

Handbook on serving Migrant Workers

Towards more inclusive services by organizations in Lebanon

December 2021

حركة مناهضة
العنصرية



Anti-Racism
Movement

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Acronyms

ARM	Anti Racism Movement
ERP	Emergency Response Plan
GBV	Gender-Based Violence
GIZ	Deutsche Gesellschaft Internationale Zusammenarbeit
GSO	General Security Office
ILO	International Labor Organization
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
MCC	Migrant Community Center
MDW	Migrant Domestic Worker
MoL	Ministry of Labor
MoPH	Ministry of Public Health
MPCA	Multi-Purpose Cash Assistance
MSF	Médecins Sans Frontières (Doctors Without Borders)
MW	Migrant Worker
MWCG	Migrant Workers Coordination Group
NGO	Non-Governmental Organization
PHCC	Primary Health Care Centers
PSSA	Psycho-Social Support Activities
SUC	Standard Unified Contract

Preface

This document is a handbook for organizations offering services to migrant workers (MWs) in Lebanon, and those planning to include them in their existing or new projects. It can also serve donors to be better informed of the specific needs and challenges facing migrant communities, in order to adapt their funding and requirements accordingly.

Many organizations are currently offering services that target MWs or showing interest in their inclusion in their existing projects. For instance, the UN launched the Emergency Response Plan (ERP) which targets migrants among others.¹ Yet, we know the issue of inclusion is not only limited to the criteria themselves, but rather the multiple barriers and challenges faced by MWs when accessing services.

The document therefore aims to cover some of the background knowledge needed by such organizations by explaining the social and legal context of MWs in Lebanon, clarifying the terminologies and legal specificities of MWs based on their documentation and living status, exploring the different barriers when accessing services, and then giving recommendations to organizations on how to overcome them. Finally, it delves into the specific needs flagged by migrant communities and suggests modalities of interventions and specific recommendations for each.

The Anti-Racism Movement (ARM) mainly works with migrant domestic workers (MDWs) who are mostly women, and is therefore mostly aware of challenges specific to them. Many of these challenges are common to all MWs, but some particularities of migrant men might not be detailed in the document.

¹ <https://reliefweb.int/report/lebanon/lebanon-emergency-response-plan-2021-2022-august-2021-enar>

General Context

The residency of MWs in Lebanon has been governed for years by the Kafala system. The Kafala ‘sponsorship’ system is a set of practices used to import labor and puts employees under the legal responsibility of their employers, and often affords ‘sponsors’ the power to deny access to civil and human rights otherwise guaranteed by labor laws, which domestic work is excluded from.

This exclusion translates into depriving workers of the most basic rights enshrined in domestic and international labor conventions, such as the minimum wage, paid annual leave, recourse to arbitration councils, maximum daily working hours and other guarantees².

Since the beginning of the economic crisis in Lebanon in 2019, MWs have been subjected to increased hardships. Many suffered severe financial losses due to being laid off, reduction in salaries, and rapid devaluation of the local currency. The Beirut blast, as well as the multiple COVID-19 lockdowns exacerbated these losses. As a result, most migrants were pushed into severe poverty, unable to secure their most basic needs including food, shelter and healthcare.

Many were abandoned by their employers with months of unpaid wages, crippling debts, and no way back home. Others continue to work in inhumane conditions in their employers’ houses, often without salaries.

Despite MWs being a significant portion of the residents of Lebanon, the numbers remained unclear for years. A quantitative assessment of the presence of MWs in Lebanon released by the International Organization for Migration (IOM) in August 2021 estimated that around 207,696 migrants reside in the country. However, the report confirmed that due to many limitations, estimates may be conservative and under-reported³.

Many programs still explicitly or implicitly exclude MWs, especially undocumented ones. In 2020, different organizations had targeted responses, especially in high-profile crises, such as the Ethiopian workers stranded in front of their consulate⁴. However, many MWs still have no access to services, which further marginalizes them and leaves them at increased risk of abuse, exploitation and trafficking.

This is reflected in a recent needs and vulnerability assessment of migrants in Lebanon conducted by IOM, which concluded that over 50% of the respondents were unable to meet food needs, 45% didn’t have sufficient access to drinking water and 53% lived in substandard shelter conditions. 22% of the respondents, predominantly female, have resorted to degrading, exploitative, dangerous, or illegal work to secure their basic food needs.⁵ Another report released by MSF in 2020 rang the alarm on the impact of COVID-19 and the economic downfall on the mental health of MWs, stating that the majority of 63 patients seeking mental health support have faced a wide range of abuse, including 42% reporting physical or sexual violence⁶.

While some services are in principle inclusive of all residents in Lebanon regardless of their nationality, they still often implicitly exclude MWs due to requirements related to documentation or means of communication. Other barriers, such as racism and microaggressions experienced by MWs while trying to access services, as well as the consequent lack of trust all play a role too in limiting MWs’ access to services.

Understanding these barriers and countering them is crucial to create truly inclusive operations, and prevent further suffering and discrimination against migrant communities in Lebanon.

² <https://www.amnesty.org/en/latest/campaigns/2019/04/lebanon-migrant-domestic-workers-their-house-is-our-prison/>

³ <https://displacement.iom.int/reports/lebanon-baseline-assessment-round-1>

⁴ <https://www.bbc.com/news/av/world-53031803>

⁵ https://rocairo.iom.int/publications/needs-and-vulnerability-assesment-migrants-lebanon?fbclid=IwAR3rCyDuHvxgseIBNEwL3M2YrM4_1dnuGH-DHW15G18EZFo9qOWQdRkxjlzc

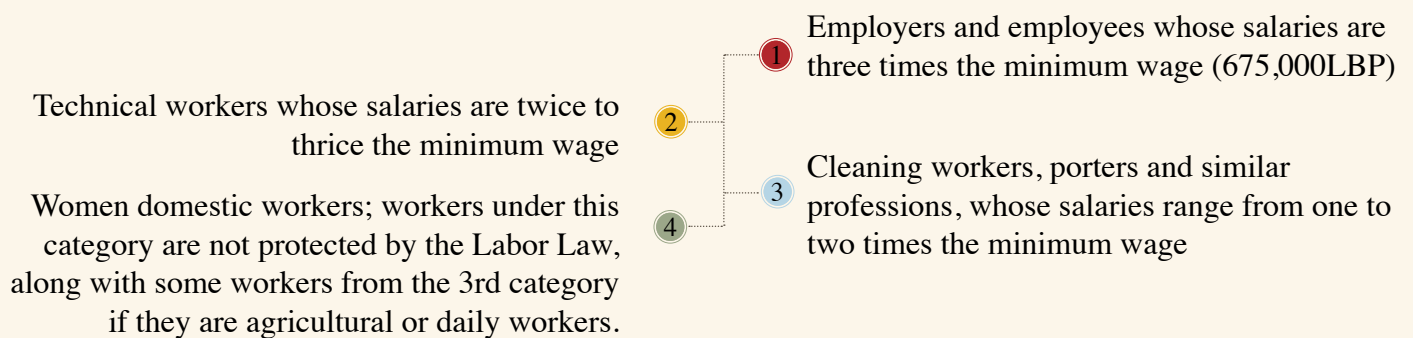
⁶ <https://www.msf.org/covid-19-and-economic-downfall-reveal-mental-health-crisis-lebanon>

Terminologies & documentation status

This section aims to briefly explain the legal and documentation status of MWs residing in Lebanon. It is important to have this background knowledge when considering or implementing a project involving MWs.

Categories of Migrant Workers

MWs categories are distributed as follows according to Decision Nb: 42, date 02/02/1971.



This exclusion translates into depriving these workers of the most basic rights enshrined in the Labor Law and others imposed by International Labor conventions, such as the minimum wage, paid annual leave, recourse to arbitration councils, maximum daily working hours and other guarantees. As for the third category, despite the majority being included in the labor law, workers also experience severe humans' rights violations that could go as far as human trafficking due to the failure of the current labor system at protecting them⁷.

In this guide, MW mostly refers to workers of the third and fourth category, while MDW refers to workers of the fourth category.

Regular Workers

Regular workers are those who have valid residency and work permits. These documents need to be renewed annually for the worker to maintain their legal status. The renewal of the papers is, by law, the responsibility of the sponsor. In the majority of cases, regular domestic workers live in their employer's house and are referred to as "live-in" workers. Some regular workers do not live with or work for their sponsors. This arrangement is often referred to as "fake sponsors" or "shadow sponsors." Most of these workers do not have any work relationship with their sponsors and pay a sum to a Lebanese national to sponsor them.

