Solidarity in the Face of Vulnerability: Lived Experiences of Ethiopian and Eritrean migrants in The Hague, during the COVID-19 Pandemic

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List of Acronyms

COVID-19 - Corona Virus Disease 2019

EPN – Ethiopian Professionals Association

NGO – Non-Government Organization

NPI - Non-Pharmaceutical Intervention

RIVM - National Institute for Public Health and the Environment

UNDP – United Nations Development Program

VWN - Vluchtelingenwerk Nederland/Dutch Council for Refugees

WHO – World Health Organization

Abstract

This qualitative study aims to shed light on the experience of Ethiopian and Eritrean migrants during the COVID-19 pandemic in The Hague, Netherlands. These include health (both physical and mental) effects, economic impact, and social consequences. Experience that were particular to women and children was also explored. Eighteen individual migrants which varied based on gender, nationality (Eritrean or Ethiopian), profession, years of stay in the Netherlands, marital status were interviewed using an in-depth interview guide. An intersectionality lens was applied to frame the complex and interconnected challenges faced by migrants. Specifically, the concepts of precarious work and gender based division of labor are used to frame findings related to financial impact and women's experience with the pandemic, respectively. Additionally, coping mechanism undertaken by the 'Habesha' community and support provided by the Dutch government and non-government organizations (NGO) were identified and analyzed using the concept of solidarity. For this, four NGO working to support Ethiopian and Eritrean migrants were interviewed.

Research findings revealed intersecting layers of struggle that pose challenges on the lives of these migrants based on different factors such as Employment, gender, duration of stay in the Netherlands and marital status. In the face of these difficult circumstances that were particularly worse for migrants, many were also seen to come together in unity to assist one another. The most prominent of these is a fully volunteer based organization set up by a group of migrants to support newly arrived migrants that face language and other barriers. Calamities like the COVID-19 have a way of uniting people, especially on the basis on shared characteristics and identity. This research unveils the birth of heroes, who have significantly contributed to easing the difficulties faced by migrants.

Relevance to Development Studies

This research covers cross cutting developmental issues by juxtaposing migration, social (in)justice and the current pandemic that is impacting social, political, economic and health systems of the world. This study is instrumental to frame response mechanisms for COVID-19, especially to consider the needs of underprivileged groups such as migrants. The specific focus in The Hague, Netherlands is particularly important because European countries such as the Netherlands are host to many refugees and migrants. Currently, many interventions are underway to improve COVID-19 prevention measures and curb its spread. When countries prioritize protection of their citizens through different policies, marginalized groups such as migrants are likely to fall through the cracks. Therefore, this research aims and to reveal the injustice faced by migrants and to inform policies that consider the needs of marginalized communities such as migrants. Additionally, identified best practices of coping mechanisms and solidarity that can be used a lesson to replicate in other regions.

Keywords

Solidarity, COVID-19, Migrant, Lived experience, Ethiopian, Eritrean, The Hague

Chapter 1 Introduction

1.1 Background to the Proposed Study

As far as can be remembered, people have been migrating from 'global south' to 'global north' countries by crossing international boundaries in search of a better income and hence a 'better way of life'. Ethiopia and Eritrea are among the sending developing countries, with a considerable number of citizens moving to those deemed, developed nations. The Netherlands is one of the preferred destination countries by these migrants.

The nation now referred to as Eritrea, was historically part of Ethiopia. However, in 1991, Eritrea was recognized as a separate country (Clapham 2000: 2). The basis for this separation is the Italian invasion in the 1880s (Clapham 2000: 4). Before the 1970s, only a few Ethiopians came to the Netherlands; at first in search of education and later to seek asylum (Van Heelsum in Ong'ayo 2010: 78). In the 1980s, the number of Ethiopian migrants increased steadily due to drought and economic stagnation. The most recent and major reason for Ethiopians to migrate to the Netherlands is political resistance and dispute with bordering nations in Ethiopia (Ong'ayo 2010: 78). Many Ethiopians also migrate to study in educational institutions such as the International Institute of Social Studies in The Hague (Van Heelsum in Ong'ayo 2010: 78).

In Eritrea, the youth appear to have adopted a 'culture of migration' where they adamantly believe migration is the only way to make a decent living for two major reasons; to evade recruitment in the country's military service and to make an economically better living. Since the economic condition within Eritrea does not offer opportunities to the majority of the population, citizens are easily convinced to migrate to developed countries in search of better earnings (Van Heelsum 2017: 2141). Compared to other countries in Africa, Eritrean youth make up a lion's share of the migrant population in the Netherlands (Pharos Netherlands 2019: 1). The oppression and human rights violation in Eritrea requires that Eritrean migrants be provided with a 'long-term protection' in the Netherlands. Unfortunately, trends have shown a decline in the provision of residence permit for asylum seekers from 87% in 2016 to less than 30% in 2017 (Ministry of Justice and Security in Pharos Netherlands 2019: 1). However, this trend has not stopped the influx of migrants to the Netherlands. Though many prefer the living condition and lifestyle in developed countries such as the Netherlands, as the expression goes, 'the grass is always greener on the other side'. Living as a migrant in a foreign country brings its share of challenges and disadvantages, especially when dealing with a global catastrophe such as the COVID-19 pandemic.

On December 31st, China reported the wave of infectious disease in Wuhan city to the World Health Organization (WHO). Although China first labeled this disease as a type of pneumonia, it was later given the name, COVID-19 (WHO in Atchison et al. 2020: 3). Having infected more than 100,000 people in 100 countries, it was declared a pandemic in March 2020 (Callaway in Remuzzi and Remuzzi, 2020: 1225).

Countries of the world have unanimously embraced Non-Pharmaceutical Intervention (NPI) measures, which include maintaining physical distance, repeated handwashing, or use of sanitizers and

facemasks as preventive measures. Although these measures are highly encouraged by health professionals to maintain a functional health system, the pandemic has serious implications on an individual's way of life, social interaction, mental wellbeing, and the overall economic system. (Vieira et al. 2020: 38).

Not everyone experiences the impact of the pandemic similarly. COVID-19 appears to exacerbate difficulties faced by marginalized and vulnerable groups such as migrants. Migrants and refugees are consistently faced with difficulties such as insecurity, unemployment, and "the ramifications that come with the postponement of decisions on their legal status or reduction of employment, legal, and administrative services" (Kluge et al. 2020: 1238). Additionally, new and ever-changing information about prevention, risks, and treatment of COVID-19 are not easily available to migrants, who hardly speak the local language and have not yet fully acculturated into the host countries (Kluge et al. 2020: 1238).

As declared by WHO, "addressing COVID-19 will require protecting vulnerable groups including women, underprivileged populations, indigenous populations, and migrants, by addressing health, social and economic inequalities" (WHO 2020: 1). As long as they reside within the borders of a country, migrants and refugees have a claim to human and health rights, irrespective of their documentation status. Specifically, the Netherlands has endorsed an international treaty on the rights of health services to all (Biswas et al. 2012: 49). Guided by this statement of equality and equitable health care to all regardless of nationality or legality, this research aims to explicitly assess the experience of Ethiopian and Eritrean migrants with the COVID-19 pandemic in The Hague, Netherlands.

1.2 Statement of the Problem

By now, months have passed since COVID-19 spread at a shocking rate throughout the world. To date (November 7, 2020), around 48,786,440 million people across the world have tested positive for COVID-19, while 1,234,839 deaths have been reported (JHU, 2020). This has caused anxiety, stress, confusion, insecurity among individuals, and sent shockwaves throughout our world's political, economic, and social system.

With this outbreak, migrants all over the world have faced various difficulties. Specifically, in the Netherlands, the government implemented a partial/smart lockdown in March 2020 by closing restaurants (only take away available), educational institutions, public events, sports, and other festivities. Additionally, everyone was encouraged to work from home (if possible) and keep a 1.5m distance from others. These measures might appear uniform on the surface. However, based on the different statuses and identities of individuals, the economic, physical, social, and health impacts of COVID-19 are experienced contrastingly by different sections of society. The worst of these effects is felt by migrants who are usually found in lower economic groups, engaged in precarious work, faced with language barriers, and lacking access to information.

Although pandemics have existed for centuries, COVID-19 pandemic is a recent phenomenon that has received attention from scholars, researchers, and professionals in all fields of study all over the world. Much work and publications have been dedicated to its name from different perspectives.

The experience of various groups of people with COVID-19 differs based on various social, economic, cultural, and physical conditions. Therefore, it is important to shed light on these different experiences to debunk the assumption that we as a human race are dealing with the COVID-19 pandemic equally. It is important to show how disadvantaged groups are exposed to further layers of difficulties due to calamities such as coronavirus. Migrants make up a significant section of this disadvantaged group. Therefore, as an Ethiopian researcher, I have chosen to study the experience of fellow Ethiopians and Eritreans with the COVID-19 pandemic in The Hague, Netherlands.

1.3 Justification and Relevance

This research aims to address the gap in knowledge about the experience of migrants in general and Ethiopian and Eritrean migrants specifically, with the COVID-19 pandemic in The Hague, Netherlands. This will help to inform policies and projects targeted towards curbing the pandemic. Additionally, it sheds light on organizations that are successfully supporting migrants to cope better with the pandemic by providing tailor-made solutions. The lessons taken from these organizations can be applied to other contexts to share best practices and learnings.

Universal health coverage is targeted for the 2030 agenda of sustainable development by most European countries. Unfortunately, this idea of 'universal' does not include migrants. Even the migrants who can claim health benefits face difficulties due to cultural impediments (Legido et al. in Hargreaves et al 2020: 1). The spread of COVID-19 has made universal health care access, an urgent need.

> "Coronavirus is a public health crisis causing a global economic crisis. Like all emergencies, it collides with existing health and socio-economic inequalities which means that although many people all over the world are now riding the same storm, they are doing so in very different boats" (Norman 2020: 1).

This research aims to shed light on exacerbated vulnerabilities against those already vulnerable, since the migration to a foreign land, exposes individuals, to various risks. It explores the experience of Ethiopian and Eritrean migrants with the pandemic in The Hague, Netherlands. These include social, economic, and physical impacts at individual, family, and community levels in relation to wellbeing and coping mechanisms. The specific experience of women and children is also investigated. Additionally, coping mechanisms undertaken by the 'Habesha' (a term used to refer to both Ethiopians and Eritreans) community to assist each other and other forms of support provided by the Dutch government and NGOs are explored.

1.4 Research Objective

General objective

The general objective of this research is to examine the effects of COVID-19 on Ethiopian and Eritrean migrants in The Hague and assess coping strategies within the communities.

Specific objectives

1) To assess health, economic (job security and earnings), social and mental wellbeing effects of the pandemic
2) To assess the effect of the pandemic on women (in relation to intimate partner violence, intrahousehold decision making)
3) To assess the effect of the pandemic on children (education and care)
4) To explore the existence and extent of support provided by government and NGOs including the perception of services provided and compliance with the mitigation measures.

Chapter 2 Laying the Groundwork

2.1 Introduction

This chapter lays out the theoretical concepts that are used to frame and guide the questions and analysis of the research. Related literature is also reviewed and presented to give background to the topic and share findings from previous research. The first section presents an overall background to the history of pandemics in general while the second section delves into intersecting forms challenges faced by migrants due to COVID-19, specifically related to gender and economic condition/means of earning income. The last part looks into identity-based solidarity as a means to cope with the pandemic.

2.2 History of Pandemics

While exploring the impacts of the COVID-19 pandemic in general and migrants' experience in particular, it's useful to understand the history of pandemics that have existed throughout time. The youth of this generation might feel shocked to be witnessing a global plague that is affecting every corner of our world. However, it is important to note, pandemics are not a new phenomenon. Humans have experienced various types of deadly diseases since genesis.

