



SCALING UP

HARM REDUCTION IN MENA



WORKSTREAM MULTI-COUNTRY REPORT

JORDAN, LEBANON, MOROCCO, AND TUNISIA

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ACRONYMS & DEFINITIONS

HCPs	Health Care Professionals
HIV	Human Immunodeficiency Virus
KIIs	Key Informant Interviews
KPs	Key Populations*
LGBTQI+	An acronym used to describe lesbian, gay, bisexual, trans- gender, queer or questioning persons or the community.
MENAHRA	MENA Harm Reduction Association
PLHIV	People Living with HIV
PWUDs	People Who Use Drugs
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexual Transmitted Infections
Target communities	This report refers to LGBTQI+ people and PWUDs (encompassing LGBTQI+ PWUDs) as target communities.

** UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.*


FOREWORD

We are witnessing a global backslide of human rights and a major trend of attacks on Gender and Bodily autonomy, health and rights. This is particularly true for the Middle East and North Africa Region, where already limited civic space is further closing through states' increasingly coercive control, violence, surveillance and criminalization of gender-diverse populations, particularly LGBTQI+ persons, people who use drugs and sex workers.

To identify how best to serve those communities, MENAHRA implemented a multi-country study to identify the needs, challenges and response strategies civil society employs in the region to cater to the needs of LGBTQI+ persons who use drugs (PWUDs) specifically. A team of community consultants was recruited to conduct the study. This effort serves to help guide MENAHRA in the right direction in terms of supporting regional civil society efforts to better serve LGBTQI+ PWUDs, to inform the direction of future programming and to engage with civil society stakeholders from across Jordan, Lebanon, Morocco and Tunisia to launch the work.

The information contained herein aims to provide a general overview of the current state of affairs within civil society programming for LGBTQI+ PWUDs within target countries. This report reflects an effort to understand community and civil society needs, in order to best respond to them through a collaborative lens.

May the findings contained herein inspire dialogue and change, and serve as a catalyst for a more just and inclusive tomorrow.



ACKNOWLEDGMENT

We extend our heartfelt gratitude to all individuals and organizations whose engagement and collaboration made this study possible. We are immensely grateful to the consultants from Linear Lines whose expertise and dedication were instrumental in effectively conducting this study.

We extend our sincere thanks to the participants of this study, including key informants and survey respondents, whose insights and contributions enriched our understanding of the challenges faced by LGBTQI+ Persons Who Use Drugs (PWUDs) in the MENA region.

Our gratitude also goes to the engaged Civil Society Organizations (CSOs) and Key Populations (KPs) who participated in the validation meetings, providing essential feedback and ensuring the relevance and accuracy of our findings.

We acknowledge with appreciation the support received from the MENA H Coalition Global Fund grant, Nadoum project, which enabled the implementation of this study across Jordan, Lebanon, Morocco, and Tunisia.

Lastly, we would like to thank all individuals, colleagues, and stakeholders who offered their support, encouragement, and expertise throughout the duration of this assessment. This study would not have been possible without the collective efforts and collaboration of everyone involved. Thank you for your invaluable contributions towards advancing harm reduction efforts in the MENA region.

INTRODUCTION

The Middle East and North Africa Harm Reduction Association (MENAHRRA) is a regional network dedicated to harm reduction across 20 countries in the Middle East and North Africa (MENA) region. This report presents the findings of a needs assessment exercise conducted in four countries in the region (Jordan, Lebanon, Morocco, and Tunisia) as part of a larger workstream focusing on LGBTQI+ People Who Use Drugs (PWUD). This study is supported by the MENA H Coalition Global Fund grant, Nadoum project that covers Egypt, Jordan, Lebanon, Morocco and Tunisia. Initially, the scope of this study included Egypt, however, communication challenges with relevant bodies led to its exclusion.

A team of consultants from Linear Lines, was recruited to conduct this study. This report was generated from four country reports. The methodology included a Desk Review per country, a series of Key Informant Interviews and a Survey disseminated on the national levels, and on a regional level (inclusive of other countries in the region), in-country validation meetings were then conducted with engaged CSOs and KPs. This regional report provides an overview of the applied methodology, presents the regional overview, and key regional recommendations.

PURPOSE OF THE STUDY

The objective of this study is to identify and address the needs and challenges of Persons who Use Drugs within the LGBTQI+ community in the MENA Region, the study was implemented in four MENA countries they are; Jordan, Lebanon, Morocco and Tunisia. The study aims to identify existing gaps and opportunities for addressing these needs through community-based research and create a credible dataset that informs the development of a detailed implementation plan of priority activities for the region.

METHODOLOGY

The methodology for this needs assessment involved an initial literature review, supplemented by the collection of both qualitative and quantitative data for each country, to provide a nuanced understanding of the needs and challenges faced by LGBTQI+ individuals and PWUDs in the MENA. This mixed-method approach enhanced the credibility and depth of the assessment's findings, enabling MENAHRA to make well-informed decisions and develop targeted interventions.

Desk Review: A review of existing literature, reports, and studies related to harm reduction, LGBTQI+ issues, and PWUDs in the four target countries was conducted. This was complemented by a brief analysis of current trends, policies, and laws affecting harm reduction, LGBTQI+ rights, and drug use in the region.

Research Design: The research design was developed based on identified data gaps in the literature review. A diverse sampling strategy for each data collection method was defined as reflected in Sample below.

Data Collection Methods: Key Informant Interviews (KIIs) were conducted with key civil society stakeholders. A survey was developed and disseminated targeting community members in target countries and across the region more broadly, using a reliable online platform, ensuring informed consent and anonymity.

Data Analysis: KII data was analyzed qualitatively, to uncover the below presented findings and recommendations. Survey data were analyzed to generate quantitative insights.

Reporting: Findings were integrated to provide an understanding of the issues. This regional report provides a summative analysis of the four country studies, identifies trends across the region, and provides recommendations.

Validation Meetings: In-country validation meetings have been conducted with engaged CSO representatives as well as participating KPs. These meetings served as a platform to validate the assessment findings, gather additional insights, and ensure that the data accurately reflect the realities on the ground. Feedback received during the validation meetings has contributed to the development of this report.

LIMITATIONS

This report provides valuable insights into the needs and challenges faced by PWUDs within LGBTQI+ individuals in the MENA. However, it is important to acknowledge certain limitations that may have influenced the findings.

Firstly, due to time constraints, the survey component of the research was not as extensive as initially planned. Although we aimed to collect at least 30 responses from LGBTQI+ persons Who Use Drugs per country, we were unable to reach this target. Nevertheless, the analysis included in this report incorporates the data from the completed surveys, providing a snapshot of the experiences and perspectives of the community. Secondly, the key informants for this research were primarily civil society stakeholders, who were selected based on a list of reputable organizations working in the four target countries. While these individuals offer important insights into the issues at hand, their perspectives may not fully represent the lived experiences of the LGBTQI+ and PWUDs communities. The surveys were filled out by members of the community, providing a more direct account of their experiences, but the number of responses was limited.

This report should be viewed as a stepping stone towards a more comprehensive understanding of the needs and challenges of LGBTQI+ PWUDs in the MENA Region. The findings point us in the right direction; however, more extensive research is required for a thorough understanding of the complexities and nuances of these issues. Future research should aim to engage more directly with the communities in question and employ a more extensive data collection process. Despite these limitations, the report provides a valuable starting point for developing targeted interventions and strategies.

