



LEAGUE OF ARAB STATES

The programme of regionally coordinated Household International Migration Surveys in the Mediterranean Countries

MED-HIMS PROGRAMME

November 2013

MANUAL 2

SURVEY DESIGN & ORGANISATION



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MED-HIMS

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Foreword

The ‘Mediterranean Household International Migration Survey’ (MED-HIMS) is a regional, coordinated programme of household surveys developed for the countries of the Southern and Eastern Mediterranean region. The programme is designed to overcome the lack of data on international migration for the region by collecting reliable and representative multi-topic, multi-level, retrospective and comparative data on the characteristics and behaviour of migrants and on the determinants and consequences of international migration and mobility. The programme has its origin in the European Commission’s MEDSTAT Programme, and since its initial inception in 2009, it has gone through a wide preparatory and consultation process with support from the European Commission, the World Bank, the UNHCR and the UNFPA.

The main objectives of the MED-HIMS Programme are:

- (i) to study the recent trends, causes, determinants, dynamics and consequences of international migration and mobility, and the inter-linkages between migration and development; and
- (ii) to explore scenarios for a closer cooperation in the area of migration and development between the sending countries in the Southern Mediterranean region and receiving countries, particularly the European Union.

The objectives and design of the MED-HIMS are guided by the vision of the 2004 Marrakech Action Plan for Statistics (MAPS), the 2009 Dakar Declaration on the Development of Statistics (DDDS), the 2011 EC Communication on The Global Approach to Migration and Mobility (GAMM), and the various strategies and recommendations of the United Nations Global Forum on Migration and Development (GFMD).

The MED-HIMS methodology is designed to deal with the various dimensions of international migration and mobility by carrying out specialized national household surveys in the sending countries that aim to capture current and recent developments in the Southern Mediterranean region.

In order to maximise the quality, utility and comparability of the data collected through the MED-HIMS surveys, a set of Model Questionnaires has been developed by the international organisations together with the countries of the region. These questionnaires are designed to collect representative data on out-migration, return migration, forced migration, intention to migrate, circular migration, migration of highly-skilled persons, irregular migration, type and use of remittances, behaviours, attitudes, perceptions and cultural values of people with regard to

international migration and mobility, and the inter-linkages between migration and development, as well as relevant information on the individuals, households and local communities involved.

In addition to the Model Questionnaires, a series of manuals, guidelines and computer systems, covering the different phases of the survey from the initial organisation to tabulations, data analysis and reporting results, has been conceived and already partially developed to provide countries with guidance on the design and implementation at national level of the MED-HIMS survey or equivalent operations, whether under internationally coordinated programmes or national stand-alone programmes, within or outside the Southern and Eastern Mediterranean region.

The set of manuals and guidelines is composed by the following:

- Manual 1: MED-HIMS Model Questionnaires
- Manual 2: Survey Design and Organization
- Manual 3: Instructions to Supervisors
- Manual 4: Instructions to Interviewers
- Manual 5: Guidelines for Sample Design
- Manual 6: Data Dictionary and Recode Specifications
- Manual 7: Guidelines for Country Report

This document presents ‘Manual 2: Survey Design and Organization’ which describes the objectives, the methodology and instruments, and the setting and other aspects linked to the design and implementation of the regionally coordinated MED-HIMS programme and its national surveys.

Like other MED-HIMS manuals, this is a “model” manual based on the MED-HIMS methodology and it is hoped that participating countries will follow it as closely as possible, allowing for minor modifications which may be required to meet local circumstances.

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List of Acronyms and Abbreviations

ADB	African Development Bank
ADP	Accelerated Data Program
CARIM	Euro-Mediterranean Consortium for Applied Research on International Migration
CMI	Marseille Center for Mediterranean Integration
CVP	Communication and Visibility Plan
DDDS	Dakar Declaration on the Development of Statistics
EC	European Commission
ENP	European Neighbourhood Policy
EU	European Union
GAMM	Global Approach to Migration and Mobility
GFMD	Global Forum on Migration and Development
IHSN	International Household Survey Network
ILO	International Labour Office
IOM	International Organization for Migration
LAS	League of Arab States
MAPS	Marrakech Action Plan for Statistics
MED-HIMS	Mediterranean Household International Migration Survey
MEDSTAT	Euro-Mediterranean Statistical Co-operation
MENA	Middle East and North Africa
MQ	Model Questionnaire
NGOs	Non Governmental Organizations
NPIU	National Project Implementation Unit
NPSC	National Project Steering Committee
NSDS	National Strategy for Development of Statistics
NSO	National Statistical Office
NSS	National Statistical System
PIU	Project Implementation Unit
PSC	Project Steering Committee
TA	Technical Assistance
UN	United Nations
UNDP	United Nations Development Programme
UN-ESCWA	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
WB	The World Bank
WHO	World Health Organization

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1. Objectives

1.1 Scope and Purpose of the MED-HIMS

1. The 'Mediterranean Household International Migration Survey' (MED-HIMS) is a regional programme of coordinated international migration surveys requested by the National Statistical Offices (NSOs) of most of the countries of the Middle East and North Africa (MENA) region. The project originated in the European Commission's MEDSTAT Programme in a regional workshop held in Wiesbaden in March 2008 where 8 of the participating countries (namely – Algeria, Egypt, Jordan, Lebanon, Morocco, the Palestinian Authority, Syria and Tunisia) called for the implementation of a household migration survey to overcome the lack of data on international migration from the MENA region by collecting reliable and representative data on the determinants and consequences of international migration. Since its initial inception in 2008, the project has gone through a wide preparatory and consultation process with support from the EC, the World Bank, the UNHCR and the UNFPA.

2. The main objectives of the MED-HIMS Programme are:

- (i) to study the recent trends, causes, determinants, dynamics and consequences of international migration and mobility, and the inter-linkages between migration and development; and
- (ii) to explore scenarios for closer cooperation in the area of migration and development between the Southern Mediterranean sending countries and European and other receiving countries.

3. The objectives and design of the MED-HIMS are guided by the vision of the 2004 Marrakech Action Plan for Statistics (MAPS), the 2009 Dakar Declaration on the Development of Statistics, the 2011 EC Communication on The Global Approach to Migration and Mobility (GAMM), and the various international declarations, strategies and recommendations in the areas of international migration and development, particularly those of the United Nations, the League of Arab States (LAS), the European Commission, the World Bank, UNHCR, UNFPA, the Global Forum on Migration and Development (GFMD), and MEDSTAT Programme sponsored by the EC under the European Neighbourhood Policy (ENP).

4. International migration and mobility reflects not only the social and historical situation of societies, but it is also closely related to the lives individuals lead, the work they do, the environment in which they live and the social and economic role they fulfil. One of the fundamental requirements of the establishment of international migration interventions and for ensuring that they are culturally sensitive and acceptable to people is the availability of basic data on demographic, socio-cultural and economic characteristics of migrants and those intending to migrate. Data are also required on factors that control people's attitudes and practices which affect their decision to migrate. At the same time, information on life circumstances and needs of the youth is known to promote better understanding of social, cultural, legal, economic and psychological factors that affect their decision to migrate.

5. The MED-HIMS methodology is designed to deal with all these dimensions of international migration and mobility by the collection of representative multi-topic, multi-level, retrospective and comparative data on out-migration, return migration, forced migration, intention to migrate, circular migration, migration of highly-skilled persons, irregular migration, type and use of remittances, behaviours, attitudes, perceptions and cultural values of people with regard to international migration and mobility, as well as relevant information on individuals and households, and the local communities involved.

6. The strength of MED-HIMS is the use of a common set of model questionnaires, manuals and tools covering the different phases of survey implementation. If necessary, these can be adapted to national circumstances.

1.2 Long Range Objectives

7. The long range objective of the MED-HIMS Programme is to provide the various ministries, governmental and non-governmental organizations and research and policy studies centres in the participating countries and regional and international organizations dealing with international migration with a timely and integrated set of reliable information suitable for formulating, implementing, monitoring and evaluating the international migration and mobility policies and programmes in a cost-effective manner.

8. The project activities will improve the information base for the management of international migration and mobility in the MENA region. In each participating country, the MED-HIMS will be implemented as a part of its 'National Strategy for Development of Statistics' (NSDS). The project will also serve to upgrade the present capabilities of National Statistical Offices (NSOs) and other national institutions to undertake future migration and development studies and to process, analyze and disseminate information on various aspects of international migration and mobility in a timely fashion in response to the needs of national and international organizations.

9. The achievement of these long range objectives will depend, *inter-alia*, upon the following three basic elements:

- (a) the collection of a detailed set of data on international migration and mobility, the enhancement of skills and resources, and the dissemination of knowledge so that programme managers will be able to develop plans based on accurate information;
- (b) the strengthening of the statistical capacity and technical skills required for handling interlinkages and connections between international migration and demographic, socio-economic and cultural parameters which influence national migration and mobility patterns, attitudes and intentions; and
- (c) the undertaking of the necessary research that focuses on international migration and demographic and development factors with the aim of identifying the socio-behavioural determinants and consequences of international migration and the factors shaping its patterns.

10. Emphasis will thus be given to study - from various perspectives - the determinants and consequences of international migration and mobility, and to capture a comprehensive and detailed profile of the behaviours, attitudes and perceptions of people with regard to international migration and mobility.

11. For a particular participating country, the MED-HIMS will be a single-round survey of households so selected as to provide a probability sample capable of providing national estimates. In order to ensure high quality, it would be designed as an independent specialized survey. Appropriate quality control and evaluation techniques are to be employed in order to provide some measure of data quality.

1.3 Immediate Objectives

12. By the end of the MED-HIMS project the following immediate objectives will be achieved:

- (a) to have developed an integrated national information base on international migration and mobility by using data generated from the various components of the MED-HIMS;
- (b) to have identified, developed and tested a set of commonly agreed indicators, taking into account the desirability of achieving international comparability;
- (c) to have developed integrated approaches for linking and analysing data, from various sources (including qualitative), on the determinants and consequences of international migration and mobility;
- (d) to have enhanced the statistical capacity of participating countries to plan, co-ordinate and implement comprehensive integrated migration surveys through the organisation of technical workshops and training courses and the development of guidance manuals and instructional materials in the areas of survey design, sampling design, usage of computer packages and statistical measurement and analysis;
- (e) to have strengthened existing management information systems on migration and mobility by making available indicators on emigration, return migration, circular migration, intentions to migrate, forced migration, and remittances;
- (f) to have enhanced the skills in various government agencies dealing with migration and development in participating countries through training policy makers and programme managers in how best to utilise the new forms of information for improving international migration and mobility policies, services and strategic interventions, in a cost-effective and timely manner;
- (g) to have increased the awareness of issues related to international migration in participating countries through the implementation of a 'Communication and Visibility Plan' (CVP) that includes a series of publications, national and local meetings, usage of mass-media, and widespread dissemination of research findings;
- (h) to have developed mechanisms and laid the scientific basis to ensure the regular monitoring of international migration and mobility at national level, through the

establishment of a research programme under the umbrella of NSOs in collaboration with international and regional agencies;

- (i) to have provided authorities in the sending countries and receiving countries with a wealth of information necessary for addressing mutually relevant migration and mobility issues and themes in a comprehensive and balanced manner through dialogue and cooperation.

1.4 Use of Manual

13. The *Survey Design and Organization Manual* is intended to provide national coordinating committees, survey directors and senior survey staff in participating countries with a brief comprehensive overview of the MED-HIMS Programme. Secondly, the manual explains the principal standards towards which MED-HIMS surveys strive. Finally, there is a more detailed discussion of the organization, planning, control, and monitoring involved in implementing the national migration surveys which are part of the MED-HIMS Programme. At some points the manual is deliberately repetitive and this is in recognition that some readers may require only a general overview of the programme while others may need greater detail.

14. The manual deals with many of the same topics that are discussed in other manuals, but does so from the perspective of management. The other manuals generally deal with one phase of the survey process such as, for example, sample design, interviewer training or data management. This manual deals with all these processes and also covers areas that are of primary importance to survey managers. This manual is therefore designed to be used throughout survey operations in a country.

15. The manual has been developed as a “core” or general framework and it is hoped that participating countries will follow it as closely as possible, allowing for minor modifications which may be required to meet local circumstances. MED-HIMS will welcome the opportunity to discuss any modifications which a participating country feels will be necessary. While priority will be given to individual country requirements, it is recommended that the information collected should be as uniform as possible to allow standardization of materials and procedures. The results should also allow a comparison between countries which will maximize the understanding of a situation common in the majority of the countries in the MENA region.

