



Queering humanitarian practices through the inclusion of SOGIESC concepts

Report: A Rapid Review

Mathieu Seppey
Michaël Arnaud
Gabriel Girard
Christina Zarowsky



Authors

Mathieu Seppey ^{a, b}

Michaël Arnaud ^c

Gabriel Girard ^{a, d}

Christina Zarowsky ^{a, b}

Affiliations

a. École de Santé publique, Université de Montréal, Montréal, Canada

b. Centre de recherche en santé publique, Montréal, Canada

c. Égides (Alliance internationale francophone pour l'égalité et les diversités), Montréal, Canada

d. Institut national de la santé et de la recherche médicale, Marseille, France

Acknowledgements

Thanks to Céline Fūri, Coline Camier, Geneviève Némouthé, and Patrice Charpentier for the preliminary discussions of this review and thanks to Matthew Rettino for the editing and final review. Thanks to Jennifer Ocquidant for the French translation.

Funding

Thanks also to the organisations that made the work possible through their funding: the Fonds de recherche du Québec (FRQ – Bourse tremplin), Égides, and the Centre de Recherche en Santé Publique (CReSP).

Table of contents

Abbreviations	07
Glossary	08
Executive summary	12
Introduction	18
Brief history of humanitarian aid	19
What about SOGIESC issues?.....	21
Report structure.....	22
Overview of dimensions in humanitarian aid.....	24
Methods	26
Design of the review.....	26
Identification of references.....	26
Title and abstract screening and selection of references	27
Full-text screening and selection of texts.....	27
Critical appraisal.....	28
Data extraction.....	28
Synthesis	29
Results	30
Countries of affiliation and organisations.....	32
Format of tools and focus on SOGIESC issues.....	34

Target populations.....	36	Summary of results	76
Discrimination based on SO.....	37	A return to the basics.....	81
Discrimination based on GIE.....	37	Taking a step back and rethinking the future	82
Discrimination based on SC.....	39	The example of the “Diverse SOGIESC Rapid Assessment Tool”	83
Other intersecting discriminations	39	Critical appraisal of the tools	84
Socio-ecological approaches to emergencies	42	Limitations of rapid reviews.....	84
Individual	43	Recommendations.....	86
Interpersonal	43	Conclusion	93
Organisational.....	44	Bibliography	94
Community.....	46	Appendices	100
Policy	49	Appendix 1: Research strategies	100
Issues discussed by humanitarian dimension	52	Appendix 2: Critical appraisal	102
Education.....	56	Appendix 3: List of tools	104
Food & NFI distribution	58		
GBV	60		
Health.....	62		
Rehabilitation and livelihood	64		
Shelter.....	66		
WASH.....	69		
Partnerships.....	70		
Protection.....	72		
The case of “Migration”	74		
Discussion	76		

Abbreviations

2SLGBTIQ+ Two-spirit, lesbian, gay, bisexual, trans*, intersex, queer, other variations

CSO Civil society organisation

DRR Disaster risk reduction

GAM Gender and age marker

GBV Gender-based violence

GH Global health

GIE Gender identity and expression

HIV/AIDS Human immunodeficiency virus / Acquired immunodeficiency syndrome

HL Humanitarian Library

IASC Inter-Agency Standing Committee

INGO International NGO

IOM International Organisation for Migration

M&E Monitoring and evaluation

MeSH Medical subject headings

NFI Non-food items

NGO Non-governmental organisation

OCHA Office for the Coordination of Humanitarian Affairs

OHCHR Office of the UN High Commissioner for Human Rights

SC Sex characteristics

SO Sexual orientation

SOGI Sexual orientation and gender identity

SOGIESC Sexual orientation, gender identity and expression, sex characteristics

SOP Standard operating procedure

SRHR Sexual and reproductive health and rights

STI Sexually transmitted infection

UN United Nations

UNHCR UN High Commissioner for Refugees

WASH Water, sanitation, and hygiene

WofSC Web of Science

Glossary



This glossary is based on the lexicon provided by the Fondation Émergence in Canada. For more details see: fondationemergence.org/lexique

While the acronym LGBTIQ+ (Lesbian, Gay, Bisexual, Trans*, Intersex, Queer, Other) is widely used in Global North, and specifically in Canada, this paper will use “diverse SOGIESC” or “SOGIESC diversity”, a more inclusive terminology at the international level that englobes LGBTIQ+ as well as other non-western experiences.

SOGIESC is composed of three components: **sexual orientations (SO)**, **gender identities and expressions (GIE)**, and **sex characteristics (SC)**. Every individual, universally, has SOGIESC. SOGIESC are various, with most individuals being:

Heterosexual Person who is only attracted to people of a gender other than their own (e.g., man attracted to women, or woman attracted to men).

Cisgender Person whose gender identity matches the gender and sex assigned at birth.

Endosex Person whose sex characteristics match medical and social norms for female/male bodies. In most of cases, medical staff and/or families use babies' genitalia to assign a sex at birth (female/male).

Individuals with diverse SOGIESC do not identify with these most common SOGIESC. "SOGIESC diversity" accounts for all other possibilities.

Concerning sexual orientations (SO)

Sexual Orientation Term used to describe attraction to one or several types of persons (men, women, both, all genders). Although it contains the word «sexual», sexual orientation often refers to a combination of several types of attraction, among which may be aesthetic attraction (finding that person beautiful), sensual (wanting physical contact with this person), sexual (wanting to have sex with this person), intellectual (feeling a connection with that person on an intellectual level), and romantic (having romantic feelings for this person).

Homosexual Person who feels emotional and/or sexual attraction to people of the same gender.

Gay Synonymous with homosexual, most often used to refer to a man. Preferred by some to the word «homosexual» because the latter can have a medical and sexual connotation.

Lesbian Woman who is emotionally and/or sexually attracted to women. Preferred by some to the word «homosexual» because the latter can have a medical and sexual connotation and often refers to men.

Bisexual Person who feels emotional and/or sexual attraction for two genders (generally men and women). This word is used by some as a synonym or umbrella term for pansexual.

Pansexual Person who feels emotional and/or sexual attraction to individuals of all genders (women, men, and non-binary people).

Asexual Person who feels little or no sexual attraction for anyone. Asexuality comes on a spectrum.

Concerning gender identities and expressions (GIE)

Gender binary A system which divides humanity into two mutually exclusive genders: women and men. This system does not consider the diversity found in human beings and excludes intersex people, trans* people, and non-binary people.

Gender identity How someone defines their gender based on a deep, personal knowledge of belonging (or lack of belonging) to one or several genders: man, woman, somewhere in between, both, or neither. This intimate experience is unique to each person. It is not determined by a person's biological sex and can be at odds with the sex assigned at birth.

Gender expression Gender expression is the way a person publicly presents their gender (e.g., behaviour, clothing, hairstyle, makeup, etc.). A person's name and pronoun can also be ways of expressing gender. It is important to remember that gender identity and gender expression are two separate things, and that what is considered «masculine» or «feminine» can vary depending on time and cultures. A person's gender expression can be masculine, feminine, androgynous, or neutral, no matter their gender.

Trans* Generic term that designates a person whose gender identity does not correspond to the one assigned to them at birth. The word trans encompasses the words «transgender» and «transsexual», considered obsolete today. Not to be confused with transvestite. The “ * ” is used to represent the umbrella of all gender identities that are not cisgender.

Nonbinary Spectrum of gender identities that do not correspond exclusively to one of the two binary genders (women and men). Person whose gender identity is neither exclusively man nor exclusively woman.

Third gender A person neither identifying as man or woman and who has a special social category. Third genders vary highly according to different cultures and can have specific denominations (e.g., Warias in Indonesia, Baklas in Philippines, Aravanis in India, Hijras in Pakistan, Bangladesh, or India, and Two-spirits in Canada).

Concerning sex characteristics (SC)

Sex characteristics Sex characteristics can be defined as the physical traits socially and medically used to identify the sex of any individual and can include chromosomes, gonads, hormones, genitalia, pilosity, breasts, backbone, etc.

Intersex A person born with sex characteristics which are not all exclusively «male» or «female» according to current medical standards. In these cases, doctors usually decide the sex of the baby and reinforce that choice with surgery (considered by the United Nations to be a form of mutilation) and/or hormones. Some intersex variations may not show any outward signs. In total, about 1.7% of the world's population are born with intersex traits.

Executive summary

Much work has been done towards inclusion in humanitarian work. Women, children, and people with disabilities are just a few examples of populations that have gained substantial representation in humanitarian practices, whether in designing programs, implementing them, or policymaking. Work still needs to be done. In addition to these populations, Diverse SOGIESC communities now emerge as another “vulnerable” population to account for. Such populations remain largely misunderstood with an important lack of representation in humanitarian work.

Everywhere, diverse SOGIESC communities are still largely marginalised based on their SOGIESC. This often puts them into vulnerable positions during their everyday activities (e.g., education, healthcare, employment). During disaster or emergency management, stricter discriminatory practices can be put in place, furthering marginalisation and abuse towards those communities. Those practices might be performed by different actors, whether local decisionmakers, humanitarian workers, or community members. They are informed by arguments based on “morality” over “human rights”, the need to help “families” over “individuals”, or the “dangerousness” of non-conforming identities.

Diverse SOGIESC realities are often discussed as anecdotes, fuelled by stereotypes and unfounded myths that are sometimes perpetuated through humanitarian work. Despite this apparent problematic, humanitarian practices have been found hard to adapt towards SOGIESC diversity, which remains at the margin, the end of the list, or simply in footnotes. Many arguments need to be debunked as myths, such as that it's too hard, too contentious, or too costly to centre their concerns.

To do this, this review must address and respond to the question of how SOGIESC issues are included in humanitarian practices and tools. It will therefore raise awareness about SOGIESC diversity's realities during disasters and emergencies, present practices and tools, and provide recommendations on the ways forward. The significance of this review lies in the range of perspectives explored, whether centred on SOGIESC concepts, socio-ecological levels, or humanitarian work dimensions. This document is addressed to humanitarian workers and partners wishing to reflect and further explore the inclusion of SOGIESC issues in their practices.

Key findings

This review demonstrates different key findings:

In relation to SOGIESC concepts

- Humanitarian practices tend to homogenise diverse SOGIESC communities. Most tools refer to gay men in relation to sexual orientation, and to transwomen in relation to gender identity and expression, hence invisibilising the needs of lesbians, bisexual men and women, transmen, intersex people, and non-western local communities.
- The differences between the concepts of “sexual orientation”, “gender identity and expression”, and “sex characteristics” are not clearly understood. The binary perspective of genders hinders the recognition of communities outside hetero-cis-endosex “women” and “men”.
- Discriminations based on sexual orientations and sex characteristics highly interact with discriminations based on gender identities and expressions.
- Discriminations are based on perception over reality.

In relation to socio-ecological levels

- Discriminations are present at all socio-ecological levels, including the individual level (e.g., internalised homo/trans/biphobia).
- Lack of contact between diverse SOGIESC communities and humanitarian organisations and/or workers fuels stereotypes and inefficient interventions.
- Invisibilising SOGIESC diversity in policies and organisational material harms diverse SOGIESC individuals, by trivialising and enabling the perpetuation of discriminatory practices.
- Discriminatory policies and practices need to be addressed by humanitarian organisations through a human rights-based approach.

In relation to humanitarian work sectors

- Humanitarian work always takes place in a specific context of discriminations based on SOGIESC; emergencies and humanitarian work can amplify pre-existing discriminations.
- All humanitarian work sectors present forms of discrimination based on SOGIESC.
- Siloed approaches to humanitarian work hinder best practices sharing.
- Participation of diverse SOGIESC communities is, in a majority of tools, presented as the principal path towards effective interventions.

Recommendations

For partnerships with diverse SOGIESC organisations

1. Develop and implement “diverse SOGIESC in humanitarian settings” training programs;
2. Foster mentorship by diverse SOGIESC individuals and local organisations and their engagement in long-term relations;
3. Review outreach materials, operational guidelines, strategic plans, and other key documents;
4. Facilitate diverse SOGIESC peer support groups;
5. Advocate for human rights monitoring at the local, regional, and international levels.

For humanitarian organisations

6. Appoint SOGIESC focal points;
7. Train staff and partners about SOGIESC diversity;
8. Hold staff and partners accountable for human rights and humanitarian principles;
9. Plan inclusivity in the development of humanitarian plans and strategies;
10. Establish safer spaces;

For humanitarian organisations - cont.

11. Mainstream SOGIESC diversity across services and sectors;
12. Map and empower diverse SOGIESC individuals and local organisations.

For donors

13. Ensure grantees are liable to non-discriminatory policies and procedures;
14. Augment and track dedicated funding for diverse SOGIESC interventions and partnerships;
15. Invest in research and in M&E of SOGIESC diversity.

For national governments

16. Promote and adopt anti-discriminatory policies;
17. Promote and facilitate SOGIESC diversity inclusion in communities;
18. Ensure SOGIESC diversity representation in policies and humanitarian programs.

For international actors (e.g., UN bodies, academics, INGOs)

19. Create regional and international fora for sharing best practices;
20. Advocate for host-country anti-discriminatory reforms;
21. Finance longer-term interventions aiming for transformative impacts.

