Social Inclusion and Access to Basic Services of Third-Country Nationals (AccessIN)

4 Country Reports with Preliminary Results of Qualitative Fieldwork Assessing Barriers to Services

AccessIN Deliverable 4.2 (Work Package 4)

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Findings from Service Providers

Service Provider Sample

In total, 14 healthcare professionals were interviewed in Germany, 11 from the city of Frankfurt, one from Offenbach and two from a smaller city in Hessen. Two of them were working in a management role. The sample is strongly dominated by female participants (12), which to some extent reflects the overall greater proportion of women in the relevant professions, and especially in organizations providing services to migrants. Professions included mainly doctors, but also a nurse, psychologist, physiotherapist, as well as a social worker with a health focus.

Services provided and work with NGOs and local authorities.

A collaborative network of organizations plays a crucial role in providing healthcare services to TCN migrants in the cities considered. While emergency treatment is typically accessible, the scope of services offered by NGOs is broad. These services include, for example, general medical and nursing care, but also specialized consultations such as dental and physiotherapy, and para-medical support services. The clinics, health authorities, and NGOs in the cities also typically refer patients to each other to facilitate coverage.

In Frankfurt, a cornerstone of this network is Maisha, an organization founded in 1996 in Frankfurt, initially aimed at supporting African women struggling with challenges related childrearing and the healthcare system. Maisha offers medical care without the requirement for insurance or legal documents, a significant step made possible through an agreement with the Frankfurt Health Department in 2001. This takes the form of humanitarian consultation hours – a biweekly service for general medicine and weekly service for pediatric and gynecological services. The healthcare provided covers a wide range, from treatment for high blood pressure and diabetes, to support for pregnancy, HIV testing, and services related to female genital mutilation (FGM). This city-NGO arrangement is instrumental in offering healthcare to TCN migrants.

The Frankfurt Health Department operates a Clearing House, a vital service for individuals without health insurance. This facility has been running since 2021 as a pilot project. It provides essential services such as personal counseling sessions, which are crucial due to the complex issues that migrants face. Its services are especially pivotal for those needing to access the health system for the first time or re-enter it. It provides educational and orientation services, assisting migrants in navigating the health system, clarifying insurance status, and overcoming language barriers in communications with insurance companies and authorities. One of the significant aspects of this facility is its emphasis on confidentiality and the protection of client data, especially for those without legal status. This assurance is possible because the department is shielded by the city council, which allows them to assist these individuals without the risk of having to hand over their data to authorities.

The Elisabeth Street Outpatient Clinic, run by the Caritas Association, offers services to those experiencing homelessness or who are uninsured. The clinic offers medical care, nursing care, dental consultation hours, and physiotherapy consultation hours to migrants. The clinic has a team of twelve permanent employees and over 30 volunteers, providing services every weekday and also reaching out by an ambulance bus. A significant portion of the TCN migrants served by the clinic have precarious status, with one interviewee estimating that half of the patients are undocumented and that many others have only temporary status.

In both Frankfurt and Offenbach, Malteser Medicine for People without Health Insurance provides medical care for acute and chronic illnesses, medication supply, and guidance on navigating the German social and legal systems. The staff tries to identify legal pathways to access the care and occasionally writes to authorities to remind them of their obligations. It now also treats chronic conditions and provides more social counseling, notably through weekly consultation hours. Its staff includes volunteers who play a key role in increasing trust and perceived privacy from migrants, particularly regarding fears of data being shared with authorities. Patients are diverse, including individuals from Turkey, South America, the Caribbean, Syria, Afghanistan and Iraq, and this diversity reflects the organization's role in providing accessible care to the wide range of migrant communities in the cities.

Regarding women's health in particular, the Frankfurt health department facilitates an outpatient program for childbirth with costs often covered through alternative methods like installment contracts. Additionally, a 'baby pilot' program is deployed in some hospitals, consisting of a staff member visiting multiple times a week to assist with applications for parental allowance. Some clinics offer women's consultation hours that provide a protected space for female patients. Additionally, midwives affiliated with these organizations provide indispensable postnatal care at home, which is vital for the health of both newborns and mothers.

The NGO landscape is enriched by numerous other organizations. The Crisis Intervention Centre for Boys, Young Men, and Transgender People in Sex Work, for example, is an independent department within an AIDS support organization, that has been operational since around 1990. It offers a range of services, including social counseling and trauma counseling. While it previously had a low-threshold drop-in center for services like showers, laundry, food, and counseling, this service was discontinued. The center's clientele has significantly shifted towards migrants, with one interviewee indicating that migrants comprised almost 90% of their clients in 2023. Likewise, the NGO Fatra provides comprehensive advisory and support services to refugees, including adults, unaccompanied minors, and families. It also includes multimodal forms of assistance, both on-site and via telephone, including legal advice (with Fatra providing statements for legal proceedings), body therapy, relaxation methods, art therapy, and innovative projects like a photo project that captures the perspectives of new city residents. These indicate a holistic approach to assisting refugees - addressing not just immediate needs but also legal and administrative challenges they face.

Digital aspects

The integration of digital technology in service provision is varied across the service providers. Many organizations employ websites as a low threshold means of obtaining information and offer email communication. Staff from many organizations routinely use WhatsApp as a means of communication with patients, notably for contacting and outreach, but less for counselling or other substantive service provision. Common uses of WhatsApp include requesting appointments or prescriptions, while the provision of prescriptions is provided in person. To overcome language barriers, service providers note using translation tools such as Google Translate and DeepL, in addition to telephone service such as Triaphone. Especially since the COVID-19 pandemic, service provision is increasingly offered through dedicated online platforms, however, such as for therapy. One interviewee noted that, while they were initially reticent to use online platforms, these can sometimes be more effective:

> "I sometimes feel closer to the other person online than they sit across from me. I notice facial expressions and gestures much, much more. I find that even more exciting. Also, the clients prefer to use it because they can perhaps leave more easily, but here it is still more anonymous."

Nevertheless, digital exclusion remains an issue among some migrant groups. While Ukrainians migrants were highlighted as being more adept at using digital tools such as Google Maps to attend appointments, migrants from countries with limited internet access often integrate the health system more slowly. Likewise, migrants experiencing homelessness in particular are less likely to have mobile

phones, or otherwise not have consistent access to electricity required to charge mobile phones. Consequently, some NGOs enable their patients to charge their phones on their premises. Generally, digital technologies are typically used for communication; differentially for information gathering (such as through YouTube or Google); and variably offered by service providers in more substantive ways (such as online consultations), largely based on perceptions of digital inclusion and trust in technologies to protect privacy.

Medical education and training

Interviewees reported that there is significant discrimination against people with a migration background in healthcare settings. Research in the field of medical care for migrant groups is being conducted at institutions like the University Medical Center Hamburg-Eppendorf and Charité, indicating a growing awareness and attention to these populations. Some training institutions, such as nursing schools and medical schools, have included modules on the medical characteristics of vulnerable groups, including homeless people and migrants. Some organizations have internal training series for their staff on migrant populations. However, many of the interviewees noted the need for training culturally sensitive approaches – noting that, typically, the medical education and training curriculums do not include specific modules on the needs of migrants or sub-groups such as migrant women, nor does it strongly represent the need for culturally sensitive treatment for particularly pertinent treatment areas such as psychotherapy.

In psychotherapy specifically, psychotherapists are not routinely trained to work with translators, and there is a lack of seminars on culture-sensitive psychotherapy in the curriculum. This lack of training contributes to the challenges faced by migrants in accessing appropriate mental health care. This points to a need for more psychotherapists from diverse cultural backgrounds to better serve migrant populations, especially considering the higher prevalence of post-traumatic stress disorders among people with a migration background. Training for is described as Eurocentric, with a focus more on disorders prevalent in Western societies than those affecting migrants.

Some NGO staff noted that, counter to reports from other interviewees, there is no need for specific healthcare training for treating migrants due to the belief that they are as likely as members of the general population to experience the same sets of diseases. Nevertheless, NGO staff helping migrants navigate the system and claim their rights are often trained in social law and report participating in webinars to understand the legal aspects of treating migrants, showing an understanding of the broader context in which healthcare is provided to these groups. Historically, the city of Frankfurt has offered courses on intercultural competency – although this was interrupted due to the COVID pandemic. Likewise, initiatives exist to facilitate intercultural mediation, such as KoGi, an intercultural communal health initiative. However, interviewees felt that intercultural competency was the key aspect missing in training and education.

Challenges serving migrant patients

Service provision to migrants is challenged by a constellation of factors. A primary challenge is language barriers between NGOs, authorities, health insurance companies, and institutions, on the one hand, and diverse groups of migrants, on the other hand. Especially during the pandemic, the reliance on telephone communication in a non-native language heightened these challenges. While interpreters and native-speaking colleagues are typically available for some languages, it can be difficult to obtain interpretation for less common languages. This linguistic disenfranchisement is exacerbated by the bureaucratic nature of the German healthcare system, in which forms and processes are predominantly in German. Yet, even for proficient German speakers, the organization and complexities of the German system can overwhelm TCN migrants. Moreover, the lack of linguistic capacity makes migrant women, and particularly those facing domestic violence, particularly vulnerable.

The lack of intercultural understanding among various authorities such as health insurance companies and job centers is another significant obstacle. This lack of understanding impacts the efficacy of migrant support. The healthcare system, while providing basic care, often reaches its limits with complex medical needs, such as surgeries or ongoing treatments like chemotherapy. Migrants, fearing legal repercussions including deportation, are hesitant to seek healthcare outside designated humanitarian consultation hours. Relatedly, cultural differences in illness perception and treatment expectations among migrants from diverse regions adds a further challenge, particularly regarding mental health.

Organizations that assist migrants, such as Fatra, struggle with limited resources, such as part-time staffing and space constraints, which impede their ability to meet the high demand for services. Migrants' expectations for immediate assistance often clash with the reality of the services available, particularly when it involves time-consuming processes like legal case opinions. Moreover, staff reductions at support centers have limited the provision of immediate assistance, necessitating multiple appointments for some services, and especially those that require an interpreter.

Racial profiling and discrimination add to these challenges. The fear of deportation deters migrants from reporting crimes, further complicating their situation. Migrants with addiction issues related to illegal drugs encounter an additional hurdle, as they are often excluded from some NGO and clinic services through explicit exclusion policies.

Recommendations by medical professionals

Addressing these challenges requires a holistic approach involving healthcare providers, authorities, and migrant support organizations, all working in tandem to devise inclusive, effective strategies that cater to the diverse needs of the migrant population. The interviewees provided multiple recommendations. A notable emphasis was placed on increasing service hours, such as for counseling and drop-in services alongside providing more secure funding. This move is aimed at increasing accessibility for those in need. Relatedly, there's a need for health insurance companies and other authorities to develop better intercultural understanding and training. This intercultural competency aims also to improve health outcomes, notably to identify and address the specific needs of migrants. This is a step that could facilitate smoother interactions with migrants, and so to decrease the pressure on migrant serving organizations. The overall goal, according to some interviewees, is that these organizations become superfluous as the mainstream system becomes more inclusive.

Considering notably the bureaucratic complexity of the German system, the importance of education for migrants to facilitate their integration into German society and improve access to healthcare services was highlighted. One suggestion was the establishment of centralized information system to help refugees navigate the healthcare system more effectively and access treatment in a timely manner. Specialist counseling by social workers trained both in social law and intercultural competency is deemed necessary to help migrants navigate the healthcare system efficiently. Moreover, hiring staff to advise and care for patients facing language barriers and unfamiliarity with the healthcare system is also recommended. Incentives could also encourage medical practitioners to be more accepting of migrant patients.

Effects of COVID

During the COVID-19 pandemic, support services contended with significant operational challenges, including reduced opening and operational hours by authorities and a commensurate increase in needs for services. This situation intensified the difficulties faced by clients, as the pandemic led to a surge in unemployment and homelessness, thereby increasing the demand for these services. While vaccination

campaigns were run, some groups saw a decline in healthcare access due to closures and travel restrictions.

The suspension of clinic services and heightened visibility of homelessness brought to light growing issues of addiction and neglect, exacerbated by limited access to public spaces and hygiene facilities. This period also saw a shift in mental health concerns, with a rise in disorders like anxiety and obsessive-compulsive disorders. The expansion of online therapy options, previously a niche offering, became a more popularly accepted service. Additionally, health departments faced a decrease in consultations and had to temporarily shut down, prompting collaborations with entities like Caritas to sustain service delivery. The pandemic also necessitated extensive educational work to address closed facilities, language barriers, and inform residents about the virus and hygiene practices. These challenges highlighted structural discrimination in healthcare, emphasizing the urgency to address linguistic and cultural barriers.

The pandemic induced significant changes in sectors such as sex work, with activities increasingly moving online and a decrease in physical center visits. Organizations like MMM Offenbach had to adapt to closures and operational shifts, leading to the emergence of new client demographics in addition to migrants (uninsured Germans). In the therapeutic context, some interviews noted that mask mandates presented unique challenges in building trust with migrants, underscoring the complexities of therapeutic interactions under pandemic constraints.

Between-group differences and Gender aspects

Female migrants face distinct challenges including limited access to the labor market and higher risks of exploitation and discrimination. They are disproportionately affected by legal hurdles, such as dependency on spousal visas, which can perpetuate cycles of vulnerability and hinder their integration. Gender-based violence and inadequate access to healthcare, particularly for reproductive health, are also prevalent issues.

Organizations in the cities are actively engaged in supporting migrant women. In particular, Maisha provides crucial support to women, especially those facing domestic violence and other challenges. This support extends to pregnant women lacking health insurance, a significant group that often seeks help from the organization. To address specific health needs, clinics have instituted women's consultation hours. These sessions, create a protected space for female patients to discuss women-specific health issues. This initiative is particularly beneficial for migrant women who may face cultural differences in childbirth practices and postnatal care, and those with experiences of violence and abuse, such as FGM.

A critical barrier for these women is the limited integration into German society, often compounded by a lack of German language skills. This impediment affects their independence and access to healthcare services. The majority of patients in these services are young women. Service providers encounter challenges due to cultural differences in understanding health and illness, necessitating adapted communication strategies to effectively engage with migrant women.

Contrastingly, other institutions, such as the Clearing House, report an equal gender ratio of clients accessing services. Men seeking help often do so due to the pressures of being family providers and the challenges of integrating into German society. The majority of clients in some clinics are male, though services are provided without exclusive programs for men. Particular challenges are faced by men from North African countries, who may encounter visa problems and become stuck in Germany without access to healthcare or means to return home. Cultural differences in gender roles also impact service provision, with some men speaking on behalf of their wives and showing reluctance to involve women directly in healthcare discussions. These diverse experiences highlight the need for a nuanced and inclusive approach in service provision that addresses the unique challenges faced by both male and female migrants.

Findings from Migrants

Description of migrant sample (section A of interview guide)

A total of 40 interviews with migrants were completed in Germany. Interviews with third-country nationals mainly took place in the city of Frankfurt (30 out of 40 interviews conducted). A smaller part of the sample was recruited from the neighboring city of Offenbach as well as some smaller cities in Hessen. The sample reflects the diversity of the population of Frankfurt am Main. Just under 30% of inhabitants of the city of Frankfurt do not hold German citizenship, which makes it the city with the second-highest proportion of non-citizens in Germany. Additionally, there is great diversity of origins, with people from almost all countries of the world living in Frankfurt (Stadt Frankfurt am Main 2020). The exact distribution of countries of origin can be seen in Table 1. The migrant sample consists of 72% female participants. This over-representation is partly a result of the choice of recruitment channels: one of the most successful ways to approach vulnerable migrants in particular proved to be via a migrant organization that advocates for migrant women specifically.

