EXPANDING SERVICES

TARGETING LGBT INDIVIDUALS IN RURAL AREAS OF LEBANON

AFE
GENDER & SEXUALITY RESOURCE CENTER
مركز الموارد الجندرية والجنسانية

Gender and Sexuality Resource Centre - AFE

Table of Contents

GLOSSARY OF TERMS

Sexual orientation (Human Rights Campaign, n.d.)
An individual's intrinsic emotional, romantic, or sexual attraction towards another individual.

Gender Identity (Human Rights Campaign, n.d.)
How an individual perceives and refers to themselves. It can be as male, female, both or neither. One's gender identity can conform with their sex assigned at birth or it can differ.

Gender Expression (Human Rights Campaign, n.d.)
How an individual expresses themselves in terms of behavior, clothing, haircut, voice, or general appearance. Gender expression does not explicitly have to be categorized as masculine or feminine.

Homophobia (Human Rights Campaign, n.d.)
Fear, hatred, or discomfort towards individuals who are attracted to the same sex.

Transgender (Human Rights Campaign, n.d.)
An umbrella term that includes individuals whose gender identity and/or expression do not conform with societal norms related to the sex they were assigned at birth. It is important to note that transgender differs from and does not imply a specific sexual orientation.

ACRONYMS

FGD	Focus Group Discussion
HIV	Human Immuno-Deficiency Syndrome
ISF	Lebanese Internal Security Forces
LGBT	Lesbian, Gay, Bisexual, and Transgender
MENA	Middle East and North Africa
STI	Sexually Transmitted Infection
WHO	World Health Organization

Introduction

The lesbian, gay, bisexual, and transgender (LGBT) community have always been described as part of the vulnerable and marginalized populations that drastically face stigma, discrimination, and violence due to their sexual orientation, gender identity, and gender expression (United Nations Human Rights Office of the High Commissioner, 2015). The LGBT community has hence been dealing with detrimental consequences and disadvantages related to their physical and mental well-being, in addition to their social inclusion and integration. For example, the LGBT community experiences a higher level of mental health disorders such as depression, anxiety, substance abuse, and suicidality in comparison to their heterosexual counterparts (Hafeez, Zeshan, Tahir, Jahan, & Naveed, 2017). Reported rates of sexually transmitted infections (STIs) like gonorrhea, chlamydia, and HIV are twice as higher, among LGBT as well. Additionally, the LGBT community tends to lack facilitated access to social protection schemes, employability hardships, and family and friendship network rejections (Takács, 2006).

The LGBT community has been dealing with detrimental consequences related to their physical and mental well-being, social inclusion and integration.

A vast number of laws and advocacies that advanced and increased awareness towards LGBT rights have been implemented in the past decade in different countries around the world, however some governments and communities have been moving in different directions and restricting rights (Feder, 2019). It has been reported that the level of acceptance of LGBT youth varies depending on the country and individual income, level of education, religion and political ideologies, age, and gender. On a global scale, western societies, such as western and northern Europe and North America, are much more accepting of homosexuality than Eastern Europe, Asia, Africa, and the Middle East (Poushter & Kent, 2020)

The level of acceptance of LGBT youth varies between countries

In Lebanon

In Lebanon, only 13% of the population stated that homosexuality should be accepted by society and the law states that an "unnatural act of sex" is considered as a crime that contributes to up to one year of imprisonment as forms of maximum punishment (Human Dignity Trust, 2021). The Lebanese Internal Security Forces (ISF) contribute to both the arbitrary detention and arrest of individuals suspected to be LGBT, where physical and psychological violence are used during investigations (Helem, 2017). The LGBT community lacks legal protection from the Lebanese government, where they often face hardships from blackmailers and individuals and have no protection of their privacy. Adding to that, social homophobia and hate speech are very common acts practiced by a vast number of the Lebanese community, which lacks anti-bullying mechanisms in educational institutes and beyond (Helem, 2017).

A limited number of services and aid in the form of mental health, psychosocial support, and cash assistance were being offered to the LGBT community in Lebanon from supportive organizations and centers, before the novel coronavirus pandemic crisis had occurred in early 2020. However, by October 2019, Lebanon's macroeconomy and resources available have been detrimentally affected by a financial crisis that that bought a sudden stop in capital inflows and resulted in precipitated systemic failures across banking, debt, and the exchange rate. This which has caused these organizations to have been tremendously overwhelmed leading to the dramatical disappearance and decrease of the services available (World Bank Group, 2020). Such services are not expected to have ever been adequate and accessible among the rural areas of Lebanon due to the low number of health centers available, inefficient quality of education provided in schools, the practice of religion as a means of socializing, and more, leading to more disparities existing among the LGBT community in Lebanon(Makhoul & Harrison, 2002; Younes, 2019). That being said, addressing and understanding the needs of the LGBT community regarding service provision and community mobilization in aims to limit the disparities in Lebanon is critical to limit the public health concerns and problems that will otherwise increase gradually in the community.

Purpose of this toolkit

Service planning is a collaborative approach aimed to design, develop, and implement services while increasing their impact in the local community (SERVIR Service Planning Toolkit, 2017). This approach is usually used for disaster preparedness, food security and sustainable livelihoods, environmental resource management and household resilience (SERVIR Service Planning Toolkit, 2017). The service planning approach has been tailored to address the purpose of this plan while still preserving the main steps of service planning.

