



Diverse SOGIESC Inclusion Programming

Situational Analysis, Case Studies, & Programming tool



IPPF East & South East Asia and Oceania Region (ESEAOR) Office
March 2023

Abbreviations

AHF	AIDS Healthcare Foundation
CBO	Community Based Organization
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
ESEAOR	IPPF East & South East Asia and Oceania Region
FPOP	Family Planning Organization of the Philippines
HIV	Human Immunodeficiency Virus
IDAHOT	International Day Against Homophobia, Transphobia and Biphobia
IPES	Integrated Package of Essential Services
IPPA	Indonesian Planned Parenthood Association
IPPF	International Planned Parenthood Federation
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer Plus
M&E	Monitoring and Evaluation
MA s	Member Associations
MISP	Minimum Initial Service Package
NGO	Non-Governmental Organization
NHSO	National Health Security Office
PEP	Post-Exposure Prophylaxis
PPAT	Planned Parenthood Association of Thailand
PrEP	Pre-Exposure Prophylaxis
RHAC	Reproductive Health Association of Cambodia
SGBV	Sexual and Gender-Based Violence
SOGIESC	Sexual Orientations, Gender Identities and Expressions, and Sex Characteristics
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UNHCR	United Nations High Commissioner for Refugees
UPLB	University of the Philippines Los Baños
UPR	Universal Periodic Review
YAG	Youth Activists Groups

Language

This Toolkit uses the term ‘people with diverse Sexual Orientations, Gender Identities and Expressions, and Sex Characteristics’ (SOGIESC)’ to refer to all people who live outside of heteronormative, cisnormative, gender binary, and endosexist assumptions. This includes people who are lesbian, gay, bisexual, pansexual, asexual, transgender, non-binary, androgynous, intersex, or queer, as well as people who identify with cultural non-binary identities, and people who use non-English terms.

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Introduction

IPPF envisions a world where all people are free to make choices about their sexuality and well-being, in a world free from discrimination. Discrimination faced by people with diverse SOGIESC constantly prevents the realisation of their Sexual and Reproductive Health and Rights (SRHR). Ensuring that all people with diverse SOGIESC are able to realise SRHR in order to live fulfilling life requires that SRHR programming pays attention to needs and realities of people with diverse SOGIESC.

Countries in the IPPF ESEAOR region, take varying legal positions with regard to rights of people with diverse SOGIESC. Restrictive legal and policy environments severely affect the access of people with diverse SOGIESC to SRHR. At the same time, the unavailability of non-judgemental, respectful, safe, and confidential SRH services challenge sexual and reproductive health of people with diverse SOGIESC.

Diverse SOGIESC inclusive SRHR Programming seeks to use targeted and mainstreamed approaches to include people with diverse SOGIESC, as well as efforts to transform harmful norms that have resulted in marginalisation of people with diverse SOGIESC. Addressing intersectionality of discrimination is fundamental to diverse SOGIESC inclusion. Sexual orientation, gender identity & expression, and sex characteristics are each distinct and intersectional grounds of discrimination, and they may be compounded by discrimination based on race, ethnicity, color, caste, indigenous identity, language, religion, political or other opinion, economic & social situation, age, disability, health- including HIV status, migration status, or other such grounds.

This document contains three parts. Part one consists of a situational analysis of the region which seeks to explore legal and social restrictions and challenges faced by people with diverse SOGIESC. Part two includes case studies of four IPPF Member Associations (MAs) from ESEAOR Region on working towards diverse SOGIESC inclusion in restrictive settings. Part three provides guidance on diverse SOGIESC inclusive SRHR programming to support IPPF MAs with further inclusion in regards to the organisational policy framework, capacity building, programmes, services, and advocacy. This section is adaptable as a tool for inclusive SRHR programming with regard to any marginalised community. It is recommended to seek technical support from IPPF as well as local experts, organisations, and networks of marginalised communities in the adaptation process.

IPPF ESEAOR Region at a Glance



Situational Analysis

Countries in the IPPF ESEAR region take up varying legal positions with regard to sex between same-sex partners. For instance, in Fiji, people with diverse sexual orientations are explicitly protected against discrimination through the country's Constitution¹ but in Malaysia, sex with a same-sex partner is punishable with imprisonment up to 20 years².

Figure 1 below indicates the legal situation with regard to sex with same-sex partners among countries in the region.

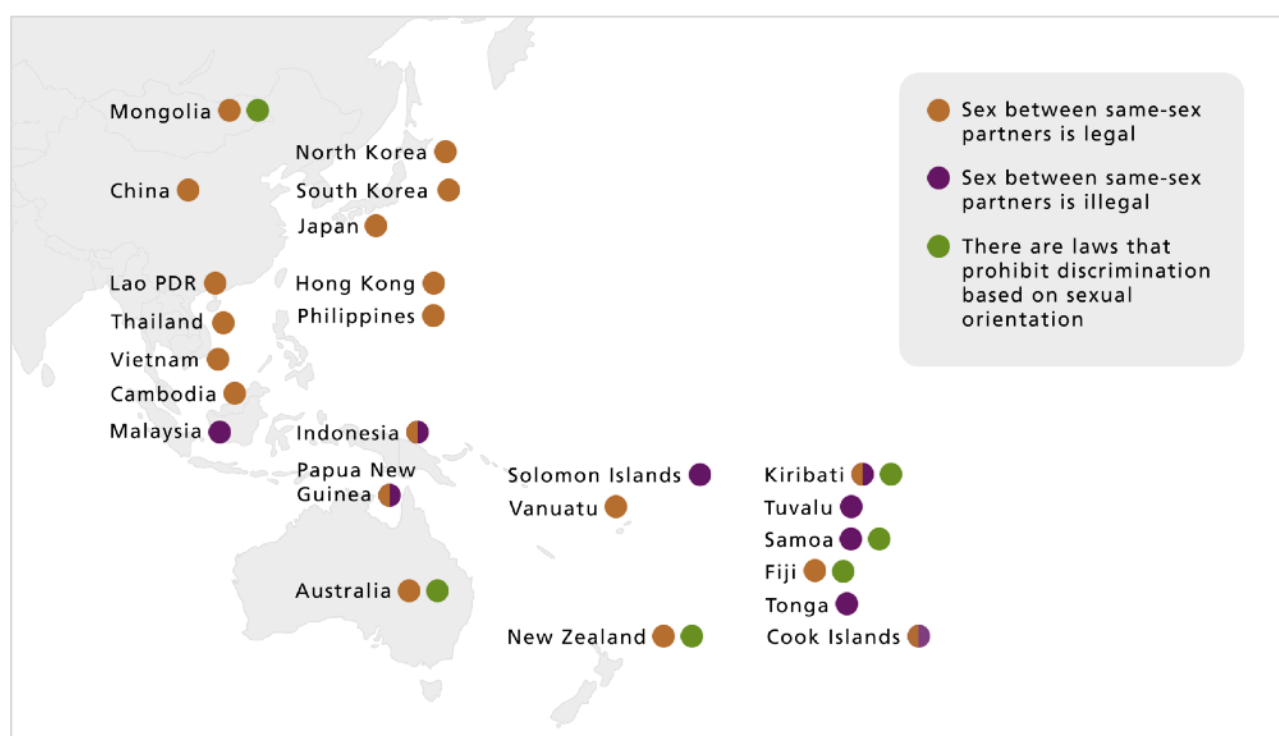


Figure 1: List of countries in the ESEAR region indicating the legal situation with regard to sex between same-sex partners (Disclaimer: This image does not identify the accurate geographical location of countries)

In 15 countries in the region, sex between same-sex partners is not criminalised, i.e., there is no law that explicitly criminalises it. Anti-discrimination legislation can be found in 6 countries: In Mongolia, hate crimes legislature protects people against discrimination based on sexual orientation and gender identity since 2017³. Sex Discrimination Act of Australia also contains anti-discriminatory provisions. New Zealand's Human Rights Act of 1993 provides protection from discrimination in employment. In Fiji, recent anti-discrimination provisions in revised employment, education and healthcare policies and laws offer protection under the

¹ Article 26 of Fiji Constitution of 2013 https://www.constituteproject.org/constitution/Fiji_2013.pdf?lang=en Accessed on 19/10/2022

² Section 377B of Malaysia Penal Code Act 574 <https://icj2.wpenginepowered.com/wp-content/uploads/2012/12/Malaysia-Penal-Code-Act-1936-1997-eng.pdf> Accessed on 19/10/2022

³ OSCE Office for Democratic Institutions and Human Rights 'National frameworks to address hate crime in Mongolia' <https://hatecrime.osce.org/national-frameworks-mongolia> Accessed on 21/10/2022

ground of sexual orientation⁴. Kiribati's Employment and Industrial Relations Code 2015 and Samoan Labour and Employment Relations Act of 2013 also contain anti-discrimination provisions.

Partial criminalisation can be found in Indonesia, Papua New Guinea, Kiribati, and Cook Islands. In Indonesia, same-sex sexual activity is not criminalised under the federal law, but it is explicitly prohibited in Aceh– a province which practices Shariah law, and in South Sumatra– a Muslim-majority province. In Papua New Guinea, Kiribati, and Cook Islands, provisions that criminalise sex with same-sex partners only apply to men.

In many countries, criminalisation occurred as a result of colonisation: Malaysia, Solomon Islands, Kiribati, Tuvalu, Tonga, and Cook Islands inherited the law from British; and Samoa, from New Zealand. However, in Indonesia, the provincial laws that criminalise same-sex activity were introduced after 2010. In Indonesia and Malaysia, where there is a combination of colonial law and religious law, major legislative change appears unlikely at present.