2. Background and Justification for the Survey

2.1 Changing MENA Demographics

16. The MENA countries are going through dramatic demographic shifts. Demographic changes are usually slow and regular. But demographic discontinuities can and do occur, and can be as abrupt in relative terms as major technical and political shifts. Unpredictability does not prevent us from identifying those discontinuities whose magnitude and impact would be so large that they could alter the complex strategic balance between, and within, countries.

17. Demographic transition is occurring in all the MENA countries at varying rates. The transition in both fertility and mortality is changing the age structure of the populations of the region. As in most developing countries, development efforts have been spread unevenly among the different segments of the population. There are differences in the spread of education, particularly among females, in the provision of health services, and in the possibilities generated by the development process for upward social and economic mobility.

18. Currently, the Arab region has the world's second-fastest growing population, after sub-Saharan Africa. Its demographic trends—especially the rapidly growing youth population—are complicating the region's capacity to adapt to social change, economic strains, and sometimes wrenching political transformations. One consequence of the region's recent demographic trends is an increasingly notable youth bulge. One in every three people living in the region is between ages 10 and 24 and around one in five people in the region is between the ages of 15 and 24—the age group defined as “youth.” The current number of “youth” in the 8 countries participating in the project is unprecedented: more than 40 million in 2010. This young population provides momentum for continued population growth in the region, even with declining fertility.

19. Although mortality in the MENA region began to decline in the early 20th century, the decline in fertility (births per woman) did not occur until the mid-1960s and early to mid-1970s. As a result, the second half of the 20th century witnessed explosive population growth throughout the region as births far outnumbered deaths. The region's growth rate reached a peak of 3 percent a year around 1980. Currently, the population of MENA is growing at about 2 percent a year, still higher than the world average. The world as a whole reached its peak of population growth of 2 percent a year in the mid-1960s and is currently growing at 1.14 percent a year. The MENA's current growth rate represents a doubling time of population of 35 years compared with a doubling time of 61 years for the world's population.

20. The combination of a significant decline in child mortality and the relatively slow onset of fertility decline led first to an increase in the proportion of children under 15, and then to an increase in the proportion of young people ages 15 to 24, as the proportion of children fell after fertility began to decline. The increase in the proportion of 15-to-24-year-

olds in the total population, referred to as the “youth bulge,” combined with the rapid growth in the overall population, has resulted in the most rapid growth in the number of young people in the region’s history. The rate of growth in the youth population in the region as a whole will slow in the next two decades as MENA countries experience further fertility decline. The overall share of youth in MENA’s population is expected to decline to 17 percent by 2025—although the number of 15-to-24-year-olds is still expected to increase by more than 7 million for the region as a whole.

21. This large crop of young people also needs jobs and training—in a region currently plagued by high unemployment. The high youth unemployment rate in the MENA region is linked among other things, to changing conditions of education. In quantitative terms, the region achieved considerable progress in terms of increased enrolment rates at all levels and reduced gender gaps. The majority of unemployed workers are relatively well-educated and first-time job seekers, but many of them do not have the skills required in the labour market.

22. Absorbing the youth bulge in MENA will be a challenge especially with the region’s unemployment rate already the world’s highest. In 2006, about 17 percent of the women in the labour force were unemployed, compared with 10 percent of men. In contrast, average unemployment rates globally were 7 percent for women and 6 percent for men, as estimated by ILO. The unemployment rates for youth just entering the work force—especially for young women—are extremely high. While less than 15 percent of young men and women were unemployed worldwide, the ILO estimated that just over 23 percent of young men and just over 33 percent of young women in MENA were unemployed in 2005-09.

23. The Arab region has experienced diverse migration flows. The countries of the Maghreb—Algeria, Libya, Morocco and Tunisia—have been important sources of migrants to the European countries and have become in recent times countries of transit or destination for migrants from sub-Saharan Africa. The countries or areas of the Mashreq—Egypt, Iraq, Jordan, Lebanon, Syria and the occupied Palestinian territory—have mostly been countries of origin for flows of migrant workers to the oil-producing countries in the region and European countries, and have also been the destination of migrants. The Member States of the Gulf Cooperation Council, namely, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, are among the major destinations of migrant workers in the world.

24. Economic expansion following the jump in oil revenues in the 1970s attracted millions of workers from “labour-rich,” non-oil producing countries to seek jobs in the oil-rich countries within the region. Currently, MENA sending countries face less migration opportunities to the Gulf States due to completion of the infrastructure stage, reduced need for unskilled labour and increased need for high specific skills not always available in sending countries.

25. Migration has also played an important role in population change in some parts of the MENA region over the last half-century. Large communities of people from the Middle East and North Africa have grown up outside the region, particularly in France, Germany, and

other European countries. Some of this migration resulted from previous colonial ties to a European country, such as Algerians in France, while others, such as the Turkish population in Germany, resulted from recruitment of workers in the 1960s.

26. Results from the EC-supported study entitled 'Push and Pull Factors of International Migration' (Schoorl *et. al.*, 2000) show that the main reason for international migration from the Southern and Eastern Mediterranean countries is the high level of unemployment there and the consequent difficulties in sustaining the family. Thus migration from the region represents an important livelihood strategy to cope with poverty. The study also shows that migrants are from the younger age cohorts of the population, and are also, on average, better educated than non-migrants.

27. Many countries of the Arab Mashreq are currently both countries of origin and destination. In Jordan, despite the relatively high levels of unemployment of the Jordanian population, there are substantial inflows of migrant workers, especially from Egypt (Al Khouri, 2004). Moreover, the flow of migrant workers from Southern Asia to Jordan is increasing. At the same time, many Jordanians leave to work in abroad, particularly in the GCC countries and the United States. While many migrant workers in Jordan are generally low skilled, Jordanian emigrants are for the most part skilled workers. Similarly, Lebanon, which is generally considered a country of emigration, has experienced an influx of workers from Egypt and South-Eastern Asia since the 1990s, most of whom work in low-skill service occupations (Al Khouri, 2004).

28. More recent migration out of, and within, the MENA region has been fuelled by people seeking economic opportunities or escaping violence and political instability in their home countries. As the MENA countries are not creating jobs fast enough to match the increase in the working-age population, and with more jobs and opportunities in Europe than in the MENA region, the stream of migrants has continued, despite European efforts to slow it down. For example, migration from North Africa to southern Europe has been increasing in recent years, especially to Spain and Italy (Fargues, 2007).

29. The money MENA emigrants earn helps their families back home. In recent decades, immigrants from the region have sent home billions of dollars in remittances that support their families and add significantly to their country's national income.

2.2 The Need for Scientific Data on International Migration

30. Unfortunately, comprehensive, scientific data regarding the determinants, dynamics and consequences of international migration and the migration intentions of the rapidly increasing young people in the MENA countries are not available.

31. Even at the *macro* level, administrative data in the MENA region on international migration flows, in terms of size and destination, suffer from various limitations such as:

- Data are rarely comparable from one country to another simply because MENA countries have their own definitions of migrants;

- Within a single country, the comparison of various sources often reveals significant discrepancies;
- For obvious reasons, official data sources generally do not take into account undocumented and forced migrants.

32. Population censuses, continuous population registers, and border or admission data collection systems can collect basic data on the *numbers of migrants* and a few characteristics, but none of these existing systems collects information on the situation of the migrant *prior to migration*, which is vital for investigating either the determinants or consequences of migration for international migrants and their households. In particular, the most commonly available source of data on international migration, the population census, usually suffers from using a narrow definition of international migrants; collects very limited information on the characteristics of persons and their households (including nothing on the pre-migration situation); and usually identifies only the stock of lifetime migrants rather than recent migration flows. Household surveys, on the other hand, are usually the main source of information on why, when and how migration has occurred (Bilsborrow, *et al*, 1997; United Nations, 1998; Cantisani, *et al*, 2009).

33. The management of international migration is now a matter of high priority to countries on both sides of the Mediterranean. As international migration is a two country phenomenon, it could be in theory measured in the country of origin and the country of destination. It is also dynamic with both short term movements often for work or study and with many emigrants returning home. As much of the movement for Southern Mediterranean countries is with Europe, both the Southern Mediterranean and the EU countries need to know how such migration, including return migration, has affected the size and age-sex structure of their populations and on their work forces. Such information feeds into many areas of policy (either directly or as a component of population change) including for example the financial allocations for local services such as schools and medical services.

34. Measuring international migration accurately, however, is a worldwide problem mainly because of data source problems. Emigration is particularly a difficult event to measure. More information is available on the regulated inflows of non nationals and stocks of foreign or overseas born populations using censuses or surveys. Research on improving the sources and reliability of data on international migration, including the vehicles for achieving any such improvements including surveys will be of great interest to the sending and receiving countries.

35. Over the last two decades, research has moved away from viewing migration merely as a single well-defined movement at a given point in time to understanding the more dynamic and complex reality of “circular migration” between various location in MENA, Europe and other regions of the world. Little is known about the developmental impact of circular migrants in their home countries, be it through permanent return or temporary return. A precondition for better understanding circular migration is the availability of reliable data and information (CARIM, 2007).

36. The economic consequences of "brain drain" of the best and brightest have long been a common concern for migrant-sending countries in the MENA region. However, while economic theory suggests a number of possible benefits, in addition to costs, from skilled emigration, the evidence base on many of these is very limited (Ozden, 2006). The MED-HIMS Programme will provide data on the extent of the brain-drain from the MENA countries and will focus on several often-ignored issues such as the choice of destination country, the labour market performance of migrants in their destination countries and the channels through which high-skilled emigration affects the sending country. The results will show the pattern of emigration and of return migration among the very highly skilled; an order of magnitude of the income gains to the best and brightest from migrating; the benefits from migration in terms of postgraduate education; the pattern of labour matching and the extent of brain-waste (over-skilling). Moreover, the circular migration schemes in the receiving countries, such as those supported by the EC GAMM and the WHO Code of Practice on the international recruitment of health personnel, can be better designed if the information on potential emigration from the sending countries is provided.

37. An important potential benefit from international migration is that remittances may serve as a source to maintain nutritional, health, and educational investments, to adopt new production technologies, and to start new entrepreneurial activities (World Bank, 2006, 2011). While remittances bring numerous benefits to households in sending countries, to date we know very little about how migrants from the Southern Mediterranean countries make their remittance-sending decisions. In particular, it is unknown whether migrants desire greater control over how family members back home use the remittances they receive. This question is relevant not only for migration studies but also for the large and active literature in development economics on intra-household resource allocation. What's more, a better understanding of these questions could have substantial impact on public policy, by suggesting policies to further stimulate remittance flows and potentially channel them towards more productive uses in sending countries.

38. The measurement of remittances is an important area of statistical concern in the field of migration. If informal and in-kind remittances can only be estimated based on household surveys, most countries do not undertake this type of analysis, or use varying methodologies to do so. This leads to a systematic underestimation of remittances in origin countries, the extent of which needs to be further estimated for the Southern Mediterranean region. But even official remittance measurements are not entirely satisfactory, as they rely on the IMF definition of a migrant as an individual that has been absent from its home country for more than one year. Certain remittances such as those sent by seasonal workers, which can reach up to 80% of their income (e.g., in the case of Moroccan farm workers in southern France), are hence excluded.

39. Compared with international migration flows, greater numbers of individuals do *not* migrate, even in the face of substantial wage differentials between less- and more-developed areas. There are likely to be large number of potential migrants who are deterred from migrating by a variety of barriers, such as imperfect information on migrant wages and job conditions, imperfect information on one's own affinity for or returns from

migrant work, lack of information on job-seeking procedures, and credit constraints (when migration or job search involves non-negligible fixed costs).

40. At the moment little is known about the relative importance of these various potential barriers to migration. Credible evidence on the importance of migration barriers has important policy implications as well. A number of countries in the MENA region have enacted policies intended to facilitate and regulate international migration and view such policies as integral components of their overall economic development strategies. If there is a desire to promote migration, it is crucial to understand which barriers are operative and the impact of interventions that are aimed at reducing these barriers. The MED-HIMS Programme will seek to shed light on the relative importance of several potential barriers to migration.

41. The MENA region hosts and produces large numbers of refugees and internally displaced persons (IDPs), while also accommodating a sizeable stateless population. Complex mixed-migration flows are also prevalent in the region (UNHCR, 2010). Because of its geographical proximity to Europe, Northern Africa has become a region of transit for unauthorized migration to Europe. The MED-HIMS Programme will provide much needed data on forced migration and irregular migration.

