

“The vaccination status of refugees and migrants against COVID-19”



A survey conducted by



as an initiative of the Athens Solidarity Centre

December 2021

The vaccination status of refugees and migrants against COVID-19

Challenges confronted and further support required

1. OVERVIEW

The survey conducted by [SolidarityNow](#) (SN) in December 2021, collected information on the access to COVID-19 vaccines in Greece for beneficiaries of SN programs who are Third Country Nationals (TCNs). SN reached out to a representative sample of 497 individuals asking a set of questions to learn about their experience with the vaccination process, barriers faced and areas of concern. **The survey found that 81% of participants had been vaccinated**, despite the multitude of challenges faced. Issues relating to the lack of reliable information and mistrust of the vaccine were raised and areas where support would be required in the future were identified.

2. INTRODUCTION

Accountability towards the Affected Population (AAP) is a key principle adhered to by SolidarityNow (SN) throughout its programs and SN has a process in place with lines of communication established with all its stakeholders. The main purpose of this process is to support program beneficiaries holistically and effectively by identifying and protecting their rights under strict confidentiality. Quantitative and qualitative information is collected throughout the year to identify and understand the needs and expectations of the people served and support SN to design responsive and tailored initiatives and services. In this regard, a questionnaire was designed to assess the COVID-19 vaccination status of TCNs supported by SN, as well as their related needs.

3. METHODOLOGY

The survey was carried out between November 11th, 2021, and December 10th, 2021, reaching out to 616 individuals (through direct phone calls and WhatsApp). The individuals called were randomly selected from the databases of the [Athens Solidarity Centre](#) and the [Blue Refugee Centre](#) in Thessaloniki; the sample size was selected to give us a 95% level of confidence interval with a 5% margin of error. Given the limitations in reaching people (see details below), 497 individuals participated in the survey.

Limitations: The main limitations were related to reaching the participants through phone communication. Several beneficiaries cannot afford a permanent phone line and thus change their mobile numbers regularly or keep their number connected only through internet. Moreover, some beneficiaries did not want to participate in the survey as they were suspicious of the way the information from a COVID-19 vaccination survey (see survey Hellenic Red Cross¹) could be utilized. These challenges were addressed through reaching beneficiaries who were not available on their phone lines through online applications (mainly WhatsApp), as it is often used as an easy, costless means of communication by Persons of Concern. To address the second limitation, SN staff thoroughly explained the exact purpose and timeline of the survey before starting and requested for individuals consent to participate.

The survey participants responded to four sets of questions:

- Demographics
- COVID-19 vaccination status
- Barriers confronted and further support required
- Preferred means of receiving information

The language(s) spoken by individuals was the key criteria used to select participants for the sample, based on the interpreters available to conduct the survey. Hence, five different language groups were created (Farsi/Dari, Arabic, French, Urdu, Sorani/Kurmanji). The survey was carried out using a specific set of questions for all participants, collecting information on the four categories listed above.

4. SURVEY PARTICIPANTS

A total of 497 individuals participated in the survey. Most participants were between 18 – 40 years of age (75%), while 5% were minors, mostly unaccompanied. There was also a significant percentage of people above 41 years old (20%). Most of the participants were male (75%). It must be noted that these demographics are aligned to the overall demographics of the TCNs supported through the two centers.

The majority of the participants originated from Afghanistan (24%), Pakistan (19%), Iran (13%) and the Democratic Republic of the Congo (10%), while the remaining share was composed of 23 other nationalities.

¹ [Hellenic Red Cross \(November 2021\): "Survey results on the beliefs of the vulnerable population regarding the Covid-19 vaccination"](#)

