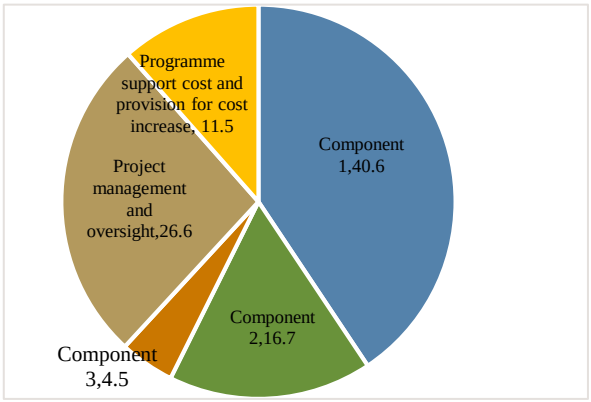
The originally assigned time of 18 months (December 2018-June 2020) for the project was too short to achieve the project objectives. This time was extended through three no-cost extensions (July 2020 to September 2021), so that the project finally has three years and five months. The project suffered additional delays due to the late appointment of the CTA, implementation challenges due to COVID-19 and multiple changes in the leadership of ESIC. Time over-runs have led to inefficiencies, due to which the activities and outputs of the project had to be renegotiated. Please refer to Lessons Learned 1 in Annex 4.

3.4.3 ILO staff and technical specialists

The project engaged with various ILO teams, the country office in India and the ILO's technical specialists very well. The ILO did not have an in-house social health protection specialist in early 2019 when the project was designed.[3] While the INWORK provided the leadership for the project design, with SOCPRO providing extensive support at various stages of project design and implementation.

[3] This resulted in the need to hire an external consultant for the diagnostic study, which led to implications for acceptance by ESIC, and is further elaborated in Lesson Learned 3.

Figure 4. Expenditures



After 2020, the Health Protection Specialist provided regular feedback and technical support to the project and liaised with the CTA about the ILO's position in the P4H network. The Labour Market Specialist guided the project to prepare the survey questionnaires. The ILO Country Director and the DWT team in India supported the project during the initial phase when the CTA had not yet joined, and later during the COVID-19 crisis. The Wages Specialist was involved in presenting the project to MoLE after it was designed. The specialists on employers' activities and workers activities ensured good connections with EBMOs and WOs. Please refer to Good Practice 3 in Annex 3.

4.4.4 Financial resources

The financial data provided was from January 1, 2019, till December 31, 2020. The component-wise breakdown of expenses for two years, 1.41 million United States dollars (US$) till December 31, 2020, is presented in Figure 4.

Of, the total project expenditure, 41 per cent was spent on Component 1, the studies and survey for ESIC performance. Further analysis of the expenses indicates that 9 per cent of the project cost was spent on international consultants. The high expenditure on this component of the budget was because of the use of international sector experts as consultants, who were specifically recommended by the BMGF, and who were considered to add value as the ILO did not have an in-house social health protection specialist in 2019.

Corresponding to the expenses, the outputs of Component 1 have also been prolific, a set of five in-depth studies which together form the diagnostic report on ESIC. The findings of the report and the accompanying recommendations and action can be used by the stakeholders in many ways. ESIC can use it to strategize organizational changes. The EOs and WOs can use this report for advocacy and put pressure on ESIC to improve its services and increase coverage. The project can use this report to design interventions in a potential next phase of the project.

The survey and activities for increasing the coverage of ESIC, Component 2, accounted for 17 per cent of the total costs. About 7 per cent of the program expenses were spent on ecosystem development, which, after the onset of COVID-19, was primarily implemented through online meetings on skype. Although the figures may alter the percentages a little when the project ends in September 2021, the ranking of the three activities on budgets used is likely to remain the same.

Overall, the project has been efficient in the use of project staff, the ILO DWT team and technical specialists, and the highest expenses were for the performance diagnostics, followed by expansion of coverage and ecosystems development, respectively. The timeline was affected due to COVID-19 and other exigencies, which led to delays in the delivery of project outputs.

Q 11 Assess the project impact, including the extent to which the capacity of ESIC as well as other stakeholders in India involved in social health insurance, health system and formalization of the informal economy has been strengthened, as a result of the project contribution.

11.1 To what extent has the project contributed towards improving the capacity of ESIC to plan, implement and manage an improved and more equitable, gender-sensitive, efficient and sustainable health financing scheme?

11.2 To what extent has the MoLE and ESIC been successful in getting government support for the testing and for driving the reform?

Q 12 To what extent can now access to health care services be improved, and ESIS coverage be expanded, as a result of the project intervention?

3.5 Impact orientation

Finding: *The project has contributed to the ability of ESIC and other stakeholders to work towards improved social health insurance, health systems and inclusion of informal economy workers in social health insurance systems. The project has primarily provided ESIC and other stakeholders with concrete evidence for potential areas of improvement in the organization (ESIC). Although the diagnostics reports do not contain analysis based on gender and equity, the surveys provide an insight into these perspectives. MoLE and ESIC have been in discussion about reforms, both about the expansions and quality of services, and expansion of coverage. MoLE and ESIC have already implemented several suggestions made in the ILO project diagnostics and are under implementation already, although ESIC has not yet sent a formal response to the ILO about which suggestions are to be considered positively. The evaluators question the assumption of linear impacts of the project inputs on ESIC's performance. Given that ESIC is a large autonomous, yet public entity, it has complex decision-making processes, with several changes initiated by the government being implemented at the same time as the project inputs were provided. This makes attribution difficult, although the project inputs have contributed towards the changes.*

3.5.1 ESIC's capacity

The project has completed the diagnostic studies and the beneficiary survey, and shared the findings with ESIC, along with an action plan with recommendations for change. At the time of the evaluation, ESIC had not yet submitted a formal response to the ILO about which recommendations they would take forward.

At the same time as the ILO project provided its recommendations, ESIC was also in discussions with the Niti Aayog and MOLE about strategic changes. To the extent to which the suggestions are common to both the Niti Aayog and the ILO project reports, they are likely to be implemented. For instance, ESIC representatives indicated that they would consider taking forward suggestions for increasing awareness among beneficiaries, reducing OOP for IPs, expanding structures for service provision, and exploring ways of covering workers from new sectors mentioned in the new labour codes, namely plantation and gig workers, and workers in the platform economy.

The proposal narrative of the project expects a linear impact chain from diagnostics to action plan, its validation, and implementation. In reality, organizational change is likely to be complex in a 70-year-old organization which is in the public sector yet autonomous, and tripartite yet largely directed by the government. The expectation of a linear acceptance of the ILO-suggested strategy and structural change is not a realistic outcome given the ESIC complex decision-making process. A long-term project of

four to five years, with strong commitment from senior management of ESIC, sufficient time to build commitment around a shared vision, a clearly articulated strategy, a technical expert team which brings in national and international consultants, and a process of frequent consultations to aid adaptive programming would work well for organizational change. These changes could be brought into the designing of a phase two of the project (please see Recommendation 2).

In regard to the responses of WOs and EBMOs, they acknowledged the important role that the project studies and surveys play in enhancing their ability to advocate for changes in ESIC as well as in policy formulation for vulnerable workers.

3.5.2 Government support for reform

The evaluators receieved limited feedback from senior officials of MoLE during the evaluation process. However, evidence available so far from the key stakeholders, primarily ESIC and the ILO, and an interview with a MoLE official, shows that the government is keen on reform of the ESIC, and has, since 2018, taken several steps in that direction. In an attempt to utilize its reserves, ESIC has taken some important steps: increased geographical spread of its facilities, established partnerships with the government's non-contributory health protection scheme, Ayushman Bharat, and discussions are starting on expanding coverage to workers from specific sectors – unorganised workers, gig and platform workers. However, the project was not always privy to these discussions. The ESIC representatives indicated that they might play a more proactive role to engage with the project in ongoing discussions on their strategies.

3.5.3 Project's contribution to potential improved access to ESIC's health services and their coverage

The project has contributed several outputs, the eventual use of which will lead to health care services being improved. As stated in Question 11, ESIC is still in the process of deciding which particular recommendations in the Consolidated Action Plan they will follow. As the largest public sector social health protection organization, it takes these strategic decisions at its Board, which has tripartite partners represented. The strategic decision-making process is not yet complete, so it remains to be seen which pieces of advice it will take on board.

The question of coverage of informal workers and self-employed persons assumed significance for ESIC after the new Code on Social Security, 2020 was finalized. The government has committed to extending social health protection to workers, unorganised workers, gig and platform economy, and plantation workers. The government, and ESIC, will deliberate on how this is to be achieved. If is it planned through contributory schemes such as ESIC, then processes for contribution will have to be strengthened. These issues are currently under discussion and pathways for increased coverage through routes other than enterprise formalization have not yet been devised or piloted.

This TOR question leads to the question of design. The project's contributions are expected to lead in a linear way to more impact. The expectation is that the ILO would complete diagnostic studies, these would be shared with ESIC and other ILO constituents, that they would all agree to the consolidated plan with recommendations, they would go ahead and implement, so that the anticipated results of the project, in terms of improved services and a wider coverage of informal workers, could be achieved. However, ESIC is a large organization with a turnover of over US$ 3.3 billion (ESIC 2021) per year. It has staff of over 20,000 (ESIC 2020) and has infrastructure including hospitals, and dispensaries, spread over 35 states and 740 districts in India. The organization has a very defined structure of governance and strategic decision making with processes that are long and consultative and are influenced not only by technical but also considerations of political economy.

ESIC will most likely take on board some of the key suggestions from the consolidated action plan presented by the ILO. Although attribution cannot be assigned only to this project, the project would have made an important contribution to the change.

3.5.4 Higher level effects

Q 13 Are there any positive or negative, intended or unintended, higher-level effects?

Finding: *The project's higher-level positive impact has been its ability to start a collaboration between ILO and MoLE/ESIC on health protection. Its unintended negative impact has been the fallout of the COVID-19 pandemic that resulted in delayed output delivery and a limited ability to engage with stakeholders to develop relationships.*

A higher-level positive impact is the collaboration started between ILO and MoLE/ESIC on social health protection. ILO brought in international expertise for ESIC to consider and adapt relevant good practices, in both the broad areas of collaboration, improvement of services, and expansion of coverage to more categories of workers, including informal and unorganized workers. These will continue to be important strategic considerations for MoLE and ESIC, offering opportunities for exploring new pathways including technological innovations. The project has also developed the possibility of more tripartite discussions and social dialogues, as the governance of ESIC remains a critical issue from the perspective of the ILO's bipartite constituents, the WOs and the EBMOs.

There were no unintended negative impact of the project.

3.5.5 Project's contribution to formalization

Q 14 To what extent has the project promoted formalization and transition to formality in India?

Finding: *The project has generated evidence which may be used for discussions with all stakeholders, ESIC, EBMOs and WOs. The knowledge generated may be used to evaluate different pathways for enterprises and workers moving from informality to formality, and for gaining access to a contributory social health protection service such as the ESIC.*

The project has worked towards promotion of formalization primarily by knowledge creation and discussions in workshops with the ILO constituents. The issue of formalization and coverage through ESIC is interlinked. Coverage of ESIC is currently possible only through enterprise registration. After enterprises register under ESIS, the entry to the ESIS is possible by:

1. **Increasing the number of enterprises enrolled with ESIC**. The enrolment is mandated under the Employee State Insurance Corporation Act for all enterprises with over 20 employees (over ten employees in case of seasonal businesses). Such an increase can only take place through better awareness by the government to ensure that eligible enterprises register them and their employees under ESIS.

2. **Prevail upon the enterprises to enrol all their workers.** The worker survey shows that only two per cent of the workers have written contracts and six per cent have salary slips. Many workers are hired through contractors. As over 90 per cent of the workers do not have written contracts, and many are not

directly hired by employers, they are unlikely to be covered under EISC. For such cases, compliance can be ensured through more vigilance by ESIC.

3. **Other categories who are eligible but may not be covered**. The new Code on Social Security, 2020 has increased the discussion on covering other categories like unorganised workers, gig and platform workers and plantation workers under social health protection.

The knowledge products created by the project can help ESIC and other stakeholders of the project to evaluate alternative pathways of achieving increased formalization. The EBMOs and WOs can use the knowledge products for training and advocacy while MoLE and ESIC can use them for developing their strategy to increase coverage. The impact can ensue only after the knowledge products are produced and used by the stakeholders, which will likely be towards the end of the current project.

Q 15 What strategies have the projects put in place to ensure continuation of the initiative, if the support from the ILO programme ends? How can the projects' key partnerships contribute to the sustainability of the initiatives under the projects and to what extent?