Generally, this approach can be seen as a cycle where a problem is identified, solutions are determined and then implemented. The implemented solutions are then re-assessed to identify problems and thus the cycle continues.

There are three main steps to implement service provision (SERVIR Service Planning Toolkit, 2017):

This toolkit aims to document the findings of the need's assessment that was carried out to better understand the gaps in service provision and community mobilization of LGBT individuals in rural areas of Lebanon. From these findings, the document suggests some ways in which service provision issues in rural communities can be addressed. Studies have shown that service provisions in rural areas tend to be more costly due to the dispersed nature and overall demographics of the population there (Shape Mendip, 2016). Thus, most of the focus is on ways to mobilize the local community and empower them to provide services in these areas.

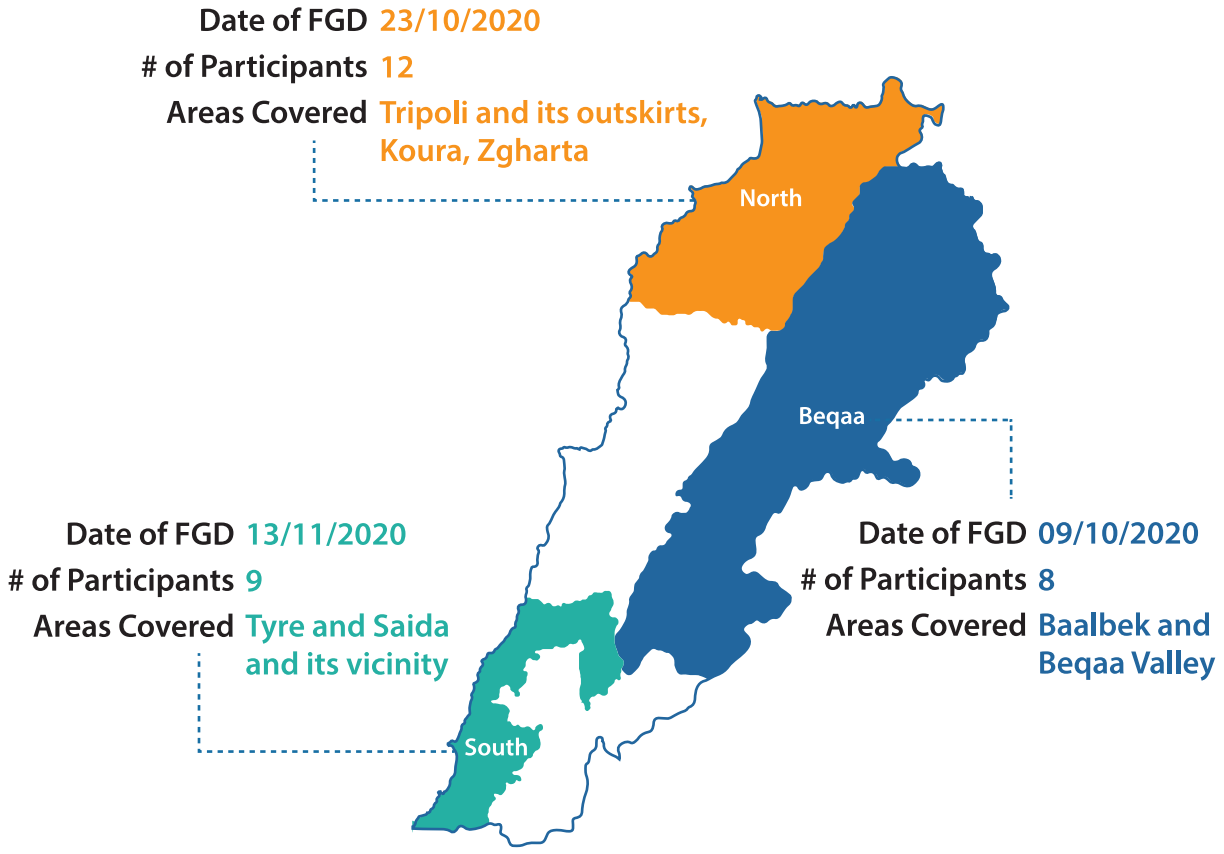
STEP1: The Needs Assessment

A rapid needs assessment was carried out in three regions in Lebanon to determine the health, social and legal needs of the LGBT community outside of Beirut. The needs assessment also aimed to pinpoint the type of assistance required to ensure prioritized strategic planning with suitable recommendations.

Scope and Methodology

The methodology adopted took an exploratory approach to better understand the attitudes towards these services, the past experiences, and the willingness to use related services. To do so, three structured focus group discussions (FGD) were conducted in three main regions: North, South, and Beqaa. A total of 29 LGBT individuals from different areas in the selected region participated. Purposive sampling was used, and participants were contacted based on a pre-developed database by Helem along with the networking knowledge of the outreach officer.

Both Lebanese and Syrians were included in the survey and data collection spanned over the months of October and November 2020. The table below shows the areas covered within each region.



Recruitment and Safety Measures

Taking into consideration the vulnerability of the LGBT community in Lebanon, the sensitivity of the matter and the overall situation of the country, a safety plan was placed to ensure safe recruitment, suitable survey design, and the safety of the participants. All three FGDs were held in person, at a safe space within each region to make sure all LGBT individuals were represented. Standard ethical procedures and Covid-19 safety measures were also followed. Pseudonyms were used by participants to further ensure their safety and confidentiality.

