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How vulnerable migrants in Geneva cope (or don't cope) with the current COVID-19 crisis

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## Executive summary

This qualitative study aims to describe the difficulties faced by vulnerable migrants<sup>a</sup> (VM) in Geneva during the COVID-19 crisis, to explore their related coping strategies and assistance seeking behaviours, as well as to identify barriers to the uptake of services provided and related recommendations to be communicated to policy makers.

The methodology included a brief literature review of what is known about VM circumstances and their usual coping mechanisms, a review of an online survey conducted with a sample of VM in Geneva during the lockdown, and a review of the assistance offered to them. Semi-structured phone interviews were conducted with a subsample of 15 VM who had reported major financial insecurity in the survey. Inductive analysis followed.

The interviews showed multiple and cumulative difficulties among VM irrespective to their status. Respondents proved to be mostly concerned by the socio-economic impact of the pandemic rather than the health risk. Financial, food and housing insecurities were common due to partial or full loss of job(s) during the lockdown. While most of regularized migrants initially opted for self-help coping strategies, undocumented ones had no choice but to seek external assistance. Yet, with the accumulation and duration of insecurities, both groups were forced to seek assistance from NGOs and the State and had to overcome a series of obstacles to access it. Two months after the lockdown had been lifted, VM were still suffering from the lingering socio-economic effects of the crisis. High levels of anxiety were reported, both during the lockdown and at the time of interviews.

The present study confirms what other studies showed elsewhere: that pre-existing vulnerabilities among migrants were further increased by the COVID-19 pandemic and associated public health measures imposed by the States. This study also reveals several challenges faced by VM to access assistance, some causally related to their legal status. This highlights the importance of trust building

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<sup>a</sup> migrants without legal status as well as migrants recently regularized in Geneva.

strategies and inclusive mechanisms to provide adequate support to VM in times of crisis. And recalls the need for longer term policies to equally protect them from exposure to multi-fold insecurities, as for any worker/citizen, irrespective to their status.

## Acknowledgements

First, I would like to thank the Parchemins study team, Dr Yves Jackson, Claudine Burton-Jeangros, Aline Duvoisin, Liala Consoli et Julien Fakhoury, who included me as a full team member within their fascinating 4years research project, allowed me to conduct my research as a nested study in the Parchemins study, and granted me access to all necessary documents, results, contacts I needed.

I also would like to sincerely thank all migrants who took the time to respond to my questions and honestly opened to share their concerns, difficulties and coping strategies along the current crisis related to the COVID-19 pandemic. In this sense, this study was a real human experience, as it often is when doing qualitative research on such sensitive issues. I am happy to have been able to support some of them through active listening and empathy or by redirecting them to appropriate assistance mechanisms offered.

Eventually, I would like to thank my dear friend Maryvonne Charmillot, Senior Scientist and Teacher at the Geneva University, for her invaluable comments before finalisation and her ongoing support.

## Definitions & abbreviations

### **Vulnerable migrants (VM)**

Vulnerable migrants are commonly defined as migrants who are unable effectively to enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care (*Principles and Practical Guidance on the Protection of the Human Rights of Migrants in Vulnerable Situations, Global Migration Group, UN*). In the present study, vulnerable migrants include undocumented migrants without legal status in Geneva, as well as undocumented migrants who have been just regularized, or are in the process of, through the Papyrus operation implemented by the local authorities. Both suffer from economic and social exclusion due to their specific status. They mainly work in the domestic economy (as house cleaners, nannies, caregivers) or in hostels and restaurants (as dishwashers and cleaners).

### **Regularisation programme**

*Any State procedure which provides a legal status to non-nationals who are illegally living in that State or who are violating the immigration laws of that State (1).*

### **Coping mechanisms**

*Constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that appraised as taxing or exceeding the resources of the person (2).*

**CAMSCO**                      Community Health Unit part of the Geneva University Hospital, offering free healthcare for VM

**HUG**                              Geneva University Hospitals

## Introduction

Vulnerable migrants are at high risk of adverse consequences during crises by lack of access to essential securities and sources of support. However even though anyone can suffer consequences, the differentiated distribution of resources across social groups makes some better able to cope with these consequences than others. The COVID-19 crisis has rapidly confirmed that infectious disease outbreaks reinforce social inequalities (Okonkwo et al., 2020). This study aims to document difficulties faced during the COVID-19 crisis by VM in Geneva, and describe their current coping strategies, their assistance seeking behaviours, as well as to identify barriers to the uptake of assistance mechanisms. The final purpose is to make evidence-based recommendations to local policy makers.

## Background

Vulnerable migrants (VM)<sup>b</sup> are usually people within a country without the necessary documents and permits. They usually depend on multiple and precarious jobs in informal sectors, and live in the *shadow of the society* with no legal rights and limited access to services despite their critical contribution to the local economy (3). They are often working as domestics or caregivers for elderly or children at home, which is obviously incompatible with teleworking or social distancing (4). They tend to live in precarious conditions and to be exposed to an accumulation of adverse determinants of health because of their irregular status and the consequences of economic and social margin (5–7). However, while the development of knowledge about refugees' health is accelerating, research on undocumented migrant's health still lags (7).

VM are estimated to amount 10'000 people in the Canton of Geneva, Switzerland, out of a population 500'000 inhabitants (8). In 2017 and 2018, the Canton of Geneva implemented a pilot regularisation programme - Papyrus Operation - aiming at granting temporary one-year residency permits to UM

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<sup>b</sup> See Definitions section p.3.

meeting specific criteria<sup>c</sup> (9). In parallel, the 4years Parchemins study has been launched as the first mixed-methods study aiming at measuring prospectively the impact on self-rated health and well-being of a regularisation policy on UM in Europe (10). Several regularisation programmes<sup>d</sup> have been implemented in Europe (11). Scarce evidence is available to show improved access to legal employment, social welfare and insurance with better housing and educational opportunities (12,13). Studies found a positive impact on psychological distress, self-esteem and wellbeing, social support (14–16). However, no study has explored the impact of legal status change on health and wellbeing considering living and working conditions. The Parchemins study aims to collect baseline data before or during regularisation (T0), subsequently follow up participants yearly for 3 years (T1, T2, T3), and compare results between an intervention group (UM who are eligible for a residency permit) and a control group (UM who are not eligible for regularisation). The study has collected baseline data (T0) in 2018 and T1 data in 2019. The current COVID-19 crisis happened as the data for T2 were about to be collected.

With the sudden onset of the COVID-19 outbreak in Geneva late February 2020, and the subsequent lockdown declared by the local authorities on March 16<sup>th</sup>, it became quickly obvious that the COVID-19 crisis was about to create a major disruption in the daily lives of migrants/participants in the Parchemins study. All groups – be it the recently regularized migrants through the Papyrus operation, the ones with pending status, or the ineligible ones, part of the control group – were about to lose their jobs and subsequently their income, and probably fall into deep material (and psychological) distress.

An online survey was sent immediately by the Parchemins study team to all cohort study participants on 19<sup>th</sup> of April 2020 using WhatsApp (adapted version yearly face to face standardized questionnaire<sup>e</sup>

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<sup>c</sup> Legal status within 3-6 months if a) stay of 10 years for individuals or 5 years for families with school-aged children; b) basic French proficiency; c) sufficient financial resources (proven through work contracts, absence of debts, and no reliance on social assistance; d) lack of criminal record other than related to the residency permit (9).

<sup>d</sup> See Definitions section p.3.

<sup>e</sup> The yearly standardized questionnaire on self-reported health and well-being used by Parchemins (4 years follow-up) includes variables about health (i.e. health status, occupational health, health seeking behaviours, access to care, healthcare utilization), wellbeing (measured by satisfaction with different dimensions of life), living conditions (i.e. employment, accommodation, social support) and economic situation (income, expenditures) as well as several confounders like sociodemographic characteristics and migration history.

usually conducted within the 4years Parchemins study) confirmed the hardship undocumented migrants were all going through. The survey comprised only few variables among the ones usually included in the yearly questionnaire, with around 45 closed and open-ended questions exploring different aspects of daily life since the inception of the outbreak and the lockdown in Geneva on March 16<sup>th</sup>. A first rapid analysis of received answers (respondents n= 115 within 2 weeks) showed an alarming situation with most participants who had partially or fully lost their job (76%), and subsequently their income (65%), and the majority reporting difficulties related to food security (61%) as well as reporting a high level of anxiety (68%). In front of this dramatic context, and in order to inform relevant policy makers in Geneva, we decided to conduct a nested qualitative study to better understanding the causal mechanisms behind answers given in the online quantitative survey.