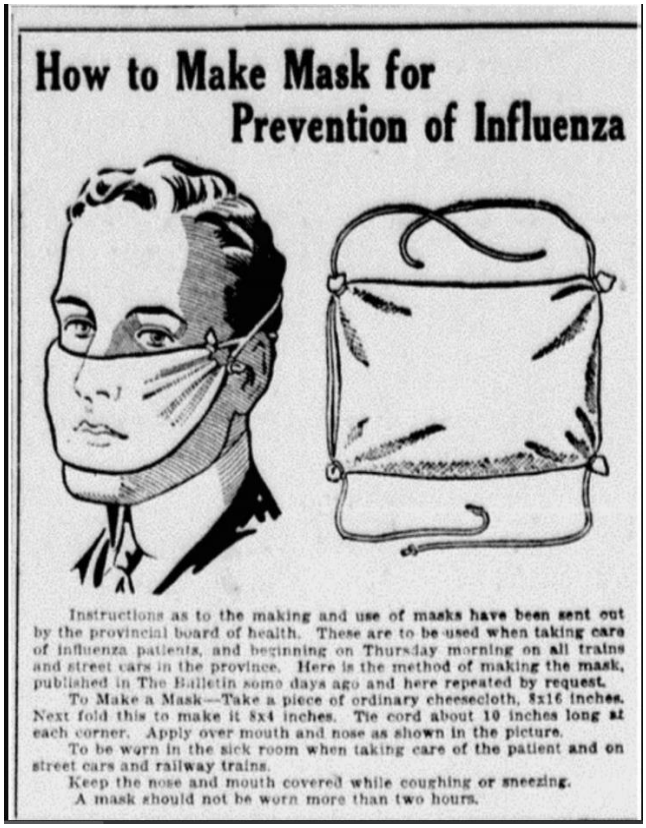
A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" (Last in Kelly 2011: 540). In the history of our world, pandemics have played a big role in shaping people's lives and reframing the course of history. Pandemics have been responsible for devastating impacts on generations, "determined outcomes of wars, wiped out entire populations, but also, paradoxically, cleared the way for innovations and advances in sciences" (Scheidel in Huremović 2019: 7). This impact stretches from medical science and public health to the social science of politics and economics. (Huremović 2019: 7)

One of the earlier pandemics that have occurred in human history known as 'Antonine', dates back to 165 years and killed up to 5 million people. Others include the 'yellow fever' which killed up to 150,000 people in the US, 'Spanish flu' which killed around 50 million people in just one year, 1918 -1919, 'HIV', which has killed about 35 million people thus far, and continues to do so, since neither a cure nor a vaccine has been found for it. These are only a few of the many pandemics that have sent shockwaves through our world in the past two millennia (LePan 2020: 5 - 6).

In earlier times, pandemics were highly interlinked with religious justifications such as God's fury for human sins and marking 'the end of the world' (Huremović 2019: 8). These thoughts have significantly impacted how society responded to pandemics, which involved a steady transition from labeling those infected as evil to scientifically proven methods of prevention such as quarantine.

> "The practice of quarantine began during the 14th century, in an effort to protect coastal cities from plague epidemics. Cautious port authorities required ships arriving in Venice from infected ports to sit at anchor for 40 days before landing — the origin of the word quarantine from the Italian "quaranta giorni", or 40 days" (LePan 2020: 7).

The first mask, made out of gauze was introduced in the late 1890s after a hygienist identified the existence of 'droplet infections' and claimed the human breathing system is responsible for causing germ infections (Matuschek et al. 2020: 3). In 1918 Arizona, masks were imposed on individuals going to any place at any time to combat the Spanish flu. The only exception was the place of residence (Luckingham 1984: 194). The below picture on the left is taken from a newspaper clip in 1918 and spreads the news that masks should be worn in transportation as well as the streets. Additionally, it provides clear instruction that people and families can follow to make masks easily at home. The picture on the right shows an early modern age doctor wearing a pointed mask that is shaped like a beak. During the middle ages, physicians dressed in this attire were an emblem of the deadly pandemic. "Their masks were meant to protect from the 'blight', the miasma, which was considered the cause of the plague" (Matuschek 2020: 1).



How to Make Mask for Prevention of Influenza

Instructions as to the making and use of masks have been sent out by the provincial board of health. These are to be used when taking care of influenza patients, and beginning on Thursday morning on all trains and street cars in the province. Here is the method of making the mask, published in The Bulletin some days ago and here repeated by request.

To Make a Mask—Take a piece of ordinary cheesecloth, 8x16 inches. Next fold this to make it 8x4 inches. Tie cord about 10 inches long at each corner. Apply over mouth and nose as shown in the picture.

To be worn in the sick room when taking care of the patient and on street cars and railway trains.

Keep the nose and mouth covered while coughing or sneezing.

A mask should not be worn more than two hours.

Source: (Business Insider Netherlands, 2020)

Source: (Matuschek 2020: 3)

Though infectious diseases have been a part of human life since genesis, (LePan 2020: 5), a rise in interactions, food production, trade has fueled the spread of pandemics (LePan 2020: 10). Currently, in 2020, a time when our world is more globally connected than ever, the coronavirus did not take much time to cross borders and reach the majority of countries. It has spread at a speedy rate and is knocking on all our doors.

2.3 Intersectionality of Challenges Faced by Migrants

Various studies conducted after the infiltration of our world by COVID-19 show the drastic effects of the virus on structures such as economic, social, and health systems as well as people's lives. Although many are affected by the virus, already vulnerable groups such as migrants and those engaged in precarious work are even more exposed to its plight. Della Rosa and Goldstein (2020) contest that generalized reports and narratives which claim COVID-19 has been a great equalizer for previously unbalanced structure could not be further from reality. It is true that the virus itself does not discriminate between rich and poor people/nations and has proven to be an enigma that even the most economically powerful nations could not solve or control. However, those in lower economic conditions, marginalized groups, and migrants continue to bear the worst effect of the pandemic as it worsens their already vulnerable existence (Della Rosa and Goldstein 2020: 1).

This research is broadly informed by intersectionality as a conceptual framework. Intersectionality is a term used to explain how various power relations interplay to influence a person's daily life, experience, and social interaction with others. Individual identities such as class, nationality, gender, sexuality, race, and others are seen as interplaying to influence a person's living conditions. (Collins 2012: 449-450). All research questions within this research pointed to one outcome; the intersection of different identities that exacerbate Ethiopian and Eritrean migrants' experience with COVID-19. Whether it was children, recently arrived migrants, women, single mothers, all faced circumstances that intersected to influence and, in most cases, worsen their experience with the pandemic.

Participants in this research have one common factor that unites them, which is their migrant identity in the Netherlands. The migrant status of individuals is a prominent factor that exposes them to various vulnerabilities, which is commonly shared by all participants. However, a key point we have to note here is, even within this migrant population, experiences differ (some coped relatively better while others suffered the worse effect) based on gender, means of earning income, educational status, duration of stay in the Netherlands, knowledge of Dutch and English language, marital status and others. For instance, women, especially housewives were burdened with more household chores when all members of the family were staying home day and night and, those in relatively permanent jobs experienced less financial stress.

As described above, one of the intersecting factors that worsen migrant's vulnerability is class or economic condition, which in the context of this research, is related to means of earning income. Congruently, one of the themes which I found relevant to analyze some of the research findings is precarious work. Many Ethiopian and Eritrean migrants are engaged in types of work such as food delivery, taxi driving, and caretaking for the elderly that expose them to health risks and vulnerabilities. Vosco in MacDonald (2020) labels these types of work as precarious work and "involving limited social benefits and statutory entitlements, job insecurity, low wages and high risks of ill health" (Vosco in MacDonald 2009: 168). Studies conducted about service sector jobs such as security, food preparation, and cleaning revealed that those in the lowest segment of the labor market bear the worst effects of precarious work (MacDonald 2009: 170).

For instance, a study conducted among low wage migrant workers in Singapore revealed that many migrants are not just faced with unbearable working conditions but also silenced by the same conditions that exploit them. Many low-income workers reported they are scared to voice out challenges for fear of losing their job or being thrown out of the country (Dutta 2020:15). "The erasure of spaces for voicing their everyday challenges to health and well-being is situated amidst the tremendous power differentials that constitute low-wage migrant labor in Singapore (Dutta 2020: 11).

Juxtaposing precarious work and COVID-19, Siegmann (2020) stipulates;

> "A new hero has emerged in the wake of measures to prevent the spread of the new coronavirus: the essential worker. A global crisis like the one we are facing now raises our awareness about how essential care and food are for human flourishing. The underlying logic is very simple: essential workers are life making rather than product- or profit-making" (Burrow in Siegmann 2020: 1).

The labor performed by Eritrean and Ethiopian migrants such as food delivery, caretaking, and others as explained above are essential to uphold the society but also expose these people to risks. Most migrants engage in this type of work because they do not have the option of engaging in other types of work, especially in a country like the Netherlands where Dutch or English language is required to find a job.

Another factor used as one of the intersecting forms of oppression, to specifically frame findings related to women's experience with COVID-19 is gender-based division of labor. Audre Lorde and Kimberlé Crenshaw in Risman and Davis (2013) explain that the living conditions of women are highly influenced and worsened by the mere fact that they are women, especially when interplaying with other identities such as religion, race, class, and nationality (Risman and Davis 2013: 742).

Rubin (2009) explains that, simply because notions about the gender-based division of labor are accepted universally, does not mean they are natural. These ideas emanate from social conditions and hence, can be challenged and possibly changed.

> "In all human societies, sexual asymmetry might be seen to correspond to a rough institutional division between domestic and public spheres of activity, the one built around reproduction, affective and familial bonds, and particularly constraining to women; the other providing for collectivity, jural order, and social cooperation, organized primarily by men" (Rubin 2009: 112).

This division of labor that confines women to the domestic while offering public sphere opportunities to men, oppresses women while at the same time favoring men (Rubin 2009: 112). Similarly, the majority of women in Ethiopia and Eritrea live in rural areas where they are expected to solely focus on childbearing, rearing, and household chores (Abate 2017: 208). As elaborated by Debabu (1997), marriage is defined by the rule that dictates a wife to be subservient to her husband's need and desire. The man is deemed the leader, establishes household rules, and is ultimately the judge, jury, and executioner within the household (Debabu 1997: 66). As the expression goes, 'you can take the girl out of the city but you can't take the city out of the girl', which seems to be fitting here, because

findings show that some migrant women in the Netherlands are oppressed by their spouses, just as they were in Ethiopia or Eritrea.

2.4 Coping with COVID-19 - Identity-Based Solidarity

While this pandemic has become a uniting factor for some, it has created a clear point of demarcation, among others. For instance, many nations have closed borders to non-citizens. "Citizenship appears to have resurfaced as the ultimate marker of belonging and solidarity" (Triandafyllidou 2020: 261). However, this does not mean citizens of a country are less likely to be infected by the virus or carry it to their countries of origin, it just means national solidarity transcends protection from the virus. "In other words, states weigh their obligation towards solidarity and protection of citizens above the risk that they may be carrying the virus" (Triandafyllidou 2020: 261). This begs the questions, what about those who do not reside in their home countries? those who cannot travel back to their countries due to life-threatening situations? What about those who are striving to make a home outside of their home? Those labeled 'migrants' and treated as second class citizens? Who stands for humanity outside the confinement of national boundaries and citizenship, especially during an unforeseen catastrophe such as the COVID-19 pandemic?

The 39,000 asylum seekers stranded in Greek Aegean islands sharing a single shower among 500 individuals and one toilet for 160 people is a well-fitting example to show how unevenly we, as a human race are coping with the pandemic. "Stay at home. Wash your hands frequently with soap and water.' These simple instructions could help save lives and flatten the coronavirus curve" (Tsourdi 2020: 374). However, implementation of these seemingly 'simple' instructions among such a crowded population is unfathomable. The situation on the mainland of Greece is a testament to this fact. Just one month after the first case of coronavirus infection, the rate of asylum seekers in refugee camps reached several hundred (Tsourdi 2020: 375).

