



ILO EVALUATION

Evaluation Title: Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers - Final evaluation

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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 Unit.

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Abbreviations

| | |
|-------------------------|--|
| AYNLA | Alliance of Young Nurse Leaders and Advocates International |
| APFI | Asia Pacific Film Institute |
| ASEAN TRIANGLE | Tripartite Action for the Protection and Promotion of the Rights of Migrant Workers in the ASEAN Region |
| BLE | Bureau of Labour Employment |
| CHED | Commission on Higher Education, Philippines |
| CPO | Country Programme Outputs |
| CTA | Chief Technical Advisor |
| DoH | Department of Health, Philippines |
| DOLE | Department of Labor and Employment, Philippines |
| DWAB | Decent Work Across Borders |
| EC | European Commission |
| EU | European Union |
| FIICI | Federation of Indian Chamber of Commerce & Industries |
| FLOIS | Foreign Labor Operations Information System |
| GFMD | Global Forum on Migration and Development |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit |
| GMS TRIANGLE | Tripartite Action to Protect and Promote the Rights of Migrant Workers within and from the Greater Mekong Sub region |
| HRH-Network | Human Resources for Health Network |
| ILAB | International Labor Affairs Bureau, Philippines |
| ILO | International Labour Organization |
| IOM | International Organization for Migration |
| LMIS | Labour Market Information System |
| MDGs | Millennium Development Goals |
| MH&FW | Ministry of Health & Family Welfare, India |
| MOIA | Ministry of Indian Overseas Affairs |
| NRCO | National Reintegration Commission for Overseas Filipino Workers |
| NRI | Non Resident Indians |
| OECD | Organization for Economic Cooperation and Development |
| OFW | Overseas Foreign Worker |
| OWWA | Overseas Workers Welfare Administration, Philippines |
| PAC | Project Advisory Committee |
| P&B Outcomes | Programme and Budget Outcomes |
| PNA | Philippine Nurses Association |
| POEA | Philippine Overseas Employment Administration |
| PRC | Professional Regulation Commission, Philippines |
| ROM | Results Oriented Monitoring |
| TOR | Terms of Reference |
| WHO | World Health Organization |

2. Background and project description

The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers seeks to better understand schemes concerned with the circular migration of health professionals. The project focuses its attention on two of the main health professional sending countries, the Philippines and India, and Viet Nam. The mobility of health workers is not a new phenomenon, nor one neglected by the policy or academic community, but it is a rapidly changing field affected by demographic, economic and political concerns.

The nature of healthcare has changed in recent years. Changing demographic trends, such as decreasing fertility and mortality have resulted in ageing populations across many parts of the world, triggering an increasing demand for health workers (OECD, 2010). At the same time, the financial crisis in 2007 has led to austerity measures in many countries which has had implications for healthcare expenditure. Since 2008, healthcare expenditure has decreased in almost all European countries (OECD, 2012). In addition, the creation of a border-free labour market and enlargements of the EU in 2004, 2007 and 2014, have increased labour mobility from new markets within the EU. The combined effect of these changes is the reduced mobility of health workers from non-EU countries: health professional mobility has not “stopped” because of this crisis, but at the aggregate level its magnitude, directions and impact have changed and will be changing further (Buchan et al, 2014, p5). While in 2010 “nurses from the Philippines (110,000) and doctors from India (56,000) account for the largest share of migrant health workforce in OECD countries” (OECD, 2010, p2) (mostly the UK, the USA and Australia), with large reductions in movements from these countries towards EU countries specifically, the pattern may change in the future.

In most developing countries, the availability of health workers (doctors, nurses and midwives) is low compared to developed countries, including European region (Table 1). Thus, the question of migration of health workers from the developing countries itself is a sensitive issue. For these countries, the emigration of health workers represents a drain of human resources that they can scarcely afford, often referred to as the ‘brain drain’. Through emigration, countries lose the investment made in the education of health workers, and importantly also they lose personnel to staff their health care systems (OECD, 2010). India, for example, has experienced long term shortages of all types of health workers and is thus highly affected from their migration to different countries. For the Philippines, nursing is also driven by the prospect of a career abroad and, as a result of a significant number of nursing schools and young people taking up nursing, a much higher density of nurses is observed, albeit lower than in Europe. This is not to say that the same concerns about ‘brain drain’ do not affect the Philippines. In fact, while there is a clear oversupply of nurses in the Philippines, there are concerns that it is those that have most

experience that are most likely to emigrate and thus the country faces a shortage of skilled personnel (Lorenzo et al, 2007 in Scalabrini Migration Center, 2013).

Table 1 Density of health workers in selected countries in 2004-05

| Country | Physician Density (Per 1000 population) | Nursing and Midwifery personnel (Per 1000 population) |
|-----------------|---|---|
| India | 0.60 | 1.34 |
| Philippines | 1.15 | 6.00 |
| Vietnam | 1.12 | 0.83 |
| South Asia | 0.59 | 1.53 |
| European Region | 3.31 | 8.05 |

Source: WHO database, 2005

The mobility of health-workers thus raises ethical questions, situated between three basic human rights: the right to health, the right to mobility and the right for decent work. The development of codes of practice for ethical recruitment, which was started by the UK and later by the World Health Organization (WHO), as well as other government-to-government arrangements, have focused on how to better manage health worker migration.

A primary policy solution to the problems associated with brain drain has been the advent of ‘circular migration’ as presenting “win-win-win” solutions for origin countries, the migrant and destination countries (Agunias and Newland, 2007; MPI, 2008, Vertovec, 2007). The origin country can relieve unemployment pressure and benefit from the skills and money brought and sent back by the migrant, the migrant can gain international work experience, save money and the destination country receives labour that it demands. In fact, in 2007, the EC promoted circular migration for these reasons (European Commission, 2007). However the concept of circular migration has since been subject to scrutiny (see Wickramasekara, 2011; Skeldon, 2012 and McLoughlin et al, 2011). Main criticisms lie in the fact that: 1) migration systems are complex; and 2) the data on migration, particularly on return migration is weak. Circular migration policies make assumptions about mobility patterns, which ultimately are far more complex: the “form and composition of circular migration change over time, making it difficult to design policies specific to that type of mobility” (Skeldon, 2012, p43). A focus on circular migration to the EU, in the case of the Philippines, for example, does not account for the significant movement of health care professionals to the Middle East, which may act as a pathway for onward migration to Europe¹. This is further reinforced by Skeldon (2012) who states: “migration in general is usually characterized not by a simple movement from A to B, but by a complex sequence of movements, regular or otherwise, forwards, backwards and onwards” (p46).

¹A study of Filipino health workers, commissioned by the ILO in 2005¹, finds that Saudi Arabia was the top destination for Filipino nurses in the decade prior to the study (ILO, 2005).

It is within this rapidly changing context that this project was implemented. The project idea was conceived in 2008 and further updated and developed in 2010 with ratification on 22 December 2010. It is of significance to note that the project was designed and approved prior to the financial crisis that has affected Europe and world economies in recent years. The European Union awarded the ILO funds for the project in 2011. The project is funded by the European Commission (€2million) with twenty per cent co-financing from the ILO (€0.5million)

The overall objective of the project is to promote the circular migration of professionals and highly skilled personnel in the health care sector through the development of specialized employment services and a system of skills testing. This is to be achieved through three specific objectives:

1. Strengthened mechanisms of policy dialogue on circular migration exist
2. Strengthened employment and education services for healthcare professionals and skilled workers, i.e. pilot scheme for nurses, in place
3. Enhanced Labour Market Information System (LMIS) is operation and used for national planning and review

The lead office in charge of the project implementation was the ILO Country Office for the Philippines. The Chief Technical Advisor (CTA) was based in Manila and oversaw the project in all three countries. She was assisted by two national project officers (one in the Philippines and one in India) and two administrative assistants (one in the Philippines and one in India). There was no staff allocation for Viet Nam. Manila is also where the Project Advisory Committee (PAC) met. The PAC was composed of 16 members, representing the tripartite stakeholders: government, employer and trade union organizations, as well as professional organisations and recruitment agencies (see Table 2). The PAC was co-chaired by ILO CO Manila and the Philippines Overseas Employment Administration (POEA). The project received technical support – backstopping – from the regional ILO office in Bangkok as well as from the global migration focal point for the Asia and Pacific Region housed within MIGRANT in Geneva, and the health sector specialist (SECTOR).

Table 2: Project Advisory Committee

| | |
|-------------|---|
| Philippines | <p>GOVERNMENT</p> <ul style="list-style-type: none">• Department of Labor and Employment• Philippines Overseas Employment Administration• Overseas Workers Welfare Administration• Commission on Higher Education• Professional Regulation Commission <p>DEPARTMENT OF HEALTH</p> <ul style="list-style-type: none">• Health Human Resources Bureau <p>TRADE UNIONS</p> <ul style="list-style-type: none">• Public Services International/ PS-LINK• Philippines Government Employees Alliance• Alliance for Filipino Workers (AFW)• Federation of Filipino Workers (FFW) <p>PROFESSIONAL ORGANIZATIONS</p> <ul style="list-style-type: none">• Philippine Nurse Association• Philippine Medical Association• Philippine Physical Therapy Association• Philippine Pharmacists Association <p>EMPLOYERS</p> <ul style="list-style-type: none">• The Philippine Hospital Association• Department of Health• Private recruitment agencies• Employers' Confederation of the Philippines (ECOP) |
|-------------|---|

Source: Evaluation TOR (see Appendix 3)

3. Methodology

The evaluation was carried out in accordance with ILO standard policies and procedures. The ILO adheres to the United Nations system’s evaluation norms and standards as well as to the OECD/DAC Evaluation Quality Standards.

Table 3: Evaluation Criteria applied to Case Studies

| Evaluation Criteria | Description |
|--|---|
| Relevance and strategic fit of the intervention | The extent to which the objectives of a development intervention are consistent with beneficiaries’ requirements, country needs, global priorities and partners’ and donors’ policies. The extent to which the approach is strategic and the ILO uses its comparative advantage. |
| Validity of intervention design | The extent to which the design is logical and coherent. |
| Intervention progress and effectiveness | The extent to which the intervention’s immediate objectives were achieved, or are expected to be achieved, taking into account their relative importance. |
| Efficiency of resource use | A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results. |
| Effectiveness of management arrangements | The extent to which management capacities and arrangements put in place support the achievement of results. |
| Impact orientation and sustainability of the intervention | The strategic orientation of the project towards making a significant contribution to broader, long-term, sustainable development changes. The likelihood that the results of the intervention are durable and can be maintained or even scaled up and replicated by intervention partners after major assistance has been completed. |

Source: EVAL (2012a)

The methodological approach was qualitative in nature: primarily comprising of 1) desk research and 2) qualitative interviews. The evaluators conducted fieldwork in Manila between 13 and 17 October 2014 and in India between 10 and 13 November 2014². Skype or telephone calls were arranged for stakeholders based outside of Manila or New Delhi, or with those unavailable during the fieldwork between 6th October 2014 and 13th November 2014. The interviews were guided by a core set of questions (see Annex 1) however were semi-structured to allow for flexibility. During the field visit the evaluator also attended a training session on ethical recruitment for recruitment agencies held in Manila on 14 October 2014. Due to the absence of project staff and limited activities in Vietnam, only one interview was conducted with a representative of ILO in Vietnam.

