



ILO 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
CPO	Country Programme Outputs
DoH	Department of Health
DOLE	Department of Labour and Employment
DWAB	Decent Work Across Borders
EC	European Commission
EU	European Union
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 Subregion
HRH-Network	Human Resources for Health Network
ILAB	International Labor Affairs Bureau
ILO	International Labour Organisation
IOM	International Organisation for Migration
LMIS	Labour Market Information System
MDGs	Millennium Development Goals
MOIA	Ministry of Indian Overseas Affairs
NRCO	National Reintegration Commission for Overseas Filipino Workers
OECD	Organization for Economic Cooperation and Development
OWWA	Overseas Workers Welfare Administration
PAC	Project Advisory Committee
P&B Outcomes	Programme and Budget Outcomes
PNA	Philippine Nurses Association
POEA	Philippine Overseas Employment Administration
PRC	Professional Regulation Commission
ROM	Results Oriented Monitoring
TOR	Terms of Reference
WHO	World Health Organisation

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Executive Summary

Background and Project Description

This report presents the results of the mid-term evaluation of the Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers (INT/09/11/EEC).

In 2011, the European Union awarded the ILO funds to work on circular migration. 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. This project is to be undertaken by engaging governments, trade union and employer organizations. The project focuses its attention on two of the main health professional sending countries, the Philippines and India, and Viet Nam who for the moment, is not sending a significant number of health professionals abroad.

The project has an official starting date of 1 February 2011. However, the Chief Technical Adviser (CTA) of the project was hired and started assignment in September 2011, 7 months later than the official start date. The project is due to be completed on 31 January 2014 although ILO are submitting a request for addendum to obtain authorisation for a 6 month no-cost extension to the project timeline.

The overall objective of the project is to promote¹ 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 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

Purpose, scope and clients of the evaluation

The midterm evaluation will assess whether the project is on the right track towards achieving the stated objectives. The mid-term evaluation will document achievement of

¹ In the pending no-cost extension and project revision to be submitted to the EU, it is proposed that the word 'promote' is replaced with 'document'.

project objectives but equally important will determine how various components of the project could be replicated.

The objectives of the mid-term evaluation are to:

- a) Determine the extent to which the outcomes of the project are being achieved
- b) Obtain feedback from the national partners on what is working, what is not and why;
- c) Provide suggestions, recommendations to better target the next steps

Key users for this mid-term 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.

Methodology of evaluation

The methodological approach was qualitative in nature: primarily comprising of 1) desk research; and 2) qualitative interviews and focus groups. The evaluator conducted fieldwork in Manila between 14th and 22nd October 2013. In total 28 interviews/focus groups took place with 49 individuals representing a variety of stakeholders.

Main Findings and Conclusions

Relevance and strategic fit of the intervention

The EC call for project proposals focusing on circular migration presented an opportunity for ILO to pursue an understudied area and, particularly given the ethical concerns relating the health worker migration and the prevailing view that the promotion of circular migration could be a panacea to the problem of brain drain, the project clearly addresses a topic that is of global concern.

For ILO, the DWAB project represents a good strategic fit, reflecting the ILO Multilateral Framework' on labour migration relevant principles and guidelines. At a global level the project feeds into ILO's P&B outcome on labour migration (outcome 7). It also promotes collaboration between different departments within ILO Working on labour migration and with other international organisations. It seeks synergies with other ILO projects in the region and builds relationships with non-traditional government partners dealing with migration. It also addresses recruitment as a cross cutting theme across ILO's work on

labour migration. The project builds on ILO's comparative advantages, notably knowledge generation and the promotion of social dialogue.

It is also evident that the project presented a timely opportunity for many of the project's partners to forward work that reflected existing priorities. To an extent, the project supports the Philippine Development Plan 2011-2016 through its focus on the improvement of the health care sector through improved educational standards. It is clear that a network of stakeholders actively working on health-worker issues, notably the HRH-Network, pre-existed the DWAB, however it is also apparent that the DWAB has facilitated activities that matched with partner priorities, brought stakeholders together, and provided technical input to an ongoing dialogue

Validity of intervention design

The design of the project received much criticism during the 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 there is a debate on the existence of a surplus of health workers and thus the promotion of migration in this context raises serious ethical questions. The same comment can be made with regard to India who is a country listed in the 2006 WHO list of countries with critical shortages of health professionals; and 4) the indicators developed to measure whether the project had achieved its objectives.

Intervention progress and effectiveness

While the project officially started in February 2011, the Chief Technical Advisor was not in place until September 2011. Recruitment was done as part of a global advertisement and selection process, which is a HR good practice, but does take around 4 months at best (from the announcement to joining). Additionally, due to a time lapse of approximately two years between project design and project implementation, the project also faced delays in terms of significant external circumstances (e.g the financial crisis in Europe), paradigm shifts (e.g. the view of circular migration) and human resources (personnel changes). This meant that the project suffered delays while the CTA re-established buy-in to the project. While it is clear that, despite these delays, significant progress has been made in the implementation of the project, its progress cannot be considered sufficient given the number of uncompleted activities at such a late stage in the project. The project has achieved - or is likely to achieve - the majority of activities under objective 1, however has abandoned or requires a no-cost extension to complete the majority of objectives 2 and 3.

Efficiency of resource use

DWAB has pursued synergies with existing ILO projects and with other international organisations working on similar issues to avoid replication and promote cost-efficiency. It has also sought to build on the existing priorities of project partners, which increases the ownership of the activities.

Effectiveness of management arrangements

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. In terms of communication and coordination it appears that the project has run well. The CTA was frequently praised for her ability to bring stakeholders together.

Impact orientation and sustainability of the intervention

There is no doubt that work on the migration of health workers in the Philippines predated DWAB and will continue after DWAB. Additionally, there are two key activities that DWAB has supported that can be considered to be 'legacy components: the introduction of an elective course into the normal nursing (and possibly other health professions) university and the development of core competencies for the trainers of nurses.

There is however a concern about sustainability of activities in India. Given the one-year timeframe of the project in India (as stipulated in the project design and agreement) and limited number of activities, the Indian authorities did not see the immediate value of the project, and for example, the project did not establish a project advisory committee, like in the Philippines. The project operates through direct interventions with specific stakeholders on a need to need basis. At the same time with a more comprehensive EU funded ILO Labour Migration Governance project beginning in India (and Nepal and Pakistan) has begun in June this year. In this context, a PAC will be created and DWAB activities will be reviewed in this structure for increased sustainability.

Main recommendations and follow-up

In light of the short amount of time left for the project the following recommendations are made:

To the Project Team:

1. Develop better sub-indicators to measure progress: It is clear that the initial design of the project has evolved however the project reports do not adequately reflect the efforts made by the project team to make the project relevant to its beneficiaries. It is recommended that the project team negotiate a new indicators within the logical framework with the EC that reflects the changes to the project design that have been negotiated during the project and, in doing so, develop SMART indicators to better measure whether the project has met its objectives. This will make is much easier to assess whether the project has achieved its objectives during the end-evaluation.

2. Pay more attention to the Return Component: The return component of the project seems to have been somewhat neglected. While this is largely due to the fact that health workers rarely return from Europe, efforts to explore return contexts could have been better explored. It is suggested in the latest Flash Report that the indicators on return are challenging due to a lack of existing data and the costs of implementing a specialist survey. The CTA could establish how much the survey would cost to implement and, if feasible, propose this to the funder. Alternatively, the DWAB team could engage with DOLE to establish how their systems can be improved. The availability of this data would allow a better understanding of migration dynamics which would support the implementation of the training courses targeted at return migrants as well as other support services. This would also support the implementation of strategic objective 3.

3. Pay more attention to other health professionals: One of the concerns raised by several of the project partners was that the project had become overly focused on nurses (which is likely due to the fact that they are the professional group with the largest migration rate from the Philippines and the fact that there are some specificities relating to nurses in the Philippines that do not apply to other health workers). Nevertheless, particularly when promoting the project and dissemination of findings, it should be emphasised that materials relate to other health professionals.

4. Dissemination: Given the international relevance of the debate that has taken place during DWAB, it may be appropriate for the DWAB team or MIGRANT to develop some of the research findings into journal articles for wider dissemination.

5. Follow Up: To ensure the sustainability of the intervention in India, a follow-up project seems necessary. A follow up project should address the limitations of DWAB observed by project partners by including the Middle East as a destination for health workers and also target the state of Kerela in India as the source of many Indian health workers currently residing abroad. Particularly given that the work of IOM in India is limited due to the fact that it is not a member state, the field of labour migration is open to ILO, a point that was noted by ILO staff and is being pursued.

6. No Cost-Extension: The project team should develop a six-month catch up plan for the no-cost extension that includes an exit strategy for India if a follow up project is not possible.

To the Funder:

7. No Cost Extension: In light of project delays, DWAB should be granted a no-cost extension however as part of this the project documentation should be reviewed and new indicators of project success negotiated.

8. Follow Up: To ensure the sustainability of the intervention in India, a follow-up project seems necessary. A follow up project should address the limitations of DWAB observed by project partners by including the Middle East as a destination for health workers and also target the state of Kerela in India as the source of many Indian health workers currently residing abroad. Particularly given that the work of IOM in India is limited due to the fact that it is not a member state, the field of labour migration is open to ILO, a point that was noted by ILO staff and is being pursued.

Important lessons learned

The main lesson coming out of the DWAB relate to different aspects of project design and as such have been combined into one core lesson that can be informative for those designing projects in the future.

1. **Project Design:** The main concerns highlighted by the mid-term evaluation related to the design of the project. For future projects a number of important lessons relating to the design can be taken from the experience of the DWAB project:
 - a. **Consultation:** Consultation exercises should be undertaken with all stakeholders, including destination countries stakeholders both during the design of the project and during the inception phase. Relating to this, future

projects dealing with politicised issues, such as the global ethical debate surrounding the migration of health workers, may benefit from learning from the PAC established for this project.

- b. **Inception Phase:** Where a project relies so much on social dialogue and deals with global ethical issues, it is important that the research design includes an inception phase and incorporates the risk of delays associated with social dialogue into the project timeline.
- c. **Exit Strategy:** When a project is focussed on fostering policy dialogue with a view to improving systems of migration management, there should be an exit strategy developed to enhance ownership, and thus the sustainability, of activities. While this has generally been done well in Philippines (largely due to pre-existing structures), in India there has not been the time to do this.
- d. **Human Resources:** It is challenging to implement a project when no human resource allocation is made by the project. Human Resource costs for all project countries in which activities are planned should be accounted for in the project design.

Background and project description

The migration of health workers has become an increasingly important topic of discussion in both origin and destination countries. Changing demographic trends, such as decreasing fertility and mortality have resulted in ageing populations across many parts of the world, and, as such, increased the demand for health workers (OECD, 2010). This has also led to ethical debate about the equitable distribution of health workers as well as the implications of health worker migration for the achievement of the Millennium Development Goals.