**The aim of this study was therefore to document difficulties faced during the COVID-19 crisis by migrants in Geneva, and to explore how they coped (or did not cope) with it both during and after the lockdown period, with the purpose to make evidence-based recommendations to policy makers according to identified needs.**

- 1) To document the difficulties of VM from the Parchemins cohort study participants confronted with the COVID-19 crisis.
- 2) To describe related coping strategies, their assistance seeking behaviours, as well as barriers to the uptake/utilisation of existing assistance mechanisms.
- 3) To draft a report including evidence-based recommendations according to identified needs, and to communicate it to policy makers in Geneva.

## Local Context

The first COVID-19 case in Switzerland was announced end of February 2020. Switzerland proved to be one of the most affected country relative to its size and Geneva rapidly became one of the most severely hit canton in the country. A generalized lockdown was imposed by the Federal Government mid-March 2020, with all businesses and public services strictly closed. This lasted two full months



and control measures were progressively relaxed as of mid-May, with the schools reopening and few essential businesses. At the time of interviews, activities had partially resumed, but home office was still broadly in force in Geneva (local economy is mainly active in tertiary sector), and the 2 months long school summer holidays had started. Migrant workers who are mainly active in the domestic economy (nannies, caregivers, maids) or in the many hotels and restaurants that had to close for good or to reopen with limited staff only, were still facing major challenges in resuming their usual activities.

In response to this situation, and after an initial total lack of assistance due to the sudden closure of offices and disruption of public services including social services, a series of support mechanisms arose in Geneva along the duration of the lockdown, thanks to a massive mobilisation from all actors involved. Illegal food distributions were initiated by NGOs usually working with undocumented migrants and homeless persons, who were aware to their specific needs. An important mediatisation of this initiative shade light to the extreme vulnerability of thousands of people in the “rich” Geneva, “*making the invisible visible*” (17) and pushed the City of Geneva to address this sensitive issue. By the end of April (after 1,5 month of lockdown), an emergency shelter centre was set up to host those in needs and better control the infection and transmission risks of this particularly exposed population. Access to screening and related healthcare was also granted regardless of the legal status. Food distributions were officially authorized and organised on a weekly basis funded by the City of Geneva, and the support of both the private sector and the civil society (in kind donations and volunteering). Early May, the results of needs assessment jointly conducted by Médecins Sans Frontières and the Geneva University Hospitals among migrants attending the food distributions convinced the Canton of Geneva to temporary lift the requirement of financial autonomy imposed to recently regularized migrant (and eligible ones) as a criteria to obtain or renew a permit; access to usual social services was also officially temporarily granted to them (namely financial support to cover essential needs such as

rent, health insurance, food, etc.)<sup>f</sup>. A committee composed of representatives from local authorities, active NGOs, and health services was also set up to pilot the emergency response.

In parallel, the Federal Government set a series of financial compensation mechanisms at the national level, targeting the many workers who were facing financial hardship due to the lockdown. Usual unemployment schemes were systematically activated for workers from all sectors and specific financial compensation were offered for self-employed. Yet, despite the dramatic financial insecurity faced by VM workers who had lost their job because employers no longer needed dishwashers, waitresses, nannies or cleaners, the domestic sector and the informal economy were excluded from these federal measures. Aware about actual needs, the Council of Geneva voted late June a law guaranteeing a 2months salary compensation for any worker in Geneva who suffered the consequences of the lockdown but was not covered by mechanisms set up at the Federal level, irrespective to his/her legal status and sector of activity<sup>g</sup>. However, this law has been contested by a referendum and is currently suspended. It will have to be submitted to the vote of the local population, which will take a few months with no guarantee of success.

## Methods

This study corresponds to a nested qualitative study to complement a quantitative survey conducted within the 4years longitudinal Parchemins study on self-reported health and well-being of VMs living in Geneva. It includes a brief literature review and observation to assess what is already known on the topic of interest, to usefully inform the development of a semi-structured interview guide with open-ended questions, and to provide frameworks for the analysis and interpretation of the results. It also includes phone semi-structured interviews with a purposive sample of VM to explore their difficulties and coping mechanisms in front of the crisis from their own perspective. It eventually comprises an

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<sup>f</sup> Aide sociale et application de la loi sur les étrangers et l'intégration (LEI), (<https://cutt.ly/5fnppED>) consulted 10.05.2020

<sup>g</sup> COVID-19 - Aide financière exceptionnelle pour perte de revenus, (<https://cutt.ly/3fnpnIV>) consulted 27.05.2020

inductive analysis of data collected to identify typical coping strategies as well as to assess barriers to their uptake of existing support mechanisms, including relevant evidence-based recommendations according to identified needs.

These methods were the most convenient to address the research question since the aim was to explore one's experience and as *interviewing enables a special insight into subjectivity, voice, and individual experience* (Atkinson Silvermann 1997 in 16). This would not have been possible based on quantitative data which only measure *how much?* and *to what extent* people behave how they behave, but do not answer the *why?* and the *how?* they behave how they behave. Similarly, open-ended questions were used as they *are likely to provide better access to interviewees' views, interpretation of events, understandings, experiences, and opinions... a level of depth and complexity that is not available to other, particularly survey-based, approaches* (Byrne in 17). Given the context, current COVID-19 pandemic and related "physical distancing" recommended, phone interviews had to be used instead of usual face-to-face ones.

Possible methodological biases can also be highlighted, such as selection bias and interviewer bias. Selection of respondents was made only among the Parchemins study participants who answered the online survey and accepted to be further contacted, which can lead to a lack of representativeness, and major uncertainty about the actual circumstances of those who did not respond. In addition, among the respondents, only those who expressed concerns about food and/or financial insecurity were selected. which lead to "worse cases" bias, with the migrants suffering the most interviewed, and those quite well off left aside. But this is justified by the need to be able to study coping mechanisms, which can be done only with VM who are facing difficulties. Interviewer bias, given that I am a Swiss public health professional, had to be mitigated by building trust with respondents and being clearly non-judgemental during the interview, so that migrants could disclose what they were going through, without trying to hide part of their reality because of embarrassment.

In addition, due to the small sample and specific focus of this research in the Geneva context where NGOs and the State have proven to be quite proactive, it is anticipated that the findings have limited generalizability beyond this context. The study however provides rich insights and possibly generate new views concerning coping mechanisms among VM confronted to the COVID-19 crisis and related uncovered needs, such as food and housing security for instance.

## Brief literature review and observation

a) Twelve scientific publications on the issue of VM were identified and reviewed to describe what is already known about their living circumstances to inform the background section. A survey exploring the situation of VM in Geneva during the lockdown was also reviewed and allowed to identify the major difficulties encountered: variables considered as major issues comprise food and financial insecurity, as well as ability to pay own bills and assistance take up or rejection. All this informed the background section and helped to construct the interview guide.

b) A brief literature review on the concepts of coping strategies and barriers to services uptake/utilization was conducted to apprehend classical definitions and typologies (2,18–23). The search was conducted on <https://www.cairn.info/> and <https://journals.openedition.org/>, using the following key words in French and English: “migrants” AND “coping mechanisms/strategies”, as well as “migrants” AND “services uptake/service utilisation/barriers to uptake”; Names of authors referred to were then also used as key words in association with “coping” or “service uptake” on <https://scholar.google.com/>. Articles were selected according to number of cross references of authors, e.g., Lazarus & Folkman for the concept of coping; Kerr, Van Orshoot and Odenore for reasons of non-uptake, from the client’s perspective, and then including the service provider’s role. Selected articles were then reviewed to provide necessary definitions and models related to concepts of interest (see Definition section and Figures below). They were used both to build the interview guide and to conduct the analysis, and relevant references are made in the discussion section.

c) Direct observation (as a volunteer for food distributions), informal interviews with key players and search on NGO (<http://geaide.ch/>) or media websites (7, 16, 20–2) offered useful insights about the assistance provided in Geneva since the start of the pandemic. This informed the background section, in particular a description of the local context, helped develop the interview guide, and allowed to produce a ready-to-use list of service providers with contacts to be shared with interviewed migrants if needed and used by them according to their needs (see [App II](#)).