Challenges and Limitations

All three regions experienced recruitment challenges due to the sensitivity of the matter and the vulnerability of the community. It was especially challenging to recruit queer women in the North (Tripoli and Akkar) and Bekaa regions due to their fear of family, neighbors, and society, in addition to the strictness of the parents and their inability to stay in contact or to come to any assigned location.

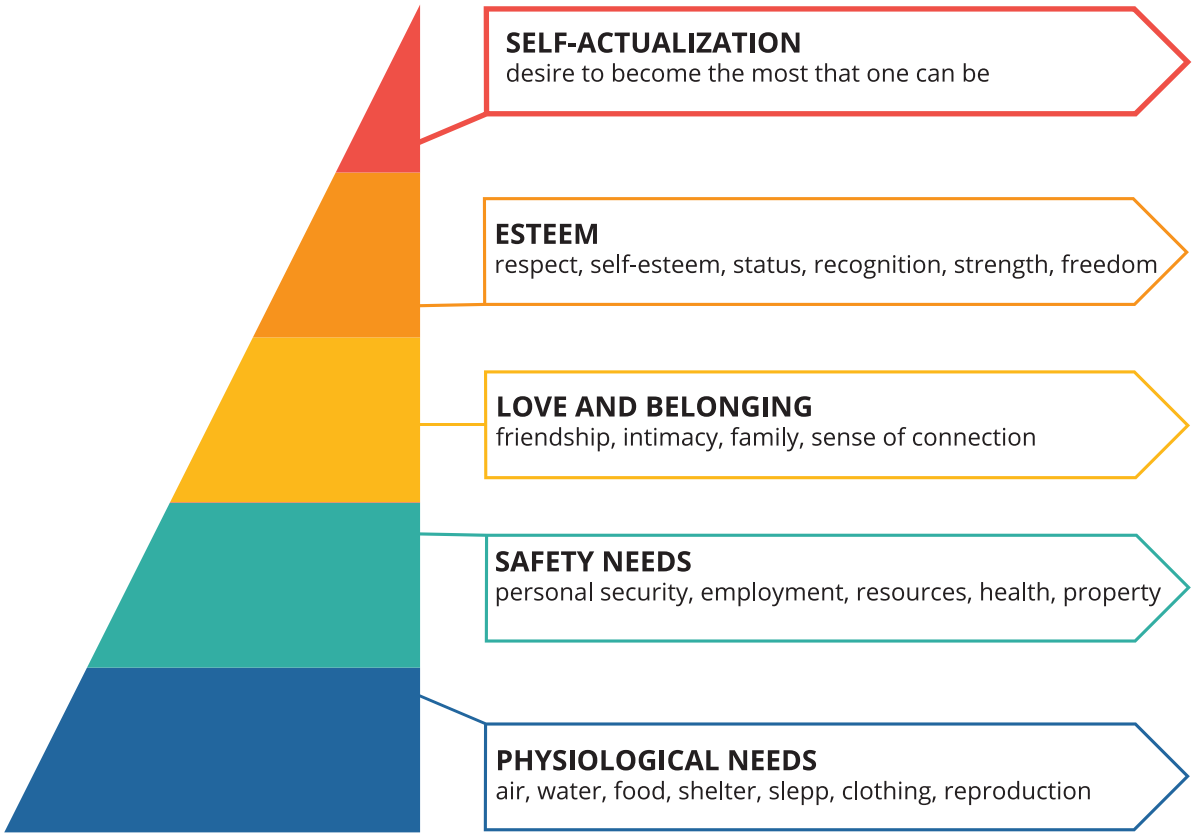
As for the challenges in contacting LGBT individuals in general, it was mostly linked to fear of appearing (trans individuals), fear of family and society, fear of political groups/ militias, and the overall hidden nature of the LGBT community.

The FGD for the north region faced a unique challenge due to the military checkpoint in the region, many participants were not granted a pass for unknown reasons. The FGD was carried out with those who were able to attend and to compensate for this issue, the FGD guide was uploaded as a survey and the link was sent to the participants who wanted to make their voice heard but could not attend.

Overview of the issues

As mentioned before, and expressed by many, the LGBT community in Lebanon is oppressed and lacks many basic needs. The results of this needs assessment showed many gaps in service provision between the rural areas and Beirut. Discrepancies can be seen in the health, social, and legal sectors. According to Maslow's hierarchy of needs (depicted below), the bottom tiers need to be satisfied first to move upwards (McLeod, 2020). Unfortunately, one's environment highly affects the movement along the pyramid and often leads to fluctuations in growth (McLeod, 2020).

Results from the FGDs show that the LGBT community in rural areas lack physiological, safety, and love and belonging needs. This then consequently affects these individuals' self-esteem and desire to reach their full potential.