Conclusion

From all key findings and recommendations, one point is clear: contact with diverse SOGIESC communities must be made. It must be done safely, without prejudice, and with the aim to change the status quo regarding discrimination based on diverse SOGIESC. The solution therefore remains in partnering with those populations and the organizations that represent them. They know how to reach their communities, how to react to humanitarian challenges, how to reduce discrimination, and how to be part of humanitarian work. The inclusion of SOGIESC issues in humanitarian practices must therefore go through those partnerships to “leave no one behind”.

Intro- duction

The humanitarian sector has evolved through series of inclusive processes, slowly but surely adapting to new considerations. The inclusion process of “women” and their specific needs in humanitarian responses started with the Fourth Geneva Convention concerning civilian protection, with several references focusing on “pregnant women and mothers of young children” (1). The inclusion of the concept of “women” has come a long way and now encompasses many more considerations, such as age, livelihood, gender-based violence (GBV), protection, and participation in peace processes.

Many other populations are also engaged in this inclusive journey to seek more representation in the humanitarian sector, including diverse SOGIESC communities. While diverse SOGIESC-related concepts (sexual orientation, gender identities and expressions, and sex characteristics) have been present in our societies since the dawn of humankind, their inclusion in humanitarian aid remains modest and faces many barriers, whether moral, legal, or technical. **The aim of this report is therefore to better understand how SOGIESC issues are included in present humanitarian practices and tools.**

Through a rapid review of the literature, we will examine how those concepts are brought forward and accounted for. Barriers and facilitators for this inclusion will be assessed in relation to SOGIESC concepts, their place in society through socio-ecological levels, and the different dimensions of humanitarian work.

Brief history of humanitarian aid

Humanitarian work is rooted in altruistic and charitable principles, highly linked to moral and religious beliefs, which are still promoted to this day (2). Such principles can be found in many regions from rules on the conduct of war in ancient Greece, Roman Empire, and China to charity concepts in Islamic countries (e.g., the zakat tradition) and Christian churches (2,3). Those principles were retained and adapted through time with the creation of the Fourth Geneva Convention (e.g., protection of civilians and medical personnel and facilities) in 1949 (1), or the United Nations (UN) General Assembly basic humanitarian principles in 1991: humanity, neutrality, impartiality, and independence (the latter being added in 2004) (4).

Modern humanitarianism is often linked with the creation of the Red Cross and Red Crescent movement in the 1860s (2,5). Focus was then on wartime medical aid and was broadened in post-First World War Europe to include civilian relief through the United States's food operations (3,6). In the 1920s, Europe saw a surge of refugees due to the Russian revolution, broadening further humanitarian needs and interventions towards this "new" type of population (3). This politically charged moment led to

the creation of the International Refugee Organisation, now known as the UN High Commission for Refugees (UNHCR), providing humanitarian work towards refugees and migrants.

It was only after World War Two and during the Cold War that an important increase of actors in the humanitarian field could be noticed, with the creation of a diversity of international non-governmental organisations (INGOs) such as OXFAM (1942), CARE (1945), World Vision (1950), Médecins Sans Frontières (1971), or Handicap International (now Humanity and Inclusion) (1982) (3). Key UN bodies were created (e.g., UNHCR 1950, UNICEF (UN Children’s Fund) 1946, World Food Programme 1961). This development of actors brought further specialisation within humanitarian work, with specific populations being targeted by specific organisations (e.g., Save the Children, UN Development Fund for Women, Handicap International). New UN offices were therefore created in 1991 to better coordinate humanitarian efforts (e.g., Office for the Coordination of Humanitarian Affairs [OCHA] and the Inter-Agency Standing Committee [IASC]). New general (e.g., “The Sphere Handbook” (7) and the Hyogo Framework for Action (8)) and specific population guidelines were developed (e.g. the IASC’s “The Gender

Handbook for Humanitarian Action” (9) or the UNHCR’s “Policy on Older Refugees” (10)). Humanitarian work often takes place in a situation of power relations where populations/countries having more resources (e.g., high-income countries) provide services and aid to populations/countries having fewer resources (e.g., low- and middle-income countries). Whether humanitarianism is seen as “justice” or “charity”, that power relation remains (11). The following report aims at better understanding SOGIESC inclusion within that context.

What about SOGIESC issues?

Inclusion of SOGIESC issues in the humanitarian field is recent and can be linked to the HIV/AIDS epidemic (Human immunodeficiency virus / Acquired immunodeficiency syndrome). While HIV was already prevalent before the 1980s, the association between gay communities and the epidemic started in the United States, with the discovery of common symptoms within gay communities across the country. Names such as the “gay plague” or the “gay-related immunodeficiency syndrome” were widely used and were gradually replaced by “acquired immunodeficiency syndrome” (AIDS) after the CDC coined the term in 1982 (12). The first epidemic responses were tainted by homo-bi-transphobia (13) and were in some ways linked to security and moral issues (14,15).

In 2007, SOGIESC issues were further developed through the creation of the Yogyakarta principles (16,17). Those 29 principles were obtained by using the lens of SOGIESC concepts to revisit key human rights (e.g., right to privacy, to work, freedom from torture). In 2017, ten more principles were added to emphasise states’ obligations towards diverse SOGIESC communities and to provide an update regarding other human rights (e.g., right to freedom from criminalisation and sanction on the basis of SOGIESC, right

to bodily integrity) (18). These principles represent an important way forward, as they relate SOGIESC issues to every aspect of life.

Guidelines that are more specific to humanitarian work have been provided on how to work with SOGIESC issues. Mainstream resources such as earlier handbooks (e.g., IASC, Sphere) offer few references to the “LGBTIQ+ community”, let alone specific communities such as intersex, lesbian, bisexual, trans*, or local non-western communities not identifying with the LGBTIQ+ acronym. Efforts to add more specific information in more recent versions is noticeable but remain insufficient. In 2018, the Pride in the Humanitarian System Consultation was held in Bangkok and brought together multiple representatives from UN bodies, diverse SOGIESC civil society organisations (CSOs), INGOs, and donors, to share, reflect, and prepare an action plan for the humanitarian sector of the Asia and Pacific region (19). The “Diverse SOGIESC Rapid Assessment Tool” was developed in 2020 by UN Women and Edge Effect, but remains one of the few resources to specifically address SOGIESC issues (20). This tool will be discussed later in the discussion section.

Report structure

Tools and practices in this review will be presented from three different perspectives: targeted diverse SOGIESC populations, the socio-ecological levels occupied by those practices, and specific humanitarian dimensions. The first perspective examines the intersection of diverse sexual orientations, gender identities and expressions, and sex characteristics in the context of emergencies. The second perspective aims at understanding emergencies from individual, interpersonal, organisational, communal, and political standpoints. Finally, the third perspective seeks to deepen our understanding of the relations between SOGIESC diversity and specific dimensions of humanitarian work. In the discussion, tools and identified practices are categorised in relation to their degree of inclusion of SOGIESC concepts, through an adapted matrix from Edge Effect (20) (Table 1). For reporting rigueur, this report follows the ENTREQ statement (21).

Table 1

Degrees of inclusion	Definition
Harmful	Aggravates underlying norms that exclude people with diverse SOGIESC, and marginalization associated with those norms.
Unaware	Lack of analysis and awareness may reinforce underlying norms that exclude people with diverse SOGIESC, and marginalization associated with those norms.
Aware	Analysis and awareness have not yet led to substantive effort to challenge norms that exclude people with diverse SOGIESC, and the marginalization associated with those norms.
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.
Transformative	Analysis and awareness have led to targeted and mainstreamed initiatives to address marginalization of people with diverse SOGIESC and challenge underlying norms that lead to that marginalization.

Overview of dimensions in humanitarian aid

The “Humanitarian Charter and Minimum Standards in Humanitarian Response” (22) organises humanitarian sectors into four main pillars: WASH (water, sanitation, and hygiene), food security and nutrition, shelter and settlement, and health. Each of these pillars are further organised into various classifications based on the type of services provided (e.g., mental health, sexual and reproductive health and rights (SRHR), communicable diseases) or populations serviced (e.g., women, children, the elderly). Throughout these services, principles must be protected and promoted: do no harm, non-discriminatory access to services, assistance to those in needs, and respect for human rights.

An ensemble of ten dimensions was chosen for this review in accordance with the data found in tools: “Education”, “Food and Non-Food Item (NFI) distribution”, “GBV”, “Health”, “Migration”, “Partnerships”, “Protection”, “Rehabilitation and livelihoods”, “Shelter”, and “WASH”. This organisation of information tries to respect humanitarian practices and sectors while representing specific experiences from diverse SOGIESC populations in different contexts relevant to them.

The “Education” dimension focuses on schooling issues for children and, to a lesser extent, continuing education for adults. “Food and NFI distribution” highlights how distribution mechanisms can be inappropriate or discriminatory. “GBV” puts the accent on survivors’ access to services and the prevention of specific risks of abuse and violence towards diverse SOGIESC populations. This dimension was chosen to be separate from the “Protection” dimension, its usual sector, due to the important amount of data specific to it. “Health” focuses on general health needs encountered in these populations. “Protection” focuses on obstacles to the respect for human rights, physical and mental integrity, and services provision. “Rehabilitation and livelihoods” illustrates how employment can be precarious and how rehabilitation programs should account for diverse SOGIESC issues. “Shelter” focuses on access to accommodations and its problematics. Finally, “WASH” focuses on hygiene facilities and how they are high-risk areas for SOGIESC exposure. The dimensions of “Migration” and “Partnerships” are transversal and can encompass the other dimensions. “Migration” is about specific realities of diverse SOGIESC migrants during their migration process (e.g., sheltering in refugee camps, accessing health services, needing protection services). “Partnerships” shows the

difficulties encountered and the new paradigms that must be fostered to create or maintain local partnerships with diverse SOGIESC organisations, communities, and individuals, favouring a decolonial approach. In this report, “Partnerships” is understood as “voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits” (23).



Methods

Design of the review

A rapid review with a thematic synthesis (24) was chosen to respond to the question “How are SOGIESC issues included in present humanitarian practices and tools?”. This choice of review was motivated by the need of humanitarian actors for timely recommendations as well as the important range of issues related to both SOGIESC and humanitarian work (25,26). The aim of this rapid review was to describe the inclusion of SOGIESC in humanitarian practices and synthesize key themes and ways forward (gaps, best practices, and recommendations). Out of the various rapid review methodologies available, this review follows the fourth approach identified by a Delphi panel of international stakeholders (26,27). It consists of a literature search within the grey literature and at least two databases, a search limit by date or language (neither of which we used for this review), and study selection and data abstraction by the first author (MS). Our method adds a

critical appraisal of the selected texts. The topic of this review and the development of its research strategy were developed through discussion between the authors affiliated with Égides and the University of Montreal.

Identification of references

For researching peer-reviewed articles, two databases were chosen: Web of Science (WofSc) and Global Health (GH). A third database was used for the grey literature: Humanitarian Library (HL). Research strategies were made and adapted for each database (Appendix 1). Chosen key words represented this research’s three main concepts: SOGIESC populations, emergencies and disasters, and practices and tools. For GH, specific MeSH terms were employed, in accordance with those concepts. Concerning HL, only the SOGIESC key words were employed since the database was specialised in humanitarian aid; no MeSH terms were available. HL also seemed to have been

last updated only in June 2021. On May 2, 2023, references from HL were used to extract the full texts, for direct full-text screening. References from WofSc and GH were extracted and uploaded to the software Covidence© on May 24, 2023, for screening of titles, abstracts, and full texts. Duplicates from HL were removed manually and via the software for the other databases. The following screenings were both made by MS as single reviewer.

Title and abstract screening and selection of references

References were selected during the title and abstract screening according to the following eligibility criteria:

- The subject had to be about SOGIESC populations and/or issues.
- The subject had to be about humanitarian aid contexts.

Full-text screening and selection of texts

Following the same inclusion criteria, exclusion criteria were added during the full-text screening phase:

- The subject does not have a substantive focus on diverse SOGIESC populations or issues.
- The subject does not have a substantive focus on humanitarian aid contexts.
- The subject is about a domestically dealt crisis.¹
- Article is not in French or English.

1. Domestically dealt crises are often well documented in higher-income countries and managed principally by the national government rather than international actors (e.g., UN agencies, INGOs).

Critical appraisal

The AACODS (Authority, Accuracy, Coverage, Objectivity, Date, and Significance) checklist (28) was used to critically assess the different tools (Appendix 2). This checklist, designed to appraise grey literature, was the most pertinent for the broad range of documents that were selected for this review. The rationale for this appraisal was focused on assessing the utility of the tools more than on the quality or robustness of their reporting (21). The appraisal was performed by MS and no tool was excluded based on its assessment results.

Data extraction

Following the full-text screening, MS extracted data from the included texts in an Excel © table. The extraction table included bibliographic and interpretative information related to the SOGIESC issues and populations discussed, the reasons for the tools, the tools' utilisation, and the facilitators and barriers in implementation.