I use the concept of solidarity to demonstrate numerous positive and significant lessons learned in coping with the COVID-19 pandemic among Ethiopian and Eritrean migrants in The Hague. As part of the generation living through this pandemic, we have witnessed many coming together at a global, national, and local level to protect themselves and others against the virus and to alleviate its consequences. These include different forms of solidarity based on different forms of identities, the first and foremost one being the migrant status of individuals in The Hague. Other bases for solidarity include country of origin, religion, age group, and profession. Research findings also revealed that migrants came together at individual and family levels to help each other cope through this difficult time.

The idea of people uniting based on similarities is not new. Individuals search for commonalities among themselves based on shared experiences, characteristics, and identities to bond and form groups. Social identity theory seeks to provide a framework for this process of social cohesion. The main argument of social identity theory is that people's identification with a group or certain category influences their behavior and action, to fit in or conform with the values and standards of that group (Haslam in Cruwys et al. 2020: 585). These groups or categories could be formed based on nationality,

race, political affiliation, religion, or others (Hogg et al. 1995: 259). Social identity 'describes and prescribes' characteristics of individuals to allow them entry to a specific group (Hogg et al. 1995: 260).

As explained above, the migrant identity of individuals is a unifying factor. Congruently, research findings revealed that many came together within the migrant population, based on nationality, religion, or profession/means of earning income. These include Ethiopian Professionals Network (EPN), Ethiopian Muslims Association, and Ethiopian Orthodox Church, while Eritreans have a separate Orthodox church. Although social identity-based groups serve as a basis for solidarity, strongly shared beliefs and vindication can influence members negatively. For instance, many Ethiopians and Eritreans believed going to church for group prayer was the ultimate solution to any problem, which led them to act against coronavirus preventive measures.

"In its most bare-bone form, solidarity signifies shared practices reflecting a collective commitment to carry 'costs' (financial, social, emotional or otherwise) to assist others" (Prainsack and Buyx 2011: xiv). In this sense, solidarity is an act that is performed willingly through one's initiative, not imposed or required (Prainsack 2020: 125). This highly resonates with findings of this research where a fully volunteer-based entity was established in The Hague by a group of migrants from Ethiopia, Eritrea, Syria, and other countries to support fellow migrants in coping with the pandemic. The founders of this entity came together by their own free will and provided the needed support to migrants without receiving any form of compensation.

Dawson and Jennings (2012) forward, the notion of "standing up beside", as the basis for solidarity. In some cases, this act of collaboration among marginalized communities with shared commonalities, which is "driven by sympathy and understanding" strives to bring about justice and equality to disadvantaged groups (Dawson and Jennings 2012: 74).

Concerning public health crisis, Dawson and Jennings (2012) have outlined in detail that solidarity is not just a necessary measure but a key and vital tool for coping with the coronavirus as a unified human race;

> "If I am healthy and you are sick, the appropriate response is not one merely of pity or even sympathy by me towards you, but rather seeing that there is a connection between us. Solidarity allows us to see that your condition is inextricably related to my condition" (Dawson and Jennings 2012: 77).

Here, I am by no means denying the existence of differences between different individuals or states. Disputes have been recorded in many instances about the COVID-19 pandemic. For instance, the two world economic powers, the US and China were at odds during the initial phase of the pandemic and throwing responsibility for creating the virus back and forth between one another (Chossudovsky in David and Okoliko 2020: 254). However, as argued by Prainsack (2020), the whole concept of solidarity at a given place and time, is to focus more on similarities that bring people together than the differences that separate them (Prainsack 2020: 125).

Warmingninsih, a 38-year-old Indonesian domestic worker in Singapore wrote an exceptional poem that represents key concepts covered in this research, and eloquently explains migrant's experience with COVID-19 all over the world.

Pandemic

"Disbelief hoping it's just a scary dream stuff from a movie scene
Believing it's only happening at the far side of the world
It will never reach our shores
The outbreak caught everyone by surprise
Battling invisible enemy without a face

Pointing fingers blaming games begin
While the weak suffers unbearable pain
Some survived some succumb to COVID-19
For now, there is no medicine nor vaccine

Circuit breaker lockdown caused everyone to feel scared
Panic buying everywhere stripped the shelves bare
Eerie empty streets the world standstill
Everyone wishes never to fall ill

My plan to visit my family had to put on hold indefinitely
Worry about their situation checking on them daily
Telling them to wash hands, stay safe and healthy

Everyone is home, my workload already plenty, now double
I struggle with the amount of task I have to juggle
In the of the day I am exhausted can't move a muscle

In the midst of this global pandemic
I saw and heard some selfish acts and crazy antics
Fake news and rumors demeaning migrant workers plights
But, as the world become chaotic I witness plenty of heroic deeds
Countless kind souls helping migrant workers in need
Give me a glimpse of hope a tiny light
Everyone needs to play a part by doing what is right
We will surely win this fight!"

Source: (Poetry From Migrant Workers Shines a Light on Their COVID-19 Plight - Kopi, 2020)

I found it important and fitting to include this poem because it depicts a vivid image of migrants' experience with the COVID-19. Many of the points raised also resonate well with anyone that has lived through coronavirus in the past year. It tells a story of how the pandemic has terrified the human race as an entirety; the 'panic buying', 'battling the enemy', scary dream and so forth. Afterward, it articulates the challenges faced by those who are struggling to make a better life away from home and loved ones, those who don't know if and when they will travel home to see families again, those who

are engaged in menial work to remit money to expecting families, the migrants. Finally, it concludes with a positive and hopeful message because as history has shown us, in every storm, a hero emerges, a hero that selflessly seeks to help others. Though it narrates hardship, the poem envisions a society that will come together in solidarity to battle a common enemy. It is optimistic, much like the story I am trying to tell with my research. Like this poem, research findings revealed many heroes in the wake of this pandemic; better-acculturated migrants volunteering to help new ones free of charge; migrant families and individuals supporting families and loves ones affected by the pandemic, mobilization and financial support to countries of origin, emotional support among Christian and Muslim communities and so forth.

Chapter 3 Method and Research Ethics

3.1 Introduction

In this chapter, the research technique used for collecting and analysis of data is explained in detail. This covers all steps beginning from the identification of research participants, the data collection method utilized, challenges faced, limitations, the procedure of data analysis, and the personal position of the researcher. It also narrates the interaction with research participants and ethical considerations that were applied with due respect to the safety, privacy, and dignity of all involved in the research process.

3.2 Qualitative Data Collection – Phone Interviews

This research relies on qualitative data and secondary sources such as books, articles, websites, and other published materials. Qualitative research aims to "seek a contextualized understanding of phenomena, explain behavior and beliefs, identify processes, and understand the context of people's experiences" (Hennink et al. 2020: 17). Qualitative data was collected through an in-depth interview method using a semi-structured interview guide. The research aimed to collect stories and individual experiences as felt by the respondent migrants themselves, for which an in-depth interview was best suited. Organization representatives were also approached in a similar manner and shared what they have done to support migrants.

Questions forwarded to migrants aimed to answer objectives 1, 2, and 3 of the study, which include the various effects (social, health, economic) of the pandemic on migrant individuals, coping mechanisms employed, and specific experiences faced by women and children in particular. Additionally, four organizations were interviewed to address objective 4, which intends to explore the existence and extent of support provided by the Dutch government and NGOs to migrants in The Hague. These include Help desk NewKomers/Corona Actiecomimtee Statushouders and Pharos (Dutch Center of Expertise on Health Disparities). Organizations specifically involved with Ethiopians or Eritrean communities such as the Ethiopian Embassy in the Netherlands and Ethiopian professional association were also interviewed.

Two different semi-structured interview guides were used to collect data from Ethiopian and Eritrean migrant individuals and organizations that provide supportive services to migrants. A semi-structured interview guide was utilized since it provides a compromise between a fully structured/closed interview and open-ended questions. As specified by Leech (2002), a semi-structured interview includes predesigned questions that provide some element of structure to the conversation, while also allowing the interviewer to engage in emerging issues and probe for more detail (Leech 2002: 668).

Due to the coronavirus pandemic, fieldwork that involved physical interaction with other people was deemed impossible. I wished to minimize risks of infection by any means necessary and therefore preferred to do online interviews, mostly through phone calls. This gave interviewees the liberty of undertaking interviews at whatever time and whichever setting made them comfortable. Though I did

not expect the interview to take more than one hour, the minimum amount of time taken for one interview was one hour and a half while some interviews lasted for two hours.

As explained by Bampton and Cowton in Cheng (2018), "Such technology-assisted interviews diminish geographical barriers and time constraints, increase flexibility, and minimize operational costs for data collection". This encourages participants to speak candidly about issues by providing them a sense of comfort (Bampton and Cowton in Cheng 2018: 194). The phone interviews provided me with the flexibility to schedule interviews at any hour of the day, including evenings and weekends, when participants had free time to speak on the phone. This was useful to conduct the interviews efficiently in a short period.

3.3 Locating, Accessing, and Selection of Interview Participants

Interviewees were selected through snowball sampling method by identifying Eritrean and Ethiopian migrants through networks in the Habesha community. As defined by O'Leary (2017), snowball sampling involves the selection of "a sample through a series of referrals. For example, asking initial participants to nominate other potential participants who then nominate further participants" (O'Leary 2017: 383). This method of sampling was particularly useful because I am working with a research team composed of Ethiopian and Eritrean members, who have lived in the Netherlands for more than 8 years. This team is undertaking a study on a similar topic and was immensely useful in finding contacts of research participants and establishing a link with organizations.

O'Leary (2017) explains that interview participants usually have a diverse background and vary in terms of gender, age, employment, nationality, and other necessary variables (O'Leary 2017: 147). The composition of interviewees for this research is described in the table below.

Table 1: Description of research participants

Respondent Number	Identified Gender	Country of Origin	Age	Marital Status	Children	Employment	Year of arrival
1.	Male	Eritrea	29	Single	None	Law student, Part-time food delivery and restaurant waiter	2014
2.	Male	Eritrea	30	Single	None	Delivery, part-time waiter	2014
3.	Female	Ethiopia	29	Single	1; 4 years old	Asylum seeker	2017
4.	Female	Ethiopia	40	Single	None	Elderly caretaker	1990
5.	Female	Ethiopia	37	Single	None	Unemployed	2002
6.	Female	Eritrea	40	Single	None	Translator	1996

7.	Female	Ethiopia	52	Married	2; 15 and 12 years old	Housewife	2004
8.	Female	Eritrea	36	Married	2; 4 years and 3 months old	Housewife	2014
9.	Female	Eritrea	28	Widow	2; 5 and 2 years old	Unemployed	2018
10.	Male	Ethiopia	46	Married	4; Under 10 years old	Taxi driver	1994
11.	Female	Ethiopia	38	Married	2; 6 and 3 years old	Accountant	2006
12.	Male	Ethiopia	43	Married	3; under 10 years old	Taxi driver	1995
13.	Female	Ethiopia	29	Married	1; 6 months old	Restaurant owner	2013
14.	Female	Ethiopia	50	Married	1; 28 years old	Restaurant owner	2014
15.	Male	Ethiopia	50	Married	2; 13 and 6 years old	Mechanical Engineer	1991
16.	Female	Ethiopia	38	Married	2; 9 and 7 years old	Consultancy firm owner	2011
17.	Female	Ethiopia	39	Divorced	1; 12 years old	Teacher	2012
18.	Female	Eritrea	35	Married	2; 2 years and 6 months old	Housewife	2018

3.4 Ethical Consideration

Orb et al. (2001) define ethics in simple and precise terms as, "doing good and avoiding harm" (Orb et al. 2001: 93). The concept of Ethics is particularly important during this time of a pandemic when shaking hands or even standing close to each other poses life-threatening risks. For that reason, all interviews conducted for this research were on the phone. This was done to avoid harm to the researcher as well as informants.

