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Research Query



COVID-19 Impact on Female Migrant Domestic Workers in the Middle East

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Introduction

The COVID-19 pandemic is having a disproportionate impact on women all over the world, but one group which is particularly vulnerable to its effects are migrant domestic workers in the Middle East. A surge of migrant workers into the Middle East began in the early 1970s. The International Labor Organization estimates that 2.1 million people are engaged in domestic work in the Gulf Cooperation Council (GCC) countries of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE), and also in the Arab states of Jordan and Lebanon (Chan Unger, 2015; Khan and Harroff, 2011). The majority of migrant domestic workers are women from Asian and African countries such as Sri Lanka, the Philippines, Bangladesh, Nepal, Indonesia, Kenya and Ethiopia (Chan Unger, 2015).

In the Middle East, the relationship between employers and migrant workers is regulated by the *Kafala* system: a restrictive sponsorship system binding a worker's immigration status to her/his employer. Migrant workers are completely dependent upon their employer for their livelihood and residency (Khan, A. and Harroff-Tavel 2011). Although they contribute greatly to the economic and social well-being of both their countries of origin and destination, their work is largely unrecognized and undervalued (ILO, 2020). Lack of legal protections and the power imbalance between employer and worker put female migrant domestic workers at risk in many ways, including in terms of exposure to gender-based violence (GBV) (Khan, A. and Harroff-Tavel 2011).

Emerging data suggests that conditions for female migrant workers have further deteriorated as a result of COVID-19. In an effort to contain and respond to the health

crisis, GCC countries, Jordan and Lebanon are implementing strict social distancing measures (Goldstein, E. and Braunschweiger, A., 2020). Some countries like Saudi Arabia, Jordan and Lebanon have adopted an aggressive approach towards the virus, such as reinforcing lockdowns and curfews. This has a number of implications for female migrant domestic workers, not only related to their basic health and safety, but also in terms of their exposure to GBV, both in their work environments, and in the larger community.

This report details some of the impacts of COVID-19 on female migrant domestic workers in the Middle East. It looks first at the implications of the Kafala system in relation to the general health and well-being of female migrant domestic workers under COVID-19. The report then examines more specifically female migrant workers' heightened risk of GBV under COVID-19, as well as the challenges female migrant domestic workers have in accessing essential services. The report concludes with several recommendations for organizations to mitigate risks and safely respond to needs of female migrant domestic workers in the context of COVID-19.

Additional resources are included at the end of the document.

Implications of the Kafala System for Female Migrant Domestic Workers during COVID-19

Female migrant domestic workers in the Middle East are facing many increased risks as a combined result of the Kafala system and the COVID-19 pandemic. This section highlights (1) some of the most critical risks workers face under the Kafala system; and (2) how these risks have been exacerbated due to COVID-19.

1. Common risks for female migrant domestic workers under the Kafala system

Female migrant domestic workers under the Kafala system are excluded from the national labor legislation (Amnesty International, 2019). Their welfare, and the extent to which their basic human rights are protected, is largely left up to the benevolence of employers (Huda, S. 2006). The extreme power and control exercised by the employer under the Kafala system has been likened to conditions similar to human trafficking for labor exploitation (Hamill, 2011).

Gendered views on domestic work influence the under-valuation of the work performed by female domestic workers. While some employers do respect the dignity and human rights of the domestic workers, violations are nevertheless widespread, including forced labor, discrimination and different types of GBV perpetrated against domestic workers by their employers (Amnesty International, 2018; Huda, S. 2006). Given the lack of legal protections for domestic migrant workers, these violations are often committed with impunity.

Female migrant domestic workers who attempt to flee situations of exploitation and abuse are frequently re-victimized. Their visas become void and they are legally categorized as irregular migrants. If caught by the police, they will likely be transferred to detention centers before being deported. Before and during their detention, they may be subject to violence perpetrated by police or other security forces (Global Detention Project and Migrant-Rights.org, 2018).

Female migrant domestic workers who manage to escape detection by the authorities become undocumented workers. Without work permits, many find themselves in extreme situations of legal and social vulnerability. They often live in crowded rental apartments with other undocumented workers and depend on unstable daily work for their subsistence.

2. Additional risks faced by female migrant domestic workers during the COVID-19 pandemic

As a result of COVID-19, governments across the Middle East have introduced mitigation measures seeking to curb the spread of the virus. Extreme movement restrictions and the closure of international borders have trapped migrant workers in their countries of residence. There are a number of implications for the general health and well-being of female migrant domestic workers.

