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iTrack Evaluation

ILO EVALUATION

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

Contents

List of acronyms	4
Executive Summary	6
Project background and objectives	6
Evaluation background & methodology	6
Evaluation findings & Conclusions	6
Overview	6
Relevance and Validity of design.....	7
Project effectiveness	7
Efficiency of resource use	7
Impact and sustainability	7
Lessons learned	8
Emerging good practices	8
Conclusions	8
Recommendations	9
1. Project background	11
Background and Objectives	11
Key collaborators	11
Management set-up	12
2. Evaluation Background & Methodology	13
Background & objectives	13
Evaluation Criteria and Questions	13
Methodology	17
3. Project implementation	18
Project approach	18
Intervention logic/Theory of Change	19
Regional	20
Lao PDR	22
Myanmar	23
Viet Nam	24
Overview	25
4. Main evaluation findings.....	26
Relevance and Validity of design of the project	26
Project effectiveness	28
Efficiency of resource use	29
Impact and Sustainability	30

Work focus in the final year of the project	32
Visibility	33
Possible project extension/second phase	33
5. Lessons learned & good practices.....	35
Lessons learned	35
Emerging good practices	35
6. Conclusions & recommendations	36
Conclusions	36
Recommendations	36
Appendices	38
Appendix 1. Results and monitoring framework	38
Appendix 2. Lessons learned	50
Appendix 3. Emerging good practice	51
Appendix 4. Terms of Reference	53
Appendix 5. Inception Report	70
Appendix 6. List of persons interviewed.....	81

List of acronyms

ASEAN	Association of Southeast Asian Nations
BKK	Bangkok
CTA	Chief Technical Adviser
DPs	Development Partners
DWT	Decent Work Team
HR	Human Resources
HSPI	Health Strategy and Policy Institute (Viet Nam)
ILO	International Labour Organization
JPO	Junior Professional Officer
KIHASA	Korea Institute for Health and Social Affairs
Lao PDR	Lao Popular Democratic Republic
MLSW	Ministry of Labour and Social Welfare (Lao PDR)
MOH	Ministry of Health (Vietnam, Lao PDR)
MoHS	Ministry of Health and Sport (Myanmar)
MOLISA	Ministry of Labour, Invalids and Social Affairs (Viet Nam)
MOLIP	Ministry of Labour, Immigration and Population (Myanmar)
MOPH	Ministry of Public Health (Thailand)
MU	Mahidol University
NHI	National Health Insurance (Lao PDR)
NPC	National Project Coordinator
NSSF	National Social Security Fund (Lao PDR)
OECD	Organisation for Economic Co-operation and Development
PPS	Provider-Purchaser Split
RTF	Regional Technical Facility
SHP	Social Health Protection
SRC	Swiss Red Cross
SSB	Social Security Board (Myanmar)
SSO	Social Security Office (Lao PDR)

ToR	Terms of Reference
TPHI	Tropical and Public Health Institute (Lao PDR)
UHC	Universal Health Coverage
USD	United States Dollars
VCCI	Vietnam Chamber of Commerce
VGCL	Vietnam General Confederation of Labour
VN	Viet Nam
VSS	Vietnam Social Security
VZF	Vision Zero Fund
WB	World Bank
WHO	World Health Organization

Executive Summary [TBC]

Project background and objectives

The Luxembourg-funded ILO project “Support to the Extension of Social Health Protection in South-East Asia” has the overall objective to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, 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 has 2 regional outcomes involving (i) capacity-building (including the establishment of a regional technical facility (RTF)) and (ii) policy adoption; and three national outcomes in the three countries concerned which effectively involve the provision of capacity-building and technical support in line with the identified needs of the countries.

Evaluation background & methodology

The mid-term evaluation aims to review and assess progress and achievements of the project against its planned objectives and outputs by using OECD/DAC evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability) and to recommend modifications for improvement. The evaluation contributes towards organizational learning and promoting accountability to the ILO, national key stakeholders and the donor. The evaluation also aims at documenting lessons learnt and emerging good practices. The results of the midterm evaluation will also guide the project management in planning implementation of the second half of the project. The evaluation covers the project as a whole from its inception until the end of December 2019; and all geographical coverage of the project (i.e. regional, Lao PDR, Myanmar and Viet Nam).

The clients and users of the independent evaluation include the ILO management at country, regional and Headquarters levels, the donor, ILO tripartite constituents and the partners of the project. The evaluation was carried out by Dr. Mel Cousins. The evaluation manager was the CTA, Ms. Phe Goursat.

Evaluation findings & Conclusions

Overview

Overall, the project is on target. Despite considerable complexity in design (working at the regional level and in three countries), there have not been any major issues in implementation and considerable credit is due to the project team for their successful implementation of such a large project. Project implementation is largely on target with between 80-93% of planned activities having been implemented (by the project’s own measurement). The lowest level of implementation has been in Viet Nam but here any delays appear to have largely arisen from delays in relation to the reform of the Health Insurance Law which are outside the control of the project.

Relevance and Validity of design

Overall, the project is highly relevant to the needs of the countries concerned, ILO and the donor. The project design (priorities, outcomes, outputs and activities) and its underlying theory of change are logical and coherent. Overall, the project is well designed, combining strategic activities at regional level with related policy and implementation-related activities in three countries. The project activities and outputs of the programme were consistent with the overall goal and the attainment of its objectives. In terms of project design, one positive feature was the provision of an implementation period which allowed the project team to plan activities in line with the current needs of the project partners.

Project effectiveness

Overall, the project implementation is largely on target, allowing for its delayed inception. The project has achieved an impressive list of outputs and these will have improved the capacity of national staff in implementing social health protection. Given the scope of the project and the fact that this is a mid-term evaluation, it is more difficult to identify concrete policy changes which can be causally linked to project activities. Developing social protection policy is a long-term process. However, if one looks, for example, at Lao PDR where ILO has played a long-term role (supported by the Government of Luxembourg), it is clear that this support (together with that of other DPs) has played a significant role in influencing and improving social health protection.

The key stakeholders are very happy with the project and very positive about the quality of ILO technical assistance. National ownership appears to be strong. The project has worked closely with other DPs and these were also very positive about the project's work and the level of co-operation.

Efficiency of resource use

Based on the findings in this report in relation to the achievement of project activities, it would appear that resources (funds, human resources, time, expertise etc.) been allocated strategically to achieve outcomes and have been used efficiently. Activities supporting the strategy have, in general, been cost-effective. No examples of wasted or misused resources were identified during the course of the evaluation.

Impact and sustainability

Overall, the project looks likely to increase the capacity of SHP staff at regional and national level and, both through this improved capacity and through the technical assistance being provided, to improve the quality of SHP policies. This is based on the assumption that the provision of technical assistance by ILO (advice, capacity building, etc.) will lead to improved social health protection policies (new strategies, laws, etc.) and to improved implementation of SHP policies leading to improved social health protection

(e.g. broader scope of health care, improved levels of coverage) which will, in turn, lead to better living standards/reduced poverty.

In terms of sustainability, the strong focus of the project on capacity building work will contribute to the sustainability of its impact. The fact that ILO has had a long-term engagement in Lao PDR and (albeit somewhat intermittent) in Myanmar will also contribute to the impact of its policy and implementation-related work. The establishment of *Connect* also has the potential to enhance the sustainability of the project work.

Lessons learned

The key lesson learned to date would appear to be that, in subregions where it is possible, a regional approach to projects is an optimal approach and can use ILO resources and abilities to best effect. The project shows that it is possible to combine work at a regional and national level and that there can be synergies between both levels with, for example, national staff attending courses organized regionally and the regional level drawing on the outcomes of national studies.

Emerging good practices

In terms of good practices, the project design is an example of good practice. The flexible project design allowed for a project inception period of 6 months to agree with national stakeholders and the donor on a detailed work plan for each country; as well as for a better definition of the regional component of the project. The inception period allowed the project team to design activities which reflected the current priorities of the relevant Ministries/agencies in line with the overall outcomes/outputs of the project.

A second example of good practice, in terms of implementation, is the study carried out in conjunction with VGCL in relation to awareness of SHP amongst women workers in Viet Nam (with over 400 women in 2 provinces). This study is a concrete example of gender-responsive activities and can form a basis for further activities with VGCL to improve awareness. It is also an approach which could be duplicated in other countries in relation to awareness of other social protection policies.

Conclusions

Overall, we can conclude that the project is very relevant to the needs of the stakeholders, the ILO and the donor and it is well designed with high complementarity between the different components. However, the project design is very complex (in terms of the issues, methods, topics and locations on which the project works) and it is suggested that, if a second phase or extension is being considered, the complexity of the project (in terms of components) should be reduced.

The implementation of the project, after an initial delay, is broadly on target and the project team estimate that 80-93% of planned activities have been implemented to date. There is a strong case for a no-cost extension of the project for say 6 months to restore the original implementation period and allow for effective disbursement of project funds.

This would allow for full project support during the implementation of the Master’s course and allow time for full absorption of TA by national partners.

Sustainability of the project work is heavily dependent on further ILO work both at regional level and at national level. There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project.

Recommendations

We highlight the following recommendations:

Recommendation	Responsible	Timescale
No major change of resource allocation is proposed in the remaining period of the project. More focus might, however, be given to specific gender-related activities	Project team	Immediate
It should be a priority to develop a work plan and funding plan for <i>Connect</i> and to clarify its role in the remaining period of the project.	Project team	2020
Given the anticipated heavy work load in Myanmar for the year to come and high expectations from SSB, there would appear to be a need for increased inputs from the NPC. Consideration should be given to increasing this post to full-time. The modalities of this need to be discussed further given the current work-sharing arrangements to ensure that the NPC is able to allocate the additional time to the project in practice.	Project team (& ILO Myanmar)	Immediate
For the final evaluation, project outputs should be listed; specific areas of policy and/or implementation, where the project has had a specific impact should be identified; possible outcome indicators should be identified; and consideration should be given to including specific gender indicators and/or disaggregating existing indicators by gender.	Project team	Ongoing
There is a strong case for a no-cost extension of the project to allow for the full implementation of the workplan. This would certainly help to enhance the sustainability of project activities.	ILO & donor	Immediate
There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project to enhance sustainability. ILO should discuss with the donor a possible further extension or second phase of the project.	ILO BKK/HQ & donor	2020

In this context, ILO should develop an explicit business case as to the role and value of <i>Connect</i> in the medium to long term with a three-year work plan including funding.	ILO BKK	Immediate
If a second phase is envisaged, it is recommended that a no-cost extension should be used as a bridge to that second phase and any refocusing of activities should be phased in during the no-cost extension.	ILO & donor	2021

1. Project background

Background and Objectives

The Luxembourg-funded ILO project “Support to the Extension of Social Health Protection in South-East Asia” has the overall objective to support more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, 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 has five outcomes:

Outcome 1. A sustainable network of educational and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection [Regional]

Outcome 2. A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence [Regional]

Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR

Outcome 4 – Effective, efficient, accountable and sustainable Social health protection delivered with an increased coverage in Myanmar.

Outcome 5 - Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam

Thus, the project has 2 regional outcomes involving (i) capacity-building (including the establishment of a regional technical facility (RTF)) and (ii) policy adoption; and three national outcomes in the three countries concerned which effectively involve the provision of capacity-building and technical support in line with the identified needs of the countries.

Key collaborators

The project is implemented by the ILO. The external stakeholders of the project include the following institutions:

- Lao PDR: Ministry of Labour and Social Welfare, National Social Security Fund, Ministry of Health, National Health Insurance Bureau, Lao Federation of Trade Unions, Lao Chamber of Commerce and Industry
- Viet Nam: Ministry of Health, Viet Nam Social Security, VGCL and VCCI
- Myanmar: Social Security Board, Ministry of Labour, Immigration and Population, Ministry of Health and Sports; Myanmar workers and employers’ organizations
- Regional: Mahidol University (Thailand); the Korean Institute for Health and Social Affairs (KIHASA); Seoul National University; the Health Strategy and Policy Institute (VN).

Management set-up

The Project is under the overall responsibility of the ILO Regional Office for Asia and the Pacific based in Bangkok. The respective ILO Country Offices for Myanmar, Lao PDR and Viet Nam are the collaborating units. The project team consists of a Chief Technical Advisor (CTA, full-time, based in Hanoi), three national project coordinators (1 full time, 2 part-time) and 3 admin and finance Assistant (2 full-time, one part-time) reporting to the CTA. The CTA reports to the Director of CO-Hanoi. The Project also benefits from the support of a Junior Professional Officer from the Grand Duchy of Luxembourg based in ILO Bangkok who works with the Thai and other partners in the development of the Regional Technical Facility. Technical backstopping of the project is the responsibility of the Social Protection Specialists of the DWT-Bangkok and the Social Protection Department (SOCPRO), Geneva.

A Project Steering Committee has been established with the participation of the ILO, the Government of Luxembourg and representatives of the governments and social partners in Myanmar, Lao PDR and Viet Nam, as well as academic institutions from Thailand. The Project Steering Committee meets annually to assess and validate the Project Annual Reports, Work Plans and Budget. Over 50% of attendance (53.5%) at the first two steering committees has been women.

Country work plans are developed through a consultative process whereby annual meetings are organised in each country at the end of each year. The consultative meetings include government, social security institutions and social partners representatives to identify priorities and develop a joint work plan.

It should be noted that the project formally commenced in October 2017 but there was considerable delay in commencing activities, largely due to delay in recruiting the CTA who commenced work in May 2018. This meant that the project Inception Report was only completed in January 2019 and the bulk of project activities have been in 2019 and 2020.

2. Evaluation Background & Methodology

Background & objectives

The mid-term evaluation aims to review and assess progress and achievements of the project against its planned objectives and outputs by using OECD/DAC evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability) and to recommend modifications for improvement. The evaluation contributes towards organizational learning and promoting accountability to the ILO, national key stakeholders and the donor. The evaluation also aims at documenting lessons learnt and emerging good practices. The results of the midterm evaluation will also guide the project management in planning implementation of the second half of the project.

The evaluation covers the project as a whole from its inception until the end of December 2019; and all geographical coverage of the project (i.e. regional, Lao PDR, Myanmar and Viet Nam).

The evaluation integrates (insofar as possible) the gender dimension, disability inclusion and other non-discrimination issues as cross-cutting concerns throughout the methodology, deliverables, and final report of the evaluation. In terms of this evaluation, this meant involving both men and women in the consultation and analysis. Insofar as possible, the evaluator reviewed data and information disaggregated by gender and assessed the relevance and effectiveness of gender related strategies and outcomes to improve lives of women and men.

The evaluation gives specific attention to how the intervention is relevant to the ILO's programme and policy frameworks at the national and global levels, UNDAF and national sustainable development strategy (or its equivalent) or other relevant national development frameworks, including any relevant sectoral policies and programme.

The clients and users of the independent evaluation include the ILO management at country, regional and Headquarters levels, the donor, ILO tripartite constituents and the partners of the project.

The evaluation was carried out by Dr. Mel Cousins. The evaluation manager was the CTA, Ms. Phe Goursat.

Evaluation Criteria and Questions

The detailed questions addressed in this evaluation are:

Criteria	Questions
RELEVANCE AND VALIDITY OF DESIGN	<ul style="list-style-type: none">• How well does the project design (priorities, outcomes, outputs and activities) address the stakeholder needs that were identified?• To what extent are the project design (priorities, outcomes, outputs and activities) and its underlying theory of change logical and coherent?

