The National Focal Point, with the assistance of the

It is vital at this stage to look forward in the process to monitoring and evaluation. A good mainstreaming strategy will ensure that it will be possible to monitor and evaluate interventions selected. For example, there

6) mutual accountability mechanisms; and

7) public engagement.

This means capacity development related to migration can cover areas as varied as:

- supporting line ministries to enable them to express their priorities and vision on M&D (by acquiring more knowledge on the topic, improving their negotiation skills, etc.);
- supporting local government to develop its ability to analyse migration and development issues, identify priorities and feed those into the mainstreaming process;
- giving civil society a voice (e.g., by training of members of migrants' associations on lobbying activities, ensuring women, children and irregular

3. A monitoring and evaluation section. Monitoring and evaluation will be discussed in more detail in

action (e.g., a PRSP policy action grid) have been

5.

## Planning Monitoring and Evaluation

Having taken account of what is available in terms of data sources and existing tools, the National Focal Point, with the help of the National M&D Committee and specialized monitoring and evaluation support, will need to devise a monitoring and evaluation plan that

### Data on migration: The IMILA project

The Project on Investigation of International Migration in Latin America (IMILA) , conceived in the early 1970s by CELADE-Population Division of ECLAC, is a concrete example of intraregional cooperation. It involves countries

UN Photo/Martine Pere

chapter

# Compilation of programme experiences on migration and development

### Box 2: Improving institutional capacity to govern labour migration in North and West Africa

| | |
|---|---|
| Activity: | **Enhance the labour migration capacities of governments and national partners.** |
| Actors involved: | **Ministries of Labour, Workers' and Employers' Organisations, ILO** |
| Countries: | **Algeria, Mali, Mauritania, Morocco, Senegal, and Tunisia.** |
| Time span: | **2008-2010** |
| Outcomes: | |

### Box 4: Public administration assistance

Activity: **Establishing a labour migration unit in government**
Actors involved: **Kenya government, IOM**
Country: **Kenya**
Target group: **Relevant government institutions**
Time span: **12 months**
Outcomes (expected) in capacity development: **Interim report 31 January 2009**

The current policy of the government is to promote overseas legal/lawful employment, while being mindful of the need to retain and promote the return of key personnel to prevent damaging brain drain. This project addresses these two policy objectives through a comprehensive and holistic approach to labour migration.

should be noted that all existing international labour standards apply to all migrant workers, un-

2

**Nigeria and Poland: Migrant Rights** (2009-2011)

[2] However, migration can also expose migrants and their families to risks and vulnerabilities at each stage of the migration proc49gsnn /Langlqui/Langl(t )]TJETEMC /Span /MCID 5492 BDC BT/T1_2 1 Tf06678 Tw 11 0

## 3.5 Health services

Health is a fundamental human right (as recognized in major human rights instruments), critical for human development and the achievement of the MDGs. Indeed, access to health care services, including reproductive health and HIV prevention, is a key agenda of the MDGs. But the right to health goes well beyond the right to health care, as good health requires the attainment of other economic and social rights. These include, for example, the right to an adequate standard of living, including the right to adequate food, clothing and housing and the right to social securittsdlf4ai/MCID 63s Tm[(the MDG7 )11.1292an /Link.049tio migBDCatright tHealth ser

(IDP) are at particular risk to HIV infection, often due to the same disruptions that caused their displacement in the first place.

- Many migrants are unfamiliar with the local health care system and may have linguistic or cultural difficulties in communicating their problems.[30] Even in countries where health services are available to migrants (such as in Spain, Italy and Argentina[31]) fear of discrimination, language and cultural barriers, differences in medical approaches, and health care workers' attitudes can limit migrants' use of health services.[32]

- In the **return phase** health risks faced by migrant workers and their families can take several forms, such as the need for the limit mi4aM(such as in )]TJET6MC /Span <</MCID 6640 >>BDC BT/T1_2 1 Tf002.0EMC1 0 0 1

tary in nature, serves as an ethical framework to guide Member States in the recruiement of health

duct do not prevent workers from targeting destination countries without such codes, and are weak at regulating private sector activities. The WHO code appears to be a step forward, however.

to consider when assessing linkages between health

stakeholders, including health workers, recruieers, employers and civil society.