Table 1. Demographics Overview

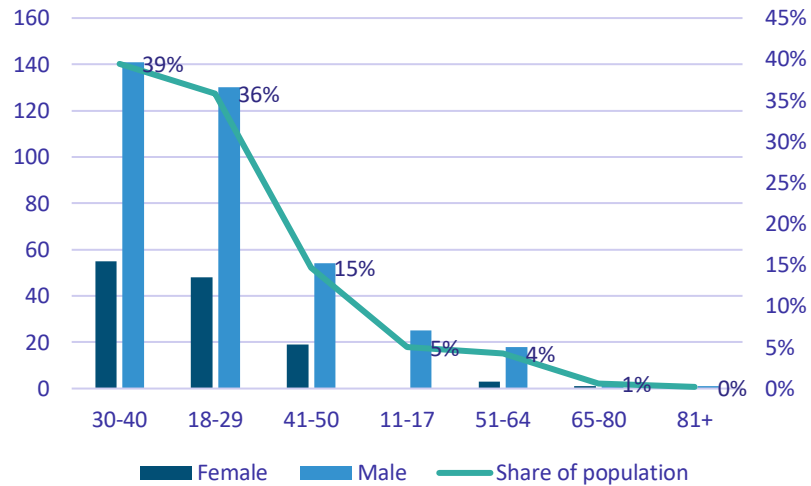
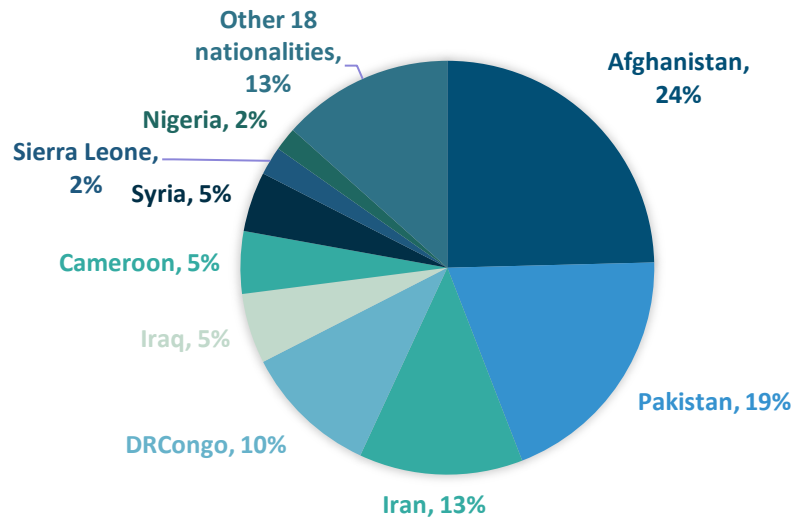
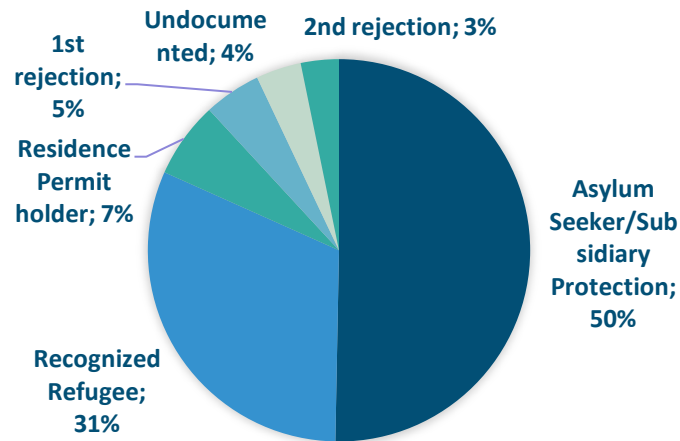


Table 2. Nationalities of Participants



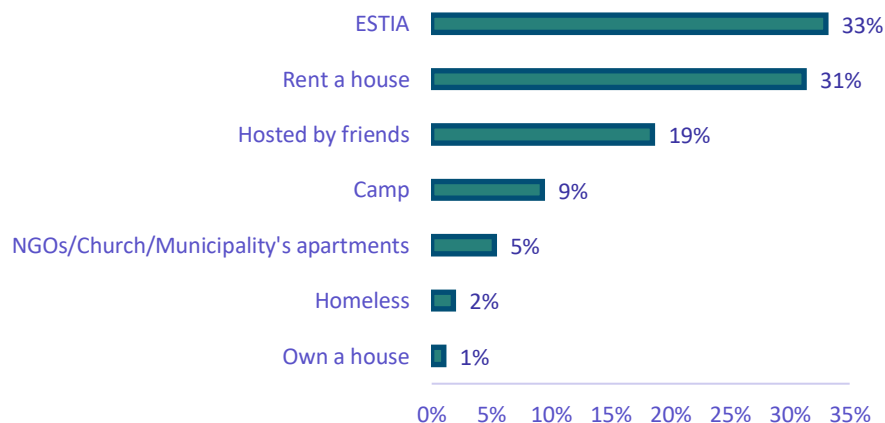
Of the total number of participants, 50% were asylum seekers, while 38% were already recognized as refugees or in possession of a residence permit (see table 3). Among the participants, 12% are not eligible to stay in Greece or are in transit. Specifically, 5% had received a first rejection to their asylum application, whilst 3% had received a second rejection. Undocumented individuals mainly from Pakistan (13) stated that they have applied for asylum in Greece and are in limbo.

