



The National
AIDS Control
Programme



HELEM

A Case Study of the First Legal,
Above-Ground LGBT Organization
in the MENA Region



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Institutional Development Fund

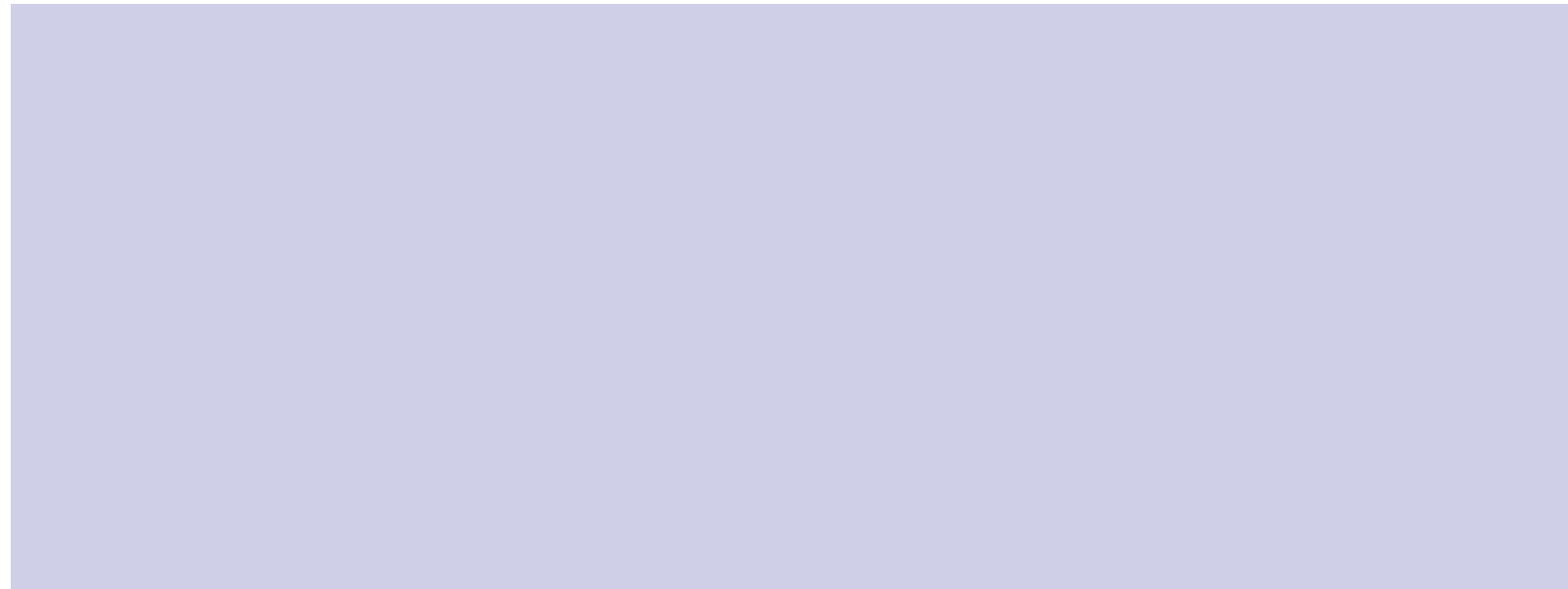
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Acknowledgments	3
Authors' Contributions	3
Acronyms	4
Executive Summary	5
Introduction to the Case Study	8
Background	8
Global Data on HIV and MSM	8
Regional Data on HIV and MSM – the MENA region	9
HIV	9
MSM	10
National Data on HIV and MSM – Lebanon	11
National Programs and Research Targeting MSM (and other MARPS)	11
The Lebanese Law and Homosexuality	14
Helem – The Organization	15
The Conception	15
The Beginning and the Present	15
Structure of Helem	16
Goals and Objectives	17
Strategic Plan	17
Marketing and Media Coverage	18
Monitoring and Evaluation	19
Funding	19
Helem's Location	20
Helem Projects	22
HIV Project	22
Outreach	22
VCT	25
Additional Projects	27
Project 1: Affecting Social Change – Ending Stigma and Discrimination	
Against the LGBT Population in Lebanon	27
Project 2: Preparation of a Sexual Health Booklet	30
Project 3: The International Day against Homophobia (IDAHO)	31
Project 4: Hotline/ Helpline	32
Project 5: Online Database for Reporting Human Rights Violations	
Against the LGBT Population in Lebanon and the Region	34
Project 6: Study of the Diverse LGBT Groups in the MENA Region	34
Additional Activities	34
Successes and Obstacles	35
Relationship with the Neighboring Community	35
Partnership with Public and Private Organizations	35
The Police	36
Funding	36
Outreach	37
VCT	39
Helpline	39
Communication	40

ACKNOWLEDGMENTS

IEC Materials	40
Volunteers	40
Stigma and Discrimination	41
Recommendations	42
Involving the Target Population	42
Planning	42
Media	42
Working with the Police	42
HIV/ AIDS: Outreach, Helpline, Referral and VCT	43
IEC Material	44
Working with Families	44
Stigma and Discrimination	44
Legal	45
Networking and Collaboration	45
Conclusion	46
Works Cited	47

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
amfAR	The Foundation for AIDS Research
FSW	Female Sex Worker
GO	Governmental Organization
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IAC	International AIDS Conference
IBBS	Integrated Bio-Behavioral Surveillance Study
IDAHO	International Day against Homophobia
IDU	Injecting Drug User
IEC	Information, Education, and Communication
LBC	Lebanese Broadcasting Corporation
LBQT	Lesbian, Bisexual, Transsexual/ Transgender, and Queer
LGBT	Lesbian, Gay, Bisexual, Transsexual/ Transgender
M&E	Monitoring and Evaluation
MARPS	Most-at-Risk Populations
MENA	Middle East and North Africa
MOH	Ministry of Health/Ministry of Public Health
MOI	Ministry of Interior
MSM	Men who have Sex with Men (or Males who have Sex with Males)
NAP	National AIDS Program
NGO	Non-Governmental Organization
OPEC	Organization of Petroleum Exporting Countries
PAF	Project Accelerated Funds
PLHIV	People Living with HIV
RDS	Respondent Driven Sampling
SCORA	The Standing Committee on Reproductive Health including AIDS
SIDA	Síndrome de Inmunodeficiencia Adquirida (AIDS)
SIDC	Soins Infirmiers et Développement Communautaire
SMS	Short Message Service (Text Messaging)
STIs	Sexually Transmitted Infections
SW	Sex Worker
TB-MOH	Tuberculosis Center under the Ministry of Health
UNAIDS	Joint United Nations Programme on HIV/ AIDS
UNICEF	United Nations Childrens Fund
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Helem is the first and only above-ground LGBT organization in the MENA region. Founded in 2004 and based in Beirut, Lebanon, Helem is a rights-based organization that focuses on advocating and lobbying for the legal and social rights of people with alternative sexuality¹. Helem seeks an end to the criminalization of, stigmatization and discrimination against MSM and all LGBT individuals. Additionally, Helem has become a key player in outreach HIV prevention projects with MSM in Lebanon, often conducted in cooperation with the National AIDS Control Program (NAP), other NGOs and UN agencies. It has been realized through Helem’s experiences that having an NGO dedicated to the MSM and LGBT communities is an important step in attempting to decrease the risk of transmission of HIV among this population.

Helem is considered a legal organization, but does not have official government backing. At present, Helem has about 40 active LGBT members, plus more than 1000 supporters from the general population. Among the activities that Helem has been organizing are community outreach, social activities for the LGBT community, the development of support groups, research and development, publications and celebrating various events, including the International Day against Homophobia (IDAHO), Human Rights Day and the World AIDS Day.

Since the organization began, they have had success in increasing their visibility, and affecting change in the attitudes of the media and general population toward the organization and toward the LGBT population. Helem has received financial support from non-governmental funding agencies, private donors and support groups. The organization also receives indirect support from various other organizations.

Helem Projects

- Conducted HIV Awareness and Prevention outreach campaigns, which included a needs assessment for the MSM community; this enhanced further community outreach interventions. Within this project, they offered free psychosocial support for the LGBT community and enhanced the previous referral system through more appropriate and LGBT-friendly services. They also offer VCT services, which aims at preventing the further spread of HIV in addition to case finding. Helem assisted in many research studies on HIV that target the MSM community, including the recent IBBS study
- Worked toward affecting social change through ending stigma and discrimination against the LGBT population in Lebanon
- Preparation and development of MSM and LGBT-specific educational materials and a sexual health booklet
- Conducted activities for IDAHO for 4 consecutive years (2005 to 2008)
- Establishment of a hotline/helpline that provides information and support for the LGBT community as well as information on HIV/ AIDS issues and serves as a referral to the VCT service
- In the process of establishing an online database for reporting human rights violations against the LGBT population in Lebanon and the MENA region
- Currently conducting a study of the diverse LGBT groups in the MENA region for the purpose of helping these groups develop their capacity, and enhance the support available for the LGBT community region-wide

Successes

- Managed to gain trust and confidence of the target population by way of peer-to-peer contact during outreach, offering them information and services such as counseling, testing for HIV, helpline, and referral services to a variety of social and health professionals. Helem developed tailored IEC material on HIV and AIDS for their target group in Arabic

¹ The National Coordinator of Helem suggested the use of the term alternative sexuality in lieu of gay, lesbian, or other terms that he feels have become stigmatizing.



- Created and maintained partnership with public and private organizations through projects, which earned them professional respect and support, helped them in building professional capacity, assisted in their relationship with the police, and facilitated communication with governmental organizations and decision makers
- Managed to develop a professional relationship with and gain the trust of the police and other decision-makers by way of approaching them with a project in partnership with NAP and other NGOs (HIV project) and keeping them informed, and updated with their projects, as well as through their work in the wider Lebanese society
- Created a successful target-specific VCT service which earned further trust and confidence among the MSM and LGBT communities
- Obtained funds for projects and showed that they are a trustworthy organization, and that they take responsibility for the funds they receive
- Managed to have an agreeable relationship with the neighboring community that could be accounted for by deliberate choice of the neighborhood, and exhibiting willingness to take responsibility within the community

Obstacles

- Securing enough finances to cover all their operations is a struggle with negative implications on human resources' capacity and sustained community outreach programs. The latter might have led to a subsequent loss of trust and credibility among the target population
- Stigmatization and discrimination against the MSM and LGBT communities have been major impediments. Helem has had to lobby strongly with decision-makers, media, community and others, in order to make their voices heard
- The presence of undercover police officers in community outreach areas has been an obstacle that negatively influenced the level of trust with the MSM

Recommendations

In order to prevent the further spread of HIV/AIDS, NGOs that wish to work with the MSM and LGBT populations need to work on the following issues, as they will help support the process of raising awareness as well as reaching out to the population. Helem has shown that they have taken a well-thought out approach to working with the MSM population. As such, the majority of these recommendations are for organizations that wish to work with the MSM and LGBT communities, or for groups that wish to become established in working with these communities.

- Develop a clear and comprehensive strategic plan delineating future goals and projects, lobbying, advocacy and marketing strategies, and a monitoring and evaluation plan
- Identify all possible obstacles before implementing programs in order to offer alternatives when problems are encountered
- Involve the target population in planning, implementing, and evaluating programs. This would help develop capacity building of the target population in addition to securing ownership and sustainability of the project
- Partner with NGOs, and governmental and international organizations in order to advance lobbying and advocacy at all levels for elimination of criminalization of male-to-male sex and all forms of alternative sexuality
- On working with the media:
 - Invite the media to participate in workshops and campaigns in order to increase visibility and raise awareness; additionally develop individual testimonies and documentaries that would reveal the fears and difficulties faced by MSM population

- Create guidelines for working with the media and be prepared for all media encounters
- Utilize LGBT-friendly heterosexuals for public lobbying and advocacy
- On working with the police:
 - Conduct training for the police to raise their awareness and invite police officers to participate in workshops that deal with topics related to human rights, homosexuality, and other relevant issues
 - Inform the police of any upcoming or ongoing studies and interventions, and engage them in the dissemination of results
- On HIV/AIDS
 - Use diverse tactics to conduct MSM community outreach, and have a systematic plan for providing continuous outreach
 - Strengthen and sustain outreach, hotline, referral, and VCT services available for the MSM population
 - Ensure commitment of all service providers in the provision of referral services, and make sure that all providers are trained to work with the MSM community
- Develop target and context-specific IEC materials on HIV and AIDS in the native language
- On stigma and discrimination:
 - Raise awareness among the general population about the LGBT community and their rights; involve the families of the LGBT community and their friends in these and other activities
 - Develop a support base of both LGBT and non-LGBT individuals to increase visibility
 - Enhance lobbying and advocacy efforts
- On networking and collaboration:
 - Develop and augment networking and coordination among NGOs that offer services for the target population; additionally outline the tasks of each organization in order to avoid a duplication of efforts
 - Ensure that service providers are LGBT-friendly and are committed to providing unbiased and non-discriminatory care

Conclusion

It is extremely important to establish NGOs that work with the MSM and LGBT communities to support HIV prevention efforts among this population. These organizations would play a major role on decreasing stigma and discrimination, carrying out preventive interventions for HIV, conducting outreach and preventing the further spread of HIV in these communities.

