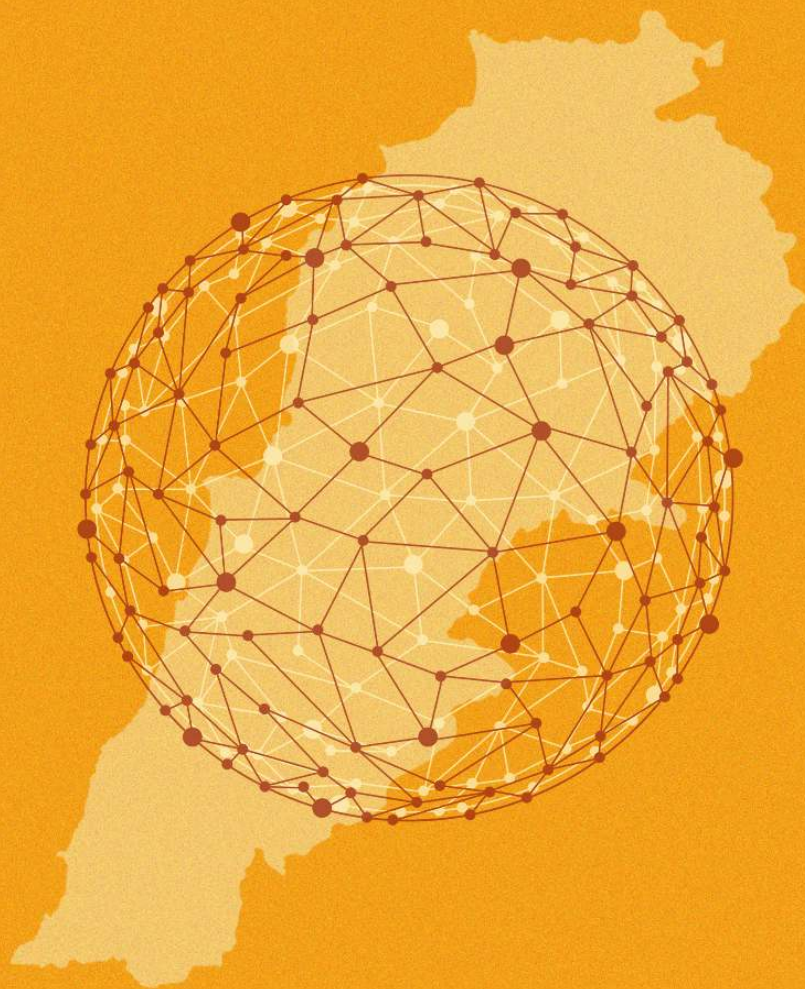


THE KAFALA SYSTEM, THE LEBANESE CRISIS AND THE IOM



Migrant
Workers'
Action

INTRODUCTION

The Kafala system in Lebanon is an exploitative and exclusionary system that enables daily human rights abuses of Migrant Domestic Workers (MDWs). In the past decade, the impunity enjoyed by both the Lebanese state and employers for human rights abuses has been communicated through migrant testimonies and on multiple platforms, including news reports¹, social media posts and human rights documentation² by civil society organisations (CSOs).

With the escalation of the Lebanese economic and political crisis, which began in 2019, the true extent of exploitation and violence against Sub-Saharan African and East-Asian migrant workers under the Kafala system has become more evident. In 2020, MDWs were thrown out onto the streets by employers³ and agents and consequently left homeless and destitute, often in front of their consulates and embassies.⁴ Responsible institutions lacked the means or capacity⁵ to keep MDWs safe and facilitate organised safe repatriation in the midst of the Covid19 pandemic. In addition, the 4 August 2020 Beirut port explosion⁶ exacerbated the Lebanese crisis and, with it, the plight of MDWs. All of these events revealed the systemic exploitation amounting to modern-day slavery.