Q 16 How effective has the project been in establishing and fostering national/local ownership, building capacity, and creating linkages to alternative resources in order to facilitate sustainability?

3.6 Sustainability of reforms

***Finding**: The project has produced some outputs which will be used by ESIC, EOs and WOs beyond the project period. The mechanism of the technical committee, and of holding discussions and workshops with the bipartite partners has enabled the project to create interest and ownership to continue the awareness and advocacy work that would be needed for a more comprehensive provision of services and coverage of workers.*

3.6.1 Sustainability of the initiatives

The project has produced outputs that are already, or will be delivered to the key stakeholders, who have indicated a willingness to use these beyond the project period. These include the diagnostics and the survey reports produced by the project. ESIC is likely to implement some of the recommendations like reducing OOP for beneficiaries, increase awareness about the ESIC schemes among the beneficiaries, invest capital to provide improved facilities, improve the standards of service and strengthen their actuarial unit. The WOs and EBMOs will use the project-generated information for education and training of their members and for advocacy. They will also advocate for changes with ESIC through bringing up these issues in the tripartite meetings and the board meeting of ESIC.

3.6.2 Ownership

The project has been successful in developing a sense of ownership and creating capacities among its various stakeholders. The project's achievements in achieving sustainability by building ownership, developing capacity and creating linkages to alternative resources is discussed below.

The project has created ownership by working with a technical committee appointed by ESIC consisting of senior officials to discuss and act upon the key aspects of the diagnostic study. ESIC is likely to take forward some recommendations as discussed earlier in Q 15.

As part of the activities of the knowledge sharing Component 3, the project has built capacities through a series of discussions with the WOs and EBMOs, to disseminate the results of studies conducted under Components 1 and 2. The EBMOs and WOs have, in turn shown their willingness to act based on this

information generated. They will use this to train their members and raise awareness and equip them to carry out advocacy efforts.

The project has not yet raised alternative financial resources to facilitate sustainability. The project has received sufficient resources from the donor to carry out the activities under the current phase. The project has worked with Working Group 2 of WOs and EBMOs who have assured the project that they will disseminate any information prepared based on the contents of the diagnostic report and Consolidated Action Plan.

Q 17 To what extent has the project contributed to gender and disability and social inclusion and what are opportunities/gaps? How can the project promote non-gender discrimination, gender equality and disability and social inclusion more effectively?

Q 18 To what extent do the governance arrangements of the project provide for quality tripartite dialogue on the project's agenda and priorities?

3.7 Tripartism, social dialogue, gender equality and non-discrimination

***Finding**: The project's contribution at the outcome level could not be assessed, so the assessment is made at the output level. Although the diagnostic reports do not contain an analysis of gender, disability or inclusion aspects, the surveys include perspectives of women, the differently abled and Scheduled Castes and Scheduled Tribes workers. On tripartite governance arrangements, the project document does provide for a tripartite Working Group/ Project Advisory Committee, this was not formed given the sensitivity of the issue of organizational change. Instead, the project engaged with the EBMOs and WOs separately, or in bipartite meetings and workshops.*

3.7.1 Gender, disability and social inclusion

The project has not yet contributed to results on gender, disability or inclusion issues. It has produced outputs; hence the assessment is limited to the key outputs, the diagnostic reports, the surveys and studies.

In the diagnostic report, an assessment of gender, disability and social inclusion is not included, presumably due to a lack of availability of disaggregated data in the ESIC reports. In the surveys, gender issues have been covered well, and 17 per cent of the respondents were women. The survey analysed topics related to women like pregnancy support, issues in OSH, OOP expenses, perspective on productive and reproductive work, gender-wage gaps, health support received from employers, workplace harassment, childcare, decision making at the household level, and sharing of household work. The potential beneficiary survey also covers women's need for health coverage during the COVID-19 pandemic, and variations among women and men in their willingness to join ESIS. The survey covers 15 per cent of persons of scheduled castes and four per cent of persons of scheduled tribes but does not analyse the different perspectives of SC/ST people in detail. The survey analyses the awareness about disability schemes among enterprises and employers and produces case studies on Occupational Safety and Health (OSH) and disability due to a lack of OSH.

The project can promote non-gender discrimination, gender equality and disability and social inclusion more effectively by highlighting the findings in their reports and briefs, so that the stakeholders can use the information to better tailor their services, capacity building and advocacy activities to meet the needs of women, people with disabilities and other categories of persons disadvantaged due to social or economic reasons. The project may also suggest to key stakeholders, namely ESIC, EBMOs and WOs

to mainstream gender equality and social inclusion perspectives in their digital data collection, analysis and programme planning.

3.7.2 Governance and tripartite dialogue

The project proposal proposed a country level Project Advisory Committee consisting of representatives from the government, WOs, EBMOs, ILO and BMGF. The scope for effective tripartite dialogue was limited in the project. The project conducted meetings with stakeholders to discuss the project agenda, priorities, design and implementation. Most of these meetings were separate, with some where the EOs and WOs met together, and some where the ESIC and MoLE were both present. The project addressed strategies and organizational changes in ESIC, for which an action plan was not agreed. In the circumstances, it would have been premature for the project to hold tripartite meetings. Since the ESIC itself has a tripartite structure of governance (ESIC's governing board consists of members of MoLE, WOs and EBMOs), the project would have found it difficult to duplicate the tripartite discussions through the project. The project organized meetings with the bipartite partners. Please refer to Good Practice 4 in Annex 3.

3.8 COVID-19 and other challenges and risks

Q 19 To what extent has the project contributed to the COVID-19 response/recovery?

Q 20 How well had the project managed the major challenges/risks that affected performance (including those related to COVID-19)?

Q 21 Are there any other major changes in context and any adjustments needed to address these issues?

Finding: *The project's activities were not intended to, and not geared to contribute to COVID-19 recovery. However, the two beneficiary studies carried out during the pandemic captured crucial insights on the impact of COVID-19 on workers and forms an aid to planning protection services. The project responded by slowing down activities and the donor was flexible and accommodating. The project completed several outputs, albeit with a delay. The project team maintained regular contact with the key stakeholders, holding online meetings and workshop during lock down and face-to-face meetings when possible. Other changes in context were changes in labour regulations and changes in ESIC leadership. The project could offer technical support to ESIC on some of the new opportunities. However, India is reeling under a new wave of the COVID-19 pandemic so the project may need to complete the committed outputs in the current phase and schedule any new activities to a potential next phase.*

3.8.1 Project's contribution to COVID-19 recovery

The project aims to work at the institutional and ecosystem level, and as such had no activities that directly contribute to recovery or COVID-19 responses. However, the two large scale primary studies carried out in six states during the peak of the pandemic, were able to capture crucial information and insights on the impact of COVID-19 on workers' health, enterprises' growth and change in the overall attitude towards social health protection among key stakeholders.

3.8.2 Implementational challenges due to COVID-19

The project faced implementational challenges due to the COVID-19 pandemic.

The key stakeholder of the project, ESIC was called upon to respond and to extend services to COVID-19 patients. ESIC's preoccupation with the COVID-19 response led to fewer meetings between the ILO and ESIC/ MoLE.

As stated above, all activities were delayed, leading to a request for extension of project duration. Further, out of the three risks mentioned in the proposal narrative, two materialized:

- Policy changes and complex policy processes resulted in the project being unable to achieve the intended changes. In addition, MoLE, Niti Aayog and ESIC were involved in discussions about expanding the services and coverage of ESIC and the ILO was a later entrant to those discussions. Even though this is recognised as a risk, the mitigation measure was intensive consultation, which suffered due to COVID-19 and changing leadership at ESIC.
- In the inception stage of the project, the NPC visited four states, providing insights into the structures and functioning of ESIS/ESIC. These proved useful later when no discussions were possible at the state level due to COVID-19 lock downs. The state level interventions were later postponed to a potential next phase.

The project team managed the situation by staying in constant communication with all constituents, stakeholders and consultants to renegotiate the work and timelines as needed. The team adjusted its activities during the pandemic, e.g. delaying the beneficiary survey, and restarting it post lockdown. The project team updated the donor regularly to readjust the work plan and timelines. The flexibility of the donors and project extensions during this period enabled the project to respond to the COVD-19 restrictions.

3.8.3 Contextual changes and adjustments needed

The biggest change due to which adjustment was needed was the onset of the COVID-19 pandemic. This made it difficult for the project team to have face-to-face meetings with ESIC and other stakeholders, thus reducing the possibility of advancing good relationships and in-depth discussions. It also prevented field visits thus hampering visits by the project team as well as by the survey teams. Another challenge was the change in leadership of ESIC, twice in the extended project duration, necessitating bringing the new incumbent on board again for the project. The labour policy of the government was under reform, and the Code on Social Security, 2020 was announced only in October 2020 and it was incumbent upon the project to address the issues it raised.

To address the risks stated above, the project must complete and share knowledge products soon among the stakeholders and roll out workshops and discussions under Component 3.

3.8.4 Opportunities to address challenges

The challenges that have affected project progress include the COVID-19 pandemic, change of leadership at the ESIC, and the change in context due to the new Code on Social Security, 2020 being passed by the government. Opportunities to address each of these challenges are discussed below.

- **COVID-19 pandemic**: This has brought a lot of urgency to ESIC to expand its services and expand its coverage, which has made the ILO project even more relevant than in 2019. Phase two could be developed in association with ESIC so that it can address issues which are a priority for ESIC, and on which work can proceed during the pandemic.
- **Change of leadership at the ESIC**: The ILO team held meetings with the Technical Committee (also known as Working Group 1) in ESIC during the period, a practice which could be mainstreamed into a potential next phase of the project.

- **The Code on Social Security, 2020**: The Code on Social Security, 2020 has brought the issues on expansion of coverage to the fore, on which MoLE and ESIC are currently under discussion. This would also provide an entry point for ILO's interventions for the next phase.

These are consolidated in the recommendations provided in the section 6.

4. Conclusions

The project was found to be highly relevant, from the point of view of the IPs, WOs and EBMOs, who seek high quality services and social health protection coverage through good governance of the organization. They have also endorsed the need for coverage of informal economy workers.

The project was designed to enable improvement in ESIC's performance, increase in its coverage, and to create an ecosystem for wider social health protection coverage of workers in India. The design was coherent, although extremely ambitious even for the extended 33-month period. The donors recognized that the design was ambitious it included their vision for a second phase to take the work forward. They also remained flexible in the current phase, changing the outputs and results matrix during the project implementation. Further, external factors have intervened to delay the project implementation, namely the COVID-19 pandemic, delayed appointment of the project manager and changes in the leadership of ESIC. The donor's flexibility with respect to time and activities has facilitated the implementation. The ILO's DWT team and technical specialists have added value to the project activities.

The targets for outputs have been achieved or scheduled to be completed by the end of the project. These outputs are under discussion and the action plan based on the diagnostic and research outputs has been outlined, with ESIC stating that they will implement some of the suggestions made in the action plan. The project has been successful in bringing out an in-depth and objective analysis of the organization. Further action on ESIC reforms remains in the domain of ESIC and the government.

In pursuing the objective of extending coverage to more workers, the project extended its scope beyond ESIC in social health protection: it has engaged with social partners who have shown an interest in using the project outputs. The two surveys of current and potential beneficiaries highlighted their needs and attitudes about accessing social health protection. These have included responses from women, disabled persons and across social and economic categories. The analysis is gender segregated too, and case studies provided useful insights into the access of people with disability to social health protection, which will aid design of inclusive interventions.

The first steps of ecosystem development were taken with the project informing the tripartite stakeholders of the outputs separately. This built awareness and provided information to the stakeholders, as knowledge resources to support their governance, advocacy and capacity building initiatives. The project has prepared several reports which include the diagnostic and survey reports and case studies of international experience. The formal production of knowledge products will facilitate further action by the constituents for capacity building and advocacy. The stakeholders have been brought on board, and several issues about the performance of the organization and wider coverage of workers were raised among the stakeholders.

The most significant achievement of the project has been the beginning of a dialogue between the ILO, MoLE and ESIC, and the consequent technical support of the ILO to the government (MoLE/ ESIC) in the field of social health protection and collecting evidence from present and potential beneficiaries. These will aid the discussions of changes within ESIC and the extension of coverage to more workers and their families. The project has also created crucial knowledge on general health seeking behaviour

of insured and non-insured worker populations. It has developed an in-depth understanding of the attitudes and challenges of the workers in enrolling and accessing a social protection scheme.