## Semi-structured phone interviews with a purposive sample of migrants

All elements of the literature review contributed to the development of the interview guide providing the key topics to be explored and useful probes, with few open-ended questions on 1) *the most concerning issues*; 2) *related coping mechanisms*, 3) *barriers to service uptake* (see [App I](#)). A purposive sample of 20 persons was selected among the Parchemins study participants who responded to the online survey conducted in April 2020 one month after the start of the lockdown in Geneva (n= 115 out of the initial 450 VM who consented to be interviewed within the Parchemins study at its inception in 2018). The sampling was selected according to the following inclusion criteria:

- Answered “yes” to the question “*would you agree to be contacted for a further interview by phone?*” in the online survey conducted by Parchemins.
- Gender and origin balanced to ensure diversity and because it might affect coping mechanisms (age was not considered since the target population comprised only active adults).
- Legal status (VM recently or soon regularized through Papyrus as well as undocumented migrants who are not eligible) since this also might have an influence on coping mechanisms.
- Answered “yes” to the question “*are you currently facing any financial or food insecurity?*” in the online survey sent by Parchemins, to ensure that coping mechanisms can be explored.

Given the current context of the COVID-19 crisis, and as for the online survey, qualitative interviews had to be administrated by phone instead of face-to-face. Formal consent for the interview had been

given in the online survey (answered “yes” to the question “*would you agree to be contacted for a further interview by phone?*”) but was sought for again at the time of contact when setting up the best time for the interview. Participants were reminded that the interviews would be confidential and that they were free to participate and that they could withdraw at any time from the study without any consequence.

Interviews were conducted in French, Spanish and English, according to the language spoken by the respondent. They were conducted in two rounds: the first round between May 4<sup>th</sup> and 8<sup>th</sup> 2020, 3 weeks after the quantitative survey had been disseminated, meaning when the lockdown was still prevailing. The second round of interviews was conducted between July 30<sup>th</sup> and August 14<sup>th</sup>, 2020, once the lockdown had been lifted, but economic activities had not fully resumed in Geneva.

Interviews were initially expected to last maximum 30-45 minutes but frequently reached 1h45 as migrants often seized the opportunity to detail their experience and/or release their emotions. When a participant showed distress during the interview, she or he was referred to the specialised unit of the Geneva University hospital offering free healthcare for VM, including mental health care. Similarly, if a need for further information about existing assistance was identified during the interview, the participant was offered the list of services currently provided in Geneva and options for relevant assistance were discussed. Interviews were audio recorded and transcribed verbatim. Primary data were anonymised as soon as stored and secured within the whole Parchemins study data set according to the Geneva University Hospitals protocol.

## Inductive analysis and write up of a report

To document the current difficulties of the migrants and related coping mechanisms, an initial inductive analysis was driven by a combination of key topics identified from the online survey, the literature review, and the review of the assistance offered. All these topics had served to elaborate the interview guide (*types of difficulties, types of coping mechanisms, type of barriers to services utilization*) and transcripts were coded accordingly, including themes such as *financial, food and*

*housing insecurity, internal/external coping mechanisms, assistance seeking behaviour, barriers to assistance uptake* as categorized in the literature). This initial coding frame was also further enriched by new emerging themes (*issues pre-existing the COVID-19 crisis, comments about feelings and emotions, etc.*). Interview citations are used in the result section to illustrate these findings and justify conclusions regarding the uptake/rejection of assistance. A set of evidenced-based recommendations according to identified needs has also been developed to contribute to a joint policy brief and a scientific publication with the Parchemins study team, combining both the quantitative and the qualitative data collected.

## Ethical considerations and access to participants

This research is a nested study within the 4years Parchemins cohort study which has been approved by the ethical board of Geneva State (CCER approval n\*2017-00897t) as well as by the LSHTM ethical board. This study implied neither ethical concern nor risk of harm for study participants, except for the time spent responding to the yearly survey/qualitative interviews.

Participants agreed formally to participate and had the possibility to withdraw at any time. If any psychological distress was expressed/identified, they were referred to the CAMSCO unit offering free health care for VM at the Geneva University Hospitals (the Parchemins study emanates from this unit). To respect confidentiality, qualitative data sets were anonymised before analysis and quotes were anonymously presented in the final report.

Necessary resources to conduct this research project comprised access to primary data set collected by the Parchemins study team through the online survey; access to the respondents who agreed to be further approached for qualitative interviews; access to information about the assistance offered to migrants in Geneva during the COVID-19 crisis. Such accesses were granted by the Parchemins study principal investigator and key informants who were working closely with the Parchemins study.

## Results

### Participants

Seventeen VM were interviewed during the first round of interviews but only fifteen during the second round, as some of the migrants had resumed activities and were not reachable/available anymore. Only the migrants who answered both rounds of interviews were therefore considered, including eleven women and four men, ranging in age from 28 to 66 (mean =  $693/15 = 46,2$ ). Nationalities comprised Brazil (6), Bolivia (2), Philippines (2), Senegal (2), India (1), Kosovo (1), and Algeria (1). Eight migrants were recently regularized or in the process of regularization, seven were not eligible for regularization<sup>h</sup>. Only one migrant had school children at charge. More than half of the respondents were women from Latin America or Philippines who had been working in Geneva for the past 10 to 23 years (as cleaners, nannies, or caregivers for elderly), thus eligible for regularization.

### Major concerns and difficulties

#### **Loss of job(s) and source of income**

While some respondents had been anxious about the risk of infection at the inception of the outbreak in Geneva, partial or total loss of employment and related loss of income was clearly reported as the major concern during this COVID-19 crisis by most respondents: *“With the lockdown, the couple I work for asked me to stop coming because they had to work in home office and could take care of the kids. So, it was extremely hard for me because without income anymore, I was unable to pay my health insurance, my rent, even my food. And I could not send money home neither.”* (Filipino woman, 61y, regularized). *“It’s difficult because the employers I worked with – I am cleaning in private houses – don’t want me to come to their place. They are concerned with their health, and mine, and work totally stopped for me.”* (Brazilian woman, 50y, regularized). *“My main concern is that I lost my main job...*

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<sup>h</sup> Because they don’t meet the necessary criteria for eligibility, such as presence in Geneva for the last 10 years (5 if with school- aged children); basic French proficiency; sufficient financial resources (proven through work contracts, absence of debts, and no reliance on social assistance; lack of criminal record other than related to the residency permit (9).



*I have been fired, with only 20% of my budget left... They [employer] do not want me to come to their house because of COVID. She said she was now staying at home and could take care of the children herself... Without any advance notice... I had to live on my savings... I was not eligible for unemployment benefits... It was awfully hard.” (Brazilian woman, 28y, regularized).*

This concern was equally shared by regularized and undocumented migrants: *“Without a permit, it is difficult to find a job. It was even worse during the lockdown because I could not go to look for jobs as I used to. On internet neither, I did not find anything.” (Senegalese woman, 51y, undocumented).*

Vulnerabilities were exacerbated because of the lack of legal status. *“The impact of this crisis is somehow ten times worse when you don’t have a permit. We cannot work, it is harder to look for jobs, the future is uncertain, and it is impossible to be safe regarding housing since we cannot pay the rent. Even access to healthcare and other assistance is limited as all was closed. Keeping our dignity is also impossible.” (Algerian man, 39y, undocumented) “I usually sleep outside, or at friends’ places when they have room for me. When this all started, a friend of mine hosted me because his wife had been stuck in Senegal due to the closure of borders. He really helped me a lot, as he prevented to have to stay outside. Without his help, it would have been exceedingly difficult.” (Senegalese man, 42y, undocumented).*

