



# MIGRATION STATISTICS

## FINAL SECTOR REPORT

This document has been developed within the framework of the Euro-Mediterranean statistical cooperation project MEDSTAT III, funded by the European Union.

The contents of this publication are the sole responsibility of MEDSTAT III and can in no way be taken to reflect the views of the European Union.

## MEDSTAT programme in brief

MEDSTAT III, the statistical cooperation programme with the European Union's partner countries of North Africa and the Eastern Mediterranean, was financed and managed by EuropeAid, the European Commission's Directorate-General for Development and Cooperation. The programme, which was officially launched on 28 April 2010 ran until the end of 2013 and had a budget of seven million euros. The aim of the programme was to strengthen the capacity of the statistical authorities of the EU's Mediterranean partners (Algeria, Egypt, Israel, Jordan, Lebanon, Morocco, Palestine, Syria, Tunisia) to collect up-to-date, timely and relevant statistics, ensuring the reliability and coherence of available information.

### Objectives

MEDSTAT III builds on the achievements of the MEDSTAT I (1996-2003) and MEDSTAT II (2006-2009) programmes. It seeks to promote evidence-based policy-making and to foster democratic development through the use of robust statistical data. The programme aims to improve the quality and availability of data in six priority thematic sectors - agriculture, energy, migration, social statistics, transport, and trade and balance of payments - and will promote the increased dissemination and use of this data.

### What does it do?

MEDSTAT III is designed to strengthen the national statistics institutes and national statistical systems in the Mediterranean Partner Countries by improving their capacity to collect the timely, relevant and high-quality data necessary for political decision-making and good governance. Furthermore, it promotes the harmonisation of statistical data with European and international standards, and consolidates the exchange of data between partners.

The MEDSTAT III experts work closely with their counterparts in the partner countries to carry out the project's activities and to transfer know-how and best practices. This is done through targeted technical assistance, and a series of workshops, seminars, training courses and study visits.

Other activities include promoting a more user-friendly dissemination of statistics and a better understanding of the importance of statistics among the final users (politicians, governments, administration, private sector, journalists, universities, civil society, EU bodies, and international institutions).

### Available data

In a complementary activity, Eurostat collects annually a wide range of data from the Mediterranean partners.

These data can be consulted on-line at:

[http://epp.eurostat.ec.europa.eu/portal/page/portal/european\\_neighbourhood\\_policy/enp\\_south/data\\_1/database](http://epp.eurostat.ec.europa.eu/portal/page/portal/european_neighbourhood_policy/enp_south/data_1/database).

A synopsis of this data is also available in pdf version in the country profiles, see:

[http://epp.eurostat.ec.europa.eu/portal/page/portal/european\\_neighbourhood\\_policy/enp\\_south/data\\_1/country\\_profiles](http://epp.eurostat.ec.europa.eu/portal/page/portal/european_neighbourhood_policy/enp_south/data_1/country_profiles).

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# Acronyms

ADB	African Development Bank
ASRO	Arab States Regional Office
CARIM-South	Consortium for Applied Research on International Migration for the Southern & Eastern Mediterranean and Sub-Saharan Africa countries (under the Migration Policy Centre of European University Institute, Florence)
CAPMAS	Central Agency for Public Mobilisation and Statistics (Egypt)
CAS	Central Administration for Statistics (Lebanon)
CATI	Computer-Assisted Telephone Interviewing
CERED	Centre d'études et recherche démographiques (Morocco)
CIRCABC	Communication and Information Resource Centre for Administrations, Businesses and Citizens
CM	MED-HIMS Coordination Meeting
CSSR	Country Statistical System Report
CTA	Chief Technical Adviser
DC	MEDSTAT Directors' Committee
DEPS	Data Entry and Processing System
DS	Direction de la Statistique (Morocco)
DoS	Department of Statistics (Jordan)
EC	European Commission
EFTA	European Free Trade Association
EMN	European Migration Network
EMWGMS	Euro-Mediterranean Working Group on Migration Statistics (also referred to simply as WG in this document)
ENP-South	European Neighbourhood Policy for the South region
ENPI	European Neighbourhood and Partnership Instrument
EU	European Union
EUROMED Migration	Euro-Mediterranean Migration (EC-funded programme)
EuropeAid	Development and Cooperation (EC Directorate General, DEVCO)
EUROSTAT	European Statistical Office (EC Directorate General)
FRA	EU Agency for Fundamental Rights
HCP	Haut Commissariat au Plan (Morocco)
ICBS	Israeli Central Bureau of Statistics
ICMPD	International Center for Migration Policy Development
ILO	International Labour Organization
INED	Institut national d'études démographiques (France)
INS	Institut National de la Statistique (Tunisia)
IOM	International Organization for Migration
ISTAT	Istituto Nazionale di Statistica (Italy)
IUSSP	International Union for the Scientific Study of Population
LAS	League of Arab States

LFS	Labour Force Survey
MAFE	Migration between Africa and Europe
MED-HIMS	Mediterranean Household International Migration Survey (joint programme)
MEDSTAT	Mediterranean Statistics (EC-funded Regional Programme of Statistics in the Mediterranean Region)
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Survey (UNICEF programme)
MMC	Management and Monitoring Cell
MPC	Mediterranean Partner Countries of the ENP-South
MPP	Migration Profiles Process
MQ	Model Questionnaire
NC	National Coordinator for MEDSTAT Migration Statistics
NIDI	Netherlands Interdisciplinary Demographic Institute
NSI	National Statistical Institute
NSS	National Statistical System
OECD	Organization for Economic Co-operation and Development
ONS	Office National des Statistiques (Algeria)
PARIS21	Partnership in Statistics for Development in the 21st Century
PCBS	Palestinian Central Bureau of Statistics
PIU	Project Implementation Unit
PNA	Palestinian National Authority
Q&M	Questionnaires and manuals
STE	Short-Term Expert
TFSCB	Trust Fund for Statistical Capacity Building (World Bank programme)
UN	United Nations
UNDP	United Nations Development Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNECA	United Nations Economic Commission for Africa
UNECE	United Nations Economic Commission for Europe
UNESCWA (or ESCWA)	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNHCR	United National High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WG	Working Group (generally used here as equivalent to EMWGMS)
WHO	World Health Organization

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## I. Introduction

### I.1. Objectives of the report

The main objective of this report is to document and present an assessment of the activities implemented and the progress achieved in the framework of the MEDSTAT III project on the Migration Statistics Sector during its lifespan, from May 2010 to December 2013. Given the important role of MEDSTAT III Migration in the development of model tools, launching of migration surveys at country level and coordination of regional operations, this work encompasses in particular the documentation and assessment of a first phase of the Mediterranean Household International Migration Surveys (MED-HIMS), the regionally coordinated programme supported by the international community already initiated under MEDSTAT II.

Moreover, as the outcome of specific activities jointly carried out at regional level during MEDSTAT III, this report illustrates the topics, work programme and arrangements proposed for the implementation of a work programme of the Euro-Mediterranean cooperation on the Migration Statistics Sector in the “post-MEDSTAT III”.

### I.2. Structure of the report

The report first describes the initial design and the progressive management and re-orientation of the work programme in Migration Statistics (Chapter III). This is followed by the presentation of the main activities implemented at regional and national level (Chapter IV) and an evaluation of the achievements (Chapter V).

Then the final part (Chapter VI) illustrates the process for setting up the Euro-Mediterranean Working Group on Migration Statistics (EMWGMS) and the functioning and work programme proposed for that for 2014-2015.

## II. Executive Summary

### Design and management of the work programme

Since the beginning of MEDSTAT Programme the work for Migration Statistics mainly contributed to enhancing the capacity of the Mediterranean Partner Countries (MPCs) to produce more frequent, improved and comparable statistics in the long term. Therefore, the second phase of Programme (2006-2009) recognised a general improvement of national coordination, exchange of information on international requirements and national practices and use of administrative and statistical sources at national level. MEDSTAT II saw a the development of a first version of Model Questionnaires (MQs) for a programme of coordinated Mediterranean Household International Migration Surveys (MED-HIMS) to be carried out outside MEDSTAT.

The period between MEDSTAT II and III was mainly characterised by the implementation of important statistical operations in Morocco (National Demographic Survey 2009-2010 including an important migration module), Israel (Immigration Absorption Survey 2010-2011) and Palestine (National Migration Survey 2010). The latter was based on an adapted version of the then available MQs. Moreover, the period saw the further development of the MQs and other data collection manuals for MED-HIMS under the World Bank and UNHCR funding.

MEDSTAT III (April 2010 - December 2013) started working in the track of MEDSTAT II by further promoting and coordinating the activities towards a MED-HIMS Programme, providing *ad hoc* support to PCBS and organising the Task Force, a new MED-HIMS regional workshop and other two events in January 2011.

The Task Force approved a work programme for 2011-2012 based on the following:

- The preparation of a proposal for a regional project coordinating the first MED-HIMS surveys and the organisation of a donors meeting for fundraising;
- A regional study on national systems and research on international migration in a EU Member State;
- The organisation of 3 - 4 regional and sub-regional events and the participation to international meetings such as the biannual Joint UNECE / EUROSTAT Work Session on Migration Statistics;
- The implementation of a pilot data collection exercise based on the residence permit data and the preparation of a documentation on the national systems relevant for the sector; and
- The provision of technical assistance for supporting the national MED-HIMS surveys and the better use of administrative sources.

This work programme was progressively re-oriented more towards the MED-HIMS. This was mainly due to the limited absorption capacity of some national institutions asking for the cancellation of missions on the administrative data, the opportunity to wait for some progresses under the parallel EUROMED Migration III Project and the urgent needs for the technical assistance and the so-called 'horizontal activities'<sup>1</sup> of MED-HIMS.

During the lifespan of the Project UNFPA, ILO, IOM and the League of Arab States joined EuropeAid, EUROSTAT, the World Bank and UNHCR as members of the MED-HIMS Coordination Committee.

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<sup>1</sup> Horizontal activities in the MED-HIMS are considered the activities centrally implemented such as the development of a model manual or a regional workshop that have relevance for all the participating countries.



## Regional coordination and technical activities for MED-HIMS

MEDSTAT III was active in the coordination and technical work for the following MED-HIMS activities:

- Development of (model) tools
- Organisation of meetings
- Organisation of technical assistance missions
- Backstopping to the participating countries on technical, procedural and funding issues
- Development and review of project proposals
- Advocacy and fundraising for national surveys and horizontal activities
- Elaboration of proposals for the use of the available international funds
- Preparation and dissemination of the leaflet and three newsletter issues
- Publication of the first manuals

In overall the Project organised 5 coordination and panel meetings and 3 regional workshops for the MED-HIMS and promoted the survey programme in various international and bilateral meetings. All these meetings recognised the relevance of the initiative, highlighting in particular the methodological and procedural agreement reached between the MPCs, the respect of international requirements and so the comparability of country results, the economies of scale, the opportunity of a Project Implementation Unit (PIU) and the possible usefulness of the approach and tools for other regions and countries worldwide.

Upon mandate by the Directors' Committee Meeting of April 2011, in coordination with EuropeAid, EUROSTAT and the other MED-HIMS partner organisations MEDSTAT III developed a project proposal for the coordinated implementation of four MED-HIMS surveys starting with Egypt and Jordan in 2012 and organised a Stakeholders and Donors Meeting in September 2011. This meeting and following consultations allowed to identify a significant partial funding and thus to effectively launch a MED-HIMS Phase 1 Project in March 2012.

Given the constraints for the establishment of the permanent PIU, MEDSTAT III basically operated like such an entity, under the supervision of EuropeAid, EUROSTAT and the other partner organisations.

The methodological developments based on the contributions jointly made available since 2009 by the MEDSTAT project, the World Bank, UNHCR, UNFPA and the participating NSIs ensure today the following tools:

- The MQs and other data collection manuals (manuals 1 to 4),
- A compendium on sampling plans for Egypt, Jordan and Morocco.
- The model manual on data dictionary,
- The preliminary model tabulation plan, and
- The model data entry and processing system in CSPro4.1.

Manuals 1 to 3 and the sampling document were published by MEDSTAT III in December 2013. They are for the moment available in English and disseminated to the public through the EC CIRCABC portal.

## National MED-HIMS surveys

Mainly thanks to MEDSTAT III, the feasibility of MED-HIMS surveys was discussed in depth and survey project documents were prepared, in chronological order, in Egypt, Jordan, Lebanon, Morocco, Tunisia and Algeria. As of today, the national surveys were widely funded, although through different arrangements, and already partially implemented in Egypt and Jordan. The former is at stage of data editing, while the latter will launch the data collection in the field at beginning of 2014. A main pre-test is underway in Morocco. The survey in Lebanon is fully funded by the EC under a bilateral project for both the national operations and the harmonized technical assistance programme. The current plans foresee a

Phase 2 Project covering Lebanon, Morocco, Tunisia, Algeria and Palestine starting from the end of 2014, in some cases after the implementation of the population census or other major surveys, depending on availability of international funding where still necessary.

From October 2011 to December 2013 MEDSTAT III implemented 24 missions (or 36 individual missions) to MED-HIMS surveys, including a few missions under joint funding with UNHCR or UNFPA. The missions were undertaken by the Chief Technical Adviser, and 5 other international. Most these missions served to assist the implementation of the Egypt-HIMS and Jordan-HIMS, while the other were mainly used for preliminary preparation and for promoting the surveys towards the EU Delegations and local offices of the other MED-HIMS partner organizations, allowing to directly meet actors relevant for international funding, increase the awareness and enlarge the set of potential users of results.

### Other work components of MEDSTAT III Migration

As main activities under other work components, MEDSTAT III organised 2 regional workshops on the administrative national systems relevant for migration statistics and their use for statistical production, 1 regional study visits and 1 meeting for defining the “post-MEDSTAT III”. Moreover, it mainly ensured the participation of all MPCs in the biannual Joint UNECE / EUROSTAT Work Session on Migration Statistics held in Geneva, on 17-19 October 2012.

Most of these events allowed to review and discuss the practices of the migration data collection adopted by the EU and other UNECE countries and the MPCs, the international requirements in this area, the emerging data collection topics and challenges, the main experiences in the documentation of national systems for migration, including the initiatives of Migration Profiles, Mediterranean Transit Migration and interactive map (i-Map). Furthermore these events were used for discussing joint activities between the MPCs, such as the preparation of standardised country reports of national data sources and statistical production based on IOM guidelines in view of a documentation publication

The preparation of the documentation publication above was postponed to the “post-MEDSTAT III” period given the partial availability and still limited harmonization of country reports, as well as the evolving discussions and adherence of MPCs towards the Migration Profiles Process referred below.

Despite the initial requests, no missions for enhancing the national coordination, better processing the administrative data or preparing pilot or new tables were confirmed by the MPCs. This mainly reflected the workload of the involved services and the difficulties to effectively strength the national collaboration even over a quite long period.

The starting of the EUROMED Migration III Project at beginning of 2012 increased the attention on Migration Profiles for the MPCs. This project developed a management tool useful to the MPCs towards enhancing the national coordination, the exchange of information and data and, at end, more coherence and efficiency in managing the migration flows. According to this approach the MPCs started moving towards a Migration Profile Process, with the preparation of Migration Profiles at a second stage only, probably at different times, depending on the level of preparedness. Due the possible overlap, MEDSTAT III established a strong synergy with EUROMED Migration III and recommended the NSIs towards further maintain that in the “post-MEDSTAT III”.

### Evaluation of the work programme

MEDSTAT III ensured the implementation of a huge and intensive programme of activities involving a qualified and restricted pool of international experts and several experts and representatives belonging to international organizations. Many national experts significantly contributed during meetings and with desk work. The work programme initially defined was widely implemented, but for some activities it went well beyond the initial expectations and plans. The imbalances between countries in the use of resources respect to the timetables, circumstances and requests and anyway generally provided experiences and results useful at regional level. The re-orientation and new planning of activities coherently reflected the evolution of situations, respecting the country positions and the opportunities coming from the synergies.

Both the Project and NSIs provided means for increasing the national awareness on the relevance better migration statistics and the inter-institutional coordination. This met more openness and receptiveness than in the past. Also through the observation of the EUROMED Migration III, no reticence of national partner institutions is now evident. Despite the lack of significant enhancements in the adaptation or use of administrative systems, the appraisal is that the MEDSTAT working paths and the EUROMED Migration III pushes combined with the evolved situation and openness of MPCs may give *momentum* for concrete changes, although with probably different rhythms at country level.

MEDSTAT III successfully ensured the coordination between the members of the MED-HIMS Coordination Committee, which should evolve into a MED-HIMS Programme Steering Committee. This is tangible through the progressive awareness and involvement of the EU Delegations and all the relevant central, regional and sub-regional offices of UNFPA, UNHCR, IOM and ILO. Moreover, as the MED-HIMS Coordination witnessed important constraints in making available and pooling the financial resources necessary at national and regional level, MEDSTAT III constituted the solution for the timing of model instruments and the needs of priority countries at key moments of their survey implementation. Outside MED-HIMS, the Project successfully implemented the coordination with the parallel EUROMED Migration III Project and other international entities, ending with some rational considerations and opportune, cautelative decisions.