² Due to visa issues it was not possible for the consultant (Elaine McGregor) to obtain a visa for India in the time-line allotted for the final evaluation. Thus Dr. Arijita Dutta, a then visiting researcher at UNU-MERIT and the Maastricht Graduate School of Governance, and Professor at the University of Calcutta, was sub-contracted to complete the fieldwork in India.

It is important to take a moment to reflect on the timeline of the final evaluation. While the mid-term was conducted late in the process, the final evaluation was conducted in the months leading up to the project conclusion. This is not conventional for a project however the benefit of conducting an evaluation at this stage are multiple. Firstly, it allows the evaluator to participate in events disseminating the findings of the research. As the project was concluding, the evaluators were able to attend:

1. The closing conference in Brussels on 7th November 2014
2. Parts of the training on ethical recruitment for recruitment agencies (13-14 October 2014) and labour attachés (16-17 October 2014) in Manila
3. The launch of the documentary film in Manila on 16th November 2014 in Manila
4. The closing PAC meeting on 17th November 2014 in Manila

Secondly, staff on technical cooperation projects are tied to the project timelines and, had the evaluation been conducted after the completion of the project, would not have been available to facilitate contact with the broad range of partners engaged in the course of the project. Furthermore, there is little difference between conducting an evaluation immediately after a project concludes and shortly before it concludes in terms of determining actual impact. Particularly for projects that involve social dialogue or those that are focused on capacity building and providing technical support to different stakeholders where it would be expected that the project show results in a longer time span. This is discussed further in Section 4.6.

The documents reviewed during the desk review included:

- The initial project document and revised log frame³
- The mid-term evaluation report⁴
- The mid-term evaluation's management response
- Progress reports (interim and flash reports)
- Minutes and presentations from the Project Advisory Committee meetings
- Terms of reference
- Mission reports
- Course Evaluations from ITC-ILO
- Research produced
- Project leaflets
- Social media: website, Facebook page, ILO Asia-Pacific Migration Network
- ILO Philippines newsletter
- Other Documents supplied during field visit.

³ The original logical framework and the modified logical framework will be critically compared.

⁴ The mid-term evaluation will act as a baseline for the final evaluation.

- Broader literature and databases on the mobility of health workers and circular migration.

In total, 64 individuals representing a variety of stakeholders as outlined in Table 4 were interviewed⁵. Respondents were selected based on their involvement in the project and all project partners were invited to participate.

Table 4: Interview Overview

| Category | Number of Respondents | | | Total |
|----------------------|-----------------------|-------------|-----------|-----------|
| | India | Philippines | Other | |
| ILO Project Staff | 1 | 4 | 0 | 4 |
| ILO Other Staff | 1 | 3 | 9 | 11 |
| Government | 1 | 14 | 0 | 13 |
| Trade Unions | 7 | 2 | 1 | 3 |
| Recruitment Agencies | 1 | 5 | 1 | 6 |
| Professional Bodies | 1 | 2 | 0 | 2 |
| Funder | 0 | 1 | 0 | 1 |
| Other Stakeholders | 1 | 4 | 5 | 8 |
| Total | 13 | 35 | 16 | 64 |

⁵ For a full list of participants see Annex 2.

1. Introduction

This report presents the results of the final evaluation of the Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers (INT/09/11/EEC). The project was administratively implemented from the CO-Philippines under the leadership of CTA, Catherine Vaillancourt-Laflamme. The final evaluation was implemented by Elaine McGregor and Dr Arijita Dutta (India).

The objectives of the final evaluation are to:

1. Determine the extent to which the objectives and outcomes of the project have been achieved, what kind of changes produced, what are the intended or unintended effects of the project;
2. Obtain feedback from the national partners: what is working, what is not and why;
3. Provide suggestions, recommendations to better target the next steps, future strategies and new areas of technical cooperation.

The final evaluation was conducted during the closing phase of the project, in October and November 2014. This allowed the evaluators to participate in many of the dissemination activities scheduled in the last months of the project. The evaluation takes the mid-term evaluation, conducted in October 2013, as a baseline.

Key users for this evaluation are the management team of the project in Philippines and India, ILO Country Offices for the Philippines, Vietnam and DWT/CO-India, the technical unit (MIGRANT), the administrative unit (ROAP), and the donor (European Union). Secondary users of the mid-term evaluation include tripartite constituents and other project partners, particularly those who are members of the project advisory committee in the Philippines.

4. Main findings

In accordance with the evaluation guidelines, the findings of the evaluation are presented in accordance with the evaluation criteria outline in the methodology: 1) relevance and strategic fit, 2) validity of intervention design, 3) intervention progress and effectiveness, 4) efficiency of resource use, 5) effectiveness of management arrangements and 6) impact orientation and sustainability of the intervention.

4.1 Relevance and strategic fit of the intervention

The mid-term evaluation rated the relevance and strategic fit of the DWAB project highly. To summarise some of the main observations:

For ILO:

- The call presented ILO with an opportunity to explore an understudied area (the migration of health professionals).
- The project presented a timely opportunity to produce new evidence on circular migration.
- The project was timely in the sense that WHO was beginning the monitoring of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- The project represented a good strategic fit for ILO in that it reflected the core principles and guidelines under areas I, II, III, VII and IX of the Multilateral Framework on Labour Migration.
- It allowed ILO to further develop a sector based approach pursued in other areas (i.e. domestic work and fishing) but not really for the health sector.
- The project fed into P&B outcome on labour migration (outcome 7), and in particular to Outcome 7a
- The focus on social dialogue and knowledge creation focus on ILO's comparative advantages in these areas.

For government partners:

- The project supported the Philippines Development Plan 2011-2016 through its focus on the improved educational standards and overall improvements in the health care sector.
- The project tackled relevant issues:
 - POEA: skills recognition (curriculum comparison), ethical recruitment (POEA awards).

- Commission on Higher Education (CHED): core competencies: “the idea for the change in the curriculum was in the pipeline but ILO made it possible and gave it a timeline” (CHED Representative, Mid-Term Evaluation).
- Department of Health (DoH): tackle complaints about exploitation of nurses and monitoring the implementation of the WHO code of practice.
- National Reintegration Commission on OFWs (NRCO): return (development of entrepreneurship training, understanding factors leading to successful reintegration).
- International Labor Affairs Bureau (ILAB): Monitoring of workers abroad (FLOIS training).

The relevance to project partners was only reinforced by the end evaluation. For some the relevance of the project has increased in light of current circumstances which have implications for migrant health workers and have reinforced its place in their agenda: MERS-CoV and Ebola.

In the case of India, DWAB is a historic project for ILO because this is the first ever full project on migration that was being coordinated by ILO in this country. Before DWAB, the Decent Work Country Program (DWCP) did not have a focus on migration, unlike in the Philippines. In a way, the project opened doors for negotiation and policy advocacy with different stakeholders in terms of migration related issues in this country. In India, WHO identified DWAB as a strong instrument to initiate dialogue on ILO’s mandate on migration with other international actors, as well as with the government. This has been particularly welcomed given the inherent complexities of matters relating to migration in India, as in many other countries. This is particularly true with regards to discussing the migration of health professionals (particularly doctors) from India where shortages vis a vis remittances is often discussed.

For this reason, DWAB has complemented – and to an extent has facilitated - other ILO work on labour migration in India, namely the South Asia Labour Migration (SALM) project which involves Nepal, India, Pakistan and some of the Gulf countries. DWAB and SALM strategically fit together and align with the Decent Work Country Program (DWCP) of ILO India. Strategically, DWAB has also been instrumental in ushering in several activities from ILO’s partners in India. For example, the Federation of Indian Chambers of Commerce and Industries (FICCI), an employers’ organization DWAB has initiated contacted with, has started programs on ethical recruitment. At the levels of workers’ organizations, capacity building training for trade unions may result in future gains for aspiring migrants.

For the Philippines, the increased focus on return, in response to the mid-term evaluation, was also welcomed, particularly by POEA, as this is seen as the weakest area of migration governance in the Philippines. In the government’s 22 point plan on labour, eight points

related to OFW and encouraged return. In the Philippines, the major criticism of the project continues to be its geographical focus on Europe when the majority of their workers are going to the Middle East or other ASEAN countries⁶. Often the Middle East represents a stepping stone in migration from the Philippines to European countries, and thus its omission was heavily criticised. Additionally, one of the current priorities of POEA is of the repatriation of workers from Libya where they are facing a challenge in terms of employers refusing to give proof of employment to workers that are leaving. The situation in Europe is very different in this respect and so the spill-over effects are limited. Nevertheless, there was a degree of transferability in some of the activities. For example, the Foreign Labor Operation Information System (FLOIS) training facilitated by the project in Italy will be replicated in the Middle East in 2015. In addition, many of the discussions on ethical recruitment did not solely relate to Europe, or even health workers, because for the majority of recruitment agencies, Europe is not their only market, nor are health professionals their only recruits. In this context, it is also interesting to consider ASEAN Integration processes which are underway. The development of the ASEAN Qualification Reference Framework, and the project's focus on the country's curriculum and its comparability may have positive spill-over effects on these processes.

The relevance of the project for health professions other than nurses was questioned in the mid-term evaluation however it was clear from discussions with professional associations during the final evaluation that the project had relevance for them. The focus on nurses is considered justified in the Philippines given their numbers. Nevertheless, other professions face similar issues. For example, issues relating to the mushrooming of educational courses in health professions are also noted by physiotherapists (Philippines) and radiologists (India). They face the same challenges in terms of quality control and subsequently in having their qualifications recognised abroad. The Decent Work module developed for the nursing curriculum is currently being adapted for other health professions. Therefore, despite the project activities not focusing on these professions, their involvement in the project has broadened professional networks, increased understanding and awareness of the standards and criteria of decent work and provided a wealth of inputs that are relevant.