	<ul style="list-style-type: none"> • How responsive was the project design to national sustainable development plans for the SDGs? • Will the design need to be modified in the second half of the project? • To what extent has the project contributed to the implementation of strategies and policy frameworks of the country, ILO and SDC? • Within the context of ILO goal of gender equality, disability inclusion and other non-discrimination issues as well as national level policies in this regard, to what extent did the project design take into account: <ul style="list-style-type: none"> i. Specific gender equality and non-discrimination concerns relevant to the project context; ii. Concerns relating to inclusion of people with disabilities? • To what extent did the problem analysis identify its differential impact on men and women and on other vulnerable groups (like people with disabilities)? • How appropriate and useful are the indicators described in the project document/revised performance framework in assessing the project’s progress? • To what extent did the project design identify and integrate specific targets and indicators to capture: <ul style="list-style-type: none"> i. Gender equality and non-discrimination concerns? ii. Concerns regarding people with disabilities? • To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to : <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
EFFECTIVENESS	<ul style="list-style-type: none"> • What progress has the project made towards achieving its planned objectives? What are the reasons/factors behind that progress? What are the main constraints, problems and areas in need of further attention? • How and how well have stakeholders have been involved in the implementation? How well the national ownership is ensured? • Are stakeholders satisfied with the quality of tools, technical advice, training and other activities, delivered by the project?

	<ul style="list-style-type: none"> • Within its overall objectives and strategies, what specific measures were taken by the project to address issues relating to: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? • How effective were these measures in advancing gender equality and inclusion of people with disabilities within the context of project’s objectives? • To what extent were the intervention results monitored and achieved (or not) and what was their contribution (or not) towards: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? • To what extent the project results contribute (or not) to the identified SDGs and related targets? Even if the relevant SDGs had not been identified in design, can a plausible contribution to the relevant SDGs and related targets be established? • To what extent have intervention results been monitored and reported in terms of their contribution to specific SDGs and targets (explicitly or implicitly)? To what extent did the project increased stakeholders’ awareness on SDG targets and indicators relevant to Decent Work Agenda? (explicitly or implicitly)
EFFICIENCY	<ul style="list-style-type: none"> • Have the resources (including technical expertise, staff, time, information) been used in an efficient manner? • Has the project received adequate support from the relevant ILO units, the government and national partners? • To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhance projects relevance and contribution to priority SDG targets and indicators? (explicitly and implicitly) • To what extent did the project leverage partnerships other ILO projects in the region and with Global Programme to build linkages? • How well has the project management processes work in delivering project outputs and results? • To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: <ul style="list-style-type: none"> i. Gender equality and non-discrimination ii. Inclusion of people with disabilities?

	<ul style="list-style-type: none"> To what extent did the project leverage resources (financial, partnerships, expertise) to promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
IMPACT	<ul style="list-style-type: none"> What were the intervention's long-term effects in terms of reducing/exacerbating <ul style="list-style-type: none"> i. Gender inequalities and gender based discrimination? ii. Inequalities and exclusion faced by people with disabilities? To what extent did the project bring lasting changes in norms and policies that favour/promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)
SUSTAINABILITY	<ul style="list-style-type: none"> How effective and realistic is the exit strategy of the project? To what extent did the intervention advance strategic gender-related needs that can have a long term positive bearing on: <ul style="list-style-type: none"> i. Gender parity within the world of work? ii. Inclusion of women and men with disabilities within the world of work? To which extent the results of the intervention likely to have a long term, sustainable positive contribution to the SDG and relevant targets? (explicitly or implicitly)

In general, the evaluation questions appear to be appropriate.¹ Given that this is a mid-term evaluation, the questions on impact (above) needs to be interpreted as looking at the impact the project is likely to have in the longer term.

Based on discussions with the project team, additional issues considered include:

- Possible need to extend the closing date of the project on a no-cost basis
- Optimal location for CTA (in country vs BKK)

¹ See below for comments on the questions concerning disability.

- Issues for possible second phase based on outcome of work to date and views of stakeholders

In terms of the impact assessment, it is difficult, in many cases, to measure the impact which ILO work (and indeed much development work) has at a macro level. While it is easy to measure the *outputs* of ILO work (in terms of reports, training, actuarial studies, etc.) it is much more difficult to measure *outcomes*. Given the ex-post nature of the evaluation, it is necessary to rely on available data and interviews to assess the impact and it is not possible to adopt more sophisticated methodology.

In general, it is also difficult to measure efficiency in a concrete manner as ILO does not have any specific measure of efficiency and, even if it did, there is often a lack of comprehensive data in relation to inputs and outputs. However, this is a general constraint and an assessment has been made on the basis of the available data.

This mid-term evaluation considers options to address these issues for a final evaluation insofar as possible, e.g. re availability of data.

Methodology

The evaluation adopts the ILO's Evaluation Guidelines as the basic evaluation framework. It has been carried out in accordance with ILO standard policies and procedures, and complies with evaluation norms and follows ethical safeguards.

The evaluation methodology included:

- Desk review and analysis of documents related to the project including PRODOC, project progress reports, 2020-21 work plans and selected project outputs.
- Desk review of other relevant documents such as the Decent Work Country Programmes, national documents on social health protection, etc.
- Field mission in Viet Nam and Lao PDR in 3-11 February 2020.
- Consultation with key ILO Specialists

Fieldwork to Lao PDR and Vietnam took place in February 2020 to coincide with the organisation of a project conference in Vientiane. The evaluator also attended the project steering committee meeting during this mission. This also allowed interviews with representatives of Myanmar attending the conference. Skype interviews were carried out with stakeholders where direct meetings were not possible. A full list of persons interviewed is set out at Appendix 6.

A draft of the evaluation report has been shared with key stakeholders and their comments will be incorporated into the final draft.

The data obtained from interviews has been triangulated, insofar as possible, with data as to indicators and other available data. However, due to the limitations on data discussed above, the evaluation relies heavily on the views of key stakeholders.

3. Project implementation

This section describes the implementation of the project at regional and country level.

Project approach

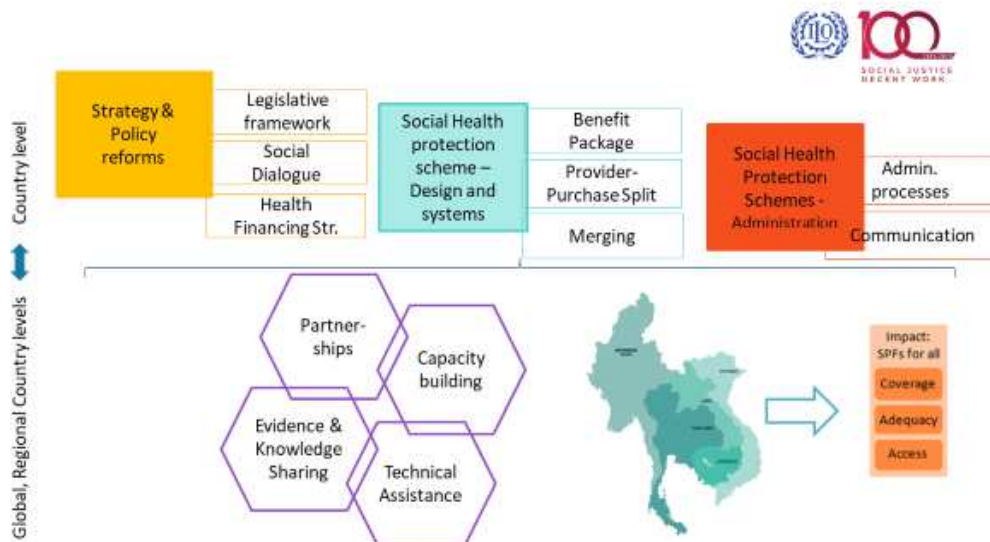
The project formally commenced in October 2017 but (as noted above) there was a significant delay in recruiting a CTA who did not commence work until May 2018. The project design included an inception period during which the project was put in place and staff assessed the current situation and developed a detailed workplan.

Oct.17 - Nov 18.	INCEPTION	<ul style="list-style-type: none">• Fund transfer and registration of the project in ILO management system• Team and workplace set up• Introduction and meetings with partners• Country level consultative workshops (basis for the first year work plan and budget)• Establish a Monitoring and Evaluation framework/Performance plan to track implementation progress and emerging results• Establish Steering committee meeting• Engage implementation of selected activities
Nov. 2018 – Dec. 2020.	IMPLEMENTATION	<ul style="list-style-type: none">• Implementation phase• Mid-Term Evaluation
Jan-Mar 2021	EVALUATION/CLOSURE	<ul style="list-style-type: none">• Implementation• Final Evaluation

While, in theory, the project duration was 42 months, this meant that in practice there was a period of only 34 months from the recruitment of the CTA. Project implementation commenced around the end of 2018 and this evaluation looks at implementation to December 2019 (although some more recent data has been included where possible).

Intervention logic/Theory of Change

The intervention logic/theory of change developed by the project is set out below.



The intervention targets three interrelated levels concerning the provision of social health protection:

- **The first focuses on the wider policy level (strategy and policy reforms)**, supporting the development of national social health protection gender responsive strategies/policies; health financing strategies; collaborating in the development of regulatory frameworks, including provision of services such as financial and actuarial assessments and contributing to national dialogue processes on the extension of social health protection.
- **A second level of support targets social health protection schemes**, including the scheme design aspects (benefit package, strategic purchasing, provider payment mechanism, etc.). Actuarial and financial reviews are also expected but this time targeting schemes, conducted upon request aiming to assess the financial viability of schemes; and recommendations provided to target countries on improving schemes financing and sustainability.
- Finally, **the third level has a more concrete emphasis on scheme management and administration**, including topics such as scheme governance; quality assurance, management information systems; and implementation modalities at decentralized level. Following the inception phase and depending on the assessment of country opportunities and needs, this component can also include supporting to pilot innovative implementation modalities.

Implementation of these three different levels of intervention both improves the capacity of national staff to improve policy and implementation and provides the tools to national agencies to improve policy and implementation.

A major focus of the project is on developing full ownership at national level and building capacities. In order to do so, the project took the approach of promoting deep

involvement of national partners (“doing together” as opposed “doing for them”). In concrete term, this translates into a slower pace to complete activities. In the project planning, it has been, therefore, crucial to take into account (i) the possible limited implementation capacity and (ii) the amount of time needed for partners to “absorb” the support being provided to them.

Regional

At regional level, the outcomes and outputs are:

Outcome 1: A sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection	Output 1.1: A gender-sensitive Regional Technical Facility (RTF) in the area of Social Health Protection is operational in partnership with national and regional stakeholders, inclusive of the private sector
	Output 1.2: Training programs available in the region to build the capacity of national stakeholders in the area of Social Health Protection
Outcome 2: A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence	Output 2.1: Capacity to formulate evidence informed gender sensitive policies in the area of Social Health Protection in the Region is reinforced
	Output 2.2: Awareness raised on Social Health Protection and Extension Strategies towards Universal Health Coverage through the undertaking of information and promotion campaigns jointly with other UN agencies including WHO and UN Women
	Output 2.3: Ways of communicating on results and impact improved and informing advocacy and crowd-funding campaigns organized with SOCPRO Geneva ²

There has been considerable activity at the regional level. In particular, the RTF (now known as *Connect*) has been established with a network of educational- and research institutions including Mahidol University (MU) (Thailand); the Korean Institute for Health and Social Affairs (KIHASA); Seoul National University; the Health Strategy and Policy Institute (VN) and ILO itself. *Connect* will commence a special social health protection strand of Mahidol University’s Masters in Public Health Management in August 2020 and 6 students from social health protection institutions in the three countries will be sponsored to attend.

Connect has also been involved in the provision of short-term training including actuarial training attended by 42 participants from four countries in Hanoi in 2019 (57% female participation).

In addition, the project has organised two cross-country learning workshops on Social Health Protection in Vientiane, Lao PDR; and three exchange workshop and study visits between Thailand, Myanmar and Indonesia on social security and social health

² It is not clear that the aspect of this output concerning “crowd-funding campaigns organized with SOCPRO Geneva” is still relevant.

protection.

A secretariat is being established in Mahidol and recruitment of a co-ordinator is underway. A detailed legal study has been carried out to identify options for a future legal structure and communications material (including a logo) for *Connect* have been developed. There have now been three international meetings of the partner organisations and *Connect* was presented at Global Social Protection Week in Geneva in 2019. A range of awareness materials have also been developed.

The workplan includes the development of a Compendium on social health protection policy development in a range of countries. This is intended to enhance Capacity to formulate evidence-informed gender-sensitive policies. The original number of countries to be included (11) has been expanded to 21. On the one hand, the enhanced scope and status of this study is obviously welcome. However, on the other, the expansion of scope may lead to some delay in final publication.

The modalities involved in these activities have been different from a normal ILO project, in that they are not being delivered by ILO only, but are closely involving the members of *Connect*. Both the Masters course and the Compendium involves participation of the members to the actual delivery/production: for instance, KIHASA and HSPI as resource persons to the Master implemented by Mahidol University; and HSPI, KIHASA, and MU being peer reviewers of the respective country cases for the compendium.

Connect has also been involved in providing technical assistance in both Lao PDR and Myanmar. The intention is to build regional and local capacity to reduce over reliance on international expertise. This is a significant investment from the project especially the CTA to ensure expected quality level.

Research on benefit/financial incidence analysis was identified as a priority topic. However, it appears that technical and political issues may mean that this research will not be able to proceed in all countries at this time.

Overall, there has been significant progress to achieve outcome 1 and progress towards outcome 2 (which necessarily follows on from outcome 1) can be expected in the coming year.

While the progress achieved in establishing *Connect* has been very impressive, the priority for the remainder of the project should be on consolidating its establishment. This is a new and innovative institution and ILO have correctly not been prescriptive about structures and activities. Building ownership from all members understandably takes time.

However, discussions with stakeholders indicate that, as was said at the last international meeting that '*Connect's* mandate and work is too abstract'. Several stakeholders expressed a wish for more concrete activities. The recruitment of a co-ordinator and the development of a detailed work plan for the remaining project period should be a priority. In addition, the future funding of *Connect* is unclear as it has been decided, for the moment, not to proceed with membership fees.

Some of the activities of *Connect*, such as capacity building, are relatively concrete. This also applies to the Compendium. Others, however, are less clear. For example, *Connect's* role in relation to awareness and advocacy has yet to be developed. It is envisaged that *Connect* could act as a 'gateway' for the provision of technical assistance but there are a number of issues with this role. How is TA to be funded and what is the added-value of

going through *Connect* rather than a more traditional recruitment process? how to ensure quality control? how to avoid a heavy bureaucratic process? etc.³ In addition, several members of the network are interested in research but it is quite difficult to organise comparative research especially in developing countries. Therefore, it will be important to identify areas where there can be ‘quick wins’ both for *Connect* and the members so that the role and functions become clearer and that the members can see the value of their involvement.

Lao PDR

In Lao PDR, the outcome and outputs are

Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR	Output 3.1: Strengthened capacity of social health insurance management and administration
	Output 3.2: Capacity of Lao PDR stakeholders from different sectors in the area of social health protection is enhanced to ensure an effective, efficient, accountable and sustainable implementation of gender responsive social health protection
	Output 3.3: Relevant policy reforms are prepared, informed by evidence (particularly costing exercises) produced within the Project
	Output 3.4: Harmonized social health protection arrangements and institutional support systems are in place, with the aim of gender parity in relevant decision-making bodies

The project’s work in Lao PDR builds on previous ILO activities including the Lux-funded project *Supporting the establishment of the National Health Insurance scheme in Lao PDR*. As such, ILO has close links with the key stakeholders and other DPs.

Key activities in Lao PDR include:

- Design of the merged scheme and support to the assessment of the pilot to inform decision making
- Support to supervision and monitoring of the merging of health insurance schemes
- Support to the development of implementation guidelines for the smooth implementation of the NHI merged scheme
- Costing exercise on benefit package including a costing methodology and tools (ongoing)
- Dissemination of the Social Security Law including workshops.