All migrants had a regular status at the time of the interview, though this was not always the case when they arrived. The majority, however, had arrived legally, for example as students, through work permits or marriage. A small number had previously lived in another country before coming to Germany. The majority of those interviewed hat been in the country for up to five years, many also between six and seven years. A small number of participants had been in the country a long time already, in the longest case even 35 years. The youngest participant was 21 years old, the oldest 74. The vast majority, however, was between 30 and 40 years old. Participants were given a choice in which language they wanted to be interviewed. 17 interviews were thus conducted in English, 11 in German, 11 Spanish, one in French.

Knowledge about service access and perception of rights

The migrants in our sample all had experience with medical care in Germany, but also with social rights including education, housing, employment, and the labor market. Education in particular was a central conduit for integration and support. The quality and diversity of educational opportunities were frequently commended. In particular, many migrants participated in language courses as part of their enrollment. Some depended upon financial support related to their enrollment – whether directly from the German Government, such as through BAföG, or through other organizations such as the German Academic Exchange Service (DAAD). These cover tuition fees and sometimes housing, food, transportation, and private medical insurance. Some interviewees noted that they were aware of scholarship opportunities, but had been unsuccessful in applying, and consequently depended on family support or income from informal work. Those who successfully registered as students but had not obtained scholarships were nevertheless able to obtain orientation from Studentenwerk, non-profit public organizations for student affairs.

Access to housing varied significantly among our sample, although limited housing availability was commonly mentioned. Some mentioned that the cost of housing in Frankfurt was prohibitive, and that while they could apply for social housing or aid from an organization, there is no guarantee that they would be housed within the municipality. Others obtained subsidized housing through their university or through financial assistance related to their studentship. Others depended on the traditional housing market, using online tools to find listings, stayed with friends, or secured housing before moving to Germany. Migrants with temporary toleration status (Duldung) in particular mentioned difficulty in obtaining housing, facing discrimination from private landlords, limitations due to residency obligations, and difficulty planning.

Employment is central to accessing social rights. Paths towards this were various, with some relying on their social network, accessing the Job Center (which provided comprehensive support including, for

example, financial support and translating documents), or individually searching online job listings. While some appreciated that their interlocutors at the Job Center spoke English, obtaining employment was seen as being largely dependent upon linguistic fluency in German. One interviewee who did not speak German noted being routinely mocked in her place of work for her language skills. More generally, there is a perception that the German system does not fully recognize qualifications and professional experience from abroad. However, the availability of various support services, including career counseling and job training programs, facilitates entry and progress in the German workforce.

The migrants in our sample had all experienced either the alternative or mainstream healthcare system, which is typically accessed through health insurance that is often linked, for example, to employment, student visas, or family status. Paths to coverage differed: Some interviewees had medical insurance arranged by an employer before arriving in Germany, others through their spouse, others had insurance automatically arranged through their German employer, or purchased it as a mandatory visa requirement. Many mentioned learning about the system through their networks or as a part of other processes – such as learning about the need for a Hausarzt (general practitioner) through fellow students, knowing which doctors to contact from fellow migrants in their community, or learning how to register through cooperations between specific insurance companies and their universities.

Importantly, our findings indicate that migrants move between insurance statuses and systems (private v. public) as their residence and legal status changes. For example, one interviewee depended on their father's age-based health insurance before obtaining their own insurance. Another interviewee initially had private insurance due to her visa status, which later changed to public insurance ("gesetzliche Krankenversicherung") when she became a student. Upon turning 30, she faced higher insurance costs and switched back to private insurance. Likewise, another interviewee noted initially securing tourist health insurance from a foreign bank to enter Germany, and later obtaining insurance through DAAD (German Academic Exchange Service), which is commonly used by international students. However, they later switched to TK (Techniker Krankenkasse), a statutory health insurance provider, as DAAD insurance could not be renewed as a student. Conversely, another interviewee initially had public health insurance, but then switched to private health insurance provided through his scholarship, which required him to pay upfront for medical services and then seek reimbursement from the insurance company.

Those without status reported either paying out of pocket without reimbursement or securing ad hoc aid from organizations or attending consultation hours. For example, one interviewee relied on Maisha to navigate the system when she was pregnant and without health insurance. She had to self-pay for her delivery, which cost around 6,000 euros, but was allowed to pay in installments. She was given a temporary health certificate that allowed her to access healthcare services. After the birth of her child, the baby was covered by the father's health insurance. Many interviewees with irregular status relied on private health services. One interviewee noted relying on private insurance, until they married a European partner and regularizing their status, at which point they obtained statutory insurance. For migrants without legal status, access to healthcare is extremely difficult and expensive, as they are required to pay out of pocket for most non-emergency services.

The interviewees reported utilizing a diverse range of healthcare services, from general healthcare services, including check-ups and blood tests, to specialist consultations, such as with urologists, gynecologists, and physiotherapists. The migrants in our sample had mostly all used emergency services.

Challenges in accessing health services

A predominant challenge mentioned by almost all interviewees is the language barrier. Many interviewees struggled with communication due to limited proficiency in German. This barrier led to misunderstandings, inadequate care, and a feeling of being ignored or disrespected by healthcare

providers. In particular, understanding medical terminology was reported as difficult and the interviewees often felt the need to ask for clarification or translations of specific terms. Some interviewees resorted to using Google Translate or relying on bilingual acquaintances for communication. Others reported seeking out doctors who spoke English but struggling in being successful in this. Some associated their lack of German fluency in the healthcare setting with fear and pressure, with one interviewee stating:

> "If you don't speak German, you're nobody, and life becomes very difficult if you don't speak German." (DE_01_F)

Lack of fluency also complicates navigating the German healthcare system, which is generally perceived by migrants as overly complex and bureaucratic. Interviewees typically struggled with German bureaucracy, particularly with paperwork and communication with insurance companies. Most learned without structured guidance, but rather through family, internet searches, haphazard interactions, or through medical necessity. Many noted that adapting to a new system is difficult in general; but emphasized specific difficulties in understanding the intricacies of the German system - understanding and navigating the insurance system, specific insurance coverage (e.g., AOK), including additional insurance for specific treatments like dental care, was difficult for many, as was understanding data protection laws. Two interviewees, for example, reported returning to their countries of origin (in North Africa and Latin America) for treatment, despite having coverage in Germany.

Relatidly, cost was a barrier for those without insurance or with private insurance, especially for irregular migrants. Some interviewees reported, for instance, needing to pay in installments, relying on family to contribute to paying bills, as well as paying bills for childbirth and other medical services out of pocket. For those without statutory insurance, finding doctors who accept their insurance was also noted as a challenge. One interviewee noted their lack of insurance and their reliance on not getting sick:

> "I have to get through the system, and then make my own insurance, so I'm hoping and staying careful so that nothing happens to me." (DE_24_F)

A significant number of interviewees reported difficulties in finding doctors who were accepting new patients, particularly during the COVID-19 pandemic. This challenge was more pronounced when looking for specialists and gynecological care. Some interviewees faced long wait times for appointments and even longer waits in doctors' offices despite having appointments. The need for personal advocacy or assistance from family members and friends to obtain care was emphasized. Some interviewees relied on their supportive networks for help in understanding the healthcare system, finding doctors, and dealing with insurance issues.

Finally, cultural differences in medical practices and perceived discrimination were also mentioned. Some interviewees felt that their concerns were not taken seriously or that they received different treatment due to their nationality. There were instances where migrants felt disrespected for not speaking German, and some faced discrimination based on religion, affecting their interaction with healthcare providers. The lack of warmth and perceived thoroughness in medical consultations compared to their home countries was also a concern.

Digitized services: Attitudes, skills, and infrastructure

The interviews paint a tapestry of varied experiences and attitudes towards digital services. While a segment of interviewees has embraced digital tools for healthcare, education, and maintaining social connections, others lean towards conventional methods or encounter hurdles in accessing and navigating digital platforms. The spectrum of digital skills among the interviewees is broad, with some adapting to digital technologies as services, including university courses and children's education, transitioned online. Yet, a perception persists that, as one interviewee noted, Germany remains "old

school" in its approach, often necessitating phone calls for medical appointments, signaling a perceived gap in digital healthcare services.

Digital services, particularly the internet, play a pivotal role in healthcare access for many interviewees. Online platforms are frequently used for tasks such as booking appointments and locating doctors through insurance company websites. Video call appointments, including therapy sessions during the COVID-19 pandemic, were adopted by some. Despite a preference for telephonic appointments and in-person consultations among many, there's an openness to using online tools for healthcare, especially when they offer solutions to language barriers. Notably, even those preferring phone appointments often rely on the internet to research doctors' contact details and patient reviews.

The internet remains an important source of information for migrants. Especially noteworthy is the use of translation apps to translate German websites. Regarding medical information, some mentioned that they stopped using the internet as a source of information about possible diseases, mentioning concerns about the reliability of online health information.

Among those who reported not using digital services for health, most nevertheless highlighted the importance of social media and messaging apps, particularly Facebook and WhatsApp, for staying connected with family in their home countries. While some expressed concerns about the addictive nature of platforms like Instagram and its potential mental health impacts, others find that staying connected with family and friends abroad through these digital platforms is vital for their mental well-being.

Effects of COVID

Many individuals reported difficulties in accessing healthcare services during the pandemic, including securing medical appointments. This was largely due to doctors' offices being closed for in-person visits or being overwhelmed by demand. The process of obtaining COVID-19 vaccination appointments was also challenging for some, marked by long waiting times. Nevertheless, accessibility and dissemination of information about vaccination and COVID-19 prevention were generally well-received. The process of getting vaccinated was found to be well-organized and accessible, with information readily available through various channels, even if appointments were not perceived as being always available.

The pandemic also induced significant stress and health issues. Some accessed emergency services due to stress-related health complications, while others experienced psychological effects like isolation, anxiety, and depression. The direct health impact of contracting COVID-19 was also highlighted, with individuals describing their experiences as particularly challenging given lack of understanding of the German medical system. More generally, the pandemic necessitated an adaptation to new healthcare modalities. There was an increased reliance on remote healthcare services, with video calls for medical consultations becoming more prevalent. While all the interviewees had access to a smartphone or computer, this shift was differentially experienced, depending on attitudes towards technology, online translation, and digital skills.

The response of the German government to the pandemic, including strict mask mandates and social distancing measures, elicited mixed reactions. While these measures were rigorous, they sometimes resulted in feelings of isolation and confusion about the changing regulations. Lockdowns and social distancing measures led to increased isolation and disruptions in daily routines, impacting work environments and social interactions. This was particularly challenging for those struggling with social integration and travel.

Gender aspects

Female migrants in particular are often at a heightened risk of gender-specific harms such as Female Genital Mutilation (FGM) and sexual violence, both in transit and upon arrival in host countries.

Additionally, their immigration status may be tied to spousal visas, which can perpetuate dependence on partners and limit their autonomy. One interviewee, for example, noted cases of husbands restricting access to German language courses, isolating these women linguistically and socially, and impeding their integration and empowerment in the host society.

The interview findings reveal that while many migrants in Germany do not prioritize the gender of their healthcare professionals, valuing professional competence instead, there are specific circumstances, such as gynecological care, where gender preferences are more pronounced. For example, some participants sought female practitioners from the outset, while another switched from a male to a female therapist for greater comfort in discussing personal issues. This preference can stem from cultural backgrounds, as seen with an interviewee from Ukraine who initially preferred female doctors but adapted to male doctors in Germany.

Most respondents did not perceive direct gender discrimination within healthcare institutions. However, intersectional discrimination was reported by one interviewee, who recounted an incident where a Black woman was ignored by a female doctor in favor of speaking to her white husband, alongside making prejudiced comments. Another interviewee noted negative assumptions against female Columbian migrants, where they are often associated with prostitution, as well as the risk that these women face due to the prevalence of human trafficking and sexual exploitation:

> “The first thing they ask you when you're Colombian and live here is, 'Which house did you come out of?' 'House' meaning a brothel because there are many Colombians here, and all of them, unfortunately, come from Colombia; Many are brought here deceived.” (DE_12_F)

However, cultural practices and expectations related to gender surfaced in the interviews. Participants from Malaysia and African countries highlighted differences in childbirth and child-rearing practices compared to Germany. For example, the communal approach to childcare in African cultures, contrasting with German individualism, impacts the ability of women, especially migrants, to engage in work or education outside of childrearing. This cultural disparity was further underscored by the experience of a Ghanaian interviewee who struggled with the lack of community support in Germany.

Several interviewees reflected on their gendered experiences and challenges in adapting to life in Germany. One spoke about the transition from their home country to a primary role as a housewife in Germany, expressing a desire for a more fulfilling life beyond domestic responsibilities. Another highlighted the importance of self-reliance and independence, particularly for women facing unique challenges as migrants. Some reported facing additional scrutiny and pressure from authorities, particularly in the context of single motherhood. These findings paint a complex picture of gender dynamics among migrants in Germany, where cultural backgrounds, personal experiences, and societal expectations intersect, shaping their experiences in healthcare and in access to other social rights.

Spain

Findings from Service Providers

Service Provider Sample

During the period between July and September 2022, a total of 12 interviews were conducted with health care providers, including 8 women and 5 men. These included doctors, nurses, health center directors and coordinators, and health access project managers who serve migrants in Madrid, Spain. These participants have work experience ranging from 2 to 35 years in the different centers.

The main objective of these interviews was to collect detailed information on how these entities offer their services to the migrant population, investigate the barriers that hinder immigrants' access to health services, their level of awareness of their social rights and their experiences in accessing basic services. This is intended to capture the social needs of immigrants, as well as best practices and gaps in public service delivery, with the intention to develop an intervention to improve access to health services.

The interviews were conducted using audio recordings with the prior consent of the interviewees and were subsequently transcribed to analyze in detail the information provided by each interviewee. The duration of the interviews varied between 50 minutes and 1 hour and 30 minutes, depending on the experience and information provided by each interviewee. These entities were contacted through face-to-face visits to health centers, associations, and NGOs, where the purpose of the project was explained, and their collaboration was obtained to provide information about their experiences in providing services to migrants in this city. In addition, some interviews were conducted through video calls, depending on the availability and flexibility of the interviewees' schedules.

The interviews provided insight into how health care providers in Madrid address the care and needs of the population in the Spanish capital. Some of the key themes that emerged during the interviews include:

Services provided and work with NGOs and local authorities.

In the context of health care and well-being of the migrant population in Madrid, various collaborations between health care centers, non-governmental organizations (NGOs) and local authorities are in place to address the complex and varied needs of migrants, ensuring effective access to medical services, psychological support, and prevention programs.

Throughout the interviews conducted, several representative examples of these collaborations have been highlighted. These partnerships and alliances between entities contribute significantly to the provision of comprehensive services and health promotion, regardless of the migratory status of the beneficiaries. Below are some examples of these collaborations and their impact on the care and well-being of the migrant population in the Spanish capital.

- Interviewees working for the different Municipal Community Health Centers such as *Centro Joven, San Blas, Ciudad Lineal, Puente de Vallecas, Villa de Vallecas*, in Madrid, provided information about the various services they provide. Their goal is to improve the health outcomes of the members of their community, and they emphasize disease prevention. These centers offer comprehensive care to different age groups ranging from the elderly population to infants. They provide services that include gynecological care, maternal and childcare, vaccination, assistance to children at risk and the provision of first aid. They also play an

essential role in the promotion of sexual and reproductive health, as well as family planning. The centers also provide mental health services as an integral part of their offerings. Their staff includes psychologists and social workers who provide emotional support, as well as information on accessible social services. This comprehensive approach enhances the center's role and impact within the community. Interviewees from these centers explained that while they do not have direct connections with non-governmental organizations (NGOs), they maintain strong partnerships with both NGOs and local authorities for various initiatives, such as the Neighborhood Association, Women's Association, Immigrants' Association, Senior Citizens' Association, and associations for patients with Fibromyalgia, Crohn's Disease, Ulcerative Colitis, and Multiple Sclerosis.