According to the countries, the MEDSTAT project kept representing an exceptional opportunity for the sharing of experiences and methodological discussions between them and with other countries and international actors. The internal reporting following the regional meetings and the conclusions of missions widely supported the transfer of knowledge and capacity building.

In the case of MED-HIMS the NSIs, international organizations and international experts in general consolidated and extended the joint development and use of statistical tools. The model questionnaires and manuals issuing by a long and intensive consultation process represent an important reference at global level. Thus, it is now important to start adopting this best practice also in the definition of common questionnaires and sets of indicators in order to enlarge and make more frequent the availability of comparable data.

Always in the sense of South-to-South cooperation, in the framework of MEDSTAT III the participating NSIs could exchange some tools directly contributing to the preparation of MED-HIMS surveys or pre-tests.

The increasing orientation of activities towards MED-HIMS and the availability of resources for different uses till the very end made the Project responsible, and visible, for the dissemination of information means and the key model tools and the preparation of significant pieces of other further manuals and systems.

The synergy and consultation with other initiatives were particularly frequent with, but not limited to, the MED-HIMS partner organizations and ICMPD as institution leading the EUROMED Migration III Consortium.

Finally, under the frame of the generic terms of reference for the future working groups and the common approach, the definition of the “post-MEDSTAT III” period was easy and found a wide consensus around components feasible and with immediate, concrete results or fundamental in the short/medium term perspective.

### **Preparation of the post-MEDSTAT III**

The strategy for the regional statistical cooperation in the “post-MEDSTAT III” period established a new modality with a number of Euro-Mediterranean working groups in priority sectors in charge of developing and implementing the sector work programmes under the supervision of the Forum of Euro-Mediterranean Statisticians’ (the former MEDSTAT directors’ Committee) and a Support Cell hosted by EUROSTAT.

The setting-up of the Euro-Mediterranean Working Group on Migration Statistics (EMWGMS or WG) was based on several discussions and consultations held at different level. The first meeting of the Forum in

May 2013 oriented towards concentrating on MED-HIMS, given the relevant and feasibility of national operation, assigned the WG leadership for 2014-2015 to CAS-Lebanon.

Pursuing the capacity building and measurements aimed under MEDSTAT and the contribution to the main ongoing regional initiatives, the EMWGMS will have the following main objectives:

- i) Consolidating the dialogue, coordination and cooperation at regional level and with other working groups and regional and international actors;
- ii) Increasing the national awareness on the usefulness and relevance of improved statistics and enhancing the dialogue between data producers and data users;
- iii) Strengthening the capabilities of the NSSs of MPCs to produce more frequent, improved and harmonised migration statistics using all kinds of sources;
- iv) Supporting and following-up the completion and consolidation of the model tools and the coordinated national survey projects under the MED-HIMS Programme;
- v) Defining new measurement tools and procedures and initiating regular data collection systems for dissemination of statistics useful for policy making and other users.

The EMWGMS will act as a platform for migration statisticians at the regional level to share information and best practices, to coordinate and further develop the entire data cycle, to maintain the regional and international cooperation, and to provide relevant inputs to research and policy-making in key areas such as migration management and migration and development. The WG as such shall not be directly liable of implementing any data collection operation in the countries or the coordination of national projects but only in ensuring the exchanges of information on practices and facilitating further methodological developments.

The work programme for 2014-2015 was established at occasion of its first meeting and through a following consultation from distance. Beyond the aspects of the successive programming and evaluation and the interaction with other entities of the "post-MEDSTAT III", the EMWGMS will focus first on the methodological development, documentation of experiences and dissemination of results of MED-HIMS. In parallel, it will support the awareness of policy makers towards the relevance of improved and comparable migration statistics and the Migration Profiles Process. Depending on absorption capacity and resources, it will further consider the adaptation of questionnaires for census and general surveys and the use of administrative sources.

This, it will work under the following main components:

1. Exchange on technical issues and practices, programming and follow-up
2. Methodological development and quality improvement
3. Collection, analysis, dissemination and documentation of data
4. Regional and international coordination

The EMWGMS will be composed by the EC, the MPCs currently covered by MEDSTAT III plus Libya and other national institutions that wish to adhere. Other international organisations, in particular those contributing to MED-HIMS, are expected to adhere too or at least to participate as observers. The WG will mainly operate from distance and through meetings, depending on absorption capacity and availability of financial resources, under the coordination of CAS-Lebanon. For the moment EUROSTAT will ensure one yearly WG meeting, while LAS will intervene with a partial funding for a regional meeting in 2014. The means for further MED-HIMS model manuals will be funded by the international organisations.

The functioning, coordination arrangements and funding of the EMWGMS will be further specified or materialised through further consultations, first of all with the EUROMED Migration III Project and the future MED-HIMS Steering Committee.

## III. Design and management of the work programme

### III.1. Baseline/context analysis

The work for Migration Statistics under MEDSTAT II was primarily oriented at contributing to the improvement of the capacity of the Mediterranean National Statistical Systems (NSSs) to upgrade the production of statistics on migration in the long term. Therefore, the work focused on the following main and complementary / transversal components:

- Strengthening the capability to produce migration statistics from administrative sources,
- Strengthening the capability to implement migration modules in relevant household surveys and censuses,
- Improving national collaboration and awareness, and
- Promoting the exchange of data and information and joint initiatives.

In a first phase (2006-2007) the project activities were mainly oriented to developments targeted to each country, with generally separate study visits abroad and experts' missions to the countries. The achievements depended on national circumstances such as the overlap with population censuses, the effect of institutional reorganization, staff turnover and the willingness to cooperate of key partner institutions.

In a second phase of activity (2008-2009), the work was oriented to the regional dimension, with common events and training courses for all countries, the convergence of most the MPCs towards the development of similar project documents and common instruments for specialised surveys on migration.

In summary, the following main results were reached at national and regional level at the end of MEDSTAT II:

- The improvement of coordination between national partner institutions and between countries, and exchange of information on international requirements and national practices for the production of migration statistics. This was achieved mainly through the following means:
  - The preparation and dissemination of several reports and two publications, i.e. the Guide on the Compilation of Migration Statistics in the Euro-MED Region and the Final Report, and
  - The direct participation in various international meetings, mainly including two UNECE / EUROSTAT Work Sessions, a meeting of Suitland Working Group and the events organised or co-organised by MEDSTAT II, i.e. seven study visits, four regional workshops, one training workshop and two training courses;
- The improvement of national awareness, computerisation, use of administrative sources and statistical operations, with in particular the following:
  - The extension of the electronic registration of residence permits data in Egypt,
  - A new data exchange modality and a pilot tabulation based on individual data records from the registration of residence permits in Morocco,
  - A new methodology and pilot work on using border crossing individual data and the introduction of migration module in a MICS survey in Lebanon,
  - An emigration module in the census in Algeria, and
  - The project proposals for emigration surveys in Egypt, Palestine, Jordan and Syria.
- The development of a first version of the Model Questionnaires (MQs) for coordinated migration surveys to be carried out in the MED Region outside the MEDSTAT project (MED-HIMS initiative). This result was reached as a joint effort and by mean of an extensive series of meetings and consultations.

- A strong level of synergy with EUROSTAT, other EC services dealing with migration, the World Bank, UNHCR, ESCWA and selected NSIs and other entities of the EU Member States, in particular with reference to the development of MQs and the proposed MED-HIMS Programme.

#### Box 1 - The Mediterranean Household International Migration Survey' (MED-HIMS)

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 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 and later on the other partner organizations.

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 (MQs) has been developed by the international organizations 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 MQs, a series of manuals, guidelines and computer systems, covering the different phases of the survey from the initial organization 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 the 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.

As model tools, these manuals represent the basis for country-specific adaptations, or eventually integration and adaptation of some of its components in other household surveys or population censuses.



## III.2. Results of the inception period and Task Force of January 2011

### Initial activities and assessment of the situation

The period between MEDSTAT II and III (from the November 2009 to April 2010) was characterised by the following main activities at national and regional level:

- The launching of a survey on integration of immigrants and the studies towards the possibility to introduce a rolling census in Israel;
- Various developments on both the administrative sources and statistical operations such as the implementation of the 2009/2010 National Demographic Survey in Morocco;
- The introduction of migration related questions in general surveys (such as the 2009 Health Survey and Labour Force surveys - LFS in Syria) or a more frequent implementation of such surveys (for instance for the Population and Employment Survey in Tunisia, which became quarterly);
- The implementation of the first Palestinian National Migration Survey, with fieldwork in spring 2010, based on the adaptation of the then available draft version of MQs and its extension to cover internal migration too;
- The further development of the MED-HIMS MQs and the data collection model manuals (on survey design and organization as well as instructions to fieldworkers) by the involved international experts working on behalf of the World Bank and UNHCR. This included the introduction in the MED-HIMS methodology of a module on forced migration already proposed by UNHCR in summer 2009.

The assessment of the situation at the start of MEDSTAT III was carried out through the following:

- Desk review of latest materials on measuring international migration available in the region and at global level,
- Analysis of answers to a common questionnaire on needs and priorities sent to the MPCs,
- Direct consultations with the National Coordinators for Migration Statistics (NCs), representatives of the EC, other international partner organizations and MEDSTAT III as well as external actors, and
- One mission of the Team Leader and Key Expert to Tunisia (8-10 June 2010).

Apart from the assessment, in accordance with the ToRs and outcomes of MEDSTAT II, during the initial period MEDSTAT III Migration was active mainly for the following:

- Coordination on MED-HIMS between EuropeAid, EUROSTAT, the World Bank and UNHCR, i.e. the international institutions supporting MED-HIMS at that time, and promoting the initiatives towards the international community;
- Organization of two MED-HIMS panel and coordination meetings (Luxembourg, 3-4 May 2010, and Paris, 10-14 December 2010) for reviewing the MEDSTAT III is contributing to the finalisation of the MQs and the preparation of first MED-HIMS manuals, which has been launched with funds made available by UNHCR and the World Bank;
- Contribution to the Suitland Working Group Project on Emigration Methodology Project, with the review on emigration modules adopted by the Maghreb countries in their last population censuses;
- Provision of technical assistance to the Palestinian Central Bureau of Statistics (PCBS) with a mission to Ramallah (26-30 September 2010) for evaluating the instruments and results of the 2010 migration survey and defining the indicators and tables of such survey for public dissemination;
- Organization of technical meetings back-to-back to the first Task Force of January 2011, i.e. a new MED-HIMS regional workshop, a regional workshop on using administrative sources a study visit on migration projections.

## Main orientations for MEDSTAT III and results of the Task Force

The previous results and recommendations, the MEDSTAT III ToRs, the questionnaires, consultations and recent activities described above allowed proposing to the Task Force Meeting of January 2011 the following main priorities for the work programme:

- a) Consolidating or launching the awareness and coordination between national partner institutions;
- b) Consolidating or extending the use of administrative sources for the production of migration statistics, including further clarification and discussion on internationally recommended concepts and definitions and the processing of individual data records available from administrative registers;
- c) Further developing and introducing practices for measuring migration through questions and modules in population censuses and household surveys;
- d) Further developing and finding agreement on the technical instruments for the MED-HIMS, with a special attention to sampling methods;
- e) Setting a regional project for the coordinated organization and implementation of national migration surveys based on the MED-HIMS methodology and instruments;
- f) Upon suggestion from Israel et Palestine, setting a sub-regional activity for enhancing the exchange of data and measurements between Egypt, Israel, Jordan and Palestine;
- g) Consolidating the methodological exchange between MPCs and with other countries and institutions, including further contribution to international initiatives such as the Suitland Working Group projects; and
- h) Promoting and increasing the use of migration statistics.

An important condition in the final phase of assessment was the confirmation of the extension in the duration and budget for the whole MEDSTAT III project about six months after the beginning.

The Task Force was held in Brussels on 12 January 2011. The following three events were organized on 13-14 January 2013, back-to-back in the same venue and in the Netherlands:

- The Fourth MED-HIMS Regional Workshop on survey methodology and tools;
- The Regional Workshop on Strengthening the Use of Administrative Sources, and
- The Study Visit on Migration Projections at the Netherlands Interdisciplinary Demographic Institute (NIDI, The Hague).

The Task Force was attended by the national delegates of eight MPCs, with Syria but without Algeria, and the representatives of European Commission (EuropeAid, DG Home Affairs and EUROSTAT), the World Bank, UNHCR and MEDSTAT III team. The meeting reviewed the activities undertaken since the end of MEDSTAT II, discussed about future plans and adopted the work programme for 2011-2012.

The introductory presentations offered by DG HOME and EUROSTAT highlighted the opportunities and challenges of developing the EU migration policies, acts and procedures, and collecting migration statistics under the international frameworks, in particular the recently implemented EU Regulation 862/2007.

The meeting recognised the need for strengthening the collaboration between national partner institutions, measuring migration of specific groups of people and undertaking the MED-HIMS as the most challenging and urgent issues, and the increasing attention generally addressed to the national emigrants and diaspora communities. Moreover, the meeting strongly welcomed the implementation of the 2010 National Migration Survey in Palestine, which was inspired to the MED-HIMS and carried out in difficult conditions.

Despite some degree of diversification, the Palestinian survey mainly demonstrated the feasibility and high usefulness of MED-HIMS. It encouraged the other MPCs and the international organizations to develop the full set of model tools and look for the partners and funding necessary for its further, coordinated



implementation. On the technical and operational level, the international experts anticipated the opportunity of introducing innovative methods on sampling including listing of households for selecting the survey respondents. Finally, some countries stressed on the need to avoid overlap between the implementation of the MED-HIMS surveys and the population censuses planned in 2014.

The Task Force approved a work programme for 2011-2012 based on the following:

#### Regional activities

- a) Study Visits: a study visit to an EU Member State such as Austria on national systems and research on international migration. A study visit to Morocco proposed by several countries was for the moment excluded due to the workload from the ongoing development of the Moroccan administrative registration systems;
- b) First MED-HIMS project: support the preparation of a project document for a first round of regionally coordinated surveys and in case the organization of a donors meeting for that;
- c) MED-HIMS workshops: one regional event on the MED-HIMS methodology and tools (with special focus on sampling) plus possibly sub-regional meetings for preparing the coordinated implementation of surveys, depending on the availability of external funding for the implementation of national surveys;
- d) Other events: one training of trainers or another event on migration data analysis, depending on further consultations and possibly a sub-regional event for enhancing the cooperation and measurements in Egypt, Israel, Jordan and Palestine;
- e) International meetings: the biannual Joint UNECE / EUROSTAT Work Session on Migration Statistics and eventually other international meetings, depending on resources and criteria of participation; and
- f) Data collection and documentation publication: launching a data collection pilot exercise based on the use of administrative sources and the preparation of a documentation report on the national systems for the administrative registration and production of statistics on international migration (hereinafter 'Documentation Publication').

#### National activities

- g) Technical assistance: Experts' missions and desk work for the purpose of further contributing to both the preparation and implementation of the MED-HIMS in the priority countries (in coordination with other organizations and depending on the availability of external funding for the survey implementation) and supporting the exploitation of national sources on country-specific or sub-regional operations in selected countries.
- h) National events: national inter-institutional committees and technical meetings, with possibly the participation of MEDSTAT.

### **III.3. Re-orientations of the work programme during the implementation phase**

The proposal of work programme for Migration Statistics within MEDSTAT III presented above was progressively amended and re-oriented according to a series of factors, as follows:

- The conciliation of resources and the screening of sector work programmes by the MEDSTAT Directors' Committee (DC) meetings;
- The political situation in most the participating countries with in particular the interruption of cooperation with Syria;
- The turnover in the national counterparts, including several general directors;
- Some change in statistical priorities in selected countries;
- The confirmation of Migration Statistics as a priority sector for the future and more in particular the progressive definition of the working group approach in the "post-MEDSTAT III" period;
- The work programmes and huge workloads of the national partner institutions holding the administrative systems;

- The limited availability of country contributions for the 'Documentation Publication';
- The developments, progresses and plans under other projects and frameworks such as in particular the EC-funded EUROMED Migration III Project (January 2012 - December 2014);
- The unavailability of Jordan and Egypt to implementing a joint sub-regional activity;
- The lack of confirmation by the MPCs of the technical assistance missions on the use of administrative sources already claimed during the 2011 Task Force;
- The long time for defining the surveys at country level and the first regional project and so for organizing the Stakeholders and Donors Meeting for the MED-HIMS; and
- The limited availability and timing of concretization of funding for the MED-HIMS Programme necessary at national and regional level.