Helem has proven that it is possible to establish an above-ground LGBT organization in the MENA region despite the many obstacles that has had to overcome. Helem has been recognized as a functioning, legal LGBT organization for over four years, and has shown success in their projects with the LGBT community and with their collaboration with governmental institutions and NGOs. They have already changed the attitudes of a variety of individuals and organizations that they have come into contact with. Helem may continue to struggle for funding opportunities and may face continued stigma and discrimination. However, they have been and continue to be willing to support the cause of decriminalizing alternative sexuality and bringing human rights to the LGBT community in Lebanon.

Many lessons can be learned from the experience of Helem, including their successes and failures. By learning from their experiences, it may be possible to launch a comparable initiative in other countries of the MENA region, provided the social, cultural, religious, legal and political contexts of each place are thoroughly examined and taken into consideration in modifying their strategies prior to initiation.

Helem is a non-governmental organization (NGO) that is dedicated to the LGBT (Lesbian, Gay, Bisexual and Transgender) community in Lebanon. It is the first, and only, above-ground NGO, with a legally existing status that is devoted to this population in the MENA region. The organization strives to raise awareness among the general population in Lebanon about the situation of the LGBT community, and seeks to abolish Article 534 of the Lebanese Penal Code, which criminalizes ‘any sexual act against nature’. The organization began as an underground support group, and slowly came to realize the need for an organization that would bring the plight of the LGBT population in Lebanon to light. Helem has been seen as a success story for the LGBT population in this region, and therefore their story will be told here.

Global Data on HIV and MSM

It is estimated that approximately 5-10% of all HIV infections globally occur in men who have sex with men (MSM), although this estimate varies greatly between countries and regions [1]. In many parts of the developed world, male-to-male sex is the major route of HIV transmission [1]. In certain areas of the world, such as North America and parts of Western Europe, it is believed that up to 70% of HIV infections occur among MSM [1]. Most of the available data from the developing world has come from Latin America and South Asia. Although there is little available HIV prevalence data among MSM in the Middle East and sub-Saharan Africa, the existing data shows widely varying prevalence rates. Estimates vary from 0% in some countries of the Middle East up to 36.5% in some areas of Latin America [2].

A recent report provides evidence that MSM have a much higher risk of HIV infection compared with the general population in low- and middle-income countries worldwide [3]. A meta-analysis of published studies between the years 2000 and 2006 revealed that MSM have a 19.3-times larger chance of being infected with HIV than the general population [3]. In countries where HIV prevalence is low, focusing prevention efforts on the most-at-risk populations (MARPS), including MSM, enhances available protection for these populations as well as controlling the spread of the HIV epidemic at a national level [4].

The services available for MSM vary greatly around the world. According to UNAIDS, “it is estimated that fewer than one in 20 men who have sex with men (MSM) around the world have access to HIV prevention, treatment, and care services” [5]. Many factors contribute to this dire situation. Some of these reasons include denial by society of male-to-male sex, as well as the criminalization of, and resulting stigmatization and discrimination against MSM. As of 2007, 85 countries have laws which criminalize sex between men [6]. These laws, stigma and discrimination drive the MSM population underground, thus making it difficult to reach and raise their awareness on risk behaviors and HIV prevention. This also prevents MSM from seeking and receiving prevention and care services out of fear of reprisal. An assessment conducted by UNAIDS in 2006 established that the laws against MSM and the stigma and discrimination they face constitute major obstacles to their access to HIV prevention, treatment, care and support [7].

Many countries lack adequate, accessible and appropriate health facilities and STI clinics, and there may be a lack of awareness and understanding among health professionals regarding alternative sexual² identities and behaviors [6]. Many HIV prevention programs and campaigns focus on the general population and lack specific and targeted information for MSM populations, especially regarding harm-reduction or risk-reduction strategies [6]. This is partially because of a lack of funding for MSM programs, as a large amount of external funding goes through local governments; if these governments do not recognize the rights or existence of the MSM community, funds will not be allocated to efforts that promote prevention or risk reduction among them [6]. Due to this, MSM may not be incorporated as a target population within HIV prevention programs, and this can lead to a lack of adequate epidemiological data on HIV among MSM in some countries.

²The National Coordinator of Helem suggested the use of the term alternative sexuality in lieu of gay, lesbian, or other terms that he feels have become stigmatizing.

In the last two years, two major global initiatives concerning MSM and HIV were initiated. The first, the Global Forum on MSM and HIV was first convened in 2006 at the International AIDS Conference (IAC) in Toronto. This global network of NGOs, civil society groups and agencies was created to increase the appropriateness of existing HIV/AIDS programming to the MSM population. The network promotes improving HIV/AIDS strategies directed towards MSM and seeks to increase sharing of information between organizations on best practices in relation to HIV/AIDS and MSM [8]. The second initiative was established in 2007, at the IAC in Sydney. The American Foundation for AIDS Research (amfAR) launched a global MSM initiative which called for supporting and empowering grassroots organizations and communities working with MSM and LGBT populations, especially regarding the provision of HIV services and conducting research among MSM in resource-limited settings regarding HIV. They also advocated for increasing research regarding MSM to better understand the contexts of risk behaviors among this population and for launching campaigns to end stigma and discrimination against MSM [6].

Success stories can be found all over the developed and developing world of local, self-identified, gay male organizations and communities promoting and delivering HIV prevention, treatment and care services to peers [4]. Experiences in several developed countries show that HIV infection rates among MSM have fallen mainly through the efforts of gay male organizations [1]. In addition to supporting the decrease in HIV prevalence, these organizations have been able to challenge stigma and discrimination against MSM, change community attitudes, and advocate for and drive legal and policy reforms that promote human rights and end discrimination against MSM and LGBT populations [6]. However, above-ground LGBT organizations are lacking in the MENA region.

Regional Data on HIV and MSM – the MENA region

HIV

In 2007, an estimated 2.5 million people became infected with HIV globally. Approximately 40,000 of these individuals were from the MENA region, bringing the total number of people living with HIV (PLHIV) in this region to around 380,000 [9]. Most HIV infections in the MENA region occur in men and in urban areas, with the exception of Sudan, where infections are spread more equally between genders and between the urban and rural areas [9]. The two main factors relating to the transmission of HIV in the MENA region, according to UNAIDS, are using contaminated drug injecting equipment and having unprotected paid sex [9]. The data concerning MARPS, including MSM, is still limited in this region.

Unprotected sex between men has been suggested as a key factor in the HIV epidemics in some countries of the MENA region [9]. A recent study in Egypt found that 6% of MSM were HIV-positive (MOH Egypt et al. 2006 as cited in [9]), while another study found that 9% of MSM in Sudan’s Khartoum State were HIV- positive [10]. As the role of risky behaviors among MSM is understood to be a contributing factor in the spread of HIV, several associations have been offering outreach and HIV prevention and support services for MSM in the region. Except for Helem, these organizations are not devoted solely to working with the MSM and LGBT populations, but work with various vulnerable groups. One such organization is the Association de Lutte contre le SIDA in Morocco which started the first project targeting MSM in the MENA region. Another organization, Soins Infirmiers et Developpement Communautaire (SIDC), is located in Beirut, Lebanon. Both of these organizations have been providing MSM with outreach, HIV prevention services, voluntary counseling and testing (VCT), peer education activities, and hotline services, as well as other assistance [11].



MSM

In the MENA region there is a paucity of data on MSM given the social, cultural, and religious taboos related to sex between men [11]. Same sex behavior is forbidden and is seen as detestable in the MENA region [9], and may be viewed by these societies as a perverse behavior or as a symptom of mental illness. Homosexuals are often stigmatized and penalized across the MENA region [9] which leads many MSM to live this aspect of their life underground.

While Helem³ is the only LGBT organization that is known to function openly in the MENA region, many support groups for Arab LGBT can be located on the internet. A research study by the International HIV/AIDS Alliance showed that there is a very active computer network of MSM in Algeria, Morocco and Tunisia [11]. Internet sites provide a space for discussions, information, and other support resources that are not available in person in many countries in the MENA region. In addition to these internet support groups, there are a few Arab LGBT organizations that serve to support these populations, which are not based in countries in the MENA region.

Examples of such support organizations include:

- ASWAT is a grassroot organization based in Israel that advocates for the rights of Palestinian lesbians and aims to create a culture of acceptance and tolerance towards homosexuality, in addition to other objectives [12]
- Al Qaws is a Palestinian LGBT group also based in Israel. This group aims to raise awareness of the existence of diverse sexual identities and to find acceptance in Palestinian society. They seek to advance the rights of the LGBT population and provide support and empowerment for this community [13]
- The Gay and Lesbian Arab society is an international organization based in the United States that serves as a networking organization for gays and lesbians of Arab origin and those living in Arab countries. This organization was founded in 1988 and has chapters worldwide. It aims to promote the acceptance of gays and lesbians within Arab communities and seeks to end discrimination based on sexual orientation [14]
- The Jerusalem Open House, which is also called the Open House for Pride and Tolerance, is a grassroots LGBT organization based in Jerusalem that advocates for social change on matters of concern to the LGBT population in Jerusalem [15]

In addition to these groups, there are organizations that operate underground for the support of the LGBT communities. As these groups function in secret, they will not be named, to preserve their confidentiality. There is one known community of LBTQ women in Lebanon that operates as a support group and has around 200 members. There are also organizations in other countries of the MENA region that operate in this capacity.

³ As the NGO Helem is the topic of this study, it will not be discussed within this section, as details will be enumerated in the following sections.

National Data on HIV and MSM – Lebanon

Lebanon has a low prevalence of HIV/AIDS cases. By the end of 2007, the cumulative total number of confirmed cases of PLHIV was 1056, while the estimated number of cases was around 3000 [16]. Among the 1056 confirmed cases, 432 are cases of AIDS and 92 were newly reported in the year 2007 [16]. The major source of transmission of HIV in Lebanon has been found to be through sexual intercourse (70%). Of these cases, over half (56%) have been due to heterosexual behavior, and 20% due to homosexual or bisexual behaviors⁴. Besides sexual transmission, 7% became infected through blood transfusion and 6% through injecting drug use. 17% remain unspecified as to the mode of acquisition of HIV [16]. It is interesting to note, however, that the vast majority of cases of HIV in Lebanon (82%) occur in men [16]. The estimated anti-retroviral therapy coverage for 2007 was 26% [16].

National Programs and Research Targeting MSM (and other MARPS)

The National AIDS Control Program (NAP) was created in 1989 in order to curb the spread and mitigate the possible effects of HIV on Lebanese society. NAP is a joint program between the Ministry of Health in Lebanon and the WHO. In 1998, NAP began offering anti-retroviral therapy to any Lebanese citizen who was in need of the medication [17]. NAP has also been offering anti-retroviral therapy to Palestinians who are registered with UNRWA and has 100% coverage of anti-retroviral therapy for those in need. The NAP works specifically with MARPS, and in the HIV/AIDS National Strategic Plan for Lebanon for the period of 2004-2009, MSM are included as a priority target population for HIV prevention, support, care and treatment [17].

In 2001, in coordination with the WHO and UNFPA and the assistance of SIDC and other NGOs, NAP conducted three outreach programs targeting MARPS in Lebanon. These outreach programs were funded by UNAIDS through OPEC and PAF funds. The results of the three projects showed a high range of risky behavior among the three populations of injecting drug users (IDU), sex workers (SW) and MSM. This section contains the results of the first outreach program, as this was conducted before Helem was established as an organization. Helem was a major contributor to the second and third outreach programs, and these will be discussed later in this document.

The first outreach project entitled 'HIV/AIDS Prevention through Outreach to Vulnerable Populations in Greater Beirut, Lebanon, 2001-2002' targeted three vulnerable populations including FSW, IDU, and MSM. The results given in the following paragraphs [18] [19] relate only to those findings relevant to the MSM sample. A sample of 101 MSM was targeted in the areas of Beirut, the north-eastern suburbs (Metn and Keserwan areas), and the southern suburbs. Participants were generally between the ages of 21 and 30, educated, of the middle-upper social class, and from a variety of religious backgrounds. Participants were reached in private apartments, on the streets, on the sea shores, in bathhouses and in nightclubs. The sample was not representative of the MSM population in Lebanon.

⁴ The remainder of those cases transmitted sexually are not specified as to the exact mode of sexual behavior.

⁵ Quantitative data from this study is included in Table 1.