42. While several nationally comprehensive demographic surveys were carried out in most countries in the MENA region in the last two decades, only a few were concerned with international migration. In fact, many of the countries in the region which have significant numbers of their citizens working abroad are precisely those lacking adequate sources of information on international migration (Farid, 2009). The MED-HIMS will generate data that will capture the new trends and development in migration and population movements in the region in the *age of migration*.

43. According to the United Nations recommendations, specialized household surveys of international migration constitute the best data collection system to gather the information needed to study the *determinants* or *consequences* of international migration that cannot sufficiently or efficiently be collected by other methods (United Nations, 2007).

44. The MED-HIMS Programme will thus aim at *filling* a serious gap in data availability on migration from the MENA region by implementing a multi-component research programme that involves the collection of unique, reliable, comparative and representative data on the determinants and consequences of international migration and mobility in several countries in the region.

45. Further, international recommendations will be used in the project (where appropriate) such as the UN Recommendations on International Migration. Again the research will illustrate the strengths and any problems in using international definitions, concepts, classifications and questions that can be passed on to European and other destination countries who use these recommendations.

46. Finally, it can be said that the creation of a new dataset on international migration and mobility from the MENA region and the development of scenarios of policies and measures in the area of migration and development, supported by evidence, addressing a broad range of challenges and opportunities through dialogue and cooperation between the sending countries in the MENA region and the European and other-destination countries are the foundation stone of the MED-HIMS Programme.

2.3 Potential Users of MED-HIMS Data

47. National users:

- There is a strong interest in the measurement of the intensive MENA-emigration at several levels in participating countries: the governments, the parliaments, non-governmental and civil society organizations, and the media.
- Universities and public research centres.
- The private sector is also interested in data on patterns of emigration, particularly the agencies which specialize in recruiting and supplying labour to receiving countries.

48. Regional users:

- The League of Arab States, particularly its Department of Migration and Arab Expatriates, and its specialized agencies (such as the Arab Labour Organization, Arab Economic Unity Council and Arab Institute of Planning).
- The Arab Fund for Social and Economic Development (AFSED).
- The Arab Institute for Training and Research in Statistics.
- UN-ESCWA.
- Regional Offices of UN specialized agencies.
- Authorities involved in the ongoing and upcoming dialogues on migration, mobility and security, supported by GAMM, between the EU and ENP Southern countries.
- EU-supported research forums, such as the Euro-Mediterranean Consortium for Applied Research on International Migration (CARIM).
- Mediterranean research forums such as 'The Marseille Center for Mediterranean Integration' (CMI), of which several of the countries participating in MED-HIMS are members.
- Other regional non-governmental organizations.

49. International users:

- The main international users of MED-HIMS results are the EU Commission, the World Bank, the United Nations specialised organisations, including UNFPA, UNHCR, UNDP, the UN Population Division, UNSD, ILO, IOM, UNICEF and WHO.

3. The MED-HIMS Instruments

3.1 Strategy

50. The MED-HIMS includes a programme of specialized national household surveys that aims to capture current and recent developments in international migration and mobility in the MENA region. The main objective of these surveys is to provide estimates with acceptable precision for key international migration and mobility practices and intentions.

51. The key challenge in this research programme will be to provide a holistic framework for searching the large decision space of possible migration options. In the MED-HIMS Programme the focus will be on the collection and analysis of detailed information on the determinants and consequences of international migration and mobility so as to arrive at scenarios of dialogue and cooperation needed in the area of international migration, particularly between countries on both sides of the Mediterranean.

52. The MED-HIMS will aim to improve the setting of priorities and the planning, implementation and evaluation of international migration and mobility programmes. The MED-HIMS Manuals will aim to establish internationally validated guidelines for the design and implementation of household surveys on international migration and to develop standard concepts and procedures for the study of the determinants and consequences of international migration and mobility using survey data.

53. The MED-HIMS tools are designed to deal with various dimensions of international migration and mobility with regard to out-migration, return migration, and intentions to migrate, as well as 'emerging issues' of international migration for which data are required such as circular migration, migration of highly skilled persons, forced migration, irregular migration, and remittances. Information on socio-economic status of the household and on characteristics of local communities will also be gathered.

3.2 The MED-HIMS Basic Documentation

54. Within the framework of the EU-supported MEDSTAT programme/Migration Sector, and in collaboration with the World Bank, the UNHCR and the UNFPA, a panel of international experts, in consultation with experts from NSOs in eight Arab countries participating in the MEDSTAT programme, have agreed on the need to develop the following basic documentation for the MED-HIMS programme:

- Manual 1: MED-HIMS Model Questionnaires
- Manual 2: Design and Organization of MED-HIMS
- Manual 3: Instructions to Supervisors
- Manual 4: Instructions to Interviewers
- Manual 5: Sample Design

Manual 6: Editing, Coding and Recode Specifications

Manual 7: Guidelines for Country Report:

Part 1: Statistical Tabulations

Part 2: Data Analysis Guidelines

55. The development of these questionnaires and related instructional materials and guidelines has required conceptual discussions as some of the concepts and definitions were vague and evolving, measurement tools were either cumbersome or unavailable, data collection procedures not delineated especially because they must include a method mix of both qualitative and quantitative techniques.

56. A 'Manual Panel' has been established with membership of experts and consultants from Eurostat, MEDSTAT programme, The World Bank, UNHCR and UNFPA to supervise and develop the above-mentioned MED-HIMS basic documentation.

57. The Model Questionnaires and Supervisors' and Interviewers' Instructions are prototype documents which will be subject to local adaptation. The remaining manuals give guidelines, set forth detailed standards, suggest ways and means of handling problems, and give practical aid. MED-HIMS staff and consultants will work with national directors and their staffs to adapt the prototype documentation. However, the very concept of "coordinated" international migration survey implies that measures will be advised which can be applied from one country to the next. This means that countries participating in the MED-HIMS will aspire to the ideal of international comparability and will, insofar as feasible, utilize the model questionnaires which, it should be emphasized, have been developed in consultation with experts from the NSOs in eight Arab countries in the MENA region that expressed interest to participate in the MED-HIMS Programme.

3.3 The MED-HIMS Model Questionnaires

58. The Model Questionnaires (MQs) provide the core set of questions needed to obtain population-based estimates of the determinants and consequences of international migration and mobility in the MENA region. The MQs are designed to be manageable, economical, and to intrude as little as possible on the activities and privacy of families who are interviewed. The MQs are thus designed to collect data that are multi-topic, multi-level, retrospective and comparative:

- **Multi-topic data.** Various aspects of the respondents' lives will be covered by the questionnaires in order to provide the variables needed for the analyses. For example, questions on work experience before and after migration, family formation, residential mobility (including, of course, international migration) are required to explore both the determinants and the socio-economic changes associated with international migration.
- **Multi-level data.** These are also needed as migration decision-making is affected by institutional and structural factors operating at the community, regional and national

levels. Contextual data are also necessary to study interactions between migration experience and socio-economic changes.

- **Retrospective data.** Most of the MED-HIMS research questions call for dynamic analyses that require dated data. It is firstly necessary to explore the patterns of circulation (the comings and goings of the migrants, the routes they use). To explain migration causes, we also need information not at the time of the survey but just before each migration (Bilsborrow et al., 1997). And to explore the impact of migration on family changes, we need to know the time of migration and to get dated information on marriage or fertility after migration (Anderson, 2004).
- **Comparative framework.** The lack of comparable data is a major handicap to the study of migration from the Southern Mediterranean region. A major objective of the MEM-HIMS survey programme is to attain comparability and harmonization across countries through the use of standardized questionnaires in order to disentangle national specificities and general processes. Such an objective was an aim of the “Push-pull” project which offered data to compare several migrant groups in Italy and Spain (Schoorl, 2000).

59. Another feature of the MQs is that they have an explicit policy orientation, so that strategic topics and research questions included focus on variables that might potentially be influenceable by policy instruments. The MED-HIMS new research lines are thus strategic in two senses: they pertain to issues crucial for policy-making in both sending and receiving countries, and they offer a theory-based design in which both the participating countries and future new participants will implement new research within a shared framework.

3.4 Concepts and Definitions

60. The MED-HIMS *are specialized single-round cross-sectional surveys* with retrospective questioning. A number of key concepts and definitions are adopted for the purpose of this study. The concept of the household and the definition of migration are particularly important in this respect. In addition, the concept of the ‘multi-level eligibility’ has been developed essentially to allow the gathering of data on different migrant groups during different time periods.

Household: In MED-HIMS the usual concept of *household* is extended to include not only those persons who live together and have communal arrangements concerning subsistence and other necessities of life, but also those who are presently residing abroad but whose principal commitments and obligations are to that household and who are expected to return to that household in the future or whose family will join them in the future. Therefore, both the household and the shadow household are captured within the definition, a necessary extension for migration studies. It should be pointed out that a household which has moved abroad as a whole is no longer accessible to be interviewed in the MED-HIMS surveys which cover only sending countries.

Migration is defined as a move from one country in order to go and reside abroad in another country for a continuous period of ‘at least 3 months’, a period in contrast to international recommendations on migration statistics (OR “the UN recommendations on statistics on international migration”) which draws the line at residing abroad for at least one year¹. In MED-HIMS, the line has been drawn at ‘more than 3 months’ to allow for the inclusion of seasonal migration across international borders. Therefore, the migration history module in the survey questionnaires asks for those countries in which someone has lived for ‘more than 3 months.’

Reference period: MED-HIMS recommends the use of a reference period of ten years preceding the survey. In the MED-HIMS MQs (presented in Manual 1), a reference period starting from “1 January 2000” is adopted for the purpose of illustration.

Recent and non-recent migrants: A distinction is made between ‘recent’ and ‘non-recent’ international migrants. *Recent migrants* are those who have migrated from the country of origin at least once within the ‘reference period’ preceding the survey. Consequently, a *non-recent migrant* is someone who has migrated from his/her country of origin at least once, but not within the ‘reference period.’

Multi-level eligibility: The concept of multi-level eligibility has been introduced to allow the administration of different sets of questions to different groups of migrants. For example, in the current migrant questionnaire, a set of questions is administered to both recent and non-recent migrants (e.g. questions on the background and remittances of migrants) while a second set of questions is administered to only recent migrants. In the latter case, there are modules gathering data with regard to the ‘first migration’ that occurred within the reference period and other modules gathering data with regard to the ‘current country of residence.’

3.5 Outline of the Model Questionnaires

61. The MED-HIMS MQs consist of the following seven questionnaires:

- MQ-1. Household Questionnaire
- MQ-2. Individual Questionnaire for Out Migrant
- MQ-3. Individual Questionnaire for Return Migrant
- MQ-4. Individual Questionnaire for Non Migrant
- MQ-5. Individual Questionnaire for Forced Migrant
- MQ-6. Household Socio-economic Characteristics Questionnaire
- MQ-7. Community Characteristics Questionnaire

¹ In fact, the recommendations defines the short-term migrants as those who lived or intend to live abroad for a period between 3 and 12 months and long-term migrants as the ones who lived or intend to live abroad for a period of at least 12 months.

The model questionnaires are designed as a series of self contained modules, with each module dealing with a particular migration-related topic.