The project has co-operated closely with other DPs who are active in the area of health

³ See, the example of Socieux which plays a similar ‘gateway’ role in accessing EU social protection experts for short-term missions in developing countries: <http://socieux.eu/>

policy. For example, the costing exercise has been carried out by a DP consortium including the World Bank, WHO, Swiss Red Cross and others. This helps to ensure co-ordination amongst DPs and a more coherent provision of advice and support to the Government.

There has been significant progress towards the achievement of outcome 3 and its sub-outputs and this can be expected to continue in 2020-21. Social health protection reform is a priority for the authorities in Lao PDR and ILO plays an important role in Lao PDR as part of a network of other DPs. However, there are significant capacity issues on the government side in translating technical assistance into policy and/or policy implementation and it does not appear that a higher level of investment would be warranted at this time.

Myanmar

In Myanmar, the outcome and outputs are

Outcome 4: Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar	Output 4.1 - The management and administration of the health insurance unit of the Social Security Board (SSB) is improved; including women’s share of decision-making; process and funds transfers are streamlined
	Output 4.2 – Capacity of national stakeholders in social health protection related topics is improved
	Output 4.3 – Relevant policy reforms are prepared, informed by evidence produced within the Project based on sex-disaggregated data and analysis

Key activities in Myanmar include:

- Knowledge gaps assessment of insured members on social security conducted, communication strategy designed and tools developed
- SSB business processes mapped, analysed and streamlined
- Feasibility study on OpenIMIS carried out⁴
- Support on developing Provider-Purchaser Split including assessment of pilots and detailed work plan for SSB to operationalize the Provider-Purchaser Split mechanism developed
- Capacity building (including exchange visits in Thailand and Indonesia) for SSB staff implemented
- Training on SHP for social partners
- Support to policy reforms through development of technical notes, technical inputs to the development of health financing strategy
- Scoping work on actuarial analysis which is intended to support the extension of coverage to dependants

⁴ The ILO-Korea project provides support to broader IT developments in SSB.

There has been significant progress towards the achievement of outcome 4 and its sub-outputs and this can be expected to continue in 2020-21. Social health protection appears to be an important priority for the Myanmar authorities starting from a low base. ILO appears to play a leading role in providing support to SSB and, albeit that there are capacity issues on the government side in translating technical support into action (e.g. absorbing the TA and taking action), continued ILO support would appear critical to further progress in this area. It is not clear that the current level of inputs from the project (half-time NPC, and about 20% CTA) will be sufficient to respond to the large needs and growing demand of the SSB.

Viet Nam

In Viet Nam, the outcomes and outputs are:

Outcome 5: Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam	Output 5.1 - Strengthened capacity of social health insurance management and administration, including women’s share of decision-making
	Output 5.2 - Capacity of national stakeholders in social health protection related topics is improved
	Output 5.3 – Relevant gender-responsive policy reforms promoting the sustainability of the schemes are prepared, informed by evidence produced under the Project
	Output 5.4 - Strategies and laws for the inclusion of both women and men “near poor” and informal economy workers are developed and implementation supported.

Key activities in Viet Nam include:

- Study on supplementary health benefits leading to a workshop and joint policy paper with the World Bank and WHO
- Regulatory impact assessment in relation to Health Insurance Law (ongoing) which includes a gender assessment
- Study with VGCL of awareness of social health protection amongst women workers
- Training for VGCL on HI Law and SHP
- Scoping mission on actuarial assessment with VSS

The activity with VGCL in studying awareness of SHP amongst women workers is interesting and innovative and could be replicated in other countries. This is identified as an emerging good practice in section 5.

Engagement with MoH on the reform of the Health Insurance Law has been slower than anticipated. This appears to be largely due to delays in the process itself which are entirely outside the remit of the project. This was specifically acknowledged in interviews with MoH. It is anticipated that this process will pick up pace in 2020 although it is

expected that this will be a long process with adoption of legislation expected by 2023 with implementation in the following 1-2 years. MoH expressed a desire for ongoing support from ILO and, in particular, for advice and technical assistance on specific topics (yet to be determined by MoH) during 2020.

Progress to achieving output 5 and its suboutputs has been more limited in Viet Nam, largely due to delays on the GoVN side. It is anticipated that the pace of implementation may pick up in the coming year as MoH now expect that the process of reform of the Health Insurance Law will gather speed. However, there are a number of other key DP in the health field and ILO has not traditionally had a strong engagement with health policy so its impact in VN is likely to be more limited.

Overview

Overall, the project is on target. Despite considerable complexity in design (e.g. working at the regional level and in three countries), there have not been any major issues in implementation and considerable credit is due to the project team for their successful implementation of such a large project. As set out in more detail below, project implementation is largely on target with between 80-93% of planned activities having been implemented (by the project's own measurement). The lowest level of implementation has been in Viet Nam but here any delays appear to have largely arisen from delays in relation to the reform of the Health Insurance Law which are outside the control of the project. However, there was a significant delay in commencing the project which contributes to the fact that expenditure has now only reached the 50% mark. The main reasons for the fact that the expenditure is not higher is that i) there have been a lot of low cost but labour-intensive activities under the workplan in line with the needs of the national partners; and ii) a delay in commencing the Masters (from early 2020 to August 2020) to which significant budget is going to be allocated

There is a strong case for a no-cost extension of the project to allow for the full implementation period as originally planned. This would certainly help to enhance the sustainability of project activities. It would also ensure that the project would be still in place and able to provide support for the duration of the Masters course (due to complete in July 2021). It should be noted that the ongoing Corona Virus issue is likely to lead to delays in project implementation. All travel is currently banned which has direct implications for the support which can be provided and a number of activities at country level have been postponed or are on-hold. The project is trying to compensate by remote support, tele-conferencing etc. but there are limits to this.

A more detailed assessment of project implementation in line with the Monitoring and Results Measuring System is set out at Appendix 1.

4. Main evaluation findings

This section of the report sets out the main findings in relation to the evaluation questions set out in section 2 under the headings of relevance, etc.

Relevance and Validity of design of the project

Overall, the project is highly relevant to the needs of the countries concerned, ILO and the donor. The project is part of the Global flagship programme *Building social protection floors for all*. Extending social protection, including by establishing sustainable social security systems and by establishing, maintaining and upgrading social protection floors comprising basic social security guarantees based on the Social Protection Floors Recommendation, 2012 (no. 202) is one of the key priorities of the ILO and the ILO Regional Office for Asia Pacific.⁵ The regional component of the project contributes to achieving the global products of the P&B Outcome 8 and the following regional outcome: *RAS 126 - Increased knowledge and capacity in the region to promote coherent policies in support of decent work for all women and men*.

At the country level, technical assistance in the three target countries contribute to the following Country Programmes Outcomes:

- *VNM151 - Strengthened national capacities and knowledge base for the effective implementation of social security policies and strategies;*
- *LAO226 - Social protection mechanisms strengthened and expanded, with a particular focus on the expansion of health insurance;*
- *MMR128 (revised MMR 151)- Extending social protection in Myanmar through social security policy review and national dialogue on a Social Protection Floor*

With regards to national development frameworks, the project aligns with the following:

- Laos: the 8th National Socio-Economic Development Plan (NSED) for 2016-2020; the Health sector reform strategy and framework till 2025 as well as the NHI strategy 2012-2020
- Viet Nam: Socio-economic development strategy 2011-2020, Ministry of Health's plan for people's health protection, care and promotion 2016-2020.
- Myanmar: the Myanmar Sustainable Development Plan 2018-2030, Myanmar National Health Plan 2017- 2021; Myanmar National Social Protection Strategic Plan 2014

The project is expected to assist Lao PDR, Myanmar and Viet Nam's efforts to meet the Sustainable Development Goals (2016-2030), most specifically Goal 3 "*Ensure healthy lives and promote well-being for all at all ages*" and also Goal 1 "*end poverty in all its forms everywhere*", Goal 5 "*Achieve gender equality and an empower all women and girls*", Goal 8 "*promote inclusive and sustainable economic growth, employment and decent work for all*" and Goal 10 "*reduce inequality within and among countries*"

⁵ Bali Declaration of the 16th Asia and the Pacific Regional Meeting, held in December 2016.

The project is also in line with the priorities of the donor, the Government of Luxembourg. The main objective of the development cooperation activities of the Luxembourg government is the eradication of poverty, in particular focusing on least developed countries. Development cooperation activities are concentrated on nine priority countries including Lao PDR and Viet Nam. Bilateral cooperation with Myanmar has been launched in 2015 with the start of first projects implemented by LuxDev. Universal health coverage is identified as an overall objective of Luxembourg Development Cooperation's activities.

The project design (priorities, outcomes, outputs and activities) and its underlying theory of change are logical and coherent. Overall, the project is well designed, combining strategic activities at regional level with related policy and implementation-related activities in three countries. The project activities and outputs of the programme were consistent with the overall goal and the attainment of its objectives. In terms of project design, one positive feature was the provision of an implementation period which allowed the project team to plan activities in line with the current needs of the project partners.

The project design is ambitious and complex,⁶ involving both the regional level and three separate countries. The level of complexity can be seen, for example, in the lengthy list of interviewees at Appendix 6. In practice, the project team have been able to manage the complexity which is a tribute to their ability. However, if a second phase was to be considered, it may be advisable to reduce complexity and to focus ILO resources in the areas where most value-added can be achieved.

Given that the project has only one year to run (and in the absence of any major implementation issues), no major change of resource allocation is proposed in that period. More focus might, however, be given to specific gender-related activities.

Gender equality is reflected throughout the project design, and is also addressed in specific activities addressing women's needs, e.g. the survey on awareness in Viet Nam. The need to implement activities having regard to gender issues is mentioned frequently in the PRODOC. However, gender-related indicators are not frequently included in the results and monitoring framework (see below).

Gender outcomes have been measured in terms of training/capacity building and over 50% attendance by women has been achieved overall:

⁶ By 'complex' I refer to the multiplicity of issues, methods, topics and locations the project is supporting. These include:

Issues: Policy, Design and systems, Administration;

Methods: Provision of Technical Assistance, Knowledge development, Capacity Building

Topics: MIS, actuarial analysis, law reform, communication etc.

Locations: 3 countries and regional level.

Participation in training, capacity building, etc by gender			
	Total	Women	Share Women/Total
Laos	566	275	49%
Myanmar	195	125	64%
Viet Nam	276	134	49%
Regional	119	67	56%
Total	1156	601	52%

The evaluation question concerning the extent to which project design reflected the concerns of people with disabilities is a relatively new addition. The term ‘disability’ is only mentioned three times in passing in the PRODOC and the project design did not ‘identify and integrate specific targets and indicators’ to capture specific issues concerning people with disabilities. However, it is not clear that this was a requirement at the time the PRODOC was drafted and, unless it was, it would be unfair to evaluate project design against this criterion.⁷ Given the links between disability and health, it may be assumed that the project will have had some positive impact on people with disabilities but this was not formally part of the work plan.

Project effectiveness

Overall, the project implementation is largely on target, allowing for its delayed inception. The project estimates that between 80-93% of planned activities have been implemented. As discussed in section 3 of this report (and set out in Appendix 1) the project has achieved an impressive list of outputs and these will have improved the capacity of national staff in implementing social health protection. Given the scope of the project and the fact that this is a mid-term evaluation, it is more difficult to identify concrete policy changes which can be causally linked to project activities. Developing social protection policy is a long-term process. However, if one looks, for example, at Lao PDR where ILO has played a long-term role (supported by the Government of Luxembourg), it is clear that this support (together with that of other DPs) has played a significant role in influencing and improving social health protection.

The key stakeholders were very happy with the project and very positive about the quality of ILO technical assistance. National ownership appears to be strong. The project has worked closely with other DPs and these were also very positive about the project’s work and the level of co-operation.

Within the project’s overall objectives and strategies, issues relating to gender equality and non-discrimination were certainly addressed. There were also specific activities relating to gender including the survey of women’s awareness and the regulatory impact assessment (ongoing) in Viet Nam. However, as noted above, in the remaining period more focus might be given to specific gender-related activities.

⁷ The answer to the remaining evaluation questions concerning disability is the same, i.e. that disability issues did not explicitly form part of the project plan or activities.

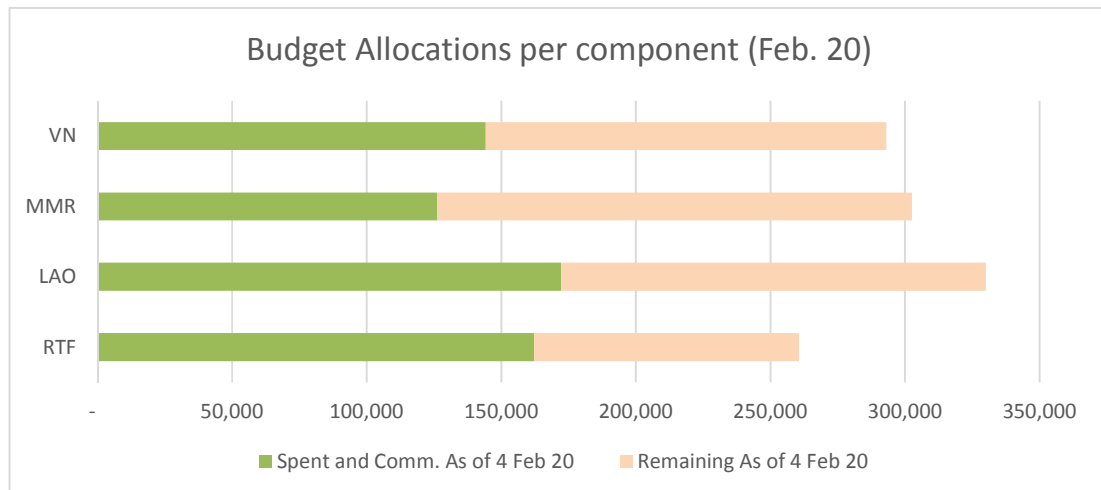
The management arrangements overall appear to have worked well. The placement of the CTA in-country rather than in Bangkok is somewhat unusual for an ILO Regional project and there have been some logistical issues arising. However, on balance, this does not appear to have given rise to any significant issues for project management. The JPO, who was located in Bangkok, played an important role in this regard in supporting the establishment of *Connect*.

The tripartite constituents have generally been involved in the project implementation, although this is perhaps an area where the social partners are less directly engaged than in other areas of social protection such as employment injuries or unemployment.

It is unrealistic to expect that a project such as this will have a measurable impact on the identified SDGs and related targets. A plausible contribution to the relevant SDGs and related targets can be established but this is in the realm of speculation rather than evaluation and one presumes that ILO does not normally design activities where no plausible contribution to SDG goals can be identified.

Efficiency of resource use

The total budget of the project was US\$ 3,029,240. The budget allocation by component as at 4 February 2020 is as follows:



As can be seen, expenditure is about the 50% mark, with the regional level and Lao PDR somewhat over 50% and Myanmar and Viet Nam slightly below.

Based on the findings in this report in relation to the achievement of project activities, it would appear that resources (funds, human resources, time, expertise etc.) been allocated strategically to achieve outcomes and have been used efficiently. Activities supporting the strategy have, in general, been cost-effective. No examples of wasted or misused resources were identified during the course of the evaluation.

However, due in part to the delay in commencing activities under the project, it is **not** expected that the current balance will be used in the remaining period of the project. It would appear that there is a strong case for a no-cost extension of the project in order to allow full implementation of planned activities in line with the existing budget to allow for

the slow absorption capacity of partners and to ensure that the project is able to provide support throughout the upcoming Masters course..

The project has, in general, received adequate support from the relevant ILO units, the government and national partners. The project has also shared resources with other ILO projects such as the VZF in Myanmar and has worked closely with other DPs, e.g. World Bank and WHO in VN (on supplementary benefits); with World Bank, WHO, Swiss Red Cross and others in Lao (on the costing exercise) and with P4H network in Myanmar. Through its collaboration with a number of institutions in establishing *Connect*, the project has leveraged partnerships that enhance the project's relevance.