Maximum punishment for same-sex sexual activity varies among countries in the region: It is up to 20 years of imprisonment and whipping in Malaysia; up to 14 years imprisonment in Solomon Islands, Kiribati, Tuvalu, and Papua New Guinea; imprisonment up to 10 years in Tonga; up to 100 months' imprisonment or lashes or fine in Aceh province of Indonesia; and up to 7 years of imprisonment in Samoa and Cook Islands.

In Malaysia, there is evidence of the law being enforced in recent years: Since the 2018 election, a crackdown on the LGBTQ+ community has been underway, with several reports of arrest, prosecution, and the imposition of corporal punishment. There is limited evidence of the laws being imposed in Solomon Islands and Papua New Guinea. In the former, reports point to charging an individual with "indecent practices" but the outcome of the case is unknown. In the latter, the only known prosecution occurred in 2015 and ended in a conviction. In Indonesia, despite the absence of laws that criminalise same-sex sexual activity at the federal level, there has been a recent crackdown against LGBTQ+ people, with multiple raids of bars, clubs, and saunas used by gay men, often followed by periods of arbitrary detention and eventual release. Several people have been prosecuted and convicted– usually under an anti-pornography law⁵. In Cook Islands, Kiribati, Samoa, Tonga, and Tuvalu, there is no evidence of the law being enforced for many years, and it appears to be largely obsolete in practice. Nevertheless, the mere existence of provisions that criminalise sex with same-sex partners is a violation of human rights and underpins further acts of discrimination.

There have been consistent reports of discrimination and violence being committed against LGBTQ+ people in recent years, including assault, harassment, and extortion in Indonesia and Malaysia. Reports of violence and discrimination also emerge from other countries where

⁴ Asia Pacific Transgender Network 'Legal Gender Recognition in Fiji: a Legal and Policy Review in The Context of Human Rights' <https://weareaptn.org/resource/legal-gender-recognition-in-fiji-a-legal-and-policy-review-in-the-context-of-human-rights/> Accessed on 24/10/2022

⁵ Human Dignity Trust 'Country Profile: Indonesia' <https://www.humandignitytrust.org/country-profile/indonesia/> Accessed on 19/10/2022

same-sex sexual activity is criminalised⁶ as well as countries where same-sex sexual activity is legal. Reports of discrimination in education, employment, and public life, as well as discrimination and violence within family are common. Reports of violence are scattered across the region. For example, in Cambodia, homophobic attacks have been reported in public places such as markets, clubs, and community settings. In China, clinics offering “conversion therapy” operate freely, and there is strong family pressure for LGBTIQ+ people to undergo these harmful practices⁷.

On a positive note, the region has seen a shift with regard to rights of people with diverse sexual orientations in the last 10 years. In October 2022, a system to register same-sex partnerships opened for applications in Tokyo, in a symbolic step towards equality⁸. There has been an increase in positive media exposure, as well as support from the public and government in Vietnam. In 2022, New Zealand banned “conversion therapy”. In 2021, a Malaysian man won a landmark case against the Islamic ban on sex “against the order of nature”, raising hopes for greater acceptance of equal rights⁹. In 2010, the Philippine Supreme Court disregarded the religious opposition to promotion of LGBTI rights to abide by the principle of non-discrimination. The LGBTIQ+ movement in Indonesia, which has been active since 1969, is growing and vibrant with around 120 civil society groups in the country.

When it comes to diversity of gender identity and expression, countries in the ESEAOR region once again take differing positions. It needs to be noted that in many countries in the Oceania region including Samoa, New Zealand and Cook Islands, Fiji, Kiribati, Tonga and Tuvalu, gender diverse people– referred to using local terms such as ‘whakawahine’, ‘fa’afafine’, ‘binabinamane’ and ‘pinapinaaine’– are and have been part of the culture for centuries.

In Australia and New Zealand, non-binary identities have legal recognition. In birth certificates and passports in Australia, and in passports in New Zealand, gender marker ‘X’ is used. In Australia this is defined as ‘non-binary/indeterminate/intersex/unspecified/other’¹⁰. Other countries in the region do not have a third gender/sex marker in the identity documents.

While transgender people face social and legal challenges similar to non-binary people, in some countries it is possible for transgender people to legally change gender. The following

⁶ Human Dignity Trust https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/?type_filter_submitted=&type_filter%5B%5D=crim_lgbt#listtab Accessed on 19/10/2022

⁷ Outright International ‘Country Overview: China’ <https://outrightinternational.org/our-work/asia/china> Accessed on 19/10/2022

⁸ Bloomberg 11/10/2022 ‘Tokyo Opens Same-Sex Partnership System for Applications’ <https://www.bloomberg.com/news/articles/2022-10-11/tokyo-opens-same-sex-partnership-system-for-applications?leadSource=uverify%20wall> Accessed 14/10/2022

⁹ Reuters 25/02/2021 ‘Malaysian man wins landmark challenge against Muslim gay sex ban’ <https://www.reuters.com/article/malaysia-lgbt-rights/malaysian-man-wins-landmark-challenge-against-muslim-gay-sex-ban-idUSL8N2KV0PD> Accessed on 24/10/2022

¹⁰ Australian Passport Office ‘Sex and gender diverse passport applicants’ <https://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/sex-and-gender-diverse-passport-applicants> Accessed on 01/11/2022

image indicates the legal position of countries in the region with regard to gender change in identity documents.

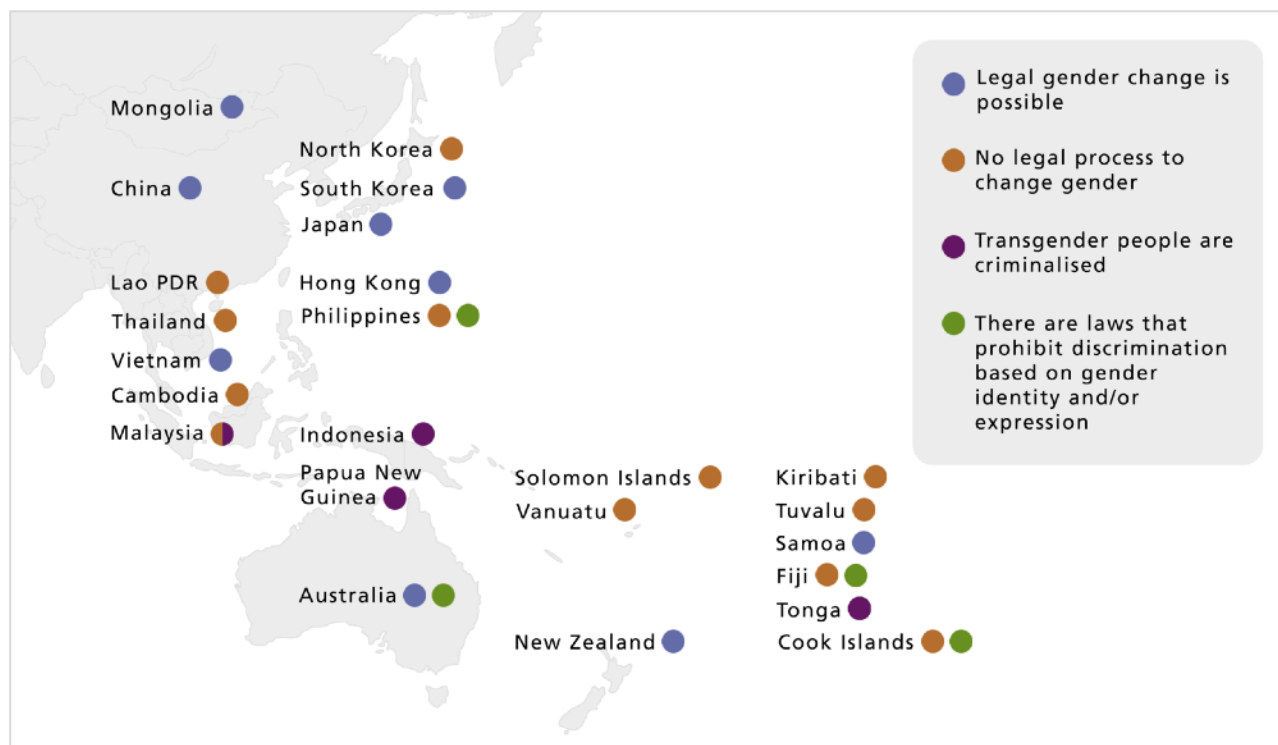


Figure 2: List of countries in the ESEAOR region indicating the legal situation with regard to gender change (Disclaimer: This image does not identify the accurate geographical location of countries)

In nine countries in the region, legally changing gender (or sex) in identity documents is permitted. In Mongolia, China, South Korea, Hong Kong, Japan, Lao PDR, and Vietnam undergoing sex reassignment surgery including genital surgery is a pre-requisite for changing gender in identity documents. Requiring trans people to undergo such lengthy, expensive, invasive, and irreversible medical procedures is regressive and harmful. A more progressive approach is taken by Australia, and Samoa where changing gender is not dependent on sex reassignment surgery.

Countries where a legal gender change is not permitted can be categorised into two. The first category is where transgender people are allowed to change their name in identity documents. This includes Cook Islands, Thailand, and Fiji. The second category is countries where there is no legal process for transgender people to change at least their name to reflect their gender.

In Indonesia, Papua New Guinea, and Tonga transgender people are criminalised. In Malaysia, transgender people are criminalised under Shariah law that prohibits cross-dressing. This law only applies to Muslims.

In Philippines, Australia, and Cook Islands, there are laws to protect people from discrimination on the grounds of gender identity.

There is evidence of discrimination and violence against transgender and non-binary people across the region. For example, in Malaysia where transgender people are persecuted under religious laws¹¹, there has been a rise in arrests and intimidation of trans people in recent years¹². There are recent reports of hate crime against trans women that include assault and murder. Acts of discrimination against trans people across the region in healthcare, law enforcement, education, and employment are well documented¹³. Forms of discrimination and violence within family commonly includes verbal abuse, psychological and physical violence, exclusion, and eviction. Trans people across the region experience sexual harassment and abuse in public. Prolonged exclusion, discrimination, and violence often leads to mental health challenges such as depression and anxiety requiring special attention to mental health in health service provision.