62. MQ-1. Household Questionnaire: This questionnaire serves four purposes: (i) to identify the members of the household; (ii) within households, to identify nuclear units, i.e. couples and their own children; (iii) to collect basic demographic information on each of the household members; and (iv) to identify persons eligible for the migrant survey interviews (current, return and forced) and persons eligible for the non-migrant survey interview. The Household Questionnaires includes the following six sections:

- Section 1: Household Composition and Demographic Characteristics
- Section 2: Identifying Current Migrants
- Section 3: Identifying Return Migrants and Non Migrants
- Section 4: Identifying Forced Migrants (Non-Citizens)
- Section 5: Education and Economic Activity
- Section 6: Health status

63. MQ-2. Individual Questionnaire for Out-Migrant: This questionnaire will be assigned for every person who used to live in the sample household and who is currently abroad and aged 15 years or more. This questionnaire will gather data directly from the migrants themselves if they happen to be in the country during the fieldwork period or indirectly from (proxy) respondents who will be asked to provide information about persons who have moved from their household, to whom they are usually related. This questionnaire includes the following eight sections:

- Section 1: Short Migration History and Citizenship
- Section 2: Out Migrant's Background
- Section 3: Marital Status and Reproduction
- Section 4: Pre-Migration Situation and Motives for Moving Abroad
- Section 5: Migration Networks and Assistance
- Section 6: Work History
- Section 7: Migration Intentions & Perceptions About Migration Experience
- Section 8: Out Migrant Remittances

64. MQ-3. Individual Questionnaire for Return Migrant: For every member of the household who last returned from abroad to the country of origin since the start of the reference period (e.g., 1/1/2000) and who was 15 years of age or more on last return. This questionnaire includes the following nine sections:

- Section 1: Migration History
- Section 2: Return Migrant's Background
- Section 3: Pre-Migration Situation and Motives for Moving Abroad
- Section 4: Migration Networks and Assistance
- Section 5: Work History
- Section 6: Marital Status and Reproduction
- Section 7: Motives for Return Migration & Perceptions About Migration Experience

Section 8: Return Migrant Remittances
Section 9: Health Status

65. **MQ-4. Individual Questionnaire for Non Migrant:** For every member of the household who is currently aged 15-59 years and *(i)* who never moved to another country; *(ii)* or has last returned from abroad to the country of origin before the start of the reference period (e.g., 1/1/2000); *(iii)* or has last returned from abroad to the country of origin since the start of the reference period (e.g., 1/1/2000) but was under 15 years of age on last return. Other criteria for selecting eligible candidates for the non-migrant interview would be considered during the sample design stage. This questionnaire includes the following six sections:

- Section 1: Non Migrant's Background
- Section 2: Work History
- Section 3: Short-term Migration (Less than 3 Months)
- Section 4: Intentions to Migrate
- Section 5: Marital Status and Reproduction
- Section 6: Health Status

66. **MQ-5. Individual Questionnaire for Forced Migrant:** For every non-citizen identified as potential 'Forced Migrant' and who is currently 15 years of age or more. This questionnaire includes the following four sections:

- Section 1: Migration Process
- Section 2: Situation in Host Country
- Section 3: Prospects and Intentions
- Section 4: Health Status

67. **MQ-6. Household Socio-economic Characteristics Questionnaire:** This questionnaire includes the following four sections:

- Section 1: Housing Characteristics
- Section 2: Ownership of Objects and Household Assets
- Section 3: Transfers to Non-household Members Residing Abroad
- Section 4: Remittances Received from Non-household Members Residing Abroad

68. **MQ-7. Community Characteristics Questionnaire:** The migration intentions and behaviour of people may be affected: by their personal characteristics, and by the social milieu in which they live, or by some interaction between the individual and the group characteristics. It is therefore recommended to include in the MED-HIMS questionnaires a module to collect ecological or community-level data in rural areas. The term 'ecological' is used here to designate supra-individual data about the social environment, delimited on an areal basis. An ecological or a community-level variable is, thus, defined as any characteristic common to all the persons living in the community. The community level questionnaire will gather data on the location of the community, social development indicators, principal economic

activities, general migration patterns in the community including common attitudes and intentions.

This questionnaire includes the following twelve sections:

- Section 1: Location of Community
- Section 2: Sketch of Community
- Section 3: Population and Migration
- Section 4: Principal Economic Activities
- Section 5: Land Tenure
- Section 6: Crop Cultivation and Yields
- Section 7: Raising Animals and Other Important Economic Activities
- Section 9: Transportation
- Section 10: Social Development Indicators
- Section 11: Health and Fertility
- Section 12: Assistance Received by the Community and Perceived Needs

3.6 Sampling Strategy

69. The MED-HIMS sample will be a nationally representative probability sample of households designed with the aim of providing estimates with acceptable precision for key international migration practices and intentions for the country as a whole and for the main regions.

70. The MED-HIMS survey will collect data on both international migrants and non-migrants, to permit the study of the determinants and consequences of migration, and should use accordingly a sample design that collects data on sufficient numbers of both. Data on recent international migrants are also more useful for both policy-makers and researchers than older data. But given the relative rarity of both individuals and households with international migrants in most populations, a focus on recent migrants further complicates data collection.

71. However, methods are available to select samples that allow field work to focus on international migrants, making fieldwork more efficient. This makes it possible for a smaller, less-expensive sample, still nationally representative, to collect data on international migrants, compared to a survey based on random equal probabilities of selection methods typically used in surveys. The basic principle is that areas with a higher concentration or prevalence of international migrants are selected (sampled) with higher probabilities than other areas, but all areas of the country can still be represented by the sample. Households/individuals in the final sample from areas of the country which are sampled with low probabilities are simply given more weight (adjusted up compared to households/individuals in areas of the country which are over-sampled) when the data are combined for any measurement or analysis (Groenewold and Bilsborrow, 2008).

72. In the ideal situation, data from a recent census or comprehensive population register is available to quantitatively identify where in the country (recent) international migrants (emigrants or immigrants) are concentrated. Such data would be used to establish a sampling frame. However, in the absence of such data, government statisticians and/or migration scholars in the country are likely to have some perceptions about where the migrants are concentrated, referred to as expert judgement. This has been used in a number of countries to establish subjective strata to concentrate the sample in areas perceived to have higher concentrations of the migrants desired (in countries focusing on collecting data on emigrants, this refers to households which have one or more persons who left to live abroad in recent years). Examples include some of the NIDI push-pulls project surveys (1997) and surveys carried out in 2009 in several Sub-Saharan African countries with World Bank support. In all countries, certain areas--e.g., urban vs. rural, coastal vs. interior, provinces bordering countries with better economic opportunities, etc.—have more migrants than other areas. Any imperfections in the perceptions of the “experts” are automatically adjusted for in the final weights anyway.

73. The idea is to form strata based on the proportions of households in an area which have and do not have international migrants of interest, e.g., emigrants who left within the previous 5 or 10 years (of the planned survey). In the absence of actual data, expert opinion may be used, since it is likely better than random selection in finding households with migrants. Then areas expected to have higher proportions of migrants are *oversampled* compared to those with lower proportions. This ensures concentrating field efforts in areas, called *primary sampling units*, where it should be easier to find migrants. This oversampling procedure can readily be extended to additional sampling stages: For example, the first stage could be selecting provinces or governorates. Then within the sampled provinces, districts could be selected, using either available data or again the expert opinion of those familiar with those states’ populations. The second stage would then involve oversampling districts in the province thought to have more migrants. This procedure can easily be extended to additional stages, and ultimately to the selection of census sectors, city blocks, or rural villages, at the last stage of area selection (called *ultimate area units* or UAUs).

74. There is then a second procedure to help ensure the data collection effort continues to focus on the population of interest, households with international migrants. This is referred to as *two-phase sampling*. It requires an additional field operation which is, however, much less expensive than simply randomly interviewing households in sample UAUs and finding most do not contain (recent) emigrants. This additional operation is a listing procedure, to list all households in the sample UAUs (which is why the UAUs must be small and well distributed), to identify those occupied households with international migrants of interest and those without, and form (at least) two lists or strata of households in the sample UAU. Then a second oversampling operation is carried out, to select higher percentages of households into the sample from the list of those with a recent emigrant and lower percentages from the far longer list of households with non-migrants (which includes those with emigrants that left before the cut-off point (of , e.g., 5 or 10 years ago). In each sample UAU, this is done, to identify the households to be interviewed, which is the second and final phase of two-phase sampling.

75. The argument may be raised about the cost of the listing operation, and if it is necessary to send a field team to the field twice, once to carry that out in all sample UAUs, then to take the data back to headquarters, and then to return a second time with the field team to conduct the detailed interviews with the households/individuals selected.

76. But in fact, this is not necessary, based on experience in surveys of international migrants in Ecuador, Nigeria and other countries in the World Bank Africa project. It is not difficult to (a) develop specific written sampling guidelines or rules (for selecting proportions and numbers) from all possible situations, and (b) train supervisors to use these guidelines. As a result, supervisors have been able to select households from multiple strata immediately after the listing, so the interviewing can then proceed directly. Then only one visit is needed to the field.

77. Using stratification and two-phase sampling makes it possible for a migration survey based on 10,000-15,000 households to provide data on more households with recent international migrants than a much larger sample of 30,000-40,000 or more households selected randomly. Moreover, such a specialized migration survey can be just as nationally representative (using weights) and cost less than a survey based on a random selection of areas and of households within sample areas.

3.7 MED-HIMS Outputs and Examples of Data Utilization

78. The main output data of the MED-HIMS may be summarized as follows:

- data on the trend, pattern, determinants and consequences of international migration and the demographic and socio-economic characteristics of current and return migrants;
- data on why, when and how migration has occurred and might occur in the future;
- data on migration histories and the migration experiences and practices;
- data on migration intentions and potential destination;
- data on forced migration;
- data on pre-migration situation and motives for moving abroad;
- data on migration networks and assistance;
- data on work history before and after migration;
- data on views about social, economic and labour integration and social exclusion;
- data on patterns of circular migration and skills and knowledge acquired by migrants;
- data on remittances and their utilization and how they contribute to local development-oriented initiatives and investments in the country;
- data on the impact of migration on household economic behaviour and practices;
- data on the impact of migration on unemployment and labour dynamics;

- data on the pattern of gender-selective migration and the nature of the consequences engendered for women by male outmigration and its impact on children;
- data on the overall awareness of migration issues and practices;
- data on migrants' future plans;
- data on the pattern of return migration and reintegration measures;
- data on the processes leading to the decision to migrate;
- data on the qualifications and skills of potential migrants;
- data on the effectiveness of governmental interventions aiming at preventing illegal emigration.

79. The MED-HIMS output data may be used as evidence-based information for:

- the establishment of a 'National Migration Profile' that will allow to identify certain common characteristics of the migration flows to the main receiving countries;
- the development of migration policies and future migration programming;
- the development of scenarios to support circular and managed migration, and to design successful action programmes to be coordinated in collaboration with the main receiving countries, particularly the EU countries through the GAMM mechanisms;
- the identification of priority areas in the field of education and vocational training;
- the development of policy measures on recognition of qualifications and the use of transparency tools for the skills of migrants acquired at home and abroad;
- the development of policy measures on mitigating the adverse effect of brain drain;
- the development of policy measures dealing with forced migration;
- achieving better understanding of how remittances can be used to foster local development, and developing relevant policy measures in collaboration with the main receiving countries;
- promoting 'migration governance' from a development perspective and improving the understanding of the development and migration nexus;
- fostering institutional partnership in the field of migration with the main receiving countries;
- assessing the effects of future legislative measures on labour immigration that might be taken by receiving countries in line with their demographic changes.

3.8 Outputs and Dissemination

80. One of the ultimate goals of the MED-HIMS Programme is to establish 'Migration Profiles' for the participating countries and to generate 'Migration Scenarios', supported by evidence, of policies and measures that address a broad range of challenges and opportunities through dialogue and cooperation between the Southern Mediterranean sending countries and the European and other destination countries. This is important to a region facing dramatic shifts in its demographics, which will need novel and potentially radical solutions based on dialogue and cooperation. The above examples of the utilization of the MED-HIMS outputs clearly illustrate that the project will provide the necessary flow of reliable, timely, comparable and accessible data that would enable authorities in both sending and the main receiving countries to have the information-base and the necessary evidence to develop and support such scenarios in a comprehensive and balanced manner.

81. The EC GAMM and its four pillars/themes will benefit directly from the MED-HIMS outputs which will provide a major 'Knowledge tool' for the implementation mechanisms of the two partnership frameworks of the GAMM: the Mobility Partnership (MP) and the Common Agenda on Migration and Mobility (CAMM). Four of the MED-HIMS participating countries (namely, Algeria, Egypt, Morocco and Tunisia) are given 'first geographical priority' by GAMM.

82. In accordance with the vision of the 2004 'Marrakech Action Plan for Statistics' (MAPS) and its 'Accelerated Data Program' (ADP) launched in 2006, the 2009 'Dakar Declaration on the Development of Statistics', and to increase the use and value of the survey data, the MED-HIMS management will arrange with each participating country to make the survey data files available to researchers through the official websites of the National Statistical Office and the 'International Household Survey Network' (IHSN).

4. Organization of the MED-HIMS at the International Level

4.1 Strategy

83. Overall organizational responsibility for planning and executing the MED-HIMS rests with a consortium consisting of EC/EuropeAid/Eurostat/MEDSTAT, The World Bank, UNHCR and UNFPA, working in partnership with the NSOs in participating countries, and in collaboration with the UN-ESCWA, The Arab League and other partners. The MED-HIMS consortium will set up a separate project organization for planning the surveys and providing technical assistance to participating countries. The project organization will submit each country proposal and budget as an official government request with the technical concurrence of MED-HIMS management acting in a technical liaison role. Throughout the life of a country's survey, the project organization will provide administrative liaison between the country and the funding agencies.