- The representative from Asociación Terapias Sin Fronteras, which focuses on delivering psychiatric and psychological support to immigrants in Madrid, outlined their approach involving both psychotherapy and medication. This organization not only offers direct patient care but also invests in the professional development of mental health and immigrant care practitioners. They conduct a range of educational programs, including courses and workshops on topics like cultural aspects of migration, trauma, and crisis management. Additionally, they provide ongoing clinical oversight and assistance for professionals engaged in immigrant services. The interviewee did not provide details about their collaborative ties with other NGOs or local authorities.
- The interviewee from the entity Salud Entre Culturas (SEC), explained that they are a multidisciplinary public health and migration team that is part of the Association for the Study of Infectious Diseases (AEEI). They provide various services both inside and outside Public Health Centers. Within the health centers, they have intercultural mediators who attend to the migrant population that does not speak Spanish. These mediators play a crucial role in facilitating communication between healthcare professionals and migrant patients, overcoming linguistic and cultural barriers. Outside healthcare centers, Salud Entre Culturas carries out prevention and education activities in places frequented by the migrant population, such as bars, soccer fields and associations. These initiatives aim to promote health and provide relevant information from an intercultural perspective. This comprehensive approach seeks to ensure adequate attention to the specific needs of the migrant population in various contexts. Regarding collaboration with NGOs and local authorities, the interviewee points out that they establish collaborations with entities such as the *Red Cross* and *CEAR* (Spanish Committee for Refugee Aid) and although the interviewee does not provide specific names, he highlights the existence of a network of interpreters and mediators specialized in less conventional languages, such as Georgian, Bambara, Russian, Bulgarian, and any other language that for them is not so common in their usual work.
- Those interviewed from Doctors of the World explained that this is a non-governmental organization that provides medical care and humanitarian assistance to vulnerable populations regardless of their migratory status in the territory. Some of the common services they offer include basic medical care, such as medical consultations, treatment for common diseases, vaccinations, and preventive care. One interviewee noted their responsibility within the organization involves advocacy, with a particular emphasis on working with officials in key institutions like the Ministry and the Congress of Deputies. Their work is geared towards changing legislation with the aim of legally ensuring the right of all immigrants to receive equal health care. Interviewees revealed that Doctors of the World collaborates with multiple organizations to support migrants in Madrid. They work alongside the Red Cross to deliver medical and humanitarian aid to vulnerable groups, including migrants. They partner with CEAR to offer extensive assistance to refugees and asylum seekers. Additionally, they coordinate with the Madrid Community's Network for Migrant and Refugee Care, engaging with various entities within this network. Collaborative efforts with Red Acoge are also notable,

as they jointly contribute to initiatives for the reception and integration of migrants and refugees in Spain.

Digital aspects

The information provided in the interviews highlights the key role of digital technology and online presence in the care and support of the migrant population in Madrid. Several organizations and community health centers have adopted digital solutions to manage tasks, offer online services, and promote programs and campaigns through social networks. These technological advances allow them to adapt to situations such as the COVID-19 pandemic and improve the accessibility of their services.

However, there are challenges related to digital accessibility, as some people, both natives and migrants in precarious situations, may lack internet access or digital skills.

- The interviewees explained that in many facilities, digital systems are available and make it possible for professionals to perform various tasks, such as scheduling appointments, managing medical records, and recording pertinent information about users. These systems make it easier to follow specific protocols for different types of medical care. However, they mention that the increasing digitalization of administrative forms can also present a challenge for those who lack internet access or digital skills.
- In selected centers, a group and community database are available and updated on a quarterly basis. This makes it possible to analyze demographic information and evaluate the evolution of gender inequality in the district. This enables the implementation of new prevention campaigns and the offer of workshops adapted to the problems identified.
- In response to the impact of the COVID-19 pandemic, all facilities interviewed were forced to adjust their services, incorporating online modalities such as virtual therapy, video calls, and online telephone care. This modification was intended to maintain health service delivery, improve accessibility and flexibility of care, and meet the needs of the community in a context of social distancing and security measures. It also sought to counter misinformation. For patients who were already familiar with online care, the transition was smooth. However, those accustomed to face-to-face care had to adapt to this new modality.
- In some contexts, the interviewees explained that services and programs are provided both in person and digitally. They also explained that their presence in social networks and the use of digital communication channels enable them to reach a wider audience, share relevant information and promote services and programs effectively. As such, a health center dedicated to adolescents and young people indicated having a presence on platforms such as Instagram, Twitter and TikTok. They publish content adapted by young people, actively promoting their programs through these networks.
- At least 7 interviewees mentioned the implementation of online campaigns aimed at providing help and attention to the migrant population. These initiatives address various topics, such as disease prevention, family planning, the importance of gynecological check-ups and the prevention of sexually transmitted diseases. In addition, they focus on facilitating access to health services for both the adolescent and adult population, and develop campaigns open to both men and women. However, while campaigns are useful for disseminating information, the effectiveness of "word of mouth" is considerably superior.

Medical education and training

The interviewees provided information on the training and education program they have received in relation to the care of the migrant population (or its lack thereof). Out of the interviewees from various Municipal Community Health Centers, five reported not receiving migrant-specific care training, while

three did. Some staff have attended municipality-run courses on the unique needs of migrants. A department head has been trained in social vulnerability and migration. They also organize annual events focused on immigration and health, in partnership with the Merced Foundation. These training programs have enhanced cultural competence among the staff, leading to a better understanding of migrants' diverse needs, beliefs, and practices, and improving the quality and sensitivity of care.

- The interviewee from Asociación Terapias Sin Fronteras points out that the organization's workers receive training covering crucial topics such as culture and migration, care for victims of trauma, crisis intervention, as well as cross-cultural aspects and aspects related to the migration process. In addition, she emphasizes that they have had the participation of teachers and experts from other foundations who have contributed to the training of the professionals of this association. The interviewee emphasizes that the main reason for these trainings is the perception that in Spain the migratory flow is relatively recent, and in many occasions, professionals, including health personnel, lack the necessary preparation to effectively attend to the immigrant population.
- Interviewees from Doctors of the World emphasize the necessity of ongoing training for their personnel to deliver proper care to migrants. This includes both in-house and external programs, which are integral to their strategy. All employees undergo training that equips them to meet migrants' needs effectively. Moreover, the organization commits to leveraging practical experience from daily operations and patient interactions to educate professionals in the social and health sectors across both public and private domains. These continuous educational efforts aim to equip staff with vital skills for migrant care, keeping them informed on critical issues like gender, interculturality, human rights, and environmental considerations.
- The Salud Entre Culturas interviewee mentioned that the organization provides specific training and education aimed at helping migrants in the center. Among the trainings mentioned is the "Management of Cultural Diversity in the Health Care Setting" program, which includes workshops and lectures aimed at doctors, nurses, administrative staff and orderlies. These training courses instruct on how to deal with cultural diversity in a medical practice, what aspects to consider and value, as well as the importance having a mediator to resolve possible conflicts.

Difficulties in caring for immigrant patients.

The information gathered from the interviewees highlights various difficulties and obstacles encountered in the care of immigrant patients in various health care settings in Madrid. Importantly, all professionals interviewed stressed the need to ensure inclusive and equitable medical care for all patients, regardless of their origin or migratory status, and emphasize the importance of specifically addressing these barriers to ensure a medical service that is accessible and fair to the entire population.

- Interviewees confirmed that migrant patients' lack of Spanish language proficiency hinders communication with healthcare professionals. In addition, they noted that the lack of bilingual skills among health care providers can also negatively impact the quality of medical care. They also highlighted the inadequacy of cultural mediation and interpretation services in some cases, attributing this to the limited availability of scheduling appointments with these resources. One interviewee noted that the lack of public policies and programs to support interpretation and cross-cultural mediation services is also an obstacle.
- The majority of the respondents (80%) stated that the lack of documentation, especially the lack of a health card in the case of irregular migrants, directly impacts their access to public health care, thus limiting their availability for health services. In contrast, 20% pointed out that there are entities, such as Doctors of the World and other organizations, where this document is not an essential requirement for accessing health services, highlighting exceptions in which care is provided to these groups even without the corresponding documentation.

- The surge in immigration has shifted the demand in health services, notably in gynecology, maternity, and pediatrics. An interviewee highlighted that the 2012 healthcare exclusion law led to deteriorating healthcare conditions for immigrants, exacerbating social exclusion. They also pointed out the intense gentrification in Madrid, which disrupts communities and complicates housing access, potentially impeding healthcare access. Furthermore, the influx of a younger immigrant population, often with children, has increased the need for gynecological and pediatric services, for which the system was unprepared.
- One of the interviewees noted the existence of tensions and concerns among migrant patients, especially in relation to medical procedures such as blood collection. These tensions may stem from cultural beliefs, fears or distrust of the health system. He stressed the importance of the work of intercultural mediators in addressing these concerns and providing adequate explanations about medical procedures.
- An interviewee noted that many pregnant migrant women face difficulties in accessing essential medical care, experiencing fear when going to the hospital due to uncertainty about possible charges. In addition, it was highlighted that many migrant women do not have access to pregnancy termination services, even though Spanish law guarantees this right. The interviewee also emphasized the existence of specific time limits for pregnancy termination, stressing that exceeding these time limits entails greater risks for the woman and higher costs for the system.
- Lack of personnel in the health system can hinder the adequate provision of care to patients, including those of migrant origin. This lack of personnel may be related to policies that affect care for the migrant population. One interviewee noted that, despite having a multidisciplinary team of health professionals at the center where she works, they sometimes face difficulties in covering all care needs due to lack of staff, especially in roles such as psychologists and gynecologists. In addition, another interviewee indicated that the lack of staff has led them to rely on the collaboration of volunteer physicians to ensure the provision of services.

Recommendations from medical professionals

The interviewees provided several suggestions to enhance health care for the immigrant population in Spain. These proposals focus on addressing the linguistic, cultural and access barriers that migrants face in the Spanish healthcare system.

- One of the interviewees suggests that, to improve the situation of migrants upon arrival in a new territory, it would be beneficial to provide more information to those considering emigrating to another country. In this regard, she highlights the importance of the work that could be done by local governments and organizations in the migrant's country of origin. This initiative would help migrants to be better prepared, to know their rights and health resources before arriving at their new destination.
- An interviewee suggests enhancing the healthcare team with additional psychologists, emphasizing their importance even outside of direct clinical care. They also advocate for expanding the number of specialists, particularly in the maternal-child program, by adding more pediatric nurses and pediatricians. Moreover, they recommend reinforcing the team with a higher number of gynecology experts.
- The vast majority (7 of the interviewees) highlighted the importance of sensitizing and training health professionals in the care of migrant patients. This encompasses cultural competence, intercultural communication and management of the specific needs of this population. Similarly, one of the interviewees recommended raising awareness of migration in society to overcome stereotypes, reduce xenophobia and mitigate fears of immigrants. According to her, this can be achieved through social education and small everyday actions.
- Some (2 interviewees) suggest that a solution to improve health care delivery to immigrants is to return to *Universal Health Care reform*. They argue that, regardless of immigration status,

everyone should have access to health services. They stress the importance of making public health truly public and community-based, since, according to one interviewee, "we all contribute with taxes when we buy anything". In addition, another interviewee points out that the appointment prioritization system at Madrid Salud is based on geographic location, using zip code as a criterion.

- At least 3 interviewees stressed the importance of having intercultural mediators to overcome linguistic and cultural barriers in the care of migrant patients. One of them emphasized that this recommendation implies the need to train and hire cultural mediators, with the objective of facilitating communication and mutual understanding between health professionals and migrant patients. Another interviewee highlighted the need to improve interpretation facilities, such as professional interpreter services, translation technologies and staff training in intercultural communication skills, to facilitate better communication with migrants.
- All the interviewees explained that it is crucial for migrants to be more informed about the resources available to access health care. This requires greater coordination and systematization of networking to ensure that migrants are aware of available services. One interviewee proposed the training of social promoters in immigrant neighborhoods as a strategy for transmitting information and resources to the migrant population. According to her, this form of social intervention could be highly effective.
- An interviewee notes that online therapy can improve accessibility to health services, especially in the 21st century where technology plays a critical role. She also notes that while online therapy is not a complete substitute for face-to-face therapy, it can be a valuable alternative in situations where in-person care is not feasible, such as during the COVID-19 pandemic.

Effects of COVID-19

During interviews with health care provider staff in Madrid, the impacts of the COVID-19 pandemic on service delivery were explored, with a particular focus on the immigrant population.

- All interviewees noted that due to the numerous legislations implemented, such as mobility restrictions, the closure of establishments, promotion of teleworking, and the adoption of specific health measures (such as mandatory use of masks and social distancing), health centers were forced to take concrete measures to reduce face-to-face care and ensure a safe environment. One interviewee mentioned that the gynecology section at the community health center where she works was temporarily closed, offering instead telephone care for specific consultations. Face-to-face care was only provided in specific cases, such as requests for abortion procedures or pregnancy tests.
- Another interviewee highlighted that, due to COVID-19, there have been changes in the length of medical leaves for health personnel, which are now considerably longer. This adjustment has had a significant impact on the center's ability to provide care to the public.
- During the confinement, associations provided milk to families with limited resources to feed their children, especially those under one year of age. An authorization form was implemented so that parents could go to the center and pick up the milk. In this regard, efforts were coordinated with social services, neighborhood associations and organizations such as *La Rueca* to identify and attend to cases of social urgency.
- One interviewee mentions that COVID-19 has had a significant impact on her immigrant patients as loss of employment or reduction in income may have had a direct impact on their ability to access health services and medications. According to her, many of the immigrants she serves live in precarious situations and have been particularly affected by the pandemic. Due to losing their jobs due to the economic crisis, she noted an increase in their stress and anxiety levels. The interviewee also mentions that the confinement has been especially difficult for some patients, especially those who were already dealing with mental health problems.

However, she also mentions that some patients have found online therapy helpful during the pandemic, as it has allowed them to continue receiving care despite movement restriction; the pandemic has generated a social and solidarity movement in some neighborhoods, leading to the creation of food and clothing banks to help those most in need.

- One interviewee noted that most information about the pandemic, prevention measures, and health services was disseminated exclusively in Spanish, which represented an additional obstacle for migrant patients due to language barriers. This affected their ability to understand and follow the guidelines, impacting their own and their families' health management. To address this challenge, during the COVID-19 pandemic, the interviewee mentioned that they adapted their services through video calls to counter misinformation and provide data in various languages. It is highlighted that they conducted campaigns on social networks and on their website, where information about COVID-19 was adapted to multiple languages, such as English, French, Arabic, Chinese, Russian, Georgian, Ukrainian, Bulgarian, Wolof, Bambara, among others. In addition, the interviewee stressed the need to combat hoaxes and fake news related to COVID-19 that reached migrants through news from their countries of origin. As an example, he mentioned cases of migrants who mistakenly believed that COVID-19 would not affect them if they were already vaccinated against other diseases such as smallpox or hepatitis.
- The interviewees were worried about the spread of the virus, especially among migrants due to overcrowded conditions and the nature of certain jobs, which significantly increased the risk of infection. One interviewee noted that the health center carried out mass vaccination days without the need for an appointment, immunizing more than 1,000 people, including both natives and migrants, regardless of their immigration status, from the first day. He noted that the demand was so significant that the waiting line stretched around the entire block. Another interviewee mentioned that vaccination has been a priority at the center during the pandemic, as without vaccination, groups could not be formed, and normal activities could not resume. In addition, she mentioned that the center volunteered to vaccinate and has vaccinated vulnerable populations, such as asylum seekers in *Caracola* and drug addicts in *Cañadas*. The vaccination campaigns are aimed especially at people in situations of poverty and exclusion.
- One interviewees pointed out some practical limitation: some vaccines, such as some COVID-19 vaccines, have a limited shelf life after opening (e.g., 6 hours), and if they are not used within that time, they should be discarded.

