**Position Title:** External Consultant on Development of a Monitoring and Evaluation Framework for the Social Security Board of Myanmar

**Organization:** ILO-Luxembourg Social Health Protection Project, ILO-YANGON

**Location:** Yangon/ Nay Pyi Taw

**No. of Position:** One

**Contract Type/ Level:** External Collaboration Contract

**Duration:** Complete the production in 27 working days not later than 30th June 2020

**Closing Date:** 26th February 2020, 17h00 (Yangon time)

**Applications Details:**

Applications to:
National Project Coordinator, Social Protection
01 233 6538, 233 6539
ILO
No. 1(A), Kanbae Road, Yankin Township
Yangon – Myanmar

or via email to theinhanhtay@ilo.org

Copy to kyawy@ilo.org and goursat@ilo.org

Only short listed candidates will be contacted for further consultation process.
ILO-Luxembourg Programme on Extension of Social Health Protection in South East Asia

Development of a Monitoring and Evaluation Framework for the Social Security Board of Myanmar

Terms of Reference

1. **Background**

The importance and potential of social protection in reducing poverty and inequalities and contributing to a more inclusive and sustainable economic development is acknowledged in the Sustainable Development Agenda. Financial health protection is recognised 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, 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.

Under this framework, the ILO-Lux project aims at increasing financial health protection in the three target countries Myanmar, Lao PDR, 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.

With a population of around 54 million (WB, 2016) Myanmar has the lowest GDP per capita and one of the highest poverty rates in Southeast Asia (poverty rate headcount is officially estimated at 37.5 per cent (WB, 2014) and health indicators are among the highest in the region\(^1\) and reflecting the health needs of the population. Despite the existence of a good set of health policies, resources for health are limited as well as the institutional capacity to implement them. The public health care system is weak and under-funded, contributing to a decline in the standards of services and reflected in poor health outcomes (WHO 2012a; WHO/UNICEF 2012). As a result most ambulatory care is being delivered by private sector providers, that most of the time offer unreliable quality care, too often at high prices. Most poor households rely on private health-care providers because of their physical proximity especially in remote areas where public facilities are scarce, shorter waiting times, availability of staff and drugs, and perceived quality of care. As a result, out-of-pocket health expenditure in Myanmar is among the highest in the region at an estimated 55 per cent of total health expenditure (NHA 2012/13),

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\(^1\) According to the United Nations Inter-agency Group for Child Mortality Estimation (UN-IGME) (2015) the under-five child mortality rate stands at 50 (per 1000 live births), and the estimated maternal mortality rate stands at 178 (per 100 000 live births, Maternal Mortality Estimation Inter-Agency Group)
suggesting high levels of catastrophic health expenditure. In 2013, total health expenditure was about 2.4 per cent of GDP, amounting to only US$27 per capita on average (NHA 2012/13).

The Government of Myanmar is aspiring to achieve Universal Health Coverage (UHC) under the leadership of the Ministry of Health and Sports (MOHS), in close collaboration with the Ministry of Planning and Finance and the Ministry of Labour, Immigration and Population.

At the moment, two main financing mechanisms exist. One is the Social Security Medical Care Scheme managed by the Social Security Board (SSB), which covers the formal private sector, a small proportion of the population. The level of compliance with the law is also low, leading to a situation where even among formal companies there is a tendency to under-register workers. The second is the Ministry of Health and Sports which runs a number of taxed funded free health-care programs not yet embedded within law.

One of the main challenges of the SSB is that it does not cover dependents. Additionally, the Social Security Medical Care Scheme service is currently only available in Social Security Board facilities or secondary care public facilities run by the Ministry of Health and Sports upon referral. In case of referral, the costs incurred are reimbursed by the SSB. However, the process is administratively cumbersome for the insured workers. Recently, agreements were established with a limited number of private providers – called Purchaser-Provider Split (PPS) pilots - but those agreements were established on an ad-hoc basis and the lack of a systematic approach is a challenge for the effectiveness and efficiency of those agreements.

The Social Security Board has embarked in a number of reforms, which include streamlining administrative processes and the development of a comprehensive IT system. However, the IT System will only be fully developed and rolled out in 2020 at the earliest. Meanwhile, SSB relies on a paper-based system nationwide and does not have adequate monitoring and evaluation framework and tools. These gaps in monitoring capacities prevent the SSB from monitoring the operations of the medical scheme in a comprehensive manner and from evaluating the implementation of the PPS pilots.