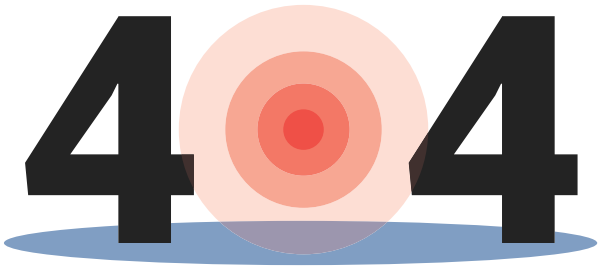
When the participants were asked about their understanding of "quality of life" many, from all three regions, had no sense of it. Many expressed that the economic crisis, lack of acceptance and/or society has made quality of life exceedingly difficult. Some tried to express what it means to have a good quality of life by saying that it means independence, having the basic means of living, lasting interactions, lack of extremism, and open-mindedness in society. In addition, many expressed the importance of having available sexual health and general health services, shelters, and social workers to assist in order to improve the quality of life in the region. The understanding of the quality of life by the participants have shown to coincide with the first three basic levels of Maslow's pyramid: physiological, safety, and love and belonging needs.

Unavailability of Services

Unavailability of Health Services

Most of the participants described how health services in their areas are unavailable and scarce in number, where care is mostly sought through close-proximity pharmacies, and labs and hospitals present in Beirut only. Participants from Beqaa stated that "in Baalbak health services are available but scarce. Baalbak is very rural and lacks many services." In addition to that, the available services in the form of centers in the rural areas, if present, would be lacking the necessary medications, testing kits, available hospital beds, specialized physicians, and equipment necessary for providing effective and successful care and disease management, especially for STIs and mental health disorders. Participants from the North specified how they get their medications from Beirut due to its unavailability in Tripoli. The services are also most often costly, and individuals lack health insurance that can cover the costs and fees, where participants also described how it is hard for them to seek treatment with no type of any health insurance.

Another barrier for LGBT health service provision in the rural areas of Lebanon was the inadequate and insufficient awareness of the LGBT population as well as the health-care providers themselves. Firstly, the LGBT members highlighted their inadequate knowledge about who, how, and where to seek help and support from in regard to accessing their health services and practicing preventive measures against STIs and deteriorating medical conditions. Participants from the North mentioned how they "wish someone would just tell us what services they have rather than looking around for hours."



ERROR the requested services does not exist

Second, a high number of participants also stressed on the concern of being frequently stigmatized and ridiculed by health-care providers as physicians and nurses, this which limit them from transparently discussing their health conditions like STIs without feeling fearful, embarrassed, and ashamed. A participant from the North described the physicians as rude, and how they do not know how to communicate effectively with the patient in Tripoli. Another participant from the South stated the following, "I went to hospital in the south and I got into a lot of fights with the nurses and someone of the internal security forces. Why? Because they started lecturing me while being drugged all because I had an earring on. And they'd ask me questions while I was still drugged. Personal questions like what's my name, where do I live what I work as... I told him to get out, so he started to be defensive and wanted to hit me."

Unavailability of Social and Legal Services

In terms of social and legal service provision, individuals in all three regions voiced the same recurring theme: **lack of safety and security in addition to fear.**
One individual from the Beqaa region shared:

> "I faced a problem,
> someone talked to me
> and said if you don't do this,
> **I will expose you,**
> and I was very scared of this.
> I was like, what can I do?"

Legal literacy is absent in all three regions. Many of the participants voiced that they do not know what to do in cases of arrest or blackmail and stated that many of their peers do not know either. A few participants said that they will call Helem in case of legal matters. Furthermore, digital security means are not well known to LGBT individuals in rural area, as many of the participants had no knowledge of digital security steps to follow in order to ensure their safety. One participant voiced that steps followed were set by Proud Lebanon that assisted in securing his phone.

In regions like the Beqaa and North, many social services are catered to or restricted to cis-straight men. These catered services adhere to the social norm ideology of masculinity, where men who act feminine or have piercings are not welcomed or face many forms of harassment and discrimination. In the south there are some available recreational services outside the traditional areas of the region and a center that is accepting to all, but participants still feel more comfortable going to Beirut. This demonstrates a lack of trust in the services along with showcasing that the mere presence of them is not enough. An important point to mention is that recreational areas for women are completely absent in the Beqaa region and limited in the North and South.

Most of the participants stated that they travel outside their area to seek social and legal services, they tend to go to Beirut, Jbeil, Amchit or Batroun. When asked if any of these services in their area was open to learn more about inclusivity, only participants of the North stated that nightlife areas might be open to learning. Furthermore, and due to the dire economic situation in the country, lack of job opportunities and the inflation has taken a toll on the LGBT community as well. Add to that the already limited job opportunities offered in rural areas, where participants expressed their frustration regarding the issue. As seen in the first section where quality of life was mentioned, many have said that their hands are tied due to the current situation in the country. In addition, due to the lack of acceptance in the area and incidents of blackmail, many individuals from the LGBT community in those areas find themselves with no shelter or place to go.

STEP 2: Focusing on Different Services and Ways Forward

Following the identification of vulnerable groups along with the documentation of their needs, risks and disadvantages, the next step for service planning is service design.

The main components in this toolkit are the following:

- Stakeholder mapping
- Community mobilization through capacity building
- Service provision through evidence-based plans

1. Stakeholder Mapping

Stakeholder mapping is an important part in any service design initiative, it helps pinpoint the role of each stakeholder and sets the relationship dynamics. Depending on the scope of the initiative, a stakeholder map can be straightforward with two levels (influence and commitment/engagement) or more complex with a detailed outline to what each brings to the table (Giordano, Morelli, Götzen, & Hunziker, 2018).