4.2 Structure

84. The major components of the MED-HIMS organization are as follows:

- **The Programme Steering Committee (PSC)** is entrusted with the overall substantive guidance and review of the MED-HIMS Programme. The committee consists of a chairperson and representatives of the EC (EuropeAid/Eurostat), MEDSTAT, The World Bank, UNFPA, UNHCR, and other international agencies supporting the project.
- **The Project Implementation Unit (PIU)** which will consist of the Project Manager, the Chief Technical Advisor, and a number of internationally recruited technical experts and consultants from the fields of migration research and policies, survey design, sampling, data processing, and data analysis, for individual assignments on short-term basis. The PIU central staff will oversee the general design of the MED-HIMS, ensure uniformity and comparability among individual surveys, and make expert technical consultation continuously available for individual participating countries. In addition, both the Project Manager and Chief Technical Advisor attend the meetings of the PSC. The PIU will report to the PSC. The PIU, once established, will replace the MED-HIMS Coordination Committee which the EC/MEDSTAT has established to coordinate the development of the MED-HIMS methodology including the model questionnaires and the technical manuals.

4.3 Functions of MED-HIMS Project Implementation Unit

85. The bulk of the MED-HIMS/PIU effort will be devoted to providing technical and other assistance to participating countries throughout the various stages of the survey. Once a country decides to participate in the MED-HIMS, a PIU team is sent to the country for a

week to work with the country's designated national survey director and his staff in the design and planning of the country's survey. A project proposal, including the budget and a detailed schedule of technical assistance needed, will be prepared. Through arrangements with the funding agencies, the MED-HIMS/PIU anticipates being able to offer technical and financial assistance required for carrying out the survey, from beginning to end. Throughout the life of a country's survey, the PIU provides administrative liaison between the country and the funding agencies.

86. For the duration of a country's survey, the MED-HIMS will ensure that effective communication lines exist between the national director and the PIU staff. On signing the agreement, the PIU Manager and the Chief Technical Advisor will be the responsible communications-link with the country and it will be their duty to maintain close communications with the National Director and his staff. Similarly, the National Director is expected to communicate regularly with the MED-HIMS/PIU. In addition, the basic agreement will specify a schedule of reports from the National Director and his staff to the MED-HIMS/PIU. The reports are important, since they will be a principal means of keeping MED-HIMS/PIU staff aware of technical and administrative progress and enabling them to plan any additional assistance which the country may require.

87. In addition to providing technical assistance to participating countries, the MED-HIMS/PIU will undertake the following administrative and technical activities at central level:

- **Management and coordination activities at central level**
 - Establishment of the PIU and project website;
 - Activation of international experts for undertaking centralised tasks & field missions;
 - Organisation of coordination/technical meetings & events;
 - Translation of tools and documents;
 - Printing of publications and production of other outputs;
 - Dissemination of material and documents within and outside the Project;
 - Management of centralised funding and monitoring of disbursement;
 - Financial reporting.

- **Technical and implementation activities at central level**
 - Preparation and dissemination of technical documents, progress reports and briefs for meetings & other purposes;
 - Preparation and implementation of the Communication and Visibility Plan;
 - Preparation of computer packages for data entry, cleaning & preliminary tables;
 - Preparation of computer packages for variable recode & statistical tabulations;
 - TA to the preparation of publications, data files & other outputs;
 - Dissemination of publications & data files;
 - Preparation of plans for in-depth studies at national level and comparative analysis of survey results at the regional level;
 - Preparation of Project Documentation Report;

- Preparation and holding of Final Seminar;
- Monitoring and evaluation of project activities;

4.4 Technical Assistance

88. The MED-HIMS/PIU would provide to each participating country:

- standardized, pre-tested **survey modules**;
- **technical support** on survey implementation;
- assistance and **capacity building** to analyze the results;
- and a **forum for discussion on implications for policy**.

89. The MED-HIMS/PIU, in collaboration with partner organizations, will provide each participating country with technical backstopping as needed during the following stages of the project:

Activity	
1. Preparatory activities	
	1.1 National project document & budget
	1.2 Adaptation of questionnaires and field manuals (Q & M)
	1.3 Sample design
	1.4 The pre-test: Training
	1.5 The pre-test: Analysis & Finalization of Q&M
2. Listing & Data collection	
	2.1 Training of field supervisors & interviewers
	2.2 Monitoring of listing operations
	2.3 Monitoring of data collection
3. Data management	
	3.1 Installation of computer packages and training for data entry, data editing and preliminary tables
	3.2 Further data cleaning
	3.3 Installation of computer packages and training for recode & statistical tabulations
	3.4 Statistical tabulation
	3.5 Calculation of weights & sampling errors
	3.6 Final weighted tabulations
4. Data analysis & report writing	
	4.1 Preliminary report
	4.2 Principal report: data analysis
	4.3 Principal report: report writing
	4.4 Summary report
5. Documentation and dissemination	
	5.1 Dissemination of data files & reports
	5.2 National seminar

5. Organization of the MED-HIMS at the National Level

5.1 General Strategy

90. The MED-HIMS will be implemented in each participating country by the National Statistical Office (NSO) (or Department of Statistics (DOS)/Central Bureau or Administration of Statistics (CBS/CAS)) within the regional coordinated migration survey programme of MED-HIMS for the MENA countries. In each participating country, planning for project preparation and implementing project activities are completely owned and managed by the National Statistical Office. The national survey will be designed and implemented as a part of the country's 'National Strategy for Development of Statistics' (NSDS).

91. The highlights of the design of MED-HIMS at the national level include:

- survey design which provides unbiased estimates for the population of inference through proper frame coverage and the use of a new, ambitious and innovative sampling design that will allow the survey to focus on the target populations;
- survey design that recognizes data needs for decentralised planning and implementation of migration policies, based on the priorities and needs of different regions in the country;
- survey design that recognises and controls sources of non-sampling error as well as sampling error;
- extensive training of national staff and insistence on proper field procedures;
- state-of-the-art data processing;
- analysing the different sets of results in various domains of interest for both policy makers and academics with a view of developing scenarios of policies and measures, supported by evidence, addressing a broad range of challenges and opportunities through dialogue and cooperation between the Southern Mediterranean sending countries and European and other receiving countries;
- disseminating and discussing results and the proposed scenarios with national and international stakeholders and raising awareness about such scenarios through key channels (e.g., comparative studies, expert groups, workshops and conferences) that will impact both policy and future research.

92. The information that will be collected and analyzed through the MED-HIMS Programme will also be useful for meeting the information requirements of measuring international migration in the MENA-region. Therefore efforts will be made to ensure that where possible there is close coordination in the development of information bases between the MENA-countries participating in the MED-HIMS project.

5.2 The National Executing Agency

93. In each participating country, a dedicated survey team will be formed within NSO to implement the project. The country survey organization will consist of the following three levels:

Level 1: National Project Steering Committee (NPSC)

A National Project Steering Committee will be formed and will be chaired by the Director of NSO, with membership of senior executives from the Ministry of Emigration, Ministry of Labour, Ministry of Interior, Ministry of Social Development, Ministry of Foreign Affairs, National Population Council, National Council for Women; and representatives of relevant NGOs, and the donor and other participating agencies. The National Steering Committee will constitute the main policy making body that will direct the project at the national level, keeping in mind the project objectives. It will be convened at the initiation of the project and will meet regularly thereafter throughout its duration. It will help to mobilise resources for the project, provide guidelines on all policy matters to the survey staff, and ensure the effective management of the project.

Level 2: National Project Implementation Unit (NPIU)

The NPIU will include the Survey Director, who is responsible for managing all survey activities, and specialists in household surveys, sampling, migration statistics, demography, labour statistics, data processing and data analysis, in addition to short-term international technical consultants. Throughout the various stages of the survey, MED-HIMS will provide the NPIU with technical backstopping.

Level 3: Field and Office Staff

Four levels of field staff will be recruited: regional coordinators, field supervisors, interviewers and field editors. Office staff will be recruited for the editing, coding, and data management operations from among NSO regular employees.

5.3 The National Project Implementation Unit (NPIU)

94. The national director in most cases will be the head of the NSO, and because of his/her official duties will be the director only in a nominal sense. In these circumstances, it will be important that the national director appoint an actual survey director.

95. The survey director is the person principally responsible for the conduct of the survey. Ideally, the survey director should be a person with relevant experience in the field of household sample surveys, with a thorough knowledge of survey techniques and operations and with a capacity for leadership and organization. The MED-HIMS urges countries to put forward the best suitable candidate because the success of the survey depends to a large extent on this person.

96. When there is a nominal national director and an executive survey director, it is of utmost importance that their relationship be well defined. The survey director must have a free hand in the organization of the survey, the authority necessary to carry out his responsibilities, and there should be a clear-cut division of responsibilities. This is especially important with regard to financial matters for otherwise the survey organization can break down.

97. The role of the survey director is not merely of general organization and decision-making in the early stages of the survey. He must be willing to bear a fair amount of the more tedious work load and identify the problems and issues which will occur throughout the survey. He may at times be involved in activities similar to those undertaken by his assistants, but essentially his role is to ensure the efficient running of the entire survey and to monitor all lower levels of activity. This is important at all stages of the survey, but especially during the training programme where his input and continued involvement are most needed.

98. The survey director will be assisted by three directors for field operations, data management, and data analysis. At all events, the survey director should be employed full time on the survey.

- The field operations director is responsible for sampling and interviewing and for all field-work-oriented activities;
- The data management director is responsible for planning and supervising office editing and coding of the completed questionnaires, data entry, data cleaning and the production of tabulated results.
- The data analysis director is responsible for the analysis of the survey results, the production and dissemination of a preliminary report and a principal report on the migration survey.

5.4 Basic Survey Decisions

99. **Planning:** The first stage of a survey operation is the drawing of a survey plan which in most cases will be developed together with the MED-HIMS central staff. The survey director and senior staff must participate closely in the planning as they will be principally responsible for the implementation of the plan. Exhibit 5.1 shows a list of the basic survey decisions and the points that should be covered in the survey plan.

100. **Preparing the Timetable:** The survey procedures established during the planning stage should be accompanied by a timetable, specifying as precisely as possible when each operation is to take place. The timetable should take into account the fact that several operations will be performed simultaneously. A detailed timetable is necessary not only for planning and budgeting but most of all for guiding the survey staff in all operations. It is recommended that the survey timetable, once drawn up, be prominently displayed in the office so as to serve as continual reminder to the survey director and his staff. If

unforeseen events during the course of the survey make the original timetable obsolete, it should be re-planned.

101. Schedule of MED-HIMS Technical Assistance: In planning survey operations and drawing up a timetable, the survey director will consult with MED-HIMS staff on the schedule of MED-HIMS technical assistance. This advance specification of MED-HIMS provision of technical assistance is important to the survey director so that he can know when to expect visits from MED-HIMS staff or their consultants. It is also important to the MED-HIMS in order that the allocation of technical personnel can be planned.

Exhibit 5.1 - Basic survey decisions

1. Establishing the survey organization	
1.1	Establishing the National Project Steering Committee (NPSC)
1.2	Setting up the National Project Implementation Unit (NPIU) <ul style="list-style-type: none"> • Recruiting personnel • Obtaining adequate office space • Securing office materials
2. Preparing documents	
2.1	Adapting questionnaires and manuals
2.2	Translating and back-translating questionnaires; translating manuals and other documents
2.3	Printing of questionnaires and manuals for pre-test
2.4	Designing and printing control sheets
3. The sample	
3.1	Selecting the primary sampling units
3.2	Mapping (where required)
3.3	Recruiting and training the listing enumerators and supervisors
3.4	Listing households or dwellings (where required)
3.5	Selecting the household or dwelling sample
3.6	Selecting additional target sample for the 'Forced Migrant' questionnaire
4. Conducting the pre-test	
4.1	Recruiting pre-test interviewers and supervisors
4.2	Training pre-test interviewers and supervisors
4.3	Studying pre-test results
4.4	Finalizing questionnaires and manuals
5. Printing of questionnaires and manuals for main survey	
6. Training of Field staff	
6.1	Recruiting field regional coordinators, supervisors, interviewers and editors
6.2	Training supervisors
6.3	Training interviewers and field editors
7. Publicity	
8. Field work	
8.1	Household questionnaire
8.2	Individual questionnaires
8.3	Community characteristics questionnaire (in rural areas only)
8.4	Monitoring field work

9. Coding, editing and data encoding
9.1 Recruiting coders, editors, data entry operators and programmers
9.2 Training of coders, editors, data entry operators
9.3 Conducting coding, editing and processing
10. Variable reformatting and tabulation
10.1 Preparing recode specifications
10.2 Statistical tabulation
10.3 Calculation of weights & sampling errors
10.4 Final weighted tabulations
11. Analysis and report writing
11.1 Preliminary report
11.2 Principal report: data analysis
11.3 Principal report: report writing
11.4 Summary report
12. Publication and dissemination of survey results
12.1 Dissemination of data files & reports
12.2 National seminar

102. Preparing the Proposal and Budget: Following the preparation of the draft proposal, covering the points listed in Exhibit 5.1, the survey director will discuss with MED-HIMS central staff financial and administrative aspects of the survey. A general framework indicating most of the possible contents of the survey project document, including some guidelines on budgeting, is found in Annex I.