Table 3. Legal Status



In terms of accommodation (see table 4), most of the participants (33%) reside in ESTIA accommodation and a significant share (31%) declared renting a house themselves; 19% are hosted by friends, while 2% declared that they are homeless.

Table 4. Accommodation Status

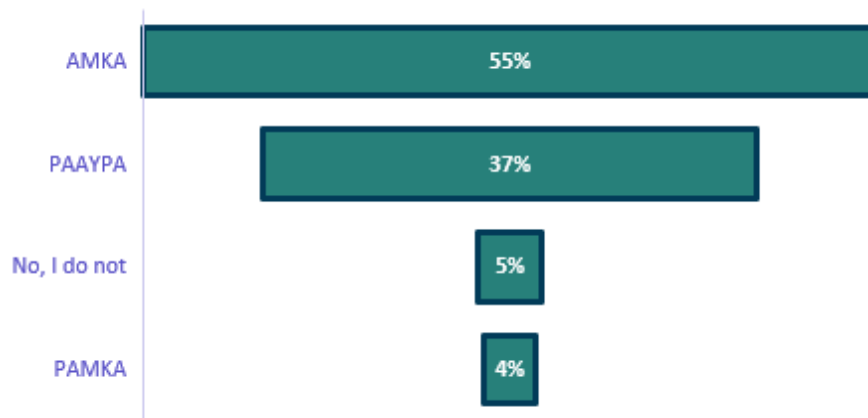


Most of the respondents have a social security number (either AMKA or PAAYP²) whilst a small share does not have either; this is the case for individuals who are not eligible to live in Greece. In Greece a

² PAAYP (ΠΑΑΥΠΑ) is a temporary social security number for asylum seekers which allows them to access services such as public health care, and to work. AMKA is a permanent social security number which allows refugees and residence permit holders to access health care, employment protection, benefits, and other state services.

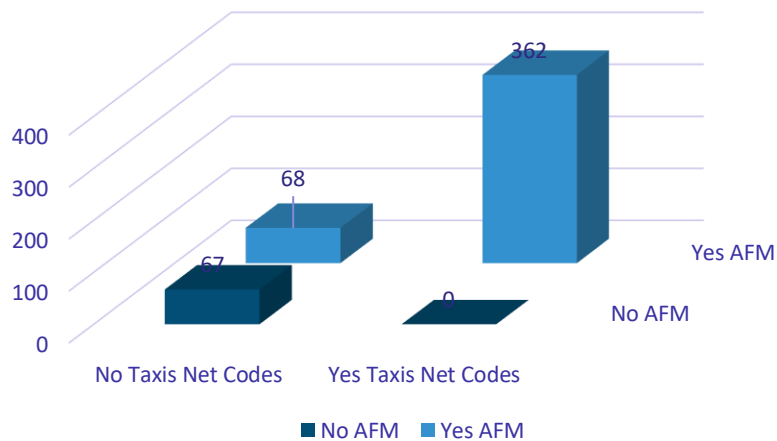
social security number (permanent or temporary: PAAYPA and PAMKA³) is necessary to access the COVID-19 vaccination.

Table 5. Social Security Numbers



Additionally, while most participants (73%) had tax registration numbers (AFM and TAXISnet. Codes), giving them access to the vaccination platform to book appointments, a significant number of participants didn't have a tax registration number or TAXISnet. codes.