The SSB acknowledges the absence of comprehensive and robust M&E system and requested ILO’s support to address this gap. Hence, this assignment aims to provide technical assistance to the SSB in the finalization and operationalization of the M&E framework for the SSB medical scheme, developed with the support of an ILO international consultant. The M&E framework includes a set of selected key indicators at impact, outcome and outputs levels, covering the four essential components - membership, service utilizations, costs of services provided, finances - as well as a selected set of Key Performance Indicators. It also include indicators which are specific to the monitoring and evaluation of the Provider-Purchaser Split (PPS) model. For each, the M&E framework proposes primary data sources, expected frequency of data collection, and expected levels of data disaggregation.

Once in place and operationalized, the M&E will serve as the basis for SSB to monitor key health insurance indicators. It is also expected to be used for evaluation purpose – particularly (but not limited to) the Provider Purchaser Split. The implementation of the Monitoring and Evaluation Framework is expected to lead to improvements in access and availability of data to support operational decision-making and increase client satisfaction on medical scheme. It will also help to make critical policy
decisions around extension of coverage, provider payment mechanisms and resource allocation to the clinics among others. Therefore, the ILO is seeking the support of one local consultant with M&E expertise in order to assist the finalization of the monitoring and evaluation framework and build capacity of the SSB in using the Monitoring and Evaluation framework.

2. Objective of the assignment

The first immediate objectives of the consultancy are (i) to support the finalization of the M&E framework for SSB medical scheme with focus on aligning it to piloted EI M&E Framework as well as admin and IT reforms, (ii) to train SSB on how to use M&E medical scheme framework, (iii) to assist SSB in the production of the first M&E medical scheme report.

3. Scope of work/Specific tasks

a) Provide technical inputs to the draft Monitoring and Evaluation Framework of the medical scheme developed by ILO international consultant, with focus on ensuring alignment with Employment Injury M&E Framework.

b) Provide a 5 day training to the SSB team on M&E Framework for health, with focus on operationalizing the developed M&E medical scheme framework as core objective. The training will include basic content on M&E, contents and use of the Medical scheme M&E Framework and calculations and interpretations of indicators.

c) Develop first M&E analysis report for the medical scheme, in support and together with the SSB Medical Reform team.

4. Expected outputs

Product 1. Technical inputs to the draft M&E framework developed by International consultant, in order to ensure alignment with EI M&E framework. This product addresses task a) above.

Product 2. Five days training workshop in SSB medical scheme on M&E (as a topic), and data collection, calculation of indicators, analysis and reporting, in collaboration with international consultant. This product addresses task b) above.

Product 3. Design and delivery of the first SSB medical scheme’s M&E framework analysis report, produced together with SSB as a capacity building exercise. This product addresses task c) above.

Product 4. Translation of SSB Medical Scheme M&E Manual including framework, guidelines and/or standard procedures. This product addresses task a) and c) above.
5. Duration, fee and payments

The work is expected to be conducted in **27 working days** no later than 30th June 2020.

ILO terms and conditions shall apply to the payment of full fees of this assignment based on the consultant’s background and experience.

Consultant is required to submit to the ILO the boarding passes and hotel invoices after completion of the assignments to serve for archiving and auditing purposes.

6. Required profile

The service provider is required to have the following qualifications:
- University level academic qualifications in field related to economics, social protection, public health, international development or other relevant fields, or equivalent in experience.
- At least 5 years of experience in project management
- Previous experience of relevant work in training, reporting, monitoring and evaluation
- Previous experience in Social Health Protection, public health, health financing, health systems
- Experience and knowledge of working on social protection in Myanmar with the Ministry of Health and Sports and Ministry of Labour, Immigration and Population is an added advantage
- Good report writing and communication skills, in English and Burmese
- Ability to produce high quality deliverables in a timely manner, in English language.

7. Attestation for having adequate medical and accident insurance

The service provider must be aware that the ILO accepts no liability in the event of death, injury, or illness of the staff under the Service provider.

The Service provider must attest that he/she is adequately covered by insurance for these risks.

In no circumstances shall the Service provider be covered by any ILO insurance. It is the Service provider’s own responsibility to take out, at their own expense, any personal insurance policies that are considered necessary, including a civil liability insurance policy.

8. Application requirement

Interested candidates are requested to provide up to date CV(s) as well as a financial proposal (daily consultancy fees).
Interested candidates are requested to send their applications no later than 26 February 2020 to the ILO-Lux National Project Coordinator for Myanmar by email at theinhtay@ilo.org, copy to kyawy@ilo.org and goursat@ilo.org.