SAMPLE

Key Informant Interviews were conducted with 20 CSOs working to support LGBTQI+ people and PWUDs in four target countries, KIs were also conducted with three key informants from the civil society landscape. The organizations and individuals engaged were selected based on their responsiveness and engagement with the study; they do not reflect an exhaustive list of CSOs or activists working for LGBTQI+ and PWUDs in the region, however, their insights and expertise are heavily rooted in experience and on-the-ground community engagement. The sample considered organizations with varied focuses with one common attribute of providing support to LGBTQI+ people and PWUDs in the region.

Quantitative data was collected through a survey between November 14th 2023 and March 18th 2024. The survey was completed by a total of 105 LGBTQI+ people from across the region. Detailed demographic information can be found in the “Community Survey Findings” section below.

FINDINGS

BARRIERS AND CHALLENGES

It is important to note that most of the challenges that were common to all four countries are core issues that significantly impact project planning and advocacy efforts across the region. The overlapping challenges faced by Jordan, Lebanon, Morocco, and Tunisia highlight systemic issues that are not confined to one particular country but are pervasive across the region.

Legal Challenges and Discrimination: Across these countries, legal frameworks often criminalize or restrict the rights of LGBTQI+ individuals and PWUDs. Discriminatory laws are not only hindering access to essential services but also enabling the perpetuation of societal stigma and discrimination, leading to marginalization and social exclusion.

Societal Stigma and Discrimination: Societal attitudes towards LGBTQI+ individuals and PWUDs remain deeply entrenched, contributing to widespread stigma and discrimination. This stigma manifests in various forms, including within healthcare systems, communities, and even within the LGBTQI+ community itself.

Resource Constraints: Limited resources, including funding shortages and human resource constraints, pose significant challenges to organizations working to support LGBTQI+ individuals and PWUDs. Adequate funding and resources are essential for the provision of comprehensive and adequate services, capacity-building efforts, and advocacy initiatives.

Safety Concerns: Safety concerns for both service providers and beneficiaries are a common challenge, particularly in contexts where LGBTQI+ individuals and PWUDs face heightened risks of violence, discrimination, and persecution.

Access to Education and Awareness: Limited access to education and awareness programs exacerbates the challenges faced by LGBTQI+ individuals and PWUDs. Misinformation, lack of awareness, and prevailing societal taboos contribute to the marginalization of these communities and hinder efforts to promote health, well-being, and human rights.

Reported Barriers and Challenges Specific to each country

Some challenges raised were specific to every country depending on context. In each country, unique factors contribute to the complexity of the situation of CSOs, especially pertaining to programs targeting LGBTQI+ and People Who Use Drugs. Further information can be found in each of the country reports, however, below are some of the specific challenges that have been highlighted in each of the target countries.

Jordan

Cultural resistance: Societal taboos and cultural resistance pose significant challenges to the acceptance and support of target communities in Jordan and pose a major risk to the work and the personal safety of CSO members and target communities.

Lebanon

Donor requirements: Donors sometimes require information from organizations that may be perceived as a breach of confidentiality by community members. Donor requirements posing challenges to confidentiality tend to create conflicts between organizational ethics and donor expectations. This creates tension in donor-grantee relationships and creates a sense of unease and unsafety towards compliance.

Context-related challenges: Adapting advocacy efforts to changing contexts, particularly in conservative areas, requires flexibility and sensitivity to local dynamics. The context in Lebanon has been shifting daily, interventions must be adaptable to the changing context to maintain relevance.

Morocco

Dominance of larger organizations: Implementation hurdles for youth-led networks exist as larger organizations dominate Moroccan civic space, limiting autonomy and growth of these youth-led networks/CSOs.

Tunisia

Violence within the LGBTQI+ community: There is a concerning trend of violence within the LGBTQI+ community itself, which remains largely unaddressed and taboo to discuss openly, exacerbating the challenges faced by target communities.

Significant Barriers and Challenges identified by survey respondents:

The following has been extracted from the survey findings; more in-depth insights can be found below in: **Community Survey Regional Findings**.

Awareness of available services: All respondents are conscious of the potential risks associated with drug use, but there is a significant lack of awareness regarding available resources or services in case of an emergency.

Unmet needs and demands: Respondents highlighted access to affordable health-care services, legal support and advocacy, mental health services, and resources for safer sex education as critical concerns.

Stigma and discrimination: Fear of discrimination and being outed, limited awareness of available services, and legal concerns are the main barriers preventing LGBTQI+ individuals from seeking services and support related to substance use or sex work.

GAPS AND AREAS FOR DEVELOPMENT

Several common gaps and development areas emerge across Jordan, Lebanon, Morocco and Tunisia, reflecting systemic challenges in service provision for LGBTQI+ individuals and PWUDs. These include:

Gaps in service coverage: Limited funding and resources hinder the outreach and provision of comprehensive and adequate services to all target groups. This leads to gaps in accessibility across various regions. Disparities tend to be particularly present in rural or underserved areas, where access to essential services is more limited.

Lack of holistic and/or specialized programs: Existing programs often fail to adequately address the specific needs and experiences of LGBTQI+ individuals, sex workers, PWUDs, and other Key Populations. Tailored services are essential to provide effective support and address the intersecting challenges faced by these communities.

Challenges in Accessing Healthcare: There is a notable lack of access to specialized and culturally aware medical care for LGBTQI+ individuals and PWUDs. Limited awareness and sensitivity among healthcare providers contribute to barriers to accessing adequate essential services.

Inclusivity and Sensitivity: Existing services are more often not inclusive of LGBTQI+ individuals or lack sufficient sensitivity and training among service providers.

Communication and Coordination Gaps: Poor communication channels between civil society organizations impede collaborative efforts and hinder the sharing of resources and best practices on a local, national and regional level.

Capacity Building and Advocacy: Capacity-building efforts are needed to empower target communities to advocate for their rights and access services.

Reported Gaps Specific to each country

Jordan

Comprehensive sexual education: prominent restrictions around sexual education cause taboo and further lack of awareness in Jordan in general, and more specifically around topics like gender, sexuality, and sexual orientation.

Lebanon

Non-integration of queer women and trans people into programming: Insufficient information from service providers on LBTQQT women's needs, especially those who use drugs, hampers the provision of tailored support.

Expansion of psychosocial support: More support is needed for queer individuals struggling with substance abuse, particularly regarding mental health and psychosocial support services.

Morocco

Legal Environment: Civil society organizations themselves face barriers from legal restrictions and societal stigma concerning LGBTQI+ rights, drug use, and sex work.

Systemic challenges within governmental institutions: Insufficient cultural awareness and sensitivity among governmental staff hinder access to essential services for target communities.

ADDRESSING GAPS AND CHALLENGES

In each country, participants in the study, including representatives from CSOs and activists, have outlined common strategies they employ to tackle the challenges and address gaps within their respective fields.

Advocating for increased funding: This strategy is mentioned in both Lebanon and Jordan as a means to address financial gaps and enhance service comprehensiveness.

Building capacities: Both Lebanon and Jordan findings emphasize the importance of training and building the capacity of human resources, particularly in areas related to substance use and social work.

Advocating for legal reforms: Morocco and Tunisia findings show that in-country civil society in both countries advocate for legal reforms to eliminate stigma and discrimination against target communities.

