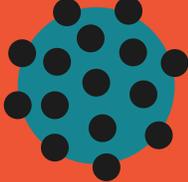




COVID
RELIEF
REPORT
2021



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COVID RELIEF REPORT 2021

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OVERVIEW

By April 2020, every GCC country — Saudi Arabia, United Arab Emirates, Kuwait, Oman, Bahrain, and Qatar — had implemented some form of lockdown and travel ban.¹ While some key sectors remained open, to a large extent the economy came to a grinding halt.

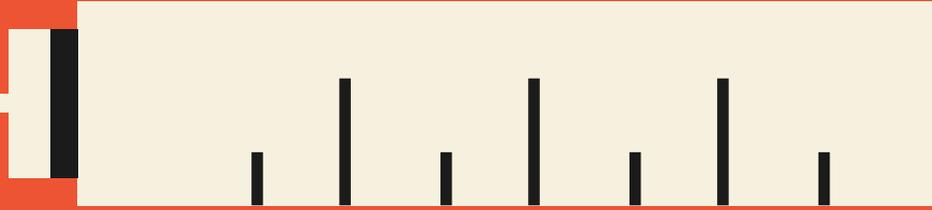
For migrant workers in the GCC, decades of marginalisation and exclusion from welfare policies made their situation more precarious.² The impact was predictable, and within weeks dire calls of distress emerged from across the region: lower-income migrant workers, but also middle-income migrants with families, lost jobs and income, and struggled for survival.

Discriminatory policies⁴ and racist discourses proliferated, with citizens receiving preferential treatment⁵ in economic responses, medical treatment, and travel restrictions. Emergency decrees empowered businesses to almost unilaterally change contract terms for migrant workers— leave without pay, reduction of salaries and termination — with safeguards against job loss and excessive salary reduction reserved for nationals only.

* UAE's resolution to stabilise private sector employment gave businesses a free hand on contract change. According to Ministerial resolution 279, companies affected by Covid-19 could 'reorganise the work structure'.³

* Saudi Arabia also enacted a new regulation that allowed employers to unilaterally cut workers hours and wages during the next six months.⁶

* Qatar cut wages of foreigners; Kuwait planned freeze on recruitment of non-nationals in the oil sector.⁷



Non-nationals also often experienced unequal access in terms of health care: while treatment for Covid-19 was free in most cases, the quality of care differed between citizens and migrants.

For example, many migrants Migrant-Rights.org (MR) spoke to were advised to stay home until their condition deteriorated to dangerous levels⁸; meanwhile, citizens could opt for hospitalisation (or in some cases, were required to obtain it) even with non-serious symptoms. This duality extended to medical care once hospitalised, with migrants relegated to inferior institutions or less-attentive wards. For workers without access to quality health insurance, and particularly for those who had recently lost their jobs and became unexpectedly stranded, the costs of aftercare and non-Covid medical expenses (such as maternity care) also posed a crippling challenge.

- * The pandemic wreaked havoc on the mental health of migrant workers in the GCC states.⁹ The reality of the lockdown and the impact of job and wage loss has left many in despair and agony.
- * Though all GCC countries now include migrant workers in their vaccination schemes, some, such as Oman's¹⁰, prioritised nationals. Extending vaccine access for undocumented migrants remains a struggle.¹¹
- * The pandemic has aggravated the precarity of migrants' non-Covid related¹² medical situations, including labour and delivery. Post-covid healthcare also remains an issue.¹³



Travel restrictions were also imposed differentially among migrant workers and nationals, with nationals often more easily able to return home while residence–visa–holders stranded abroad could not. Migrants desperate to return to their jobs and their homes often have to pay a steep price to do so, required to go through third countries and expensive hotel quarantines.

Government responses did not prioritise migrant workers, and needs were too large to be carried by licensed charities and community groups. Though MR's mandate is advocacy, research and reporting, we were compelled to respond to calls for support. Working with a network of volunteers and partner organisations, we provided direct relief in the form of food distribution, access to healthcare, accommodation, and repatriation to over 3500 workers across the region.