In health care, discrimination takes the forms of admitting transwomen to male wards/ transmen to female wards, medically unrelated inquiries about sex and gender, medically unrelated examination of genitals etc. In many health systems, being transgender is pathologized. A diagnosis of gender dysphoria is almost always a pre-requisite for legal transition process. In some countries such as China, transgender identity is still categorised as a mental health disorder¹⁴.

There is limited information on the experience of intersex people in the region. This invisibility can be attributed to strong endosexist ideals and lack of awareness in general. Commonly, intersex people are confused with transgender people. Often, experience of intersex people is grouped together with that of LGBTQ+ people and the discrimination they experience in general is recorded¹⁵.

Australia is the only country in the region where the law explicitly protects intersex people from discrimination. In 2012-2013, in a progressive step 'intersex status' was included as a prohibited ground of discrimination into the Sex Discrimination Act¹⁶. It is implied that New

¹¹ Human Rights Watch 25/06/2019 "'The Deceased Can't Speak for Herself:' Violence Against LGBT People in Malaysia' <https://www.hrw.org/news/2019/06/25/deceased-cant-speak-herself-violence-against-lgbt-people-malaysia> Accessed on 24/10/2022

¹² Human Dignity Trust 'Country Profile: Malaysia' <https://www.humandignitytrust.org/country-profile/malaysia/> Accessed on 28/10/2022

¹³ Human Rights Watch, *I'm Scared to Be a Woman- Human Rights Abuses Against Transgender People in Malaysia* (2014) https://www.hrw.org/sites/default/files/reports/malaysia0914_ForUpload.pdf; Accessed on 31/10/2022; Cambodian Centre for Human Rights, *Discrimination against Transgender Women in Cambodia's Urban Centers* (2014) https://cchrcambodia.org/index_old.php?url=project_page/project_page.php&p=report_detail.php&reid=115&id=3 Accessed on 19/10/2022; Chinese University of Hong Kong, 'Press Release: Excluded lives: The largest-scale survey on the social and legal marginalization of transgender people in Hong Kong so far' https://tgr.org.hk/attachments/article/340/PressRelease_CUHKSRP_Eng_20210512.pdf Accessed on 31/10/2022; APCOM, *The State of LGBTQI People's Economic Inclusion Lao PDR* (2020) https://www.apcom.org/wp-content/uploads/2020/12/2020-11-26_Report_APCOM_FinanceInc_LaoPDR_Rev_2-withLogos.pdf Accessed on 01/11/2022

¹⁴ The Lancet 'Discrimination against LGBT populations in China' [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30153-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30153-7/fulltext) Accessed on 01/11/2022

¹⁵ Kaleidoscope Human Rights Foundation, *The Rights of Lesbian, Bisexual, Transgender and Intersex (LBTI) Women in Viet Nam Shadow Report for the 61st Session of the CEDAW Committee* https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/VNM/INT_CEDAW_NGO_VNM_20790_E.pdf Accessed on 24/10/2022; UN News 21/05/2026 'Indonesian LGBTI people face discrimination from all sides' <https://news.un.org/en/audio/2016/05/612642> Accessed on 24/10/2022

¹⁶ Intersex Human Rights Australia 'Discrimination' <https://ihra.org.au/discrimination/> Accessed on 02/11/2022

Zealand's Human Rights Act of 1993 also provides similar protection¹⁷. In Thailand, intersex people are entitled to health security right for sex reassignment/ alignment surgery but with approval of a medical practitioner¹⁸.

A commonly recorded human rights violation faced by intersex people is performing unnecessary and unconsented surgical procedures on intersex children to align their anatomy with the medically accepted definition of male or female. These surgeries are irreversible, harmful, and affect the sexual and reproductive freedom of individuals. Dr. Small Luk, an intersex activist from Hong Kong has documented personal accounts of similar surgical procedures¹⁹. Intersex medical interventions are encouraged as early as possible in both Hong Kong and China. A 2014 clinical review from Hong Kong noted that out of 22 infants with congenital adrenal hyperplasia studied for this review, all infants received clitorectomies. It also showed a preference for early surgeries when infants are aged 1–2 years, and an assessment of surgical success focusing on genital appearance and necessity for further cosmetic surgeries²⁰. Due to the strong male preference in Chinese society, it is more likely that an intersex child is operated on to create a male body than a female body²¹.

In some countries, performing unnecessary and unconsented surgical procedures on intersex children is institutionalised. For example, Paediatric Protocols for Malaysian Hospitals (4th Edition)– in which intersex children are pathologized (to be having "Disorder of Sexual Development"), recommends surgery for non-medical reasons, i.e. to make the baby's genitals appear "compatible" with their assigned gender²².

A 2019 Report by Human Rights Commission of Malaysia showed that intersex people faced high levels of mental health issues, discrimination, and lack of access to rights. They faced issues and levels of marginalisation similar to transgender people, including the inability to change their gender markers without tests and lengthy procedures²³.

Intersex children face bullying in schools²⁴ due to lack of awareness and inclusive practices within the education systems. This often leads to intersex students performing poorly in school²⁵. Many intersex students leave school early without qualifications. A 2015 sociological

¹⁷ Community Law <https://communitylaw.org.nz/community-law-manual/chapter-8-gender-and-sexuality/gender-and-gender-identity/intersex-people/> Accessed on 02/11/2022

¹⁸ Thai PBS 31/07/2018 'Intersex people entitled to health coverage for sex change' <https://www.thaipbsworld.com/intersex-people-entitled-health-coverage-sex-change/> Accessed on 02/11/2022

¹⁹ The Loop HK 21/03/2016 'What It's Like to be Intersex in Hong Kong' <https://theloophk.com/culture-guide-city-issues-what-its-like-to-be-intersex-in-hong-kong/> Accessed on 02/11/2022

²⁰ Hong Kong Medical Journal 2014 'Reconstructive surgery for females with congenital adrenal hyperplasia due to 21-hydroxylase deficiency: a review from the Prince of Wales Hospital' <https://www.hkmj.org/abstracts/v20n6/481.htm> Accessed on 02/11/2022; South China Morning Post 28/01/2016 'No child should endure my ordeal...' <https://www.scmp.com/lifestyle/article/1905393/no-child-should-endure-my-ordeal-says-sex-disorder-hongkonger-forced-be> Accessed on 02/11/2022

²¹ The Loop HK

²² Queer Lapis 'What issues do intersex people face in Malaysia?' <https://www.queerlapis.com/intersex-issues-msia/> Accessed on 02/11/2022

²³ Ibid.

²⁴ The Loop HK

²⁵ Queer Lapis

study found that 19% of people born with atypical sex characteristics failed to complete secondary school. Reasons appear to include bullying on the basis of physical characteristics, developmental delays, the impact of medical interventions during puberty, and lack of inclusive curricula²⁶. Continued discrimination in healthcare, education, workplaces, sport, and access to other services can lead to exclusion, poverty, and poor quality of life.

The Darlington Statement²⁷, a joint statement made by Australian and New Zealand intersex organisations and advocates in 2017, suggests that genital surgery on intersex children should be a crime, advocating for greater human rights and recognition for people with diverse sex characteristics.



²⁶ Intersex Human Rights Australia 'Discrimination'

²⁷ Intersex Human Rights Australia 'The Darlington Statement' <https://ihra.org.au/darlington-statement/> Accessed 02/11/2022

Working Towards Diverse SOGIESC Inclusion in Restrictive Settings: Four Case Studies From the Region



Family Planning Organization of the Philippines (FPOP)

Family Planning Organization of the Philippines (FPOP) is one of the oldest volunteer organization in the Philippines with 13 active organizational chapters and 17 Community Health Care Clinics nationwide offering sexual and reproductive health services with the support of a network of community-based volunteers. In the Philippines despite the absence of laws that criminalize people with diverse SOGIESC, and the presence of a growing LGBTIQ+ movement since the 2000s, society remains highly restrictive towards diversity of sexual orientation. Catholic church has been increasingly vocal in its opposition to legal recognition of same-sex unions. Numerous bills relating to LGBTIQ+ rights including an anti-discrimination bill have been tabled in the Congress since 2000 but none have been passed.

Chapters of FPOP lobby for advocacy efforts on rights of people with diverse SOGIESC: Notable efforts include the contribution to the drafting of local ordinances relating to HIV, gender equality, and diversity of SOGIESC. FPOP uses social media to amplify these advocacy efforts.

The main focus of FPOP is SRH service provision. FPOP uses community-based approaches such as mobile clinics to deliver SRH services to people with diverse SOGIESC. Often delivery of services is coupled with outreach activities aimed at awareness raising. Social media is used to disseminate information on these events and generate demand²⁸. Currently, FPOP engages, informs, and delivers SRH services to gay/bisexual men, transgender women, and men who have sex with men under HIV programmes. FPOP has a no-refusal policy in place which means that no



Image: FPOP team at UPLB event. Banner reads 'Trans rights are human rights'. Source: FPOP Facebook page

²⁸ FPOP Your Hotline Philippines (Facebook page) <https://www.facebook.com/youRHotline.ph> Accessed on 10/11/2022. FPOP (Facebook page) <https://www.facebook.com/fpop.ph/>

person is denied services if they cannot afford to pay.

FPOP chapters raise awareness of people with diverse SOGIESC on SRHR and the awareness of general public on diversity of SOGIESC. Information on diversity of SOGIESC is included into outreach efforts: For instance, 101 sessions under SHE Project included information on diversity of sexual orientation; diversity of sexual orientation was addressed in CSE videos developed under Reaching and Empowering Adolescents project²⁹; and information on diversity of SOGIESC is shared at community events such as the event at University of the Philippines Los Baños (UPLB) for which FPOP worked closely with UPLB Babaylan– a LGBTQ+ and ally student’s support group in 2020.

