

The COVID-19 crisis *is having specific impact* on people with diverse SOGIESC¹ (aka LGBTIQ+ people). Donors and aid organisations can address this by ensuring that COVID-19 humanitarian and development programs recognise people with diverse SOGIESC as a group with rights, needs and strengths, and by supporting diverse SOGIESC CSOs and community-based responses.

LGBTIQ+ people need safe and dignified health care, protection from safety and security risks resulting from movement restrictions, and assistance to overcome loss of livelihoods. In many instances, these challenges faced by LGBTIQ+ people during the COVID-19 crisis are exacerbated by entrenched legal, social and economic inequalities. In addition to needs in the relief phase, discrimination experienced by LGBTIQ+ people in families, communities, workplaces and other contexts will provide additional challenges for re-establishing livelihoods and managing stress during recovery phases. LGBTIQ+ CSOs and allied organisations² have reported that:

- People with diverse SOGIESC have lost livelihoods, especially transgender and gender diverse people who rely on street-based work or charity. Loss of income and movement restrictions have affected access to food, accommodation and other basic necessities.
- Some LGBTIQ+ people have greater health vulnerability, that access to SRHR and trans-specific health care has been compromised, and that mental health support is needed.
- Shelter-in-place and other constraints have forced some LGBTIQ+ people into potentially unsafe living arrangements with family members who do not accept people with diverse SOGIESC.
- Some government responses are not diverse SOGIESC (or gender) aware, and less often actively inclusive or transformative. Officials and community leaders sometimes fail to include people with diverse SOGIESC in distributions. Trans and other 'visible' individuals, in particular, are fearful to approach public distributions of basic services. Re-direction of funds to support government responses risks undermining existing progress on inclusion, and may result in relief or recovery that leaves some people out.
- Religious leaders and community members have blamed LGBTIQ+ people for causing the crisis.
- CSOs are undertaking their own community assessment and responses, to fill gaps in official responses.
- Their own organisations (CSOs) are under great stress and need support a) for providing community-based response and b) to ensure their survival and capacity to resume regular activities post COVID-19.

However this crisis *is an opportunity to model diverse SOGIESC inclusion* within relief and recovery, to build awareness of LGBTIQ+ issues, establishing new partnerships, and create new expectations for future programs.

Overview of Recommendations

1. Ensure that design and implementation of new COVID-19 assistance addresses the rights, needs and strengths of people with diverse SOGIESC, in areas including (but not only) food, shelter, WASH, GBV, psychosocial support, and early recovery.
2. Avoid (where possible) cancelling or delaying programs that provide essential funding for diverse SOGIESC CSOs and communities, or redirecting funding away from marginalised communities and CSOs to programs that are not inclusive.
3. Support diverse SOGIESC organisations and networks that can undertake COVID-19 community-based response, through assistance for needs assessments, relief activities, and livelihoods recovery; and provide organisational funding to ensure they survive this crisis to resume other community support activities.
4. Work with diverse SOGIESC CSOs and communities to understand and address protection challenges.
5. Support diverse SOGIESC CSOs to communicate needs and advocate with governments and humanitarian actors; and use this opportunity to encourage relationships to support longer-term LGBTIQ+ inclusion.

¹ Sexual orientation, gender identity and or expression, and sex characteristics. Diversity of SOGIESC is one of many factors, intersecting with other dimensions of people's lives. The aim of this briefing is not to silo a response for LGBTIQ+ organisations and people with diverse SOGIESC, but to ensure that these often-overlooked issues are addressed through specific and mainstreamed aspects of response.

² Women's rights and other emergency response organisations sometimes also address diverse SOGIESC issues.

THIS NOTE

This paper was produced by Edge Effect through communication with LGBTIQ+ organisations, and from public sources including statements and media reports. We thank individuals and organisations who took time during this crisis to share information and experiences; organisations that have public statements are listed, for other details please contact us. Edge Effect (www.edgeeffect.org) is a diverse SOGIESC humanitarian and development organisation, working from Australia and Canada. Edge Effect is providing support to LGBTIQ+ organisations, for example through support developing needs assessments tools, and is working with INGOs to develop safe, effective and dignified diverse SOGIEC inclusive responses to the COVID-19 crisis.