Usual steps to properly map out stakeholders include the following (Giordano, Morelli, Götzen, & Hunziker, 2018; Kloosterman, 2014):

- Compile an initial list of those who are or might be involved in the process.
- Expand the list accordingly.
- Draw out the roles and relationships.
- Identify any gaps, issues or opportunities.
- Prioritize
- Engage

2. Community Mobilization through workshops

Once stakeholders have been mapped and a clear vision is set. It is important to work on empowering the local community through community mobilization. Community mobilization serves as one of the strategies available to deal with the situation and as a step to improve communities while ensuring safety especially when vulnerable groups are involved. Through this approach, the community is given a sense of empowerment and involvement in the decisions that tend to affect them (Arab Community Center for Economic and Social Services [ACCESS]). Unlike other approaches, community

mobilization uses the strengths and assets found within the community to move forward. Furthermore, through this approach, international organizations, and other implementing bodies, such as the government, are given a more minimal role (Mercy Corps; World Health Organization [WHO], 2006). The concept of community mobilization is built on equipping community members with needed skills (tools, techniques, approaches…) that work on improving and optimizing their leadership and management abilities thus allowing them to become more responsible towards issues occurring within their community (Mercy Corps; WHO, 2006).

However, community mobilization is not an easy task and demands the understanding of the political context, target population, gender roles, community dynamics, concerns, needs, and priorities (UNHCR, 2008; Wabwire, 2015). It should also be understood that there is no one-size-fits-all approach especially when intervening at a community level (Wabwire, 2015). Actions should be tailored according to the target population and can be achieved through correct resource mobilization, the coordination of goals, sharing of expertise, and collaborating with the community (Wabwire, 2015).

Since the needs of the LGBT community in rural areas have been mapped through the needs assessment, focus can now be given to the capacity building component that can be achieved through workshops and trainings. Main gaps that were identified included lack of literacy or awareness on sexual health, rights of LGBT individuals especially during arrests, and digital security.

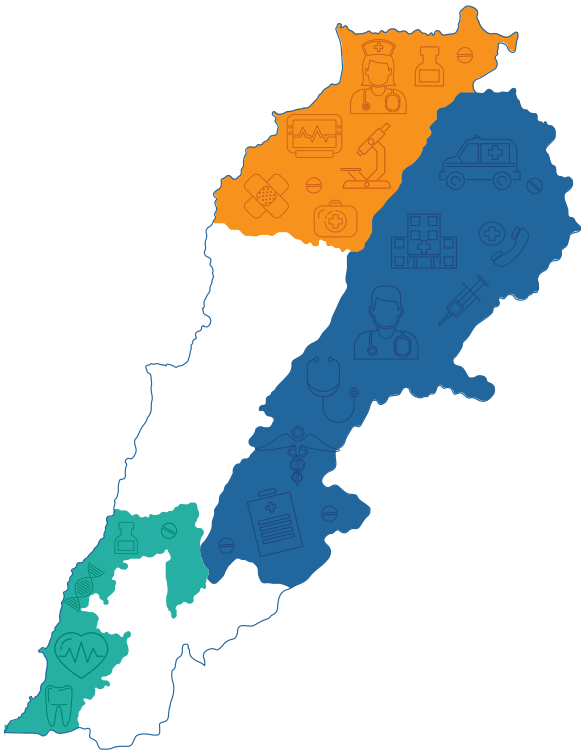
Workshops and trainings given by relevant stakeholders will be extremely beneficial. These workshops can act as trainings which build the capacity of key individuals within the population who then in turn train or share their knowledge with their peers. By these means proper information sharing will be ensured and the community will feel empowered to continue this knowledge sharing with the support of stakeholders.

It is important to have these key points in mind when planning the community mobilization (ACCESS; Advocates for Youth, 2014; National LGBT-Portal of Ukraine, 2017):

- Having trained and qualified individuals to facilitate the mobilization process. This also goes hand in hand with having a strong leadership support system that allows community mobilizers to carry out their respective efforts. This leadership role can take the form of an organization willing to follow up with matters accordingly.
- Identifying key people from the LGBT population in those areas is also important.
- Ensuring discussions that feed into a shared decision-making process and shared vision during the trainings.
- Strengthening or creating when needed, community organizations to address topics being raised whether it be health, protection, social matters…
- Evaluating community mobilization efforts.

3. Evidence Based Plans

With that being said, it is also essential to increase service availability and accessibility in these rural areas according to the needs stated previously. Participants from all three regions voiced their concerns on the lack of inclusive and equipped services within their areas. They also stated that they constantly travel to Beirut and other locations to seek out needed services. The following and final section of the toolkit will suggest evidence-based plans to increase service outreach.



Expanding Health Service Outreach

Following the results of the needs assessment, it is essential to increase availability and accessibility of the health centers in the rural areas in Lebanon in order to minimize the morbidities and mortalities among the community. Integrating LGBT specific services or offering LGBT specific services to the already established general care facilities have been proven to be associated with hardships as the presence of hospital homophobia and LGBT stigmatization, in addition to the inability to enforce such strategies on the hospitals and centers to provide LGBT related care. Thus, the toolkit calls for non-governmental organizations and community centers concerned with supporting LGBT health care provision to widen their availability and scope of action among the rural areas of Lebanon like the North, South, and Beqaa.