Findings from the project revealed that perception of high risk sexual behaviors and the high level of HIV/AIDS awareness among the MSM did not translate into safer sex practices. Although the MSM perceived having multiple sex partners, unprotected anal intercourse, one night stands, and casual relationships as high risk behaviors, these perceptions did not translate into changing these behaviors into safer-sex practices. The average number of sexual partners among the MSM in the past 12 months was seven⁵, and more than half had a casual sex partner in the past month. Only about half always used condoms with a sex partner. The main reason given for not using a condom was the remoteness of the facility for obtaining condoms and the perception that it was not necessary to use a condom in that situation. The main source of condoms was the pharmacy.

The MSM in this study had a high level of knowledge on modes of transmission of HIV and prevention; all of them identified unprotected sex with an infected partner as means of transmission, and more than 90% identified the consistent use of condoms, and faithfulness to one un-infected partner as means of prevention. Only about one-third had ever been tested for HIV. The main reason for not being tested for HIV was their perception of the absence of confidentiality during the HIV testing procedure.

The MSM also noted that they dealt with stigma and discrimination in most aspects of their lives. Although 94% had consulted a health professional for a health problem, only one-third felt that they could profess their homosexuality to health professionals. The main reason for not being transparent about their sexual identity in front of health professionals was their lack of trust as they perceived that health professionals are intolerant of alternative sexuality and they fear that their information may be given to the police.

Additionally, this outreach revealed multiple other problematic issues including the belief that society and families exert too much pressure on the MSM to conform to heterosexual behavior. Other issues include a lack of appropriate health services geared towards MSM, and a lack of trust in health professionals on issues of confidentiality and anonymity. The MSM also revealed that there is a need for specific health education programs, including AIDS awareness messages and campaigns, specifically for MSM [18] [19].

Table 1: Key findings from the first outreach among the MSM sample (n=101), 2001-2002

Socio-demographic variables: Area of Residence (18)	
Beirut	46.2%
Metn	31.9%
Keserwan	6.6%
Other	15.3%
Socio-demographic variables: Level of Education	
University and above	49.5%
Up to secondary school	31.7%
Intermediate and below	18.8%
Socio-demographic variables: Employment Status	
Working full time	37%
Studying and not working	28%
Looking for a job	10%
Socio-demographic variables: Currently living with	
Parents	59.9%
Male sex partner	8.9%
Alone	27.7%
On Sex Partners	
Average number of different sex partners in the past 12 months	7
Had a regular male sex partner in the past month	74.3%
Had a casual male sex partner in the past month	60.4%
Had a commercial male sex partner in the past month	33.3%
Ever had a female sex partner	52.5%
On Sexual Behaviors	
Had anal intercourse with a regular male partner	91.9%
Had anal intercourse with a casual male partner	87.1%
Had anal intercourse with a commercial sex partner	69.7%
On Condom use	
Always use condoms with regular sex partner	47.1%
Always use condoms with casual sex partner	51.8%
Always use condoms with commercial sex partner	50.0%
Used condom in the last anal intercourse with a regular male partner	60.9%
Used condom in the last anal intercourse with a casual male partner	71.4%
Used condom in the last anal intercourse with a commercial male partner	76.0%
Condoms are always accessible	67.0%
Main source of condoms is pharmacy	94.9%
Main barrier against condom use [facility, where they can acquire a condom, too far]	42.3%
On HIV/AIDS modes of transmission and prevention	
Identified unprotected sex with an infected partner as mode of transmission	100%
Identified sharing incisive and cutting instruments as mode of transmission	95.2%
Identified consistent use of condoms as means of prevention	97.8%
Identified faithfulness to one un-infected partner as means of prevention	92.3%
On HIV testing and health seeking behavior	
Has ever been tested for HIV	34.7%
Did not know the HIV status of their regular male sex partner	72%
Did not know the HIV status of their casual male sex partners	95%
Did not know the HIV status of their commercial male sex partners	88%
Can reveal homosexuality to health professionals	34.4%
Had a health problem in the past 12 months that required professional intervention	32.0%
Have consulted a health professional for a health problem	94.1%
On HIV risk perception and behavior change	
Perceive no chance of acquiring HIV due to current sexual behavior	43.3%
Perceive little chance of acquiring HIV due to current sexual behavior	33.3%
Perceive high chance of acquiring HIV due to current sexual behavior	4.1%
Have changed behavior to prevent HIV/AIDS	
(i.e. always used condoms, and made sure that their partner was faithful)	35.7%
Intend to change behavior in the future	33.7%

Through the technical and financial support of the World Bank, NAP was able to provide training on counseling and testing for 28 NGOs, TB-MOH Centers and Governmental Hospitals, and launched 22 VCT centers on World AIDS Day, December 1, 2007. Workshops were held for training organizations to provide this service, with 68 people participating. NAP has been able to mobilize resources from various UN agencies (UNAIDS, UNICEF, WHO) in order to support and sustain this service. Recently, 13 registered nurses from UNRWA were trained on VCT delivery, and an additional 30 social workers and medical doctors will be trained soon. Through these trainings, UNRWA, with the support of NAP, will be launching 13 VCT centers in Palestinian refugee camps in the country. NAP has developed a Standardized National Protocol and Monitoring and Evaluation (M&E) Plan that all VCT centers must abide by. Brochures, posters and other supporting materials were provided to the VCT centers, and were encouraged by NAP to create marketing strategies of their own. This will enhance the message being received by the MARPS and others who would benefit from the VCT centers. In addition, to better market for this service, unipols, billboards, posters, SMS (text) messages, advocacy brochures were used as channels of dissemination.

In addition to the actual VCT services, the VCT programs along with the outreach projects aim to bridge the gap and build trust between MARPS, NGOs and health care services. This has begun with 1011 beneficiaries receiving VCT services between the months of January and July, 2008. Of these beneficiaries, 120 were beneficiaries from Helem, and five MSM tested positive.

The NAP, in partnership with researchers - Faculty of Health Science - at the American University of Beirut, conducted an Integrated Bio-Behavioral Surveillance Study (IBBS) of MARPS in Lebanon, entitled 'Mishwar'. This project was funded by the World Bank, and involved six NGOs. These NGOs are well established and trusted organizations working with vulnerable groups in Lebanon. The main objectives of the project were to determine HIV prevalence rates, and estimates of co-infection with HBV and HCV among MARPS. An additional aim was to assist the NGOs in developing their research and outreach capacities.

The study consisted of a quantitative questionnaire addressing key issues such as risky sexual behavior, and knowledge and attitude towards HIV. Rapid HIV-tests were offered to all participants, along with pre- and post-test counseling services. Participants were offered tailored information, education and communication (IEC) material exploring themes relevant to risky behavior and HIV modes of transmission. Within the study 120 MSM were reached, and one participant tested positive for HIV [20].

The Lebanese Law and Homosexuality

Lebanese law does not explicitly condemn homosexuality; however it refers to sexual acts that are 'against nature.' This expression is subject to interpretation by the authorities. Article 534 (Figure 1) of the Lebanon Penal Code stipulates that any sexual intercourse 'against nature' is punishable with up to one year of imprisonment. In practice, this article has been arbitrarily used to arrest MSM, as well as lesbians.

"The article [534] is not clear. There are a lot of explanations from the judges; it is arbitrary. There is no persecution [condemnation] of MSM by the government. However, at any time, policemen have the right to arrest homosexuals. Last year [2007], we had 20 cases from Tripoli [North Lebanon] arrested for homosexuality. Another 35 cases were attacked on the streets but they did not get any help because they are considered criminals. It is not only about the law; it is about the use of the law by the police."

(National Coordinator of Helem)

المادة ٥٣٤ - كل مجامعة على خلاف الطبيعة يعاقب عليها بالحبس حتى سنة واحدة.

Figure 1: Article 534 of Lebanon Penal Code

Helem is the first and only above-ground LGBT organization in the MENA region. Founded in 2004 and based in Beirut, Lebanon, Helem is a rights-based organization that focuses on advocating and lobbying for the legal and social rights of people with alternative sexuality. Helem is the Arabic acronym for 'Lebanese Protection for Lesbian, Gay, Bisexual and Transgender People', and also means dream in Arabic.

Helem seeks an end to stigmatization and discrimination against MSM and all LGBT individuals. They offer free counseling and the VCT service, and provide general support services for these communities. Helem has become a key player in outreach HIV prevention projects with MSM in Lebanon, often conducted in cooperation with NAP, other NGOs and UN agencies.

The Conception

In 1998, a group of men and women gathered for the first time to create a group called Club Free. This group was created as an underground social support group for the LGBT community. People from the LGBT population were the only individuals that were allowed to become members of the Club. They first began meeting in the apartment of one of the members, but then began renting an apartment used solely for their social meetings. By 2000, Club Free had around 300 members.

In 2002, some of the founding members of Club Free contemplated establishing Helem, an NGO that would accept members from both the LGBT and non-LGBT communities and that would operate openly in society. After almost six years of preparation, Helem came to life in 2004. By becoming a public, open group, Helem lost many of the Club Free members, who were not prepared to be openly associated with an LGBT organization.

The Beginning and the Present

Helem was founded by five individuals in September, 2004. These individuals contacted lawyers, media and a variety of international organizations that were thought to be supportive of the LGBT community, such as the International Lesbian and Gay Association and Amnesty International. These groups and individuals were contacted in order to provide initial support for the organization as they embarked upon the process of becoming a legally operating NGO in Lebanon. A small room was rented as the head office for the organization, and an application was prepared to submit to the Ministry of Interior (MOI) to request authorization for a license for Helem to operate as an NGO.

According to the legal practices in Lebanon, an organization can assume a legally-existing status if they have not received a negative reply from the MOI within two months of submitting the application. This is what occurred with Helem, however, they were not provided with a registration number.

"They [the MOI] never said no to our application to start the organization, but they would never give us a [registration] number. When I went to the Ministry to ask about what happened to our file, and this woman got embarrassed as if I was asking her to get naked. She claimed that the file was missing some papers and asked me to check with another office. She had written down a note on the file along with other remarks, 'I am ashamed to work on this kind of file.'"

(National Coordinator of Helem)

Due to not receiving a registration number, Helem is considered a legal organization, but does not have official backing. This unofficial status has numerous implications for the daily operations of Helem. For example, without a registration number, the organization can not secure a bank account, and had to create a joint account in the names of three of the elected members of the Helem Board. They have also registered the organization and opened offices and support groups

in Paris, San Francisco and Montreal so that funds could be deposited into these foreign accounts under the name of Helem as well. Another repercussion of their status (or non-status) as an organization is that Helem employees do not have coverage by the National Social Security Fund, and can not request attestation of their official employment status. Helem members fear that they will never receive a registration number, as the government would then be seen as supporting the LGBT community, and this would be counter to the current laws.

Initially, Helem had 10 members including the five founders whose names were officially registered on the application submitted to the MOI. By 2005, Helem had about 150 active members although this number decreased to 40 members in 2006.

“We lost members because of many reasons. Some of them left the country after the political situation [July 2006 war], others feared stigmatization. Some others feared police arrest; there has been an incident of a police raid on a nightclub frequented by homosexuals and arrest of 11 persons. Also there were rumors that the police found drugs at the center [Helem community center]. Add to this, that the Arabic media was not helpful. A well known TV station had propaganda against Helem; it claimed that Helem has a political agenda and is trying to spread perversion in society and promote Western habits that spoil the youth, and that it [Helem] is supported by George Bush and is receiving 4 million dollars a month.”
[National Coordinator of Helem]

At present, Helem has about 40 active LGBT members, who are mostly Lebanese, plus some Palestinians and other Arabs who reside in Lebanon. There are more than 1000 supporters from the general population who have registered with the organization. Although Helem has been facing some difficulties in maintaining its base of active members, they have shown success in their approach. They are receiving support and funding, and their VCT program has been a great success, especially as most of the ‘employees’ are volunteers. Helem has a calling and mailing list of supporters and beneficiaries totaling over 2000 people, and they receive over 500 visits to their website daily. In the past year, Helem has had person-to-person contact with over 2500 beneficiaries through the hotline, the Helem community center and through outreach. All of these beneficiaries have received information regarding HIV/AIDS and its prevention.

Structure of Helem

Helem is configured of a general assembly and an elected board of representatives. The general assembly is composed of all of the active members of the organization. These active members elect the board of representatives. The current board is composed of six members, four men and two women. Their primary goal is to decide upon and manage the projects that are undertaken by Helem.

Helem has a few official paid employees, including the national coordinator, the community center manager, a community outreach manager, two psychologists and an accountant. They also have a lawyer who volunteers and follows up on any legal matters for the organization as well as

occasional consultants. The board members and employees generally oversee the several committees that Helem organizes. These committees include the community center, events, the editorial committee and a health committee. Most of these committees and the various projects that Helem is involved in are staffed by volunteers, which can number up to 100 or more at certain times of the year. Some of the activities that Helem is involved in include community outreach, social activities for the LGBT community, the development of support groups, research and development, publications and celebrating various events, including the International Day against Homophobia (IDAHO), Human Rights Day and the World AIDS Day.

