



Call for Expression of Interest Independent Final Evaluation

Project Title	Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality
Project location	India
Application deadline	Tuesday 10 March 2021
Type of contract	External Collaboration Contract
Expected duration	40 working days from March to June 2021 (Field mission take place in 1st and 2nd week of April 2021)
Languages required	Proficiency in written and spoken English

The ILO is seeking for expression of interest of consultants (preferably to recruit two, of which one ideally based in India) to conduct a final independent evaluation of the “Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality”.

Candidate intending to submit an application must supply the following information:

- 1) A short technical and financial proposal (max 5 pages) describing evaluation methodology to be used, and anticipated challenges, in conducting the evaluation.
- 2) A description of how the candidate’s skills, qualifications and experience are relevant to the required qualifications of this assignment.
- 3) A statement confirming the availability of the candidates to conduct this assignment and the daily professional fees expressed in US dollars.
- 4) A copy of the candidates’ CVs (which must include information about the qualifications held by the candidates) including a list of previous evaluations that are relevant in relation to the context and subject matter of this assignment.
- 5) A statement confirming that the candidates had no previous involvement in the delivery of the “Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality” in India or have a personal relationship with any of the ILO Officials who are engaged in the project.
- 6) An example of evaluation products for projects related to health insurance and health financing, equity in healthcare financing, capacity building and gender (full document).
- 7) A list of two referees (including name, affiliation, phone number and email address). These referees must be evaluation manager of the relevant evaluations undertaken by the applicants.

The **deadline to submit an application** is 5.00 pm Bangkok time Tuesday 10 March 2021. Please send an e-mail with the subject header “Evaluation of the Health Financing Project” to the Evaluation Manager, Rattanaporn Pongpattana, poungpattana@ilo.org and copy to Ms. Pamornrat Pringsulaka, pamornrat@ilo.org

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

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

ABBREVIATIONS

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

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1. Introduction and Rationale for the Final Evaluation

The Employee State Insurance Scheme (ESIS) is India's largest contributory social health insurance scheme. ESIS covers workers in formal employment that earn less than Rs. 21,000 per month in non-seasonal factories employing 10 or more persons. Within the project duration, ESIS did not cover workers in informal employment who represent 90% of workers in India. This possibility is, however, opening with a recent revision of the Social Security Code giving the scheme scope to further expand coverage. In addition, the scheme's performance to deliver health services adequately to its beneficiaries has been affected by its limited strategic financing, governance and health services provision capacity, resulting in very low utilisation of healthcare services by beneficiaries.

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

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

The final independent evaluation will be conducted by an external independent evaluation team, and managed by an independent evaluation manager, who is an ILO staff member with no prior involvement in the project. The evaluation will comply with the United Nations Evaluation Guidelines (UNEG) Norms and Standards¹, ILO policy guidelines (3rd edition)² and the ethical safeguards³.

¹ <http://www.unevaluation.org/document/download/2787>

² http://www.ilo.ch/eval/Evaluationpolicy/WCMS_571339/lang--en/index.htm

³ <http://www.unevaluation.org/document/detail/100>

2. Background and Country context

Less than 10% of the population in India is covered by a comprehensive health insurance scheme, resulting in one of the highest levels of out of pocket expenditures in the world (64%), with only marginal reductions in the last decade, and strong exclusion from health care services.⁴

The ESIS is the largest contributory social health insurance scheme in India. Despite high financial performance, ESIS faces substantial challenges, as the critically poor level of utilization of health care by the beneficiaries indicates. In fact, while the scheme has experienced an increase in the number of beneficiaries and revenues in the last years, expenditures on health care have been relatively flat and diminishing on a per-beneficiary basis. Both access to outpatient and in-patient services appear to be very low despite the good financial situation of the scheme. In addition to difficulties with the provision of services by internal providers, governance and management challenges especially at state level to insure quality care provision and the lack of strategic purchasing from external providers contributes to undermining access to healthcare and the scheme's performance overall. The absence of up-to-date and robust financial and healthcare utilization data and analytics limits the possibility for effective management. In addition to affecting the services provided to the current about 135 million beneficiaries of the scheme, the poor performance of ESIS leads to incentivize evasion.