Adding to that, the LGBT community acquires a high prevalence of HIV, as there exist a vast number of barriers and challenges limiting their proper access to health care and health services, accordingly. That being said, the WHO recommended, based on tested interventions and programs, the implementation of mobile health clinics, which are customized vehicles that travel in between communities to provide prevention and health care services (Hill et al., 2014). The mobile clinics can ensure acquisition of services as HIV care and treatment, rapid testing, and CD4+ measurements, in addition to activities that stress on the retention of care before and after anti-retroviral treatment initiation. The mobile health clinics can also serve as active collaborators with the involved organizations to promote HIV-prevention services and educational support to the LGBT community living in areas of low resources and materials (Moon et al., 2014). Furthermore, and as stated in the results section of the needs assessment, the LGBT community living in the rural areas of Lebanon stated how they mostly sought care from close-proximity pharmacies. A recent qualitative pilot study in the United States concluded that expanding HIV testing to community pharmacies was an effective intervention where a diverse group of patients described them as convenient, accessible, feasible, and trust-worthy (Darin et al., 2015). HIV self-testing kits should be made available and provided by the community pharmacies, as well. This will require ensuring pharmacy resource readiness and pharmacist training needs, accordingly based on the context of interest (Darin et al., 2015).

Trainings of Health-care Providers
Health-care providers should be effectively trained on providing comprehensive LGBT healthcare tackling unhealthy relationships, coming out, substance use, adolescent health, body image, transitioning and sex reassignment surgery. These trainings should be integrated in medical and public health school curriculums that suit the local context, which may lead to improved quality of healthcare for LGBT individuals (Sekoni et al., 2017).

Resource Centers or Hubs
A resource center that upholds extensive amount of information for the LGBT community to refer to should be built and accessible while ensuring all safety and protective methods, so that they can access evidence-based information about health issues, services available nearby, professionals and specialists to contact, educational videos and blogs, conversations and webinars to follow up to, and more (Sekoni, Gale, Manga-Atangana, Bhadhuri, & Jolly, 2017).

Awareness Campaigns
Raising awareness about the LGBT community and addressing any misconceptions serve as a key point to eliminating discrimination and fostering acceptance whether in the workplace, health centers, or society. Nation-wide community awareness campaigns and educational interventions in hospitals, centers, and workplaces should be promoted and delivered accordingly in order to facilitate their application into daily practices. This helps the LGBT community feel more comfortable in accessing various services in their areas and may promote inclusive policies within workplaces. A systematic review identified that medical education interventions and programs were effective in promoting more tolerant attitudes toward LGBT patients and increasing knowledge to LGBT health care concerns (Morris et al., 2019).

Shelters
Shelters play an important role in ensuring protection and support for those who seek it. Inclusive shelters in rural areas are key to ensure the safety and well-being of LGBT individuals. Service provision for such shelters may include a variety of supports and should be accessible 24 hours a day, every day, to ensure immediate protection (UN Women, 2012). These shelters should abide by the golden rules of safety, confidentiality, and security for those who seek it. These shelters will not only serve as a temporary place to stay but will also include referrals to further legal, medical and protection services (UN Women, 2012). Counseling services, employment services, and rehabilitation services may also be included. Expanding current available shelters in those areas to further include the LGBT population would be beneficial.

Conclusion

As stated earlier, this toolkit embraced the approach of service planning through a conducted needs assessment and three service design approaches: stakeholder mapping, community mobilization, and evidence-based plans. Thus, providing a holistic approach to service planning and should be used with the intent of improving services offered to the LGBT community in rural areas of Lebanon.

REFERENCES

Advocates for Youth. (2014). Strategies guided by best practice for community mobilization. Retrieved from: https://advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/Factsheets/strategies%20guided%20by%20best%20practice_8-11-14.pdf

Arab Community Center for Economic and Social Services [ACCESS]. (n.d.). Community mobilization: an effective strategy to improve MNH. Retrieved from: https://www.mchip.net/sites/default/files/h_Community_Mobilization.pdf

Darin, K. M., Klepser, M. E., Klepser, D. E., Klepser, S. A., Reeves, A., Young, M., & Scarsi, K. K. (2015). Pharmacist-provided rapid HIV testing in two community pharmacies. doi:https://www-clinicalkey-com.ezproxy.aub.edu.lb/#!/content/playContent/1-s2.0-S1544319115300157?scrollTo=%23hl0000368

Feder, J. L. (2019, June 23). Struggle Among Progress as Countries Restrict L.G.B.T.Q. Rights. Retrieved from The New York Times: https://www.nytimes.com/2019/06/23/world/global-lgbtq-rights.html

Giordano, F., Morelli, N., Götzen, A. D., & Hunziker, &. J. (2018). The stakeholder map: A conversation tool for designing people-led public services.

Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. Cureus. doi:10.7759/cureus.1184

Helem. (2017). Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon.