PRE-PANDEMIC CONTEXT

Many people with diverse SOGIESC already exist at the margins of society; in the context of a global pandemic and a public health crisis, they are being pushed further to the periphery. Pre-existing marginalisation affecting these communities is being compounded under COVID-19, and is resulting in shrinking protection spaces, especially with respect to:

- **Health.** LGBTIQ+ individuals often have significantly lower health outcomes than others, due to access issues related to stigma and discrimination, lack of legal identification documents, bias from healthcare providers, and limited financial resources. Consequently, they are more likely to have underlying health conditions, including HIV and other chronic illnesses. The multiple and intersecting vulnerabilities experienced by LGBTIQ+ people place them at higher risk of developing mental health issues, for which there is often little to no access to specialised psychosocial services. LGBTIQ+ people are also more likely to live in informal housing and areas without safe and reliable access to Water, Sanitation and Hygiene (WASH) facilities, and so are less equipped to engage in preventative health measures.
- **Livelihoods.** Economic discrimination leads many LGBTIQ+ people to income generating activities in informal sectors; including the entertainment and beauty industries, sex work, and other street-based activities. A significant number of LGBTIQ+ people in the Asia and Pacific regions, particularly trans women and cultural 'third gender' groups, also depend on begging as a source of livelihood. The loss of these individuals' incomes – as lockdowns take effect – carries dire effects. For many, it means homelessness, inability to cover basic needs including food and medication, the aggravation of pre-existing medical issues, and an increased exposure to violence and abuse.
- **Safe shelter.** Violence, exploitation and abuse, economic and social vulnerabilities, and an overall lack of social capital fuels chronic housing insecurity amongst diverse SOGIESC communities. These realities are reinforced by the absence of protective family and social networks, which could otherwise facilitate safe shelter options for LGBTIQ+ people. Many experience homelessness or live in communal, overcrowded and substandard shelters (which pose serious health hazards, including the risk of communicable diseases). LGBTIQ+ youth may have to live in violent and unsupportive family homes, and may experience violence from family members. GBV programs often do not specifically address violence against people with diverse SOGIESC, for example through staff training or development of safe and relevant referral pathways.
- **Access to information.** Marginalisation and invisibility of diverse SOGIESC communities compromises effective health messaging and access to information. Due to discrimination in education, rates of illiteracy are higher amongst people of diverse SOGIESC, impeding access to health and safety information.
- **Data gaps.** Many governments and organisations do not include LGBTIQ+ people in data collection, impeding inclusion in responses. While diverse SOGIESC CSOs are undertaking assessments, many responses remain hindered by a lack of information about impact on people with diverse SOGIESC.

IMPACT OF COVID-19 AND RESPONSE GAPS

Current responses to the COVID-19 crisis in many countries around the Asia and the Pacific - including food distributions, social support, and even information campaigns - are not adequately reaching diverse SOGIESC communities. In some cases this follows from lack of awareness from responders, in other cases LGBTIQ+ people have been targeted or fear community reaction.

Discriminatory treatment of people with diverse SOGIESC in humanitarian relief is not new, and has been well documented in crises.³ Experiences of violence and discrimination in pre-emergency life leads some people with diverse SOGIESC to stay away from government or NGO relief services, for fear that relief centres may be unsafe.

Information from CSOs and diverse SOGIESC advocates (directly and through media reporting) in countries including the Philippines, Indonesia, Nepal, Bangladesh, Tonga, Cambodia, Myanmar, Pakistan, India, Thailand, Mongolia, and Sri Lanka highlights the following issues. Many of these have also been identified in the *UN OHCHR* statement on 'COVID-19 and the Human Rights of LGBTI People'.⁴

1. Livelihoods

LGBTIQ+ people are at heightened immediate risk due to loss of livelihoods. Street-based and most informal types of livelihoods are seriously compromised, with significant effect for many individuals, particularly trans and 'third gender' communities. Access to food, accommodation and basic necessities have been significantly affected by loss of income, lockdowns and other restrictions on mobility and closures of workplaces and other establishments.

An assessment by CRM Coalition members in the Jabodetabek area (Jakarta metropolitan area) estimated that at least 640 transgender people had lost their source of livelihoods since the beginning of the pandemic⁵. Similar reports have come from Nepal,⁶ Bangladesh⁷, Pakistan⁸ and Lebanon⁹. In India, an activist working with the hijra community in West Bengal estimated that of 10,000 members of the community, about 50 per cent rely on street-based work which has stopped on account of COVID-19 lockdowns.¹⁰ Other activists, including from Cambodia noted the impact of the economic slowdown: "If businesses are closing down, suspending, commodities and food price increase, there's no jobs, no income, no money to pay for the rent ... we are suffering more than having COVID-19, because death is from the empty stomach and heavy debt."

CSOs note that LGBTIQ+ people often do not have savings that could support them through this period,¹¹ and that where people have loans or debts they will struggle further to repay, leading to further risks.¹² In addition, discrimination is likely to lead to additional challenges while re-establishing livelihoods during recovery phases.

2. Access to Relief

³ For example, the 2004 Indian Ocean Tsunami, 2010 floods in Pakistan, 2015 earthquake in Nepal, 2015 Typhoon Haiyan/Yolanda in the Philippines, 2016 Tropical Cyclone Winston in Fiji.