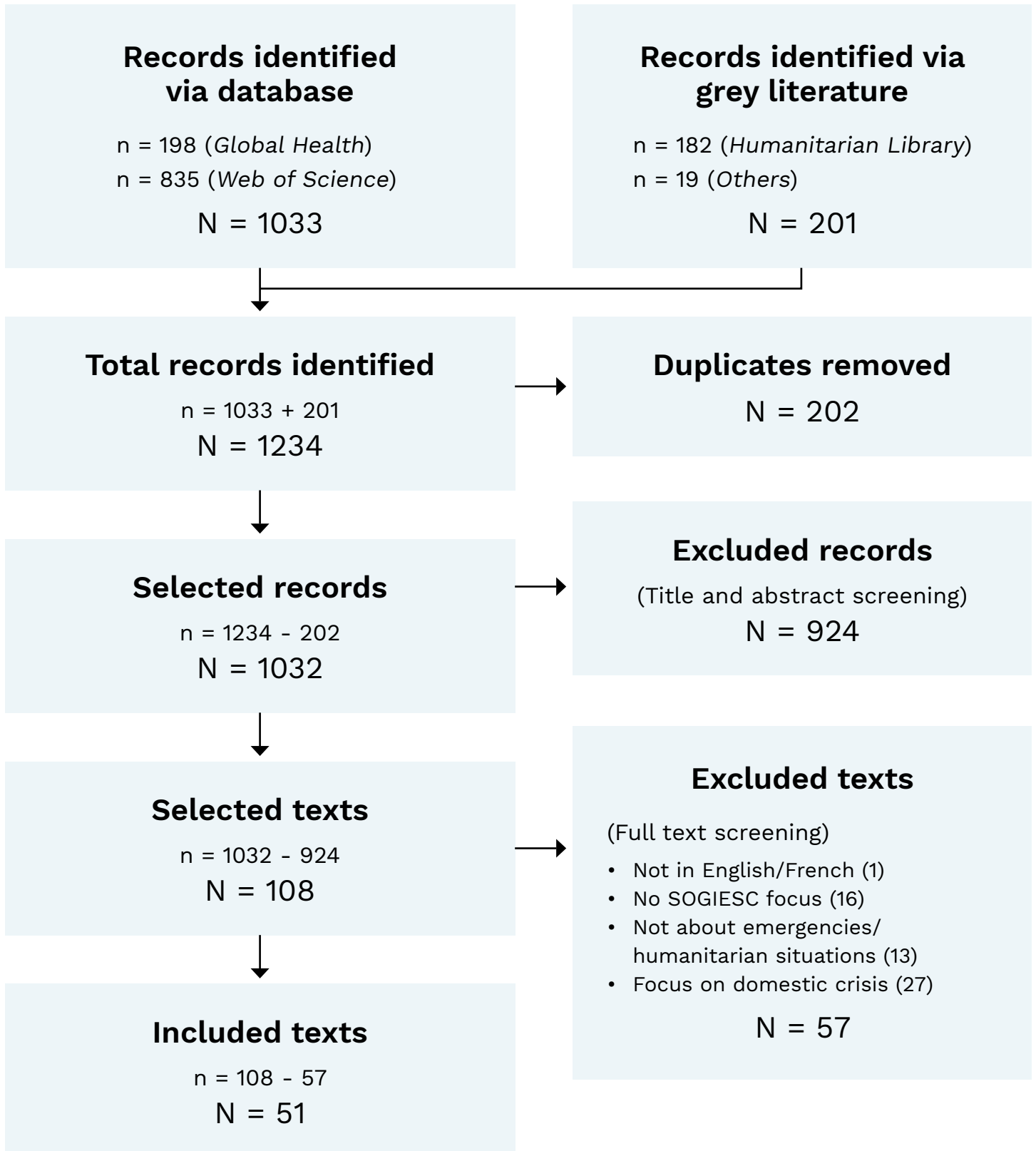
Synthesis

Results are presented through different themes according to three perspectives: SOGIESC concepts, socio-ecological levels, and humanitarian dimensions (presented earlier). Each of those perspectives provide specific key results and recommendations, which are presented at the beginning and ending of every section. Practices and tools are also listed in a cross-table matrix assessing levels of inclusion for SOGIESC concepts (20) through the Gender at Work Framework (29), which is further described in the discussion.

Results

Our research strategy yielded a total of 1,234 records, from which 202 were removed by the Covidence© software for being duplicates (Figure 1). Another 924 records were removed through a first screening via titles and abstracts, and 57 texts were removed during the second full-text screening. A total of 51 texts were included in the review (indicated as [x] and more detailed in appendix 3).

Figure 1: Flow diagram



Countries of affiliation and organisations

The organisations responsible for the tools are predominantly from Global North countries (Figure 2). Organisations from the United States, United Kingdom, Australia, Switzerland, New Zealand, Belgium, and the Netherlands account for more than 75% of the total (56/73 organisations). From the Global South, countries in the Asia-Pacific region are the most represented in the tools' authorship with 21 organisations. Those countries are Thailand, the Philippines, Bangladesh, Samoa, and Fiji. In addition to those Global South countries, only two other countries are represented: Uganda and Haiti. Acknowledged funding organisations mainly come from the United States, Australia, Sweden, Norway, Switzerland, and Belgium. Operational support mainly comes from local NGOs (in Vanuatu, the Philippines, Bangladesh, and Thailand) as well as UN bodies based in the United States. It is worth noting the absence of organisations in the Americas outside of the United States (except SEROvie in Haiti), as well as those based in Africa (except the Refugee Law Project in Uganda).

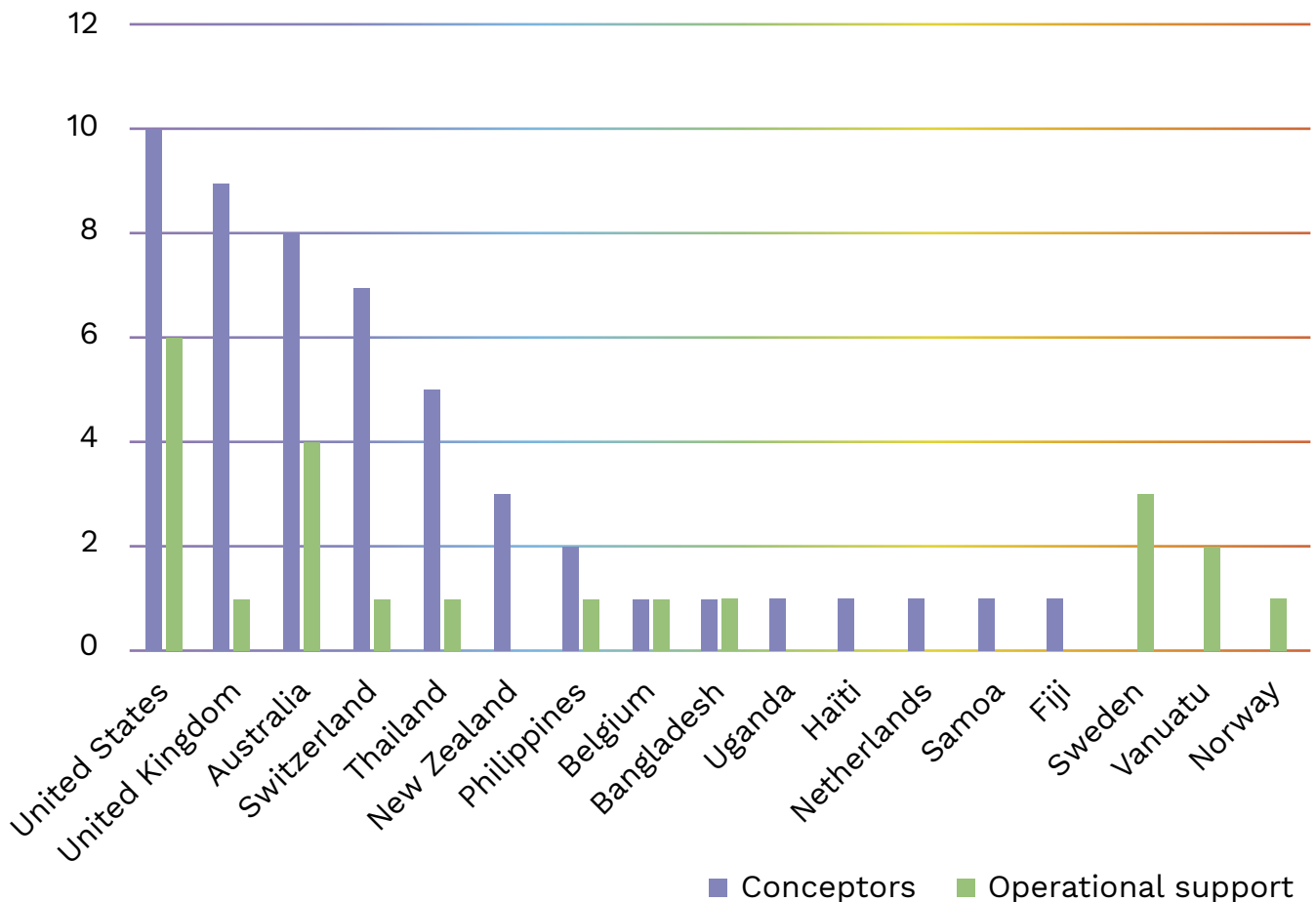
Tools were principally developed with the participation of UN agencies (n=24/51), of which more than half (13/24) were with the UNHCR. Other UN agencies involved are the International Organisation for Migration (IOM), UN Women, the IASC, the Asia-Pacific Regional Gender in Humanitarian Action Working Group, Women for Climate-Resilient Societies, and the Independent Expert on sexual orientation and gender identity (IE SOGI). It is worth noting that only 2/13 tools developed by the UNHCR mentioned they were elaborated with inter-organisational cooperation. NGO tools (n=17/51) were mainly developed by consulting organisations (e.g., Edge Effect, AISE consulting, the Humanitarian Advisory Group, DRR Dynamics) offering expertise in monitoring and evaluation (M&E) and "equity, diversity and inclusion". They were also developed by local diverse SOGIESC NGOs (e.g., SEROvie, Samoa Fa'afafine Association, the Reproductive Health Access Project, the Refugee Law Project). Edge Effect, based in Australia, is worth mentioning given its participation in creating 7/17 NGO tools. Twelve INGOs participated in 11/51 tools (e.g., the International Federation of Red Cross and Red Crescent, the All Survivors Project, the Asia Pacific Transgender Network, Women's Refugee Commission, the International Planned Parenthood Federation). These INGOs

are based in the Global North (4/11 organisations based in the United States, 4/11 in Europe, 1/11 in Australia) and Thailand (3/11). Tools with university participation account for 12/51 tools. Universities from the United Kingdom, United States, and Australia are the most represented (5/23 each), in addition to universities from New Zealand, the Philippines, Bangladesh, and Switzerland. The three most represented universities

are Western Sydney University (3/23), the University of New South Wales (2/23), and the London School of Hygiene & Tropical Medicine (2/23).

Figure 2

Number of tools/country of affiliation



Format of tools and focus on SOGIESC issues

Of the tools identified (N=51) in this rapid review, a quarter were guidelines (13=25%) and about another quarter were case studies (11=21%). Nine were reports (18%), seven were reviews (14%), and the remainder were editorials (4=8%), trainings (3=6%), assessment tools (3=6%), and one action plan (2%) (Figure 3). The “Migration” dimension accounted for half of the guidelines, followed by the “Health” and “Protection” dimensions (Figure 4). Guidelines were fewer for “Food & NFI distribution” (2), “Partnerships” (3), “Education” (4), “WASH” (4), and “GBV” (4). Case studies were predominant in the “Partnerships” (10) and “Shelter” (5) dimensions while totally absent in the “Education” dimension and with only one case study each for “Food & NFI distribution” and “WASH”. Reports were more evenly distributed, with three or four reports per dimension, apart from the “Education” and “Food & NFI distribution” dimensions, which had zero and one report respectively, and “Partnerships,” which had six reports. Only the dimensions of “Partnerships”, “Health”, and “GBV” included reviews (four, three, and two reviews respectively). Five editorials were included in the “Partnerships” dimension, three in “GBV”, and one in “Protection”. Of the three

trainings, two were focused on SOGIESC issues within the “Migration” dimension, and the third was not specific to SOGIESC issues but related more generally to the other dimensions; there were no trainings for the “Partnerships” dimension. The only action plan was about advocating for greater inclusion of diverse SOGIESC issues and diverse SOGIESC community participation in humanitarian processes, which would fall under the “Partnerships” dimension.

Of the 51 tools, a total of 40 were specific to diverse SOGIESC issues while the remaining 11 discussed such issues while focusing on other populations: youths (6), cis women (6), cis men (5), migrants (4), and people with disabilities (3). They presented diverse SOGIESC issues mainly in specific sections, as an aside, or in listings with other socio-demographic characteristics. Of the 40 specific tools, 21 (41%) included other intersectionalities, such as migration (17), youth (4), gender (2), and disability (1).