The limited absorption capacity of national statistical systems (huge workload of the relevant national partner institutions, difficulties to consolidate the collaboration between national institutions) and the opportunity to wait for some progresses under the parallel EUROMED Migration III Project encompassed, despite the many efforts and recalls from the Key Expert to trigger the interest of MPCs for advancing the work on this area, the cancellation of the technical assistance missions for improving the use of administrative sources already requested by the MPCs during the 2011 Task Force. Therefore, the decision to allocate less resources to the component of administrative sources allowed to increase the provisions towards the MED-HIMS component, for the urgent and uncovered needs of the technical assistance to the national surveys and other operations progressively defined and launched in Egypt, Jordan and Morocco as well as its so-called horizontal activities<sup>(2)</sup>.

The successive proposals of changes to the work programme were jointly discussed with the MPCs and announced by the Key Expert at the occasion of regional events held after the Task Force (in May 2011, March 2012, October 2012, July 2013 and November 2013) and further evaluated at distance based on the reporting of the events.

### III.4. Synergies with other initiatives

Building on the experience of previous programme, MEDSTAT III consolidated and extended the exchanges and collaboration with most the international organizations relevant in the sector and the region and the main programmes, initiatives and projects.

First of all, in the case of the MED-HIMS Programme, MEDSTAT III was very important for facilitating the contacts between the members of the Coordination Committee, future Programme Steering Committee, i.e.:

- The European Commission (EuropeAid and EUROSTAT);
- The World Bank (Development Data Group);
- The UNHCR (Field Information and Coordination Support Section);
- The UNFPA Arab States Regional Office (ASRO, Cairo);
- The IOM Regional Office for MENA countries (Cairo);
- The ILO ASRO (Beirut) and sub-regional offices for North African countries (in Algiers and Cairo), and
- The League of Arab States (LAS, Cairo).

These synergies were concretised with the joint organization of meetings and missions to selected countries and, in general, term, the consultation and cooperation for the funding and coordination of activities at national and central level.

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<sup>2</sup> Horizontal activities in the MED-HIMS are considered the activities centrally implemented such as the development of a model manual or a regional workshop that have relevance for all participating countries.

The second main level of synergy concerned the EUROMED Migration programmes II and III and thus the consortia implementing the EC-funded projects running under these programmes, in particular the International Center for Migration Policy Development (ICMPD), as leader of consortium implementing last project. In this case the contacts were concretised by the reciprocal participation in regional meetings organised under the two parallel frameworks and sharing of information on recent activities and future plans.

Third, further exchanges and cooperation were implemented with UNECE, UNESCWA, IUSSP, CARIM-South, the Suitland Working Group on the measure of emigration, and the Project 'Migration between Africa and Europe' (MAFE), with the reciprocal participation to international meetings or communication or contribution from distance. Furthermore, at occasion of the study visits in Vienna, The Hague and Rabat as well as some regional meeting cooperation was implemented with the NSIs and ministerial agencies of selected EU countries and MPCs, the EU Agency for Fundamental Rights (FRA), ICMPD, IOM offices the NIDI.

## IV. Implementation of the activities

### IV.1. MED-HIMS Programme and other statistical operations focusing on international migration

#### Regional coordination and horizontal activities for MED-HIMS

##### Coordination and project development

###### Milestones

- MED-HIMS Panel and Coordination Meeting, Luxembourg, 3-4 May 2010;
- MED-HIMS Panel and Coordination Meeting, Paris, 10-14 December 2010;
- MEDSTAT III Directors' Committee Meeting, Istanbul, 13 April 2011;
- MED-HIMS Panel and Coordination Meeting, Istanbul, 14-15 April 2011;
- MED-HIMS Panel and Coordination Meeting, Amman, 6 July 2011;
- MED-HIMS Stakeholders and Donors Meeting, Cairo, 12 September 2011;
- MED-HIMS Panel and Coordination Meeting, Amman, 9 March 2012.

Based on the consensus reached under MEDSTAT II, immediately at starting of project MEDSTAT III ensured the coordination of the MED-HIMS activities at regional level, first for further developing the MQs and the other model manuals for data collection. The decision of the 2011 Task Force for concentrating the work programme in particular on MED-HIMS was endorsed by the following MEDSTAT DC Meeting of April 2011. In particular, the higher level meeting above, which saw the participation of the World Bank, UNHCR as well as UNFPA ASRO as new partner organization, mandated the MED-HIMS partner organizations for developing a first project for the coordinated implementation of MED-HIMS surveys in four countries and looking for the international funds necessary to these national surveys and their coordinated implementation.

MEDSTAT III ensured the organization of five coordination and technical meetings between the MED-HIMS partner organizations. These meetings were used for discussing methodological tools and issues, coordinating the financial contributions, agreeing on fund raising strategy and planning for successive activities. In particular, the meetings held in 2011 in Istanbul and Amman were fundamental for developing and reviewing the draft Project Document for a MED-HIMS Phase 1 Project and calling for a donors meeting for its funding.

The MED-HIMS Stakeholders and Donors Meeting called in Cairo on 12 September 2011 under the presidency of EuropeAid saw the participation of the then other partner organizations, LAS and other international organizations which could have interest or also provide support to this initiative. The meeting recognised the relevance of the proposed survey programme also in view of possibly defining a round of migration surveys at global level under the international coordination, highlighting in particular the agreement reached between the Mediterranean NSSs, the respect of international requirements and comparability of results, the economies of scale in the preparation of methodological tools and the opportunity of the coordination by a Project Implementation Unit (PIU) under the supervision of international organizations. Some organizations firmly expressed their willingness to support financially the implementation of the project in a first group of countries including Egypt and Jordan as priority countries. As a major outcome of the meeting and following consultations, it was possible to identify and commit a first, overall amount of about 1,5 US\$ millions out of the about 5,0 US\$ millions then considered necessary for the implementation of the MED-HIMS Phase 1 Project.

The MED-HIMS Phase 1 Project was formally launched in March 2012 at occasion of the Fifth MED-HIMS Regional Workshop organised by MEDSTAT III in Amman. Since that time the activities of MEDSTAT III for MED-HIMS mainly consisted of the following:

- Coordination in the development of (model) tools;
- Organization, facilitation and reporting of meetings;
- Organization of technical assistance missions to the participating countries;
- Development and review of the MED-HIMS Phase 1 Project Document;
- Backstopping the participating countries in the revision of draft versions of national project documents, their reformulation according to the requirements and templates of different international partners and any other technical issue;
- Advocacy and fund raising for the national surveys and horizontal activities;
- Elaboration of proposals for the use of the available international funding;
- Preparation and dissemination of the programme's leaflet and newsletter;
- Publication of first manuals.

These activities constituted most of the MEDSTAT III work, as witnessed by the number and articulation of missions to the national surveys for the moment summarised in the following table.

*Table 1 - Summary on missions to the national MED-HIMS surveys and participation of international experts*

	Mission								
	1	2	3	4	5	6	7	8	All
Egypt-HIMS	1	1	3	1	1	1	1	1	10
Jordan-HIMS	1	1	1	2	1	2	1	1	10
Morocco-HIMS	2	2	3	1	1				9
Lebanon-HIMS	3								3
Tunisia-HIMS	2								2
Algeria-HIMS	2								2
Total n. of experts									36
Total n. of missions									24

1. Based on the 20 missions fully funded by MEDSTAT III and 4 missions jointly funded with UNHCR or UNFPA (it excludes 4 further missions fully funded by the World Bank or UNFPA). The values within the table denote the number of experts participating in each mission.

In fact, given the constraints for the establishment of a permanent MED-HIMS PIU, in 2012-2013 the MEDSTAT III Management Team, the Key Expert for Migration Statistics as well as the MED-HIMS Chief Technical Adviser (CTA) formally acting as Short-Term Expert (STE) basically operated as a PIU. This staff above was complemented by the intervention of the Team Leader, in particular for defining the feasibility of national surveys and for the international coordination and fund raising, as well as a Sampling Expert, another Migration Survey Specialist, a System Analyst and a Junior Statistical Expert hired from time to time for the missions to the priorities countries, regional workshops or desk work. This MEDSTAT III / MED-HIMS team of experts worked in close consultation and benefited of the institutional contribution from the representatives of EuropeAid, EUROSTAT and other MED-HIMS partner organizations.

## Methodological activities and survey tools

### Milestones

- Fourth MED-HIMS Regional Workshop, Brussels, 13-15 January 2011;
- Fifth MED-HIMS Regional Workshop, Amman, 4-8 March 2012;
- Preparation of the model manual on data dictionary, May 2012;

- Mission to CAPMAS-Egypt for starting developing the model Data Entry and Processing System, 9-13 September 2012;
- Final Conference of the Project MAFE - Migration between Africa and Europe, Paris, 12-14 December 2012;
- Preparation of a compendium of sampling plans for MED-HIMS surveys in Egypt, Jordan and Morocco, June 2013;
- Sixth MED-HIMS Regional Workshop, Brussels, 1-5 July 2013;
- Finalisation of the MED-HIMS model manuals for data collection, October/November 2013, (under the World Bank and UNFPA funding);
- First Meeting of the Euro-Mediterranean Working Group on Migration Statistics, Brussels, 21-22 November 2013;
- Finalisation of the Model Data Entry and Processing System, December 2013 (under UNHCR funding);
- Publication of first MED-HIMS manuals (December 2013);
- Preparation of a preliminary model tabulation plan for the main country reports (December 2013).

The methodological development of MED-HIMS tools at regional level during the MEDSTAT III period consisted on the progressive review of model tools for data collection and the preparation of new manuals and IT systems.

The set of model manuals, guidelines and IT systems for MED-HIMS was initially conceived as composed by the MQs, the manual on survey design and organization, the instructions for field supervisors/editors and interviewers, the guidelines for sample design the data dictionary and recode specifications, the guidelines on tabulation and data analysis and a model system for the registration, processing and tabulation of survey results. This set was confirmed in the last two years, with two adaptations for the manuals on sampling and guidelines on tabulation and data analysis described below.

The following table presents this set of instruments, summarising on the international funding for their development and the status of preparation and dissemination.

*Table 2 - MED-HIMS tools: summary on funding, status of preparation and dissemination*

(Model) tool	Funding agencies	Status of preparation and dissemination
Manual 1 - Model Questionnaires	MEDSTAT III, The World Bank, UNHCR and UNFPA	Published under MEDSTAT III
Manual 2 - Survey Design and Organization	The World Bank and UNHCR	Published under MEDSTAT III
Manual 3 - Instructions to Supervisors	The World Bank and UNHCR	Published under MEDSTAT III
Manual 4 - Instructions to Interviewers	The World Bank and UNHCR	Prepared in Arabic only
Sampling plans for MED-HIMS surveys	MEDSTAT III	Published under MEDSTAT III <sup>(1)</sup>
Manual 6 - Data Dictionary and Recode Specifications	MEDSTAT III and other organizations to be defined	Prepared for the data dictionary component
Manual 7 - Guidelines for Tabulation and Data Analysis	MEDSTAT III, UNHCR and other organizations to be defined	Prepared for the preliminary tabulation plan
Data Entry and Processing System	UNHCR, MEDSTAT III and other organizations to be defined	Prepared for the data entry component

1. Version presenting the plans of countries which already performed or studied the extraction of the main sample of the survey, i.e. Egypt, Jordan and Morocco.

The key elements of the MED-HIMS methodology are constituted by the manual on survey design and organization (Manual 2) and the ones on data collection (n. 1, 3 and 4). These instruments were prepared starting from 2009 through a joint effort of international and national experts, different regional and national meetings and events and consultation from distance, and based on contributions made available under the MEDSTAT Programme, by the World Bank, UNHCR as well as UNFPA in the final period. In particular, the MQs were developed by Samir Farid (MED-HIMS CTA, main author), Tarek Abou Chabake (UNHCR), Richard Bilsborrow (University of North Carolina), Giambattista Cantisani (MEDSTAT III) and Ingrid Ivins (the World Bank). The work was undertaken with the support of a panel of experts (the "Manual Panel") and the Coordination Committee, which in addition to the above, included Christophe Ingels and Lucia Santuccioni (EuropeAid), Rosemary Montgomery and Francesco Natalini Raponi (Eurostat), José L. Cervera (MEDSTAT III), Abdallah Zoubi (UNFPA) and Youssef Courbage (INED, France). Of course, their development benefited from the useful input and comments of the NCs, many other experts belonging to the NSSs of the participating countries and other international experts and representatives, in particular those who participated in the five regional workshops organised between February 2009 and March 2012.

Concerning the sampling methodology, given the availability of data and instruments highly variable from a country to another, the general guidelines for sample design to be adopted in each participating country were for the moment changed to a compendium of the sampling plans applied, or decided, in the priority countries of Egypt, Jordan and Morocco. This document was drafted in June 2013 by Richard Bilsborrow, the international specialist who undertook the technical assistance missions on behalf of MEDSTAT III to three priority countries above.

Early in the time, in spring 2012, the CTA prepared on behalf of MEDSTAT III the first part of the model manual on data dictionary and recode specifications in view of allowing the starting of preparation of the model data entry application.

In the course of the two regional meetings organised by MEDSTAT III in 2013 the national and international experts started sharing views on the approach to adopt for the tabulation and analysis of MED-HIMS results. Among the main outcomes, the main country outputs, i.e. the Preliminary Report, Principal Report and Summary Report were confirmed and a preliminary outline of the Principal Report was drafted. However, the last meeting of November 2013 decided for combining the data analysis by categories of respondents reflecting the individual questionnaires (i.e. out-migrants, return migrants, non-migrants, forced migrants) and by topics (e.g., remittances or migration histories) adopted in survey programmes such as MAFE. Moreover, this meeting proposed to develop a 'core tabulation plan' on data available by the compulsory MQs (1 to 6). A preliminary model tabulation plan for the main country reports was prepared by the CTA at very end of MEDSTAT III. It will circulate for comments in the framework of the "post-MEDSTAT III" as a first part of the Manual 7. Further reflections and development of the remaining parts of the Manual 7 will follow in the first half of 2014 beyond the MEDSTAT III contribution under the funding of UNHCR and other organizations.

The published manuals are for the moment available in English only and disseminated to the public through the EC CIRCABC portal.

Furthermore, important contributions were provided by the experts of the NSIs of Egypt, Jordan, Morocco and Algeria, with in particular the translation or revision of model manuals or some of their part from English to Arabic or French.

Finally, the preparation of the model Data Entry and Processing System (DEPS), for the data entry component so far, is due to Guido Pieraccini, an international expert hired by UNHCR and MEDSTAT III and supported by the main MED-HIMS experts as well as specialists of CAPMAS-Egypt at an initial stage and specialists of DoS-Jordan later. The DEPS was developed with the aim of producing a unique application useful for the data entry stage, including checking of consistency rules, the correction of data, generating the error reports for single households or complete clusters and later on the tabulation of survey results. The system was developed in CPro 4.1, using features built-in in that software as well as additional functionalities.



## Promotion and communication

### Milestones<sup>3</sup>

- Sixth African Symposium on Statistical Development, Cairo, 31 October – 2 November 2010<sup>(\*)</sup>;
- EMN-Italy Twinning Workshop on Migrants' Employment Outlook in the European Context under the Light of the Last EMN Researches, Rome, 18 November 2010;
- MED-HIMS Promotion Meeting, Amman, 4 July 2011, back-to-back to the Fifth Forum on Statistical Capacity Building for Arab Countries: Statistics, Media and Policy Making, 4-5 July 2011;
- EUROMED Migration III Opening Conference, Brussels, 29-30 May 2012;
- EUROMED Migration III Regional Workshop on the Migration Profiles: Mainstreaming Migration Knowledge into Policy Making, Brussels, 3-5 October 2012;
- Joint UNECE / EUROSTAT Work Session on Migration Statistics, Geneva, 17-19 October 2012;
- IUSSP International Seminar on International Migration in the Middle East and North Africa after the Arab Uprising: A Long Term Perspective, Cairo, Egypt, 22-23 April 2013<sup>(\*)</sup>;
- UNFPA/OECD Conference on Mobilizing Migrants Skills for Development in the MENA region: Making the most of young Migrants Skills, Tunis, 13-14 May 2013<sup>(\*)</sup>;
- ESCWA/IOM/LAS Regional Consultative Meeting on International Migration and Development in the Arab Region, Cairo, 4-5 June 2013<sup>(\*)</sup>;
- ESCWA Expert Group Meeting on Migration Statistics, Beirut, 23-24 September 2013;
- TAIEX Seminar organised by EUROSTAT on Statistics and evidence based decision making, Brussels, 8-10 October 2013;
- EUROMED Migration III Regional Workshop on the Migration Profile Process, Liège, 19-21 November 2013

During the lifespan of MEDSTAT III the MED-HIMS Programme was presented and promoted in the series of international meetings (listed above) as well as other occasions, in meetings held in the participating countries between the NSIs, other national agencies and centers, MEDSTAT III / MED-HIMS, the EU Delegations and other international organizations, and by the leaflet and newsletter of the programme.

The resources intensively provided by MEDSTAT III for these activities were complemented by the contributions of the other MED-HIMS partner organizations and even the kind invitation of the other international organizations responsible of meetings. The presentations on MED-HIMS in these international meetings were offered by the CTA, the Key Expert, other representatives of the MED-HIMS Coordination as well as the experts of participating NSIs.