Workers with shadow sponsors also pay themselves all the fees associated with their sponsorship including General Security Office (GSO) fees, Ministry of Labor (MoL) fees (Work permit), insurance, deposit and

⁷ https://www.thinktriangle.net/lebanons-cynical-violation-of-blue-collar-migrants/?fbclid=IwAR3bRuv1KUDDMVKiUyvO9s5x9Lt25GeNGxaZK06Rmatl-jszkbicx_nDQtoc

administrative fees, as well as an extra sum for the sponsor, which sometimes adds up to 2,000\$ USD annually. ARM also received multiple reports of live-in workers (who live and work at their sponsor's house) who also have the renewal fees deducted from their salaries.

Residing in the same house as the sponsor is a custom, not a legal requirement. However, working for one or more employers who are different from the legal sponsor (i.e. the name specified on the work and residency permits) constitutes a violation of the residency conditions. Self-employed/freelance workers who have shadow sponsors choose this illegal modality to gain a bit of independence and reduce risks of arrest and deportation.

Irregular Workers

Irregular workers are those who do not have a valid work permit or residency permit, thereby residing illegally in the country. Irregular workers are at risk of detention, deportation, exploitation and violence.

MWs can become irregular for several different reasons:

- A migrant worker might, willingly or unwillingly, enter the country's borders through Syria without passing through a GSO checkpoint.
- A sponsor might neglect their legal responsibility to renew a worker's work and residency permits on time. Despite it being the legal responsibility of the sponsor to renew the papers of their employees, the workers still bear the legal consequences when their employers fail or refuse to do so.
- A worker might choose to leave their legal sponsor without the sponsor's permission, which automatically renders them irregular regardless of their reasons for leaving.

Undocumented Workers

The term "undocumented workers" is usually used by organizations to refer to irregular workers. However it is important to note that the majority of MWs in Lebanon do not have access to their official identification documents regardless of their residency status. Over 94% of employers of MDWs confiscate their passport and documents upon arrival to Lebanon⁸, despite this practice being illegal. Many workers also never see their residency cards or work permit, as they are received and then confiscated/ hidden by the employer, which means that they are not sure whether or not their residency permit has expired.

Therefore, challenges related to documentation are common with both live-in and live-out workers (regular and irregular).

⁸ https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_524149.pdf

Methodology

This document was built based on ARM's experience in working closely with migrant communities, and providing casework and services over the past years, organizing with the community through the Migrant Community Center (MCC), as well as the relief and evacuation projects implemented by ARM in 2020 and 2021⁹.

ARM established the first MCC in 2011. It is a space where migrant workers meet, organize, build alliances, and access information, resources, and direct assistance. The spaces are centered around the needs of the migrant communities (especially women MDWs) and serve as a hub for MDW-led initiatives, advocacy, and activism.

The cases team has been supporting MWs by working together with people needing support and/or facing violations to understand and holistically assess problems, brainstorm and strategize possible solutions, and decide together on action plans. ARM represents and/or advocates for individuals when systems of power do not allow them to advocate for themselves, always with their full permission and agreement on the approach.

Additionally, in 2020, ARM responded to the consequent crises by initiating a solidarity response relief program with three components: Food distribution, housing support, and evacuation. The program evolved along the implementation phase, as a lot of lessons were learnt through the close coordination with the migrant communities.

The general considerations and recommendations on overcoming the barriers and challenges that generally face MWs when accessing services were gathered through ARM's long experience, by consulting with the different teams inside the organization, especially MCC and cases teams, in one on one meetings and in groups, to gather and discuss the relevant information. The information is based on the recurrent feedback of MDWs who ARM works with, the challenges faced by the teams, and the internal evaluations of each project.

The lessons learned through the three pillars of the relief program, as well as the cases team's long experience with supporting MWs in need of shelter, referrals for basic needs support, or legal and administrative assistance to leave the country were captured in the sections related to basic needs, shelter, repatriation and legal support.

In February 2020, ARM and MSF consulted with migrant communities through multiple focus groups discussions, before the launch of MSF's medical helpline for migrants affected by the crisis, and who are in need of medical care. The feedback of these consultations, as well as some additional feedback gathered by MSF since were captured in the section related to healthcare. ARM also consulted with Deutsche Gesellschaft Internationale Zusammenarbeit (GIZ) for additional input on the mental health section, following their research on mental health and psychosocial support activities (PSSA) for migrant workers in Lebanon. Additionally, ARM consulted with KAFA¹⁰ and Concern Worldwide¹¹ to include their experiences and recommendations on shelter and legal support.

Last but not least, ARM consulted with Migrant-Led groups such as the Alliance of Migrant Domestic Workers¹² and Mesewat¹³, where the document was presented to representatives of these organizations. The comments and recommendations collected in this session were included in the document.

As ARM has not been involved in educational activities, our recommendations are based on the community consultations and feedback we have accumulated over the years.

The recommendations in this document are therefore based on our experience, that of other actors on the ground, and the feedback of MWs. However, other factors and risks should be taken into consideration depending on each specific project, the area where it operates, or changes in the context.

⁹ <https://armlebanon.org/content/annual-report-2020>

¹⁰ <https://kafa.org.lb/en/about>

¹¹ <https://www.concern.net/where-we-work/lebanon>

¹² <https://www.facebook.com/TheAllianceOfMDWsLeb>

¹³ <https://mesewat.org>

General Considerations for Projects & Programs Inclusive of Migrant Workers

This section tackles the main general considerations to be taken into account when planning or implementing a project inclusive of migrant workers. It starts at the organizational level by pushing for more awareness on patterns of racism and accountability, raises the importance of involving migrant communities in the planning and implementation of projects targeting them, then discusses the importance of inter-agency collaborations and coordination, and lastly offers tips on possible outreach strategies.

Internal Racism

Most MWs experience hardships during their residency in Lebanon. One of the major stressors affecting MWs' mental health is feeling disempowered, and having a limited autonomy and sense of agency, due to patronizing behaviors or infantilizing treatment. Many workers also feel less about themselves following frequent experiences of racism and discrimination¹⁴.

Unfortunately, the power structures governing migrants' lives in Lebanon and causing these stressors are often unintentionally replicated in programs supposed to be serving them. This is manifested in the lack of choice or autonomy over their options, lack of information about their cases, lack of clear communication (often due but not limited to language barriers), and feeling deprioritized or unseen due to their nationality or race, as well as microaggressions.

It is important to acknowledge and be aware of the fact that racism is still a major issue in Lebanon, both on the systemic and on the social, cultural and interpersonal levels. Unfortunately, this does sometimes apply to staff of humanitarian organizations and/or service providers. ARM has received multiple reports of racism against MWs when trying to access services in different organizations.

Giving oneself a critical view, training all staff and partners on issues related to cultural differences and racism and discrimination, as well as having internal policies to address these violations and setting a comprehensive, easily accessible complaint mechanism, could help address the issue.

Factors Affecting Migrant Communities

While some services are in principle inclusive of all residents in Lebanon regardless of their nationality, they still often implicitly exclude MWs due to requirements related to documentation or means of verification and/or communication, or due to lack of trust or other cultural barriers.

MWs are not a homogenous entity. In order to design truly inclusive services and programs, organizations must

¹⁴ *Mental Health and Psychosocial Support Activities for Migrant Workers in Lebanon - GIZ Regional Project "Psychosocial Support for Syrian/Iraqi Refugees and IDPs" (To be published soon)*

account for the immense diversity that exists among migrant communities in Lebanon, and adapt their projects and services accordingly. Migrants from different nationalities and backgrounds live under different sets of conditions and have different levels of access to networks of support and protection. Projects should be flexible and adapt to the various needs and particularities.

Some of the other factors that affect MW's access to services include:

- Gender (migrant men and women do not always have the same needs and challenges)
- Legal status (MWs working under different categories have different rights, challenges and risks)
- Age (different age groups of MWs face different challenges. Children and elderly migrants often fall through the cracks)
- Freedom of movement
- Literacy and language
- Nationality and/ or type of legal representation in Lebanon (Embassies, Consulates, Honorary consulates ...) and responsiveness of representatives
- Location
- Disability
- Sexual orientation
- Access to community support
- Presence or absence of dependents
- Duration of residency in Lebanon (new arrivals have different challenges than workers who have been here for years)

Also worth considering is the ever-changing context and particularities of MWs in Lebanon: having flexible projects and services that could easily be adapted to these changes is also important. Organizations should also have a learning and adaptive process, given the changing situation and the new obstacles that keep emerging and affecting the MWs' access to services.

Community Consultations

Organizations should work together with MWs to understand and holistically assess problems, brainstorm and strategize possible solutions, and decide together on action plans.

The migrant communities have been very active in the past decade, working hard to overcome the ever-growing challenges and create a net of support for their communities, both through individuals (referred to as community organizers) and/or migrant-led initiatives and organizations.

Community organizers are people who have been involved in serving their migrant communities in at least one of many ways: Through activism and advocacy, fundraising for community needs, securing shelter and basic needs, establishing referral pathways to service providers and acting as their community representatives with consulates/ embassies, etc. Many of these individuals have been active on the ground for years (even decades), and have built friendships and ties with a big number of migrants. Their ties are usually strongest with MWs who share their nationality/ language, though many of them have networks that extend beyond their compatriots. Some of these formed groups and organizations.

