Yalla Care Coalition - A Descriptive Report
تحالف يلا كير - تقرير وصفي

Study on the needs of the LGBTIQA+ community in Beirut, 2021
دراسة حول احتياجات مجتمع الميم عين + في بيروت، لبنان 2021

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Contributors:

Report Lead Author: Cecile Khoury

Report Co-Author: Kareem Traboulsi

Data Analysis: Saly Waze

Report Editors: Dayna Ash, Caroline Créton, Sara Abu Zaki, Souad al Challah
Throughout the last two years, Lebanon has struggled through many compounded crises that vary in nature, be it the August 4th Beirut Blast, the financial crisis and currency devaluation of 3200%, or the fuel and medicine shortages with little to no availability.

Following this deterioration of the overall situation, an assessment was conducted to evaluate the critical living conditions of the LGBTIQ+ community in Beirut, Lebanon. The results revealed that 18% of the community has no access to formal education.

When it comes to health, 100% of the respondents do not go for routine checkups, and 22.8% do not go to the doctor even when necessary. The majority of the respondents (53.9%) do not feel safe from physical attacks in their neighborhood, and 1 in 2 respondents are at perceived SGBV risk.

While 76% of the respondents reported a food consumption score between borderline and poor and 47% of the respondents did not have enough access to safe drinking water. The majority of the LGBTIQ+ community is unemployed, with an unemployment rate in the sample of 62.8%. These findings show a clear need and urgent needs response, in more assessment-based aid programs, as well as the urgency to find a political solution to the economic crisis.

Abstract

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Following this deterioration of the overall situation, an assessment was conducted to evaluate the critical living conditions of the LGBTIQ+ community in Beirut, Lebanon. The results revealed that 18% of the community has no access to formal education.

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**Conclusion**

الخاتمة
Foreword

Dayna Ash, Executive Director of Haven for Artists

The Yalla Care coalition reinvented itself after the August 4th Blast of 2020 to coordinate the emergency response and attempt to comprehensively support the LGBTIQA+ and marginalized communities; if one of us couldn’t help, another one surely could. We expanded our services and coordinated to establish a network where each organization was able to provide different services.

It is our responsibility to listen, assess, reflect, and coordinate in order to best serve our community and reach them. The goal is to establish an internal referral system, preventative strategies and response measures to assist in coordination and distribution.

Unfortunately, with the living conditions in Lebanon, we need to expect the unexpected while laying the foundation on a violent, unstable, arbitrary and oppressive system. Through working together, we hope to imagine and therein one day implement a network forged out of community, compassion and collaboration.

Throughout the first year of the response - and having survived the blast itself along with our community- it was evident that the needs far outnumber the resources available to them. While the world struggled with the COVID-19 pandemic, those living in Beirut were struck by history's third largest non-nuclear explosion, a 3200% devaluation of currency, a lengthy government deadlock, electricity blackouts, medicine and fuel shortages, and a violent and patriarchal system.

Our community is suffering, this report is a call to action.
1. About Yalla Care Coalition

Launched in May 2020, Yalla Care originally started as a fundraiser which grouped LGBTIQA+ organizations in Lebanon to fundraise in response to the community’s needs during the COVID-19 pandemic. Since the blast of August 4th, 2020, some of the same organizations, among a few newly formed initiatives came together under the same umbrella of Yalla Care to establish the comprehensive distributions and assessments of the LGBTIQA+ community’s needs.

The Yalla Care (YC) coalition is composed of 8 NGOs, who joined efforts post the August 4th Beirut explosion. The organizations provide services and advocate for the rights of LGBTIQA+ individuals in Lebanon.

Following the deterioration of the country’s situation and its impact on the LGBTIQA+ community (cf. Context below), the coalition formed to coordinate relief work. The coordination for a Gofundme fundraiser started with the beginning of the COVID outbreak in February 2020, and the launch of the fundraiser began in March 2020. The fundraiser counted mainly abroad to kickstart the relief work, and received great support. Eventually, a COVID grant was received in April 2020, and coordination started between Marsa, Skoun, SIDC, AFE, and MCoalition who work to provide vulnerable groups and key populations with basic needs such as food baskets and hygiene kits. Each organization compiled a database of their most vulnerable beneficiaries (inclusive of all marginalized communities).

1. عن تحالف يلاّ كير

تم إطلاق يلاّ كير في مايو من عام 2020، وبدأت في الأصل كمشروع جمع التبرعات جمع منظمات الميم-عين في لبنان للحصول على مساعدات تلبية احتياجات المجتمع أثناء جائحة كوفيد-١٩. منذ انفجار 4 آب 2020، اجتمعت بعض من المنظمات نفسها، من بينهم بعض من المبادرات الجديدة، تحت المظلة الموحدة يلاّ كير للبدء بقيام توزيعات وتقييمات شاملة لاحتياجات مجتمع الميم-عين.

يتتألف تحالف يلاّ كير (YC) من 8 منظمات غير حكومية جمعت جهودها بعد انفجار الرابع من آب بيروت. تقدم هذه المنظمات خدمات وتدافع عن حقوق أفراد مجتمع الميم-عين في لبنان.

بعد تدهور وضع البلاد وتأثيره على مجتمع الميم-عين (مراجعة السياق أدناه)، تم تشكيل التحالف لتنسيق أعمال الإغاثة. بدأ التنسيق لجمع التبرعات من حملة Gofundme تنشيط كوفيد-١٩ في فبراير من عام 2020، وبدأ إطلاق حملة جمع التبرعات في مارس 2020. كان جمع التبرعات يشتمل من الخارج بشكل أساسي لبدء أعمال الإغاثة، وحصل على دعم كبير. في النهاية، تم استلام تمويل كوفيد في أبريل 2020، وبدأ التنسيق بين مرسى وسكون وجمعية العناية الصحية والمؤسسة العربية للحريات والمساواة وتحالف الميم الذين يعملون على توزيع الفئات الضعيفة والسكان المنتمين بالاحتياجات الأساسية مثل سلال الطعام ومستلزمات النظافة. قامت كل منظمة بتجميع قاعدة بيانات للمستفيدين/ين الأكثر ضعفاً (بما ذلك جميع المجتمعات المهمشة).
In parallel, in August 2020, Haven for Artists and Queer Relief Fund worked in tandem on August 4th explosion-related relief such as but not limited to: cash assistance, shelters renovation and reconstruction, advanced rent assistance, shelter relocation, food security, medical intervention, surgeries and fundraising. Subsequently the Yalla Care coalition was initiated and included Haven for Artists, Marsa, Skoun, SIDC, AFE-Tayf, Queer Relief Fund, LebMash.
Founded in 2011, Haven for Artists is a feminist cultural organization (NGO) based in Beirut. H4A has opened 2 cultural and safe spaces for artists, activists, and advocates for freedom of expression and equality, while focusing on women’s and LBTQI rights. After the Blast, H4A mobilized and began emergency relief varying from food assistance, to shelter, rent, medical bills and hygiene kits.

"هايفن فور أرتستس" هي منظمة غير ربحية، نسوية كويرية متخصصة بالفنون الجميلة، مقرها في بيروت - لبنان. فتحت هايفن مساحتين ثقافيتين وآمنتين للفنانيات/ين والنشطاء والمدافعين/ين عن حرية التعبير والمساواة، مع التركيز على حقوق المرأة وحقوق مجتمع الميم. بعد الانفجار، تحركت هايفن وبدأت الإغاثة الطارئة التي تتوزع بين المساعدة الغذائية إلى المأوى والإيجار والفوائض الطبية ومستلزمات النظافة.

Operating as a non-profit organization since February 2011, Marsa is a sexual health center based in Beirut, Lebanon. Marsa provides confidential and anonymous services related to sexual and reproductive health. All services are provided to all in a friendly environment free of stigma and discrimination against age, sex, gender and sexual orientation.

المريسي هو مركز الصحة الجنسية مقره بيروت، لبنان، ويعمل كمنظمة غير ربحية منذ فبراير ١٠١١. تقدم مرسى خدمات سرية ومجهولة تتعلق بالصحة الجنسية والإنجابية. وتقدم جميع الخدمات للجميع في بيئة ودية خالية من الوصم والتمييز ضد السن والجنس والجنس والتوجه الجنسي.

Founded after the Beirut Port Blast, QRF, legally registered under the name Margin, is a group of activists from the queer community aiming to provide direct assistance and relief for the marginalized victims of the Beirut explosion.

تأسست مبادرة كوير ريليف فند بعد انفجار مرفأ بيروت، وهي مجموعة من النشطاء من مجتمع كوير تهدف إلى تقديم المساعدة والإغاثة المباشرة لضحايا انفجار بيروت المهمشات/ين.