It is clear that the emigration of health workers from the Philippines and India represent important flows in the overall context of health worker migration: “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). The most common destination in the OECD are the United States, Canada and the UK (see Table 1).

Table 1: Dataset: Immigrants in OECD Countries Immigrants (Health and Social Work)

Country of Birth	India	Philippines	Vietnam	All countries of Birth
Country of residence				
Italy	769	1460	75	60432
Norway	837	1382	793	32946
Sweden	1000	960	270	84740
Switzerland	1030	978	432	87254
Australia	6290	7894	4015	207861
Austria	1151	2765	79	44679
Other	1787	3422	332	242194
Canada	13340	31715	5090	285870
United Kingdom	29713	11711	547	316808
United States	93385	225505	37165	1879594
OECD - Total	149302	287792	48798	3242378

Source: Database on Immigrants in OECD Countries Immigrants by sector (1998-2002)

However it is also clear that the emigration of health workers – from the Philippines at least- represents far more than migration to OECD countries alone. In deployment data from 1998 to 2009 for Science and Technology Overseas Filipino Workers (OFWs) more than half of the group consisted of nurses in all years except 1998, 2007, and 2008 and across this time period, seven out of 10 migrants went to the Middle East. In a report on the migration of Filipino health workers, commissioned by the ILO in 2005², it is noted that

² It is of interest to note that several of key stakeholders involved in the DWAB project were also involved in the preparation of this study.

Saudi Arabia was consistently the top destination for Filipino nurses in the decade prior to the study (ILO, 2005). This was a point raised by the majority of stakeholders and will be further discussed later in this report.

While there is therefore evidently demand in the EU for health workers, and, as such, migration from the project countries to the EU exists, it is also apparent that these flows fade in magnitude when compared to other migration corridors. Despite this, in the context of a rapidly aging population in Europe it is anticipated that the demand for migrant health workers will increase in the future although the onset of the financial crisis in 2010 is believed to have largely halted migration to Europe (TOR).

For many 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, however, importantly also lose personnel to staff their health care systems (OECD, 2010). For other countries – generally middle income countries with good education systems such as the Philippines- there has been a specific focus on training health workers for international careers (OECD, 2010).

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 are those most likely to emigrate and thus the country faces a shortage of skilled personnel (Lorenzo et al, 2007 in Scalabrini Migration Center, 2013). The government has taken steps to address the oversupply of nurses through from examples the NARS programme (Scalabrini Migration Center, 2013, p126).

A primary policy solution to the problems associated with brain drain has been the advent of 'circular migration' as presenting win-win-win situations for origin countries, the migrant and destination countries. 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. Additionally, 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.

It is within this context that this project was designed. 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 2011. The project is funded by the European Commission (€2 million) with twenty per cent co-financing from the ILO (€0.5 million)

As stated in the TOR: “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. This project was to be undertaken by engaging governments, trade union and employer organizations. The project focuses its attention on two of the main health professional sending countries, the Philippines and India, and Viet Nam”. The inclusion of Viet Nam has been questioned given limited emigration of health care workers, and the fact that no human resources were allocated to Viet Nam in the budget. Viet Nam is therefore only briefly covered in this report.

The overall objective of the project initially was 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 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, trade unions, professional organisations and employers (see Table 2). The PAC was chaired by the CTA and the Country Director for the Philippines. The project received technical support – backstopping – from the regional ILO office in Bangkok as well as from the regional migration focal point housed within MIGRANT in Geneva and the health sector specialist (SECTOR).

Table 2: Project Advisory Committee

Philippines	<p>Project Advisory Committee</p> <p>GOVERNMENT</p> <p><i>Department of Labour and Employment</i></p> <ul style="list-style-type: none"> • Philippines Overseas Employment Administration • National Reintegration Commission for OFW • Commission on Higher Education • Professional Regulation Commission <p><i>Department of Health</i></p> <p>TRADE UNIONS</p> <ul style="list-style-type: none"> • Public Services International • PS-LINK • Philippines Government Employees Alliance • Federation of Free Workers Alliance for Filipino Workers <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)
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Source: Mid-Term Evaluation TOR (see Appendix 3)

Evaluation Background: Purpose, scope and clients of the mid-term evaluation

This report presents the results of the independent mid-term evaluation of the Promoting 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 independent mid-term evaluation was managed by Guy Summers – and latterly by Pamornrat Pringsulaka - and implemented by Elaine McGregor.

The midterm evaluation will assess whether the project is on the right track towards achieving the stated objectives. The mid-term evaluation will document achievement of project objectives but equally important will determine how various components of the

project could be replicated. It is also important to learn whether the pilot schemes that are developed primarily for nursing professionals and skilled workers could be further extended to other healthcare professionals for example, for physicians, dentists, therapists and others. The evaluation will also serve to inform organizational decision making and ensure transparency and accountability to the donor.

The objectives of the mid-term evaluation are to:

- a) Determine the extent to which the outcomes of the project are being achieved
- b) Obtain feedback from the national partners on what is working, what is not and why;
- c) Provide suggestions, recommendations to better target the next steps

The mid-term evaluation covers the project's implementation from the beginning³ until the time of the mid-term evaluation. It will cover the project's activities in the Philippines, India and Viet Nam. Key users for this mid-term 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.

It is worth mentioning that the timing of the mid-term evaluation was delayed⁴ thus making it difficult to make recommendations that are implementable within the time remaining on the project (without cost-extension the project will end on 31 January 2014; with cost-extension it will run until 31 August 2014). While there is an explanation for why the timing of the mid-term was as such, to maximise the benefits of the process for project staff it would be far more beneficial to have it an earlier point in the project timeline.

³ The project has an official starting date of 1 February 2011. However, the Chief Technical Adviser of the project was hired and started assignment in September 2011, 7 months later than the official start date.

⁴ It was explained that this was due to a delay in receiving the second funding trench from the EC due to delays in implementing other activities within the project.

Methodology

The mid-term 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 and focus groups. The evaluator conducted fieldwork in Manila between 14th and 22nd October 2013 and arranged Skype calls with stakeholders based outside of Manila. The evaluation ran in parallel to an EC ROM Mission and thus interviews with relevant stakeholders were attended by two evaluators. In addition, while it was stated in the Inception Report that the interviews would be recorded, the other evaluator had a strong preference against this and thus notes were taken during interviews. The interviews were guided by a core set of questions (see Annex 1) however were semi-structured to allow for flexibility between the two evaluators and depending on who was being interviewed. During the field visit the evaluator also attended a Dissemination Event on 16th October on the assessment of the POEA Awards System.

Viet Nam was not covered in the mid-term evaluation. This decision was made in consultation with the Evaluation Manager and the CTA in light of limited activities and

absence of project staff on the ground in Viet Nam. It is however recommended that Viet Nam is included in the end evaluation of the project due to increasing activities, such as study visits and presentations on ethical recruitment towards the end of the project. This would also assist in better understanding the regional nature of the project. Additionally a visit to India was not included. This was in part due to budgetary reasons and in part due to the fact that India was only included in the final 12 months of the project timeline. This meant that activities in India were only really commencing in India at the time of the evaluation. Nevertheless the ROM evaluator did visit the Indian site and, along with Skype interviews with the Country coordinator in India, the ROM evaluator was also interviewed regarding observations about the project implementation in India.

The documents reviewed during the desk review included:

- The initial project document,
- Progress reports (interim and flash reports)
- Minutes and presentations from the Project Advisory Committee meetings,
- Terms of reference,
- Research produced,
- Project leaflets,
- Social media: website, Facebook page, ILO Asia-Pacific Migration Network
- The draft request for addendum to be submitted to the EC
- The Workplan for India and The Philippines

In total 28 interviews/focus groups took place with 49 individuals representing a variety of stakeholders as outlined in Table 4⁵. Respondents were selected based on their involvement in the project and all project partners were invited to participate. Due to availability not all partners were interviewed, notably the PRC.

Table 4: Interview Overview

Category	Number of Interviews	Number of Individuals
ILO Project Staff	5	5
ILO Other Staff	6	7
Government	7	13
Trade Unions	1	4
Employers (Recruitment Agencies)	1	3
Professional Bodies	1	1
International Organisations	3	3
Other Stakeholders	4	13
Total	28	49

⁵ For a full list of participants see Annex 2.

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.

Relevance and strategic fit of the intervention

The EC call for project proposals focusing on circular migration presented an opportunity for ILO to pursue an understudied area (the migration of health professionals) and, particularly given the ethical concerns relating the health worker migration and the prevailing view that the promotion of circular migration could be a panacea to the problem of brain drain, the project clearly addresses a topic that is of global concern. At the time the project was designed, WHO were already in discussions about the WHO Global Code of Practice on the International Recruitment of Health Personnel.

For ILO, the DWAB project represents a good strategic fit, reflecting the ILO Multilateral Framework on labour migration relevant principles and guidelines particularly under areas I, II, III, VII and IX. It also fits with ILO's focus over the last three years in the region to develop sector-based approaches - domestic work, fishing etc, and in this case health professionals. At a global level the project feeds into ILO's P&B outcome on labour migration (outcome 7), and in particular to Outcome 7a: "Number of ILO member states that, with ILO support, adopt gender sensitive labour migration policies to protect migrant workers that reflect the multilateral framework on labour migration and the provisions of relevant international labour standards".

It also promotes collaboration between different departments within ILO Working on labour migration: MIGRANT and SECTOR as well as with other international organisations (WHO, IOM). It seeks synergies with other ILO projects in the region (GMS TRIANGLE, ASEAN TRIANGLE, MDG-F on Youth, Employment and Migration) and builds relationships with non-traditional government partners dealing with migration (Ministry of Health). It also addressed recruitment as a cross cutting theme across ILO's work on labour migration. The project builds on ILO's comparative advantages, notably knowledge generation and the promotion of social dialogue.

It is also evident that the project presented a timely opportunity for many of the project's partners to forward work that reflected existing priorities. To an extent, the project supports the Philippine Development Plan 2011-2016 through its focus on the

improvement of the health care sector through improved educational standards. It is clear that a network of stakeholders actively working on health-worker issues, notably the HRH-Network⁶, pre-existed the DWAB, however it is also apparent that the DWAB has facilitated activities that matched with partner priorities, brought stakeholders together, and provided technical input to an ongoing dialogue. On one hand this makes it very likely that the project inputs will be sustainable (taking ownership and partner buy-in as indicators of sustainability), but on the other, it makes it hard to disentangle project impacts from what may have occurred in the absence of its intervention. Nevertheless it is clear that the project is consistent with the needs of various stakeholders as evidenced in their positive testimonies about the project.

The project was described by many of the interviewees as timely and holistic containing a good mix of components that address different issues confronted by health professionals throughout the work cycle. One of the primary contributions of the project cited by project partners was knowledge generation, which further represents ILO utilizing its competitive advantage.