5.5 Adaptation of the Survey Documents

103. As mentioned earlier, the MED-HIMS Model Questionnaires and the Manuals for Supervisors and Interviewers are prototype documents which will be subject to local adaptation. MED-HIMS central staff will work with survey directors and their staffs to adapt the prototype documentation. However, it should be recalled that the Model Questionnaires have been developed so as to acquire the “essential information” necessary for describing a country’s international migration profile. Everyone recognizes that precise “essential information” is only a theoretical ideal, but the point is that the MED-HIMS has attempted to keep the questionnaire as short as possible in interviewing time and number of variables covered. Furthermore, the very concept of “coordinated” international migration survey implies that measures will be advised which can be applied from one country to the next. This means that countries participating in the MED-HIMS are expected to aspire to the ideal of international comparability and will, insofar as feasible, utilize the model questionnaires which, it should be emphasized, have been developed in consultation with experts from the NSOs in eight MENA countries that expressed interest to participate in the MED-HIMS programme.

104. When the particular form of the questionnaires have been set and determined by a country in consultation with MED-HIMS central staff, it is expected that the contents will not thereafter be modified without again consulting MED-HIMS.

5.6 The Pre-test

105. Most large-scale surveys are preceded by a pilot study to test the questionnaires and the important survey documents and procedures. The MED-HIMS pre-test will be designed to fulfil the following objectives:

- to give the technical staff a chance to practise execution of the survey on a small scale,
- to test the questionnaires,
- to obtain information about operating characteristics of the interview, and
- to obtain an indication of general receptivity or resistance to the survey.

The pre-test, thus, will be planned as a miniature version of the full-scale survey reflecting its important features and organizational procedures.

106. The pre-test will be carried out in non-sample areas in both the urban and rural sectors. The completed questionnaires together with the interviewers' reports and information obtained from the interviewer debriefing sessions will be analysed. Any required minor or major modifications to the contents of the questionnaires, or the phrasing of questions will be made, and the reaction of the respondents and the degree of their co-operation will be assessed. The questionnaires and related manuals will then be finalized and printed.

5.7 Sample Design and Implementation

107. Advice and recommendations on the recommended sample design can be found in the *MED-HIMS Manual 5 on Sample Design*. The MED-HIMS is prepared to provide sampling expertise on request for the purpose of drawing the sample. Sampling expertise is essential to the survey. In the event a MED-HIMS sampling expert does not visit the country, the MED-HIMS will at least insist on reviewing and approving the sample design and plans for its implementation.

5.8 Training of Field Staff

108. Special attention should be given to the training of survey personnel as very thorough training is needed to ensure that the survey is of high quality. In each country, regional coordinators, interviewers and field supervisors/field editors should be trained for three weeks to ensure that they are ready to do their work effectively. The training programme should include detailed explanation of the purpose of the survey and the basic tasks to be performed by the interviewers and supervisors. Procedures to be used for unusual cases should also be provided, including general principles to be applied in dealing with

unforeseen problems. The content and organization of the training programme for each country survey can be determined in consultation with the MED-HIMS staff. The MED-HIMS is prepared to assist both in organizing the training effort and in playing an advisory role during the actual conduct of training. Greater detail concerning these matters is to be found in the MED-HIMS Manual 3 for Supervisors and Manual 4 for Interviewers.

109. The training of the survey staff should include the following components:

- First, the training should emphasize understanding of the objectives of the survey, and how the data collected will serve those objectives. Focusing on this knowledge, as opposed to training data entry staff to follow rules rigidly without question, will help interviewers and supervisors cope with unanticipated issues and problems.
- Second, the training should include a large amount of practice, using the questionnaire, in interviewing actual households.
- Third, it is best to train more individuals than needed, and to administer some kind of test (with both written and practice interview components) to trainees. The results of the test can be used to select as interviewers and supervisors those trainees who achieved a higher level of performance on the test.
- Fourth, training should be carried out in a centralized location to ensure that all field staff are receiving the same training, and that the training itself is of the highest quality.
- Finally, it is important to realize that the quality of the training can have a critical effect on the quality of the survey and, ultimately, the quality of the data collected. The entire survey team must give full attention to training and not simply delegate it to one or two members.

110. The supervisors' training is of the greatest importance, as they are the backbone of the fieldwork operations. They make detailed plans for the field work, distribute the work-load among the interviewers, and manage interviewer teams throughout the period of fieldwork. The supervisors' training course should cover the following areas: procedures for locating the sample households, preparing fieldwork plans, evaluation of interviewers' work, control of fieldwork, and administrative duties. Exhibit 5.2 shows a summary of the main responsibilities of the field supervisor.

111. In MED-HIMS surveys, the interviewers should be female, well educated, possess a high level of motivation and interest in the survey, be able to spend time away from home and demonstrates ability to work in an organized and methodological way. The training course for interviewers should include classroom lectures on the objectives and organization of the survey, detailed explanation of the questionnaires, principles of interviewing and the art of asking questions, and demonstration interviews, role playing interviews and practice

interviews, as well as tests and field practice. Teaching materials will consist of the basic survey documents, i.e. the questionnaires and the interviewers' and supervisors' instructional manuals. Exhibit 5.3 shows a few basic rules of interviewing that should be emphasised in the training of interviewers.

Exhibit 5.2 - Main responsibilities of field supervisors

<p>A. FIELDWORK PREPARATION ACTIVITIES</p> <ul style="list-style-type: none"> • Preparing for and participating in Field Supervisor training activities. • Participating in Field Interviewer training. • Preparing Field Interviewer assignments so that work can be completed in the most efficient manner. • Contacting local authorities to inform them about the survey and gain their support and cooperation. • Preparing for fieldwork by collecting all necessary fieldwork documents and supplies, and funds for field expenses. • Arrange transportation and accommodation for your team.
<p>B. FIELDWORK ACTIVITIES</p> <ul style="list-style-type: none"> • Using maps to locate sample areas and selected households. • Distributing assignments to each interviewer under your supervision. • Organizing and motivating the team of interviewers to complete their assignment successfully. • Providing supervision and support of Field Interviewers: <ul style="list-style-type: none"> – Accompanying each Field Interviewer on a specified number of screening and interviewing visits to observe and review work. – Meeting regularly with Field Interviewers to discuss progress. – Providing assistance with problems, including converting refusals if needed. – Providing constructive feedback on errors to improve Field Interviewer performance. • Providing on-the-job training and other assistance for your interviewers, as needed. • Conducting quality assurance visits to a sample of randomly selected households. • Ensuring that the work completed by the team meets the standards of quality required. • Reducing non-response, e.g. by visiting and interviewing households which refused to cooperate with an interviewer, or assigning these households to other interviewers. • Providing assistance with assignment areas that interviewers were unable to complete due to difficult and unusual circumstances. • Reassigning households/areas that require more work to be completed or corrected to other interviewers. • Providing procedures for maintaining safe work conditions and for handling accidents or injuries, if they occur. • Tracking overall Field Interviewer production and data quality. • Editing the questionnaires. • Completing the 'Community Characteristics Questionnaire' in rural areas.

C. ADMINISTRATIVE ACTIVITIES

- Compiling prompt and accurate field status reports.
- Reviewing Field Interviewer expense reports to ensure that all reports are timely, accurate, and contain reasonable charges.
- Ensuring that all questionnaires for each cluster are transmitted to the Central Office on schedule and in the manner specified.
- Communicating with the Central Office on a regular basis to report on the status of the survey, relay problems that cannot be solved in the field and receive directives on survey operations.
- Following all field administrative procedures.
- Addressing current and potential problems proactively.

Exhibit 5.3 - Basic rules of interviewing

1. Questions should be asked exactly as worded on the questionnaire. Research has shown that even slight word changes can alter the response obtained. If questions are paraphrased or rephrased the responses cannot be accurately combined with accurately asked questions.
2. Questions must be asked in the order they appear on the questionnaire. The sequence is planned for continuity so that early questions will not affect the answers given to later questions.
3. Every question in the questionnaire must be asked. Even if the respondent, while answering one question, answers another, goes out for a while, then appears later, the interviewer should ask the second question again, in sequence (perhaps with the apology 'I know you've already told me something about this, but this next section asks...' - which acknowledges the earlier answer, but requests the respondent's co-operation in answering it again).
4. It is important that all members of the household are identified. Some households might not volunteer the names or the existence of children or others with disabilities. Ensure that everyone in the household is listed when the household composition details are collected.
5. The interviewer should wait for the respondent to finish talking before starting to record their response. Failure to listen carefully can offend the respondent and result in errors.
6. The interviewer should not interrupt the respondent, even if he or she hesitates or is quiet for a while. Sometimes people initially answer, "I don't really know" when in fact they are thinking about their answer.
7. Answers should not be anticipated. No assumptions should be made about what the respondent is going to say. The respondent should be allowed to finish their sentence.
8. If the answer is dubious and the interviewer believes the respondent does not fully understand the question, the question should be repeated as written. If the interviewer is still doubtful, probing may be necessary, but the interviewer should be careful not to antagonise the respondent by questioning their judgment.
9. Questions should be asked in a positive or neutral tone. Interviewers may feel uncomfortable about a question but should refrain from voicing this. Apologetic refrains (e.g. "you might not want

to answer this question, but." or "this question probably won't make much sense to you."), will only disrupt the flow of the interview and may affect how the respondent answers the question.

10. The interviewer should maintain a professional attitude and be upbeat even if a respondent is difficult or uncooperative. The interviewer should not get upset by the respondent's behaviour and be courteous throughout the interview.
11. At the end of each interview, the respondent should be thanked for their time and cooperation.
12. Ideally, the interview should be completed in one visit. With some respondents this may not be possible, and a second or even a third visit may be necessary.

5.9 Publicity

112. The NSO should publicize the start of the MED-HIMS survey in the mass media in order to raise awareness of the survey and, hopefully, encourage households chosen for interviews to cooperate. Another benefit of publicity campaigns is that they raise the morale of the survey staff. In general, such publicity can be obtained at small or almost no cost by contacting national television and radio stations, newspapers and other mass media organizations. Newspaper stories are particularly useful because interviewers and supervisors can keep copies of them to show to any households that doubt what the interviewers say about the survey.

113. Prior to the beginning of field operations, NSO and the Ministry of Interior should inform local authorities, in areas in which the sample clusters are located, of the objectives of the study and the field operations that would be carried out in their areas, and request these authorities to provide adequate publicity for the survey and the necessary assistance and co-operation to the field staff. The regional co-ordinators and field supervisors should visit all the areas selected in the sample and explain to local community leaders the importance and benefits of the survey. After being convinced of the benefits, these local leaders may be able to persuade reluctant households to participate in the survey.

114. More closely targeted publicity is also useful. This can include leaflets posted in the communities selected in the sample, as well as letters to the individual households that have been selected to be interviewed. Posted leaflets should be colourful and attractive, and both letters and leaflets should emphasize the usefulness of the data for improving government policies.

115. During the period of field operations, suitable press releases and official notices should be prepared by NSO which describe the overall objectives of the survey, both as it relates to national goals and to regional and international "cooperation". These press releases should be sent to national newspapers and broadcast by the national radio and television networks. This concentrated publicity campaign would be of great help to the field staff to secure approval for the interview.

116. The publicity campaign should also emphasize that the data are strictly confidential; in many countries, particular laws can be cited as guarantees of confidentiality.

117. While making every effort to enhance the survey's likelihood of success through use of mass media, the proper steps should be taken to ensure that adverse publicity does not damage the survey. The responsibility for publicizing the survey should lie only with the survey director. It is generally inadvisable to allow blank questionnaires to be distributed to journalists and the general public. Such documents are only one piece of the entire survey and publication of one or two sensitive items, removed from their context, could be prejudicial to the whole survey.