Founded on Sept. 4th 2012, LebMASH is a not-for-profit, non-governmental organization, registered in Lebanon, and governed by a board of directors that includes Lebanese health professionals based in Lebanon and the United States. LebMASH aims at advancing sexual and reproductive health for all individuals in Lebanon, with particular focus on LGBTIQ+ and other marginalized populations in Lebanon.

مؤسسة غير حكومية تأسست في الرابع من أيلول/سبتمبر من عام 2014، تحمي مجلس إدارة يضم مختصين/ات صحين/ات لبنانيين/ات مقيمين/ات في لبنان والولايات المتحدة. تدعم الجمعية travaille للصحة الجنسية والإنجابية اللبنانية والمبهرة للصحة الجنسية، تقوم بتوزيع المساعدات والإغاثة مباشرة لضحايا الانفجار في بيروت.
Founded in 2009, the Arab Foundation for Freedoms and Equality’s mission is to encourage and support sexual health, sexuality gender and bodily rights movements in the Middle East and North Africa through capacity building, knowledge production, protection and advocacy.

تأسست المؤسسة العربية للحرية والمساواة عام ٩٠٠٩، وتتركز جهودها على تشجيع حركات الجنسانية، والجندر، والحقوق الجسدية في الشرق الأوسط وشمال أفريقيا عبر بناء القدرات، وإنتاج المعرفة، والاسVICES للأمن والمناصرة.

Skoun aims to help people with addiction problems claim their lives by providing a nonjudgmental and caring environment of client-centered treatment and counseling. We deliver the tools and information necessary to reduce the harm caused by drug use and we advocate for drug policy change, increased public awareness and education regarding addiction.

تهدف سكون لمساعدة الناس الذين يعانون من مشاكل إدمان يدعي حياتهم من خلال توفير بيئة لا تحكم على الأفراد والرعاية من العلاج الذي يركز على العميل وتقديم المشورة. نحن نسلم الأدوات والمعلومات اللازمة للحد من الأضرار الناجمة عن تعاطي المخدرات، وندعو إلى تغيير السياسات المخدراتية، وزيادة الوعي العام والتعليم فيما يتعلق بالإدمان.

SIDC is an NGO who commits to providing equitable access to healthcare and improves the quality of life of key populations in partnership with them through harm reduction and healthcare services, advocacy, networking, and capacity building for NGOs at the national and regional level.

جمعية العناية الصحية هي منظمة غير حكومية تلتزم بتوفير الوصول العادل إلى الرعاية الصحية وتحسين نوعية الحياة للسكان الرئيسيين بالمشاركة معهم من خلال خدمات الحد من الضرر والرعاية الصحية، والمناصرة، وإنشاء شبكات التواصل، وبناء القدرات للمنظمات غير الحكومية على المستويين الوطني والإقليمي.

Founded by activists, legal and health experts in September 2014, MOSAIC provides specialized and comprehensive services for marginalized groups, research and advocate for policy reform, develop knowledge and capacities on SOGIESC (Sexual Orientation & Gender Identity/Expressions, and Sex Characteristics) issues, and engage the societies in the fight against human rights violations, especially against LGBTIQ+ rights violations.

تأسست "موزاييك" على يد مجموعة من الناشطين/ات والخبراء/ات في القانونيين/ات والصحفيين/ات، وهي تقدم خدمات شاملة للمجتمعات المهمشة تشتمل إنتاج الأبحاث، الدبلوماسية من أجل تغيير السياسات، تعزيز المعرفة والقدرات حول مسائل تتعلق بالهوية الجنسية والهوية الجماعية، وإشراف المجتمعات في مناهضة الانتهاكات حقوق الإنسان. خاصة تلك التي تتعلق بحقوق أفراد مجتمع الميم-عين.
The disintegration of the quality of life in Lebanon has disproportionately hit marginalized communities and has harshly affected all aspects of their living conditions. These marginalized communities include the LGBTIQ+ community, women and girls, migrant domestic workers, refugees and undocumented residents in Lebanon, people with disabilities, among others. The living conditions before the economic collapse and political deadlock were in abysmal conditions only to be acutely worsened by the systemic oppression and failure of the state institutions.
Queer individuals in Lebanon have always been erased from the public space and have never been acknowledged as part of society, except in socially immoral and incriminating context. Lebanon is one of the countries where laws of colonial origins still criminalize individuals for their sexual orientations and gender identities (article 534 of the Penal Code criminalizes "sexual intercourse against nature"). The damage extends beyond the 534 code to the denial of protected right of assembly, higher risk of arrest and harassment, legal provisions... In fact, the prohibition against public indecency in the Penal Code is usually abused to further explain the arrests and detention of LGBTIQ+ individuals. This is further exacerbated by the fact that “those that are sentenced under Article 534 or other morality clauses subsequently face further marginalization as they are prohibited from voting based on the June 2017 electoral law, passed ahead of the May 2018 parliamentary elections.”

1Identity and Politics in Lebanon: Challenges and Opportunities for Coalition-Building and Inclusion, IFES, 2020

2Ibid.

وتحتالا تم محو الأفراد الكويريين في لبنان من الفضاء العام ولم يتم الاعتراف بهم أبدًا كجزء من المجتمع إلا في سياق غير أخلاقي اجتماعي وتجريمي. لبنان من البلدان التي لا تزال فيها قوانين الخلفية الاستعمارية تجرّم الأفراد بسبب ميولهم الجنسية وهمى وهمياتهم الجنسية (المادة ٤٣٤ من قانون العقوبات تجرّم "العلاقات الجنسية ضد الطبيعة"). ويمتد الضرر إلى ما بعد المادة ٤٣٤ وأصولاً إلى إنكار الحق في التجمع الآمن، وتعريض أكبر للاعتقالات والمضيقات، والأحكام القانونية... والواقع، غالباً ما يتم إساءة استخدام الحظر المفروض على منافاة الآداب العامة في قانون العقوبات لتبرير اعتقال واحتجاز أفراد مجتمع الميم-عين. بوجه أولئك الذين حكم عليهم بموجب المادة ٤٣٤ أو غيرها من البنود الأخلاقية مردًا من التمييز حيث يُمطر عليهم التصويت بناءً على قانون الانتخابات في يونيو ٢٠١٧، والذي تم إقراره قبل الانتخابات البرلمانية في مايو ٢٠١٨.”
Subsequently, not only are the LGBTIQ+ community excluded from any political representation, but more importantly, they are excluded from taking part in the decision-making process and voting process in an institutional manner. Moreover, on a more social level, the political rights of trans* individuals are jeopardized by the difficulty of the process of changing one’s name and gender on their IDs. This extends beyond voting itself and in fact shapes the life of trans* individuals on many levels, such as employment, housing, access to health, leading to patterns of displacement, as well as arbitrary dismissals from work if the employer finds out about the employee’s gender identity. This goes beyond being a legal issue or one of legal papers. In fact, all the factors mentioned above are also shaped by societal discrimination, and the lack of acceptance of LGBTIQ+ individuals in general, and trans* individuals in specific.

Women continue to face systemic discrimination with over 15 religious courts controlling all their civil matters from marriage to divorce, and inheritance all the while the pandemic has seen the rise of gender-based violence composing a double-barreled dead end for women seeking help. This is just one case out of the many critical conditions other communities face which also are interconnected since forms of oppression are often intersectional.
Sporadic safe places have been created for queer people by members of the LGBTIQ+ community to exist outside the persecution and prejudice of society but those spaces have always been kept private from society.

The October Revolution has offered a space for queer people to express themselves and be seen in public as part of society outside the usual prejudice and stereotypes. Queer activists have taken to the streets to make themselves heard as queer and proud, and thus reclaim their space in the public sphere. Chants like “The goal is to show that we exist” (Human Rights Watch, 2020), “We want to topple transphobia, it needs to go”, “Justice for everyone, this is our main demand” have been reverberated in the streets in protests loudly and proudly. For the first time the prospect of deep societal change was seen as possible. Unfortunately, the revolution took a hit when the first cases of COVID-19 appeared in Lebanon and the pandemic regulations were implemented. The prospect of change swiftly got replaced with the prospect of survival.

"If Not Now, When?" Queer and Trans People Reclaim their Power in Lebanon’s revolution, HRW report, 2020

Salem, Mona & Shaaban, Zeina, Queers in Quarantine: Between Pandemics and Social Violence in Lebanon. (2020)
Economic Crisis

Lebanon is currently facing a myriad of socio-economic issues that have compounded to result in rapid deterioration of living conditions and quality of life for the majority of residents across the country. Following the financial crisis emerging in 2019 as a result of years of mismanagement and corruption within the country's main institutions including the Central Bank, the Lebanese currency has diminished in value by over 90%. Currently, the World Bank has dubbed the Lebanese crisis as the worst economic crisis anywhere in 150 years, while clearly calling it a “deliberate depression” caused by an inactive political elite. Currently the UN estimates a staggering 80% of the population are living below USD 2.3 per day, or below the poverty line.

