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1. Introduction

- **Purpose** of the online survey
 - Concerns and experiences connected to COVID-19 of refugees and migrants
 - Understand vulnerabilities
 - Policy recommendations
- **Self-reported** responses
 - Quantitative + qualitative data
- Collected data around the **world**
- **37 languages**



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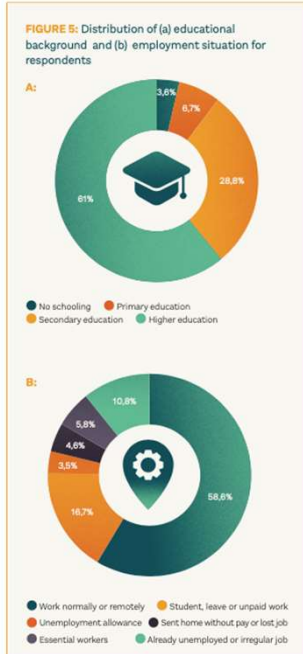
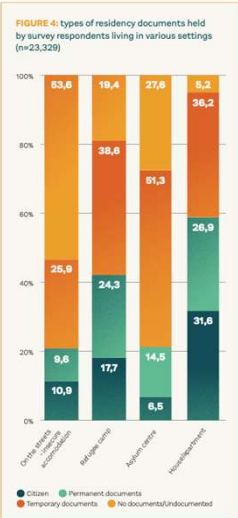


- **Sociodemographic characteristics**
 - Age, gender, education, residence status, housing situation, work situation, family size in the household, time living in current country of residence
- **COVID-19**
 - Self-reported health status related to COVID-19 and the understanding of and ability to follow government-initiated measures
- **Daily stressors**
 - Financial means, housing, access to food and clothes, support from NGO's, sense of safety, access to medical care
- **Mental health**
 - Feelings of depression, anxiety, loneliness and anger, unpleasant reminders, psychical stress reactions, irritation, hopelessness, sleep problems, substance use, worries
- **Social well-being**
 - Connectedness, experiences of discrimination, sense of belonging/solidarity, coping mechanisms

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2. Profile of respondents

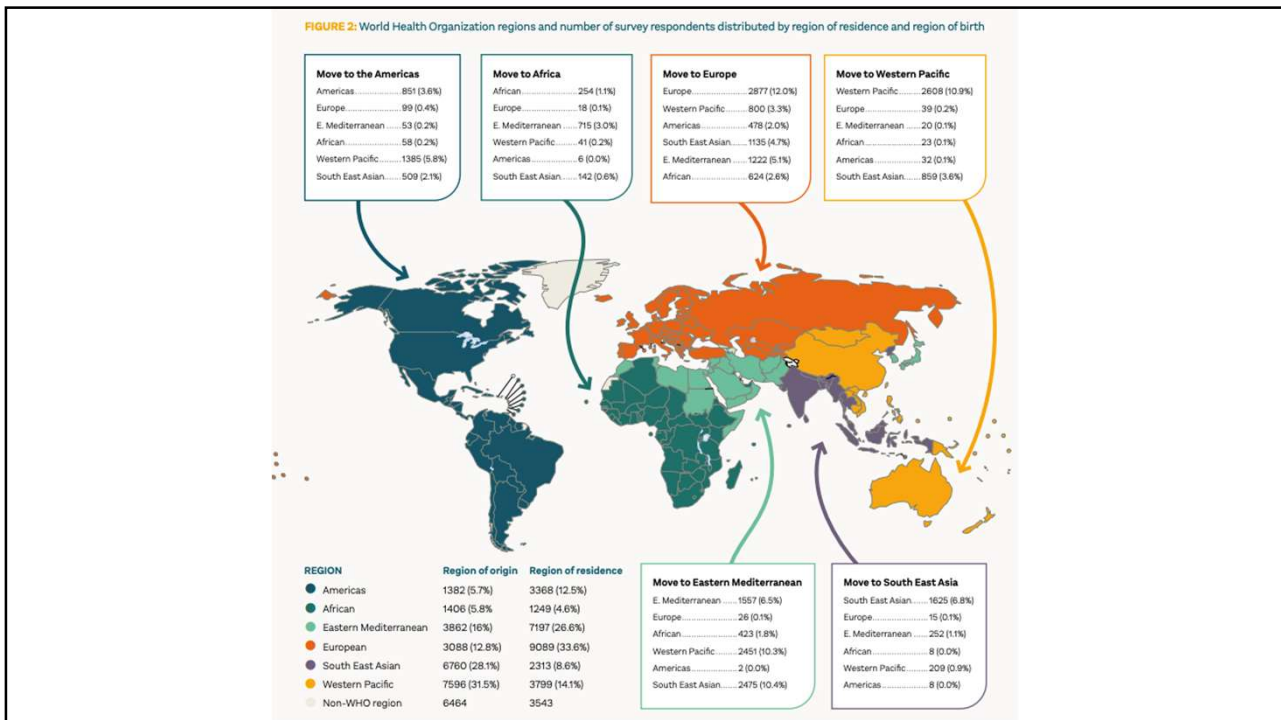
- Female (n=11403)
- Male (n=14278)
- +16



