



Evaluation Summary



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Support to the Extension of Social Health Protection in South East Asia – Independent Final Evaluation

Quick Facts

Countries: Viet Nam, Lao PDR and Myanmar, and a Regional South-East Asian Component

Final Evaluation: 8 November 2021

Evaluation Mode: Independent Final

Administrative Office: ILO Regional Office for Asia and the Pacific (ROAP)

Technical Office: ILO Decent Work Technical Support Team for East and South-East Asia and the Pacific (ILO DWT-Bangkok), and Social Protection Department (SOCPRO), Geneva

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Project Code: RAS/17/09/LUX

Donor(s) & Budget: The Government of the Grand Duchy of Luxembourg; USD 3,029,240

Keywords: Social Health Protection; Health Insurance; Social protection; Universal Health Coverage; Health Financing; Viet Nam, Lao PDR, Myanmar and Thailand; South-East Asia.

Background & Context

Background and project description

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

Purpose, scope and clients of the evaluation

The main purpose of this final evaluation is related to both accountability and learning. It is to enable project staff, constituents and other relevant stakeholders assess whether project outcomes have been met and take stock of lessons learnt that maybe relevant for a

follow-up phase or for similar future interventions (cf. Annex 1). The scope of the Evaluation covers the entire project period from the start on 1 October 2017 until the end of October 2021. It will cover all three project countries and the regional component; the evaluation will integrate ILO's cross-cutting issues, including the gender dimension, throughout the evaluation methodology and all deliverables. The primary clients of the evaluation are the ILO constituents and the ILO Offices in the three project countries, ILO ROAP and ILO HQ and the donor, while the secondary users are other interested partners, academic, other ILO units and regions, and public.

Methodology of evaluation

The evaluation will adopt a participatory process and will consult with the tripartite constituents and other key stakeholders throughout the evaluation process. The methodology includes a desk study, primary data collection through in-depth interviews and discussions which were all conducted online due to the COVID-19 pandemic, data analysis and reporting. It also includes a critical reflection process by the key stakeholders in particular through the online stakeholders' workshop and the inputs by stakeholders to the draft report. Key deliverables are the inception report, the preliminary presentation of findings at the virtual stakeholders' workshop, the draft report, and the final report taking into consideration the feedback on the draft report.

Main Findings & Conclusions

The *Relevance and Strategic Fit* of the SHP intervention is very high, and it is relevant to the needs of the target groups often lacking access to adequate social protection coverage, and to the mandate and priorities of the respective governments. The project is in principle also relevant to the social partners, but only few joint activities were developed. The intervention further clearly aligns to the SDGs, the ILO Programme and Budget (2020-21), the Decent Work Country Programmes (DWCP) as well as to the policies of the Government of Luxembourg. The evaluation further found that all stakeholders interviewed for this evaluation underlined the high relevance of the intervention, which even increased with the onset of the COVID-19 pandemic. The project has responded efficiently and flexibly to this pandemic in close cooperation with the Donor, the partners, ILO country offices, DWT and ROAP, and has contributed to a

series of specific COVID-19 responses. The response to the sudden emergence of the political crisis in Myanmar on the 1st of February 2021, was to follow the "UN Country Engagement Guidelines" and to complete those activities that could still be undertaken and to prepare for possible future engagements

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

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

The *Effectiveness* of the intervention in achieving the *Five Outcomes* was partial. While CONNECT has been

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

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

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

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

The project strategy and project management have clearly steered towards *Impact* by focusing on existing policy developments such as the merger into one NHI Scheme in Lao PDR, the revision of the SHI Law in Viet Nam and the administration/management support to the SSB in Myanmar. The regional component is intended to have a more indirect impact through the development of knowledge and capacity building which will ultimately support policy development. Financial health protection, contributing to Universal Health Coverage (UHC) and to SDG3, was supported through such activities as the costing exercise in Lao

PD and the actuarial work in Viet Nam. The intervention has delivered an impressive list of outputs (Annex 5) and these will have improved the capacity of national staff and of national institutions in implementing social health protection. It also clearly has strengthened the enabling environment for SHP through support to the development of laws/policies and through the various communication, advocacy and awareness raising activities which impacted the attitudes of staff of the partners. The COVID-19 pandemic has not specifically affected the potential impact of the project since most activities could be continued with online modalities. Stakeholders further underlined that ‘learning from each other’ (in terms of countries) has been enhanced e.g. through the trainings, and the regional component has given a real push to this through the development of the Compendium, and potentially also through the setting up of CONNECT.

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

With respect to *ILO’s Cross-cutting issues* the attention may have to be enhanced for some of these issues. The project’s objectives and outputs are clearly consistent with prescriptions in ILO’s normative instruments (including ILS) and the basis for the SHP intervention is formed by the Social Security Convention (C102) and the Social Protection Floors Recommendation (R202). More needs to be done

concerning social dialogue to sensitize the social partners around SHP. The project was definitely *gender* sensitive, and a few targeted activities were undertaken, but at the same time it was found that the attention and dedicated resources for enhancing gender equality was not systematically applied, and this may be enhanced in the second phase. Lastly, the intervention did not specifically look into disability and non-discrimination.

Recommendations

1. **Continue with the organization of a major Closing Event whereby the Regional Compendium can be launched**, and where the dialogue with the key partners can be enhanced and focused on issues of sustainability.
2. **Consider an additional, second no-cost extension if the 2nd Phase cannot start directly in November/December 2021** in view of maintaining the existing continuity stability of the Project Team.
3. As many activities undertaken in the current phase of the SHP project need a sustained follow-up and support, **the strong Recommendation to the ILO and the Donor is to agree on the Second Phase Proposal with a few modifications** (as below). The current proposal for the 2nd Phase is appropriate in that it reflects the needs of Lao PDR and Vietnam in terms of social health protection as can be seen from the priorities listed by the stakeholders at the last Steering Committee meeting (see Annex 9). It is also appropriate in its focus on Lao PDR, Viet Nam and the Regional Component. However, the provision to include Myanmar in this particular intervention if and when the political crisis there is resolved seems optimistic in view of the current directives from the UN and from the Government of Luxembourg; in addition, such a conditional provision prevents solid planning within the second phase as resources need to be reserved for Myanmar which can subsequently not be included in the planning for the other countries/components. Besides, once the UN decides that its Development Programme can be opened up again for Myanmar sufficient funding will certainly be made available for this country from other funding sources/lines. Furthermore, the set-up of the project is already sufficiently complex with two countries and a regional component (cf. the findings of the MTE and of the present evaluation). Therefore, one Modification is to reduce substantially the amount allotted in the 2nd Phase proposal to Outcome 4 on partnerships in the

region. A second Modification is to increase the share of ‘activities spending’ in Lao PDR as this is the country that is most in need of support and as this is the focal country for Luxembourg; for example, the ratio among components/countries can be similar as in the present phase excluding Myanmar (see Table 3). Staffing is the subject of the next recommendation.

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

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

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

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

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

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

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

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

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

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