Increased work demands and caretaking responsibilities. Female migrant domestic workers often live inside the homes of their employers. They clean, cook, take care of children and/or elderly family members. Because these workers lack legal protection, there are effectively no limits to the number of hours they may be asked to work per day, no paid sick leave or annual leave, and no maternity leave. If an employer does not uphold the worker's basic human rights, she may face denial of salary, sleep deprivation, passport confiscation, and/or forced confinement.

In some households, pre-existing abusive conditions will be amplified by the COVID-19 pandemic. For example, workers may be required take on extra duties cleaning and disinfecting homes, leading to burns, rashes or other injuries due to harsh cleaning products (Begum, R. 2020). Additionally, with the arrival of Ramadan¹, the workload for many female domestic workers has increased even more than usual because of the inability of employers to hire additional workers (Freedom Collaborative, 2020).

On the other hand, some female migrant domestic workers may be asked to leave the household as employers scale down the number of staff. It is most likely these workers will be forced to live in overcrowded conditions. In order to survive, they may brave movement restrictions and use unsafe public transportation to access casual work. If they become ill with COVID-19, they are unlikely to be able to access healthcare services, or to self-isolate.

¹ In 2020, Ramadan began in the evening of Thursday, April 23. It is expected to end in the evening of Saturday, May 23, 2020.

Heightened risks of contracting COVID-19. With the numbers of infections still on the rise in GCC countries, Jordan and Lebanon, the risk of contracting COVID-19 is a reality for all residents. This risk is heightened for female domestic workers as they bear the brunt of cleaning and caregiving children and the elderly. If a family member falls ill with COVID-19, a female domestic worker might be required to care for them (Begum, R. 2020). Female migrant domestic workers also face higher risks of contracting the virus when they are sent outside to perform tasks such as throwing out the garbage, visiting small shops² for grocery shopping, or walking the family pets (Amnesty International, 2020).

And yet, it is likely that female migrant domestic workers will be low on the priority list for distribution and access to Personal Protective Equipment (PPE), either provided by their employers or the government. Domestic workers also have little decision-making around adopting social distancing measures. If their employer and their employer's family members are observing social distancing measures, the worker may be safe. If members of the employer's family are not observing social distancing measures, and especially if members of the family are essential workers in high risk fields such as healthcare, the domestic worker will face higher risks of contracting the virus, without the ability to decide to self-isolate.

If a domestic worker does contract COVID-19, the employer may kick her out of the house, with limited access to health services or other forms of support.

Reduced salaries and ability to provide remittances. The COVID-19 pandemic is causing economic crises worldwide. Across the Middle East, many employers have reduced employee salaries. In some instances, employees may not be paid at all. In Lebanon, the sharp depreciation of the Lebanese pound has exacerbated the country's financial crisis, and many female migrant domestic workers have seen their already meager wages lose value. Many female migrant domestic workers are unable to send remittances back home. This not only adds to the emotional and psychological strain suffered by migrant workers, it represents a loss of income for their families in their country of origin, in turn increasing their vulnerability (Inman, 2020).

Risks of deportation. Recent reports have described cases of deportation for both documented and undocumented workers. In one example, Amnesty International (2020) reported that Qatari authorities "rounded up and expelled dozens of migrant workers after telling them they were being taken to be tested for COVID-19" (page 1). Another report (Getachew, S., 2020) described how:

² While big supermarkets in GCC countries, Jordan and Lebanon have implemented strict hygiene safeguards to lessen the risks related to COVID-19, many small shops run by community members inside neighbourhoods have not taken the necessary precautions.

“Thousands of undocumented Ethiopian workers are being abruptly deported from the United Arab Emirates and Saudi Arabia back to Addis Ababa over the weekend in cargo planes. The governments of both Middle East countries claimed the Ethiopians were vulnerable to spreading the coronavirus and have deported some with symptoms and many without – but not testing” (page 1)

Heightened Risk of GBV for Female Migrant Domestic Workers under the Kafala System and COVID-19

The social distancing measures implemented due to the COVID-19 pandemic have led to an increase in GBV across the globe. Female migrant domestic workers are especially susceptible, as further detailed below.