Community-led organizations, and community organizers, have accumulated experience and close knits with the larger community. Their strong ties with their communities allow them to be good advisors during the assessment and evaluation phase, and a channel of communication in the implementation phase. They should therefore be included in all steps of the project, and consulted as part of the decision-making process when possible.

Supporting these individuals and groups, including them in interorganizational working groups, and consulting and coordinating with them ensures a more impactful and more targeted response.

Inter Agency Collaborations

Other organizations working on MWs rights, or providing them with services should also be considered in this process: there are currently several organizations providing services to migrant communities. While these efforts are only covering a small portion of the need so far, collaborating with these organizations, sharing data (after the consent of the beneficiaries involved) and planning joint projects can avoid duplication of efforts, and provide more coverage of needs.

Many organizations are also coming together to form working groups, or coalitions to support MWs in Lebanon on the level of advocacy or service provision. A proper platform for mapping services and exchange between NGOs is still needed.

An example is the Migrant Workers Coordination Group (MWCG), co-chaired by IOM and the International Labor Organization (ILO), where different actors met to share updates on their activities, challenges, and brainstorm on needed interventions. Reactivating such groups can facilitate the different actors' work, avoid duplication of services, and result in larger scale, efficient and effective interventions.

Outreach

MWs in Lebanon might face challenges accessing information about services that cater to them. Here are some of the channels of communication through which services can be advertised and the majority of MWs can be reached:

- Community organizers and community-led organizations.
- Facebook, WhatsApp and social media platforms: Creating an easily shareable WhatsApp graphic outlining all services provided, and recording a voice note with the same information in different languages. Community organizers can also support translation to the different languages of their communities when needed. Short videos or voice notes should also be easily shareable on WhatsApp even when the data plan of the recipient is limited.
- Flyers and posters: Distributing flyers or posters outlining all services provided in areas where clusters of MWs reside. These distributions can be done with the support of members of the communities, who would be trained to answer questions and explain procedures to others in a language they understand.
- Shops owned by migrants such as hairdressers or grocery shops.
- Community centers, churches, mosques, and community gatherings such as national celebrations or trips organized by and for the community; Big communities occasionally organize events attended by the community (Such as new year's celebrations for the Ethiopian community for example). These events are usually held by community groups, church leaders or embassies and consulates. It is useful to liaise with organizers and ask for a platform in these events to advertise services. (Speaking to attendees or disseminating flyers...).
- Embassies / consulates: Embassies receive a big number of requests for information and services from MWs and can be an important channel for information dissemination to migrant communities. However, this channel alone is insufficient and, in many cases, unreliable. In some cases, MWs have expressed concerns about some embassies not being helpful enough, or not supporting the community.
- Other organizations: Advertise your new services through other organizations who cater to MWs.

Beyond Service Provision

Projects inclusive of MWs should aim to provide them with the services, resources and information that they are systematically denied by systems of power.

Organizations should also prioritize using documentation of cases and trends on an advocacy level, to tackle root problems: The precarious situation MWs find themselves in is the direct result of the Kafala system. The current crisis surely played a role in increasing it, and bringing it to the public eye, but it is not the main culprit.

Challenges Faced by MWs

Challenges Related to Live-Out & Undocumented Workers

The two main challenges specific to undocumented workers are the security risk and the lack of identification papers which deprives them of many rights and services.

Undocumented MWs in Lebanon are at a constant risk of arrest, detention and deportation and face higher risks of exploitation and abuse, including human trafficking.

This means that many MWs live in fear, which in practice, limits their freedom of movement, especially in times of social or security unrest (potential checkpoints during COVID-19 lockdowns, periods where protests or clashes are happening, crackdowns...).

Fear of arrest also deprives MWs of essential services including emergency care. Many workers do not call the police, or go to hospitals, even in case of emergency, out of fear of getting detained.

The absence of identification documents also limits workers' rights to services including health care and education for their children.

MWs are often excluded from humanitarian aid when a form of identification is required to be able to benefit from programs, even when they fit within the eligibility criteria.

When workers are undocumented, it can be hard for service providers to verify their identities. This is worsened by the fact that some workers are unable to read and write in English, or are unsure of how their names are spelled on their passports. This complicates the process of reaching an already inaccessible legal system when needed.

The lack of a passport also adds hurdles when MWs want to travel back to their home countries, and limits them from traveling anywhere else. A worker without a passport needs a "laissez-passer" from their embassy or consulate to allow them to travel back home. Many nationalities only have honorary consulates with limited capacities or power, some of which are sometimes unresponsive to the needs of their communities. The process can therefore be lengthy and complicated, especially in the case of undocumented mothers with unregistered children. A worker also needs a GSO clearance, which is a process many workers might require legal support in.

Another issue is the "revenge complaints" sometimes faced by MWs after they leave their employer. For years, it became common practice for employers to accuse a worker who leaves the employer's house before the end of their contract of theft, with no proof or foundation. This puts MWs at risk of legal repercussions, and causes further delays and complications in the process of getting a clearance to leave the country.

Undocumented workers also face challenges when attempting to regularize their status: MWs are allowed a maximum of 3 sponsors in Lebanon, which means they can only change sponsors twice. The waiver of sponsorship depends on the consent of the previous sponsor. A lot of those deny the worker this right out of vengeance, or ask for big amounts of money to release her. An amnesty period in 2020, which has been extended in 2021, has allowed workers to get a new sponsor without the approval of their previous one. While this removed one of the hurdles documented workers used to face, it remains much more challenging for workers without a passport.

Last but not least, live-out workers may also find themselves stranded in the country even when they want to leave and the process of getting their clearance is done, as they often do not have the fees to cover their travel, including their ticket, transportation in their home country, and COVID related expenses (PCR tests, and quarantine).

Challenges Related to Live-In Domestic Workers

The main challenge faced by live-in MDW is the difficulty of reaching them.

A big number of live-in workers have limited to no access to the outside world and are impossible to reach inside their employers' houses. They might also not have access to their passports, or sometimes even a phone. This means that at times action needs to be taken based on reports from family members or neighbors when there are suspicions of a worker in need of protection. Many workers who do have a phone have reported only being allowed to use it during limited hours of the day, or having it without their employer's knowledge.

Service providers might have a hard time getting the basic information necessary for protection services or legal action. These include the name of the worker, the details of their sponsor, but even sometimes their address; many workers are locked into their employers house the moment they arrive in Lebanon, and have very limited chances of going outside and getting to know their neighborhood. ARM received many reports of abandoned workers who did not even know the name of the area they were residing in.

This can be especially dangerous in case of an emergency; neither the police, nor the Lebanese Red Cross are able to dispatch responders to the ground when the exact address is not given.

Challenges Common to Most Migrant Workers

Other challenges common to MWs revolve around communication and trust.

First, the most common challenge when dealing with migrants is the language barrier. Many workers cannot speak or read any of the languages commonly used in Lebanon, others cannot read or write at all. This can affect the worker's work life, legal status, social life, and access to services.

The language challenge limits MWs access to both information and services. Moreover, MWs often have to sign their contract in Arabic, a language they do not understand which might cause legal complications (detailed below).

The second challenge is linked to accessing services and information or knowing where to find them. For example, a lot of MWs do not go to Primary Health Care Centers (PHCCs) because they just do not know where to go, or how the services work, even when they have the documentation and means needed to afford their services. When MWs arrive to Lebanon under Kafala, employers often make them dependent on them by limiting their access to information. When they leave their employer, many do not have any experience in the country. Some manage to get support from members of their community who have been here for a longer time, and might have more experience, but even those might not fully understand how the different structures work.

Even when the information is available in a language they understand, communicating with service providers and NGOs remains a big challenge. While phones remain the main and easier channel of communication with many MWs in need of support, phone services come with their own limitations, and need to be adapted for true inclusion. First, many workers do not have local active phone numbers and therefore cannot access landlines, or regular calls. Second, phones might not be available at all times whether due to limited electricity and internet,

restrictions by the employer, or the dependency on someone else's phone. MWs therefore miss on services due to the impossibility to reach them during working hours.

Another challenge is linked to building trust between the migrant community and the organizations offering them services. MWs often report feeling discriminated against or facing microaggressions.

Many workers are repeatedly refused service, creating tensions between the communities and the service providers, or face miscommunications and lack of responsiveness. One of the main frustrations expressed by MWs in relation to humanitarian interventions are the organizations reaching out to them for assistance and never following up by updates on their status, leaving the worker in uncertainty. This pushes the workers to either seek similar services at multiple organizations at once, or stop seeking the services they need all together.

MWs also have difficulty understanding and navigating the different NGOs in the country. Many MWs do not know the difference between the different NGOs/agencies and mix the different acronyms.

Overcoming These Challenges: How to Adapt Your Services to Include MWs?