Collaboration and networking: All organizations in four countries highlight the importance of collaboration among CSOs and stakeholders to effectively address gaps in service provision.

Promoting awareness and education: Strategies related to increasing awareness and education about various issues, including the safety and competence of available services, are mentioned across Lebanon, Morocco, and Jordan.

Empowering communities: There is a shared focus on empowering target communities, particularly LGBTQI+ individuals, through various strategies such as community leadership, advocacy, and capacity building.

Addressing specific community needs: Several strategies are aimed at addressing the specific needs of Key Populations, including LGBTQI+ individuals, people who use drugs, and sex workers, across all four countries.

Country-specific strategies

In Jordan, the focus is on making services more affordable and scalable, with a particular emphasis on increasing the reach of these services to better serve the LGBTQI+ community. The strategy includes leveraging general (health) services as a subtle form of advocacy for LGBTQI+ rights. There's also a push for conducting research and gathering data to underscore the significance of Sexual and Reproductive Health and Rights (SRHR). Moreover, there's an understanding of the importance of culture, which is why culturally sensitive methods are used to convey ideas and concepts in a way that promotes better understanding and acceptance.

In Lebanon, the movement has been under heavy fire, organizations have taken a reactive approach (by reviewing their work plans and budgets based on the evolving needs) to respond to the increasingly dire gaps in funding for service provision, while exerting major efforts to ensure the safety and security of CSO staff and target groups. CSO networks in Lebanon are turning to community pots and building linkages across movements to hold the line while working on opening up lines of communication for the dissemination of critical information as well as for referral pathways.

Morocco is concentrating on creating new resources aimed at disseminating information and enhancing awareness about gender diversity and the availability of services without stigma. Specialized services are being provided at specific centers or during designated times to meet the needs of the target groups. There's a high priority on the administrative dissemination of national strategies to improve service provision and advocacy. Additionally, there's a strong emphasis on cross-movement collaboration among HIV, LGBTQI+ and broader human rights sectors to lay the foundations for a reliable and interconnected support network.

Tunisia has adopted a flexible budgeting strategy to act responsively to the varied needs of target groups. CSOs have established centers in rural areas to broaden the availability of treatments such as Methadone. There's also a focus on enabling social leadership within Key Population movements to strengthen advocacy efforts on a national level.

Each organization brings its expertise and understanding of the local context to the table, guiding its strategies. This personalized approach allows them to address the context-specific challenges they face more effectively. However, because each organization operates differently, their strategies can vary widely. While some may have ample resources and strong community connections, others struggle due to limited funding or capacity constraints.

This diversity in approaches can lead to differences in success rates and impact. Some organizations may excel in certain areas while facing challenges in others. Collaboration and sharing of knowledge among these organizations can be incredibly valuable, as it allows CSOs to learn from each other’s experiences and pool their resources for greater impact.

Moreover, it’s crucial for organizations to continually assess and adapt their strategies based on feedback and changing circumstances. This ensures that they remain relevant and effective in addressing the evolving needs of the communities they serve. Surveyed CSOs across the region have reported an ambition to connect and work with other CSOs and civil society stakeholders from across their countries, and the region more broadly, they see that this would allow for the maximizing of their collective efforts to make a greater impact in the lives of those they support.

COMMUNITY SURVEY REGIONAL FINDINGS

Demographic

The data for this report was gathered between November 13th, 2023, and March 18th, 2024. Throughout the implementation phase, a total of 105 individuals took part in the quantitative survey.

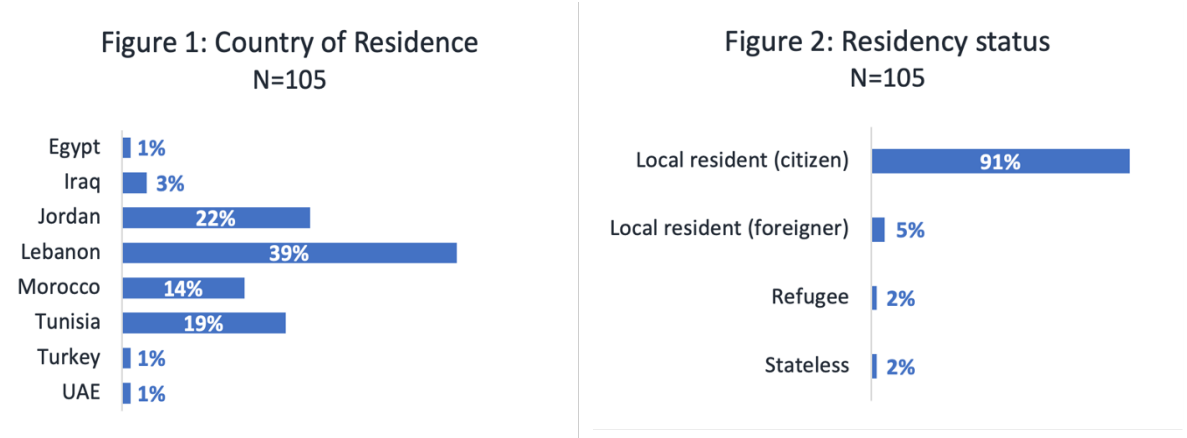
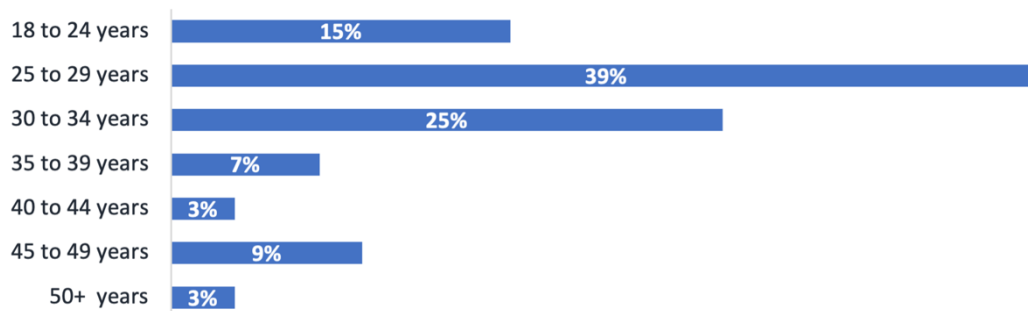


Figure 3: Age
N=105



The survey was distributed in 4 focal countries: Jordan, Lebanon, Morocco, and Tunisia, but was also open to other MENA countries (Figure 1). Most respondents were local citizens, as shown in Figure 2. The sample covers a diverse range of ages, with the majority aged between 25 and 34 years (Figure 3).