Goals and Objectives

Helem aspires to eliminate all forms of stigma and discrimination against the LGBT population in society at large and to grant the LGBT population in Lebanon personal freedom and human rights. In order to achieve this, their prime goal is to eliminate Article 534 of the Lebanese Penal Code, which would decriminalize alternative sexuality and hence promote the rights of the LGBT community in Lebanon.

Helem's main goals include:

“First, the annulment of Article 534 of the Lebanese Penal Code which has been used to target the LGBT community by violating the privacy of its members and by denying them basic human rights. The abolishment of this law will help reduce state and societal persecution and pave the way to achieving equality for the LGBT community in Lebanon. Second, countering the AIDS epidemic and other sexually transmitted diseases while advocating for the rights of patients.”
[National Coordinator of Helem]

Strategic Plan

At its inception, Helem did not create a strategic plan for the organization, but through their board meetings, determined the focus for the organization. For their first two years (2004-2005) of existence, the board members aimed to enhance the visibility of the organization. In order to achieve this, they sought out LGBT-friendly media sources and networks in order to create more of a presence on the Lebanese stage. While the overall strategy has increased visibility, some members feared that this may result in more harm to the MSM and LGBT communities as their private lives would be more exposed. Due to this, the organization attempted to keep a balance between visibility, networking and advocacy.

In 2006, the board members reevaluated their strategy and determined that for the next few years (2006-2008), the organization should focus on community outreach. Although they did not create a clear strategy for working with their target population, some of the key elements for working with the community were identified. These included focusing on the individual one-to-one relationships and providing more options for the MSM community. In addition, they wanted to be able to provide an outlet for the community members to change any negative self-perceptions that they may have in order that they may pursue a more fulfilling life.



Even though the main goal for the organization is the abolishment of Article 534, they do not have a clear lobbying and advocating strategy. They have relied on private and personal meetings with decision makers for lobbying, and have not considered meeting with religious figures as a priority issue in their lobbying effort.

Although Helem does not have an obvious M&E plan, they have recognized the many gaps within their organization and their limited capabilities. Due to this, Helem has recently undertaken the development of a short-term capacity-development plan. This project has exposed many of these gaps and others, and has offered them possible solutions and timelines for resolving these gaps. It has helped to target many of their issues and they have begun working on developing a strategic plan to work toward creating a stronger, more effective organization.

Marketing and Media Coverage

Helem does not have a clear marketing plan for their organization, though they have had success in increasing their visibility since the organization began. They have appeared on television programs (for example on New TV, a local Lebanese station) and have been invited to discuss issues of relevance to the MSM population in Lebanon and the organization by local radio stations, such as the 'Voice of Lebanon'. They are cautious in accepting invitations to discuss issues on TV programs and ensure that they have discovered the orientation of the discourse prior to agreeing to participate. They do not accept to appear on programs with religious clerics as they feel that they cannot argue about religion as they are not knowledgeable on the topic, although they have held discussion groups about homosexuality and religion among their community.

Helem does have guidelines which it abides by when deciding whether to accept an invitation for appearing in the media, whether it is print, television or radio. First, they take into account the host or journalist, and research their professional history in order to determine their perspective on homosexuality and MSM. The organization does not accept invitations from organizations that are seen as homophobic, or who may try to manipulate the words of the individual representing Helem. In this, they seek live shows rather than taped so that their words and the discourse can not be manipulated. For print articles, they ask to read the article before it is printed and to be able to have the ability to reject the article if it is not true to the actual interview. They prefer to rely on LGBT-friendly heterosexuals for lobbying and advocacy in the media, as they are often taken more seriously. When Helem encounters a homophobic article, they respond to the article in the same media channel if they view it as respectful. If not, then they respond via another source.

Within the print media, 135 articles were written between 2004 and 2006 that cited the organization and the target population of MSM. Several well-regarded local print media outlets, such as An-Nahar, Al-Akhbar, Al-Balad, and L'Orient le Jour have published supportive articles, mostly focusing on Article 534 of Lebanon Penal Code and its elimination.

Since Helem began working in Lebanon, they have noticed a change in the attitudes of the media toward the organization and toward the LGBT population. For example, an episode of a program broadcasted on New TV, illustrated a helpful position on the rights of homosexuals. More recently, an episode of a program broadcasted on Rotana TV projected different viewpoints on homosexuality in the MENA region from social, religious and medical perspectives. It could be that the perception of homosexuality by the local media is changing towards a less antagonistic, more neutral one.

“Even Al-Manar TV [a local Lebanese TV station owned and operated by Hezbollah, a Shi’a Islamic political organization] changed their terminology from ‘perverted’ to ‘homosexuals’ when referring to the subject. In addition, we were invited by local radio stations such as the ‘Voice of Lebanon’ to have a discussion on homosexuality.”

[National Coordinator of Helem]

Presently, the Lebanese media in general seems to take a more neutral or apathetic view of Helem as an organization, although there are a few that maintain a negative standpoint on the topic. These stations either refuse to discuss the issue altogether, or generally act indifferent.

“We would rather prefer that they [homophobic media] do not speak about the issue [Helem or homosexuality] than to speak negatively about it.”

[National Coordinator of Helem]

Monitoring and Evaluation

Helem has not developed a clear framework for monitoring and evaluation of its performance. Board members collect data that relates to monitoring and evaluation of projects and programs; however, they do not put emphasis on data analysis in a systematic approach. The board meets once a month and during the meeting each member provides a briefing on the projects they are managing. A report on the helpline service is also provided during these meetings.

Through these meetings, the employees and board members of Helem have realized their strengths and weaknesses and have noted gaps within their programming. They are currently working on correcting these issues, as has been noted above in the section on the strategic plan.

Funding

Helem receives its funding from non-governmental donors and does not accept funds through which a donor imposes their own projects. The organization seeks financial support from funding agencies for specific projects that Helem has conceived and planned, as well as for the general management of the organization. They also actively seek out funds for recently established grass-root organizations as these enhance their ability to cover everyday expenses.

During its first year of operation (2004-2005) Helem did not receive official support from funding agencies and relied on backing from private individuals. The first official financing came from the Astraea Lesbian Foundation for Justice (Astraea⁶) in late 2005. Astraea provided support for three years for Helem’s first official project as well as for the provision of general support for empowerment of the LGBT community. The program itself sought to affect social change towards ending stigma and discrimination against the LGBT population.

⁶ Astraea is based in the United States and works on Social Justice issues internationally.



Other financial support was received from the International HIV/AIDS Alliance for the HIV project discussed in-depth below, and from the Dutch Embassy for the creation of a sexual health booklet. The Heinrich Böll Foundation, through its Beirut regional office, has been providing Helem with funds to cover activities carried out for the IDAHO, for 4 consecutive years (2005-2008). For establishing a hotline for the LGBT community, Helem received support from the organization Front Line. The Ford Foundation and Heartland Alliance have also provided financial support to the organization. The former backing a year of developing capacity building, research, and regional support for human rights and LGBT groups, and the latter for a regional coordination project that aims to study the diverse LGBT groups in the MENA region. The remainder of Helem's funding comes from local private donors and from fundraisers, donations and support groups from their offices in Paris, Montreal and San Francisco.

While these are the sources of direct funding for Helem, the organization also receives indirect support from numerous organizations. The World Bank and UNAIDS provided funding indirectly via NAP in Lebanon to launch VCT services. The NAP conducted training workshops for VCT for organizations and provided financial support for selected NGOs for research and other activities for MARPS. Helem was a recipient beneficiary in both of these projects. In addition, the World Bank provided funding to conduct the IBBS mentioned earlier, within which Helem was the main contact organization for the MSM community.

Helem's Location

The organization purposefully picked their current location. Residents of the area come from diverse socioeconomic, religious, and political backgrounds, and the general atmosphere is more of a secular than a religious one. The head office is located in an apartment building that houses a variety of other NGOs and is not surrounded by residential buildings. The owner of the building is an open-minded man from Beirut who has been supportive of Helem since they began.

"I believe in their [Helem's] mission and their rights."

(Owner of Building)

"The owner [of the building] is a member of a very well-known Beirut family. He is completely open-minded and offered us this space for free in the beginning. He was a big support. He is not gay. ... The building is not surrounded by houses, because we thought that they [neighbors] could easily say that there are children around and we do not want a gay organization here."

(National coordinator of Helem)



HIV Project

Initially, when NAP launched HIV awareness campaigns and outreach among the MSM population, Helem was still in its beginning stages as an organization. For these initial projects, Helem members were involved in the fieldwork process, but the organization was not considered a partner in the project. After this experience, and more time spent as an organization, Helem received funding from the International HIV/AIDS Alliance to conduct a project regarding HIV and other STIs among the MSM community.

This project was divided into two phases with the first phase being carried out in 2006. Phase 1 included undertaking a needs-assessment, and an assessment of the social environment of the MSM population in the Beirut and Mount Lebanon areas. The main objectives were to discover their perceptions of their sexuality and to assess their use of medical and social services. The study was conducted using focus group discussions with MSM.

From this first phase of the project, Helem discovered that as MSM endure difficulties with both their families and society at large, many MSM have developed psychosocial problems. The intensity of these problems is intensified by the lack of availability of gay-friendly social and health services. It was also ascertained that the stigmatization and discrimination experienced by the MSM community has contributed to the practice of unprotected sex among this group. It has also led many MSM to feel reluctant about requesting a medical examination when they think they may have contracted an STI, or in seeking and using other available services. Additionally, fear of sex and unstable sexual relationships were common among the MSM interviewed, especially as men grow in age.

In response to the needs and recommendations revealed in Phase 1 of this project, a second phase was planned. This phase included the development of a booklet intended for the families of the LGBT population, which was a joint undertaking between Helem and SIDC. In order to create this booklet, Helem conducted 6 in-depth interviews with family members of the LGBT community. Also within this phase, Helem strove to provide free psychosocial support and therapy for their members and for any members of the LGBT community. This component has been sustained even after the rest of the project has been completed.

The last component of this phase included the establishment of an improved and more appropriate referral system for LGBT-friendly health care services. This was seen as necessary as the previous referral system was not operating as hoped; although health care providers had received specific training on working with the MSM and LGBT communities, some of the providers were still reluctant to actually provide services to these individuals. Five NGOs were chosen to be part of the revised referral system, including SIDC, KAFA, the Lebanese Family Planning Association, SCORA, and Skoun. These organizations have received training on working with the LGBT community (except for Skoun), and all of them are perceived by Helem as being LGBT-friendly.

“We used to refer the girls who are physically and verbally abused to KAFA and the others to SIDC before having the VCT center over here. We also refer beneficiaries to the open-minded and the gay-friendly doctors.”

(National Coordinator of Helem)

Outreach

As part of their activities regarding HIV prevention and awareness among the MSM and LGBT communities, Helem conducts outreach projects. Overall, they have been involved in three outreach projects. The first project was conducted by volunteers from the organization. These volunteers would go to areas where they knew that members of the community gathered and would give information, care and support for the MSM population. During the outreach, they distributed Helem’s helpline information, IEC material regarding HIV/AIDS and condoms. The volunteers

paid for their transportation out of pocket as they felt that outreach was extremely important and the organization did not have funding to support the project.

Helem’s second outreach project coincided with the second phase of the outreach projects supported by UNAIDS through OPEC funds and coordinated by NAP. Seven volunteers from Helem assisted in the fieldwork with SIDC. The project, entitled ‘HIV/AIDS Awareness among Youth and Vulnerable Groups in Lebanon, 2003-2005’ reached 2,638 individuals from the three vulnerable populations of FSW, IDU and MSM; of these individuals reached, 779 were MSM. Participants were reached in all five regions of Lebanon, with outreach taking place in such varied settings as private apartments, on the streets, in public gardens and parks, on the beach, in bathhouses, restaurant and cars (21).

A questionnaire was not included during this phase of outreach, though some important demographic data was obtained for the MSM population. A large percentage of the MSM reached (40%) were between the ages of 21 and 30 years, and close to half (46%) had a secondary level education or higher (21).

Many recommendations came out of the findings of this outreach project including the need to increase access for the MSM population to health and social services including VCT, counseling, and legal support. Additionally, more services need to be provided in regions outside Beirut and Mount Lebanon, including the provision of free hotlines and VCT centers in all of these areas. In order to attain these suggestions, the network of NGOs offering services to vulnerable populations needs to be enlarged, and there should be more targeting for people in poor neighborhoods (21).