### **Accumulation of insecurities**

While all VM initially coped relying on some savings and/or support from friends, all participants eventually reported cumulative and rapidly progressive difficulties in essential life domains, with increasing difficulties in paying their bills and/or buying food: *The first month and half, it was ok. I had some savings. However, in May it became more difficult. I had to cut on a lot to be able to cope. I could not buy vegetable anymore, neither fruits for instance. This [COVID-19 context] affected me a lot... Because while I was paying my rent, I could not pay for food... I started thinking of asking for some food assistance...” (Bolivian woman, 45y, undocumented).* Prioritizing expenditures quickly became an issue: *“Food was not my main concern. It was more critical for me to pay the rent than to*

*care for food.” (Brazilian woman, 50y, regularized). “I had some savings to buy food but had to be very carefully to be able to cope as long as required. It impacted my choices when buying food. In April, I also asked my landlord to suspend my rent to remain able to pay my food.” (Algerian man, 39y, undocumented).*

With the lingering lockdown and deterioration of financial security due to lack of work, housing insecurity was the major source of concern among respondents at the time of interview. *“The problem now is the rent. So far, I have been able to pay. But since two of my employers are not paying me anymore, I don’t know how I will manage.” (Bolivian woman, 45y, regularized).* Landlords were not supportive: *“I have to find a new job this week because I have to pay my rent because as I am sub-renting, the landlord just wants to be paid, and if not... Bye bye!” (Brazilian woman, 28y, regularized).* As a result, many respondents lost the room they were sub-renting, and found emergency relocation at friends’ places, sharing a single room for several people. See more quotes below in **“Lingering insecurities and anxiety”** p.26-7).

### **Health issues**

All respondents reported (and displayed) important anxiety and mental distress. While stress was initially related to the outbreak itself and the risk of infection, the economic impact of the crisis and related lack of job and income soon took over: *“I was extremely nervous, afraid of being infected. Now the situation seems to be under control. The doctors are managing, there are less deaths, less danger. I am an old person, at risk, I need to be careful.” (Bolivian woman, 66y, regularized).* *“I was very worried at the end of the first month [of lockdown]. I was wondering: what should I do now? I was so stressed, concerned, worried.” (Brazilian woman, 50y, regularized).* *“I didn’t know how to manage, I was afraid of everything, stressed, and very worried. My employer told me that she would pay me only 50% of my usual salary. I asked an advance, but it was the first time I borrowed money, and this was worrying me. If I cannot find a job now, I don’t know how I will end up!” (Brazilian woman, 30y, undocumented).* At the time of interviews, around six months after the first case of COVID19 in

Geneva and two months after the lifting of the lockdown, the level of anxiety among VM was still remarkably high, mainly due to uncertain job perspectives in relation with the lingering economic impact of the crisis on the local economy, and increasing and cumulated insecurities, particularly housing insecurity. *“I have no permit, no work, no money... I only have a friend who accepted me at his place... It is difficult to stay without job, without food... I am incredibly stressed about my future.”* (Indian man, 35y, undocumented). See more quotes below in **“Lingering insecurities and anxiety”** p.26-7).

Access to healthcare was also a major concern amongst respondents who had previous health issues. As for most contexts where number of COVID-19 cases were reported and hospitalized, utilization of health services by VM also decreased because of fear of transmission risk. However, temporary suspension of non-emergency services was also to blame. *“I have a chronic disease. I should have had an appointment at the Hospital to get a treatment, but all was cancelled because of the crisis. My health has deteriorated during the past months and if it goes on, I will lose my autonomy.”* (Algerian man, 39y, undocumented). *“I don’t know what will happen. My health is bad. I am stressed. I cannot sleep at night. I do not know what will happen ... I have no job, no money... Last year they found a tumour, I need to start a treatment.”* (Indian man, 35y, undocumented). *I am diabetic but I didn’t go to the hospital because I am diabetic, and I am afraid of the COVID.”* (Brazilian woman, 30y, undocumented).

## Coping mechanisms

### Self-help strategies

Regularized migrants who had partially or fully lost their jobs proved to adopt self-help strategies and coping by themselves: *«I prefer to work. I want to find more working hours, at least one job, so that I do not ask help from anyone. I had two employers, now only one is left, but my rent is small so I can pay.»* (Bolivian woman, 66y, regularized). However, family and friends also played a key supportive role as explained by the same person. *“The lady I am renting my room from offered me to eat with her.*

*There is another lady who is lending me money from time to time to buy food” (Bolivian woman, 66y, regularized). Two respondents reported to have continued working despite the lockdown: “For me, it was not an issue. My employers continued to pay me and confirmed they would help me if necessary.” (Brazilian woman, 51y, regularized). Two others reported to have been supported by their employers. “The majority of my employers did continue to pay me. Only two of them stopped. This helped me a lot.” (Bolivian woman, 45y, regularized). However, most employers quit paying wages during the lockdown: “You know, they are nice, but when it comes to money... and I didn’t want to claim to be paid because I prefer to maintain the trust and be able to resume working with them after the crisis.” (Filipino woman, 61y, regularized).*

### **External coping strategies**

In contrast, most of the undocumented migrants tended to seek external assistance from friends or from non-governmental organization they had previously engaged with: *“My friend helped me a lot. He often offered me to join him for diner and as soon as he had received his salary, he would give me 50 or 100 francs. I could also have a shower at his place. For the food, I continued going the Bateau Genève or the Carré [usual food distribution places for vulnerable populations in Geneva] every day.” (Senegalese man, 42y, undocumented).*

### **Evolution of assistance seeking behaviours**

In any case, respondents reported that financial hardship increased after the second month of lockdown, in May, generating further difficulties. An additional rent had to be paid and savings were insufficient to do so. *“In April, it was ok. I did not have any problem, but as of May, it became more complicated... I had to limit myself with many things to be able to make it. But I was feeling that it was getting worse.” (Bolivian woman, 45y, undocumented).*

Solidarity among migrants also declined as a result of the global economic impact. *“None of my friends can lend me money as they are all facing difficulties. They do not have any money left either.” (Indian*

man, 35y, undocumented). *“My friends who have a legal status are not sure to resume activities in a near future. They cannot support me anymore.”* (Senegalese man, 42y, undocumented). *“I could ask from friends who have a legal status, but I am not sure there are in better position than myself at the moment because this crisis affects everyone.”* (Algerian man, 39y, undocumented).

The further deterioration and accumulation of insecurities pushed migrants who had not sought external assistance to change their coping strategies and consider looking for help from governmental or non-governmental sources: *“It was tight as of mid-May. I was eating and paying what I was able to. But with the continuation of the lockdown, I knew I would need help and be forced to seek assistance, be it from the Colis du Coeur [food distribution] or at the Hospice general [social aid institution].”* (Brazilian woman, 50y, regularized). *“At the beginning I did not ask for help because I did not lose all my jobs. Others were more in need compared to me. I was also afraid that this would have some consequences for a future application for a permit. But in May, it became difficult. I went to the CSP [providing financial assistance to cover essential needs] to get help for my rent and for the food.”* (Bolivian woman, 45y, undocumented).

## Barriers to assistance uptake

However, be it the respondents who immediately sought for external help at the inception of the crisis, like undocumented migrants who had no prior jobs nor savings, or those who first managed by themselves and sought help only after a couple of months, all respondents mentioned a series of barriers that jeopardized access or use of services offered.

### **Limited access & lack of information**

All expressed similar views about an initial lack of access to assistance related to the lockdown itself in March-April, as all public services including usual social services and local NGOs had to close down: *“I had used the Colis du Coeur [food distribution] to get some food before this crisis. But when I went there, it was closed. I did not know where to go and nobody could give me any information.”* (Bolivian woman, 66y, regularized). *“At the beginning my friend called the SIT [Union helping*

migrants], which helped us for the regularization. But you know, everything was closed.” (Filipino woman, 61y, regularized). “I went there to seek some help for my chronic disease, at the CAMSCO [Hospital unit offering free healthcare for VM] or something like that, but it was closed, and I did not know where to go.” (Indian man, 35y, undocumented).

Soon after the second month of lockdown, despite systematic food distributions at The Vernets<sup>1</sup> and the emergency shelter offered nearby thanks to the mobilization of the civil society, information was still lacking for many migrants in need: “I heard about some food distribution, but I assumed that prior registration was required and didn’t know how to proceed. When I heard that we could go directly, it was almost the end of the lockdown.” (Brazilian woman, 44y, undocumented). “I heard too late about The Vernets, when I went, it was full.” (Senegalese man, 42y, undocumented).

