

LGBTIQ+ INCLUSION IN HUMANITARIAN ACTION

LGBTIQ+ vulnerabilities and capabilities in crises



The vulnerabilities of marginalised people, including Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) persons, are often exacerbated in disasters, emergencies and crises. This is including their access to quality and non-discriminatory sexual and reproductive health (SRH) services and information. SRH is a human right and an essential component of the overall health and protection package in a humanitarian response. Providing comprehensive, high-quality SRH services in humanitarian settings requires a multi-sectoral and integrated approach to reach the LGBTIQ+ community. Though the LGBTIQ+ community is often more vulnerable, they also have strong capabilities to cope in the aftermath of disasters, and to leverage social networks in preparedness, relief and recovery phases for themselves and their communities, something that the humanitarian community should leverage based on the principles of 'do no harm' and 'leaving no one behind'.

IPPF: A global humanitarian organisation

In 2016, the International Planned Parenthood Federation (IPPF) launched its seven-year Strategic Framework: *Locally Owned, Globally Connected*. This framework includes a core focus on delivering a model for SRHR in crises that connects humanitarian action with long term, equitable sustainable development goals, aiming to bridge the divide between humanitarian response and development.

Our humanitarian work aims to reach the most marginalised, and LGBTIQ+ inclusiveness is a core component integrated into our IPPF Humanitarian Strategy 2018-2022.



Disaster risk reduction: LGBTIQ+ inclusion in Nepal

During 2018, the Nepal Family Planning Association (FPAN) partnered with diverse LGBTIQ+ groups including the Blue Diamond Society, Mihtri Nepal and Inclusive Forum to conduct a series of consultations aimed at influencing district disaster management policies to include measures that support diverse LGBTIQ+ communities.

During the event, LGBTIQ+ actors had an opportunity to present challenges they faced - due to stigma and discrimination - in accessing services from government facilities during the 2015 Nepal earthquake response.

Government representatives from the Ministry of Home Affairs and Ministry of Women, Child, and Elderly were present and were very open to involving local LGBTIQ+ actors input into their respective disaster risk reduction policies, opening up the door for LGBTIQ+ voices to influence policies.

The group is sustained through a community of practice approach and was established after the Pride in Humanitarian Settings consultation.

Pride in Humanitarian Settings Consultation

During 2018, the [Pride in the Humanitarian System](#) (PitHS) consultation, funded by the Australian Government, brought together hundreds of LGBTIQ+ activists, human rights defenders and CSOs from around Asia and the Pacific Region to address the inclusion gap in humanitarian emergencies.

Following this dialogue, a Call to Action upon all actors in the humanitarian ecosystem was developed, which demanded the sector to:

- Meaningfully include and consult with diverse community members
- Ensure that humanitarian assistance be LGBTIQ+ inclusive and appropriate and centered around feminist principles
- Address the communities' specific practical and strategic needs and be centered on human rights.

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If humanitarian actors can't recognise persons of diverse sexual orientation and identities and what their problems are, they can't help them in crisis.

– Matcha Phorn-in, Executive Director, Sangsan Anakot Yaowachon

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Trans-friendly dignity kits: Sri Lanka

Sakuni (pictured above) is a 36-year-old transgender woman and an activist with the National Transgender Network of Sri Lanka (NTNSL).

Just before the October 2018 floods, Sakuni had been attending training at IPPF’s Member Association, the Family Planning Association of Sri Lanka (FPASL). It was there she came up with the idea to ask for some dignity kits to distribute to the transgender community in her area.

“At that awareness program, I learnt that FPASL supports transgender people during disasters. FPASL is the only organisation that talks about transgender people.” Dignity kits normally include items such as underwear, soap, toothbrushes, and towels, and are intended to help restore women’s dignity and increase their mobility during crisis situations.

Aid items are not usually designed with the transgender woman in mind, however, FPASL had specifically designed their kits to be transgender-friendly, which provided a sense of inclusion for the transgender community. “I distributed the kits myself”, Sakuni said. “They were hugging me, they worshipped me for distributing those kits. It was really emotional.”