Ethical guidelines are useful to make an informed and moral choice if the researcher is faced with a dilemma while conducting research. Ethics also ensures that the privacy and consent of participants is respected by the researcher during the entire research process (Bulmer 2001: 50). Before beginning each interview, the purpose of the research was clearly explained and respondents were assured of their rights to withdraw at any point during the interview if they felt uncomfortable. Afterward, participants were asked to provide verbal consent, which was considered as the green light to commence the interview process. In line with this, informants were assured that all information will

be kept confidential. Data was only shared among research team members and numbering was used to avoid identification of specific informants.

Moreover, organizations were provided with written accounts/transcription of interviews so that representatives could check if their responses were accurately portrayed. The organization representatives read these transcriptions and provided approval before findings were included in the analysis.

3.5 Analyzing the Data

Many qualitative researchers view analysis as an art that requires specific instincts. It takes a unique set of skills to narrow down hundreds and sometimes a thousand pages of field data to a few pages of important points (Miles & Huberman 1994: 11). Some well-articulated phrases used to describe qualitative data analysis include, "a science and an art", "structured but flexible" and a process of "calculated chaos". The science piece relates to thoroughly following an existing structure while the art aspect consists of interpreting individuals' experiences. It requires taking a close look at people's actions, words, gestures to identify what lies beneath; causes, consequences, or impacts to answer the research question at hand (Hennink et al. 2020: 212 – 213).

Interview transcriptions were analyzed similarly. All interviews were conducted in Amharic (for Ethiopians) or Tigrigna (for Eritreans) language, but transcriptions were written in English for efficiency. At first, I felt overwhelmed looking at the sheer amount of data I had gathered. The research participants had a lot to say, some issues raised were found directly related to the study while others, were not quite related. Therefore, I read and reread each transcription and categorized data per objective, which provided some sort of structure/guidance. This was easier to accomplish since my interview guide was also categorized per objective. Afterward, I studied the transcriptions per each theme to identify patterns and weed out irrelevant information. Finally, the most relevant and intriguing findings were compiled to make a summarized report. This was the scientific bit. The second phase focused on interpretation to make connections between stories/findings and distinguish how responses related to one another.

I also identified some striking and powerful expressions which were cited as a direct quotation within the analysis. As stated by Sandelowski, "Quotes are used to support researcher claims, illustrate ideas, illuminate experience, evoke emotion, and provoke response" (Sandelowski 1994: 479). It took a lot of back and forth with the data to make sure I did not miss a story worth telling, to find patterns, and in some cases reach out to people to clarify points that seemed irrelevant at the time of the interview and were not explained in detail.

3.6 Limitation and Challenges Faced

The findings of this study must be seen in light of some limitations. One of these limitations is the research's qualitative approach, which by nature cannot be generalizable to a larger population. Granted, it allows delving deeper into many of the issues faced by migrants during the COVID-19 pandemic and can be used as a starting point to understand the experiences of Habesha migrants in

other countries and experiences of migrants in general. However, this type of research method does not allow generalizability. As explained by O'leary (2017),

> "If your research project is centred on a particular case, or is designed to collect more in-depth qualitative data, that will limit your sample size. Under these circumstances, you may not be able to argue generalizability. Yet broader applicability may still be a goal. If this is the case, your goal will be the indicator of transferability or highlighting 'lessons learned' that are likely to be applicable in alternative settings or populations" (O' leary: 2017: 66).

As explained above, this research may be useful to provide lessons learned or share experiences about how Ethiopian, Eritrean, and other migrants are coping with the pandemic in the Netherlands at the national level and even in other European countries. Research setting and methods are explained thoroughly so that applicability can be determined by readers.

Furthermore, the phone interviews utilized for data collection eliminated any chance of observing informants' facial expressions, gestures, and surroundings. I believe undertaking the interviews in person over coffee or in a relaxing environment like a park might have helped to build a better rapport and solicit additional insight. Therefore, another limitation of this research is that findings are not supported by data from observation. Furthermore, informants might have been unable to share deeper insights, specifically related to challenges due to the online and somewhat distant nature of conducted interviews.

When looking at challenges faced, the migrant status of most respondents posed difficulty in gaining in-depth insights on challenges faced. As I noticed, these migrants are extremely thankful for the amenities they have been exposed to in a European country and do not want to seem ungrateful. Many were comparing their situation to living conditions back home and confirmed, they feel privileged to live in the Netherlands. An Ethiopian woman currently residing in Rijswijk camp specifically commented, "The Dutch government has taken better care of me than my own". This is related to the provision of free housing, monthly allowance, and healthcare by the government. I believe this mindset prevented them from sharing problems faced.

Another challenge was a lack of trust by migrant interviewees. Even though participants were identified through mutual friends, they were not willing to give consent for audio recording. While scheduling my first interview, I was faced with an eye-opening experience that served as a lesson and shaped the rest of my interviews. I lost the trust of my first interviewee when asking for audio recording consent. It was obvious to see her disdain after the mention of recording. The setting of our planned interview, over the phone, in a condition where she was unable to physically check for recording did not help her concern. I tried to convince her I would not record without consent but to no avail. She backed out and I was forced to find a replacement. I subtly mentioned recording to other interviewees but quickly backtracked when sensing their discomfort. This was a learning moment, after which I decided never to bring up the matter of audio recording. I wished to be understanding of their unique condition as migrants, which might lead them to feel conscious, insecure, and wary of others.

3.7 Personal Position

For me, this research has been an enjoyable journey and exploration. I enjoyed working on a current issue and investigating this new phenomenon that has taken over our world in such a short period. My position as an Ethiopian that understands the local context, background, and language provided me with the added advantage of building initial rapport and communicating easily with the Ethiopian interviewees, using the local language. I was also able to relate to some of the responses provided by participants, which helped the interviews to flow like a conversation. Firstly, respondents understood the value of obtaining a European education for an Ethiopian woman like me and wished to contribute in any way possible for the success of my studies. Additionally, some of the informants who fall under the category of those "more formally educated" understood the objectives of the research well and deemed the topic a worthy area of investigation, considering the marginal status of Ethiopian and Eritrean migrants in The Hague. They were motivated to contribute to research that could potentially inform policies and help to improve migrants' lives in the long run.

Organization representatives were also happy to contribute to the research because they considered it a significant but underrated issue, especially since most of the organizations included are working to serve marginalized sections of the society such as migrants. These organizations such as Pharos and the help desk commend any work that reflects migrant's struggle and experience within the Netherlands.

However, I was also challenged because of my position as an Ethiopian student living in the research site, The Hague. Due to my nationality and current place of residence, I share commonalities with the research participants in how I have experienced the pandemic. For this reason, I had to be extra cautious to delineate between my own experience on one hand and research participants' experience on the other.

Chapter 4 Analysis of Findings

4.1 Introduction

This chapter presents the voice of migrants and organizations set up to support migrants, in the form of research analysis and discussion. Previously undertaken studies that align well with identified themes are also included to support arguments. Qualitative data is interpreted and presented under separate sections. These include experiences of Habesha migrants with COVID-19 in relation to health (both physical and mental) impacts, financial effects, and particular experiences of women and children. The two-way relationship between the social system and COVID-19 is also discussed. This is because social norms and societal expectations have shaped migrants' experience with COVID-19, just as COVID-19 had significant implications on the social interaction of people. Intersectionality is used as an overall framework to analyze the experience of migrants in general. Specifically, 'gender-based division of labor' is used to frame the experiences of women, whereas the concept of 'precarious work' is utilized to analyze the financial impact of the pandemic.

4.2 The Downside of Staying Inside – Fear, Anxiety, Confusion and Paranoia

Ordinarily, staying home is an activity enjoyed by many, either to take a break from work, to avoid bad weather, to entertain family and loves ones, or simply to enjoy some alone time. But done too much and for too long, coupled with the fear of a new plague on the horizon and a fear for one's life, it can become torturous.

The NPI measures such as staying home and physical distancing, which are undertaken to curb pandemics are proven to have dire psychological consequences, which include psychosis, anxiety, stress, and depression. These impacts are not only felt during the pandemic but might cause prolonged complications for a person's mental health (Holmes et al. in Rauschenberg et al 2020: 5). Impacts such as depression, anxiety, and panic were also reported by interviewed Ethiopian and Eritrean migrants. In the case of migrants, who are adjusting to a foreign land, away from family, friends, and loved ones, the impacts of isolation have been felt worse.

> "Detrimental effects of pandemics are disproportionally distributed across communities: …Those with inferior social position, for instance, have been found to have increased disease fatality and hospital admission rates as well as to experience more severe psychosocial and economic consequences" (Gayer et al. in Rauschenberg et al 2020: 4).

When asked about information related to coronavirus, responses differed based on participant's understanding of Dutch and English language. Respondents who speak these languages well believed they were well informed about coronavirus and protection measures through RIVM (National Institute for Public Health and the Environment), news, briefings delivered by the Prime Minister, and Ministry of health and social media. However, some reported that stress level is heightened because most information shared focuses on the number of infections and deaths, rather than recoveries.

Participants confirmed they were confused and in panic during the initial stage of the pandemic in March. They explained that the information received changed daily and was confusing. An Ethiopian taxi driver who is also a husband and a father of two children expressed his concern about his family as follows;

> "The information I got was confusing because it changed daily. At first, I thought it was a virus from China that will only infect Chinese individuals. I was very nervous when I picked up an Asian woman in my taxi during March. She was wearing a mask, which made me assume she already had the virus. Afterward, I decided to stop working because I did not want to put my wife and kids at risk" (Respondent 12, 2020).

A few months after the initial surge in March, a lot of the respondents reported, they are still not completely clear about the means of coronavirus infection or it is prevention. This is common among, the newcomers (those who arrived in the last 5 years) since they have not acculturated well to the Dutch system. However, even an Ethiopian who has been educated within the Dutch system and lived in the Netherlands for the past 10 years expressed confusion about the virus;

> "We come in contact with different objects and people during the day; we must go out to buy food, to work, or sometimes just because we require fresh air. It can be quite tedious and mentally exhausting to consistently second guess what we touched, especially at shops when buying food, the distance we are walking from others if we remembered to sanitize our phone and other details such as this" (Respondent 17, 2020).

This shows the unique nature of the pandemic that causes people to feel helpless because they do not exactly know or understand how to protect themselves. Even when one understands the required preventive measures, implementation can be challenging. There seems to be no clear-cut method of prevention.

Other participants also explained their confusion with contradicting information, recounting a time in April when WHO was encouraging the use of masks globally while Prime Minister and Health Minister of the Netherlands preached that masks are not important, so long as people maintain distance. These participants suggested for the government to enforce the use of masks since the number of infections has been rising. This is of course not the case in public transportations, where masks have been enforced by the government. As explained by Cheng et al. (2020), wearing masks would contribute significantly to halt the spread of coronavirus, and would complement measures already being implemented, such as handwashing and social distancing. They give particular focus to individuals who do not have the luxury of staying home, those who are required to work, and suggest "mass masking" would be immensely useful to protect their health (Cheng et al. 2020: 2). Siegmann (2020) agreeably labels these workers as "essential workers" and "heroes" (Siegmann 2020: 1). Due to the essential nature of their work and the remarkable service they provide for society, others should show appreciation and support by adhering to prevention measures.

Additionally, even those staying at home would need to get back to work in the future and would benefit from wearing masks. "This measure shifts the focus from self-protection to altruism, actively

involves every citizen, and is a symbol of social solidarity in the global response to the pandemic" (Cheng et al. 2020: 2). Here, we observe how the pandemic, in its nature calls for solidarity at various levels. Deciding to wear a mask or not, which on the surface appears to be a personal choice involves others and is interpreted as an act of care and solidarity.