FPOP engages people with diverse SOGIESC as staff, volunteers, and youth group members who support FPOP’s work including activities that focus on people with diverse SOGIESC. The organization has a non-judgmental culture that encourages engagement of people with diverse SOGIESC.

In 2021, with the support of IPPF ESEAOR Regional Office, FPOP conducted a self-assessment of the organization, particularly focusing on advocacy, programmes, services, and institutional policies and practices. This exercise was preceded by a virtual training on diversity of SOGIESC. Action plan developed after this exercise of self-reflection included ambitious activities such as reviewing the organizational branding and communication materials to embrace diverse SOGIESC inclusion, strengthening digital health hotline to provide high quality services to clients with diverse SOGIESC, improving chapter-level data collection through a 3 year process and begin to collect SOGIESC data with the consent of clients, and developing guidelines to include at least 20% people with diverse SOGIESC in decision making volunteer bodies.

²⁹ FPOP CSE video: DIVERSITY (Video) <https://www.facebook.com/fpop.ph/videos/667395360802875> Accessed on 10/11/2022

Planned Parenthood Association of Thailand (PPAT)

Legal framework of Thailand is generally friendly towards LGBTIQ+ people: sex with same-sex partners is legal and transgender people are able to change their name in identity documents to reflect their gender. However, there is still opposition towards legal recognition of same-sex unions and people with diverse SOGIESC experience stigma and discrimination.

Planned Parenthood Association of Thailand (PPAT) delivers SRH information and services through 10 nationwide clinics. PPAT's work on HIV/STI services focus on people with diverse SOGIESC. In their work with National Health Security Office (NHSO) and AIDS Healthcare Foundation (AHF), PPAT supported the delivery of HIV and STI related services to gay/bisexual men, transgender women, and men who have sex with men. PPAT provides HIV testing and makes referrals for obtaining PrEP/PEP, HIV/STI services and hormone therapy, and conducts regular follow-ups. In 2022 (January-October) under the AHF project, PPAT provided HIV testing to 337 gay/bisexual men or men who have sex with men, and 28 transgender women with 16 total positive results. Since client SOGIESC data is only collected in targeted interventions, records of general SRH service provision to people with diverse SOGIESC are not available. PPAT has partnered with several LGBTIQ-led organizations to strengthen their referral system.

Through the Facebook page Fun Fact HIV³⁰ aimed at raising awareness on HIV, PPAT shares information on diversity of SOGIESC. An online campaign on Pride Month that was conducted through this platform– which also included a live discussion on same sex marriage, gained over 35,000 engagements.



Image: PPAT team at 2022 Pride Event organized by Faculty of Humanities and Sciences of Khon Kaen University and CSOs

³⁰ Fun Fact HIV (Facebook page) <https://www.facebook.com/FUNFACTHIVbyppat> Accessed on 10/11/2022

PPAT has staff members who openly identify as LGBTIQ+. PPAT's organizational policies have been updated to better align the human rights principles in order to create an environment of equality and non-discrimination for people with diverse SOGIESC. All activities of PPAT respect the principle of 'do no harm' including the engagements with LGBTIQ+ communities. All clients and individuals who engage in programmes, including those who identify as LGBTIQ+, are treated with dignity and respect.

PPAT has shown a keen interest in increasing focus on people with diverse SOGIESC in recent years. In 2021, with the support of IPPF ESEAOR Regional Office, PPAT conducted a self-assessment of the organization which was preceded by a virtual training on diversity of SOGIESC. Action plan developed after this exercise of self-reflection included activities such as recruitment of peer-educators with diverse SOGIESC, providing CSE to young people with diverse SOGIESC, developing guidelines for service providers on stigma-free service provision and training all service providers attached to the organization, and reviewing internal policies to ensure inclusion within the organization.



Indonesian Planned Parenthood Association (IPPA)

In Indonesia, sex with same-sex partners is not criminalised except in two provinces. There are no laws explicitly criminalising same-sex sexual activity at the federal level, however there is significant evidence of the 'anti-pornography' law being used to arrest and prosecute LGBTIQ+ people. Transgender people are criminalised under the Penal Code of 1999 which criminalises 'offences against decency'. Discrimination and violence against LGBTIQ+ people are commonly reported within family, and in education, employment, administrative offices, and healthcare settings³¹.

Indonesian Planned Parenthood Association (IPPA) operates in this context through 27 Chapters, 214 Branches, and 96 service outlets including 36 permanent clinics, 71 mobile services, 50 associated centres/ organizations, and 56 communities-based distributors.

In 2016, in response to the increasing hate speech and violence against LGBTIQ+ community, IPPA issued a statement condemning acts of hate speech and violence, and reinstating their position that such acts amount to human rights violations³². In recent years, IPPA has been part of several notable advocacy efforts relating to rights of people with diverse SOGIESC.

In 2020, IPPA conducted a series of discussions with Institute for Criminal Justice Reform, and organisations such as Arus Pelangi, Support Group and Resource Center on Sexuality Studies, Sejuk, Purple Code, Pamphlet, UNAIDS, as well as experts in various fields such as law, gender, criminology, anthropology, psychology, and religion to develop an Advocacy Journal on the threats posed by the Family Resilience Bill³³. The Bill that was never passed, included among its controversial features, a requirement to turn in any family members who have sex with same-sex partners.

In 2021, a local regulation of Bogor City– Regulation on the Prevention and Overcoming of Sexual Deviant Behaviour, sought to admit people with diverse SOGIESC to rehabilitation centres to 'cure' them through conversion therapy. In response to this Regulation, IPPA developed a policy brief together with Kami Berani Coalition to be submitted to the Ministry of Home Affairs³⁴.

³¹ Human Dignity Trust 'Country Profile: Indonesia' <https://www.humandignitytrust.org/country-profile/indonesia/> Accessed on 10/11/2022

³² IPPA 'Pernyataan Sikap PKBI Terhadap Ancaman dan Tindak Kekerasan Terhadap LGBT' <https://pkbi.or.id/pernyataan-sikap-pkbi-terhadap-ancaman-dan-tindak-kekerasan-terhadap-lgbt/> Accessed on 10/11/2022

³³ IPPA 'Jurnal Adokasi UU Ketahanan Keluarga' <https://pkbi.or.id/jurnal-adokasi-uu-ketahanan-keluarga/> Accessed on 13/11/2022

³⁴ IPPA 'Tanggapan PKBI dan Koalisi Kami Berani untuk Upaya Persekusi Sistematis dari Raperda Pencegahan dan Penanggulangan Perilaku Penyimpangan Seksual di Bogor, Jawa Barat' <https://pkbi.or.id/tanggapan-pkbi-dan-koalisi-kami-berani-untuk-upaya-persekusi-sistematik-dari-raperda-pencegahan-dan-penanggulangan-perilaku-penyimpangan-seksual-di-bogor-jawa-barat/> Accessed on 13/11/2022

IPPA is a member of the Indonesia National Coalition of the Marginalised Groups against Discrimination on the basis of Sexual Orientation Gender Identity. In 2022, as part of this Coalition, IPPA contributed to the Joint Submission on LGBTIQ+ Rights for Indonesia's Fourth Universal Periodic Review (UPR) Cycle³⁵. End of 2022, however, Indonesia's parliament voted to ban sex outside of marriage as part of the criminal code. The impact of this law on the diverse SOGIESC community in the country is yet to be seen, though it was seen as a win for the community as the initial bill included an article specifically making gay sex illegal which has been removed.³⁶

Apart from advocacy, IPPA also delivers SRH services to people with diverse SOGIESC. RESPOND is one of the recent projects implemented by IPPA through which SRH services were provided to people with diverse SOGIESC. During August to October 2022, 4184 people with diverse SOGIESC were served under this project. SRH services are provided to people with diverse SOGIESC through 23 static clinics, 23 mobile clinics, and 8 community-based distributors. These services included HIV/STI testing and Sexual and Gender-Based Violence (SGBV) services. Through RESPOND project a total of 16,394 services were provided to clients with diverse SOGIESC. In addition, this project sought to improve access to SRH services through peer outreach and awareness rising on SRH services, gender equality, diversity of SOGIESC, and SGBV. Through the Pulih Bersama programme, 544 people with diverse SOGIESC were tested for COVID-

In addition to awareness rising, IPPA's efforts to empower LGBTIQ+



Image: Social media post by IPPA on IDAHOT 2022

³⁵Joint Submission on LGBTIQ Right for Indonesia's Fourth Universal Periodic Review (UPR) Cycle <https://www.esaor.ippf.org/file/12454/download?token=68l5nxUg> Accessed on 14/11/2022

³⁶ Cycle Indonesia criminalizes adultery, but the law may take up to 3 years to take effect. [Adultery becomes a punishable offense in Indonesia's criminal code : NPR](#) Accessed on 28/2/2023

community has included capacity building on income generation, and capacity building on making referrals to public health services and SGBV services.

An innovative programme run by IPPA to strengthen family support for transgender women is titled 'Family Forums'. This programme brings together families of transgender people to share information and support. Families are educated on gender, disability, and social education. Family members are trained to protect transgender people. Family Forums are currently held in eight provinces: South Kalimantan, Central Kalimantan, South Sulawesi, Aceh, DI Yogyakarta, West Java, Riau Islands, and Sumatra. South³⁷.

People with diverse SOGIESC form part of IPPA team as staff and volunteers. Merylin Sopjan, a well-known transgender activist works with IPPA's inclusion programme as a programme officer.