The international meetings recalled and extended the considerations on the proposed survey programme already issued from the Stakeholders and Donors Meeting of September 2011, as follows:

- The best practice of the agreement between the Mediterranean NSSs for a joint operation respecting the international requirements and therefore aiming to the comparability of results;
- The opportunity for the economies of scale in the preparation and use of model tools;
- The implementation of national surveys under the international coordination and the support of MEDSTAT III or another centrally coordination unit according to the practice of highly recognised initiatives such as the Demographic and Health Survey (DHS);
- The possible extension of the MQs with modules useful for covering other categories of migrants according to national needs;
- The opportunity and wish to repeat the MED-HIMS in the participating countries in 5 or so years;

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<sup>3</sup> In the events denoted by italic MED-HIMS was represented under funding different from MEDSTAT III.



- The relevance of the initiative for other countries like first Sudan, Iraq, Turkey and the Western Balkan countries and the possible inspiration towards the definition of a round of migration surveys at global level.

Despite these good considerations, some discussion in these meetings highlighted the need of complementary surveys and other operations more useful to estimate the stocks of different categories of migrants, in particular the nationals abroad, of all the participating countries emigrants. More directly, strengthening the use of administrative data for migration statistics as yearly measurements complementary to an initiative such the MED-HIMS was evocated and claimed for further support from MEDSTAT and the international organizations.

### Activities at national level

This section provides a short overview on the relevant statistical surveys prepared or implemented during the lifespan of MEDSTAT III by the participating NSIs. As from above, this generally encompasses a reference to status of progress of the national MED-HIMS surveys and the direct contributions provided in this period by the EC, through MEDSTAT III, the EU Delegations and most the other partner international organizations at the different stage of national surveys.

The main common features of national MED-HIMS surveys are presented once, in the Box 2.

#### Box 2 - Main features of the MED-HIMS surveys

The main objective of MED-HIMS surveys is to provide the various ministries and governmental organizations, research and policy studies centres and international community with an integrated set of reliable information suitable for formulating, implementing, monitoring and evaluating the international migration policies and programmes in a cost-effective manner. In addition, the projects serve to upgrade the capabilities of the NSIs' process, analyze and disseminate information on various aspects of international migration and mobility in a timely fashion in response to the different needs.

All the participating NSIs aim at implementing the national survey in the framework of MED-HIMS, in collaboration with the EC, the World Bank, UNFPA, UNHCR, IOM, ILO, LAS and any other international organization which may join the group of MED-HIMS partners or simply be available for funding the national operations and/or the technical assistance.

Each national survey will be implemented by a National Project Implementation Unit formed within the NSI. This unit will work under the supervision and guidance of a National Steering Committee composed by the NSI, the national partner institutions involved in case of fieldwork operations and those relevant for migration issues and the international organizations providing financial contributions or other support.

The national surveys will use the Model Questionnaires (MQs) and other instruments developed under MED-HIMS with appropriate adaptations, where needed, to national circumstances taking into consideration the experiences of the priority surveys and maximizing the collaboration between them and the usefulness of tools already available.

The MQs are composed of six compulsory questionnaires and one optional questionnaire, as follows:

- 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

These surveys will be covered by a harmonized technical assistance programme of 20-25 experts' missions and receive technical backstopping from MED-HIMS throughout the various stages of the project.

## Survey on absorption of immigrants in Israel

During the lifespan of MEDSTAT III the Israeli Central Bureau of Statistics (ICBS) organised and implemented the Immigration Absorption Survey 2010-2011. The survey had the main aims to investigate about the social and economic integration of immigrants arrived in Israel during the years 1990-2007 into the Israeli society and knowing about the reasons for immigration and feeling of belonging to Israeli society.

The sample frame of the survey was taken from the 2008 Census and included about 84,000 immigrants aged 26-74 years in 2010. About 5,100 immigrants were contacted and about 4,000 of them (about 80%) accepted to respond to the questionnaire. The data were collected through three methods: regular mail, Internet and CATI.

The collection of data covered the following topics:

- Basic demographic characteristics: age, sex, year of immigration, country of birth;
- Characteristics of immigrants before immigration time: education, knowledge of Hebrew, occupation;
- Usage of languages at the time of survey: speaking and reading of Hebrew, mother tongue and other languages;
- Education and occupation;
- Pension arrangements (before and after immigration);
- Reasons for choosing living environment (at survey time);
- Family and social relations: relationships with family and friends who live abroad and in Israel;
- Reasons for immigration and sense of identity;
- Life satisfaction in various areas in Israel.

### Box 3 - Main findings of the Immigration Absorption Survey 2010-2011<sup>4</sup>

- Most the immigrants that settled in Israel from 1990-2007 were women (55%) and most of them quite young adult or young, aged 25-34 years (24,0%), 35-44 years (21,7%), 18-24 (17,2%) or below 18 years (16,2%).
- These immigrants mainly came from the countries of former Soviet Union (80%) and in particular in the first years of the wave of immigration of 1990-1995 (56%).
- Among the immigrants aged 25 and over at the time of their arrival, approximately half held an academic degree and about 29% a post-secondary school graduation diploma (non-academic). The percentage of women with an academic degree was higher than that of men (51% versus 44%, respectively). In a distribution by period of immigration, more than half of those who came in 1990-1995 had an academic degree.
- The vast majority of immigrants (78%) reported that at the time of their immigration they had no mastery at all in spoken Hebrew, while only 2% reported on good or very good mastery of Hebrew. In contrast, most of them significantly improved their skills in spoken Hebrew, with about 55% reporting that they have a good or very good mastery of spoken Hebrew and, at opposite, only 4% reporting that they still had no mastery of spoken Hebrew at all. The improvement in spoken Hebrew skills differs according to country of origin, the number of years in Israel and the age at the time of immigration.
- Considering the immigrants aged 15 and over who came to Israel from 1990-2007, about 75% were working at the time the survey, 16% of them worked in the past in Israel and about 9% never worked in Israel at all. Approximately 80% of immigrants aged 15 and over at the time of immigration worked in their country of origin.

<sup>4</sup> Summary of main findings reported by ICBS in 'Immigration Absorption Survey 2010-2011. Selected Findings', ICBS, 2013.

- Among immigrants aged 18 and over who were professionals at the time of their immigration, 34 continued to work in the same occupation after their immigration to Israel as well, while 66% worked in Israel in a different profession than that which they worked in while abroad.
- The main reasons for immigration to Israel resulted the "desire to live as a Jew in the Jewish State", "desire to insure our children's future", and "decision of parents, spouse or another relative to immigrate to Israel" - each one of these reasons was indicated by about 18% of total immigrants. Furthermore, the political situation in the country of origin results the forth more represented reason, with 13,2% of total. This reflects quite well the main reasons declared by the immigrants coming from the prevalent group of former Soviet Union countries.
- Close to half (about 47%) of the total population of immigrants define themselves as Jews, slightly more than a third (about 35%) define themselves as Israelis and about a fifth (about 19%) define themselves by their country of origin. Approximately 85% of total immigrants are sure they will stay in Israel in the coming years.
- With reference to social connections, approximately 82% of immigrants reported that they stay in touch with family members, friends and acquaintances living abroad, compared with about 18% of them who reported that they do not maintain a connection with relatives abroad.
- Approximately 68% of all immigrants reported that most of their friends in Israel are immigrants from their country of origin, about 21% reported that most of their friends are veteran Israelis, and about 10% reported that most of their friends are immigrants from countries of origin other than their own.
- Around 20% of total immigrants reported that they were very satisfied with life, about 58% were satisfied and about 22% were not so satisfied or not satisfied at all with life.
- The number of years in Israel has an inverse impact on the immigrants' feelings about the future; as the number of years in Israel decreases, the feeling of the immigrants that life will be better increases. About 49% of the immigrants in Israel for 16-20 years believed their life would be better in the future and about 70% of the immigrants in Israel for 3-5 years believed their life would be better in the future.
- The immigrants' two major reasons for choosing a place of residence were closeness to family and the price of the dwelling or cost of rent; about 27% and 24% of the immigrants, respectively, indicated these reasons. Additionally, about 11% indicated that they chose the place of residence because of proximity to their workplace, and about 8% chose their place due to the character of the neighbourhood or because of pleasant surroundings.

## Surveys on migration in Palestine

### Milestones:

- Mission for assessing the Palestinian Migration Survey 2010, 26-30 September 2010;
- Study visit to Morocco on the measurement of household emigration, Rabat, 26 June - 2 July 2011.

### National Migration Survey 2010:

The National Migration Survey 2010 was the first specialized survey on migration carried out in Palestine under the NSS. The survey aimed to provide detailed and accurate statistics about internal and international migration in terms of size, characteristics and trends of migrants and their families, transfers of money, factors influencing the decision to migrate and return. Therefore, the survey was intended to help the decision makers in the formulation, monitoring and evaluation of migration and population policies and programs. The operation was funded the Palestinian National Authority (PNA), UNFPA and a Core Funding Group represented by the Representative Office of Norway to the PNA and Swiss Agency for Development and Cooperation.

For the implementation of the survey PCBS used an adapted version of the MED-HIMS MQs available at that time, so without the individual MQ on forced migrants (not available yet at that time) and the detailed questions of the MQ on community characteristics (in fact, the latter was only made as an outline without the detailed questions). Compared with the MQs, changes were introduced mainly for taking into account the specificity of the Palestinian migration patterns, simplifying some parts of the questionnaires considered too long as well as, as from above, allowing to study the internal migration too. As an example, in the questionnaire for out-migrants the questions on citizenship at birth and current citizenship that of the country of residence were deleted or adapted, asking whether the out-migrant now

carries the citizenship of the destination country, seeks to obtain it, or carries another citizenship. As for MED-HIMS, the survey did not cover the families that migrate as a whole from Palestine.

All out-migrants from the household were recorded in the household questionnaire and those aged 15 years and over, who left since the year 2000, were surveyed in-depth through the head of household of origin, in the individual questionnaire for out-migrant. Return migrants from abroad were also recorded in the household questionnaire; those who were 15 years and over and who returned since 1990 were surveyed through the individual questionnaire for return migrant. Concerning the non-migrants, the surveys aimed to all non-migrant individuals aged 15-59 years at time of data collection and those who returned after 1990 and were aged below 15 years at the time of return. Individuals were chosen randomly.

In conformity with the recommendations of the MEDSTAT II mission undertaken in October 2008 to assist the preparation of project document, the sample was composed of some 15,000 households, 10,000 in the West Bank and 5,000 in the Gaza Strip. The sampling did not raise particular difficulties due to the fact that it was based on the recent 2007 census and the accumulated experience of PCBS in this area.

The non-response rate was low: about 2-3% only on average, almost 0% in rural areas. It was higher in East-Jerusalem (around 7-8%) and Ramallah (4-5%).

#### Box 4 - Main findings of the National Migration Survey in the Palestinian Territory, 2010<sup>5</sup>

- Persons aged 15 years and above comprises 41.3% of total population in the Palestinian Territory; 39.4% in the West Bank and 44.4% in Gaza Strip.
- Refugees comprises about 43.4% of total population in the Palestinian Territory; 29.7% in the West Bank and 67.3% in Gaza Strip.
- Regarding household types, about 85.9% of households are nuclear whereas 11.0% are extended households.
- About 22 thousand person emigrated during the period 2007-2009. This does not include households that emigrated with all of its members.
- About 6.7% of Palestinian households have at least one member as emigrant (3.4% of households have only one member as emigrant, 1.1% have two members as emigrants).
- About one third of emigrants are youth (15-29 years) compared to about one quarter of emigrants in the age group 30-34 years.
- As to countries of destination, about 23.5% of emigrants left to Jordan, 20.4% to Arab Gulf Countries, and more than fifth of emigrants (21.6%) settled in the United States of America.
- As to reasons or motives behind emigration, about 34.4% of total emigrants left for education and studying purposes, 14.6% for improving living conditions, while 13.7% left because of the lack of job opportunities in the Palestinian Territory.
- More than one third of emigrants hold university and higher degrees, while 1.3% of emigrants hold no qualification.
- There has been 5-7 thousand returned emigrant during the past five years.
- The percentage of persons who have previous place of residence outside of the Palestinian Territory reached 5.9% of total population (7.6% for the West Bank and 3.0% for Gaza Strip).
- About 36.1% of returnees came from Jordan followed by 29.0% from the Arab Gulf Countries.
- About 38.1% of persons aged (15-59 years) in the Palestinian Territory have first degree relatives (father, mother, son, daughter, brother, sister) abroad of whom about 60.0% reside in Jordan.
- About 13.3% of persons aged (15-59 years) in the Palestinian Territory desire to emigrate (13.4% in the West Bank compared to 12.4% in Gaza Strip).

<sup>5</sup> Executive summary of Migration Survey in the Palestinian Territory, 2010. Main Results, Palestinian Central Bureau of Statistics, Ramallah, Palestine, 2011.

- From those persons who desire to emigrate, about 23.1% favor the Arab Gulf Countries as destination compared to 15.1% favoring the United States.
- Regarding main reasons behind the desire to emigrate, 39.3% of those who desire to emigrate wish to do so to improve living conditions while 18.7% due to education and learning.
- Three quarters of persons who do not desire to emigrate claimed that the reason is that they only feel comfortable at home (Palestinian Territory) or because of the holiness of the land of Palestine.
- The internal movement of Palestinians between the West Bank and Gaza is extremely limited, given the geographical separation and the policies of Israeli occupation.
- Most of the internal migration of the population is within the same governorate, and to nearby ones.
- About 50.0% of internal migration between and within governorates had occurred 10 years ago or more. There is also a noticeable movement during the past five years towards and within a number of Palestinian governorates.
- As for the causes of internal migration, 36.4% of persons changed their place of residence in the Palestinian Territory for marriage purposes compared to 32.9% for accompanying.

### Study visit on the measurement of household emigration

Following the implementation of the *2010 National Migration Survey*, PCBS asked to MEDSTAT III further support in order to define the methodology for a supplementary household survey aiming to measure the size and characteristics of those households who have entirely emigrated abroad with all their members, and had therefore left no track in the 2010 survey.

Therefore, a study visit to enable the Palestinian experts to deal with this measurement was organised at the Direction de la Statistique of Haut Commissariat au Plan (HCP/DS) of Morocco, an institution having already undertaken a main demographic survey<sup>6</sup> based on the panel approach in 1986-1988 and more recently in 2009-2010, with in particular the latter showing about 20% of emigration of entire households out of total emigration estimated during a 12 month period. In fact, the methodology of the panel survey enables to appraise the whole migrants during the duration of the survey and thus to estimate the bias which might be introduced by surveying only individual international migrants, those who left within a household, whose members, one or more remained in the country. The Palestinian experts were accompanied by Youssef Courbage, as STE on behalf of MEDSTAT III.

The study visit allowed to propose of complementing the 2010 survey by a small survey ("post-survey") to be carried out after 18 or 24 months later, depending on logistics and budget availability, with a light questionnaire, which might enable to appraise afterwards the emigration of complete households from those who were surveyed in 2010 and therefore to introduce a panel approach for monitoring future migration flows. In fact, during this "post-survey" the situation of the households would consist into:

1. Same household at the same place
2. The household is no more here and the house is empty
3. A new household has replaced the former one.

In the cases 2 and 3, an investigation would be carried on among *proxys*: neighbours, doorman, new occupants, local police station, Mukhtar, etc., on the destination or fate (death or deaths...) of the household members. Possibly, identified relatives might be contacted. If a household is presumed to have left abroad, the *proxys* would be interviewed on limited number of characteristics: place of destination, motive of departure, date of departure.

In order to ensure the success of this post-survey, which should concern some 15000 households, the experts' group recommended to implement a "pilot-survey" on some 500 households distributed in the West Bank, East-Jerusalem and the Gaza Strip. These households should reflect the urban/rural/camps distribution and the conditions of housings. However, as the results of the "pilot-survey" indicated that a small percentage of families migrated fully during the year and a half of the implementation of the

<sup>6</sup> 'Enquête Démographique Nationale à passages répétés 2009/2010'.

National Migration Survey 2010, at end PCBS decided not to implement the main survey of complementary survey.

### Palestine-HIMS

PCBS is currently considering implementing a MED-HIMS survey in the framework of the regionally coordinated programme starting in 2015, i.e. some 5 years after the implementation of the first national migration survey, depending on the availability of international funding.

### Egypt-HIMS

#### Milestones:

- Mission for drafting project document, 30 October - 3 November 2011;
- Mission for the adaptation of MQs, 15-19 July 2012;
- National Donors Meeting, 9 & 12 September 2012;
- Missions for the national donors meeting, adaptation of MQs and definition of sampling strategy, on 9-27 September 2012;
- Mission for assisting the training for the survey pre-test, 16-25 December 2012;
- Mission for analysing the pre-test results, 29 January - 9 February 2013;
- Mission for assisting the training for the main data collection, 14-21 March 2013;
- Mission for finalising the national DEPS, 21-25 April 2013;
- Mission for monitoring data editing and cleaning, 15-19 December 2013).