### **Status related barriers**

Fear of controls and expulsion played a role in limiting assistance seeking behaviour among undocumented migrants at the beginning of the crisis: “At the beginning, I saw many of them [policemen] in the streets, so I stayed home. I was going out only to fetch some food at le Bateau but was coming back home very quickly.” (Senegalese man, 42y, undocumented). “I have always been afraid of being caught before, but it was worse with this crisis. There were rumours about the police arresting any person who would not wear a mask and that they would expulse them. So, I preferred to stay home unless major necessity to go out.” (Brazilian woman, 44y, undocumented).

Among regularized VM or those eligible for a future regularization, another major barrier seems to have prevented access to assistance. Almost all of them reported to have renounced to seek assistance because of fear for potential consequences on their permit: “I haven’t sought any assistance because this would hinder the renewal of my residency permit. When we apply for a permit, we always hear “be careful, don’t ask for any social assistance”, because if they learn about, they will deny the permit

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<sup>1</sup> A well-known sport hall in the centre of Geneva, used for massive food distributions and emergency shelter for those in needs during the COVID19 crisis.

renewal.” (Brazilian woman, 51y, regularized). “I did not go because I thought this would jeopardize the renewal of my permit B.” (Brazilian woman, 50y, residency permit). Even those who were not yet eligible for regularization but who considered that they might be in the future: “I did not seek assistance because I don’t want that it stays in my record.” (Brazilian woman, 40y, undocumented). “Even though I am not yet in the process of regularization, I am afraid it might have an impact for a future application.” (Bolivian woman, 45y, regularized). Even when civil society actors alerted the local authorities about the problem and when the State of Geneva issued a decree stipulating that access to assistance would not have any negative impact on obtaining or renewing residency permits, some VM were still reluctant: “You know, when we received the permit through Papyrus, we know that we have to live by ourselves and cannot rely on social services... Now it is different I heard... I went at the Caravane de la Solidarité [food distribution], volunteers interviewed us and shared our concerns with the State which decided to authorize assistance even for us. However, all my friends and colleagues are still very afraid to come.” (Filipino woman, 61y, regularized).

### **Time cost and complexity of procedures**

With the weeks passing, around mid-May, most migrants were forced to seek help as their savings and other alternative coping strategies had reached their limit. In parallel, new services had emerged and information had circulated thanks to the mobilization of several NGOs and word of mouth amongst migrants. Yet, access was again limited due to a massive demand as of May, when migrants could not rely on self-help strategies anymore. “The NGOs were overwhelmed. I tried to call the Croix Rouge, in vain. Then I tried the CSP.” (Bolivian woman, 45y, undocumented).

Language barriers and complexity of procedures also hindered access to assistance offered: “I called the Hospice general, but it was difficult. First, they do not answer, but when they answer, they speak in French and I do not understand. I wrote an email, but they replied explaining that we cannot communicate through email because of confidentiality. They also sent me a link to a form to fill up, in French, but I don’t understand all the questions.” (Filipino woman, 61y, regularized). To get food

*support, I first registered into the website, as recommended by my friends, but it did not work. I called many times, but the persons were not helpful. Fortunately, another friend had the WhatsApp contact of a social assistant who eventually called me.” (Brazilian woman, 30y, undocumented).*

Competing priorities related to work also prevented many migrants to seize opportunities to be supported: *“I know I could ask for the recognition of my rights [to be paid by the employer]. But this takes time and I have my rent to pay, my food, my phone... It is always the same story: either you fight for your rights, or you eat! I need to work, that’s it.” (Brazilian woman, 28y, regularized). I did not have time to go to the food distribution ... You must go early to get a chance to see a social assistant. But I start working at 8am at the latest and finish at 7pm late. There are days I tried to call but no one answered.” (Brazilian woman, 44y, undocumented).*

### **Perception of eligibility and discrimination**

Feeling of illegitimacy played a key role at the beginning of the crisis among respondents who had prioritized self-coping strategies and were constantly looking for jobs: *I did not want to take someone’s place; it is not fair. Many had no work at all.” (Brazilian woman, 40y, undocumented). “I did not ask for assistance. To be sincere, there are so many people in real need. I still had some work”. (Bolivian woman, 45y, regularized).*

Perception of eligibility also influenced aid seeking behaviours among undocumented migrants: *“We don’t feel legitimate to ask for assistance because we are illegal here. I try to stay invisible and I don’t know whether there is any assistance for people like me.” (Algerian man, 39y, undocumented). “I used to go to CARITAS to get a permit and always received the same answer: if your situation has not changed [no sufficient working hours to be financially autonomous], we cannot help you. So, I did not go to CARITAS for these difficulties neither.” (Senegalese woman, 51y, undocumented).*

Shame was also reported as reasons to not ask for any help: *The Colis du cœur [food distribution]? Yes, I know about it. But no, no... For me it is not honourable... no. Sorry... it is unworthy.” (Indian*



man, 35y, undocumented). *“For us, it is shameful... My colleagues have kids, and they face real hardship. However, they did not want to seek help.... I told them it is better than to starve, but still, they did not. (Kosovar man, 36y, regularized). “We, Filipinos, are really ashamed... Filipinos, we are like that. We don’t dare.” (Filipino woman, 61y, regularized). “Beforehand, I had a job, I was able to buy everything I needed... Now, to be queuing for food, it would make me like a beggar... I can’t.” (Senegalese woman, 51y, undocumented).*

Two undocumented respondents felt discriminated against *“The Hospice informed me that unless you are rejected as asylum seeker, you are not eligible. I thought this was the case for all organisations. Categories of asylum seekers or refugees do exist. UM do not... Even the CAMSCO [Hospital unit offering free healthcare for VM] rejected me and insisted that I pay for a health insurance.” (Algerian man, 39y, undocumented). “I went around to all organisations in Geneva. There is nothing. They offer you an appointment, they ask thousands of questions, you open, you disclose everything, and at the end you are told “sorry, we cannot help you”. People talk about solidarity and integration, but I am sorry, it must be for other type of persons, not me. (Senegalese woman, 51y, undocumented).*

### **Transmission risk**

Risk of COVID-19 infection also prevented few respondents who had previous health issues from seeking assistance: *There was this association in Carouge [neighbourhood in Geneva] which was distributing food. However, given that I have a chronic disease, and that there was a queue, I preferred not to go there.” (Algerian man, 39y, undocumented).*

## **Needs satisfaction and future perspectives**

### **Effective support**

During the second round of interview, two months after the lockdown had been lifted, quasi all VM reported having received assistance, mainly regarding housing and food security. *“The food distribution really helped me because buying healthy food, is costly. Same for the 2months rent, I never*

*got such a support in my whole life.” (Brazilian woman, 30y, undocumented). Undocumented migrants even reported being better off now than before the crisis: “During the crisis, the people from the Carré and the Bateau [usual food distribution places for vulnerable populations in Geneva], they were there. They really helped us. And now, at The Vernets [emergency shelter], it is far better than sleeping outside... You can have a bath every day, and eat every morning and evening, without going to one place to another.” (Senegalese man, 42y, undocumented). “I was refused a fellowship at the University because of my illegal status; then social benefits because I am not a rejected asylum seeker. For the first time, I have been helped... The COVID crisis has made us visible.” (Algerian man, 39y, undocumented). Most of them were incredibly grateful: “In Switzerland, undocumented workers are discriminated. However, not by the civil society organisations, which are really supportive.” (Filipino woman, 61y, regularized). “I am really glad to see that social assistance works well in Geneva. Friends of mine were facing real hardship and received money to pay their rent for instance. It warms our hearts to see that in Geneva one can be helped despite an illegal status.” (Brazilian woman, 28y, regularized).*