Figure 4: Gender identity
N=105

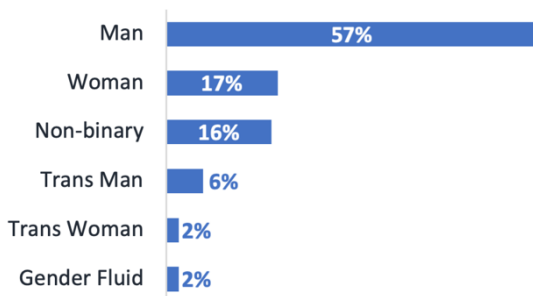
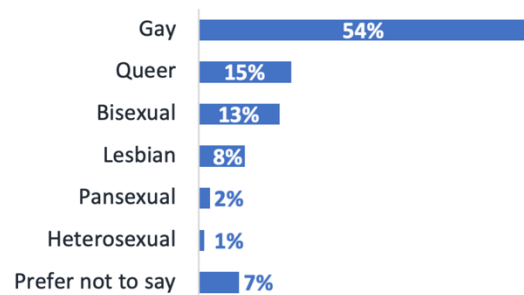
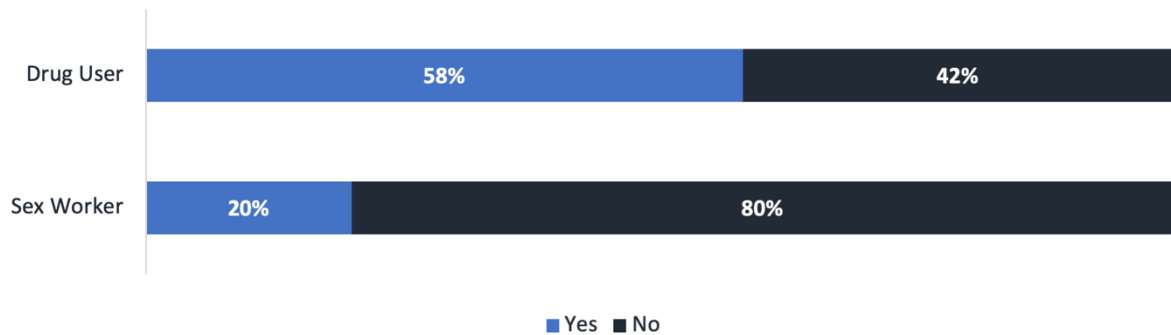


Figure 5: Sexual orientation
N=105



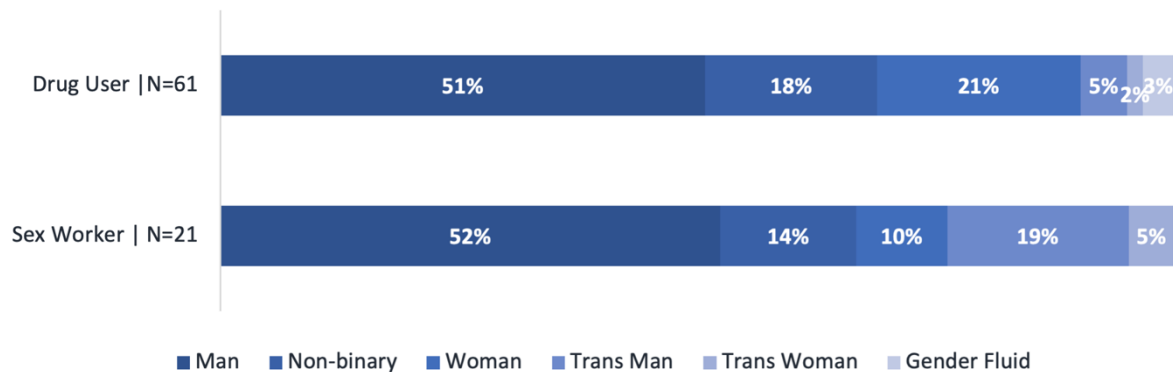
More than half of the sample identify as men, followed by 17% identifying as women, and 16% as non-binary, as shown in Figure 4. In terms of sexual orientation, half of the respondents identify as gay.

Figure 6: Drug use and sex work status
N=105



In the past year, 58% of the sample reported drug use, while 20% indicated involvement in sex work during the same period.

Figure 7: Drug users and Sex workers - Aggregated by gender



More than half of the drug users and sex workers in the sample identify as men.

Patterns and Trends in Substance Use Among LGBTQI+ People

To better understand the patterns and trends in substance use, a specific section of the survey was directed toward individuals who reported using drugs within the last year.

Figure 8: Type of drugs used
N=61

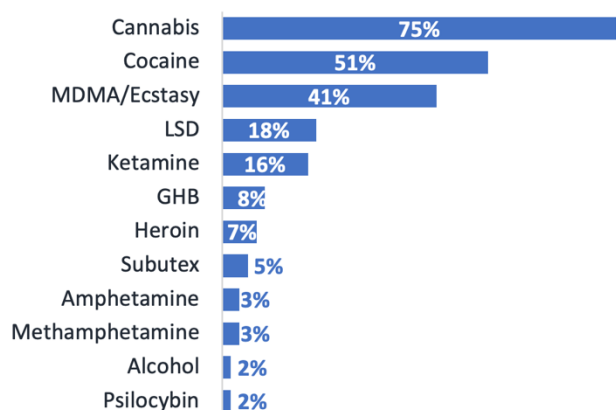
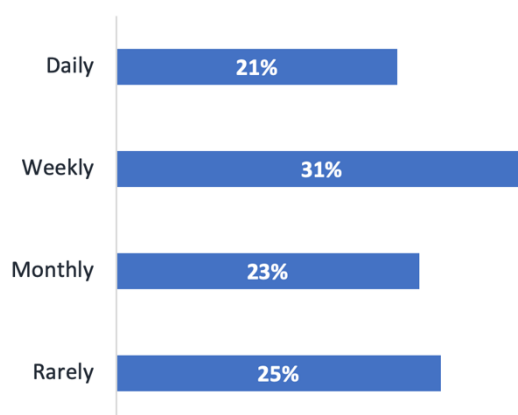
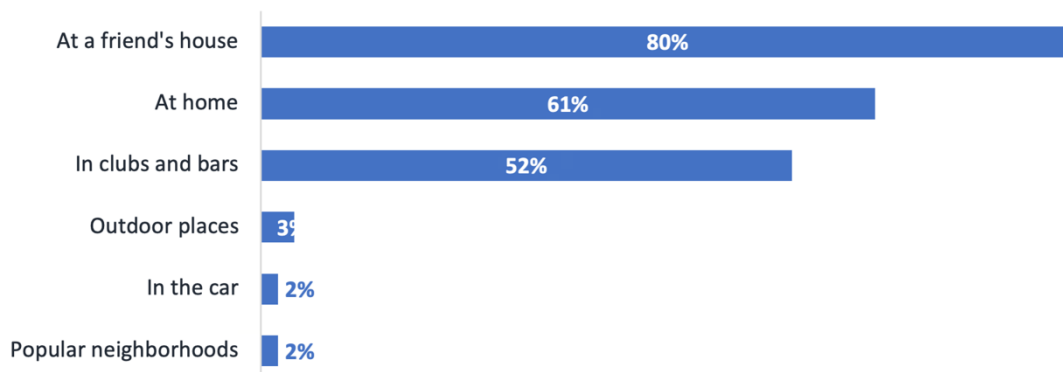


Figure 9: Frequency of drug use
N=61



Cannabis is the most commonly used drug among respondents, with 3 out of 4 of respondents reporting consuming it, followed by cocaine, which half of the sample reported consuming. Figure 9 indicates that a significant portion of the respondents reported using drugs regularly, with 21% using drugs daily and 31% using weekly. A smaller percentage reported monthly use (23%), while 25% reported using drugs rarely.

Figure 10: Location of drug use
N=61



The majority of respondents indicated that they consume drugs in private settings, such as their own homes (61%) or those of friends (80%). This suggests a preference for familiar and comfortable environments for drug use.

Figure 11: Awareness of potential risks
N=61



While most respondents are aware of the potential risks associated with substance use, 10% indicated they were not aware of these risks.