1. Increased risk of GBV for female migrant domestic workers at the household level

Prior to movement restrictions in the Middle East, family members would spend time out of the house – in school, at work or for leisure. This would reduce female migrant domestic workers exposure to abusive family members. Currently, family members are spending the vast majority of their time indoors. Not only do abusive employers, their children and relatives have increased access to vulnerable female migrant domestic workers, stressors have increased that may in turn increase the frequency and severity of abusive behavior. Several media reports documenting cases of abuse towards female migrant domestic workers during the lockdown have already surfaced in Lebanon (Amnesty International 2020; Anti-Racism Movement, 2020). These reports indicate that domestic workers are being subject to emotional, physical, economic and sexual abuse, in addition to excessive work demands. In 2008, migrant domestic workers in Lebanon were dying at a rate of one per week, with suicide and attempted escapes as the leading causes of death (Human Rights Watch, 2008). Currently, and with additional implications due to COVID-19, it is estimated that this number has doubled (Anti-Racism Movement, 2020) (see case study below for one example).

Lebanon Case Study of ‘Faustina’

In March 2020, a Ghanaian female migrant domestic worker was found dead in a car park in Beirut, Lebanon. Prior to her death, she had sent dozens of texts and voice messages to human rights groups and her brother, which detailed physical abuse and sexual harassment by her employers. She was further isolated inside the home due to COVID-19. Human rights groups were also unable to reach her in time, and the police dismissed her death as suicide. As her claims were not investigated, the employers were not charged.

Anti-Racism Movement. (2020) *Justice for Faustina: We Call for a Proper Investigation into Faustina’s Death and Real Accountability for her Perpetrators. Beirut, Lebanon.*

In most GCC countries and in Jordan, where numbers of COVID-19 infections are higher than in Lebanon, information and data around heightened risks faced by female migrant domestic workers are lacking. Due to the absence of legal protection and the challenges in accessing services, domestic workers across the region face considerable challenges in reporting GBV incidents and accessing care.

2. Increased GBV and sexual exploitation risks for female migrant domestic workers who lose their employment

In Jordan, at least one-third of the 75,000 migrant domestic workers have lost their incomes and many their jobs (Connell, T. (2020). As noted above, if these workers escape the attention of the authorities, they become undocumented. They typically rely on irregular daily jobs to survive, but the demand for this type of work has plummeted as a result of the COVID-19. Unable to pay rent, these undocumented workers face the risk of eviction from their apartments. Their economic vulnerability puts them at high risk of and sexual exploitation, abuse and harassment by landlords and others (Qiblawi, T. 2020).

For those who do not manage to escape the authorities, they may be subject to violence, exploitation and abuse while awaiting deportation, and after being forcibly returned to their home countries.

Lack of access to services under COVID-19

Exploitative working conditions faced by female migrant domestic workers have a devastating impact on their health and well-being. Frequently, they are isolated and lack social and community support (Amnesty International, 2020). Many migrant workers do not speak the local language. They have little or no knowledge of their rights under the Kafala system. When they are subjected to GBV or other harms, they may be misled to believe that they cannot report incidents, or get help (Anti-Slavery, 2012). This further adds to their isolation.

Not all female migrant domestic workers have access to a phone, technology or to the internet. As they spend their time inside, many are unable to connect with others, or to contact their families back home. Moreover, with lack of access to technology and information, female migrant domestic workers are unable to receive vital information around GBV services. They may be unable to contact organisations or other community members to report GBV incidents, or to seek help when needed.

The challenges that female migrant domestic workers in GCC countries, Jordan and Lebanon face in accessing services have become even more considerable due to COVID-19. For example, under the Kafala system, female migrant domestic workers' access to healthcare has always been problematic and depends on the benevolence of their employers. The COVID-19 pandemic has made accessing healthcare even

more difficult. Domestic workers confined inside the home with limited mobility cannot access testing or treatment without the knowledge and approval of the employer.

Governments of GCC countries, Jordan and Lebanon have not included migrant domestic workers in their COVID-19 response plans. They have yet to ensure that migrant domestic workers are protected during lockdown and are given access to healthcare when needed (Amnesty International, 2020).

Access to healthcare is even more problematic for undocumented female migrant domestic workers. They have no legal papers and no health insurance. Hospitals may turn away undocumented individuals if they do not need urgent (lifesaving) care. Accordingly, they may not have access to testing, treatment or follow up. In Lebanon, there have been reports of undocumented female domestic workers being denied testing despite displaying symptoms of COVID-19 infection (Azhari, T. 2020).