### **Lingering insecurities and anxiety**

However, despite that the lockdown had been lifted most of the respondents reported that they had not recovered their financial security. Irrespective to their status, only few of them had resumed full-time work. Many were still relying on assistance to survive at the time of interview, with no perspective: *“Every Wednesday I get my package and I am so happy because they give us a lot of vegetables, and milk, and this last easily for 1 week. It is a real chance.” (Bolivian woman, 66y, regularized). “It was almost at the end of the lockdown, but I was very happy to receive a package, and thank God, I am still benefitting from it today because I need it.” (Brazilian woman, 40y, undocumented). “I spent 3 weeks at The Vernets [emergency shelter], end of June, then I had to leave to let others in need come in. Fortunately, I have been readmitted for 3 more weeks. But the social assistant told me that the emergency shelter centre will close soon. I will have to go back to the street.” (Senegalese man, 42y,*

*undocumented*). Be it undocumented or regularized, many respondents were stressed due to the uncertainty of their becoming: “*You know I lost my room and found another cheap one in a flat where we are 15 people... I have absolutely no job for the time being, zero!!! I have been thinking about that day and day and day... I just received my permit but have absolutely no money to pay for what I must pay [e.g., health insurance, required for all residents]. I am thinking of returning the permit and go home... (Filipino woman, 61y, regularized)*.” “*My real concern now is to get the response about my permit [process stopped during the COVID-19 crisis], because my new employer is expecting it. Otherwise, he will not maintain the contract.*” (Brazilian woman, 28y, regularized). Undocumented migrants were also overly concerned, some because of the forthcoming suppression of emergency assistance, others because of the lack of perspectives due to the lack of legal status. “*I don’t know what will happen, I am lost in fact...I am worried, stressed. It is now 10years that I am here in Geneva. I wanted to apply for the permit, but I lost my job and without a job, it not possible, I am not eligible...*” (Brazilian woman, 30y, undocumented). “*I have been living in a social care home for the past year, but I have been told I should leave at the latest in December...I can’t find a job because I have no permit. And I cannot apply for the permit because having a job is a prerequisite. It’s the snake that bites its own tail...*” (Senegalese woman, 51y, undocumented).

## Discussion

VM population is traditionally difficult to reach, which limits the possibility to gain knowledge about their circumstances. Due to the measures imposed in these times of health crisis, learning about what they were going through was even more challenging. The possibility to access a pre-existing sample of migrants who already agreed to participate to a cohort study and were familiar with the idea of exploring their living conditions and wellbeing was really a unique opportunity to investigate the topic of interest.

Conducting phone interviews instead of face-to-face because of the initial lockdown and the physical distancing measures that followed, might have affected the quality of data collected. Interviews had to

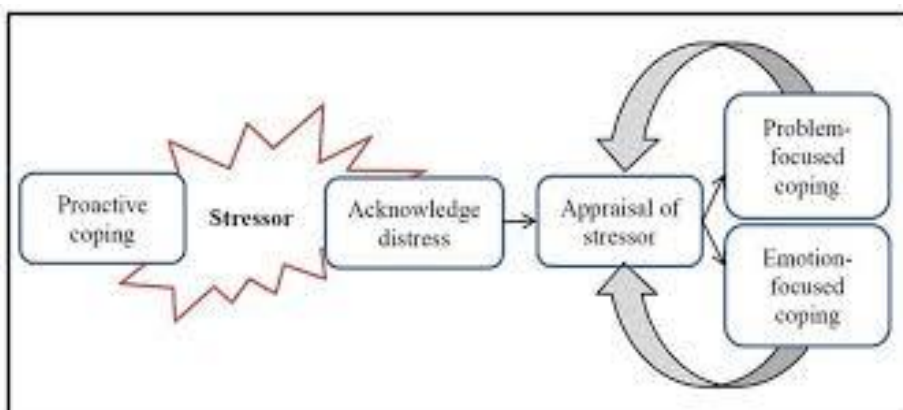
be shortened, rapport and comfort during the interview were more difficult to establish, and non-verbal communication might not have been fully captured. Yet, phone interviews proved to be very welcomed by most of the respondents, who expressed gratitude for the attention paid to them and felt supported. As a result, most of them sincerely opened and offered much more time than initially requested to explain their circumstances, oftentimes releasing their emotions and stress with the interviewer. In this regard, being able to provide advices on assistance mechanisms and refer migrants in response to identified needs was invaluable for the investigator, who, otherwise, would have felt powerless and disturbed in front of so much distress.

The findings show cumulative difficulties and increasing insecurities. Most of the respondents lost their jobs overnight as hotels, restaurants and families fired their undocumented cleaners and maids in response to a lockdown enforced by the central Swiss government. They were then unable to draw on official state support granted to other workers, being forced to rely on charity to survive and to queue long hours to benefit from weekly food banks and financial support to pay their rent. With the persisting hardship due to the lingering socio-economic effects of the crisis, these results confirm observations made by others about the negative impact of the COVID-19 crisis on pre-existing social inequalities resulting in increased vulnerability (3,27).

Our findings also align with what is known about coping mechanisms, defined by Lazarus & Folkman as *constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that appraised as taxing or exceeding the resources of the person* (see Definition section, in 2). Our data indeed showed how VM struggled to manage the hardship created by the COVID-19 crisis, how they continuously evaluated the situation, and adopted trade-off strategies to cover basic needs while deprived of income (prioritize food vs housing security, self-coping vs assistance seeking), and how they all eventually sought, and eventually received assistance, despite several barriers that were preventing or complicating timely access.

In alignment with common models (see below **Fig 1**), our data show how *coping strategies* were mediated by a constant cognitive *appraisal* and *reappraisal* of *situational factors*, like the *duration* and *controllability* of the *stressor*, and the level of *support* available (in our case: the lasting crisis, increased difficulties and needs, solidarity and improved assistance mechanisms). And also by *individual dispositions*, such as *life experience*, and *resilience*, *locus of control*<sup>j</sup>, *feeling of self-efficacy*<sup>k</sup> and *agency*, (2,18) (in our cases: savings, past employability, existing contract/support from employer, etc.). In this regard, regularized or undocumented VM who constantly succeeded in facing hardship, surviving years in Geneva despite the lack of legal status and overcoming multiple challenges by their own means, spontaneously tended to adopt *self-coping active strategies*, *solution-oriented*, such as looking for another job or reducing/prioritizing expenditures, and only seek assistance that comply with their long-term perspectives. This has also been demonstrated during the current crisis elsewhere, notably in the US (4).

**Fig 1 Coping mechanisms model (Lazarus, 1984)** (in 2)



Temporality seems also to have played a key role in how VM reacted to the crisis, with three distinctive periods and related coping strategies emerging from the narrative of respondents. The first starts with the lockdown declared on the 16<sup>th</sup> of March, when many VM had lost their source of income but try

<sup>j</sup> The degree to which people believe that they have or do not have control over the outcome of events in their lives. People who believe they are in control of their destinies have an internal locus of control, those who believe that luck and powerful others determine their fate have external locus of control. (Rotter, J. B., 1966)

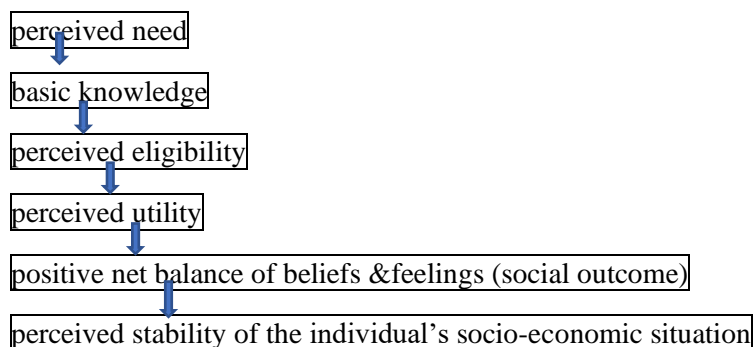
<sup>k</sup> Personal judgment of how well one can execute courses of action required to deal with prospective situations (Bandura, 1997, *Self-efficacy: The exercise of control*, New York: Freeman, p. 604.

to cope by themselves, relying on their savings or support from a close circle of friends and family and sometimes employers. The second period starts after 1,5-2 months of lockdown, mid-May, when all VM were having difficulties in paying their bills, had to prioritize between buying food or paying their rent, and reported an increased level of anxiety. This is when all VM, including those who put all their energy into self-help strategies and search for job(s), or those renounced to seek assistance because of feeling of illegitimacy or shame, started to seek external assistance offered by local NGOs and City of Geneva, but faced several barriers to access it. The third period corresponds to the second round of interviews, mid-August. At that time, the lockdown had been lifted two months before, but economic activities had not fully resumed due to the lingering effects of the crisis and constraining public health measures. The majority of VM had accessed emergency assistance at that time (2months rent and food distribution), but most of them were genuinely concerned about the future, since they had not been able to resume income generating activities and were still in financial and housing insecurity.