Some respondents remarked, the Dutch government seems reluctant to enforce preventive measures among its citizens. Anyone who lives in The Hague and the Netherlands, in general, has witnessed individuals defying the 1.5 distance regulation in the streets, shops, and restaurants but nothing has been done to penalize those people. Some individuals noted, the government and the country, in general, survives on taxes so it may be trying to find a balance between health protection and avoiding economic turmoil. One participant concluded his opinion by making an interesting statement, "If the Dutch city hall was a business, it might have declared bankruptcy itself".

When asked about the measures put in place to halt the spread of coronavirus, most interviewed migrants expressed serious concerns with regards to implementation. Many reported they could not find sanitizers and masks in the market during the initial outbreak, which heightened their fear. Some expressed concerns with regards to distancing measure since many people on the streets, in shopping areas, or restaurants were not abiding by them. An Eritrean male who works in delivery and hence able to observe many restaurants, streets, and much of the outside expressed his observation about distancing as follows;

> "I feel that distancing has become theoretical in the Netherlands; it is not implemented anymore. The government is contradicting itself when encouraging 1.5 social distancing while the red-light district has been open since June" (Respondent 1, 2020).

On the other hand, the notions of isolation and distancing were deemed impractical by many migrants due to their living conditions. A single mom who has lived in the Netherlands for close to 10 years explained she does not have anyone she trusts to take care of her child if she fell ill;

> "The whole concept of self-isolation is unclear to me in situations where most families live in apartments, how will a person isolate when they are living in a shared apartment?" The single mom explained worriedly, "Who will take care of my child if I get infected? I was contemplating to send him back to Ethiopia because there are more family members back home" (Respondent 17, 2020).

This shows the challenging circumstances of a migrant, even if they have lived in a country for as much as a decade. We can observe here that, absence of family or close loved ones while facing a problem such as the pandemic makes it even more unbearable.

Cohn and Passel in Guadagno (2020) present arguments that support the above findings. "Migrants, as other minority citizens, are more likely to live in multigenerational households, where infection of particularly fragile, older individuals, is more likely" (Cohn and Passel in Guadagno 2020: 7). Taylor in Guadegno (2020) further elaborates, migrants might not be considered during the implementation of COVID-19 response programs. They might be excluded from schemes that

provide paces for quarantine/isolation – "such as temporary accommodation in hotels or other facilities, rental subsidies or exemptions" (Taylor in Guadagno 2020: 7).

An Ethiopian asylum seeker who has been living in Rijswik camp for the last three years also explained her concern about isolation and distancing as follows;

> "I worry because I live in a camp. I share a living room, a bathroom, and a kitchen with 7 roommates while 3 of us stay in one room. Since it is a shared living space, I am afraid, even if I apply all protective measures, my roommates might still expose me to the virus" (Respondent 3, 2020).

Kluge et al. (2020) affirm this finding by arguing refugee camps are especially prone to expose their residents/asylum seekers to infection. "These camps usually provide inadequate and overcrowded living arrangements that present a severe health risk to inhabitants and host populations" (Kluge et al. 2020: 1238).

When asked about what worried them, participants reported being anxious about the conditions back home than about the situation in the Netherlands. They believe that the Dutch government can support those living in the Netherlands, even if people lose their jobs. But the conditions in Ethiopia and Eritrea are perceived to be worse and could become drastic if cases continue to increase. They assume the government cannot provide much support to the needy and people might starve if they do not earn daily wages. A mechanical engineer who lives in a relatively better condition expressed his fear about the condition in Ethiopia as follows:

> "I am worried about the situation back home because the economic condition depends on people's daily labor. People will not cooperate with distancing and staying home measures because they cannot afford to do so. The recent political instability and killing in Ethiopia are also adding fuel to the fire" (Respondent 15, 2020).

An Eritrean interviewee also explained his fear when he learned about two people testing positive in Mai Ayni refugee camp in Ethiopia, where his family is currently living. As Kluge et al. (2020) explain, in most cases, refugee camps do not provide essential survival needs such as clean water, soap and are marked by a lack of medical professionals and insufficient access to vital health-related information (Kluge et al. 2020: 1238). This is especially worse in developing countries like Ethiopia, where Mai ayni camp is located.

Here, we can observe the layers of struggle faced by migrants. Hearts and thoughts are torn between home and the places where they currently reside. Even if migrants feel they have managed to get themselves to better living situations in countries considered 'developed', their hearts and thoughts remain with their families back home whom they perceive are in difficult conditions. The inability to travel and see loved ones and cutting off internet connectivity in Ethiopia due to security concerns prevents migrants from contacting their families. These factors make the experience of migrants with COVID-19 even more challenging.

Based on an interview conducted with a representative from Pharos, the Eritrean migrants exhibited signs of paranoia by claiming the Dutch government is conspiring to get them purposely

infected by COVID-19. This was in response to advice given by Pharos staff for migrants to leave the for a walk and some fresh air. The representative explained such advice was provided to help migrants avoid depression. However, some of the Eritrean migrants misconstrued the suggestion; they asked why they were being advised to go out for air while guidelines instructed people to stay at home. Migrants could have also been comparing Dutch regulations to the ones in their own countries of origin, which highly cautioned citizens to stay inside. She further remarked, "This is understandable in the case of Eritreans because of their traumatic past in countries of origin and journey to the Netherlands. They often exhibit difficulty trusting others"

The interviewed representative from Pharos also reported that one difficult impact of the pandemic for migrants was, postponement of the Dutch language exam, which hindered many of them from beginning school in September. The exam was postponed repeatedly, which led many migrants to feel helpless and depressed since it put their life on hold. They are not able to go to school or be employed in any organization if they have not taken that exam, which means they stand still waiting for this particular exam, on which the rest of their lives depend.

4.3 Heterogeneity of Migrants: Financial Shock felt Differently by Different Migrants

Based on qualitative data gathered so far, the financial effect of the pandemic was felt by migrants in contrasting ways depending on their field of occupation. Surprisingly, those working in food delivery, (which is a common means of earning income for most migrants) experienced an increase in income, which could be explained by the quarantine and many people preferring to order than going out for meals. However, we must note here that an increase in income comes at the cost of exposure to health risks. More hours spent outside increase the chances of infection, which shows the precarious and risky nature of the delivery job during a pandemic.

Others, who can work from home and receiving fixed monthly incomes with permanent contracts, such as accountants, engineers, university professors, and students (who receive a monthly stipend from the government or scholarships) did not experience much change in their income. Surprisingly, asylum seekers also fall under the category of those financially unaffected because they also receive a fixed monthly income from the government, which has not changed due to coronavirus. Gelatt in Guadagno (2020) explains this phenomenon as follows,

> "Exposure and vulnerability to COVID-19 are also shaped by people's work and working conditions. Migrants make up a disproportionate share of the workforce in sectors that have remained active throughout the crisis, such as … deliveries, personal care and health-care provision, garbage collection, and cleaning services" (Gelatt in Guadagno 2020: 7).

This is reflected in an interview I conducted with an Ethiopian nurse whose daily task involved taking care of the elderly. She had a particularly traumatic experience when some of her patients tested positive for the virus. She remembered a period of panic and anxiety, which resulted from frequent and close contact with coronavirus patients. She did not have the option of maintaining distance. She

was trained to apply protective measures and manage their needs. While the majority of citizens were staying home to 'stay safe', she had to face the virus head-on, every day. Even though she did not suffer from the financial impact of the pandemic, her experience reveals the emotional impact was the toughest to bear. In her article, Siegmann (2020) brings to the forefront the underrated work performed by low wage workers engaged in food and care work. The story of the Ethiopian nurse and others in delivery work can be classified into what Siegmann has labeled "essential work", during the fight against the COVID-19 pandemic. Though essential, these jobs are also considered "precarious" because they present a risk to the workers. "Thus, while symbolic and literal applause for essential workers reveals a level of cognizance of their importance, in fact, the coronavirus crisis even aggravates these workers' precarity" (Siegmann 2020: 1).

Similarly, a study undertaken by Alcendor (2020) in the US revealed that low-income communities are not able to easily access necessary and basic social services, which increases their chance of developing pre-existing health conditions. This, in turn, increases their vulnerability to COVID-19 infection. "Societal and cultural barriers for ethnic minorities to achieve health equity are systemic issues" (Alcendor 2020: 1). Furthermore, Adhikari et al. (2020) provide numerical justification that supports these findings. According to their study conducted in the US, the infection rate is 8 times more likely for black, Hispanic, and other communities than the white population. The likelihood of death also increases 9-fold for non-white communities (Adhikari et al. 2020: 2).

Similarly, in the UK, a survey of 2,108 adults revealed high interest among respondents to stay isolated, if they could. This shows that it is an inability to cope with the consequences, rather than a lack of interest that hinders many individuals from applying preventive approach such as staying home. "Those with the lowest household income were six times less likely to be able to work from home and three times less likely to be able to self-isolate" (Atchison et al 2020: 2). These findings were congruent with the minority and black sections of the society, which represented the majority of the population with low income. "The ability to adapt and comply with certain NPIs is lower in the most economically disadvantaged in society" (Atchison et al 2020: 2). This applies to research participants particularly engaged in delivery work. They do not have the luxury of staying home or social distancing because delivery work is paid based on actual deliveries made. In other words, if they do not deliver, they don't get paid, which means pandemic or not, they go out to work.

Some individuals were laid off from their jobs. One respondent who works in a restaurant as a coffee machine operator explained his contract has been terminated as of September 2020 after the restaurant suffered a significant loss during the lockdown. He further explained that the compensation payment of 375 euros will not be sufficient to cover his expenses unless he finds a replacement job.

An interview with an Ethiopian Engineer who has lived in the Netherlands for more than 30 years revealed both him and his wife are granted what is called a 'Zorgverlof', which is 10 days care leave that can be used to care for children or other reasons, as deemed necessary by the employee. He explained this was particularly helpful to manage the workload and homeschooling of kids during the two months lockdown. This clearly shows the inequality within the migrant population, who benefits from which opportunities and who is excluded. The majority of Ethiopian and Eritrean

migrants are not employed in job settings, where such benefits are available, which clears delineates a difference of experiencing the pandemic among migrants.

The mainstream narrative states that those with already existing medical conditions are more threatened by COVID-19. Nevertheless, as clarified by McNamara in Nolan (2020), poor health conditions are well aligned/intersect with poor economic conditions and many people fall under both categories, which means they are highly exposed to risks of COVID-19 (Nolan 2020: 1).

> "The COVID-19 pandemic has illuminated the stratification of society in every nation-state it has touched. The pandemic has unmasked the hidden systems of inequality that are lost in the mundanity of everyday life fracturing the veneer of capitalist meritocratic society" (Nolan 2020: 1).

A representative of Pharos also confirmed, most Eritreans do not come from the capital city, they come from the more rural areas, which increases the likelihood of being uneducated. This makes it difficult for them to easily integrate with the Dutch environment. She specifically stated, "The amount of paperwork, I can't imagine how you deal with that when you have not learned how to read or write". This shows how a lack of education interplays with the migrant status of individuals to exclude them from the system and financial or health benefits.

4.4 Risking Health for Social Capital

Almost all participants unanimously agreed they are more concerned with the situation in Ethiopia and Eritrea than in the Netherlands. They cited the economic conditions, people's way of life, living conditions, and poor health care systems as reasons for their concern. Many got into arguments with families back home who were not taking the virus seriously. One of the interviewees explained she was in tears on the phone trying to convince her family not to go to a funeral while another respondent spent days talking to different family members to postpone her brother's wedding.

According to one of the founders of the help desk, the number of migrant infections skyrocketed during Eid and Easter holidays because people were gathering for celebrations. Even if the church was closed, people still risked the fine of 390 euros and kneeled in front of church gates to obtain what are believed to be blessings. A belief in God's protection seems to transcend over the fear of the pandemic. Even if the church was discouraging people, they still opted to go. Another reason that made people daring was a rampant belief that Africans, especially those with darker skin are immune to the virus. This was because only a few cases were reported in Africa during the initial stage.