- POEA praised the project for tackling issues such as skills recognition in their research (through comparative studies of the nursing curriculum in the Philippines and selected European countries). These studies build upon previous studies of other markets that POEA have conducted thus reinforcing the strategic relevance of the project for POEA. ILO is also the first external party to appraise the POEA award system and therein facilitate a discussion on ethical recruitment between different stakeholders. The recruitment agencies sitting in the PAC (albeit those promoting ethical recruitment) also welcomed the project's focus on recruitment as a necessary part of the discussion on decent work across borders. POEA also drew parallels between the role of the HRH-Network in coordinating government agencies for more policy coherence for respecting and dealing with issues affecting health professionals with the goals of the project and favoured a tripartite approach to the issue.
- For CHED, the project supported them in the development of core competencies for the nursing professions and in creating an elective module on decent work and migration to be implemented into the nursing curriculum (and other tertiary education programmes). In this sense the project was timely in that the Government

⁶ The HRH-Network is convened by the Ministry of Health (MoH). They have 3 sub-committees: production (of health workers), process (recruitment, registration etc) and exit (migration, monitoring of populations abroad). They have quarterly meetings but the sub-committees also meet separately.

of the Philippines is current restructuring the education system from a K-10 to a K-12 system in the interest of increasing the competitiveness of the Philippines. As one representative from CHED succinctly states: “the idea for the change in the curriculum was in the pipeline but ILO made it possible and gave it a timeline”.

- The DoH in the Philippines found the project extremely relevant particularly in light of the many complaints received about the exploitation of nurses. The professional organisations agreed in this given that the oversupply of nurses is thought to detrimentally affect the profession’s bargaining power. It was also timely in the sense that the project initiated the multi-stakeholder approach to the monitoring of the implementation of the WHO Code of Practice.
- NRCO, while only just beginning their partnership with ILO on the development and distribution of an online entrepreneurship course for potential returning nurses, already see the potential of the product as a springboard into other professional groups.
- ILAB highlighted that the project facilitated the testing of their FLOIS system in its European offices (which allows the monitoring of the international conventions and bi-lateral agreements and better monitors the Filipino population abroad) and although they will continue piloting the FLOIS in the Middle East in 2014, the project facilitated its testing which took place in Italy, currently the top destination country within the EU for Filipinos. It is thus clear that the project has been well received by project partners.

Validity of intervention design

The design of the project received much criticism during the 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.

However, it should be acknowledged that the project was designed several years before its acceptance and eventual implementation and from outside of the countries of study (from Bangkok). Although it was advised that consultations were conducted, and support

garnered from European stakeholders, several of those interviewed complained about a lack of consultation during the design of the project. While early consultations were conducted, therefore, it is apparent that staff turnover as well as contextual changes did have implications for how the project was received by stakeholders upon inception.

The original project design is in line with ILO's Multilateral Framework on Labour Migration. Under the section on migration and development, Guideline 15.8 suggests:

"policies to encourage circular and return migration and reintegration into the country of origin, including by promoting temporary labour migration schemes and circulation-friendly visa policies" (ILO, 2006).

It should be acknowledged that the Multilateral Framework, while non-binding, was adopted after lengthy consultations with ILO's tripartite constituents. As such, the later change in position of Trade Unions - as evidenced in their position paper on the circular migration (Wickramasekara, 2011) - reflects a paradigm shift to which the project implementers have had to respond.

At the time of the call, circular migration was in policy vogue (Agunias and Newland, 2007; MPI, 2008, Vertovec, 2007). In fact, in 2007, the EC promoted circular migration (and mobility partnerships) as a policy tool able to reduce migration pressures in developing countries and contribute to development (European Commission, 2007). Additionally, the GFMD, since its first meeting in 2007 made a case for circular migration (ILO, 2010, p214). Since then the concept of circular migration has been challenged conceptually and there have been calls for a more nuanced approach (for a comprehensive discussion 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.

Skeldon (2012), for example, argues that the "form and composition of circular migration change over time, making it difficult to design policies specific to that type of mobility" (p43). This view was also reflected in the opinion of the Philippines Country Director who advised that the project's focus on circular migration to Europe undermined complexities within migration systems in the sense that the role of the Middle East as a pathway to Europe was not reflected in the project's design. 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). Furthermore, circular migration is often conflated with temporary migration which is the primary reason for trade union objections to the concept since temporary migration schemes often undermine workers rights in terms of

access to social security. The Philippines Country Director has also indicated this shift in focus in his statement support the President of the Philippines in his position that “migration should be an option and not a necessity”⁷.

It is evident that the maturation of the debate on circular migration has affected the extent to which the original project design was relevant to project partners. At the outset of the project the CTA had to re-establish buy-in to the project. Thus, while the project’s overall 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*”, it would perhaps be more accurate to consider the project objective to be: “*to better understand circular migration schemes for professionals and highly skilled personnel in the health care sector through the development of specialized employment services and a system of skills testing*”. This point should be kept in mind when reviewing the implementation progress made by the project in the following section.

Another design challenge relates to the available data on return migrants. Generally speaking migrant stocks are measured using country of birth against country of residence as an indicator. For return migrants this does not work as they are by definition classified as non-migrants. Given that a period of return is inherent to the concept of circular migration, tools to measure its prevalence are currently underdeveloped. This means that specialist surveys need to be used (Skeldon, 2012).

Related to this concern, the indicators proposed to measure the project outcomes have been criticised for being immeasurable or unrealistic. This has been highlighted in the project’s Progress Report (see Table 5) where suggestions have been made for some – but not all - of the indicators. For example, it is clear that the process of developing, ratifying and implementing a bilateral agreement takes much longer than the 36 months allocated for the project. In addition, while the ILO can – and does – provide technical support to governments on this matter, it is beyond ILO’s power to ensure that bilateral agreements are signed, particularly within the context of a technical-cooperation project. Despite this, no alternative indicators are suggested. It is important that revised indicators are developed and agreed upon before the project concludes to ensure that the project can be evaluated against realistic and measurable outcomes.

Nevertheless, the timing of the project has also been serendipitous as reflected in the support given to the project by many of the stakeholders. It can also be said that the project is holistic in nature and tries to better understand the migration process by looking at

⁷ http://www.ilo.org/manila/info/public/sp/WCMS_218160/lang--en/index.htm

mechanisms in place for: 1) pre-decision; 2) pre-departure; 3) in country; 4) destination; and 5) return. Furthermore, the project contributes to the ongoing debate about circular migration through the production of a position paper entitled 'Circular Migration of Healthcare Professionals: International Organizations and Public and Private Employer's Perception'⁸. This represents a follow up to Wickramasekara's 2011 paper⁹, which provided the position of trade unions on circular migration. Thus while the design of the project can be criticised for its design, it is evident that the debate on circular migration has evolved since the project was designed and, as such, can be said to reflect the maturation of the debate.

⁸ http://www.ilo.org/migrant/research/WCMS_227528/lang--en/index.htm

⁹ <http://www.gurn.info/en/discussion-papers/no15-mar11-circular-migration-a-triple-win-or-a-dead-end>

Table 5: Indicators and Proposed Changes

Proposed indicator	Comments and suggestions
Number of healthcare professionals from target countries interested and qualified for temporary employment in EU countries	The ILO should not be seen as promoting health professional migration, specially from countries that are on the WHO list (or countries where a debate exist on the excess/lack of health professionals). As a consequence, the “number of health professionals” to migrate is not a success indicator.
Number/percentage of qualified and better prepared employers to hire healthcare professionals from India, the Philippines and Viet Nam under special conditions	The same comment above applies. Also, DWAB, on review and in response to concerns of trade union stakeholders, has, side by side with promoting ethical recruitment, endeavored to increase the visibility of employment opportunities in the Philippines (to address brain drain and return and reintegration). Employment opportunities in Europe have been affected by macro-economic conditions, beyond the control of the project.
Number/percentage of returning and new nurses in the Philippines, India and Viet Nam available for short and long-term assignments and employment in national public health facilities	No data is collected on return migration in India, Philippines and Vietnam. A survey will be costly.
Number of new and revised bilateral and multilateral cooperative agreements reflecting the terms and conditions of relevant international instruments advocated by the project	The ILO and DWAB are not ultimately responsible for the governments to enter into such bilateral/cooperative agreements, although the ILO does provide technical assistance. The presence or not of such agreements usually does not result from the action of a project. It does not appear the best indicator to judge the effect of a project. When government-to-government agreements are being explored - the normal negotiation cycle of such agreements, from the initial first discussions to the ratification of the agreements, let alone their implementation of it, requires a longer term frame than the project.
Number of healthcare professionals from the project countries recruited and hired under the auspices of negotiated agreements and arrangements	The migration of health professionals raises global ethical questions. The mobility of health professionals should be related to sending countries' capacity to deliver (quality and quantity) essential health service to their population. Unless there is a clear statement from sending countries' ensuring that there are enough health professional in the country, such migration is said to be ethically problematic. In this context, the number of health professionals to migrate can not immediately be interpreted as a sign of the success of the project. Lastly, in the case of government-to-government agreements on the mobility of health professionals, the number of health professionals that do migrate is rather always limited - in the case of Europe, Philippines statistics indicate few tens or hundreds of workers. From 2006-2010 (over 5 years) 792 migrated (or were rehired, meaning those are not new cases) to England, 423 to Ireland, 86 to Norway and 54 to Finland. Since 2008, the numbers are drastically lower than when this project was designed.
A few other indicators on the log frame also relate to the ratification of new agreements between sending and EU member states, see for example, indicator under output 1.1, output 1.2, and in particular activity 1.2.1.	The DWAB Flash Report (1 February 2013 to 31 July 2013) suggests that the same rational apply to these indicators. DWAB will seek agreements on the mutually recognition of skills between the Philippines and Denmark, Finland and Norway based on the work undertaken under activity 2.1.1

Source: DWAB Flash Report 1 February 2013 - 31 July 2013

Intervention progress and effectiveness

Asides from the issues with the design of the project outlined above, it should also be acknowledged that the project implementation has been affected by several delays. While the project officially started in February 2011, the Chief Technical Advisor was not in place until September 2011¹⁰. Additionally, due to a time lapse of approximately two years between project design and project implementation, the project also faced delays in terms of significant external circumstances (e.g the financial crisis in Europe¹¹), paradigm shifts (e.g. the view of circular migration) and human resources (personnel changes). This meant that the project also suffered delays while the CTA re-established buy-in to the project, a process that questioned the validity of the design (as previously discussed), but conversely has also resulted in a great deal of ownership among project partners (see discussion on efficiency of management arrangements).

As such, the project design had to be renegotiated. This makes it challenging to assess the project against the original logical framework as presented to the European Commission at the outset of the project. There is concern in Geneva that, without the refinement of the present indicators –through the development of sub-indicators - it is going to be challenging to fully acknowledge the achievements of the project.

During the project there have also been implementation delays. In the Philippines, a part of the delay of the implementation of the activities can be explained by the fact that the government's internal rules and regulations with regard to implementing externally funded projects (such as those proposed by the ILO project) are lengthy. Negotiations with government agencies on any particular project can take up to four to five months. Those negotiations are a function of the capacity of the governments to hire local staff, accept funds, and produce financial reports needed by the ILO to justify the transfer of funds.