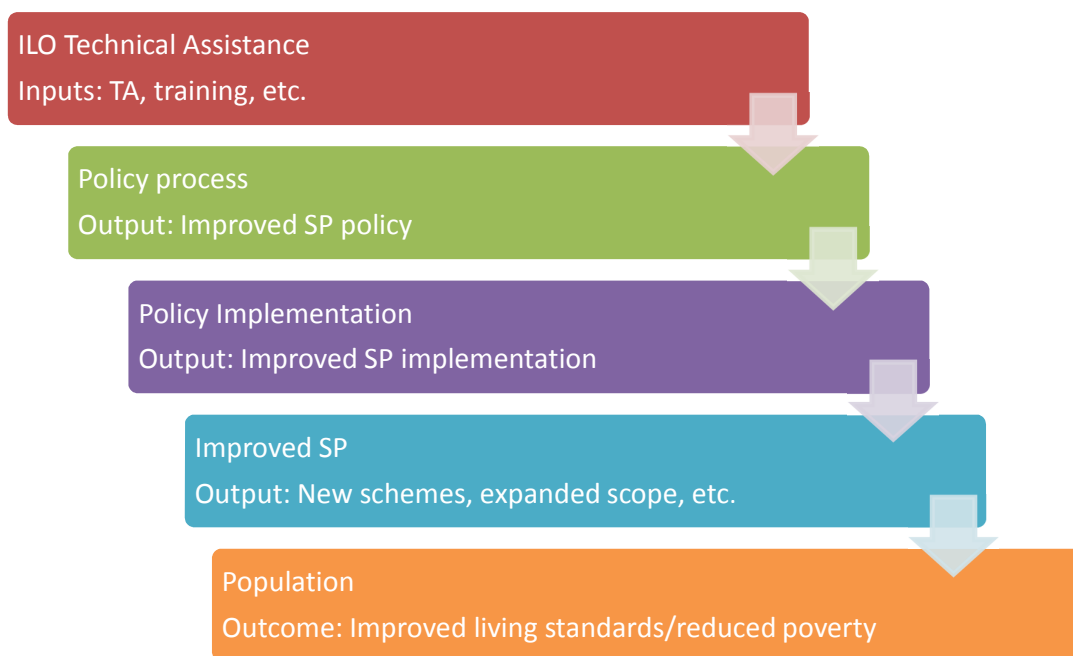
In general management capacities and arrangements provided the appropriate support to achieve results and project governance and management facilitated good results and efficient implementation. No significant issues in relation to project implementation were identified in the course of this evaluation. The CTAs and national co-ordinators have kept in close contact with key stakeholders and this has facilitated smooth management of the project.

Communication between the project team, the ILO and the implementing partners and the donor in project management and implementation appears to have been effective. No significant issues in relation to communication were identified in the course of the evaluation.

As noted above, the PRODOC did not identify issues concerning disability and so there was no specific budget for such issues. In relation to gender equality and non-discrimination, although such issues were addressed in the course of the project it is not clear that the budget explicitly factored in these costs nor that additional resources were leveraged in this area.

Impact and Sustainability

As noted above, given that this is a mid-term evaluation, the questions on impact need to be interpreted as looking at the impact the project is likely to have in the longer term. Overall, the project looks likely to increase the capacity of SHP staff at regional and national level and, both through this improved capacity and through the technical assistance being provided, to improve the quality of SHP policies. This is based on the assumption that the provision of technical assistance by ILO (advice, capacity building, etc.) will lead to improved social health protection policies (new strategies, laws, etc.) and to improved implementation of SHP policies leading to improved social health protection (e.g. broader scope of health care, improved levels of coverage) which will, in turn, lead to better living standards/reduced poverty.



Clearly, it would be preferable to evaluate projects on the basis of *outcomes* (or at least outputs). In reality, given the small scale and short duration of ILO projects (and limited data availability) it is never possible to prove the final outcome (improved living standards). Indeed, it may often be difficult (due to issues of causation, time lag and data limitations) to show that ILO support has led directly to improved social health protection. Thus, much of the focus of evaluation tends to be on inputs and outputs, both TA inputs (reports, training sessions, etc.), policy outputs (strategies, laws) and implementation outputs (e.g. improved procedures).

The project will not bring lasting changes in norms and policies that favour/promote gender equality and non-discrimination or the inclusion of people with disabilities. Any expectation that a relatively small project would achieve this would be unrealistic.

In terms of sustainability, the strong focus of the project on capacity building work will contribute to the sustainability of its impact. The fact that ILO has had a long-term engagement in Lao PDR and (albeit somewhat intermittent) in Myanmar will also contribute to the impact of its policy and implementation-related work.

The establishment of *Connect* also has the potential to enhance the sustainability of the project work. However, it seems unlikely that *Connect* is as yet sufficiently well established itself to be sustainable without ILO support in the short-term. The focus of work in the remaining period of the project should be on strengthening its position though recruiting a co-ordinator, developing a work plan, and identifying a number of ‘quick wins’ which will help to clarify the role and identity of *Connect*. However, even by the planned end of the project it is not clear that *Connect* will be sustainable without significant external support. This is discussed in more detail below.

In terms of the final evaluation, the project team might give some consideration to the indicators set in the Results and Monitoring Framework. In general, these are output focused. As discussed elsewhere, this is largely unavoidable in a project of this size. In

relation to outputs, it will be useful for the final evaluation for the project team to keep a complete list of outputs both documents (reports, etc.), meetings and capacity building events. In the final phase of the project, it may also be useful for the team to consider whether there are specific areas of policy and/or implementation, where they feel that the project has had a specific impact, e.g. how has support to SSB improved the implementation of SHP in Myanmar? It would also be useful to look at whether there are any outcome indicators which might be included. For outcomes 3-5, indicators are set in terms of insurance coverage. Ideally one would use coverage data to indicate the project impact but it is not clear that these data are a useful indicator of progress. If it is felt that it is useful to retain these indicators, it would be good to add a gender breakdown if this is available. The team should also consider whether there are other indicators which might be a more useful measure of progress, such as policies adopted, etc. as per outcomes 1 & 2.

Consideration should also be given to including specific gender indicators (in addition to those re training/capacity building) and/or disaggregating existing indicators by gender.⁸

One further challenge for ILO management in the region will go to look at how to achieve synergies between the project and the new UNJPs in Lao PDR and Viet Nam which are currently commencing (although neither has a specific component on SHP). It may also be desirable to look at synergies with the UNJP in Cambodia which does include a health component.⁹ The lesson of recent evaluations in South East Asia has been that regional projects often provide the best approach to using ILO's limited resources. The outcome of the UNJP has been that ILO is engaged in a number of complex, short-term national projects which will create a significant challenge not only for national implementation but for regional management and back-stopping and the overall coherence of ILO activities.

Work focus in the final year of the project

The project has already developed a workplan in consultation with stakeholders for the coming year (to February 2021). On the basis of the discussions with stakeholders, the proposed activities in the 2020-21 work plan are in line with the needs expressed by national stakeholders. Details as to stakeholder's views on future work have been provided separately to the project by the evaluator but are too detailed for this report.¹⁰ In general, the proposed activities continue the work carried out to date with some changes in emphasis depending on national demand. For example, the Lao PDR work plan envisages an element of refocusing work on the NSSF while retaining the focus on health insurance, including support to the Inspection function (which would support improved compliance and increased health insurance coverage).

⁸ The gender indicators for attendance at capacity building etc. should be included in the progress reports and Monitoring and Results measurement system.

⁹ For clarity, it is **not** suggested that this project should be extended to another country but, for example, participants from Cambodia might be included in training or courses provided by *Connect*.

¹⁰ In the case of VN, MoH suggested that they will need additional supports (advice and technical assistance) in relation to aspects of the revision of the Health Insurance Law (details yet to be identified). It would appear that these can be accommodated under the work plan.

One issue in terms of allocation of resources, is that there is a high level of demand in Myanmar but the NPC there is only employed 50% with his remaining time funded by the ILO-Korea project. Given the anticipated heavy work load for the year to come and high expectations from SSB, there would appear to be a need for increased inputs from the NPC. Consideration should be given to increasing this post to full-time. The modalities of this need to be discussed further given the current work-sharing arrangements to ensure that the NPC is able to allocate the additional time to the project in practice.

Visibility

One issue is how to improve project visibility.¹¹ There is always some tension in ILO projects between focusing on ILO and on the project. It can be better for the ILO-national relationship to provide seamless services rather than to overemphasise specific projects. In this case, there are three barriers to visibility. The first is that the complexity of the project means that most stakeholders are only familiar with their own component of the project and are not familiar with its broader remit. The project might do more, especially with DPs, to ensure that they are aware of the full range of the project's activities in the region. The second, practical, point is that the project (often known as ILO-Lux) does not have a recognised acronym. Finally, there is the existence of *Connect* and there has been considerable activity to brand *Connect*. As a result, there is some lack of clarity as to whether, for example, the Compendium is a project or *Connect* activity. There is probably not that much that can be done at this stage in the project other than practical issues such as making sure DPs are aware of the project's remit. However, the issue of visibility and branding should be given further attention if there is a second phase.

Possible project extension/second phase

As noted above, it seems very unlikely that it would be possible to disburse project funds in the remaining year or so of the project given that 50% has been allocated. There is a strong case for a no-cost extension of the project for say 4 to 6 months to restore the original project implementation period and to allow for most effective disbursement of remaining funds. This would allow for full project support during the implementation of the Master's course and allow time for full absorption of TA by national partners. This extra period is clearly likely to enhance project impact and contribute to sustainability.

A further issue relates to a possible extension or second phase of the project. This, of course, depends on ILO and donor priorities. There is clearly a demand from stakeholders at national level for further supports. This would appear to be most critical in Myanmar where there is a high demand for support and a high degree of engagement from stakeholders; medium in Lao PDR where there is a demand for support but significant capacity issues in absorbing support; and medium-low in Viet Nam where support has been requested but where ILO is only one of a number of DPs engaged on SHP and where the GoVN arguably has the resources to contribute to support.

¹¹ It should be noted that project outputs do all include relevant logos and acknowledge the donor.

Option 1

Given that SHP reform is a priority in all three countries and that there is a clear demand for future support, one option would be to continue the project broadly as it currently stands with activities at both regional and national level. If this was to be done, there may be a case for adopting a more scaled approach to national activities with more support being provided where it is most needed (e.g. Myanmar).

Option 2

From an ILO perspective, however, the key issue is perhaps the RTF (*Connect*) which is still at an embryonic stage. Clearly ILO believes that *Connect* can make a significant contribution to SHP in the region. However, it is an innovative approach and, as such, subject to significant downside risks. At present, *Connect* does not have a workplan or a medium-term funding plan. It should be a priority to put these in place in the remaining period of the project.

The work which has been (or is in the course of being) achieved at a regional level is significant, such as the Masters course¹² and the Compendium. While it is very understandable that an innovative project such as *Connect* will take time to develop, now that it is set up there is a need to focus on consolidation and on developing specific identifiable outputs (which are not classic ILO outputs) which will help to give it its own identity and purpose.

Arguably a second phase of the project should focus on strengthening *Connect* with the national component being phased back somewhat and made more focussed. This would mean that all countries will not have the same weight and resources would be allocated in proportion to needs with continuing support in Myanmar and Lao PDR and assistance in VN being scaled back to traditional ILO support on issues such as commenting on HI legislation and actuarial support. This approach would create the need for a closer working relationship between project management and Mahidol University which would suggest relocating the CTA from Hanoi to BKK. However, a donor may wish to see a stronger business case for such investment than the current approach.

ILO has to date been understandably flexible as to the precise modalities and role of *Connect*. This has, however, contributed to a lack of clarity amongst stakeholders as to what *Connect* is intended to do. ILO should develop an explicit business case as to the role and value of *Connect* in the medium to long term with a three-year work plan including funding.

If a second phase is envisaged, it is recommended that a no-cost extension should be used as a bridge to that second phase and any refocusing of activities should be phased in during the no-cost extension. Either options would be likely to require a P staff position, in addition to the CTA, to compensate for the end of the JPO position.

¹² It is envisaged, for example, that ILO and other members will be involved in providing lectures as part of the Masters course.

5. Lessons learned & good practices

This section looks at the lessons learned and emerging good practices in line with ILO guidance (see also Appendices 4 and 5).¹³

Lessons learned

The key lesson learned to date would appear to be that, in subregions such as South East Asia where it is possible, a regional approach to projects is an optimal approach and can use ILO resources and abilities to best effect. The project shows that it is possible to combine work at a regional and national level and that there can be synergies between both levels with, for example, national staff attending courses organized regionally and the regional level drawing on the outcomes of national studies.

Emerging good practices

In terms of good practices, the project design is an example of good practice. The flexible project design allowed for a project inception period of 6 months to agree with national stakeholders and the donor on a detailed work plan for each country; as well as for a better definition of the regional component of the project. The inception period allowed the project team to design activities which reflected the current priorities of the relevant Ministries/agencies in line with the overall outcomes/outputs of the project.

A second example of good practice, in terms of implementation, is the study carried out in conjunction with VGCL in relation to awareness of SHP amongst women workers in Viet Nam (with over 400 women in 2 provinces). This study is a concrete example of gender-responsive activities and can form a basis for further activities with VGCL to improve awareness. It is also an approach which could be duplicated in other countries in relation to awareness of other social protection policies.

¹³ See http://www.ilo.org/global/docs/WCMS_165981/lang--en/index.htm

6. Conclusions & recommendations

Conclusions

Overall, we can conclude that the project is very relevant to the needs of the stakeholders, the ILO and the donor and it is well designed with high complementarity between the different components. However, the project design is very complex (in terms of the issues, methods, topics and locations on which the project works) and it is suggested that, if a second phase or extension is being considered, the complexity of the project (in terms of components) should be reduced.

The implementation of the project, after an initial delay, is broadly on target and the project team estimate that 80-93% of planned activities have been implemented to date. There is a strong case for a no-cost extension of the project for say 6 months to restore the original implementation period and allow for effective disbursement of project funds. As noted above, this would allow for full project support during the implementation of the Master's course and allow time for full absorption of TA by national partners.

Project management and use of resources has been effective. The key stakeholders were very happy with the project and very positive about the quality of ILO technical assistance.

Sustainability of the project work is heavily dependent on further ILO work both at regional level and at national level. There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project.