Table 6. Tax Registration number holders

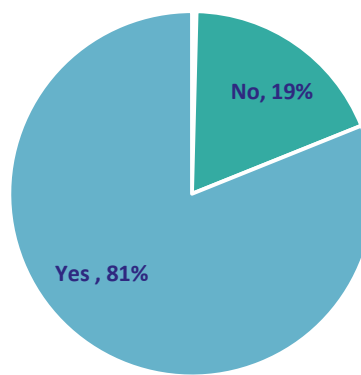


³ PAMKA is a provisional social security number which allows migrants who went through a pre-registration process in relation to their international protection application, to access the vaccination process.

5. FINDINGS

Of the total participants of the survey, 403 (81%) have been vaccinated against COVID-19, which is a positive finding, especially considering that 64% of the overall population of Greece was vaccinated at the time of the survey.

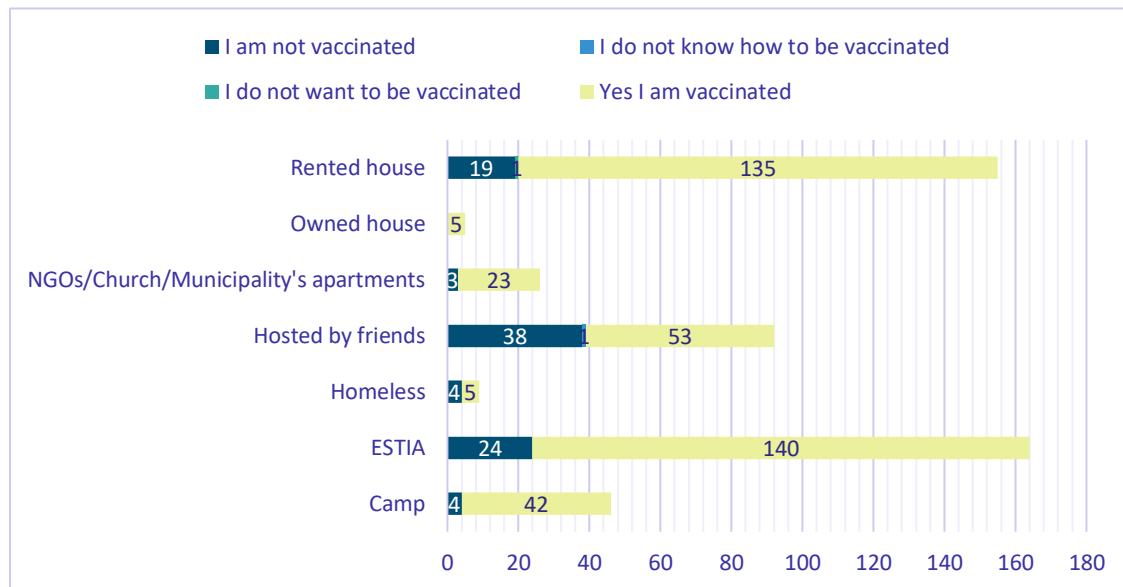
Table 7. Vaccination Status



In order to be able to effectively respond to the challenges faced by individuals, we checked for a correlation between accommodation and vaccination status (see table 8). Most participants who had been vaccinated were either renting a house or accommodated by the ESTIA program (68%, 275). Of those who did not proceed with the vaccination, 46% (43) stated they were homeless or hosted by friends⁴) whilst 33% (31) had been supported with accommodation from NGOs or other actors supporting vulnerable individuals (ESTIA, Open Accommodation Sites, NGOs, Municipality and the Church). There is also a significant share of individuals (20%, 19) who had been renting a house independently and are not vaccinated yet. Therefore **46% of participants who were not vaccinated (12% share of the total number of participants) have been living under what could be understood as particularly precarious conditions** and 20% without shelter support from NGOs/Church/Municipality's shelter.