Annex C5 provides a checklist regarding further issues

-

[2] Development of the tertiary education sector can

2 **Streamlining the process for the acquisition of short-term professional visas** to enable more professional exchanges and collaboration across borders. This may also help to attract the diaspora

debt bondage also occurs in irregular migration (which poorer migrants are more likely to undertake) in which migration is organised by smug-

[2] Functioning of financial institutions: the better the quality of service and efficiency, the higher remit

### Box 39: Migrant remittances in rural communities

Activity: **Enhancing the development impact of migrant remittances in rural communities**
Actors in:

Meanwhile, IOM is collaborating with other UN agencies in a joint programme to strengthen disaster risk reduction strategies and enhance the emergency preparedness of communities. In this regard, IOM has undertaken -11(t3(tivities t)6(o suppor)-24(t capacit)-9(y building and pr)10(o)7(vide t)6(echnical assistanc)6(e t)6(o c)6(ommunit)-9

**SMART targets –**

This is a draft TOR for the situation analysis/assessment stage and should be adapted to each context as required.

Annex C1 Governance checklist

Annex C2 Legal protection checklist

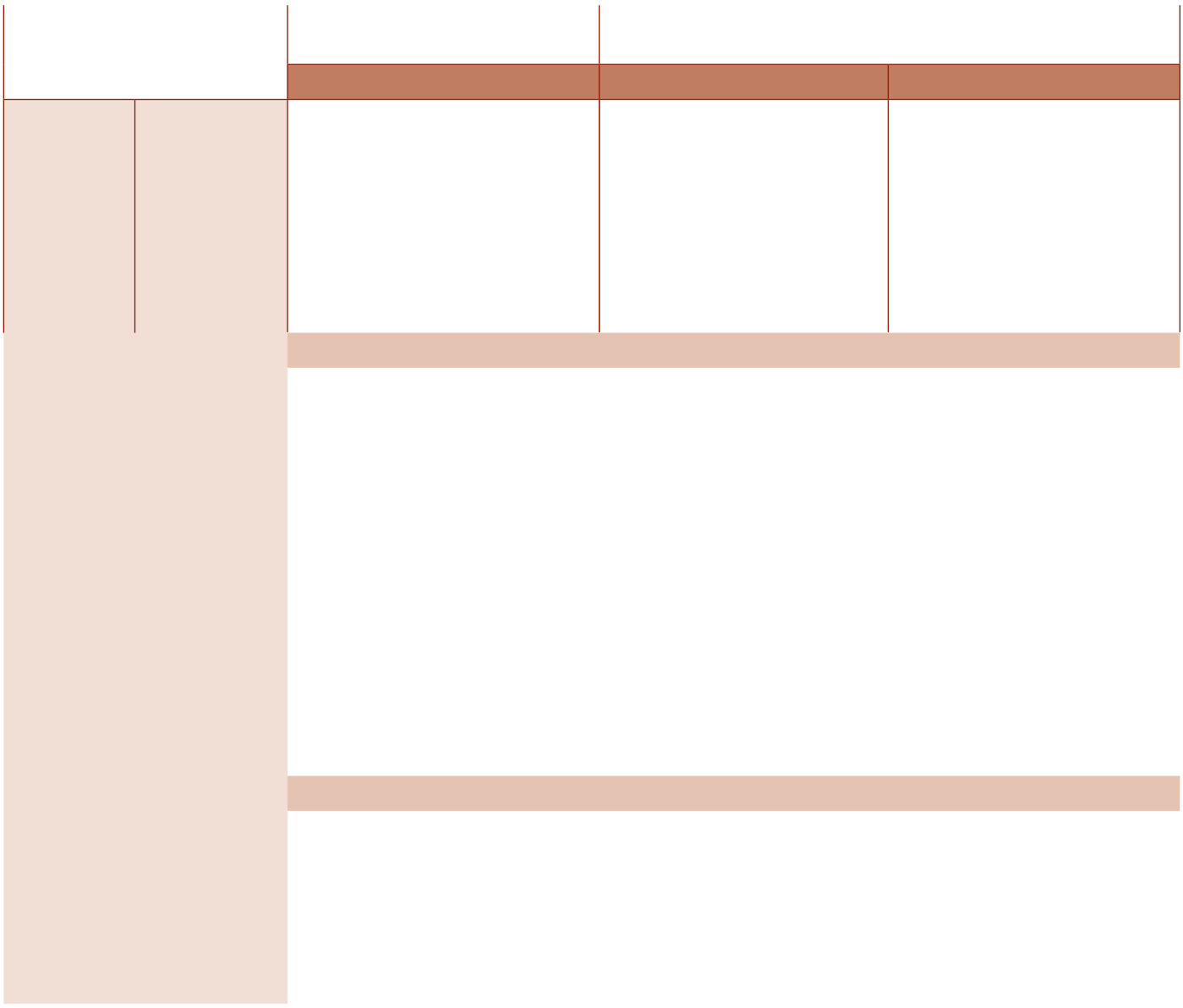
Annex C3

These are facvrs to consider when deciding whether and how to set up a programme targeting this secvr.

These are factors to consider when deciding whether and how to set up a programme targeting this sector.

**Key stakeholders to be involved in the discussions/mainstreaming process on this issue**
Consider:

- Ministry of Social Development (or similar)



- Are the credentials of foreign health workers recognized in the country? Is there a social upward or downward mobility with respect to the placement of health workers in the national healthcare force?
- Does the emigration of health workers lead to sta shortages and service disruptions in the health system at local/national level?
- Are migrant health professionals returning after migrating? If so, do they re-enter the sector? Do they return with new skills, and if so, are these skills useful for the country of origin?
- Are health professionals in the diaspora willing to take uuk/(er the ser)5-(t)6(er)-4mext cognizet of hehe hee thesease

These are factors to consider when deciding whether and how to set up a programme targeting this sector.

**Key stakeholders to be involved in the discussions/ mainstreaming process for this issue**
Consider:

Ministry of Finance
Ministry of Budget
President/Prime Minister's o□ce
Reserve Bank/□nancial/micro-credit institutions
Others?

**Impact of the □nancial sector on migration**

- Does limited access to □nancial services act as an incentive to migrate for pursuing entrepreneurial projects abroad?