The importance of ESIC and its services has increased during the pandemic, highlighting the need for continued technical support from the ILO for the improvement of services and expansion of coverage to newer sectors. Through the current phase, the project has prepared the ground for the ILO and ESIC's collaboration for implementation of the ESIC reforms that the government and ESIC prioritise, and the ILO is well-placed to prove the relevant technical support. A process of organizational change of large public sector organizations such as ESIC require complex decision-making processes and are not likely to be linear, a second phase is highly recommended, to support these processes. Any impact in terms of change, and pilots can only be seen overtime.

Further, the government, especially state governments, may seek ILO support for increasing coverage to informal workers in the formal sector, and workers in the informal sector. The present phase has provided the ILO valuable grounds to actively collaborate with interested state governments and social partners on the agenda of social health protection. The outputs of the project, particularly the two primary surveys, can be used to explore ESIC and other avenues of expanding social protection coverage to workers in different states. It would be useful if the investments of this phase are not lost but built upon and new and focussed interventions are planned during a continuation of the project.

The planning of a phase two could be based on a clearly articulated ToC, around which stakeholders would agree to work together, with ILO's support. Phase two would require an intensive inception phase with inclusive studies about the ESIC/ MoLE response to COVID-19, that would inform joint setting of priorities and selection of states. The second phase could also include the operationalization of the provision in the Code on Social Security, 2020. It is also important to respond to the specific requests of the social partners for support relevant gender responsive and inclusive research and capacity building of workers and enterprises for evidence-based planning (data and its use), use of technology, advocacy, governance, and on mainstreaming the social protection needs of informal sector workers.

The last section of this report provides the recommendations for the project for the last few months of the current phase, and for a potential second phase.

5. Emerging good practices and lessons learned

5.1 Emerging good practices

Good Practice 1: Flexibility in project design and duration

The flexibility in project design (change of project components) and duration (through three extensions) enabled it to deal with implementation challenges arising due to the COVID-19 lock down.

Good Practice 2: Beneficiary survey

The beneficiary survey helped understand the beneficiaries' perspectives, to improve access quality and coverage and capture the impact of COVID-19 on their health seeking behaviour.

Good Practice 3: Strong technical support

The project received strong support from the DWT as well as the ILO HQ, for project design, management during the period prior to the CTAs appointment, technical support for surveys and social health protection, and connections with WOs and EBMOS and with international networks.

Good Practice 4: Good engagement with social partners

The project has engaged well with the social partners through updating about the project activities regularly, and conducting knowledge sharing sessions related to all project outputs.

5.2 The lessons learned

Lesson learned 1: The time frame was too short for the changes envisaged

The project duration was too short to achieve structural change of a large public sector organization with complex decision-making processes.

Lesson learned 2: The articulation of a Theory of Change facilitates a common vision among key stakeholders

The ToC, which could not be clarified during the current phase, prevented stakeholders from working together towards a shared vision.

Lessons learned 3: Agreement on assessment frameworks and expertise promotes collaboration

Early agreements on the diagnostic framework and the required expertise might have enabled greater acceptance and promoted better collaboration on the action plan.

6. Recommendations

The recommendations for the different key stakeholders are provided, separating those for the current phase (recommendations 1 and 2) and those for a potential second phase.

Recommendation 1: Complete and share knowledge products with social partners.

Deliver the reports and case studies generated during the current phase to the stakeholders for them to use for capacity building and advocacy, thereby helping the sustainability of project outcomes.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, project team	High	Short-term	Low

Recommendation 2: Continue the project for the next phase

Continue the project for a second phase, to carry through the process of collaboration of ILO and ESIC/MoLE towards transformational change of ESIC, the pandemic has highlighted the need for continued technical support from the ILO for the improvement of services and expansion of coverage to newer and informal sectors, through ESIC and state level pilots.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, donor	High	Short to long term	High

Recommendation 3: Articulate a Theory of Change

Develop a well-articulated ToC for the next phase with achievable targets for shorter period interventions to gain ownership of the vision and strategy from all stakeholders.

Responsible unit(s)	Priority	Time implication	Resource implication

ILO, ESIC, donor	High	Short- term	Low

Recommendation 4: Prioritize areas of ILO's technical support for phase 2

Prioritize the areas of technical support in a phase two, including a study on ESIC's response to COVID-19 to cover gender and inclusion aspects, operationalization of the provision in the Code on Social Security, 2020 for coverage of unorganized workers, gig workers, platform workers, plantation workers and build capacities of social partners for evidence-based planning, and governance of social health protection schemes.

Responsible unit(s)	Priority	Time implication	Resource implication
ILO, ESIC, donor	High	Short-medium term	Medium

Annex 1: Indicators and achievements of the ESIS project

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
Outcome 1: A technically practical and acceptable pathway for strengthening the Employee State Insurance Corporation (ESIC) to service the needs of the existing beneficiaries and ensure financial sustainability has been established and is being implemented		
Component 1.1		
1.1 Preliminary Steps and Data Collection 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.	Target date was 30 March 2019	• Completed on July 31, 2019. • Completion delayed by 4 months.
1.1.1 Report on the institutional set-up and framework of the ESIS at the central and state levels	Target date was February 2020	• Completed in March 2020. • Completion delayed by 1 month.
1.1.2 Beneficiary survey: Final assessment report on motivations and obstacles of men and women affiliated with the ESIS in accessing the services Preliminary results	Target date was June 2020	• Prelim results of the survey report completed in January 2021. • Final assessment report completed in April 2021. • Completion delayed by 10 months.
Components 1.2 – 1.5		
Framework for diagnostics, development of recommendations, first mission with global experts and final report delivery envisaged on: 1.2. **Revenue and risk pooling** 1.3. **Strategic purchase** 1.4. **Health service provision** 1.5. **Governance and organisation**		• Framework for diagnostic report and recommendations developed in February 2020. • Recommendations developed and submitted. • A first mission with Global Experts in India was completed in February 2020. • The final report on revenues, risk-pooling and benefit package was completed in June 2020. • Final version of the report was included in the document 2020 ILO Background Compendium - Performance Diagnostics of the ESI Health Care Services, India.
Component 1.6. **Diagnostic report that consolidates results in four areas**	Target date was 29 July 2019	• Completed in September 2020.

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
		• Final version of the report included in the document 2020 ILO Background Compendium - Performance Diagnostics of the ESI Health Care Services, India
Component 1.7 **MoLE/ ESIC/ ILO Constituents Validated Diagnostic Report**	Target date was 8 September 2019	• The diagnostics report was validated in December 2020. • Completed with delay of 1 year 3 months.
Component 1.8. **Delivery and validation of a consolidated action plan**, that defines strategic axes and components, expected results, etc. as well as the transformation plan of the proposed interventions (reasons, expected benefits, costs of not engaging, options, expected costs, risks, etc.).	The target date was 15 November 2019 The target date was 15 December 2019	• The consolidated action plan was delivered to all project partners in September 2020. • The validation process of the Action Plan to be completed by September 2021. • The final version of the action plan is included in the Technical Report Recommendations for Transformative Actions for India's Employees' State Insurance (ESI) – a contribution to Universal Health Coverage Based on ESI Diagnostics.
Component 1.9 Dissemination of specific outputs, including short video, factsheet, briefs, presenting the main contents of the diagnosis and action plan.	Target date was 1 February 2020. It was revised to January 2021 and then April 2021.	• Scheduled to be completed by the end of the project.
Component 1.10 "Implementation (as Phase 2) · Validated Implementation Plan that includes detailed description of the tasks to realize, allocation of responsibilities, resources allocated, timeframe and obligations in term of monitoring."	Target date was 8 March 2020	• The implementation of the Action Plan follows the validation of the Action Plan, which is still to be achieved. • Given that the project will come to an end in September 2021, implementation could potentially be undertaken in another phase of the project. The ILO is currently working on the preparation of a sequel to the current project.
Component 1.11 First monitoring report of the implementation	Target date was 15 June 2020	• It has been postponed to Phase 2 of the project.
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		
Component 2.1 Preliminary steps:	Target date was 15 February 2019	• Completed.

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
• Agencies in charge of contributing to the development of survey tools (questionnaires and method) and to carry out the survey, selected • Evaluation proposals and selection of agency		
Component 2.2 Compilation of existing surveys and studies in India on informal economy workers, health conditions and coverage and report summarizing main results.	Target date was 1 March 2019	• Completed on 30 June 2019. • Completion delayed by 3 months. • The document published was "Compilation of existing surveys and studies in India on informal economy workers, health conditions and coverage in India: A report summarising Main results and database.
Component 2.3 Technical report presenting survey data collection tools and method (sampling method, questionnaires and interview guides).	Target date was 1 April 2019	• Completed on 16 January 2020. • Completion delayed by 9 months. • The document published was 'Approach and Initial data findings - Support to Health Services'.
Component 2.4 Assessment Assessment report of examples of past or current experiences of extension of health insurance to informal economy workers (in India and international experiences)	Target date was 30 June 2019	• A compendium of case studies of international best practices is being prepared in consultation with the ILO HQ. Publication of the assessment report due.
Component 2.5 Assessment report on what innovative practices, including based on new technologies, may support the affiliation to the health insurance of informal non-poor.	Target date was 15 September 2019	• Completed in May 2020. • Completion delayed by 8 months. • The document published was 'Collection of Country Examples on how new Technologies, may support Social Health Insurance for Workers and their Families'.
Component 2.6 Consolidated results from the quantitative ad-hoc survey and qualitative interviews.	Target date was 1 October 2019	• Preliminary partial results received on 15 December 2020 and shared with the stakeholders. • The final phase of the study has been completed in May 2021. • The finalization of the study to be done by end of June 2021 and then presented to the stakeholders.

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
Component 2.7 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.	Target date was 1 November 2019	• Workshop to be conducted in July 2021.
Component 2.8 Implementation pilot(s) to test transformative actions and potentially test design for inclusion of informal non-poor under ESIS. 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.).	Target date was 1 February 2020	• To be completed in Phase 2.
Component 2.9 Monitoring system in place	Target was March 2020	• To be completed in Phase 2.
Component 2.10 Pilot operational in one State	Target was March 2020	• To be completed in Phase 2.
Component 2.11 Technical report with first lessons learnt	Target was June 2020	• To be completed in Phase 2.
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		
Component 3.1 Preliminary steps to establish the core ecosystem - 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.	Target was November 2019.	• Completed ahead of time in October 2019. • The project prepared an internal document 'Mapping of Indian actors engaged in providing access to health care services, including health insurance schemes, governing and regulatory bodies and interest groups and partners for the implementation of integrated approaches to reduce decent work deficits in the informal economy, including through formalization'.
Component 3.2 The ecosystem constituted.	Target date was March 2019.	• Completed in March 2020. • Completion delayed by 1 year.

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
		• Ecosystem identified but not systematic involvement as per proposal due to COVID-19 delays and focus on other project priorities - involvement of ecosystem actors on a case-by-case basis.
Component 3.3 Activities with the whole ecosystem. First meeting of all members of the ecosystem to share knowledge about and review the 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.	Target was March 2019	• The project started with physical meetings in 2020, and after the onset of COVID19, has conducted online meetings in 2021. • Separate meetings were held with WOs, EBMOs, MoLE and ESIC, to present the different reports and outputs of the project. • Meeting with employers and ESIC completed in February 2020. • Meeting with workers completed in March 2020. • More meetings scheduled in 2021.
Component 3.4 One meeting to review progress of the project at mid-term.	Target was September 2019	• Four meetings were conducted with the ecosystem actors, one meeting for each category of partners. • Meetings with employers and ESIC done in February 2020. • Meetings with workers and MoLE done in March 2020.
Component 3.5 One meeting at the contract end of the project to discuss lessons learned and follow-up.	Initial target was June 2020 which was revised to May 2021	• The contract has been extended to September 2021. • This is expected to be completed at the end of the project period.
Component 3.6 Contribution to component 1. One workshop with ESIC representatives to share practices and experiences in different states, including lessons learned, challenges and opportunities.	Initial target was April 2019 which was changed February 2021.	• The workshop will be conducted in August – September 2021.
Component 3.7 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.	Target was May 2019	• Completed in February 2020. • Completion delayed by 11 months.

Outputs	Target / Targeted completion date	Achievement and evaluators' comments
Components 3.8-3.10 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).	The scheduled dates for the meetings were • 5 July 2019. • 1 November 2019. • And 15 February 2020.	• 2 out of 3 meetings have been completed. The third meeting is scheduled to be conducted in the current phase. • The first meeting was completed on 10 February 2020. • The second meeting was completed on 23 July 2020. • The third meeting was supposed to be conducted on 1 September 2020 (on implementation programme) but it was delayed. It is now to be conducted in September 2021.
Component 3.11 Contribution to component 2. One knowledge sharing event on the extension of social insurance to eligible but not registered economy workers that will review international experiences.	Initial target was October 2019 which was changed April 2021.	• This is to be conducted in August 2021.
Components 3.12-3.14 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.	The scheduled target dates were • 15 April 2019 • 01 November 2019	• The first meeting was completed on 28 February 2020. There was a delay of 10 months. • The meetings with ESI have been completed. • The draft findings of the survey have been presented to ESIC. • The second meeting is scheduled to be conducted in July 2021.