Over the past decade, and with the start of the Syrian civil war in 2011, IOM Lebanon has been mostly known for its work with Syrian refugees. The IOM has been working in cooperation with the UNHCR and UN member states towards the resettlement of refugees from Lebanon's irregular camps to new host countries.⁷ IOM Lebanon's assistance of MDWS initially began with evacuation efforts during the 2006 war⁸, and since then, service provision has been sporadic.

Following the increased attention and media coverage of the situation of MDWs in Lebanon in 2020, IOM began to actively provide support to MDWs and engage with local civil society organisations (CSOs) and migrant communities to coordinate humanitarian assistance throughout the crisis. For its most publicised intervention, the IOM, in collaboration with several other UN agencies and local civil society, launched a vaccination campaign

¹ <https://www.reuters.com/article/us-lebanon-migrants-irregular-idUSKCN1FZ195>

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

³ <https://www.vice.com/en/article/bv8qng/an-abusive-system-left-ethiopian-domestic-workers-stranded-in-lebanon-for-years>

⁴ <https://www.abc.net.au/news/2020-06-29/coronavirus-sees-foreign-maids-dumped-in-lebanon/12393812>

⁵ <https://www.middleeasteye.net/news/lebanon-gambia-stranded-migrant-workers-repatriation-beirut-kafala>

⁶ <https://www.middleeasteye.net/news/lebanon-beirut-explosion-kafala-african-domestic-workers-trapped>

⁷ <https://www.iom.int/resettlement-assistance>

⁸ <https://www.iom.int/statements/first-convoy-sri-lankans-leaves-lebanon>;
<https://www.iom.int/statements/iom-repatriates-450-filipinos-lebanon>

advocating for the inclusion of MDWs in the national efforts to curb the spread of Covid19 within the country and particularly within marginalised communities.⁹ Furthermore, they assisted in the repatriation of MDWs stranded in Lebanon after increasing demands by CSOs and MDWs protesting in front of their consulates, raising awareness of the plight of migrants stuck in the country.¹⁰

This brief was developed following concerns highlighted to MWA about the lack of clarity regarding IOM's role in Lebanon. It intends to summarise the challenges and concerns MWA has found through its work with migrant domestic workers, their communities and civil society organisations. It aims to shed light on gaps within IOM's system and work. The brief is intended to advise IOM in its work by highlighting ongoing issues and providing recommendations on current challenges.

METHODOLOGY

A thorough examination of existing literature and relevant policies made available by the IOM have been used as a source of information in addition to formal and informal interviews, observations and focus group discussions which took place with migrant workers, activists and CSOs. Hereinafter, all participants will be referred to as interviewees.

INSUFFICIENT INFORMATION ON THE IOM'S ROLE

The IOM Lebanon Office's operations and scope of work appear outdated on the website, primarily referring to the presence of Iraqi and Palestinian refugees.¹¹ The recent increase in IOM's interventions on behalf of Syrian refugees and African and Asian MDWs in Lebanon is not mentioned.¹² Most of the information relating to IOM's work with MDWs in Lebanon can be derived from the website's news section. Most articles and reports are published by the IOM MENA regional office in Egypt and elaborate on different achievements and activities the IOM has undertaken, such as successful repatriations or the Covid19 response.¹³

Despite not being clear in its scope of work, the IOM elaborated on its activity areas in its *Lebanon Crisis Response Plan (LCRP) 2022 and 2023*

⁹ <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout>

¹⁰ <https://mena.iom.int/news/iom-lebanon-helps-stranded-kenyan-migrants-return-home-through-its-voluntary-humanitarian-return-assistance>

¹¹ <https://www.iom.int/countries/lebanon>

¹² <https://mena.iom.int/lebanon>

¹³ <https://www.iom.int/news/iom-helps-vulnerable-banladeshis-return-lebanon-more-migrants-line-leave>

and *Emergency Response Plan (ERP)*, being inter-agency documents outlining planned activities and the required funds for implementation. The requested funds are for operations, including the 'activity areas' of protection, Assisted Voluntary Return and Reintegration (AVRR), direct healthcare and humanitarian relief.¹⁴ There is a dearth of information on the scope of its assistance or protection mandate. For example, there is no description of the repatriation process and little to no information for interested beneficiaries to learn about eligibility or procedures for said assistance.