Between differences groups and Gender aspects

The interviews addressed issues related to differences between immigrant groups based on their nationality and gender aspects, as well as the question of whether some groups are considered more deserving than others in terms of health care.

- One interviewee mentioned that most of the people coming to Doctors of the World are Latin American women, although there are also African men and women, especially from Sub-Saharan Africa and North Africa. In addition, he noted that the presence of people from Eastern European countries is quite low in this organization. This was also the case of the other centers, where most of the migrants they come from Latin America, especially Ecuador, Colombia, and Peru.
- One interviewee highlighted that, in general, the Ukrainian population in Madrid has full access to health services, which she considers an unequal situation compared to other immigrants who might face restrictions in accessing health care due to their legal status.
- One interviewee noted that certain organizations cater to specific demographics, like those in prostitution and the transgender community, tackling gender-related challenges across diverse nationalities. Another pointed out their facility predominantly serves women, with a focus on reproductive health, observing a higher female participation in group activities. Conversely, a

third interviewee observed a lower representation of women in NGO consultations and events, attributing it to greater barriers for women, such as putting others' healthcare needs before their own.

- The interviewees clarified that medical care does not prioritize certain groups over others, focusing instead on providing services to all immigrants outside the Madrid healthcare system, irrespective of their background or legal status. One noted the universal needs of immigrants but acknowledged challenges in the system, such as funding for women's treatments without considering migrants' financial constraints. Obstacles are more pronounced for some due to origin, gender, and legality, with cultural and language barriers particularly affecting women from regions like Bangladesh and Africa. Additionally, the interviewees addressed the lack of healthcare support for migrants reporting sexual assault and the need for specialized services for gender-based violence, affecting both men and women.
- An interviewee pointed out that Latino migrants increasingly seek gynecological care. Meanwhile, in some gynecology clinics, the practice of Muslim individuals accompanying female patients has been observed, sometimes causing discomfort for either the patients or healthcare providers. Additionally, they noted that younger migrants often attend appointments with their partners. Another interviewee remarked on the arrival of many immigrants via small boats from sub-Saharan Africa, emphasizing that their unique backgrounds and migration experiences may lead to specific healthcare needs.

Findings from Migrants

Description of migrant sample

Fieldwork in Madrid was conducted from July to December 2022 in the cities of Madrid and Alarcón, Spain. A total of 48 interviews were conducted with immigrants. Of these, 5 took place in Alarcón and 43 in Madrid. This diverse group of interviewees, composed of 24 women and 24 men, reflected a wide variety of immigration statuses. Among them were 4 asylum seekers (2 women and 2 men), 4 asylees (3 men and 1 woman), 23 with regular status (12 women and 11 men), 16 with irregular status (9 women and 7 men) and a single man with refugee status.These immigrants exhibited a diversity of periods of residence in Spanish territory, ranging from the most recent, with only 1 month, to the longest, with a presence of 43 years.

The interviewees, whose ages spanned from 18 to 64, represented a wide geographic diversity. From North Africa, the study included one male participant from Egypt and four from Morocco, equally divided by gender. We conducted one interview with a male migrant from the Middle East (Syria). From West Africa, interviews were recorded with 1 male from Mali, 1 male from Mauritania and 1 male from Senegal. Additionally, there were 2 interviews conducted men from East Africa, specifically Sudan. The Central American representation includes interviews conducted with migrants from Cuba (1 woman), El Salvador (2 interviews with a man and a woman) and Nicaragua (1 interview with a woman). There were also interviews with South American migrants from Argentina (2 interviews of both men), Brazil (2 interviews of a man and a woman), Colombia (13 interviews, of which 7 were women and 6 were men), Paraguay (1 interview of a woman), Peru (6 interviews, of which 4 were women and 2 were men) and Venezuela (6 interviews, of which 4 were women and 2 were men). Our migrant sample further included individuals from East Asia, such as China (1 female interviewee) and the Philippines (1 female interviewee). Finally, we conducted interviews with migrants from Eastern Europe: there was 1 interview was conducted with a man from Russia.

The primary objective of these interviews was to analyze the barriers that hinder their access to essential services in five key areas: health, housing, employment, education and social assistance, as well as to

assess their level of awareness of their social rights and the experiences they have had trying to access these services. This report seeks to delve deeper into the realities of immigrants in Alarcón and Madrid, shedding light on the difficulties they face and possible ways to improve their integration and quality of life in Spanish society. The selection of interviewees was carried out in collaboration with associations and non-governmental organizations (NGOs) that offer assistance to immigrants in Madrid, these entities have chosen to remain anonymous in their contribution to this project. Contacts were also established through referrals from family members or friends of the interviewees. This approach was adopted to ensure confidentiality and the comfort of interviewees, who often experience apprehension when discussing their legal status in Spain.

Interviews were conducted both in person and remotely, depending on the preference of the interviewees. In-person meetings were conducted in open spaces such as coffee shops and parks, which provided a more relaxed and safe environment for interviewees. Remote interviews were conducted via phone calls and video calls to suit each individual's situation and preference, and each interview was audio recorded, with prior consent from interviewees, to ensure the accuracy and integrity of the information collected. Interviews varied in length, ranging from 45 minutes to 1 hour and 30 minutes, depending on the experiences and information provided by each individual.

Knowledge about service access and perception of rights

Participants' familiarity with the pathways to health care, housing, education, and employment varied, along with their understanding of entitlements. While some individuals view public services in Spain as being designed for those in dire circumstances, electing instead for private options to alleviate strain on the system, others assert that all migrants have an inherent right to these essential services regardless of their immigration status. A common emphasis among the interviewees was on the critical need for precise and comprehensive information that circumvents bureaucratic hindrances and protracted waiting times, which often lead to unresponsiveness or outright denials from service providers. Below are key examples:

- One participant highlighted that migrants are entitled to fundamental services, yet they frequently lack the necessary information to utilize them.
- Another noted the proactive steps they took to obtain training, including utilizing resources from migrant-supportive associations offering educational programs.
- An asylum seeker expressed a desire not to utilize public services, citing a strong work ethic and a wish not to overburden the system, underscoring his ambition to be self-reliant in Spain.
- Regular-status interviewees acknowledged their awareness of accessible services such as health care, housing, and employment but pointed out the cumbersome and lengthy processes involved in accessing education, like the validation and translation of academic credentials.
- Lastly, a participant recounted the valuable guidance received on migrant rights and services from various entities, including training courses at a reception center and support from organizations aiding immigrants, all of which facilitated their integration into Spanish society.

Challenges in accessing health services

Based on the experiences shared by the interviewees, the reality of access to health care in Madrid and Alarcón evidences a series of significant challenges, outlined below:

Lack of information

One of the main barriers that migrants face in accessing healthcare in Spain is the insufficient information available to them about the health system. Additionally, the difficulty in acquiring vital documents, including identification cards, census registration, and work permits required for social security contributions, stands out as a significant obstacle to healthcare access in Spain.

- An irregular interviewee who has been in the country for 12-year stay mentioned the existence of the "Derecho a la Asistencia Sanitaria" (right to healthcare), a system that allows immigrants without documentation to access free medical care in Spain. He managed to obtain this information while in a group shelter, where he began his rehabilitation process to overcome alcohol consumption. This advance represents an important step towards guaranteeing medical care for all; however, the interviewee noted that not all migrants are aware of this system due to lack of information.
- Some participants reported encountering obstacles in gathering information about available services, even online, and often lacked clear guidance on how to utilize these services.
- There were reports of requests for supplementary documentation that went beyond the usual procedures to receive medical care when accessing healthcare services. One regular interviewee who had resided in Madrid for 18-year, shared an experience in which he faced barriers in arranging medical care for his son. He was asked to provide a family record book to verify his relationship with his son, a situation that escalated to the point of involving law enforcement.
- Additionally, interviewees described consistent challenges in submitting applications for assistance, frequently receiving negative responses due to missing critical documents like the DNI (National Identity Document) or proof of address, which are often tied to one's immigration status. One individual, in the process of regularizing their residency status after having lived for 5 years in Spain, shared that these documentation issues had complicated their access to specific health services, including specialist consultations. They recounted initial access to public healthcare for an urgent condition but later found themselves ineligible for public health services due to lacking the necessary legal documents.

Lack of financial resources

Lack of financial resources was also identified as a significant barrier to accessing medical care. Some immigrants are unable to afford medical services, leaving them in a vulnerable health situation.

- A participant who had been in the country for five years without legal status recounted relying on expensive private health insurance due to mental health issues, including depression, anxiety, and panic attacks requiring emergency care. They also mentioned using affordable medication like Lorazepam, priced at about €1 per box. However, they faced challenges affording other necessary medications, such as a €90 antidepressant. Without a health card, they did not qualify for the discounts typically available.
- Another interviewee, residing in Spain for 12 years, noted that the COVID-19 pandemic severely impacted their financial stability due to their undocumented status, leaving them completely reliant on a shelter for support.
- A six-year resident, currently six months pregnant and without legal status, highlighted the financial burden of purchasing medication without a health card. Without the discounts usually available to cardholders, she faced significant expenses, amounting to €60 monthly for her medication, a cost she deemed prohibitively high.

Gatekeepers at health care institutions

The interviews revealed that certain health centers and hospitals might refuse medical services to immigrants lacking documentation or a health insurance card, intensifying the barriers to healthcare access.

- One participant shared an experience of being turned away when trying to schedule an appointment with their general practitioner at the Health Center Collado Villalba Estación Pueblo due to not possessing the required health card, an encounter that was handled insensitively by the staff in a public setting. Further attempts at an outpatient center also failed, as the lack of a health card prevented appointment scheduling.
- Another participant described how their partner was initially refused emergency treatment for a foot injury due to not being registered and was only treated after agreeing to pay a substantial fee.
- A long-term resident of 17 years recounted the challenges faced upon relocating from Valencia to Madrid, which included the need to update their health card—a process complicated by policies at the time that restricted healthcare access for undocumented immigrants.
- An individual with 20 years in Spain noted that a period without proper documentation forced them to use the more costly private healthcare system for two years.
- Lastly, a participant who has resided in Spain for three-year mentioned difficulties in accessing specific health services, such as dental care, due to the requirement to present official identification and social security documentation, which they did not have at the time, rendering them ineligible for those services.

Linguistic & cultural barriers

The interviews show that linguistic and cultural barriers can hinder access to medical care. Lack of fluency in the local language and lack of understanding of health systems can be insurmountable obstacles for migrants.

- Nearly one-fifth of the participants reported communication difficulties with healthcare personnel, often requiring the intervention of a bilingual acquaintance or relative to serve as an interpreter at medical consultations. One individual recounted an incident where they had to depend on a friend to translate medication guidelines.
- At least 5 interviewees stated that they have encountered difficulties in accessing information about health services in their native language. A decade-long resident recounted how the absence of internet access or translation tools amplified the struggle to navigate healthcare services due to the language barrier.
- Understanding the nuances of Spain's healthcare system posed a challenge for several migrants, especially where cultural differences were at play. An interviewee needed a friend's assistance to understand the process of registering with the public health system, including the selection of an appropriate health center and the documentation required to formalize registration with a general practitioner.

Digitized services: Attitudes, skills, and infrastructure

Regarding digital literacy, the interviews indicate that the participants possess foundational digital skills, as evidenced by their ability to navigate the internet and utilize social networks. This suggests they have at least a rudimentary level of access to online services and digital devices like smartphones or computers.

- The respondents reported that the internet serves a dual purpose for them: staying in touch with family and seeking out necessary information. However, the interviews highlight the importance of improving access to information and digital tools for migrants in Spain, especially for those who face linguistic and cultural barriers. They also mention the need to develop applications and digital tools that are accessible, multilingual and useful for migrants,

such as language learning applications designed specifically for migrants, adapted to the needs of their daily life and work, in specific context with the neighborhood or city. Notably, a couple of participants emphasized the potential benefits of an application that provides information in the user's first language to circumvent mistranslations and streamline the process of securing medical appointments.

- In addition, interviewees emphasized the need for platforms to connect with other migrants and the local community to facilitate social integration and applications that provide legal information on the rights of migrants in the country and tools to assist in obtaining and managing documents such as visas, work permits and residence cards. For instance, a young participant, aged 23, specifically leverages social media platforms such as Facebook and TikTok to gather information about social services in Madrid. She follows social organizations, community centers, and governmental services on Facebook for up-to-date information, and on TikTok, she engages with content creators who offer detailed guidance on navigating public services in the city.

Effects of COVID

The participants fall into two categories: 32 individuals (16 females and 16 males) who experienced the lockdown in Spain firsthand, and 16 individuals (8 females and 8 males) who arrived in the country post-lockdown and thus did not experience its direct effects.

The collected data reveal the profound impact of the COVID-19 pandemic on the lives of the respondents. A significant number of undocumented migrants, often employed in sectors like domestic service, construction, or agriculture—industries known for their vulnerability—suffered job losses and financial strain during the lockdown due to their ineligibility for governmental support.

The vast majority (93%) of respondents encountered obstacles when seeking healthcare during the lockdown, facing either overburdened medical facilities or a scarcity of appointments. Compounded by the absence of familial support and linguistic challenges, this period led to heightened social isolation and adversely affected the mental well-being of the migrants, a sentiment echoed by at least 15 interviewees. Conversely, a small fraction, 7%, reported that the lockdown period afforded them time for rest, financial savings, and family engagement.

Moreover, when it came to COVID-19 vaccinations and preventive measures, the majority expressed satisfaction with the vaccine's accessibility and the government's dissemination of information.

- An interviewee described the pandemic as a significant disruption to his life, yet acknowledged the effectiveness of Spain's stringent measures, including lockdowns, mandatory mask-wearing, and prompt vaccinations. He noted the widespread availability of information through various media channels. Having been vaccinated in Morocco before moving to Spain in August 2021, he mentioned experiencing delays in his Spanish residency regularization due to pandemic-related procedural backlogs.
- Another participant, a ten-year resident, recounted the pandemic's considerable impact on her family life, especially the increased burden of supporting her children's remote education while managing her professional responsibilities in a new work-from-home arrangement.
- An interviewee who has been living in Spain for 18 years explained that the pandemic had a detrimental effect on his mental health, citing personal connections to illness and the barrage of negative news. He highlighted a rise in depression and anxiety levels during this time, despite receiving tailored care from his physician and additional support from a private psychologist.
- An interviewee more recently arrived (3 years' residence) shared the psychological strain brought on by the lockdown, coupled with the economic challenges of being a self-employed individual forced to temporarily cease business operations. Nevertheless, he was able to access

government support for the self-employed, which provided some relief during this challenging period.

- Another individual, who had living in Spain for four years, recounted the familial solidarity during lockdown as they stayed with extended family members, which provided a sense of togetherness and activity. They successfully scheduled their initial COVID-19 vaccination via a health app, facilitated by clear television instructions. Unfortunately, a COVID-19 outbreak within the family prevented them from receiving the second dose as planned.
- Another participant who had also been in Spain for 3 years, faced significant challenges during the lockdown, including job loss and eviction. With shelters at full capacity, the couple resorted to staying with a friend. The scarcity of resources during this time meant subsisting on minimal food purchases, such as a single loaf of bread to sustain themselves.