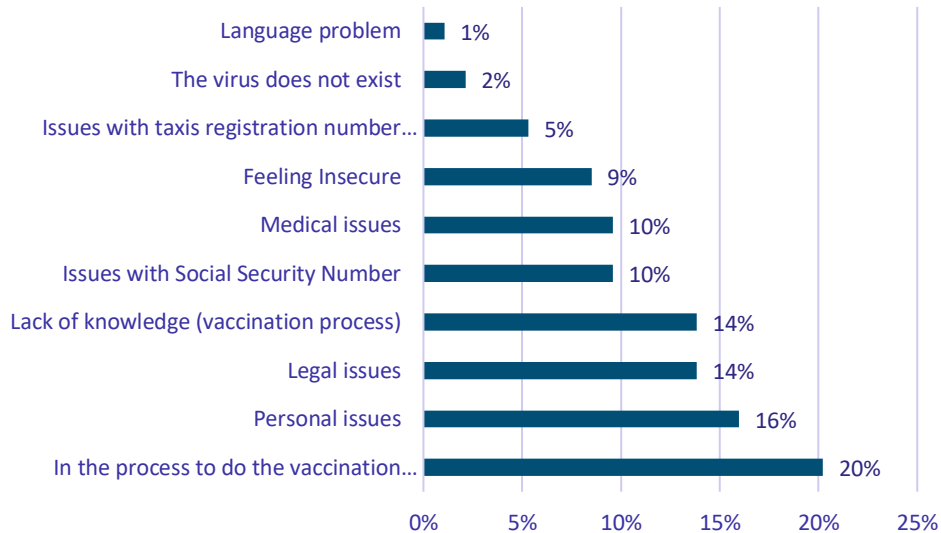
⁴ Hosted by friends means that individuals are sharing a temporary accommodation where they are often living in a small space with many people.

Table 8. Vaccination Status and Accommodation



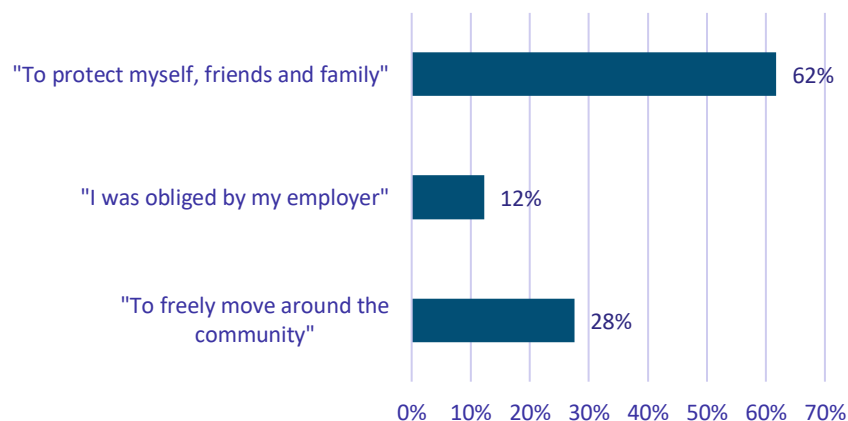
The 94 individuals who had not been vaccinated provided some more information on the reasons for which they had not done so (see table 9). A fifth of them (20%) are in the process of being vaccinated (“I am waiting for my appointment”); some (16%) invoked personal issues (“When I am back in the city, I will get vaccinated”, “I did not have the time because of personal or job responsibilities”); others (14%) invoked legal issues (“I am waiting to get my asylum papers to proceed with the vaccination”); 14% attributed it to their lack of knowledge regarding the vaccination process (“I do not know how to get PAMKA”, “I do not know how to book an appointment”); 10% stated that they confronted issues with acquiring their Social Security numbers (“I have had problems issuing AMKA/ PAAYPA/PAMKA during my visits to public authorities (KEP or other)”) or TAXISnet. registration numbers (5%); 10% attributed it to medical issues (“I have serious medical problems”); 9% feel insecure about the vaccine (“I would rather wait to see if the vaccine is safe”); 2% don’t believe that the virus exists and a final 1% attribute it to barriers caused by them not speaking Greek. This is not verified by the information depicted in (table 11) which outlines the barriers confronted during the process where it is observed that the 45% confronted challenges regarding the lack of Greek language knowledge.

Table 9. Why Some Individuals are not Vaccinated



Of the 403 individuals who had been vaccinated, 62% stated that they proceeded with the vaccination to protect themselves, friends, and family, 28% to move around freely and 12% because they were obliged to do so by their employer.

