



Evaluation Summary



International
Labour
Office

Evaluation Unit

Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers Midterm Evaluation

Quick Facts

Countries: *Philippines, India, Viet Nam*

Midterm: *30th January 2014*

Mode of Evaluation: *Independent*

ILO Office Administratively backstopping the Project: *CO-Manila*

ILO Technical Backstopping Office: *MIGRANT
Evaluation Manager: Guy Summers and
Pamornrat Pringsulaka*

Evaluation Consultant: *Elaine McGregor*

Project End: *31 January 2014 (No-cost extension
granted until 3 2014)*

Project Code: *INT/09/11/EEC*

Donor & Project Budget: *European Commission
(€2,000,000), ILO (€500,000)*

Keywords: *labour migration, medical personnel*

Background & Context

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 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 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, seven months later than the official start date. The project is due to be completed on 31 January 2014 although ILO is submitting a request for addendum to obtain authorisation for a no-cost extension to the project timeline.

The overall objective of the project is to *document*¹ 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

¹ Ammended from the original text: promote

- (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 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 & 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. 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 from the Philippines, is to the Middle East; and 3) the inclusion of Viet Nam in the project given that there is a debate on the existence of a surplus of 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. 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. 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 been 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 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 basis.

Recommendations & Lessons Learned

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 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 new indicators to better measure whether the project has met its objectives. This will make it 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.

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, a follow-up project seems necessary. A follow up project should address the limitations 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 and be designed in consultation with key stakeholders on the ground.

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.

Important lessons learned

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, all relating to the design, can be taken from the experience of the DWAB project:

a. **Consultation:** Consultation exercises should be undertaken with all stakeholders, both during the design of the project and during the inception phase.

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 focused 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.

d. **Human Resources:** Human Resource costs for all project countries in which activities are planned should be accounted for in the project design.