This can be explained by a coincidental incident when an African Man, Mr, Senou recuperated well after being infected with the virus in February 2020. The News that flooded the media afterward claimed, he survived because of his unique blood and resilient African genes (Reuter Fact Check in David and Okoliko 2020: 255). Using this as a basis, the African inspirational speaker, Mr. Zanomoya Mditshwa further elaborated on the assumed "indestructibility" of Africans as follows:

> **"**Caucasians are always at war with our black skin because they know our melanin is our defense against all that they throw at us. This proves yet again that the black man is

> indestructible, our bodies are made of the same substances that make up this Earth because we are owners of this universe they will never wipe us off, history has already proved that" (Reuter Fact Check in David and Okoliko 2020: 255).

Statements like these have highly influenced, biased, and misinformed many Africans into assuming they are immune from the virus.

Some participants reported their displeasure with the behavior of fellow Eritrean migrants and the Dutch government's relaxed attitude towards the implementation of prevention measures. An Ethiopian restaurant owner who observed many of Habesha's behavior in her place of business remarked:

> "I believe the measures put in place by the government are important and necessary, but they are not implemented in all areas. Many Habeshas have tried to shake my hand, remarking, are you not going to greet me, are you afraid of the corona, as if my fear and caution would make me more prone to the virus. I have sometimes asked myself the question, have these people not heard of corona? I have noticed that people are not inclined to practice the measures unless there is a punishment involved. For instance, people are now strictly wearing masks in public transportation because it has been enforced" (Respondent 14, 2020).

According to an interview conducted with a representative from Pharos, it was difficult for Eritreans to follow the rules of staying home. Their hesitance to physically visit people was interpreted as 'uncaring' character, due to cultural expectations, which reserve phone calls and other ways of communication for distant family and friends. Within these cultures, those that truly care about other's wellbeing, always take the time to visit in person. As a result, many braved into the houses of relatives and loved once, while bearing the risk. Cruwys (2020) "social identity model of health risk-taking" resonates well with this finding. According to his model, which is based on the social identity theory, we as humans have two separate but also interrelated means of locating our sense of identity. On a more personal basis, we identify ourselves as individuals with a unique identity. We also conform to social identities that are part of a bigger social structure and emanate from various groups such as religious groups. We usually hold these groups near and dear to our hearts while also taking pride to be associated with them (Tajfel & Turner, 1979; Turner et al in Cruwys et al. 2020: 585).

> "Through their capacity to transform psychology and behavior, group processes fundamentally structure our perception of safety versus vulnerability. … potential threats arising from ingroup members – particularly those with whom we share a strong social identity – will be perceived as less risky, and inspire greater risk-taking behavior" (Cruwys et al. 2020: 585).

For these Eritrean and Ethiopian migrants, who are connected by their migrant status in a foreign land, their nationality as Eritreans/Ethiopians and/or religions such as Christians/Muslims is an essential part of their identity. These forms of social identity influence their behavior and decisions to implement COVID-19 preventive measures or not. It appears they made a deliberate choice to

conform to social expectations while disregarding public health regulations to spend time with friends and loved ones during the holiday season. This explains the rise in the number of infections among Ethiopian and Eritrean migrants during the festivities of Easter (for Christians) and Eid-Al-Adha (for Muslims).

4.5 Experience of Migrant Women with COVID-19

Based on the interviews conducted with diverse households, I observed that some individuals and families, especially those who have recently arrived in the Netherlands in the past 5 years tend to be patriarchal. The women perform household chores and child-rearing while the men are the sole breadwinners who provide an allowance for the household expense.

Some interviewed women especially stay-at-home mothers reported, they are dependent on their husbands. These women are heavily reliant on their husbands/partners to even obtain information about global health issues such as the COVID-19, which are pivotal to their life. Few of the interviewed Eritrean women are victims of abuse by their husbands. One of them appears to be completely subservient to her husband where it sounded as if her whole life depended on him. She relied on him to make doctors' appointments, manage the household's income, and even obtain information about the coronavirus. She reported verbal abuse and appears to be living in a challenging situation, which has aggravated due to the lockdown.

As confirmed by a representative from the help desk, domestic violence cases have always been reported among the Eritrean community, but the numbers dramatically increased during the lockdown. Physical and verbal abuse, arguments in front of kids were reported. When the help desk reported this to the concerned body that deals with domestic violence, investigators refused to help because they did not feel safe to go to the household and perform the necessary investigation, due to COVID-19 restrictions. Sieffien et al. (2020) also confirm that increase in domestic violence is one of the ramifications of staying home, especially for immigrants and asylum seekers. "High density, close-quartered living conditions, debilitating poverty … could be risk factors more commonly found in this population" (Sieffien et al. 2020: 2).

Mothers have also reported that the workload has tremendously increased when their kids and spouses were staying home. This is reported to be especially worse for single moms, who have to take care of their kids while also taking care of household chores and working from home, in some cases.

Lewis in Power (2020) makes an interesting observation that "school closures and household isolation are moving the work of caring for children from the paid economy-nurseries, schools, baby sitters- to the unpaid one" (Power 2020: 68). As stated by the United Nations (UN) in Power (2020), this care work usually falls on the laps of women, which worsens their burden. In addition to performing household chores, the responsibility of schooling kids and taking care of other family members in the household is left as a job for women, even in cases where they are performing paid work. This is "because of the persistence of traditional gender roles and partly because of the structure of women's economic participation, which is more likely to be part-time, flexible, and less remunerative" (UN in Power 2020: 69).

An Eritrean widow who is also a single mother of two expressed her worry as follows;

> "I panicked every time a post came to my mailbox because I did not understand what it meant. Under normal circumstances, I used to take letters to organizations such as VWN but they were closed, which made me too stressed because I did not want to end up in debt" (Respondent 9, 2020).

The single mom of two explained her frustration with the hospital when her son fell sick as follows;

> "My son was very ill, but I could not reach the general practitioner. They were asking me too many questions, which I did not understand so I hang up the phone and just cried. Afterward, I heard about the help desk and was able to get an appointment with their help" (Respondent 9, 2020).

There were also some cases where respondents were either pregnant at the time of the lockdown or gave birth. They expressed serious concerns about their newborns and took extra measures of prevention. When asked about ease in obtaining medical care, a representative from the help desk shared a story of two Eritrean women unable to obtain any medical support for 3 months since March 2020. The representative explained that under normal circumstances, pregnant women are supposed to see a midwife monthly, and biweekly if they have a complication. The midwives refused to see them because they did not want to risk COVID-19 infection. They also could not get an appointment at the hospital because the hospital was only focusing on intensive care. One of them suffered from complications because she was diagnosed with diabetes. The diabetes case was identified late because she was unable to go to the hospital on time. Another one had to deal with bleeding complications by herself because the hospitals did not allow her to come in.

One of the co-founders of this Help desk also explained that during the lockdown, when hospitals discouraged visitors/appointments unless they were faced with serious conditions as follows;

> "Language is a big barrier for recent migrants, they might speak enough Dutch or English to make an appointment but not to explain their issues in detail, which hinders them from getting an appointment at the hospital. In severe health cases, volunteers at the help desk called the general practitioners themselves to explain and obtain an appointment" (Help desk representative).

In relation to this, some women reported that they became pregnant during the lockdown because they could not access contraception pills from their general practitioners.

Finally, it was also interesting to observe that mothers with kids ranging from a few months old to 28 years of age were highly concerned about their kids and adamant to protect them. During the period of panic and confusion, especially when the lockdown was introduced on March 16, many wanted to protect everyone they knew. The protection instinct of moms was exceptionally alert and apparent. When asked about what worried them, all mothers unanimously mentioned their children first, despite how old or in what circumstances their kids were living in. A mom of a 28-year-old

daughter expressed; "I was so worried that I convinced my husband to drive to Germany to bring my daughter to live with us".

4.6 Family Status as a Determinant of Children's Experience with COVID-19

Economic condition and educational background intersected with the migrant status of parents and families to impact children's experience with online education. Language is one of the major barriers for recent migrants (those who came to the Netherlands in the last 5 years). These Eritrean and Ethiopian parents do not have a good command of both English and Dutch language, which prevents them from understanding emails and communications sent from schools.

As explained by one of the founders of the help desk organization, many less-educated migrants were in a panic because they did not understand the information that was shared by schools. Online schooling was also a big problem; they did not know how to support or guide their children because they are not usually involved in their children's education. "There were many who could not differentiate between a password and username to login to the system of the schools". Even after they managed to log in with the help of volunteers at the help desk (through video calls), they could not understand the instructions to support their kids, which resulted in some of the children falling behind.

Findings also show that some families did not have any computers at home or there was a mismatch between the number of computers and the number of children in the household. As explained by the help desk representative, "Schools were alarmed because the majority of migrant kids were not participating in the online education system; these schools were calling parents and the help desk out of concern".

Similar observations are also made by research conducted in Turkey and Germany. The online schooling system introduced due to coronavirus provided a blanket solution to all residing in these countries, which failed to consider specific conditions of marginalized groups, specifically migrants. The problems faced by migrant families and children, especially refugees include the inability to access the online education system arising from lack of gadgets such as computers, tablets, or smartphones in the household. Under these conditions, communication between the schoolteachers and the students was completely halted. For example, in Turkey, around half of refugee children were unable to conduct homeschooling during the lockdown. The situation was the same in Germany, where living conditions were ill-equipped to support children's online education. (Kollender and Nimer 2020: 5).

In contrast, when speaking to educated parents, results showed that migrant parents who have been trained in the Dutch education system since their bachelors or earlier found it relatively easier to support their kids with schoolwork. An Ethiopian father of four daughters, who has lived in the Netherlands for about 15 years explained, "It was a time when I was able to regularly check in on my children's education" (Respondent 10, 2020).

For those who were educated in their countries of origin, they found the Dutch method of education to be quite puzzling. As described by one interviewee,

> "I was almost depressed because it was too much to handle; juggling my work, parenting my kids that were home 24/7 and supporting their online education while dealing with the stress of a pandemic" (Respondent 16, 2020)

Similarly, An Ethiopian mom of two who had to manage her online accounting work with homeschooling her kids also expressed her dismay:

> "The kids were restless at home, not as disciplined as they would be in school. The home setup is obviously different from school, so they were acting as if they were on a break and unable to take schoolwork seriously" (Respondent 11, 2020).

Others complained about the loads of emails that crowded their inboxes daily with specific instructions. One respondent who has lived in the Netherlands for close to 10 years explained,

> "Even for me as an educated individual, it was difficult to understand the teaching system. When I tried to explain what I understood, the kids refuse my methods, they only accept what the teacher says as if it's a scripture from the bible" (Respondent 16, 2020).

The mother of two expressed in exhaustion:

> "I reached my boiling point when I was asked to take a picture of my daughter rolling on the ground and send it back to her teacher. I neither had the time nor the energy to do that. That's when I and some other parents filled out a formal complaint" (Respondent 16, 2020).

Other parents also expressed issues related to the ways of living in the Netherlands. All families live in apartments, which felt suffocated when the whole family stayed inside for a long period. Kids were reported to fight more often, which disrupted the household.

When asked about the quality of education, most parents expressed concern with an education that was delivered online. It was a new system where many migrant parents did not fully comprehend and therefore could not support their children. Additionally, the kids were distracted because the setting was different from the formal school.

On a positive note, some parents appreciated the close monitoring of students by teachers and the schools. An Ethiopian father who was happy to be spending more time with his kids and monitoring their education commented,

> "I am very impressed with the teachers' and the schools' commitment. They were following up with each student, making individual phone calls, and providing reading materials. The online classes were carried out well" (Respondent 10, 2020).

This shows a varied experience of migrant kids with online education depending on factors such as economic conditions parents' and educational background.