* As countries across the world grappled with the pandemic, Kuwait announced an amnesty¹⁴ in an attempt to force migrants on irregular status to leave the country, regardless of the conditions of their irregularity. But the amnesty merely increased risks at many levels.¹⁵

* The emergence of the vaccine passport: Origin countries scramble to meet vaccination requirements, as prospective and stranded migrant workers struggle without jobs.¹⁶

* Struggling to return: Migrants stranded abroad fear loss of possessions and entitlements in Kuwait.¹⁷

* UAE authorities warned against unauthorised donations throughout the pandemic, even while needs for food, accommodation, repatriation, and medical bills remained unmet. [Under Article 27 of the Federal Law No 5 of 2012 on Combating Cybercrimes, it is illegal to call for, promote and collect donations online without first obtaining the proper permission and licensing from the relevant authorities.]¹⁸

* Male domestic workers in Saudi driven to despair: Since lockdowns were implemented in late March across several parts of the country, job security and accommodation became uncertain.¹⁹



Where possible, we recorded case details including, but not restricted to, nationality of worker(s) supported, gender, type of issue faced, and case status for labour issues. Our intervention during the early months of the pandemic is more quantifiable, with food relief or repatriation highest in demand. As emergency needs subsided, our efforts shifted to supporting access to justice or grievance procedures — the outcome of which is more difficult to capture in a quantitative dataset.