Project strategy and current status:

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

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

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

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

The project was initially intended for 18 months, but received two 6 months extensions. The first extension was between July and December 2020 and the second extension between January and June 2021. The justifications for the two extensions are as follow:

The first extension: The late assumptions of duty by the Chief Technical Advisor and the delay in obtaining the work permit from the Indian authorities complicated the kick-off of the project. The delays had been discussed with the donor and a 6 months no-cost extension agreed to in January 2020.

The 2nd no cost extension— The project has been confronted with a number of challenges in regards to the context in which it has operated, labour legislation reform, change in management in the beneficiary institutions, and the most significant among them, the Covid-19 pandemic, resulting in complete lockdown and thus halting important field work relating to the large-scale surveys and forbidding field missions of high level experts. The further no-cost extension of the project aimed to allow for completion of the activities that have been delayed due to the preceding mentioned reasons.

⁴ Project Proposal to BMGF, 2018

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

Plan	Actual
Component 1:	
<p>The planned activities include: (1) Constitution of a Technical Committee acting as ESIC technical counterpart to the project for Component 1. (2) Production of a preliminary report on the functioning of the ESIS. (3) production of ESI Diagnostics and the recommendations for transformative actions towards a better performing ESI, and development of action plan. (4) launch the implementation of the Action Plan.</p>	<p>The project completed preliminary report. The ESIS Diagnostics report and the recommendations for transformative actions towards a better performing ESI were produced and the Project presented the results to MOLE, ESIC and ILO constituents between July-September2020. The findings and recommendations were used to inform the development of the initial action plan (in June 2020) with transformative intervention to improve the performance of ESIS. Due to the lengthy decision processes (affected also by the parallel debate and evolvments of the Indian Social Security Code as part of ongoing Labor Reforms), a validated and consolidated Action Plan for implementation has been delayed and is expected early 2021 depending on MOLE/ ESIC reactions/ request for support. Substantial delays were further caused by the onset and evolving Covid-19 pandemic particularly affecting any field work planned as part of the project. Thus also Component 1 primary research i.e. the ESIS beneficiary survey, delayed substantially in completion. The project is expecting final results by February 2021, which will provide important demand side information to enhance the diagnostic recommendations further.</p>
Component 2:	
<p>The planned activities include: (1) Constitution of a Working Group 2 composed of relevant national actors and ILO specialists who will contribute to the overall process of the assessment under component 2 (2) conduct gender sensitive assessment of informal economy workers' and economic units' behavior regarding health care insurance. (3) Validation of results and orientations for designing the pilot by the Working Group 2. (4) Implementation of Pilot(s) to test transformative actions and potentially test design for inclusion of informal non-poor under ESIS</p>	<p>Knowledge-sharing products have been developed under component 2 relating to comparative social health protection systems (country briefs) and innovative technologies for social health protection. These analytical products include: (1) a social health protection country case compilation; (2) a compilation of existing surveys and studies in India on informal economy workers, health conditions and coverage, and; (3) a report on innovative technologies for social health insurance – country case collection. The second large-scale survey among potential ESIS beneficiaries could also not complete to date due to the COVID-19 restrictions affecting progress of field work. The completion of this survey is envisaged by April 2021.</p> <p>Adjustment: The pilot programme implementation during the current phase of the project will not be realized due to the various delays affecting the project (delayed start of activities at onset of the project, Covid-19 related delays and slow response on side of ESIC and MOLE regarding a validated implementation plan. Such activity would need to move into a Phase 2 of the project. In the extended period (Second extension) between January-June 2021, the project would take preparatory activities including the design of a pilot for implementation/ ESIS transformation to be tested in 1-3 states, based on the response from the ESIC and MOLE.</p>
Component 3:	
<p>The objective is to facilitate a forum of discussion and encourage universal healthcare coverage. The planned activities include organizing of meetings and knowledge sharing events. The meetings aim to serve as a dialogue platform bringing together relevant project stakeholders to discuss the different activities,</p>	<p>Activities under component 3 have been affected by the COVID-19 situation and by the delays of the project's technical work (under Component 1 and 2). However, the project overcame the challenge by adjusting activity timing, and having knowledge-sharing as well as ecosystem exchanges organized along the production of C1 and C2 outputs. The mid-term evaluation report finds that the project has been actively working with a closed ecosystem of core beneficiaries and stakeholders as well as engaging with other healthcare sector</p>