Figure 12: Experience in substance use emergency or overdose
N=61

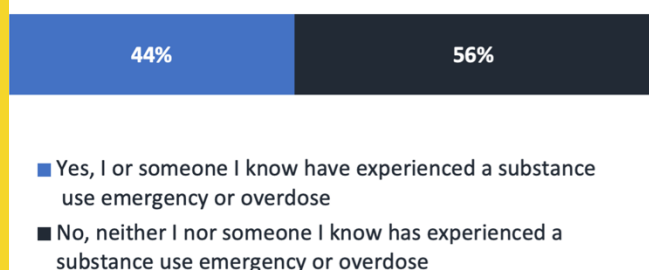
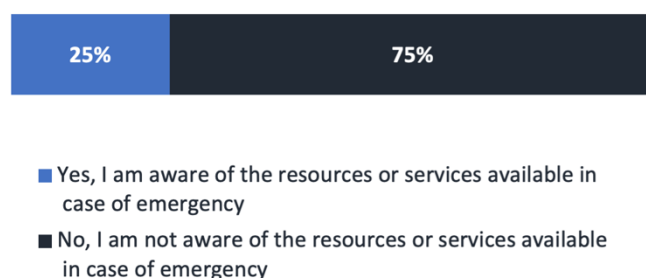


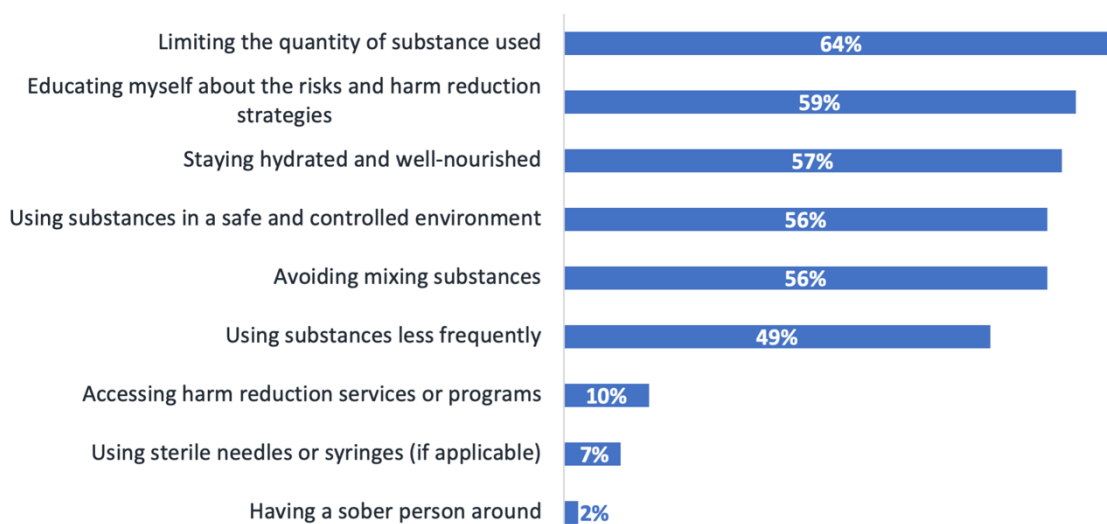
Figure 13: Awareness of resources or services available in case of emergency
N=61



44% of respondents have either personally experienced or know someone who has encountered a substance use emergency or overdose, as shown in Figure 12. However, there is a significant lack of awareness regarding available resources or services in case of an emergency, with only 25% of participants being aware of such services, as demonstrated in Figure 13. Among individuals who experienced emergencies, 59% were unaware of available resources or services during the crisis. In contrast, 88% of those who have not experienced such emergencies are unaware of the available services or resources.

The data highlighted a lack of precise awareness of emergency services in all countries except Lebanon, where participants mentioned specific centers by name such as Skoun, the Society for Inclusion and Development in Community and Care for All (SIDC), and the Red Cross. In other countries, they mentioned general centers such as hospitals, associations and rehabilitation centers.

Figure 14: Measures taken to reduce the risks associated with substance use
N=61



Participants employ various strategies to mitigate risks associated with substance use. The most common harm reduction strategies include limiting the quantity consumed, educating oneself about the potential risks and harm reduction strategies, and staying hydrated and well-nourished, as shown in Figure 14.

Figure 15: Access to emergency services
N=16



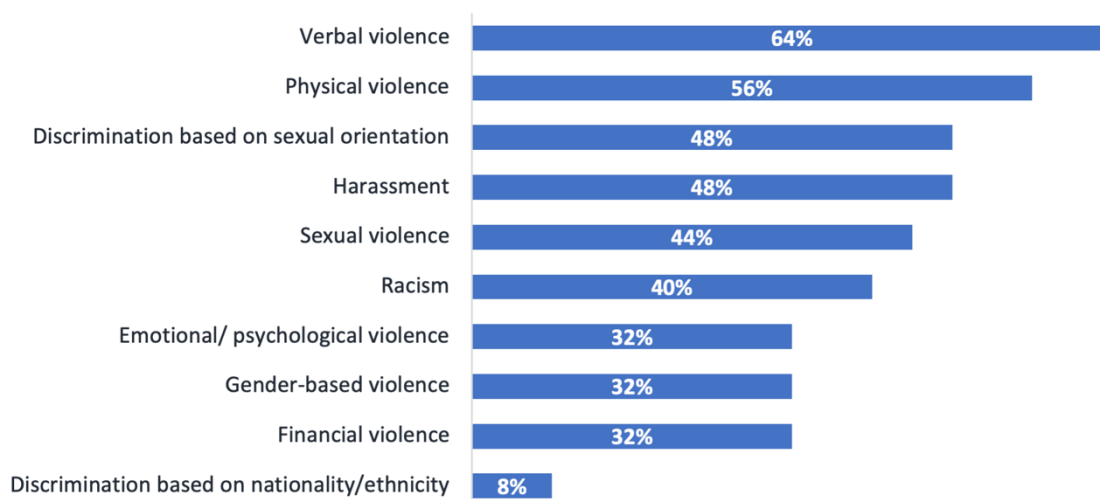
Out of the 16 participants who were aware of emergency services, 31% had previously accessed them. These participants encountered challenges when trying to access services, including the lack of services in their area and limited-service hours, stigma, and fear of being outed. One participant mentioned seeking emergency services at a hospital but faced a challenge when the hospital staff intended to involve the police. When asked how to improve services and support related to substance use, respondents had multiple recommendations. These include advocacy for legalization and decriminalization, raising awareness, providing harm reduction services, improving media representation, and making services more accessible. Participants also suggested education initiatives, creating safer spaces, and ensuring healthcare providers treat drug users as victims rather than criminals. Additionally, suggestions were made for providing services with more discretion and privacy, utilizing hotlines and home services, and marketing services on social media to reduce stigma.