Employment discrimination is one of the most common issues faced by people in the LGBTIQ+ community, most notably trans* individuals. Most jobs occupied by queer individuals are “low-income jobs in the informal sector, retail and service industries, and the gig economy”\(^6\). This led to a rise in unemployment in members of the community. In other circumstances where the country is not going through a financial turmoil exacerbated by a pandemic, members of the LGBTIQ+ community would count on intercommunity support; however, this has become extremely difficult as marginalized communities are struggling to stay afloat.

\(^6\)In Lebanon's Covid-19, aid the vulnerable, including LGBT people, Rasha Younes, 16 April 2020

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In fact, in Oxfam’s policy brief on the queer community in Lebanon\(^7\), 101 participants were interviewed and “41% reported not being able to pay rent”. High unemployment rates, a saturated job market, coupled with anti-queer discrimination, and paralleled with the worsening economic crisis has led to many queer folks, especially trans women, to resort to survival transactional sex as their last financial resort\(^8\). Sex work is criminalized in Lebanon, therefore adding yet another barrier to queer folks looking to survive, and devoid them yet again of a protection system which could protect them from violence in the field of sex work. This led to either the displacement of some individuals to unsafe housing, moving into communal housings which only put these individuals in more risk for contracting COVID-19, or led to homelessness.

All these factors, combined with the lack of access to mental health services, and the further deterioration of living conditions, has affected the LGBTIQA+ community's ability to seek mental and sexual health services. Most notably, the economic situation, compounded with the explosion and political deadlock, has heavily affected and reduced the capacities of health centers and further limited the affordability of the access to medications. It is important to mention that affordability is not the only issue, with the devaluation of the Lebanese pound, a significant number of pharmacies were either no longer able to import medication, or were hoarding them until the subsidies on medicine were removed.

\(^7\)Oxfam, Queer Community in Crisis: Trauma, Inequality & Vulnerability. Policy Brief (2021).

\(^8\)“Don’t Punish Me for Who I Am” Systemic Discrimination Against Transgender Women in Lebanon, HRW Report 2020

وبعد، في موجز سياسات منظمة أوكسفام حول مجتمع الكوير في لبنان، تمت مقابلة 101 مشاركًا ومشاركة و “41% غير قادر/م غير قادرين/ قادرات على دفع الإيجار”. أدت معدلات البطالة المرتفعة، وسوق العمل المكتظ، إلى جانب التمييز ضد الأفراد الكويري، وبالتعاون مع الأزمة الاقتصادية المتقدمة، إلى لجوء العديد من الأفراد الكويري، وخاصة النساء إبّارات الجنس، إلى العمل الجنسي كملاذ مالي آخر. يُجرّم العمل بالجنس في لبنان، مما يضيف حاجزًا آخر أمام الأفراد الكويري اللواتي/ الذين تردن/يريدون العيش، ويجبرن/ن مرة أخرى من نظام حماية يمكن أن يقيهم/ن من العنف الناتج عن مجال العمل بالجنس. وقد أدى ذلك إما إلى نزوح بعض الأفراد إلى مساكن غير آمنة، والانتقال إلى مساكن مشتركة مما يعرض هؤلاء الأفراد لخطر الإصابة بـ كوفيد-١٩، أو إلى التشريد.

كل هذه العوامل المشتركة مع انقطاع إلى الوصول إلى خدمات الصحة النفسية، والتدوير المتضاعف بـ ظروف المعيشة، قد أثرت على قدرة مجتمع اليمعي على البحث عن خدمات الصحة النفسية والجنسية. وأبرزها الوضع الاقتصادي الذي تفاقم مع الانفجار والسلوك السياسي، والذي أثر بشكل كبير على المراكز الصحية وقلل من قدراتها. كما قلل من القدرة على تحمل تكاليف الحصول على الأدوية. من المهم الإشارة إلى أن القدرة على تحمل التكاليف ليست هي المشكلة الوحيدة. فمع انخفاض قيمة الليرة اللبنانية، لم يعد عدد كبير من الصيدليات قادرًا على استيراد الأدوية، إلى جانب تخزينها ارتباطًا لرفع الدعم عن الأدوية.
This leads to a fear from possible surges of STI pandemics. Sexual and Reproductive Health services are no longer available for the LGBTIQ+ community and thus this aspect of their general health has been negatively impacted and is being neglected.⁹
In addition to losing the scarce safe spaces they had, the COVID-19 pandemic has forced individuals to return to their family households according to the 2020 Rapid Gender Analysis Report by the UN Women. In fact, households are considered dangerous for gender non-conforming people because these places usually hold very strong and harmful gender-norms. The danger has been documented by the Rapid Gender Analysis report: trying to abide by these gender norms and erasing parts of their identity has led to an increase in emotional distress and abuse of the LGBTIQ+ community. In addition, women continue to face systemic discrimination with over 15 religious courts controlling all their civil matters from marriage to divorce, and inheritance all the while the pandemic has seen the rise of gender-based violence composing a double-barreled dead end for women seeking help. This is just one case out of the many critical conditions other communities face which also are interconnected since forms of oppression are often intersectional. The Oxfam policy brief adds corroborating data on the worsening conditions of the LGBTIQ+ community: they surveyed 101 queer individuals to which 73% reported that the deteriorating living conditions impacted their psychological wellbeing, 48% reported that they do not have access to support systems, 41% could no longer afford rent, and 39% lost their safe spaces.

10UN Women, CARE, UN ESCWA, ABAAD, UNFPA, Rapid Gender Analysis of the August 2020 Beirut Port Explosion: An Intersectional Examination (October 2020)
11Ibid.
The LGBTIQA+ community, which has to cope with the systemic discrimination and oppression, has been particularly affected by the Port Explosion which occurred on August 4th, 2020. Not only did LGBTIQA+ persons lose their houses and their jobs, but also access to the only few (and scarce) existing safe spaces. Among 101 LGBTIQA+ individuals interviewed by Oxfam after the blast, 48% declare having no access to community space or support system13.

The traditional channels of dealing with trauma and abuse, such as governmental mental health services, family support, faith-based outlets, are not available to LGBTIQA+ individuals because of the discrimination against them. Indeed, the report has shown that the calls from LGBTIQA+ individuals expressing suicidal thoughts has increased during lockdown and following the explosion14.

The multilayered crises which followed have created impossible living conditions for the queer community in Lebanon. This report aims to assess the needs of the LGBTIQA+ members, which is crucial in order to ensure effective relief support.

13 Ibid.
14 Ibid.
 نفس المصدر
3. Assessment, objectives & methodology

Aهداف ومنهجية التقييم

With the compounded crisis of COVID-19, financial free fall and the Beirut Port Blast, the Yalla Care Coalition intended to prepare a preventative strategy to alleviate some of the crushing weight of the local context.

The Overall Objective is to assess the actual needs of the LGBTIQ+ population in the Greater Beirut Area (GBA) and varying parts of Lebanon from members of the LGBTIQA+ community themselves, as many had to relocate due to the blast; especially in relation to deteriorating socio-economic conditions. When we talk about actual needs, we are referring to a more holistic approach that assesses not only financial needs, but also medical, psychological, and protection needs, as vocalized by members of the community themselves.

The Specific Objectives are to develop an in-depth analysis of the needs and vulnerabilities within Beirut's LGBTIQ+ population.

The Yalla Care LGBTIQ+ needs assessment in Beirut Greater Area (GBA) is composed of primary data collection and secondary data review.

- Primary data collection consists of individual level surveys conducted across GBA inclusive of all neighborhoods in the city.
A random sampling following a disproportionate network approach or snowball methodology was selected. The survey aimed to be statistically representative with a 95% confidence interval and +/-10% margin of error. Due to very limited data about the size and characteristics of the population of interest in the GBA, the total population size was estimated at 3,000.

A total of 493 surveys were collected to include a 15% buffer. Due to the database, through which these respondents were reached, including many beneficiaries who were affected by the Beirut blast; the surveys were filtered to only include individuals from the LGBTIQ+ community. This subsequently led to the sample decreasing to 310 respondents, however it is still one of the largest samples representing LGBTIQ+ individuals in the MENA region.

Acting as proxies, Yalla Care coalition members (seven NGOs) were used to reach respondents within the population; although the coalition is now formed of 8 organizations, at the period of the assessment, only 7 members contributed to the assessment. Assessments were conducted through a variety of tools including paper forms, KoBo digital forms, and google forms allowing for maximum reachability. Enumerators were trained on gender sensitivity, the survey form and how to conduct the assessment on the phone and in-person on the various platforms.