Over 30 000 respondents



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3. Health status, history of testing, and seeking health care (self-reported)

• Symptoms

- Men > women
- Younger (-20y) > older
- Undocumented respondents less likely (7%)
- Essential workers more likely
- Asylum center and house apartment > refugee camp & on the street - insecure accommodation

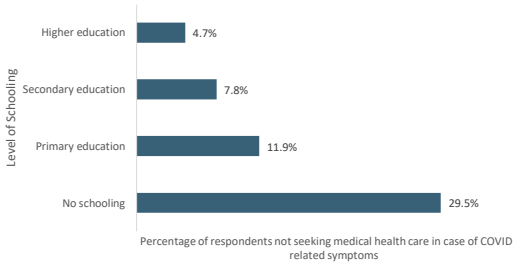


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- **Testing (self or loved one)**
 - 1/3 migrants and refugees
 - >50% of younger than 20
 - Undocumented respondents less likely (17%)
 - Essential workers more likely



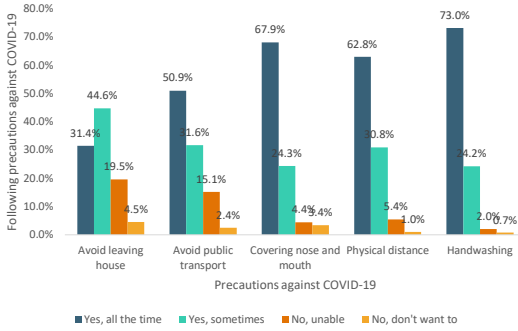
- **Seeking health care**
 - Less likely: undocumented, living on the street or insecure accomodation, in African region, and no schooling
 - 5% would not seek healthcare
 - lack of financial means (35%)
 - fear of deportation (22%)



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4. Public health measures against COVID-19


- **Majority takes precautions**
 - Handwashing + covering nose and mouth (70%)
 - Physical distance (63%)



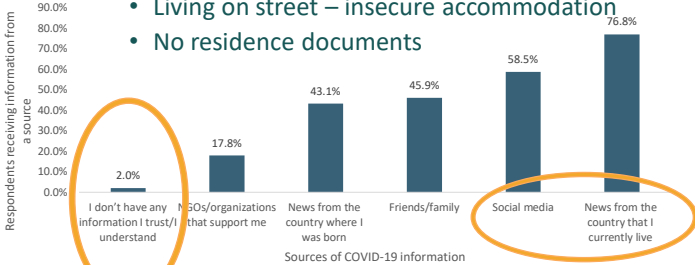
- **Less able to follow measures:**
 - Young people (<20y)
 - African region
 - Temporary documents and no documents
 - Living in asylum centers, refugee camps and on the street/insecure accommodation

* Respecting physical distance = most difficult

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- Sources of information
 - Same tendencies for all age groups
 - Women more likely than men to turn to:
 - News in country they live in
 - Info from family members and social media
 - Don't understand or trust + less diverse information sources
 - Low educational levels → NGO's + other support organizations = important
 - Living on street – insecure accommodation
 - No residence documents