Leveraging LGBTIQ+ partnerships in Tonga

Fakaleiti (‘leiti’) is a Tongan word to describe transgender women. In Tonga, the transgender community is organized by the Tonga Leitis Association (TLA).

TLA has a MoU with IPPF’s Member Association, the Tonga Family Health Association, to conduct joint activities during both stable and response times. TLA members are also MISP practitioners and form part of the front line responders on SRHiE in Tonga.

Access to health care and sexual and reproductive health services is a big challenge for leitis, even in stable times. Going to public clinics, they often face abuse and are more likely to be ignored or dismissed by staff. During a crisis, inclusive, safe and tailored health care is vital for LGBTIQ+ communities.

In collaboration with partners, the IPPF humanitarian response to Cyclone Gita in 2018 included gender based violence, disability and LGBTIQ+ awareness sessions, led by Leilani from TLA (pictured page 2), which were conducted during each sexual and reproductive mobile health clinic.

This humanitarian response was an excellent opportunity to integrate sexual and gender diverse transformative messaging to affected communities. A notable increase in the number of LGBTIQ+ clients at mobile clinics during the response suggested this was the result of having TLA members on the response team.

MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH (MISP for SRH)

PREVENT MORTALITY, MORBIDITY AND DISABILITY IN CRISIS-AFFECTED POPULATIONS

1 Ensure the health cluster identifies an organisation to lead the MISP for SRH

2 Prevent sexual violence and respond to the needs of survivors

3 Prevent and reduce morbidity and mortality due to HIV and other STIs

4 Prevent excess maternal and newborn morbidity and mortality

5 Prevent unintended pregnancies

6 Plan for comprehensive SRH services integrated into primary health care as soon as possible

NOTE Ensure that safe abortion care is available, to the full extent of the law, in health centres and hospitals.

LGBTIQ+ inclusion and the MISP

FPASL held focus group discussions with LGBTIQ+ community members to better understand how we can ensure SRH services in acute emergencies are inclusive. These recommendations arose from that consultation, as well as the PitHS consultation, and a literary review undertaken by IPPF.

1. Coordination

- Cluster coordination mechanisms should ensure LGBTIQ+ community members are engaged
- Ensure relationships and partnerships with diverse LGBTIQ+ organisations are pre-established during preparedness
- Needs assessments should include LGBTIQ+ persons, ensuring 'do no harm' principles
- Disseminate information through informal LGBTIQ+ networks.

2. Prevention and Response to Sexual Violence

- Ensure service providers have a focus on privacy issues for LGBTIQ+ persons
- Be aware of and strengthen informal networks; ensure there is an understanding where diverse LGBTIQ+ people go if subjected to sexual and gender-based violence
- Create safe stigma-free spaces for LGBTIQ+
- Be aware of or establish a inclusive referral mechanism.

3. Prevent transmission of HIV and other STIs

- Commodities should be tailored and available for LGBTIQ+ persons
- Ensure non-discriminatory service provision
- Ensure access to ARVs for LGBTIQ+ community members through networks with confidentiality.

4. Prevent excess maternal and new-born morbidity and mortality

- Ensure targeted psychosocial support services facing diverse LGBTIQ+ be built into service delivery.

5. Prevention of unintended pregnancies

- Access to contraceptives for all, without judgement
- Non-stigmatising care.

6. Planning for comprehensive SRH services

- Ensure access to hormone therapy for LGBTIQ+ community members as soon as possible.

Takeaways and recommendations from the LGBTIQ+ community

1. Meaningfully engage and include people of diverse LGBTIQ+ as leaders, participants, staff, and volunteers in all aspects of humanitarian action and disaster risk reduction actions across the Asia and the Pacific
2. Strengthen partnerships between diverse LGBTIQ+ civil society and humanitarian actors, for mutual capacity development opportunities and facilitation of sharing of good practices and learning
3. Expand the evidence base of experiences of people of diverse LGBTIQ+ facing disasters, crises and emergencies, and ensure safe and sensitive collection of data, for evidence-informed policy, practise and advocacy
4. Revise and/or develop humanitarian policies, plans, and guidance to ensure diverse LGBTIQ+ inclusion in responses, including developing indicators for monitoring progress.

