Domestic workers at the frontlines of the COVID-19 crisis

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In the Middle East and Gulf Countries:

"Corona is not the Virus, Kafala is!"

A common tale states that crises create insecurities. Oftentimes, however, these insecurities predate the emerging crises and are perhaps their source. Today, we are witnessing how the spread of COVID-19 has made the struggles of Domestic Workers (DWs) more visible. Structural in nature, they are amplified by the public health crisis.

In this endeavor, we hope to shed light on individual contexts of the regions domestic workers work in and come from. The below briefs are prepared based on information provided through the tireless and relentless efforts of our affiliates and domestic worker groups working on achieving labor justice around the world.[1]

#CareForThoseWhoCareForYou

Domestic workers in the Middle East and Gulf region are mostly migrants. They have been historically struggling under the *Kafala* system, an exploitative sponsorship that links the residency of Migrant DWs to their employer. The legality of the MDWs depends entirely on the employers' decisions; the workers themselves are denied multiple rights and can access goods and services only to the extent decided by the sponsor. Henceforth, MDWs are vulnerable to legalized exploitation. In the region, for example, MDWs are not included within the labor law, by virtue of being migrants. Simultaneously, international law does not protect them, as the host country did not ratify the conventions protecting this form of labor. This means that their situation is largely governed at the discretion of the employer, and the recruitment offices that in turn side with employers, as they prioritize economic gain over decent work.

[1] Prepared by Roula Seghaier, Strategic Program Coordinator at IDWF.

MDWs are expected to live in the households of their employers and are called live-in MDWs. In some Gulf countries, the workers could be employed by a company and living within compounds run by the agency. Despite the existence of sporadic laws governing the labor of MDWs in some countries of the MENA, they are either incomplete, falling short of the ILO Convention 189 on Domestic work, or lack efficient implementation and supervision mechanisms. Whether or not explicit laws on domestic work exist across the region, there are multiple similarities in the situation of live-in domestic workers. It is customary for DWs not to have a private space but sleep on a couch or mattress wherever the employer allows them to, and not eat from the same food of the employer. The scrutinizing treatment encompasses long work hours with no rest, locking within households, prohibiting communication with the worker's family members, and restricting mobility, etc. The status quo is that the workers are under a live-in arrangement whether at their employer's house or at their agency's compound. When workers leave these arrangements, they become live-out MDWs. While they regain some freedom of mobility and parts of their autonomy, their legal situation is brought under questioning, and they would still largely remain under the mercy of the employer who is the sole guarantor of their legal standing in the country.

Spreading in an unequal ground, COVID-19 affected the livelihoods of both live-in and live-out DWs in the MENA region. Live-in DWs, who are already subjected to intensive labor and absence of rest, are forced to work even longer hours, denied the weekly rest day and their salaries, and subjected to intimidation and threats of unemployment, and consequently, disposability. DWs have reported that some of the employers are not abiding by quarantine rules and not providing protective gear by their employees, thereby subjecting them to risk. While documented MDWs are required to have an insurance, the insurance is limited in scope, as employers purchase the bare minimum coverage. With the lockdown in place, shelter closures, and complicated accessibility of reporting mechanisms, psychological, physical, and sexual violence have increased. Live-out MDWs face a different set of challenges. With most of them losing their livelihoods because of the social isolation measures of their clients, they are unable to pay rent and risk eviction. On top of living in crowded premises where social isolation becomes luxury, they struggle to access the most basic needs of food, medication, and protective gear. Unregulated or undocumented MDWs face the exponentially increased difficulty of accessing medical services and testing. Due to the increased racism and xenophobia, access to health facilities to MDWs is challenging even when it is not the legal regulations that stand in its way. Some MDWs report being turned down at governmental hospitals by the logic of other workers, guards, and receptionists, who use their own bias to prioritize citizens over migrants.

Healthcare contexts vary from country to another within the region. Some states have provided COVID-19 tests for MDWs. However, they have not provided adequate information for migrant patients and leave them with little guidance and support in quarantine facilities, which causes distress and fear. For example, in Kuwait, the issue amounted to instances of suicide among MDWs diagnosed with COVID-19 and left with little. Other states' subsidized health clinics are not accessible to MDWs because they report their identity to the government: while there is a current halt on expatriation and imprisonment out of fear of exacerbating outbreaks within

isolation and incarceration facilities, there is no guarantee that once the quarantine is over, MDWs would not be subjected to punitive measures if their documentation is expired or inadequate. Those who do not have documentation at all, because it has been confiscated by their employers, are not able to access hospitals in the absence of identification. The only other option of accessing already scarce tests is through expensive private clinics, meaning that it is not an option, at all.

While governments are putting efforts towards the alleviation of the crisis, whether in terms of raising awareness about COVID-19 or making services more readily available, their response does not consider non-citizens, and in particular MDWs who have a scarce and difficult access to information by virtue of the Kafala established structural barriers, as well as language barriers. Ministries of Health across the region have adopted processes for MDWs to access testing kits. However, such access is limited in some countries due to language and financial barriers.

Some governments in the Gulf are looking into the repatriation of MDWs: They have been coordinating with embassies to facilitate the administrative requirements for repatriation of MDWs. However, these efforts are at times lacking as, the temporary shelters created for those waiting for repatriation are crowded, at times leading to food shortages. Another challenge is the opportunism of some embassies and consulates. In Lebanon, for example, the workers are reporting that the amount of money the Ethiopian consulate requires for airplane tickets for its nationals supersedes the sum officially advertised, which makes money gathering, an already difficult task for domestic workers, much more difficult.

While COVID-19 has tremendously affected the lives and livelihoods of MDWs in the MENA region, its temporality might bring solace and relief. However, the more permanent status of the Kafala system leaves MDWs distressed, whereby humanitarian temporary relief under COVID-19 would not be enough to mend the vulnerabilities of the workers and ensure decent work conditions and maintenance of their human rights and dignity. As an MDW leader from the Ethiopian group, *Egna Legna*, puts it: “Corona is not the virus, *Kafala* is.” Governments must work on ending the Kafala system, actively and urgently.

Read IDWF’s full report and global recommendations in our brief: The Impacts of COVID-19 on Domestic Workers and Policy Responses.

Download our policy recommendations.

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