Annex 2: Assessment of MTE recommendations implementation

Recommendation in the MTE	Status of implementation
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.	The project team was mostly involved with the implementation of activities and achieving outputs. Hence, the theory of change was not developed during the project. However, the project is preparing an outlook for a potential Phase 2 in which they plan to put a Theory of Change.
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.	The project received 2 extensions from January 2021 till September 2021. However, given the extraordinary circumstances of COVID-19, there was no anticipation of what 'sufficient duration' could be. For this kind of a project, time continues to be a constraint.
3. For projects with 18-months duration, it is critical that the team is established before the project kick-off.	The ILO system does not allow any expenditure on a donor funded project till the project account is created and the donor money reaches the ILO's account. All the expenses of the project need to be incurred only from the project finances. Hence, this recommendation is not implementable in the current ILO structure.
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.	The project has begun to involve technical specialist. The evaluators spoke to 4-5 specialists, all of whom have been involved during either the design or the implementation of the project.
5. Further no-cost extension of the project is needed 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.	The project has received 2 no-cost extensions. The piloting in at least 2 states has not been possible due to COVID-19 related constraints.
6. Independent and quality diagnostics of the scheme is required, to learn the current hurdles and opportunities, and be able to offer practical solutions.	The diagnostic report and action plan were completed and delivered to ESIC in September 2020.
7. 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.	Logically, the action plan followed the diagnostic, so the recommendation was not implementable. Further, MoLE and ESIC were preoccupied with COVID-19, had a change of ESIC leadership, and waited for the ILO to submit the final reports from the diagnostic. In keeping with the recommendation, however, the project team continued to engage with the Technical team of ESIC for discussions.
8. Better coordination and communication should be incited among the relevant institutions, including the MoLE, ESIC,	ESIC has shown a willingness to facilitate coordination and communication between ESIC, MoLE, ILO, and other stakeholders.

Ministry of Health and Family Welfare (MoHFW), to overcome the current institutional practice of working in silos.	
9. 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.	The project conducted 4 such meetings with the stakeholders to review the progress and update with the stakeholders.
10. 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.	The survey methodology was changed. There were corrective actions applied to adjust the survey interviewing approaches and tools to partially capture information telephonically and during a more spaced out/ longer timeframe which allows capturing still a majority of the envisaged interviewee samples.
11. 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.	The surveys included the perspective of women and other socially excluded groups such as people belonging to the Scheduled Castes and Scheduled Tribes (SC/ST).
12. 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 of Brazil, Columbia, China, and provided with the promised report on Mexico.	The project created case studies on good practices of social health insurance of other countries in collaboration with the ILO HQ. However, it has not yet been published. The Mexico report has not yet been formally provided.
13. It is necessary to bring together a broader ecosystem, involving the Ministry of Health, to push forward formalization.	Initially, the project could not bring together the stakeholders but held independent meetings with them. Later, the project was able to bring the bipartite partners together to share later outputs such as the results of the existing beneficiary survey. The Ministry of Health is relevant at the state level, and as state level work was relegated to a following phase, this recommendation became unimplementable.
14. 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.	The project has made proposal to ESIC for such technical support and awaits a response.

15. According to the interviewed social partners, the ILO should recommend a minimum coverage (social security floor).	ILO has advocated building of social protection floors in member countries. The recently passed Code on Social Security, 2020 and ESIC's own benefits package has contributed towards this goal. In carrying out the activities under the current project, the ILO is continuing to strengthen this agenda, with specific focus on social health protection. The project prepared an additional report on the ESIC's role in establishing a social protection floor in India, as envisaged in the Social Security Code.

Annex 3: Emerging good practices

Good Practice 1: Flexibility in project design and duration

ILO Emerging Good Practice 1 Flexibility in project design and duration Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of **e**valuators: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The project design was very flexible to deal with the multiple implementation challenges that it faced during this phase. The Employee State Insurance Corporation (ESIC) added 2 components to the initial project design – the institutional assessment of the ESIC and the beneficiary survey. The donors extended the project duration three times to increase the duration from 18 months to 33 months, which allowed the project to complete several activities and outputs.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	The project faced multiple challenges due to the COVID-19 pandemic, the change of the leadership of ESIC and the change in context due to new Code on Social Security, 2020. It contributed to uncertainty.
Establish a clear cause-effect relationship	Since the project faced multiple challenges in implementation, the flexibility allowed several positive changes. For example, additional elements of a survey of potential beneficiaries and an institutional analysis of ESIC were added. Further flexibility in contracting arrangements helped complete the outputs. BMGF provided 3 extensions to the project (effectively increasing the Project duration from 18 months to 33 months) to be able to achieve most of the outputs of the current phase.
Indicate measurable impact and targeted beneficiaries	**Measurable impact:** The flexibility allowed the project to complete outputs such as the survey of potential beneficiaries. **Targeted beneficiaries:** Ministry of Labour and Employment (MoLE), ESIC, BMGF, United Nations (UN) agencies, stakeholders in the domain of social health protection, Civil Society Organization (CSOs), Workers' Organization (WOs) and Employer and Business Member Organization (EBMOs).
Potential for replication and by whom	This can be replicated by other ILO projects, donors, United Nations (UN) agencies.

Upward links to higher ILO **g**oals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	• United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2, which aims for improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services by 2022. • SDG Target 1.3- to Implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030. • SDG Target 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. • DWCP – Outcome 3.3 - Better management and expanded coverage of national and state social protection systems by 2022. • 2018-2019 ILO Programme and Budgeting - Outcome 6: Formalization of the informal economy. • 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 • Output 8.1. Increased capacity of member States to develop new or reformed sustainable national social protection strategies, policies or legal frameworks to extend coverage and enhance benefit adequacy. • Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems.
Other documents or relevant comments	• ILO 2021. Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality- Results Framework Tracker 2021

Good Practice 2: Beneficiary survey

ILO Emerging Good Practice 2 Beneficiary survey Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluators: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The beneficiary survey was considered helpful for both Employee State Insurance Corporation (ESIC) as well as the social partners. As contributors to the scheme, or as the service provider, the Workers' Organizations (WOs), Enterprise and Business Member Organizations (EBMOs) and ESIC wanted to understand the requirements of the current beneficiaries.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	ESIC wanted to understand the requirements of the insured persons (IPs) to improve its services. The WOs and EBMOs used the survey for evidence-based advocacy with ESIC. ILO's SOCPRO has identified the beneficiary survey as an innovative output of this project.
Establish a clear cause-effect relationship	The survey provided an understanding of client awareness and needs, which the ESIC will consider for improving their services.
Indicate measurable impact and targeted beneficiaries	Measurable impacts are not yet evident but would be in terms of increased awareness, improved services of ESIC and increased coverage of workers. Targeted beneficiaries: ESIC, WOs, EBMOs, IPs
Potential for replication and by whom	This is replicable by all service delivery institutions with which ILO supports.

Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	• United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2, which aims for improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services by 2022. • SDG Target 1.3- to Implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030. • SDG Target 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. • DWCP – Outcome 3.3 - Better management and expanded coverage of national and state social protection systems by 2022. • 2018-2019 ILO Programme and Budgeting - Outcome 6: Formalization of the informal economy. • 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. • Output 8.1. Increased capacity of member States to develop new or reformed sustainable national social protection strategies, policies or legal frameworks to extend coverage and enhance benefit adequacy. • Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems.
Other documents or relevant comments	• ILO 2021. Joint Consultation of Employers' and Workers' Organizations on ESI Beneficiaries' Study – Results & Recommendations. • ILO 2020. A Study of ESI Beneficiaries' Access to Healthcare Services.

Good Practice 3: Strong technical support

ILO Emerging Good Practice 3 Strong Technical Support Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluators: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The project received strong support from the DWT as well as the ILO HQ. The INWORK and SOCPRO units engaged with the design, and provided technical support for social health protection. The ILO Director engaged actively before the CTA could join the project, and later guided the project's work through the COVID-19 period. The Wage Specialist engaged with the design, the Worker and Employer Specialists in connecting with WOs and EBMOS. The Labour Market Specialist guided the project to prepare the survey questionnaires. The Health Protection Specialist provided regular feedback and technical support to the project and liaise with the CTA about ILO's position in the Providing for Health (P4H) network. These engagements ensured that the Project gained technical inputs as well as good connections to stakeholders.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	The project is relevant for all contributory social healthcare insurance, formal as well as informal workers. This can be replicated in other ILO projects which deal with social health protection.
Establish a clear cause-effect relationship	The support of ILO DWT team and was instrumental in keeping the tripartite partners engaged, especially during the pandemic. The inputs from Technical Specialists ensured quality of outputs.
Indicate measurable impact and targeted beneficiaries	Measurable Impact: Completion of outputs and better-quality products. Targeted beneficiaries: the ILO project.
Potential for replication and by whom	This can be replicated by all other ILO projects.

Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	• United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2, which aims for improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services by 2022. • SDG Target 1.3- to Implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030. • SDG Target 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. • DWCP – Outcome 3.3 - Better management and expanded coverage of national and state social protection systems by 2022. • 2018-2019 ILO Programme and Budgeting - Outcome 6: Formalization of the informal economy. • 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. • Output 8.1. Increased capacity of member States to develop new or reformed sustainable national social protection strategies, policies or legal frameworks to extend coverage and enhance benefit adequacy. • Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems.
Other documents or relevant comments	

Good Practice 4: Good engagement with social partners

ILO Emerging Good Practice 4 Good Engagement with Social Partners Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluators: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.	
GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The project has engaged well with the social partners. They have been involved since early stages of project implementation and have been updated about the project activities regularly. The project has conducted knowledge sharing sessions based upon all the outputs that were produced.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	The sensitivity of the project called for engagement with social partners separately. The COVID-19 pandemic situation required that the meetings be held online. There is no limitation in terms of applicability and replicability.
Establish a clear cause-effect relationship	The good engagement with social partners ensured that they were updated about the project outputs and were able to plan the use of these outputs.
Indicate measurable impact and targeted beneficiaries	Measurable impact: The measurable impact is not yet evident but is likely in terms of social partners raising with ESIC issues of improved service and coverage. Targeted beneficiaries: Worker Organizations, Enterprise and Business Member Organizations, International Labour Organization and Employee State Insurance Corporation.
Potential for replication and by whom	This can be replicated by all the projects of ILO.

Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	• United Nations Sustainable Development Framework for India (2018-22), and specifically, support the outcome under Priority 2, which aims for improved and more equitable access to, and utilization of, quality, affordable health, water, and sanitation services by 2022. • SDG Target 1.3- to Implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030. • SDG Target 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. • DWCP – Outcome 3.3 - Better management and expanded coverage of national and state social protection systems by 2022. • 2018-2019 ILO Programme and Budgeting - Outcome 6: Formalization of the informal economy. • 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. • Output 8.1. Increased capacity of member States to develop new or reformed sustainable national social protection strategies, policies or legal frameworks to extend coverage and enhance benefit adequacy. • Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems.
Other documents or relevant comments	• ILO 2020. Project Introduction Consultation with Employers' Organizations. • ILO 2020. Project Introduction Consultation with Workers' Organizations. • ILO 2021. Joint Consultation of Employers' and Workers' Organizations on ESI Beneficiaries' Study – Results & Recommendations.

Annex 4: Lessons learned

Lesson Learned 1: The time frame was too short for the changes envisaged

ILO Lesson Learned 1 The Time Frame Was Too Short for the Changes Envisaged Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluator: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	A project for organizational change or transformation, needs much longer than 18 months. Even as the first step of a longer process to bring organizational change, the project time frame was too short. Despite the no-cost extensions, a project duration of just over 2.5 years is not sufficient to achieve structural change of a large public sector organization with complex decision-making processes.
Context and any related preconditions	The project aimed to achieve structural change in an organization which is very large, is over 70 years old and has a complex decision-making process. This was difficult to achieve in the planned 18-month project duration. This proved even more challenging due to the COVID-19 pandemic, the changes in Employee State Insurance Corporation (ESIC) leadership and the change in context due to the new Code on Social Security, 2020.
Targeted users / beneficiaries	International Labour Organization (ILO), Ministry of Labour and Employment (MoLE), ESIC, Bill and Melinda Gates Foundation (BMGF), United Nations (UN) agencies, stakeholders in the domain of social health protection, Civil Society Organizations (CSOs), Workers' Organizations (WOs) and Enterprise and Business Member Organizations (EBMOs).
Challenges /negative lessons - causal factors	ESIC is an organization with a tripartite governing committee along with an oversight of the MoLE. Hence, the decision-making process is complex. Therefore, the project's assumption of a linear process of change in such an organization proved simplistic.
Success / positive Issues - causal factors	The donor agreed to 3 extensions to enable achievement of maximum number of outputs in the current phase.
ILO Administrative Issues (staff, resources, design, implementation)	The project design was changed, to remove the output relating to the state level pilot initiatives.