* As restaurants and shops reopen across Saudi Arabia, migrant workers continued to bear the brunt of the pandemic's economic fallout.²¹

Though our sample size is modest, the conclusions reflect wider trends observed through our on-ground reporting. The data that we have collected may not capture the challenges faced by all vulnerable groups but do indicate that the issues are more widespread than reported in local media, which shies away from reporting on issues that may show governments in a bad light. The reporting from origin countries on returnees validate our findings.

Our data also does not reflect the ways in which women migrants, particularly domestic workers, have suffered during the pandemic.²⁰ This gap is in itself telling, as women migrant domestic workers are isolated during the best of times, and unless they have risked irregularity, they were unable to reach out and seek help.

While we lack corresponding data from the pre-pandemic years, that there was a larger demand for relief services clearly indicates the negative impact of Covid-19 on the economy and on the well-being of migrants.

RELIEF IMPACT | DATA SNAPSHOT

Of known individuals:

57.1%

were from Asian countries

42.9%

were from African countries

Ratio of people whose exact country of origin was recorded:

19.4%

Gender of all individuals:

33.2% male

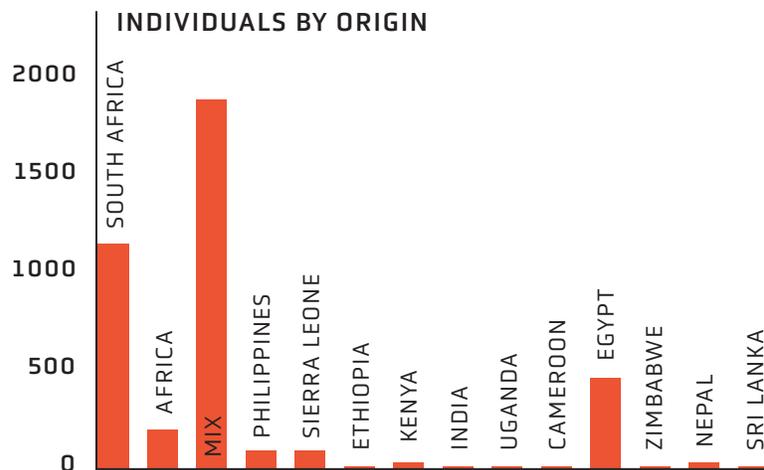
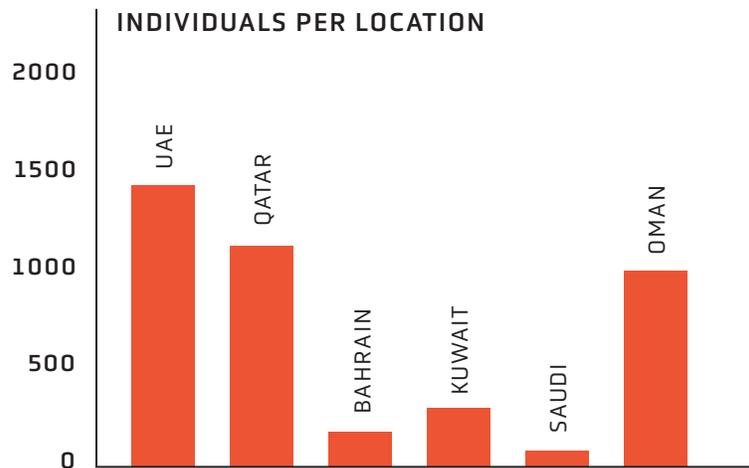
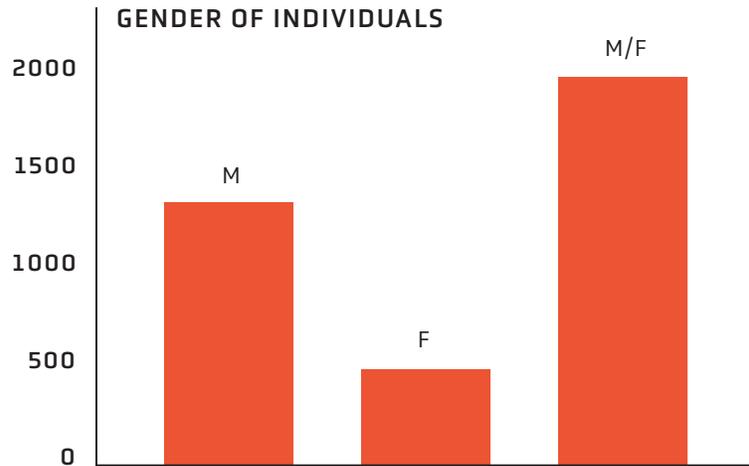
11.4% female