تم اختيار أخذ عينات عشوائية باتباع نهج الترابط غير المتوازن أو منهجية متضاعفة (منهجية كرة الجليد). يهدف الاستطلاع إلى أن يكون تمثيليًا إحصائيًا بفاصل ثقة معدله 95% و +/- 10% هامش خطأ. بسبب البيانات المحدودة للغاية حول حجم وخصائص السكان المتضمنين/ات في منطقة بيروت الكبرى، قُدر الحجم الإجمالي للسكان بثلاثة آلاف نسمة.

تم جمع 493 استمارة لتشمل نسبة فاصلة تبلغ 15%. بفضل قاعدة البيانات التي تم من خلالها الوصول إلى المستجيبين/ات، بما في ذلك العديد من المستفيدين/ات الذين تضرر/وا من انفجار بيروت; تم تصنيف الاستطلاعات لتشمل فقط الأفراد من مجتمع الميم-عين آدي ذلك لاحقًا إلى انخفاض العينة إلى 310 مشاركة ومشاركاً، ومع ذلك فهي لا تزال واحدة من أكبر العينات التي تمثل أفراد مجتمع الميم-عين في منطقة الشرق الأوسط وشمال إفريقيا.

يرجى الانتباه إلى أن الاستمارات用车辆陕西省西安市，包括纸张形式、KoBo数字形式，和Google表单，以确保最大可访问性。数据员接受了性别敏感性、调查表单和如何在电话和面对面在不同平台上进行评估的培训。
The population of interest selected for this assessment included members of the LGBTIQ+ community residing in the Greater Beirut Area (GBA). This report aims to draw main vulnerability trends within the queer community in GBA, as such the report includes insights disaggregated by gender identity.

In addition to the data displayed below it is worth mentioning that enumerators were trained to collect any sensitive feedback respondents voluntarily relayed. This data has been omitted from the report due to its sensitive nature. Specific protection risks were pre-identified and enumerators were trained to identify, flag, and, after requesting consent, safely refer the respondent to a safe server provider within the Yalla Care Coalition.

شملت العينة السكانية المعنية التي تم اختيارها لهذا التقييم أعضاء مجتمع الميم-عين المقيمين/ات في منطقة بيروت الكبرى (GBA). يهدف هذا التقرير إلى تحديد اتجاهات الضعف الرئيسية داخل المجتمع الكويري في منطقة بيروت الكبرى، حيث يتضمن هذا التقرير دلالات مصنفة حسب الهوية الجندرية.

بالإضافة إلى البيانات المعروضة أدناه، تجدر الإشارة إلى أنه تم تدريب جامعي وجماعي البيانات على جمع أي ملاحظات حساسة تمت إحالتها طوعياً من قبل المستجيبين والمستجيبات. تم حذف هذه البيانات من التقرير بسبب طبيعتها الحساسة. تم تحديد مخاطر الحماية المحددة مسبقًا، وتم تدريب جامعى البيانات وجامعي البيانات على تحديد وتحفيظ، ثم بعد طلب الموافقة، إحالة المستجيب/ة بطريقة آمنة إلى مزود/ة خدمة آمنة/ة تابعة/ة لتحالف يلًا كبير.
4. Results

a. Demographics

A total of 310 respondents were reached. 42.2% of the respondents identified as women, 52.2% as men, and 5.5% as non-binary. It is worth noting that the men subpopulation group might be easier to access, this is due to cis-presenting individual’s ability to access better mobility, as well as due to the increased interest of scientific literature in examining this category, making them more likely to take part in the assessment. This does not necessarily indicate a higher percentage of persons identifying as men in the LGBTIQ+ community within GBA.

Fig.2 Gender identity distribution

النتائج

الوحدات السكانية

تم الوصول إلى إجمالي ٣١٠ مشارك/ة. تم تحديد ٤٢.٢% من المستجيبات على أنهن نساء، و٥٢.٢% رجال، و٥.٥% على أنهم غير ثنائيات للهوية الجندرية. وتجدر الإشارة إلى أن الوصول إلى مجموعة السكان الفرعية من الرجال قد يكون أسهل، ويعود ذلك إلى قدرة الأفراد ذو ذات مماثلين للهوية الجندرية على الوصول إلى تنقل أفضل، وكذلك بسبب الاهتمام المتزايد للأدبيات العلمية نحو البحث في هذه الفئة، مما يزيد من سهولة مشاركتهم/ن في هذا التقييم. لا يشير هذا بالضرورة إلى نسبة مئوية أعلى من الأشخاص الذين يُعرفون بأنهم رجال في مجتمع الميم-عين داخل بيروت الكبرى.
<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cis man</td>
<td>157</td>
</tr>
<tr>
<td>Cis woman</td>
<td>46</td>
</tr>
<tr>
<td>Non binary</td>
<td>17</td>
</tr>
<tr>
<td>Trans man</td>
<td>5</td>
</tr>
<tr>
<td>Trans woman</td>
<td>85</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>310</strong></td>
</tr>
</tbody>
</table>

*Fig. 3: Table depicting respondents’ gender identities*

الرسم البياني ٣: جدول يبيِّن هويّات المشاركين والمشاركات الجندرية
Dependents

It is worth noting that a significant 48.9% of the respondents within the sample frame reported having dependents. The average number of dependents is 1.4 per responder, meaning the majority of respondents have at least one person that depends on them for basic needs and survival. Among the dependents, 15% are minors under the age of 18, while the majority are adult members, and a small group (5%) have elderly dependents. Additionally, it is worth noting that the rate of women dependents is double that of the men dependents within the adult and minor groups.

Figure 3: Respondents with dependents

الرسم البياني 3: المستجيبات/ين ومن يعلن/ يعيون
b. Education

In terms of education, it is worth noting that a staggering 18% of respondents reported no formal education highlighting key access issues to education within the LGBTIQ+ community, especially for those identifying as trans* (roughly 30%) community. Generally, the majority (over 50%) have at least a high-school diploma or higher levels of education with 30% of the respondents holding higher education degrees (Bachelors +). Meanwhile, it is also evident that men¹⁵ members of the LGBTIQ+ community disproportionately have much greater access to higher education than other gender identities.

Figure 4: Education level per gender

![Figure 4: Education level per gender](image)

When we refer to individuals as “men” or “women” we imply that the person identifies as such.
In terms of health, the main findings display a bleak reality where the LGBTIQ+ has catastrophically low access to services. Among the respondents 37.1% reported that they suffer from a chronic health condition. Almost half of the trans* members surveyed reported suffering from a chronic health condition.

Despite this, the totality (100%) reported that they do not conduct regular doctor checkups significantly across all gender identities. When further asked if respondents would go to a doctor or medical facility when absolutely necessary, 23% still reported they would not, citing the inability to cover medical expenses.

![Fig 5: Do you suffer from a chronic health condition?](image1)

![Fig 6.1: Do you visit the doctor for routine checkups?](image2)
In terms of mental health, 24.9% reported seeing a mental health professional recently. Additionally, 6.5% reported that they are currently using or recovering from the use of psychoactive substances, with 63.2% of this group reporting the need of medical and psychosocial support.

Figure 6.2: Do you visit when necessary?
الرسم البياني ٢.٦: هل تذهبن/تذهبون عند الضرورة؟

Figure 7: Do you see a psychotherapist or a psychiatrist?
الرسم البياني ٧: هل تزرون/نزرون طبيب أو معالج نفسي؟
When it comes to the use of Methods of Prevention (MoP) of STIs, almost half of the population (44.7%) reported that due to the financial and economic crisis, they have less to no access to condoms.

![Chart showing contraception use affected by market price](chart1.png)

**Fig. 8: Has your contraception (MoP) use been affected by the market price?**

When it comes to taking the vaccine, 61.6% expressed willingness to take the vaccine, highlighting that a significant percentage within the LGBTIQ+ community are still hesitant to take the vaccine for reasons that vary may include efficacy, safety, accessibility, and personal protection.

![Chart showing COVID-19 vaccine willingness](chart2.png)

**COVID-19 Trends**

When it comes to the use of Methods of Prevention (MoP) of STIs, almost half of the population (44.7%) reported that due to the financial and economic crisis, they have less to no access to condoms.

عندما يتعلق الأمر باستخدام طرق الوقاية من العدوى المنقولة جنسيًا، ذكرت ما يقرب من نصف السكان (٧.٤٤٪) أنهم لا يحصلون/ون على الواقي الذكري وعن ارتباط ذلك بالأزمة المالية والاقتصادية.

**Fig. 8: Has your contraception (MoP) use been affected by the market price?**

الرسم البياني ٨: هل تأثرت عملية شراء ثم استخدام أدوات الوقاية الجنسية بسعر السوق الحالي؟

٦.١٦٪ من السكان أعربوا عن الرغبة في أخذ اللقاح، مسلطين الضوء على أن نسبة كبيرة داخل مجتمع الميم-عين لا تزال مترددة في أخذ اللقاح لأسباب مختلفة قد تتضمن الفعالية، والسلامة، وإمكانية الوصول، والحماية الشخصية.