Figure 3

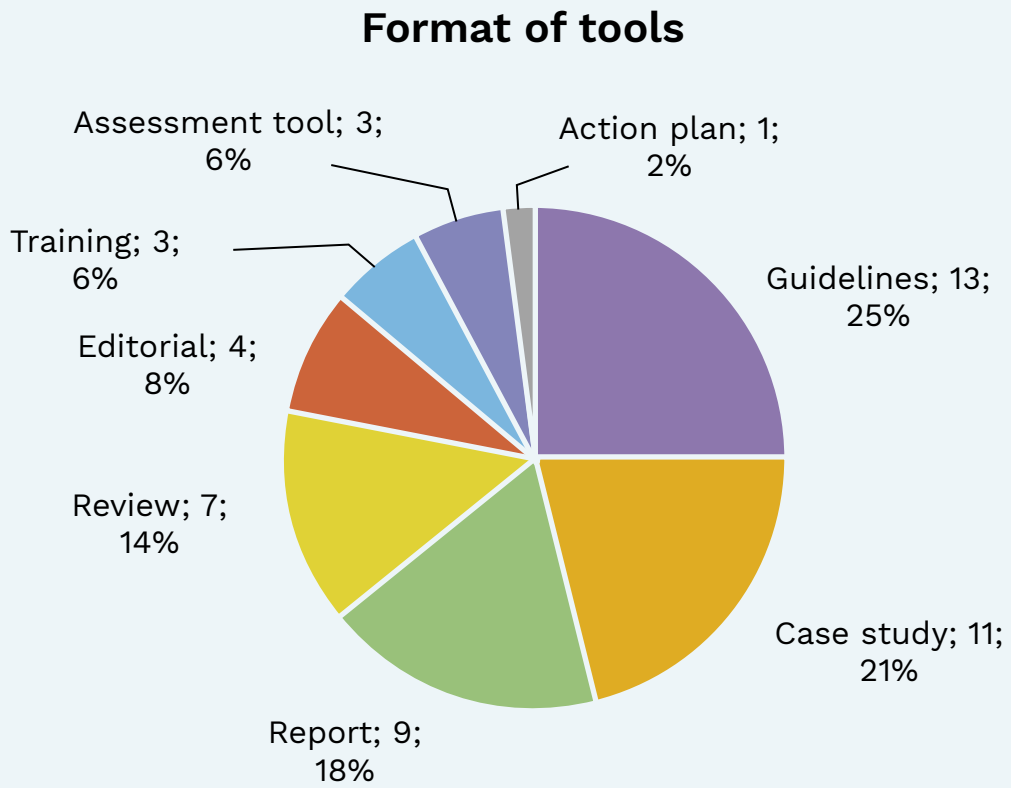
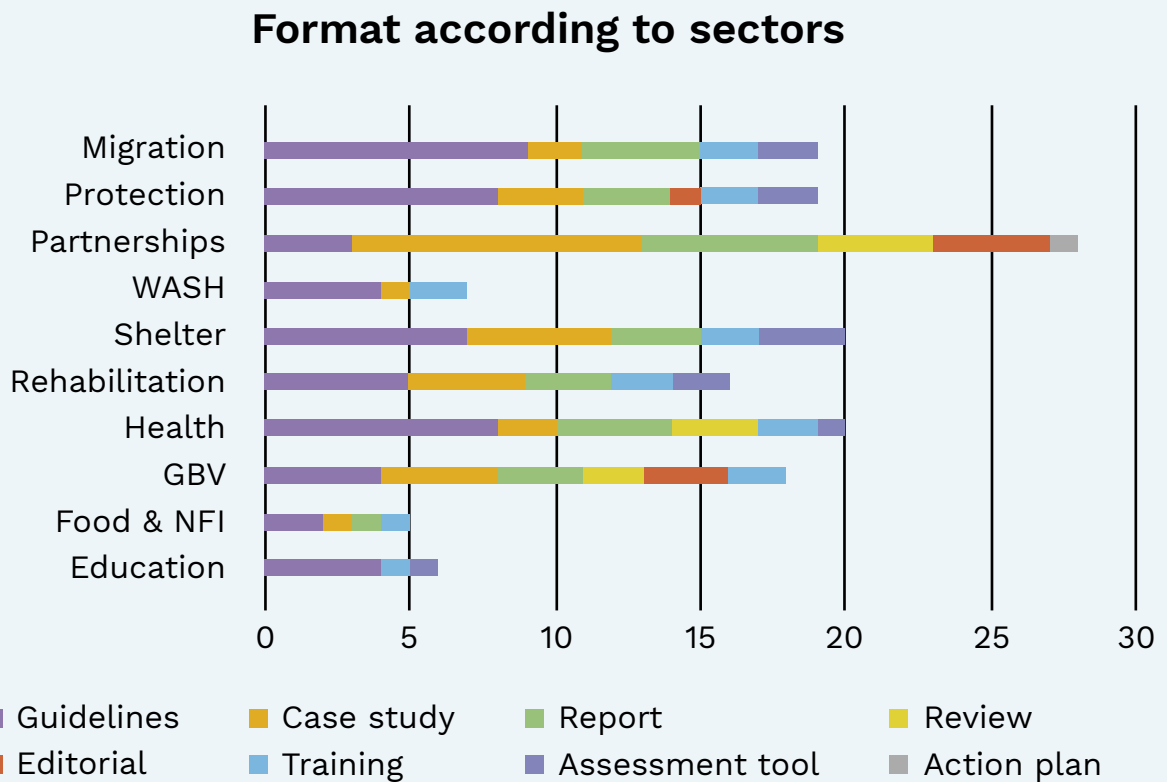


Figure 4



Target populations

Key findings

- Diverse SOGIESC communities are mainly understood as one community, with specific information mainly targeting gay men and transwomen. Further research needs to emphasize lesbians, transmen, intersex people, and non-western local communities' realities;
- The focus and utilisation of western terminologies (e.g., LGBTIQ+) contributes to the occlusion of local non-western SOGIESC diversity;
- Differences between SO, GIE, and SC still need to be clarified to diminish stereotypes and myths about SOGIESC diversity;
- Gender often intersects with SOGIESC discriminations, demonstrating the weight of systematic sexism;
- Discrimination is often based on perceptions, showing that homo/trans/biphobia can highly differ according to the context and individual. Interventions, therefore, need to be highly contextualised.

Most of tools tend to homogenise the realities of different diverse SOGIESC communities. This tendency therefore creates wrongful “one-size-fits-all” solutions that do not account for specific populations. While diverse SOGIESC populations may face similar risks of discrimination, contextual backgrounds and other parts of their identity must be accounted for to better understand them and provide services. Gay men and transwomen are the most frequently discussed populations, while lesbians, bisexual women and men, transmen, intersex people, and specific local communities are often “othered” and invisibilised within SOGIESC diversity.

Discrimination based on SO

Bisexual and pansexual communities are often doubly discriminated based on sexual orientation, both by members and non-members of diverse SOGIESC communities, the former perceiving them as “opportunistic” and the latter perceiving them as lesbians or gay men. The stereotype of having a “choice” can delegitimize bisexuals and pansexuals’ experiences and access to services [49]. Compounded with gender and motherhood, the sexual orientations of lesbian and bisexual women often cause them to be left out of SRHR services [49]. Gay men are often targets of laws criminalising sexual behaviours, often inherited from colonial times

[27] or religious conservatism [2]. Non-conforming sexual behaviours, or perceived intentions, can lead to detention, abuse, or death in certain contexts. “Corrective measures” can be employed to conform someone’s sexuality, such as forced marriage, rape, or honour killings; those measures target women especially [21,22,28,33,39,44,49]. Asexual people are mostly invisible to society but put at greater risk of forced marriage and GBV [16,40,49].

Discrimination based on GIE

Compounded with sexism, discrimination based on gender identity and expression causes self-identified diverse SOGIESC women (e.g., lesbians, transwomen) to undergo a series of discriminations: they are more often restricted to domestic spaces, informal employments, and lower levels of education, leading to higher dependency on their families, or, if rejected by them, to survival sex [33,47]. While sex work is a reality for women of diverse SOGIESC, conflation between such populations and this type of work can often be a cause of abuse and violence [22]. Gender restrictions to diverse SOGIESC women often make it more difficult for them to access services or exit abusive and exploitative relationships [49]. The inclusion of “women” voices in disaster management is increasing but mainly remain “cis-hetero women” voices [16].

Trans* communities are often targeted by transphobic practices due to their expression of gender not conforming to cisgender norms. These communities experience higher risks of discrimination and abuse within the educational [20,34], housing [4,26,29,36], and employment [8,33,34,50] systems. Their non-conforming gender expressions can be perceived as threats to social norms and lead to higher levels of detention, sexual and physical abuse, and murder [44]. High focus on trans* and intersex peoples' genitalia in identification documents can often create incongruities between expressed gender and sex assigned at birth [44,45]. Documents not conforming to self-identified genders are barriers to accessing services and a cause for detention on impersonation grounds [33,49]. The gender binary perspective (men and women only) often excludes trans* populations and other gender non-conforming groups from services by not registering self-identified gender [34]. Other gender non-conforming groups form a multitude across the globe: Warias in Indonesia [2], Baklas in Philippines [7,12,13], Aravanis in India [2,22,38], Fa'afafine in Samoa [4,12], Fakaleiti in Tonga, Mahu in Hawaii and Tahiti, and Whakawahine in New Zealand are only few examples [12,19,37]. These groups do not conform to western notions of trans* communities and are further invisibilised by western or national organisations

registering individuals and providing services during emergencies. It is worth noting that transmen are absent from the literature, apart from the fact of a lack of access to SHRH (e.g., distribution of menstrual and hygiene kits) [31,36,49].

Self-identified male survivors of GBV lack appropriate access to services (mainly targeting women) and can be revictimised while accessing them [3,20]. Men of diverse SOGIESC can be perceived as "traitors" by heterosexual cismen and can be further abused in masculine environments (e.g., detention centres) [44]. Men of diverse SOGIESC may try to conform to masculinity norms to avoid further discrimination, especially while reaching out for mental and psychosocial services [7,22].

Discrimination based on SC

Diverse sex characteristics have been, until today, perceived as a disability by medical systems, often referring to them as “disorders of sex development” [43,44,47,49]. Few tools address intersex issues. Those that do highlight unconsented and unjustified medical interventions, such as genital mutilations or forced sterilisations [27,47,49]. Intersex people are at higher risk of physical and sexual abuse at early ages, where they can be perceived as “evil” and in need of “corrective” medical measures to conform their body to the binary conceptions of what is male or female [44]. Some families may refrain from registering intersex infants due to stigma, leading to lesser access to services and human rights [34,44]. Much misunderstanding exists around intersexuality. While there is a notable feeling for some intersex people that they do not belong to SOGIE populations, people can wrongly associate them with trans* communities [44], as some tools do:

“Notwithstanding these limitations [not having intersex participants], our findings here apply to intersex refugees since they are present in all of the regions where we collected data and because it is well established that they face similar types of persecution and discrimination”. [33]

While intersex people may present similar needs to those of trans* communities (e.g., hormonal therapies or re-affirming surgeries to conform to self-identified gender), it is essential to remember that the locus of discrimination is their body and not their identity [44,45].

Other intersecting discriminations

Other sources of discrimination were linked to SOGIESC diversity, such as age. Younger diverse SOGIESC individuals have higher risks of being discriminated within their family and schools [19,20,31,49]. Different forms of abuse (e.g., psychological, physical, sexual) early in life can lead to higher risks of social exclusion, homelessness, illiteracy, and lower income [31]. A high dependency on parents, families, or schools can keep younger diverse SOGIESC individuals in unsafe or abusive environments, where relationships are tainted by homo/bi/transphobia. Myths and misinformation (e.g., homosexuality is a “sin”, “unnatural”, a “western agenda”) can be more easily induced, leading to higher pressure to conform, lower self-esteem, or suicidal ideas [18]. During migration, unaccompanied diverse SOGIESC children are highly vulnerable and require more in-depth needs assessments when being placed in families or being institutionalised [49]. Voices of younger diverse SOGIESC populations are often

muted, especially young girls, leading to higher risks of abuse by neglect and child marriage [20,21]. Discrimination of intersex people is mainly associated with medical interventions at an early age [49]. No identified tools discussed issues related to diverse SOGIESC seniors.

Discrimination based on socio-economic status is often linked to sexism, where women of diverse SOGIESC have reduced access to formal, stable, and safe employments. Lower socio-economic status, such as living in camps or experiencing homelessness, augment risks of exposure when reaching out for services or facilities [7,16]. Diverse SOGIESC communities' tendency to concentrate in more affordable neighbourhoods leads to higher risks of being targeted by police services [33], being further away from information and services (bringing a higher risk of being exposed during transportation), and having unsafe or shared accommodations [22]. These diverse SOGIESC community-friendly neighbourhoods can be more exposed to disasters (e.g., less desirable areas) and have a lower priority for reconstruction efforts [7,22].

One's country of origin can also lead to discrimination, especially for diverse SOGIESC migrants. Such communities can feel doubly discriminated by xenophobia from the host community and homo/bi/transphobia from their own communities [3,27,49,50]. Again, they can be perceived both as an economic burden by their host community (e.g., by asking for public services and resources) [17] and an income opportunity for relatives in their country of origin (e.g., sending/sharing revenues from working abroad) [8]. Very few tools look at discrimination based on SOGIESC intersections with racism (outside of migration issues) [37] and ableism (unless in general listings or linked to GBV) [3,31,49].