In India, the same situation has been observed. Relationships with government authorities in India are dealt with on a more formal level and the establishment of working relationships is proving to be a challenge. Additionally, the last experience that ILO has had in India with a solely migration related project was with the Indian Ministry of Labour in 2004. Since 2004, MOIA has been established and thus the project team has had to establish new relationships with this new ministry. In addition to this interdepartmental

¹⁰ Recruitment was done as part of a global advertisement and selection process, which is a HR good practice, but does take around 4 months at best (from the announcement to joining).

¹¹ DWAB was designed before the global economic crisis hit Europe. This has significantly affected the migration of health professionals to Europe which can explain the reduced enthusiasm among European partners during the inception phase of the project.

communication between different ministries has not been ideal, as evidenced by a lengthy process in trying to arrange the upcoming study tour to the Philippines¹².

While not confirmed, the project team are requesting that the European Commission grant the project a six-month no cost extension to ensure that the project can achieve its goals. It is the opinion of the evaluator that a no cost extension is essential for the project to maximise its achievements and to follow through on the many activities that have already been put in motion thus far. It is clear that the project will not achieve its goals without this extension – and some interview respondents even felt that a much longer period of time would be required (either through a 12 month extension or through a Phase II project).

With these challenges in mind, the remainder of this section reviews project outputs and activities by systematically conducting a stock take of what activities have been: 1) completed; 2) are on track for completion; 3) are delayed in implementation; and 4) have been abandoned. To summarise, 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 order to achieve this, the project has three specific objectives and seven outputs. 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 (3 activities).
 - Output 1.2 Policy dialogues between governments, trade unions and business sector representatives of participating countries and their counterparts in Europe established (3 activities).
 - Output 1.3 A network of regional experts and trained practitioners in place (3 activities).

- **Specific Objective 2: Strengthened employment 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 (5 activities).
 - Output 2.2 Specialized information, counseling and placement services for healthcare professionals and skilled workers, especially nursing, assessed and recommendations made for improvement (3 activities).

¹² The dates for which had still not been established at time of fieldwork.

- **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 in foreign employment appraised and recommendations made to link them to integrated national database of the health sector and to the foreign employment database (2 activities).
 - 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 (5 activities).

Table 6: Project Progress

Completed/Mostly Completed	On Track for Completion	Abandoned	Requires no-cost extension for completion									
Overall Objective	Specific Objective 1	Output 1.1	Activity 1.1.1									
			Activity 1.1.2	Philippines	India	Vietnam						
			Activity 1.1.3									
		Output 1.2	Activity 1.2.1									
			Activity 1.2.2									
			Activity 1.2.3									
		Output 1.3	Activity 1.3.1									
			Activity 1.3.2									
			Activity 1.3.3									
	Specific Objective 2	Output 2.1	Activity 2.1.1									
			Activity 2.1.2									
			Activity 2.1.3	Philippines	India	Vietnam						
			Activity 2.1.4									
			Activity 2.1.5									
		Output 2.2	Activity 2.2.1									
			Activity 2.2.2									
			Activity 2.2.3									
	Specific Objective 3	Output 3.1	Activity 3.1.1									
			Activity 3.1.2									
		Output 3.2	Activity 3.2.1									
			Activity 3.2.2									
			Activity 3.2.3									
			Activity 3.2.4									
	Activity 3.2.5											

Note: Table 6 should not be interpreted too literally. Its purpose is to present an indicative overview of the project's progress. Where multiple activities are grouped under one activity the column has been split into multiple columns to represent each activity. Additionally, different activities are of different magnitudes. For example some activities are to be implemented in all three project sites (e.g. activity 1.1.2) however many activities were only intended for implementation in the Philippines (e.g. Objective 3).

From Table 6 it is apparent that the project is far from complete. However, there is a general consensus that, despite delays, the project has picked up and made significant progress and has been successful in a number of activities. Where the project has been most successful - both in terms of activities completed and successes reported by project partners - is in the area of policy dialogue (strategic objective 1). Given that the project suffered delays, had to re-establish buy-in and build relationships with non traditional partners (for example with the MoH in the Philippines and the MOIA and Ministry of Health and Family Welfare in India), it is not surprising that the project's primary successes to date are in the facilitation of policy dialogue through the production of new knowledge and the assessment of existing frameworks. There are however many ongoing activities that build upon this base and are due for completion by December 2013. There are also activities that are ready to be implemented providing a no-cost extension is granted.

While Table 6 provides a broad overview of the project's progress, it is also important to highlight that some of the abandoned activities have been dropped because of activities already underway by government partners or because of a lack of resources within government departments prohibiting the time investment required to fulfil these objectives. For example, activity 2.1.2 was intended to identify and appraise the Philippine public and private employment, educational and testing centres capable of certifying competencies. However, it became clear that there was no need for DWAB to intervene in this area due to initiative already taken by the Filipino government following a spate of failure for the Board of Nursing exam in the fall of 2011.

It is also beneficial to consider some of the key outputs of the project thus far, particularly given how late the mid-term evaluation occurred in the project timeline. Some of the key activities that have been implemented by the project under each objective to date are listed below.

Objective 1: Strengthening the Mechanisms for Policy Dialogue on Circular Migration

- Facilitation of the multi-stakeholder assessment of the WHO Global Code of Practice on the international recruitment of health professionals (submitted as a good practice to MIGRANT),
- Promotion of a multi-stakeholder approach to the monitoring of bilateral labour agreement. DWAB brought the existence of the agreement between the Philippines and Germany to the attention of its partners. Although the design of the agreement was left to the government authorities, the opportunity to take part in the monitoring of its implementation was highlighted by the ILO.
- DWAB has successfully convinced selected European Member states health sector trade unions to engage with trade union in the Philippines, India and Viet Nam. This

will culminate in an international trade union meeting to take place in Berlin in November 2013.

- The dissemination and validation events surrounding the research output of the project held on 23 July in Manila and 26 July in New Delhi created the space in which stakeholders could discuss key issues relating to the migration of health workers. POEA have signalled their intention to respond to the findings and recommendations. In India the event brought key government ministries (Ministry of Overseas Indian Affairs and the Ministry of Health and Family Welfare) together for the first time to discuss the mobility of health workers.
- The dissemination event regarding the assessment of POEA's award system by the Scalabrini Migration Center on 16 October 2013 provided the opportunity for recruiters, professional bodies, migrant organisations and government counterparts to discuss key issues surrounding the topic of ethical recruitment.

Objective 2: Strengthening of employment services for health professionals

- The Commission on Higher Education (CHED) and the PRC have developed a training of trainers' package to enhance the capacity of university faculty and nursing practitioners in teaching and supervising nursing students. The purpose of this activity is to improve the quality of nursing education in the Philippines and therein enhance their global competitiveness abroad through the development of core competencies.
- CHED has also developed an elective module on "migration and decent work" which will be offered in the normal nursing university education. This new course has the potential to reach thousands of nursing students and increase the awareness of decent work and migration of all. It is also planned that the course will be extended to other professional groups. This is considered to be a 'legacy component', which will be further discussed under sustainability and impact orientation.
- Comparative assessments of the nursing curriculum of the Philippines, Denmark, Norway and Finland have been completed. It is hoped that the results of these assessments will be translated into memorandum of understanding between the various countries as a formal recognition of the skills of health professional migrants. This exercise is being replicated between India and Finland.
- Awareness of the opportunities and challenges of health professional mobility has been increased through the DWAB on-line photo competition and dissemination events and a documentary presenting a more balanced view of migration is currently being developed.
- The National Reintegration Center for OFWs (under DOLE) will incorporate many of the outputs of the project via an online migration resource centre. In particular NRCO will disseminate the online entrepreneurship skills training programme for

health professionals returning to the Philippines that has been developed by the project. This is due to be completed by December 2013 however it is likely that this activity may require additional time.

Objective 3: The enhancement of labour market information system

- DWAB is supporting the full implementation, pilot-testing and training for ILAB's FLOIS system in Europe.. The system is intended to upgrade DOLE's capability to efficiently respond to the growing requirements of its clients and the information needs of the Department through the monitoring of Filipino's abroad. ILAB intend to follow up on the pilot test in 2014 in the Middle East.
- DWAB has successfully organized three online discussions on the ILO AP-Magnet knowledge sharing platform: 1) circular migration; 2) labour mobility; and 3) the portability of social protection entitlements.

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. This is also the reason why there has been a delay in the implementation of the mid-term evaluation which was originally scheduled for February 2013; the office did not have the funds available to do the independent mid-term evaluation at this time. This would have been a more logical time to implement the mid-term evaluation given that it would have allowed the project team more time to respond to its findings. As it currently stands, it does not seem possible for the project to spend its budget before the initially concluding date of the project (31 January 2014) however, with a no-cost extension, this is possible and arguably necessary to ensure that the project maximises the impact of the project by completing planned activities that require more time for completion.

In terms of cost-efficiency, DWAB has pursued synergies with existing ILO projects (such as the GMS TRIANGLE and ASEAN TRIANGLE, MDG-F on Youth, Employment and migration) to avoid the duplication of activities. DWAB has also actively sought out opportunities for collaborations with other international organisations. For example, DWAB is sponsoring the November Industry Forum that IOM implement as part of another EC financed project. The event, to take place on 12 November at the ILO office in Manila, will include a presentation from the Vietnam Association of Manpower (VAMAS) on ethical recruitment. This also represents an opportunity for the Vietnamese to share their experiences on

ethical recruitment to DWAB project partners. Another example would be the collaboration between the ILO-DWAB and the World Health Organization in sending governmental delegates to relevant conferences in Amsterdam and Recife.

In terms of support tools for returning migrants, NRCO also have a partnership with IOM who will provide the equipment for migrant reintegration resource centres (the space is provided by DOLE). While this may seem like a duplication of activities, ILO efforts in this area have focused on the development of an online 'migrant resource centre' and therein on online training tools. Additionally, the physical migrant resource centres will provide an opportunity for DWAB to further disseminate the results of the project.

DWAB has also sought collaboration with GIZ to provide inputs into the documentary film which is being developed to provide a more balanced view of health worker migration from the Philippines. Although not linked to DWAB, GIZ are currently implementing a programme entitled the Sustainable Recruitment of Nurses – Triple Win (2013-2014). Through the project, 2000 placements are being offered to nurses from Bosnia and Herzegovina, Serbia, Tunisia and the Philippines (500 per country) to go to Germany to spend the 1st year as a nursing assistant progressing to a nurse in their 2nd year. The programme provides pre-departure language training, as required, and will result in job placements that offer participants a pathway to permanent residency and equal conditions as native workers after the initial training is completed. This example further highlights the demand for migration opportunities among Filipino nurses since, without advertisement other than a notice placed on the POEA website, the programme received 5000 applications from Filipino nurses within three weeks of its announcement.