**Figure 9: Would you take the COVID-19 vaccine if you had the chance**

الرسم البياني ٩: هل ستأخذن/ون لقاح كوفيد-١٩ إن تسِنت لكن/م الفرصة؟
d. Protection

A quick look at the feedback reveals a dark reality related to safety, protection, and Gender-Based Violence (GBV). These vulnerabilities are especially exacerbated for the women and trans* communities. As displayed in the results below, these population groups often experience protection risks at least twice as much as other gender identities in the target population.

Figure 10: Residency status

الرسم البياني 10: حال الإقامة
Two questions were asked to reflect the perception of safety and security each of the respondents have within their neighborhood in the GBA. The first was related to feeling secure from physical attacks, and the second was related to verbal attacks. The results might not be shocking to many in the queer community, but they are nevertheless damning. The majority (54%) perceive that they are at risk of physical attacks within their own neighborhoods, with 58.4% reporting a perceived risk of verbal attacks.

A closer look into the data reveals that perhaps unsurprisingly, men reported feeling the safest amongst the gender groups, while the majority of women and trans* members were more likely to report the opposite. In fact, 67% of trans women reported feeling unsafe from physical attacks in their neighborhood. When it comes to safety from verbal attacks, this number increases to reach 74% of trans women who do not feel safe in their neighborhoods.

Fig.11: All gender groups “Do you feel safe and secure from physical attacks within your neighborhood and city?”

الرسم البياني 11: إلى جميع الفئات الجندرية "هل تشعرون/ون بالأمن من الهجمات الجسدية من منطقةك/م ومدينتك/م؟"
<table>
<thead>
<tr>
<th>Category</th>
<th>Cis man</th>
<th>Cis woman</th>
<th>Non binary</th>
<th>Trans man</th>
<th>Trans woman</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe from physical attacks</td>
<td>52%</td>
<td>48%</td>
<td>47%</td>
<td>50%</td>
<td>47%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Secure from verbal attacks</td>
<td>48%</td>
<td>52%</td>
<td>47%</td>
<td>47%</td>
<td>32%</td>
<td>44.5%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2%</td>
<td>6%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Figure 12: By gender “Do you feel safe and secure from physical attacks within your neighborhood and city?”

الرسم البياني ١٢: حسب الجندر "هل تشعرون/ون بالأمان من الهجمات الجسدية في منطقكن/م ومدينتكن/م؟”

Figure 13: All population groups: “Do you feel safe and secure from verbal attacks within your neighborhood and city?”

الرسم البياني ١٣: إلى جميع العينات السكانية "هل تشعرون/ون بالأمن من الهجمات الجسدية في منطقكن/م ومدينتكن/م؟”
<table>
<thead>
<tr>
<th>Count of gender identity</th>
<th>Gender identity</th>
<th>Do you feel safe and secure from verbal attacks within your neighborhood and city?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cis man</td>
<td>Cis woman</td>
</tr>
<tr>
<td></td>
<td>Non binary</td>
<td>Trans man</td>
</tr>
<tr>
<td></td>
<td>Trans woman</td>
<td>Grand Total</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>59%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Prefer not to say</strong></td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>45%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Figure 14: By gender: “Do you feel safe and secure from verbal attacks within your neighborhood and city?”

الرسم البياني ١٤: حسب الجندر "هل تشعر/ون بالأمان من الهجمات اللفظية في منطقتك/م ومدينتك/م؟"
In this section, respondents were asked if they perceived S-GBV risks, and if they have been subjected to S-GBV or any form of harassment, intimidation, or coercion due to their gender identities. The first striking finding is that 1 in 2 respondents perceived an S-GBV risk. More than half of all women identifying respondents (65%) and roughly 77% of the trans* population groups reported feeling at risk. Men respondents were less likely to report feeling at risk of SGBV.

Figure 15: All population groups: “Do you feel you are at risk of being subject to sexual and gender based violence?”

الرسم البياني ١٥: إلى جميع الفئات السكانية: "هل تشعرون/ون بالخطر من العنف الجنسي والجندري؟"
41% of respondents reported being subject to S-GBV or other forms of violence due to their gender identities. Significantly higher figures were reported by women (63%) and trans* (49%) communities.
Two main questions were selected for the assessment to shed a spotlight on the overall WASH conditions within the target population group. One focused on access to adequate drinking water in terms of quality and quantity. The second inquired about access to safe and functioning sanitation facilities within the shelter.

Almost 47% reported not having enough safe drinking water in terms of quality and quantity\(^\text{16}\). In addition, 15% reported not having access to basic functioning sanitation facilities within their homes. This is especially alarming considering this assessment has been conducted in the Greater Beirut Area.

\(^{16}\)For reference, WHO reports that a person requires at least 7.5 Liters per day for survival.

المياه والصرف الصحي
والنظافة الصحية

تم اختيار سؤالين رئيسيين للتقييم بهدف إلقاء الضوء على ظروف المياه والصرف الصحي والنظافة الصحية العامة ضمن مجموعة السكان المستهدفة. ركز الأوّل على الحصول على مياه الشرب الكافية من حيث الجودة والكمية. أمّا الثاني فاستفسر عن الوصول إلى مرافق الصرف الصحي الآمنة والفعالة داخل المنازل.

رسم البياني 18: الوصول إلى المياه الصالحة للشرب

أفاد/ت ما يقارب ٧٥٪ بعدم وجود ما يكفي من مياه الشرب الآمنة من حيث الجودة والكمية. علاوة على ذلك، أفاد/ت ٥٠٪ بعدم تمكنهم/م من الوصول إلى مرافق الصرف الصحي الأساسية العاملة داخل منازلهم. وهذا أمر مثير للقلق خاصة لأن هذا التقييم قد تم إجرااؤه في منطقة بيروت الكبرى.

For reference, WHO reports that a person requires at least 7.5 Liters per day for survival.
<table>
<thead>
<tr>
<th>Type of need</th>
<th>Quantity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival (drinking and food)</td>
<td>2.5 to 3 lpd</td>
<td>Depends on climate and individual physiology</td>
</tr>
<tr>
<td>(الغذاء والأكل)</td>
<td></td>
<td>يعتمد ذلك على المناخ والبنية الجسدية</td>
</tr>
<tr>
<td>Basic hygiene practices</td>
<td>2 to 6 lpd</td>
<td>Depends on social and cultural norms</td>
</tr>
<tr>
<td>ممارسات النظافة الأساسية</td>
<td></td>
<td>يعتمد ذلك على المعايير الاجتماعية والثقافية</td>
</tr>
<tr>
<td>Basic cooking needs</td>
<td>3 to 6 lpd</td>
<td>Depends on food type, social and cultural norms</td>
</tr>
<tr>
<td>احتياجات الطهي الأساسية</td>
<td></td>
<td>ليترات / اليوم يعتمد ذلك على نوع الأكل والمعايير</td>
</tr>
<tr>
<td>Total</td>
<td>7.5 to 15 lpd</td>
<td>لترات / اليوم</td>
</tr>
<tr>
<td>المجموع</td>
<td></td>
<td>لتر / يوم</td>
</tr>
</tbody>
</table>

Figure 19: Minimum standards for water, WHO, 2014

19: أدنى المعايير للمياه، منظمة الصحة العالمية، 2014 الرسم البياني

Figure 20: Access to safe and functioning sanitation facilities

الرسم البياني 20: الوصول إلى أماكن الصرف الصحي العاملة
f. Shelter

Participants were asked to report the type of shelter they reside in. The majority (68.9%) reported residing in apartments. Considering the geographic coverage of the assessment (GBA) is a heavily urban city environment, this is expected. It is worth noting that 10% reported living in one-room structures, which, compared to the shelter living conditions of the majority in the urban city, might reflect acute vulnerability.

![Shelter Type Chart]

Figure 21: Shelter type
Additionally, roughly 73.6% still retain damages from the Beirut Blast (for reference, data was collected roughly one year after the date of the explosion).

بالإضافة إلى ذلك، لا يزال ما يقارب ٦.٣٧٪ يتعايش مع أضرار ناتجة عن انفجار بيروت (كمرجع، تم جمع البيانات بعد عام تقريبًا من تاريخ الانفجار).

Figure 22: Shelter damage due to the Beirut Blast one year after the explosion.

الرسم البياني ٢٢: أضرار في المأوى بسبب انفجار بيروت بعد عام من حصوله.
g. Livelihood

When it comes to the information collected on livelihood, they were collected at a later stage. Due to security reasons, as well as lack of income in the LGBTIQ+ community, their phone numbers rarely stay stable. Therefore, uniquely in this part of the report, the data was gathered from 226 beneficiaries only. The sample remains significant enough to give an overview of the livelihood conditions of the LGBTIQ+ community.