Documentation

- Build a system that does not require a passport: Some workers might be able to provide other forms of identification in English, depending on their country of origin, such as their local ID, local voter's card, etc. This, however, does not apply to everyone, and can only be used to verify a MW's bio data.
- Accept copies or pictures of IDs as a valid form of identification.
- Create alternative systems to internally track MWs profiting from your services:
 - Use the name, phone number, and/or an identification number given by the organization supporting them for a specific service.
 - When possible, give workers identification cards after an interview assessing their needs and verifying their information. While this card cannot replace legal documentation, negotiate for it to give MWs access to certain services and support with other organizations and agencies.
- Do not use means that require documentation when providing services (Example, OMT or bank transactions for cash assistance) or create a parallel system for undocumented workers when necessary.
- Note the cultural differences in identifications, and train staff providing support to identify them:
 - Some workers use nicknames different from the names on their identification papers, check with the worker if relevant.
 - When asking for birth dates, beware that the Ethiopian calendar is seven to eight years behind the Gregorian calendar, so check with Ethiopian workers which calendar they are using.
 - Some countries use the father or mother's name as Surname.
- Go through the GSO for missing information about cases, and requiring legal support. (After assessing the situation for any protection concerns, and getting the MW's consent). The GSO will investigate, and confirm or correct the information necessary for any further legal actions.



Data Protection

- Set data protection policies that ensure the MW's information will not be shared with a third party, especially authorities, including for services such as medical care and sheltering.
- Be transparent and obtain the MW's consent if their information might be disclosed to a third party, to allow them to make informed choices on the risks they are willing to take in order to access a certain service.
- Communicate the data protection policies with the communities, in order to make them feel safe accessing services.



Transportation

- Make services available over the phone, when possible, to avoid workers coming in person if not necessary (see phone access).
- When MWs need to access services at your facility, reimburse them fairly for transportation depending on their locations and actual transportation fees.
- Ensure the location of the ad hoc service provision units are in close proximity or easily and safely accessible from the areas where MWs mostly reside. It can also be useful to share pictures of the place, specify landmarks or send voice notes on how to reach the location to make it easier for MWs to access.
- Map the routes of public transportation around the location of your services and support workers with tips on how to access them via public transportation.
- Ensure transportation for workers in sensitive situations such as live-in MDWs who might have just been abandoned or kicked out of their employers' house, underage workers, and survivors of gender based violence (GBV).
- Prioritize delivery of goods over workers picking them up.



Location

- Accept pinned locations as addresses of recipients of your services including delivery of goods and medications.
- Give tips or share short videos on how to send their pinned location when they lack the technical knowledge on how to do so.
- Equip focal points, helpline operators or social workers to try to locate a worker: Accept pinned locations and try to find nearby landmarks to locate them accordingly, ask them to take pictures of the neighborhood if it is safe for them and attempt to recognize location, ask a trusted neighbor, or a passerby if possible and safe, refer to delivery receipts that might have an address on them.



Phone Access



- Create special shifts for MWs during afternoons or weekends for workers who cannot access services during regular working hours.
- Make services available via WhatsApp or other relevant platforms such as IMO.
- Accept requests through voice notes or messages outside of working hours and process them later.
- Call workers back when using a landline or local SIM card to reduce costs for MWs.
- Ask for an emergency number of a close friend or family member, both in Lebanon and in the country of origin, to reach the worker in case the initial contact is no longer available. Many workers lose their phone numbers (Phone gets stolen, unable to fix it or pay to recharge cards, etc.)
- Consider providing phone numbers and/or recharge cards to be able to safely reach sensitive cases.

Language Barrier

- Translate announcements, awareness campaigns and other relevant information to MWs' mother tongues. The most commonly present nationalities of MWs according to the MoL are Ethiopia, Bangladesh, Egypt, Ghana, Sri Lanka and India.¹⁵ This includes all MWs in Lebanon (MDW and others) and only accounts for documented workers, yet it can give a general understanding of the demographics. Languages for each project should be catered according to the specific targets.¹⁶
- Share information both in writing, and in the form of visuals, simple videos or voice recordings to be able to reach people with different literacy and ability levels.
- Always have interpretation when giving information, counseling or advising a worker in a language they are not comfortable with.
- Recruit community members for support in translation or interpretation.
- Consider employing professionals from main countries of origin in big scale projects or for services that rely on clear communication and self expression such as mental health support.
- Do not assume the worker's preferred language of communication based on their nationality.
- Train your staff on issues and problems related to translation. Staff should ensure that workers understand the message delivered to them by different means (for example: Making sure staff asks workers to reformulate what has been explained to them).

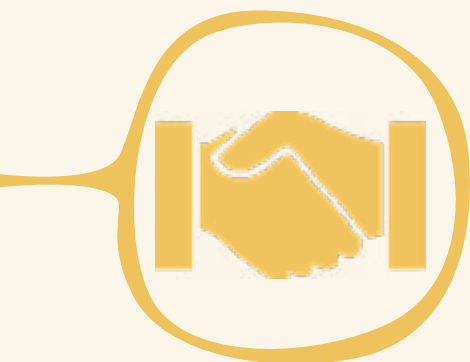


¹⁵ <https://www.labor.gov.lb/Temp/Files/0ecedc36-849c-4bea-902c-8e3c3104a14b.pdf>

¹⁶ Refer to ARM for more support in translation when needed

Trust & Transparency

- Have internal accountability systems, as well feedback and complaint mechanisms inside of organizations that are clear to workers. Have a trustworthy figure as a focal point for such complaints.
- Be transparent about services, mandate and limitations, as well as the duration of support to clear out any unrealistic expectations.
- Be clear about operation times of hotlines and helplines, and be responsive during the promised working hours. When overloaded, be honest about expected response time in your announcements.
- Clearly explain the criteria upon which MWs are eligible for certain services.
- Follow up with MWs and inform them about the status of their case or eligibility to a certain service even when you cannot provide them with services or when their case is pending. This could relieve workers from the frustration of waiting for answers, help them seek other organizations or solutions, and build trust between migrant communities and organizations.
- Use a clear logo and introduction to your NGO.
- Have focal points within the organization with individuals to maintain a stable and clear communication.
- When the same organization provides different services, be clear about the different roles of employees following up on the different services.
- When needed and relevant, get the consent of the MW to share their information with other organizations who might support their needs.
- Ask individuals if they are in contact with other organizations to avoid duplication of services.
- Provide information about the different organizations you refer MWs to, and explain their roles.



MW's Needs & Recommendations for Inclusive Service Provision

Basic Needs

Between October 2020 and February 2021, 50% of MWs surveyed by IOM were food insecure. 25% of the female respondents reported already being out of food¹⁷.

While ARM supported around 9800 migrants through an ad hoc relief program in 2020, it was still impossible to respond to the influx of requests. The project consisted of distributing food boxes, hygiene kits and baby supplies to members of the different migrant communities.

The program closed in May 2021, as ARM no longer had the funds nor the staff capacity to meet growing needs while also working on long-term policy change. Larger scale alternatives are essential to prevent hunger within migrant communities.

ARM also noted a very high need for milk and diapers support. In the 1380 households reached in 2021, ARM supported at least 870 babies (0 to 3 years old) with basic needs such as milk and diapers.

While it is standard practice in many organizations to withhold baby formula to encourage breastfeeding, many women cannot breastfeed for different reasons. MWs do not realistically have access to any support in this regard. Many are unable, or choose not to breastfeed for multiple reasons, including long restrictive working hours. Withholding milk distribution practically deprives children from nutrition instead of providing them with a healthier alternative. This issue is worsened by the shortage of milk and diapers due to the economic collapse, making the access for both the workers themselves and the organizations supporting them more difficult.

Other basic needs flagged to ARM included needs for clothing. In cases of violence or abandonment, workers often find themselves stranded, out of their employer's house without any of their belongings. In other cases, live-in workers were also deprived of food and other basic necessities by their employers.

Suggested modalities of Intervention

- Support with food and hygiene kits.
- Use multi-purpose cash assistance (MPCA) instead of food parcels: MPCA gives workers more agency in prioritizing certain expenses over others. It also allows them to make their own choices related to food.
- Create a system of vouchers where the MW can choose food and hygiene items according to their needs and preferences. MPCA and vouchers have the advantage of easier logistics and therefore less costly operations for organizations providing this kind of support, and give workers more agency when it comes to their financial situation.
- Support with clothing.