<p>outputs and to agree on the way forward. The knowledge sharing events aims at bringing together the different actors relevant to the project and to share practices, including challenges and opportunities and successful experiences in the field in other countries around the world.</p>	<p>experts and organizations, including agencies of the Health Systems Design (HSD) ecosystem of the donor organization BMGF.</p>
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3. Links to International and National Development Priorities and Outcomes

The project is aligned with **the India Health Policy 2017** which envisages achieving universal healthcare coverage and reducing the reliance on out-of-pocket spending. It also aligned with **the ESIC Vision 2022** that envisages expansion of ESIC scheme in each district of the country with the target of covering 10 crore workers by 2022.

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

Sustainable Development Goals. Project activities contribute to India’s achievement of the Sustainable Development Goals, and in particular: - Goal 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. - Goal 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

India Decent Work Country Programme (DWCP) 2018-2022. THE PROJECT supports Gol’s DWCP priorities and outcomes, to create a more decent future of work through better quality of jobs, transition to formal employment and environment sustainability. The activities are fully aligned with the Priority 3 of the DWCP, in particular with Outcome 3.3 - By 2022, national and state social protection systems are better managed with expanded coverage and increased access.

The project has also contributed to **ILO 2018-19 and 2020-2021 Programme and Budget (P&Bs)**

- ILO 2018-19 P&B --Outcome 6: Formalization of the informal economy (Indicator 6.2: Number of member States that have developed or revised integrated policies, legislation or compliance mechanisms, to facilitate transition to formality, including for specific groups of workers or economic units)
- ILO 2020-2021 P&B - Outcome 8: Comprehensive and sustainable social protection for all -- Output 8.2. Increased capacity of member States to improve governance and sustainability of social protection systems (Indicator: 8.2.1. Number of member States with new or revised policy measures to enable social protection systems to be sustainable and provide adequate benefits)

4. Project Management Team Set-up

The Project is managed by an ILO CTA who reports directly to the ILO Country Director for India. Three staff members include

- A Chief Technical Adviser, based in Delhi is in charge of the overall management of the project and the operational and technical supervision of its interventions.

- A National Project Coordinator, based in Delhi, supports project implementation and coordination, including through consultations with key stakeholders.
- A Project Assistant, based in Delhi, provides all support required regarding administration, finance and logistic.

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

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

5. Stakeholders and Target Groups

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

Other direct beneficiaries are:

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

The project mainly had activities at the central level; however, some activities including studies and surveys cover in total 7 states including 3000 enterprises and 5000 workers.

6. Purpose, Objective and Scope of the Evaluation

The main purpose of this final independent evaluation is to promote accountability to ILO key stakeholders, including the Government of India and the donor-BMGF, and to enhance learning within the ILO and key stakeholders. Knowledge and information (including lessons learned, good practices, challenges and etc.) obtained from this evaluation, will be used to help inform the design and implementation of a possible next phase (2nd Phase beyond June 2021), which may include a focus on supporting inclusive economic recovery to COVID-19. The evaluation will also assess the extent to which the recommendations of the MTE have been followed up/achieved.

The final independent evaluation has the following specific objectives:

- Assess the coherence, relevance, efficiency, and effectiveness of the project interventions, while identifying the supporting factors and constraints that have led to them, including strategies and implementation modalities chosen, and partnership arrangements.
- Identify lessons learned, good practices, and recommendations on the design of a possible next phase (2nd Phase beyond June 2021).
- Assess contributions and results of the interventions (both expected and unexpected, both positive and negative changes) and examine how and why the changes were caused by the intervention⁵ and measure the size of the effect caused by that intervention or tactic⁶.