The National Donors Meeting of September 2012 and following consultations allowed the commitment of the full funding of the Egypt-HIMS by ILO (which provided for the additional measurement on six Egyptian governorates), the EU, UNFPA, IOM as well as, at a minor extent, UNHCR and WHO (which provided for the additional measurement on health conditions of migrants and other respondents). Since then most the bilateral letters of intent between CAPMAS and contributing organizations were signed and thus the survey became really effective with the finalisation of the national questionnaires and the organization of the training for the pre-test in December 2012.

The experts' missions and desk work undertaken from July 2012 to April 2013 contributed in adapting the model questionnaires and manuals (Q&M) to the national needs, defining the sampling procedure, assisting the training and analysis of results of the pre-test, assisting the training for the main data collection and the development of the DEPS in CSPro.

The MQs were only marginally adapted to national needs. In addition, upon suggestion from WHO, modules on the health of respondents were introduced in the four individual questionnaires and then to the MQs as optional modules. The main data collection fieldwork started in April 2013 and ended in October 2013, at least for its main component. In fact, concerning the data collection on forced migration, the data collection was undertaken only in autumn 2013 following a series of meetings between CAPMAS and UNHCR-Egypt allowing exchanging views and tools on the sample of forced migrants, with an increase in the total size due to the high number of Syrian refugees arriving.

The fieldwork of the main survey demonstrated first a high level of national awareness and interest about the survey. The whole operations went well, although some initial difficulty in finding many sampled households members, given the high number of empty dwellings. As a main potential issue for the quality of results, it was pointed out that the apparent higher emigration of household's members from the rural zones may be partly due to the emigration from urban zones to the Gulf countries of more skilled workers together with family members based on facilitated visa procedures. However, the higher frequency of empty dwellings in the urban zones also derive from the tendency to keep the houses during emigration or the ones of deceased people.



## Jordan-HIMS

### Milestones:

- Mission for updating the project document, 24-27 October 2011;
- Mission for revising the project document and promoting the survey, 31 January - 2 February 2012;
- National Promotion Meeting, Amman, 8 March 2012 ;
- Mission for the adaptation of MQs, 10-14 June 2012;
- Mission for the adaptation of MQs and definition of sampling strategy, 30 September-11 October 2012;
- Mission for the adaptation of MQs, 26-29 December 2012;
- Mission for finalising the adaptation of MQs, 3-7 March 2013;
- Mission for assisting the training for the pre-test, 26-30 May 2013;
- Mission for installing and starting adapting the model DEPS, 23-27 June 2013;
- Mission for analysing the pre-test results, 15-19 September 2013;
- Mission for finalising the national DEPS, 1-5 December 2013.

The international funding requested from DoS for the national operations of Jordan-HIMS is fully provided by the EU under the bilateral cooperation. Following some reformulation of project documents and budget according to the requested formats, the procedures for signing the EU Grant Agreement were finalised in October 2012 and a first part of the EU funding was transferred to DoS in spring 2013.

Excluding the preparatory stages, the experts' missions organised from June 2012 to December 2013 contributed to adapting/translating the Q&M, addressing the sampling procedures, assisting the training for the pre-test, installing and adapting the model DEPS as well as discussing possible solutions for funding the TA missions. In fact, the programme of harmonised technical assistance missions is not fully covered yet by the international funding and asks for further contributions after the ones made available so far by MEDSTAT III, UNFPA and UNHCR.

The final adaptation of the MQs to the Jordan-HIMS involved making a number of changes to the order of questions on educational status, and adding some questions on work and economic status (which DoS need for their internal use), and also expanding the list of family planning methods used by respondents. These changes will not affect the comparability of data with other countries. On the other hand, the survey does not adopt the non-core MQ-7 on socio-economic conditions of local communities given the low frequency of rural areas in the country.

The pre-test undertaken in June/July 2013 gave high response rates, although some problem with the availability of the best respondents, the reluctance from foreign respondents and the long time required to interview households with forced migrant. Also, this operation gave suggestions of recruiting more female interviewers to facilitate data collection.

Based on the Q&M finalised in October 2013 the main data collection fieldwork is currently planned at beginning of 2014.

## Lebanon-HIMS

### Milestones:

- Mission for drafting the project document, 11-15 March 2012;
- Mission for the further discussing the feasibility, revising the project document and promoting the Lebanon-HIMS, 7-9 November 2012.

After the support provided by the MED-HIMS CTA to CAS in the elaboration of draft Project Document of the Lebanon-HIMS, the experts' mission in early November 2012 allowed evaluating the feasibility of the survey possibly under a wider EU Grant Agreement, what was confirmed at end of mission. As a main outcome, the Project Document was amended for taking into consideration some features of survey implementation specific to Lebanon (e.g., the involvement of more external staff in the data collection), the revised timetable based on some assumptions on the timing of availability of the grant as well as the provision of the harmonised technical assistance missions. The Project Document was further elaborated by CAS and the MEDSTAT III / MED-HIMS for matching the EU grants requirements.

The Lebanon-HIMS should be normally launched in 2015. The fieldwork staff should be composed by 6 Regional Coordinators, 12 Field Supervisors, 12 Editors and 54 Interviewers. The main sample of respondents should be derived from a sample of about 40,000 households extracted according to the MED-HIMS criteria from the sampling frame available to CAS through results of the 2004-2005 Census of Buildings, Dwellings and Establishments and successive 2011 Household Budget Survey.

## Morocco-HIMS

### Milestones:

- Mission for drafting the project document, 23-27 July May 2012;
- Mission for further discussing the feasibility and promoting the survey, 22-23 October 2012;
- Missions for finalising the Morocco-HIMS Project Document, promoting the survey and defining the sampling strategy, 20-29 March 2013;
- Mission for installing and starting adapting the model DEPS, 9-13 December 2013;
- Mission for evaluating the pre-test, 16-20 December 2013.

In the case of MED-HIMS in Morocco, two preparatory experts' missions were undertaken by MEDSTAT III in July and October 2012 for respectively assisting the preparation of the draft national project document and further discussing the feasibility of the survey due to sudden changes of priority in the national statistical programme for 2013-2014. The second mission allowed to defining a two-stage project, with preparatory activities during 2013-2014, under the responsibility of Centre d'Etudes et Recherches Démographiques (HCP/CERED) and then the implementation of the main survey in 2015-2016, after the heavy operations of the Population Census of September 2014, under the responsibility of the Direction de la Statistique (HCP/DS).

Further consultations and a third mission of the MED-HIMS experts in March 2013 aimed at identifying the resources and revising the project document according to the two phases and planning some key preparatory activities on sampling, adaptation of Q&M and implementation of the pre-test in the second half of 2013.

Therefore, following the some adaptation of Q&M during the summer 2013, thanks to contributions made available from MEDSTAT-III, UNFPA-Morocco and other local offices of international organisations and bilateral cooperation through a thematic programme, the pre-test was organised and launched in November 2013. This operation concentrated on the region of Beni Mellal, a territory of Morocco relevant for the huge, traditional migration flows towards France and more recently Italy, also in order to provide results to the public. In addition, the operation will focus on the region of Rabat or Casablanca for what is the coverage of forced migrants, from the Sub-Saharan countries as well as Syria, given the recent and expected arrivals of people from this country to Morocco.

The data collection undertaken so far showed some complications for administrating specific questions on topics such as investments, dates of migratory events and personal expectations, attitudes and values (e.g., on contraception) to "proxy" respondents as well as reflections about further adaptations of MQs.



This exercise resulted particularly difficult with the return migrants issued from the current economic crisis due to the feeling of the failure attributed to this experience. A too slow rhythm of data collection also due to the length of questionnaires became progressively shorter and acceptable for this kind of survey. Finally, the overall, final outcomes of this exercise should go towards the opportunity of minor adaptations, endorsing the global methodology of survey programme.

As for Jordan, the Morocco-HIMS will exclude the optional MQ-7 on socio-economic conditions of local communities.

HCP intends to launch the preparatory operations of the main Morocco-HIMS survey at beginning of 2015. Concerning the sampling, the definition and extraction of the main sample of survey respondents will be assisted by the several sources already available at HCP (e.g., the national demographic survey of 2009/2010 already used for the sampling of the pre-test) and the next Population Census of 2014. In fact, the introduction of a specific question in the census questionnaire will allow identifying the households with and without emigrants. This opportunity and this process will allow fully avoiding the listing operations of households generally necessary to identify the final sample for interview for each category of considered respondents. Concerning three out of four main individual questionnaires, the MEDSTAT III experts proposed to take final samples of about 12,000 units, i.e. for 6,000 emigrants, 4,000 return migrants and 2,000 non-migrants. However, considering the possibility of emigration in the period between the 2014 Census and Morocco-HIMS fieldwork, the non-response and possible refusals, the missing households disappeared and possible absent households, the decision for the time being was for a sample of 15,000 and carrying out interview for 12,000 out of them 15,000.

The proposed period, the experience already accumulated with the pre-test and the facilitated sampling procedures should give the conditions for a safe implementation of fieldwork by the summer of 2015. However, at this stage the implementation of the main survey depends on the availability of international funding for both the operations in the country and the harmonised technical assistance from MED-HIMS. Apart from UNFPA, UNDP, UN Women and the Norwegian cooperation agency which funded so far the pre-test so far, the local representations and offices of the EU and other MED-HIMS partner organizations as well as some other agencies of bilateral cooperation were contacted for that and also participated in a second meeting of the Project Steering Committee held at occasion of the MEDSTAT III mission of March 2013.

As a main outcome of discussions had so far in Morocco there is the opportunity of further extending the MED-HIMS Programme, in the medium term and for such a country context, towards the coverage of immigration too.

## Tunisia-HIMS

### Milestone:

- Mission for drafting the project document and promoting the survey, 15-22 May 2013.

Upon request of INS-Tunisia, MEDSTAT III organised the joint UNFPA / MEDSTAT III mission of MED-HIMS experts in order to support the preparation of the Tunisia-HIMS project Document. The mission was undertaken in May 2013, back-to-back to the concluding event of a joint UNFPA / OECD project on mobilising the skills of young migrants for development reported where MED-HIMS was further promoted at regional level. The mission meet with the State Secretariat for Migration and Tunisians residing abroad, the Ministry of Interior (DG Regional Affairs) and the Office of Tunisians residing abroad as well as the EU Delegation to Tunisia, the local offices of UNFPA, UNHCR, IOM, the World Bank, the African Development Bank, ICMPD and the Italian Cooperation.

The Tunisia-HIMS will be prepared and implemented over a period of 24 months starting presumably at the beginning of 2015, depending on the availability of international funding, resources and results of the next

Population and Housing Census of April 2014. According to the planning above the fieldwork will be carried out in July-September 2015 by 7 Regional Coordinators, 33 Field Supervisors/Editors and 110 interviewers.

INS will administrate the survey questionnaires to respondents belonging to a nationally representative, multi-stage, stratified, cluster sample of 60,000 households selected from the INS Master Sampling Frame updated according to the 2014 Census results. In parallel, according to the common methodology, the Institute will interview a second sample of forced migrants living in the countries identified with the help of UNHCR-Tunisia.

As for Morocco, INS decided to not to adopt the optional MQ-7 on socio-economic conditions of local communities.

## Algeria-HIMS

### Milestone:

- Mission for drafting the project document and promoting the survey, 26-31 October 2013.

ONS-Algeria planned the implementation of the national MED-HIMS survey in coordination with Morocco and Tunisia. Therefore, in the final period of MEDSTAT III ONS hosted the mission of the Key Expert and MED-HIMS CTA in order to prepare the Algeria-HIMS Project Document and promote and discuss the feasibility of such survey with the main international partner organizations based in Algiers (the EU Delegation to Algeria, UNFPA-Algeria, UNHCR-Algeria and the ILO Sub-Regional Office for Algeria, Libya, Morocco and Tunisia, waiting for the opening of the IOM office at beginning of 2014).

Given the workload of ONS regular staff in the two yearly rounds of the Labour Force Survey, the survey will be executed from June 2015 to May 2017, with the data collection in the field concentrated in the period from December 2015 to March 2016.

The Algeria-HIMS will use a nationally representative, multi-stage, stratified, cluster sample of 90,000 households, with the aim of providing estimates with acceptable precision for key international migration practices and intentions for the country as a whole and its main regions. The sample will be selected from the ONS Master Sampling Frame prepared using the results of the 2008 census as well as, for the force migration component of the survey, from the UNHCR-Algeria registers.

The fieldwork will be carried out by 40 mobile teams consisting of a field supervisor/editor and three interviewers, what makes in overall 36 Field Supervisors/Editors and 120 Interviewers. This staff will be trained during a period of one month and then coordinated and supervised by 4 Regional Coordinators and 8 National Coordinators at a higher level,

Differently from Morocco and Tunisia but similarly to Egypt, Algeria will adopt the optional MQ-7.

## IV.2. Other work components of MEDSTAT-Migration

### Milestones

- MEDSTAT III Regional Workshop on Strengthening the Use of Administrative Sources, Brussels, 13-15 January 2011;
- MEDSTAT III Study Visit to the Netherlands on Migration Projections, The Hague, 14-15 January 2011;
- MEDSTAT III Regional Study Visit to Austria on National Systems and Research on International Migration, Vienna, 9-12 May 2011;

- EUROMED Migration III Migration Profile Regional Workshop Meeting: Mainstreaming Migration Knowledge into Policy Making, Brussels, 3-5 October 2012;
- MEDSTAT III Regional Workshop on the Documentation of Administrative Registers and Statistics on International Migration in the ENPI-South countries, Geneva, on 15-16 October 2012;
- Joint UNECE / EUROSTAT Work Session on Migration Statistics, Geneva, 17-19 October 2012;
- EUROMED Migration III Migration Profile Process Meeting, Liège, 19-21 November 2013;
- First Meeting of the Euro-Mediterranean Working Group on Migration Statistics, Brussels, 21-22 November 2013.

According to the tradition and the long term objectives of MEDSTAT as well as the priority activities defined at beginning, MEDSTAT III was expected to contribute on work components of the Migration Statistics sector different from the statistical surveys, in particular towards the better use of administrative sources. The following sub-sections present the summary of main activities implemented for these other work components, generally by chronological order of relevant events. This opens to the synergy with the parallel EUROMED Migration III Project. As a particular case, the meeting of the Euro-Mediterranean Working Group on Migration Statistics (EMWGMs) for launching the “post-MEDSTAT III” listed under the milestones above is considered in the next Chapter.

### Regional Workshop on Strengthening the Use of Administrative Sources

This regional meeting, which was organised back-to-back to the Task Force in parallel to a MED-HIMS workshop, was the first event specifically addressed to this work component since an event organised in Wiesbaden in March 2008 under MEDSTAT II. This meeting saw the participation of eight national delegates representing Egypt, Jordan, Lebanon, Morocco, Syria and Tunisia.

The meeting reviewed and discussed the requirements and practices of migration data collection in the EU MS and MPCs, some experiences in the documentation of national systems for migration (in particular the Migration Profiles, following a presentation from DG Home) and the feasibility of common tabulations and documentation. Moreover, in the final day the national delegates had the opportunity of a short study visit, accompanied by Nicolas Perrin (Belgian Immigration Office), one of facilitators of the meeting, at Municipality of Brussels where local officials presented the administrative process of registration of new inhabitants from a legal and practical point of view. The previous paper registers as well as the new electronic registers were presented by showing practically the difficult steps to be achieved by the applicants and the related database (at birth, at immigration, when applying for a new ID document, ...)

The meeting concluded for starting a common, pilot tabulation exercise based on the use of the registers of residence permits, to be implemented in two rounds and for producing a documentation report on the Mediterranean systems for the administrative registration and production of statistics on international migration, although maximising the usefulness of relevant material already available and avoiding repetitions and overlap with other initiatives.

### Study Visit to the Netherlands on Migration Projections

Upon request of ICBS, a study visit of two Israeli experts to NIDI, The Hague, was organized on 14-15 January 2011, back-to-back to the Task Force and in parallel with other events organized in Brussels. ICBS was interested by the wide range of activities undertaken by NIDI and the tools represented there in the subject area. Among the outcomes, the ICBS staff stressed that many investments would be needed to conduct projects like stochastic population projections and implementation of the EU and OECD regulations and definitions. NIDI and ICBS staff agreed to continue cooperation between the two institutes, focusing on data transfer on a research project on projections in the Mediterranean (MEDPRO) undertaken by NIDI and advice on demographic issues that could interest the two institutes.

## Regional Study visit to Austria on National Systems and Research on International Migration

The Regional Study Visit on National Systems and Research on International Migration held in Vienna, Austria, on 9-12 May 2011 was attended by 17 representatives of the NSIs and ministerial agencies of MPCs and the Key Expert. The event, which was hosted by the Federal Ministry of Interior of Austria, had the contribution of this ministry and other Vienna-based institutions, i.e. Statistics Austria, IOM-Austria, ICMPD, the EU FRA and INED-France.