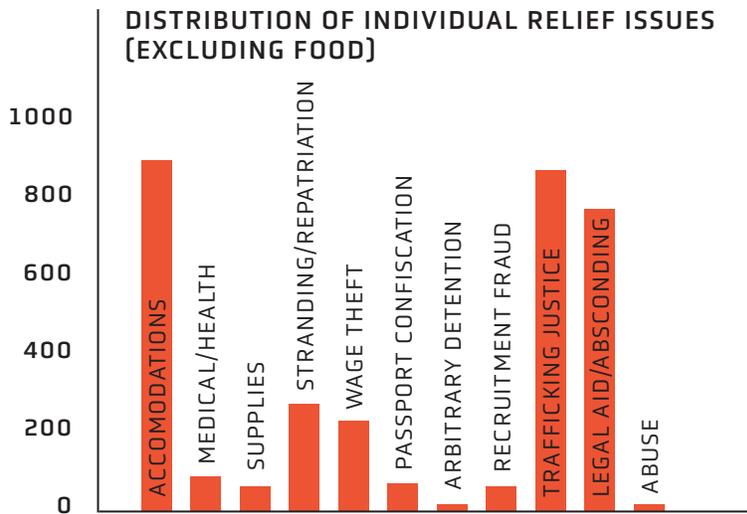
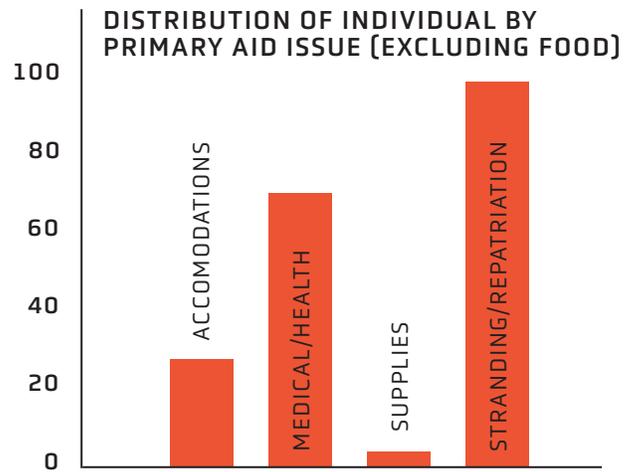
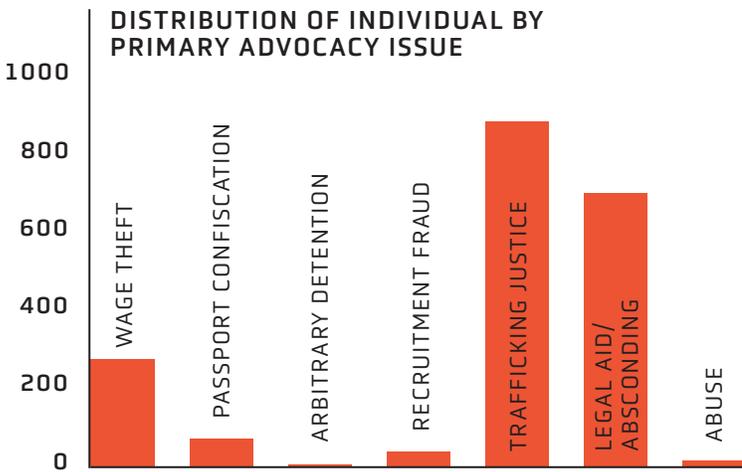
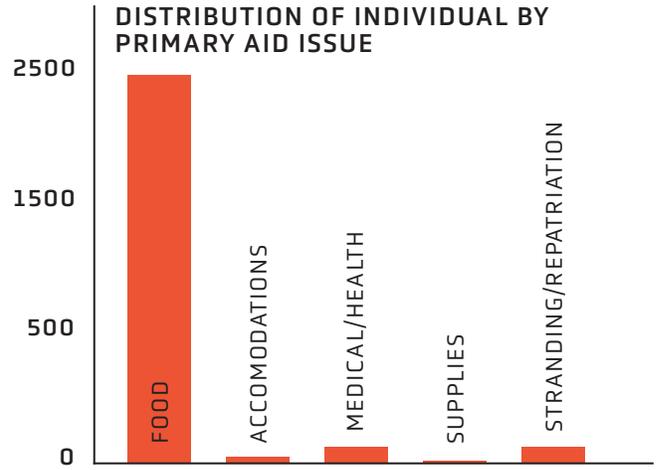
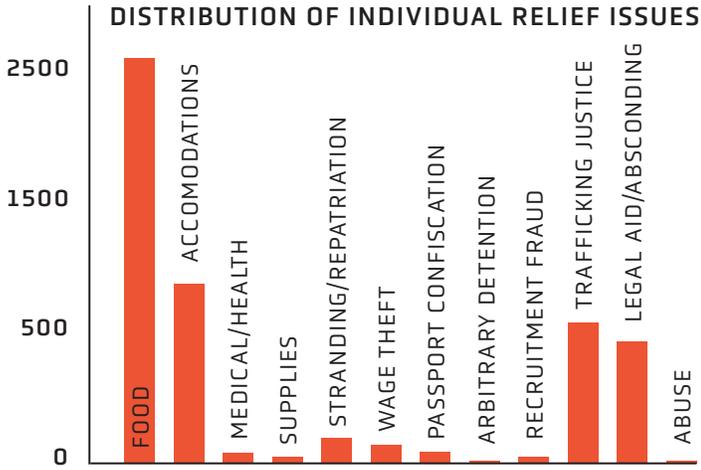
55.4% unknown