Gender aspects

The interviews touched upon gender-related topics, albeit briefly due to limited detailed disclosures from the participants. Here are some representative stories:

- A participant who had been in the country for seven months reported that her gender had not posed any issues in her work as an escort, nor had it impeded her job search in this industry.
- Another individual, a six-year resident, contrasted her employment experiences in Spain with those in Paraguay, noting a stark difference in job opportunities for women. In her home country, opportunities were limited, often confined to the cleaning and domestic sectors. She recounted that her employment in Spain, within a household setting, was less demanding than her previous factory job in Paraguay.
- A newcomer to Spain, residing for six months and identifying as a member of the LGBTQ community, shared experiences of discrimination in their country of origin due to their sexual orientation, which has been a contributing factor in seeking asylum in Spain.

Hungary

Findings from Service Providers

Service Provider Sample

Between July 2022 and March 2023, a total of 14 interviews were conducted with healthcare providers, including 11 women and 4 men. These included doctors, nurses, health center directors and coordinators, and health access project managers who serve migrants in Budapest, Hungary.

The main objective of these interviews was to collect detailed information on how these entities offer their services to the migrant population, investigate the barriers that hinder immigrants' access to health services, their level of awareness of their social rights and their experiences in accessing basic services. This is intended to capture the social needs of immigrants, as well as best practices and gaps in public service delivery, with the intention to develop an intervention to improve access to health services.

The interviews were conducted using audio recordings with the prior consent of the interviewees and were subsequently transcribed to analyze in detail the information provided by each interviewee. The interviewees were contacted through face-to-face visits to health centers, associations, and NGOs, where the purpose of the project was explained, and their collaboration was obtained to provide information about their experiences in providing services to migrants in this city. In addition, some interviews were conducted through video calls, depending on the availability and flexibility of the interviewees' schedules.

The interviews provided insight into how health care providers in Budapest address the care and needs of the population in the city. Some of the key themes that emerged during the interviews include:

Services provided and work with NGOs and local authorities.

The interviews indicate a network of support aimed at improving access to health care for migrants and other vulnerable populations, such as the Roma community.

- One interviewee described their experience working with a local foundation in Ózd to provide healthcare services to the Roma population, demonstrating the localized efforts to address specific community health needs.
- Upon arrival in Hungary, migrants often receive immediate assistance from aid organizations. For instance, tents near major railway stations in Budapest were set up by various aid organizations, including those run by Jewish community aid groups, to offer help to newly arrived migrants.
- There is active collaboration between associations that support migrants and other organizations. Pregnant refugee women, for instance, are often referred to specialized associations that can provide the necessary health care. Additionally, collaborations have extended to joint applications with associations focused on addressing gender-based violence, indicating a multifaceted approach to migrant care that goes beyond immediate medical needs .
- The past efforts of health care providers who have worked with NGOs during the migrant crisis in 2015 show a history of collaboration during times of heightened need. This includes both direct health services and ancillary support, such as psychological care.
- Mental health services are provided in cooperation with victims' charities, which also employ psychiatrists. This shows a recognition of the psychological impact of migration and the need for mental health support integrated within the care provided to migrants.

- While there is an acknowledgment of the potential for increased collaboration with other charities, time constraints are often a limiting factor. Despite this, health care providers note that even limited collaborative efforts can be beneficial.
- Significant collaboration occurs with organizations like the International Medical Aid Foundation and NGOs specializing in psychological support. This includes providing a range of services to migrants and planning for group therapy sessions and workshops on trauma awareness, reflecting a comprehensive approach to care.
- Collaborative networks are utilized to arrange psychiatric appointments for migrants, emphasizing the role of partnerships in facilitating access to specialized care. The mention of an international medical aid foundation suggests that there is also cross-border support and resource sharing to assist migrants in Hungary.

The interviews reveal a robust framework of collaboration between health care providers, local foundations, international aid organizations, and NGOs, all working towards enhancing health care services for migrants. These partnerships help address the complex health needs of migrants, which often include navigating legal, social, and psychological challenges alongside the medical ones.

Digital aspects

The evolution of digital health has been a transformative force in modern healthcare delivery, offering unparalleled opportunities for innovation and access. However, this transformation is not without its challenges, especially when considering the diverse needs of a migrant population. Health care providers in Hungary have provided insight into the complexities of implementing digital health solutions for migrants who may not have consistent access to the necessary technology or who may lack digital literacy.

- The interviews highlighted the benefits of digital health. For migrants who may face transportation barriers or have scheduling conflicts due to work or family obligations, digital health offers a flexibility that traditional in-person visits cannot. Telemedicine can facilitate quick consultations, prescription renewals, and follow-ups that might not require physical examinations. Providers highlighted the efficiency gains from digital health platforms, which allow for better patient data management and more coordinated care.
- Despite these advantages, the interviews revealed that not all migrants could participate equally in the digital health revolution. Some lack access to devices or reliable internet connections, which are fundamental to telehealth services. Others may be unfamiliar with digital interfaces due to differences in technology adoption in their countries of origin or due to generational gaps in tech-savviness.
- Language barriers further complicate digital health for migrants. Health apps and platforms are often not available in languages other than Hungarian, which can exclude those who are not fluent. This limitation not only affects the ability to seek care but also affects understanding and following medical advice when it is delivered digitally.
- Privacy concerns were also noted, particularly among undocumented migrants wary of sharing personal information online. Health care providers reported that some migrants feared that their data could be used for immigration enforcement, making them reluctant to engage with digital health services.
- Health care providers suggested that education and support are critical to improving digital health engagement among migrants. Training sessions on how to use digital health tools, provided in multiple languages and perhaps facilitated by cultural mediators or community figures, could help to bridge the gap. Additionally, the development of multilingual platforms that are user-friendly and culturally sensitive was seen as a crucial step in making digital health more inclusive.

- The COVID-19 pandemic accelerated the adoption of digital health, making it a necessity rather than a luxury. This sudden shift left little time for a gradual introduction to these technologies for migrants. Health care providers had to quickly adapt to providing care remotely, while also considering the disparities in access and literacy among their patients. This period has underscored the need for a more proactive approach to digital inclusion in health care.

Digital health has the potential to revolutionize healthcare delivery for migrants in Hungary, but its promise can only be fulfilled if the digital divide is addressed. Providers recognize that for digital health to be truly effective, it must be accessible, inclusive, and sensitive to the unique challenges faced by the migrant population. There is a clear call for investment in infrastructure, education, and multilingual resources.

Medical education and training

The imperative of medical education and training in enhancing the quality of health care for migrants has been highlighted by all health care providers. These professionals stress that the dynamic nature of medical practice, particularly in a culturally diverse landscape, necessitates ongoing education and comprehensive training that extends beyond traditional clinical skills.

- Health care providers identified gaps in current medical training, particularly a lack of focus on the social and cultural aspects of health care. While medical curricula are rigorous in teaching the biological and physiological aspects of health, there is often insufficient emphasis on the cultural competence required to effectively treat a diverse patient population, including migrants.
- Cultural competence training is deemed essential for medical professionals to provide care that is respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients. Providers expressed a need for such training to be integrated into medical education at all levels, from undergraduate courses to continuing professional development.
- The diverse health needs of the migrant population also call for specialized training. For instance, health care providers reported encountering migrants with conditions that are less common in the native population. This includes tropical diseases or conditions related to stress and trauma from migration experiences. Therefore, medical training needs to include information on these conditions and on tailored treatment approaches.
- Communication barriers were frequently cited as a major challenge in providing care to migrants. Providers emphasized the importance of language training as part of medical education, suggesting that medical professionals should have at least basic proficiency in the languages most commonly spoken by the migrant populations they serve, or be trained in working effectively with interpreters.
- Given the complex needs of migrants, interdisciplinary training involving social workers, psychologists, and other support staff is crucial. Providers highlighted the benefits of collaborative training exercises that simulate real-world scenarios involving migrants, which can help medical professionals understand and navigate the multidisciplinary approach needed for effective treatment.
- Incorporating real-world experiences into training was also seen as beneficial. Providers suggested that internships or rotations in clinics that serve a large number of migrants could provide invaluable hands-on experience. Mentorship programs that pair less experienced doctors with seasoned professionals who have expertise in migrant health were also recommended.
- Medical training must also prioritize ethics and empathy, as providers noted the importance of treating migrants with the same dignity and respect afforded to any other patient. Training should reinforce the principle of equality in care provision and encourage reflection on the ethical dilemmas that may arise in the context of migrant health.

Health care providers in Hungary underline the need for a comprehensive overhaul of medical education and training to better serve the migrant population. This includes a stronger focus on cultural competence, language skills, specific health needs of migrants, and ethical considerations. As the migrant population continues to grow, the demand for health care providers who are not only clinically adept but also culturally attuned and communicative will only increase. By addressing these educational needs, the health care system can work towards eliminating disparities in care and ensuring that all patients, regardless of background, receive the highest standard of health care.

Challenges serving migrant patients

Cultural and Gender Sensitivity: Educational challenges

The educational challenges faced by the children of migrants in Hungary reflect a broader struggle to integrate into a new educational system while navigating language barriers, cultural differences, and often, the lingering trauma of displacement. The interviews with health care providers illuminated these challenges, which have been further complicated by the global COVID-19 pandemic.

- Language proficiency stands out as the most fundamental barrier to education for migrant children. Without the ability to understand and communicate effectively in Hungarian, these children are at a distinct disadvantage. This linguistic gap not only hinders their academic progress but also affects their social integration, leading to isolation and a sense of exclusion from the school community. Health care providers noted the psychological impact of this isolation, including increased anxiety and a lack of confidence, which can exacerbate the stress of adapting to a new country.
- Cultural differences in educational expectations and styles of learning also present significant challenges. Some migrant children come from educational backgrounds with different pedagogical approaches or from contexts where formal education may have been interrupted or inaccessible. This mismatch can lead to difficulties in adapting to the structured and often rigid Hungarian educational system, with some children struggling to keep up with their peers.
- The pandemic has magnified these educational challenges. School closures and the shift to online learning created an environment where migrant children, already at a disadvantage, found themselves further marginalized. Providers recounted how the lack of access to technology or reliable internet connections impeded migrant children's ability to participate in remote learning. Moreover, parents who were unfamiliar with digital tools or the Hungarian language were less able to assist their children with schoolwork, leading to significant learning gaps.
- The importance of educational support programs was a recurring theme in the interviews. Providers highlighted the need for tutoring, language classes, and integration programs designed to address the unique needs of migrant children. They called for schools to provide additional resources and for educators to receive training on cultural competence to better support these students. There was a consensus that a more inclusive and supportive educational environment could mitigate many of the challenges faced by migrant children.
- Health care providers also pointed to the mental health toll that educational challenges take on migrant children. The stress of trying to catch up academically, coupled with the pressure of adapting to a new cultural setting, can lead to mental health issues that further impair learning. Providers emphasized the need for schools to have mental health resources available for these children, ensuring that their psychological well-being is supported alongside their educational needs.

Health care providers have observed the direct impact of these challenges on children's health and well-being and underscore the need for targeted support systems. By addressing linguistic, cultural, and

technological barriers and prioritizing mental health, there is an opportunity to significantly improve the educational experiences and outcomes for migrant children in Hungary.

Barriers to care

The barriers to health care for migrants in Hungary, as identified by health care providers, are multifaceted and often interlinked, creating a complex web of challenges that can impede access to essential services.

- One of the most significant barriers identified is the language and communication gap. Migrants who are not fluent in Hungarian may struggle to convey their health concerns or understand medical advice, leading to misdiagnoses, inappropriate treatments, or a complete aversion to seeking medical help. Health care providers have observed that even when interpreters are available, nuances and subtleties of communication can be lost, which may affect the quality of care.
- Cultural barriers extend beyond language differences. Misunderstandings can arise from the lack of knowledge about cultural practices and beliefs regarding health, illness, and healing. Health care providers note that these misunderstandings can lead to mistrust and dissatisfaction with the health care system among migrants, which in turn can discourage them from utilizing health services.
- Another significant barrier is the complexity of the health care system itself. Migrants often lack the information or understanding required to navigate the Hungarian health care system, which can be daunting even for the native population. They may not know how to register for health insurance, where to find a primary care physician, or how to get referrals for specialized care. This is particularly challenging for undocumented migrants who fear that interacting with the health system could expose them to legal risks.
- Economic barriers are also prevalent. Migrants, especially those with uncertain legal status, may not have the financial means to pay for health services or health insurance. Social barriers, such as discrimination or stigma, can also deter migrants from seeking care. Providers have witnessed instances where migrants felt unwelcome or were treated with less empathy and respect than other patients.
- Administrative hurdles can be overwhelming, with complex paperwork and identification requirements posing significant obstacles. The lack of clear information about migrants' rights to health care services can lead to confusion and exclusion from necessary care.
- Health care providers also recognize psychological barriers, such as fear and anxiety about being treated in a foreign health care system. The stress of the migration experience, compounded by the challenges of adjusting to a new society, can exacerbate mental health issues, making it even more difficult for migrants to seek care.
- There is an evident lack of targeted information for migrants about health care services. Providers stressed the need for culturally sensitive health education and outreach programs to inform migrants about their rights, available services, and how to access care.

Health care providers advocate for a more inclusive and accessible health care system with better information dissemination, more interpreters and cultural mediators, and training for health care workers in cultural competence. By addressing these barriers, the health care system coumd provide better care for all, regardless of their origin or immigration status.

Recommendations by medical professionals

The health care providers in Hungary, through their first-hand experiences with the migrant population, have proffered several recommendations aimed at enhancing the health care services offered to migrants. These suggestions are not just piecemeal solutions but encompass systemic changes, targeted interventions, and broad policy reforms.

- A recurrent recommendation is the improvement of access to health-related information for migrants. Providers suggest that health care information should be available in multiple languages and distributed through channels commonly accessed by migrants. This could involve the use of social media, community centers, and religious institutions to disseminate information effectively.
- The need for increased cultural competency among health care workers is highlighted. This involves training programs that focus on understanding different cultural backgrounds, health beliefs, and communication styles. Providers believe that such training should be an ongoing process and integrated into the continuing education requirements for health professionals.
- The expansion of interpreter services and the use of cultural mediators is another crucial recommendation. These services not only aid in overcoming language barriers but also ensure that cultural nuances are appreciated and respected in the health care setting. Providers suggest that these services should be readily available and easily accessible within health care facilities.
- Improving access to health care for all migrants, regardless of their legal status, is a fundamental recommendation. This may involve policy changes that allow for the use of health services without the fear of legal repercussions. Some providers advocate for a return to a Universal Health Care system where health services are accessible to everyone based on need rather than legal or insurance status.
- Providers emphasize the importance of community outreach programs. These programs can be tailored to the needs of different migrant groups and may include health education workshops, screening programs, and health fairs. Outreach efforts should also focus on building relationships with migrant communities to foster trust and encourage the utilization of health services.
- While recognizing the potential of digital health to improve access and efficiency, providers recommend that technology be incorporated in a way that is inclusive. This could involve providing training for migrants on how to use digital health services and ensuring that digital platforms are user-friendly and available in multiple languages.
- Given the high incidence of mental health issues among migrants, stemming from the stress of migration and adjustment to a new society, providers call for increased mental health services. These services should be culturally sensitive and consider the unique experiences of migrants.
- Health care providers also see a role for themselves in advocacy, pushing for policy reforms that recognize the health rights of migrants. They suggest engaging with policymakers to create laws and regulations that are based on principles of equity and humanity.

The recommendations from health care providers underscore the need for a holistic approach to improve health care for migrants. These include practical steps like better information dissemination and increased interpreter services, as well as systemic changes like enhancing cultural competency and policy reforms.