The contribution of Austrian and international lecturers covered the different areas of administrative registration, statistical production and research on the varied kind of migration phenomena interesting the country and the EU and even covered by local institutions at international level. Among other, the challenges and opportunities given by some EC data collections and the objectives and main features of Mediterranean Transit Migration (MTM) and interactive map (i-Map) initiatives were illustrated. This provided an important sharing of information and a series of inspirations for activities in the participating countries. Moreover, the participation in the event of several MEDSTAT III national coordinators provided the opportunity for discussing on several recent subjects and activities undertaken in the MPCs.

## Publication and regional workshop on the documentation of national systems for international migration

According to the decisions of the Task Force, in spring 2012 the preparation of the publication on the documentation of administrative and statistical systems relevant for migration statistics in the MPCs was launched by using and harmonizing the relevant parts of the Country Statistical System Reports (CSSRs) available from 2009-2010. This work was undertaken by two Ibtihel Bouchoucha (Tunisian freelance expert) and Enrico Tucci (ISTAT-Italy expert) under the supervision of the Key Expert. The set of partial country reports was discussed at a regional workshop organized in Geneva, on 15-16 October 2012, back-to-back to the Joint UNECE-EUROSTAT Work Session. Apart from the 13 national delegates representing 7 countries and the Key Expert, the meeting was attended by representatives of the UNECE Statistical Division, the World Bank and ISTAT. This meeting reviewed the available material and decided about improvement to the template of country reports, in particular for incorporating the standardized boxes for the description of the administrative and statistical sources available from the IOM guidelines for the preparation of Migration Profiles<sup>7</sup>.

Given the partial availability (only four out of eight countries) and still limited harmonization of the country reports based on the IOM guidelines as well as the evolving of discussions and the degree of adhesion of MPCs towards a Migration Profile Process under the EUROMED Migration III, it was decided to postpone this publication and complete and harmonise these outputs in the "post-MEDSTAT III" framework according to future development of national dialogues, eventually for a group of countries.

## Joint UNECE/EUROSTAT Work Session on Migration Statistics

MEDSTAT III financed the participation of 15 experts of the MPCs, the Key Expert as well as the MED-HIMS CTA to the Joint UNECE/Eurostat Work Session on Migration Statistics which was held in Geneva, on 17-19 October 2012. The participation to this bi-annual meeting was extremely important, given the topics of discussion, the attendance by many countries belonging to UNECE and international organizations and experts (including many actors of MED-HIMS Programme) and the absence work session held in the period between MEDSTAT II and III.

MEDSTAT III directly contributed to the meeting by offering a paper and presentation on MED-HIMS prepared on behalf of the MED-HIMS Coordination Committee. The MED-HIMS contribution to the meeting focused on the background and scope of survey programme, the adopted methodology and questionnaires, the status of activities in the priority countries as well as some outcomes of the missions on sampling

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<sup>7</sup> 'Migration Profiles. Making the Most of the Process', IOM, 2011.

design recently undertaken in Egypt and Jordan. The initiative was evaluated positively, and specialized sampling techniques were proposed to measure rare populations.

### Technical assistance missions for enhancing the use of administrative sources

Despite the requests by most the countries during the Task Force of January 2011, no missions for enhancing the collaboration between the NSIs and their national partner agencies, better processing the data available in the administrative registers or preparing pilot or new tables was confirmed by the participating countries. Thus, also the excellent progresses registered by Lebanon and Morocco in terms of different exchanges between national institutions and new work modalities haven't been consolidated yet.

This situation mainly reflects the workload of the potentially involved services and the difficulties to effectively maintain and strength the national coordination and collaboration over a quite long period. However, at a given moment the phasing out of MEDSTAT III and the in depth regional progresses under the parallel EUROMED Migration III Project gave the opportunity for concerted developments in synergy with this framework and according to its main initiative of Migration Profiles Process.

### Migration Profiles Process

The usefulness of national Migration Profiles as tools for supporting the understanding of the migration phenomena, the responsibilities pertaining to each national institution and thus at end a better management of international migration was made evident to the MPCs already at end of MEDSTAT II and further endorsed with the MEDSTAT III workshop of January 2013. In fact, the improvement of the national administrative systems and the enhancement of national collaboration go towards that.

The starting of the EUROMED Migration III Project at beginning of 2012 let increase the attention on the topic of Migration Profiles in the MPCs. Both MEDSTAT III and EUROMED Migration III had the common interest of the enhanced national collaboration in the collection, tabulation and analysis of migration data, possibly according to international standards in view of the comparability between countries. In addition, MEDSTAT III was aiming to better document the national systems of the MPCs, while EUROMED Migration III had, in addition to direct means in the specific areas of intervention presented within Box 5, the mandate to support the possible preparation of Migration Profiles.

#### Box 5 - The EUROMED Migration III Project<sup>8</sup>

The regional project on migration in the Euro-Mediterranean area (EUROMED Migration III, 2012-2014) funded by the European Union with a budget of 5 million euros, is part of a wider programme on the Justice and Home Affairs sector, approved in 2006, comprising two other regional projects in the field of justice and police cooperation, respectively EUROMED Justice III and EUROMED Police III.

The overall objective of the EUROMED Migration III Project is mainly to foster cooperation on migratory issues between the ENPI South partner countries and EU countries and among ENPI South partner countries themselves, as well as to assist partner countries in their efforts to govern international migration.

#### The specific objectives are:

- The promotion of legal migration channels and promotion of workers' mobility;
- The promotion of the synergies between migration and development in partner countries; and
- The support for the prevention of irregular migration, for strengthening border management capacity and for improving vulnerable groups reception and assistance systems.

Activities are targeted at officials of administrations involved in the development and implementation of migration policy in partner countries. This includes ministries of foreign affairs, interior and migration, employment, of finance and central banks, and statistical offices. It is aimed at employment services and agencies, and officers in charge of border control and enforcement of migration law.

<sup>8</sup> Extract from <http://www.euromed-migration.eu>.

The project is made up of four components, three thematic, in legal migration, irregular migration and Migration and Development. These are complemented by a key crosscutting horizontal strand in which the project plans to develop a road map for Migration Profile development.

- The horizontal component encompasses the three thematic components. It also aims to assist ENPI South partner countries further develop sustainable Migration Profiles Process.
- Legal migration activities aim to establish closer links between national employment services of partner countries with EU counterparts.
- The Migration and Development component focuses on measures aimed at improving the impact of South-North migration on the development of the partner countries themselves.
- The third thematic component should promote exchanges of experiences, and good practice on effective ways of combating irregular migration.

Expected results include:

- Reinforced regional cooperation.
- Production of tools to help bring about better design of migration policy in partner countries.
- Identification of the most appropriate approach which can improve national legislation related to cross-border financial transfers.
- Identification of mechanisms for an effective fight against irregular migration.

Following its inception activities, the parallel project convened the first Regional Workshop on Migration Profiles (Brussels, 3-5 October 2012). This meeting witnessed the commitments towards enhanced national and regional dialogues on migration management matters and the support that this project could offer in developing Migration Profiles. Since then the need of exchange of information and cooperation between MEDSTAT III and EUROMED Migration III was endorsed by EuropeAid and EUROSTAT and the other involved parties, also because of the relevance of the participation of the NSIs within national committees and regional frameworks.

Therefore, the EUROMED Migration III started developing a management tool useful to the MPCs towards strengthening the national coordination, enhancing the exchange of information and data and, at end, implementing a more coherent and efficient management of migration flows. According to this approach the MPCs started moving towards a Migration Profile Process (MPP), with the preparation of national Migration Profiles at a second stage only, probably at different times, depending on the willingness and preparedness of each participating country. The opportunity of the regular participation of the NSIs in the national dialogues and consultations at regional level were progressively implemented by the MPCs, with the nomination of participants to the regional meetings frequently organised by the parallel project, till the new regional workshop on the Migration Profiles Process (Liège, 19-21 November 2013). Therefore, it will be important to maintain the close synergy between the EUROMED Migration Programme and the "post-MEDSTAT III" framework.



## V. Evaluation of the work programme

### V.1. Evaluation of regional events

A first evaluation of activities implemented under MEDSTAT III for the Migration Sector can be based on the evaluation questionnaires distributed during the regional events. These evaluations are based on the averages of the notes attributed by the events' participants to each item mentioned in the final evaluation form with the following conventions: very poor = 1; poor = 2; satisfactory = 3; good = 4; very good = 5. The following table shows the summary results on 5 out of 6 regional events or group of them for which the evaluation forms are available: in fact, the evaluation forms for the first, back-to-back and parallel events of January 2011 were collected once from each participant, with reference to the participation to the Task Force and the respective following event.

*Table 3 - Results of the evaluation of regional events organized under MEDSTAT III Migration by the MPCs' participants*

	Task Force and regional events of January 2011	Regional Study Visit to Austria of May 2011	MED-HIMS Regional Workshop of March 2012	Regional Workshop on national systems of Oct. 2012	MED-HIMS Regional Workshop of July 2013
1. Oral presentation of papers	4,3	4,3	4,2	4,6	4,3
2. Content of papers	4,3	3,9	4,3	4,3	4,0
3. Style and clarity of papers	4,1	3,7	4,2	4,1	3,9
4. Clarity of objectives for each agenda item	4,2	4,1	3,9	4,3	4,1
5. Division of discussion time between agenda items	3,7	3,8	3,8	3,9	3,8
6. Clarity of conclusions reached after discussion of each item	4,0	3,9	3,8	3,9	3,9
7a. Quality of interpreting to/from Arabic	4,4	3,7	3,9	4,0	4,5
7b. Quality of interpreting to/from English	4,2	4,0	4,0	4,9	5,0
7c. Quality of interpreting to/from French	4,4	2,5	3,4	4,8	4,3
8a. Level of satisfaction with meeting room	4,3	4,8	3,8	4,7	4,5
8b. Level of satisfaction with hotel accommodation	4,2	3,4	3,3	4,7	4,3
8c. Level of satisfaction with meals	4,3	3,5	3,4	4,5	4,2
8d. Level of satisfaction with transport	4,0	4,1	3,5	4,8	4,3
9. Overall value for the meeting	4,1	3,9	4,2	4,5	4,1
Average of points 1 to 6	4,1	4,0	4,0	4,2	4,0
Average of all points	4,2	3,8	3,8	4,4	4,2

The results above provide a summary, partial but very positive picture of the valuable contribution of the Project, with the overall and average notes around the “Good” level for both the technical and logistic aspects linked to the organization and implementation of the regional events.

## V.2. Evaluation by the Key Expert and NCs and from synergies

A more in depth evaluation of the activities and results in the sector obtained during the 44 months of lifespan of MEDSTAT III can be based on the assessment of the mainly involved experts and taking into account the synergies.

For this purposes, it may be useful to address the following aspects:

- a) Organization of activities;
- b) Implementation of the work programme;
- c) National awareness and inter-institutional coordination;
- d) Coordination between international organizations;
- e) Sharing of experiences, transfer of knowledge and capacity building;
- f) Joint development and use of statistical tools;
- g) South-to-South cooperation;
- h) Dissemination of information and tools;
- i) Synergies and consistency with other initiatives;
- j) Definition of the “post-MEDSTAT III”.

### Organization of activities

The technical coordination of MEDSTAT III ensured a long list of regional and national events, small meetings for the MED-HIMS project and technical assistance missions (cfr. milestones in Chapter IV and summary tools in Annex 2). Among other, the project organized an overall number of 26 missions, excluding 4 missions completely covered by external funding, in particular in the last two years, i.e. since the official launching of first MED-HIMS surveys. As additional measures of the weight of these activities, 9 out of 26 missions saw the involvement of more than 1 expert. Second, the technical assistance through missions, desk work and facilitation of meetings was mainly concentrated under the responsibility of a well-defined pool composed of the Team Leader, the Key Expert, the CTA and 4 other STEs for the MED-HIMS. Furthermore, 5 other international (EU) STEs and several experts and representatives belonging to international organizations participated in the regional and national events and undertook different desk works. Only one local STE was hired for a small number of working days, however many national experts significantly directly contributed during the meetings and with desk work, in particular for developing or adapting the MED-HIMS model tools. Only one MPCs did not manage to participate with representatives of national partner institutions in the three regional events devoted to them too.

The activities were always organized on the principles of maximising their impact and avoiding burden for the beneficiary institutions (e.g., the case of joint experts’ missions) as well as maximizing the available financial resources (e.g., the series of meetings held in parallel immediately after the Task Force).

### Implementation of the work programme

In general the work programme initially defined was enough widely implemented, but for some activities such as the missions and the regional coordination for the MED-HIMS it went well beyond the initial expectation and plans.

Some MPCs have benefited less from the Programme, due to the timetable of MED-HIMS surveys or other conditions. Thus, as a main case, 15 out of the 26 missions funded or cofounded by the Project concentrated on the Egypt-HIMS and Jordan-HIMS only. However, the organization of activities and use of



resources respected the timetables, circumstances and requests of countries. Moreover, the direct support to priority countries generally provided experiences and results useful at regional level (e.g., for the model DEPS).

As from the Chapter IV, an important series of conditions first including the extension of the project determined the re-orientation and new planning of activities. It is shared that these changes reflected the absorption capacity and coherence and respected the country positions and the opportunities coming from the synergies.

### **National awareness and inter-institutional coordination**

As already from the past programmes and projects and the experiences of the EU countries, the coordination between the NSIs and the national partner institutions results fundamental for enhancing the production and use of migration statistics. This is due to the relevance and high frequency of the registration of the foreigners and other categories of persons, including the crossing borders travelers in the case of MEDSTAT countries, as well as the limited costs for collecting data from these administrative operations.

Both the Project and NSIs provided means for increasing the awareness on the relevance of frequent, improved and comparable migration statistics and the possibility of using different options for obtaining these results, depending on national circumstances. The efforts in this direction met more openness and receptiveness than in the past, also due to the new political course in selected countries. Also through the observation of the EUROMED Migration III, no reticence of national partner institutions is now evident. However, these efforts did not concretise yet significant enhancements in terms of adaptation or use of administrative sources, and even the exploitation of individual records from the administrative registers in Lebanon and Morocco did not consolidate on the results reached during MEDSTAT II. The absence of the provision of equipment in MEDSTAT III does not seem to have interfered on that.

On the other hand, it is evident that the measures provided by the EUROMED Migration III Project are allowing important dialogues between the countries of the Euro-Mediterranean region and within them, with in particular reiterated exchanges, consultations and orientations under the initiative of Migration Profiles Process. If progresses in this area are possible only over long periods and are always vulnerable, the appraisal is that the MEDSTAT working paths and the EUROMED Migration III pushes combined with the evolved situation and openness of the MPCs may give *momentum* for concrete changes, although with probably different rhythms at country level.

### **Coordination between international organizations and projects**

Thanks to the coordination and promotion measures implemented by MEDSTAT III for the MED-HIMS, the group of international organizations supporting the programme at regional and/or national level gradually increased. This is tangible through the progressive awareness and involvement of the EU Delegations and all the relevant central, regional and sub-regional offices of UNFPA, UNHCR, IOM and ILO, in addition to the EuropeAid, EUROSTAT, the World Bank and LAS. Besides, the WHO, UNDP and UN Women and several bilateral cooperation agencies started contributing to the programme at country level.

However, it is also important to mention that since the launching of MED-HIMS the Coordination Committee witnessed important constraints in making available and pooling the financial resources necessary at national and regional level. This mainly included the minimum plafonds for setting financial agreements, the existence of different requirements for defining projects (e.g., budget templates) and the need of long consultation processes within some organizations. Therefore, some contributions of donors were accessed with difficulty or even lost. Thus, MEDSTAT III constituted the solution for some protracted incertitude on planned activities and potential delays or absence of the international experts at key moments during the preparation of first national surveys or for outputs necessary at central level.

The involvement of international agencies in MED-HIMS provides lessons on the possible constitution, funding and functioning of a consortium in charge of governing the regional programme. The experience

accumulated in this aspect may now result useful for other sectors of the in the Euro-Mediterranean statistical cooperation.

Moreover, the Project aimed and successfully implemented the coordination with the parallel EUROMED Migration III Project and many other international entities. Based on these contacts, rational considerations were undertaken and opportune, cautelative conclusions taken, in particular in the cases of postponement of activities such as the publication on the documentation of national systems.

### **Sharing of experiences, transfer of knowledge and capacity building**

According to the countries, the MEDSTAT project represented again an exceptional opportunity for the sharing of experiences and methodological discussions. Apart from the important joint development of methodologies considered under the next aspect, the regional platform allowed the participating countries to intensively exchanging views and experiences between them and with other countries and international actors.