¹⁷ https://rocairo.iom.int/sites/rocairo/files/publication/IOM_N%26V%20assessment%20of%20migrants%20in%20Lebanon%20%28May%2021%29.pdf

Recommendations

- When distributing kits, include food supplies, hygiene products (household cleaning items and women's hygiene kits, and COVID-19 protection) and children supplies when necessary (diapers and milk).
- Take cultural backgrounds and preferences into consideration, when possible, by consulting with the communities. Many communities might not be familiar with some items traditionally included in food kits in Lebanon.
- Inform/educate the mothers about breastfeeding and/or support them with baby formula if needed.
- Consider accessibility and safety for services that require the worker to come in: For instance, in the case of an «emergency state» there will be numerous checkpoints, expecting MWs to use vouchers (and move to/from the supermarket) might put them at more risk.
- Consider supporting live-in workers who are deprived from their basic needs by their employers. Legally following up on these cases is also necessary, but the processes can be lengthy, and workers might need direct support in the meantime.
- Train community organizers on projects' criteria, and ask for support in identifying people who fit within those criteria.

Shelter

In 2020, the economic crisis, along with the health crisis led to a loss of income for the majority of MWs. Many live-out workers found themselves unable to afford rent, which often led to eviction threats, or illegal evictions. Live-in MDWs also struggled with shelter as many were abandoned, or kicked out of their employers' houses with nowhere to go, leading to mass homelessness across migrant communities.

46% of the MWs are not able to meet rental obligations in the foreseeable future.¹⁸ Between April 2020 and April 2021, ARM alone was able to assess around 540 calls from MWs requesting housing support, mostly due to eviction threats. Many reside in informal areas in substandard accommodations. In some cases, they lived in non-residential facilities that lack minimal health and structural conditions.

In many cases MWs either rent residential rooms directly from the landlord, or share accommodations with other migrants. This means that eviction threats usually affect a large group of migrants at once.

Most live-out MWs are residing irregularly, find shelter through informal arrangements without legal contracts, and are denied protection from landlords. The presence of the live-out workers in itself is illegal, leaving them at very high risk of undue evictions, harassment by landlords and other violations related to housing.¹⁹ Severe forms of violence have also been reported to ARM such as physical or sexual violence, as well as threats and attacks, both by landlords or neighbors.

“These practices have sometimes amounted to threatening tenants to detain them in the apartment, to physically beat and abuse them, or cutting off water and electricity and have policemen intimidate and scare them.”²⁰

Many MWs are facing evictions due their inability to pay rent for several months, a situation that the crisis, unemployment and low salaries, have exacerbated. A discussion with 25 live-out MDWs revealed that their average rent in August 2021 amounted to 570,000LBP per month, with an additional 235,000 LBP for basic utilities such as electricity, generator, and running water.

According to article 34 of the Lebanese Tenancy law evictions must abide by a legal process whereby the landlord should obtain a court order to give an official notice to the tenant to evict, which was not the case in any of the calls received by ARM.

Once evicted, many MWs find it hard to find new houses to rent, due to them still being jobless, or to the scarcity of affordable rentals. This leads to many of them moving in between multiple houses during short periods of time.

GBV can also be a factor that drives workers into homelessness, with many workers escaping an abusive relationship, whether with an employer or a partner, but having nowhere else to go.

¹⁸ https://rocairo.iom.int/sites/rocairo/files/publication/IOM_N%26V%20assessment%20of%20migrants%20in%20Lebanon%20%28May%2021%29.pdf

¹⁹ <https://radicalhousingjournal.org/2021/how-the-covid-19-pandemic-has-shaped-housing-struggles-in-lebanon/>

²⁰ <https://housingmonitor.org/en/content/migrant-workers-and-refugees-are-facing-dilemma-specter-eviction-hovers-economic-crisis>

The sheltering crisis also played a great role in the escalation of mental health issues for MWs. 35% of the patients from MWs communities who contacted MSF for mental health support between April and June 2020 were homeless²¹.

There are a few NGOs in Lebanon that provide shelter for MWs. Few embassies and consulates such as The Philippines, Ethiopia and Sri Lanka also provide shelters, usually prior repatriation only, and sometimes with substandard living and hygiene conditions. The total capacity of these shelters is unknown to ARM. Eligibility criteria differ among NGOs and embassies, but most criteria are quite restrictive, which means that most MWs who need a shelter do not qualify for one. ARM alone receives around 3 calls per month from homeless workers in need of shelter. It is even harder to accommodate men since most available shelters only allow women. There is a clear gap between the need and the services available.

Some shelters managed by NGOs place severe restrictions on freedom of movement and communication. These measures are meant to be in the interest of the workers' safety and protection, but more often than not, they go directly against the wishes of the shelter's occupants. Over the years, ARM heard a number of testimonies from workers feeling imprisoned in the shelters, and others preferring to sleep on the street to maintain their freedom and agency over their actions and choices.

Many of the formal shelters are also bound to inform the GSO about the MWs they are hosting, putting workers at risk of deportation. This deters many workers who have risky personal, familial or legal circumstances (Mostly due to debt related to their travel/ trafficking to Lebanon) from seeking support. Additionally, many MWs know that their families back home rely on their income to survive. Some will choose to stay in abusive conditions over staying in a shelter where they are not allowed to go out to work.

Some of the existing shelters do not have the capacity to accommodate children of MDWs, especially in cases of domestic violence. The threat of deportation for undocumented workers going to these shelters becomes particularly challenging, since a woman cannot travel with her kids without the consent of their father. This leaves the MDW facing the possibility of leaving her children stranded alone in Lebanon, or in the care of an abusive family.

In response to this need, members of the community or other individuals rent apartments and turn them into informal shelters for stranded workers. These are usually referred to as community shelters or community houses. Most of these accommodations are currently overcrowded and have substandard living conditions, with limited access to running water and electricity. Overcrowding of MWs in small apartments increases the risk of harassment by the landlords, neighbors, and in some cases have attracted police attention. Besides these accommodations can be risky during the pandemic, as the overcrowding might increase the transmission of COVID-19.

Suggested modalities of Intervention

- Prevent evictions by negotiating with the landlords and offer direct rent support by paying for part of or all of the rent for the workers' existing accommodation. Based on ARM's experience with the housing support project, negotiation with the landlord was not always effective; however, in combination with rent support it was a strong tool in hand. This combination led to more impactful interventions. Providing alternative housing options is not always the best choice: Many MWs have been renting their apartments for years, and have therefore settled into their communities, and are familiar with their neighborhoods.
- Use MPCA. Account for the increasing renting and living costs when offering this type of support.
- Support community houses financially or through in-kind donations of essential items needed.
- Create and/or support alternatives to restrictive shelters such as homeless shelters and community houses.
- Support workers in finding affordable housing by mapping out affordable accommodations for rent.

²¹ <https://www.msf.org/covid-19-and-economic-downfall-reveal-mental-health-crisis-lebanon>

Recommendations for Private Shelters

- Separate shelters into homeless shelters, and protection shelters, accounting for the different needs (women, men, families and single mothers).
- Allow the worker the agency to make an informed decision. Have workers sign consent forms, in a language they are proficient in, (with verbal interpretation if a worker cannot read) with all the details before entering the shelter. This should include any restrictions and/or legal repercussions such as deportation for undocumented workers, as well as the option to leave the shelter when they want to.
- Create a participatory process to determine safety precautions inside shelters, and periodically review and adapt these rules with new residents of the shelter, depending on the changing circumstances.

Healthcare



Physical Health

MDWs are subjected to pre-departure health checks as a prerequisite for immigration. Once in the country, the Standard Unified Contract (SUC), art. 9 provides that ‘the employer shall pledge to guarantee medical care for the employee and to obtain an insurance policy from an insurance company recognized in Lebanon (...)’. Reportedly, proof of a health insurance is a prerequisite to obtain and renew a MDW’s annual work permit through the MoL.

The terms of the health insurance for MDWs are provided in the ninth clause of the SUC as a standard minimum coverage for MDWs, which specifies insurance should cover the following: Repatriation of the body of a deceased MDW, payments upon permanent or temporary injury from accidents, hospitalization charges after accidents and illness, and an annual health check-up. However, there are significant exceptions to the coverage, and all outpatient needs are typically excluded, as is dental care, sexually transmitted diseases, mental illness, abortion, delivery, and injury or death of the MDW due to self-inflicted harm.

One of the problems is that MoL reportedly does not verify the purchase of an insurance nor its authenticity. The other problem is that often, medical insurances are fake.

The package offered by recruitment agencies generally covers the cost for ticket, paperwork, medical, and pregnancy tests at arrival in Lebanon, plus a suggestion for medical insurance which usually costs \$40-60 per year. At this price, the medical insurance is likely to have limited coverage or to be fake and only designed to meet the paperwork requirements related to the renewal of the work permit.

ARM and MSF received multiple reports of patients who declared having an insurance policy, yet not being able to benefit from it. As a result, many had to pay themselves (sometimes with the support of their employers or community members) for the medical expenses, or worse, got deprived of healthcare altogether.

In IOM’s needs and vulnerability assessment, 20 percent of respondents reported health problems, with approximately half of these suffering chronic health issues, both physical and mental, that required continuous treatment.²²

Despite the decision number 1/670 by the Ministry of public health (MoPH) requiring both public and private hospitals to treat urgent cases, many workers have reported facing issues accessing hospitals. The reasons mostly include fears of being reported, to the police or to their employers, or refusal by the hospitals to treat them before the funds are ensured.