In general, the IOM's publicly available mandate does not explicitly elaborate on its responsibilities towards the migrant domestic worker community in Lebanon. The organisation's main programme, in regards to MDWs in Lebanon, is the data collection and analysis of the MDWs presence through the Migrant Presence Monitor (MPM), which is published on IOM's Displacement Tracking Matrix (DTM) website.¹⁵

Within its work on Migration Management, the IOM specifies its mandate under Assistance and Protection.¹⁶ Its key programme of Assisted Voluntary Return and Reintegration (AVRR) merely specifies the purpose of assisting the voluntary return of migrants and the stakeholders that are involved in that process, as well as the beneficiaries benefitting from the programme. This section is the first within IOM MENA's online presence, hinting towards its operational and direct work with MDWs by listing stranded migrants and victims of human trafficking.¹⁷

While researching the IOM's scope of work and responsibilities in Lebanon, MWA was not able to find activity reports or programme outlines elaborating on the IOM's completed or active interventions. The only documents available that provide a general overview of their planned activities are the LCRP and ERP, which, for the purpose of this brief, are used as the basis of IOM's commitment towards MDWs.

MWA's findings show that the implementation of IOM's mandate appears to be ad hoc, and its role and duties are not fully understood by service users. Although the IOM Lebanon office has clarified that most of its work and commitments are carried out through its implementing partners, MWA believes that this has not been adequately communicated to service

¹⁴https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/Lebanon_Crisis_Response_Plan_2022_summary.pdf;
https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf

¹⁵ <https://dtm.iom.int/reports/lebanon-baseline-assessment-round-1>

¹⁶ <https://mena.iom.int/assistance-and-protection>

¹⁷ <https://mena.iom.int/assistance-and-protection>

users. During the interviews conducted by MWA, it became apparent that members of the MDW communities are not fully aware or informed regarding the IOM's purpose and responsibilities. When asked which organisation they usually contact for assistance within their community, the majority provided a list of several organisations, including other international non-governmental organisations (INGOs) and local civil society organisations providing services to MDWs. Additionally, interviewees discussed the purpose of the Migrant Sector Forum hosted by the IOM. They noted that although the coordinator of the Migrant Sector was empathetic and responsive to their struggle, they did not fully understand the role or responsibilities of the coordinator.

The IOM's role and implementation of its mandate have repeatedly caused confusion and frustrations among MDWs; this was particularly raised concerning the IOM's hotline. There has been a widespread assumption among migrant communities as well as local CSOs that IOM has been operating a hotline for MDWs to contact in cases of emergency or for requesting assistance. However, to this date the hotline appears not to be operating consistently, and its purpose has not been communicated clearly with the communities and local CSOs. IOM Lebanon has introduced the hotline to provide MDWs as well as CSOs a platform to share complaints, suggestions, and inquiries based on the IOM's AAP/PSEA Mechanisms.¹⁸ The IOM informed MWA that the hotline started to officially operate in July 2023. However, MWA's interviews with MDWs and MDW-led groups indicate a belief that the operational hotline for emergencies already existed. As a result of this confusion, communities have refrained from relying on it. Several interviewees disclosed that in cases of emergency, their first points of contact are local CSOs or members of their own community rather than the IOM.

Recommendation 1

The IOM Lebanon should update their online presence with a clear outline of its projects and scope of work, informing their beneficiaries and local CSOs. Their online presence should also be available in the languages of Migrant Domestic Workers inquiring about assistance.

Information about IOM's hotline should be included, with clear guidelines about its purpose. Contracting former migrant workers as operators on a needs basis to provide access in various languages for the communities would be highly beneficial for improving accessibility to IOM's services.