When asked about their employment status, 62.8% of the respondents reported being unemployed.
When examining this finding from a gendered lens, we found that the highest rate of unemployment is among trans women, in fact 71.6% of trans women reported being unemployed.

<table>
<thead>
<tr>
<th>Gender identity</th>
<th>Are you employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cis man</td>
<td>61%</td>
</tr>
<tr>
<td>Cis woman</td>
<td>50%</td>
</tr>
<tr>
<td>Non binary</td>
<td>62%</td>
</tr>
<tr>
<td>Trans man</td>
<td>80%</td>
</tr>
<tr>
<td>Trans woman</td>
<td>72%</td>
</tr>
</tbody>
</table>

Figure 23.2: divided by gender identity “are you employed”? الرسم البياني ٢.٣٢: مقسم حسب الهوية الجندرية " هل أنت موظف/ة؟

When it comes to individuals who are employed, when asked about their sector of employment, unsurprisingly, the large majority (53.6%) of the respondents reported working freelance jobs and 17.9% of the respondents who reported working in sex work. With freelance and sex work being unstable in nature, almost 70% of the small number of employed individuals suffer from income insecurity at all times.

عندما يتعلق الأمر بالأفراد العمال، وعند سؤالهم عن قطاع العمل، ليس من المستغرب أن الغالبية الكبرى (53.6%) من المستجيبات/ بين أفدن/أفادوا بأنهن/م يعملن/ون في وظائف حرة ونسبة ١٧.٩% أفادت بأنها تعمل في مجال الجنس. نظرًا لكون العمل الحر والعمل الجنسي غير مستقران بطبيعتهما، فإن ما يقرب من ٧٠٪ من العدد الأصغر للأفراد العمال يعني من انعدام الأمن في الدخل في جميع الأوقات.
Nevertheless, this is not to say that individuals who are employed are better off financially. In fact 94% of the employed respondents make less than 2 million Lebanese pounds per month, which is currently equivalent to less than 90 USD. It is also important to note that out of the trans* individuals who are employed, they remain the category with the lowest income rate.
On the other hand, more than half of the respondents (57.7%) of the unemployed respondents lost their jobs within the last year, the other 42.3% of the respondents did not have a job for the past 2-3 years, with the longest rate of unemployment belonging to trans* individuals due to the tremendous difficulties they face in employment.
In fact, 29.3% of unemployed respondents reported leaving their old jobs because of harassment or bullying (11.1%) or being fired for transphobic or homophobic reasons (18.2%), others (3.5%) reported being fired for their sexuality. Other reasons stated for leaving their old jobs included racism and/or labor law violation, health reasons, and the economic crisis affecting their work.

It is important to note that 9.1% of the respondents lost their job due to the Beirut blast, 4% due to COVID-19, and 23.23% due to the economic crisis.

**Figure 26: Reasons for leaving their jobs for unemployed individuals**

الرسم البياني ٦٢: أسباب ترك الوظيفة عند الأفراد العاطلت/ين عن العمل

- Beirut blast (الانفجار): ٩.١٪
- Covid-19 (كوفيد-١٩): ٤٪
- Fired for homophobia/transphobia (التحرش أو التنمر بسبب المثلية أو رهاب الترانس): ١٨.٢٪
- Harassment or bullying (التحرش أو التنمر): ١١.١٪
- Other (غير): ٥٧.٦٪
With 117 respondents out of 226 reporting not having any source of income, the majority (78%) of the community counts on loans to be able to get by. With the biggest majority of the community (52.3%) being in debt to their friends.

<table>
<thead>
<tr>
<th>Gender identity</th>
<th>Cis man</th>
<th>Cis woman</th>
<th>Non binary</th>
<th>Trans man</th>
<th>Trans woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any loans?</td>
<td>25%</td>
<td>46%</td>
<td>15%</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>Yes</td>
<td>75%</td>
<td>54%</td>
<td>85%</td>
<td>100%</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Figure 27: Depicting loans by gender identity**

**Figure 28: To whom do you have a loan?**

مع ١١٧ مستجيباً/ة من أصل ٢٢٦ مفيدات/ن بانه/ن/م لا يملكون/ون أي مصدر للدخل، فإن الغالبية (٧٨٪) من المجتمع تعتمد على القروض لتمكن من تدبير أمورها. مع الغالبية الكبرى من المجتمع (٥٢.٣٪) تحت الدين من الأصدقاء.

<table>
<thead>
<tr>
<th>نسبتيات الديون حسب الهوية الجنسية</th>
<th>Cis man</th>
<th>Cis woman</th>
<th>Non binary</th>
<th>Trans man</th>
<th>Trans woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>هل لديك/ن دين؟</td>
<td>25%</td>
<td>46%</td>
<td>15%</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>نعم</td>
<td>75%</td>
<td>54%</td>
<td>85%</td>
<td>100%</td>
<td>93%</td>
</tr>
</tbody>
</table>

**الرسم البياني ٢٧: رسم يظهر الديون حسب الهوية الجنسية**

**الرسم البياني ٢٨: إلى من أنتن/م مدينون؟**
h. Food Security

The Food Consumption Score (FCS) and the Coping Strategy Index (CSI) were the main metrics used to gain insight into the target population’s overall food security condition.

FCS is a composite score that takes into account diet diversity, frequency of consumption and nutrient value of the food groups consumed. A score is calculated based on self-reported consumption of nine food groups over the course of one week prior to the administration of the survey. The rate of consumption per week (R) is multiplied by a score (W) allocated for each food group. As such, FCS is a function of R and W as follows:

\[
FCS = R \times W
\]

すことにより、食物消費度（FCS）と対応対策指標（CSI）は、ターゲット人集団の全体的な食品安全保障状況を理解するための主要な指標として使用されました。

FCSは、食事の多様性、消費頻度および食品群の栄養価を考慮した合成スコアです。9つの食品群の摂取を1週間前に行う調査の前に行われた自己報告に基づいて計算されます。1週間あたりの摂取量（R）は、各食品群に対するスコア（W）を乗じることで算出されます。したがって、FCSはRとWの関数として以下のようになります。

\[
FCS = R \times W
\]
The table below displays the various food groups:

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Weight</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main staples</td>
<td>2</td>
<td>Energy dense/usually eaten in larger quantities, protein content lower and poorer quality (PER less) than legumes, micro-nutrients (bound by phytates).</td>
</tr>
<tr>
<td>Pulses</td>
<td>3</td>
<td>Energy dense, high amounts of protein but of lower quality (PER less) than meats, micro-nutrients (inhibited by phytates), low fat.</td>
</tr>
<tr>
<td>Vegetables</td>
<td>1</td>
<td>Low energy, low protein, no fat, micro-nutrients.</td>
</tr>
<tr>
<td>Fruit</td>
<td>1</td>
<td>Low energy, low protein, no fat, micro-nutrients.</td>
</tr>
<tr>
<td>Meat and fish</td>
<td>4</td>
<td>Highest quality protein, easily absorbable micro-nutrients (no phytates), energy dense fat. Even when consumed in small quantities, improvement to the quality of diet are large.</td>
</tr>
<tr>
<td>Milk</td>
<td>4</td>
<td>Highest quality protein, micro-nutrients, vitamin A, energy. However, milk could be consumed only in very small amounts and should be treated as condiment and therfore re-classification in such cases is needed.</td>
</tr>
<tr>
<td>Sugar</td>
<td>0.5</td>
<td>Empty calories. Usually consumed in small quantities.</td>
</tr>
<tr>
<td>Oil</td>
<td>0.5</td>
<td>Energy dense but usually no other micro-nutrients. Usually consumed in small quantities.</td>
</tr>
<tr>
<td>Condiments</td>
<td>0</td>
<td>These foods are by definition eaten in very small quantities and not considered to have an important impact on overall diet.</td>
</tr>
</tbody>
</table>