Chapter 5 Support, Solidarity and Self-Help

5.1 Introduction

This chapter mainly covers the coping mechanisms adopted by different migrant individuals, families, groups, and organizations to deal with the COVID-19 pandemic. Accounts are provided of the Habesha community coming together among themselves support each other. Additionally, supports provided at an institutional level to support migrants in the Netherlands and in countries of origin are narrated.

5.2 Solidarity and Self-Help Among the 'Habesha' Community

The social ties among both the Eritrean and Ethiopian communities are strong. Findings identified distinct associations such as the Ethiopian Professionals Network, Ethiopian Muslims Association, and an Eritrean community that supports Eritreans back home.

Many migrants contributed to the fundraising mobilized by Ethiopian Professional Associations in the Netherlands and the Ethiopian Embassy in The Hague. Many interviewed Eritreans also reported, they mobilized support for fellow Eritreans currently living in Mai Aini refugee camp located in Ethiopia. They also sent cleaning materials such as sanitizers, soaps, and detergent.

When looking into financial support provided by migrants to families and loved ones back home, findings show that all respondents regularly remit money. For many in Ethiopia and Eritrea, the pandemic translated into a loss of jobs and income which put financial pressure on the migrants living in the Netherlands to support them. Generally, findings reflect that even if their incomes have decreased, many migrants are sending money back home, especially for people whose income has decreased due to coronavirus. They explained, no matter what their circumstances are like, they always feel the condition of their families and loved ones back home are worse. This demonstrates the responsibility that migrants feel towards their families back home.

An Ethiopian who has lived in the Netherlands for close to 30 years explained his immediate family is in better off conditions back home. However, this does not mean he worries any less about the conditions back home;

> "Financially, I am not worried about my parents because they have children who can support them, but I do worry about their neighbors and others around them because they cannot eat if their relatives and neighbors are starving. We might support close families, but we cannot support everybody so even if I am not worried about my parents particularly, I am still worried because whatever affects others around them also affects them and hence, us." (Respondent 15, 2020).

Religious support groups such as Orthodox Christians, Muslims, and Protestants have also been reported to support religious group members. A Muslim taxi owner reported, the Ramadan month was especially difficult because he could not do Iftar with friends like he used to. After some time, they made efforts to continue the yearly tradition online and still managed to get together virtually. This

online platform also provided the opportunity for them to openly discuss news related to coronavirus and preventive measures.

A member of the protestant church also explained,

> "I was shocked when the pandemic hit but I was spiritually peaceful because we pray as a group in the church. I am a protestant and I believe I will be ok, even if the world around me is crumbling. Of course, I took protective measures, but my faith mainly rests in Jesus" (Respondent 5, 2020).

Some individuals and families supported the elderly by doing their grocery shopping and dropping it at their doors. An Ethiopian female even went the extra mile to support her British acquaintance when she got infected by coronavirus;

> "I brought her daughter to my house to stay with me and also went by her house every day to cook for her and make sure she is ok, by taking the necessary precaution of course. She recovered with my support after 20 days" (Respondent 14, 2020).

She supported her friend, despite resistance by her husband, friends, and other family members. She could not leave her friend alone, who she also considers as a migrant in the Netherlands. They met when she was babysitting for her child, after which a close relationship developed. She understood her struggle as a single mother and wished to lend a hand.

Similarly, Falicov and D'Urso (2020) explain situations where professionals, families, and students collaborated to support each other in the US, California. People put on their problem-solving hats and stood together in solidarity to cope as best as possible with the pandemic. They assisted families who don't have access to the internet, computers, and others who were living with too many family members in crowded spaces (Falicov and D'Urso 2020: 865).

All the above stories show that Habesha migrants undertook different forms of support at individual, family, organizational and national levels within the Netherlands and also to countries of origin.

5.3 Dutch Government and NGO Support

Research findings revealed that the government has provided financial support commonly referred to as ww-uitkering for businesses and households. Businesses received a one-time payment of 4000 euros while unemployed individuals were allowed to apply for a monthly unemployment benefit, which granted 1,050 euros for singles and 1,500 euros for families.

Businesses include freelancers, taxi drivers who own personal vehicles, and Habesha restaurant owners, who experienced the worst financial effect of the pandemic. They were forced to immediately close their business as of March 16, which ceased all their income, hence forcing them to dip into their savings. For instance, an Ethiopian taxi driver reported a decrease in his monthly income from 4,500 to 1,500 euros per month when he stopped working and applied for uitkering. This shows a significant plummet in his income, which forced him to make various adjustments on expenses.

Similarly, a female Habesha restaurant owner confirmed a one-time installment of 4,000 euros is not sufficient to pay bills and cover costs of the business. She pays 3,500 for rent and utilities every month, which she had to continue paying from her savings, even when the business was closed. Many business owners who reopened their business after the lockdown was lifted in May also reported that their income has decreased dramatically. This could be explained by the fact that many are still working from home and hence also choose to dine at home.

In contrast, another female business owner, who opened up her business only a year ago expressed her surprise and gratitude after receiving the 4,000 euro one-time installment a week after closing her business in March.

> "I am very grateful to the Dutch government for the way it supported us and for anticipating our financial needs. I still have an Ethiopian passport; I don't wish to change my nationality, but I was treated like a citizen. I only began the restaurant work a year ago and have not paid that much tax so I was surprised to see the installment in my account" (Respondent 14, 2020).

This shows different attitudes that migrants have towards the support provided by the government. Concerning financial difficulties, I, as a researcher observed that the Habesha culture and way of upbringing influences some individuals to be grateful by comparing their current situation with circumstances back home. An Ethiopian taxi driver who has lived in the Netherlands for about 15 years reported;

> "It is not sufficient for a family of 6 (with 4 kids) to live on 1500 euros monthly income, that is why we had to use our savings. However, I appreciate the support from the Dutch government because it is better than nothing. As true Christians, we have to be grateful" (Respondent 10, 2020).

This also indicates the influence of religion on people's attitude, it's common preaching in the Orthodox Christian church of Ethiopia to be grateful for what you have because the blessings we have always outweigh the challenges we face.

When asked about the application process for unemployment benefit, most interviewees agreed that the online platform was not challenging. However, according to the founder of the Help desk, many migrants, especially Eritreans did not even know they were supposed to apply online and assumed the money would be automatically transferred to their account as soon as they stopped working. Many did not understand how to operate a computer, let alone fill an English/Dutch form online. Help desk volunteers spent hours on video calls helping them fill the forms online. The representative further explained, "A lot of migrants don't know their rights and obligations; many Eritreans are just now beginning to learn ABC".

Kluge et al (2020) have shared similar findings. When the entire society is exiled to stay at home and keep away from others, schools, hospitals, and other institutions, the online system is left as the only means to obtain basic services such as health and education. This quick fix of virtual system provision has failed to consider those who do not have the necessary equipment such as computers,

internet connectivity, or even the basic knowledge to operate computers. This is the reality faced by many marginalized groups such as migrant families (Kollender and Nimer 2020: 4).

Additionally, as reported by the help desk representative, the Gemeente (city hall) provided computers to migrant families to help them cope with online education for their children, which is a commendable mission.

Overall, we can deduce that the support provided by the government is important for the livelihood of individuals. However, the dissemination of information on the availability of these support programs is necessary to ensure all who need the services can obtain it. Additionally, the system should be updated to consider the specific circumstances and context of marginalized groups such as migrants to ensure inclusivity.

Volunteer migrants came together to support fellow migrants: An organization known as Help desk New Komers was established in March 2020 by four volunteers, mainly to support recent migrants who face language and other barriers in the Netherlands. Looking at the experience of other European countries, vital health information sharing should leave no one behind. In this period of crisis, the government and other stakeholders should consider everyone residing in the country when disseminating vital health-related information. Additionally, supportive services should be provided to those marginalized groups such as migrants, who face difficulty to understand the local language.

The helpdesk worked with Vluchtelingenwerk Nederland (VWN/Dutch Council for Refugees) to spread translated information that is well contextualized to the less/uneducated migrants in their native language using videos and drawings through Facebook and WhatsApp.

> "Providing information to communities that don't speak the national language fluently had a catastrophic impact in Sweden. Six of the first 15 coronavirus casualties in Sweden had a Somali background. The Swedish government has now committed to providing coronavirus-related news in 15 languages, including Somali" (VOA: 2020).

According to information provided by one of the co-founders of the help desk, it was first established by a group of four migrant volunteers who speak Amharic (mainly spoken in Ethiopia), Tigrigna (mainly in Eritrea), and Arabic. These founders already had the experience of supporting migrants through their work (especially projects funded by Gemeente/the Dutch municipality) that provided specific training for migrants on empowerment, mental health, parenting, and other related matters. This helped them to gain good insight into migrants' needs. Co-founder Yordanos Lassoy explains,

"Many migrants did not understand the news, they were confused and were calling us at an individual level to seek help. That is how we got the idea to establish the help desk. We each contributed 2,500 euros from our pocket, recruited and trained about 40 professional volunteers, and started up online".

Image 4: Online training provision to volunteers by helpdesk founders

Another cofounder explained;

"The support does not stop with just translating the information but that people also need follow-up support. If you have symptoms you can call your doctor, for instance. But then the next problem sometimes is that they cannot call the doctor because of the language barrier, then we have like this back office for questions that cannot be answered right away, and also call their doctor for them" (VOA: 2020).

The services provided by the help desk include spreading factual information (obtained from a trusted website of RIVM through phone calls, WhatsApp, Facebook in Amharic, Tigrigna, and Arabic language to debunk fake news and also reach the migrant population. The co-founder stressed the usefulness of her own and all the other founders' migrant status which helped them to understand migrant's needs. They were very passionate about the work because they were serving their community members and designed need-based intervention.

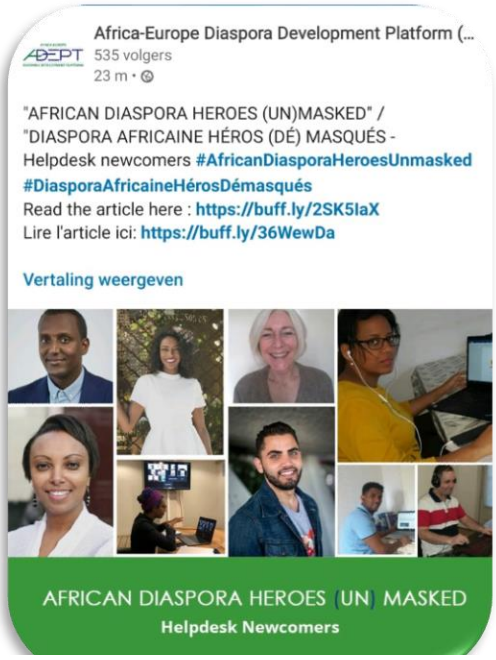


Image 3: Article published by ADEPT on the help desk

The helpdesk spread the information of its establishment through word of mouth, and through the Dutch Refugee Council (VluchtelingenWerk Nederland), where most migrants have visited before. Some Journalists have also documented and reported on its establishment and work carried out so far through TV shows and online publications.

The co-founder further explained that recruitment of volunteers was easy in the beginning since many of the community members were working from home and had some free time. They were also motivated by the idea of supporting their community. However, it was challenging to keep volunteers motivated without any form of compensation.

Another challenge reported by the help desk is financial constraint. The Dutch government social affairs and other companies have provided support by reimbursing the initial cost spent to establish the help desk. However, they have not received any other funding. She specifically reported, "We as founders spend 12 – 13 hours every day on the job. We cannot keep this work without any compensation, we also need to feed ourselves and our families" Though the founders and volunteers of this help desk understand the immense need for the work to continue which has served thousands of migrants so far, it's impractical for them to do so without financial incentive.

Ethiopian Embassy in The Hague and Pharos

A representative from the Ethiopian Embassy in The Hague also explained that the embassy communicated updated and reliable information on its website using the local language, Amharic. The Embassy also mobilized 27,000 euros from the diaspora, which has been sent to the Ethiopian foreign affairs minister to contribute to coronavirus alleviation measures.