Recommendations

We highlight the following recommendations:

Recommendation	Responsible	Timescale
No major change of resource allocation is proposed in the remaining period of the project. More focus might, however, be given to specific gender-related activities	Project team	Immediate
It should be a priority to develop a work plan and funding plan for <i>Connect</i> and to clarify its role in the remaining period of the project.	Project team	2020
Given the anticipated heavy work load in Myanmar for the year to come and high expectations from SSB, there would appear to be a need for increased inputs from the NPC. Consideration should be given to increasing this post to full-time. The modalities of this need to be discussed further given the current work-sharing arrangements to ensure that the NPC is able to allocate the additional time to the project in practice.	Project team (& ILO Myanmar)	Immediate
For the final evaluation, project outputs should be listed; specific areas of policy and/or implementation, where	Project team	Ongoing

the project has had a specific impact should be identified; possible outcome indicators should be identified; and consideration should be given to including specific gender indicators and/or disaggregating existing indicators by gender.		
There is a strong case for a no-cost extension of the project to allow for the full implementation of the workplan. This would certainly help to enhance the sustainability of project activities.	ILO & donor	Immediate
There is, subject to donor priorities and availability of resources, a strong case for a second phase of the project to enhance sustainability. ILO should discuss with the donor a possible further extension or second phase of the project.	ILO BKK/HQ & donor	2020
In this context, ILO should develop an explicit business case as to the role and value of <i>Connect</i> in the medium to long term with a three-year work plan including funding.	ILO BKK	Immediate
If a second phase is envisaged, it is recommended that a no-cost extension should be used as a bridge to that second phase and any refocusing of activities should be phased in during the no-cost extension.	ILO & donor	2021

Appendices

Appendix 1. Results and monitoring framework

Indicator	Baseline (before project start)	Indicator Milestone 2019	Target (end-of-project goal - 2021)
Outcome 1: sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection			
Number of partners members of the RTF	None	5 same institutions are actively participating to establishment process and activities of the RTF - achieved	At least 10 different institutions participating to the facility, with a variety of expertise and countries
Number of Technical assistance missions carried out by partners of the RTF	None	At least 2 – achieved 3	10 in total
Number of Technical Reports produced by partners of the RTC	None	Fare clic qui per immettere testo. At least 2- achieved 3 - Work plan to implement PPS in Myanmar produced; Assessment of the legal Thai system and options and modalities for the institutional status of Connect; Technical note on the governance options for establishing the regional facility	10 in total

Outcome 2: A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence

Nr. of policies/strategies/laws in the area of SHP, gender responsive, formulated in the region with the support of the Project	None	2 – achieved: Health Insurance Law in Lao PDR passed and disseminated; Social Security Law in Lao PDR passed and disseminated	6 in total
Number of technical reports produced, - including gender disaggregated data and analysis when relevant	None	5 - fewer country papers developed than initially planned.	15
Number of communication tools produced	None	3 - achieved, 10 videos and 2 exhibitions organised	5

Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR

Number of women and men covered by Social Health Protection schemes	94% (Activity report 2017)	94% - achieved	95% (80% in 8th Health Sector Development Plan)
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Outcome 4: Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam

Number of women and men covered by Social Health Protection schemes	84%	87% - achieved	90%
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Outcome 5: Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar

Number of women and men covered by Social Health Protection schemes	1.3%	1.3% - achieved 2.6%	5.6% (with inclusion of dependents)
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Output	Baseline	2019 target	Achieved	Overall target (2021)
Outcome 1 - Sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection				
A gender-sensitive Regional Technical Facility (RTF) in the area of Social Health Protection is operational in partnership with national and regional stakeholders, inclusive of the private sector	No systematic knowledge development and knowledge sharing platform and process exist in the region, resulting in loss of opportunities for countries to better inform policy decision and strengthen their respective health protection systems	Institutional/business model is designed Steering committee is in place and formalized through agreements At least 2 technical assistance mission carried out by partners	Achieved Achieved Achieved	The RTF is established and provides knowledge, technical assistance and capacity building services across countries in the region, through at least 10 members of the RTF 10 technical assistance missions have been carried out by partners of the RTF and reports produced
Training programs available in the region to build the capacity of national stakeholders in the	Fragmented and incomplete offer of trainings on SHP in the region	Existing regional offer is reviewed and training gaps and capacity building partners are identified	Achieved Achieved	The offer for trainings programmes available in the region is strengthened

Output	Baseline	2019 target	Achieved	Overall target (2021)
area of Social Health Protection	Ad hoc and limited opportunities for exchanges and learning experience across countries in the region	Regional and national capacity building plans are developed, taking into account gender disparities At least 1 short or mid-term courses are developed and/or supported and offered to experts and practitioners in the region, with minimum critical mass of 35% women course facilitators as well as participants, with the target of parity (45% to 55%)	1 actuarial course organized in Hanoi with 42 participants from 4 countries (57% female participation)	
Outcome 2 - A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence				
Capacity to formulate evidence informed gender sensitive policies in the area of Social Health Protection in the Region is reinforced	Although rich literature on the countries' various path to UHC exists, a number of research gaps still remains and must be addressed to further support countries in improving their social health protection systems	One exchange with International, Regional and National partners is organized At least 2 policies/strategies/laws/guidelines in the area of social health protection are supported	Three exchange workshop and study visits between Thailand, Myanmar and Indonesia on social security and social health protection Achieved	More evidence is available to inform the formulation of gender sensitive policies in the area of Social Health Protection At least 6 policies/strategies/laws/guidelines in the area of social health protection are supported

Output	Baseline	2019 target	Achieved	Overall target (2021)
		At least 2 studies/comparative reviews or technical reports are conducted, including reference materials on lessons learned and good practices	Achieved - One comparative study of supplementary benefits (VN); Three countries case study documenting the evolution of the social health protection strategies and mechanisms in Lao PDR, Viet Nam and Myanmar (input to Compendium)	At least 15 studies/comparative reviews or technical reports are conducted, including reference materials on lessons learned and good practices
Awareness raised on Social Health Protection and Extension Strategies towards Universal Health Coverage through the undertaking of information and promotion campaigns jointly with other UN agencies including	Need to sustain Government's commitment to UHC and sensitive general public on the importance of SHP, creating a demand for more comprehensive and all-inclusive social health protection systems	Partners identified at Regional and National level Awareness raising campaign designed in collaboration with regional and national partner	Achieved Achieved	Increased political commitment to strengthen national social health protection systems and awareness raised among the general public on the rational and needs for health protection coverage

Output	Baseline	2019 target	Achieved	Overall target (2021)
WHO and UN Women				
Ways of communicating on results and impact improved and informing advocacy [and crowd-funding campaigns organized with SOCPRO Geneva] ¹⁴	New project Limited resources of health protection	ILO's Flagship programme results and impact measurement tool adapted and used to support the Project Monitoring and Evaluation ILO SOCPRO communication tools are produced (briefs, reports, website) Results of the Project are communicated to global and regional partners of the ILO's Flagship Program	Series of short articles on selected project activities have been produced and posted on ILO webpage	Results and impact of the project are monitored and communicated to global and regional partners
Outcome 3 - Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR				
Strengthened capacity of social health insurance management and administration	The MoH must adjust the management and administration of the scheme in order to be able to manage adequately the unified	Support to the implementation of the recommendations of the NHI assessment conducted by MoH/SRC/WHO Health Insurance Law and Social Security Law are disseminated	Achieved Achieved	National health insurance scheme has the necessary legislative and regulatory framework, processes and guidelines in place and has addressed the major administrative and technical gaps allowing them to

¹⁴ To be dropped as no longer relevant.

Output	Baseline	2019 target	Achieved	Overall target (2021)
	health insurance scheme nationwide			implement the unified scheme nationwide
Capacity of Lao PDR stakeholders from different sectors in the area of social health protection is enhanced to ensure an effective, efficient, accountable and sustainable implementation of gender responsive social health protection	In compliance with the HI Laws and decree, the MoH is requested to implement the unified national health insurance scheme nationwide and in a short time frame. This requires to strengthen the NHIB capacities to manage the scheme efficiently	A gender-responsive capacity building work plan is developed in coordination with the Regional Technical Facility Activities under the work plan are implemented with the Project support	Achieved ¹⁵ Ongoing	Capacities of the NHI in strengthened, in compliance with the agreed capacity building plan
Relevant policy reforms are prepared, informed by evidence (particularly costing exercises) produced within the Project	Absence of comprehensive costing of Health insurance benefit package and health facilities Absence of actuarial assessment of the	Costing exercises and long-term financing plans are carried out Sessions to present the costing exercises and discuss policy implications are organized	Ongoing [delayed due to data and capacity issues] Pending	The Government has carried out – with support of the project – a costing exercise and actuarial assessment to inform policy reforms

¹⁵ Capacity building needs were identified in the workplan but not through a separate document. The strategy adopted is to focus on LT training (master), on –the job training (costing for example), and specific short-term training (actuarial analysis).

Output	Baseline	2019 target	Achieved	Overall target (2021)
	unified health insurance scheme			
Harmonized social health protection arrangements and institutional support systems are in place, with the aim of gender parity in relevant decision-making bodies	In compliance with the HI Laws and decree, the MoH is requested to implement the unified national health insurance scheme nationwide. The MOH is implementing a pilot in two provinces but key design features are yet to be finalized.	Design of the merger is proposed and finalized through high level consultation with major stakeholders Support to the supervision of the pilot merger is provided to the NHI and NSSF	Achieved Achieved	The core features of the unified scheme are designed and the unified scheme is progressively rolled out nationwide
Outcome 4: Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar				
The management and administration of the health insurance unit of the Social Security Board (SSB) is improved; including women's share of decision-making; process and funds transfers are streamlined	The SSB committed to modernize the management of all social security contingencies and to make the overall institution more "member-centric". To this purpose, SSB has embarked into three major reforms, namely the administrative reform, the IT reform	Development of work plan for the implementation of the internal market model reform Implementation of the Internal market model Recommendations to restructure the Health Insurance Department Development of SSB Information System (jointly with Korea Fund)	Achieved Ongoing Achieved On-going, OpenIMIS feasibility study completed	The SSB has adjusted its internal processes and communication strategy to better address its members' needs and expectations. The SSB has reformed the management of its internal health facilities through an internal market model

Output	Baseline	2019 target	Achieved	Overall target (2021)
	and the medical reform. The projects is supporting the three reforms with a specific focus on the health insurance throughout the three reforms	Review of options for SSB autonomy	Postponed	
Capacity of national stakeholders in social health protection related topics is improved	SSB suffers from a deficit of knowledge and skills regarding management and technical capacities	A capacity building work plan is developed Training activities are carried out with minimum critical mass of 35% women trainers and participants, with the target of parity	Achieved Achieved (64% women participation on average across all events organized in Myanmar)	Capacities of the SSB are strengthened, in compliance with the agreed capacity building plan
Relevant policy reforms are prepared, informed by evidence produced within the Project based on sex-disaggregated data and analysis	Insured health care services are provided to SSB members through SSB own facilities. In an attempt to address members' expectations for better quality services, SSB is piloting contracting private health facilities. Evidence are needed to inform SSB on the impact of this	Assessment of the PPS (contracting of private facilities) Recommendations on SSB strategy and options to provide health care services to its members Options and analysis of implications for SSB mandate of the establishment of the Single Purchasing Agency	Achieved Achieved Achieved	SSB has developed an evidence-based strategy to provide health care services to its members. SSB has developed a strategy to expand coverage, on the basis of the actuarial analysis and in line with the health financing strategy

Output	Baseline	2019 target	Achieved	Overall target (2021)
	approach (referred to as “PPS”) so that SSB can develop a strategy to provide health care services to its members			
Outcome 5: Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam				
Strengthened capacity of social health insurance management and administration, including women’s share of decision-making	Although VSS has achieved significant population coverage, members’ satisfaction remain a concern and a priority to be addressed to ensure VSS can maintain the level of coverage achieved so far. VSS has identified two entry points for improving members satisfaction: first a satisfaction assessment to take stock of the situation, and then a focus on improving claim administration	Design, implementation and institutionalization of awareness and satisfaction assessment Claim system is evaluated and recommendations provided	Achieved Cancelled by VSS	Members satisfaction with health insurance scheme benefits and management is regularly monitored The claim administration system is improved

Output	Baseline	2019 target	Achieved	Overall target (2021)
Capacity of national stakeholders in social health protection related topics is improved	<p>Although VSS and MoH officials have advanced technical and management knowledge on SHP, some specific areas of expertise needs to be strengthened to keep up to the growing complexity of the administration of the scheme.</p> <p>Social partners have limited knowledge on overall SHP and the process and content of the Law revision (see below)</p>	<p>Capacity building needs of Vietnamese stakeholders in the area of social health protection are identified</p> <p>A capacity building work plan is developed</p> <p>Training activities are carried out, with minimum critical mass of 35% women trainers and participants, and a target of parity</p>	<p>Achieved</p> <p>Achieved</p> <p>Achieved (49% women participation in average across all activities organized in Viet Nam)</p>	<p>VSS and MoH Officials acquired technical and specialized skills to better administrate the health insurance scheme</p> <p>Social Partners have been trained on SHP and capacitated to participate effectively in policy discussion</p>
Relevant gender-responsive policy reforms promoting the sustainability of the schemes are prepared, informed by evidence produced under the Project	The process of the revision of the Health Insurance Law started mid 2018, with a Government objective to submit it to National Assembly in 2020.	<p>Impact assessment of selected policies are conducted in view of the Health Insurance Law revision</p> <p>Technical meetings with Social Partners on the Health Insurance Law took place</p> <p>Review of countries experience are carried out on selected topics to inform policy making</p>	<p>Achieved</p> <p>Achieved</p> <p>Achieved – supplementary benefits package</p>	Evidence are produced and used to inform Government policies decision and the subsequent drafting of the Health Insurance Law

Output	Baseline	2019 target	Achieved	Overall target (2021)
		Actuarial assessments to assess the financial viability of scheme started	Initial scoping mission and concept note completed but follow up delayed	
Strategies and laws for the inclusion of both women and men “near poor” and informal economy workers are developed and implementation supported	Viet Nam has achieved a high population coverage (85%) but faces challenges to maintain this level and further close the coverage gap. Several studies have been carried out on the topic of extension of coverage, but on a fragmented way and with limited scope	Not scheduled in 2019	-	Recommendations and options to extend coverage are provided to the MoH and VSS

Appendix 2. Lessons learned

ILO Lesson Learned Template

Project Title: Support to the extension of Social Health Protection in South-East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Mel Cousins

Date: 19 February 2020

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 key lesson learned to date would appear to be that, in subregions such as South East Asia where it is possible, a regional approach to projects is an optimal approach and can use ILO resources and abilities to best effect. The project shows that it is possible to combine work at a regional and national level and that there can be synergies between both levels with, for example, national staff attending courses organized regionally and the regional level drawing on the outcomes of national studies.
Context and any related preconditions	The SE Asian context is important in that the countries are used to working together (as members of ASEAN) and the less developed countries in the region wish to draw on the experience of the more developed.
Targeted users / Beneficiaries	The targeted users in this case were selected countries and their social protection/health ministries and social partners.
Challenges /negative lessons - Causal factors	Working across countries (and across country offices) poses challenges for a highly bureaucratic organization such as ILO
Success / Positive Issues - Causal factors	There is a need for the project team to build strong links at both regional and national level and to identify synergies between both levels
ILO Administrative Issues (staff, resources, design, implementation)	The regional approach requires a project sufficiently large to allow project staff at regional level and in the countries concerned and also needs support from country offices. In practice this has worked in this project despite the bureaucratic nature of ILO procedures.

Appendix 3. Emerging good practice

ILO Emerging Good Practice Template

Project Title: Support to the extension of Social Health Protection in South-East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Mel Cousins

Date: 19 February 2020

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.)	Flexible project design which allowed for a project inception period of 6 months to agree with national stakeholders and the donor on a detailed work plan for each country; as well as for a better definition of the regional component of the project.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	No preconditions (other than donor flexibility)
Establish a clear cause-effect relationship	The inception period allowed the project team to design activities which reflected the current priorities of the relevant Ministries/agencies in line with the overall outcomes/outputs of the project.
Indicate measurable impact and targeted beneficiaries	The design impacted all beneficiaries and led to a more closely integrated project
Potential for replication and by whom	Easily replicated for any medium-term projects
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Better project design should lead to better achievement of ILO goals
Other documents or relevant comments	None

ILO Emerging Good Practice Template

Project Title: Support to the extension of Social Health Protection in South-East Asia

Project TC/SYMBOL: RAS/17/09/LUX

Name of Evaluator: Mel Cousins

Date: 19 February 2020

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.)	Study of the awareness of social health protection amongst women workers carried out in conjunction with Viet Nam General Confederation of Labour (VGCL).
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Required support from social partner organization in order to access workplace.
Establish a clear cause-effect relationship	The practice increased the knowledge of issues faced by women workers and was a good example of gender-responsive activities. It can contribute to future activities to raise awareness
Indicate measurable impact and targeted beneficiaries	The study targeted women workers. A further study would be required to assess the impact of awareness raising measures
Potential for replication and by whom	Could be replicated in other countries and in related to similar issues
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Identifying barriers to access to social protection for women workers is clearly linked to a range of higher ILO goals
Other documents or relevant comments	None

Appendix 4. Terms of Reference

Terms of Reference (TOR)

Internal Midterm Evaluation

Title of project	Support to the extension of Social Health Protection in South-East Asia
Project DC code	RAS/17/09/LUX
Administrative Unit in the ILO responsible for administering the project	ILO Regional Office for Asia and the Pacific
Collaborating Unit	CO for Lao PDR, Thailand and Cambodia and CO for Viet Nam; Liaison Office for Myanmar
Technical Unit in the ILO responsible for backstopping the project	ILO Decent Work Technical Support Team for East and South-East Asia and the Pacific (ILO DWT-Bangkok) Social Protection Department (SOCPRO), Geneva
Type of evaluation	Internal
Timing of evaluation	Mid-term

1. Project Context and Background

Context

Today nearly 73 % of the world's population lacks access to adequate social protection coverage. In low-income countries an estimated 90 % of people have no financial protection against catastrophic health expenditures. Globally, about 39 % of the population is lacking such coverage. As a result, about 40 % of health expenditures globally are shouldered directly by the sick and their families. Countries in Southeast Asia, including Lao PDR, Myanmar and Viet Nam, are no exception to this global trend.