Recommendations for SO, GIE, and SC discrimination

- Learn about local conceptions of SO, GIE, and SC, and about specific discriminations based on those grounds.
- Sensitize and advocate for the recognition of SO, GIE, and SC concepts, whether at work or within local communities.
- Adopt intersectional practices to better assess and understand how SO, GIE, SC, and other aspects of life (e.g., age, ethnic background, religion) can affect service delivery.

Socio-ecological approaches to emergencies

Key findings

- Discrimination takes place at every socio-ecological level, from the policy to the individual level, where one may internalise homo/trans/biphobia and invisibilise oneself;
- Lack of contact with diverse SOGIESC communities allows stereotypes to persist and give the false impression that those communities do not exist;
- Invisibility of SOGIESC diversity in policies and organisational material is harmful to those communities;
- Taking positions and advocating for human rights is pertinent and necessary at all socio-ecological levels, whether to abrogate a discriminatory law or sensitize communities and coworkers.

A socio-ecological approach can help classify the various issues touching the diverse SOGIESC population at the individual, interpersonal, organisational, community, and policy levels.

Individual

Diverse SOGIESC individuals can fear being discriminated, leading to low outreach or avoidance of services [3,43]. This fear is embedded in pre-emergency discriminations and the fear of being “outed” (e.g., lack of confidentiality), leading to further discriminations [23,33]. Threats to life and dignity often lead those populations to adopt “discreet or secretive” hiding mechanisms, rendering their identification and service provision difficult [22,32,33,45]. “Discretion” to avoid discrimination can be a form of lived persecution and fear of persecution should be interpreted as an infringement on human rights [39]. This pattern of secrecy often leads to greater unmet needs (e.g., psychosocial, medico-legal, or livelihood needs). Those needs are often not being legitimised by service providers due to unrecognised, stigmatised, or illegal sexualities, gender identities or expressions, and sex characteristics [49]. While needs are not often accounted for, so also are the capacities of diverse SOGIESC individuals, who are only often viewed as vulnerable populations [2,7,12,13,16,38,40,50]. This focus on vulnerabilities can invisibilise important individual capacities or aspects of someone’s life (e.g., see the Circle of Capacities Framework (30)) and lead to a “disenfranchising” experience during emergency responses [40].

Interpersonal

Interactions with service providers from all types of organisations can be tainted by homo/bi/transphobic behaviours. Those behaviours are often intrusive and tend to question, conform, or “correct” SOGIESC diversity [39]. Interpersonal relationships often depend on one’s decision to “stay in the closet” or “come out” [32]. Arguments to not divulge diverse SOGIESC include the fear of discrimination, safety concerns, or the lack of social support [32,49]. This is an experience lived by both beneficiaries and service providers, such as humanitarian workers [32]. Different service providers’ personal beliefs also tend to exclude diverse SOGIESC populations. An important misconception is that providing services to everyone is already difficult, without having to develop more specific programs for smaller numbers of individuals [19]. Resources are thought of as a zero-sum game, where dedicating resources to a specific group means diverting them from others. A second misconception is linked to the fear of causing more harm than good to diverse SOGIESC communities [19,31]. This fear has its source in two factors. First, service providers’ lack of knowledge of SOGIESC issues is important and relates to the basics: what are sexual orientations, sex characteristics, or the differences between sex and gender? [15,31,49] Unawareness of SOGIESC issues sets the stage for anecdotal and

stereotypical views of diverse SOGIESC populations (e.g., gays are effeminate, lesbians are “butch”, non-conforming sex characteristics and gender identities as medical issues) and use of inappropriate language (e.g., intrusive or unsensitive questioning) [27,39,41,44,49]. Second, SOGIESC issues can then be viewed as morally, politically, religiously, or culturally contentious [18,32]. Service providers may decide to avoid disrupting social or national norms, rather than pursuing a more confrontational professional or human rights-based approach, which would lead to service provision regardless of discriminatory norms [9,31,33].

Organisational

Organisational situations are often informed by personal beliefs illustrated above. Lack of SOGIESC understanding generates a lack of specific guidelines and plans of action pertaining to diverse SOGIESC populations in organisations [13]. Most national emergency response plans do not include diverse SOGIESC issues, especially regarding local groups not identifying with western “LGBTIQ+” notions (e.g., Aravanis, Warias, Baklas) [13,16,22], or confine those issues to specific humanitarian sectors (with lesser resources) such as GBV and protection (i.e., defence of human rights) [1,8,9], illustrating an important need for a cross-sector mainstreaming approach

[4]. Priority to address such populations can become occasional and unsystematic (e.g., unequal services provided through different UNHCR offices) [29]. Prioritisation of those issues is linked to individuals’ motivation to do so [9] or to reputational risks for the organisation based on whether those issues are put in the agenda or not [47], and it is rare in higher management [2,8,16].

While organisations may be unaware of diverse SOGIESC issues, data collection also presents problems hindering continued learning within organisations. Used databases do not often gather information on SOGIESC and use markers mainly based on the binary notion of sex assigned at birth (female or male), rather than gender [4,9,38,49]. Progress has been made but remains minimal. In 2021, it became mandatory in the UNHCR to disaggregate data by age and sex (not gender) for all beneficiaries [9]. The Gender with Age Marker (GAM) (for project assessments) used and promoted by the IASC includes the possibility to report on “LGBTI” populations but aggregates diverse SOGIESC populations into one category and amalgamates sex and gender data [9]: of all projects assessed and compiled on the GAM’s Internet database, only 2,11% of them touched “LGBTI” populations, in comparison to 87,12% “Female/women and girls” and 80,27% “Male/men and boys” (31). Better

inclusion of SOGIESC concepts in this tool was identified as an opportunity to better report on those specific issues [4,9].

Methods used by organisations to collect data need to be rethought. Surveys, interviews, or focus groups can expose individuals with diverse SOGIESC and deter those populations from participating in data collection [16]. Their low representation in data can falsely bring the conclusion of their absence; given a significant sample size, it should be assumed that about 5% of the participants are from diverse SOGIESC communities [4,19]. Data collection should also track funds as a means to document resources allocated to SOGIESC issues, and account for feedback mechanisms by project beneficiaries to assess potential gaps in that allocation [9].

Organisations' relationship with diverse SOGIESC populations can be divided into service provision, partnerships, and inclusion. Service provision can use heterosexual or cisgender notions of families, communities, or individuals, therefore excluding diverse SOGIESC populations [7,9,38]. International organisations may also be unaware of local communities not identifying with western notions of "LGBTIQ+" communities and therefore exclude them from services [12,16]. Specific human resources targeting those

different communities are few, rendering the implementation of guidelines and providing of services difficult [18,29,46]. Partnerships with local organisations are often proposed as a solution to previously cited pitfalls. While organisations representing and supporting groups of diverse SOGIESC are present in different contexts, their existence can also be synonymous with illegality and low resources [4].

"In Kampala, the refugee-led Angels Support Group has created a makeshift shelter for LGBTI refugees who would otherwise be homeless. The Angels struggle to find funding to keep this shelter going, and upwards of 10 people are living in a space designed for two. This is a community-based solution developed by refugees, for refugees; it responds to an urgent gap, and yet currently receives no financial support from humanitarian actors." [33]

Partnerships with such organisations need to be respectful of their situation, include capacity building linked to their vision, and be built on long-term trust [8,27,34,49]. Finally, inclusion efforts must aim for representation diverse SOGIESC staff at all levels of emergency response, from design and implementation to decision-making

positions [47]. Organisations should have a clear positioning on respect for human rights, including SOGIESC populations [4,27,33,49].

Organisational training and sensitisation for staff was the most cited solution. The most complete training was from the IOM/UNHCR, based on the “Age, gender and diversity” policy, accompanied with practical guidance [41]. This training addresses multiple aspects of diverse SOGIESC migrants, with the presentation of proper terminology, international laws, the importance of safe spaces, SOGIESC-related myths and realities, needed interactions with those populations, protection issues, and more. Other sectors do not have access to such exhaustive trainings, or other opportunities to reflect on one’s own bias towards these populations. Calls are made for the use of more intersectional and feminist approaches in disaster risk reduction (DRR) [4,8,13,16,26,27,31,50]. Staff’s duties are mainly in the identification of diverse SOGIESC populations’ needs and capacities, the reduction of bias and incomprehension about those populations, and the awareness and utilisation of human rights, resulting in the increased professionalisation of the field [27,49,50].

Community

At the community level, exclusion of diverse SOGIESC populations occurs in different social units, such as families, neighbourhoods, religious groups, and working environments. This is due to myths that SOGIESC diversity are medical illnesses or immoral choices [17,44]. These homo/bi/transphobic ideas lead to fear of association with diverse SOGIESC individuals and reprisals for doing so [33]. “Corrective measures” can therefore also target non-members of diverse SOGIESC communities, if perceived as allies to diverse SOGIESC populations [28,44]. Religious groups can blame diverse SOGIESC people for disasters, as divine punishment for their sins [8,22].

“LGBTI communities were further marginalised as churches blamed them for ‘causing’ the earthquake. Following accusatory sermons, some gay and bisexual men were assaulted.” [7]

“...the Russian Orthodox Experts blamed LGBT activists for the April 14 eruption of the Eyjafjallajökull Volcano in Iceland, while in Iran, Tehran’s Friday prayer Imam cited adultery and “the laxities of some women” as the cause of earthquakes everywhere.” [22]

Workplaces may avoid employing such individuals to avoid “hurting the image” of their enterprise [17] and families may neglect or reject them to avoid the community’s judgements and exclusion [2,8,17,47].

“Traditional talanoa discussions [Fiji] revealed that even if families are willing to accept one of their own as a member of a sexual and/or gender minority, they may feel community pressure to force that person out of the village.” [8]

Apart from the Fa’afafine community in Samoa holding various governmental positions, few examples can be found of diverse SOGIESC populations’ involvement in official DRR and relief aid [4,12]. “Map”, “identify”, “engage”, and “consult” are the major ways forward to “ensure” representation of those populations. While being marginalised, diverse SOGIESC populations still participate in DRR and relief activities. They often rely on informal networks in parallel to official activities and services. Those informal networks (e.g., “chosen families”) offer safer spaces, psychosocial support, and specific protection, services, and information [2,8,47]. However, those networks can

be vulnerable during emergencies (e.g., loss of resources, need to hide/move) and hidden from outsiders (e.g., foreign migrants, humanitarian workers) [17,22,23]. Efforts should be made by humanitarian workers to contact those informal networks [49].



Policy

At the international level, an increasing number of treaty bodies (international human rights monitoring committees) now provide interpretations of international conventions, which include and recognise the need to protect diverse SOGIESC populations [28,41]. Most notable treaty bodies calling for the protection of diverse SOGIESC populations are: the Human Rights Committee, the Committee Against Torture, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination against Women, and the UNHCR (see references in [28,39]). While SOGIESC are not explicit grounds for protection in international laws, they can fall under other criteria such as “sex”, “political or other opinion”, or “any other similar criteria” [28]. An increasing number of decisions and comments are also made by regional courts, principally by the European and Inter-American Courts of Human Rights. The African Commission on Human and Peoples’ Rights has also adopted a resolution (2014) calling explicitly for the end of discrimination and abuse based on SO and GI in Africa [28]. While these policies are increasing, it is necessary to mention the complexity for people using them and for treaty bodies making them binding for persecuting actors.

At the national level, legal frameworks still criminalise consensual same-sex sexual acts (64/193 countries) with seven countries officially ordering death sentences in 2023 (32). Trans* identities and intersexuality remain pathologized in the Diagnostic and Statistical Manual of Mental Disorders-5 under “gender dysphoria” and “disorder of sex development” (32). In 2023, legal gender recognition was not possible in 72 countries, and other legislations still requested surgeries and/or sterilisation for it (32). Only nine countries offered restrictions on medical interventions for intersex children and only 24 regulated “conversion therapies” (32). Non-specific national laws are also disproportionately targeting SOGIESC populations such as trans* communities (e.g., impersonation, public debauchery, loitering) or gay men (e.g., sodomy laws) [33,44,49].

“The penal code that outlaws same sex relations--the police and government institutions are using that penal code to really fight the LGBT community... If [a man] reports sexual violence in a government health facility, they probably will not help [him]. ... In fact, you may be in much more trouble if you report—they will say you will be part [sic] of the LGBTI group.” [3]

Legal and political situations may not consider diverse SOGIESC populations, excluding them from service provision and protection. For examples, financial compensations may be restricted to married couples (e.g., Japan and United States) or male/female registered individuals (e.g., India and Nepal), excluding same-sex couples and trans* communities from receiving aid [4,12]. Reconstruction efforts may also focus on middle and upper-class neighbourhoods (e.g., Haiti and Chile), treating environments with higher concentration of diverse SOGIESC as second-class interventions [22]. Families can also be automatically understood as heterosexual families with biological children (e.g., United States), excluding same-sex partners with adopted children (or chosen families) [7].