Effectiveness of management arrangements

When the CTA started, 7 months into the project and already facing delays, a process of re-establishing partner buy-in started. This caused further delays that the CTA also had to manage. For example, at an initial meeting with European counterparts there was no overwhelming support for the project and as such a pragmatic approach was taken to the selection of European countries focused on in the study. Countries were therefore chosen on the basis of five selection criteria proposed by DWAB: 1) Philippines has good diplomatic relations with the country; 2) good human rights record; 3) less affected by the financial crisis; 4) forecasted demand for health workers;. From this, Norway, Finland, Denmark and Germany were selected. Despite this rocky start, the CTA has been successful in establishing buy-in by most of the partners. This in itself should be considered as a major success given early concerns about the core objective of the project (in promoting circular migration).

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 ILO and POEA. The involved and clear endorsement of the project by POEA has been significant, particularly given their position as the highest political authority in the project.

In terms of communication and coordination it appears that the project has run well. The CTA was frequently praised for her ability to bring stakeholders together and to seize opportunities to develop the project beyond that described in the project proposal. This has largely been in the interest of ensuring that the project meets the needs of stakeholders and contributes to a better understanding of the different stages of the migration process, as applicable to health professionals. The Terms of Reference written for the subcontracting of activities within the project have been detailed and clear. For those who have implemented aspects of the project (such as AYNLA for the photo competition and APFI for the documentary), the level of communication and flexibility was commended. No complaints were made regarding communication with the project team. One possible criticism of the management structure, however, relates to the fact that some project partners did not always have a clear understanding of the overall project and thus how their contribution fitted in. This was however more likely due to staff turnover of various government agencies during the project (for example within NRCO and BLE), than a management issue.

It is evident that the lack of presence in Vietnam was problematic and has limited the project's outreach in Vietnam. Nevertheless, as previously discussed, the logic of including Vietnam in project has been challenged due to the fact that there is limited health worker migration from the country. The project team have also sought to involve the Vietnamese in the project through: 1) arranging a study trip to the Philippines; 2) inviting VAMAS to share at an upcoming event in Manila; and 3) through exploratory studies. Project implementation in India has also been challenging however this cannot be attributed to the management structure, but rather the short timeframe allocated for India within the project. Given that new relationships also needed to be forged with non-traditional government counterparts, and the lack of trade union capacity on migration issue, the project implementation in India is still noteworthy.

It is apparent that, while a regional project, its implementation has been largely focused on the Philippines. This is due to both a larger budget allocation and a larger portfolio of activities. While the mid-term evaluation has not fully explored the regional dynamics, largely due to the fact that activities in India and Viet Nam were largely focused at the end

of the project timeline, it is important that the end evaluation considers this in greater detail in order to reflect on lessons for future regional projects.

Impact orientation and sustainability of the intervention

There is no doubt that work on the migration of health workers in the Philippines predated DWAB and will continue after DWAB. The institutionalized nature of the HRH-Network supports future multi-stakeholder dialogue on the issue and has already been cited as a good practice example that can be replicated in other countries: “with efforts like the institutionalization of the HRH-Network and other formal mechanisms to manage migration for employment, the Philippine model of policy development may offer guidance to other countries, such as India...” (Dimaya et al, 2012). Nevertheless, the DWAB project was frequently praised by different stakeholders for facilitating existing discussions and activities, both financially and technically, and thus propelling activities forward at a quicker rate. Without project support it is plausible that the momentum gained during the project will be reduced.

Additionally, there are two key activities that DWAB has supported that can be considered to be ‘legacy components: the module on decent work and the development of core competencies for the trainers of nurses.

- **Module on Decent Work:** The government of the Philippines is currently in the process of redesigning the education system from a K-10 system to a K-12 system. This means that there is a significant overhaul of the curriculum and this has created space for a module on decent work to be inserted into the curriculum for tertiary education. DWAB has worked together with CHED on the development of the module. The new module will be piloted from 2014 to 2018 and will be owned by the nursing profession ensuring its sustainability beyond the conclusion of the DWAB project. It is intended that the module will be broadened to allow for its inclusion in the curriculum of other professions highlighting the transferability of the intervention.
- **Core Competencies:** Nursing in the Philippines is described as a perception driven course with applicants often training on the expectation that a job is almost guaranteed after graduation. Due to increased demand the number of institutes offering training to nurses increased from around 197 in 2000 to 492 in 2009, however the courses varied in quality. This led to a spate of graduates failing the Board of Nursing Exam (in the fall of 2011) and as a result CHED and PRC began to review the quality of education being provided with the intention of closing down underperforming schools. It is within this context that the development of core

competencies for nursing trainers has been introduced. The idea is that a Training of Trainers (ToT) model will be used to train Master Trainers which acts as 'sustainability insurance'. CHED testify to significant buy in with 25 module writers, 11 masters trainers and a further 74 trainers to receive training before the end of the year. As with the Module on Decent Work the training materials will be owned by the nursing community. The role of DWAB has been the financial and technical support along with the imposition of deadlines which, according to CHED, has acted as a catalyst speeding up the process.

In addition to these inputs, the documentary will be disseminated after the project concludes at European film festivals as well as in the Philippines. There is also talk in Geneva about using the material in their own advocacy campaigns in future work on the migration of health workers. The research outputs are in the process of being turned into MIGRANT working papers which will increase their visibility and allow for the wider dissemination of the knowledge acquired by the project.

The assessment of the WHO code of practice is clearly replicable and its dissemination by WHO at workshops in Durban and Amsterdam and through the report of the process published on the WHO website¹³ ensure that the experience will not be forgotten. The project team have also submitted this particular experience as a Good Practice to be considered for inclusion in the revised Good Practice database being prepared by MIGRANT as an update to the Good Practices annexed in the Multilateral Framework on Labour Migration.

The project has also been the first time that ILO has translated materials into an online format, which can potentially be built upon in the future. The recognition that online platforms may be a better way of targeting highly skilled individuals for the purpose of offering training programmes has been taken up by this project in the development of a training course of entrepreneurship for return migrants. The online platform and course materials are almost ready and implementation of a pilot should begin by NRCO in the upcoming months. There is a desire to develop Apps to ensure that the training can also be delivered to Smartphones and Tablets. This innovative approach in terms of the means of delivery is clearly transferrable as is the training material, which NRCO themselves view as a 'springboard onto other professions'.

¹³http://www.wpro.who.int/philippines/publications/who_code_2012_philippine_report_06.21.12.pdf

India

It is clear that there is a need to follow up on the work carried out in India beyond the project to ensure the sustainability of outcomes achieved as a result of DWAB interventions. It has been argued elsewhere in this report that three years was too short to achieve some of the ambitious targets set by the project (such as the signing of bi-lateral agreements), however, for India, the time-frame was just 12 months. It seems that most of this time has been spent establishing relationships with new, non-traditional partners for ILO and on developing the capacity of trade unions to deal with labour migration issues. It would be a shame for these efforts to go to waste, however, without the support of a project, there is no guarantee that Indian stakeholders will be able, and/or willing to keep working on the issues surrounding the migration of health workers. Thus it appears that the project team has two potential options regarding India: 1) develop an exit strategy that encourages stakeholders to take ownership of following up on some of the key research findings and lessons learnt during the project; 2) develop a Phase II project and seek funding for a continuation of efforts in India. It is apparent that the migration of health workers is a poignant issue for India (particularly relating to the retention of doctors).

Conclusions and recommendations

It is challenging to truly assess the extent to which the outcomes of the project are being achieved or take make recommendations that can realistically be implemented in light of the short duration remaining for the project. It is evident that project partners generally view the project in a positive light and it has been described as a catalyst, propelling work forward through the imposition of deadlines. It has also been praised for its production of high quality research output on understudied topics and for facilitating social dialogue based on this output. While it is beyond the control of the ILO to grant a no-cost extension, it is clear that, without one, many of the planned activities will not be completed and the sustainability of many of the contributions that have been made by the project will be in jeopardy, particularly in India.

In light of the short amount of time left for the project the following recommendations are made:

To the Project Team:

1. Develop better sub-indicators to measure progress: It is clear that the initial design of the project has evolved however the project reports do not adequately reflect the efforts made by the project team to make the project relevant to its beneficiaries. It is

recommended that the project team negotiate a new indicators within the logical framework with the EC that reflects the changes to the project design that have been negotiated during the project and, in doing so, develop SMART indicators to better measure whether the project has met its objectives. This will make is much easier to assess whether the project has achieved its objectives during the end-evaluation.

2. Pay more attention to the Return Component: The return component of the project seems to have been somewhat neglected. While this is largely due to the fact that health workers rarely return from Europe, efforts to explore return contexts could have been better explored. It is suggested in the latest Flash Report that the indicators on return are challenging due to a lack of existing data and the costs of implementing a specialist survey. The CTA could establish how much the survey would cost to implement and, if feasible, propose this to the funder. Alternatively, the DWAB team could engage with DOLE to establish how their systems can be improved. The availability of this data would allow a better understanding of migration dynamics which would support the implementation of the training courses targeted at return migrants as well as other support services. This would also support the implementation of strategic objective 3.

3. Pay more attention to other health professionals: One of the concerns raised by several of the project partners was that the project had become overly focused on nurses (which is likely due to the fact that they are the professional group with the largest migration rate from the Philippines and the fact that there are some specificities relating to nurses in the Philippines that do not apply to other health workers). Nevertheless, particularly when promoting the project and dissemination of findings, it should be emphasised that materials relate to other health professionals.

4. Dissemination: Given the international relevance of the debate that has taken place during DWAB, it may be appropriate for the DWAB team or MIGRANT to develop some of the research findings into journal articles for wider dissemination.

5. Follow Up: To ensure the sustainability of the intervention in India, a follow-up project seems necessary. A follow up project should address the limitations of DWAB observed by project partners by including the Middle East as a destination for health workers and also target the state of Kerela in India as the source of many Indian health workers currently residing abroad. Particularly given that the work of IOM in India is limited due to the fact that it is not a member state, the field of labour migration is open to ILO, a point that was noted by ILO staff and is being pursued.

6. No Cost-Extension: The project team should develop a six-month catch up plan for the no-cost extension that includes an exit strategy for India if a follow up project is not possible.

To the Funder:

7. No Cost Extension: In light of project delays, DWAB should be granted a no-cost extension however as part of this the project documentation should be reviewed and new indicators of project success negotiated.

8. Follow Up: To ensure the sustainability of the intervention in India, a follow-up project seems necessary. A follow up project should address the limitations of DWAB observed by project partners by including the Middle East as a destination for health workers and also target the state of Kerala in India as the source of many Indian health workers currently residing abroad. Particularly given that the work of IOM in India is limited due to the fact that it is not a member state, the field of labour migration is open to ILO, a point that was noted by ILO staff and is being pursued.