Figure 16: Experience in discrimination, violence, or human rights violations related to substance use
N=61



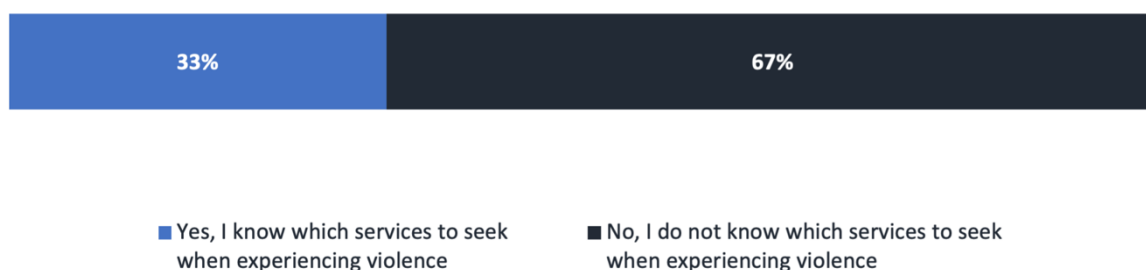
As depicted in Figure 16, almost half of the participants experienced discrimination, violence, or human rights violations in relation to their substance use.

Figure 17: Type of discrimination, violence, or human rights violations experienced
N=25



Among those who experienced discrimination, violence, or human rights violations related to their substance use, more than half reported experiencing verbal and physical violence.

Figure 18: Awareness of services in case of violence
N=61



33% of respondents were aware of available services to seek assistance if they experience any form of violence. These services include contacting organizations such as Skoun, Escale, and Kafa, seeking case management from social workers at SIDC, and accessing services provided by Pulse, and FOCCEC. Some respondents mentioned seeking help from legal entities such as the police, human rights centers, and prosecutors. Others mentioned seeking medical help from doctors and psychiatrists, as well as legal assistance from lawyers affiliated with associations or through the court system. Respondents mentioned seeking help from NGOs and civil society organizations.

Patterns and Trends in Sex Work among LGBTQI+ People

To better understand the patterns and trends in sex work, a specific section of the survey was designed for individuals who reported engaging in sex work within the last year. 21 out of the 105 (20%) respondents reported engaging in sex work within the last year.

Figure 19: Frequency of sex work
N=21

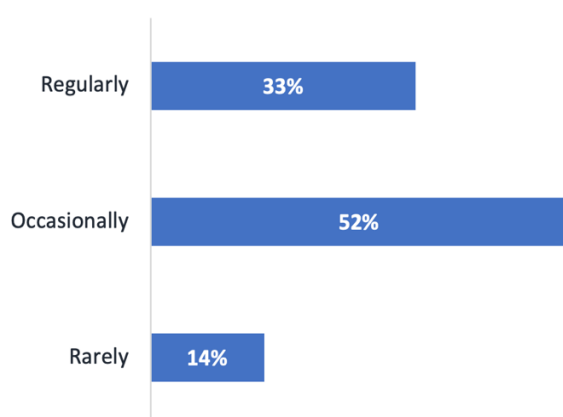
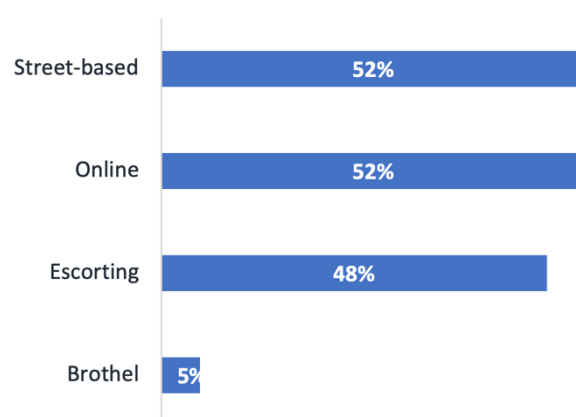


Figure 20: Location of sex work
N=21



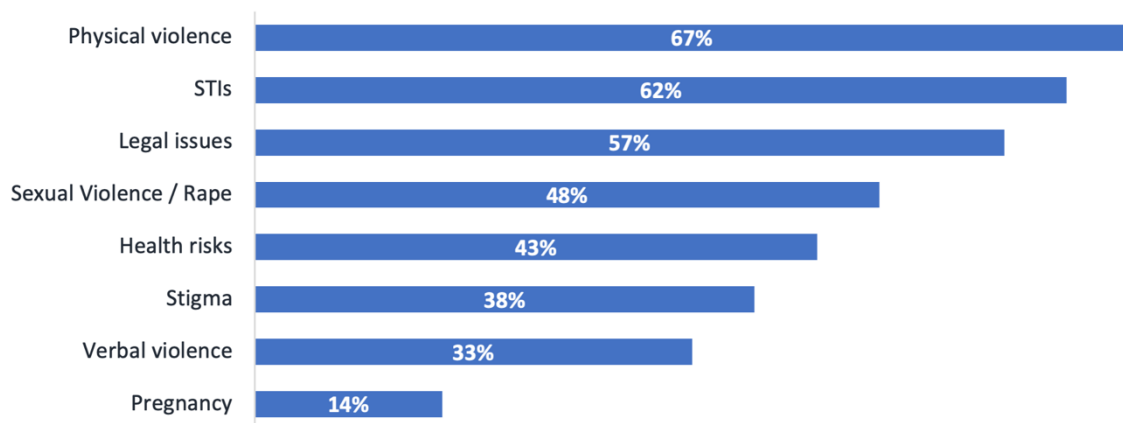
Half of the respondents occasionally engage in sex work. Street-based and online were cited as the most common forms of sex work.

Figure 21: Drug use during sex work
N=21



62% of respondents reported using drugs while engaging in sex work, as depicted in Figure 21.

Figure 22: Safety concerns while engaging in sex work
N=21



Sex workers expressed several safety concerns, with physical violence (67%), sexually transmitted infections (STIs) (62%), and legal issues (57%) being the most prominent.

Figure 23: Feelings of unsafety or risk while engaging in sex work
N=21



- Yes, I have experienced situations that made me feel unsafe or at risk while engaging in sex work
- No, I did not experienced situations that made me feel unsafe or at risk while engaging in sex work

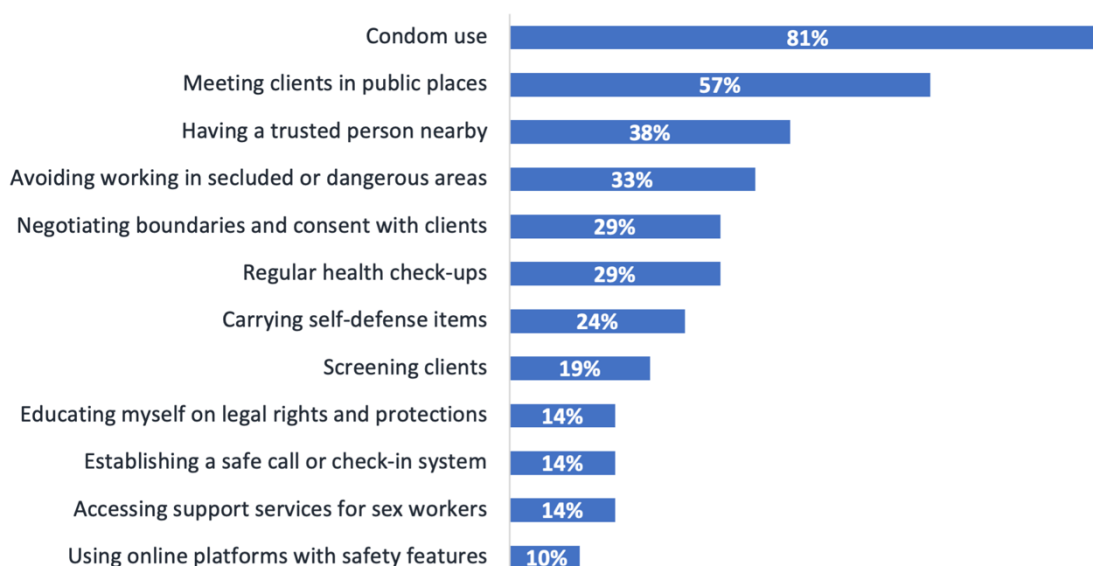
Figure 24: Awareness of resources or services available in case of emergency while engaging in sex work
N=21