Tools identified a clear need for gender inclusive policies, going beyond the women/men binary. Assumptions about the naturalness of heterosexuality, cisgenderism, endosexuality, and nuclear family should be revised [16]. Policymakers at the national and international levels need to be sensitised on those issues, since they may tend to apply previously described myths and stereotypes in policies [7,20]. Diverse SOGIESC populations can therefore be hyper-sexualised (e.g., focusing on sexual acts or characteristics) and their

identity (the locus of discrimination) can be invisibilised [39]. Policies need to avoid tokenistic use of diverse SOGIESC populations to demonstrate inclusion:

“...affected populations “is too general and oversimplified to account for the specific vulnerabilities of a number of populations—including gender and sexual minorities” especially as those vulnerabilities are “underresearched and misunderstood, which can lead to protection gaps.” ”[8].

“... adding ‘LGBTIQ+’ or ‘sexual and gender minorities’ to the end of an already long list of affected or marginalised groups will also be ineffective. While a specific mention of sexual and gender minorities within documentation is a first step toward recognition, it also risks tokenistic or piecemeal responses that fail to address underlying habitual and systemic discrimination on the basis of heteronormative, cisnormative, and binary assumptions.” [8]

Specific information may not be included in policies due to the invisibility of those populations but can also be thought as a “deliberate design” [8], such as in the Millenium Development Goals and

Sustainable Development Goals, or other important disaster management frameworks (e.g., the Hyogo and Sendai frameworks), where there is no clear mention of SOGIESC issues. In a literature review of policy documents,

“...mentions of ‘LGBTIQ+’, ‘SOGIESC’, ‘sexual orientation’ and ‘gender identity’ ... [are] almost exclusively: a) as part of a list of other dimensions of inequality; b) in a footnote; or c) in the glossary.” [18]

Work on gender binary in policies and norms has helped the creation of a framework illustrating different degrees of inclusion for diverse SOGIESC issues within policies and interventions [9]. Efforts should then be made to raise awareness about discriminatory situations for diverse SOGIESC populations in every sphere of life and to activate proper levers to change the systems in place.

Recommendations for socio-ecological levels

- Adopt a human rights-based approach for legitimising and advocating for anti-discriminatory policies and laws at national or international levels;
- Create accountability mechanisms bound to vulnerable populations (e.g., diverse SOGIESC communities’ participation and feedback);
- Establish safer spaces for interacting with diverse SOGIESC communities;
- Account for 5% of the population being from SOGIESC diversity and budget specific funds proportionally.

Issues discussed by humanitarian dimension

Key findings

- Pre-emergency discriminations are the pre-set of humanitarian work, and humanitarian workers need to be more aware of those discriminations to work more efficiently;
- All humanitarian work sectors (e.g., education, protection, GBV, health, shelters, WASH) present forms of discrimination;
- Siloed approaches hinder the sharing of best practices from one sector to another, showing a need for a transversal humanitarian approach towards ending discrimination;
- Participation of diverse SOGIESC communities in DRR or humanitarian response is low and is largely understood as the next step forward to attain more efficient responses to disasters and to respect human rights.

The tools addressed different themes in humanitarian aid with 28 (55%) of them addressing “Partnerships” related to diverse SOGIESC (Figure 5). “Health” and “Shelter” issues were addressed in 20 tools each (40%), “Protection” and “Migration” in 19 (37%), “GBV” in 18 (35%), “Rehabilitation & livelihoods” in 16 (31%), “WASH” in seven (14%), “Education” in six (11%), and “Food & NFI distribution” in five (10%). Tools specifically focusing on SOGIESC diversity (n=40), in comparison to nonspecific tools (n=11), are proportionally

more inclined to address only three dimensions: “Partnerships”, “Migration”, and “Shelter” (Figure 6). A higher representation of all other dimensions is noted in the tools targeting other populations. It is worth noting that the dimensions that are the least covered in specific tools are “Food & NFI distribution” (5%), “WASH” (10%), and “Education” (10%) the first of which has the highest difference in representation, with nearly half the nonspecific tools covering it.

Figure 5

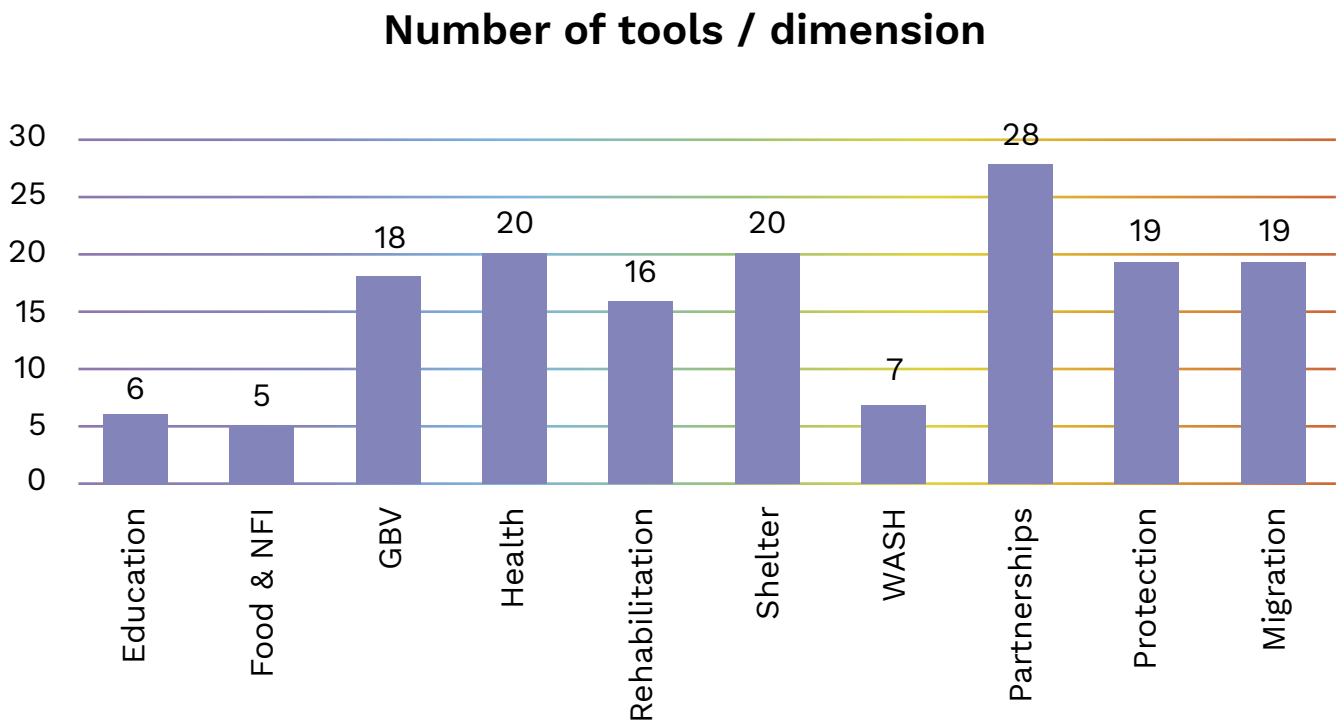
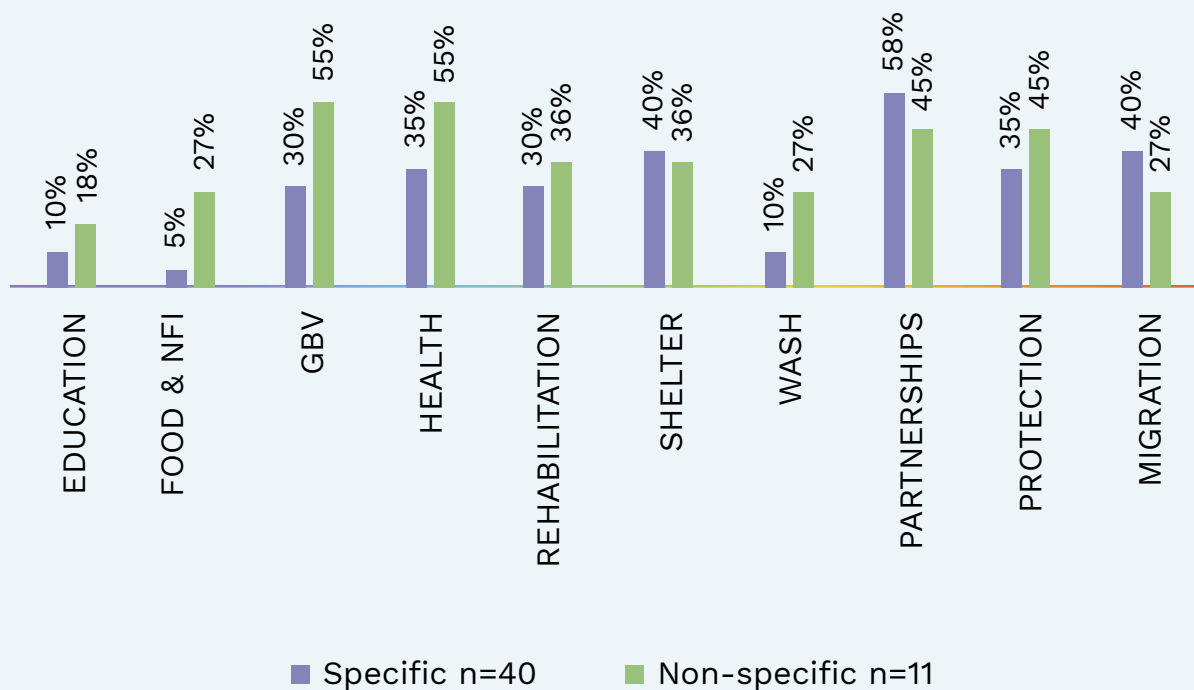


Figure 6

Proportion of specific and non-specific tools covering each dimension



The dimensions with a greater variety of tools were “Partnerships” (lacking formats: assessment tools and trainings), “Protection” (lacking formats: reviews and action plans), “Health” (lacking formats: editorials and action plans) and “GBV” (lacking formats: assessment tools and action plans) (Previous Figure 4). “WASH” and “Education” had the lowest diversity of tools identified, followed by “Food”

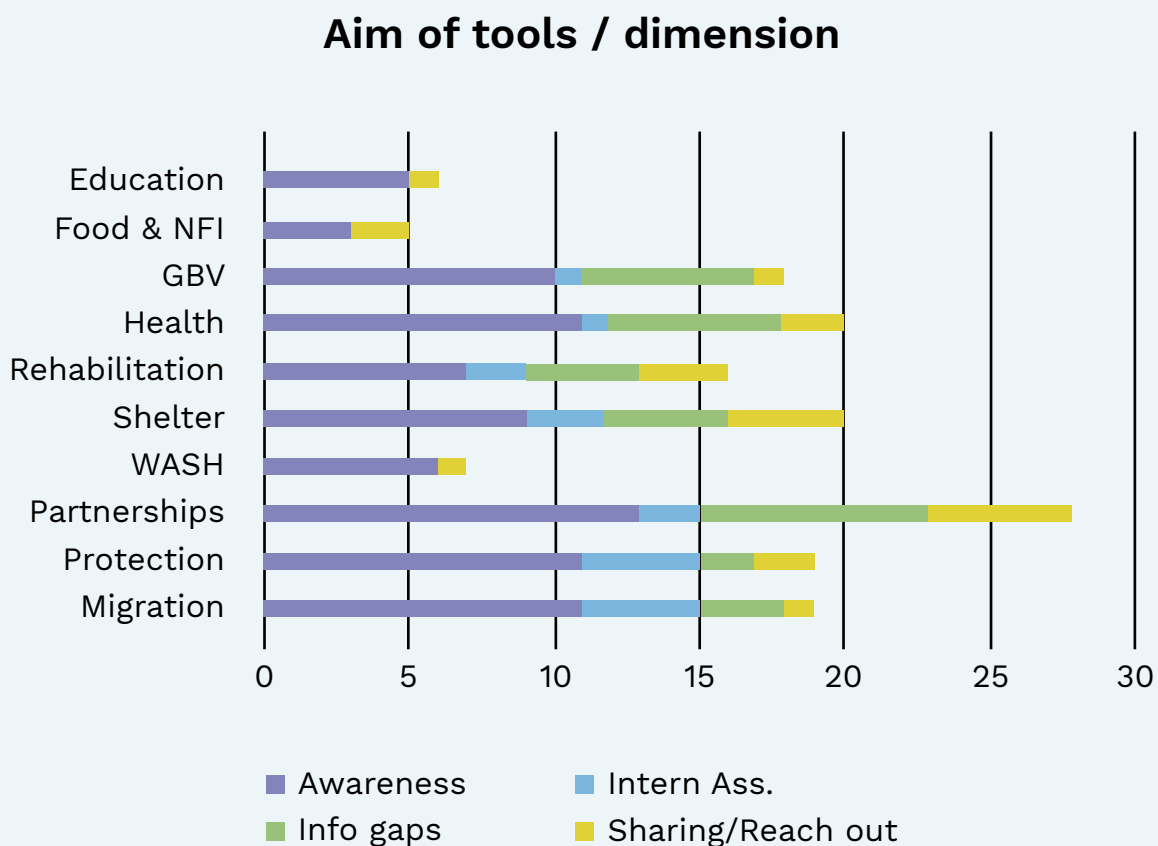
(principally lacking action plans, reviews, editorials, reports, and assessment tools). It is worth noting the absence of case studies in the sole dimension of “Education” as well as the absence of trainings in the sole dimension of “Partnerships”.