⁵ <https://www.gatesfoundation.org/How-We-Work/General-Information/Evaluation-Policy#EvaluationDesignandMethods>

⁶ <https://www.gatesfoundation.org/How-We-Work/General-Information/Evaluation-Policy#EvaluationDesignandMethods>

- Assess project impact (including where the project's support has been most/least effective and why), including the extent to which GoI capacity has been strengthened, and the benefits of the project's contribution to improvement of ESIS.
- Assess the extent to which the recommendations of the MTE have been followed up/achieved.
- Assess the project's contribution to COVID-19 immediate responses and recovery.
- Assess the extent to which the Project outcomes will be sustainable.
- Assess the extent to which the Project promote gender equality and non-discrimination and is gender-responsive.
- Assess the extent to which the project management and coordination mechanisms adequately addressed the needs and implementation challenges and how effectively the project management monitored project performance and results

Evaluation recommendations should be developed taking the objectives into consideration.

Scope of the evaluation. The scope of the final evaluation is guided by the main objective and the specific objectives as outlined in the above section. The evaluation covers the period of implementation of the project from its start in January 2019 until the time of the final evaluation, covering key outputs and outcomes (including unexpected results). It involves discussions with ILO project staff, national counterparts and development partners of the Project, the donor-BMGF, and the ILO technical specialists based in DWT-New Delhi and HQ.

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

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

The scope of work also includes the formulation of recommendations for the design and implementation of a possible next phase of the project. The evaluation will integrate gender equality and disability as cross-cutting concerns throughout the methodology, the deliverables, and the final report of the evaluation. These cross-cutting concerns will be addressed in line with EVAL's Guidance Note n° 4. Similarly, EVAL's Guidance Note n° 7 will be followed as much as practically possible to ensure stakeholder participation (web links to the Guidance Notes are provided in the Annexure).

7. Evaluation Criteria and Key Evaluation Questions

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

7.1. Suggested Key Evaluation Questions

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

Relevance

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

Coherence

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

Effectiveness (including effectiveness of management arrangement)

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

Efficiency of Resource Use

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

Impact Orientation

11. Assess project impact, including the extent to which the capacity of the ESIC as well as other stakeholders in India involved in social health insurance, health system and formalization of the informal economy has been strengthened, as a result of the project contribution
 - To what extent has the project contributed towards improving the capacity of ESIC to plan, implement and manage an improved and more equitable, gender-sensitive, efficient and sustainable health financing scheme?

- To what extent has the MoLE and ESIC been successful in getting government support for the testing and for driving the reform.
12. To what extent can now access to health care services be improved, and ESIS coverage be expanded, as a result of the project intervention?
 13. Are there any positive or negative, intended or unintended, higher-level effects?
 14. To what extent has the project promoted formalization and transition to formality in India?

Sustainability

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

Tripartism, Social Dialogue, Gender Equality and Non-discrimination

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

COVID 19 and other Challenges and Risks

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

8. Evaluation Methodology

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

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

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

Scenario	Adaptation	Tools
During the contract development phase, if travel restrictions are applied in India, Lock down applied and <u>stakeholders are unwilling to meet in person</u>	Totally remote	<ul style="list-style-type: none"> • Skype, S4Biz, Webex or ZOOM • Survey Monkey or similar tool

During the contract development phase, if mobility within the country are allowed and <u>some stakeholders are unwilling to meet interviewers in person</u>	Hybrid—remote/fac e-to-face data collection	<ul style="list-style-type: none"> • Skype, S4Biz, Webex or ZOOM • Survey Monkey or similar tool • IOCE website to help identify national consultants
Lock down no longer applied and <u>all stakeholders are willing to meet interviewers in person</u>	Business as usual	<ul style="list-style-type: none"> • Face to face meeting and interviews

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

Desk review. It will include a review of available documentation

- United Nations Sustainable Development Goals programme
- United Nations Sustainable Development Framework for India (2018-22)
- Decent Work Country Programme for India 2018-2022
- Project Proposal to BMGF
- Progress Narrative Report to BMGF
- Results Framework and Trackers
- MTE report
- Financial reports
- Minutes of Meetings
- Knowledge products under Component 2
- Other project related documents