Table 2: Key findings of the second outreach among the MSM sample (n=779), 2003-2005 (21)

Socio-demographic variables: Region	
Beirut	22.2%
Mount Lebanon	26.4%
North	23.2%
South	20.2%
Bekaa	8.0%
Socio-demographic variables: Age group	
12-15	1%
16-20	18%
21-30	40%
31-50	10%
>50	1%
Unspecified	30%
Socio-demographic variables: Level of Education	
University	15%
Secondary	31%
Primary	21%
Illiterate	7%

The third outreach project that Helem participated in was the third phase of the above-mentioned national outreach projects. Although the overall funding was again provided by UNAIDS through PAF funding, Helem also received financial support from the International HIV/AIDS Alliance for this project. This time around, Helem was a partner in the project, and did not solely provide volunteers for the fieldwork. This phase of the project was entitled ‘Outreach HIV/AIDS Prevention Targeting Population at Risk in Lebanon’ and was conducted during the period from 2005 to 2007.

The outreach activities were divided into two phases because of instability in the country during this period. A total of 1,234 people were reached over two non-consecutive three-month periods. During the first three months 340 individuals were reached, of whom 241 were MSM. 894 individuals were reached in the second three-month period, of whom 166 were MSM. During the outreach, the peer educators and outreach workers distributed condoms, lubricants, referral leaflets and tailored IEC material for the MSM community.

Among the first group of 241 MSM, the majority was between the ages of 20 and 30 years, and almost two-thirds of them were reached in the South of Lebanon. The remaining third were contacted in Beirut, with only 3% of the MSM being located in the Bekaa region, and none in the North [22].

The second phase covered all regions of Lebanon, with a concentration in the South, Beirut, and Bekaa regions. Outreach took place in diverse settings including private residences, clubs, on the streets, group hangout places, and bathhouses, among others. Again, a large percentage of those reached were between the ages of 21 and 30 years. The majority of this group, however, was either illiterate or had not proceeded past the primary level in school. This is in contrast to the first and second phases of outreach, where the majority of participants had reached the secondary or university level. Almost 75% knew about HIV modes of transmission and prevention, yet only one-third used condoms all the time during the previous month, and 21% never used condoms [22].

Table 3: Key findings of the second phase of the third outreach among the MSM sample (n=166), 2005-2007 [22]	
Socio-demographic variables: Region	
Beirut	21.7%
Mount Lebanon	10.8%
North	9.0%
South	36.7%
Bekaa	20.5%
Socio-demographic variables: Age group	
<15 years of age	1.2%
15-20	22.3%
21-30	46.4%
31-40	24.1%
41-50	3%
>51	0
Socio-demographic variables: Level of Education	
Technical	15.1%
University	7.8%
Secondary	21.7%
Primary	25.3%
Illiterate	29.5%
On HIV Awareness	
Know about HIV	69.8%
Know about HIV transmission	74.6%
Know about HIV prevention	71.6%
Knowledge about condom characteristics	
Expiry date	42.8%
Electronically tested	56.6%
Water based	55.4%
Latex	56%
On Condom Use during the last month	
Used it all the time	37.3%
Used it sometime	41%
Never used it	21.1%
Types of problems faced	
Personal	28.9%
Family	39.2%
Social	37.3%



Helem members noted that when they first began conducting outreach programs, they did not know what they were doing, and they had to learn as they went along. They felt that by the time they reached the third outreach project, the experiences and training they received had prepared them for a more successful outreach campaign. However, they also noted that they were frustrated with the outreach, as they felt that it needed to be given continuously, and not just for a certain period of time.

“[At the beginning] we used to give them the post card that has information on HIV on its back and distribute condoms. We also gave them our hotline number. The level of our information on HIV was kind of limited, so whenever we used to be faced by questions that we did not know the answer of, we would tell them that we are late, no way that we were going to tell them we did not know as we did not want to lose the credibility and trust that we have built with them. We used to go back and we would find that they were still waiting for us to complete our conversation. At the beginning we were amateurs as we did not receive any training. We were three people, volunteers, and we did it for free, no transport money. We did not track how many people we reached. ... In 2005 we were trained by NAP and SIDC on outreach and we were also given supporting material, and started to become more professional. We worked as fieldworkers with SIDC and reached all [sic] the MSMs in Beirut area. In the 2007 outreach we received training on outreach and referral, but by that time we were partners with SIDC and not only fieldworkers. This project was funded and supported by Alliance [the International HIV/AIDS Alliance]. Now we track all our interventions, collect and enter data so we can better follow up and monitor our work.”

[Volunteer Coordinator]

“In the International HIV/AIDS Alliance project we teamed with SIDC and we were partners, and through experience we became more professionals. This is also due to all the trainings that we have received. In the third outreach we were able to reach more places. We do not need mapping because we are peers, we know. Because of more money we were able to reach more places and more people.”

[Project Assistant]

Over the course of all three outreach programs, Helem was able to reach 1500 beneficiaries, and in nightclubs alone, they distributed over 1000 condoms.

VCT

Helem took part in the first VCT trainings offered by NAP, and became a VCT center specifically targeting the MSM and LGBT communities. Although most of the people who come for services are from these target populations, the center has also received beneficiaries from the heterosexual population as well. Between the months of January and August of 2008, Helem was able to offer the VCT service to 120 beneficiaries.

“Most of them [people coming for VCT services] are from the youth; some from universities. They are not all homosexuals. Some are heterosexual, but they are not the norm of heterosexuals. They are not the conservative type. Some are drug users, but not addicted to drugs. Some are highly sexually active. They come here because they feel comfortable. There is still one or two [beneficiaries] that are changing their sexual partners and want to get tested, but most of the beneficiaries are from the homosexual community.”

[National Coordinator of Helem]

“I had straight people that have received the VCT service and they came here because they feel more comfortable and less stigmatized.”

[Project Assistant]

Table 4: Data on VCT Beneficiaries ⁱ			
Month/ Year	Total number of beneficiaries	Number of male beneficiaries	Number of female beneficiaries
01/ 2008 ⁱⁱ	19	19	0
02/ 2008	12	12	0
03/ 2008	17	16	1
04/ 2008	18	18	0
05/ 2006	12	11	1
06/ 2008	13	13	0
07/ 2008	12	11	1
08/ 2008	17	16	1
Total 01/08 – 08/08	120	116	4

ⁱ Beneficiaries for the period of 01/2008 to 08/2008 were between the ages of 16 and 45 years.

ⁱⁱ Beneficiary forms for the month of January were not filled, but we were able to get the number of beneficiaries from the coupon book.

Helem has conducted some marketing for the VCT services including sending an SMS [text] message to all the people on their membership and support lists. They also announced the VCT service on their website, emailed all of the contacts in their mailing list and placed posters in different locations around Beirut. However, most people who come for the service find out about VCT at Helem through word-of-mouth.

“The approach is not formal. Most of the people that we are getting are being referred to us by the snowball effect, word-of-mouth, and the SMS [text: message] that we have sent.”
 (National Coordinator of Helem)

Out of the 120 beneficiaries seen between January and August of 2008, 5 tested positive for HIV. In addition 36 Individuals were referred to SIDC NGO from the third outreach project for VCT (as at that time Helem had not yet offered VCT at their premises); five out of the 36 tested positive for HIV as well.

“Five [individuals] tested positive for HIV out of 36 beneficiaries that were referred through the third outreach to SIDC to receive the VCT service. Two out of the five were Lebanese and the other three were residing in Lebanon, but they are originally from neighboring countries. Although this is not a representative sample of the homosexual community, it is still a point of concern, if not alarming.”
 (National Coordinator of Helem)

Helem’s Experience with VCT and RDS

In addition to the VCT testing, Helem participated in the IBBS study mentioned earlier. They assisted the research team in locating ‘seeds’ for the respondent-driven sampling (RDS) method and served as one of the testing centers for the project. The members involved in both VCT and the IBBS project noticed vast differences between the VCT services and RDS sampling for HIV testing. RDS is a chain-referral sampling methodology widely used with hard-to-reach populations. It relies on a dual incentive system to encourage population members to participate and later recruit their peers to the study. RDS was being implemented in Lebanon for the first time in the IBBS study.

For the VCT services, Helem worked with 120 individuals during the period of January to August 2008. The beneficiaries were mostly of Lebanese origin and were residents of widespread localities. Some of the reasons why the VCT services were seen as being so successful was that they included voluntary and discrete testing, and the results were ready in a short amount of time.

In the RDS sampling used for the IBBS study, participants were required to recruit people in to the study, and therefore had to disclose to another individual that they had taken an HIV test. According to participants in the study, admitting that you have taken an HIV test increases the stigma and discrimination that an individual is subjected to. Participants of the RDS method felt that they were ‘a component of the study’, and some of the MSM did not want their peers to know that they had been tested for HIV, since this may sabotage their social relations. During the period of June 2007 to July 2008, Helem was able to recruit 75 MSM participants for the study, and some of these were from the male sex worker population, although the sought after number was 640 participants from this organization.

“RDS did not get the expected results of 640 participants. Although Helem would pay the participant US\$10 per test, most participants donated the money back to Helem.”
 (National Coordinator of Helem)

“For us [Helem] VCT was more successful than RDS. Through VCT we were able to recruit people for RDS. Why VCT was more successful? Because HIV-test results would be out [available] in 15 minutes. Also, the test is provided by the Ministry of Public Health. Hence, those who take the test feel assured of the test quality because of the logo of the Ministry. The test is conducted discretely in a safe space, unlike RDS where they feel more embarrassment and fear because of the exposure [some of the interviews and rapid tests were done outside the NGO center]. In addition, the form to be filled in [by those who take the test] for the VCT is briefer and easier to fill in than that of the RDS.”
 (National Coordinator of Helem)

“The questionnaire [for the IBBS study] was too long and it took like 45 minutes and all our seeds died [did not continue the process]. As we would lose them, it was hard for our seeds to convince them with the study. No one wanted to tell his friend that he wanted to test for HIV. It was hard.”
 (Project Assistant)

Additional Projects

Project 1: Affecting Social Change – Ending Stigma and Discrimination Against the LGBT Population in Lebanon

This project was Helem’s first official project, and entailed the development of many of the materials and facilities that are mainstays in the program today. The project was funded by Astraea, which provided general financial support to the organization for these projects and for the empowerment of the LGBT community for three years. Some of the activities under this project included lobbying to eliminate Article 534 of Lebanon Penal Code, conducting workshops and visiting schools and universities to raise awareness. The fund also allowed the organization to institute a community center that has been managed by trained volunteers.



The community center is now open daily from 10am-6pm and includes a library of books and movies on sexual health, homosexuality and other diverse, but relevant topics. At the center, volunteers hold weekly meeting for the community and also have a movie night every weekend where they screen movies and hold discussions about the movie. There are also discussion groups that have formed to engage the LGBT population on topics of interest to them, such as homosexuality and religion, image and being 'gay', and more. The center organizes social and recreational outings for the LGBT community as well.

The project also included the publication of a monthly newsletter called 'Pride' (Figure 2), and a quarterly magazine, 'Barra' (Figure 3), which is the first LGBT magazine published in the MENA region. Both the newsletter and the magazine are sent electronically to those individuals on Helem's mailing list and can be accessed on the Helem website. They can also be located at select outlets. Helem also has created a brochure about the organization and the services they offer (Figure 4). The last portion of the project included the creation and management of Helem's website, <http://www.helem.net>.



Figure 2: Helem's 'Pride' newsletter



Figure 3: Helem's 'Barra' magazine



Figure 4: Helem's brochure

Project 2: Preparation of a Sexual Health Booklet

Based on the outcome of the needs assessment conducted by Helem, and to further assess the needs of the LGBT population in Lebanon for specific educational materials, Helem conducted additional interviews with diverse subgroups of the LGBT population. This research and the resulting development of a sexual health booklet (Figure 5) were funded by the Dutch Embassy. Results of the study provided a clear view for the development of tailored IEC material for this community. In particular, the target population articulated the need to link information with social stigma. Thus careful attempts were pursued to examine relevant issues in the sexual health booklet from a social perspective. Each chapter draws on a specific scenario, presents relevant scientific information, and elaborates on associated social difficulties including stigma and means of resolving these issues. This project was carried out during the years 2005 to 2006.



Figure 5: Sexual health booklet



Project 3: The International Day against Homophobia (IDAHO)

The Heinrich Böll Foundation has been providing financial support to cover activities and events carried out by Helem for the IDAHO (Figure 6) for 4 consecutive years (2005 to 2008). While the first IDAHO celebration was funded by numerous organizations, each subsequent year's celebrations were funded solely by the Heinrich Böll Foundation.