While tools can have many purposes, a main purpose was identified for each tool additionally (figure 7). In each dimension, raising awareness was identified as the most common main purpose of the identified tools. In total, raising awareness was the principal purpose of 27 tools (53%). Other purposes were to identify informational gaps about SOGIESC issues (12 tools (23%)), assess internal procedures (six tools (12%)), and share best practices (six tools (13%)). Only three dimensions did not have tools aiming at the four

aims listed above: “WASH”, “Food & NFI distribution”, and “Education”. There is an absence of tools identifying informational gaps and assessing internal procedures in those three dimensions.

While tools were categorised according to their main dimensions of focus (see above), the following section presents each dimension through the aggregation of all data from all applicable tools. This section synthesises the information by dimension.

Figure 7



Education

Information about the dimension of “Education” mainly focuses on diverse SOGIESC youth and children. Adults’ re-integration in the educational system is nearly absent from the tools and mainly focuses on language classes in migrant resettlement contexts and having LGBTIQ+-friendly tutors [34].

The pre-emergency stigmatisation within the education system is often put forward to explain the need for action and protection of diverse SOGIESC populations. Stigmatisation takes the form of bullying, harassment, and abuse (physical, psychological, sexual, and financial, as well as from neglect) [20,34,50]. This stigmatisation can take place within school walls, during extra-curricular activities outside school, and at home. It can be practiced by fellow students (e.g., bullying), teachers and staff (e.g., neglecting abuses and their report, sexual exploitation), and family (e.g., financially neglecting a child with diverse SOGIESC) [20,34]. The lack of understanding from staff of what are diverse SOGIESC is addressed in the tools as a factor of neglect, as well as some national policies discriminating diverse SOGIESC populations [34]. Women and girls can be seen as lower priority compared to men and boys, thus leading to reduced access to education

via child/forced marriage and imposition of more domestic responsibilities [20]. Migrants also have reduced access due to documentation status.

Higher risks of discrimination are linked to the accessibility of certain structures (e.g., toilets, classrooms) or activities (e.g., sport teams, dress codes) for people expressing self-identified genders not conforming with their documentation (e.g., trans* and intersex people) [34]. Areas without adult staff presence (e.g., playgrounds, hallways) can also present higher risks of abuse and bullying [34]. Identifying as a women brings higher risks of sexual exploitation by school staff (e.g., for grades and/or school fees) [20]. This stigmatisation leads to higher risks of dropping out, substance abuse, and mental health issues, resulting in higher rates of illiteracy and vulnerable employment such as sex work [8,20,31].

Following those elements, different practices are brought forward for better inclusion in the education system. At an individual level, trainings and sensitisation about diverse SOGIESC realities should be given to staff and students [4,50]. Materials (e.g., data for Internet or phone credit, books) should be distributed in a more targeted manner to better account for pre-emergency stigmatisation [31]. Organisations should also offer better accountability mechanisms

(e.g., complaints systems), as well as confidential and non-gendered services, and refer to self-identified genders [4,34]. Diverse SOGIESC-friendly after/pre-school programs and SRHR curriculums should be brought forward [8,34]. Finally, at the macro level, diverse SOGIESC CSOs should have a greater participation and coordination with the education system to provide insights during decision-making and accountability processes [4,31]. This consists of advocacy for the removal of discriminatory policies, the development and implementation of anti-bullying policies, and the M&E of implemented solutions [50]. The “Protection” dimension should also be implicated in these processes.

Recommendations for “Education”

- Implement non-bullying policies in schools and extra-curricular activities;
- Provide comprehensive sexuality education in schools’ curricula, based on programs developed by UNESCO (UN Educational, Scientific, and Cultural Organisation) and UNFPA (UN Population Fund);
- Adopt non-gendered activities and single-use facilities (e.g., classrooms, toilets, sport teams);
- Train school staff about SOGIESC.

Food & NFI distribution

Whilst lower levels of employment, homelessness, and financial vulnerabilities are referred to in different tools, few of them address food. Diverse SOGIESC populations often face discrimination in multiple sectors (e.g., employment, health, education), creating higher financial vulnerabilities and ultimately food insecurity. Being marginalised and isolated by society and family, diverse SOGIESC populations can find it difficult to access general services, a situation which is often replicated in aid relief.

Food distribution is often based on cis-heteronormative thinking, where aid is provided to the “female heads of households”, excluding, in different ways, diverse SOGIESC populations and families [20]. “Chosen families” remain central to diverse SOGIESC communities, yet differ from “nuclear families” in ways that include having same-sex partners, nonbiological dependants, and unregistered partnerships [7,8,30]. Therefore, gay men, bisexual men, and trans* people may not have any female relatives with access to food distribution, excluding them de facto from food relief [22]. While lesbians, bisexual women, and trans* people may conform to being “female heads of households”, the absence of male relatives can deter them

from queuing for food distribution, an often busy and unstable environment; situations like this can also deter people with disabilities [22]. Diverse SOGIESC populations expressing nonconforming genders are most at risks of being pushed out of queues (e.g., by bystanders) or turned away at delivery points (e.g., if documentation does not correspond to their gender expression) [19,34,45,47]. Exclusion from food distribution heightens the risk that diverse SOGIESC individuals may turn to survival sex to obtain food, leading to higher risks of violence and abuse [20,29].

“One MSM was so desperate that he attempted to collect food aid at the Champs de Mars IDP [internally displaced person] camp by dressing as a woman. However, he was discovered by other men standing near the line and beaten until he left.” [22]

NFI distribution can also be non-inclusive: transmen may need menstrual hygiene kits in addition to shaving kits [36,47,49]. Gendered NFI, such as clothing or scented soaps, can be distributed disregarding the self-identified gender of a person and lead to further discrimination [36].

Few solutions are mentioned to ensure a fairer and more secure food and NFI distribution. The two identified solutions are to include diverse SOGIESC organisations and/or specialists in the planning, implementation, and monitoring of service provision, and to provide training on SOGIESC issues for humanitarian workers and CSOs [4,20]. NFI distribution should account, if possible, for every group and individual's specific needs, rather than seeing it through a binary-gendered lens [36]. More options of items should be available and additional items should be made available when needed.

Recommendations for “Food and NFI distribution”

- Offer mobile and/or more flexible distribution strategies, targeting diverse SOGIESC-friendly districts;
- Partner with diverse SOGIESC organisations to distribute food and NFI;
- Make NFI options available for all individuals;
- Broaden “head of household” definitions and reach out to non-traditional households.

GBV

According to the OHCHR (Office of the UN High Commissioner for Human Rights), GBV against diverse SOGIESC people is “driven by a desire to punish those seen as defying gender norms” [20]. Many examples of GBV targeting such populations are provided throughout the tools: denial of services [34,44]; physical, psychological, financial, and sexual abuses [26,33,34,47,49]; domestic abuse against, or neglect of, diverse SOGIESC children [49]; forced stripping and forced anal or vaginal examinations [28]; corrective rape [7,38,39]; and honour killings [44,45,47]. Such acts are perpetrated by many actors, from armed groups and public authorities to service providers and community and family members. More masculine environments (e.g., detention centres, police and border stations, the army) create greater risks for GBV against diverse SOGIESC populations [44]. However, risks still exist in public facilities (e.g., camps, shelters, bathrooms) and within families, where GBV can take the form of forced marriage [34]. Lesbian and bisexual women, and transgender people even more, are particularly impacted by GBV by being women or gender nonconforming, as well as being part of a diverse SOGIESC community [20,33]. GBV against diverse SOGIESC populations is often committed based on the perception of nonconforming genders

or sexual orientations. This leads to those populations hiding their SOGIESC from society, leading to further marginalisation and vulnerability [26,33,49].

GBV often goes unpunished in situations where diverse SOGIESC populations are already criminalised, suffer social stigmatisation by service providers (e.g., police, healthcare workers) or community members, are sex workers, or are in an emigration process [34]. Reporting GBV can be risky for trans*, gay, and bisexual men since debauchery laws can be used to counter-prosecute survivors in some legal contexts [20]. While GBV services are mainly designed for, and thought to be for, female survivors, few services are offered to male survivors; in some contexts, GBV is strictly a female matter [34]. While services may be more accessible for women, lesbians, bisexual women, and trans* people may not report GBV for fear of disclosing their SOGIESC [20]. Diverse SOGIESC populations can be blamed, not believed, or re-abused during the reporting process [20,34,49].

The main path forward would be to create, in partnership with diverse SOGIESC organisations, standard operational procedures (SOPs) integrating SOGIESC issues for service providers (e.g., healthcare, justice system) [49]. Those SOPs need to underline the need for confidentiality and privacy as well as the

importance of inclusive referral pathways. The different service providers need to be sensitised about homo/bi/transphobic social norms and trained to overcome those biases accordingly [4]. The tools also identified a need for greater inclusion of diverse SOGIESC employees in the protection sector [20], as well as further capacity building to accommodate diverse SOGIESC individuals and the informal networks they use [25]. This capacity building would aim at clarifying what is GBV, the services provided, and the risks associated with being from a diverse SOGIESC population.

Recommendations for “GBV”

- Design intersectoral referral pathways and emergency protocols with justice, health, and protection sectors;
- Identify and partner with SOGIESC-friendly service providers (offer training to partners when necessary).



Health

Important health needs are identified in each tool. Generally, diverse SOGIESC populations need greater psychosocial and mental health services (e.g., for depression, anxiety, trauma, isolation) [23,34,38], sexually transmitted infection (STI) screenings (e.g., for HIV) [49,50], physical treatments (e.g., due to GBV) [26,34], and information about and access to contraceptives (e.g., for unintended pregnancy prevention) [25,50]. For those assigned female at birth, tools identified cervical and breast cancer screenings and menstrual hygiene kits as specific needs, and, for those assigned male at birth, prostate and testicular cancer screenings [50]. For trans* and intersex people, specific needs consisted of transition therapies (e.g., hormonal therapy, gender affirming surgeries) and access to endocrinologists and psychiatrists or psychologists for the legal recognition of their transition [25,34,38,46,50]. Specific treatments are also needed for intersex people subjected to “corrective” surgeries [50]. Continuity of care is an important need for diverse SOGIESC communities since health issues may often be chronic or longer term (e.g., mental health, transition therapies, HIV) [26,30]. Due to multimorbidity, referral pathways are an important feature of healthcare provisions; confidential,

non-discriminatory, and respectful approaches are therefore more important [4,31,34,50].

Multiple barriers need to be removed to ensure quality services are provided to diverse SOGIESC populations. Firstly, since diverse SOGIESC populations do not have equal access to employment, shelters, or education, health services may be unaffordable (trans* and intersex people may need even more expensive treatments) [43,45]. Secondly, services provided are mainly focusing on cis-hetero women and girls in relation to GBV and SRHR services [29,31,49]. Thirdly, diverse SOGIESC organisations and services are more vulnerable to emergencies and can be more easily discontinued due to insecurity, loss of social networks and spaces, and lack of financial and human resources [22]. Finally, due to homo/bi/transphobia within health systems (e.g., views that SOGIESC diversity is a sin or an illness), diverse SOGIESC may avoid accessing healthcare altogether or hide important information from service providers [34]. Practices such as “conversion” therapies should therefore be banned [27,39] while efforts should be made not to pathologize SOGIESC diversity [49].

Identified solutions and positive practices are often community-based with a greater participation of diverse SOGIESC organisations [25,26,31,49,50]. Such participation should take place during the design of interventions, the identification of beneficiaries and their networks, the coordination with referred providers (e.g., medico-legal, justice, protection), the carrying out of trainings, the implementation of pre-emergency preparedness, and adaptation of guidelines and tools. Community-based models of care offer different strategies to make services more accessible: home visits, mobile clinics, one-stop clinics, online/virtual consultations, and treatments [26,31]. Intersectoral actions (with the justice, education, or GBV sectors) are needed to provide more entry points and better meet needs. Finally, trainings and guidelines need to better reflect SOGIESC issues, with a more inclusive and appropriate language (e.g., mother/father vs parents, breastfeeding vs nursing), and respect a non-discriminatory rights-based approach [4].

Recommendations for “Health”

- Map service providers offering inclusive healthcare in relation to psychosocial, mental, and physical health as well as chronic healthcare (e.g., SRHR, STI screenings, hormonal therapy);
- Inform beneficiaries about diverse SOGIESC-friendly service providers in the region and arrange means to access those services;
- Support community-based approaches in healthcare delivery (e.g., home visits, mobile clinics, online consultations).

Rehabilitation and livelihood

Due to discrimination and stereotypes, diverse SOGIESC populations are often restricted to specific types of work that are often insecure, instable, informal, and low-paying jobs (e.g., sex work, the beauty industry, and caring/domestic work) [8]. These informal jobs are often an exploitative environment with higher risks of not being paid, being trafficked, and being abused [17,34].