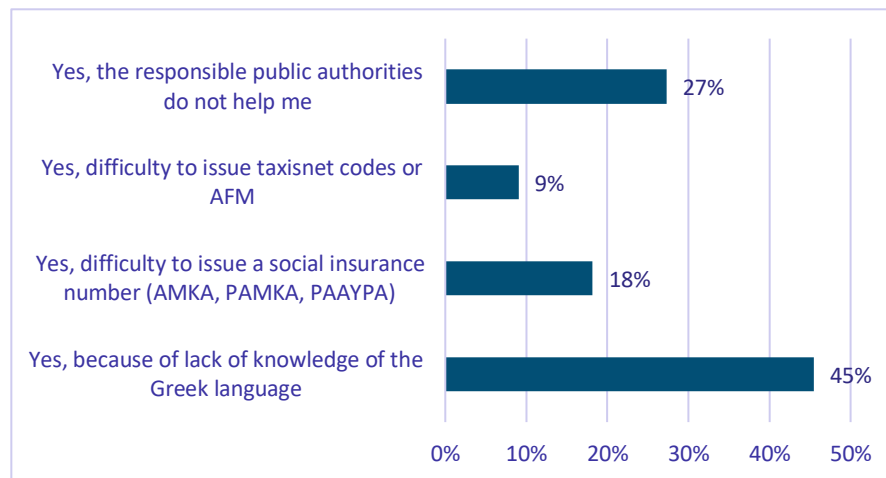
Table 10. Why Participants got Vaccinated



When asked whether they confronted any **difficulties during the process**, 45% stated that the lack of Greek language was a problem. Specifically, the fact that they do not speak Greek makes it difficult for them to communicate their requests to the public authorities concerning their request for i.e.,

acquiring their social security number and/or finding it in the medical system, if the number is temporary (PAAYPE, PAMKA) when booking an appointment for the vaccination; 27% stated that the responsible public authorities did not facilitate their requests because of technical complications, lack of recognition of the social security numbers or other, while 27% confronted challenges in issuing tax or social insurance numbers. Moreover, to visit a Citizens Service Center (KEP) or any public authorities, individuals need to have done a rapid test in the last 48 hours, which need to be paid for; this was considered a notable barrier.

Table 11. Challenges Faced During the Vaccination Process



6. FUTURE EXPECTATIONS & SUPPORT

The beneficiaries participating in the survey provided some suggestions for support with regards to the vaccination process going forward. Almost half (49%) requested more information related to the vaccines, irrespective of their current vaccination status. Some (16%) requested support with booking an appointment, others (16%) request free masks and sanitizers, while a few (2%) requested the provision of free self or rapid tests. Others (9%) requested for SN to facilitate the legal procedure for them to get asylum so that they can get access to the vaccine. Finally, 9% suggested the provision of an interpreter to help them communicate with responsible authorities.

Participants prefer to be able to access information related to the COVID-19 vaccination through multiple channels. Currently, 47% stated that they were mainly informed through social media, 35% through peers and 36% through the internet more generally. Some (19%) stated that they were informed by NGO staff while a few (7%) through medical staff/hospitals.

Table 12. Support Required

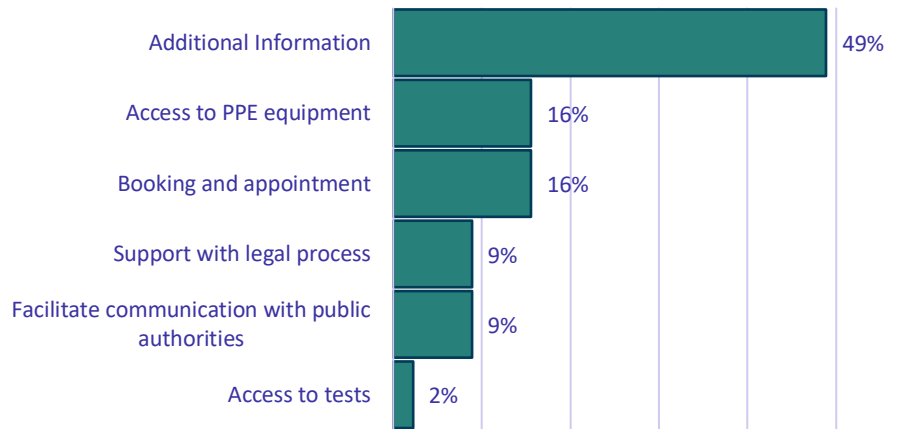
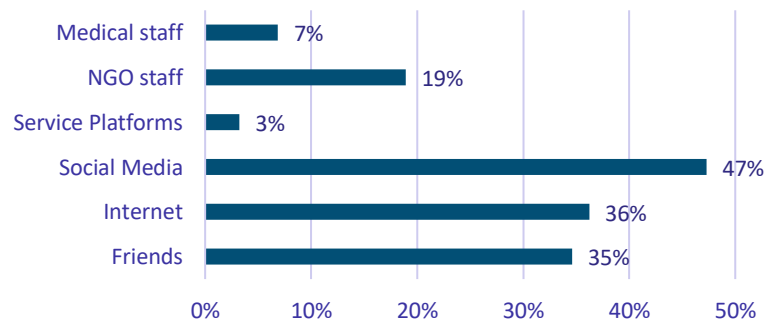