118. Finally, the publicity plan should form part of a wider "Communication and Visibility Plan (CVP)" which the MED-HIMS in collaboration with NSOs will develop in order to describe how the MED-HIMS project should be promoted to gain support from the wider stakeholder community.

5.10 Listing and Data Collection

119. Fieldwork for the MED-HIMS will be carried out over a period of around 4 months by mobile teams, each consisting of a supervisor/field editor, and three or four interviewers. Generally, the household and the individual interviews will be conducted during a single visit to the sample household. Interviewers will be instructed to make at least three visits in an effort to contact the household or eligible persons. No substitution for the originally selected households will be allowed.

120. The teams' itineraries should be fixed at the outset as to dates and locations, and should be followed closely by each team during the entire field operation. The guiding principle of the organization of the fieldwork is to minimize errors. To this end, the field organization would emphasize supervision of fieldwork through intensive supervision in the field, mainly before leaving the cluster, and additional quality control measures.

121. Thus, the day-to-day supervision of the fieldwork will be carried out by the field supervisors who are responsible for assigning the workload to each team of interviewers and for ensuring that enumeration was carried out properly and accurately. Problems of unlocated households and refusals would be solved by the supervisor as soon as possible and before the team moves to another area.

122. The duties of the field editors include receiving completed questionnaires from interviewers, scrutinizing questionnaires and making sure that the interviewers conducted the interview properly, making spot-checks to evaluate technique and to ensure that interviewers had actually visited the correct households assigned to them, and checking that all eligible respondents were indeed selected. The procedure followed for scrutinizing questionnaires may be summarized as follows. The field editor will thoroughly check and correct any obvious mistakes or slips. If there was any doubt, the field editor or the supervisor will consult the interviewer concerned. If the interviewer was unable to answer questions satisfactorily, she will be asked to revisit the household to obtain the correct information.

123. The interviewer will be required to assign a questionnaire form to each sample address visited whether or not she successfully contacted it or found a household there; the interviewer will then record on the cover sheet the outcome of the visit. Similarly, when the interviewer makes the first approach to obtain an interview, a questionnaire will be assigned to the case whether or not the respondent was successfully contacted. If the interviewer did not find a respondent at home during the first visit to the household, she will make up to two more visits or 'call-backs' to the household.

124. The field supervisors will keep records of the number of questionnaires completed using the supervisor's fieldwork control sheet; they will also return all completed questionnaires, control sheets and other related material to the regional co-ordinators who, in turn, will return these documents to the survey headquarters.

125. Throughout the fieldwork period, senior professional staff should make regular visits to the sample areas, check the records which field supervisors were instructed to keep as regards quality control, re-organise staff deployment where necessary, and discuss any problems encountered during the field operations.

5.11 Data Management

126. Office editing and coding (for the few questions which had not been pre-coded) should start two weeks after the beginning of fieldwork. Data entry should start three weeks after the beginning of field operations using microcomputers. The process of data entry, editing and cleaning should be done using a computer package that allows for range, skip, and most consistency errors to be detected and corrected at the entry stage.

127. The next step concerns the data management which comprises the organization and documentation of data to facilitate analysis. The organization of data involves the recoding or reformatting of variables. This is the operation of converting the variables and files from the form most convenient for entry to that appropriate for tabulation and analysis. This kind of variable reconstruction yields a recoded file known as the "standard reformatted file". Such a file should be created for the following reasons: (i) to simplify the production of the basic tables; (ii) to provide a general 'analysis' file for researchers wishing to do further analysis on the data; and (iii) to provide a standard set of variables across the MENA-countries participating in the Project, thus making comparative analysis possible.

5.12 Data Analysis and Reporting of Results

128. All field work and data processing are ultimately directed towards the analysis and dissemination of results. Regardless of how well the earlier stages were executed, the survey will lose its value unless the data are promptly and carefully analyzed. The reporting procedure, therefore, should be planned well in advance to ensure that the reports will respond to those issues which motivated the study in the first place.

129. The presentation of the study results can take several different forms and can be directed towards several different audiences with various levels of technical sophistication and various kinds of interests. The next few paragraphs will illustrate the proposed analysis and reporting plan for the survey.

Step 1: National Preliminary Report: Soon after the data entry has been completed, and after a minimal amount of data editing, a brief preliminary report should be prepared. The purpose of such a report would be to bring out rapidly those results which are, first, of the greatest interest and, second, of the most immediate relevance to migration policies and programmes. The content of the preliminary report should be carefully limited so that it can be produced as quickly as possible.

Step 2: National Principal Report: The principal results of the study will be issued in a detailed and comprehensive set of tabulations, accompanied by substantial written discussion and interpretations. The purpose of the principal report is to present the findings which will answer the questions of all but the most specialised researchers.

5.13 Dissemination of Research Findings

130. The main thrust of this project is to make available through various dissemination methods the findings of the project's results and analysis to planners, policy makers, programme managers, scholars and researchers and other users for utilisation in formulating, implementing, monitoring and evaluating national and sub-national migration policies and programmes.

131. The National Principal Report should be distributed to relevant government offices and to national and international research centres and organizations and will serve as a reference work.

132. The principal report is too comprehensive to be suitable for a general audience, and would itself serve as the source for other reporting and dissemination formats almost immediately after it has been published. Three such formats are suggested.

- The first is a **summary** of perhaps 25-30 pages which would consist primarily of readable text with only a few tables. This condensed report will distil the main findings and implications of the principal report into a form which would have maximum relevance to high level officials within and outside the statistical sector.
- The second by-product of the principal report would be a **national seminar** at which the same officials plus interested scholars, parliamentarians, and media representatives would be given a more detailed verbal presentation of findings and would have the opportunity to ask questions about the study. Such seminars are valuable as a way of bringing together the persons who conducted the study and its analysis and those who have the greatest practical interest in its results, and who are usually involved in policy formulations and alternatives.

- The third by-product will aim at **promoting awareness** of issues related to international migration through a number of newspaper and magazine articles for the general population, and some brief press releases for radio and television. Such material would, of course, be written in completely non-technical language.

133. In accordance with the vision of the 2004 'Marrakech Action Plan for Statistics' (MAPS) and its 'Accelerated Data Program' (ADP) launched in 2006, the 2009 'Dakar Declaration on the Development of Statistics', and to increase the use and value of the survey data, the MED-HIMS management will arrange with each participating country to make the survey data files available to researchers through the official websites of the National Statistical Office and the 'International Household Survey Network' (IHSN).

5.14 Advanced Analysis

134. Following these activities, further advanced analysis would be conducted at other locations such as universities and population, social and economic studies centres. A file of active projects should be prepared so that researchers with the same interests can become aware of one another and not duplicate work unnecessarily. The MED-HIMS Project will conduct a number of illustrative in-depth studies with participation of researchers from national and international research centres.

135. Needless to say that the various analysis and reporting phases outlined above will require staffing by programmers, analysts, and several other specialized persons for shorter periods. Further, computer software must be prepared or installed which can be used for the analysis of data. We stress here the desirability of using computer packages which already exist for data entry and data analysis, rather than preparing completely new programmes.

5.15 Regional Comparative Analysis

136. This final stage will be concerned with the regional analysis of data from the national surveys in the participating countries. The regional comparative analysis will consist of a series of reports on the major topics covered in the study. At the end of this stage a regional seminar will be organized to discuss the policy implications of the results at the regional level.

6. Project Monitoring and Evaluation

137. The MED-HIMS recognizes that evaluation and quality control should be built in the very design of the survey and should not be undertaken as an afterthought when the survey is completed. The major steps towards quality control are covered in detail in the MED-HIMS Technical Manuals. The NPIU should plan and budget for a programme of appropriate quality control and evaluation techniques as an integral part of its MED-HIMS survey. The main tool for monitoring and evaluation is the 'Logical Framework Matrix' presented in Annex II.

138. The survey design will make provision for the estimation of **sampling errors**. As part of the overall evaluation of the survey data, the sampling error of a large variety of tabulation cells will be estimated so as to permit the development of generalized statements (in the form of tables) relating the size of sampling errors to the number of observations. The MED-HIMS/PIU will develop materials for assisting countries to estimate sampling errors.

139. In each participating country, the MED-HIMS/PIU will work with the National Survey Director to establish a programme of quality control procedures that would enable him to examine and re-examine both basic survey decisions and survey operations from the viewpoint of quality control. The National Survey Director will provide the MED-HIMS/PIU with quarterly and final reports which will be designed to provide information concerning the timeliness and adequacy of implemented activities, the outputs of those activities and the delivery and use of inputs.

140. At the end of each country project, the MED-HIMS/PIU will evaluate the project to ascertain the relevance, effectiveness, and impact of the project's implementation experience in view of its objectives. The project evaluation will also seek to determine why things worked as they did, so as to provide lessons for the future.

141. Above all, the MED-HIMS/PIU will strive for results of high quality. This can be achieved through the work of national staffs, assisted by the MED-HIMS/PIU staff, but it requires that adequate time be devoted to planning, the testing of instrumentation and procedures, the training of survey personnel, and the careful phasing of survey activities. In each participating country, the MED-HIMS should stand as a model of excellence and as a standard against which subsequent surveys could be compared.

7. Ethical Statement and Data Protection

142. In each participating country, National Statistical Acts should apply in this research programme to ensure confidentiality and security of individual data throughout all stages of the survey.

143. All interviews should be undertaken with interviewees' consent. The interviewers should explain to all research subjects the purpose of this study and ask for their consent.

144. The information in the study should be kept confidential. Data should be stored securely and should be made available only to the senior members of the research team. The data files should be kept encrypted and password protected. While entering the data, NSO should use serial numbers and codes instead of the names of interviewees. No reference should be made in oral or written reports which could link research objects to the study. Strict anonymity should be preserved.

8. National Follow-Up Action

145. In each participating country, upon the completion of this project, the NSO will make the data files available to the relevant departments within the government, and national research centres dealing with the various topics covered in the project to encourage research on related subjects. A copy of the project outputs will also be shared with the international organizations participating in the MED-HIMS Consortium.

146. As previously mentioned, the MED-HIMS management will arrange with each participating country to make the survey data files available to researchers through the official websites of the National Statistical Office and the 'International Household Survey Network' (IHSN).

147. The accumulated experience and technical know-how should be maintained and put into use in future data collection, data processing and data analysis, dissemination, and utilisation activities.

9. Concluding Remarks

148. The ultimate goal of this project is to establish “national migration profiles” for participating countries and to generate “migration scenarios”, supported by evidence, of policies and measures that address a broad range of challenges and opportunities through dialogue and cooperation between the MENA sending countries and the European and other destination countries.

149. The research objectives are to integrate multi-objective decision analysis to allow for a holistic assessment of alternative migration strategies. This is important to a region facing dramatic shifts in its demographics, which will need novel and potentially radical solutions based on dialogue and cooperation. The MED-HIMS project will develop an infrastructure to make the results of its research available to policymakers, politicians and other stakeholders. Its ambition is to make a difference in policy-making by contributing sound, knowledge-based information.

150. Yet the contribution to the study of international migration goes far beyond the conventional analysis of demographic and development trend data. Development of comprehensive approaches to survey design and scope in the MENA countries will contribute potentially to the social and economic development process in the region. An information resource base for trend analysis and for comparisons across the MENA countries promises an opportunity to construct and test causal theory that will feed back into critical policy and programme decisions. In the end, these policy and programme decisions are more or less effective depending on the timeliness and the quality of the results of the survey.

Annex 1. General Form of National Survey Proposal

<COUNTRY>
<National Statistical Office>

<COUNTRY>-HIMS

<COUNTRY> Household International Migration Survey

Project Proposal

MED-HIMS

In collaboration with

EC/EuropeAid/Eurostat/MEDSTAT
The World Bank

ILO

UNFPA
IOM

UNHCR
LAS

<Date of submission>

Project Proposal

The ‘<COUNTRY> Household International Migration Survey’ (<COUNTRY>-HIMS) is a national research programme designed to overcome the lack of data on international migration from <COUNTRY> by collecting reliable and representative data on the determinants and consequences of international migration and mobility. The <COUNTRY>-HIMS will be implemented by the <NATIONAL STATISTICAL OFFICE> as a part of the internationally coordinated ‘Mediterranean Household International Migration Survey’ (MED-HIMS/<PHASE>) and in collaboration with the European Commission, the World Bank, the UNFPA, the UNHCR, and the League of Arab States.