¹⁸ <https://www.iom.int/accountability-affected-populations/>
<https://emergencymanual.iom.int/inter-agency-protection-sexual-exploitation-and-abuse-psea>

IOM'S PLANNED ACTIVITIES

In its LCRP 2023, IOM refers repeatedly to vulnerable groups, including migrants, as recipients of the intervention work. The various activity areas, including migrant workers, are:

- Direct Health Support
- Basic Needs, including Food
- Protection
- Movement Assistance
- Health Components of Preparedness and Risk Reduction
- Displacement Tracking

In the following section, MWA will outline the various concerns raised during its conversations with CSOs and migrant workers regarding the different facets of IOM's work.

DIRECT HEALTH SUPPORT

The IOM's LCRP 2023 indicates that its protection mandate includes the provision of direct health care services and coverage of medical expenses for external medical treatment and explicitly mentions migrants.¹⁹ Both the LCRP for 2022 and 2023 mention the provision of health care services to vulnerable groups in Lebanon, explicitly including migrants / migrant workers as beneficiaries.

The LCRP of 2023 under the sub-section of Direct Health Support lists:

*IOM will support primary and secondary healthcare services to improve access to health for vulnerable groups, **particularly migrants**. Activities will include:*

- *Delivering primary healthcare services, including reproductive, maternal and child health, nutrition and vaccination, through subsidised consultation fees, laboratory tests and imaging, and quality performance indicator-based incentives.*
- *Covering secondary health-care hospitalisation fees of migrants.²⁰*

The IOM's commitment to delivering primary healthcare is implemented through partnerships with public health clinics, which provide MDWs access to healthcare for primary check-ups by GPs. IOM has been providing transportation for MDWs who want to access public health clinics via buses. The bus schedules for the transportation to the primary

¹⁹https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf, p.4-5

²⁰https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf, p.4-5

healthcare providers are shared via community leaders and IOM's communication channels. Support for cases requiring secondary healthcare is limited to severe and life-threatening medical cases and is followed up by IOM's caseworkers.

This specific reference to direct healthcare has led to the assumption by both MDWs and local CSOs that IOM is taking responsibility for providing financial assistance to MDWs with medical needs that are not covered by CSOs providing healthcare services through the inclusion of secondary healthcare hospitalisation. However, when asked who their first point of contact is in regard to health care assistance, none of the interviewees considered the IOM as a reliable or sufficient service provider. The lack of clarity with this policy puts in question where IOM's responsibility lies towards complex medical cases.

In addition, interviewees raised concerns regarding the responsibility of accompanying and assisting MDWs during their health visits to medical centres, including hospitals. It is an undeniable fact that migrant workers in Lebanon are victims of racial discrimination, often leading to refusal or delay in treatments, regardless of whether they have documentation or not. Therefore, assistance in regard to healthcare should include the presence of IOM case workers that ensure adequate treatment by hospital staff.

One particular case of an MDW with complex health needs caused questioning of IOM's duty of care and responsibilities among various involved parties as the MDW died from a lack of adequate assistance and access to healthcare. (See Infobox p. 13)

This is an example of why IOM must outline in a clear manner the criteria for migrant workers in need of IOM services.

Recommendation 2

The IOM's work on healthcare services should include clear criteria, guidelines and policies clarifying the different involved parties' responsibilities (IOM's health department, healthcare CSOs and private/governmental hospitals). This should include more transparent coordination and correspondence with other involved parties to ensure efficient and reliable interventions. The intake of cases relating to medical needs should include after-care plans such as ensuring the beneficiaries access to shelter, food and other necessities. Considering the importance of medical care and informed consent, it is highly recommended to assist MDWs by ensuring translation during medical consultations and the in-person presence of IOM staff.