Table 13. Information Channels



In December a new law was published (FEK 5825/14.12.2021⁵) stating that “every vulnerable individual (homeless, illegible person regardless of ethnicity, individuals in transit phase, people in rehab and generally every individual with limited access to social goods, social and financial life” is permitted to access vaccination. According to this FEK, responsible authorities for the vaccination of all the vulnerable population are the NGOs and Municipal Clinics⁶ who meet the health requirements, as they are described in the law. Hence, NGOs who have medical resources are invited to apply to the government to proceed with the vaccination of the individuals, who belong to this group. This is seen as a positive development which will allow for individuals who previously couldn’t, to now access the vaccine.

⁵ [FEK 5825/14.12.2021](#)

⁶ Δημοτικά Ιατρεία

7. CONCLUSION

The main findings of the survey are that **individuals participating in the survey and eligible to stay in Greece have access to the vaccination system** either independently or through the support of NGO staff and/or friends and social media. **Most of the participants of the survey (81%) were vaccinated**, while the reasons that some were not vaccinated, varied. The main reasons stated for those who were not vaccinated, were personal (16%) as well as legal barriers (14%). Common challenges for both the vaccinated and non-vaccinated are the lack of knowledge regarding the vaccination process (14%) (before or after the vaccine). More than 10% had been facing issues regarding their Social Security numbers. Only 9% feel insecure vis-a-vis the COVID-19 vaccine. It is important to highlight the fact that the survey-interviews were conducted with people from SN's beneficiary databases, indicating that they are or were currently receiving support from at least one NGO, and they might therefore be in a much better position than others regarding access to information and access to the vaccine overall.

Special attention needs to be given to the significant share of participants who are facing or have faced difficulties booking their vaccination appointments. These difficulties are attributed to the fact that a) they cannot easily communicate with the responsible authorities as the majority can only or mainly communicate in their mother tongue (45%), b) the authorities may not be informed about refugees or asylum seekers rights to the vaccine or have a lack of will to facilitate the procedure (27%), c) issues related to their Social Security number or Tax number/TAXISnet. codes. The multiple forms of social security being issued for refugees and asylum-seekers add further hurdles and confusion in the process which needs to be followed to access the vaccine, as well as delays, technical complications, and some social security numbers not being recognized. It is also important to highlight that until December 2021 individuals without documents did not have access to a social security number and could thus not access the vaccine at all⁷. An additional barrier, created by further COVID-19 prevention measures imposed in Q4 of 2021, requiring self or rapid tests to access public spaces and authorities responsible for the vaccination process; having to pay for these tests is not an option for many individuals.

In terms of further support or information needs, participants claimed that they want to be supported with more information regarding the vaccine and its effects (49%), some (16%) requested support to book an appointment as well as receive free masks and sanitizers, while a few also requested free self and rapid tests in order to access stores and public services as they cannot afford them regularly. Most (47%) of the participants prefer to be informed through social media and their friends (35%). This

⁷ Until a Joint Ministerial Decision was issued allowing the creation of temporary social security numbers for the undocumented in December 2021.

indicates SN and other actors should continue working to inform and sensitize their beneficiaries online, and that working to support members of the communities' voices, such as doctors or figures of authority may also be a channel to pursue. Once again, the results of this survey are not conclusive for all the population of concern in Greece.

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