For the ILO, the project meets at the intersection of the right to decent work, the right to health and the right to mobility. In the Asia and Pacific Region, the focus of the ILO on labour migration in 2012-2013 was on the protection of migrant workers through improving the knowledge base and policies on labour migration, building the capacity of governments and social partners and promoting bilateral and regional cooperation on labour migration. This feeds into the achievement on Outcome 7 of ILO's P&B outcomes.

⁶ The migration of health workers from the Middle East towards Europe remains an undocumented and understudied areas which would have been relevant in the context of the project however requests to include this in the project were not accepted by the funder. The main reason given for this was that the project was won through a competitive process and any major changes to the design of the project would be unfair on other applicants.

While work in the region often focuses on the protection of low-skilled labour migrants, DWAB focuses on highly skilled migrants. Nevertheless, a number of activities implemented by DWAB were highlighted in the Asia and Pacific Biennium report⁷:

- The feasibility study for a website intended to raise migrant worker's voices with regards to their recruitment experiences
- Paper assessing the Philippines bilateral relations on healthcare professionals with the United Kingdom, Spain, Bahrain, Japan and Norway
- Paper assessing the impacts of the migration of health workers on wages, employment and other labour market indicators and the quality of health services in destination countries
- Mapping of services for health care professionals and skilled workers in the Philippines
- Assessment of the POEA awards system for recruitment agencies
- Participatory Approach to the assessment of the WHO Code of Practice
- Trade Union Meeting in Berlin on the role of trade unions in enhancing access and portability of social protection entitlements
- Study tour for Indian government officials to learn about the Philippines' experience in the governance of migration

The project was also considered relevant for the majority of partners:

- **Trade Unions:** new evidence on circular, holistic approach to migration, creation of information resources and advocacy tools
- **Professional Organisations:** Widened professional networks, access to government, development of useful information resources
- **Recruitment Agencies:** able to critically consider what ethical recruitment means, visibility for 'ethical recruiters' and links between agencies in origin and destination countries, development of programmes and training on ethical recruitment (Verité; TFHI, Philippines; FICCI, India)
- **Research Partners:** Tackles understudied areas

The project has also had relevance for the international community. For example, the work on the assessment of the WHO code of practice was considered timely by WHO during the mid-term evaluation. The dissemination of the participatory approach taken in the Philippines spearheaded by the project, as well as the Philippines being the only South East Asian country to participate in the monitoring of the implementation of the WHO Code has provided interesting feedback on the assessment tool for future development. Given that

⁷Labour migration programme and results in Asia Pacific 2012-13: Protecting women and men migrant workers and promoting effective governance of labour migration, Asia and Pacific Biennium Report 2012-2013

the process of migration of health workers comes directly under the purview of Mode 4 on export of health care services as per World Trade Organization (WTO) classifications, it may have been wise for the project to have had a more structured partnership with WHO. For International Organization on Migration (IOM) in the Philippines, the project allowed for the pursuit of common interests, particularly with regards to recruitment agencies and developing the knowledge base on migration. This led to collaboration on a number of events.

4.2 Validity of intervention design

Several issues with the design of the project were flagged in the mid-term evaluation. “The primary concerns related to: 1) the wording of the overall project document – in terms of the promotion of circular migration; 2) the focus on Europe where the majority of circular migration of health professionals, specifically for the Philippines, is to the Middle East and 3) the inclusion of Vietnam in the project given that they do not have surplus health workers and thus the promotion of circular migration in this context raises serious ethical questions; and 4) the indicators developed to measure whether the project had achieved its objectives.” (Mid-Term Evaluation Report). The inclusion of India for only one year of the project and the lack of staff in Viet Nam were also questioned. Despite being a regional project, it was in the end very focused on the Philippines and India to an extent. Viet Nam was only really included as an observer and participant in selected events.

Regarding the design, it is also the case that the socio-economic-cultural milieu of the Philippines and India are quite different. While the former trains health workers, especially nurses, in excess quantities with respect to their domestic need, the latter suffers heavily from chronic and persistent shortage of health workers. In India, as identified by partners like World Health Organization, the requirement is not to *promote* migration of health workers, rather to *retain* them for domestic need and to ensure proper management of the entire supply of health workers. Thus the concerns and the following policy intervention matrices are supposed to be radically different between the countries. From the perspective of Indian partners, this particular issue of contextual difference between Philippines and India has not been recognised much by DWAB’s project design.

After the mid-term evaluation, the project document was revised and, in agreement with the EU, a no-cost extension agreed upon and some activities were dropped as deemed no longer relevant. The proposed change to the wording of the overall objective from ‘promoting circular migration’ to ‘documenting circular migration’ was not accepted by the EU. This is largely because the project was won through a competitive process and any significant changes to the project design would not be fair on other applicants. The EU did however accept some lesser changes to the project document. The continued use of ‘promotion’ in the context of circular migration was of concern to trade union partners.

In the revision of the project document only one minor change was made to the specific objectives. This was an expansion of specific objective 2 to include the strengthening of education services for nurses. Given the discussion of the core competencies for nurses and the Decent Work curriculum component, described in the mid-term evaluation as 'legacy components', this change is justified and helps the project to better reflect its achievements in its logical framework.

In terms of activities, it was agreed in discussion with the EU, that a number of activities would no longer be pursued by the project. These are activities 1.2.4 and 2.1.2-2.14. Their exclusion is justified in the sense that most of these activities had already been undertaken by project partners (such as the updating of the online registration system of PRC) or no longer fitted with the revised objective of the project (such as developing incentives for employers to participate in pilot schemes on the ethical recruitment of healthcare professionals). In India, the intervention in labour market information system was not carried out and '*Appraisal and upgrading of systems for on line data collection on foreign and local employment*' (3.1.1) was not followed up after mid-term evaluation.

The design of the project remains its weak point however, as outlined in Section 4.1, where there was the desire to make more dramatic changes earlier in the process, this was not a possibility given the competitive nature of the tendering process. Given the extensive discussion of design in the mid-term evaluation, and the limited changes made, a full discussion will not be repeated here. However this reinforces the importance of the design stage of a project.

4.3 Intervention progress and effectiveness

The purpose of this section of the evaluation report will be to assess the extent to which the projects immediate objectives were achieved, or are expected to be achieved, as well as to critically discuss how the activities relate to the overall objective of the project. Before considering this, the objectives and outputs are outlined below.

The project objective is "to promote the circular migration of professionals and highly skilled personnel in the health care sector through the development of specialized employment services and a system of skills testing". In the initial project document, the measure of successfully achieving the overall objective of the project related to numbers, including the number of employers in Europe better prepared to hire health professionals from the project countries, and the number of nurses returning. However, as no baseline data was collected, or available, these measurements were deleted during the revision of the project document, and instead, measures of success include: the number of health professionals that are qualified for temporary employment in the EU, the increased visibility of local job opportunities, and the number of specialized, evidence based studies

on health professional migrations which are discussed and received positive feedback from staff of relevant authorities. It is against these revised indicators that the project has been assessed.

In order to achieve the overall objective, the project had three specific objectives and with each objective, certain output was expected. The specific objectives and outputs are listed below:

- **Specific objective 1: Strengthened mechanisms of policy dialogue on circular migration exist**
 - Output 1.1 Policy research on the recruitment and employment of migrant healthcare professionals and skilled workers from three origin countries to selected European destinations completed.
 - Output 1.2 Policy dialogues between governments, trade unions and business sector representatives of participating countries and their counterparts in Europe established.
 - Output 1.3 A network of regional experts and trained practitioners in place.

- **Specific Objective 2: Strengthened employment and education services for healthcare professionals and skilled workers, i.e. pilot scheme for nurses, in place**
 - Output 2.1 The existing healthcare registry protocol (nursing) is reviewed, updated and validated with the qualification framework.
 - Output 2.2 Specialized information, counselling and placement services for healthcare professionals and skilled workers, especially nursing, assessed and recommendations made for improvement.

- **Specific Objective 3: Enhanced Labour Market Information System (LMIS) is operation and used for national planning and review**
 - Output 3.1 Databases on the demand for and supply of healthcare professionals and skilled workers appraised and recommendations made to link them to integrated national database of the health sector and to the foreign employment database.
 - Output 3.2 Trained officials capable of maintaining databases on demand and supply of healthcare professionals and skilled workers and using information for policy analysis and return processes.

The majority of the project has been implemented in the Philippines and each objective has been covered to a greater or lesser extent. Specific objective 1 remains the most developed

through the plethora of research, policy dialogues and trainings that have been implemented in the Philippines. Specific objective 2 has been implemented to a large extent and expected outputs have mostly been implemented. Specific objective 3 remains the weakest area of the project.

For India, none of the objectives have been fully achieved. Given the basic dilemma of all partners to 'promote' circular migration vis-a-vis current shortages in the supply of health workers, juxtaposed with the teething problems of a new government coming to power at the Central Ministry, the process of policy dialogue has remained extremely slow. It is clear that the time allotted to India for the project was too short which led many project partners to highlight that meetings held in the context of the project were often about understanding the contours and philosophy of the project as opposed to direct intervention. However, that being said, DWAB has very effectively taken initial steps towards a meaningful advocacy with Ministry of Health & Family Welfare (MoHFW) and Ministry of Overseas Affairs (MOIA) to place the issue of migration on the agenda. It is plausible to assume that this will be followed up on in near future by partners and other stakeholders, and because ILO has a new project on migration that covers India (SALM). India has, however, taken positive steps towards achieving Objective 2. Partnering with local and global trade union organizations, ILO has been able to create pre-decision kit booklet for aspiring migrants and training with FICCI on ethical recruitment has been completed. Objective 3 has not been effectively touched upon given the inertia of MOIA and regulatory bodies of health care providers, namely the Indian Nursing Council.

4.3.1 Strengthening Mechanisms of Policy Dialogue among Stakeholders

In the initial project document, this objective was to be achieved through 1) policy research, 2) the facilitation of dialogues; 3) the provision of technical support to government partners and 4) through the delivery of training.