⁴ United Nations Office of the High Commissioner for Human Rights (<https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>)

⁵ https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200406_transgender_covid19

⁶ Communication with diverse SOGIESC sources in Nepal.

⁷ Communication with diverse SOGIESC sources in Bangladesh.

⁸ The Express Tribune (<https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/>)

⁹ The New Arab (<https://english.alaraby.co.uk/english/comment/2020/4/16/in-lebanons-covid-19-aid-the-vulnerable-including-lgbt-people>)

¹⁰ Communication with diverse SOGIESC sources in India.

¹¹ Communication with diverse SOGIESC sources in Thailand, Public statement from Forum for Dignity Initiatives.

¹² Communication with diverse SOGIESC sources in Nepal.

CSOs report that **support provided by governments and organisations is often inaccessible** for people with diverse SOGIESC. Some activists report that trans and other ‘visible’ individuals, in particular, are fearful to approach public distributions of basic services¹³. In other cases systematic discrimination or ‘gate keepers’ of aid, including officials and community leaders hinder distribution of aid to persons with diverse SOGIESC. In Indonesia some transgender and gender diverse people do not have identity cards, and consequently have not been able to access food relief.¹⁴ Activists in the Philippines said that aid is not reaching LGBTIQ+ people for several reasons including:

- Alienation from birth families, precluding receiving aid from families.
- No recognition of families based around same-sex couples, which then do not receive aid.
- LGBTIQ+ people living together as ‘chosen family’ are not recognised as families and cannot register for the necessary Social Amelioration Card.¹⁵

Other activists note that a range of marginalised people, alongside LGBTIQ+ people are impacted by inadequate services: “We are living in a country where basic social services are not in place, including medical care - we cannot picture of how subsidies are going to be released that really reach out the hands those who are in need”.¹⁶

3. Health

It is essential that COVID-19 health responses are rights-based and address specific needs. The pandemic is worsening health inequalities for LGBTIQ+ people who may already avoid interaction with health systems. CSOs have also highlighted:

- Access to ART, hormones and other transition-related and gender-affirming care and medication, and sexual and reproductive health. A global condom shortage is also predicted, due to manufacturing chain disruptions.
- Border restrictions limiting access to hormone treatment for transgender people who cannot access services in their own country, and usually travel to see medical practitioners and obtain medical supplies.

All diverse SOGIESC organisations contacted **expressed serious concerns for long-term mental health impacts on LGBTIQ+ communities.** The suspension of medical care and treatment for many transgender people also carries significant psychological consequences.

4. Security

Enactment of emergency laws has led to fears of abuse and violence against diverse SOGIESC communities. For example, *Human Rights Watch* reported that in the Philippines “volunteers in the village of Pandacaqui, in Pampanga province stopped and detained three LGBT people outside after curfew, two of whom explained they were running an errand for their grandmother. A village official accused them of looking for illicit sex and, as punishment, publicly humiliated them by ordering them to kiss, dance, and do push-ups on live video broadcast on social media”.¹⁷ *Human Rights Watch* also noted that in Panama where movement restrictions were put in place based on binary gender, “police detained a transgender woman alleging that she was male and out on ‘the wrong day’”, one of several similar cases.¹⁸ And COVID-19 measures were used to target LGBTIQ+ youth at a shelter in

¹³ The Express Tribune (<https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/>)

¹⁴ Communication with diverse SOGIESC sources in Indonesia.

¹⁵ Communication with diverse SOGIESC sources in the Philippines.

¹⁶ Communication with diverse SOGIESC sources in Cambodia.

¹⁷ Human Rights Watch (<https://www.hrw.org/news/2020/04/08/philippines-uses-humiliation-covid-curfew-punishment>)

¹⁸ Human Rights Watch (<https://www.hrw.org/news/2020/04/02/panamas-gender-based-quarantine-ensnares-trans-woman>).

Uganda.¹⁹ Activists have raised concerns that “any voices that could trigger social insecurity might be putting anyone at risk of criminal charge”.²⁰

5. Shelter

For LGBTIQ+ people who already live in cramped and overcrowded conditions the risk of infection is higher,²¹ and for those who are homeless (from losing their livelihoods), there is an overall lack of safe emergency shelter options. Individuals can be placed in precarious positions where they are forced to return to family homes where they may previously have experienced violence or discrimination, and where they may be at risk. For example in Thailand, a CSO has observed a significant urban-to-rural shift of LGBTIQ+ workers since the beginning of the crisis, as income generating opportunities are lost in cities. In some cases these new family living arrangements are giving rise to increased SGBV for LGBTIQ+ family members.²² LGBTIQ+ youth face having to ‘shelter-in-place’ may also be forced to remain within abusive or dangerous living situations.