In 2021, with the support of IPPF ESEAOR Regional Office, IPPA conducted a self-assessment of the organization which was preceded by a virtual training on diversity of SOGIESC. Action plan developed after this exercise of self-reflection included activities such as advocating for an anti-discrimination legislation, developing a web portal with SRHR and rights information needed by people with diverse SOGIESC, initiating mental health services for people with diverse SOGIESC, furthering SRH services to people with diverse SOGIESC through community based approaches and partnerships, and adopting an internal policy to prevent and address sexual harassment at workplace which is inclusive of discrimination, harassment, and bullying based on SOGIESC.



³⁷ IPPA, 'Merlyn Sopjan: Kepada Keluarga, Aku Pulang' <https://pkbi.or.id/merlyn-sopjan-kepada-keluarga-aku-pulang/> Accessed on 14/11/2022

Reproductive Health Association of Cambodia (RHAC)

Sex with same-sex partners has never been illegal in Cambodia. However, same-sex unions are not yet recognized by the law. There is no legal process to change gender in identity documents if you are transgender. LGBTIQ+ people face stigma and discrimination within family, in education, employment, public sector, and healthcare.

Reproductive Health Association of Cambodia (RHAC) is one of the largest non-profit organizations in the health sector of Cambodia currently delivering SRH services in 19 out of 25 provinces in Cambodia through numerous static, mobile, and associated clinics. RHAC particularly focuses on providing SRH information and services to vulnerable groups.

Since 2004, RHAC has provided SRH services including HIV/ STI services to gay/bisexual men, and men who have sex with men. During 2009-2010, RHAC expanded these services to provinces such as Siem Reap, K.Cham, and K. Speu. From 2014 to 2016, RHAC implemented a special programme on promoting SRHR among people with diverse SOGIESC which sought to promote self-care and improve access to SRHR. All RHAC clinics implement the organizational guidelines on transgender-friendly service delivery which was developed based on an in-depth need assessment on health-related needs of transgender people. Following are some statistics of services delivered to gay/bisexual men, men who have sex with men, and transgender people by RHAC during 2018-2022.

SRH service provision to gay/bisexual men and men who have sex with men						
		2018	2019	2020	2021	2022
Number of services delivered to gay/bisexual men and men who have sex with men	HIV/ STI services	8,768	17,331	17,903	26,432	26,546
	Counselling	8,768	17,331	17,903	26,820	27,264
	Contraceptives	26,527	45,057	41,147	58,296	55,675
	PrEP	-	-	-	388	718
Number of clients who were gay/bisexual men or men who have sex with men		9,561	10,981	11,612	14,633	17,508

SRH service provision to transgender clients						
		2018	2019	2020	2021	2022
Number of services delivered to transgender clients	HIV/ STI services	1,217	2,299	2,235	3,475	3,437
	Counselling	1,217	2,299	2,235	3,583	3,626
	Contraceptives	4,173	6,886	5,839	7,958	7,588
	PrEP	-	-	-	108	189
	SGBV services		26	4	4	
	Hormone therapy	3	9	30	54	45
Number of clients who were transgender people		1,166	1,389	1,532	1,907	2,167

Through their ongoing programmes, RHAC works towards improving access to SGBV services particularly for key populations, and on HIV prevention.

In 2014, RHAC worked with Ministry of Education, Youth, and Sports to ensure the integration of diversity of SOGIESC into CSE textbooks. Today, RHAC continues to advocate for SRHR of people with diverse SOGIESC by following up with government bodies on addressing SOGIESC related recommendations of 32nd Universal Periodic Review.

Under RHAC's youth programme, a network of Youth Activists Groups (YAG) was set up. Youth with diverse SOGIESC form part of this network. 168 young people including 15 who identify as LGBTIQ+ youth were trained as youth activists by RHAC. They conduct discussions on SRHR, including diversity of SOGIESC, at the community level. Over 2000 group discussions have been conducted during January to October 2022. Two Youth Centers in Siem Reap and Kampot have become spaces where youth including LGBTIQ+ youth can meet, discuss, and develop the youth-led initiatives. In 2022, the group of youth activist in Kampot submitted a petition to the local authority regarding the discrimination experienced by people with diverse SOGIESC. Currently, RHAC also works on reducing discrimination on the basis of sexual orientation and improving CSE (through Healthy Life project).

RHAC is a member of the SOGIESC Alliance with three other organisations working on the rights of people with diverse SOGIESC; namely, Cambodian Center for Human Rights, Love is Diversity, and RoCK Cambodia. Priority of the SOGIESC Alliance during these 4 years of the UPR cycle is to advocate for marriage equality for LGBTIQ+ people in Cambodia.

Among the 130 members of RHAC staff, at least 40 members are gay or bisexual men/ men who have sex with men, and 12 staff members are transgender. RHAC ensures a safe and respectful workplace for people with diverse SOGIESC through institutional policy, awareness rising, non-judgmental recruitment process, and a friendly workplace culture.

In 2021, with the support of IPPF ESEAOR Regional Office, RHAC conducted a self-assessment of the organization which was preceded by a virtual training on diversity of SOGIESC. Action plan developed after this exercise of self-reflection included activities such as advocating for the legal recognition of transgender identity, train and provide fellowships for youth led-advocacy to young people with diverse SOGIESC, conduct participatory research on the effectiveness of SOGIESC inclusive CSE with the engagement of youth with diverse SOGIESC, and expanding SRH services to people with diverse SOGIESC.



Programming Tool for Diverse SOGIESC Inclusion



Integrating diversity of SOGIESC in SRHR programming

IPPF strives to create a world where all people are able to realise their Sexual and Reproductive Health Rights (SRHR). IPPF understands that the principle of non-discrimination underlines all human rights protection and promotion. All over the world, people with diverse SOGIESC, i.e. people who identify or find themselves outside the heteronormative, gender binary, and endosexist ideals– including lesbian, gay, bisexual, pansexual, asexual, transgender, non-binary, queer, and intersex people- face stigma and discrimination based on SOGIESC that challenges the realisation of their SRHR.

SRHR challenges experienced by people with diverse SOGIESC include (but not limited to) lack of SRH information and services that are SOGIESC inclusive, lack of skilled and non-judgemental service providers, poor access to SRH information and services due to stigma and discrimination, barriers to expression of sexual orientation and gender identity & expression due to restrictive laws and cultural norms, sexual and gender-based violence, and restricted access to national human rights mechanisms. These challenges are on top of the already existing multiple and intersecting forms of discrimination and social determinants of health which barriers in access to SRHR services.

People with diverse SOGIESC form part of our communities and as SRHR champions around the world it is important that we pay attention to diverse SOGIESC inclusive SRHR programming. This toolkit is developed as a helpful guide to develop SRHR programmes including services that are diverse SOGIESC inclusive.

The proceeding sections of this document present useful concepts and tools relating to diverse SOGIESC inclusive programming for MA staff and volunteers. In the following sections you can find useful guidance on diverse SOGIESC inclusion in organisational policies and guidelines, capacity building, SRHR programmes, SRH services, and advocacy.

Diverse SOGIESC inclusive programmes are...

1

Supported by

Expertise
Political will
Financial resources
Organisational capacity

2

Informed by

SOGIESC analysis that explores power dynamics, access, and rights & entitlements of people and groups in the target population based on gender, sexual orientation, gender identity & expression, sex characteristics, and other intersecting identities

3

Seeking to

Fulfil SRHR needs of people with diverse SOGIESC

Remove barriers faced by people with diverse SOGIESC in realising their SRHR

Transform harmful norms that result in marginalisation of, and perpetuate discrimination against, people with diverse SOGIESC

4

Conducted with

Meaningful participation of people with diverse SOGIESC/ groups and networks of people with diverse SOGIESC at all levels of programming including planning, implementation, and monitoring and evaluation.

5

Strengthened through

Participatory and diverse SOGIESC inclusive monitoring and evaluation

Diverse SOGIESC inclusive organisational policies and guidelines

Developing an organizational policy framework that is diverse SOGIESC inclusive is a critical step in moving towards inclusive SRHR programming. A diverse SOGIESC inclusive policy framework clarifies the organization's position and facilitates the integration of diverse SOGIESC inclusion lens in to all organisational processes. Developing a diverse SOGIESC inclusive policy framework is an essential first step in moving towards inclusion. While this helps create a safe work environment for staff and volunteers with diverse SOGIESC, it also sets standards for respectful interactions with LGBTIQ+ people and communities who are clients or other external parties.

The following are some steps you can take to develop a diverse SOGIESC inclusive organisational policy framework.

Commitment to diverse SOGIESC inclusion

- Affirm your organization's progressive position with regard to diversity of SOGIESC using a position paper, organization's strategic framework or objectives, or gender equality policy.
- Develop an organizational policy to allocate a minimum percentage of budget towards diverse SOGIESC inclusion in all programme areas.

Safety

- Develop a policy on non-disclosure of confidential information that includes information on SOGIESC. Require all staff and volunteers to abide by this policy.
- Develop a policy on ensuring a safe and respectful workplace, which addresses bullying and harassment.
- Develop a policy on preventing sexual and gender-based violence coupled with effective and confidential mechanisms to address complaints.
E.g.: All activities of PPAT abides by the 'do no harm' including the engagements with LGBTIQ+ communities. All clients and individuals who engage in programmes, including those who identify as LGBTIQ+, are treated with care, dignity and respect.

Non-discrimination

- Ensure equal employment opportunities for people with diverse SOGIESC.
- Ensure that human resource policies are non-discriminatory and diverse SOGIESC inclusive: First step towards this is to review your policies through an inclusion lens and make necessary amendments. This may include, for instance, an equal and transparent pay structure, parental leave for staff members on adoption, medical insurance that extends to same-sex partners, medical insurance that covers hormone therapy for transgender staff members etc.
- Provide mental health and psychosocial support for volunteers and staff, especially of marginalized identities.
- Develop inclusive infrastructure. For example, allocate gender-neutral bathrooms, examination rooms, and treatment rooms.
- E.g.: RHAC ensures a respectful, non-discriminatory workplace for people with diverse SOGIESC through institutional policy, awareness rising, non-judgmental recruitment process, and a friendly workplace culture.