In 2005, Helem celebrated their first IDAHO with the screening of the documentary 'I Exist' at the Monroe Hotel in Beirut. The film portrays the lives and difficulties of homosexual men and women of Arab backgrounds who left their countries to go to the US because of their sexual orientations. The screening was followed by a discussion. In 2006, Helem planned for a bigger celebration of IDAHO. Activities included the screening of six locally produced movies⁷, one of which, 'Like Me, Like You', had been produced specifically for the event. This movie documented interviews with people from the Lebanese LGBT community. Three of the movie directors attended the screening, and discussions were held with the audience after the screening. The celebrations also included the screening of short movies produced by students on homophobia and homosexuality, presentation of testimonies and the launching of a book entitled 'Homophobia: Views and Opinions' (Figure 7). This book is the first on the subject of homophobia in Arabic and in the region, and contains contributions from several well-recognized Lebanese writers and activists.

⁷ 'Mithli Mithlak' by A. Shehade; 'Homophobia' by M. Khaled; 'Cadillac Blues' by M. Khaled; 'Red Chewing Gum' by A. Zaatari, and three 30-second bits showing different crowds in recent Lebanese settings, two demonstrations and one marathon event, and conveying the message: At least 10% of this crowd is LGBT, directed by M. Hjeij.

At the third annual IDAHO in 2007, Helem held an exhibition of about 25 NGOs that support the mission of Helem, and organized two discussion panels. The first discussion panel included journalists who presented on the image of homosexuality in the media, and the second panel presented on the 'gay movement' in Lebanon and the difficulties faced in conducting outreach for the LGBT community. Three movies were screened including two documentaries which were created specifically for the event by two members from Helem Paris and Helem San Francisco. The other documentary was 'Affinity' by Corinne Shawy.



Figure 6: IDAHO Events

This year, 2008, Helem planned for a much larger and more versatile set of activities to celebrate the day including displaying a large rainbow flag that was visible from the main road and an art exhibition in Beirut. The art exhibit was attended by members of the LGBT community, their families and friends, and non-LGBT individuals, who shared their views and experiences and drew comments from the attending audience. In addition to these exhibitions, presentations were held by professionals on homosexuality in colleges and universities in Lebanon, and a documentary, ‘Beirut apartment’ was screened that revealed the daily life of four Lebanese homosexuals that come from diverse backgrounds and have different interests, and face comparable difficulties because of their sexual orientation. A dance performance was also organized that portrayed the struggle between religion and homosexuality. An additional documentary on homosexuality had been created to be screened on LBC, an international Lebanese television station; however the officials at the station removed the offer before the screening took place.

Project 4: Hotline/Helpline

In 2005, financial support was provided by the organization Front Line for the establishment of a hotline that would provide information and support for the LGBT community. In July of that year, a training-of-the-trainers workshop for procedures on conducting hotline services was coordinated by NAP and implemented by SIDC and Helem.

In the early stages of having the hotline at Helem, there was very little funding available, and Helem was still becoming established as an organization. The hotline was serviceable only through a landline phone number and the working hours were from 10am to 6pm. During this time, the hotline would receive around 12 to 20 calls each month. There were only three volunteers that had been trained and were working with the hotline.

In mid-2006 another hotline and referral training was funded by the International HIV/AIDS Alliance and UNAIDS, and was coordinated by NAP and conducted by Helem and SIDC. Twelve participants attended this workshop and all twelve are currently working on providing the hotline service. The hotline working hours were extended three hours after this training so that Helem could receive phone calls until 9pm. By extending the hotline working hours, Helem doubled the number of beneficiaries they reached, as they received 220 more phone calls during those extra three hours.

Helem realized that the majority of their phone calls were received in the afternoon and evening, and that the number of phone calls increased dramatically in the summer, weekends and during the holidays. Due to this, in April 2008, Helem decided to operate their hotline 24 hours a day, every day of the year. They also dedicated a mobile phone number to the hotline in addition to the landline. Seven additional volunteers were trained by the NGO KAFA in providing this service, and the mobile hotline is supposed to be rotated among these trained volunteers. During this time, Helem also officially changed the name of the hotline to the ‘Helpline’.

“I receive phone calls at night, usually after they [MSM] leave the nightclub and they have done something risky. In the holidays, after New Years Eve, in the summer, the number of phone calls increases as we get so many tourists from neighboring countries who specifically want to talk to us. They feel comfortable. ... Most of the beneficiaries who call us are scared because they have done a risky behavior and want to enquire more on the modes of transmission of HIV and what should they do next. Also they call us because they are going through family and social problems. Now most of the problems are pertinent to family issues; ‘my parents took me in spite of myself to a psychologist, gynecologist’, even though a gynecologist has nothing to do with homosexuals. ‘My parents have thrown me out of the house,’ etc... Also some [individuals] call to take a number of a physician who is gay friendly.”

[Volunteer Coordinator]

“We changed the name from hotline to helpline as I was getting some phone calls from neighboring countries and other countries in the region as well thinking that it is a line for sexual services. Thus we changed its name from ‘Hotline’ to ‘Helpline’.”

[Volunteer Coordinator]

“The hotline is one of our successful services and it may serve as an entry point for the VCT and other psychological and support services offered by Helem.”

[National Coordinator of Helem]



Figure 7: ‘Homophobia’: Views and opinions

Table 5: Data on Hotline/Helpline Users			
Month/ Year	Total number of calls	Number of calls from males	Number of calls from females
02/ 2008	20	20	0
03/ 2008	11	9	2
04/ 2008 ⁱ	51	34	17
05/ 2008	86	79	7
06/ 2008	106	84	22
07/ 2008	60	54	6
08/ 2008 ⁱⁱ	67	—	—
09/ 2008 ⁱⁱ	89	—	—
Total: 02/08 – 09/08	490	280	54

ⁱ On the first of April 2008, Helem began offering hotline services 24 hours a day, every day of the year, with both a landline and a mobile line available. Prior to this date, the hotline service was available only via landline from 10am-6pm, and was later (in mid-2006) extended to 9pm.

ⁱⁱ Data is unavailable for the gender breakdown of calls during these two months.

Project 5: Online Database for Reporting Human Rights Violations Against the LGBT Population in Lebanon and the Region

This project materialized in response to an earlier needs-assessment study conducted by Helem which revealed the need to focus on stigmatization and discrimination against the LGBT population, legal fears and health concerns. This is a current project that began in May 2008, with financial support from the Ford Foundation. The first component of the project requires research looking at the portrayal of the LGBT community in local university programs, among the medical and health-related communities, and the legal community. The second component of the project entails the launching of an online database for reporting human rights violation against the LGBT population in Lebanon and the region, which has already begun. The third component entails the organization of a regional workshop for the purpose of developing a toolkit on how to report such violations.

Project 6: Study of the Diverse LGBT Groups in the MENA Region

In association with the above-mentioned project funded by the Ford Foundation, Heartland Alliance has provided financial support for a project that aims to study the diverse LGBT groups in the MENA region. This entails studying these groups and then choosing four groups, from four different countries and conducting further, detailed situation assessments. These assessments will assist Helem in determining a course of action and options that Helem can assist them with in developing their capacity. This project is in its infancy at the moment.

Additional Activities

Helem has sought additional ways to reach the MSM population in Lebanon, one of which is through internet chat rooms. Helem has created an agreement with the owners of a few web-sites, including the 'Gay Lebanon' chat room on mlrc, the chat room on www.gaydar.co.uk, and the chat room on www.manjam.com. Through this, Helem has been able to occasionally block the main room for the organization and is able to set up times when they can address inquiries from the MSM population in Lebanon.

Relationship with the Neighboring Community

Helem has cultivated an agreeable relationship with the community surrounding the head office. While this could partially be due to the deliberate choice of the neighborhood, as it already accepts people of diverse social, cultural, religious and political backgrounds; it is also because they have become part of the neighborhood, and are not just a 'group of homosexuals asking for acceptance'. Helem and its members are considerate to the residents and shops of the neighborhood, and have created a relationship based on respect.

"We often buy goods from surrounding shops. We would call lay workers from the neighborhood to fix problems at our center. In particular, we have a very pleasant relationship with the other NGOs that reside in the same building. They [the NGOs] would often allow us to use their resources, like a computer, a photocopy machine or other stuff if we need to."

[National Coordinator of Helem]

In addition, Helem showed that they were willing to take responsibility in the community as well. During the July 2006 War in Lebanon, Helem offered its offices as an administrative center for refugee relief work. This offer was covered by the media and played a role in projecting a positive image of Helem among the community.

However, Helem has also run in to some problems in the community, especially when they first arrived. These incidences will be discussed in the upcoming section regarding the police.

Partnership with Public and Private Organizations

Helem has sought to create beneficial relationships with both public and private organizations, within Lebanon, regionally and internationally. Most of these relationships were created and maintained through projects, and gave Helem a chance to prove their commitment, professionalism and responsibility within their own community of LGBT individuals and within the greater Lebanese community. As their prime focus was to promote the basic rights of the LGBT population, they initiated partnerships with such groups as the Youth Advocacy Network, various health networks, and Save the Children. These partnerships earned them professional respect and support. Through these networks, communication was facilitated with governmental organizations and with decision makers at the concerned Ministries, including the Ministry of Health and the Ministry of Social Affairs. As these relationships became stronger, Helem was asked to participate in a greater number of projects, events and workshops. These networks helped Helem in their professional capacity, but also assisted them in their relationship with the police.

"The police facilitated our work as we were covered and protected if necessary by them. This was agreed upon in the Task Force [National Task Force on Outreach] meeting that was launched at the beginning of the outreach work. Our positive and active involvement and performance in a project that was supported by UN agencies and coordinated by a national body [NAP] and partnered with the civil society [NGOs] gained us great credibility and improved our relationship with the police."

[National Coordinator of Helem]



The Police

Some members of the LGBT community fear that they could be arrested by the police if their sexuality is revealed. This has been shown throughout the MSM community, as many are afraid to seek help and support because of their fears.

“Because they fear police arrest, many gays go for quick unprotected sex. Add to this, the possible threat of being robbed, abused, attacked, or blackmailed. When such incidents happen, they do not report them to the police for fear of getting arrested for homosexuality. Also, policemen frequently break into hamams and search the place to see if any men are having sex. They would even look into trash bins for wasted condoms. This would force gay men to have unprotected sex for fear of police blackmailing, arrest, or even prosecution.”
[Member of Helem]

When Helem first moved into their current location, a member of the Municipality of Beirut submitted a complaint against them claiming that they were promoting homosexuality among the Sunnis in West Beirut, and that the surrounding Sunni community was upset about the presence of Helem in their neighborhood. As this complaint was publicized in the print media, it was considered as an official complaint and was submitted to the police for investigation and deliberation on appropriate action. The general attorney, after examining the case and collecting relevant information from the direct neighborhood, closed the case for non-existence of elements of crime. After Helem conducted and celebrated their first IDAHO in 2005, the police investigated the organization again, as the event was highly publicized in the media. In addition to this, members of the organization stated that the police also sent undercover officers to their meetings to check on them.

However, in 2006, Helem launched the HIV project mentioned in previous sections, which provided them with the opportunity to establish contact with the police and with decision-makers. Helem also invited police officers to attend the presentation on the dissemination of the HIV project results, which was held in July 2007. While these assisted Helem in gaining credibility and developing professional recognition and trust from the police, other factors played an important role as well. Among these, Helem kept the police informed of all of their projects, and approached the police with a project in partnership with NAP and SIDC. Additionally, Helem was part of the National Task Force for Outreach, of which the MOI was also a part. Through all of this, Helem began to see attitude and behavior changes among the police officers towards the organization and the MSM community.

“In 2000, homosexual men were arrested and badly beaten at Hobeich police station in Beirut. In 2007, some gays who were arrested and brought to the same police station were asked if they want to contact Helem [in case they need any support or guidance].”
[National Coordinator of Helem]

Funding

Helem has shown some success in being able to locate funds for projects, and as an organization, they have taken part in many beneficial projects. They have shown that they are a trustworthy organization, and that they take responsibility for the funds they receive. However, they sometimes struggle with the daily functioning of the organization, as financial support for the general and mundane every day occurrences of an organization is more difficult to locate. Through this, some of the employees have had to forego their employment, and continue working for the organization in the form of a volunteer.



Outreach

Outreach to the community is seen as one of the most important projects for the organization. Helem generally conducts outreach when there is funding for specific projects which include outreach. As this funding is periodic, they feel that they are not reaching out to their community as much as they wish they could. As many MSM do not come to the center for fear of disclosing their sexual orientation, the number of MSM and other LGBT individuals receiving services when outreach is not being conducted is greatly reduced. In addition, some members of the MSM community, from all social classes, believe that homosexuality should not be made public, and therefore they do not associate with the organization.

“In particular, I have noticed that MSM of the upper social class do not care for any connection with Helem.”
[National Coordinator of Helem]

While outreach helps to reach the individuals who may not know of the organization or who are not willing or able to come to the center, Helem has noted that the provision of information regarding HIV and other STIs takes place more readily when members of the target population come to the community center for services. Thus referring beneficiaries to Helem NGO and other community centers via outreach is a necessity.