- Yes, I am aware of services or resources available to address emergencies or safety concerns while engaging in sex work
- No, I am not aware of services or resources available to address emergencies or safety concerns while engaging in sex work

81% of the respondents reported feeling unsafe or at risk while engaging in sex work. Conversely, only 19% were aware of services or resources to seek in case of emergencies. The mentioned resources were organizations that work with lawyers, general emergency services, condom distribution, and Pre-Exposure Prophylaxis (PrEP). Respondents suggested improving services related to sex work by establishing a hot-line for reporting assaults, distributing prevention tools, and increasing the number of centers operating throughout the week. They also emphasized the importance of education, protecting against stigma and discrimination, and using specialized platforms for sex workers. Other recommendations included training legal and health-care providers on the dignity of sex workers, regulating sex work, and providing legal protection and support.

Figure 25: Measures taken to ensure safety while engaging in sex work
N=21



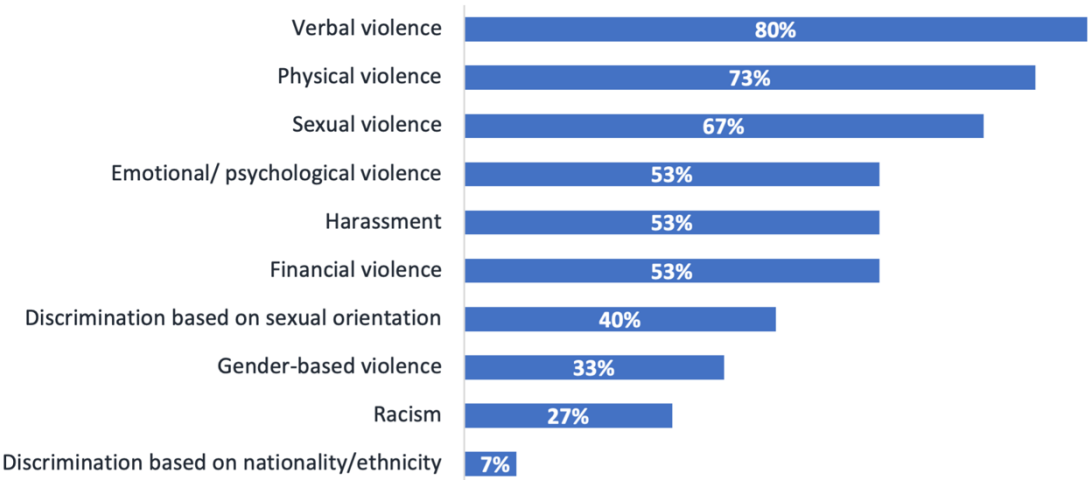
To mitigate risks associated with sex work, respondents employ various measures, including condom use and meeting clients in public places, as shown in Figure 25.

Figure 26: Experience in discrimination, violence, or human rights violations related to substance use
N=21



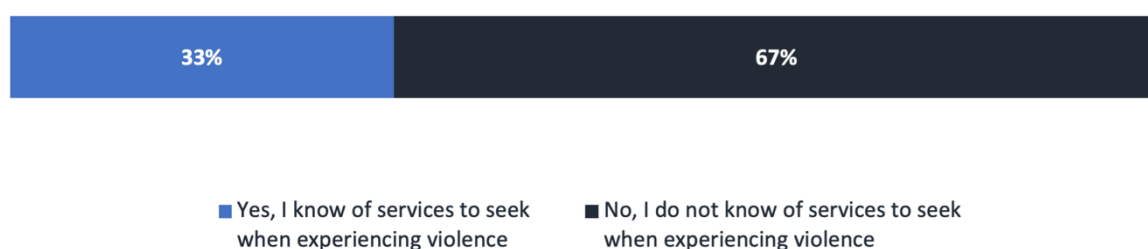
71% of the respondents experienced discrimination, violence or human rights violations related to their engagement in sex work.

Figure 27: Type of discrimination, violence, or human rights violations experienced due to engagement in sex work
N=15



The most common forms of violence experienced by sex workers were verbal, physical, and sexual violence, notably, over 50% of respondents have experienced emotional/psychological violence, harassment, and financial violence.

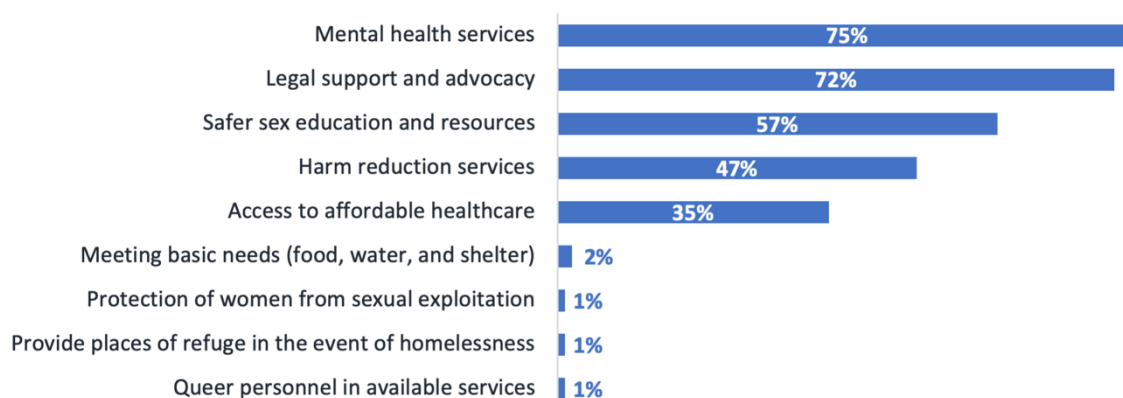
Figure 28: Awareness of services in case of violence
N=21



The majority of participants were unaware of services to seek in case of violence. The mentioned services were requesting a lawyer and seeking psychological support/therapy.