Diverse SOGIESC inclusive structures and processes

- Develop a policy to build staff capacities, including capacity on diversity of SOGIESC, regularly.
- Integrate diverse SOGIESC inclusion lens into monitoring and evaluation (M&E) guidelines. Enable participation of people with diverse SOGIESC in M&E processes.
- Provide mandate to staff members to integrate gender equality and diverse SOGIESC inclusion across programmes.
- Ensure that communication and branding guidelines are diverse SOGIESC inclusive- i.e. they refrain from reinforcing, and seek to transform, harmful norms based on heterosexual, gender binary, and endosexist ideals.
- Ensure that the policy framework facilitates meaningful participation of people with diverse SOGIESC including young people in programme and service planning, implementation, and M&E.
- Make concerted efforts for Diverse SOGIESC representation by meaningfully hiring members of the diverse SOGIESC community as staff, volunteers, or service providers.
- E.g.: People with diverse SOGIESC form part of IPPA team as staff and volunteers, including Merlyn Sopjan, a well-known transgender activist works with IPPA's inclusion programme as a programme officer.

Diverse SOGIESC inclusive capacity building

By nature, diverse SOGIESC inclusion cannot be a one-off project as it needs to be consistently and continually integrated across all programmes and services. Though it is ideal to have a staff member dedicated to ensuring diverse SOGIESC inclusion, many organisations find this challenging due to limited resources. Therefore, building capacities of all staff and volunteers is useful. As noted in the previous section on diverse SOGIESC inclusive policies and guidelines, in order to create a team of skilled and effective staff and volunteers, it is best that an organisation has a policy on regular capacity building.

There are different means of building staff and volunteer capacities:

1. Orientation

All staff members and volunteers need to receive an orientation upon joining the organisation. This orientation can address organisation's values and principles including diverse SOGIESC inclusion.

2. In-depth capacity building training

It is recommended that organisations build capacities of all staff at least once every 3 years. For an in-depth training on diverse SOGIESC inclusion, allocate at least 12 hours. Since patriarchal values and harmful gender norms hinder diverse SOGIESC inclusion, it is recommended that gender equality is addressed in this training. In addition to knowledge sharing, include sessions aimed at value clarification and attitude transformation.

3. Refresher training

Use lunch breaks or staff get togethers to conduct short (1-2 hour) refresher trainings on diversity of SOGIESC. These sessions are useful for discussing current developments with regard to LGBTIQ+ rights.

Checklist for organising a capacity building training

- ✓ **Facilitators:** Facilitator/co-facilitators is/are highly experienced and aware of the local context. Where expertise is available, use facilitators with diverse SOGIESC identities. If not, select facilitators who have a strong background in working with diverse SOGIESC communities.
- ✓ **Language:** Conduct the training in a language that all participants understand. If not, make interpretations available.
- ✓ **Schedule:** Determine training date and time with inputs from participants.
- ✓ **Relevance:** Assess participants' expectations and needs before finalising the session plan.
- ✓ **Engagement:** Allocate adequate time for activities and discussions to promote in-depth discussions.
- ✓ **Content:** Include a combination of sessions aimed at developing technical skills and sessions seeking to transform values and attitudes. Include engaging sessions to discuss basic concepts relating to diversity of SOGIESC and terminology; content on power, identity, intersectionality; and sessions to explore norms around gender & SOGIESC and their impact on SRH outcomes. In addition, include sessions to discuss current developments.
- ✓ **Impact assessment:** Measure impact of the training using a pre-test and a post-test that cover the improvement in knowledge, attitudes, and skills. Collect feedback on the training from participants after the training.
- ✓ **Network:** Invite local LGBTIQ+ activists/ experts to the training facilitate networking and knowledge sharing.
- ✓ **Accessibility:** Ensure that the training venue and modality are accessible to all participants, and if refreshments are offered, dietary needs of participants have been assessed.

Useful resources for capacity building on diverse SOGIESC inclusion

There are numerous resources that can be used to develop staff and volunteer capacities on diverse SOGIESC inclusion. However, if you are using a resource developed by a party external to IPPF, carefully review the content before adapting it. Our understanding of diversity and inclusion continues to grow, therefore, resort to latest resources and tools. Following are some useful resources.

1. IPPF ESEAOR Diverse SOGIESC Inclusion Facilitator's Manual for Virtual Training



This Facilitator's Manual is intended for a 4-hour virtual training. This tool seeks to develop a foundational understanding of diversity of SOGIESC. In addition to knowledge building sessions, this contains participatory sessions on understanding biases, legal and social barriers, and exploring SRH needs of people with diverse SOGIESC. Model pre-test/ post-test questions are provided. These sessions can be adapted for an in-person session. This tool is ideal for an orientation training or a refresher training.

2. HIVOS SOGIESC Facilitators manual



This toolkit contains 7 modules which can be rolled out in a continuous three-day training. This resource contains a number of useful sessions on concepts and terminology, bias, legal frameworks, advocacy, programming, movement building, and rights which can be adapted for your training needs. This toolkit is ideal for an in-depth training on diversity of SOGIESC.

➔ Access this toolkit here: <https://hivos.org/sogiesc-training/>

3. UNHCR Facilitation Guide on SOGIESC in forced displacement and migration



This toolkit contains 12 detailed modules on diverse SOGIESC inclusion in work focused on forced displacement and migration. However, Module 1-7 address foundation topics covering why diversity matters, terminology, global overview, inclusive communication, creating safe spaces, and myths and realities. These sessions can be useful in an in-depth training as well as a refresher training.

➔ Access this resource here: <https://www.unhcr.org/workingwithlgbtiq-sogiesc-trainingpackage.html>

4. APCOM SOGIE Training Manual



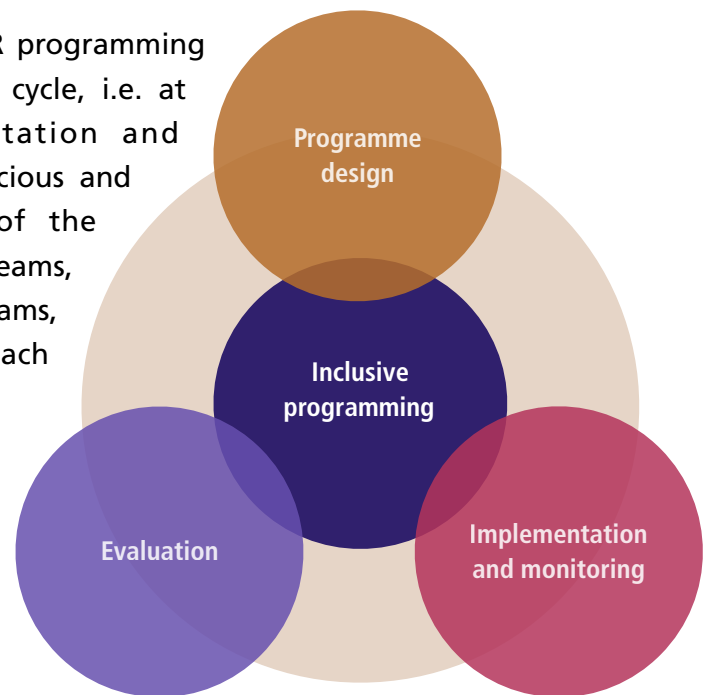
This tool contains 3 modules: 'Terminology of gender and sexuality', 'Introduction to gender and sexuality', and 'Identity process and its challenges'. This tool can be used to train staff and volunteers as well as members of local LGBTIQ-led CBOs/ CSOs.

➡ Access this tool here: https://apcom.org/wp-content/uploads/2017/02/SOGIE-Training-Manual_EN.pdf

Diverse SOGIESC inclusive SRHR programmes

Integrating diverse SOGIESC inclusion into SRHR programming requires attention throughout the programme cycle, i.e. at stages of programme design, implementation and monitoring, and evaluation. This requires conscious and interlinked efforts by all team members of the organization, such as resource mobilisation teams, finance and admin personnel, programme teams, service providers, communication and outreach teams, and monitoring and evaluation officers.

The following table provides useful guidance to help staff and volunteers ensure diverse SOGIESC inclusive programming throughout the programme cycle.



Programme design

This means:

- Conceptualisation
- Planning
- Proposal writing
- Budgeting

Ways to ensure inclusion:

1. Conduct a diverse SOGIESC analysis (see page 35 on conducting a SOGIESC analysis).
2. Seek participation of people and communities with diverse SOGIESC in programme design – for instance through consultations with LGBTIQ+ led CSOs and networks, LGBTIQ+ rights activists, SRHR experts etc.
3. Design interventions based on the findings from the diverse SOGIESC analysis and consultations.
4. Assess using the Diverse SOGIESC Inclusion Continuum (see Figure 3) whether the programme design is diverse SOGIESC inclusive and/or transformative.
5. Build diverse SOGIESC inclusive indicators into M&E framework (including qualitative indicators) to assess effectiveness of the programme as well as an accountability measure.
6. Allocate adequate resources towards activities that seek to ensure diverse SOGIESC inclusion and transformation (including capacity building of staff, volunteers including service providers, remuneration for people with diverse SOGIESC who contribute to programme design, implementation, and M&E, targeted initiatives, efforts to mainstream inclusion, and activities that seek to transform norms that lead to marginalisation of people with diverse SOGIESC).