Lesson Learned 2: The articulation of a Theory of Change facilitates a shared vision among key stakeholders

ILO Lesson Learned 2 **The Articulation of a Theory of Change Facilitates a Shared Vision Among Key Stakeholders** Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluator: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	The first phase of the project did not clarify the Theory of Change (ToC). Although the mid-term evaluation recommended that a ToC be articulated, this was not completed in the duration of the project. The lack of a ToC prevented a shared vision around which the stakeholders could work together.
Context and any related preconditions	The design reflected an urgency to respond to the labour reforms, and the perceived need to improve the performance of the largest contributory social health providing organization in India.
Targeted users / beneficiaries	International Labour Organization, Ministry of Labour and Employment (MoLE), Employee State Insurance Corporation (ESIC), Bill and Melinda Gates Foundation (BMGF), United Nations (UN) agencies, stakeholders in the domain of social health protection, Civil Society Organizations (CSOs), Workers' Organizations (WOs) and Enterprise and Business Member Organizations (EBMOs).
Challenges /negative lessons - causal factors	The lack of a ToC prevented the stakeholders from working together towards a shared vision.
Success / positive Issues - causal factors	
ILO Administrative issues (staff, resources, design, implementation)	The project design was of a very short duration, not recognizing the time it takes for organizational change. This might have been foreseen if a ToC had been prepared in the project design phase.

Lesson Learned 3: Agreement on assessment frameworks and expertise promotes collaboration

ILO Lesson Learned 3 Agreement on Assessment Frameworks and Expertise Promotes Collaboration Project Title: Technical support to ESIS for improving and expanding access to healthcare services in India (Health Financing) – A transition to formality Project TC/SYMBOL: IND/18/01/GAT Name of Evaluator: Smita Premchander, Aindrila Mokkapati Date: June 2021 The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.	
LL Element	Text
Brief description of lesson learned (link to specific action or task)	The project could not have sufficient early discussions with ESIC about the framework of the diagnostics and about the national and international expertise needed for preparing the research. Hence, ESIC deemed some of recommendations of the report inadequately adapted to the reality of the Indian context. So, a cautious approach is needed for such a sensitive study. Early agreements on the diagnostic framework and the required expertise might have promoted better acceptance of the findings of the diagnostics report. This points to the need for investing time in early discussions and agreed evaluation framework and expertise required for conducting a diagnostic study of a large social health protection organization like ESIC.
Context and any related preconditions	In the Indian context, ESIC is the largest public social health protection organization, which collects contribution from members enrolled under the ESI scheme, and offers health services as well as other benefits such as compensation for wage, disability, old age medical care, maternity expenses, funeral expenses, etc. A precondition for expertise is an understanding of the national context, in addition to explicitly bringing in relevant international expertise.
Targeted users / beneficiaries	International Labour Organization, Ministry of Labour and Employment (MoLE), Employee State Insurance Corporation (ESIC), Bill and Melinda Gates Foundation (BMGF), United Nations (UN) agencies.
Challenges /negative lessons - causal factors	Since the project did not involve ESIC in the early phases of the agreement on the framework of the diagnostic and the expertise conducting the research, the recommendations were only partially accepted. This was because the ESIC felt that certain recommendations were not suitable for the Indian context.
Success / positive Issues - causal factors	Despite the lack of adaptability of some recommendations, ESIC has continued to engage and sees high value added from ILO's technical support. The good relationship forged during the current phase of the project provides a good foundation for the collaboration in the next phase.
ILO Administrative Issues (staff, resources, design, implementation)	No additional resources are required to take cognizance of this lesson, which is relevant through the design and implementation stages of a TC project.

Annex 5: List of persons interviewed

Sr. No	Name(s)	Type of stakeholder
ESIC Project Team, ILO CO-New Delhi		
1	Nina Siegert	Chief Technical Advisor (CTA)
2	Vaibhav Raaj	National Project Coordinator
3	Shubha Gupta	Project Assistant
ILO DWT/CO - New Delhi, India		
4	Dagmar Walter	ILO India Country Head
5	Satoshi Sasaki	ILO Deputy Director
6	Divya Verma	Programme Officer
7	Xavier Estupinan	Wages Specialist
8	Ravindra Laksen Prasanna Peiris	Senior Specialist on Employers Activities
9	Syed Sultan U Ahmmed	Specialist on Workers' Activities
10	Mariko Ouchi	Senior Technical Specialist on Social Protection
ILO HQ		
11	Philippe Marcadent	Project Design
12	Fabio Duran Valverde	Head PFACTS Unit
13	Florence Bonnet	Labour Market Specialist
14	Lou Tessier	Health Protection Specialist
ILO- Monitoring and Evaluation - Admin/Finance (HQ-Geneva, RO-Bangkok, CO-New Delhi)		
15	Rattanaporn Poungpattana	Evaluation Manager
16	David Clarkson	Chief, Regional Admin Services
17	Revere Tokarem	Sr Finance Assistant
BMGF		
18	Stefan Nachuk	Deputy Director, Health Systems Design, BMGF
19	Amrita Agarwal	Former National Lead, Health Systems Design, BMGF
MoLE		
20	Anuradha Prasad	Ex-DG, Special Secretary MoLE
ESIC		
21	Mukhmeet Singh Bhatia	Director General, ESIC
22	Sandhya Shukla	Finance Commissioner, ESIC
23	P R Sinha	Deputy Director (P&D), ESIC
24	S. Ravichandran	Addl. Commissioner - Medical Administration, P&D, CAIU
Employer Organization		
25	Jatinder Singh	PHDCCI

26	Arvind Francis	Technical Advisor, All India Organisation of Employers
27	Vijay Padate	Employers' Federation of India
28	V K Singh	Employers' Federation of India
29	Sunil Sirisikar	Laghu Udyog Bharati
Worker Organization		
30	Prasanta Chowdhary	National Secretary, CITU
31	Shalini Trivedi	SEWA
32	Kalpana Desai	All India Port & Dock Worker's Federation
33	Bechu Giri	AITUC
34	Chandra Prakash Singh	INTUC
35	V. Radhakrishnan	Bhartiya Mazdoor Sangh
36	Harsh	
External Consultant		
37	Cristian Baeza	External Consultant

Annex 6: Schedule of the interviews

Sr. No.	Meeting date	Day	Time (IST)	Name(s)	Type of stakeholder	Designation	Organization
Inception Phase							
1	31 March 2021	Wednesday	10:00 am - 12:00 noon 4:00 - 5:00 pm	Vaibhav Raaj	ESIC Project Team ILO CO-New Delhi	National Project Coordinator	ILO
2	6 April 2021	Tuesday	10:00 am - 11:30 a.m.	Nina Siegert	ESIC Project Team ILO CO-New Delhi	CTA	ILO
				Shubha Gupta	ESIC Project Team ILO CO-New Delhi	Project Assistant	
3	13 April 2021	Tuesday	11:30 AM - 12 noon	Philippe Marcadent	ILO HQ	Branch Chief	ILO
4	13 April 2021	Tuesday	3:00 - 4:00 pm	Stefan Nachuk	Donor	Deputy Director, Health Systems Design	BMGF
5	14 April 2021	Wednesday	11:00-12:00 pm	Dagmar Walter	ILO India Country Office	Director, India Country Head	ILO
6	16 April 2021	Friday	2:00-3:15 pm	Divya Verma	DWT/CO ILO - New Delhi	Programme Officer	ILO
Evaluation Phase							
7	27 April 2021	Tuesday	4:00 - 5:00 pm	Jatinder Singh	Employers Organization	Director	PHDCCI
8	28 April 2021	Wednesday	11: 00- 12:00 noon	Arvind Francis	Employers Organization	Technical Advisor	All India Organisation of Employers (AIOE)
9	28 April 2021	Wednesday	4.00-5.00 pm	Prasanta Chowdhary	Workers Organization	National Secretary	CITU
10	29 April 2021	Thursday	5:30-6:30 pm	Cristian Baeza	External Consultant	Executive Director	International Center for Health Systems Strengthening (ICHSS)

11	30 April 2021	Friday	11 am - 12 noon	Amrita Agarwal	Donor (former)	Former National Lead, Health Systems Design, BMGF	BMGF (Former)
12	3 May 2021	Monday	10.00-11.00	Shalini Trivedi	Workers Organization	Legal Coordinator	SEWA
13	3 May 2021	Monday	10 am - 11 am	Nina Siegert	ILO India Constituents	Chief Technical Advisor	ILO
14	3 May 2021	Monday	2.30-3.30 pm	Ravindra Laksen Prasanna Peiris	DWT/CO ILO - New Delhi	Senior Specialist on Employers Activities	ILO
15	3 May 2021	Monday	4.00-5.00 pm	Syed Sultan U Ahmmed	DWT/CO ILO - New Delhi	Specialist on Workers' Activities	ILO
16	4 May 2021	Tuesday	11.30 - 12.30	Vijay Padate	Employers Organization	Director General	Employers' Federation of India
17	4 May 2021	Tuesday	4.00-5.00 pm	Fabio Duran Valverde	ILO HQ	Head PFACTS Unit	INWORK, ILO
18	5 May 2021	Wednesday	10.00 – 11.00 am	Xavier Estupinan	DWT/CO ILO - New Delhi	Wages Specialist	ILO
19	6 May 2021	Thursday	10.00 – 11.00 am	P R Sinha	ESIC	Deputy Director (P&D)	ESIC
20	6 May 2021	Thursday	4.00– 5.00 pm	Florence Bonnet	ILO HQ	Labour Market Specialist	INWORK, ILO
21	6 May 2021	Thursday	6.45 – 7.45 pm	Lou Tessier	ILO HQ	Health Protection Specialist	INWORK, ILO
22	8 May 2021	Saturday	10.00 – 11.00 am	S. Ravichandran	ESIC	Addl. Commissioner - Medical Administration, P&D, CAIU	ESIC
23	11 May 2021	Tuesday	10.00 – 11.00 am	David Clarkson	ILO Regional Office APAC	Chief, Regional Admin Services	ILO
				Revere Tokarem	ILO Regional Office APAC	Senior Finance Assistant	ILO
24	13 May 2021	Thursday	9.30-10.30 am	Mukhmeet Singh Bhatia	ESIC	Director General	ESIC
25	17 May 2021	Monday	2:15 - 3.30 pm	Vaibhav Raaj	ESIC Project Team ILO CO-New Delhi	National Project Coordinator	ILO

26	18 May 2021	Tuesday	9:30 - 10:30 am	Dagmar Walter	India Constituents	ILO India Country Head	ILO
27	18 May 2021	Tuesday	3:00 - 4:15 pm	Sandhya Shukla	ESIC	Finance Commissioner	ESIC
28	25 May 2021	Tuesday	12:00 pm-1:15 pm	Anuradha Prasad	ESIC / MoLE	Ex-DG, Special Secretary	MoLE
29	1 June 2021	Tuesday	2:00 pm – 3:30 pm	Validation of evaluation findings with ILO staff (Rattanaporn Poungpattana, Dagmar Walter, Satoshi Sasaki, Mariko Ouchi, Philippe Marcadent, Nina Sergeit, Vaibhav Raaj, Ravindra Laksen Prasanna Peiris, Syed Sultan U Ahmmed, Shubha Gupta)	ILO		ILO
30	3 June 2021	Thursday	2:00 pm – 3:30 pm	Validation of evaluation findings with WOs and EBMOs (Prasanta Chowdhary, Shalini Trivedi, Kalpana Desai, Bechu Giri, Chandra Prakash Singh, V.Radhakrishnan, Harsh, Jatinder Singh, Arvind Francis, Vijay Padate, V K Singh, Sunil Sirisikar, Dagmar Walter, Nina Siegert, Vaibhav Raaj, Shubha Gupta)	WOs, EBMOs, ILO		Various WOs and EBMOs