In recent years the extension of social protection coverage has been increasingly recognized as a priority objective of the global development agenda and of national development strategies in developing countries. Since its adoption in 2012, the ILO Recommendation on Social Protection Floors, No.202 (2012) has helped to redefine a framework for the extension of social protection and to provide guidance to countries on the design and implementation of a social protection floor to fit each country's local context and financing capacity.

The importance and potential of social protection in reducing poverty and inequalities and contributing to a more inclusive and sustainable economic development is recognized in the Sustainable Development Agenda. Financial health protection is recognized as one contributing factor to reach universal health coverage, one of the targets under SDG3 on

healthier lives. In 2015, the ILO Governing Body endorsed a global ILO Flagship Programme on Social Protection Floors, to be at the core of its Development Cooperation Strategy 2015-2017, thus reaffirming the leadership role of the ILO in promoting social protection around the world and providing guidance on policy design and implementation of social protection programmes.

Access to essential health care is enshrined in the Universal Declaration of Human Rights (1948, Article 25) as a basic human right. In 1969, the International Labour Conference adopted the ILO Medical Care and Sickness Benefits Convention, (No. 130), prescribing the access to preventive and curative medical care for all workers/employees and their family dependents. More recently, good health and well-being were selected as one of the 17 Sustainable Development Goals (SDGs) adopted in 2015 by the UN's General Assembly, aiming to "ensure healthy lives and to promote well-being for all at all ages".

The availability and affordability of health care is a key issue in most countries around the world. In high-income countries, increasing health costs, fiscal constraints, and economic considerations regarding competitiveness, have contributed to make social health protection reform a political priority around the world. In many middle- and low-income countries, providing affordable health care is also high on the development agenda, given the large numbers of people lacking access to care and/or financial protection against catastrophic health expenditures. Around the world millions of people are pushed into poverty every year by the cost of health care.

Universal health coverage (UHC) ensures that all people in need have effective access to adequate medical care; it is therefore a key concept on the path towards the objective of access to care for all. UHC also aims to alleviate the financial burden and consequences caused by ill health, disability, loss of income, and impoverishment. Social health protection coverage reduces the indirect costs of disease and disability, such as lost years of income due to short and long-term disability, or care by family members, reduced labour productivity, and the impaired education and social development of children due to sickness. UHC thus also plays a significant role for ongoing efforts aiming at poverty alleviation.

ILO's approach regarding social health protection aims at universal coverage providing effective access to health services and financial protection to cover the cost of care and loss of income.

Project background

The "*Support to extension of Social Health Protection in South East Asia*" project is a 42 months project (with the total approved budget of USD 3'029'240) that is funded by the Grand Duchy of Luxembourg and is implemented by the ILO. In addition to its regional approach, it mainly focuses on Myanmar, Lao PDR and Viet Nam.

The project further builds on the experience of ILO in these three countries and especially on previous support through ILO, funded by Luxembourg, to improving and harmonizing social protection policy and implementation in Lao PDR.

Objectives and strategies of the project

The objective of the project is that *‘more women and men in Lao PDR, Myanmar and Viet Nam have access to adequate social health protection’*.

This development objective is to be achieved through the following five outcomes:

- Outcome 1: A sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection
- Outcome 2: A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence
- Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao
- Outcome 4: Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar
- Outcome 5: Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam

Major outputs under each of these outcomes are as follows:

Outcome 1: A sustainable network of educational- and research institutions in the region actively provides technical and capacity building services to national stakeholders in social health protection	Output 1.1: A gender-sensitive Regional Technical Facility (RTF) in the area of Social Health Protection is operational in partnership with national and regional stakeholders, inclusive of the private sector
	Output 1.2: Training programs available in the region to build the capacity of national stakeholders in the area of Social Health Protection
Outcome 2: A growing number of policies promoting the extension and sustainability of social protection in the region are adopted and are based on additional available technical evidence	Output 2.1: Capacity to formulate evidence informed gender sensitive policies in the area of Social Health Protection in the Region is reinforced
	Output 2.2: Awareness raised on Social Health Protection and Extension Strategies towards Universal Health Coverage through the undertaking of information and promotion campaigns jointly with other UN agencies including WHO and UN Women
	Output 2.3: Ways of communicating on results and impact improved and informing advocacy and crowd-funding campaigns organized with SOCPRO Geneva
Outcome 3: Effective, efficient, accountable and sustainable gender responsive social health protection	Output 3.1: Strengthened capacity of social health insurance management and administration
	Output 3.2: Capacity of Lao PDR stakeholders from different sectors in the area of social health protection is enhanced to

delivered with an increased coverage in Lao PDR	ensure an effective, efficient, accountable and sustainable implementation of gender responsive social health protection
	Output 3.3: Relevant policy reforms are prepared, informed by evidence (particularly costing exercises) produced within the Project
	Output 3.4: Harmonized social health protection arrangements and institutional support systems are in place, with the aim of gender parity in relevant decision-making bodies
Outcome 4: Effective, efficient, accountable and sustainable social health protection delivered with an increased coverage in Myanmar	Output 4.1 - The management and administration of the health insurance unit of the Social Security Board (SSB) is improved; including women’s share of decision-making; process and funds transfers are streamlined
	Output 4.2 – Capacity of national stakeholders in social health protection related topics is improved
	Output 4.3 – Relevant policy reforms are prepared, informed by evidence produced within the Project based on sex-disaggregated data and analysis
Outcome 5: Strengthened national capacities contribute to effective implementation of social security policies and strategies in Vietnam	Output 5.1 - Strengthened capacity of social health insurance management and administration, including women’s share of decision-making
	Output 5.2 - Capacity of national stakeholders in social health protection related topics is improved
	Output 5.3 – Relevant gender-responsive policy reforms promoting the sustainability of the schemes are prepared, informed by evidence produced under the Project
	Output 5.4 - Strategies and laws for the inclusion of both women and men “near poor” and informal economy workers are developed and implementation supported.

The project aims at increasing financial health protection in the three target countries Lao PDR, Myanmar and Viet Nam under the overall umbrella of national strategies towards UHC and the global development agenda including ILO’s Flagship Programme on Social Protection Floors. Under the regional component of the Project, a regional facility providing a platform for exchange, joint research and regional training opportunities for experts, academic institutions and practitioners in the area of social health protection, is being established. The facility contributes with regional experiences to global discussions while at the same time promoting South-South cooperation between the participating countries.

At country level activities are aligned with national social health protection strategies and complement initiatives of other development partners. The main effort is placed on the

development of national institutional and human resources. Technical support focuses on policy advice on extension strategies for social health protection with a specific focus on equity and providing coverage for the informal sector, on strengthening design and implementation of existing schemes through research and assessments of specific aspects of social health protection, on financial sustainability through actuarial valuations and costing studies of strategies, on strengthening capacity of stakeholders and on dissemination and advocacy on the importance of social health protection extension for poverty reduction and equitable development.

The Project is grounded on the establishment of partnerships with other national institutions, as well with development partners aiming at expanding the operation of the regional facility beyond the three initial countries.

Link to Programme & Budget and Country Program Outcomes

The regional interventions of the project (i.e. building capacities and facilitating exchange of experiences and technical knowhow) contributes to achieving some of the global products of the P&B Outcome 3 and the following regional outcome: *RAS 126 - Increased knowledge and capacity in the region to promote coherent policies in support of decent work for all women and men.*

At the country level, technical assistance in the three target countries contribute to the following Country Programmes Outcomes:

- *VNM151 - Strengthened national capacities and knowledge base for the effective implementation of social security policies and strategies;*
- *LA0226 - Social protection mechanisms strengthened and expanded, with a particular focus on the expansion of health insurance;*
- *MMR128 (revised MMR 151)- Extending social protection in Myanmar through social security policy review and national dialogue on a Social Protection Floor*

The project is part of the Global flagship programme *Building social protection floors for all*. Extending social protection, including by establishing sustainable social security systems and by establishing, maintaining and upgrading social protection floors comprising basic social security guarantees based on the Social Protection Floors Recommendation, 2012 (no. 202) is one of the key priorities of the ILO and the ILO Regional Office for Asia Pacific.¹⁶

Link with national development frameworks

With regards to national development frameworks, the project aligns with the following:

- Laos: the 8th National Socio-Economic Development Plan (NSED) for 2016-2020; the Health sector reform strategy and framework till 2025 as well as the NHI strategy 2012-2020
- Viet Nam: Socio-economic development strategy 2011-2020, Ministry of Health's plan for people's health protection, care and promotion 2016-2020 – building on the 2011 – 2015 Five-year health sector plan.
- Myanmar: the Myanmar Sustainable Development Plan 2018-2030, Myanmar National Health Plan 2017- 2021; Myanmar National Social Protection Strategic Plan 2014

¹⁶ From Bali Declaration of the 16th Asia and the Pacific Regional Meeting, held in December 2016.

Link with global framework

The project is expected to assist Lao PDR, Myanmar and Viet Nam's efforts to meet the Sustainable Development Goals (2016-2030), most specifically Goal 3 "*Ensure healthy lives and promote well-being for all at all ages*" but also Goal 1 "*end poverty in all its forms everywhere*", Goal 5 "*Achieve gender equality and an empower all women and girls*", Goal 8 "*promote inclusive and sustainable economic growth, employment and decent work for all*") and Goal 10 "*reduce inequality within and among countries*"

The project design includes gender equality as crosscutting theme. Gender equality is reflected throughout the project design, and is also addressed in specific activities addressing women's needs.

Institutional arrangements

A Project Steering Committee was created with the participation of the ILO and the Government of Luxembourg as per the project document. In addition, members includes representatives of the governments and social partners in Myanmar, Lao PDR and Viet Nam, as well as academic institutions from Thailand. Its role is to assess and validate the Project Annual Reports, Work Plans and Budget.

The annual Project Steering Committee meeting is preceded by preparatory meetings in each of the target countries.

Management arrangements

The Project is under the overall responsibility of the ILO Regional Office for Asia and the Pacific based in Bangkok. The Senior Social Protection Technical Specialists of the Decent Work Team for South East and East Asia and the Pacific based in Bangkok provide technical backstopping and supervision. The respective ILO Country Offices for Myanmar, Lao PDR and Viet Nam are the collaborating units.

The ILO project management team is responsible for all the project operations. The project team consists of a Chief Technical Advisor (CTA, full-time, based in Hanoi), three national project coordinators (1 full time, 2 part-time) and 3 admin and finance Assistant (2 full-time, one part-time). The CTA reports to the Director of CO-Hanoi.

Progress to date

Despite delays in the effective full implementation of the project, the project team reports reasonable progress on implementation of activities on all Outcomes, and particularly on Outcome 3 "*Effective, efficient, accountable and sustainable gender responsive social health protection delivered with an increased coverage in Lao PDR*" where the National Health Insurance scheme is being scaled-up nationally, on the basis of the NHI scheme design the project supported, together with capacity strengthening on the supervision and monitoring of the NHI scheme at provincial and district levels.

Major progress are also being done at the Regional level, where the Regional Technical Facility is being established and is providing technical assistance to the countries of the region.

2. Purpose, Scope and Clients of the evaluation

Purpose

The mid-term evaluation aims to review and assess progress and achievements of the project against its planned objectives and outputs by using OECD/DAC evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability) and recommend modifications for improvement. The evaluation will contribute towards organizational learning and promoting accountability to the ILO, national key stakeholders and the donor. The evaluation also aims at documenting lessons learnt and emerging good practices.

Scope

The evaluation will cover the project as a whole from its inception until the end of November 2019; and all geographical coverage of the project (i.e. Myanmar, Lao PDR and Viet Nam).

The evaluation will integrate gender dimension, disability inclusion and other non-discrimination issues as cross-cutting concerns throughout the methodology, deliverables, and final report of the evaluation. In terms of this evaluation, this implies involving both men and women in the consultation, evaluation analysis and evaluation team. Moreover, the evaluators should review data and information that is disaggregated by sex and gender and assess the relevance and effectiveness of gender related strategies and outcomes to improve lives of women and men. All this information should be accurately included in the inception report and final evaluation report.

The evaluation will give specific attention to how the intervention is relevant to the ILO's programme and policy frameworks at the national and global levels, UNDAF and national sustainable development strategy (or its equivalent) or other relevant national development frameworks, including any relevant sectoral policies and programme.

The evaluation must cover issues about project design, implementation, lessons learnt, as well as scalability and recommendations for current and future programmes, and shall also focus on exit strategy and sustainability.

Clients

The clients and users of the independent evaluation include the ILO management at country, regional and Headquarters levels, the donor, ILO tripartite constituents and the partners of the project. The results of the midterm evaluation will also guide the project management in planning implementation of the second half of the project.

The evaluation will ensure that the issues and inputs from stakeholders/tripartite constituents are being adequately covered in the objectives of the evaluations.

3. Evaluation Criteria and Questions

The evaluation will use evaluation criteria (relevance and validity of design, effectiveness, efficiency, impact and sustainability) as the main evaluation criteria. The evaluation will address the following aspects of the project:

RELEVANCE AND VALIDITY OF DESIGN	<ul style="list-style-type: none">• How well does the project design (priorities, outcomes, outputs and activities) address the stakeholder needs that were identified?• To what extent are the project design (priorities, outcomes, outputs and activities) and its underlying theory of change logical and coherent?• How responsive was the project design to national sustainable development plans for the SDGs?• Will the design need to be modified in the second half of the project?
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	<ul style="list-style-type: none"> • To what extent has the project contributed to the implementation of strategies and policy frameworks of the country, ILO and SDC? • Within the context of ILO goal of gender equality, disability inclusion and other non-discrimination issues as well as national level policies in this regard, to what extent did the project design take into account: <ul style="list-style-type: none"> i. Specific gender equality and non-discrimination concerns relevant to the project context; ii. Concerns relating to inclusion of people with disabilities? • To what extent did the problem analysis identify its differential impact on men and women and on other vulnerable groups (like people with disabilities)? • How appropriate and useful are the indicators described in the project document/revised performance framework in assessing the project’s progress? • To what extent did the project design identify and integrate specific targets and indicators to capture: <ul style="list-style-type: none"> i. Gender equality and non-discrimination concerns? ii. Concerns regarding people with disabilities? • To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to : <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
EFFECTIVENESS	<ul style="list-style-type: none"> • What progress has the project made towards achieving its planned objectives? What are the reasons/factors behind that progress? What are the main constraints, problems and areas in need of further attention? • How and how well have stakeholders have been involved in the implementation? How well the national ownership is ensured? • Are stakeholders satisfied with the quality of tools, technical advice, training and other activities, delivered by the project? • Within its overall objectives and strategies, what specific measures were taken by the project to address issues relating to: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?