Implementation and monitoring

This includes:

- Programme activities
- Monitoring

1. Engage well-trained professionals to conduct programme activities.
2. Implement targeted initiatives to reach, and meet SRHR related needs of, people with diverse SOGIESC.
3. Conduct programme activities with the assumption that in every target group (including youth groups who receive CSE) there are people with diverse SOGIESC. Therefore, mainstream SRHR information/ services required by people with diverse SOGIESC.
4. Conduct activities that seek to transform norms that lead to marginalisation of people with diverse SOGIESC.
5. Ensure that communication material are inclusive (that means the materials refrain from reinforcing and seek to transform, harmful norms based on heterosexual, gender binary, and endosexist ideals).
6. Conduct programme and monitoring activities with meaningful participation of people with diverse SOGIESC.
7. Take into consideration the safety and privacy of people with diverse SOGIESC in implementing programmes, especially within restrictive settings. Examples of this would be to ask if anyone requests to not be identified or taken photographs of, or to ask for consent to share and upload photos etc.
8. Collect data disaggregated by SOGIESC where possible.

Evaluation

This means:

- Learning
- Influencing programme design

1. Periodically analyse data collected during the programme and use learnings to improve the next programme cycle.
2. Ensure meaningful participation of people with diverse SOGIESC in the evaluation process (for instance, by contributing to analysis and developing recommendations).
3. Share learnings from the programme with the programme participants.

Diverse SOGIESC Inclusion Continuum

The following diagram is developed based on Diverse SOGIESC Rapid Assessment Tool by UN WOMEN³⁸. This tool helps assess whether or not a SRHR programme is diverse SOGIESC inclusive.

Diverse SOGIESC Harmful	Programme aggravates underlying norms that exclude people with diverse SOGIESC and marginalization associated with those norms.
Diverse SOGIESC Unaware	Programme lacks analysis & awareness on diversity and inclusion. This may reinforce underlying norms that exclude people with diverse SOGIESC and marginalization associated with those norms.
Diverse SOGIESC Aware	Programme is informed by analysis and awareness but has not led to substantive efforts to challenge norms that exclude people with diverse SOGIESC and marginalization associated with those norms.
Diverse SOGIESC Inclusive	Analysis and awareness have led to targeted initiatives that address marginalization of people with diverse SOGIESC, but not necessarily in ways that challenge underlying norms.
Diverse SOGIESC Transformative	Analysis and awareness have led to targeted and mainstream initiatives that address marginalization of people with diverse SOGIESC. Programmes challenge underlying norms that have led to the marginalization.

Figure 3: Diverse SOGIESC Inclusion Continuum

³⁸ https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEA/Docs/Publications/2021/03/RAT/ap-Diverse-SOGIESC_RATGuidanceNote_Public_FINAL.pdf

Conducting a diverse SOGIESC analysis

Conducting a gender analysis is the first step towards integrating gender transformative approaches in your programmes. Similar to a gender analysis, a diverse SOGIESC analysis seeks to explore power dynamics, norms, restrictions, rights, and obligations of individuals and groups in your target group based on their SOGIESC. This helps develop relevant and effective strategies to achieve your programme goals.

To conduct a diverse SOGIESC analysis, you may adopt questions from a credible gender analysis template. Jhpiego Gender Analysis Toolkit for Health Systems (available here <https://gender.jhpiego.org/analysistoolkit/introduction/>) provides useful model questions.

Alternatively, for a brief diverse SOGIESC analysis, you may use the following questions:

Model questions for a diverse SOGIESC analysis

1. Norms and impact
 - What are the norms relating to SOGIESC that exist among the target group?
 - What intersectional identities cause further marginalisation of people with diverse SOGIESC in this community?
 - How do these norms affect power dynamics among different groups?
 - What is the impact of these norms and power dynamics on access to SRHR?
2. Needs
 - What are SRH service needs of different groups with diverse SOGIESC?
 - What are the SRHR information and other information needs of different groups with diverse SOGIESC?
 - What are the protection needs of different groups with diverse SOGIESC?
 - Are there any special needs (arising from existing norms and power dynamics) faced by people with diverse SOGIESC in order to participate in this programme?
3. Power dynamics
 - What are the power dynamics between different individuals and groups who will participate in this programme?
4. Barriers
 - Are there any barriers to ensuring diverse SOGIESC inclusion in this programme?
 - Are there any barriers for people with diverse SOGIESC to engage in this programme?
5. Agency, relations, and structures
 - Do people with diverse SOGIESC have the ability to actively participate in this programme (consider mobility, safety, literacy, access to technology, socio-economic factors, awareness of rights etc)?
 - How do relations surrounding people with diverse SOGIESC affect their SRHR (consider family, intimate partners, employers, CSOs/networks, service providers, law enforcement etc)?
 - Are there any structures (laws, policies, institutions, common attitudes or widely-held beliefs, socio-cultural practices etc) that facilitate or hinder access of people with diverse SOGIESC to SRHR?
 - What are the accountability measures placed to create a fair check and balance process in the programme design and implementation to ensure no one is left behind?

It is highly recommended that all programmes of the organisation are informed by a diverse SOGIESC analysis.

Diverse SOGIESC inclusive M&E indicators for SRHR programmes

Another key aspect of diverse SOGIESC inclusive SRHR programmes is to have key performance indicators that seek to assess inclusion. Diverse SOGIESC inclusion however is difficult to quantify and requires sensitive and conscious formulation of your indicators. Following are some model indicators that you can adapt in your M&E frameworks.

Indicators to assess numbers/quantity:

- Number of people with diverse SOGIESC disaggregated by age, sex, and SOGIESC participated in the awareness programme.
- Number of young digital content creators with diverse SOGIESC trained and supported by the organisation.
- Number of people reached and engaged with SRHR messages on diversity of SOGIESC.
- Number of young people with diverse SOGIESC who sought SRH services based on referrals during CSE programmes (or other related programmes).

Indicators to assess effectiveness/quality:

- Percentage of participants who showed a significant improvement (>40%) in knowledge on their rights and redress mechanisms, disaggregated by SOGIESC.
- Percentage of participants who showed a significant improvement (>40%) in knowledge, attitudes, and practices relating to diverse SOGIESC inclusive CSE, disaggregated by SOGIESC.
- Percentage of participants who showed an improvement in attitudes around intersex bodies.
- Percentage of peer-educators with diverse SOGIESC who showed a significant improvement (>40%) in skills relating to SRH referrals during CSE sessions.
- Percentage of transgender youth who experienced lesser barriers from family at the end of the project when compared to the beginning of the project.
- Percentage of participants with diverse SOGIESC who showed an improvement in perceptions on intimate partner violence.

These are just a few examples of indicators, that you may adjust according to your programmes. It is just to show how disaggregated data provides key information on who we are serving and who is missing out. For diverse SOGIESC inclusion, it is important that we work with all people in their diversity. Qualitative data is critical for assessing the effectiveness of programmes. This helps us learn what has worked and what has not, so that we are able to continually improve our programmes.

Diverse SOGIESC inclusive SRHR services

Looking at SRHR services including those in the Integrated Package of Essential Services (IPES)³⁹ and Minimum Initial Service Package (MISP) for SRH, through a diverse SOGIESC inclusion lens help deliver diverse SOGIESC inclusive services. For example, in terms of IPES, this would mean providing SGBV services to people with diverse SOGIESC, diverse SOGIESC inclusive counselling, inclusive contraceptive services, providing safe abortion services to women and transgender and non-binary people who can get pregnant, and providing STI and HIV services to people with diverse SOGIESC. As people with diverse SOGIESC face high levels of discrimination, violence, and exclusion in humanitarian settings, do pay special attention to diverse SOGIESC inclusive services within when delivering MISP.

Following are some characteristics of diverse SOGIESC inclusive SRH services and a non-exclusive list of ways in which organisations can improve inclusion. Referring to this information at the service planning stage will be useful.

Characteristics of diverse SOGIESC inclusive SRH services	Ways in which SRH services can be made diverse SOGIESC inclusive
Aware of SRH needs of people and groups with diverse SOGIESC	<ol style="list-style-type: none"> 1. During service planning, conduct a diverse SOGIESC analysis that examines power relations, and SRH and related service needs of people and groups with diverse SOGIESC (see model questions for a diverse SOGIESC analysis on page 35). 2. Use an approach that seeks meaningful participation of people with diverse SOGIESC for service planning.
Respond to/address SRH needs of people and groups with diverse SOGIESC including young people	<ol style="list-style-type: none"> 1. Ensure that services address the SRH service needs of people with diverse SOGIESC. 2. Provide SRH services that include services particularly needed by people with diverse SOGIESC. What services are 'particularly needed' can be better understood through a diverse SOGIESC analysis. There will be general services (such as STI/HIV prevention and testing for gay, bisexual men, trans women, men who have sex with men; gender identity and sexuality counselling, SGBV services for people with diverse SOGIESC etc)⁴⁰ and context-specific services. 3. Provide services required by people with diverse SOGIESC to realise their SRHR- this includes services such as gender identity services (such as voice therapy, hormone therapy, and puberty blockers for transgender adolescents⁴¹), mental health counselling etc⁴².