This has been achieved through commissioning research studies and inviting relevant stakeholders to dissemination events to discuss the implications of the research findings. The research has primarily been exploratory and provides some innovative insights into previously understudied areas. In some cases, such as the assessment of bilateral labour agreements, this has resulted in requests for training. Training represents another key way in which policy issues, such as return migration or ethical recruitment can be discussed. In addition to these activities, the project has also synthesised its knowledge products into short digestible policy briefs covering some of the key research and project activities (such as the participatory assessment of the WHO Code of Practice) to stimulate future discussions. Given that circular migration is the central theme of the project, the seven policy briefs prepared for the project, edited by the Scalabrini Migration Center and written by several key experts on migration, highlighting some key issues relating to circular

migration debates are worth noting. Some of the main project achievements⁸ in each of these areas are outlined below:

Research

- Assessment of the effectiveness of existing services available to healthcare professionals in India and the Philippines
- Assessment of the effect and impact of the bilateral labour agreements developed by the Philippines with regards to health care professionals
- Assessment of the working conditions of foreign trained health professionals in Europe
- Assessment of the impact of migration of health professionals on the labour market and health sector performance in destination countries
- Assessment of the POEA recruitment agencies award scheme
- Research/position paper on the access and portability of social security entitlements for migrant workers (PSI)
- Research on the implication of the WTO Mode 4 on the mobility of health professionals
- Research on the view point of health sector employees with regards to circular migration in Europe
- Research on the employers return and retention policies and programmes in India
- Research on the protection provided to migrant workers in India through the capacity building of trade unions
- 10 policy briefs stemming from DWAB research products and activities
- 7 policy briefs on circular migration

Case Studies, Documentary

- Case studies on the reality of migration from the point of view of health professionals in India and the Philippines
- 2 documentaries (1 for educational use and 1 for more general viewing) on the experiences of Filipino health professionals
- Documentation of good practices in recruitment agencies

Policy Dialogues

- International policy dialogues based on commissioned researches in Philippines and India
- Regional policy dialogue on recruitment practices, organized in Manila in collaboration with the IOM

⁸ Decent Work Across Borders: A Pilot Project for Migration Health Professionals and Skilled Workers: Selected Accomplishments, Internal Document

- Regional exchanges of good practice in nursing education in India, involving nursing leaders from India, Vietnam and the Philippines
- Participatory assessment of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Professionals in Philippines and India (shared at the international level)
- Support to regional meeting on the theories of migration in Asia organised by the SMC
- International trade union dialogues on the access and portability of social security entitlements for migrants in Berlin
- 3 online discussions on AP-MagNet on mobility patterns in Asia, social protection for migrant workers and circular migration
- Knowledge Sharing visits to share the experiences of VAMAS in the Philippines
- Support to the development of a tripartite migration network in India (preliminary)
- Sponsoring of Philippines government representatives to various international fora focusing on the mobility of health professionals (Amsterdam and Brazil for the Global Health Workforce Alliance, for example)

Training

- Development of a training course on entrepreneurship of health professionals
- Training on international migration issues for trade unions organisations in India in collaboration with the ITC-ILO
- 5 day training on return and reintegration in the Philippines in collaboration with ITC-ILO
- 3 day training on bi and multilateral labour arrangements for the mobility of health professionals in collaboration with ITC-ILO
- 2 day training on the business case for ethical recruitment for private recruitment agencies in India and Philippines (Vietnam forthcoming but handed over to the GMS Triangle project)
- Training on ethical recruitment for labour attachés: 2 days in India and Philippines, 1 day in Vietnam
- Sponsoring of government and trade unions to attend training at ILO-ITC

While it is clear from the above lists that the project has produced a wide range of knowledge products, delivered trainings and facilitated discussions between a wide range of actors, listing project outputs only provides a partial insight into project implementation and efficiency. Thus, it is also useful to reflect on the content of selected knowledge products. The policy briefs produced by the project were intended to disseminate the project outputs in a concise manner. Two series have been developed: one focusing on project activities (10 briefs) and one focusing on the concept of circular migration (7 briefs). At time of writing, the first series was still in the editing process however it is

anticipated that they will be ready on time. In the second series, six of the seven policy briefs were ready. The final had been delayed due to the illness of one of the consultants. The following paragraphs provide a synthesis of some of the key discussions contained in the policy briefs, which reflect some of the major criticisms of circular migration as a solution to brain drain while offering some very pragmatic ideas for future developments, both by researchers, as well as by policy makers. The key ideas forwarded in these briefs are listed below:

- 1. Limited Data:** Very few countries collect data on return migration limiting the understanding of current patterns and trends of circulation (Hawthorne, 2014).
- 2. Migration systems are Complex:** not all movements are circular in nature. Migrants may circulate between destination countries, or may migrate onwards from a destination. Particularly in countries where labour migration is explicitly a temporary phenomenon (e.g. Gulf States), migrants may move from contract to contract meaning that they become 'permanently temporary' (Asis, 2014, p1).
- 3. Circular Migration is not always the Preferred Option:** Promoting the circular migration of health professionals, while noble in its intentions, often goes against the preferences of origin and destination countries; and of migrants (Hawthorne, 2014; Money, 2014; Martin, 2014): "for this set of migrants, however, there are multiple barriers to circular migration because the migrants prefer long-term or permanent migration and host countries have few incentives to promote circularity. Even home country governments have mixed incentives, and may prefer remittances to return migration" (Money, 2014, p3).
- 4. A holistic policy approach is required (both internal and bilaterally):** There is an increasing recognition of the need to ensure that the policies of destination countries are not only designed with domestic interests in mind but also ones which take into consideration the development of countries of origin: "To make circular migration work to deliver its full benefits will require significant adaptation to new models, not just of migration and settlement but also in terms of workplace practice, access to education and other services for families of medical personnel and citizenship. It also ideally requires significant cooperation between origin and destination country" (Hugo, 2014, p3).
- 5. Policy Development:** policies that could support more efficient and desirable development outcomes include : portability of social security rights (Johnsson, 2014), bilateral labour agreements (Money, 2014), mutual recognition agreements (Martin, 2014), ethical recruitment, development of domestic labour markets, flexible residence permits (Asis, 2014), skills development in host country (Money, 2014), targeted reintegration strategies (Money, 2014) and virtual return (Hawthorne, 2014)

While the project has not implemented a pilot circular migration scheme for health workers moving between the Philippines, India and Viet Nam and the EU, it has sought to

understand the complexity of circular migration by engaging a broad range of stakeholders and working on a number of key policy areas and sought to contribute to the ongoing discussion about circular migration as a way of maximizing the development potential of migration.

4.3.2 Strengthening of Services for Health Professionals and Skilled Workers

The purpose of the second strategic objective was the development of a pilot circular migration scheme. However it became clear that this was not feasible given the political and economic climate and lack of buy-in from European partners. Nevertheless, the project has undertaken a range of activities under this objective seeking to better support health professionals.

Some of the notable activities conducted under this objective include:

- Feasibility study for raising migrant workers' voice through the assessment of their own recruitment experiences
- Comparative studies on the competency and equivalency standards between Philippines and Finland, Denmark and Norway (Phase 1) and of the comparability of nursing education and practice outcomes between Philippines, Kerala and Norway (Phase 2)
- Policy Dialogues on the results of the comparative nursing competency assessment in the Philippines and Norway
- Development of 48 hour 'Migration and Decent Work' course for inclusion into the nursing and other health professionals university curriculum in the Philippines
- Assessment of the factors enabling return and reintegration of health professionals in India
- Development of training materials and training of masters training on the Philippines Nursing Core Competencies
- Development of 7 information guides with PSI focussing on pre-employment, departure and return migration with a focus on the Philippines, India, Finland, Norway, Denmark and Germany
- Directory of Services for skilled migrants in the Philippines
- Enhancement of the DoH E-Job Net Portal through creation of links with Phil Job Net for increased visibility of health related jobs
- Online photo competition to capture in images the circumstances of health worker migration from the perspective of young health professionals.

4.3.3 Enhancement of Labour Market Information Systems

The third specific objective related to enhancing Labour Market Information System (LMIS) that can be used for national policy planning. As noted, this was the weakest area of

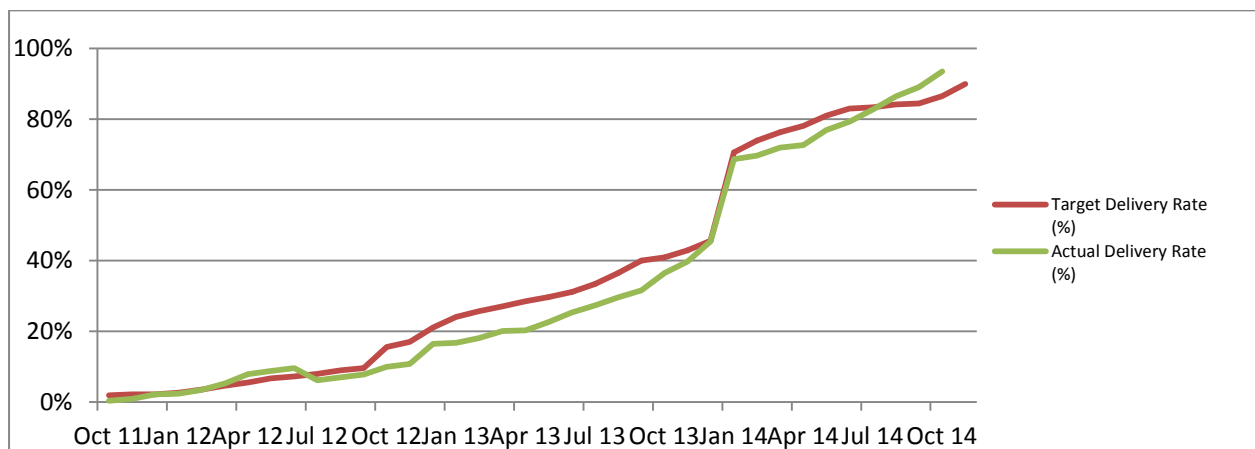
intervention, and also the most costly (relatively). This objective was not touched upon in Viet Nam or India but in the Philippines some steps⁹ were taken:

- Pilot installation and training of labour attachés in Europe on the computer-based Foreign Labour Operations Information System (FLOIS)
- Completed appraisal of the national Human Resources for Health (HRH) Workforce Projections

4.4 Efficiency of resource use

The administration of the budget has been tricky in the sense that project delays have meant that the budget has had to be reshuffled. There was a delay in receiving the second payment from the EC because ILO was required to have spent 70-75% of the first payment. This was due to the delays at the outset of the project. By the end of January 2014, the project had utilised 69 percent of the projects funds. It is thus clear that the no-cost extension was necessary. As of October 2014, this rate had increased to 94 per cent, and with the number of activities planned for November 2014, it is likely that the project will achieve a high delivery rate (see Figure 1).

Figure 1 Project Deliver Rates: Actual and Target



Source: ILO Finance and Administration monitoring system

Staff costs were higher than originally foreseen but this is because the project team was retained for the no-cost extension. With agreed upon reductions in some activities in the revision of the work-plan, this did not have impacts for planned implementation and the reallocation was within limits accepted by the EC.