Hill, C. F., Powers, B. W., Jain, S. H., Bennet, J., Vavasis, A., & Oriol, N. E. (2014). Mobile Health Clinics in the Era of Reform. The American Journal of Managed Care. doi:https://www.ajmc.com/view/mobile-health-clinics-in-the-era-of-reform

Human Dignity Trust. (2021). Map of Countries that Criminalise LGBT People. Retrieved from https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/

Human Rights Campaign. (n.d.). Glossary of Terms. Retrieved from Human Rights Campaign: https://www.hrc.org/resources/glossary-of-terms

Human Rights Campaign. (n.d.). Sexual Orientation and Gender Identity Definitions. Retrieved from Human Rights Campaign: https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions

Kloosterman, V. (2014). Stakeholder mapping and management is key to successful project management. Retrieved from Continuing Professional Development: https://continuingprofessionaldevelopment.org/stakeholder-mapping-key-to-successful-project-management/

Makhoul, J., & Harrison, L. (2002). Development perspectives: views from rural Lebanon. Development in Practice. Retrieved from https://www-jstor-org.ezproxy.aub.edu.lb/stable/pdf/4029406.pdf?refreqid=excelsior%3A8f71be96d4622951dd9f60c1372647d8

McLeod, S. (2020, December 29). Maslow's Hierarchy of Needs. Retrieved from Simply Psychology: https://www.simplypsychology.org/maslow.html#:~:text=Maslow's%20hierarchy%20of%20needs%20is,hierarchical%20levels%20within%20a%20pyramid.&text=From%20the%20bottom%20of%20the,esteem%2C%20and%20self%2Dactualization.

Mercy corps. (n.d.). Guide to community mobilization programming. from: http://www.mercycorps.org/sites/default/files/CoMobProgrammingGd.pdf

Moon, T. D., Jequicene, T., Blevins, M., José, E., Lankford, J. R., Wester, C. W., . . . Vermund, S. H. (2014). Mobile clinics for antiretroviral therapy in rural Mozambique. Retrieved from WHO: https://www.who.int/bulletin/volumes/92/9/13-129478/en/

Morris, M., Cooper, R. L., Ramesh, A., Tabatabai, M., Arcury, T. A., Shinn, M., . . . Matthews-Juarez, P. (2019). Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. BMC Medical Education, 19(1), 325. doi:10.1186/s12909-019-1727-3

National LGBT-Portal of Ukraine. (2017). Community mobilization. Retrieved from: https://www.lgbt.org.ua/en/materials/show_388/

Poushter, J., & Kent, N. (2020). The Global Divide on Homosexuality Persists. Retrieved from https://www.pewresearch.org/global/2020/06/25/global-divide-on-homosexuality-persists/

Sanchez, G. (2008). Evaluating Effective Health Service Models for the LGBT Community: The Healthcare Scope of LGBT Community Centers in the United States.

Sekoni, A. O., Gale, N. K., Manga-Atangana, B., Bhadhuri, A., & Jolly, K. (2017). The effects of educational curricula and training on LGBT-specific health issues for healthcare students and professionals: a mixed-method systematic review. Journal of the International AIDS Society, 20(1), 21624-21624. doi:10.7448/IAS.20.1.21624

Service Design Tool. (n.d.). Stakeholders Map. Retrieved January 27, 2021, from https://servicedesigntools.org/tools/stakeholders-map

SERVIR Service Planning Toolkit. (2017).

Shape Mendip. (2016). Toolkit for Rural Communities Tackling Rural Isolation and Developing Community Based Services Retrieved from https://www.mendip.gov.uk/media/12896/Toolkit-for-rural-communities/pdf/Toolkit_for_rural_communities.pdf?m=635986402187300000

Takács, J. (2006). Social Exclusion of Young Lesbian, Gay, Bisexual and Transgender (LGBT) People in Europe.

UNHCR. (2008). UNHCR manual on a community-based approach in UNHCR operations. Retrieved from https://www.refworld.org/docid/47da54722.html

UN Women. (2012, September 14). Developing the outline of a shelter operations plan. Retrieved from UN Women: Virtual Knowledge Centre to End Violence Against Women and Girls: https://www.endvawnow.org/en/articles/1381-developing-the-outline-of-a-shelter-operations-plan-.html

Wabwire, F. (2015). Strengthening local capacity: the weak link in sustainable development. Retrieved from: https://www.bread.org/sites/default/files/downloads/briefing-paper-28.pdf

World Health Organization (WHO). (2006). Community Mobilization: Improving Reproductive Health Outcomes. Retrieved from: http://www.who.int/management/community/overall/CommunityMobilization2pgs.pdf

World Bank Group. (2020). The Deliberate Depression. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/LebanonEconomicMonitor-Fall2020.pdf

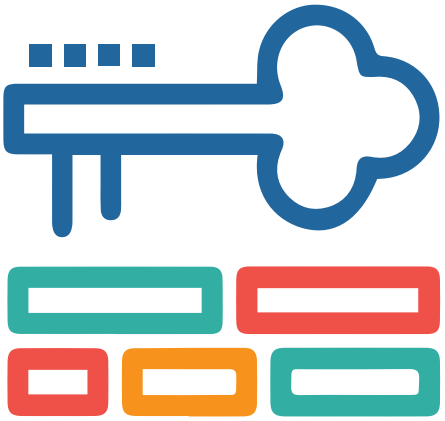
Younes, R. (2019). In Lebanon's Covid-19, Aid the Vulnerable, Including LGBT People. Retrieved from https://www.hrw.org/news/2020/04/16/lebanons-covid-19-aid-vulnerable-including-lgbt-people#

Appendix

Appendix 1. Safety Plan Key Points

The following steps were taken to ensure additional safety of participants:

- Choosing of a safe location to conduct the focus group discussion (participants were also allowed to weigh in on what location seems to be the safest option and they unanimously stated hotels to avoid running into anyone they may know).
- Choosing a more lenient village or area as the gathering point that is close to all participants.
- Outreach officer checked the safety of the locations before the date assigned for the FGD
- FGDs carried out during the morning hours
- Keeping the idea of the FGDs on the down low and not disclosing the location of the gathering until the day before and only to the participants.
- No pictures taken by participants or AFE within the location or with/of participants.
- Considering social distancing and safety measures for COVID19.