In terms of specialized care and support for GBV, across the Middle East, government-run Family Protection Units, and a small number of civil society organizations³, offer services to migrant workers who are survivors of GBV. These services include case management, legal support and shelter. However, lack of funding significantly compromises the availability of services. Shelters are often operating at full capacity (Parvaz, 2015). Overall, the services lack the capacity and reach to prevent and respond to GBV among female migrant domestic workers.

Mitigating and Responding to Risks: Key Actions for Organizations

As detailed above, female migrant domestic workers in the Middle East face many risks, with limited protections or services available to them. Some recommendations are provided below for international and national organizations to improve the safety and well-being of female migrant domestic workers under COVID-19. Any of these efforts must begin with efforts to reach out to female migrant domestic workers about their needs, the risks they face, their concerns, and their ideas.

1. Activate or reinforce systems for providing GBV services to female migrant domestic workers under COVID-19

- Consider safe strategies for outreach to female migrant domestic workers, in consultation with organizations that have experience accessing diverse populations.
- Set up 24/7 hotlines that are accessible for female migrant domestic workers, free of charge (e.g. through WhatsApp).
- Ensure existing GBV services are able to reach female migrant domestic workers. If relevant, support adapted and remote approaches to service provision.

³ Organisations include but are not limited to: KAFA (Enough) Violence and Exploitation, Caritas Migrant, Anti-Racism Movement in Lebanon; in Jordan: Jordan Women Union; in Kuwait: Shelter for Survivors of Trafficking; in Oman: Dar al-Wifaq shelter. No data is available for the other countries.

- Ensure that safety planning through trained GBV service providers is available for female migrant domestic workers, especially those who are confined to their employer's home.
- Explore options to provide safe housing and shelter. Support existing protection facilities such as shelters for female migrant domestic workers to remain open and increase capacity.
- Ensure availability of no-cost legal services for female migrant domestic workers who are survivors of GBV.

2. Facilitate access to healthcare for female migrant domestic workers

- Migrant workers may need urgent cash assistance to access testing, treatment, or medication after contracting COVID-19.
- Where possible, support mobile healthcare services to reach isolated and/or undocumented migrant domestic workers and ensure these services are free of charge, and include testing, treatment and medication for COVID-19 as needed.
- Ensure these services include treatment for injuries suffered from physical violence, and for clinical management of rape.

3. Address other urgent basic needs under COVID-19

- Distribute PPE equipment and hygiene kits to female migrant domestic workers, to allow them to safely perform their work.
- Provide urgent food assistance for workers who have lost their income, especially undocumented migrant workers living in extreme poverty.
- Distribute mobile credit to allow women to access vital information and services, and stay connected with family and community members.
- Develop safe strategies for urgent cash distributions to cover rent costs of evicted undocumented migrant domestic workers, and those at risk of eviction.
- As restrictions in movement ease up, consider safe strategies for cash distributions targeting migrant domestic workers who must travel to and from work.

4. Facilitate information campaigns with female migrant domestic workers to empower them to access care and support

- Facilitate information campaigns in the languages spoken and understood by migrant workers. Campaigns should include information on how to protect themselves from COVID-19, their rights at work, and how to access health and GBV services.
- Coordinated with governments and embassies to ensure a wide reach.

5. Undertake advocacy with governments and employers

- Advocate with governments to include migrant domestic workers in their COVID-19 health response plans.

- Advocate with governments to conduct information sharing campaigns and send a zero-tolerance message to employers about GBV and other abuses. Include specific examples of abuses in the campaigns, such as unpaid wages, physical, sexual, psychological or emotional abuse, along with reminders of the penalties that perpetrators will face.
- As movement restrictions lift, advocate with governments to adopt an amnesty that undocumented workers who choose to can go back home, without being fined or detained, and with the cancellation of existing fines to avoid debt bondage. Advocate with female migrant workers' embassies to facilitate repatriation when needed, including through payment of flights or existing fines.
- Lay the foundations for future advocacy with the Governments of GCC countries, Jordan and Lebanon to reform the Kafala system, and to promptly sign, ratify and domesticate the ILO Convention No.189 on Decent Work for Domestic Workers and The Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (Migrant Workers Convention).

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