⁹ Decent Work Across Borders: A Pilot Project for Migration Health Professionals and Skilled Workers: Selected Accomplishments, Internal Document

The last minute cancellation of the dissemination event in Finland was unfortunate however these funds were quickly reallocated to pursue the further development of a training of trainer's module for the ethical recruitment of labour attachés in the Philippines in collaboration with ITC-ILO in Turin. This training had been previously requested but was not possible financially at that particular point in time. Not only does this further promote the sustainability of project outputs (which will be discussed further in Section 4.6) but this also illustrates prudent use of funds and responsiveness to partners' needs.

In terms of cost-efficiency, DWAB has pursued synergies with existing ILO projects and programmes (such as the GMS TRIANGLE, ASEAN TRIANGLE, MDG-F on Youth, Employment and migration, SALM, and the ITC-ILO in Turin) to avoid the duplication of activities and to promote the continuation of activities after the project's conclusion. DWAB has also actively sought out opportunities for collaborations with other international organisations. For example, DWAB sponsored the November Industry Forum that IOM implement as part of another EC financed project and also collaborated with IOM on an International conference for recruitment agencies held in April 2014 in Manila. DWAB also partnered with the World Health Organization to send governmental delegates to relevant conferences in Amsterdam and Recife and with the Scalabrini Migration Center to organise a dialogue between scholars in the 'North' and 'South' to discuss migration theories.

The project has supported existing government projects with supplementary support (for example the FLOIS system was developed by ILAB but received support from DWAB in developing the training and piloting the system in Europe). It has also received support from the government to pursue further activities based on government requests (for example the training implemented by the ITC-ILO on return and reintegration was largely funded by government partners with only limited investments by the DWAB project. Similar financial collaboration took place with the Department of Health during the implementation of a 3 days training on bilateral and multilateral labour arrangements for the mobility of health professionals. In seeking to build on existing priorities and to fit into the existing landscape, the project has thus been able to deliver a lot.

4.5 Effectiveness of management arrangements

There have been a lot of factors that have made DWAB a difficult project to manage. Firstly, the project was affected by a lot of delays. The initial delays in the project had consequential effects on the management of funds as outlined in Section 4.4. As noted in the mid-term report, the consequence of the delayed start was that not enough funds from the first payment tranche had been committed or spent by the time the second tranche was due. This was described as the project's main administrative challenge however it was

managed and in the end it was possible to retain the full project team for the duration of the project, including during the no-cost extension. There were also some delays after typhoon Yolanda hit the Philippines which led to the temporary redeployment of project staff to affected areas although the impact on the project are minimal. Elections in India have also resulted in political stagnancy which made it hard to move the project forward as quickly as required. Despite these hurdles, the project staff have still managed to complete the majority of planned activities.

Even with the no-cost extension, the time allocated to implementation in India was too short, which, coupled with administrative delays and policy stagnancy due to General Elections in May 2014, made the project timeline unfeasible. In a multi-lingual and multi-cultural country like India, where health is a state subject (considered by individual federal states), this made project management particularly challenging.

Staff-turnover was minimal. Shortly before the closing of the project, the administrative assistant in the Philippines took up a new position abroad. Given that the project had been extended this was met with the hiring of a short term staff which was rapidly able to grasp the project's many administrative requirements. Both administrative employees have been a critical part of the team. The end of a project is disproportionately heavy in terms of administrative requirements and the number of closing events. DWAB's initial administrative staff provided a lot of support to the new administrative officer to ensure a smooth handover and continues to provide support. This highlights the real commitment of the staff to the project.

In India the National Project Officer (NPO) started a new part-time position on another ILO project (SALM) in September 2013 when it was anticipated that the DWAB project would end in January 2014. The extension of the project to November 2014 meant that the sharing of the NPO lasted considerably longer than anticipated at time of hiring. Despite this, it should be highlighted that the NPO's previous work in India for DWAB meant that she was operational from day one upon joining the other migration project and, while a different decision may have been taken had true timeframes been known, the appointment allowed synergies between the project to be explored which may not have occurred otherwise.

In Viet Nam, there were discussions about sharing a NPO with another project (GMS-TRIANGLE) however it was decided that the pressures of the other project would not be compatible with the demands of DWAB. In addition there were concerns that, given the limited amount of activities in Viet Nam, the efforts of getting buy-in would outweigh the benefits of the planned activities. Instead synergies were sought between the two projects and this resulted in some work being conducted in Viet Nam, most notably with VAMAS.

A key challenge encountered by the project was the lack of engagement from European actors, particularly in the government. There are some exceptions, most notably between

Norway and the Philippines, but this is largely due to engagement with the Embassy in Manila and a closing workshop/conference held in Oslo with government partners. This could be due, among other factors, to a lack of initial consultation on the project design and thus a lack of buy-in and ownership, staff turnover in various embassies, a change in priorities within national country governments, a response to the financial crisis, a response to the changing patterns of health worker migration from within Europe. While there are clearly limits to what the designers of projects could reasonably control, it may have been more efficient for the management of the project to have had project staff situated in Europe. This would have facilitated better management of the project from the European side and reflected the importance of bilateral discussions on migration. This may also have helped in achieving a broader audience at the conference in Brussels. The conference was sadly not that well attended.

Despite these challenges, the management of the project was generally praised by those who had observed its implementation. In the Philippines, the construction of the PAC seems to have been particularly helpful in the management of the project and, while it was initially considered to be too large, has in fact being a key success story of the project. The PAC has 16 members representing tripartite stakeholders: government (four members); trade unions (four members); employers (four members) and professional organisations (four members). It is co-chaired by the ILO and POEA. The involvement and clear endorsement of the project by POEA has been significant, particularly given their position as the highest political authority in the project. In general, the PAC committee meetings have been fruitful and have led to the formation of new ideas and suggestions for how the project can meet the developmental needs of its partners. The flexibility of the specific activities to be implemented allowed the project team to tailor the project to the particular context. Several activities, such as the training on return and reintegration and training for trainers on ethical recruitment for labour attachés¹⁰ were conceived at project PAC meetings. Even at the last PAC meeting on 17th November 2014, suggestions were being made for a further website link between NRCO and the newly linked Phil Job Net and e-jobs for health. Commendably, these ideas were still being taken on board and the project staff are looking at the possible linkages.

Had the project included India from the beginning it would have been ideal to have India representatives in the PAC. This may have helped with establishing contacts and relationships between the ILO and the Government of India in particular. Attempts at creating a national PAC dedicated to the DWAB project in India were not deemed necessary by MOIA.

¹⁰ Due to the conference organiser in Finland cancelling at last minute, it was possible to reallocate funds to the training of trainers for labour attachés.

The project management in the Philippines was also supported by the fact that an existing Human Resource for Health-Network predated the project. This meant that there was already an existing network of different government and non-governmental actors involved in discussion on health professionals. However it is also clear that the project staff have invested a lot of time and energy into their relationships with the project partners. The NPO for the Philippines could not have been more suitable for the post given her extensive experience in the area of health and migration in the Philippines and her strong network, which was invaluable.

The CTA was active in seeking out support from other departments in ILO (particularly, largely at the beginning of the project when she sought to understand the complexities of the migration issue and the ILO's standpoint on labour migration issues. She also proactively sought out opportunities for collaboration with other ILO projects as well as with the ITC-ILO. This has also helped in promoting the continuity of some activities (such as the ethical recruitment training in Viet Nam which is now be implemented by the GMS TRIANGLE project and which is being adapted for the Labour Migration Academy in Turin).

Backstopping support from Bangkok and Geneva was generally received well although the time invested in the project decreased in the past year (after the no-cost extension). Additionally the project produced so many knowledge outputs that the capacity within ILO to peer review each article was not enough. This was however managed with the hiring of an external reviewer with extensive ILO experience. Communication between the project staff and partners was generally rated very highly, and many of those contacted in the implementation of the evaluation found that the communication, both in terms of direct management related communication, and indirect dissemination had been markedly better than they had experienced in the past.

4.6 Impact orientation and sustainability of the intervention

Impact and sustainability are critical areas of importance for a final evaluation. In terms of funder relations, it is important to be able to demonstrate credible results of a project. Herein lies the importance of having a well-designed logical framework that identifies SMART indicators that can be used to objectively measure the projects impacts. While a redesign of the logical framework was completed in response to the mid-term evaluation, it is clear that this was too late in the process and the amendments made superficial and focused on increasing the ease of demonstrating that the project has completed the activities that the project set out to implement as opposed to how these link to the more strategic objectives and outcomes that the project hoped to achieve.

In the absence of a well-designed logical framework this project becomes much more challenging to assess. The lack of baseline statistics make objective analysis troublesome. Nevertheless, on the basis of the ROM evaluation by the EU, the project has been flagged as a project eligible for an ex-post evaluation. Orientating future evaluators on the anticipated impact of project interventions remains important. This section of the evaluation focuses on assessing the project's efforts to ensure that the project contributes to broader, long-term, sustainable development changes and the likelihood that the results can be maintained, scaled-up or replicated by partners after the conclusion of the project.

4.6.1 Impact

As the quote from the project proposal illustrates, the designers of the project identified four key areas of potential impact. The following paragraphs consider the project's performance in each area.

Information exchange between education and training as well as migration authorities and the foreign-based health professionals

This area of impact should be considered in context of the broader contribution of the project to creating connections between different stakeholders. The DWAB project was frequently praised for catalysing collaboration. The participatory multi-stakeholder approach to the assessment of the implementation of the WHO code of practice is just one example of this.

While the HRH-Network for health existed already in the Philippines, the project has helped them to 'tick items off their wish list' and facilitated their operations. There was the intention to establish a similar network in India through the project however there was no buy-in for this from government partners¹¹.

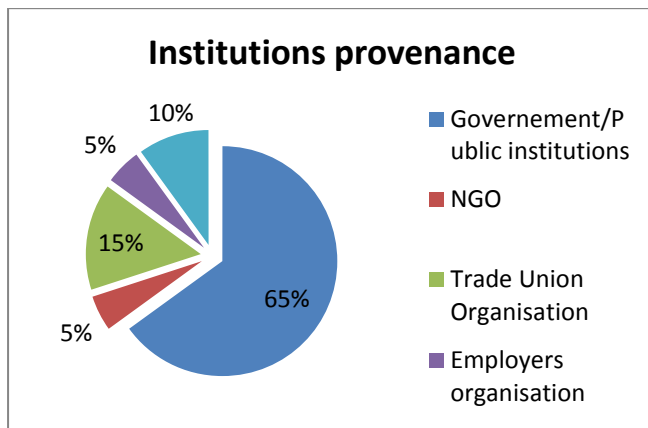
The PAC Committee, which was originally criticised for being too large, was also a powerful tool to bridge connections between different stakeholders. Particularly for the representatives of different health professions in the Philippines, the PAC allowed them to establish new professional contacts and to identify areas of mutual interest that can be explored. The time allocated to the meetings really provided space for discussions and, through this platform, different interests could be explored and misunderstandings addressed. One concrete example relates to Mutual Recognition Agreements (MRAs) which are known in only a few professions. Having multiple stakeholders with different roles in MRAs really helped to increase understanding of the process and its challenges.