Many hospitals have reportedly started to charge in USD for foreigners. As a result, vulnerable migrants will have more and more difficulties accessing secondary healthcare.

Many MWs report discriminatory practices by hospitals, or inferior treatment, such as being left out or treated in corridors for long periods of time, or not being given adequate medical attention. Naturally, this created an issue of trust between the migrant communities and the medical sector in Lebanon, which was aggravated by the language barrier. Many workers feel unable to express their exact symptoms in a language healthcare practitioners understand, and have more difficulty understanding their options or treatment plans which hinders their decision-making abilities when it comes to their own health and bodies.

Another challenge is that MWs do not necessarily know where to seek healthcare as they lack information related to PHCCs, hospitals, the services they provide and the related costs.

²² https://rocairo.iom.int/sites/rocairo/files/publication/IOM_N%26V%20assessment%20of%20migrants%20in%20Lebanon%20%28May%2021%29.pdf

Accessing medication has been an issue for most people residing in Lebanon in the last few months. This challenge affects vulnerable populations, including MWs the most, whether due to the expensive new prices, the unavailability of some medication in the local market, the limited mobility and access to far away pharmacies that might provide the medication, or the prioritizations of clients, especially Lebanese by some pharmacies.

Additionally, many NGOs have a policy of not providing medication unless prescribed by their own doctors, which leaves out many of the MWs who already have diagnosis and prescriptions. This usually leads to workers having to see a doctor again, often with long waiting times due to the limitations of the organizations.

MWs who suffer from chronic diseases, especially those requiring periodic in-patient treatment cannot access adequate healthcare. MWs are often excluded from programs that support costly treatments such as cancer treatments or dialysis. Often the worker is not in a good condition to travel, or does not have access to medical support in the country of origin either, or cannot return home due to debts they acquired in their traveling process. While these workers were previously supported by members of the community, the current crisis makes it impossible for them to cover for such costs, and makes it crucial to get these services through organizations.

Another form of abuse faced by MWs is medical negligence by the employers. Many workers are deprived of healthcare by their sponsors who refuse to take them to the doctors, either to avoid expenses, or because they believe that MWs are exaggerating their symptoms to get out of work. The majority of those MWs are locked by their employers and unable to seek medical services outside the house of their employers.

MWs also have limited access to reproductive health and rights including birth control and pregnancy care. MDWs face deportation risks if they get pregnant in Lebanon. As the mandatory insurance does not cover childbirth or other expenses related to pregnancy, many MDWs find themselves unable to have follow-ups during pregnancy, or pay the expenses of childbirth. In some cases reported to ARM, hospitals have refused to discharge the mother or the child before the fees are covered.

Suggested modalities of Intervention

- Offer free of charge primary, secondary and tertiary healthcare to MWs who need it.
- Ensure the cost of healthcare in your organization (if any) remains affordable and in LBP.
- Provide free of charge medication to MWs based on any registered doctor's prescription.
- Support in the management of long term or chronic illnesses that need continuous medical treatment.
- Liaise with hospitals to admit and support treatment of undocumented workers, both in emergencies and non-emergencies. Make sure to have social workers on the ground facilitating the process especially for cases of emergency. Some embassies and consulates can also provide a document that can identify the MW and can be used in some hospitals.
- Liaise with PHCCs in areas with high migrant concentration on outreach to MWs, and train workers in these units on non-discriminatory practices.
- Mediate between insurance companies and the MWs/hospitals to insure coverage when necessary and feasible (When possible to access insurance contracts).
- Support women with their sexual and reproductive health, especially for maternity care.
- Support communities working on fundraisers for sensitive and chronic cases.

Recommendations

- Train all the health staff involved on the Kafala system and the risks faced by the MWs due to their legal status.
- Train doctors handling migrant patients on the cultural diversities and the specific challenges facing domestic workers.
- Respect workers' confidentiality and do not share their medical details with their sponsors or any third party.
- Allow MWs agency over their bodies and choices by making sure to communicate clearly and in simple terms their situation and options. Make sure the patients understand and are able to make informed decisions. Resort to interpreters when necessary.
- Implement translated consent forms (Which can also be in the form of a recorded message) explaining the patients' rights.
- Have online consultations when possible, and have services available on weekends for patients who have limited or no mobility.
- In case of repatriation of MDWs with severe medical needs, I/NGOS should ensure continuity of care is met through building partnerships with organizations offering medical services in countries of origin (IOM, MSF, local hospitals...), with full respect of the principles of medical confidentiality and patient informed consent.



Mental Health

In July 2020, three months after the launch of their medical helpline for MWs, MSF raised the alarm on the deteriorating state of MWs in Lebanon²³.

According to Lebanon's intelligence agency, two MWs die each week in the country, most of these deaths are of unnatural causes²⁴. The lack of more statistics or investigations shows a strong lack of interest in the matter, and reflects the absence of any serious efforts to address it. In fact, the situation of MWs in Lebanon exposes them to a multitude of stressors which could result in severe consequences on their well-being and mental health. The factors include racism and discrimination, lack of agency, disempowerment, lack of privacy, abusive power dynamics with employers, and fear of detention for undocumented workers. The crisis made the situation worse due to the inability to meet basic needs, the guilt towards being unable to provide for their families, as well as the feeling of being trapped in Lebanon.

Many MWs are also victims of human trafficking, or face traumatic experiences including severe exploitation and abuse. MSF reported that at least 42% of the mental health patients they received between April and June 2020 have faced physical or sexual abuse²⁵.

In 2020 several severe cases of mental health were flagged to ARM, mostly women suffering from severe psychosis and requiring immediate hospitalization. Most workers do not have any sort of social benefits or health coverage, few have insurances, but even for those, the insurance plan excludes mental health. Most employers also typically refuse to pay treatment or hospitalization fees.

This means that MWs find themselves unable to pay the exorbitant fees and rely solely on the support of humanitarian and medical institutions. Even when the fees of hospitalization are covered, transporting patients to the hospital remains an issue, as the Lebanese Red Cross does not always have the capacity to transport individuals experiencing psychosis.

Another challenge is linked to identifying undocumented workers who do not remember their identity and

²³ [covid-19-and-economic-downfall-unveil-migrant-workers'-mental-health-crisis-in-lebanon.pdf](#)

²⁴ <https://www.business-humanrights.org/en/latest-news/two-migrant-domestic-workers-die-every-week-in-lebanon-and-many-suffer-mental-distress/>

²⁵ [covid-19-and-economic-downfall-unveil-migrant-workers'-mental-health-crisis-in-lebanon.pdf](#)

alerting their families or communities.

A major challenge is providing a safe space (possibly a shelter) to mental health patients in the post hospitalization phase, or patients newly under psychotropic, as most of them need to adjust to the drug regime while receiving adequate support and follow up care.

Some of the challenges facing organizations and mental health practitioners offering services related to mental health include the risks of over diagnosing and overmedicalization, psychopharmaceutical shortage, dysfunctional psychiatric facilities and difficulties in access to in-patient services as well as the risk of involuntarily repeating patterns of racism and patronizing behavior and the consequent disruption of trust.

Another major issue is the stigma surrounding the mental health of MWs. A study showed in 2016 that 41% of Lebanese employers believe that MWs have mental health issues²⁶. Mental health and wellbeing are, at the very least partly, expressions of the socio-political contexts in which the persons or groups of persons are living. Understanding the psychosocial experiences of migrants requires an understanding of the structural conditions that shape their daily lives. Otherwise, one risks labeling expressions of distress, which are completely adequate given the circumstances, as disorders. This might manifest in wrong diagnosis due to differences in cultural expression of distress. Individuals experiencing these hardships should, of course, still be supported and cared for, but mental health practitioners should be sensitive to the situation and context to avoid misdiagnosing patients.

The taboo around mental health largely affects the MWs, with many avoiding seeking support to avoid being stigmatized both by their employers and their own communities.

Active community members and advocates also play multiple psychosocial roles, and so are at a higher risk of compassion fatigue and secondary trauma.

Preventing mental health crises

The dire conditions described throughout this report, the multiple challenges faced by MWs, and the journey of MWs under the Kafala system are all important stressors that affect the mental health of MWs in Lebanon.

Any efforts that address the consequences but do not treat the root causes remain insufficient and unproductive in the long term.

While a lot stems from the slavery-like conditions imposed by the Kafala system itself, the current crisis and instability exacerbated the situation. Preventing hunger and homelessness, ensuring better labor rights, facilitating access to justice in case of violations and strengthening communities remain the best tools to reduce the volume of cases.