Helem has held health corners in nightclubs and bars where members would distribute IEC materials and condoms. In these settings, it is difficult to have in-depth conversations as it is usually noisy and there is little privacy. Therefore, little actual awareness raising can be done. It has been observed that the target population would collect IEC materials. Even if they do not ask for information at the moment, they may call or visit Helem at a later time.

Outreach in cruising areas is comparable to that in the nightclubs and bars. It is difficult to hold in-depth conversations with members of the target population, and little awareness can be done. Helem members felt that they could only distribute IEC materials and condoms, however they would be called later for inquiries. In some instances, some individuals in cruising areas felt offended when offered condoms, for fear of admitting overtly their sexual orientation. Within the bathhouses however, it is much easier to engage participants in thorough conversations.

As a result of the community outreach, some MSM have visited the Helem community center and benefited from services such as counseling, testing for HIV, and getting referral to health professionals. Thus, Helem has succeeded in gaining their trust.

There is also the question of sustainability of the outreach programs. When the outreach programs are not provided on a systematic basis, there may be a subsequent loss of trust and credibility among the target population.

“There is an issue of concern that bothers me a lot and I need to talk about it. Whenever we stop outreach, all what we have worked for and built with the beneficiaries is gone. Outreach comes to an end and stops. Why? Because the project is over and we do not have any more money. Sustainability is a big problem. We are thinking of how to resolve the issue but we are mostly volunteers. Now we are 15 [volunteers] as we got trained again this summer. We have new a project with outreach with drosos[...] and then with Alliance [the International HIV/AIDS Alliance] at the beginning of the year.”
[Volunteer Coordinator]



Various obstacles have been encountered during the outreach process. The first involves the presence of undercover police officers in cruising areas. Due to this, there is a reduced level of trust among the MSM as they fear that the outreach workers might be from the police. Along these lines, the outreach workers have to work hard in order to gain the trust of the MSM.

“We did not use to gain their trust from the first time. We had to go more than once. With time they knew that we are serious and sincere [through snowball effect and word-of-mouth]. This is how it goes. First, we walk, and then we approach one or two people but not more as it might be dangerous to approach a group. Then we ask them if we could take five minutes of their time. This is what I say, ‘I work at Helem NGO. We are coming here to raise awareness on AIDS if you have any questions.’ Usually their reply would be, ‘no no.’ We leave unless he says yes. In two weeks he might come back to you, and this happened a lot. Two to three [of the men approached] would say no out of ten. If he is drunk and smells like alcohol, I leave and give him my card. When we approach him the next time he would talk. Those who accepted [to talk and listen] told the others that we were serious as we would have solved a problem of theirs or gave them advice that worked. One had a problem with his parents; it did not have to do anything with HIV. You listen to him and give him advice and it works. One came within a week and tested negative for HIV and we gained his trust; even if he tested positive we would have still gained his trust.”

[Volunteer Coordinator]

The timing of the outreach has been noted as important for conducting outreach, as certain times of the day and year are busier, and also easier to reach or contact the target population. The timing for the third outreach conducted by Helem caused some problems in reaching as many members of the community as was predicted.

“The high season for outreach is the summer. By the time they [the International HIV/AIDS Alliance] gave us the money to conduct outreach it was between fall and winter and we could not reach as many [members of the target population]. Outreach would be much better and we could reach higher numbers if it were to be executed during the summer. The winter was very hard. We did not have water proof coats, but anyways we could not find anyone when it is raining. Only cars do cruising when it is raining, but it is very risky to intervene with cars as it is not safe; such as rape and hit-and-run by cars. The prime time for outreach is 10pm to 12am at night, and this is when we used to go.”

[Volunteer Coordinator]

The volunteer coordinator also noted that there were some things within the outreach training that they learned, but that they did not take seriously. He realized that it was important to take all of these suggestions into consideration when conducting outreach. He also noted that he feels it is important to have members of both genders conducting outreach, and that currently the volunteers are all males.

“During the outreach training we were told that no one should go to outreach dressed up and nicely groomed. So one day we had an outreach worker that was very well groomed because he wanted to go out later on. So he was followed by five males who were attracted to him. They were following him and harassing him for half an hour until he was able to lose them and run away.”

[Volunteer Coordinator]

“No girls go with us to intervene with homosexuals and this issue was suggested in the outreach training. I did not know why and still do not know why; maybe because they do not identify with gays, but I am going to try it. We have girls that are willing.”

[Volunteer Coordinator]

Although Helem has run into a variety of obstacles in completing their outreach work, they have gained tremendous experience and have been able to reach a good number of beneficiaries, build trust with them, and refer them to services. Through their hard and serious work, Helem was also able to gain trust and credibility not only among their target population, but also among the civil society, UN organizations, and Ministries, including among the Internal Security Forces [police]. They feel that their success in the outreach was due to some key factors, including that it was based on a situation analysis and an in-depth needs assessment. They also feel it is best when the outreach uses peer-to-peer contact, and that it was beneficial for them to employ a target subgroup-specific approach for their community outreach.

VCT

The VCT services offered at Helem have been very successful, especially in comparison with other VCT centers around Lebanon. In 7 months, they managed to serve 120 beneficiaries. The service has provided an avenue for Helem to gain the trust and confidence of members of the LGBT community.

“I liked a lot the AIDS testing. They answered all my questions. I felt that even if I tested positive for HIV, I am going to have people who are going to support me and be there for me. And I did test positive for HIV and I am doing great. They helped in solving lots of my problems. They followed up on me while I was doing my viral and CD4 count tests. They helped me find a job through their contacts. I can call [an employee of Helem] and talk to him at any time. They follow up on me on a monthly basis. I feel comfortable with myself, that I am HIV positive and we even make jokes about it. I accept myself and most importantly I learned to love myself.”

[Beneficiary]

Helpline

The helpline has proven to be a useful tool for gaining the trust and confidence of the LGBT population. It has also served as a tool for the helpline operators in improving their communication skills and has assisted them in learning more about HIV and about their own sexual identities.

“I feel much better about myself. I am proud of myself and who I am. Now I can say that I am gay. It [becoming a Helpline operator] was an experience on the personal level. It assisted me in my communication skills and my interaction with people and made me want to become a volunteer and help as I was helped.”

[Member of Helem, Volunteer Helpline Operator 1]

“Through the trainings on HIV and on hotline use, it helped me learn how to become a good listener. I learned more about STIs. I used to hear about them but now I know more details.”

[Member of Helem, Volunteer Helpline Operator 1]

“I wanted to prove myself and do something that is beneficial for the gay community.”

[Member of Helem, Volunteer Helpline Operator 2]

There are some problems with the execution of the program, including the lack of operators having time to take responsibility for the helpline. Due to this, one or two of the operators are often in charge of the helpline, and have begun to feel worn out.

“I need help [on answering the ‘helpline’]. I can not sleep anymore.”
[Volunteer Coordinator]

Communication

Helem has established a database of over 5,000 email addresses and 2,000 phone numbers. They have achieved this by establishing partnerships with the owners of ‘gay bars,’ who have their own databases of the phone numbers of their clients from various public relations activities. This has assisted the organization in contacting their target population and sending out messages regarding the services they offer and events that are being held. They have been very respectful with these phone numbers and email addresses, and only send messages occasionally so as not to disturb or lose the respect of any potential beneficiaries.

IEC Materials

Helem has noted a problem for their outreach programs and for the center. Although many IEC materials are available regarding alternative sexuality, HIV/AIDS and other relevant topics, IEC materials on homosexuality in Arabic are lacking. This causes a problem within their work as Arabic is the main language spoken and understood by the population.

Volunteers

When Helem began, they had a large number of volunteers assisting them in their activities and events, especially in the summer months. Since they have become more of a professional organization with financial support from funding agencies, they have observed a decline in the number of volunteers. This has been perceived as an obstacle in accomplishing their mission, and they are trying to assume a more balanced position between volunteerism and professionalism. They feel that the shift to professionalism has changed the atmosphere of the organization.



Stigma and Discrimination

Working as an NGO which strives to put an end to stigma and discrimination against the LGBT community in Lebanon was not a straightforward, trouble-free venture. In comparison with other NGOs working in Lebanon, Helem has carried additional burdens and has endured more opposition from both the general public and formal authorities. Helem members would often get resistance from the public during discussion sessions when asked to serve on a discussion panel. Contact with the formal authorities also posed problems, such as in obstructions during the processing of files by official staff on several occasions.

Helem has had to lobby strongly with decision-makers, media, community and others, in order to make their voices heard. Its members have had to maintain a firm and dedicated stance on the long road to accomplish their mission. For almost every task they have had to make several attempts prior to realizing their efforts. All of this is due to the stigma and discrimination that is shown toward the LGBT community. This stigma has also been seen in individuals who have proclaimed their readiness to work with the community, and have received training specifically for this work.

The organizers of various events and activities for Helem have noticed progressively more participation in their activities from the general public. However, they are not able to tell if their activities have truly had any impact on Lebanese society's or individual's perceptions of homosexuality and the MSM population.

While Helem's impact on the general public is unknown, their impact on some of their members has been tremendous.

“I became much stronger and much more confident with myself. When I came here I was embarrassed with myself and from the people on the streets. If I know gay people, I am embarrassed to walk with them on the street so people won't say that I am gay. Now I accept myself. I feel that I can do something and be of benefit to the society. I feel better about myself. I feel that I can be productive. ... Even in universities where people are educated they do not talk about the subject [of homosexuality]. Parents do not talk about it, and others did not try to talk with our families as well. When I came here [to Helem] I felt more comfortable with my identity. I was able to confront my self. Parents beat you instead of listening to you. I felt there is a place where people are actually listening to me and sharing with me the same problems and experiences and even situations. They understand you. Parents do not know that besides being gay you are a human being that can excel in life. They do not think that I can be a doctor, engineer, psychologist, or an artist.”

[Member of Helem, Volunteer Helpline Operator 2]

This set of recommendations comes from various sources including the researchers and members and beneficiaries of Helem.

Involving the Target Population

When working with hard-to-reach populations, it is extremely important to take a more participatory approach to all programs and research that involves the population. By involving target group members in the planning, implementing and evaluating of programs, the resulting projects will be more beneficial for and more acceptable to the population. This not only creates a sense of ownership and pride in the project, it also enhances the durability of the project. Additionally, involving the target population in these projects, whether through paid positions or volunteer, develops the capacity of the group to better serve their own needs, which ultimately is one of the goals of any NGO serving a hard-to-reach and stigmatized population.

Planning

Helem needs to develop a clear strategy for their future goals and projects. This entails developing clear and comprehensive lobbying and advocacy strategies, marketing strategies, and a monitoring and evaluation plan, among others. For projects that are brought in from outside the country, programs should be customized to the local context. As has been presented in this case study, organizations working with MSM and the LGBT community may encounter problems with launching the NGO, working with the media and the police, obtaining funding and gaining trust. Before implementing programs, all possible obstacles should be theorized and reflected upon in order to offer alternatives before these problems occur.

Media

The media plays an important role in shaping the views of society and exposing society to alternative points of view. In this regard, it has been suggested to develop individual testimonies and documentaries that would reveal the fears and difficulties faced by MSM population. Media could be invited to participate in workshops and a variety of campaigns in order to increase the visibility of the organization as well as increase awareness among the media and population.

It is important to have guidelines on how to work with the media, and to be prepared for all media encounters. In this, Helem has recommended that organizations research the background of the journalists and hosts of shows in order to determine their perspectives on alternative sexuality as well as to read the questions that will be posed ahead of time. They also believe that LGBT organizations should not accept invitations to appear on or in homophobic media, as the meaning of the conversation may be distorted or manipulated to fit the message of the media outlet. Through this, it is important to read articles that will be published ahead of time, so that they can ensure the validity of the information. One of the main points they maintained was that it is important to utilize LGBT-friendly heterosexuals for public lobbying and advocacy.

Working with the Police

In order to work with the police and continue to change their attitudes and behaviors towards the MSM and LGBT communities, trainings could be held to raise their awareness on the topics of human rights, homosexuality and developing an understanding of the background of the various

LGBT population groups. Within the trainings, it is important to provide the police officers with evidence-based data that the current situations could be a contributing factor to increased HIV incidence within the country. Additionally, police officers could be invited to participate in workshops that deal with topics related to homosexuality, human rights, and other relevant issues; as well as informed of any upcoming or ongoing studies and interventions, and participate in the dissemination of results.

HIV/AIDS: Outreach, Helpline, Referral and VCT

In order to prevent the further spread of HIV/AIDS and other STIs, it is important to strengthen and sustain outreach, helpline, referral, and VCT services available for the MSM population. Raising awareness of HIV/AIDS and reducing stigma and discrimination are also vital to these preventive efforts.