The long term objective of increasing the capabilities of the NSSs and staff of the MPCs in producing better and more frequent and comparable migration statistics found adequate measures under MEDSTAT III too. Thus, the inputs cascaded at country level through the participation of national experts in regional and international meetings and the technical assistance from international experts as well as the direct involvement of national teams in the development of model tools determined evident enhancements.

### **Joint development and use of statistical tools**

The good practices already implemented under the previous MEDSTAT programmes for developing and discussing statistical tools or new possible indicators jointly by the MPC's national agencies, the international organizations and the international experts were in general consolidated and extended.

This applied in particular to the MED-HIMS Programme, with the work on the model Q&M and DEPS. Therefore, in addition to the recommendations, guidelines and manuals for statistical production respecting the international standards and comparability of national results available from the past, the NSIs dispose now of shared and valid instruments issued by a long and intensive consultation process (best practice) which represent an important reference at global level. Furthermore, according to decisions taken in the last meeting held shortly before the end of the Project, there are good conditions for establishing and sharing relevant model tools for guiding the tabulation and data analysis under the same framework.

On the other hand, these practices were limitedly aimed and implemented in the definition of a common questionnaire for regular data collection or sets of common indicators. Thus, no indicator on migration was yet proposed for the important 'List of Harmonised Social Indicators' established under the Social Statistics Sector of MEDSTAT III. This finds justification in the huge efforts and concentration of activities on the MED-HIMS surveys in selected countries but also the limited progress in accessing and using the administrative data mainly due to the ongoing development of registration systems, staff turnover, lack of understanding or simply low absorption capacity.

### **South-to-South cooperation**

In the framework of MEDSTAT III the participating NSIs could exchange each other some tools directly contributing to the national operations, in particular for preparation and implementation of MED-HIMS surveys or pre-tests. This applied in particular to the survey questionnaires and manuals that are necessary in different languages, depending on the stage and the countries' conditions. As a main example, it is possible to recall the contribution given by CAPMAS-Egypt at the initial stage and DoS-Jordan later to the development of the MED-HIMS DEPS.

## Dissemination of information and tools

The increasing orientation of activities towards MED-HIMS and the availability of resources for different uses allowed publishing under the Project varying communication means (newsletters) and unique survey tools issuing from the finalization of MQs and the complementary manuals. In addition, it made available parts of further manuals and systems, including the first piece for the guidelines on tabulation and data analysis.

## Synergies and consistency with other initiatives

MEDSTAT III paid careful attention to the activities, progresses and possible/definitive outcomes coming from other international frameworks, working groups and projects. As from Section III.4, the consultation was particularly frequent with, but not limited to, the MED-HIMS partner organizations and ICMPD as institution leading the EUROMED Migration III Consortium, and determined some key re-orientation of the work programme in order to avoid overlaps or premature activities/outputs.

As a negative aspect, also due to the high concentration of activities on MED-HIMS, the relationship with the NSIs of the EU Member States was strengthened in a limited manner. Apart from Austria Statistics for contributing to the regional study visit, only ISTAT participated with experts in some activity and declared some availability for the “post-MEDSTAT III”.

## Definition of the “post-MEDSTAT III”

During the final period the Project dealt with the setting of the Euro-Mediterranean working groups on priority sectors. The whole process for the Migration Statistics Sector is illustrated in the next chapter. As a summary evaluation, under the frame of the generic terms of reference for the future working groups and the common approach, the sector work programme for 2014-2015 was defined easily and with a wide consensus around components feasible and with immediate, concrete results, or fundamental in the short/medium term perspective.

## VI. Preparation of the post-MEDSTAT III

### VI.1. Introduction<sup>9</sup>

#### Post-MEDSTAT III framework

During the MEDSTAT Directors Committee (DC) Meeting held on 16-17 November 2011, in Luxembourg, the MPCs reaffirmed their common willingness to re-shape regional cooperation in statistics by setting-up more permanent arrangements and structures. The intent of this proposal was to avoid the risks linked to projects and programs and help establish a truly effective and balanced partnership where the MPCs and EU MS collaborate with a higher participation and involvement.

Therefore, in the framework of MEDSTAT III a proposal for a regional strategy for the Euro-Mediterranean cooperation in the “post-MEDSTAT III” period mainly including the set-up of such permanent structures was drafted and further discussed among the involved parties and then validated at DC Meeting held in Athens on 29 May 2012 by the MPCs, the present EU MS and EuropeAid.

This proposal specified the following elements for the organizational framework in the “post-MEDSTAT III”:

- The “Forum of Euro-Mediterranean Statisticians”, a high-level decision making structure) to steer the cooperation and to discuss and validate joint work;
- The “Support Cell”, a permanent, light management structure to be hosted by EUROSTAT to support the work of the Forum at general and sector level;
- A number of Euro-Mediterranean working groups in priority sectors in charge of developing and implementing the regional cooperation sector work programs.

Since 1996 the sector of Migration Statistics is one of the priority areas within the MEDSTAT Programme and was repeatedly considered as such in the successive DC meetings and other consultations. Finally, the DC Meeting above of May 2012 decided indeed to include migration statistics among the priority sectors of the post- MEDSTAT III and thus to create, depending on availability of funding, the Euro-Mediterranean Working Group on Migration Statistics (EMWGMS or even simply WG hereinafter) for further continuing the regional cooperation in this area.

#### Methodology for setting the EMWGMS

The setting-up of the EMWGMS was initially based on the conclusions of the DC meetings, a meeting of the MEDSTAT Principal National Coordinators held in Brussels on 5-6 February 2013 and the proposals already prepared and discussed for the possible Euro-Mediterranean Working Groups for the sectors of Energy Statistics, Transport Statistics and Labour Statistics.

Second, major inputs came from the first two meetings of the Forum of the Euro-Mediterranean Statisticians which were held in Luxembourg on 13-14 May 2013 and in Brussels on 10 October 2013. In fact, for the sector of Migration Statistics these meetings endorsed the possibility to mainly concentrate the activities of the first two years on the MED-HIMS, what constitutes a unique and challenging series of coordinated migration surveys and an innovation at global level, given in particular the direct involvement of seven NSIs, the reference to various EU and UN principles and frameworks and the wide support from

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<sup>9</sup> This part of the report is an adapted version of the ‘Proposal for the implementation of the Euro-Mediterranean Working Group on Migration Statistics in 2014-2015. Version of 14 November 2013’, a document jointly prepared by MEDSTAT III and CAS-Lebanon for the First EMWGMS Meeting, Brussels, 21-22 November 2013. It takes into account the outcomes of that meeting and following consultations.

international organizations. Moreover, the Forum attributed the WG leadership for 2014-2015 to CAS-Lebanon.

Furthermore, the possible work programme and modalities of WG were discussed at the occasion of the MEDSTAT III regional workshops held in Geneva on 15-16 October 2012 and in Brussels on 1-5 July 2013 and, at end, during the First EMWGMS Meeting which was convened in Brussels on 21-22 November 2013.

## VI.2. Set-up and functioning of the Working Group

### Objectives and scope

According to the mandates and the activities promoted and implemented under MEDSTAT II and III and parallel initiatives such as the EC-funded EUROMED Migration Programme, the main objectives of the EMGWMS will be the following:

- vi) Consolidating the dialogue, coordination and cooperation at regional level and with other working groups and regional and international actors;
- vii) Increasing the national awareness on the usefulness and relevance of improved and harmonised statistics and improving the dialogue between data producers and data users;
- viii) Strengthening the capabilities of the NSSs of MPCs to produce more frequent, improved and harmonised migration statistics using administrative sources and statistical operations;
- ix) Supporting and following-up the completion and consolidation of the model tools and the coordinated national survey projects under the MED-HIMS Programme;
- x) Defining new measurement tools and procedures and initiating regular data collection systems for dissemination of statistics useful for policy making and other users.

These objectives pursue the capacity building and the measurements of legal migration usually aimed under MEDSTAT, including the investigations on out-migration, return migration, intention to migrate and forced immigration aimed under MED-HIMS, as well as a series of joint initiatives such as the support to national Migration Profiles Process in the MPCs currently aimed through the EUROMED III Migration Project.

However, the varying and increasing information needs and initiatives, the composite interaction necessary between partner institutions and initiatives, the absorption capacity of the NSIs of selected countries involved in the first MED-HIMS surveys or the population censuses in 2014<sup>10</sup> and the limited financial resources for the moment available for the EMWGMS encompass some constraints.

Therefore, the priority activities of the EMWGMS will be progressively reviewed in the future, in accordance with the available resources and synergies.

### Expected outcomes

The work under the EMWGMS is expected to contribute significantly to the enhancement of national migration statistics in the MPCs, in particular the improvement of their availability, relevance, reliability and, comparability for all stakeholders and other data users. In line with the objectives of MEDSTAT, it should also be the catalyst and reference point for the convergence of the NSSs for international migration in the region towards European and international standards.

The main expected outcomes of the EMWGMS work are the following, in the distinction between high and low priority under the WG framework, at least for what may be the direct contribution of most the MPCs and the use of resources allocated to the WG:

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<sup>10</sup> As from Chapter IV, during 2013 Egypt and Jordan undertook respectively the main data collection and pre-test data collection for their MED-HIMS surveys, while Lebanon will launch the national survey starting in 2014. Morocco is currently undertaking a pre-test survey in order to implement the main survey in 2014-2015, which thus will be in parallel with Algeria and Tunisia and possibly Palestine. Some of these countries will implement the next population census in 2014 (Tunisia and Morocco) and or 2015 (Jordan).

■ **For the MED-HIMS Programme (high priority)**

- i) Documentation and sharing of national experiences and lessons learned from the implementation of national surveys and the regional coordination within and outside the Euro-MED Region;
- ii) Implementation of national MED-HIMS surveys in view of the production of relevant, reliable, comparable data;
- iii) Analysis of the national survey results and findings according to agreed guidelines and its dissemination to the users through publications and seminars; and
- iv) Updating and extension of methodologies and tools.

■ **For other work components (lower priority in general)**

- i) Documentation and sharing of other national experiences and practices on migration statistics, building on proposals and partial results of MEDSTAT III;
- ii) Improvement of national capabilities and tools towards comprehensive migration information systems, better linkage and use of sources and better statistical production;
- iii) Production, analysis, documentation and dissemination of more relevant, frequent, reliable and comparable migration statistics based on administrative sources and statistical operations;
- iv) Improved awareness on the usefulness of migration statistics and proactive dialogue with the various types of users of migration statistics (civil society, policy makers, academics and researchers, the media, international and regional organizations, etc.); and
- v) Consolidation and extension of synergies with national, regional and international activities and initiatives.

## **Mandate**

The EMWGMS will act as a platform for migration statisticians at the regional level to share information and best practices, to coordinate and further develop the entire data cycle, to maintain the regional and international cooperation, and to provide relevant inputs to research and policy-making in key areas such as migration management and migration and development. Therefore, enough similarly to the other working groups of “post-MEDSTAT III”, the EMWGMS will have the following main responsibilities:

- 5. Exchange on technical issues and practices, programming and follow-up**  
To serve as a forum for exchanging information and tools, improving awareness on migration statistics, defining capacity building measures and methodological improvements, reviewing the annual work program and evaluating progresses;
- 6. Methodological development and quality improvement**  
To facilitate the design and improvement of conceptual frameworks and methodologies at regional and international level for obtaining relevant, progressively improved and more comparable migration statistics in compliance with international standards, in particular through the MED-HIMS Programme;
- 7. Collection, analysis, dissemination and documentation of data**  
To follow the implementation of MED-HIMS surveys and to set and oversee the coordinated collection, analysis, dissemination and documentation of other relevant migration statistics in the region in view of providing improved statistics to various national and international users;
- 8. Regional and international coordination**  
In order to prevent duplication of work and actions, maximising benefits from the best practices and experiences, and conceiving and operating coordinated works, to seek to strengthen/establish cooperation and synergies with the following entities:
  - The Forum, the Support Cell and the other working groups as well as the MED-HIMS Coordination;



- The international working groups, meetings and projects on migration, social and general statistics (e.g the EUROSTAT working groups, the joint UNECE / EUROSTAT work sessions, the Suitland Working Groups and the UN Statistical Commission);
- The other international and regional initiatives promoted by the EU and EFTA (e.g., EUROMED Migration III, the European Migration Network and CARIM-South) and other international organizations (e.g.: the Working Group on International Migration in the Arab Region jointly established by IOM, ESCWA and LAS ;
- The NSIs and migration/demographic research centres of EU MS and other countries such as INSEE and INED in France and ISTAT in Italy; and
- The UN regional commissions (i.e. UNECA, UNESCWA and UNECE), the agencies of the UN system (i.e. UNFPA, UNHCR, IOM, ILO, etc.), the World Bank, OECD, PARIS21 and other international and regional actors (e.g., the African Development Bank and the Islamic Development Bank).

In accordance with the above, the WG as such is not directly in charge of implementing any data collection operations in the countries or the coordination of national projects but only in ensuring the exchanges of information on practices and facilitating further methodological developments.

### Functioning

The EMWGMS will be composed by the EC, the MPCs currently covered by MEDSTAT III plus Libya and other national institutions that wish to adhere. Other international organizations, in particular those contributing to MED-HIMS, should adhere too or at least to participate as observers. The WG will operate from distance and through meetings.

The EMWGMS will be a light, operational, and flexible structure to rapidly perform its assigned tasks in the face of emerging demands and changing priorities and availability of financial resources. As with any representative structure, the WG will consist of its members and a part-time support structure called Management and Monitoring Cell (MMC) that will ensure its day-to-day operating by providing general coordination and assistance to prepare and implement the activities. In order to initiate the activities, design and implement its work program and achieve its expected results, CAS-Lebanon will play the role of WG leader with Lara Badre, MEDSTAT NC for Migration Statistics, and the other MMC staff.

Building on current technical relationships established under MEDSTAT, CAS will play the role of facilitating the mutual exchange of experiences, information, tools and technical expertise between the group's members, providing the general coordination, organising the annual WG meeting and the other events which will be decided, coordinating the activities from distance, activating international experts for the provision of technical assistance and interacting with the national, regional and international relevant partner organizations, working groups and projects. In performing these activities CAS will be assisted by the Support Cell as well as other NSIs and international organizations and experts, depending on cases and in particular the future setting of the MED-HIMS regional coordination.

Provisions should cover the arrangements and rules to manage the EMWGMS, under the directions of the Forum, to decide on global orientations, work programme, and the running of the MMC to implement its decisions. The mandate of the MMC will be primarily to implement the WG decisions, in particular the work programme, and to ensure effective implementation of the agreed activities. The head of the MMC will act as a focal point and take overall responsibility for operating the EMWGMS.

The MMC will be responsible for the preparation of the WG and other meetings and ensure its coherence with the new cooperation framework. For this purpose the MMC will work in coordination with the Support Cell, eventually other involved countries and the international experts, depending on cases. In addition, for the logistical components the MMC will be eventually supported by partner countries or international organizations hosting or supporting the meetings.



Between two WG meetings, technical meetings with all working group members or a selection of them will be held, depending on the availability of funding.

The technical meetings of the WG will be attended by one or two representatives from each participating country, from the NSI and eventually from a ministerial agency or another partner institution, depending on the relevance, using a configuration similar to that of MEDSTAT. However, for the priority activities related to the MED-HIMS Programme the meetings will be attended by the representatives of the NSI or other national institution involved in the national survey operations.

According to the Forum decisions, the WG meetings will use English and French as working languages.

### Means, cost estimates and financing

Also in line with other sectors, the implementation of the yearly work programme of the EMWGMS in the "post-MEDSTAT III" was considered possible with the following activities and means - or its equivalent in terms of costs:

- The WG country leader contribution on part-time basis of 3 to 6 man/months for the directly involved officers, i.e. the Coordinator (Senior Statistician) and the support staff;
- 1 WG meeting of 2 working days duration;
- 1 regional workshop of 4 working days;
- 1 additional event of maximum 4 working days; and
- International and South-to-South technical assistance up to maximum 15 man/weeks.

The following main, specific features denote the activities and means listed above:

- a) According with the proposal in Section 3 and its priorities, the annual regional workshop should ensure the collaboration and the exchanges between countries participating in the MED-HIMS Programme.
- b) The additional event defined at point 4) above should be an international meeting (e.g. Joint UNECE / EUROSTAT Work Session), a regional or sub-regional event (e.g., a restricted task force meeting for the further development of MED-HIMS model tools) and/or a study visit, depending on yearly activities and decisions.
- c) For all possible events the provisions should cover the support in the preparation and possibly the participation of 1 or 2 international experts, if their contribution is necessary and not funded otherwise;
- d) The provisions for the Technical Assistance should ensure the contribution of international and/or MPCs' experts through missions and desk work.

A first, rough estimate of the financial means necessary for the proposed activities gives a total of about 235.000 EUR per year, excluding the EU-equivalent cost of the directly involved WG-leading staff. However, it has to be noted that the WG yearly costs may vary considerably, depending on the following:

- The direct contribution of participating MPCs by the organization of some meetings and provision of technical assistance;
- The possible implementation of synergies with other initiatives (e.g., the EUROMED Migration III Project) and institutions (for instance, EU NSIs hosting the meetings); and
- The availability of international funding under other frameworks, in particular for the regionally coordinated implementation of MED-HIMS surveys.