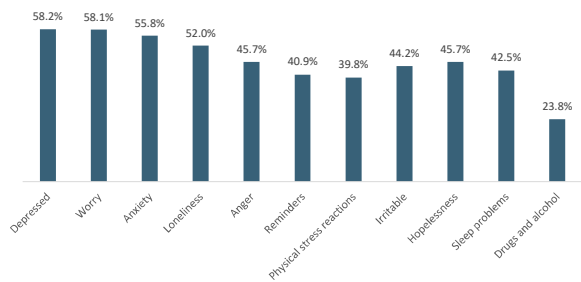


Source	Percentage
I don't have any information I trust/I understand	2.0%
NGOs/organizations that support me	17.8%
News from the country where I was born	43.1%
Friends/family	45.9%
Social media	58.5%
News from the country that I currently live	76.8%

5. COVID-19 impact on mental health



- Worse since COVID-19
 - All aspects (40%-60%)
 - Feelings of depression and anxiety, loneliness and worries (>50%)
 - Substance use (1/4)
 - Women > men
 - Older > younger than 20
 - Lost job or sent home without pay

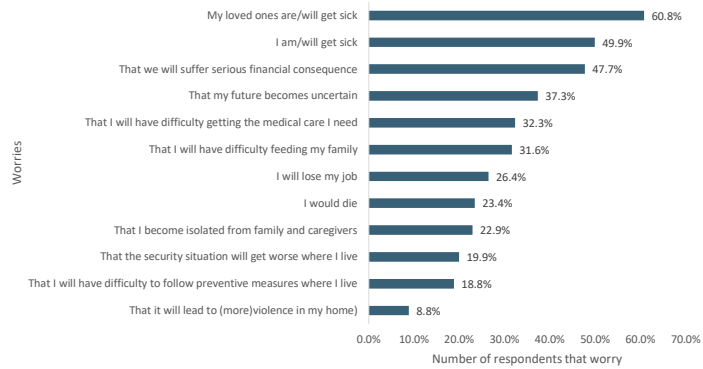


Mental Health Issue	Percentage
Depressed	58.2%
Worry	58.1%
Anxiety	55.8%
Loneliness	52.0%
Anger	45.7%
Reminders	40.9%
Physical stress reactions	39.8%
Irritable	44.2%
Hopelessness	45.7%
Sleep problems	42.5%
Drugs and alcohol	23.8%

• Particularly at risk

- Living on the street – in insecure accommodation and in asylum centers
- None or temporary residence documents
- African region

• Worries

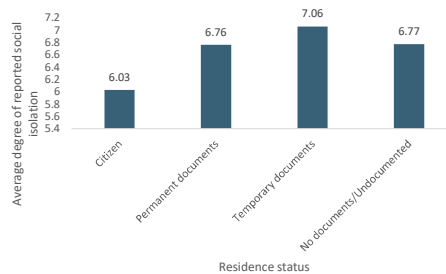
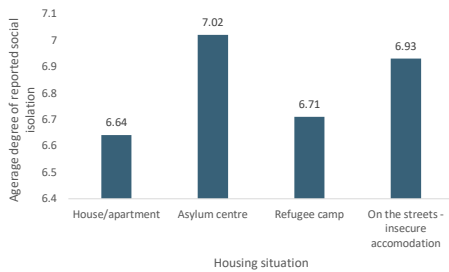


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6. COVID-19 impact on social well-being

• Social isolation: 1 (not at all) to 10 (extremely)

- M=6.7
- Younger than 20y < older



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- **Connectedness**

- Majority: same as before

- **Loss of connectedness**

- Living in asylum center and on the street/insecure > house/apartment
- Much worse for people with no documents and permanent documents

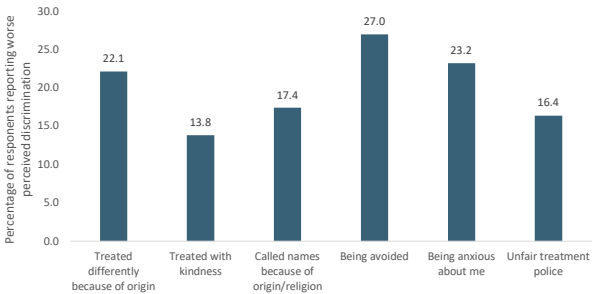


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7. Experiences of perceived discrimination

- **Worse than before**

- 13% - 27%
- Men > women
- Less likely when living in house/apartment
- Less likely when being an essential worker