	<ul style="list-style-type: none"> • How effective were these measures in advancing gender equality and inclusion of people with disabilities within the context of project’s objectives? • To what extent were the intervention results monitored and achieved (or not) and what was their contribution (or not) towards: <ul style="list-style-type: none"> iii. Gender equality and non-discrimination? iv. Inclusion of people with disabilities? • To what extent the project results contribute (or not) to the identified SDGs and related targets? Even if the relevant SDGs had not been identified in design, can a plausible contribution to the relevant SDGs and related targets be established? • To what extent have intervention results been monitored and reported in terms of their contribution to specific SDGs and targets (explicitly or implicitly)? To what extent did the project increased stakeholders’ awareness on SDG targets and indicators relevant to Decent Work Agenda? (explicitly or implicitly)
EFFICIENCY	<ul style="list-style-type: none"> • Have the resources (including technical expertise, staff, time, information) been used in an efficient manner? • Has the project received adequate support from the relevant ILO units, the government and national partners? • To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhance projects relevance and contribution to priority SDG targets and indicators? (explicitly and implicitly) • To what extent did the project leverage partnerships other ILO projects in the region and with Global Programme to build linkages? • How well has the project management processes work in delivering project outputs and results? • To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: <ul style="list-style-type: none"> i. Gender equality and non-discrimination ii. Inclusion of people with disabilities? • To what extent did the project leverage resources (financial, partnerships, expertise) to promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
SUSTAINABILITY	<ul style="list-style-type: none"> • How effective and realistic is the exit strategy of the project?

	<ul style="list-style-type: none"> • To what extent did the intervention advance strategic gender-related needs that can have a long term positive bearing on: <ul style="list-style-type: none"> i. Gender parity within the world of work? ii. Inclusion of women and men with disabilities within the world of work? • To which extent the results of the intervention likely to have a long term, sustainable positive contribution to the SDG and relevant targets? (explicitly or implicitly)
IMPACT	<ul style="list-style-type: none"> • What were the intervention's long-term effects in terms of reducing/exacerbating <ul style="list-style-type: none"> iii. Gender inequalities and gender based discrimination? iv. Inequalities and exclusion faced by people with disabilities? • To what extent did the project bring lasting changes in norms and policies that favour/promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? • Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)

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

4. Methodology

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

The proposed methodology includes:

- Desk review of relevant documents including the project document, work plans, project monitoring plans, progress reports, government documents, meeting minutes, policy frameworks, DWCP, UNDAF, draft regulations or laws that relate to the influencing agenda aspects of the project, workshop and mission reports, and other documents/materials/publications that were produced through the project or by relevant stakeholders. The evaluation team will review the documents before conducting interviews.
- Interviews (face-to-face/telephone/electronic as appropriate) with the Project team in Hanoi, relevant officials of CO-Hanoi, CO-Yangon, CO-Bangkok, key staff of other related ILO projects and ILO staff responsible for technical backstopping of the project in DWT-Bangkok and HQ. An indicative list of persons to interview will be prepared by the Project in consultation with the evaluation manager.
- Field visits: interviews/meetings with representatives of key stakeholders including tripartite constituents, the donor, implementing partners, direct beneficiaries and the Project Steering Committee, and a stakeholder workshop in Hanoi to present preliminary findings to key stakeholders upon completion of the field trips. An indicative list of persons and stakeholders to interview will be prepared by the Project in consultation with the evaluation manager. The evaluator may be invited to relevant meetings which may take place during their assignment. A detailed program for the evaluation mission will be prepared by the project in consultation with the evaluation manager and the evaluators. Due to funds limitation, two field trips will be carried out (Viet Nam and one country to be selected) and Conference calls will be organized with the third country and regional component.

The methodology should include examining the intervention's Theory of Change, specifically in the light of logical connect between levels of results and their alignment with ILO's strategic objectives and outcomes at the global and national levels, as well as with the relevant SDGs and related targets.

The methodology should include multiple methods, with analysis of both quantitative and qualitative data, and should be able to capture intervention's contributions to the achievement of expected and unexpected outcomes.

The data and information should be collected, presented and analyzed with appropriate gender disaggregation. Gender concerns should be addressed in accordance with ILO Guidance note 4: "Considering gender in the monitoring and evaluation of projects".

To the extent possible, the data collection, analysis and presentation should be responsive to and include issues relating to diversity and non-discrimination, including disability issues.

The methodology should clearly state the limitations of the chosen evaluation methods, including those related to representation of specific group of stakeholders. The detailed approach and methodology, including the work plan should be part of the inception report.

The methodology should ensure involvement of key stakeholders in the implementation as well as in the dissemination processes (e.g. stakeholder workshop, debriefing of project manager, etc.).

The evaluator may adapt the methodology, but any fundamental changes of the methodology should be agreed between the evaluation manager and the evaluation team, and reflected in the inception report.

5. Main deliverables

The evaluators will deliver the following main outputs:

- Deliverable 1: Inception report

The evaluator will draft an inception report upon the review of the available documents and Skype briefings/initial discussions with the Project team, relevant ILO officials/specialists and donor. The inception report will include among other elements the evaluations questions, data collection methodologies and techniques and evaluation tools. The inception report will be prepared as per the EVAL Checklist 3: Writing the inception report, and approved by the evaluation manager.

- Deliverable 2: Stakeholder workshop/presentation on preliminary findings of the evaluation

At the end of the evaluation mission, the international consultant will present preliminary findings of the evaluation at the stakeholders' workshop. The project team will provide necessary administrative and logistic support to organize this stakeholder workshop.

- Deliverable 3: Draft evaluation report

The draft evaluation report should be prepared in accordance with the EVAL Checklist 5: Preparing the Evaluation report which will be provided to the evaluators. The draft report will be improved by incorporating evaluation manager's comments. Then the evaluation manager will circulate the draft report to key stakeholders including the project team, ILO officials concerned with this evaluation, the donor and national partners for comments.

- Deliverable 4: Final evaluation report with evaluation summary (in a standard ILO format)

The evaluator will incorporate comments received from ILO and other key stakeholders into the final report. The report should be finalized in accordance with the EVAL Checklist 5: Preparing the Evaluation report.

The quality of the report will be assessed against the relevant EVAL Checklists.

The reports and all other outputs of the evaluation must be produced in English. All draft and final reports, including other supporting documents, analytical reports and raw data should be provided in electronic version compatible with WORD for windows. The report should not be more than 35 pages (excluding annex).

Ownership of the data from the evaluation rests jointly between ILO and ILO consultant. The copyrights of the evaluation report rests exclusively with the ILO. Use of the data for publication and other presentation can only be made with the agreement of ILO. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

6. Management arrangements and work plan

The evaluation manager is responsible for the overall coordination and management of this evaluation. The manager of this evaluation is Ms. Marielle Phe Goursat, Program Manager at the ILO Country Office for Viet Nam. The final evaluation report will be shared with the ILO Evaluation Office.

As per the project document, Luxembourg will be closely consulted and involved in managing this mid-term evaluation, i.e. drafting TORs, selecting consultants and providing inputs on the evaluation report.

The evaluation will be conducted by a one international consultant. The project team will support consultant in accessing information and conducting a participatory and inclusive evaluation. Specifically, the project's team will assist in:

- collecting background information;
- pro-actively provide relevant local knowledge and insights to the international consultant;
- taking part in the interviews with key stakeholders
- facilitating the organization and participating in the stakeholders workshop; and
- providing interpretation during the evaluation mission as required.

The international consultant will report to the evaluation manager.

The project team will handle all contractual arrangements with the evaluator and provide logistic and administrative support to the evaluation throughout the process. The project team will provide all the project and non-project documents to be reviewed and ensure they are up-to-date. The project team will also prepare an indicative list of stakeholders/partners/beneficiaries to be interviewed and detailed agenda of the evaluation mission.

It is foreseen that the duration of this evaluation will fall within November 2019 – March 2020. The field mission to Viet Nam and Lao PDR is tentatively scheduled to take place during the first week of February 2020.

Indicative timeframe, tasks and responsibilities:

Task	Responsible person	Time frame
Preparation, sharing for feedback, and finalization of the evaluation TOR	Evaluation manager with inputs from the Project team, REO and Luxembourg	Mid Oct 2019
Approval of the TOR	Project team	Mid October 2019
Identification and selection of the evaluation consultant	Evaluation manager	End October 2019
Ex-col contract based on the TOR prepared/signed	Project team	30 th November 2019
Draft mission itinerary for the evaluator and the list of key stakeholders to be interviewed	Project team	5 th December 2019
Briefing for evaluator on ILO evaluation policy	Evaluation manager	16 th December 2019
Review project documentation; and prepare and submit an inception report to the Evaluation manager	International consultant	6 th January 2020
Approve inception report, including ensuring any necessary adjustments by evaluator	Evaluation manager	13 th January 2020
Consultations and interviews via Skype with relevant ILO officials/specialists and donor	International consultant	By 25 th January 2020
Evaluation mission	International consultant/Project team	By 7 th February 2020
Stakeholders' workshop in 1 country	International consultant /Project team	By 7 th February 2020
Draft evaluation report prepared and submitted to the Evaluation manager	International consultant	19 th February 2020
Sharing the draft report with all the concerned stakeholders including the donor for comments	Evaluation manager	25 th February 2020

Comments on the draft report collected and consolidated, and sent to the evaluators	Evaluation manager	2 nd March 2020
Finalization and submission of the report to the Evaluation manager	International consultant	5 th March 2020
Review of the final report	Evaluation manager	5 th -10 th March 2020
Approval of the final evaluation report and sharing with REO for information	Evaluation manager	10 th March 2020
Follow up on recommendations	Evaluation manager	

Below are indicative inputs and tasks to be completed. Numbers of days foreseen for consultants in one task can be reallocated to another task where justified and in consultation with the evaluation manager.

Tasks	International consultant Inputs (person days)
Desk review of project documentation; Skype briefing with evaluation manager and the project team; Prepare inception report.	7 days
Conduct field mission to Viet Nam as well as to Myanmar or Lao PDR, and interview meetings with the project team, specialists and other relevant ILO officials, tripartite constituents, donor, project partners and target groups; stakeholder workshop and debriefing meeting with CO-Hanoi; Skype interviews with relevant ILO officials from the following units: SOCPRO, CO-Bangkok, CO-Yangon, ITC and ROAP.	5 days
Analysis of data based on desk review, fieldwork and interviews with stakeholders; draft evaluation report.	5 days
Final evaluation report	4 days
Total	21 days

7. Legal and ethical matters

The evaluation will comply with UN Norms and Standards and the UNEG Ethical Guidelines. The evaluators will abide by the EVAL's Code of Conduct for carrying out the evaluations. The Code of Conduct for carrying out evaluations is attached to the TOR. The evaluators should not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation.

Inception Report Mid-term Independent Evaluation

Project Title	Support to the extension of Social Health Protection in South-East Asia
Technical Cooperation code	RAS/17/09/LUX
Administrative Unit	ILO Regional Office for Asia and the Pacific
Technical Backstopping Unit	ILO Decent Work Technical Support Team for East and South-East Asia and the Pacific (ILO DWT-Bangkok) Social Protection Department (SOCPRO), Geneva
Donor agency	Government of Luxembourg
Project duration	October 2017 to March 2021 (42 months)
Budget	US\$3,029,240
Period covered by the evaluation	October 2017 to December 2019
Date of Evaluation	December 2019 – March 2020

1. TERMS OF REFERENCE

The Terms of Reference (ToRs) for the Final Evaluation provide that the first output (Deliverable 1) shall be an Inception report. The Inception Report is to include among other elements the evaluations questions, data collection methodologies and techniques and evaluation tools. The Inception Report is structured in line with ILO Guidelines (Checklist No. 3 Writing the inception report).

The background to the project and the key outcomes and outputs are set out in the ToRs and will not be repeated here.

2. ADHERENCE TO THE TOR

The purpose of the evaluation is to assess the achievement of the project against its plan, identify challenges and any external factors that may have affected the project and its implementation. As a mid-term evaluation, this process will inform the work to be

completed in the remainder of the project and will consider whether any changes to the work plan might be desirable.

The evaluation will examine the period of project implementation since project inception until 31 December 2019. The evaluation will integrate gender dimension, disability inclusion and other non-discrimination issues as cross-cutting concerns throughout the methodology, deliverables, and final report

The conceptual framework used in this evaluation is one that is consistent with Results-based Management (RBM) and addresses the following criteria proposed by OECD: relevance, validity, efficiency, effectiveness, impact and sustainability (as specified in the ToRs).

The detailed questions addressed in this evaluation are:

Criteria	Questions
<p>RELEVANCE AND VALIDITY OF DESIGN</p>	<ul style="list-style-type: none"> • How well does the project design (priorities, outcomes, outputs and activities) address the stakeholder needs that were identified? • To what extent are the project design (priorities, outcomes, outputs and activities) and its underlying theory of change logical and coherent?¹⁷ • How responsive was the project design to national sustainable development plans for the SDGs? • Will the design need to be modified in the second half of the project? • To what extent has the project contributed to the implementation of strategies and policy frameworks of the country, ILO and SDC? • Within the context of ILO goal of gender equality, disability inclusion and other non-discrimination issues as well as national level policies in this regard, to what extent did the project design take into account: <ul style="list-style-type: none"> i. Specific gender equality and non-discrimination concerns relevant to the project context; ii. Concerns relating to inclusion of people with disabilities? • To what extent did the problem analysis identify its differential impact on men and women and on other vulnerable groups (like people with disabilities)?

¹⁷ If the project has not developed an explicit theory of change, the evaluator will work with the project team to clarify the implicit ToC.

	<ul style="list-style-type: none"> • How appropriate and useful are the indicators described in the project document/revised performance framework in assessing the project’s progress? • To what extent did the project design identify and integrate specific targets and indicators to capture: <ul style="list-style-type: none"> i. Gender equality and non-discrimination concerns? ii. Concerns regarding people with disabilities? • To what extent did the project strategies, within their overall scope, remain flexible and responsive to emerging concerns with regards to : <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
EFFECTIVENESS	<ul style="list-style-type: none"> • What progress has the project made towards achieving its planned objectives? What are the reasons/factors behind that progress? What are the main constraints, problems and areas in need of further attention? • How and how well have stakeholders have been involved in the implementation? How well the national ownership is ensured? • Are stakeholders satisfied with the quality of tools, technical advice, training and other activities, delivered by the project? • Within its overall objectives and strategies, what specific measures were taken by the project to address issues relating to: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? • How effective were these measures in advancing gender equality and inclusion of people with disabilities within the context of project’s objectives? • To what extent were the intervention results monitored and achieved (or not) and what was their contribution (or not) towards: <ul style="list-style-type: none"> v. Gender equality and non-discrimination? vi. Inclusion of people with disabilities? • To what extent the project results contribute (or not) to the identified SDGs and related targets? Even if the relevant SDGs had not been identified in design, can a plausible contribution to the relevant SDGs and related targets be established? • To what extent have intervention results been monitored and reported in terms of their contribution to specific SDGs and targets (explicitly or implicitly)? To what extent did the project increased stakeholders’ awareness on SDG targets and

	indicators relevant to Decent Work Agenda? (explicitly or implicitly)
EFFICIENCY	<ul style="list-style-type: none"> • Have the resources (including technical expertise, staff, time, information) been used in an efficient manner? • Has the project received adequate support from the relevant ILO units, the government and national partners? • To what extent did the project leverage partnerships (with constituents, national institutions and other UN/development agencies) that enhance projects relevance and contribution to priority SDG targets and indicators? (explicitly and implicitly) • To what extent did the project leverage partnerships other ILO projects in the region and with Global Programme to build linkages? • How well has the project management processes work in delivering project outputs and results? • To what extent did the project budget factor-in the cost of specific activities, outputs and outcomes to address: <ul style="list-style-type: none"> i. Gender equality and non-discrimination ii. Inclusion of people with disabilities? • To what extent did the project leverage resources (financial, partnerships, expertise) to promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities?
IMPACT	<ul style="list-style-type: none"> • What were the intervention’s long-term effects in terms of reducing/exacerbating <ul style="list-style-type: none"> v. Gender inequalities and gender based discrimination? vi. Inequalities and exclusion faced by people with disabilities? • To what extent did the project bring lasting changes in norms and policies that favour/promote: <ul style="list-style-type: none"> i. Gender equality and non-discrimination? ii. Inclusion of people with disabilities? • Has the intervention made a difference to specific SDGs the project is linked to? If so, how has the intervention made a difference? (explicitly or implicitly)
SUSTAINABILITY	<ul style="list-style-type: none"> • How effective and realistic is the exit strategy of the project? • To what extent did the intervention advance strategic gender-related needs that can have a long term positive bearing on: <ul style="list-style-type: none"> i. Gender parity within the world of work?