Pharos, also known as "the national center of expertise on health disparities" works for "Sustainable improvement of the quality, effectiveness, and accessibility of care and prevention for people with limited health literacy, non-western migrants and refugees". As the name suggests, it envisions to "reduce existing health disparities between different groups of people" (Pharos 2020). According to an interview conducted with a representative from Pharos, the organization works with health care professionals by providing training on cultural sensitivity, to marginalized and low-income sections of the society. They develop and share information on healthcare using different languages (such as Tigrigna, Arabic, and Farsi) specifically targeted for migrants. They also support migrants using a Facebook page where questions are forwarded through messenger. Staff and volunteers at Pharos work hard to respond within 5 working days. As explained by the interviewee, the staff at Pharos identify information needed in the community by seeing patterns in the questions forwarded to them. She further detailed, "The main strength of Pharos is that everything we do for a certain group of people, we do it with that group of people". In this sense, the organization includes

beneficiaries themselves in project design to understand what they need from the beneficiaries themselves.

As an organization, Pharos works to serve the marginalized section of society but also informs decision-makers about the migrant community's need. A specific Facebook page has also been created for Eritrean migrants in particular. This website is open for all Eritrean migrants to pose questions in their native language, Tigrigna. The organization works with volunteers who are from Eritrea and other migrant backgrounds to provide need-based services to migrants. Volunteers who serve as cultural mediators are very valuable to pharos. They are given a 50-euro coupon every month, which serves to recognize and encourage their contribution. Working as volunteers allows them to improve their Dutch language proficiency and has helped many to find paid jobs afterward.

Organizations such as Pharos and the Help desk have immense importance to ensure the inclusion of migrants in various services. They make valuable contributions to support the Dutch government's work of equitable access to health care and other benefits to marginalized groups, specifically migrants.

Chapter 6 Conclusion

COVID-19 has not only revealed vast inequalities among nations and individuals but also accelerated the deeply entrenched injustice. It has spread rapidly and infested our shared world; no nation is exempt. However, those that are privileged continue to experience it the same way they experience everything else in life. We witnessed them getting the first pick at testing for the virus and coping with prevention measures by staying home without financial concerns. They even acquired the best medical treatment, when infected. A perfect example of this is the President of the United States, Donald Trump, who claimed to have beaten the virus by making use of vaccines and medication that have not been made public yet. Clearly, the president had access to preferential treatment that the rest of us do not even know about.

Though all human bodies are susceptible to COVID-19 infections, experiences are differentiated based on numerous identities and social factors. The research findings above have revealed the intersecting axes of vulnerabilities that have exacerbated the experience of Ethiopian and Eritrean migrants with the COVID-19 pandemic in The Hague. As I have thoroughly discussed in previous chapters, the financial, health (both mental and physical) and social impacts of COVID-19 have hit migrants the hardest. Missing family members, worrying about loved ones back home, employment in precarious, unstable jobs, coupled with fear for one's life are some of the tough realities of these migrants' life. For instance, isolation and distancing appear to be easy concepts to grasp as well as implement on the surface but pose a challenge for migrants who live in crowded apartments or asylum seekers who live in camps sharing a single bedroom with two additional people. Isolation in case of infection is also problematic under these conditions.

A major barrier that hinders migrants (especially recent ones who arrived after 2014) from obtaining crucial health-related information and other social benefits is language. Nonetheless, findings show that not all Habesha migrants experienced COVID-19 the same way. Although their identity as a migrant unites them, other forms of identity such as gender, religion, country of origin, and economic condition (means of earning income) separate them. As vividly shown above, migrants' experiences are shaped and influenced based on these different identities.

When looking into the financial impact of the pandemic, the migrant identity of individuals intersected with economic condition/employment status to shape their experience with the virus. Those with professional jobs and permanent contracts coped relatively better while business owners faced severe financial blow, due to enforced closing of businesses. Others who are engaged in precarious work were faced with high and serious health risks when going out to perform their jobs while those who had more stable jobs stayed inside, to stay safe. These precarious and unstable jobs, that are mostly occupied by migrants are referred to as 'essential work' and expose workers to the risk of infection.

Gender identity also intersected with the migrant status of women to worsen their experience with the pandemic. This is related to the gender-based division of labor in Ethiopia and Eritrea that burdens females with most or all household chores. This culture seems to have followed migrant families (especially those who arrived recently in the last 5 years) to the Netherlands. These are

demonstrated by an increase in household chores when family members were staying home and increased domestic violence against women, especially among the Eritrean community. Some housewives were subservient and dependent on their husbands for household expenses and even information related to health care. Working moms also reported exhaustion, fatigue, and depression while trying to juggle household chores, homeschooling kids, and working from home during the lockdown.

Economic condition and educational status also intersected with the migrant status of parents to shape children's experience with the pandemic, specifically related to online learning during the lockdown. Less-educated parents faced difficulty to assist their children with online schooling. Some households did not have enough computers for all the children in the household while others did not even know how to operate a computer. This ensued significant negative implications and resulted in the requirement of some children to attend summer school. In some instances, even the educated parents reported, the Dutch education system for kids was not easy to comprehend. On a positive note, some parents were happy to be spending more time with their kids.

Concerning the social experience of migrants during the pandemic, the religious identity of individuals played a big role. Belief in God's protection overshadowed fear of the pandemic and convinced many to disregard prevention measures of staying home and distancing. Many preferred to attend group prayers in church and congregate to celebrate holidays. Many were also motivated by cultural expectations to visit each other, which increased the risk of infection.

Finally, I have identified various coping mechanisms that were used within the Habesha community. Migrants came together to support one another based on shared identities such as countries of origin, religious groups, and professions to deal with the pandemic. An interesting commonality here is that all families, irrespective of their financial stability remitted money because they were convinced their families were in worse conditions. One silver lining during this catastrophe is the kindness displayed by many, the willingness of individuals and organizations to help those in need. A particularly important finding is the help desk organization set up by volunteer migrants (who have acculturated relatively better to the Dutch system) to help other fellow migrants. I believe this is an initiative worth praise, recognition, and support by the Dutch government. It can also serve as a lesson learned to other nations and communities. These organizations and volunteer individuals should be encouraged because their work is significantly contributing to the government's efforts of curbing the COVID-19 pandemic. Migrant-led organizations set up to support other migrants is a uniquely successful example of a user (beneficiary) centered approach.

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Appendix A - Semi-Structured Interview Guide

Oral consent

I would like to ask your permission to conduct this interview and to analyze the data. There are no physical, legal, or economic risks associated with your participation in this study. I may ask you questions on experience of intimate partner violence during this study which you may feel to be (very) personal due to the sensitive nature of the subject. I only ask these questions in the interest of the study. You are taking part voluntarily and can stop whenever you want to. You do not need to answer any questions which you do not want to answer.

I will do everything I can to protect your privacy as much as possible. Confidential information and/or identifiable personal information will not be published. Your information will be pseudonymized and will only be used for studies in other areas of research if you consent to this in the Consent Form. Your data will be rendered de-identified as much as possible before the research data is publicized. The sound recordings, forms, and other documents that will be made or collected for this study will be stored in a safe location at the Erasmus University Rotterdam and on the researchers' secured (encrypted) data carriers. If necessary, the research data will be made available to persons outside the research group (e.g. to monitor scientific integrity), only in an anonymous form.

1. General Information/demographics:
   - 1.1. Gender
   - 1.2. Age
   - 1.3. Residence
   - 1.4. Family composition
   - 1.5. Partner? Age? Work?
   - 1.6. Children? If yes, how many? Age? School? Work?
   - 1.7. Country of birth
   - 1.8. Native language
   - 1.9. Year arrived in the Netherlands
   - 1.10. Residence permit received in years: If yes, when?
   - 1.11. Dutch Language proficiency

2. Health (Physical and Mental)
   - 2.1. Do you have health insurance?
   - 2.2. Do you have any serious health conditions such as blood pressure, diabetes, or others?
   - 2.3. Are you registered with a general practitioner? Can you easily go to the hospital when needed?
   - 2.4. Have you faced any difficulty visiting your doctor (for a checkup, follow up or any health-related issues) during the period of coronavirus?
   - 2.5. Do you feel you are well informed to protect yourself and your family from coronavirus?
   - 2.6. Please describe your experience during the initial stage of the pandemic in March in contrast to how you feel now?

2.7. How do you find information about COVID-19 preventive measures?
2.8. How would you prefer to be informed? What is the best medium of information for you? Social media, TV, through the doctor, etc…?
2.9. Do you believe you fully understand the measures put in place to halt the spread of COVID-19?
2.10. How do you and your family protect yourself from COVID-19?
- Probe: Staying home? Handwashing? Masks? Sanitizers? Physical distancing?

2.11. How do you feel about the measures put in place?
2.12. Any difficulty implementing the measures? If yes, what kind?
2.13. How do you feel about this new way of life?
- Probe: Are you worried? Who and what are you worried about? Where are the persons you are worried about? How often do you contact them? How is their situation?

3. Economic

3.1. What is your profession/means of earning income?
3.2. How has COVID-19 affected your means of earning income? Are you still able to earn the same amount of money? How about your family members/partners?
3.3. Have you been forced to make any sacrifices because of financial constraints?
3.4. Are you required to send more money back home?
3.5. Are you eligible to apply for financial support from the government?
If yes? Have you or any of your family members applied so far? How was the application process? Have you obtained any support yet? Was the support sufficient?

4. Social

4.1. If you need help (information, finance-related, or others), who can you ask for support? Have you received such kind of support so far? How?
4.2. Are you willing/able to provide such type of help to others? Those residing here and also those back home? Have you done so, so far?
4.3. How is your relationship with your partner? Has it been affected by COVID-19? If yes, how are you coping?
4.4. In case of abuse/intimate partner violence, are you aware of reporting procedures?

5. Children

5.1. Have the corona measures affected education for yourself? and/or your children?
If yes, in what ways? How do you deal with these issues?
5.2. How do you obtain help when needed? Are the schools providing sufficient support?
If you have received help/support? In what ways? Are you satisfied?

6. Government Support

6.1. Do you know if there are any Dutch government organizations providing support for migrants in The Hague?
If yes, who are they? how did you hear about them? What kind of help do they provide?
6.2. Do you seek/obtain support from these organizations?
6.3. Are you satisfied with the support so far? If yes, how?

6.4. Any suggestions to improve their services?

Other

Are there any other experiences you would like to share?

Are there any other things you would like to report?

Closing

Thank you very much for participating in our interview. If any questions have surfaced during the interview and you would like more information/advice, please feel free to ask now or contact me at any time.

Appendix B: Organization's Interview Guide

Organization's name:

Interviewee's name:

1. What services does your organization provide?
2. Does your organization provide any services to support migrants in The Hague?
3. Was there any interruption of the services provided due to COVID-19? Did your organization provide any special services related to COVID-19 for Migrants in The Hague?
4. If yes, what are these services? How many migrants approximately have benefited from these services so far? Specifically, Ethiopian and Eritrean migrants?
5. What are some of the most difficult situations or crises you have experienced during the COVID-19 pandemic among migrants in general and Ethiopian and Eritrean migrants in particular? How did you solve/attempted to solve them?
   Probe: Economic? health? family-related? Please explain the story in detail
6. Have you/your organization noticed any specific issues peculiar for Ethiopian and Eritrean migrants?
7. How did/does your organization identify support needed for migrants concerning COVID-19?
8. Do you have feedback receiving mechanisms on services you provide to migrants? If yes, to what extent are migrants are satisfied with the services?
9. As an organization, what are the hindrances you face concerning support provision to migrants?
10. In your opinion, how would you rate/perceive the support your organization provides to migrants so far?
11. Are there any plans to improve and/or expand your services based on the needs or feedback of migrants?