BASIC NEEDS, INCLUDING FOOD

The LCRP's subsection on basic needs lists the following planned interventions of the IOM in relation to migrant communities:

IOM will provide cash-based assistance to severely vulnerable households, including migrants, refugees, and the Lebanese. Activities will include:²¹

- *Providing winterization support.*
- *Providing cash assistance for education.*
- *Providing multipurpose cash assistance.*

Cash assistance is a service provision in high demand by live-out MDWs who have experienced financial hardships due to the economic crisis and devaluation of the local currency. A large number of MDWs who work outside of their sponsor's households as 'free-lance' domestic workers have struggled with meeting their basic needs. The hyperinflation and, with it, the price increase of almost every aspect of life, including housing, transportation, communication and food costs, have pushed many MDWs into extreme situations of poverty, amounting to destitution.

During interviews with migrant workers, many confirmed their knowledge about the existence of previous cash assistance programmes run by the IOM. However, some also expressed frustrations that in previous instances, they heard about the cash assistance distribution after its conclusion and without clarifications on how to apply for the scheme. IOM has elaborated that due to the constant changes in humanitarian responses in Lebanon, most UN agencies have refrained from publishing fixed eligibility criteria relating to their activities and distribution of in-kind assistance. The number of service users receiving said assistance is dependent on the available funding, making it difficult to provide fixed criteria, which could cause a commitment to requests that cannot be fulfilled. Finally, IOM has also expressed concerns over inaccurate data being submitted, with the intention to match the eligibility criteria for support, which otherwise wouldn't be available.

The interviewees mostly shared knowledge about cash assistance as a part of the repatriation process, whereby MDWs receive an unspecified amount of cash upon arrival in their country of origin. It was, however, unclear whether this cash assistance scheme was overseen/implemented by the IOM country office of Lebanon or the country of origin. Among the participants confirming the knowledge of cash assistance after repatriation were Nigerians and Sierra Leoneans.

²¹https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf, p.5

Recommendation 3

Programmes and activities providing assistance for basic needs, such as cash assistance for food and other basic needs, should be announced in advance and with the inclusion of clear guidelines explaining the timeframe, eligibility and implementation. Acknowledging the IOM's concerns regarding the flexibility of eligibility criteria, MWA recommends active and transparent communication with service users via Social Media channels with regular updates as well as a disclaimer clarifying the eligibility criteria as a guideline rather than a commitment. In particular, it is recommended to actively involve community organisers and migrant-led groups to support the dissemination of this information as paid consultants to the project.

PROTECTION

The IOM's LCRP 2023 requests funding for the implementation of its protection activities; in its description, is included accommodation for migrants, including victims of human trafficking.²² The IOM has ceased to operate temporary shelters or provide accommodation for MDWs receiving assistance under the IOM's protection work. Instead, small-sized CSOs and community organizations run informal safehouses and regularly receive requests to house IOM cases.

The LCRP 2023 elaborated on the scope of protection as follows:

- *Providing appropriate case management and counselling to migrants in vulnerable situations in Lebanon, including migrants who have been subjected to violence, exploitation, and abuse and VoT.*
- *Providing follow-up care, including basic assistance, cash for protection, accommodation, health-care services, and psychosocial support (e.g. therapy, support groups and legal assistance).*
- *Strengthening referral systems and the capacity of local service providers to ensure services are available, accessible and of quality.*²³

The IOM so far has refrained from taking a strong stance advocating for urgently needed reforms for the protection of MDWs. The IOM's protection activities are relying on the intervention and cooperation of Lebanese authorities, which so far have failed to fulfil their duties. It would be, therefore, within the IOM's purview to point out the failures of the

²²https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf, p.5

²³https://crisisresponse.iom.int/sites/g/files/tmzbd11481/files/appeal/pdf/2023_Lebanon_Crisis_Response_Plan_2023.pdf, p.5

Lebanese government and advocate for reforms and mechanisms guaranteeing the protection of MDWs in need.

MWA's submission to the UN Special Rapporteur on Contemporary Forms of Slavery discussed the issue of homelessness in Lebanon following the developments of recent events.²⁴ The report elaborates on how the Lebanese state has failed to provide adequate accommodation for an increasing number of MDWs facing homelessness. It is in that context that international organisations, including the IOM, should come forward and both advocate for and financially support the operation of temporary shelters for MDWs needing protection.