Appendix 2. Focus Group Discussion Guide

The facilitator starts off by introducing themself and explaining why the focus group has been gathered (introduction that was written). A brief outline on how the focus group will be run should also be given in addition to taking consent. *(Approximately 5 mins)*

Icebreaker: The facilitator can then invite the members of the FGD to briefly introduce themselves and say something they like doing (hobby or activity...).
(Approximately 15 mins)

After they feel more comfortable, the facilitator should remind them of the themes of the FGD. Then start with the following.

General Questions: *(Approximately 10 mins)*

I want to begin our discussion today with a few questions about quality of life in your community.

1. What does quality of life mean to you?

2. What makes a community a good place to live?

3. How would you describe your area of residence? (safe, provides basic needs, provides opportunities...)

Service Provision in the Community: *(Approximately 30 mins)*

Now we are going to talk about the availability of services in your area.

4. What kind of health services are available in your area?
a. Do you use these services?
i. If yes: how would you describe your experience?
ii. If no: why?
b. Which of the mentioned service providers would you consider to be inclusive to all individuals?
c. Which of the mentioned service providers would you consider to be opened to knowing more about inclusive servicing?

5. What kind of social services are available in your area? (leisure, recreational, digital...)
a. Do you use these services?
i. If yes: how would you describe your experience?
ii. If no: why?
b. Which of the mentioned service providers would you consider to be inclusive to all individuals?
c. Which of the mentioned service providers would you consider to be opened to knowing more about inclusive servicing?
d. Are you aware of any digital security measures you should take to ensure your safety?
i. If yes: What are some digital security steps that are known to you or that you follow?
ii. If no: Do you think services, tools, training on digital security will be beneficial?

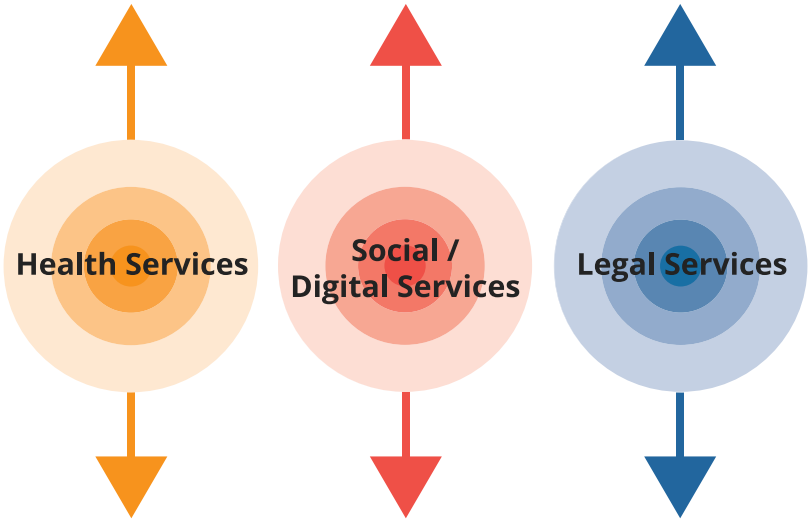
6. How aware would you say the people in your community are on their legal rights?

7. Do you travel outside your area to seek services?
a. If yes:
i. Where do you go?
ii. What services do you go to seek?
iii. Why do you have to travel outside your area for these services?

8. What are some services that you think should be provided in your area?

Problem/Solution Tree: *(Approximately 30 mins)*

Here the facilitator will draw the following diagrams (found below), one at a time. First "health" once the exercise is done move on to "Social/Digital" and then finally to "Legal". Each exercise should take no longer than 10 mins.



For each diagram, the facilitator hands the participants two colors of sticky notes or uses two different color markers. Explain to the participants that for example when on the health services diagram: the bottom arrow denotes the issues faced and the possible causes while the top arrow denotes possible solutions. Participants are given 5 mins to brainstorm possible problems and solutions. Once the time is up each participant will place their answers on the board.
These steps are to be repeated for the other two diagrams.
(Once complete please bring the diagrams back to the office)

Ending Question: *(Approximately 5 mins)*

9. Is there anything else related to the topics we discussed today that you think I should know of or that I did not ask or that you have not yet shared?

The facilitator should then end the session by thanking everyone for their participation in the FGD (e.g., the information you have shared has been very useful. I would like to thank you all for participating). The facilitator should also ask if the group was satisfied with the way the discussion played out and if everyone felt they were able to say what they wanted to say, but also reminding them that the discussion was restricted by time. *(Approximately 5 mins)*