Figure 29: WFP FCS Justification, 2013
<table>
<thead>
<tr>
<th>المجموعات الغذائية</th>
<th>الوزن</th>
<th>التبرير</th>
</tr>
</thead>
<tbody>
<tr>
<td>الأغذية الأوليّة</td>
<td>2</td>
<td>كثيفة الطاقة/تآكل فيّ كميات كبيرة، البروتين أقل ونوعية أقل (نسبة كفاءة البروتين أقل يُعادل 17 درجة مكعبة من البقوليات: المغذيات زهيدة المقدار (مدمج بالفيتامينات)</td>
</tr>
<tr>
<td>بقوليات</td>
<td>3</td>
<td>كثيفة الطاقة، كميات البروتين عالية ولكن بنوعية غير عالية (نسبة كفاءة البروتين أقل من اللحوم، المغذيات زهيدة المقدار (مصدرة بالفيتامينات)، قليلة الدم</td>
</tr>
<tr>
<td>الخضراوات</td>
<td>1</td>
<td>قليلة الطاقة، قليلة البروتين، لا دسم، مغذيات زهيدة المقدار</td>
</tr>
<tr>
<td>الفاكهة</td>
<td>1</td>
<td>قليلة الطاقة، قليلة البروتين، لا دسم، مغذيات زهيدة المقدار</td>
</tr>
<tr>
<td>اللحوم والأسماك</td>
<td>4</td>
<td>أعلى نوعية من البروتين، مغذيات زهيدة المقدار تتعمل بسهولة (لا فيتامينات)، طاقة كثيفة، دسم، تحسن نظام الغذائي حتى لو استهلكت كميات قليلة منها</td>
</tr>
<tr>
<td>الحليب</td>
<td>4</td>
<td>أعلى نوعية من البروتين، مغذيات زهيدة المقدار، فيتامين A، طاقة، لكن، يمكن استهلاك الحليب بكميات قليلة ويجب التعامل معه كمطليّة، إذا يجب إعادة تصنيف كحالات كهذة</td>
</tr>
<tr>
<td>السكر</td>
<td>0.5</td>
<td>وحدات حرارية فارغة، يتم استهلاكها بكميات صغيرة</td>
</tr>
<tr>
<td>الزيت</td>
<td>0.5</td>
<td>كثيف الطاقة لكن بدون أي مغذيات زهيدة المقدار أخرى، يتم عادة استهلاكها بكميات صغيرة</td>
</tr>
<tr>
<td>المطابع والبهارات</td>
<td>0</td>
<td>يتم تناول هذه الأطعمة بكميات قليلة جداً كما لا تعتبر على أنها ذات تأثير على النظام الغذائي الإجمالي</td>
</tr>
</tbody>
</table>

الرسم البياني ٢٩: برنامج الأغذية العالمي تبرير معدل الاستهلاك الغذائي
After scoring the sample is split into three FCS categories, poor, borderline, and acceptable, as follows:

<table>
<thead>
<tr>
<th>FCS classes</th>
<th>FCS score</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>&lt;=24</td>
<td>Blue</td>
</tr>
<tr>
<td>Borderline</td>
<td>&gt;24-42</td>
<td>Orange</td>
</tr>
<tr>
<td>Acceptable</td>
<td>&gt;42</td>
<td>Green</td>
</tr>
</tbody>
</table>
Shockingly, it was found that only a minority, 24%, of the target population reported an acceptable food consumption score. With the staggering majority 76% reported FCS between borderline and poor (see below figures), and a striking 29.4% scored a poor FCS.
The Coping Strategy Index (CSI) is a relatively simple Food Security indicator that correlates well with complex patterns of food insecurity. A set of questions that relate to coping mechanisms used by individuals to cope with a shortage or lack of food translates to a numeric score. A standalone CSI metric or score is not highly indicative, however, the index becomes highly useful to triangulate data on Food Insecurity, and to compare individuals in a cohort.

After calculating the CSI for the total respondents, the scores were categorized into 4 categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Min score</th>
<th>Max score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Borderline</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td>High</td>
<td>61</td>
<td>90</td>
</tr>
<tr>
<td>Severe</td>
<td>91</td>
<td>168</td>
</tr>
</tbody>
</table>

After calculating the CSI for the total respondents, the scores were categorized into 4 categories:
The below table displays the comparative CSI of the target population. Almost 40% of the assessed population scored high and severe on the index (See figure 9), meaning they engage in multiple and more frequent coping strategies, reflecting significantly higher vulnerability. This, coupled with the high rate of poor FCS reflects a dire food insecurity issue within the target population that requires immediate attention.

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Borderline</th>
<th>High</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.6%</td>
<td>42.3%</td>
<td>25.8%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>
The below displays the questions used for the CSI adapted for this assessment:

**In the past 7 days, how many days did you or your HH have to:**

- at least one household member rely on less-preferred, low quality and less expensive food?
- at least one household member (reduce food consumption for small children to eat?
- the household reduce the total amount of water for domestic use (drinking, washing and cooking etc.)?
- the household use unsafe water (without boiling/purification) from open sources?
- the household rely on help from friends or relatives for staple food or borrow money to spend on food or essential household needs?
- Is the household living in a partially damaged house; makeshift, overcrowded/collective shelter; tent; space intended for other purposes (e.g., livestock); or in the open air? Does at least one household member reduce the number of meals eaten, compared with the usual frequency of food consumption?
- the household sold any assets (including jewellery, furniture, electronics, etc.) due to recent shocks or emergency?
- at least one additional member seeks employment or any kind of income source, including daily labour, street vending, or any instance of moving away from home to seek work? children (girl or boy) NOT attend school to engage in employment and/or productive household activities (collect firewood, fetch water, housework etc.)?
- at least one household member delay seeking medical attention for a critical health problem due to recent shocks or emergency?
- Have you had to resort to sex for work, food or services
الآتي يبين الأسئلة التي استخدمت إلى مؤشر استراتيجي التصدي المستعمل في هذا التقييم:

- الأيام السبعة الماضية، كم عدد الأيام التي اضطررت/م فيها أنتم/م أو أسركن/م إلى:
  
  ● يعتمد فرد واحد على الأقل من الأسرة على طعام أقل تفضيلاً ومنخفض الجودة وأقل تكلفة؟
  
  ● على الأقل فرد واحد في الأسرة (ي/تقلل من استهلاك الطعام من أجل الأطفال الصغار؟
  
  ● الأسرة تقلل الكمية الإجمالية لمياه للاستخدام المنزلي (الشرب والغسيل والطبخ وما إلى ذلك)?
  
  ● هل تستخدم الأسرة الماء غير الآمنة (بدون غليان/تنقية) من مصادر مفتوحة؟
  
  ● الأسرة تعتني على مساعدة الأصدقاء أو الأقارب للحصول على الغذاء الأساسي أو اقتراض المال للإنفاق على الطعام أو الاحتياجات المنزلية الأساسية؟
  
  ● هل تعيش الأسرة في منزل متضرر جزئياً: مأوى مؤقت، مكتظ/مشترك: خيمة: مساحة مخصصة لأغراض أخرى (مثل الماشية)؟ أم ؟ اليوبي أو الشوارع أو أي حالة من حالات الابتعاد عن المنزل للبحث عن عمل؟ الأطفال (فتاة أو فتى) لا يذهبون/يذهبون إلى المدرسة للانخراط في العمل و/أو الأنشطة المنزلية المنتجة (جمع الحطب، جلب المياه، الأعمال المنزلية، وما إلى ذلك)?
  
  ● هل باعت الأسرة أي ممتلكات (بما في ذلك المجوهرات والأثاث والإلكترونيات وما إلى ذلك) بسبب الصدمات الأخيرة أو حالات الطوارئ؟
  
  ● عضو إضافي واحد على الأقل يبحث عن عمل أو أي نوع من مصادر الدخل، بما في ذلك العمل اليومي أو البيع في الشوارع أو أي حالة من حالات الابتعاد عن المنزل للبحث عن عمل؟ الأطفال (فتاة أو فتى) لا يذهبون/يذهبون إلى المدرسة للانخراط في العمل و/أو الأنشطة المنزلية المنتجة (جمع الحطب، جلب المياه، الأعمال المنزلية، وما إلى ذلك)?
  
  ● يأخر فرد واحد على الأقل من الأسرة ؟ اللجوء إلى العناية الطبية مشكلة صحية خطيرة بسبب الصدمات الأخيرة أو حالات الطوارئ؟
  
  ● هل اضطررت/م إلى ممارسة الجنس من أجل الدخل أو الطعام أو الخدمات؟
Figure 32: “How many times in the past week you had to resort to sex in exchange for food, work, or services?” number of individuals, by gender identity

الرسم البياني ٢٣: "كم مرة في الأسبوع الماضي اضطررتني/م الى اللجوء الى الجنس مقابل الطعام أو الدخل أو الخدمات؟" حسب الهوية الجندرية
Lebanon has a law regulating sex work, dating from 1931, which stipulates that female sex workers must be registered and must undergo medical examinations, cannot be virgins, and must be older than 21. Article 7 of this law stipulates that sex workers can only practice sex work inside brothels, and article 523 of the Lebanese Penal Code punishes “any person who practices secret prostitution or facilitates it” with a prison sentence ranging from one month to one year. In practice, the government does not issue licenses for brothels, leaving virtually all sex workers vulnerable to arrest for practicing sex work without being registered.

Sex work is a valid occupation that some LGBT people choose to practice, but others sell sex as a survival mechanism. While 17% of respondents engaged in sex work as a regular form of employment, 30% reported resorting to sex work irregularly as “their only option,” after being unable to secure or maintain employment due to discrimination needs (in the past month during which the assessment was conducted).