In addition, multiple migrant workers and CSOs have reported difficulties in getting support for MDWs at imminent risk and in need of protection. For example, one interviewee expressed frustration relating to a case of a community member being detained and abused in a household and in imminent danger. In order to receive support, the interviewee reached out to several CSOs and the IOM, knowing that an urgent and complex case like the one she received would exceed the capacity of small local organisations. She reached out to different numbers shared with her as contacts for the IOM and received no response.

Furthermore, in conversations with interviewees, several complaints were raised against IOM Lebanon staff for disregarding allegations of exploitation and trafficking by migrant committee members and consulate staff and continuing working with those accused parties. In two instances, IOM was made aware that women were either financially or sexually exploited by members of the Sierra Leonean committee who fraudulently claimed a partnership with the IOM. These concerns were raised by civil society organisations as well as migrant community groups. IOM was also informed that the Sierra Leonean Committee is working closely with the Sierra Leonean Honorary Consulate and that the consulate staff are likely aware of these exploitative activities. IOM, however, has continued to work with the Honorary consulate. During the Migrant Sector retreat in May 2023, MWA observed that a member of the Sierra Leonean Committee accused of being a part of said sexual and financial exploitation practices was invited to participate in the event, making it an unsafe space for the migrant women to express their experiences, challenges and suggestions.

MWA has received reports that the IOM has also been informed of the abuses and exploitation faced by Kenyan Migrant Domestic Workers at the hands of the Kenyan Honorary Consulate. Following a widely shared

²⁴https://mwaction.org/wp-content/uploads/2023/05/Final-Input_-Homelessness-Slavery.pdf

investigative news article²⁵, this information was common knowledge amongst civil society organisations working with and for migrant workers. Although for a period of time, the IOM did shift all its procedures and communications for repatriation to work with the Kenyan Embassy in Kuwait, MWA has received reports that as of 2023, IOM has resumed working with the Kenyan consulate in Lebanon, although the same people that were accused of abuse and exploitation have remained in their positions.

Recommendation 4

The IOM Lebanon office should implement a strict protection/safeguarding policy regarding their beneficiaries' well-being, including the immediate suspension of work with individuals, whether Lebanese or foreign authorities, accused of any kind of misconduct until thorough and independent investigations are carried out.

The IOM, in its position, should advocate and push for investigations in cases of abuse and monitor the implementation of national regulations and policies dedicated to the protection of MDWs.

MWA recommends that the IOM increase funds for CSO-run temporary accommodations and safehouses for MDWs at risk and furthermore advocate for governmental institutions to provide permits or support said shelters as part of its protection responsibilities.

MWA recommends the employment of full-time staff for psycho-social support, providing assistance to survivors of violence throughout the entirety of their case, including the documentation of experienced abuses.

MOVEMENT ASSISTANCE (REPATRIATION)

Both the LCRP 2023 and the ERP 2023 list Movement Assistance or Assisted Voluntary Return and Reintegration (AVRR) as parts of their planned interventions concerning migrants in Lebanon. The AVRR programme of the IOM includes the financial and administrative support of repatriation in coordination with embassies and relevant state bodies in the host countries, including the provision of travel documents.

IOM Lebanon has been actively working towards the repatriation of MDWs stranded in Lebanon, with the crisis having increased the request for assistance significantly. However, with the increase in requests, it has also become logistically more challenging to be registered with IOM for its AVRR programme.

²⁵ <https://edition.cnn.com/2020/07/28/middleeast/beirut-kenya-as-equals-intl/index.html>

MWA has received reports of many cases of MDWs struggling to register with IOM in its Resettlement and Repatriation Centre in Beirut due to the extensive waiting period and the vast amount of people gathering at the centre. The registration process for repatriation of MDWs is operated by the same centre providing resettlement assistance to Syrian refugees; therefore, it lacks the facilities and capacity to provide guided assistance to MDWs with language barriers.