Our findings describe how migrants in Geneva have been assisted during the COVID-19 crisis thanks to the important mobilization of the civil society, but above all identify the multiple challenges they encountered in accessing available services. All reported barriers that can be categorized as per classical typologies and models explaining the non-take up of assistance (see Methods section n 19–21). Reported *lack of information, complexity of procedures, language barriers, perception of eligibility* illustrate the notion of *constrained non-demand* as opposed to *deliberate non demand* suggested by Odenore (see below [Fig 3](#)). This also confirms what Van Orshoot highlighted when complementing Kerr’s sequential model (see below [Fig 2](#)), that is: the necessity to explore not only the *client’s perspective* to understand barriers to services utilization but rather consider the *key role of the service provider* in ensuring access. In this regard, the recurrent renouncement due to the fear for not receiving/renewing a permit exemplifies a reason for *constrained non demand* and can be categorized as *an unintended consequence* as suggested by Van Orshoot. This also recalls that ensuring access is the responsibility of the provider/decision maker and that users only cannot be blamed for

non-take up of assistance, as claimed by the civil society of Geneva when alerting the State to advocate for a temporary authorization to seek assistance without consequences on residency permit for VM.

**Fig 2 Sequential model for non-take up (Kerr,1982) (in 20)**



**Fig 3 Typology of reasons for the non-take up (Odenore 2010) (in 19)**

Typologie explicative du non-recours (Odenore, 2010).		
Forme 1	<b>Non connaissance</b>	Une personne éligible est en non-recours, par : > manque d'information sur son existence ou son mode d'accès > non proposition du prestataire
Forme 2	<b>Non demande</b>	Une personne éligible et informée est en non-recours car elle n'a pas demandé par choix, à cause de : > non adhésion aux principes de l'offre > intérêts divers > manque d'intérêt pour l'offre (coût/avantage) > estime de soi > alternatives  ou par contrainte, à cause de : > découragement devant la complexité de l'accès > difficultés d'accessibilité (distance, mobilité) > dénigrement de son éligibilité, de ses chances ou de ses capacités > raisons financières > difficulté à exprimer des besoins > crainte d'effets induits > crainte de stigmatisation > sentiment de discrimination > dénigrement de ses capacités > perte de l'idée d'avoir (droit à) des droits
Forme 3	<b>Non réception</b>	Une personne éligible demande, mais ne reçoit rien ou que partie, car : > abandon de la demande > non adhésion à la proposition > arrangement avec le prestataire > inattention aux procédures > dysfonctionnement du service prestataire > discrimination

**NO KNOWLEDGE**  
no offer from provider  
no information

**NON-DEMAND**  
-deliberate (no perceived utility, self-esteem, alternatives, etc.)  
- constrained (complexity of procedures, difficult physical access, no perception of eligibility, financial reasons, fear for unintended consequences, discrimination feelings, etc.)

**NON-RECEPTION**  
(abandon of demand, dysfunction of services, discrimination, etc.)

As for our central question about how VM coped with the current COVID-19crisis, the psychological theory of stress and coping states that a strategy is effective if it allows the individual to manage the stressing situation or reduce its impact on its own physical and psychological wellbeing (18).

Regarding physical well-being, respondents seem to have been able to cope with the situation since none reported suffering that could not be alleviated by some assistance provided. As for mental health, none of the respondents reported pathogenic behaviours such as substance, classically considered as a sign for failed coping. However, as mentioned, a quite high level of anxiety and stress has been expressed (and displayed during interviews) by almost all VM regardless of their legal status or selected coping strategies. Given that this was reported at all stages of the crisis and is still prevailing, we can fear that VM will not be able to fully cope with the COVID-19, but rather suffer from adverse consequences. Unless effective and longer-term socio-economic protection is provided to increase their resilience.

Because the study has been conducted in Geneva State where a regularization program favourable to VM pre-existed and where local authorities proved to be quite reactive and supportive towards VM during this crisis, generalizability of the findings might be limited. However, given that findings frequently align with what the literature already said, as well as with what others have recently reported elsewhere, we are convinced that this case study still provides valuable insights about mechanisms behind the uptake or avoidance of needed assistance that can usefully inform future social protection and health policies. It also gives a voice to invisible populations that usually remain unheard.

## Conclusion

The present study confirms what other studies showed elsewhere, that is how pre-existing vulnerabilities among migrants were further increased due to the COVID-19 pandemic and associated public health measures imposed by the States. Findings have confirmed increasing and cumulated difficulties in this period of crisis such as financial, food and housing insecurities, and poor self-reported mental health, both in the short term, during lockdown, and in the longer run, with increased vulnerabilities and lack of social protection against the socio-economic impact of the crisis. Despite



these unmet needs, the study showed that many participants renounced to seek assistance because of several constraints that were preventing access to services or jeopardizing benefit from it.

The World Health Organization and scholars have advocated for increased efforts to respond to the specific needs of VM (3). Our study shows the importance of a continuous needs assessment to address evolving and cumulated difficulties, and of inclusive mechanisms to conduct such assessment and develop adequate assistance mechanisms. This is key to identify and overcome potential barriers to ensure access and benefit. Of concern is also the negative mental health status self-reported by almost all respondents at all stages of the crisis, including currently due to uncertain perspectives further deteriorated by their lack (or precarious) legal status. This highlights the limitations of short-term responses and calls for longer-term policies to protect VM from exposure to multi-fold insecurities and related anxiety.

## Recommendations

- ➔ Document the specific needs of vulnerable migrants in times of a health crisis.
- ➔ Address these needs in collaboration with VM/NGOs to ensure appropriateness and access.
- ➔ Provide emergency but also longer-term protection from potential multifold insecurities.
- ➔ Acknowledge that vulnerable migrants equally deserve social protection, as any worker/citizen of the local society, and should have access to it regardless of their legal status.

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Parchemins — nested qualitative study

**Interview guide on current situation (health and well-being)  
during the COVID crisis**

Before starting each interview:

- Have the leaflet on assistance offered to migrants during the COVID crisis (to share relevant information according to the needs at the end of the interview)
- Have read the respondent's answers to the online survey sent earlier on the same topic

Questions and probes	Objectives
<p><b>Introduction</b></p> <p><i>Good morning/afternoon, I am calling you on behalf of the Parchemins study team since you responded to our online survey related to your experience during the current COVID crisis, and you accepted to be further contacted by phone.</i></p> <p><i>Do you still agree to respond to some questions to better understand the situation you mentioned in the survey?</i></p> <p><i>The call will last ½ hour. When would be the best moment for you to answer?</i></p> <p style="padding-left: 20px;">⇒ SET an appointment or start</p> <p><i>The interview will be audio recorded but all your data will be anonymised, and no one will be able to make a link between you and what we will discuss. You can stop the interview and/or withdraw from the study at any time without any further implication for you.</i></p> <p><i>Do you agree that the interview is audio recorded?</i></p> <p style="padding-left: 20px;">⇒ PUT ON the recording</p> <p><i>Do you still agree to participate? (oral consent)</i></p>	
<ul style="list-style-type: none"> <li>• As a start, how are you currently?</li> </ul>	<p>Ice breaker + Capture what the person talks about at first, spontaneously, before guiding her answers through specific questions</p>
<p><b>Concerns/needs</b></p>	
<ul style="list-style-type: none"> <li>• <b>What is your main concern nowadays?</b></li> </ul>	<p>Explore what has been said in the online survey on current difficulties (predetermined questions and answers) but also capture what might not have been expressed through the survey</p>
<p><b>Food insecurity</b></p>	
<ul style="list-style-type: none"> <li>• In the online survey, many people expressed <b>difficulties in ensuring their subsistence during the crisis. What about you?</b></li> </ul>	<p>Better understand what has been said in the survey, particularly in terms of food insecurity due to the lockdown, and capture what might not have been expressed through the survey</p>