	<p>ii. Inclusion of women and men with disabilities within the world of work?</p> <ul style="list-style-type: none"> • To which extent the results of the intervention likely to have a long term, sustainable positive contribution to the SDG and relevant targets? (explicitly or implicitly)
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In general, the evaluation questions appear to be appropriate.¹⁸ Given that this is a mid-term evaluation, the questions on impact (above) may need to be interpreted as looking at the impact the project is likely to have in the longer term.

Based on discussions to date, additional issues to be considered will include:

- Possible need to extend the closing date of the project on a no-cost basis
- Optimal location for CTA (in country v BKK)
- Priority issues for possible second phase based on outcome of work to date and views of stakeholders

In terms of the impact assessment, it is difficult, in many cases, to measure the impact which ILO work (and indeed much development work) has at a macro level. While it is easy to measure the *outputs* of ILO work (in terms of reports, training, actuarial studies, etc.) it is much more difficult to measure *outcomes*. Given the ex-post nature of the evaluation, it will be necessary to rely on available data and interviews to assess the impact and it is not possible to adopt more sophisticated methodology.

In general, it is also difficult to measure efficiency in a concrete manner as ILO does not have any specific measure of efficiency and, even if it did, there is often a lack of comprehensive data in relation to inputs and outputs. However, this is a general constraint and an assessment will be made on the basis of the available data.

This mid-term evaluation will consider options to address these issues for a final evaluation insofar as possible, e.g. re availability of data.

Given that a wide range of stakeholders will be interviewed, there does not appear to be any real risk of bias.

2. EVALUATION METHODOLOGY

The evaluation adopts the ILO's Evaluation Guidelines as the basic evaluation framework. It will be carried out in accordance with ILO standard policies and procedures, and complies with evaluation norms and follows ethical safeguards.

The evaluation methodology will include:

- Desk review and analysis of documents related to the project.

¹⁸ I changed the order of impact and sustainability as this seemed more logical.

- Desk review of other relevant documents such as the Decent Work Country Programmes, national documents on social health protection, etc.
- Field mission in Viet Nam and Lao ODR in 3-11 February 2020 (two of the three countries covered by the project). The evaluator will attend a project workshop in Lao PDR and will avail of this to interview key informants from Lao and Myanmar (and regional experts). Informants will include representatives from respective governments, social partners, development partners and project partners.¹⁹
- Consultation with key ILO Specialists
- Stakeholder workshop/presentation on preliminary findings of the evaluation

The data collection worksheet is attached as Annex I.

¹⁹ Details of the field mission are currently being finalised.

3. WORK PLAN

The detailed work plan is set out below:

Task	Responsible person	Time frame
Briefing calls with key ILO staff	Evaluator	December-January 2020
Desk review of project documentation	Evaluator	December-January 2020
Inception report (Deliverable 1) submitted to Evaluation Manager	Evaluator	6 January 2020
Agreement on mission schedule	Evaluator and CTA	January 2020
Evaluation Mission	Evaluator	3-11 February 2020
Stakeholder workshop/presentation on preliminary findings of the evaluation	Evaluator	7 February 2020
Draft report submitted to the Evaluation manager	Evaluator	By 28 February 2020
Commenting on the draft report	Project team, stakeholders	By 15 March 2020
Finalizing the report	Evaluator	By 31 March 2020

4. FINAL REPORT OUTLINE

The report will be drafted in accordance with the ILO EVAL Checklist 5: Preparing the Evaluation report. A proposed outline for the final report is as follows.

1. Introduction
2. Main Findings
 - Relevance
 - Validity of design
 - Effectiveness

- Efficiency
 - Management
 - Impact & Sustainability
 - Cross-cutting issues
3. Conclusions and Recommendations.

This may be revised somewhat in the course of the evaluation.

5. ADHERENCE TO ILO GUIDANCE AND FORMATTING REQUIREMENTS

The consultant acknowledges the ILO formatting requirements, especially with regard to:

- Formulating and presenting recommendations;
- Identifying and presenting lessons learned, and filling in the lesson learned templates; and
- Identifying and presenting emerging good practices, and filling in the relevant template.

Checklist 10 (Documents for the evaluator) finalized and signed by the evaluation consultant, is attached below confirming that all necessary documentation has been received.

The consultant confirms acceptance of the terms of Checklist 5: Preparing the evaluation report.

Checklist 10 - DOCUMENTS FOR THE EVALUATOR

This checklist is for the evaluation manager to ensure that all documents are presented to the evaluator when presenting the contract for signature.

KEY CONTRACT DOCUMENTS

- Evaluation Contract; which includes the payment schedule.
- Terms of Reference; which includes the WBS, Calendar and Evaluation Budget
- List of individuals pertinent to the evaluation with contact details
- Code of Conduct for Evaluation in the ILO
- Checklist 10: List of supplemental documentation, supplied by links or cloud services.
- Project Documents
 - Project Document
 - Project inception and progress reports
 - Lao, Myanmar and Regional materials (Dropbox)
 - Viet Nam project materials (on Google Drive)
 - Recent updates of project progress (via Wesendit)
- ILO or National documentation
 - UNDAF Strategic Plan 2017-2020 (VN)
 - VN DWCP 2017-2021
- EVAL Guidance documents for the evaluator
 - Guidance Note 7 Stakeholder participation in ILO evaluations
 - Checklist No. 3 Writing the inception report plus the templates
 - Checklist No. 5 Preparing the evaluation report
 - Checklist No. 6 Rating the quality of evaluation reports
 - Templates for Lessons Learned and Emerging Good Practices

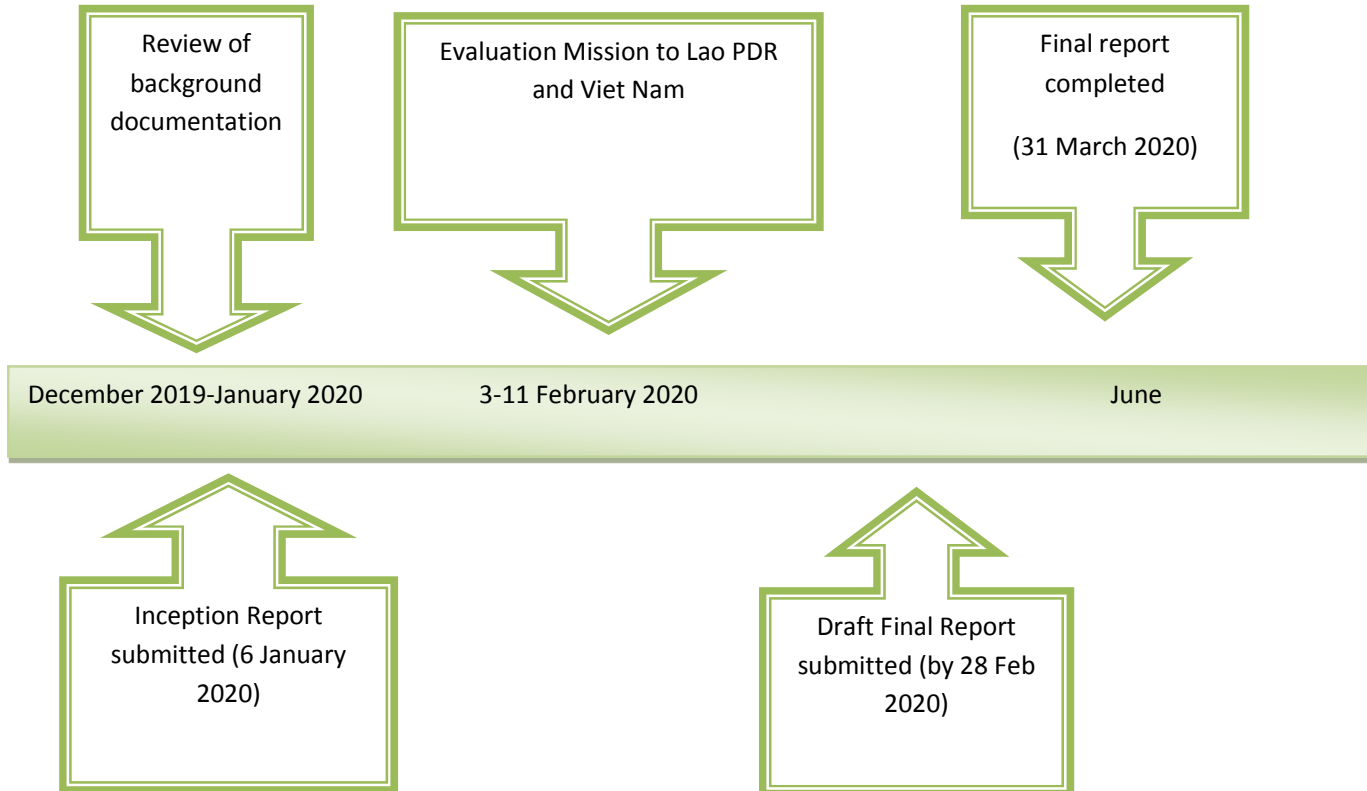


Consultant Acknowledges receipt

Annex I - DATA COLLECTION PLAN WORKSHEET for the inception report

Evaluation Questions	Indicator	Sources of Data?	Method?	Wh Col
1 RELEVANCE & VALIDITY of Design	Views of key stakeholders	Interviews with ILO, national agencies, social partners, donor Review of national policies	Interview & document review	Eva
2 EFFECTIVENESS	Implementation of project plan	Review of documentation/interviews with ILO, national agencies, social partners, donor	Document review/interviews	Eva
3 EFFICIENCY of resource use	Expenditure data	ILO financial data & interviews with ILO, national agencies, social partners, donor	Interviews & document review	Eva
5 IMPACT of the project	Views of project staff and stakeholders	Interviews with ILO, social partners, and national agencies Review of available data	Interview & document review	Eva
6 SUSTAINABILITY of the project	Views of key stakeholders	Interviews with ILO, social partners, national agencies & donor	Interview	Eva

Annex II - Timeline



Appendix 6. List of persons interviewed

Component	Institution		Position	Full name
Myanmar	Ministry of Labour, Immigration and Population	Social Security Board	Deputy Director General	Mr. Tin Ko Ko
Myanmar	Ministry of Labour, Immigration and Population	Social Security Board	Assistant Director (Medical Department)	Dr Khin Zar Wai (Ms)
Myanmar	Ministry of Health and Sports	National Health Plan Implementation Monitoring Unit (NIMU)	Assistant Director	Dr Phyu Win Thant (Mrs)
Myanmar	Social partners (Employer Representative)	Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI)	Vice President of Myanmar Industrial Association	Mr. Win Naing
Myanmar	Social partners (Workers Representative)	Myanmar Industries, Craft and Services Trade Unions Federation (MICS)	Central Executive Committee Member	Mr. Min Thet Htwe
Myanmar	Development partners	P4H Network	Focal point	Dr Htet Nay Lin Oo
Laos	Ministry of Health	National Health Insurance Bureau	Deputy Director	Dr. Bouaphat Phonvisay
Laos	Ministry of Health	National Health Insurance Bureau	Technical staff	Ms Kaysamone Bounyarith
Laos	Ministry of Health	Lao Tropical and Public Health Institute (TPHI)	Chief of Division	Dr. Manithong Vonglokham
Laos	Ministry of Labour and Social Welfare	Social Security Department	Director General	Ms. Keo Chanthavisay
Laos	Ministry of Labour and Social Welfare	Social Security Department	Deputy Director	Dr. Vanxay Souvannamethy
Laos	Ministry of Labour and Social Welfare	National Social Security Fund (NSSF)	Technical staff	Ms. Phaengsouk Likaya
Laos	Ministry of Labour and Social Welfare	National Social Security Fund (NSSF)	Deputy Director	Dr. Bouahom Phommachanh

Laos	Ministry of Labour and Social Welfare	National Social Security Fund (NSSF)	Deputy Director	Mr. Bounnorth Chanthavone
Laos	Development partners	World Health Organization	Professional Officer	Christopher FITZPATRICK
Laos	Development partners	World Bank	Senior Economist	Emiko Masaki
Viet Nam	Ministry of Health	Health Insurance Department	Director	Mr Le Van Kham
Viet Nam	Ministry of Health	Health Insurance Department	Official	Ms Vu Nu Anh
Viet Nam	Ministry of Health	Legal Department	Deputy Director	Mr Do Trung Hung
Viet Nam	Ministry of Health	Health Economics Department, Health Strategy and Policy Institute	Director	Ms Nguyen Khanh Phuong
Viet Nam	Vietnam Social Security Agency	International Cooperation Department	Deputy Director	Mr Nguyen Khang
Viet Nam	Vietnam Social Security Agency	Pharmaceutical & Medical Supplies Department	Director	Mr Phuc
Viet Nam	Vietnam General Confederation of Labour	Industrial relations Dept	Deputy Director	Mr Le Dinh Quang
Viet Nam	Vietnam General Confederation of Labour	Female workers affairs	Deputy Director	Ms Do Hong Van
Viet Nam	Vietnam Chamber of Commerce and Industry	Employer Bureau	Deputy Director	Ms Tran Thi Hong Lien
Viet Nam	WHO	WHO	Health financing specialist	Annie Chu
Viet Nam	World Bank	World Bank	Senior Economist	Caryn Bredenkamp
Regional/ Thailand	Mahidol University	Asean Institute for Health Development	President	Dr Phudit Tejavaddhana
Regional/ Thailand	Ministry of Public Health	Health Insurance Strategy and Research Office	Senior expert	Dr Thaworn Sakunphanit
Regional/ Republic of Korea	Korean Institute for Health and Social Affairs	Korean Institute for Health and Social Affairs	Senior expert	Dr Kitae La
ILO	ILO	ILO	Director - CO Hanoi	Chang-Hee Lee

ILO	ILO	ILO	Director - CO Bangkok	Graeme Buckley
ILO	ILO	ILO	National co-ordinator Lao PDR	Khemphone Phaokhamkeo
ILO	ILO	ILO	Social Protection Specialist	Nuno Cunha
ILO	ILO	ILO	Social Protection Specialist	Markus Ruck
ILO	ILO	ILO	Social Health Protection Specialist	Lou Tessier
Funding Partners	Embassy of Luxembourg	Embassy of Luxembourg	Attache	Nicolas Tasch
Funding Partners	Grand Duchy of Luxembourg	TBC	TBC	TBC
Project	ILO		CTA	Marielle Phe Goursat
Project	ILO		JPO	Vesna Jovic
Project	ILO	VN	National project officer	Doan Thuy Dung
Project	ILO	Lao PDR	National project officer	Thongleck Xiong
Project	ILO	Myanmar	National project officer	Dr Thein Than Htay