Annex 7: List of documents reviewed

Project documents and reports

- PRODOC / Proposal Narrative
- Project Brochure
- ILO 2020, Project Annual Progress Report
- Results Framework Tracker 2018
- Results Framework Tracker 2019
- Project Progress Narrative 2019
- Results Framework Tracker 2020
- Annual Project Progress Report 2020
- Results Framework Tracker 2021
- Mid-term Evaluation - Key Informant Interview List
- Statement of Income and Expenditure as at 31-Dec-2020 for Bill and Melinda Gates Foundation
- Signed list of participants for meeting with Employers' Organisation on 26 February 2020
- Signed list of participants for meeting with Workers' Organisation on 6 March 2020
- Invitee List of Trade Unions – 08 September 2020
- Invitee List of Employers' Organizations – 11 September 2020

Additional project documents

- ILO 2021. ILO Proposal for Phase 2 of the project.
- ILO 2021. Joint Consultation of Employers' and Workers' Organizations on ESI Beneficiaries' Study – Results & Recommendations.
- ILO 2021. Assessment of Informal Economy Workers' and Economic Units' Behaviour Regarding Health Care Insurance Phase 1 and Phase 3.
- ILO 2021. ESIC In the Social Security Code 2020 And Establishing A Social Protection Floor In India. Draft Report submitted to ILO, India by Institute of Human Development.
- Institute for Human Development 2020. *Assessment Of Informal Economy Workers' and Economic Units' Behaviour Regarding Health Care Insurance*- Draft Report submitted to ILO.
- ILO 2020. A Study of ESI Beneficiaries' Access to Healthcare Services by PHFI.
- ILO 2020. Technical Report Recommendations for Transformative Actions for India's Employees' State Insurance (ESI) – a contribution to Universal Health Coverage Based on ESI Diagnostics. ILO Decent Work Team for South Asia and Country Office for India.
- ILO 2020. Performance Diagnostics of the Employees' State Insurance Scheme's Health Care Services, India Background Compendium to the ILO's Technical Report: Recommendations for Transformative Actions for India's Employees' State Insurance (ESI) – a contribution to

Universal Health Coverage. ILO Decent Work Team for South Asia and Country Office for India.

- ILO 2019. Concept for Proposed Action ILO-ESIC Support to improving Access to Health Services in India. New Delhi.
- ILO 2020. ILO Knowledge Sharing Webinar: Comparative Digital Technology Solutions Health Financing - Social Health Protection - Health Insurance by Michael Stahl (Social health, Insurance and Digital Transformation Expert).
- ILO 2020. Project Introduction Consultation with Employers' Organizations.
- ILO 2020. Project Introduction Consultation with Workers' Organizations.
- ILO 2020. Collection of Country Examples on how new Technologies, may support Social Health Insurance for Workers and their Families. ILO Decent Work Team for South Asia and Country Office for India.
- Karan, A K and Anoop K Satpathy. 2019. *Compilation of Existing Surveys and Studies in India on Informal Economy Workers, Health Conditions and Coverage in India: A report Summarizing Main Results and Data Base* - Report Prepared for International Labour Office ILO Office. (New Delhi).
- The Comptroller and Auditor General of India. 2015. Special Audit of Medical Education Projects of Employees' State Insurance Corporation (Ministry of Labour and Employment) - Report of the Comptroller and Auditor General of India for the year ended March 2015 Union Government (Civil) (Autonomous Bodies) Report No. 40 of 2015 (Special Audit).
- ESIC. 2020. ESIC Vision 2022.
- NITI Aayog. 2019. *Health Systems for a New India: Building Blocks - Potential Pathways to Reform*. New Delhi.
- ILO. 2020. Approach and initial data findings: Support to ESI Health Services (Component 1). ILO-ESI Collaboration (New Delhi).
- ILO. 2019. Status of Initial Data collection for ESI-ILO Project Component 1. by Dr. Cristian C. Baeza (ICHSS), Dr. Ashwani Aggarwal (PWC India) and Mr. Jaidev Anand (AHI India).
- ILO. 2020. Internal Mid-term Evaluation of Technical Support to ESIS for Improving and Expanding Access to Health Care Services in India (Health Financing) - A Transition to Formality. ILO Decent Work Team for South Asia and Country Office for India (New Delhi).
- ILO. 2018. Grant Proposal Narrative of the Technical Support to ESIS for Improving and Expanding Access to Health Care Services in India (Health Financing) - A Transition to Formality. ILO Decent Work Team for South Asia and Country Office for India (New Delhi).
- Ministry of Labour and Employment. 2019. Performance Audit of Employees State Insurance Corporation and Special Audit of Medical Education Projects of ESIC. Public Accounts Committee (2018-19). One Hundred Fifteenth Report.
- ILO 2019. Mapping of Indian actors engaged in providing access to health care services, including health insurance schemes, governing and regulatory bodies and interest groups and partners for the implementation of integrated approaches to reduce decent work deficits in the informal economy, including through formalization.

Additional documents

- Ministry of Law and Justice 2020. Code of Social Security, 2020.
- ESIC 2021. Financial Estimates and Performance Budget 2020-21.
- ESIC 2020. Annual Report 2019-20.

.

Annex 8: Terms of reference

Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality

Project title	Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality
TC project code	IND/18/01/GAT
Donor	Bill and Melinda Gates Foundation
Total approved budget	US$ 2,087,569
ILO Administrative Unit	DWT/CO-New Delhi
ILO Technical Units	INWORK
Type and scope of evaluation	Independent Final Evaluation (concerning the period 19 December 2018 - 30 June 2021)
Evaluation date and field work dates	40 working days from March to June 2021 (Field mission take place in 1st and 2nd week of April 2021)
Project duration	30 months (19 December 2018 – 30 June 2020 with No-Cost Extensions until 30 June 2021)
Evaluation manager	Ms Rattanaporn Poungpattana, Monitoring and Evaluation Officer, ILO - RO-Asia and the Pacific, Bangkok, Thailand.
TORs preparation date	January 2021

Abbreviations

BMGF	Bill and Melinda Gates Foundation
CTA	Chief Technical Advisor
DWT	Decent Work Technical Support
DWCP	India Decent Work Country Project
EM	Evaluation Manager
ESIC	Employee's State Insurance Corporation
ESIS	Employee's State Insurance Scheme
GOI	Government of India
MELP	Monitoring, Evaluation and Learning Plan
MOHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
MTE	Mid-term Evaluation
NHPS	National Health Protection Scheme
P&B	ILO Programme and Budget
ROAP	ILO Regional Office for Asia and Pacific
SDG	United Nations Sustainable Development Goals
TL	Evaluation team leader
TM	Evaluation team member
ToC	Theory of Change
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Guidelines

1. Introduction and rationale for the final evaluation

The Employee State Insurance Scheme (ESIS) is India's largest contributory social health insurance scheme. ESIS covers workers in formal employment that earn less than Rs. 21,000 per month in non-seasonal factories employing ten or more persons. Within the project duration, ESIS did not cover workers in informal employment who represent 90 per cent of workers in India. This possibility is, however, opening with a recent revision of the Social Security Code giving the scheme scope to further expand coverage. In addition, the scheme's performance to deliver health services adequately to its beneficiaries has been affected by its limited strategic financing, governance and health services provision capacity, resulting in very low utilization of healthcare services by beneficiaries.

The **technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality was funded by the Bill and Melinda Gates Foundation** and aims to provide technical support to ESIS for improving and expanding access to health care services and for improving the overall performance of the scheme. This is realized by a set of activities outlined in the project proposal.

In line with ILO evaluation policy, an independent final evaluation was envisaged to be carried out during the final months of the project. The independent final evaluation follows the OECD/DAC evaluation criteria and will assess the coherence, relevance, efficiency, and effectiveness of the project interventions, including proposing recommendations on the way forward. The main purpose of this final independent evaluation is to promote accountability to ILO key stakeholders including the technical specialists (i.e., the project's adjusted advisory structure) and the donor, and to enhance learning within the ILO and key stakeholders. The findings will be used to improve the design and implementation of similar future projects.

The final independent evaluation was conducted by an external independent evaluation team, and managed by an independent evaluation manager, who is an ILO staff member with no prior involvement in the project. The evaluation complied with the United Nations Evaluation Guidelines (UNEG) Norms and Standards,[4] ILO policy guidelines (3rd edition)[5] and the ethical safeguards.[6]

2. Background and country context

Less than ten per cent 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 per cent), with only marginal reductions in the last decade, and strong exclusion from health care services.[7]

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, governance and management challenges especially at state level to ensure quality care provision and the lack of strategic purchasing from external providers contributes to undermining access to healthcare and the scheme's performance overall. The absence of up-to-date and robust financial and healthcare utilization data and analytics limits the possibility for effective

[4] UN Evaluation, 2020. Available at: http://www.unevaluation.org/document/download/2787
[5] ILO, 2018. Evaluation policy. Available at: http://www.ilo.ch/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm
[6] UN Evaluation, 2020. Available at: http://www.unevaluation.org/document/detail/100
[7] Project proposal to Bill and Melinda Gates Foundation, 2018.

management. In addition to affecting the services provided to the current about 135 million beneficiaries of the scheme, the poor performance of ESIS leads to incentivize evasion.

Project strategy and status

Since inception, the project has set out to assess the reasons behind the long-term ineffectiveness of ESIS according to four core aspects in any social health insurance: 1) revenues, risk-pooling; 2) strategic purchasing; 3) provision of services; and 4) governance and organization, to test the possibility of extending the coverage, and ultimately ensure a transition to formality and a contribution to universal health protection. The project outcomes include:

> Outcome 1: A technically practical and acceptable pathway for strengthening the Employee State Insurance Corporation (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.

The first extension was between July and December 2020 and the second extension was between January and June 2021. The justifications for the two extensions are as follow:

The first extension: The late arrival of the Chief Technical Advisor and the delay in obtaining the work permit from the Indian authorities complicated the start of the project. The delays had been discussed with the donor and a six months no-cost extension was agreed to in January 2020. The second no cost extension of the project was confronted with several challenges regarding the context in which it operated, labour legislation reform, change in management in the beneficiary institutions, and the Covid-19 pandemic, resulting in complete lock down halted the important field work relating to the large-scale surveys and field missions of high-level experts were forbidden. The further no-cost extension of the project aimed to allow for the completion of the activities that were delayed.

The table below details major project results, as of September 2020, by component.

Plan	Actual
Component 1:	
The planned activities include: (1) Constitution of a Technical Committee acting as ESIC technical counterpart to the project for Component 1. (2) Production of a preliminary report on the functioning of the ESIS. (3) production of ESI Diagnostics and the recommendations for transformative actions towards a better performing ESI, and development of action plan. (4) launch the implementation of the Action Plan.	The project completed preliminary report. The ESIS diagnostics report and the recommendations for transformative actions towards a better performing ESI were produced, and the project presented the results to MOLE, ESIC and ILO constituents between July-September2020. The findings and recommendations were used to inform the development of the initial action plan (in June 2020) with transformative intervention to improve the performance of ESIS. Due to the lengthy decision processes (affected also by the parallel debate and evolvements of the Indian Social Security Code as part of ongoing Labor Reforms), a validated and consolidated Action Plan for implementation was delayed and expected early 2021 depending on MoLE/ ESIC reactions/ request for support. Substantial delays were further caused by the onset and evolving Covid-19 pandemic particularly affecting any field work planned as part of the project. Thus, also Component 1 primary research i.e., the ESIS beneficiary survey, delayed substantially in completion. The project is expecting final results by February

	2021, which will provide important demand side information to enhance the diagnostic recommendations further.
Component 2:	
The planned activities include: (1) Constitution of a Working Group 2 composed of relevant national actors and ILO specialists who will contribute to the overall process of the assessment under component 2 (2) conduct gender sensitive assessment of informal economy workers' and economic units' behaviour regarding health care insurance. (3) Validation of results and orientations for designing the pilot by the Working Group 2. (4) Implementation of Pilot(s) to test transformative actions and potentially test design for inclusion of informal non-poor under ESIS.	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. These analytical products include: (1) a social health protection country case compilation; (2) a compilation of existing surveys and studies in India on informal economy workers, health conditions and coverage, and (3) a report on innovative technologies for social health insurance – country case collection. The second large-scale survey among potential ESIS beneficiaries could also not complete to date due to the COVID-19 restrictions affecting progress of field work. The completion of this survey is envisaged by April 2021. **Adjustment:** The pilot programme implementation during the current phase of the project will not be realized due to the various delays affecting the project (delayed start of activities at onset of the project, Covid-19 related delays and slow response on side of ESIC and MoLE regarding a validated implementation plan. Such activity would need to move into a Phase 2 of the project. In the extended period (Second extension) between January-June 2021, the project would take preparatory activities including the design of a pilot for implementation/ ESIS transformation to be tested in 1-3 states, based on the response from the ESIC and MoLE.
Component 3:	
The objective is to facilitate a forum of discussion and encourage universal healthcare coverage. The planned activities include organizing of meetings and knowledge sharing events. The meetings aim to serve as a dialogue platform bringing together relevant project stakeholders to discuss the different activities, outputs and to agree on the way forward. The knowledge sharing events aims at bringing together the different actors relevant to the project and to share practices, including challenges and opportunities and successful experiences in the field in other countries around the world.	Activities under component 3 have been affected by the COVID-19 lock down and by the delays of the project's technical work (under Component 1 and 2). However, the project overcame the challenge by adjusting activity timing, and having knowledge-sharing as well as ecosystem exchanges organized along the production of C1 and C2 outputs. The mid-term evaluation report finds that the project has been actively working with a closed ecosystem of core beneficiaries and stakeholders as well as engaging with other healthcare sector experts and organizations, including agencies of the Health Systems Design (HSD) ecosystem of the Bill and Melinda Gates Foundation donor organization.