Key informant interviews/Focus Groups meetings will be conducted, with ILO project staff, ILO Specialists, Donor, key stakeholders and development partners (as much as possible), as listed in Annex 3

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

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

9. Main Deliverables

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

- An Inception Report** – At the end of the inception phase (end of March), the evaluation team will submit an inception report. The inception report will:
 - Describe the conceptual framework that will be used to undertake the evaluation;

- Elaborate the methodology proposed in the TOR with adjustments and precisions as required;
- Set out the evaluation matrix to indicate how information and data for addressing each evaluation question and Project's performance indicators will be gathered. This must include data sources, (emphasizing triangulation as much as possible) data collection methods, and sampling;
- Detail the work plan for the evaluation, indicating the phases in the evaluation, their key deliverables and milestones;
- Set out the list of key stakeholders to be interviewed and the guides to be used for interviews, observation, focal groups and other techniques that may be applied;
- Develop data collection tools and questionnaires;
- Set out the agenda for the stakeholders' workshop.

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

- b) **A debriefing workshop** to present **preliminary findings** at the end of the virtual data collection phase. The evaluation team will organize a half day meeting to discuss the preliminary findings of the evaluation after data collection is completed and an initial analysis has been done. The workshop will be attended by ILO project team and specialists. It will be technically organized by the evaluation team, with the logistic support of the project.
- c) **Present key evaluation findings** to the Project Stakeholders, at the **Final Evaluation Meeting** tentatively scheduled in May. A PowerPoint presentation should be prepared for the presentation.
- d) **First draft of the Evaluation Report** (see outline below) must be submitted 1st week of May. The report will be reviewed by the evaluation manager to ensure the quality of the report. After that, it will be shared with all relevant stakeholders for two weeks for comments. The comments will be provided to the evaluation team who will then produce a final version that integrates the comments.
- e) **Final version of the Evaluation Report**, incorporating comments received (or a specific justification for not integrating comments). The report should be no longer than 50 pages excluding annexes. The quality of the report will be assessed against the EVAL checklist, see Annex 6. The report should also include **a section on output and outcome level results against indicators and targets as well as comments on each one**. The final version is subjected to final approval by EVAL (after initial approval by the Evaluation manager/Regional evaluation officer)
- f) **Executive summary and Lessons Learned and Good Practices** in the ILO EVAL template

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

1. Cover page with key Project data (Project title, Project number, donor, Project start and completion dates, budget, technical area, managing ILO unit, geographical coverage); and evaluation data (type of evaluation, managing ILO unit, start and completion dates of the evaluation mission, name(s) of evaluation team(s), date of submission of evaluation report).
2. Table of contents
3. Acronyms
4. Executive Summary
5. Background of the Project and its intervention logic
6. Purpose, scope and clients of the evaluation
7. Methodology and limitations
8. Review of Project results

9. Presentation of findings (by evaluation criteria)
10. Conclusions and recommendations (including to whom they are addressed, resources required to implement the recommendations, and their priority and timing)
11. Lessons learnt and potential good practices
12. Annexes (TOR, indicator table with the status achieved to date of Project indicators/targets and a brief comment per indicator, a list of people interviewed, schedule of the field work, list of documents reviewed, lessons and good practices as per ILO template – one lesson learnt or good practice per template, other relevant information).

Ownership of data from the evaluation rests jointly with the ILO and the evaluation team/ consultant. The copyright of the evaluation report will rest exclusively with the ILO. Use of the data for publication and other presentations can only be made with the written agreement of the ILO. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

10. Management Arrangements and Work Plan

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

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

- Draft and finalize the evaluation TORs with inputs from key stakeholders (draft TORs to be circulated for comments)
- Develop the Call for Proposal and the selection of the IE, in coordination with the Regional Monitoring and Evaluation Officer and EVAL
- Brief the Evaluation team on ILO evaluation policies and procedures
- Initial coordination with the Project team on the development of the field mission schedule and the preliminary results workshop
- Approve the Inception Report
- Circulate the first draft of the Evaluation Report for comments by key stakeholders
- Ensure that the final version of the Evaluation Report addresses stakeholders' comments and meets ILO requirements (See Annex 1).
- Share the report with EVAL for final approval and uploading in the public e-discovery repository.