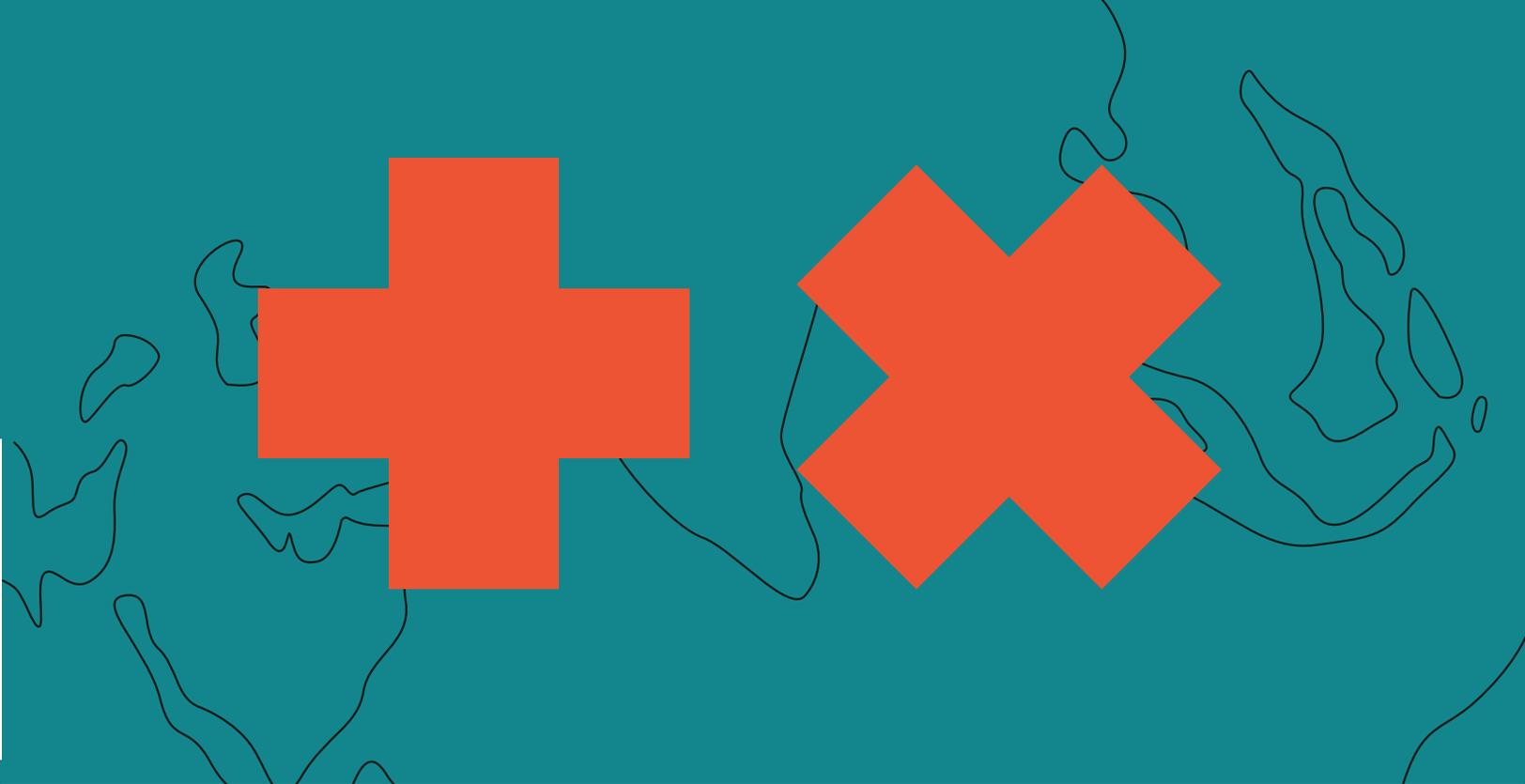
Gender of individuals, excluding unknown gender:

74.4% male

25.6% female



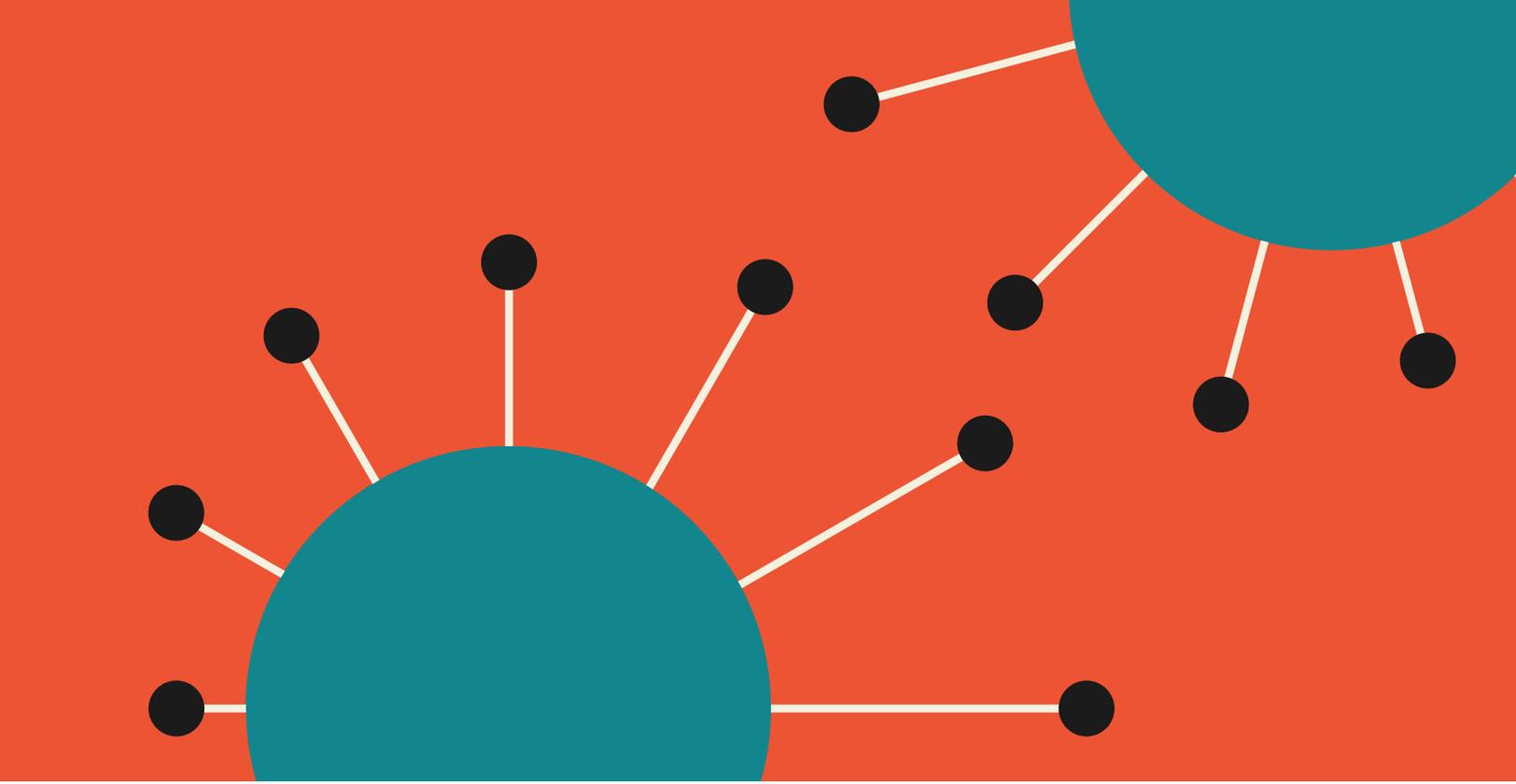




REFLECTIONS

The country-specific data does not reflect the scope or scale of the problem but is to a degree a reflection of restrictions on civil society activism. Countries like Kuwait and Bahrain which have relatively more vocal and well-organised civil societies were able to better mobilise relief work within their own communities. In contrast, countries like Saudi Arabia or Oman were almost impossible to navigate for both MR and migrants alike. The data indicates that our relief work in the UAE appears to be more successful than in other states, and this is because we worked with two separate community organisations that had the reach, but not the funding support or logistic experience which we provided. In Qatar, though there were several distress calls for relief, we were able to connect these cases to local organisations or community groups, and provided financial support when needed. The data also reveals that MR had been more involved in access to justice and grievances redressal in Bahrain and Qatar because of our stronger engagement with government agencies.

There is a pressing need for similar interventions in other GCC states, particularly Oman and Saudi Arabia. However, this is a challenge that cannot be addressed immediately.



RECOMMENDATIONS

Over a year since our first intervention, and the Covid-19 pandemic is far from over. Keeping in mind ongoing challenges and the likelihood of future health crisis, our key takeaways and recommendations are:

- The ghettoisation of migrant workers, poor accommodation standards, and exclusion of migrants from welfare schemes and healthcare made it more difficult to contain the pandemic. Reform to these policies is crucial.

- Government communication must keep in mind its diverse audience, who require different languages and different mediums. There is especially a need to ensure reach to migrant domestic workers.