Important lessons learned (see annex 4 for more details)

1. **Project Design:** The main concerns highlighted by the mid-term evaluation related to the design of the project. For future projects a number of important lessons relating to the design can be taken from the experience of the DWAB project:
 - a. **Consultation:** Consultation exercises should be undertaken with all stakeholders, including destination countries stakeholders both during the design of the project and during the inception phase. Relating to this, future projects dealing with politicised issues, such as the global ethical debate surrounding the migration of health workers, may benefit from learning from the PAC established for this project.
 - b. **Inception Phase:** Where a project relies so much on social dialogue and deals with global ethical issues, it is important that the research design includes an inception phase and incorporates the risk of delays associated with social dialogue into the project timeline.
 - c. **Exit Strategy:** When a project is focussed on fostering policy dialogue with a view to improving systems of migration management, there should be an exit strategy developed to enhance ownership, and thus the sustainability, of activities. While this has generally been done well in Philippines (largely due to pre-existing structures), in India there has not been the time to do this.

- d. **Human Resources:** It is challenging to implement a project when no human resource allocation is made by the project. Human Resource costs for all project countries in which activities are planned should be accounted for in the project design.

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.

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., Bünthe, 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

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

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 and strategic fit * Largely ILO staff

- How does DWAB fit in strategically with the work of the ILO in the Philippines?
- What do you consider to be ILO's comparative advantages? How are these realised through the DWAB project?
- 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). In what ways?
- Does DWAB support relevant programmes and priorities of the workers' and employers' organizations and civil society organizations? (NB: *question can also be asked to these stakeholders*)
- To what extent does the project promote ILO's regional and Global outcomes on labour migration (outcome 7)?
- To what extent does the project support and contribute to EU strategic areas, priorities and Partnership with the ILO?

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) delayed in implementation; and 4) abandoned.

- 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?

Validity of design

- Can you please describe the inception and initial design of the project?
- Can you give me an example of a scenario in which the project had to be 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 by the project?
- Have previous lessons learned been incorporated in the design of the project?

Effectiveness

The mid-term evaluation will determine how effective the project has been, so far 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 is the project on track to achieve outcomes *vis-a-vis* the project logical framework?
- Are any outcomes not achievable within the timeframe for project? If so, why not?
- What challenges have you faced in implementing the project?
- To what extent have beneficiaries benefited from the project?
- What are the lessons learned and identified good practices?

Effectiveness of management arrangements

- Are 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?
- Does 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?
- Is relevant information and data systematically being collected and collated? Is reporting 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

- To what extent do you think aspects of the project could be replicated and/or scaled up?
- What steps have been taken to ensure that the impacts of the project are sustained in the short, medium and long-term?

Implementers and Project Partners

- What has your role been in the DWAB project?

- What activities have you completed? What activities are due for completion? Do you expect that these will be ready on time? If not, why not? How has communication been with ILO?
- How has the project benefited your organisation?
- What do you see as the main strengths of the project?
- What do you see as the main weaknesses of the project?
- (If applicable) Have you attended any of ILO's dissemination events? How useful have these been to you?
- To what extent do you think aspects of the project could be replicated and/or scaled up?

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 Gie Creer, (ILO Administrative and Financial Office)

- India
 - Ms Seeta Sharma (National Project Coordinator) (Skype)

Other ILO Staff

- Mr Lawrence Jeff JOHNSON Director CO-Manila
- Ms Akiko SAKAMOTO Deputy Director/Skills and Employability Specialist CO-Manila
- Nilim Baruah , ILO Senior Migration Specialist for the Asia and the Pacific Region (RO-Bangkok) (Skype)
- Thetis Mangahas, Deputy Regional Director for Asia and the Pacific (RO-Bangkok) (Skype)
- Maria Gallotti, Specialist in Migration Policies, MIGRANT, Geneva (Skype)
- Christiane Wiskow (Health Services Specialist, Sectoral Activities Department, Geneva)
- Anne-Laure Henry-Greard (Development Partners Relations Officer, Department of Partnerships and Field Support)

Government

- *DOLE/POEA*
 - Liberty Casco, Deputy Administrator (Employment and Welfare) at POEA
- *DOLE/BLE*
 - Mr Gerardo Abordo
 - Mr Victor Oliver
- *DOLE/ILAB*
 - Rodolfo M. Sabulao , Director
 - Mary Sol D. Dela Cruz, Chief Labour and Employment Officer
- *DOLE/PRC*
 - Unfortunately this appointment was cancelled at the last moment how a brief conversation took place with the chairperson, Teresita R Manzala.
- *DOLE/NRCO*
 - Elizabeth Estrada, Labor Attaché
 - Melvin Casada , IT Focal person
 - Denis Cabato , Labour Attaché

- *CHED*
 - Professor Fely Marilyn E. Lorenzo, (CHED and Professor at the Department of Health Policy and Administration, University of the Philippines Manila.
 - Dean Carmelita Divinagracia, Chair of Technical Committee on Nursing Education (TCNE),
- *MoH*
 - Kenneth G Ronquillo, Director, Health Human Resource Development Bureau

Employers

- Loreto B. Soriano, Chairman and President of LBS Recruitment Solutions Corp
- Daphne Roldan, Senior Project Manager, EDI-Staff Builders International
- Cesar A Averia Jr., President and CEO, EDI-Staff Builders International

Trade Unions

- Julius H Cainglet, AVP for Research, Communication, Networking and Project Development, Federation of Free Workers
- Annie Enriquez Geron, General Secretary PS-LINK (also PSI)
- Josephine Jamon, Philippines Government Employees Association
- Lylia Discartin, Philippines Government Employees Association

Other stakeholders

- Dean Teresita I Barcelo (PNA)
- Fr. Graziano Battistela, Scalabrini Migration Center
- Marla Asis, Scalabrini Migration Center
- 4 Senior Nursing Students participating in the Documentary Film (Christian Kenneth Z. Come, Jaезelle Kry C. Cacayuran, Mary Allen M. Bueno, Christian Roazote)
- Reignier Jireh D. Antiquera, President and CEO, Alliance of Young Nurse Leaders and Advocates International (AYNLA)
- Ms Frances Rachel Dela Paz, Benedict Yalung plus other staff members: Jasper Ryan Cosico, William Alegre, John Joriz Rodrigues from Asia-Pacific Film Institute (APFI)

International Organisations

- Dr Gulin Gedik, WHO
- Ricardo R Casco, IOM
- Wolfgang Moellers, GIZ

Annex 3: Terms of Reference: Independent Mid-term Project Evaluation

Project Title: Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers (INT/09/11/EEC)

Sub-region: Asia-Pacific

Lead office: ILO Country Office for the Philippines

Duration: February 2011 – 31 January 2014 (36 months plus anticipated extension)

Target countries: Philippines, India and Viet Nam

Donor agency: The European Commission

Budget: €2.5 million (80% contributed by the EC)

Partners: Department of Labour and Employment (Philippines), Ministry of Overseas Indian Affairs (India) and Department of Overseas Labour Management (India)

National counterparts:

Philippines	<p>Project Advisory Committee</p> <p>GOVERNMENT <i>Department of Labour and Employment</i></p> <ul style="list-style-type: none"> • Philippines Overseas Employment Administration • National Reintegration Commission for OFW • Commission on Higher Education • Professional Regulation Commission <p><i>Department of Health</i></p> <p>TRADE UNIONS</p> <ul style="list-style-type: none"> • Public Services International • PS-LINK • Philippines Government Employees Alliance • Federation of Free Workers Alliance for Filipino Workers <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)
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India¹⁴	GOVERNMENT <ul style="list-style-type: none"> • Ministry of Indian Overseas Affairs • Ministry of Labour and Employment • Ministry of Health and Family Welfare
Viet Nam	GOVERNMENT <ul style="list-style-type: none"> • Department for Overseas Labour Management, Ministry of Labour, Invalids and Social Affairs • Department of Manpower and Organization, Ministry of Health • Viet Nam Association of Manpower Associations

Introduction and rationale for the mid-term evaluation

The project was originally due to end in January 2014 but is expected to be extended. The mid-term evaluation of the project is undertaken in accordance with the ILO Evaluation Policy adopted by the Governing Body in November 2005, which provides for systematic evaluation of programmes and projects in order to improve quality, accountability, transparency of the ILO's work, strengthen the decision-making and support constituents in forwarding decent work and social justice.

The evaluation will comply with evaluation procedures and standards and follow ethical safeguards, all as specified in ILO's evaluation procedures

Brief background on project and context

Background on the ILO and labour migration

The International Labour Organization (ILO), created in 1919, is the United Nations' international organization responsible for drawing up and overseeing inter-national labour standards. It is the only "tripartite" United Nations agency that brings together representatives of governments, employers and workers to jointly shape policies and programmes promoting Decent Work for All. The ILO is the only United Nations agency with a constitutional mandate to protect migrant workers, and this mandate has been re-affirmed by the 1944 Declaration of Philadelphia and the 1998 ILO Declaration on Fundamental Principles and Rights at Work. The ILO has been addressing labour migration issues and the protection of migrant workers since its inception. All major sectors of the ILO - standards, employment, social protection and social dialogue - work on labour migration within its overarching framework of Decent Work for All. ILO adopts a rights-based approach to labour migration and promotes tripartite participation in migration policy.

Background on health professionals mobility

International migration is an increasingly pressing issue in a globalized world. The global shortage and inequitable distribution of health professionals in many developed countries, driven by demographic and epidemiologic changes, as well as newer technologies in service delivery, intensifies the need for health workers. Shortage may also be driven by spending for healthcare in the developed countries which rose rapidly over the past decade until the financial crisis led to a virtual freeze by 2010.

The Philippines and India are the biggest sources of foreign health workers for the Organization for Economic Cooperation and Development (OECD) countries. In 2010, Filipino-born nurses and

¹⁴ The involvement of the Indian and Viet Nemeses stakeholders in this evaluation has not yet been confirmed.

Indian-born doctors each represented about 15 per cent of all immigrant nurses and doctors (OECD, 2010). About 56,000 (8 per cent) of doctors trained in India have migrated to OECD countries. Statistics indicated that about 16,000 physicians and 110,000 nurses born in the Philippines were working in Europe and North America. Philippine authorities confirm that about 12,000 nurses leave the country annually.

The migration of healthcare professionals raises concerns from both source and host countries. Health professional mobility impacts the performance of health systems by changing the composition of health workforce and outcomes in both sending and receiving countries. Migration of health workers is both a response to the challenges of health systems in destination and source countries as well as a challenge in itself.

While migrant healthcare workers from developing countries are greatly contributing to the healthcare sector of developed countries, the migration of health professional workers from developing countries is perceived to negatively affect the development potentials of the countries of origin. This phenomenon has been referred to as the “brain drain”. This brought about the development of codes of practice for ethical recruitment spearheaded by the UK and later by the World Health Organization (WHO), various government-to-government labour arrangements and other possible strategies, such as circular migration focusing on how to better manage the migration of health professionals in the interest of Decent Work for All.