- Does corruption act as a disincentive for investment by the diaspora in the home economy, including placement of savings in domestic banks?

**Impact of migration on □nancial sector**

- Does migration – through remittances - generate in□ation, by increasing spending pset uer without a□ecting productivity?
- Does migration – through remittances - help the country's macroeconomic position by positively a□ecting the supply of foreign currencies?
- Does migration foster the development of the domestic □nancial system, with new services for households who are in receipt of remittances, in turn leading to the widening of the □nancial infrastructure?
- Does the use of informal banking and money trans3(or)er systems by remitters undermine the development of the formal banking system?
- Does irregular status in destination countries impede migrants from using the formal banking system to remit?
- Do poor o□cial foreign exchange rates or cumbersome regulations discourage migrants from using formal channels?
- Do high trans3(or)er costs considerably diminish the amount of money received by households in home countries?
- Does taxation of capital discourage repatriation of capital to the home econom(or)y?
- Does a limited understanding of the □nancial system limit remittance recipients' use of the □nancial system?

services (e.g. utilities and housing)?

These are factors to consider when deciding whether and how to set up a pro/ramme targeting this sector.

**Key stakeholders to be involved in the discussions/mainstreaming process on this issue**
Consider:

Ministry of Environment
Ministry of Industry/A0(e oat1 5icultue ar)1/So Dt

## Annex C14: Diaspora checklist

# ANNEX D References

Annex D1

**Data sources:**

2

## Annex D2: International instruments pertaining to the rights of migrants

**Migrants, like all persons, have human rights by virtue of their humanity and States have an obligation under international human rights law to protec6(ig)t the human rights of all persons within their jurisdic6(ig)tion, includin irregular (or undocumented) migrants.**

*Protection of refugees*

Convention relating to the Status of Refugees, 1951

Protocol relating to the Status of Refugees, 1967

Declaration on Territorial Asylum, 1967

UNHCR Guidelines on Policies and Procedures in Dealing with Unaccompanied Children Seeking Asylum, 1997

*Other*

WHO Global Code of Practice WHA63.16

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Avato, Johanna, and Johannes Koettl and Rachel Sabates-Wheeler. *De nitions, Good Practices, and Global Estimates on the Status of Social Protection for International Migrants*. World Bank SP Discussion Paper No. 0909, 2009.