Effects of COVID

The COVID-19 pandemic has had a profound impact on health care delivery globally, and Hungary has been no exception. Interviews with health care providers in Hungary have shed light on the unique challenges faced by the migrant population during this crisis and the strategies employed by health professionals to manage these challenges.

- During the pandemic, the health care system in Hungary, like many others, was pushed to its limits. Migrant populations encountered numerous obstacles in accessing health services, which were exacerbated by the pandemic. Language barriers, limited understanding of the health care system, and lack of access to digital platforms for information were significant impediments. Additionally, misinformation about COVID-19 and vaccination eligibility led to confusion and vaccine hesitancy among migrants.
- Health care providers noted that the onset of the pandemic caused a rapid pivot to remote consultations and telemedicine, which was unfamiliar territory for many migrants. While these measures were crucial in maintaining continuity of care and reducing the risk of virus transmission, they disproportionately disadvantaged those migrants with limited digital literacy or access to technology.
- The vaccination campaign presented particular difficulties. Migrants, especially those without legal residency or those new to the country, were uncertain about their eligibility for the vaccine. Providers recounted instances of misinformation spreading within migrant communities, leading to fear and reluctance to seek vaccination. To counter this, health care providers and local health authorities initiated targeted information campaigns, using translated materials and community outreach programs.
- Health care workers took on the role of educators, dispelling myths and providing clear, factual information about the importance of vaccination and the processes involved. Mobile vaccination units were deployed to reach those in isolated or densely populated migrant areas, and vaccination sites were set up in places frequented by migrants, such as community centers and places of worship.
- Providers quickly adapted to the new reality, with many reporting extended hours to accommodate the needs of their patients, including migrants. They had to balance the risks of in-person consultations with the need to provide essential care. As one provider put it, "We had to learn to deliver care in ways we never did before, and do it quickly."
- To ensure safety in clinics and hospitals, providers implemented rigorous sanitization protocols and reorganized physical spaces to allow for social distancing. In many cases, they also had to serve as contact tracers, adding another layer of responsibility to their roles.
- The mental health impact of the pandemic was a recurring theme in the interviews. Providers observed an increase in anxiety and depression symptoms among migrants, who were often isolated from their support networks and faced heightened economic and social insecurities. Health care providers highlighted the need for psychological support services and noted the challenge of providing such care remotely.
- Community organizations and non-governmental organizations (NGOs) played a vital role in supporting migrants during the pandemic. Health care providers often collaborated with these groups to facilitate access to health services. These organizations acted as a bridge, helping to overcome language barriers and providing culturally sensitive support.
- Interviewees emphasized the importance of being prepared for future crises and the need to integrate pandemic response planning with considerations for the unique needs of the migrant population.

The COVID-19 pandemic has highlighted the vulnerabilities of the migrant population in accessing health care and has underscored the importance of adaptable, culturally competent, and inclusive health care delivery systems. The experiences of health care providers during the pandemic can inform future strategies to ensure that health services are accessible to all members of society, including the most marginalized.

Between-group differences and Gender aspects

Health care providers in Hungary have offered detailed insights into the demographics and socio-economic profiles of the migrant population they serve. These insights offer information on the specific health care needs and potential barriers these individuals face in accessing services.

- The migrant population in Hungary is heterogeneous, originating from a variety of countries, including conflict zones and regions with economic challenges. Providers noted that many migrants are seeking refuge from war-torn areas, while others are economic migrants in search of better job opportunities. This diversity means that health care providers are not only dealing with a range of medical issues but also with the psychological impact of migration, which can be influenced by the reasons behind their move.
- The age and gender distribution within the migrant population affects health care needs and service utilization. Providers observed that younger migrants, particularly men, often delay seeking health care due to work commitments or a perceived lack of need, which can lead to more severe health issues in the long term. On the other hand, women, especially those of childbearing age, are more likely to seek health services, particularly maternal and child health services.
- The socio-economic status of migrants varies, with many facing financial hardship due to the costs associated with migration and the difficulty in finding stable, well-paying jobs. This can limit their ability to afford health care or health insurance, leading to a reliance on emergency services or charitable organizations for medical needs. Providers also noted that financial stress could exacerbate health issues, particularly mental health conditions.
- Educational levels among the migrant population can vary widely, with some having limited formal education while others hold advanced degrees. Health care providers pointed out that educational level often correlates with health literacy, which impacts a person's ability to understand health information and navigate the health care system.
- The legal status of migrants is a significant factor influencing their socio-economic profiles. Undocumented migrants face the most substantial barriers to accessing health care and are often afraid to seek services for fear of deportation. Even those with legal status may find themselves marginalized due to language barriers, unfamiliarity with the system, or discrimination.
- Employment is a critical aspect of migrants' socio-economic profiles. Many migrants work in low-skilled, labor-intensive jobs that may expose them to health risks, and they often lack job security and benefits, including health insurance. Housing conditions are also a concern, as migrants may live in overcrowded or substandard housing, which can affect their physical and mental health.
- The degree of cultural and social integration impacts migrants' socio-economic status and health outcomes. Those who have successfully integrated into Hungarian society tend to have better access to health care and higher socio-economic status. In contrast, those who remain isolated from mainstream society are more likely to face poverty and health disparities.

In conclusion, migrants in Hungary are not a monolithic group; they have varied backgrounds, each presenting unique challenges and needs in terms of health care. Health services in Hungary must be adaptable and sensitive to these differences to provide equitable and effective care to all migrants, considering their diverse origins, ages, genders, socio-economic statuses, educational levels, employment, housing conditions, and degrees of social integration.

Findings from Migrants

Description of migrant sample

Fieldwork was conducted in Hungary from November 2022 to April 2023, primarily in Budapest, with additional interviews in Mogyoród, Debrecen, and Gödöllő. A total of 40 interviews were conducted with migrants.

Of the interviewees, 24 were women and 15 were men, suggesting a sample that allows for an analysis of both shared and gender-specific experiences among migrants. The distribution across legal statuses was diverse, with 9 holding student visas, 8 with work residence permits, and 7 under temporary protection (TP). Additionally, there were 4 with refugee status, 3 under subsidiary protection, and smaller numbers with permanent resident permits, family reunification status, and job seeking visas.

The interviewees represented a wide geographic diversity, with the largest group from Ukraine (9), followed by Iran (6), and several other countries, including Pakistan, Morocco, Cuba, Algeria, Russia, Jordan, Palestine, China, Nepal, Uganda, Azerbaijan, India, Lebanon, Cameroon, Afghanistan, Somalia, Indonesia, Syria, and Mexico.

The primary objective of these interviews was to explore the barriers that hinder migrants' access to essential services in Hungary, their awareness of their social rights, and their experiences in accessing these services. The report aims to delve into the realities of migrants in Hungary, highlighting the challenges they face and potential avenues for improving their integration and quality of life within Hungarian society.

The selection of interviewees was made in collaboration with NGOs and associations that support migrants in Hungary. This partnership would ensure a diverse and representative sample while providing a level of comfort and confidentiality for the interviewees, who might have reservations about discussing sensitive information such as their legal status.

Knowledge about service access and perception of rights

In the collective experiences of migrants in Hungary, their understanding of service access and perceptions of rights is shaped by several intersecting factors.

- The primary challenge most migrants face is the language barrier, which acts as a gatekeeper to their rights and the spectrum of services available to them. For many, like the Ukrainian interviewees in HU_1_B and HU_4_B, the Hungarian language is not just a means of communication but a pivotal tool for integration and accessing rights that should be available to them by virtue of their residency or refugee status.
- The reliance on NGOs is a common thread across several interviews, illustrating a gap between the services the state provides and the needs of the migrant population. Organizations such as Utcáról Lakásba and EMMA play a crucial role in filling this gap, signaling a reliance on civil society to compensate for what is perceived as a lack of government support. The narrative of HU_7_B exemplifies the reliance on digital platforms and social networks in securing employment and housing, reflecting a grassroots approach to overcoming systemic barriers.
- The experiences of Ukrainian migrants paint a picture of a group that finds itself negotiating a delicate balance between relying on supportive networks within their own community and reaching out to broader services. The role of personal connections cannot be overstated, as these often become the lifeline for many migrants in securing housing and employment, as seen in the stories of HU_4_B and HU_7_B.
- The perception of rights among migrants is often colored by their experiences of discrimination and the attitudes of service providers and landlords, as described by HU_3_B and HU_5_B.

The challenges faced by these migrants are not just administrative but also deeply social, as they navigate a society that sometimes exhibits hostile attitudes towards foreigners, which can make the assertion of their rights an uphill battle.

- Furthermore, migrants' perception of their rights is also influenced by their experiences with the healthcare system. Positive interactions with English-speaking doctors, as mentioned by HU_5_B, can lead to a better understanding and appreciation of the rights available to them, while negative experiences, such as those involving language discrimination highlighted in HU_6_B's account, can foster a sense of alienation and injustice.
- Digital literacy emerges as a double-edged sword in these narratives. On the one hand, it is a critical tool for independence and accessing services, as depicted in the experiences of HU_5_B and HU_8_B. On the other hand, it presents its own set of challenges, as digital services are often not available in languages other than Hungarian, creating a digital divide that mirrors the linguistic divide, complicating migrants' full exercise of their rights.

The interviews collectively underscore a nuanced understanding of rights among migrants that is not static but continually shaped by their daily interactions with the Hungarian state, society, and the resources they can mobilize. These interactions range from institutional engagement to informal networks, highlighting a spectrum of strategies employed by migrants to navigate a complex and often unforgiving landscape of service access in Hungary.

Challenges in accessing health services

The challenges in accessing services among migrants in Hungary, as depicted in the interviews, present an intricate network of systemic, social, and individual barriers that impede the full utilization of available services.

- As before, the language barrier is a significant hurdle, with migrants expressing that without proficiency in Hungarian, they are often excluded from fully understanding their rights and the services available to them. The interviewee from HU_1_B, for example, faces language difficulties that render some services inaccessible, a sentiment echoed in HU_4_B's narrative, where language difficulties also complicate the alignment of job schedules with childcare needs.
- Discrimination and xenophobia are recurrent themes in these narratives. HU_9_B, a Syrian permanent resident, discusses the challenges in the labor market due to language barriers and the complexities of legal processes for family reunification. Moreover, the interviewee in HU_11_B, from Cameroon, encounters racial discrimination, affecting her ability to access healthcare services and her daughter's schooling.
- Financial pressures and the high cost of living are particularly acute for students and single parents. HU_2_B's account sheds light on the difficulties with banking services and transportation, while HU_3_B, a single mother, struggles with finding housing due to landlords' prejudices.
- Bureaucratic complexities are emphasized in HU_6_B's experience, where navigating employment opportunities and understanding healthcare services becomes a labyrinthine task due to the bureaucratic system's intricacies. This complexity is also highlighted in HU_10_B's account, as he faces employment barriers, especially given his lack of Hungarian language skills.
- Digital literacy is indispensable in today's interconnected world, yet not all migrants have equal access to or proficiency in digital services. HU_8_B, a Ukrainian graphic designer, utilizes digital literacy to her advantage, whereas HU_5_B relies on Google Translate for healthcare communication, indicating a reliance on digital tools to bridge language gaps.

- Transportation issues are detailed in HU_2_B's experience, where commuting from the shelter to work posed a significant challenge. This logistical hurdle can be an overlooked but substantial barrier to service access.
- The COVID-19 pandemic has introduced new challenges, as noted by HU_3_B, where the closure of facilities and services due to restrictions has impacted the ability to receive comprehensive healthcare and educational support.

The interviews collectively highlight the multifaceted nature of the barriers faced by migrants in accessing services in Hungary. Language proficiency emerges as a central theme, with its absence serving as a gatekeeper to integration and service utilization. Financial constraints, discriminatory practices, and bureaucratic hurdles further complicate the landscape, necessitating a multifarious approach to support migrants in overcoming these obstacles.

Digitized services: Attitudes, skills, and infrastructure

The analysis of interviews presents a comprehensive view of the migrant experience in Hungary, emphasizing the significant role of digital, technological, and social networking in accessing services and rights.

- Digital and technological tools have become indispensable for migrants seeking to navigate the complex landscape of services in Hungary. Online platforms are frequently mentioned as crucial for securing housing, with migrants using websites and social media groups to find accommodation, as seen in HU_8_B's experience. Social networking extends beyond mere socializing to become a lifeline for essential information and support, as depicted in HU_7_B's narrative, where community groups on social media provide invaluable guidance.
- The job search is another area where digital platforms are pivotal. Migrants like HU_10_B utilize online job boards to find work, underscoring the importance of digital literacy in the modern labor market. However, the challenges of digital access are evident, as some migrants face hurdles due to limited language options on Hungarian websites and services, which can impede job searches and understanding of legal rights, as indicated in HU_12_M's and HU_16_B's accounts.
- Healthcare access has also been transformed by digital tools. Several interviewees, including HU_11_B and HU_15_B, mention using digital services to book medical appointments and access health information, although they also face challenges when these platforms are not available in accessible languages.
- COVID-19 has intensified the reliance on digital platforms, with migrants like HU_13_B turning to online resources for information on health regulations and vaccine access. The pandemic has highlighted the digital divide; those with strong digital skills and access can navigate the new normal more effectively, as seen in the proactive approach of HU_17_B.
- Education is another sector where digital literacy is crucial. Migrants on scholarships, such as in HU_12_M, depend on digital resources for their studies, a dependence that grew during the pandemic when education systems shifted online.
- However, digital access is not without its challenges. Migrants have expressed frustrations with digital banking services and bureaucratic online systems, like in HU_18_B's account. Moreover, there are concerns about privacy and security when dealing with sensitive information online, which can be daunting for migrants unfamiliar with the digital landscape of their host country.

The interviews paint a picture of a migrant community that is increasingly reliant on digital, technological, and social networking tools to access essential services and exercise their rights in Hungary. While these tools offer new opportunities for integration and independence, they also present

new challenges, especially for those who may not have the necessary digital literacy or language proficiency.

Effects of COVID

The COVID-19 pandemic has significantly impacted the experiences of migrants in Hungary. The effects of the pandemic are multifaceted, influencing access to services, healthcare, employment opportunities, and social networks.

- One of the most immediate effects of the pandemic was the heightened reliance on digital platforms for a myriad of services. Migrants, such as those in HU_12_M and HU_13_B, turned to online resources for educational purposes when institutions shifted to remote learning. The need for digital literacy became more pronounced, as even basic services and information about the pandemic were often only accessible online.
- Healthcare access during the pandemic was a significant concern. Interviewees like HU_15_B and HU_19_B reported mixed experiences with healthcare services, with some facing long wait times and others noting the efficiency of the system. The pandemic also introduced new layers of complexity for migrants needing to understand and navigate healthcare services, as described in HU_22_B and HU_24_B.
- Employment was also affected, as seen in HU_10_B and HU_21_B, where job security became uncertain, and some migrants had to adapt to remote working conditions. The economic fallout from the pandemic led to financial instability for many migrants, particularly affecting those in casual or service industry roles, such as the interviewee in HU_25_B.
- The closure of facilities and services due to COVID-19 restrictions impacted practical training opportunities and accessibility of in-person services, as mentioned in HU_28_B and HU_29_B. Migrants who were already facing language barriers and bureaucratic challenges found these difficulties exacerbated by the pandemic.
- Social networking took on a new level of importance during the pandemic, serving as a crucial support system. As social distancing measures limited physical gatherings, migrants like those in HU_30_B and HU_32_B used social media and other online platforms to stay connected with their communities and access peer support.
- Transportation challenges, particularly during lockdowns, were also highlighted by migrants such as in HU_33_B, who discussed the impact on their daily commutes and ability to access services.
- The interviews such as HU_37_B and HU_38_B, reflect ongoing concerns as the pandemic continued, with migrants discussing the long-term implications of COVID-19 on their residency status, financial stability, and mental health.
- Furthermore, the vaccination process became a focal point in the discussions, with experiences ranging from systematic and efficient to confusion and mistrust, as evidenced in HU_34_B and HU_36_B's accounts.