The training on bilateral agreements¹² was particularly praised for bringing different actors together (Figure 1). The training was requested during a PAC Committee meeting and according to DoH, has really benefited the wider HRH-Network. One trade union participant particularly commended the fact that government officials with high positions were present which really demonstrated a level of commitment to the protection of health professionals abroad. One training method that was particularly appreciated was role plays in which one actor had to assume the role of another (for example DoH had to take on the role of POEA). According to several participants, the training helped to erase some confusion about bi and multilateral agreements for health professionals.

¹¹Interestingly there was interest in a network for actors working on migration more generally and this is being pursued now by the NCO who is shared between DWAB and another ILO project in the region, SALM. The groundwork for creating an environment in which this is receiving interest from the government can in part be attributed to the work of DWAB in India.

¹²*Challenges and opportunities of bi and multilateral arrangements for the mobility of migrants and health professionals*, Tagaytay, Philippines, 8th – 10th October 2014

Figure 2 Stakeholder Representation at Training



Source: DWAB Activities Report

Another spill-over effect on relationships is the revival of conversations between the Norwegian Embassy in Manila and POEA. In the past a bilateral agreement was signed between the countries but this largely fell by the wayside. Through the curriculum comparison project implemented by DWAB, POEA and the Embassy were brought back in contact and are now having meetings independent of the project regarding how to use the results of the study to facilitate migration to Norway.

An additional spill-over effect has been of the widened networks and understanding of recruitment agencies in Europe:

“I have come to better understand the challenges ethical recruitment offers to the involved parties in a number of countries in Asia. I also hope that the gained deeper insight in the working environment and prerequisites of the different actors has enhanced my awareness and will enable us to perform even better and smoother in our recruitment projects in the future. Meeting interesting people and stakeholders to this extent and at this pace has been enabled by the DWAB Project” (Opteam)

Access to services for health professionals

A key contribution in this area for the Philippines has been the preparation of a list of services for health professionals. An added-value of this activity is that the list also represents a dissemination list for project output. For the Philippine Physical Therapists Association (PPTA), being part of the PAC has provided them access to the government in a way that they did not have previously. Historically physiotherapists were grouped with Occupational Therapists and Masseuses by POEA which meant that often the materials presented during Pre Departure Orientation Seminars were not always relevant or tailored. PPTA really feel that the project has raised their profile and helped to improve services provided to their professionals. POEA has also identified that some of the knowledge

products developed by the project will be used to improve the quality of their PDOS seminars.

In India, the focus of the policy initiatives have been retention and re-integration of health workers into the system so that their skill can be utilized in the country and also the worker can be re-positioned in his/her locality of origin. Portability of social securities has been installed with the help of ministries.

Upgrade the quality of healthcare professionals and skilled workers from the Philippines, India and Viet Nam

In the Philippines, course enrolment in the health sector is often driven by the prospect of migration. The PPTA note that the enrolment in their courses is really driven by demands in foreign markets and often, when demand for nurses decreases, the demand for physiotherapists increases. This has led to the mushrooming of educational institutions in the health care sector which has had implications for the quality of education. Through the development of a decent work and migration course as well as the dissemination of core competency standards for nurses, an activity supported and driven by DWAB and described as a 'legacy component' in the mid-term evaluation, it is anticipated that the quality of nursing education will increase in the Philippines. In the past year, the Professional Regulation Commission (PRC) in the Philippines has closed down 190 nursing courses (representing almost 40% of all courses in the country). These are schools that are not compliant with CHED standards. There is a deep hope that steps taken to improve standards in nursing schools will have positive effects on the quality of education and in turn on the quality of health professionals trained in the country. Future studies could consider looking at the pass-rate of the Board of Nursing exam (currently 65%) as an indicator of improvement in this area. Although it should be noted that the true results of change will not be seen for three years when the next batch of nursing students graduate.

In India, following the study-visit to Manila undertaken by members of MoH&FW, the good practices followed in the latter to ensure quality and training of the health professionals have really been appreciated by the Indian team and there has been a significant push at the policy level to replicate them in India. Due to lack of synergy among different government sectors and the prolonged process of legislative affairs in India, the fruits of these are yet to be realized in quantitative terms. In India, some steps have been taken to educate Indian nurses about working conditions and contracts in destination countries through the pre-decision manual booklet prepared by PSI.

Improved opportunities for global mobility while focusing on opportunities in domestic labour market.

This area of impact should be treated sensitively. As discussed some of the initial delays in the project were a result of disagreements regarding the projects focus on 'promoting'

circular migration. As discussed in Section 4.2 changes were made to the project design however there are still some concerns that the project activities are still focused on facilitating the migration of health workers. It is clear that some activities, such as the curriculum comparison exercises may facilitate future migration however it is important to note that the focus is really on promoting decent work across borders through ensuring that potential migrants have their qualifications recognised. This can contribute to better working conditions in destination countries. The same can be said for the project's focus on ethical recruitment.

However, the project has also intensely focused on creating better opportunities for health professionals in domestic markets. For example, the project has supported the integration of DoH and DOLE employment search related websites to ensure that domestic vacancies are much more visible to potential employees and to create better oversight of both public and private health care demands.

The project has also supported the HRH-Network in developing projection models for the health care sector in the Philippines¹³. It is hoped that these projections will be a useful tool in lobbying for the creation of more positions in domestic markets, where demand is high but opportunities are low. Policy dialogue has also opened up in India to re-integrate returnees into both public and private health care systems, in order to exploit their expertise and knowledge in domestic markets.

In this respect, several respondents praised the project for its holistic nature in tackling issues relating to decent work both at home and abroad.

4.6.2 Sustainability

An indicator of the sustainability of a project is the level of ownerships by project partners. In many respects DWAB has been in very successful in establishing ownerships through regular consultations and be seeking to understand what particular partners needs as opposing to imposing ideas from above. This was very much confirmed by the project partners. POEA, for example, stated that, because the project has focused on improving their existing systems and developing knowledge to inform their activities that the results of the project have longevity.

Examples of ownership include:

- POEA are currently developing the POEA Awards on the basis of feedback received from the SMC who conducted an assessment of the awards within the context of DWAB

¹³ Previous models are based on Australia

- ITUC, who recently conducted a feasibility study on the development of an online rating system (like Trip Advisor) at the suggestion of DWAB, has confirmed that the idea will be followed up, depending on the results of the study and acceptance of their partners. While a limited feasibility study was already conducted by the project, the CTA seized an opportunity to carry the idea forward with ITUC after a meeting in Turin. It is noteworthy that, even in the final stages of the project, the CTA has a longer-term vision and has invested time and energy into ensuring that some of the ideas that have been generated by the project are picked up and developed.
- PSI and PS-Link plan to widely disseminate the information pamphlets for health professionals throughout their networks. While there are questions marks regarding whether the leaflets will be ready by the end of the project, PSI have a clear plan for the materials and plan to add them to their existing portfolio of information resources.
- PSI is using a working paper prepared for the project on social security as an advocacy tool. For example, it is being presented and discussed at a conference for Social Security Experts in Johannesburg in early November 2014.

Through DWAB's cooperation with other ILO projects in the region, there is some level of continuity on some activities implemented by the project:

- The sharing of the NPO in India between two ILO projects in the past year has been challenging (as discussed in Section 4.5) but it has helped to create links between the projects, and means that efforts in India will not be lost when DWAB ends. It has further meant that the one year project work plan in India could be extended. The cost sharing system between the two ILO projects has meant that DWAB's presence and influence in the country lasted for more than 18 months and not only twelve as the initial budget allocations allowed for. This is important because DWAB was ILO's first intervention in the area of migration in India and with no follow up activities, the efforts undertaken to establish buy-in and trust with the Indian government would have gone to waste.
- In Section 4.4 the project's collaboration with ILO-ITC is introduced in terms of the delivery of existing ILO training materials. The other side of this relationship has been the involvement of ILO-ITC in trainings that have been developed in the context of the DWAB project, notably the training on ethical recruitment developed by Verité and the Fair Hiring Initiative and that on bilateral and multilateral labour arrangements. The involvement of ILO-ITC has helped to facilitate the handover of the training materials and trainer contacts to the ILO-ITC for inclusion in their next Labour Migration Academy (For more details see Annex 4: Lessons Learnt). In addition to this, the training materials have been handed over to another ILO Project

(GMS Triangle) who will ensure that the training for recruitment agencies on ethical recruitment will take place in January in Vietnam (it was not possible within the timeframe of the DWAB project) and discussions are underway regarding its expansion to Cambodia and Myanmar. The Fair Hiring Initiative co-own the training materials and plan to seek funding to pursue the training in key destination countries in the Middle East.

- Even with limited breakthrough of DWAB in India, the project locates its long term sustainability in the forthcoming follow-up projects by other partners for example, a project to be implemented by WHO which is funded by the EC and a recruiter's training programme to be advanced by FICCI.