3. Links to international and national development priorities and outcomes

The project is aligned with **the India Health Policy of 2017** which envisages achieving universal healthcare coverage and reducing the reliance on out-of-pocket spending. It also aligned with the **ESIC**

Vision 2022 that envisages expansion of ESIC scheme in each district of the country with the target of covering ten crore workers by 2022.

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.

Sustainable Development Goals. 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.

India Decent Work Country Programme (DWCP) 2018-2022. The project supports the GoI's DWCP priorities and outcomes, to create a more decent future of work through better quality of jobs, transition to formal employment and environment sustainability. The activities are fully aligned with Priority 3 of the DWCP, 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 has also contributed to the **ILO 2018-19 and 2020-2021 Programme and Budget**

- ILO 2018-19 P&B --Outcome 6: Formalization of the informal economy (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).
- ILO 2020-2021 P&B - Outcome 8: Comprehensive and sustainable social protection for all -- 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).

4. Project management team set-up

The project is managed by a Chief Technical Adviser who reports directly to the ILO Country Director for India. Three staff members include:

- A Chief Technical Adviser based in Delhi in charge of the overall management of the project and the operational and technical supervision of its interventions.
- A National Project Coordinator, based in Delhi, supports project implementation and coordination, including through consultations with key stakeholders.
- A Project Assistant, based in Delhi, provides all support required regarding administration, finance and logistic.

Technical backstopping for the project is provided by the Decent Work Technical Support Specialists based at the DWT-New Delhi and ILO HQ's INWORK in cooperation with SOCPRO. Regular consultations and project progress meetings are being held between BMGF, ILO Delhi and Technical Services in Geneva.

At the country-level, guidance on the project's implementation is provided by its project partners consisting of the Ministry of Labour and Employment, the ESIC, workers' and employers' representatives and the donor in addition to the International Labour Organization (ILO) Specialists.

5. Stakeholders and target groups

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

Other direct beneficiaries are:

- The ESIC insured persons and their families; and
- Informal economy workers.

The project mainly had activities at the central level; however, some activities including studies and surveys cover in total seven states including 3,000 enterprises and 5,000 workers.

6. Purpose, objective and scope of the evaluation

The main purpose of this final independent evaluation is to promote accountability to ILO key stakeholders, including the Government of India and the donor BMGF, and to enhance learning within the ILO and key stakeholders. Knowledge and information (including lessons learned, good practices, challenges etc.) obtained from this evaluation, will be used to help inform the design and implementation of a possible next phase (second phase beyond June 2021), which may include a focus on supporting inclusive economic recovery to COVID-19. The evaluation will also assess the extent to which the recommendations of the MTE have been followed up/achieved.

The final independent evaluation has the following specific objectives:

- Assess the coherence, relevance, efficiency, and effectiveness of the project interventions, while identifying the supporting factors and constraints that have led to them, including strategies and implementation modalities chosen, and partnership arrangements.
- Identify lessons learned, good practices, and recommendations on the design of a possible next phase (2nd Phase beyond June 2021).
- Assess contributions and results of the interventions (both expected and unexpected, both positive and negative changes) and examine how and why the changes were caused by the intervention[8] and measure the size of the effect caused by that intervention or tactic.
- Assess project impact (including where the project's support has been most/least effective and why), including the extent to which GoI capacity has been strengthened, and the benefits of the project's contribution to improvement of ESIS.
- Assess the extent to which the recommendations of the MTE have been followed up/achieved.
- Assess the project's contribution to COVID-19 immediate responses and recovery.
- Assess the extent to which the project outcomes will be sustainable.
- Assess the extent to which the project promotes gender equality and non-discrimination and is gender responsive.
- Assess the extent to which the project management and coordination mechanisms adequately addressed the needs and implementation challenges and how effectively the project management monitored project performance and results.

Evaluation recommendations should be developed taking the objectives into consideration.

Scope of the evaluation. The scope of the final evaluation is guided by the main objective and the specific objectives as outlined in the above section. The evaluation covers the period of implementation of the project from its start in January 2019 until the time of the final evaluation, covering key outputs and outcomes (including unexpected results). It involves discussions with ILO project staff, national

[8] Gates Foundation, 2018. *Evaluation design and methods*. Available at:https://www.gatesfoundation.org/How-We-Work/General-Information/Evaluation-Policy#EvaluationDesignandMethods

counterparts and development partners of the project, the donor-BMGF, and the ILO technical specialists based in DWT-New Delhi and HQ.

The scope of work includes an assessment of the performance of the project vis-à-vis:

- Outputs and outcomes - against targets and indicators;
- Chosen strategies and implementation modalities;
- Partnership arrangements;
- Follow-up on identified constraints/challenges and opportunities/recommendations; and
- Use and management of the financial resources of the project.

The scope of work also includes the formulation of recommendations for the design and implementation of a possible next phase of the project. The evaluation will integrate gender equality and disability as cross-cutting concerns throughout the methodology, the deliverables, and the final report of the evaluation. These cross-cutting concerns will be addressed in line with EVAL's Guidance Note no. 4. Similarly, EVAL's Guidance Note no. 7 will be followed as much as practically possible to ensure stakeholder participation (web links to the guidance notes are provided in the Annex).

7. Evaluation criteria and key evaluation questions

Evaluation criteria. Evaluation criteria to be applied relate to relevance, coherence, efficiency, effectiveness, impact and sustainability, and gender equality and disability inclusiveness.

7.1. Suggested key evaluation questions

Suggested key evaluation questions are listed below. Under some of the key questions, sub-questions have been suggested as well. Given the purpose of the evaluation, the evaluation team may suggest additional questions – in consultation with the evaluation manager. Any fundamental changes to the evaluation criteria and questions should be agreed between the evaluation manager and the evaluation team leader and reflected in the Inception Report.

Relevance

1. The extent to which the intervention objective, design and approach continue to respond to beneficiaries, country, and partners/institution/donors' needs, policies, and priorities, and is expected to continue to do so if circumstances change (or have changed).
2. Is the modality used by the project right to achieve the objective (i.e., contribution for performance enhancement of ESIS towards increased health services access and utilisation and a model for expansion of services beyond current beneficiaries)?

Coherence

3. To what extent and how successfully has the project leveraged resources with other interventions and through partnerships with other organizations, to enhance the projects' effectiveness and maximize impact, if any?
4. Are there any opportunities or recommendations for improved leveraging?

Effectiveness (including effectiveness of management arrangement)

5. The extent to which the interventions achieved, or are expected to achieve its outputs and results, including any differential results across groups?
6. Have the desired outcomes been achieved as per the indications of success agreed with the donor?
    a. To what extent has the established pathway for strengthening ESIC is technically practical and acceptable and supported by key actors?
    b. How well has the initial blueprint for extending coverage of the ESIS to non-poor in the informal economy, been established and supported by key actors?
    c. To what extent has the project's Indian key actors shared understanding of challenges and opportunities to strengthen ESIS and to what extent they are supportive of extending its coverage, fostering coherence and complementarity between their interventions?
    d. To what extent has the project contributed to strengthening collaboration between government agencies and development partners to push forward transition to formalization?
7. How effective were the chosen strategies and implementation modalities in achieving the project targets? What are the good practices and lessons to be learned from the project approach and strategy? What are the key lessons learned and recommendations for the design of possible next phase?
8. To what extent has the project management and coordination mechanisms adequately addressed the needs and implementation challenges? How effectively the project management monitored project performance and results?
9. Is the project management and implementation participatory? And is this participation contributing towards achievement of the project outcomes and objective?

Efficiency of resource use

10. How efficiently have resources (staff, time, expertise, budget, etc.) been allocated and used to provide the necessary support and to achieve the broader project objective and results?

Impact orientation

11. Assess project impact, including the extent to which the capacity of the ESIC as well as other stakeholders in India involved in social health insurance, health system and formalization of the informal economy has been strengthened, as a result of the project contribution
    - To what extent has the project contributed towards improving the capacity of ESIC to plan, implement and manage an improved and more equitable, gender-sensitive, efficient and sustainable health financing scheme?
    - To what extent has the MoLE and ESIC been successful in getting government support for the testing and for driving the reform.
12. To what extent can now access to health care services be improved, and ESIS coverage be expanded, as a result of the project intervention?
13. Are there any positive or negative, intended or unintended, higher-level effects?
14. To what extent has the project promoted formalization and transition to formality in India?

Sustainability

15. What strategies have the projects put in place to ensure continuation of the initiative, if the support from the ILO ends? How can the projects' key partnerships contribute to the sustainability of the initiatives under the projects and to what extent?
16. How effective has the project been in establishing and fostering national/local ownership, building capacity, and creating linkages to alternative resources to facilitate sustainability?

Tripartism, social dialogue, gender equality and non-discrimination

17. To what extent has the project contributed to gender and disability and social inclusion and what are opportunities/gaps? How can the project promote non gender discrimination, gender equality and disability and social inclusion more effectively?

18. To what extent do the governance arrangements of the project provide for quality tripartite dialogue on the project's agenda and priorities?

COVID 19 and other challenges and risks

19. To what extent has the project contributed to COVID-19 response/recovery?
20. How well had the project managed the major challenges/risks that affected project performance (including those related to COVID-19)?
21. Are there any other major changes in context and any adjustments needed to address these issues?
22. Are there any opportunities to address challenges that have affected project progress?

Evaluation methodology

The ILO's policy guidelines for evaluation (3rd edition, 2017) provides the basic framework of the methodology. The evaluation will be carried out according to the ILO's standard policies and procedures and comply with the United Nations Evaluation Group (UNEG) norms and standards and the OECD/DAC evaluation quality standards.

As the COVID-19 pandemic continues to persist, this evaluation is guided by the ILO's Implications of COVID-19 on evaluations in the ILO: An internal guide on adapting to the situation.

According to the guide, the COVID-19 situation will be assessed by the EM together with the ILO project team. A decision on the final evaluation methodology will be decided before the contract is finalized and signed. The following are two possible scenarios, if the COVID-19 situation continues to persist.

Scenario	Adaptation	Tools
During the contract development phase, if travel restrictions are applied in India, Lock down applied, and stakeholders are unwilling to meet in person.	Totally remote	• Skype, S4Biz, Webex or ZOOM • Survey Monkey or similar tool
During the contract development phase, if mobility within the country is allowed and some stakeholders are unwilling to meet interviewers in person.	Hybrid—remote/face -to-face data collection	• Skype, S4Biz, Webex or ZOOM • Survey Monkey or similar tool • IOCE website to help identify national consultants
Lock down not applied, and all stakeholders are willing to meet interviewers in person.	Business as usual	• Face to face meeting and interviews

The evaluation consultant or team will apply an appropriate methodology to gather data and information to offer a diverse perspective to the evaluation and to promote as much engagement of key stakeholders of the project at all levels as possible during the design, field work, validation and reporting stages. To collect the data for analysis, the evaluation will make use of the techniques listed above, but not limit to them).

Desk review. It will include a review of available documentation

- United Nations Sustainable Development Goals Programme
- United Nations Sustainable Development Framework for India (2018-22)
- Decent Work Country Programme for India 2018-2022
- Project Proposal to BMGF

- Progress Narrative Report to BMGF
- Results Framework and Trackers
- MTE report
- Financial reports
- Minutes of meetings
- Knowledge products under Component 2
- Other project related documents

Key informant interviews/focus groups meetings will be conducted by ILO project staff, specialists, BMGF, stakeholders and development partners (as much as possible), as listed in Annex 3.