The international migration of health care professionals directly impacts the achievement of health-related Millennium Development Goals (MDGs), which relies upon strong and sufficiently staffed national health care. The migration of health professionals is at the junction of the human right to freedom of movement and residence, health and decent work.

In 2011, the European Union awarded the ILO funds to work on circular migration. The ILO *De-cent 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. This will be undertaken by engaging governments, trade union and employer organizations. The project focuses its attention on two of the main health professional sending countries, the Philippines and India and Viet Nam.

Although this project builds on the experience of the ILO in the Philippines with regard to the management of migration, the specific scope of the intervention, focusing on a skilled category of migrants represents new opportunities for the ILO to liaise with health government authorities. The project idea was conceived in 2008 and further updated and developed in 2010 with ratification on 22 December 2010. The project was designed and approved before the turmoil experienced in European and world economies in recent years.

Development objective of the project

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 a pilot scheme of specialized employment services and a system of skills testing and certification.

Specific objectives of the project

The specific objectives of the project are:

1. To design and test a pilot scheme involving the online registration, skills testing and certification, preparation and counselling, placement for European employment and upon return, their re-employment in home countries and alternative destinations;
2. To improve the collection and analysis of labour market information on the demand and supply of professionals and skilled workers in the health care sector in selected EU countries and other destinations and in the source countries of India, the Philippines and Vietnam;
3. To foster policy dialogue to promote circular migration and mitigate the risks of brain drain in a pro-active manner.

In the course of implementation, the project has had to deal with the consequences of the economic reality in Europe. Given the significant elapsed time between the first consultations around this project and the start of the activities, the project has had to be re-introduced to the partners.

Although the project welcomed the analytical perspective taken by partners which allowed building a common understanding of the thrust of the project and created a climate of trust, a significant amount of time has been spent discussing objectives and associated activities. At the beginning of the project trade union partners have been particularly keen to ensure that the stated objective of the project was aligned with their own political agendas.

The project document mentions that the project will pursue a three pronged strategy involving the following:

1. The design and testing of a pilot scheme involving the online registration, skills testing and certification, preparation and counselling, placement for European employment and upon return, their re-employment;
2. The improvement of data collection and analysis of labour market information on the demand and supply of professionals and skilled personnel in health care in the EU, alternative destination countries and the employment prospects in the participating countries;
3. The negotiation for cooperative arrangements with selected EU countries on the circulatory migration scheme that could mitigate the risks of brain drain in a pro-active manner.

To ensure adequate implementation, extensive collaboration and networking ties were established by the project with a broad range of Philippines-based partners from different departments, including the Department of Health, a non-traditional partner for the ILO, many trade union organizations, recruitment agencies and health professional organizations, also new partners for the ILO.

In India, the implementation of the project continues to build the relation with the newly created Ministry of Overseas Indian Affairs. The ILO-DWAB project is the first migration project that attempts to strengthen the relationship with this ministry. As it is the case in the Philippines, the ILO-DWAB project has also had to forge a new relationship with the Ministry of Health and Family Welfare. In so doing, the project has had to manage these new relationships in so far as this intersects with the traditional ILO partner in the country, the Ministry of Labour and Employment.

In Viet Nam, as the project's budget does not provide for the hiring of local staff, DWAB has opted for the implementation of a modest programme of activities. Relevant Vietnamese stakeholders such as the Department of Overseas Labour Management of the Ministry of Labour, Invalids and Social Affairs, the Department of Manpower and Organization of the Ministry of Health, or the Viet Nam Vietnam Association of Manpower supply (VAMAS) are invited to take part in relevant DWAB trainings and activities.

Management arrangements

The project is under the responsibility of a Chief Technical Adviser (CTA) based in Manila. The CTA oversees the activities in Philippines, India and Viet Nam with the administrative support of the ILO Country Office in Manila. The project can also call upon the technical support of the Senior Migration Specialist in Bangkok, regional migration focal person in the ILO MIGRANT unit at headquarters and the sectoral specialist also based in Geneva.

The project team includes two national project officers (Philippines and India) and two administrative assistants located in the main project countries (Philippines, India). The national officer position is to support the project for 36 months in the Philippines and for a shortened duration in New Delhi (12 months). No staff has been budgeted for Viet Nam. It was planned that national support services would be provided via a related ILO technical cooperation project on migration in Viet Nam. The Manila and Delhi project sites also avail of two programme assistants for the duration of the activities in the respective countries.

Selected outputs of the project to date

- Completed multi-stakeholder approach on the monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel and shared at the international level;
- Completed online photo competition to capture in images the circumstances around migration of health professionals from the perspective of young health professionals;
- Completed assessment of the effectiveness of the existing services available to healthcare professionals in the Philippines and India
- Completed feasibility study for raising migrant workers' voice through their assessment of their own recruitment experience
- Completed case studies on the realities of migration from health professionals' point of view
- Completed assessment of the effect and impact of the bilateral labour arrangements developed by the Philippines with regards to the migration of healthcare professionals;
- Completed assessment of the working conditions of foreign trained health professionals in Europe;
- Completed assessment on the Assessment of the Impact of Migration of Health Professionals on the Labour Market and Health Sector Performance in Destination Countries
- Completed international policy dialogues based on commissioned researches in Philippines and India
- On-going assessment of the Professional Regulation Commission's online registration system;
- On-going development of training materials and training of master trainers on the Philippine Nursing core competencies;
- On-going union-to-union research dialogues and activities on the portability of social security entitlements;
- On-going development of pre-employment and pre-departure training and information material for health professionals of Philippines and India
- On-going review of POEA recruitment agencies award system;

- On-going training course for labour attachés and recruitment agencies on ethical recruitment;
- On-going development of an entrepreneurship course for health professionals as an App and via the web; and
- On-going pilot installation and training of labour attachés in Europe on the computer-based Foreign Labour Operations Information System.
- On-going documentation of good practices of recruitment agencies
- On-going research on the view point of health sector employers with regard to circular migration
- On-going production of a documentary showcasing the experiences of migrant health professionals throughout the migration cycle

Parameters of the mid-term evaluation

Purpose of the mid-term evaluation

The midterm evaluation will assess whether the project is on the right track towards achieving the stated objectives. The mid-term evaluation will document achievement of project objectives but equally important will determine how various components of the project could be replicated. It is also important to learn whether the pilot schemes that are developed primarily for nursing professionals and skilled workers could be further extended to other healthcare professionals for example, for physicians, dentists, therapists and others. The evaluation will also serve to inform organizational decision making and ensure transparency and accountability to the donor.

Objectives of the mid-term evaluation

The objectives of the mid-term evaluation are to:

- d) Determine the extent to which the outcomes of the project are being achieved
- e) Obtain feedback from the national partners on what is working, what is not and why;
- f) Provide suggestions, recommendations to better target the next steps

Scope of the mid-term evaluation

The mid-term evaluation covers the project's implementation from the beginning¹⁵ until the time of the mid-term evaluation. It will cover the project's activities in the Philippines, India and Viet Nam.

Clients of the mid-term evaluation

Key users for this mid-term 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.

¹⁵ The project has an official starting date of 1 February 2011. However, the Chief Technical Adviser of the project was hired and started assignment in September 2011, 7 months later than the official start date.

Suggested methodology

The ILO's Evaluation Guidelines for results-based evaluation, 2012

(http://www.ilo.org/eval/Evaluationguidance/WCMS_176814/lang--en/index.htm) provide the basic framework for this exercise. The mid-term evaluation will be 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.

The mid-term evaluation is an independent evaluation and the final methodology and evaluation questions will be determined by the evaluator in consultation with the evaluation Manager.

Mid-term evaluation analytical framework and proposed questions

Mid-term evaluations are conducted to determine if the project design addresses the needs that were identified and to assess how well the project is being implemented to meet these needs"¹⁶. It is therefore proposed that the present monitoring exercise focuses on:

Relevance and strategic fit

Questions to highlight the relevance and strategic fit could include:

- The extent to which the project approach is strategic and is based on ILO comparative advantages
- Do the project interventions align (and how) with and support relevant national development plans (including Decent Work Country Programs) and, national policies and action plans on relevant issues as well as programmes and priorities of the workers' and employers' organizations and civil society organizations?
- Does the project align (and how) with and promote the ILO's Regional and Global Outcomes on Labour Migration and the ILO Multilateral Framework on labour migration
- Does the project support and to what extent does it contribute to and complement with relevant ILO projects and programmes in the region?
- To what extent does the project support and contribute to EU strategic areas, priorities and Partnership with the ILO?

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.)

Validity of design

This aspect relates to the logical framework. For example is the original design well-conceived?

- How well has the project adapted during implementation?
- To what extent have issues related to the design (defining the project's focus and target group) been taken into consideration by the project?
- Have previous lessons learned been incorporated in the design of the project?

¹⁶ ILO. 2013. I-eval Resource Kit. Guidance Note 2: "Mid-term evaluations". Accessed 18 August 2013 http://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_165976.pdf

Effectiveness

The mid-term evaluation will determine how effective the project has been, so far 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 is the project on track to achieve outcomes *vis-a-vis* the project logical framework?
- To what extent have beneficiaries benefited from the project?
- What are the lessons learned and identified good practices?

Effectiveness of management arrangements

- Are 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?
- Does 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?
- How effective has internal management, including strategic and annual planning, staff arrangements, governance and oversight of the project been?
- Is relevant information and data systematically being collected and collated? Is reporting 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?

A more detailed list of evaluation questions will be prepared by the external evaluator based on the document review prior to field research. OECD/DAC Criteria for Evaluating Development Assistance will be used to interpret the answers to the evaluation questions.

Source of information

Several methods will be used to collect information including:

Review of documents related to the project, including:

- The initial project document,
- Progress reports (interim and flash reports)
- Minutes from the Project Advisory Committee meetings,
- Terms of reference,
- Mission reports,
- Research produced,
- Project leaflets,
- Social media: website, Facebook page, ILO Asia-Pacific Migration Network
- ILO Philippines newsletter

Other documents including those not directly relating to the project may be consulted. These could include a review of the Decent Work Country Programmes, etc.

Others source of information could originate from field visits, interviews and group discussions with key stakeholders and beneficiaries in the Philippines and India. Those could include:

- Project CTA, project staff in the Philippines and India
- ILO Senior Migration Specialist in Bangkok, the ILO Global health sector specialist in Geneva, the ILO MIGRANT Asia focal person in Geneva, ILO country directors in the Philippines and India
- EU Delegation in Manila and New Delhi
- Project advisory committee members in the Philippines and partners in India. Those include representatives from
 - Ministries/department of Labour
 - Ministries and department of Health
 - Professional organizations
 - Trade unions
 - Recruitment agencies
 - Health sector employers
- Other relevant partners:

Interviews by phone/Skype will be organized for stakeholders in India. Noting that no direct initiatives/activities have been done in Vietnam, a phone interview with the Country Director or another relevant official may be considered.

Dissemination of the mid-term evaluation results

At the completion of the field mission and information gathering, a stakeholder workshop will be organized in the Philippines to present the preliminary findings and proposed recommendations. A draft evaluation report will be shared with relevant stakeholders for their comments and inputs.