Other sustainable components of the project include:

- Modules on Decent Work and Migration: The modules will be implemented into the nursing curriculum in the Philippines and are being adapted for other health professions. The inclusion of core ILO principles into the national curriculum of a country is unprecedented and a clear illustration of the long-term focus of the project.
- The documentary on health workers is an educational tool which provides interesting insights into the experiences of health workers at different stages of their migration journey. It is anticipated that the documentary will be submitted to film festivals primarily in Asia and the producers, Asia Pacific Film Institute (APFI), have agreed to help ILO in the submission process.
- The core competencies standards for nursing have now been published as a book by the project and a process has started to cascade the standards through the country. There is clear ownership of the standards and a desire to see their implementation both as a re-education tool for existing health professionals as well as an educational tool for new trainees. There is commitment to see this happen however successful implementation will require strong leadership from the CHED and PRC to ensure adequate resources to monitor the adoption of core standards.
- The WHO assessment: The mid-term evaluation highlighted DWAB's support of documentation of the multi-stakeholder monitoring of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Workers as a good practice. The Philippines was the only country in South East Asia to complete the assessment. A paper outlining the approach has also been published and disseminated by WHO¹⁴. This assessment was further reinforced in the final evaluation. 'Health Workers 4 All' is a project funded by the European Union and implemented by a number of civil society organisations in Europe. A core objective of the project is to ensure the implementation of the WHO Global Code of Practice on

¹⁴http://www.wpro.who.int/philippines/publications/who_code_2012_philippine_report_06.21.12.pdf

the International Recruitment of Health Personnel. In a recent publication prepared by Terre des Hommes, the organization responsible for the delivery of “Health Workers 4 all”, the DWAB project is commended for its efforts in increasing social participation in the monitoring of the Code and for the precedence this sets for future initiatives: “As thanks to the dissemination efforts of WHO and ILO during this process they have had exposure to the WHO Code and the issue of ethical recruitment of health professionals, they will in the future be able to engage in similar multi-stakeholders initiatives and request to be included in such discussions” (Terre des Hommes, 2014, p6). However, it should be noted that Global Code of Conduct is a voluntary good practice guidelines for countries, which cannot be forced with legislation. The Code is going to be reviewed next year where its applicability will be processed further.

- The health human resources projection models developed with the HRH-Network will be used to inform future policy decisions. It has been developed for and by multiple stakeholders which will ensure its usefulness.
- Links created between the DoH and Phil Job Net are also likely to be sustainable.

Another way to ensure the sustainability of the project is to ensure that the knowledge products developed through the project are properly disseminated. A strength of this project has been the plethora of materials documenting the issue of health professional migration. It is anticipated that the project will publish 17 policy briefs, 10 dealing with specific examples and lessons learnt through the project, such as the participatory approach to the WHO assessment, and seven dealing with various dimensions of the concept of the circular migration. This is in addition to a range of working papers, reports, case studies and educational materials that have been produced by the project. A weakness in this respect is the website¹⁵ which does not make the publications clear, instead relegated to a side tab several scrolls down the page¹⁶.

In terms of providing orientation for future interventions, the project has developed concept notes for future projects. One potential project on nursing cooperatives has already received quite some support with funds allocated by both the The Cooperative Branch of the International Labour Organization (CO-OP) and CO-Manila to its development. Another, on the development of the Trip Advisor concept currently being assessed by ITUC is being considered by MIGRANT and the Special Action Programme on Forced Migration. This idea also received a lot of interest from other ILO staff in the Asia and Pacific Region when it discussed at the Migration Focal Point meeting early in the year. It was also mentioned by

¹⁵ http://www.ilo.org/manila/whatwedo/projects/WCMS_173607/lang--en/index.htm

¹⁶ True at time of writing (28th October 2014)

several of the ILO staff members working on other migration projects in the region as being an innovative idea that they would be interested in being involved in.

5. Conclusions and recommendations

The lack of baseline indicators and a well-developed logical framework has made it challenging to objectively assess the project in terms of impact. Nevertheless, the DWAB project has a broad range of achievements and has delivered the majority of outputs outlined in the project proposal. This is despite facing significant challenges along the way such as paradigm shifts challenging the promotion of circular migration; the financial crisis and EU enlargements, both of which have changed the nature and flows of health professionals within the EU; and the difficulty of implementing a regional project in countries with very different needs and experiences. In addition, the project deals with politically sensitive issues (migration and health).

In addressing circular migration, the project has focused the promotion of Decent Work, both in domestic workers as well as abroad, and thus approached migration holistically. Without decent work opportunities in domestic markets, offers of higher remuneration and better working conditions abroad may act as a pull factor even when domestic positions are available. The project has also focused on improving information on destination markets through the creation of pre-departure information packages, the creation of a documentary, and the development of a curriculum on Decent Work and Migration which focuses on a lot of the issues that migrant health professionals may face, while highlighting that migration should be a choice and not a necessity. The project has also targeted areas where migrant workers may encounter exploitation (recruitment) or challenges in having their qualifications recognised. Finally the project has focused on return, both by increasing the visibility of domestic opportunities as well as on focusing on return migrant entrepreneurship. There has also been information sharing between India and the Philippines on this issue, as India is far more advanced in its development of retention strategies.

It is clear that the project has a bias towards the Philippines in terms of sheer volume of activities. The main weaknesses of the project in India include a mismatch in the orientation of several partners and the time frame. While MOIA basically focus on NRI issues and Diaspora, Ministry of Health & Family Welfare (MH&FW) concentrates on retaining and re-integrating the migrant health workers. Like many other countries, India suffers from 'coordination failure' and hence it was difficult to create synergies between different departments of the government within a short span of time. Moreover, some key ministries were not involved in DWAB such as the Ministry of External Affairs who would have been important for achieving strategic objective 3. Additionally, while the project was supposed to be about circular migration to the EU there was a significant lack of interest within most EU countries. This made it hard to implement some project activities.

In light of the final evaluation, the following recommendations are made:

Future Project Design: For ILO, projects that include a bi-lateral dimension and require the cooperation of destination countries should allocate staff to all project countries and to the specific destination countries in question. Having their buy in already at the design phase would increase the likelihood of cooperation. Thorough research and consultations should form a standardized part of project design to ensure that the project makes sense in different contexts, particularly for regional projects.

Future Work Areas: DWAB has facilitated discussions around some key topic areas: skills recognition, ethical recruitment and promoting decent work both in domestic labour markets as well as abroad. Each represent areas in which further work could be pursued. Return data is needed if circular migration is to be better understood.

Future Evaluation: The project has implemented a lot of activities and facilitated dialogues on a wide range of topics. Seeds have been planted. The EU has flagged the project for ex post evaluation in 12 months but it would also be interesting for ILO to look at impacts 3-5 years ahead i.e. has the core competency trainings been fully cascaded, has this impacted pass rates of the board exam? Are return statistics available? How many recruitment agencies offer no-fee placements? Have the POEA Awards changed?

Lessons Learnt (see Annex 4 for more details)

Next to the lessons regarding design outlined in the mid-term evaluation, which remain valid, the collaboration with ITC-ILO also represents an important area for future reflection.

Engaging ITC-ILO: Technical Cooperation projects within the ILO often contain a training component. The DWAB project developed and/or delivered several trainings. In doing so the CTA enlisted the support of the ILO-ITC in Turin. This allowed both the use of existing training material (on return and reintegration) and the development of new tools which has allowed a two-way exchange between the project team and ILO-ITC. The sharing of training materials can both encourage efficiency, through the avoidance of replication and ensure the sustainability of project outputs through their inclusion in the ILO-ITC portfolio of activities. While this may appear logical it was confirmed by the ILO-ITC that it is unusual for such a cooperation to take place (within the context of migration training activities) and the project was praised for its outreach.

Bibliography

Agunias, D.R., and K. Newland (2007) "Circular migration and development: trends, policy routes, and ways forward", MPI Policy Brief, Migration Policy Institute, Washington, DC.

Buchan, J (eds.), M. Wismar, I. Glinos, & J. Bremnar (2014) Health Professional Mobility in a Changing Europe: New Dynamics, Mobile Individuals and Diverse Responses

Dimaya, R. M., McEwen, M. K., Curry, L. A., & Bradley, E. H. (2012). Managing health worker migration: a qualitative study of the Philippine response to nurse brain drain. *Human resources for health*, 10(1), 47.

European Commission (2007) Circular Migration and Mobility Partnerships between the European Union and Third Countries, Communication from the Commission, COM (2007) 248 final, 16 May (Brussels)

Evaluation Unit (EVAL) (2012) ILO policy guidelines: For Results Based Evaluation: Principles, Rationale, Planning and Managing for Evaluations, *Evaluation Unit, ILO Geneva*

International Labour Organization (ILO) (2004) Towards a fair deal for migrant workers in the global economy, *ILO Geneva*

ILO (2005) Migration of health workers: Country case study Philippines Working paper 236, Accessed on 14.1.14 at: http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/--sector/documents/publication/wcms_161163.pdf

International Labour Organization (ILO) (2006a) ILO Multilateral Framework on

Labour Migration: Non-binding principles and guidelines for a rights-based approach to labour migration. *ILO Geneva*

International Labour Organization (ILO) (2010) International Labour Migration. A Rights-based Approach, *ILO Geneva*

McLoughlin, S., Münz, R., Bunte, R., Hultin, G., Müller, W., & Skeldon, R. (2011). Temporary and circular migration: opportunities and challenges. Working Paper No. 35, European Policy Centre, Brussels.

MPI (Migration Policy Institute) (2008) "Warming up to circular migration: issue No. 9", in Top 10 Migration Issues of 2008, MPI, Washington, DC, <http://www.migrationinformation.org/pdf/MIS-Top-10-Migration-Issues-008.pdf>.

OECD, (2010) International Migration of Health Workers, Policy Brief February 2010. Accessed 14.1.14 at: http://www.who.int/hrh/resources/oecd-who_policy_brief_en.pdf

Scalabrini Migration Centre (2013) Country Migration Report: The Philippines, IOM The Philippines

OECD (2012). Health at a glance: Europe 2012. Paris, Organisation for

Economic Co-operation and Development (<http://www.oecd.org/health/>)

health-systems/HealthAtAGlanceEurope2012.pdf)

Skeldon, R. (2012). Going round in circles: Circular migration, poverty alleviation and marginality. *International Migration*, 50(3), 43-60.

terre des hommes (2014) Health workers for all - Case studies: Germany, terre des homes Germany

Wickramasekara, P. (2011) "Circular migration: a triple win or dead end", Discussion Paper No. 15, Global Union Research Network, International Labour Organization, Geneva.

Vertovec, S. (2007) Circular Migration: The way forward in global policy' Working Paper No. 4 (Oxford, IMI)

Annex: 1 Data collection tools

The Interview questions were developed based on the United Nations system's evaluation norms and standards as well as to the OECD/DAC Evaluation Quality Standards. The following questions are based on those listed in the TOR and were extended based on the initial document review. The exact questions use will depend on the interviewee.

Relevance

- Does DWAB align with and support the Decent Work Country Programme? In what ways?
- Does DWAB support, contribute to and/or complement other ILO projects in the region? (i.e. ASEAN TRIANGLE, GMS TRIANGLE, SALM). In what ways?
- Does DWAB support relevant programmes and priorities of the workers' and employers' organizations and civil society organizations?
- To what extent does the project promote ILO's regional and Global outcomes on labour migration (outcome 7) and align with the ILO Multilateral Framework on Labour Migration?
- To what extent does the project support and contribute to EU strategic areas, priorities and Partnership with the ILO?
- How does DWAB fit in strategically with the work of the ILO?
- In what ways does the project play to comparative advantages of ILO?