The collective experiences from the migrants underscore the pandemic's profound impact on migrants' lives in Hungary. The necessity of navigating new regulations, adapting to remote services, and the increased importance of digital connectivity became common themes across the narratives. While the pandemic brought about shared challenges, it also highlighted the disparities in access and support for the migrant community. The resilience and adaptability of migrants were tested, with many relying on their ingenuity and community networks to overcome the obstacles presented by the global health crisis.

Gender aspects

The gender aspects of the migrant experience in Hungary, as reflected across the interviews, reveal the challenges and nuances specific to women and, in some cases, influenced by family dynamics.

- Several female interviewees reported facing compounded difficulties in accessing services and asserting their rights. Women, particularly single mothers like those in HU_3_B and HU_21_B, often found themselves at a disadvantage in the housing market, with landlords exhibiting reluctance to rent to them due to concerns about their ability to pay. This challenge is not unique to single mothers; it reflects broader gender biases that can affect women's access to stable housing.
- Employment barriers were also gendered, with women facing hurdles not only due to language and legal status, as seen in HU_2_B's experience working in IKEA, but also in negotiating work that accommodates childcare responsibilities, as indicated in HU_4_B. The employment challenges were often intertwined with gender expectations and prejudices, making it harder for women to secure jobs that matched their qualifications or offered career progression.
- Healthcare experiences varied among female migrants, with some, such as HU_5_B, expressing satisfaction with the care received, while others faced obstacles in communication due to language barriers and cultural misunderstandings. Women also reported a lack of comprehensive information tailored to their specific health needs.
- The interviews also shed light on the intersectionality of gender and other identities. HU_11_B, a Cameroonian refugee, experienced challenges compounded by her race and gender, affecting her social integration and access to services. Similar intersectional challenges were reported by HU_29_B, an Ugandan student, who faced cultural and religious barriers in addition to gendered challenges.
- Digital platforms played a significant role in women's ability to access services, with many relying on these tools for healthcare, housing, and employment, as illustrated in the experiences of HU_17_B and HU_25_B. However, the digital divide also had gendered implications, as not all women had equal access to or proficiency with these technologies.
- The COVID-19 pandemic further highlighted gender disparities, with women often bearing the brunt of childcare and domestic responsibilities when schools and childcare facilities closed. The pandemic's impact on gender roles and responsibilities was evident in interviews throughout the dataset, including HU_30_B and HU_35_B, where female migrants discussed the challenges of balancing work, education, and family life during lockdowns.
- Moreover, gender-based discrimination and harassment were concerns for some migrants. Women wearing religious attire, such as a hijab, reported feeling discriminated against in public spaces and when accessing services, as mentioned in HU_28_B and HU_39_B.

The narratives throughout the interviews emphasize that while migrants in Hungary face a range of challenges, gender often plays a critical role in shaping their experiences. Women encounter specific barriers that are influenced by societal attitudes towards gender, family status, race, and religion. These factors can limit their access to services, employment opportunities, and the exercise of their rights within Hungarian society.

Belgium

Findings from Service Providers

Service Provider Sample

In total, 12 healthcare professionals were interviewed in Belgium, all concentrated in the city of Brussels. Half (6) occupied coordination or management roles, while the other half (6) consisted of doctors, social workers, psychologists, psychotherapists, and socio-legal advisors. The sample has a larger number of female workers (8) than male (4), representing a greater proportion of women in the relevant professions, and especially in organizations providing services to migrants. The interviews were conducted remotely, mostly in French (9) with a few in English (3). The interviewees were affiliated with organizations spanning global, European, national, and local NGOs and non-profit organizations.

Services provided and work with NGOs and local authorities.

The services provided to migrants in Belgium involve a large network of NGOs, government agencies, and other organizations, each contributing in unique ways to assist this population. The range of services offered and the collaborations between different entities offer a multifaceted support system. Brussels, in particular, carries a large share of aid to migrants, notably due to the presence in the city of an immigration center and arrivals center. The city consequently holds a large focus for NGOs that support migrant populations.

Central to service provision to migrants is the Hub Humanitaire (or 'Hub'), which opened following the migration crisis of 2015. The Hub concentrates the participation of five organizations, including for example, Médecins du Monde (MDM), the Red Cross, and Médecins Sans Frontières (MSF). In practice, it offers a day center that is open daily. Through this, it provides a wide range of services, including medical care (physical and mental), support of unaccompanied minors, family reunification, access to showers and toilets, food distribution, cloth distribution, hygiene product distribution, as well as social, administrative, and legal guidance. This integrated approach leverages multiple NGOs, and their unique specializations within the Belgian context, and in doing so helps in addressing the varied and complex needs of migrants. Originally, the Hub aimed to serve migrants with minimal access to rights, and particularly those in transit to Belgium that did not apply for asylum or international protection, and so required basic assistance. However, it now serves 104 nationalities, especially migrants from Eritrea, Afghanistan, Burundi, and Ethiopia. These demographics evolve annually depending on global migration patterns. The Hub is a central means by which migrants are able to access care and, also, be directed to the services of other NGOs.

Médecins Sans Frontières (MSF, Doctors Without Borders) Belgium is a prominent player in providing healthcare services to migrants in Belgium, and especially mental care. Their international brand name and presence in migrants' countries of origin as well as multiple European countries along their journey makes them well recognized by migrants. They are proactive in reaching migrants but also reach migrants through other initiatives, and notably through the Hub Humanitaire. Their services originally focused on migrants in transit to the United Kingdom but has now also adapted to asylum seekers excluded due the reception crisis in Belgium, with an interviewee reporting 2,500 consultations in a span of 3 months. Because of the reception crisis, they ran a temporary clinic in 2022 in front of the arrival centers. MSF also ran a vaccination campaign, serving 450 migrants with vaccination against diphtheria, tetanus, and other diseases. This approach not only addresses immediate health concerns but also facilitates migrants' long-term access to healthcare. MSF works closely also with Médecins du Monde (MDM, Doctors of the World), which itself manages multiple projects in Brussels.

The distribution of service areas among NGOs is well-coordinated, ensuring comprehensive support for migrants. Médecins Sans Frontières (MSF) notably provides psychological support, particularly through outreach projects. A key development in their services is the increasing availability of intercultural mediators. These professionals not only facilitate communication between service providers and migrants but are also trained to identify instances of sexual and gender-based violence, making them a crucial component of the healthcare system for migrants. Similarly, the Red Cross plays a significant role by operating emergency shelters and a clinic designed for migrants with limited access to healthcare. This clinic offers a range of services including medical and specialist consultations, psychological support, and dental care, addressing a broad spectrum of health needs. Likewise, SAMU Social has emerged as a leader in caring for unaccompanied minors, providing vital support to this vulnerable group. Additionally, their work extends to assisting the broader homeless population, including migrants, underscoring their essential role in the community.

Globally, the landscape of migrant healthcare in Brussels is rich with diverse organizations. Specialized clinics and organizations cater to specific needs, such as those for HIV+ individuals and tuberculosis patients (like FARES), although they are not exclusively focused on migrants. For migrants without insurance, there is a Refugee Medical Point offering necessary medical care. The Citizen Platform, initially a grassroots initiative known as Belgian Refugees, has evolved significantly since its inception in 2015. What began as a citizen-driven effort to offer homes and beds to migrants has grown into a substantial organization with a robust employee base, yet it retains its strong citizen network for providing migrant shelter. Medical institutions like the Sainte-Pierre Hospital (often referred to as the Hospital of the Poor) which is known for accepting migrants (and the costs associated with their treatment) when other hospitals may turn these individuals away. In sum, this diverse array of organizations and institutions, each with its unique focus and expertise, forms a cohesive network that significantly enhances the healthcare landscape for migrants in Brussels.

Digital aspects

Digital tools are largely used to bridge linguistic divides. Younger doctors in particular are adapting to the linguistic diversity of patients by employing mobile translation apps, such as Google Translate. However, some interviewees pointed to the need for more personalized and accurate translation solutions. Numerous interviewees also noted the centrality of WhatsApp for communication with migrant populations. MSF staff, for example, note relying on traditional dissemination channels - brochures, information leaflets, and posters to share information about services like vaccination – but complimenting this with WhatsApp to communicate with migrants directly – such as for appointment information and prescription requests. This indicates an awareness of the app's widespread adoption and ease of use among these populations – notably as it allows for instant messaging and can help overcome language barriers, although it relies on the availability of internet access, mobile phones, and digital knowhow, on the side of the migrant, as well as extended flexibility and additional time, on the side of the service provider.

The increasing requirement for migrants to complete forms and questionnaires online adds to the existing barriers they face, such as language proficiency and unfamiliarity with digital platforms. This shift was accelerated during the COVID-19 pandemic. Some NGOs have started to offer digital literacy workshops and assistance with mobile technology as a proactive step towards integrating migrants into these digital processes. The Hub, which does not currently offer digital services, is actively considering putting digital literacy training in place.

Medical education and training

In the realm of medical education, there is a call for incorporating cultural sensitivity training into the curriculum. This need was exemplified by reports of staff seeking additional training in cultural

sensitivity, highlighting its absence in formal education. Legal and emotional training, as well as cultural sensitivity training, are being provided to staff in organizations serving migrants. This training is crucial for healthcare providers to understand and address the unique challenges faced by migrants and those from diverse cultural backgrounds. Training related to FGM and recognizing trafficking also exists but interviewees say needs development and integration within formal training frameworks. Médecins du Monde provides training on legal procedures related to migrant healthcare, enhancing their staff's ability to navigate the complex legal landscape surrounding migrant health. Additionally, there is a need for more specialized training for staff based on legal status, especially when dealing with migrants who are still in transit – a group that predominates among the Belgian precarious migrant population. MDM has, for example, deployed training in three medical centers, focusing currently on 20 general practitioners. This has an additional benefit of reducing pressure on NGO services.

Notable attention has been given to the training of intercultural mediators and social translators, indicating a growing recognition of the importance of bridging cultural and language gaps in healthcare. These roles have now become well-established, reflecting an understanding that effective communication is crucial in providing care to diverse migrant populations. Indeed, valuable insights about the specific needs of migrants is gained through a combination of practical experience and formal training in rights and cultural awareness. MSF, for example, is now providing such training to cultural mediators, including identifying victims of sexual violence and gender-based violence, and on approaching mental health in migration. This specialized training is critical in handling complex and sensitive cases, especially pertaining to mental health.

Finally, some interviewees suggested facilitating access to medical studies for young newcomers and easing the process of recognizing foreign medical diplomas. Such initiatives could diversify the medical workforce – in effect including migrants among healthcare workers, generating co-ethnic concordance and more culturally sensitive healthcare options for new migrants, although there is a need to ensure equivalency.

Challenges serving migrant patients

Interviewees identified a range of challenges in providing services to migrants, largely stemming from a complex and sometimes hostile administrative and political system. The asylum process is described as being complex, with variable processing times based on the country of origin, leading to service access disparities. The Belgian government has faced criticism and legal action for not providing adequate asylum support, signaling systemic shortcomings in addressing migrant needs. This government hostility is perceived by the interviewees as extending to NGOs. For example, Médecins du Monde (MDM) reported that their recommendations to the government had been ignored and that their staff had been rebuffed. One interviewee characterized a refusal by the Belgian government to integrate migrants while preferring to repel them. Most interviewees noted that, at the very least, contrary to local government, the Belgian government does not appear to care for the plight of migrants that are locally present. One interviewee, who also noted that an NGO coordinator had been harassed by authorities, described the state violence:

> “It's what we call institutional violence; it’s not only police violence, but also the way the authorities respond to the situation. Just to give you an example, there were squats; they expelled the people, and just after they drilled holes in the roof to make sure that it will rain inside the building, to render it unsustainable for migrants, if they might get the idea to go back.” (BG_1_B)

The more general public and political climate was seen as unfavorable to migrants, mirroring a perceived hardening across the EU. This public fatigue is attributed to the persistent media portrayal of migration in a negative light. Interviewees perceived a lack of positive discourse on migration, with little discussion on regular migration or the development of safe, legal pathways for migrants.

Most of the interviewees discussed a worsening "reception crisis" in the Belgium asylum system. In addition to this, Fedasil refuses irregular migrants seeking assistance, and refers them to NGOs. One interviewee stated that they believe that the Belgian government had a deliberate policy of exhausting NGO resources instead of the state's and keeping migrants in survival mode so as to deter future migrants:

> "They [the Belgian Government] believe that the NGOs can cover the gap that they left, which is, if I can add, absolutely absurd because the means we have, whether financial or human resources, are not comparable to those of the state. It seems really that there is… a deliberate policy to create the marginalization in order to deter people from coming to Belgium." (BG_2_B)

Mental health is a major challenge for migrants, and especially those who continue to reach the UK from Belgium, and so are not in a state to address mental health. Migrants often face trauma from their country of origin, as well as their voyage; and multiple interviewees depicted the reception conditions in Belgian as inflicting new trauma on these migrants. Contrary to public health, which gained mass funding during the COVID pandemic, mental health is described as being less visible and less likely to be funded. Staff reported that migrants expected help that they did not receive, and that the staff themselves were fatigued by the scale of the reception crisis and perceived violence from institutions.

The mainstream medical system was described differently as functioning well or, conversely, as being saturated. One interviewee noted that there is a lack of primary care physicians (PCPs). Registering for emergency aid (AMU) was seen as cumbersome, especially without papers (despite being open to irregular migrants) or stable housing (those housing migrants may not want their address used for AMU), and overly demanding for doctors. In addition, the process differs by municipality, and smaller municipalities have less exposure. A significant portion of migrants lack understanding of the Belgian healthcare system, including the benefits of having a PCP. By the estimates of one interviewee, this gap in knowledge results in approximately 25-30% of migrants bypassing primary care and directly utilizing emergency services.

For non-urgent care, interviewees report that hospitals will check legal status and then turn away irregular migrants. This is in part because hospitals may then assume the costs of treating uninsured patients. This places an additional burden on NGOs, who must perform advocacy for individual migrants among healthcare institutions and maintain personal contacts with welcoming hospitals. Irregular migrants find it extremely difficult to access specialized services, particularly in areas like women's health and gynecology. Frequent changes in residence across municipalities can further complicate access to medical care.

Migrants also face multiple levels of discrimination which complicates their access to the mainstream health system. Language barriers and poor housing conditions present significant hurdles. Migrants' reluctance to seek mental health care due to cultural stigmas adds to the challenge.

Recommendations by medical professionals

In addressing the challenges faced by migrants in Belgium, the interviewees provided numerous recommendations. A critical area highlighted is the need for improved education on preventive healthcare. Given the scant attention this aspect currently receives, there's a pressing need for organizations to facilitate access and explain the importance of preventive measures, especially to newly arrived migrants who often struggle to navigate the Belgian healthcare system and postpone medical care. Especially for undocumented migrants who are not covered by insurance, access to general medical care could help avert the need for more costly and substantial medical interventions later.

Language and cultural barriers present significant hurdles. To bridge this gap, investing in intercultural mediators and social translators is crucial. Likewise, social accompaniment, involving individuals

knowledgeable in bureaucratic rules and adept at navigating institutional procedures, is seen as a vital component in improving access to healthcare. This approach would not only aid in communication but also foster a better understanding between migrants and service providers. Another recommendation is to focus on the elderly migrant population, who often face financial struggles due to lower pensions from informal work. The training of staff and sensitivity in handling migrant issues was also suggested. Recognizing and addressing everyday discrimination is essential, along with ensuring that healthcare services are accessible to all, regardless of legal status. The interviewees also called for an increase in financial resources to hire more staff among NGOs. It's essential that social service professionals possess motivation, cultural curiosity, and self-awareness to assist migrants effectively, which can be reinforced through training.