Case Study: The Challenges of Registration

A MDW in contact with MWA travelled from North Lebanon, where she stayed and worked, to Beirut to register with the AVR program of IOM. After several hours of waiting, she was asked to give her contact details and phone number in order to be contacted by IOM staff. Not being aware of the procedure and due to the language barrier, the MDW assumed her registration was successful and that she would be contacted for further instructions. The worker returned to Tripoli, continuing her work as a live-out MDW, not knowing that, in fact, her registration had not been completed. After a waiting period of over six months, she followed up by returning to the Beirut centre to inquire about her status, only to be informed that she had not been registered and no work had been done regarding her repatriation. In some instances, it has been disclosed that beneficiaries have returned to IOM offices on multiple occasions to inquire about their status, only to be informed that their cases had not been registered.

The lack of information and guidelines regarding the repatriation procedures with the IOM has led to many MDWs having false expectations or misunderstandings regarding their repatriation status, oftentimes leading to increased delay in their return home.

Interviewees assisting MDWs in their repatriation process have expressed frustrations regarding the procedures of IOM in assisting MDWs with the necessary paperwork for repatriation. Despite the very evident lack of capacity or willingness of various Embassies and Honorary Consulates in Lebanon to provide efficient support to MDWs, IOM has continued to work and coordinate with said diplomatic missions for the issuance of Laissez-Passer papers. CSOs have introduced alternative approaches that accelerate the issuance of exit papers for MDWs unable to access their passports by working with local lawyers in submitting Voluntary Travel Requests (VTRs) to the General Security Directorate directly. Considering

the existence of more efficient avenues, it is expected that the IOM would advocate or support the Lebanese authorities in reforming or introducing said procedures more widely.

Acknowledging the IOM's position towards the various diplomatic missions and the Lebanese government, it is understandable that coordination with the Embassies or Honorary Consulates is preferred. However, the circumstances in Lebanon regarding Honorary Consulates are unique, with enough evidence showing their lack of capacity or willingness to provide services efficiently.

Another concern raised by interviewees regarding the slow progress in the AVRR programme is the impact of the unclear waiting times for AVRR on the MDWs' mental health. MWA has documented several cases of MDWs struggling with anxiety and depression due to the uncertainty of their legal status and departure date. On average, it has been documented that women had to wait for at least six months and even up to a year in order for them to be repatriated by IOM. The high expectations due to unclear communication have led to some MDWs feeling abandoned and not being taken seriously in their wish to return to their home country. The lack of efficiency and clarity concerning the process has even led to some cases of MDWs deciding to return to their abusive employers or agents after giving up hope in the pursuit of their repatriation.

Recommendation 5

The IOM Lebanon office's AVRR programme should develop and disseminate new / adjusted multilingual guidelines and manuals for MDWs, informing them in detail about the process and requirements for successful registration and repatriation to their home countries.

In its capacity as an international organisation, the IOM should take advantage of its position towards the Lebanese state and advocate for the improvement of the Lebanese authorities' procedures relating to the MDWs' legal paperwork and campaigning on behalf of MDWs requesting accelerated repatriation to their home countries.

Furthermore, the IOM should provide MDWs in its repatriation programme with guidelines or manuals regarding their reintegration programmes implemented by the respective IOM country offices.

Case Study: FEK - The accumulation of issues.

In December 2022, MWA was informed of a medical emergency concerning a Sierra Leonean MDW with complex, urgent needs relating to her physical health.

The case of FEK was brought to the attention of IOM Lebanon in July 2022, with the complexity of the case clearly displaying needs for protection, basic assistance, health care as well as repatriation. However, the case was not followed up for unknown reasons, and FEK remained without support.