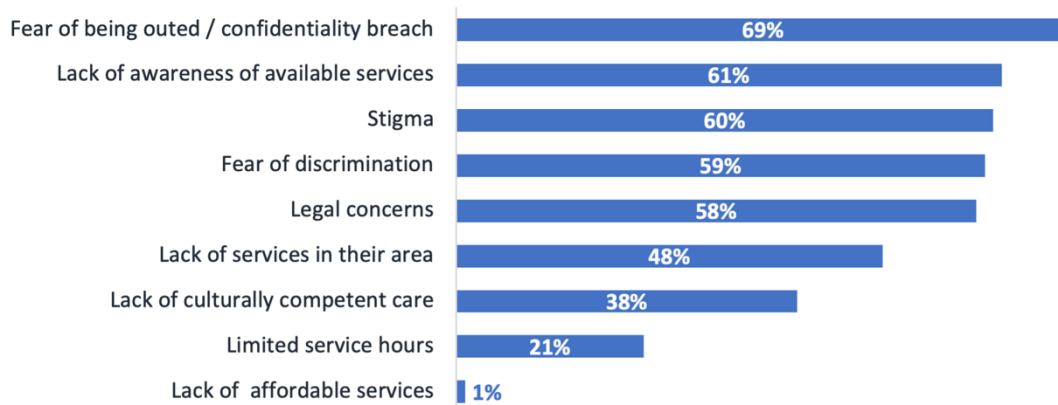
Needs and Barriers

Figure 29: Most pressing unmet needs and demands in terms of SRH, treatment, harm reduction, protection, and advocacy
N=105



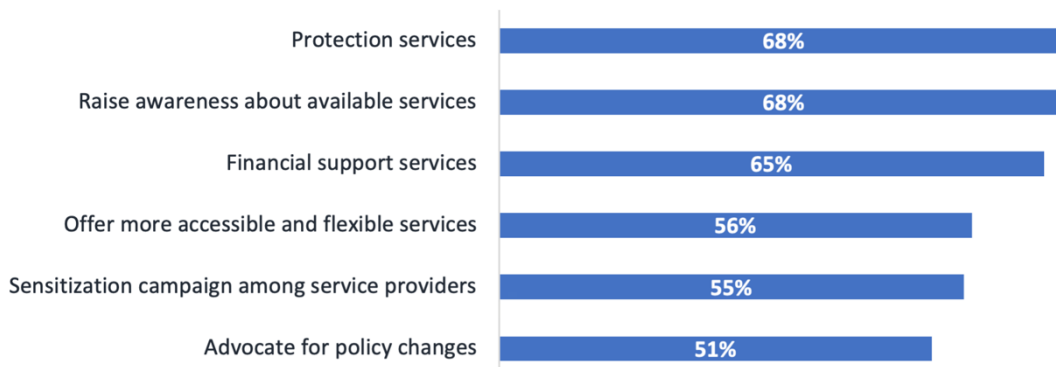
As shown in Figure 29, respondents highlighted unmet needs and demands within the LGBTQI+ community. Access to mental health services, legal support and advocacy, and safer sex education and resources emerged as critical concerns for more than half of the participants.

Figure 30: Factors or barriers preventing LGBTQI+ individuals from seeking services and support related to substance use or sex work
N=105



The primary barriers preventing LGBTQI+ individuals from seeking services and support related to substance use or sex work include the fear of being outed, stigma, and the fear of discrimination. Additionally, there is a lack of awareness about available services and legal concerns.

Figure 31: Recommendations for CSOs to better meet the needs of LGBTQI+ people
N=105



Participants provided a range of suggestions to improve support for the LGBTQI+ community, especially for those involved in drug use or sex work. These include the establishment of hotlines for reporting and documenting assaults and violations, increasing awareness of available services, providing better education and protection, and increasing awareness through various means such as campaigns, podcasts, and social media influencers/thought leaders. Other suggestions included advocating for legal rights, offering financial support, and normalizing discussions around sexual health. Additionally, there were calls for more specialized centers, better mental health services, and improved accessibility to services in regions outside of major cities.

SURVEY RESPONDENTS' RECOMMENDATIONS

Raising Awareness Among Healthcare Staff: Respondents emphasized the need to educate healthcare staff about the unique challenges faced by LGBTQI+ individuals to ensure inclusive and understanding care.

Improving Support and Advocacy Efforts: There is a call for improved support and advocacy efforts tailored to the specific needs of LGBTQI+ individuals, including seeking changes to laws and policies to better protect their rights.

Providing Accessible and Comprehensive Support Systems: Respondents stress the need for more accessible and comprehensive support systems, including specialized services and emergency phone numbers, to address the multifaceted challenges associated with substance use and sex work.

Enhancing Emergency Services and Resources: There is a clear need for better solutions in emergency situations, with an emphasis on hospitals providing support without involving law enforcement. Respondents also highlighted the importance of expanding existing services to address emergencies related to substance use and sex work.

Financial Support and Protection: Recommendations include providing financial support to alleviate economic pressures, offering financial assistance to LGBTQI+ individuals involved in sex work, and protecting the rights of individuals who engage in sex work.

Improving Access to Treatment and Reducing Discrimination: Suggestions include establishing support and treatment centers in every region to improve access to treatment and reducing discrimination in healthcare settings for LGBTQI+ individuals and PWUDs.

REGIONAL RECOMMENDATIONS

Diversify Advocacy Efforts: Collaborate with local and international human rights organizations to advocate for legal reforms that decriminalize same-sex relationships, protect the rights of LGBTQI+ individuals, and ensure equitable access to health-care and social services for PWUDs. Engage with policymakers and legislators to promote laws and policies that prohibit discrimination based on sexual orientation, gender identity, and drug use, and provide legal protections for target communities.

Amplify Community Education and Awareness: Develop comprehensive education and awareness programs to challenge societal stigma and discrimination against LGBTQI+ individuals and PWUDs, increase understanding of their rights and needs, SRHR more broadly, and promote acceptance and inclusion within communities. Utilize culturally sensitive and linguistically appropriate approaches to reach diverse populations, including youth, women, and Key Populations, and empower them to advocate for their rights and well-being.

Capacity Building and Resource Mobilization: Strengthen the capacity of local organizations and community-based groups to deliver culturally competent and inclusive services, including healthcare, psychosocial support, and harm reduction programs, for LGBTQI+ individuals and PWUDs. Mobilize resources from governments, donors, and philanthropic organizations to support grassroots initiatives, fund community-led projects, and sustainably address the diverse needs of target communities.

Promotion of Safe Spaces and Support Networks: Establish safe spaces and support networks for LGBTQI+ individuals and PWUDs to access information, services, and peer support, free from discrimination, violence, and stigma. Foster collaboration between civil society organizations, HCPs, law enforcement agencies, and other stakeholders to create inclusive environments and ensure the safety and well-being of marginalized populations.

Data Collection, Documentation and Research: Conduct research and collect data on the prevalence of discrimination, violence, and health disparities experienced by LGBTQI+ individuals and PWUDs in the region to inform evidence-based policies and programs. Prioritize the inclusion of sexual orientation, gender identity, and drug use indicators in national surveys, health information systems, and research studies to accurately assess the needs and priorities of target communities.

Collaboration and Solidarity: Foster international and regional collaboration and solidarity among civil society organizations and human rights defenders to share best practices, resources, and strategies for advancing the rights and well-being of LGBT-QI+ individuals and PWUDs. Encourage and facilitate collaborative efforts between sectors, including government agencies, HCPs, and CSOs to address the intersecting healthcare needs of target communities. This collaboration would involve sharing resources, expertise, and best practices to develop and implement inclusive healthcare policies and programs.

CONCLUSION

This regional report presents a glance at the situation of LGBTQI+ and PWUD communities residing in the MENA region, at this point in time. The findings represent a compass directed towards community-informed programming. While the findings and recommendations are broad in nature, each of the identified programming areas will need to be further developed in a participatory manner, taking into account the lived experiences and building on insights of target communities. Baseline data should be collected and documented to ensure adequate and consolidated monitoring and evaluation of civil society efforts on a national and regional level.

We would like to express our deepest gratitude to all the Civil Society Organizations (CSOs) and community members who participated in this study. Your efforts are greatly appreciated and have significantly contributed to the success of this study.



SCALING UP

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