6. Blame

Diverse SOGIESC CSOs in Thailand and Indonesia reported that LGBTIQ+ people have been blamed for causing/spreading the virus. This myth has come from community members and religious leaders. The blaming LGBTIQ+ people is a well-documented response when communities seek to make sense of disasters.²³ Unchecked, it can lead to violence, harassment and trauma for individuals, and reinforcement of existing marginalisation.

7. Data

There is *limited actionable information about impact on LGBTIQ+ people in many countries*, partly due to exclusion from government and humanitarian organisation data collection. To support community-based response and broader advocacy, some LGBTIQ+ CSOs and coalitions are undertaking their own assessments within their communities, for example in Indonesia. However these commendable efforts are sometimes limited in reach, are not always coordinated with other LGBTIQ+ or relief actors, have tended to focus on trans and gender diverse people (giving less attention to people such as LBQ women), and may have limited value (or even undermine trust) unless the data collection leads to actionable findings and actual support.

8. Diverse SOGIESC CSOs

Many *diverse SOGIESC civil society organisations are playing crucial roles* undertaking their own assessments, addressing community needs (and linking marginalised LGBTIQ+ people and life-saving services. For example the in Tonga, a diverse SOGIESC CSO is preparing to shelter affected community members in anticipation of the economic fallout of COVID-19.²⁴ Diverse SOGIESC CSOs and community networks in Indonesia are providing essential supplies, as are many other organisations and informal networks across Asia and the Pacific.²⁵ However these organisations and groups are facing issues including:

- Limited financial resources for community response.

¹⁹ Human Rights Watch (<https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretex>)

²⁰ Confidential communication.

²¹ For example, public statement from Forum for Dignity Initiatives (Pakistan).

²² Communication with diverse SOGIESC sources in Thailand.

²³ See for example Down By The River (<https://www.edgeeffect.org/wp-content/uploads/2019/03/Down-By-The-River-May2018.pdf>).

²⁴ Communication with diverse SOGIESC sources in Tonga.

²⁵ Jakarta Post (<https://www.thejakartapost.com/news/2020/04/20/helping-others-manado-lgbt-community-raises-funds-for-covid-19-food-aid.html>)

- Staff and volunteers, and their families, being impacted by COVID-19.
- Variable experience undertaking humanitarian assessments and relief.
- Regular donor funded programs being put on hold or redirected.

DETAILED RECOMMENDATIONS

Donors, governments and organisations should work with diverse SOGIESC communities to understand the issues, identify solutions, mitigate risks, and work together on implementation. It is critical for these communities to maintain agency in the response and recovery process; and that the capacities of diverse SOGIESC communities are integrated as strengths.

While these recommendations are focused on LGBTIQ+ organisations and people with diverse SOGIESC, some LGBTIQ+ people are supported through women's rights, rapid response, and other organisations. Diversity of SOGIESC is usually one of many dimensions of lives, and COVID-19 response should be holistic and intersectional.

Short-term recommendations (i.e. immediate action):

- Support community-based response to meet immediate community needs through a) support for assessments and response planning and b) providing quick-response low-complexity funding.
- Support regional coordination and learning between LGBTIQ+ organisations responding to the crisis, and better coordination between LGBTIQ+ organisations, governments and traditional humanitarian actors.
- Where possible, avoid delaying or cancelling programs that provide essential funding for LGBTIQ+ CSOs. Where funding is redirected, ensure that these relief funds continue to reach LGBTIQ+ organisations.
- Ensure that the design of COVID-19 specific emergency response programs addresses the rights, needs and strengths of people with diverse SOGIESC, in areas including (but not only) food, shelter, WASH, GBV, psychosocial support, and early recovery.
- Advocate for rights-based responses that leave no-one behind and that do no harm, and use avenues to challenge human rights violations perpetrated as part of, or, under the guise of, COVID-19 responses.

Medium-term recommendations (i.e. the upcoming six-twelve months):

- Support LGBTIQ+ CSOs to develop or contribute to recovery plans that address longer term social and economic needs of diverse SOGIESC community members.
- Support LGBTIQ+ CSOs to develop enduring relationships with traditional humanitarian and development actors, to ensure that support to communities does not cease at the relief phase.
- Provide organisational support for LGBTIQ+ CSOs that are under financial stress due to COVID-19 responses, aid program deferrals, and the impact of economic downturns.

Long-term recommendations:

- Monitor the implementation and impact of interventions and strategies, and provide ongoing support to CSOs and communities.
- Evaluate these impacts by developing a comprehensive report that summarises the experience and provides guidance for policy-makers, CSOs and other actors on the protection of diverse SOGIESC communities in public health and economic crises.