لبنان لديه قانون ينظم العمل بالجنس، يعود تاريخه إلى عام 1391، ينص على وجوب تسجيل العاملات/ين بالجنس، ويجب أن يخضعن/وا لفحوصات طبية، ولا يجوز أن يكونن/وا عذارى، ويجب أن يكونن/وا عدوارًا، ويجب أن يتجاوزن/وا 21 عامًا. المادة السابعة من هذا القانون تنص على أن العمل بالجنس مسموح داخل بيوت الدعارة فقط، والمادة 523 من قانون العقوبات اللبناني تجريم كل من يمارس الدعارة السرية أو يسهلها بالسجن لمدة تتراوح بين شهر وسنة. في الممارسة العملية، لا تصدر الحكومة تراخيص لبيوت الدعارة، مما يترك جميع العاملات/ين بالجنس تقريبًا عرضة للاعتقال لمارستهن/م العمل بالجنس دون أوراق رسمية.

العمل بالجنس مهنة شرعية يختار بعض أفراد مجتمع الميم ممارستها، لكن البعض الآخر يامل في الجنس كآلية للبقاء. في حين أن ٧١٪ من المستجيبات/ين يعملن/ون في مجال الجنس كشكل وظيفي منتظم، أفاد/ت نسبة ١٧٪ أنهم تلجأ إلى العمل الجنسي بشكل غير منتظم باعتباره “خيارها الوحيد.” بعد عدم قدرتها على تأمين أو الاحتفاظ بوظيفة بسبب احتياجات التمييز (في الشهر الماضي الذي تم خلاله تم إجراء التقييم).
Yalla Care opposes the criminalization of consensual adult sex work. For LGBT people who engage in sex work, criminalization creates significant barriers to exercising their basic rights, such as protection from violence, access to justice for abuses, and access to essential health services.

On the other hand, coercing a person to provide sexual services (whether this amounts to sexual assault, trafficking, forced prostitution, or other forms of exploitation) should be criminalized and prosecuted.
i. Access to Other Assistance

The majority (59.5%) reported that they rely on at least one form of NGO assistance. This further reflects the vulnerability of the target population.

Figure 33. Are you receiving assistance from other NGOS?

الرسم البياني ٣٣. هل تتلقون المساعدة من منظمات غير حكومية؟
5. Discussion / Conclusion

Discussion

The above mentioned statistics are alarming and reflect poor living conditions of people in the LGBTIQ+ community. The data above, coupled with the low access to medical services, highlights an inevitable public health crisis, most notably a rise in STIs, within the LGBTIQ+ community considerably exacerbated by the socio-economic collapse Lebanon is facing. Moreover, psychoactive substances are being used as a coping strategy with the ongoing stressors of life. When met with the ongoing crisis, further exacerbation in mental health needs is expected. However, with the ever increasing prices of these services as well as the need, increasing the support will be a challenge in the near future. Moreover, overall access to the minimum standards of WASH remain unmet within the target population. Tailored research into the WASH conditions of the community is essential to better understand barriers to safe drinking water and sanitation. When it comes to vaccine hesitancy, additional research is needed to highlight the main reasons behind the high hesitancy rationale within this target population.
Nevertheless, the major gap in food security within the target population is evident and expected to worsen. To put this in context, a 2019 LCRP UN report indicated that 63% of the Lebanese population had an acceptable FCS. Even though these data are outdated due to the very rapid deterioration of the country’s economy, it is still worth mentioning that this highlights serious concerns for Food Security for the most marginalized groups within the target population. What this is causing is increased engagement in risky coping mechanisms. When it comes to sex work for example the findings reflect that a considerable percentage resorting to sex work irregularly as “their only option,” after being unable to secure or maintain employment due to discrimination.

Finally, two important findings are found in this report. The first is the importance and prominence of community based support, where individuals of the LGBTIQ+ community count on each other’s support rather than that of any other outlet. As well as people of the LGBTIQ+ community having a considerable number of dependents. This is of great importance as a matter to take into account when planning relief activities for LGBTIQ+ individuals.

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Throughout the data collection process, and while analyzing the data, some limitations were faced such as the following:

- Although surveys were planned to be conducted face-to-face, due to COVID-19 precautions, the surveys were conducted remotely to ensure the safety of the respondents and data collectors. This could lead to the inability to discuss some topics such as substance use or sexual practices as openly as they would have discussed them in person.

- Disaggregating the data by gender identity, although insightful, should be considered along with the limitation imposed by sample size, and as such cannot be considered thoroughly representative. However, the sample sizes of some categories such as people identifying as cis-men and gay are big enough to give a representative image.

- Stigma toward the LGBTIQA+ community is still rampant backed by a legal loophole, article 534 of the penal code, that has been used to criminalize and punish non-heterosexual non-cis persons within Lebanon. To this day, no empirical research even has a good understanding of the size of the LGBTIQA+ community, let alone its main characteristics, and vulnerability profiles of each sub-group especially the trans* and non-binary groups.

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- Due to all of the factors mentioned above, during the data collection process, it was difficult to reach all of the beneficiaries through phone calls due to them having to change their phone numbers repeatedly, or having to turn them off for security reasons, or them being unable to recharge them due to lack of funds.

- بسبب جميع العوامل المذكورة أعلاه، وأثناء عملية جمع البيانات، كان من الصعب الوصول إلى جميع المستفيدين/ين من خلال المكالمات الهاتفية بسبب اضطرارهم/م إلى تغيير أرقام هواتفهم/م بشكل متكرر، أو الاضطرار إلى إيقاف الخطوط تلك لأسباب أمنية، أو عدم قدرتهم/م على إعادة شحنها بسبب نقص الأموال
Conclusion

The lack of a safe legal framework to protect this marginalized community compounded with severe vulnerabilities creates a bleak snapshot of the humanitarian needs and conditions of the target population in multiple sectors, especially protection. Next steps to be considered include:

Immediate evidence-based assistance programs should be coordinated and led by local grassroots initiatives close to the marginalized members of the community. Interventions should be integrated across a variety of sectors to target multi-faced vulnerabilities challenging the lives of the LGBTIQ+ community in the GBA. A number of initiatives exist, however a comprehensive holistic and coordinated approach would be better suited to meet the multi-faced needs highlighted in this report. It is also important to note that such initiatives need to secure a flexible core funding that would accommodate the needs and restrictions facing the LGBTIQA+ community such as transportation, access, and decentralization.

Additional Research is needed to shed light on deeper issues within the community especially relating to health, protection, and livelihood. This could hopefully be the basis of policies targeting the protection of individuals of the LGBTIQ+ community, as well as create more knowledge informed aid programs.

هناك حاجة إلى مزيد من الأبحاث لإلقاء الضوء على قضايا أعمق داخل المجتمع خاصة فيما يتعلق بالصحة والحماية وسبل العيش. نأمل أن يتصدر هذا كحجر أساسي لسياسات التي تهدف إلى حماية أفراد مجتمع الميم-عين، بالإضافة إلى إنشاء المزيد من برامج المساعدة المدعومة بالوقائع.
Advocacy efforts should persist to highlight the basic needs of the LGBTIQA+ community, and call for an abolition of penal code 534 and push for policy to protect the community against especially severe violence and discrimination.

Public health research should be done to obtain a clear picture on the main barriers to health and on health seeking behavior generally within the LGBTIQA+ community in a safe and dignified manner to ensure the end to discrimination, damage reduction and avoid stigmatization.

Finally, it is important to note that although the help of non-governmental agencies is vital at this point, the economic crisis does not seem to have a solution in the near future. Therefore, it is important to think of a more sustainable solution to the above-mentioned problems, most notably the problem of accessibility to employment.

يجب أن تستمر جهود الناصرة لتسليط الضوء على الاحتياجات الأساسية لمجتمع الميم-عين، والدعوة إلى إلغاء قانون العقوبات ٤٣٥ والكفاح نحو سياسة لحماية المجتمع من العنف والتمييز الشديدين بشكل خاص.

يجب إجراء أبحاث حول الصحة العامة للحصول على صورة واضحة للعوائق الرئيسية التي تعترض الصحة وأساليب البحث عن الطبابة بشكل عام داخل مجتمع الميم-عين بطريقة آمنة ومحترمة لضمان إنهاء التمييز وتقليل الضرر وتجنب الوضع.

أخيرًا، من المهم ملاحظة أنه على الرغم من أهمية مساعدة المؤسسات غير الحكومية في هذه المرحلة، لا يبدو أن الأزمة الاقتصادية لديها حل في المستقبل القريب. لذلك، من المهم التفكير في حل مستدام للمشاكل المذكورة أعلاه، وأبرزها مشكلة الوصول إلى العمل.
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