The evaluation approach and methodology should be determined by the evaluation team in consultation with the Evaluation Manager based on what is appropriate and feasible to meet the evaluation purpose, objectives and answers to evaluation questions. As much as practically possible, the data from these sources will be triangulated to increase the validity and rigor of the evaluation findings.

At the end of the field work the evaluation consultant or team will present preliminary findings to the project key stakeholders in a workshop to discuss validate and refine the findings and fill information gaps.

9. Main deliverables

All the deliverables are to be produced and presented by the evaluation team need to be in the English language. These are:

a) **An inception report** – At the end of the inception phase (end of March), the evaluation team will submit an inception report. The inception report will:
   - Describe the conceptual framework that will be used to undertake the evaluation.
   - Elaborate the methodology proposed in the TOR with adjustments and precisions as required;
   - Set out the evaluation matrix to indicate how information and data for addressing each evaluation question and project's performance indicators will be gathered. This must include data sources, (emphasizing triangulation as much as possible) data collection methods, and sampling;
   - Detail the work plan for the evaluation, indicating the phases in the evaluation, their key deliverables and milestones;
   - Set out the list of key stakeholders to be interviewed and the guides to be used for interviews, observation, focal groups and other techniques that may be applied;
   - Develop data collection tools and questionnaires;
   - Set out the agenda for the stakeholders' workshop.

Before proceeding with the fieldwork, the Evaluation Manager should approve the Inception Report in consultation with the project team/ consultant.

b) **A debriefing workshop to present preliminary findings** at the end of the virtual data collection phase. The evaluation team will organize a half day meeting to discuss the preliminary findings of the evaluation after data collection is completed and an initial analysis has been done. The

workshop will be attended by ILO project team and specialists. It will be technically organized by the evaluation team, with the logistic support of the project.

c) **Present key evaluation findings** to the project stakeholders, at the final evaluation meeting in May. A PowerPoint presentation should be prepared for the presentation.
d) **First draft of the Evaluation Report** (see outline below) must be submitted 1st week of May. The report will be reviewed by the evaluation manager to ensure the quality of the report. After that, it will be shared with all relevant stakeholders for two weeks for comments. The comments will be provided to the evaluation team who will then produce a final version that integrates the comments.
e) **Final version of the Evaluation Report** incorporating comments received (or a specific justification for not integrating comments). The report should be no longer than 50 pages excluding annexes. The quality of the report will be assessed against the EVAL checklist, see Annex 6. The report should also include **a section on output and outcome level results against indicators and targets as well as comments on each one.** The final version is subjected to final approval by EVAL (after initial approval by the evaluation manager/regional evaluation officer)
f) **Executive summary and lessons learned and good practices** in the ILO EVAL template

The draft and final versions of the Evaluation Report in English (maximum 50 pages plus annexes) will be developed, following the following structure:

1. Cover page with key project data (project title, project number, donor, project start and completion dates, budget, technical area, managing ILO unit, geographical coverage); and evaluation data (type of evaluation, managing ILO unit, start and completion dates of the evaluation mission, name(s) of evaluation team(s), date of submission of evaluation report).
2. Table of contents
3. Acronyms
4. Executive summary
5. Background of the project and its intervention logic
6. Purpose, scope and clients of the evaluation
7. Methodology and limitations
8. Review of project results
9. Presentation of findings (by evaluation criteria)
10. Conclusions and recommendations (including to whom they are addressed, resources required to implement the recommendations, and their priority and timing)
11. Lessons learnt and potential good practices
12. Annex (TOR, indicator table with the status achieved to date of project indicators/targets and a brief comment per indicator, a list of people interviewed, schedule of the field work, list of documents reviewed, lessons and good practices as per ILO template – one lesson learnt or good practice per template, other relevant information).

Ownership of data from the evaluation rests jointly with the ILO and the evaluation team/ consultant. The copyright of the evaluation report will rest exclusively with the ILO. Use of the data for publication and other presentations may 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.

10. Management arrangements and work plan

The evaluation manager (from within the ILO), who has not had prior involvement in the project, will manage this final evaluation. The evaluation team reports to the Evaluation Manager.

The Evaluation Manager is responsible for completing the following specific tasks:

- Draft and finalize the evaluation TORs with inputs from key stakeholders (draft TORs to be circulated for comments).
- Develop the Call for Proposal and the selection of the IE, in coordination with the Regional Monitoring and Evaluation Officer and EVAL.

- Brief the evaluation team on ILO evaluation policies and procedures.
- Initial coordination with the project team on the development of the field mission schedule and the preliminary results workshop.
- Approve the Inception Report.
- Circulate the first draft of the evaluation report for comments by key stakeholders.
- Ensure that the final version of the evaluation report addresses stakeholders' comments and meets ILO requirements (See Annex 1).
- Share the report with EVAL for final approval and uploading in the public e-discovery repository.

Evaluation team/ or consultant(s). The evaluation will be undertaken by a team of two consultants. The evaluation team will have the final responsibility for the evaluation report and ensure the quality of data (validity, reliability, consistency, and accuracy) throughout the analytical and reporting phases. The evaluation team will agree on the distribution of work and schedule for the evaluation and stakeholders to consult. It is expected that the report will be written in an evidence-based manner.

11. Administrative and logistic support

The project team in India will provide all required administrative and logistical support to the evaluation team (including organizing debriefing workshop and final evaluation meeting) and will assist in providing list of informants and their contact details, and a detailed evaluation mission agenda for the national consultant. The project management will ensure that all relevant documentation will be made available in a timely manner to the evaluation team.

12. Clients, users and key stakeholders

The user are all the stakeholders, and they 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 TORs and to the draft final evaluation report. The main stakeholders that should be consulted as following:

- Project team and Country director.
- Country stakeholders including ESIC, Government of India (MOLE, MOHFW), workers' organizations and employers' organizations.
- The ILO HQ, the DWT-New Delhi and its technical and programme backstopping officers.
- Bill and Melinda Gates Foundation as the donor agency.
- The ILO Regional Office for Asia and Pacific.
- Other relevant ILO policy departments, branches and projects.

13. Evaluation timetable and schedule

The final evaluation will be conducted tentatively between March and June 2021. (Field mission to take place between 1st and 2nd week of April 2021)

Task	Responsible person	Timeline
Preparing and drafting TOR Evaluation Manager	Evaluation Manager	January 2021
Sharing the draft TOR with all stakeholders for comments/inputs	Evaluation Manager	January 2021
Finalization of the TOR	Evaluation Manager	January 2021
Approval of the TOR EVAL	EVAL	End of January 2021

Circulation of TOR		January-February 2021
Selection of consultant	Evaluation Manager/ROAP/EVAL	11 March 2021
Sign the contract (vendor registration requires 2 weeks)		20 March 2021
Brief evaluators on ILO evaluation policy	Evaluation Manager	20 March 2021
Desk review, and audio/skype/video conference with project, and inception report	Project and evaluators (at home based)	Submission of inception report – last week of March
Data collection	Evaluation team	1st-2nd week of April 2021
Debriefing workshop (included in the evaluation mission)	Evaluation team /PM	2nd /3rd week of April 2021
Final evaluation meeting with all project stakeholders in India (Stakeholder's workshop)	Evaluation team/ all project stakeholders	3rd week of April 2021
Drafting of evaluation report and submitting to the Evaluation Manager	Evaluation team	3rd - 4th week of April 2021. Draft report submitted to EM by 1st week of May 2021
Sharing the draft report to all concerned for comments	Evaluation Manager	1st -3rd week of May 2021
Consolidated comments on the draft report, send to the evaluator	Evaluation Manager	4th week of May 2021
Finalisation of the report	Evaluation team	1st week of June 2021
Review of the final report	Evaluation Manager	1st week of June 2021
Submission of the final evaluation report	Evaluation Manager	2nd week of June 2021
Approval of the final evaluation report	EVAL	4th week of June 2021

Proposed workdays (payable days) for the evaluation team

Phase	**Responsible person**	**Tasks**	**# Days**
I	Evaluator	- Briefing with the evaluation manager, the project team and the donor. - Desk review of programme related documents. - Inception report.	10
II	Evaluator organisational support from ILO	- In-country (India) consultations with programme staff. - Field visits. - Interviews with projects staff, partners beneficiaries. - Survey (if needed). - Debriefing workshop. - Final evaluation meeting.	17

III	Evaluator	- Draft report based on consultations from field visits and desk review, and the debriefing workshop and final evaluation meeting (Stakeholder's workshop).	12
IV	Evaluation Manager	- Quality check and initial review by Evaluation Manager. - Circulate revised draft report to stakeholders. - Consolidate comments of stakeholders and send to team leader.	0
V	Evaluator	- Finalize the report including explanations on why comments were not included.	3
Total			**42***

* These are the maximum working days for the evaluation team. The proposed number of working days for each task can be re-adjusted.

14. Resources

Funding for the evaluation will be provided by the project. Estimated resource requirements cover:

- Evaluation team member's professional fee.
- Local transportation in the country (if it is agreed by the evaluation team, EM and project team to conduct field visits).
- Final evaluation (Stakeholder's) workshop.
- Communication cost (actual).
- Interpreting and translation service cost (if needed).

15. Required qualification of consultants

Required qualifications of the lead evaluator

Advanced university degree with minimum 10-12 years of relevant experience in international projects /project evaluations

- Either Indian or foreigner. In any case, s/he must be based in India.
- Has good understanding of the political context the project navigates in.
- Demonstrated knowledge/experience with the application of rights-based approaches, an understanding of human rights, social protection, and the ILO decent work agenda.
- Experience in evaluating projects related to health financing, equity in healthcare financing.
- Experience in using the Theory of change approach in evaluations.
- Relevant experience with Results Based Management.
- Extensive experience in applying, qualitative and quantitative evaluation methodologies.
- Knowledge of ILO's roles and mandate and its tripartite structure as well as UN evaluation norms and its project is desirable.
- Proven ability to produce analytical reports and a good command of English.
- Ability to bring gender-sensitive and disability-inclusive dimensions into the evaluation in the design, data collection, analysis and report writing of the evaluation.
- Excellent analytical skills with the ability to analyse and interpret data from a range of sources.
- Be flexible and responsive to changes and demand.
- Be client oriented and open to feedback.
- Be able to work efficiently and effectively in situations with tight and demanding deadlines.

Required qualifications of the potential second consultant

- Indian national.
- University degree with minimum 3 years of experience in project /project evaluations.
- Demonstrates knowledge and experience with the application of rights-based approach.
- Experience in using the Theory of change and log frame analysis approach on evaluation is an advantage.

- Extensive experience in applying, qualitative and quantitative research methodologies including participatory approaches.
- Knowledge of ILO's roles and mandate and its tripartite structure as well as UN evaluation norms and its programming is desirable.
- Proven ability to produce analytical reports in good command of English.
- Ability to bring gender and disability dimensions into the evaluation including design, data collection, analysis and report writing.
- Excellent analytical skills with the ability to analyse and interpret data from a range of sources.
- Excellent understanding local context in relation to health management and health insurance issues as well relevant international framework pertaining to the subject.
- Be flexible and responsive to changes and demand.
- Be client oriented and open to feedback.

Relevant policies and guidelines

ILO policy guidelines for evaluation: Principles, rationale, planning and managing for evaluations, 3rd ed. http://www.ilo.ch/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm

Code of conduct form (To be signed by the evaluation teams)

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

Checklist No. 3: Writing the inception report

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

Checklist 5: Preparing the evaluation report

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

Checklist 6: Rating the quality of evaluation report

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

Template for lessons learnt and emerging good practices

http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm
http://www.ilo.org/eval/Evaluationguidance/WCMS_206159/lang--en/index.htm

Guidance Note 7: Stakeholder's participation in the ILO evaluation

https://www.ilo.org/global/docs/WCMS_165982/lang--en/index.htm

Guidance Note 4: Integrating gender equality in the monitoring and evaluation of projects

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

Template for evaluation title page

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

Template for evaluation summary

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

UNEG ethical guidelines for evaluation

http://www.unevaluation.org/document/download/548

List of stakeholders (including but not limited to)

Government agencies

- MOLE
- MOH
- ESIC

ILO

- Project team
- INWORK
- DWT/CO - New Delhi

Employer / worker organizations or associations

- The Employers' Federation of India (EFI)
- The All-India Organization of Employers' (AIOE)
- Confederation of Indian Industry (CII)
- The Bharatiya Mazdoor Sangh (BMS) (Indian Workers' Union)
- The All-India United Trade Union Centre (AIUTUC)
- Self Employed Women's Association

Development partners /donor

- Bill and Melinda Gates Foundation
- World Bank
- Public Health Foundation India - PHFI *
- Access Health International *

** PHFI and Access Health have also been direct collaborators to the project (contracted for certain activities).*