This Project Document is the outcome of a series of discussions between <NATIONAL STATISTICAL OFFICE> and MED-HIMS III, and meetings held in <VENUE> in <DATE>. The present document was prepared under the supervision and with the approval of <NSO’s DG> and with the participation of <RELEVANT NATIONAL EXPERTS>, and with technical inputs by <MED-HIMS EXPERTS>.

<NATIONAL STATISTICAL OFFICE> and MED-HIMS are submitting this Project Document to International Donor Organizations for possible funding.

Project Title: <Country> Household International Migration Survey
 (<Country>-HIMS)

Implementing Agency:

Project Duration:

Starting Date:

Total project cost:	Government contribution	US\$	EUR
	External contribution	US\$	EUR
	Total	US\$	EUR

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Annex I: <COUNTRY>-HIMS Logical Framework Matrix

Annex II: Timetable for MED-HIMS Activities at National Level

Component/Activity	Month																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1 Preparatory activities																									
1.1 Establishment of national survey committee and team																									
1.2 Adaptation of questionnaires & field manuals (Q&M)																									
1.3 Printing of Q&M for the pre-test																									
1.4 The pre-test: Training																									
1.5 The pre-test: Data collection																									
1.6 The pre-test: Analysis and finalisation of Q&M																									
1.7 Sample design, stratification & selection																									
1.8 Printing of Q&M																									
1.9 Selection of supervisors & interviewers																									
1.10 Publicity																									
2 Data collection																									
2.1 Training of supervisors & interviewers																									
2.2 Listing and data collection with interviews (main field work)																									
3 Data management																									
3.1 Adaptation & installation of computer packages and training for data entry, cleaning & preliminary tables																									
3.2 Data editing and coding																									
3.3 Data entry and cleaning																									
3.4 Frequency distributions & final editing for all data files																									
3.5 Adaptation & installation of computer packages and training for recode and statistical tabulation																									
3.6 Calculation of weights																									
3.7 Statistical tabulations																									
3.8 Calculation of sampling errors																									
4. Data analysis and report writing																									
4.1 Preparation of Preliminary Report																									
4.2 Preparation of Principal Report: data analysis & report writing																									
4.3 Preparation of Summary Report																									
5 Dissemination and documentation																									
5.1 Dissemination of data files & reports																									
5.2 Preparation and holding of National Seminar																									
5.3 Documentation and Archiving																									

Annex III: Logical Framework Matrix for MED-HIMS at the National Level (As part of the coordinated MED-HIMS Logical Framework Matrix)

Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Assumptions
Overall objective			
To provide the government and other national entities and the international community dealing with international migration with a timely, integrated and comparable set of reliable information suitable for formulating, implementing and evaluating the migration policies and programmes in a cost-effective manner.	Comprehensive results and detailed datasets are made available to the public sector and international community for decision-making processes.	<ul style="list-style-type: none"> Dissemination tools of NSO (publications, websites, data files...) Dissemination tools of international institutions 	--
Project purpose			
To implement a household international migration survey as part of the internationally coordinated MED-HIMS program.	<ul style="list-style-type: none"> National tabulation sets, publications and detailed survey data/metadata gathered and used/arranged for further data analysis and dissemination at national and international levels. 	<ul style="list-style-type: none"> National publications Comparative publication Outputs disseminated at national and international levels through events, website and other means 	<ul style="list-style-type: none"> Harmonised statistics are considered as a necessary input by decision-makers in the field of migration policies
Results to be achieved			
R1. Strengthened national and international management and closer coordination in the field of migration statistics are achieved			
<ol style="list-style-type: none"> A 'National Project Implementation Unit' (NPIU) for MED-HIMS is established and functioning Monitoring and Evaluation system is established Working tools and outputs progressively made available and disseminated within 	<ul style="list-style-type: none"> NPIU is established LFM is updated continuously (M&E indicators and system are defined, developed and followed up) CVP is implemented National Steering Committee 	<ul style="list-style-type: none"> Progress reports Reports of workshops, training courses and experts' missions Communication and visibility means (brochures, advertising, website, ...) Financial reports 	<ul style="list-style-type: none"> International organisations supporting the project coordinate their efforts with NSO and MED-HIMS The NPIU is recognised at the national level The CVP is endorsed at

Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p>and outside the Project</p> <p>4. Communication and Visibility Plan (CVP) is developed and implemented</p>	<p>meetings are held</p>	<ul style="list-style-type: none"> Final report 	<p>national level and by the international partners</p>
<p>R2. Common survey methodology and model tools are developed and agreed (<i>under the coordinated MED-HIMS</i>)</p> <ol style="list-style-type: none"> Final versions of questionnaires and other manuals are adapted to national needs and translated into Arabic Data Entry System developed and documented Data Tabulation developed General pre-test survey implemented in one of participating countries Skills of the national staff in relation to the various components of MED-HIMS (survey methodology, planning, manuals, data entry and data tabulation/analysis tools) are increased 	<ul style="list-style-type: none"> Questionnaires and other manuals are finalised and printed Training workshops are held Questionnaires and other selected manuals are translated from English to Arabic Follow-up meetings are held Data Entry System is developed, tested, documented and Participation in a regional workshop for discussing and finalising the Model Data Entry System 	<ul style="list-style-type: none"> Progress reports Manual M1 – Questionnaires Manual M2 – Survey Design and Organisation Manual M3 – Instructions to Supervisors Manual M4 - Instructions to Interviewers Manual M5 – Sample Design Manual M6 - Coding and Recode Specifications Manual M7 - Guidelines for Country Report (Part 1: Statistical Tabulations, Part 2: Data Analysis Guidelines) Reports of regional/national meetings Manuals M1-M4 and M7 in Arabic Data Entry System (including documentation report) Financial reports 	<ul style="list-style-type: none"> Regional methodological tools are adapted to national needs and context
<p>R3. National survey implementation plans are prepared, ensuring the transfer of know-how and the enhancement of the skills of national staff</p> <ol style="list-style-type: none"> National adapted versions of model 	<ul style="list-style-type: none"> National manuals and 	<ul style="list-style-type: none"> Progress reports 	<ul style="list-style-type: none"> Sufficient political support

Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p>manuals are prepared</p> <p>2. National pre-test survey is implemented</p> <p>3. National sample is designed</p> <p>4. Training of fieldworkers and other staff is implemented</p> <p>5. Data collection material is distributed</p> <p>6. National adapted version of Model Data Entry System is prepared and data entry infrastructure is set</p> <p>7. CVP at national level is implemented</p> <p>8. On the job transfer of knowledge and skills to national survey staff is carried out</p>	<p>questionnaires</p> <ul style="list-style-type: none"> • Pre-test survey is implemented • National sample is extracted • Awareness material is prepared and events held • Number of fieldworkers are selected and trained • Number of data entry staff are selected and trained 	<ul style="list-style-type: none"> • Reports of meetings, training courses and other activities, and experts' missions • National manuals • National data entry systems • Reports of pre-test survey • National sample • Awareness and publicity national material and means • Financial reports 	<p>for the implementation of the national survey is provided</p> <ul style="list-style-type: none"> • Adequate human and technical resources are made available by NSO
<p>R4. National survey is implemented, providing national results on international migration</p> <ol style="list-style-type: none"> 1. Data collection implemented 2. Data checking/editing carried out 3. Data are analysed and national publications prepared 4. National publications and other outputs disseminated at different levels 5. On the job transfer of knowledge and skills carried out 	<ul style="list-style-type: none"> • Number of eligible respondents interviewed • Percentage of target sample achieved • Number of staff trained during the implementation of the survey • National survey results disseminated (including data tables and analysis produced) • National publications and detailed survey data/metadata are arranged according to a standard formats and disseminated 	<ul style="list-style-type: none"> • National survey reports • Reports of meetings, activities and experts' missions • National tabulation sets • National publications • National datasets • Other national outputs • Financial reports 	<ul style="list-style-type: none"> • Adequate human and technical resources are made available by NSO • Respondents collaborate with the survey

Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p>R5. National survey results are disseminated at international level through a series of publications, meetings, usage of mass-media, and widespread dissemination of research findings (<i>under the coordinated MED-HIMS</i>)</p> <ol style="list-style-type: none"> 1. Outputs disseminated at national and international levels (including advanced and comparative publications) 2. Final summary and documentation report prepared 	<ul style="list-style-type: none"> • Reports on survey findings and other outputs are prepared and released through different means • Dissemination events are held • Final report is produced and disseminated 	<ul style="list-style-type: none"> • Progress reports • National and comparative publications • Final report • Financial reports 	<ul style="list-style-type: none"> • National survey is successfully implemented • National data and reports are disseminated

Activities	Means	Costs
<p>A1. Management and coordination at central level (under the coordinated MED-HIMS)</p> <ol style="list-style-type: none"> 1. Establishment of the NPIU within NSO and project website 2. Recruitment of survey staff 3. Organisation of coordination/technical meetings & events 4. Translation of tools and documents 5. Printing of publications and production of other outputs 6. Dissemination of material and documents within and outside the Project 7. Management of centralised funding and monitoring of disbursement 8. Financial reporting 	<ul style="list-style-type: none"> • Contribution of project management staff • Contribution of national and international experts • Contribution of the involved national and international institutions • Provision of national and international facilities/services for meetings/events, communication, data/document exchange, logistics, interpretation/translation, and printing/dissemination of material • Transfer of knowledge and skills to national staff through meetings, TA missions and on the job training 	<p>(See Project Budget)</p>
<p>A2. Preparation and implementation of national survey</p> <ol style="list-style-type: none"> 1. Preparatory activities <ul style="list-style-type: none"> Establishment of national survey team and project document & budget Adaptation of questionnaires & manuals (Q&M) and printing for pre-test Sampling design and sample selection The pre-test Printing of Q&M Selection of supervisors & interviewers Publicity 2. Data collection <ul style="list-style-type: none"> Training of supervisors & interviewers Listing and data collection with field interviews 3. Data management <ul style="list-style-type: none"> Data entry and cleaning Recode and statistical tabulations 4. Data analysis and report writing <ul style="list-style-type: none"> Preparation of Preliminary Report Preparation of Principal Report 		

<p>Preparation of Summary Report</p> <ol style="list-style-type: none"> 5. Dissemination and documentation <ul style="list-style-type: none"> Dissemination of data files & reports Preparation and holding of National Seminar 6. Preparation of National Documentation Report 		
<p>A3. Preparation and implementation of the national survey</p> <ol style="list-style-type: none"> 1. Preparation and dissemination of technical documents, progress reports and briefs for meetings & other purposes 2. Preparation and implementation of the CVP 3. Preparation of computer packages for data entry, cleaning & preliminary tables 4. Preparation of computer packages for recode & statistical tabulations 5. Dissemination of publications & data files 6. Preparation of Project Documentation Report 7. Preparation and holding of Final Seminar 8. Monitoring of project progress 9. Preparation of Advanced Analysis Reports 10. Participation in Comparative Analysis 		

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MED-HIMS is a joint programme of regionally coordinated migration surveys currently supported by the European Commission (EC), the World Bank, the UNFPA, the UNHCR, the IOM, the ILO and the League of Arab States (LAS). It has its roots in the EC's MEDSTAT programme, and has been developed at the request of and together with the NSOs of seven of the MEDSTAT countries (Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine and Tunisia).

MED-HIMS Coordination Committee (as of October 2013):

- **European Commission: EuropeAid** (Unit F4 - Regional Programme Neighbours South), Eurostat (Unit A6 – Statistical co-operation)
- **The World Bank** (Development Data Group)
- **UNFPA** (Arab States Regional Office)
- **UNHCR** (Division of Programme Support and Management)
- **IOM** (Regional Office for Middle East and North Africa)
- **ILO** (Arab States Regional Office)
- **The League of Arab States** (Migration and Arab Expatriates Department)

MED-HIMS participating national agencies:

- **National Statistical Office (ONS)**, Algeria
- **Central Agency for Public Mobilization and Statistics (CAPMAS)**, Egypt
- **Department of Statistics (DoS)**, Jordan
- **Central Administration of Statistics (CAS)**, Lebanon
- **High Planning Commission, Directorate for Statistics (HCP/DS)**, Morocco
- **Palestinian Central Bureau of Statistics (PCBS)**, Palestine
- **National Statistical Institute (INS)**, Tunisia

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Other means

- MED-HIMS page at Eurostat Website:
http://epp.eurostat.ec.europa.eu/portal/page/portal/european_neighbourhood_policy/enp_south/med_hims
- MED-HIMS Newsletter (issued every 6-9 months)
- Progress reports, papers and other documents for international meetings