<p><b>IF YES</b></p> <ul style="list-style-type: none"> <li>• Was it new and linked to the lockdown or is it a regular concern for you?</li> <li>• What did you do to cope with this issue? <ul style="list-style-type: none"> <li>○ Internal: behaviour change?</li> <li>○ External: assistance from? <ul style="list-style-type: none"> <li>○ <i>Family/friends? Employer? Church? State? NGOs? other?</i></li> <li>○ <i>What kind of assistance?</i></li> </ul> </li> </ul> </li> <li>• Could this solution respond to your needs/solve your problem?</li> <li>• Totally/definitively? Or do you might need to find other solutions</li> </ul>	<p>Check this is linked to the current crisis</p> <p>Explore the coping mechanisms related to the food insecurity</p> <p>Understand internal coping mechanisms</p> <p>Understand external coping mechanisms</p> <p>Understand assistance uptake and existing/known/used assistance</p> <p>Understand whether assistance use dis sufficient/adequate + identify uncovered needs + <b>Understand whether services uptake/ renouncement has evolved/might evolve</b></p>
<p><b><i>Financial insecurity</i></b></p>	
<p><b>In the online survey, many people said that they have <b>lost their job because of the lockdown, have no more income and face difficulties in paying their bills. What about you?</b></b></p> <p><b>IF YES</b></p> <ul style="list-style-type: none"> <li>• Was it new and linked to the lockdown or is it a regular concern for you?</li> <li>• What did you do to cope with this issue? <ul style="list-style-type: none"> <li>○ Internal: behaviour change?</li> <li>○ External: assistance from? <ul style="list-style-type: none"> <li>○ <i>Family/friends? Employer? Church? State? NGOs? other?</i></li> <li>○ <i>What kind of assistance?</i></li> </ul> </li> </ul> </li> <li>• Could this solution respond to your needs/solve your problem?</li> <li>• Totally/definitively? Or do you might need to find other solutions</li> </ul>	<p>Better understand what has been said in the survey, particularly in terms of food insecurity due to the lockdown, and capture what might not have been expressed through the survey</p> <p>Check this is linked to the current crisis</p> <p>Explore the coping mechanisms related to the food insecurity</p> <p>Understand internal coping mechanisms</p> <p>Understand external coping mechanisms</p> <p>Understand assistance uptake and existing/known/ used assistance</p> <p>Understand whether assistance use dis sufficient/adequate + identify uncovered needs +Understand whether services uptake/ renouncement might evolve</p>
<p><b><i>Health and access/barriers to care</i></b></p>	
<ul style="list-style-type: none"> <li>• Did you get the COVID-19? Any other health issues?</li> <li>• In the online survey, some people reported difficulties in <b>accessing health care as. What about you?</b></li> </ul> <p><b>IF YES</b></p> <ul style="list-style-type: none"> <li>• Was it new and linked to the lockdown or is it a regular concern for you?</li> <li>• What did you do to cope with this issue? <ul style="list-style-type: none"> <li>○ Internal: behaviour change?</li> <li>○ External: assistance from?</li> </ul> </li> </ul>	<p>Explore self-reported health during the COVID crisis</p> <p>Better understand what has been said in the survey, particularly in terms of access to care during the lockdown, and capture what might not have been expressed through the survey</p> <p>Check this is linked to the current crisis</p> <p>Explore the coping mechanisms related to the food insecurity</p> <p>Understand internal coping mechanisms</p> <p>Understand external coping mechanisms</p>

<ul style="list-style-type: none"> <li>○ <i>Hospital/CAMSCO? NGOS? State?</i></li> <li>○ <i>What kind of assistance?</i></li> <li>● Could this solution respond to your needs/solve your problem?</li> <li>● Totally/definitively? Or do you might need to find other solutions</li> </ul>	<p>Understand assistance uptake and existing/known/used assistance</p> <p>Understand whether assistance use dis sufficient/adequate + identify uncovered needs + <b>Understand whether services uptake/ renouncement has/might evolve</b></p>
<b>Legal status / Regularisation (Papyrus)</b>	
<p><b>As of today, did you obtain a residency permit</b> (within the Papyrus operation)?</p>	<p><b>Check current status</b> (known from last year collection data exercise) <b>to be able to assess potential differences/trends in coping mechanisms between groups</b> (regularized/ pending/ undocumented migrants)</p>
<b>Obstacles for the uptake of existing services (assistance mechanisms)</b> <i>According to what was said/not said earlier during the interview)</i>	
<ul style="list-style-type: none"> <li>● In the online survey, some people reported they sought for <b>assistance from NGOs/public social services</b> while others reported that they did not. <b>What about you?</b></li> </ul> <p>IF BENEFITED</p> <ul style="list-style-type: none"> <li>○ How did you know about?</li> <li>○ Was it easy to access?</li> <li>○ Was it adequate?</li> <li>○ Did it cover your needs/solve your problems?</li> </ul> <p>IF NOT</p> <ul style="list-style-type: none"> <li>○ Did not know where to go/ what services exist</li> <li>○ Did not dare to seek assistance (afraid/ashamed)</li> <li>○ Prefers to manage by him/herself</li> </ul> <ul style="list-style-type: none"> <li>● Provided that the socio-economic crisis lasts more, could your <b>attitude evolve?</b></li> <li>● Do you have any <b>suggestions about that?</b></li> </ul>	<p>Explore enablers/barriers to service uptake (informed, geographical access, time constraints, stigma (social/self), legal status/ environment, eligibility, resilience)</p> <p>Assess the <b><u>evolutive characteristics of needs/service</u></b></p> <p>Collect suggestions</p>
<b>Conclusion</b>	
<p>Thank you for your attention, I have addressed all issues we wanted to address with you.</p> <p><b>Would you like to add anything?</b></p>	<p>Allow for the expression of any opinion/issue the respondent feels like sharing in relation with the current situation</p>

## App II Actors supporting VM during the COVID-19 crisis in Geneva

### **List of actors from the civil society (and contact numbers) which aid vulnerable migrants in the context of the COVID-19 crisis in Geneva**

Collectif de soutien aux sans-papiers de Genève Permanence téléphonique du lundi au vendredi de 9h à 18h. Tél: 022 301 63 33 E-mail: collectifsanspapiers@ccsi.ch

Les Permanences volantes de l'EPER Permanence téléphonique du lundi au jeudi, de 10h à 12h et de 14h à 17h. Tél: 022 918 00 92 / 076 536 81 94 E-mail: bureau-ge@eper.ch

Centre de Contact Suisses-Immigrés (CCSI Permanence téléphonique lundi 14h-17h, mardi et mercredi 9h-12h et 14h-17h, jeudi et vendredi 9h-12h. Tél: 022 304 48 60

Caritas Genève Permanence téléphonique sociale lundi de 13h30 à 17h30, mardi de 9h à 13h, mercredi de 9h à 13h et jeudi de 13h30 à 17h30. Permanence téléphonique juridique lundi de 13h30-17h30 et mercredi de 9h à 13h Tél: 022 708 04 44. E-mail: info@caritas-ge.ch

Le Centre social protestant (CSP) Perm téléphone sociale mardi+jeudi, 9h à 12h. Tél. 022 807 07 00  
Perm téléphone juridique lundi+jeudi 8h30-12h. Tél 022 8070707 E-mail: info@csp-ge.ch

Centre de la Roseraie Permanence téléphonique du lundi au vendredi de 9h à 12h et de 14h à 17h.  
Tél: 022 552 02 64 E-mail: info@centreroseaie.ch

Syndicat SIT Permanence téléphonique du lundi au jeudi de 09h00 à 12h00 et de 14h00 à 17h00  
Tél: 022 818 03 00 E-mail: sit@sit-syndicat.ch

Syndicat UNIA Genève Permanence téléphonique du lundi au vendredi de 9h-12h et de 14h-18h.  
Tél: 0848 949 120 E-mail : geneve@unia.ch

Ville de Genève, Solidarité Urgence Sociale: Tél gratuit : 0800 44 77 00 [www.geneve.ch/fr/urgence-sociale](http://www.geneve.ch/fr/urgence-sociale)

Information sur aide d'urgence gratuite: [www.geaide.ch](http://www.geaide.ch)