The helpline and outreach projects can serve as entry points for the referral and VCT services. Thus by strengthening both the helpline and outreach programs, the MSM and LGBT communities would be able to benefit more from the referral services and VCT services.

The VCT services offered by Helem have been successful; however, in order to continue and increase the number of beneficiaries receiving the service, it is important to strengthen and sustain the helpline, outreach and referral services; Helem suggested that they have a clear, sound marketing plan for the VCT program.

There exists no single strategy to conduct community outreach for the MSM population in Lebanon. Members of the MSM population come from diverse social, economic, and professional backgrounds. For example, those reached in nightclubs and bars (mostly of the middle-upper social economic class) are different from those reached in cruising areas (mostly of low socioeconomic class), as well as being different from those approached in bathhouses (come from all socioeconomic classes). Thus diverse tactics need to be used to approach and reach members of the MSM population for raising awareness on higher risk sexual behaviors and safer sex practices.

However, when conducting outreach among the MSM and LGBT communities, it is important to sustain the services provided and have a systematic plan for continuing to provide outreach. When outreach is done periodically, or referral systems are not in place, the target group members may lose trust and confidence in the organization providing the outreach services.

Furthermore, it is extremely important that all of the services that are recommended by the organization or outreach workers as LGBT-friendly or available for the community actually be developed and truthful. Through this, it is vital that the organizations or service providers that say that they are willing to work with the community truly commit to provide these services.

It is imperative that health-care providers are trained to work with the LGBT community in order to lessen the stigma and discrimination they face. Training activities could draw on the struggle and difficulties that surround the MSM community from the standpoint of human rights activists. It is important to promote a deeper understanding of the complexity of the implications of this stigma and discrimination, and to work for the acceptance of all individuals.



IEC Material

While the distribution of IEC material, condoms and lubricants is important in preventing and protecting MSM against HIV and STIs, it is not adequate as the only measure to protect them. Of equal importance are the personal, psychological, social and legal factors that contribute to a higher risk of exposure to HIV and STIs among the MSM population. Therefore, these issues need to be dealt with on a continual basis for the population. These are dealt with, in part, through the referral services.

On the subject of IEC materials, there is a scarcity of relevant information in the Arabic language on sexual health for the MSM population. Materials need to be developed that are relevant to being an MSM in the MENA region, and the implications of this sexual identity in this context. The single most common source of information for many of the MSM community is the internet, and much of this information is in English. For this reason, materials should be developed, not solely for distribution, but also for accessing online.

Working with Families

It was noted through the needs assessment and outreach research that many MSM deal with family issues including acceptance by their families. In this light, it is extremely important to work with the families of members of the LGBT population. This can cause problems, especially as many MSM and LGBT individuals are not 'out' with their families. If an individual cannot count on their family for support and acceptance, then it is important to be able to offer this support to them as an organization and a community.

If an individual has revealed their sexual identity to their family members, it is important to offer them support with their family relationship. Helem does this through building contact with the family members as well as raising awareness and trying to strengthen the individual's relationship with their family members. It is imperative that if an individual seeks assistance for strengthening their family connections, that the support be provided.

Stigma and Discrimination

In order to decrease stigma and discrimination against the LGBT community, numerous actions will need to be taken, and sustained over a long period of time. First, there needs to be more awareness and knowledge given to the general population about the LGBT community and their rights; discussions could be held in schools, universities, military academies and religious institutions. Open discussions should also involve the families of the LGBT community, and their friends.

Additionally, a support base of both LGBT and non-LGBT individuals will need to be activated in order to bring the cause more in to the open, and to make it more visible. This also includes making more of an effort for members of the LGBT community to appear in public and in the media. More efforts will need to be made in lobbying and advocacy to put an end to the stigma and discrimination that is apparent against the LGBT population.

Legal

It is recommended that Helem partner with other NGOs, governmental and international organizations in order to advance lobbying and advocacy at all levels, especially at the legal level. Helem suggested that these NGOs and networks push more for the abolition of Article 534. This Article removes some of the basic human rights that all people should possess. Imprisoning MSM and other LGBT individuals is causing them more harm than good. They are not receiving any type of service in the prison system, and some of them are being physically and sexually abused by other inmates and staff. This abuse puts them at risk of becoming infected with HIV, and of possibly infecting others with the virus [23].

If the term 'unnatural sexual acts' is removed from the law, and therefore not left to the interpretation of the arresting officials, alternative sexuality can be decriminalized. Through this, it will be easier to reach these populations and serve their needs, including providing them with tailored interventions, more appropriate services, support and care. As the current laws create an environment where MSM engage in more risky behaviors, by decriminalizing the act of homosexuality we may be able to decrease the incidence of these risky behaviors. As these individuals would not be arrested, it may lead to a decrease in the incidence of these behaviors and possible HIV-transmission within the prison system as well.

Additionally, by decriminalizing homosexuality, MSM would be enabled to follow safer-sex practices, as they would not feel the need to sneak the sexual act. They would not fear using or carrying condoms, as the possession of condoms would no longer implicate them in any wrongdoing. MSM would also feel more comfortable seeking health and social services.

Networking and Collaboration

One organization rarely has the human or financial resources necessary to be able to take care of all of the needs of their target group. Due to this, it is important to develop and augment networking and coordination among NGOs and other organizations in Lebanon. This includes not only NGOs that are currently offering services for the target population, but also NGOs and other organizations that offer services that could be of benefit to them.

The level of collaboration must be highly efficient if overlap is to be avoided; the tasks of each organization should be outlined in order to avoid a duplication of efforts (division of labor). This would require the enhancement or strengthening of the current referral system, to ensure that all of the needs of the LGBT community are addressed. This includes increasing the number of organizations and individuals offering services, including other NGOs, health services and social services. Within these partnerships it is imperative that the service providers are LGBT-friendly and are committed to providing unbiased and non-discriminatory care.

Helem members suggested setting up a system that would regulate, monitor and evaluate the performance of NGOs. By setting up this system for the coordination, standardization, monitoring, evaluation, and quality control assurance of NGOs' practices, society will be guaranteed that the organizations are providing quality services to their target populations. This would also ensure that there is less overlapping and competition among the NGOs, which would enhance the actual support received by individuals and communities. The correct authority to take care of this would have to be determined among the NGOs and they would need to have input on the rules and regulations set forth by this governing institution.

In addition, as has been enumerated above, it is important for organizations to collaborate with other establishments at all stages of their projects. Some of the key partners to collaborate with on projects include the target population itself, the police and relevant ministries, the National AIDS Program and the media. Through strengthening and enhancing these partnerships, the organization and its projects will be more effective and problems will be mitigated before they come to light.

The police can help to maintain access to the population as well as providing security and support to the outreach workers when they are in the field. Their input and collaboration at the beginning stages of a project can ensure their support throughout the project, rather than trying to gain their backing part way through. Ministries and the NAP can provide a sense of professionalism and official backing for the project, which may help to increase participant's sense of its importance, and their trust in the study. Additionally, the media can ensure visibility for the project and enhance society's acceptance of the project and possibly lessen some of the stigma and discrimination experienced by the target population.

CONCLUSION

Helem has had to overcome many obstacles to become an above-ground LGBT organization with a legally existing status; however they have proven that it is possible to establish an open organization that works with MSM and the LGBT population in the MENA region. While much preparation and hard work is needed, the efforts are well worth the result. Helem has been recognized as a functioning LGBT organization for over four years, and has shown success in their projects with the LGBT community and with their collaboration with governmental and non-governmental organizations. In the short four years that they have been in existence, they have already changed the attitudes of a variety of individuals and organizations that they have come in to contact with. This alone is an honorable feat.

Helem does not have a clear and easy path ahead of them, and may continue to struggle. Despite all efforts, they may have to compete for funding opportunities and may face continued stigma and discrimination, as these attitudes are often the most difficult, and take the longest, to change. However, they have been and continue to be willing to support the cause of decriminalizing alternative sexuality and bringing human rights to the LGBT community in Lebanon, regardless of creed, race, or sexual orientation. Helem has put great effort into raising awareness on HIV/AIDS issues among their community, offering preventive services (Hotline, Outreach and VCT) and participating in research studies on HIV (IBBS). Helem has played a major role in trying to curb the spread of HIV infections in Lebanon as well, especially among the MSM and LGBT communities.

Many lessons can be learned from the experience of Helem, including their successes and failures. By learning from their experiences, it may be possible to launch a comparable initiative in other countries of the MENA region, provided the social, cultural, religious, legal and political contexts of each place are thoroughly examined and taken into consideration in modifying their strategies.

1. **UNAIDS.** *AIDS and Men Who have Sex with Men: UNAIDS Technical Update.* s.l. UNAIDS, 2000.
2. **amFAR.** *HIV Prevention for Men Who have Sex with Men: Issue Brief No. 4.* 2006.
3. *Elevated Risk for HIV Infection among Men Who have Sex with Men in Low- and Middle-Income Countries, 2000-2006: A Systematic Review.* **Baral, Stefan, et al.** 2007, PLoS Medicine, Vol. 4, pp. 1901-1911.
4. **UNAIDS.** *HIV and Sex Between Men: UNAIDS Policy Brief.* . s.l. : UNAIDS, 2006.
5. —. Global Initiative to Stop the Spread of HIV Among Men Who have Sex with Men. *UNAIDS.* [Online] July 24, 2007. [Cited: July 19, 2008] http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive2007/20070724_MSMinitiative.asp.
6. **amfAR.** The MSM Initiative.
7. **United Nations General Assembly.** *Assessment Report on Scaling up towards Universal Access to HIV Prevention, Treatment, Care and Support.* s.l. : United Nations, 2006.
8. **Global Forum of Men Who Have Sex with Men (MSM) and HIV/AIDS.** *MSM at AIDS 2006 - MSM & HIV: Advancing a Global Agenda for Gay Men and Other Men who have Sex with Men.* 2006.
9. **UNAIDS.** *2007 AIDS Epidemic Update - Regional Summary: Middle East and North Africa.* s.l. : UNAIDS, 2007.
10. *Prevalence, Knowledge and Related Risky Sexual Behaviors of HIV/AIDS among Receptive Men who have Sex with Men (MSM) in Khartoum State, Sudan, 2005.* **Elrashied, S.** Toronto : s.n., 2006. AIDS 2006 - XVI International AIDS Conference: Abstract no. TUPE0509.
11. **International HIV/AIDS Alliance.** *Summary Report: Rapid Situation Analysis of Men Who have Sex with Men in the Maghreb and Lebanon.* s.l. : USAID, 2005.
12. **ASWAT Group.** [Online] [Cited: July 20, 2008.] <http://www.aswatgroup.org/english/>.
13. **Al Qaws.** [Online] [Cited: July 20, 2008.] <http://www.alqaws.org>.
14. **The Gay and Lesbian Arab Society.** [Online] [Cited: July 20, 2008.] <http://www.glas.org>.
15. **The Jerusalem Open House.** [Online] [Cited: July 20, 2008.] <http://www.joh.org.il>.
16. **The National AIDS Control Program.** *Total Cumulative Cases of People Living with HIV/AIDS in Lebanon and the Newly Reported Cases of HIV/AIDS in 2007.* s.l. : unpublished, 2008.
17. —. *AIDS/HIV National Strategic Plan for Lebanon, 2004-2009.* 2004.
18. **Hermez, Joumana.** *The National AIDS Control Program: HIV Prevention through Outreach to Vulnerable Groups: Final Report, 2002.* s.l. : unpublished, 2002.
19. **The National AIDS Control Program.** *The National AIDS Control Program: HIV Prevention through Outreach to Vulnerable Populations in Beirut, Lebanon/Men who have Sex with Men and HIV/AIDS: A Situation Analysis in Beirut, Lebanon.* s.l. : unpublished, 2001.
20. **IBBS Study Team, Faculty of Health Sciences, American University of Beirut.** *“Mishwar”: An Integrated Bio-Behavioral Surveillance Study among Four Vulnerable Groups in Lebanon: Men who have Sex with Men, Prisoners, Commercial Sex Workers and Intravenous Drug Users.* s.l. : unpublished, 2008.
21. **Badran, Nadia and Khoury, Josiane.** *The National AIDS Control Program: HIV/AIDS Awareness among Youth and Vulnerable Groups in Lebanon: Final Report 2005.* s.l. : unpublished, 2005.
22. **Badran, Nadia.** *The National AIDS Control Program: Outreach HIV/AIDS Prevention Targeting Populations at Risk in Lebanon: Final Report 2007.* s.l. : unpublished, 2007.
23. **Dabaghi, Lara and Abdallah, Ahmad M.** *Rapid Situation Assessment on Drug Use and HIV and AIDS in the Prison Setting in Lebanon.* s.l. : unpublished, 2008.
24. **UNAIDS and WHO.** *Epidemiological Fact Sheet on HIV and AIDS: Lebanon, 2008 Update.* 2008