Pre-mission briefing:

The evaluator will have a pre-mission briefing with the ILO representatives and project team. The objective of the briefing is to reach a common understanding regarding the status of the project, key evaluation questions and priorities, available data sources and data collection instruments, and an outline of the final assessment report. The following topics will be also be covered: status of logistical arrangements, schedule of meetings, project background and materials, roles and responsibilities of the assessment team.

Main deliverables

The expected outputs of the evaluator include the following:

Evaluation Methodology / Inception report

The evaluator will draft a short inception report upon the review of the available documents and an initial discussion with the project management. This inception report should set out the clear evaluation methodology (which includes the key questions and data gathering tools and analysis methods; the choice of site visits based on discussion with project management) and any changes proposed in the methodology or any other issues of importance in the implementation of the evaluation. The inception report will be approved by the ILO Evaluation Manager.

Presentation at a stakeholder workshop

At the end of the evaluation mission (in the Philippines), the evaluator will present the preliminary findings at a stakeholder workshop. The presentation should highlight the strengths, areas for

improvement and recommendations for sustainability. The evaluator will be required to prepare a PowerPoint presentation and a brief document highlighting the main findings.

Draft and final reports

The main output of the mid-term evaluation will be a final report, the first draft of which will be circulated for comment by the ILO and other stakeholders.

The report should not be longer than 30 pages, excluding annexes. It will contain an executive summary (of no more than 4 pages and appropriate for publication on the ILO website, including prioritized recommendations with timeline suggestions, and a summary of lessons learned and good practices), a section with project achievements to date, findings and recommendations for short- and medium-term action. The report should follow the 'Quality Checklist for Evaluation Reports in the ILO' which will be provided to the evaluator. The final report is subject to final approval by the ILO. See Annex 1 for a suggested report format.

ILO management will prepare a management response to the evaluation recommendations.

Management Arrangements

Evaluation administration

The project office in Manila will handle all contractual arrangements with the evaluator and provide any logistical and other assistance that may be required.

External evaluator

The evaluator will undertake the evaluation and will be responsible for delivering the above evaluation deliverables using a combination of methods mentioned above.

Selection criteria for the evaluator

The external evaluator will have experience in the evaluation of development or social interventions, expertise in the subject matter, an understanding of the ILO's tripartite culture, and knowledge of the region. The evaluator would have experience in dealing with migration related topics and ideally with the issue of global health mobility. The evaluation team will be guided by her/his high professional standards and principles of integrity in accordance with the guiding principles of the International Program Evaluation Network (IPEN)¹⁷

The evaluator will abide to the UN Evaluation Group (UNEG) Code of Conduct for Evaluation in the UN System.¹⁸

The evaluator will have an advanced degree in international development or social sciences, training on evaluation methods, knowledge about migration issues and ILO approach. Full command of English will be required.

The selection of the evaluator will be made by the evaluation manager (in consultation with the Project CTA, MIGRANT and Migration specialist and final approval will be made by the Regional Evaluation Officer.

¹⁷ <http://www.eval-net.org/index.php?id=3>

¹⁸ <http://www.unevaluation.org/unegcodeofconduct>

Roles and responsibilities

Evaluation manager

The ILO evaluation manager will be responsible for:

- Drafting/finalizing the ToR with inputs from colleagues
- Preparing a short list of candidates for submission to the ILO Manila director for final selection;
- Arranging the contracting of the consultant
- Ensuring that the consultant has received all necessary documentation from the project
- Participating in preparatory consultations prior to the assessment mission
- Assisting in the implementation of the assessment methodology, as appropriate (reviewing documents, including the interview guide etc.);
- Reviewing the initial draft report, circulating it for comments and providing consolidated feedback to the External Evaluator;
- Reviewing the final draft of the report;
- Disseminating the final report to all the stakeholders;
- Coordinating follow-up as necessary.

External evaluator

The external evaluator will be responsible for conducting the evaluation according to the terms of reference (TOR). The person will:

- Review the TOR and provide input, propose any refinements to assessment questions, as necessary
- Review project background materials (for example project document, progress reports, etc.)
- Conduct preparatory consultations with the ILO prior to the assessment mission
- Develop and implement the assessment methodology (for example prepare an interview guide, including a detailed list of evaluation questions, conduct interviews, review documents) to answer the assessment questions.
- Prepare an initial draft of the assessment report.
- Conduct briefing on findings, conclusions and recommendation of the assessment.
- Present the results of the field mission to a group of stakeholders
- Prepare the final report with due consideration of the feedback and comments on the initial draft report.

Chief Technical Advisor

The Chief Technical Advisor will be responsible for:

- Reviewing the draft ToR and providing input as necessary;
- Providing project background materials, including studies, analytical papers, reports, tools, publications produced;
- Participating in preparatory briefing prior to the assessment mission;
- Scheduling all meetings and interviews for the field research;
- Ensuring necessary logistical arrangements for the field research (hotel reservations, travel);
- Reviewing and providing comments on the initial draft report;
- Participating in debriefing on findings, conclusions, and recommendations;
- Making sure an appropriate follow-up action is taken.

Timeframe

The following is a tentative estimation of the number of days necessary to complete this mid-term evaluation.

Tasks	Work Days	Daily Allowance
Preparatory research & consultations	3	
Field research	7	7
Travel days (TBD depending on residence and only for nights spent on mission)		2
Presentation of preliminary results	1	1
Initial draft report	5	
Finalization of the report	3	
Total	19	10 (TBD)

It is estimated that the overall duration of the mid-term evaluation will take place over an elapsed time of 4-5 weeks starting on 2 October 2013.

The below table provides an indication of the tentative work plan.

Task	Responsibility	Time frame
Contracting of the evaluator	Evaluation manager and CTA	4 October 2013
Briefing of evaluator	Evaluation manager and CTA	9 October 2013 (phone) 14 October 2013
Review of key documents, development final methodology evaluation questions	Evaluator	9-11 October 2013
Inception report	Evaluator	14 October 2013
Mission to the Philippines	Evaluator	13-24 October 2013
Draft report submitted to evaluation manager	Evaluator	4 November 2013
Sharing of the report with stakeholders	Evaluation manager	6 November 2013 ¹⁹
Consolidation of comments	Evaluation manager	14-18 November 2013
Finalisation of the report	Evaluator	18-22 November 2013
Review of final draft	Evaluation manager	25-27 November 2013
Approval of the final draft	EVAL	3 December 2013
Presentation of final evaluation	CTA	6 December 2013 ²⁰

¹⁹ Date to be confirmed

²⁰ Date to be confirmed

TOR Annex1: Indicative Table of Contents for the Evaluation Report

The evaluation report will follow the format and should be no more than 30 pages in length, excluding the annexes.

Title page (standard ILO template)

Table of Contents

List of tables

List of Figures

List of acronyms

Executive Summary (please see the standard ILO format for Executive Summaries)

1. Background and project description
2. Purpose, scope and clients of the mid-term evaluation
3. Evaluation Methodology and Evaluation Questions
4. Methodology
5. Main findings,
6. Conclusions and recommendations
7. Lessons learned (using the template as per ILO guidelines on Evaluation lessons learned and good practices)
8. Annexes
 - Data collection tools
 - List of interviews
 - Terms of reference
 - Reference documents

TOR Annex2: All relevant ILO evaluation guidelines and standard templates

- Code of conduct form (To be signed by the evaluator)
http://www.ilo.org/eval/Evaluationguidance/WCMS_206205/lang--en/index.htm
- ILO EVAL Checklist 3 Writing the inception report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165972/lang--en/index.htm
- ILO EVAL Checklist 5 Preparing the evaluation report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165967/lang--en/index.htm
- ILO EVAL Checklist 6 Rating the quality of evaluation report
http://www.ilo.org/eval/Evaluationguidance/WCMS_165968/lang--en/index.htm
- Template for lessons learnt and Emerging Good Practices
http://www.ilo.org/eval/Evaluationguidance/WCMS_206158/lang--en/index.htm;
http://www.ilo.org/eval/Evaluationguidance/WCMS_206159/lang--en/index.htm
- ILO EVAL Guidance Note 7 Stakeholders participation in the ILO evaluation
http://www.ilo.org/eval/Evaluationguidance/WCMS_165982/lang--en/index.htm
- ILO EVAL Guidance Note 4 Integrating gender equality in M&E of projects
http://www.ilo.org/eval/Evaluationguidance/WCMS_165986/lang--en/index.htm
- Template for evaluation title page
http://www.ilo.org/eval/Evaluationguidance/WCMS_166357/lang--en/index.htm
- Template for evaluation summary:
<http://www.ilo.org/legacy/english/edmas/eval/template-summary-en.doc>

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: 30th January 2014

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	<p>The main concerns highlighted by the mid-term evaluation related to the design of the project. For future projects a number of important lessons relating to the design can be taken from the experience of the DWAB project:</p> <ul style="list-style-type: none"> • Consultation exercises should be undertaken with all stakeholders, both during the design of the project and during the inception phase. • It is important that the research design includes an inception phase to ensure that all stakeholders are brought on board and any concerns resolved at the outset of the project. • An exit strategy should be developed to enhance ownership, and thus the sustainability, of activities. • Human resource costs for all project countries in which activities are planned should be accounted for in the project design.
Context and any related preconditions	<p>It is important that the design of any project is properly linked to evidence to ensure that it meets practical needs of the stakeholders. In this project there was a focus on circular migration to Europe however it was clear that: health workers from Europe rarely return, this is a phenomenon more experienced in the case of health worker migration to the Middle East however this migration flow was not addressed in the project design. This was not new knowledge however it is possible that, because circular migration was in policy vogue that the project was adapted to the funder. It was a wrong assumption, from the beginning, to believe that health professionals to Europe returned.</p>
Targeted users / Beneficiaries	<p>ILO staff involved in project design.</p>

<p>Challenges /negative lessons - Causal factors</p>	<p>It was difficult to run activities in Viet Nam (no human resource allocation) The project was unable to deliver some activities (due to the perceived need being for activities in the Middle East and not Europe but these were not supported within the project) The project suffered delays (due in part to ineffective consultation during project design but also due to other external factors which could be reflected upon during initial consultations).</p>
<p>Success / Positive Issues - Causal factors</p>	<p>The PAC, while criticized initially for being too large, brought the different stakeholders around the table and allowed for some initial design flaws to be addressed and the approach to the project refined. This however had spillover effects on the project timeline and thus writing such a phase into future project design would be a preferable option.</p>
<p>ILO Administrative Issues (staff, resources, design, implementation)</p>	<p>While a project team is not necessarily known prior to design it is important that ILO uses its knowledge in the field of migration to design logical and coherent projects that make sense for its stakeholders. ILO should think through how future changes may impact on the implementation of the project in order to be better prepared for such circumstances. Projects should be developed based on need and thorough consideration given to their internal and external logic considered before submission for financial support.</p>