In December 2022, MWA intervened on behalf of FEK, meeting with several employees of IOM and briefing them on FEK's needs. Upon referring the case to IOM Lebanon, FEK was hospitalised in Sahel Hospital for a period of three weeks, where she was diagnosed with progressive multifocal leukoencephalopathy (PML). PML is a rare and viral disease affecting the brain matter, requiring specialised medical care. On the 9th of January 2023, IOM reached out to MWA inquiring about a possible referral of FEK to MWA upon her discharge from the hospital, which was deemed an inappropriate referral as FEK required specialised care management.

Upon following up on the case with a community member, the MWA team became aware that FEK was discharged from the hospital with approval from IOM's staff. IOM, in its management of FEK's case, did not provide or ensure a support plan or aftercare management for FEK, such as guaranteeing adequate safe and sterile accommodation and access to basic needs, including food and water. Upon MWA's professional assessment of FEK's discharge to the substandard accommodation, the staff expressed their concerns to IOM staff on the 14th of January 2023, deeming FEK's discharge a serious risk to her life, further raising concerns that the accommodation was unfit for purpose, overcrowded and unsafe. Due to the lack of communication by IOM and not receiving any answers with clear plans regarding FEK's dire situation, MWA continued to advocate and assist in FEK's case. On the 26th of January 2023, MWA learned that the migrant women who were inappropriately left to care for FEK were repatriated, while FEK remained in that building unattended, and her medical condition deteriorated. On the 27th of January 2023, a community member following up on the case reached out to MWA advising that she had located FEK. The community leader confirmed that in communication with IOM staff, she received advice to hospitalise FEK. Upon arrival, Sahel Hospital refused to admit FEK due to

the need for isolation. FEK was then transported by taxi from Sahel Hospital to Rafic Hariri Governmental Hospital, where she was also refused. Returning to Sahel Hospital, the community member, with support from MWA's staff, ensured FEK's admission and informed the responsible IOM caseworkers of the situation. The IOM's medical team expressed concerns regarding the situation but was unable to make decisions for intervention due to the absence of management in their office.

The next day, on the 28th of January 2023, FEK passed away in Sahel Hospital.

FEK's case is a culmination of the different issues that have been raised throughout this brief.

It is evident that FEK's situation was a complex case with the need for multi-level interventions, including the provision of protection and basic needs assistance concerning her deteriorating health.

Based on the IOM's activity areas as laid out in the LCRP 2023, IOM Lebanon should have ensured safe and adequate accommodation for FEK following her discharge from the hospital, as suggested by the responsibilities for protection. Considering the complexity of FEK's medical case and the involvement of several CSOs, IOM Lebanon should have followed up on her condition and communicated the progress with said CSOs based on IOM's healthcare responsibilities. The basic needs responsibilities should have included access to food and water for FEK during her recovery after the hospital.

Finally, considering FEK's wish to return, IOM should have accelerated her repatriation process based on IOM's commitment to movement assistance through its AVRR programme.

CONCLUSION

It is an undeniable fact that the unprecedented crisis in Lebanon has affected the efficiency and capacity of civil society organisations on various levels of work, including administrative, infrastructural, logistical and financial challenges on a daily basis. However, it is in these circumstances that smaller CSOs and initiatives depend on the support and reliability of international actors, including the IOM.

The IOM's complex framework and funding situation have clearly impeded its ability to implement the services and assistance it is meant to provide. The IOM, similar to many other stakeholders in the Lebanese civil society sector, was affected by the financial crisis and all the obstacles that followed it. It is important to note that the size and complex structures of UN agencies, such as the IOM, lead to procedural obstacles and rigid policies, which can impact the implementation of programmes and the ability to adjust to the ever-changing realities on the ground. However, MWA believes that the IOM could strengthen and improve its operations and position towards the migrant worker communities by improving its outreach and communications effort by being more accessible and clear in its capacities and procedures.

Recommendation 6

The international donor community should increase its contributions towards the IOM, with a particular focus on the work with implementing partners on the ground.

The international donor community and key actors within the UN inter-agency committees need to ensure that funding dedicated to issues related to migrant domestic workers in Lebanon remains a priority.