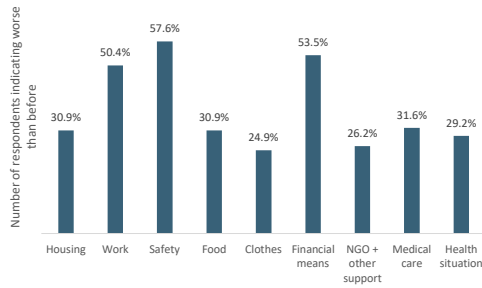
- **Risk groups**

- 20-30 year old
- living on the streets/insecure accommodation (especially in African region)
- Unemployed
- No residence documents

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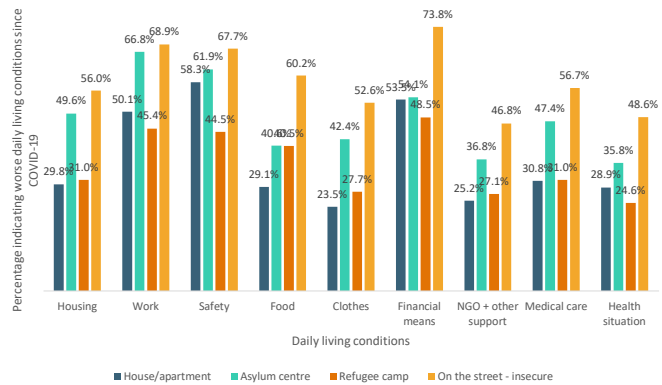
8. COVID-19 impact on daily living

- **Impact: 1 (not at all) to 10 (extremely)**
 - M=7.5
- **Worse impact on:**
 - work, feelings of safety, and access to financial means



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- **Risk groups:**
 - Lost job or sent home without pay
 - Refugees and migrants in African region
 - Undocumented
 - Living on the streets – in insecure accommodation
 - Living in asylum centers



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9. Conclusion

OVER 60% OF REFUGEES AND MIGRANTS TAKE PRECAUTIONS, TO AVOID COVID-19-INFECTIONS, AND FOLLOW THE GOVERNMENT-INITIATED PREVENTIVE MEASURES, ESPECIALLY INCREASED HANDWASHING (MORE THAN 70% -73%), KEEPING PHYSICAL DISTANCE (62%) AND COVERING NOSE AND MOUTH (67%).

GROUPS THAT ARE AT **INCREASED RISK** ARE:

- **UNDOCUMENTED** MIGRANTS AND REFUGEES
- MIGRANTS AND REFUGEES **LIVING ON THE STREET/IN INSECURE ACCOMMODATION**
- MIGRANTS AND REFUGEES LIVING IN AN **ASYLUM CENTER OR REFUGEE CAMP**
- MIGRANTS AND REFUGEES LIVING IN THE **AFRICAN REGION**

5%

OF THE PARTICIPANTS WOULD NOT SEEK MEDICAL CARE IN CASE OF (SUSPECTED) COVID-19-INFECTION, **MAINLY BECAUSE OF LACK OF FINANCIAL MEANS (34.4%)**, FEAR OF DEPORTATION (21.9%), LACK OF AVAILABILITY OF HEALTH CARE PROVIDERS (12.5%) OR NO ENTITLEMENT TO HEALTH CARE (10%).

22%

OF THE REFUGEES AND MIGRANTS REPORT THAT **DISCRIMINATION** BASED ON THEIR ORIGIN HAS WORSENERD SINCE THE BEFORE THE PANDEMIC.

OVER 50%

OF THE RESPONDENTS REPORT ACCESS TO **WORK, SAFETY AND FINANCIAL MEANS** TO BE WORSE THAN BEFORE THE COVID-19-PANDEMIC.

60%

OF THE REFUGEES AND MIGRANTS REPORT MORE FEELINGS OF DEPRESSION AND WORRIES SINCE COVID-19 **MORE THAN 50%** REPORTS TO FEEL MORE ANXIOUS AND LONELIER.

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10. What's next?

- **PhD** research by Eva Spiritus-Beerden
- Analysing database + publications with clear focus on impact on policy and practice
- Collaborations with other researchers, policy makers and practitioners

Contact us!

Eva.SpiritusBeerden@UGent.be

An.verelst@ugent.be

Ilse.derluyn@ugent.be

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