Quality of Design

The mid-term evaluation clearly highlights some issues with project design. Thus the end-evaluation will focus on the redesign of the project logical framework and assess the extent to which the project was able to adapt.

- To what extent has the project been able to adapt during implementation?
- In what ways has the project been adapted? Was this managed successfully?
- To what extent have issues related to the design (defining the project's focus and target group) been taken into consideration and addressed by the project?

Efficiency and implementation

This aspect will relate to the project outputs and activities (including cost efficiency, sound management, flexibility of the project in adapting to external factors, etc.). This will be discussed primarily with the financial officer using interim reports but will also involve a

stock take of what activities are: 1) completed; 2) on track for completion; 3) abandoned or unlikely to be completed.

- How has the project linked up with other projects and/or initiatives?
- What steps have been taken to ensure that the project is cost-effective?
- Have changes been made to the project to enhance efficiency?

Effectiveness

The evaluation will determine how effective the project has been in achieving the project's objectives, impact on potential synergies with national initiatives, synergies with other ILO and donor supported projects and activities, project visibility.

- To what extent has the project achieved outcomes vis-a-vis the project's modified logical framework? Did the modification of the logical framework help to better monitor outcomes?
- Are any outcomes not achievable within the timeframe for project? If so, why not?
- Have there been any challenges in implementing the project?
- To what extent have beneficiaries benefited from the project?

Effectiveness of management arrangements

- Were management capacities and arrangements adequate and do they facilitate good results and efficient delivery? Is there a clear understanding of the roles and responsibilities by all parties involved?
- Did the project receive adequate political, technical and administrative support from its national partners, especially local governments? Do implementing partners provide for effective project implementation?
- Has cooperation with project partners been efficient? Reverse question to project partners.
- How effective has internal management, including strategic and annual planning, staff arrangements, governance and oversight of the project been?
- Has relevant information and data systematically being collected and collated? Has reporting been satisfactory?
- How effective has the strategic use of coordination and collaboration with other ILO projects and with other donor's projects in project countries been?
- Has there been any change to the risks identified at the project outset (Risk Matrix), what have been the adverse impacts faced, and has the risk mitigation strategy been adequate?

Sustainability

- What steps have been taken to ensure that the impacts of the project are sustained in the short, medium and long-term?
- What has been the level of policy support provided and the responsiveness of the recipients?
- Has the project contributed to long-term institutional and capacity building of project partners and constituents? In what ways?
- What is the likelihood of sustainability of the outcomes after the end of the project?

Lessons learned and good practices

- What are the main lessons learned, good/promising practices, innovations?
- To what extent are the good/promising practices documented and shared with the broader community?
- Are there any areas where difficulties have been experienced? What are the reasons?
- Are there any alternative strategies which would have been more effective?

Recommendations

- Are there any suggestions, recommendations for the follow up activities?
- What would be the most appropriate next steps

Interview Guides



Project
Partners.docx



Research
Partners.docx



ILO.docx



EC.docx

Annex 2: List of interviews

Project Staff

- Philippines
 - Ms Catherine VAILLANCOURT-LAFLAMME (Project CTA),
 - Ms Jennifer Frances DELA ROSA (National Project Coordinator,)
 - Ms Desiree Joy GRANIL (Administrative and Finance Assistant)
 - Ms Maria Teresa CRUZ (Administrative and Finance Assistant)
- India
 - Ms Seeta SHARMA (National Project Coordinator)
 - Mr Sarat BEHERA (Administrative and Finance Assistant)

Other ILO Staff

- Mr Lawrence Jeff JOHNSON Director CO-Manila
- Ms Laura BREWER, Deputy Director CO-Manila
- Ms Ma. Concepcion SARDANA, Senior Programme CO Manila
- Ms Virginie CRÉER, Finance and Administrative Officer CO Manila
- Mr Nilim BARUAH , ILO Senior Migration Specialist for the Asia and the Pacific Region (RO-Bangkok) (Skype)
- Ms Neetu LAMBA, Programme Officer Team Leader, ILO New Delhi
- Ms Maria GALLOTTI, Specialist in Migration Policies, MIGRANT, Geneva (Skype)
- Ms Christiane WISKOW (Health Services Specialist, Sectoral Activities Department, Geneva)
- Ms Anne-Laure HENRY-GERARD (Development Partners Relations Officer, Department of Partnerships and Field Support)
- Mr Charles BODWELL, Enterprise Specialist (RO-Bangkok)
- Ms Miriam BOUDRAA, ILO International Training Center, Turin
- Mr Max TUNON, Senior Programme Officer / Coordinator of the GMS TRIANGLE project
- Mr. Manuel G. IMSON Senior Programme Officer/ Project Coordinator of the ASEAN TRIANGLE
- Ms Anna ENGBLOM, Chief Technical Advisor/Project Manager of the SALM project

Funder

- Mr Margarito RAYNERA, The European Union Delegation to the Philippines

Government

- DOLE/POEA
 - Ms Liberty CASCO, Deputy Administrator (Employment and Welfare) at POEA
 - Admin Hans Leo CACDAC Administrator (Employment and Welfare) at POEA
 - Dir. Levinson, Director Marketing Department at POEA

- DOLE/ILAB
 - Ms Mary Sol D. DELA CRUZ, Chief Labour and Employment Officer
 - Ms Cathy DULADUL

- DOLE/PRC
 - Dean Carmelita DIVINIAGRACIA

- DOLE/NRCO
 - Assistant Secretary Katherine BRIMON
 - Mr Denis CABATO , Labour Attaché

- CHED
 - Dean Carmelita DIVINAGRACIA¹⁷, Chair of Technical Committee on Nursing Education (TCNE),
 - Professor Fely Marilyn E. LORENZO, (CHED and Professor at the Department of Health Policy and Administration, University of the Philippines Manila.

- DoH
 - Kenneth G RONQUILLO, Director, Health Human Resource Development Bureau

- India
 - Dr Asha SHARMA, Vice President, Indian Nursing Council

Recruitment Agencies

- Daphne ROLDAN, Senior Project Manager, EDI-Staff Builders International
- Cesar A AVERIA Jr., President and CEO, EDI-Staff Builders International
- Marie APOSTOL, The Fair Hiring Initiative
- Mercedes BARCELON, The Fair Hiring Initiative
- Kenneth HARVEY, The Fair Hiring Initiative
- Dr N K DHAMIJA, Dy Commissioner of Training, India

¹⁷Represents both CHED and PRC

Trade Unions

- Ms Annie Enriquez GERON, General Secretary PS-LINK (also PSI)
- Ms Jill ROQUE, PS-LINK
- Mr Jeroen BEIRNAERT, International Trade Union Confederation (ITUC), Brussels, Belgium,
- Ms Genevieve GENCIANOS, Public Services International, Ferney-Volataire, France.
- Mr Raman KANNAN, Regional Coordinator, PSI India
- Mr Manorajan PEGU, Project Coordinator, PSI India
- Mr PARASHER, AIUTUC
- Mr Tez RAZDAN, BMS
- Mr TIWARI, TUCC

Professional organizations

- Mr Royson MERCADO, PPTA
- Dr Yolanda ROBLES, PHA

Other stakeholders

- Fr. Graziano BATTISTELA, Scalabrini Migration Center
- Mr Kjetil BJORNSTAD, Royal Norwegian Embassy in Manila
- Ms Hanne GRIMSRUD, Royal Norwegian Embassy in Manila
- Dr Davide CALENDI, European University Institute, in Florence.
- Ms Agnieszka MAKULEC, Warsaw, Poland
- Dr Piyasiri WICKRAMASEKARA, Global Migration Policy Associates. Geneva, Switzerland
- Päivi MÄENPÄÄ, Director, Global Nursing Recruitment, Opteam Helsinki
- Ms Frances Rachel DELA PAZ, Asia-Pacific Film Institute (APFI)
- Philip HUNTER, Vérité
- Dr Neelesh BUDDHA, Technical Officer, HR/ Health System, WHO
- Mr Arvind RAGHAVAN, Consultant, Deloitte Touche Tohmatsu Pvt Ltd
- Mr Parimal SUDHAKAR, Society for Labour and Development, India

Annex 3: Terms of Reference



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Annex 4: Lessons Learnt

| ILO Lesson Learned Template | |
|---|--|
| Evaluation Title: | Independent Mid-Term Evaluation of Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers |
| Project TC/SYMBOL: | INT/09/11/EEC |
| Name of Evaluator: | Elaine McGregor |
| Date: | 1st November 2014 |
| <p>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.</p> | |
| LL Element | Text |
| Brief description of lesson learned (link to specific action or task) | Technical Cooperation projects within the ILO often contain a training component. The DWAB project developed and/or delivered several trainings on: bilateral agreements, ethical recruitment, return and integration to a range of audiences. In doing so the CTA enlisted the support of the ILO-ITC in Turin. This allowed both the use of existing training material (on return and reintegration) and the development of new tools which has allowed a two-way exchange between the project team and ILO-ITC. The sharing of training materials can both encourage efficiency, through the avoidance of replication, and ensure the sustainability of project outputs through their inclusion in the ILO-ITC portfolio of activities. While this may appear logical it was confirmed by the ILO-ITC that it is unusual for such a cooperation to take place (within the context of migration training activities) and the project was praised for its outreach. |
| Context and any related preconditions | Project has a training component. |
| Targeted users / Beneficiaries | ILO staff involved in the implementation of Technical Cooperation Projects. |
| Challenges /negative lessons - Causal factors | Not involving the ILO-ITC can create additional work for project staff and lead to the duplication of efforts. Similarly, not sharing training materials can hinder the sustainability of project outputs. |

| | |
|---|---|
| Success / Positive Issues - Causal factor | <p>Discussions are underway to bring the trainer (Verité) from the Philippines to the Labour Migration Academy at ILO-ITC to deliver their training on ethical recruitment which has been delivered to recruitment agencies and labour attachés and will be adapted for a broader audience. Without the creation of a link with the ILO-ITC by the CTA this would not have happened.</p> |
| ILO Administrative Issues (staff, resources, design, implementation) | <p>The ILO-ITC should be more institutionally involved in technical cooperation. For example, projects with a training component can be flagged to the relevant staff within the ILO-ITC at inception and/or the CTA can be provided direct contact with the ILO-ITC so that any foreseen training components can be developed based on existed knowledge and training methodologies currently available within the ILO-ITC>=.</p> |