²⁶ <https://kafa.org.lb/ar/node/83>

Suggested modalities of Intervention

- Provide mental health treatment, including short term, resources focused psychological support, therapy, medical follow ups and medication.
- Support with the fees when hospitalization is required for patients in need of urgent medical intervention and experiencing severe mental health symptoms.
- Provide adapted shelter and trained medical/ paramedical staff for cases post hospitalization, and cases that are not severe enough to be hospitalized, while taking into account the security of patient and staff.
- Provide sensibilization and awareness raising within communities regarding mental health to avoid marginalization and stigmatization of people with mental health conditions.
- Create physical spaces for communities to meet and share experiences.
- Train, supervise and follow up with community advocates supporting their communities, and provide them with tools to provide basic counseling, psychological first aid, and referrals, and equip them with self-protective strategies and coping mechanisms to preserve their own mental health by implementing peer support groups, and one on one or group counseling.
- Liaise with mental health professionals in countries of origin to either offer online therapy and counseling to migrant patients in Lebanon, or train your staff on cultural specificity.

Recommendations

- Have a multidisciplinary assessment, to check if further support is needed, including legal or social support. When possible adopt an interdisciplinary case management approach between medical, mental health, social workers and potential protection staff.
- Be transparent about the limitation of services.
- Train helpline operators and mental health professionals dealing with MWs:
 - Inform them on the basics of the Kafala system and the conditions of MWs, as well as the risks MWs run due to their residency status.
 - Sensibilize them on cultural manifestations of distress.
 - Train them in a practitioner-oriented, non-theoretical way on critical consciousness and decolonial approaches to mental health, for instance in partnership with a university or specialized academic institution.
- Apply a postcolonial and liberation psychology-based approach to counter the dehumanization of workers through co-designing and co-evaluating activities with migrants.
- Make suicide prevention helplines available through WhatsApp calls and in multiple languages.
- Ensure field management of mental health emergencies, and ensure transportation, or cover for ambulance transportation to the hospital when deemed necessary.
- Never involve the police in severe cases without explaining the consequences and getting the explicit consent of the MWs, as it can put MWs in more precarious situations.
- Make therapy sessions available online especially for MDWs with limited mobility due to their employers' restrictions.
- Ensure that safe spaces are available for counseling.
- Address confidentiality and efficacy concerns in translation:
 - Have a pool of trained cultural mediators from the communities to support with therapy, and address issues of confidentiality while assigning roles.
 - Use remote translation through someone based in the country of origin or outside of Lebanon, if deemed preferable by the patient.
 - Specifically recruit and train translators that are not part of the migrant community, possibly shared by service providers, and stress confidentiality and professional ethics in the training of the interpreters.
- Support interpreters and cultural mediators with their own mental health and coping mechanisms to avoid burning out and second hand trauma.

Repatriation

The series of crises, especially the devaluation of the LBP and the increase in unpaid wages and workers abandonment, pushed many MWs to go back to their countries of origin. Media reports estimated that around 100,000 to 150,000 workers have left Lebanon since the onset of the crisis. However, many still find themselves stranded without papers or money to buy a ticket back home.

While repatriation has been flagged as a major need in 2020, and still remains a pressing issue for many, some MWs cannot travel or simply do not wish to. The IOM assessment suggests that around half the participants wished to remain in Lebanon while the rest wished to return to their country of origin²⁷. Repatriation should therefore not replace other programs related to supporting the workers staying in the country.

Repatriation might not be a viable option for many workers who come to Lebanon with debts, some related to their travel expenses to Lebanon: Going back might pose a legal risk for them in their countries of origin. Other concerns include, social and economic reintegration, especially for women with children, including finding a new source of income once back home.

Many MWs also wish to stay for other reasons. Some have been living and working in Lebanon for years and have therefore built their lives and communities here. Note that some of the countries of origin are also facing extreme crises including wars, armed conflicts, and/or famine. Workers must have a clear idea of what awaits them while making the decision.

For those who wish to leave, many hurdles may be in place, the first being the lack of a passport. The embassy would then need to issue a laissez-passer to these workers to allow them to depart. Many protests have taken place in 2020 with workers claiming that their embassies are being unresponsive in that regard. Another issue is the penalty fees associated with overstaying their residency papers.

Some MWs might also have complaints against them related to leaving their employers houses; falsely accusing a worker of theft when they leave their employer's house has been a widespread practice²⁸. In that case a lawyer's intervention is necessary to represent the worker and get them clearance. Many also have multiple months of unpaid wages, and are often pushed to leave without retrieving them. 85 of the 140 cases of abandoned workers surveyed by ARM in 2020, mostly through mass intakes in front of the embassies and the community houses, had unpaid wages. Most of these workers ended up leaving the country before the legal process of reclaiming their wages could start.

A MW's insurance (mandatory for the regular workers) should cover the fees of repatriation to their home country in specific situations, such as a request or by decision of the competent authorities, in case the sponsor dies or goes bankrupt, and in case they get an incurable disease. (According to article 1 of the decision number 52, 14/04/2009 regarding insurance policies for MWs and MDWs).

Moreover, many migrants who wish to travel with their children face challenges related to ensuring the documentation of their children (birth certificates) especially in case the father resides in Lebanon, as they need his permission to leave.

²⁷ https://rocairo.iom.int/sites/rocairo/files/publication/IOM_N%26V%20assessment%20of%20migrants%20in%20Lebanon%20%28May%2021%29.pdf

²⁸ <https://english.legal-agenda.com/the-labyrinth-of-justice-migrant-domestic-workers-before-lebanons-courts/>

Steps of Repatriation

- Counsel the worker.
- Put the worker in touch with their embassy/ consulate to process the laissez-passer.
- Fill official requests for penalty exemptions or reduction at the GS for workers who did not obtain a penalty fee waiver.
- Follow up closely on the person's file at the consulate and GS.
- Resolve any standing legal complaints that prevent the worker from traveling.
- If traveling with children, make sure that they have birth certificates or help them get birth certificates.
- If traveling alone with their children, make sure they have a permission from the other parent, made at a notary writer or the embassy/ consulate, that allows them to travel.

It is also essential to consider the potential situation of workers once back in their home countries, including the political, social, and economic situation, their personal and familial situation as well as potential support and reintegration programs in their countries of origin by INGOs or local initiatives. In an evaluation made by ARM for 8 workers we supported with repatriation 2 months after going back to their home countries, all of the respondents stated that they are currently not working due to lack of opportunities, and that they were facing challenges accessing basic needs. Most of the respondents also expressed that they did not expect their return to be that challenging. Out of the 8 persons, only 2 felt they had control over the decision to leave, the rest felt pushed to make that choice due to the lack of other options resulting from the situation.

Suggested modalities of Intervention

- Counsel MWs around their choices to leave or stay.
- Support workers with the GSO and their embassies in acquiring an exit clearance and paying their penalty fees when necessary.
- Support workers with logistics including booking flights, luggage, planning transportation to the airport, checking COVID-19 procedure in country of origin and making sure requirements are met.
- Support reintegration in country of origin, possibly through partner organizations. This could include transportation from the airport, especially in countries where the international airport is far away from their villages, and the travel is costly. Reintegration programs could include psycho-social support, legal support, vocational training and tools for economic empowerment, as well as Micro Financing for small businesses.

Recommendations

- Counsel MWs on the legal and technical aspects, and inform them on their options and the situation in their home country giving them space to reflect on their personal, familial and financial situation and make decisions accordingly.
- Technical counseling should include options of legal complaints for unpaid wages or abuse, evacuation registration, embassy/consulate procedures, GSO procedures and penalties, travel logistics and information about the situation in the country of origin.
- In case MDWs originates from countries currently at war, have asylum claims, or are at risks of re-trafficking in their country of origin, organize joint counselling sessions with NGOs or INGOs specialized in asylum issues (UNHCR, for instance) to make sure potential asylum seekers are offered the possibility to ask for international protection and are not at risk of being sent back to countries where they could face persecution.

Legal Support

Given the legal framework of the Kafala and residency system for foreigners in Lebanon, the language barrier, the lengthy and costly processes, and the lack of awareness of rights under Kafala when new MWs come into the country, NGOs remain in practice one of the only ways for MWs to access any form of justice. Despite efforts, many violations have been identified by human rights and legal organizations lately, including prolonged detention periods and trials in absentia due to getting deported before their trial²⁹.

In 2020, cases of labor violations and abuse have substantially increased, increasing the need for a legal representation for MWs centered around individual cases and their needs. During that year, ARM alone received at least 58 cases of human trafficking, 230 cases of unpaid wages, 145 cases of workers abandoned in front of their embassies, and over 60 cases of violence and exploitation. 22 cases of human trafficking were directly worked on by ARM, 36 other cases were referred to IOM for support. This support is often limited to immediate needs, repatriation and reintegration. Legal action is rarely taken; on one side, the trafficking often happens before the worker's arrival to Lebanon, on the other, reaching the courts is very challenging, and in many cases, MDWs are deported before standing in court.