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

11. Administrative and logistic support

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

12. Clients, Users and key stakeholders

The user are all the stakeholders, and they will be consulted throughout the process and will be engaged at different stages during the process. They will have the opportunities to provide inputs to the TORs and to the draft final evaluation report. The main stakeholders that should be consulted as following:

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

13. Evaluation Timetable and Schedule

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

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

Finalisation of the report	Evaluation team	1 st week of June 2021
Review of the final report	Evaluation Manager	1 st week of June 2021
Submission of the final evaluation report	Evaluation Manager	2 nd week of June 2021
Approval of the final evaluation report	EVAL	4 th week of June 2021

Proposed workdays (payable days) for the evaluation team

Phase	Responsible Person	Tasks	# days
I	Evaluator	- Briefing with the evaluation manager, the project team and the donor - Desk Review of programme related documents - Inception report	10
II	Evaluator organisational support from ILO	- In-country (India) consultations with programme staff - Field visits - Interviews with projects staff, partners beneficiaries - Survey (if needed) - Debriefing workshop - Final evaluation meeting	17
III	Evaluator	- Draft report based on consultations from field visits and desk review, and the Debriefing workshop and Final evaluation meeting (Stakeholder's workshop)	12
IV	Evaluation Manager	- Quality check and initial review by Evaluation Manager - Circulate revised draft report to stakeholders - Consolidate comments of stakeholders and send to team leader	0
V	Evaluator	- Finalize the report including explanations on why comments were not included	3
TOTAL			42*

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

14. Resources

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

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

14. Required Qualification of Consultants

Required Qualifications of the lead evaluator

- Advanced university Degree with minimum 10-12 years of relevant experience in international project /Project evaluations
- Either Indian or foreigner. In any case, s/he must be based in India

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

Required Qualifications of the potential second consultant

- Indian national
- University Degree with minimum 3 years of experience in project /Project evaluations
- Demonstrates knowledge and experience with the application of rights-based approach
- Experience in using the Theory of change and logframe analysis approach on evaluation is an advantage
- Extensive experience in applying, qualitative and quantitative research methodologies including participatory approaches
- Knowledge of ILO's roles and mandate and its tripartite structure as well as UN evaluation norms and its Programming is desirable
- Proven ability to produce analytical reports in good command of English
- Ability to bring gender and disability dimensions into the evaluation including design, data collection, analysis and report writing.
- Excellent analytical skills with the ability to analyse and interpret data from a range of sources
- Excellent understanding local context in relation to health management and health insurance issues as well relevant international framework pertaining to the subject
- Be flexible and responsive to changes and demand
- Be client oriented and open to feedback

ANNEX 1: RELEVANT POLICIES AND GUIDELINES

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

Code of conduct form (To be signed by the evaluation teams)
http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm

Checklist No. 3: Writing the inception report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165972/lang--en/index.htm

Checklist 5: preparing the evaluation report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165967/lang--en/index.htm

Checklist 6: rating the quality of evaluation report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165968/lang--en/index.htm

Template for lessons learnt and Emerging Good Practices
http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm

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

Guidance note 7: Stakeholders participation in the ILO evaluation
https://www.ilo.org/global/docs/WCMS_165982/lang--en/index.htm

Guidance note 4: Integrating gender equality in the monitoring and evaluation of Projects
http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm

Template for evaluation title page
http://www.ilo.org/eval/Evaluationguidance/WCMS_166357/lang--en/index.htm

Template for evaluation summary
<http://www.ilo.org/legacy/english/edmas/eval/template-summary-en.doc>

UNEG Ethical Guidelines for Evaluation
<http://www.unevaluation.org/document/download/548>

ANNEX 2: LIST OF STAKEHOLDERS (including but not limited to)

GOVERNMENT AGENCIES

- MOLE
- MOH
- ESIC

ILO

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

Employer / workers organizations or associations

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

Development partners /Donor

- BMGF
- World Bank
- Public Health Foundation India - PHFI *
- Access Health International *

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