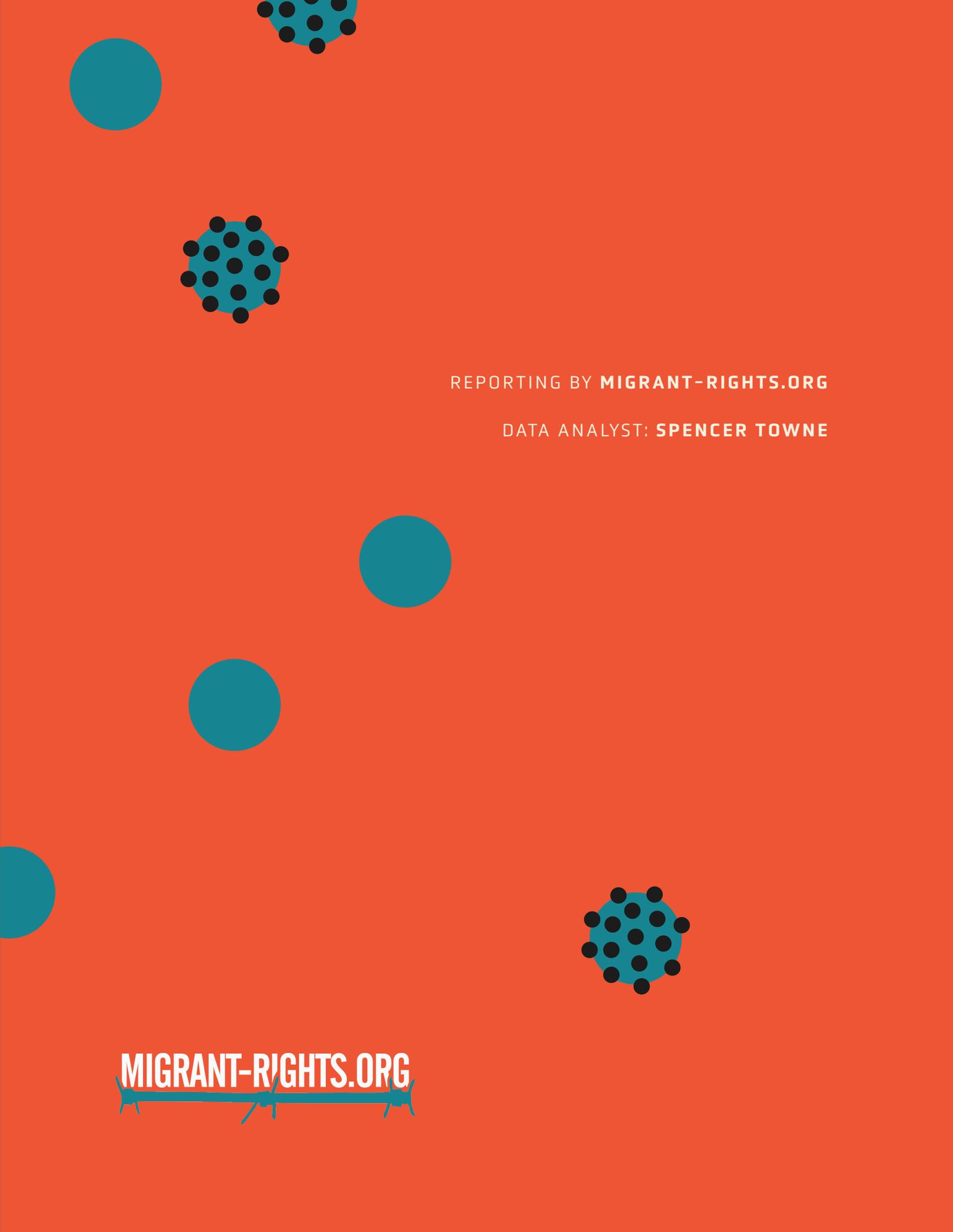
- Businesses and employers must be held accountable for reneging on their legal obligations.

- There must be channels of communication between governments and community groups, without dependence on international organisations that may fail to understand grassroots nuances.

- A well-organised and dynamic civil society can provide critical support to government efforts. GCC states must revisit policies that restrict civil society and independent charity work, particularly in the wake of the crisis.

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The background is a solid orange color. Scattered across the page are several teal-colored circles and clusters of black dots. There are four solid teal circles of varying sizes and three clusters of black dots, each contained within a teal circle. The clusters vary in size and density of dots.

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A teal-colored barbed wire graphic is positioned below the text 'MIGRANT-RIGHTS.ORG'. It consists of a horizontal line with several sharp, triangular barbs pointing upwards and downwards.