Therefore, for the moment EUROSTAT will ensure one 2-day yearly WG meeting while the LAS will intervene with a partial funding for a regional meeting in 2014. The means for further MED-HIMS model manuals will be funded by the international organizations supporting the survey programme.

### VI.3. Regional work programme for 2014-2015

The EMWGMS work programme for 2014-2015 was established at occasion of its first meeting (see Box 6) and through a following consultation from distance. During the meeting MEDSTAT III and CAS-Lebanon presented the document for the establishment of the EMWGMS updated in order to reflect the outcomes of the regional meeting of July 2013 and the comments received in the following months. As in its previous version, the document proposed mainly the focus on MED-HIMS, including the exchange of practices and experiences of countries through an yearly workshop regional work and communication from distance and of further methodological developments, and therefore normally a lower priority to other work components and events. This according to conditions such as absorption capacity of the countries, the level of possible collaboration of national agencies responsible of the administrative registration, the progresses in parallel contexts (first of all the EUROMED Migration) and the availability of financial resources.

#### Box 6 - The First Meeting of the Euro-Mediterranean Working Group on Migration Statistics

The First EMWGMS Meeting was organized by MEDSTAT III in Brussels, on 21-22 November 2013, in order to combine with the meeting of the EUROMED Migration III Programme on the Migration Profiles Process held in Liège, on 19-21 November 2013.

The meeting had the main objectives to review the activities undertaken in the framework of MEDSTAT III for the Migration Statistics sector and to discuss and approve the implementation modalities of WG for following the regional cooperation in the sector after the end of MEDSTAT III in December 2013. Moreover, the meeting had the secondary objectives to discuss some technical aspects linked to the MED-HIMS Programme and the measure of international migration through the population census.

All the eight MPCs participating in MEDSTAT attended the event with two delegates, generally including the NCO, apart from Lebanon which was represented only by the NCO. The other participants came from the EuropeAid, EUROSTAT, the UNHCR Brussels Office, the EUROMED Migration III Project and the ADETEF MEDSTAT III Consortium, including ISTAT-Italy.

In order to determine the list of activities to be undertaken as a priority in 2014-2015, the range of possible activities was discussed in detail on two occasions. A double round table during the meeting served to preliminarily identify the preferences of each MPC, taking into account the human and financial resources likely to be available and the main parallel initiatives. Later the national delegates examined the list of activities identified during the meeting with their respective colleagues and managers. Thus, this list was updated on the basis of definitive answers provided during the two weeks following the meeting.

The activities selected by the choice of countries were the following, according to four components<sup>(11)</sup>:

- 1 Exchange on technical issues practices, programming and follow-up**
  - 1.a Presentation and assessment of annual activities
  - 1.b Documentation and sharing of information on technical issues and best practices
  - 1.c Improvement of awareness on the relevance of migration statistics
  - 1.f Organization of meetings and identification/activation of resources and funding
- 2 Methodological development and quality improvement**
  - 2.b Review and development of existing MED-HIMS model manuals and tools
  - 2.c Development of new model manuals, guidelines and tools
  - 2.g Definition of indicators for the Migration Profiles
- 3 Collection, analysis, documentation and dissemination of data**
  - 3.b Communication and documentation of MED-HIMS activities at international and national level
  - 3.c Dissemination of MED-HIMS results at national and international level

<sup>11</sup> The detailed results of this consultation are presented in Annex 3.

- 3.j Supporting the national Migration Profiles Process
- 4 Regional and international coordination**
- 4.a Liaison with the Forum, the Support Cell and other post-MEDSTAT III working groups and the MED-HIMS Coordination
- 4.b Coordination with other international working groups, meetings and projects
- 4.c Coordination with other international and regional initiatives arising in particular from the EU (e.g. EUROMED Migration)
- 4.d Coordination with the NSIs and research centres of the EU and other regions
- 4.e Coordination with the UN regional commissions, UN agencies, the World Bank, and other international and regional actors

Beyond the aspects of the successive programming and evaluation and the interaction with other entities of the post-MEDSTAT III, the EMWGMS will focus first on the methodological development, documentation of experiences and dissemination of results of MED-HIMS. In parallel, the WG will support the awareness of policy makers towards the relevance of improved and comparable migration statistics and the Migration Profiles Process. Depending on resources, it will further consider the adaptation of questionnaires for census and general surveys and the use of administrative sources.

As from repeated interventions during the meeting, the close coordination, collaboration and synergy with all other entities mentioned above result fundamental. Indeed, the attention to the WG has been renewed, through the participation in the meeting or indirectly, by the EUROMED Migration III, UNHCR, IOM, LAS and the other MED-HIMS partners, ESCWA and ISTAT. The formal association of the Steering Committee of MED-HIMS partner organizations is inevitable.

Despite the ease of the agreement between the countries, the consistency of decisions and assured availability of a portion of the necessary funds, it is now important that the functioning, coordination arrangements and other funding of the EMWGMS are better specified or materialised through further consultations.

## Annex 1. List of contacts

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## Annex 2. List of events and missions

Figure 1 - Summary overview of events and technical assistance missions

Year/Month	Activity							
	Task Force or WG meeting	MED-HIMS meetings	Study visits and other meetings	Main events under external funding	TA missions	TA missions under joint funding	TA missions under external funding	
2010	04		Coord. Meeting					
	05							
	06				TN(1)			
	07							
	08							
	09					PS(1)		
	10		Coord. Meeting					
	11							
	12							
	2011	01	Task Force	Workshop 1	Wks 2 SV NL			
		02						
		03						
04			CM DC					
05				SV to AT				
06								
07			CM Prom.M					
08								
09			Donors Meet.					
10						JO(1)		
11						EG(1)		
12								
2012	01							
	02					JO(1)		
	03		Wks 3 CM				LB(1)	
	04							
	05				EM-III Wks			
	06					JO(1)		
	07					EG(1) MA(2)		
	08							
	09					EG(3)	EG(1)	
	10			Workshop 4	EM-III JointWS	JO(2) MA(2)		
	11					LB(3)		
	12				MAFE Wks	EG(1) JO(1)		
2013	01							
	02					EG(1)		
	03					JO <sup>2</sup> /EG <sup>1</sup> /MA <sup>3</sup>		
	04				IUSSP Sem.		EG(1)	
	05				UNFPA/OECD		TN(2) JO(1)	
	06				ESCWA/IOM/LAS		JO(1)	
	07		Workshop 5					
	08							
	09				ESCWA EM		JO(1)	
	10					DZ(2)		
	11	EMWGMS			EM-III Wks			
	12					JO <sup>1</sup> /MA <sup>1</sup> /MA <sup>1</sup>	EG(1)	

The number within brackets under each TA mission denotes the number of experts participating to that mission.  
EM-III stands for EUROMED Migration III Project

*Table A - Details of the technical assistance missions*

Country/operation	Period	Main topic(s)	Expert(s) and eventual joint/external funding
Tunisia	8-10 June 2010	Assessment mission	Giambattista Cantisani
Palestine	26-30 September 2010	Mission for assessing the 2010 Palestinian Migration Survey	Youssef Courbage
Jordan-HIMS	24-27 October 2011	Mission for revising the Project Document	Samir Farid
Egypt-HIMS	30 October - 3 November 2011	Mission for revising the Project Document	Samir Farid
Jordan-HIMS	31 January - 2 February 2012	Mission for revising the Project Document and promoting the survey	Giambattista Cantisani
Lebanon-HIMS	11-15 March 2012	Mission for drafting the Project Document	Samir Farid (under the World Bank funding)
Jordan-HIMS	10-14 June 2012	Mission for the adaptation of MQs	Samir Farid
Egypt-HIMS	15-19 July 2012	Mission for the adaptation of MQs	Samir Farid
Morocco-HIMS	23-27 July May 2012	Mission for drafting the Project Document	Samir Farid and Youssef Courbage
Egypt-HIMS	9-27 Sept. 2012 (whole period)	Missions for the national donors meeting, adaptation of MQs and definition of sampling strategy	José Cervera, Samir Farid and Richard Bilsborrow
Egypt-HIMS	9-13 September 2012	Mission for launching the development of model DEPS	Guido Pieraccini (under joint funding with UNHCR)
Jordan-HIMS	30 Sept. - 11 Oct. 2012 (whole period)	Mission for the adaptation of MQs and definition of sampling strategy	Samir Farid and Richard Bilsborrow
Morocco-HIMS	22-23 October 2012	Mission for further discussing the feasibility and promoting the survey	José Cervera and Giambattista Cantisani
Lebanon-HIMS	7-9 November 2012	Mission for the further discussing the feasibility, revising the Project Document and promoting the survey	José Cervera, Giambattista Cantisani and Samir Farid
Egypt-HIMS	16-25 December 2012	Mission for assisting the training for the survey pre-test	Samir Farid
Jordan-HIMS	26-29 December 2012	Mission for the adaptation of MQs	Samir Farid
Egypt-HIMS	29 January - 9 February 2013	Mission for analysing the pre-test results	Samir Farid
Jordan-HIMS	3-7 March 2013	Mission for finalising the adaptation of MQs	Samir Farid and Giambattista Cantisani
Egypt-HIMS	14-21 March 2013	Mission for assisting the training for the main data collection	Samir Farid
Morocco-HIMS	20-29 March 2013 (whole period)	Missions for finalising the Project Document, promoting the survey and defining the sampling strategy	Giambattista Cantisani, Youssef Courbage and Richard Bilsborrow
Egypt-HIMS	21-25 April 2013	Mission for finalising the national DEPS	Guido Pieraccini (under joint funding with UNHCR)
Tunisia-HIMS	15-22 May 2013	Mission for drafting the Project Document and promoting the survey	Samir Farid (under UNFPA funding) and Giambattista Cantisani
Jordan-HIMS	26-30 May 2013	Mission for assisting the training for the pre-test	Samir Farid (under UNFPA funding)
Jordan-HIMS	23-27 June 2013	Mission for installing and starting adapting the model DEPS	Guido Pieraccini (under joint funding with UNHCR)
Jordan-HIMS	15-19 September 2013	Mission for analysing the pre-test results	Samir Farid (under UNFPA funding)

Country/operation	Period	Main topic(s)	Expert(s) and eventual joint/external funding
Algeria-HIMS	26-31 October 2013	Mission for drafting the Project Document and promoting the survey	Giambattista Cantisani and Samir Farid
Jordan-HIMS	1-5 December 2013	Mission for finalising the national DEPS	Guido Pieraccini
Morocco-HIMS	9-13 December 2013	Mission for installing and starting adapting the model DEPS	Guido Pieraccini
Egypt-HIMS	15-19 December 2013	Mission for monitoring the data editing and cleaning	Samir Farid (under UNFPA funding)
Morocco-HIMS	16-20 December 2013	Mission for evaluating the pre-test	Youssef Courbage



*Table B - Attendance of the MPCs and other entities to regional and international meetings organized or supported by MEDSTAT III*

Country/Institution/Org.	Task Force and other regional events of January 2011	Regional Study Visit to Austria of May 2011	MED-HIMS Regional Workshop of March 2012	Regional Workshop and Joint UNECE / EUROSTAT Work Session of Oct. 2012	MED-HIMS Regional Workshop of July 2013	EMWGMS Meeting of November 2013
Algeria: ONS		2	2	1	2	2
Algeria: partner institution						
Egypt: CAPMAS	1	2	2	1	2	2
Egypt: partner institution	1			1		
Israel: ICBS	2	1		1	2	2
Israel: partner institution		1		1		
Jordan: DoS	1	2	8	1	2	2
Jordan: partner institution	1			1		
Lebanon: CAS		1	2	1	2	1
Lebanon: partner institution	2	1		1		
Morocco: HCP/DS	1	1	1	1	1	1
Morocco: partner institution	1	1	1	1	1	1
Palestine: PCBS	1	1	2		2	1
Palestine: partner institution	1	1				1
Syria <sup>(1)</sup> : CBS	1	1				
Syria <sup>(1)</sup> : partner institution	1					
Tunisia: INS	1	1	2	1	2	2
Tunisia: partner institution		1		1		
EC	5		1		4	4
Other international organizations and projects	5	16	8	2	11	2
MEDSTAT III <sup>(2)</sup>	5	1	4	2	4	4
<b>Total number of participants</b>	<b>30</b>	<b>34</b>	<b>33</b>	<b>17</b>	<b>35</b>	<b>25</b>

1. The participation of Syria to MEDSTAT III was stopped in October 2011.

2. Including the experts who attended only the regional events of January 2011 and experts belonging to EU institutions who intervened as STEs.

## Annex 3. Results of consultation on priority activities for 2014-2015

### Possible answers from countries:

1	High priority
0,5	Minor priority
-	Not priority

### Consideration of scores:

5 points or more:	High priority
4,5 or 4 scores:	Minor priority
less than 4 scores:	Not priority

Activities	DZ	EG	IL	JO	LB	MA	PS	TN	Total
<b>1 Exchange on technical issues practices, programming and follow-up</b>									
1.a Presentation and assessment of annual activities	1	1			1		1	1	5
1.b Documentation and sharing of information on technical issues and best practices	1	1			1	1	1	1	6
1.c Improvement of awareness on the relevance of migration statistics	1	1	1	1	1	1	1	1	8
1.d Definition of capacity building measures and methodological improvements	1						1	1	3
1.e Setting and follow-up of the regional work programme	1	0.5					0.5	1	3
1.f Organisation of meetings and identification/activation of resources and funding	1	1			1	1		1	5
<b>2 methodological development and quality improvement MED-HIMS (priority component)</b>									
2.a Consultation with data users		1		1		1			3
2.b Review and development of existing MED-HIMS model manuals and tools	1	1		1	1	1	1	1	7
2.c Development of new model manuals, guidelines and tools		1		1		1	1	1	5
<b>Other components</b>									
2.d Adaptation of census and general survey questionnaires		1		1		0.5	1	1	4.5
2.e Definition of questionnaires for yearly data collection on flows and stocks of international migrants		0		0		1	0.5	1	2.5
2.f Definition of questionnaires for yearly data collection on flows and stocks of international migrants	1	0.5				0	1	1	3.5
2.g definition indicators for the MEDSTAT III list of social indicators	1	1				1	1	1	5
2.h Data quality exercises in selected countries and/or between pairs/groups of countries		0.5				1	0.5	1	3

Activities	DZ	EG	IL	JO	LB	MA	PS	TN	Total
<b>3. Collection, analysis, documentation and dissemination of data</b>									
<b>MED-HIMS (priority component)</b>									
3.a Consultation with data users		0.5		1					2.5
3.b Communication and documentation of activities at international and national level	1	1		1	1	1	1	1	7
3.c Dissemination of results at international and national level	1	1		1	1	1	1	1	7
<b>Other components</b>									
3.d Consultation with data users		0		1					1
3.e Documentation of national systems relevant for migration statistics	1	0.5					0.5	1	3
3.f Setting of comprehensive national migration information systems.	1	0					0.5	1	2.5
3.g Starting regular production and dissemination of improved, reliable and harmonised migration statistics	1	1	1			1	1		5
3.h Creation of a repository and inventory of migration statistics and metadata for the region		1			1	1		1	4
3.i Inventory of initiatives for measuring and profiling the MPC's migrants residing abroad		0				1		1	2
3.j Supporting the national Migration Profiles Processes	1	0.5			1	1	0.5	1	5
<b>4. Regional and international coordination</b>									
4.a Liaison with the Forum, the Support Cell, the other post-MEDSTAT II working groups and the MED-HIMS coordination	1	1	1	1	1	1	1	1	8
4.b Coordination with other international working groups, meetings and projects	1	1	1		1	1	1	1	7
4.c Coordination with other international and regional initiatives arising in particular from the EU (e.g. EUROMED Migration)	1	1	1		1	1	1	1	7
4.d Coordination with the NSIs and research centres of the EU and other regions	1	1	1		1	1	1	1	7
4.e Coordination with the UN regional commissions, UN agencies, the World Bank, and other international and regional actors	1	1	1		1	1	1	1	7

## Annex 4. Main references

### Note:

The documents on MEDSTAT / MED-HIMS and the activities implemented under the project are generally available in the MEDSTAT III repository on the CIRCABC portal at link <https://circabc.europa.eu/w/browse/26bd01a8-1ccc-4f98-ac02-a90c3feabbfb>. The leaflet, newsletter and further documents on the MED-HIMS Programme are generally available at EUROSTAT website at link [http://epp.eurostat.ec.europa.eu/portal/page/portal/european\\_neighbourhood\\_policy/enp\\_south/med\\_hims](http://epp.eurostat.ec.europa.eu/portal/page/portal/european_neighbourhood_policy/enp_south/med_hims).

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- Other documents, presentations and final reports of the regional events



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