Working on legal cases of MWs while taking into account the particularity and precariousness of their legal status is especially challenging. In many cases the contact with the workers might be very limited, and accessing their information and those of their sponsors or agencies might be very challenging due to the confiscation of passports and documents. Moreover, many workers sign their contracts and other documents in Arabic, a language the majority can not read or speak, which means that they often do not know the terms they agreed on, their legal sponsor, or any rights they might have given up while signing waivers. In many instances, MWs were unsure who their legal sponsor was, or were made to sign waivers of sponsorship without their informed consent.

The procedures can also be very long. This proved to be particularly challenging in 2020, due to the repetitive lockdowns and the high caseload accumulating in courts, as delays forced many workers to leave before their cases made it into the legal system. In many cases, ARM lost contact with the workers due to them losing access to their phones. In other cases, workers ended up giving up on their legal rights to avoid a risky and lengthy process.

There are also many challenges when it comes to the discrepancy between policy and practice: For example while the SUC permits the MDW to break her contract after 3 months of unpaid wages, many employers refuse to let the worker travel back home or allow her to seek other employment opportunities. Supporting these cases legally is usually a lengthy procedure, during which the worker is often forced to keep working for her sponsor, accumulating more months of unpaid wages, or is pushed to leave the employer's house, thus violating her residency conditions.

Another new challenge is the uncertainty when it comes to unpaid wages: While most workers sign contracts that state their wages in USD, the currency and rate at which unpaid wages should be paid given the current crisis is still unclear.

To make matters worse, corruption in the judicial system poses another layer of complications, especially when MWs' rights are being violated by individuals or networks with high profile or power. In many of these cases, MWs get coerced into silence.

In cases of violence, the burden of the proof falls on the victim. In many cases, verbal, physical and sexual abuse are hard to prove. Often, workers have no way of reaching out for support, documenting the violations, or leaving the employers' house soon enough after the abuse happens, this deprives them of the possibility of seeing forensic doctors or collecting evidence otherwise. Moreover the living situation of live-in MDWs makes it much harder to flag or prove instances of repetitive verbal or physical abuse, as well as sexual harassment or

²⁹ <https://english.legal-agenda.com/the-labyrinth-of-justice-migrant-domestic-workers-before-lebanons-courts/>

assault, especially when no physical marks of injuries remain.

Workers might also need support in other legal cases such as detention, forced deportation, theft accusation and other complaints filed against them.

Administrative support including birth and marriage registration, waiver of sponsorship, and passport renewal might also be required for many workers who are unable to understand the system due to limited material in their mother tongues. For example, many workers miss the chance to regularize their status during the amnesty periods due to the inaccessibility of information. Most of the decrees and decisions published by the governmental bodies affecting MWs are published in Arabic.

Cases that do not currently get a lot of support include following up on investigations of death (criminal/suicide, suspicious circumstances) and supporting families in pressing charges in case of suspicions of ill treatment, driving to suicide, or homicide. It can be challenging to get the proper paperwork from the parents of the victim to proceed legally in Lebanon. The embassies have a major role to play in this situation. Multiple cases of missing workers have also been reported across the years, with little to no follow up from authorities.

The challenges facing MWs continue after death; many undocumented workers' bodies remain in hospital morgues for lengthy periods of time due to the inability to identify the worker or the inability to pay for the repatriation of the body. If a MW resides and works legally in the country, it is the responsibility of the insurance company to repatriate the body. However, when a worker is undocumented the process becomes more challenging. It is the embassies and consulates' responsibilities to follow up on these cases, especially in cases where the bodies are unidentified. In reality, it has often been the community that ends up following up and paying the fees of repatriation of bodies, but given the current economic situation it has become much more challenging to ensure the funds necessary for that.

Suggested modalities of Intervention

- Legal support: Legal support is highly needed in the following cases:
 - Detention.
 - Forced deportation.
 - Theft accusations.
 - Unpaid wages.
- Legal and protection support is highly needed in the following cases:
 - GBV and domestic violence.
 - Violence, exploitation or abuse by sponsors, agencies and employers.
 - Racist targeting, harassment or threats.
 - Human trafficking and forced labor.
 - MWs with potential asylum claims.
- Administrative support is highly needed in the following cases:
 - Birth and marriage registration.
 - Waiver of sponsorship.
 - Voluntary repatriation.
- Legal, administrative and financial support are highly needed in the following cases:
 - Missing people.
 - Unnatural death of MW (Including suicide, homicide, ill treatment...).
 - Burial or repatriation of dead bodies.

Recommendations



On Communication:

- Explain terminologies and processes to the workers and counsel them on all their options to make informed decisions about their case. Keep in mind that MWs are often unfamiliar with legal and technical terminologies.
- Be clear about the criteria of the cases you can support, and make the distinction of what is considered an emergency clear to the MWs.
- Follow up regularly with the workers and respect their agency and right to information concerning their own cases: Always check for the consent of MWs, and inform them about the consequences of each action and the possibility to withdraw from a case.
- Make sure to translate the content of any document signed by MWs.
- Expect very lengthy procedures due to bureaucracy and capacity issues within the GSO, especially in times of crisis and be honest with the MWs about these expectations.
- Get a backup emergency number from the case leaders to avoid losing contact if the access to their phone is lost.



On Handling Cases:

- Have a multidisciplinary approach for the management of cases of trafficking, exploitation, GBV or abuse, covering the multiple needs of the MWs including basic needs, sheltering, mental health and medical support.
- Internally mainstream processes between different actors (Social worker, case worker, lawyer, etc.) so that a worker does not have to repeat the details of traumatic incidents multiple times to multiple parties.
- Support with negotiations when possible; due to the constant difficulty of reaching the judiciary system, negotiating with sponsors in cases of mild violations can achieve positive results. Always get the consent of the workers and have a safety plan for them in case of failed negotiations.
- When dealing with the cases of undocumented workers, the focal point, lawyer or social worker needs to follow up through GSO to get accurate data about a worker with unconfirmed or incomplete information.
- In cases of violence or abuse, explain and offer the option of documenting abuse through forensic doctors, and support the workers financially, practically and mentally throughout the process.



On Awareness:

- Put special efforts into reaching out to live-in MDWs, and advertise your helplines to the migrant communities.
- Sensibilize the workers about their rights, and all the laws and regulations relevant to them while still being aware of their reality, and the differences between policy and practice.
- Keep the workers updated on latest decisions, amnesties, or relevant policy changes.

Education

It is unknown how many children of MWs currently reside in Lebanon, but some estimates suggest that there are currently over 15,000 children.³⁰ Most of these children are, in effect undocumented, and are therefore often deprived of education and services.

Migrant parents and children face severe challenges from the Kafala system and racism in society, including daily harassment, difficulty registering their children's births, limited access to health and education, and increased risk of detention and deportation. Migrant women can have children and legally register them in Lebanon in very rare cases, and pregnant women face increased risk of deportation, even when they are residing legally. This means the majority of children of MWs are unable to attend school.

Access to schooling for migrant children is very challenging. Mothers of young children have no affordable daycares or schools, which makes it harder for them to work and produce enough income to sustain themselves and their children. Their two main options are either some private schools that may accept migrant children without proper documentation, but charge out of reach fees, making them inaccessible to most workers, or attempting to enroll in public schools, where families are frequently prevented from registering and face racism in and out of the classroom. Other models of education might include migrant learning centers, informal education and vocational education.

The COVID-19 pandemic and the economic crisis made it even harder with more Lebanese children shifting towards public schooling, and further limiting their capacity to cater to migrant children. According to the ERP issued in August 2021, 50% of the most vulnerable Lebanese and migrant households have reduced their expenditures on education, and 15% unenrolled their children in schools.³¹

Many schools are prioritizing Lebanese students over migrants and waiting lists within many organizations that support education are already saturated. The move towards online schooling was also difficult for children of MWs due to the lack of access to the technology and technical skills required.

Many migrant children who register in informal educational programs, or who are pulled out of school for a while then face difficulty of reintegrating into the system when they have been in informal education programs. This is expected to be particularly relevant after the 2019 and 2020 crises.

Suggested modalities of Intervention

- Support children of MWs to enroll in public schools, by negotiating admissions when possible.
- Finance children of MWs to enroll in private schools.
- Create non-formal education programs to support out of school migrant children in the reintegration in the schooling system.
- Look into options for starting or supporting migrant learning centers run by NGOs, or supporting students in their transition to schools.
- Provide migrant children with the tools necessary to access online schooling.
- Create and support migrant led daycare initiatives for children too young for school.

³⁰ <https://www.tandfonline.com/doi/full/10.1080/26410397.2019.1643192>

³¹ <https://reliefweb.int/report/lebanon/lebanon-emergency-response-plan-2021-2022-august-2021>

Recommendations

- Enroll undocumented children in existing non-formal education programs.
- Provide assistance for transportation to schools/ informal programs.
- In the event where evidence of civil registration, by using birth certificates or letters of certification of birth, or other proof issued by government authorities, or documents which are accepted by the Ministry of Education are missing, try presenting personal history records of persons and children.