Innovatively, training sessions led by migrants themselves are proposed to provide insights into their experiences and needs. This approach could lead to more empathetic and tailored services. Furthermore, there's a call for more comprehensive support and follow-up for migrants, beyond the initial reception and accommodation, which is often hampered by time constraints and resource limitations. Making information available in multiple languages online is also recommended to improve accessibility. Training should focus on the principles of non-discrimination based on various social markers, including ethnicity, nationality, gender, sexual orientation, and political belonging.

Streamlining access to basic medical care for all migrants, with an emphasis on prioritizing mental health, is crucial. This involves harmonizing practices across different systems and centers to reduce confusion and facilitate easier access to services. More generally, a significant structural recommendation is to standardize procedures and paperwork across Brussels and other towns to simplify processes for migrants, especially concerning the AMU. Finally, there is a strong call for the Belgian government to adhere to international obligations and provide adequate services to migrants. This extends to providing a more inclusive approach that accounts for the needs of migrants already in Belgian cities, as noted in particular by NGO recommendations to government.

Effects of COVID

The COVID-19 pandemic had disproportionate effects on migrants and service provision to migrants. Migrants faced large mental health burdens, at a time when the general population also saw an increase in mental health issues. This filled newly opened mental health centers, which offered lower cost access to therapy, in effect excluding large portions of migrants from these centers. Migrant mobility was immediately affected, as migrants were no longer able to proceed on their migration journey. In the context of mandatory confinement, there were reports of homeless migrants being chased by police from the parks and informal settlements. As one interviewee noted:

> “It was tricky because they had to leave the streets but had no place to go… they were chased from one place to another, and moved, and evicted. Informal camps were not tolerated. Yeah. It got really bad in some forms of institutional and police violence towards migrants” (BG_2_B)

While interviewees reported that there were no changes in government service eligibility during the pandemic, the process for migrants to obtain Emergency Medical Aid (AMU) was expedited due to a shift to internet-based operations and remote working. This approach allowed for quicker delivery of necessary papers via email, bypassing the usual long queues at municipalities. The government temporarily relaxed the requirement for social research to verify medical assistance needs, entrusting organizations like MDM to complete paperwork for migrants. This measure was necessary as face-to-face interactions were halted, and migrants could not process their requests without the assistance of an affiliated organization.

NGOs reported increasing or, indeed, starting outreach activities during the pandemic, especially as informal migrant housing became less visible during this time. At the same time, emergency shelters

were put into place, in the goal of limiting movement and the spread of the pandemic. Likewise, the Day Center of the Hub came to be during COVID. That is, food distribution by organizations and citizen volunteers was seen as causing unwanted concentrations of people during the pandemic, and so the Red Cross was incited by the government to coordinate food distribution, originally next to the Hub building, and from there it moved into a day center.

Between-group differences and Gender aspects

The experience of migrants is deeply intertwined with gender-specific challenges. Women, particularly those facing gender-based violence, confront discrimination rooted in both their origin and gender. This issue is especially pronounced among older women migrants, many of whom have toiled in informal sectors, leading to insufficient pensions and financial struggles. Access to healthcare poses a significant hurdle for these women, with specialized services like gynecology being notably hard to reach, especially for those in irregular situations. Collaborative projects, such as those with Prevención Sida, address in part the sexual health of migrant women, addressing unique health needs. Discrimination in housing affects single women with children, veiled women, and African women. Despite these challenges, specialized services are available for women, including those who have undergone Female Genital Mutilation (FGM) and mothers, reflecting efforts to cater to their specific needs. Interestingly, in many migrant families, women often take charge of administrative tasks and are more proficient in the French language, playing a crucial role in accessing social services.

On the other hand, migrant men and boys in Belgium face their own set of challenges. Single men, particularly those not proficient in local languages, encounter significant barriers in securing housing. Young men arriving alone often perceive a sense of societal antagonism, complicating their integration process. In service provision, there's a noticeable trend of seeing more boys than girls, suggesting gender disparities in service utilization. Single men often face the brunt of discrimination in government housing, usually being the last to receive such support. A notable gap in services is the lack of specific programs for male migrants, indicating an unmet need for gender-specific support. A majority of men frequent day centers like the Hub, highlighting a gender imbalance in NGO service usage. Young adult men also suffer from severe forms of violence, including torture and sexual abuse, underscoring the need for adequate protection and support. Médecins Sans Frontières reports serving mostly men, as women and children are more likely to access state-provided shelter. However, men often struggle with state shelter due to limited space and end up on long waiting lists, revealing a disparity in state support based on gender.

Findings from Migrants

Description of migrant sample

The migrants interviewed for this study consisted of 41 migrants from a variety of countries, predominantly from Latin and Central Asia, reflecting the global nature of migration patterns. Most of the respondents (39) resided in Brussels, while the remainder resided in Liège (2). The gender distribution of the sample was balanced, with 21 male participants and 20 females. Legal status varied among the interviewees, with a nearly equal split between those with regular legal status (18) and those with irregular status (22). The interviewees had been in Belgium for varied amounts of time, with the newest arrival living in Belgium for 2 months and the earliest for 24 years. Interviews were conducted in English, French, and Spanish.

Knowledge about service access and perception of rights

The experiences of the interviewed migrants in accessing health and social services offer a detailed and multifaceted picture of access to rights that is strongly delineated by legal status. Asylum seekers often

access basic healthcare services through asylum centers, where medical staff provide primary care and vaccination services. These centers are viewed as crucial, especially for new arrivals in the asylum process. In some cases, asylum centers directly refer migrants to hospitals for specialized medical treatments. The migrants with legal status, including those awaiting asylum decisions, indicated the centrality of the 'Orange Card' – which provides evidence of legal status and is obtained after requesting asylum. Other migrants reported having private healthcare (a 'mutuelle') to cover additional costs with some out-of-pocket costs still remaining uncovered. Overall, migrants in our sample accessed a broad spectrum of medical services, ranging from routine care by general practitioners to specialized services such as dental, gynecology, and cardiology.

CPAS (Public Center for Social Welfare) provides Medical Cards to particularly vulnerable migrants, such as those undocumented or in precarious legal situations. These cards enable free or subsidized healthcare access, acting as a critical support for these individuals, and can be reassuring for migrants in precarious situations. For example, one interviewee noted that after a kidney infection, she learned from a social worker that her health was a priority over her legal status, which allowed her to receive medical care. She notes that she was also required to renew her health assistance every three months by providing a stable address, a copy of her passport, and a handwritten letter from the person hosting her. Among other interviewees in our sample, some undocumented migrants have been able to receive prenatal care and hospital delivery services through this support. Moreover, emergency services in Belgium was understood to offer immediate care by our sample without the need for extensive documentation.

Challenges in accessing health services

The interview findings highlight a complex array of challenges faced by migrants in Belgium when accessing healthcare services, underlining the multifaceted nature of these barriers. Legal status plays a critical role in healthcare access. Migrants with temporary statuses often face uncertainty in accessing healthcare. The expiration or denial of such documents can lead to a sudden loss of access to medical services. Undocumented migrants, in particular, face significant hurdles, as lack of proper documentation severely restricts their ability to enroll in health insurance plans or access subsidized healthcare.

Relatidly, these migrants often bear the full cost of specialized medical services upfront, with only partial reimbursements available through insurance. This financial burden is exacerbated by the challenges in opening bank accounts, a process complicated by migrants' residency status and the banks' reluctance to serve temporary residents. This has downstream effects on job income, ability to pay for services, and on sense of belonging:

> "We have no rights to anything. That's why I say that we do not exist… so people pay us in cash." (BG_1_B)

These burdens can be heavy, such as one interviewee who had to pay nearly seven thousand euros for childbirth due to the lack of insurance coverage at the time of service. Irregular status itself can then dissuade access, as one interviewee shared:

> "I don't know, what if I show up at the doctor's office, and suddenly he tells me, sorry, I can't treat you because you are illegal" (BG_15_B)

Navigating the healthcare system involves dealing with a range of administrative complexities. The lack of information and guidance for migrants upon arrival can lead to difficulties in understanding and accessing their rights and services. The process of renewing medical cards and understanding the different rules across various communes presents a significant challenge. The variability in the provision of urgent medical aid and a lack of clarity in healthcare entitlements further complicates access for migrants. Although social assistants are provided, notably for those migrants that interface

with Fedasil, it was noted that the quality of these assistants vary. The use of support staff conversely added a layer of pressure, as well as additional stress for migrants who were concerned about their words being incorrectly communicated:

> "There is the one who asks questions, then there is the translator, and then there is another person taking notes. There are like three people there. I mean… [there is] the pressure one has there not to make a mistake." (BG_12_B)

Cultural barriers and discrimination based on appearance or nationality can negatively impact migrants' experiences in the healthcare system. Instances of being 'labeled' for not appearing European, or experiencing perceived unequal treatment can create a hostile environment, discouraging migrants from seeking medical care. For instance, interviewees have reported feeling discriminated against based on their physical appearance or origin. Language gaps add significant difficulty to both a sense of belonging and the ability to access healthcare. One interviewee considered this to be a larger barrier to healthcare than not having documents. This can complicate awareness of the process and options available. For example, one interviewee noted being unaware that they did not have to pay their medical bill in full:

> "when you don't know French, when you're a foreigner, when no one tells you, you're not always aware that you have the right to split it and pay in installments" (BG_14_B)

Housing is linked to health, and also presents challenges for the migrants in our sample. Renting properties is challenging for those receiving social assistance or without stable jobs. Irregular migrants in particular shared that landlords often prefer tenants with stable employment over those dependent on social assistance and CPAS. The stress associated with migration, particularly the asylum process, can lead to mental health issues that are often under-recognized and inadequately addressed. Access to psychological support services is limited, compounded by the same set of barriers: legal status, financial constraints, language difficulties, and cultural misunderstandings.

Digitized services: Attitudes, skills, and infrastructure

The integration of digital services into the daily lives of migrants in Belgium is varied, as revealed by the interview findings. While some migrants actively engage with digital tools for information and communication, others prefer traditional methods or face challenges due to digital illiteracy or lack of access. Many migrants rely on digital services like GPS for navigation, underscoring the importance of these tools in their daily mobility. The internet is also a crucial resource for accessing reliable information, particularly from government websites, regarding health, education, and other services. However, there is a notable absence of the use of online platforms for scheduling medical appointments or accessing digital health services, including mental health resources. Likewise, social media platforms also function as valuable channels for information dissemination among migrants. They share critical updates, such as transportation strikes, within their networks, indicating a community-oriented use of these platforms.

While web pages and applications for scheduling appointments with health centers exist, such as "Biogo," not all services have dedicated apps, limiting their utilization. Additionally, some migrants prefer direct contact over digital platforms for making medical appointments. Digital literacy varies among migrants, impacting their ability to leverage digital tools effectively. All interviewees reported having access to the internet at home or through mobile data, making digital tools like Google Translate accessible for overcoming language barriers. However, reliance on neighbors' Wi-Fi or free Wi-Fi hotspots was common among those in our sample who cannot afford personal internet access.

Overall, however, the internet is considered fundamental, especially for navigating transportation routes and accessing information. Online banking services, such as virtual bank cards, are essential for

migrants without legal status. Social media platforms like WhatsApp are used to share information about health services, further demonstrating the crucial role of digital connectivity in migrants' lives.

Effects of COVID

For many of the interviewees, the pandemic brought significant emotional distress. One interviewee, stranded far from her COVID-19-stricken mother due to closed borders described being in anguish of separation from her family in her country of origin. Confinement and movement restrictions exacerbated mental health challenges, as migrants grappled with depression and the stifling nature of lockdowns. The suspension of public transportation and restrictions on movement within centers like the Red Cross further intensified feelings of isolation. One interviewee noted:

> "It was horrible because the center staff told us that we couldn't leave the center... it was practically horrible because we only spent time in the room." (BG_12_B)

Access to COVID-19 vaccinations varied. While some found it easy and were promptly vaccinated, others had concerns due to pregnancy or personal skepticism. The link between vaccination and the issuance of essential documents like the Orange Card in certain contexts illustrates the complexity of healthcare access for migrants. One immigrant, for instance, noted not being concerned about being vaccinated, but rather being forced to do so due to their precarious status:

> "It's not that we got vaccinated [that bothered me], I just think that the majority were forced to get vaccinated because of the Orange Card, and the perfect excuse was to vaccinate us so that they would give us the Orange Card, to be able to register." (BG_17_B)

Financially, while some migrants navigated the pandemic without significant hardship, others faced the loss of income. The pandemic's impact on migrants' work, education, and family life was considerable, with many losing jobs, facing educational disruptions, and struggling with the challenges of remote schooling for children. The psychological impact of the pandemic was profound. The deluge of alarming news, confinement, and the fear of infection led many to experience anxiety and depression.

Gender aspects

A few female interviewees noted specific gender-related challenges. One male interviewee struggled with openness towards homosexuality in Belgian society while feeling uncomfortable with homosexuality himself. A female interviewee described street-based harassment. Another female interviewee felt discriminated against for wearing a hijab. Regarding healthcare, one male interviewee preferred male doctors when discussing certain health issues. A female interviewee, who also prefers male doctors, attributes this to perceived jealousy from female doctors towards Latina women, indicating a complex interplay of gender, ethnicity, and professional interactions.

Men also reported varied experiences. Some feel that being male does not present specific challenges, while others perceived strong systemic discrimination against males. For instance, one male interviewee felt there are more job opportunities for women than for men in Belgium. Another raised specific employment challenges faced by men, particularly in sectors like construction where gender expectations and stereotypes prevail. Another interviewee reported that men, especially when single, face more difficulties in finding housing as families and women are often prioritized.

> "People who are in families, like women or families, they have priority, you see? But because I am a man, it changes everything. I'm deprioritized." (BG_22_B)

This was similarly reported by others, including one who commented:

> "The fact that I am single and that I do not have a child... The emphasis is on those who have a family and a child. So even if there is room, the place is first privileged for those who have families and children" (BG_29_B)

Overall, while some migrants encounter gender-specific barriers or preferences, others do not perceive their gender as significantly influencing their experiences in Belgium. This diversity of experiences underscores the complexity of gender as a factor in the lives of migrants, influenced by individual circumstances, cultural backgrounds, and the priorities of migrant reception.

Appendix: Migrant Interviewee Profiles

Country	Spain	Germany	Belgium	Hungary
Afghanistan				1
Algeria		1		2
Argentina	2			
Azerbaijan				1
Brazil	2			
Cameroon		1	4	1
China	1	1		1
Colombia	13	7	16	
Cuba	1			2
Ecuador			5	
Egypt	1			
El Salvador	2			
France (with non-EU background)		1		
Georgia			1	
Ghana		6		
Guatemala		1		
India				1
Indonesia				1
Iraq		1		
Iran		3		6
Jordan				1
Kenya		1		
Kyrgyzstan			1	
Lebanon				1
Madagascar			1	
Malaysia		1		
Mali	1			
Mauritania	1			
Mexico		3	1	1
Morocco	4	1	1	2
Nepal				1
Nicaragua	1		2	
Nigeria		3		
Pakistan				2
Palestine				2
Paraguay	1			
Peru	6	1		
Philippines	1			
Russia	1	1		1
Salvador			7	
Senegal	1			
Somalia				1
Spain			1	
Sudan	2			
Switzerland		1		
Syria	1	1		1
Uganda				1
Ukraine		1		9
United States		1		
Venezuela	6		1	
Other Africa		3		