³⁹ <https://www.ippf.org/our-approach/integrated-service-delivery>

⁴⁰ A list of general SRH and related information and service needs can be found in the IPPF ESEAOR Diverse SOGIESC Inclusion Facilitator's Manual for Virtual Training

⁴¹ See IPPF IMAP statement on hormone therapy <https://www.ippf.org/resource/imap-statement-hormone-therapy-transgender-people>

⁴² See this useful resource on Standards of Care for the Health of Transgender and Gender Diverse People <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

Characteristics of diverse SOGIESC inclusive SRH services	Ways in which SRH services can be made diverse SOGIESC inclusive
High quality	<ol style="list-style-type: none"> 1. Train service providers using latest international clinical guidelines developed by IPPF, WHO or other reputable institutions. 2. Invest in clinics and equipment to provide high-quality services and inclusive infrastructure (wheelchair accessible ramps etc).
Delivered in a safe and accessible environment	<ol style="list-style-type: none"> 1. Assess whether clinics and service delivery points are safe and accessible to clients with diverse SOGIESC. 2. Develop a confidential complaint mechanism for clients and a mechanism to respond to complaints. 3. Display client rights at all clinics.
Delivered by well-trained service providers	<ol style="list-style-type: none"> 1. Train all service providers (internal and external service providers including specialists) on diversity of SOGIESC to develop their knowledge, skills, and attitudes. 2. Train all clinic staff and service providers on providing respectful and non-judgemental SRH services to people with diverse SOGIESC. 3. Include information on diversity of SOGIESC (including clinical presentation of signs and symptoms among people with diverse SOGIESC) in clinical guidelines/ practitioner handbook.
Delivered with the meaningful participation of people with diverse SOGIESC	<ol style="list-style-type: none"> 1. Seek meaningful participation of people and groups with diverse SOGIESC in service planning, delivery & M&E. 2. Use community-based service delivery models to reach people with diverse SOGIESC.
Affordable to people with diverse SOGIESC	<ol style="list-style-type: none"> 1. Explore partnerships with government, private sector, and NGOs to share cost-of SRH services to people with diverse SOGIESC. 2. Develop a no-refusal policy.
Informed by data	<ol style="list-style-type: none"> 1. Collect client satisfaction data from all clients during exit interview or using standardised forms. 2. Collect client data disaggregated by sex and age complimented by gender data. Collect client data disaggregated by SOGIESC whenever possible. 3. Meaningfully engage people with diverse SOGIESC in monitoring and evaluation.

Diverse SOGIESC inclusive M&E indicators for SRH services

Indicators to assess numbers/ quantity:

- Number of young people with diverse SOGIESC who received sexuality counselling
- Number of intersex people who received counselling of diversity of sex characteristics
- Number of transgender men who received contraceptive/ safe abortion services
- Number of clinics with gender-neutral bathrooms
- Number of clinics where all staff and volunteers have received training on diversity of SOGIESC
- Number of clients with diverse SOGIESC who came in for follow-up visits
- Number of clients receiving hormone-related services/therapy

Indicators to assess effectiveness/ quality:

- Percentage of people with diverse SOGIESC who obtained SGBV services from referral partners
- Percentage of community health volunteers who showed a significant improvement (>40%) in skills on SHR service referrals
- Percentage of service providers who showed a significant improvement (>40%) in attitudes relating to diversity of SOGIESC
- Percentage of clients who left a positive overall rating in the client satisfaction survey
- Percentage of clients whose complaints have been addressed to the client's satisfaction

Diverse SOGIESC inclusive advocacy and networking

IPPF Advocacy common agenda identifies five priority thematic high-level changes among which is 'SRHR and gender equality: Governments recognize and integrate SRHR and gender equality into the political architecture at sub-national, national, regional and global levels; ensuring financing for SRHR and gender equality'⁴³. IPPF believes gender equality to be inclusive of sexual orientation and gender identity⁴⁴.

Restrictive legal and policy frameworks is one of the key barriers for achieving SRHR of people with diverse SOGIESC. These structural barriers also influence the public perceptions and contribute to the perpetuation of stigma and discrimination within society. Therefore, advocating to transform restrictive legal and policy frameworks is critical for the realization of SRHR of people with diverse SOGIESC.

Follow these steps to conduct diverse SOGIESC inclusive advocacy efforts:

1. Conduct a diverse SOGIESC analysis to inform your project (See model questions for a diverse SOGIESC analysis on page 35).
2. In all stages of the advocacy effort: planning, implementation and monitoring, and evaluation; seek meaningful participation of people with diverse SOGIESC.
3. Evaluate the advocacy effort using Diverse SOGIESC Inclusion Continuum in page 34 and ensure that the effort does not reinforce, but positively transforms underlying norms that led to the marginalization of people with diverse SOGIESC.
4. Take steps to minimize and mitigate risks to people with diverse SOGIESC.
5. Monitor and evaluate impact using diverse SOGIESC inclusive indicators. Collecting disaggregated data on participants and audiences, and qualitative data indicating impact is critical.

Below are some questions that you can use to brainstorm ideas about potential advocacy efforts with your diverse SOGIESC community partners. This is a non-exhaustive list and you may adopt these questions to your context as appropriate.

⁴³ See IPPF Advocacy Common Agenda <https://www.ippf.org/resource/ippfs-advocacy-common-agenda>

⁴⁴ See IPPF Gender Equality Policy <https://www.ippf.org/sites/default/files/2018-12/POLICY%20HANDBOOK%20ENGLISH.pdf>

<p>National legal and policy framework</p>	<ul style="list-style-type: none"> - What national laws and policies pose barriers to realizing SRHR and equality of people with diverse SOGIESC? - What are the gaps in the national and international commitments (which goes beyond the health system)? For example, if there are commitments to non-discrimination policies but without programmes which support it, such as social security benefits.
<p>Public institutions and processes</p>	<ul style="list-style-type: none"> - What administrative processes challenge the realization of SRHR and equality of people with diverse SOGIESC? - What practices by administrative officers, law enforcement, and judicial officers challenge the realization of SRHR and equality of people with diverse SOGIESC? - Which public institutions and processes need to be strengthened to better serve people with diverse SOGIESC?
<p>Health systems</p>	<ul style="list-style-type: none"> - What are gaps in policies, practices, and administrative processes within health systems that prevent realizations of SRHR of people with diverse SOGIESC?
<p>Civil and political, and socio-economic rights</p>	<ul style="list-style-type: none"> - What laws, policies, and administrative processes pose barriers for people with diverse SOGIESC to realize civil and political rights such as right to vote, right to obtain identity documents, right to a free and fair trial, freedom of movement, freedom of expression, freedom from arbitrary arrest etc.? - What laws, policies, administrative processes pose barriers for people with diverse SOGIESC to realize socio-economic rights such as rights to education and employment, safety net, health care, and shelter?
<p>Access to human rights mechanisms</p>	<ul style="list-style-type: none"> - What processes and institutions need to be strengthened for people with diverse SOGIESC to access existing human rights mechanisms? - How can the skills of people with diverse SOGIESC, including youth, be improved to access existing human rights mechanisms?
<p>Public perceptions</p>	<ul style="list-style-type: none"> - How can media be influenced to positively transform the narrative about diversity of SOGIESC? - Which stakeholders need to be targeted to positively transform public perceptions on diversity of SOGIESC? - How can online and offline means be used to positively transform public perceptions on diversity of SOGIESC?

Diverse SOGIESC inclusive M&E indicators for advocacy efforts

Indicators to assess numbers/quantity:

- Number of legal and policy changes achieved as a result of advocacy efforts
- Number of decision makers which have been engaged in advocacy efforts
- Number of media organisations that adopted diverse SOGIESC inclusive media policies
- Number of views and engagement on digital content aimed at positively transforming attitudes relating to diversity of SOGIESC

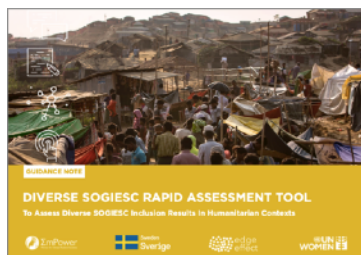
Indicators to assess effectiveness/ quality:

- Percentage of youth with diverse SOGIESC who showed a significant increase (>40%) in knowledge, attitudes, and skills with regard to accessing human rights redress mechanisms
- Percentage of government official that showed a significant increase (>40%) in attitudes relating to rights of people with diverse SOGIESC
- Percentage increase in transgender people who obtained identity documents within 6 months



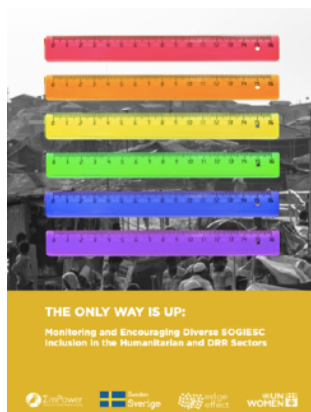
Learn more

The following are some resources you can use to learn more about diverse SOGIESC inclusion in SRHR programming.



Diverse SOGIESC Rapid Assessment Tool to assess diverse SOGIESC inclusion results in humanitarian contexts (UN Women 2021)

➔ Link: <https://asiapacific.unwomen.org/en/digital-library/publications/2021/03/diverse-sogiesc-rapid-assessment-tool>



THE ONLY WAY IS UP: Monitoring and Encouraging Diverse SOGIESC Inclusion in the Humanitarian and DRR Sectors (UN Women 2021)

➔ Link: https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2021/03/ap-TheOnlyWayIsUp_Public_FINAL.pdf



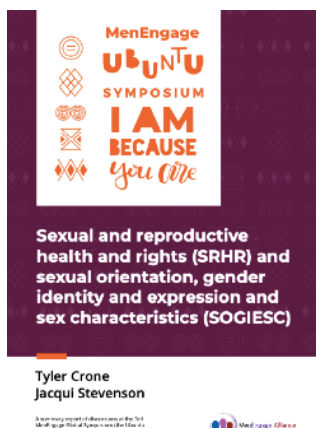
Sexual and gender diversity in SRHR – Towards inclusive sexual and reproductive health & rights through mainstreaming (Rutgers 2018)

➔ Link: <https://rutgers.international/wp-content/uploads/2021/09/Knowledge-file-Sexual-and-gender-diversity.pdf>



Queering Reproductive Justice: A Mini Toolkit (National LGBTQ Taskforce 2019)

➔ Link: <https://www.thetaskforce.org/wp-content/uploads/2019/06/Queering-Reproductive-Justice-Mini-Toolkit.pdf>



Sexual and reproductive health and rights (SRHR) and sexual orientation, gender identity and expression and sex characteristics (SOGIESC): A summary report (Men Engage 2021)

➔ Link: <https://menengage.org/wp-content/uploads/2022/02/SRHR-MenEngage-Ubuntu-Symposium-Discussion-Paper-EN.pdf>



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