“Transwomen in Beirut, Kampala, and the Ecuadorian border city of San Lorenzo, reported that realistically, there are only two livelihood options available to them: working in hair salons or sex work.” [33]

“More than half of all LGBTI refugees consulted in Beirut, Kampala, and San Lorenzo reported doing sex work, either currently or in the past, in order to earn enough money to survive in the city... “If I don’t sleep with people, I cannot get money to feed myself,” said one LGBTI sex worker in Kampala.” ” [33]

Concerning sex work specifically, tools often link this livelihood to negative narratives (e.g., risk, survival, discrimination, abuse, exploitation, criminalisation, STIs, and HIV/AIDS [see

the Trans Implementation Tool or the Sex Worker Implementation Tool [33]] [14,20,30,33,34,43,45,47,49,50]. Few tools address sex work positively or look at diverse SOGIESC sex workers as empowered individuals [8,31,33,39]. While diverse SOGIESC communities can be pushed towards sex work, their capacities should be highlighted and given priority rather than ignored.

Employment discrimination can often consist of compounded xenophobia and homo/bi/transphobia, whether at work, during trainings, or while receiving services. This can take the form of bullying, employment termination (when “found out”), and physical and sexual abuse [33,34]. All this may lead to loss of accommodations, reduced access to food, or engagement in involuntary sex work [8,33]. Higher rates of discrimination are targeted towards trans* populations, especially transwomen when documentation does not fit self-identification [34], lesbian and bisexual women (with laws and practices restricting access to employment), and single heads of family with children in their charge [8,21]. Discrimination can come from employers, colleagues, or clients, further reducing access to employment. Employers can fear social reprisal by employing individuals coming from those populations [17,33].

Humanitarian programs do not often consider specific needs and realities of diverse SOGIESC populations. Those populations can feel unwelcomed or unsafe participating in livelihood programs [4].

“Participation risks discrimination and violence from service providers as well as other refugee participants. Moreover, because job placement and other activities do not account for the particular discrimination LGBTI refugees face, these initiatives are often largely irrelevant for them.” [33]

In contexts of low- and middle-income countries, emergencies often touch informal economies first, where most diverse SOGIESC populations work (e.g. street vendors, home-based and domestic workers, sex workers). Emergencies create greater competition in accessing employment and therefore greater discrimination [8,30]. In addition to this reduced access to livelihoods, diverse SOGIESC populations can also be further pressured by their family to contribute to the family’s livelihood. This can take the form of “acceptance for money” and requires individuals to “conform” to social norms to obtain employment [8].

“Rehabilitation and livelihood” solutions mentioned in the tools are both general and specific. Programs generally need to be redesigned with a better understanding of the realities and needs of diverse SOGIESC populations [21,39]. Diverse SOGIESC communities and organisations must take part in designing and monitoring programs. Specific programs should be made available in a more inclusive manner, by helping the obtention or changing of official documents (bank accounts, identification), providing services based on individual needs and capacities, and creating programs with fewer risks (e.g., home-based or digital platform trainings, e-transfers for cash-based interventions) [49].

Recommendations for “Rehabilitation & livelihood”

- Provide training opportunities based on self-identified needs and capacities;
- Map and refer to a network of diverse SOGIESC-friendly employers in different sectors of employment;
- Advocate for legal changes to laws concerning GI changes for trans* and intersex people;
- Accompany persons throughout the obtention of gender-matching documentation.

Shelter

Key forms of discrimination linked to shelters are committed by landowners and communities within which diverse SOGIESC populations live [33,46,49].

“LGBT refugees in Kenya reported that they were assaulted, and their shelters were set alight by members of the host community and by fellow refugees.” [28]

They mainly take the form of refused access to shelters, blackmailing (linked to the fear of being exposed), sexual exploitation or abuse, and being kicked out of their accommodation [17,33,34,39].

“A gay man in Kampala put it, “When they discover that you are LGBTI, they throw you out.” ” [33]

Stigmatisation takes place within different types of accommodation, from internal displacement or refugee camps and detention centres to private accommodations [26]. Services offered by humanitarian aid can often be sex and/or gender-segregated and expose diverse SOGIESC populations [4,36,43,49]. Again, places of higher exposure, such as camps and detention centres, bring higher risks of discrimination. The main effects of this discrimination are a greater instability or insecurity to find

and keep an accommodation in the long term and a greater vulnerabilisation of these populations (e.g., sex for shelter, homelessness) [4,9,33,45]. While private accommodations in urban settings are privileged by some diverse SOGIESC individuals, this also means a reduced access to humanitarian aid provided directly in camps [34,43,45]. The role of their social networks can be essential in finding appropriate housing [2].

Most at-risk populations identified in the tools are unaccompanied diverse SOGIESC children, migrants (being subject to xenophobia), and trans* or intersex individuals (being placed in accommodation based on their sex assigned at birth rather than their preferred gender identity) [20,21,38]. Families with members of diverse SOGIESC also face risk of separation and reduced access to services due to the non-recognition of the family [20,50]. Diverse SOGIESC populations, especially trans* people, can be restricted to live in specific areas of towns where diverse SOGIESC is tolerated [14,19].

Three dimensions are identified by the Global Protection Cluster Strategy 2018–22, which aims to change the “shelter-as-product” perspective into “shelter-as-process”, a more inclusive and holistic understanding [9]. Firstly, key principles need to be respected, such as the

protection of “health, security, privacy and dignity”. Communal shelters, segregated accommodations, and facilities based on sex assigned at birth (over preferred gender identity) often do not provide enough privacy to be thought safe by diverse SOGIESC populations [20,49]. Security may not be ensured while roommates or neighbours may expose or abuse diverse SOGIESC individuals [17,33]. Often marginalised, SOGIESC populations may not have the means to access quality, dignified shelters due to lack of resources or a social network during an emergency [34]. Secondly, shelters should be understood as a stable environment, enabling access to other services. Again, due to marginalisation, diverse SOGIESC populations may be cut off from needed services physically (e.g., remote neighbourhoods, outside camps) [14,33,45], financially (e.g., commuting costs, higher rents) [33,49], or socially (e.g., high mobility to avoid exposure) [33]. Thirdly, in such conditions, it then becomes difficult for such populations to have a sense of belonging and build a future [9].

Other solutions include the importance of centring the individual in the sheltering process. Certain options should be made available to diverse SOGIESC populations based on their higher level of discrimination. They should be able to choose their shelter, whether in camps or urban settings [8], or whether in a

gender-segregated housing for women or men, according to their preferred gender identities [14,46,47]. One needs to bear in mind that diverse SOGIESC populations have insights about their needs and security, and that their SOGIESC must be always kept confidential. Shelters with diverse SOGIESC populations should be better secured (e.g., with trained and sensitized guards) and closer to local diverse SOGIESC populations and organisations [36]. Again, training and sensitisation of humanitarian workers is an important solution identified in tools.

“We usually have to hire staff and sometimes they’re new to humanitarian work [and in the shelter] we’re forever saying you have to be an engineer to get hired. And I don’t think there [is any][sic] understanding of some of these social aspects, maybe not the understanding of how to discuss them or communicate things with the community in terms of trying to identify what might be some of the barriers or different social structures.” [9]

This sensitisation training, in addition to the revision of SOPs, needs to include diverse SOGIESC people [4] to better identify sheltering issues and work with LGBTIQ+-friendly landowners and networks [34,49].

Recommendations for “Shelter”

- Partner with local diverse SOGIESC organisations to provide a variety of shelters in camps and urban areas from which individuals can choose based on their self-identified gender;
- Prioritise more confidential/anonymous shelters for diverse SOGIESC populations;
- Plan shelters in diverse SOGIESC-friendly districts and close to diverse SOGIESC organisations;
- Plan emergency shelters with SOGIESC-trained security guards.

WASH

WASH services and facilities are another discriminatory space for diverse SOGIESC populations. They are often environments with low privacy, exposing these populations to further harassment and abuse [21,36]. Tools mostly identify sanitation and toilet facilities as problematic, due to segregation based on sex assigned at birth [12,20,36]. People with non-conforming gender expressions are the most targeted populations (e.g., trans*, intersex, LGBTIQ+ families) [7,34,36].

Proposed solutions are to further include diverse SOGIESC communities and organisations in the planning (e.g., location and design) and monitoring of those facilities [4,21]. Trainings and sensitisations for WASH actors [8], as well as the revision of SOPs [31], should account for greater privacy, availability of gender-neutral single-use facilities (e.g., toilet/shower signages without any reference to gender) [36], and local inclusive practices (e.g., third gender-inclusive facilities in Nepal, where it is legally recognised) [20].

Recommendations for “WASH”

- Make private and gender-neutral facilities (e.g., washrooms, toilets) available for diverse SOGIESC individuals and families;
- Provide WASH facilities with security staff trained in SOGIESC issues.

Partnerships

“Partnerships” and “Protection” are transversal and regroup different elements of the dimensions already mentioned. Partnership creation with diverse SOGIESC CSOs is encouraged at every step of emergency management: DRR, preparedness, response, and recovery work. Most partnerships are associated with clear and specific tasks, such as needs assessments, design of programs, and M&E. Their aim can be twofold: to localise humanitarian responses to be adequate to needs of local communities and to empower local organisations to further engage in humanitarian responses and risk management.

The main difficulty for the creation of partnerships is the identification of diverse SOGIESC populations and organisations. Due to fear of exposure and discrimination, diverse SOGIESC people may avoid services and reaching out to others [34,43]. They may take many steps to avoid being identified, including “altering their voice, posture, and gait—*“mettre des roches sur nos épaules”* (“putting rocks on our shoulders”)” [22]. They can also function in parallel systems more difficult to identify and access (e.g., informal or hidden economies, shelters outside camps, specialised clinics, “chosen families”) [2,33].

Diverse SOGIESC populations do have coping capacities and are already managing emergencies, often outside emergency aids and services [7,12,22,31,40]. New ways of designing programs and offering services can be identified through their resilience mechanisms (e.g., communal funding through drag queen events or providing care services [Warias in Indonesia] [2], informal networking to access shelters or employment, capacity to challenge gender norms [fa’afafine in Samoa]) [4]. It is worth noting that these populations do aspire for greater social inclusion and recognition of these capacities [2,8].

For partnerships to be efficient, humanitarian actors must be sensitised on SOGIESC issues and pre-emergency realities of such populations [4,8,11]. Diverse SOGIESC organisations can often be underfunded (not legally recognised in some contexts), meaning that capacity building (e.g., funding, training) needs to be part of the partnership [4,9,33,34,48] while remaining flexible and relevant to the organisations [43]. Humanitarian actors also need to have changes of paradigm to facilitate those partnerships. The binary notion of gender (men and women) needs to be more inclusive with an understanding that some populations may not adhere to those precepts and may be discriminated because of it [13,15,16,37,38]. Disaster management is socially constructed by taking place in ongoing discriminatory

contexts, by consisting of subjective humanitarian response practices, and by being in specific contexts with specific populations [7]. Programs designed from abroad may not be socially appropriate and may do harm to diverse SOGIESC populations. Ways in which emergency management is designed must account for all populations and understand contextualised discriminatory practices already in place [12,16,37]. Finally, while there is a general acknowledgment that such populations may be more vulnerable, humanitarian actors need to better identify their capacities and the more radical causes of their vulnerabilities [1,12,16,27]. These reflexions need to generate new transformative policies and practices aiming at decreasing discrimination and ultimately enabling access to services and resources for diverse SOGIESC populations, without stereotyping nor victimising [1,9,10,19].

Recommendations for “Partnerships”

- Appoint focal points for partnerships with local diverse SOGIESC organisations;
- Share best practices around diverse SOGIESC and humanitarian issues;
- Include diverse SOGIESC organisations at every level of intervention (e.g., revision of guidelines, design, beneficiaries’ identification, implementation, M&E) to avoid unforeseen pitfalls;
- Include diverse SOGIESC organisations in every humanitarian sector (e.g., health, education, shelter, WASH, protection).

Protection

The “Protection” dimension, ensuring the respect of human rights, is highly linked to each other dimension (e.g., “Shelter”, “Health”, “GBV”) with a focus on security and non-discriminatory access to services. As seen before, diverse SOGIESC populations suffer from discrimination in a variety of services (e.g., housing, law enforcement, health), through a variety of actors (e.g., authorities, host communities, communities of origin, families). Protection risks range from criminalisation of same-sex relations and/or discriminatory laws and practices [34,43], community rejection and ostracization [45,46], and physical and sexual violence and abuse [33]. Trans*, lesbian, and bisexual women, intersex children, and migrants are at greater risk [20,21,45,46]. Protection risks are often interlinked: criminalising laws can feed communal discriminatory practices, leading to targeted violence and abuse against diverse SOGIESC communities [20,34,43]. They can then experience higher risks of psychosocial, mental, and health issues, along with a greater need for mobility and to invisibilise themselves. All these elements can thrust these communities further into vulnerable situations (e.g., homelessness, sex work, illiteracy), making it more difficult to access public and humanitarian aid. The

protection sector also touches upon access to justice, which can be difficult for these communities to attain due to homo/bi/transphobic national laws, police services, or abusive interpretations of the law [34,46]. While international laws forbid discriminations based on SOGIESC [15,27,41,44], national laws and societies can remain discriminatory, creating a need for a day-to-day protection [9,33,38,44].

The protection sector can ignore other persistent protection risks linked to situations where diverse SOGIESC populations are most exposed and therefore most at risk: public toilets, queuing for services, points of service, shelters, etc. [34,45] Some solutions mentioned in the tools were, firstly, for the protection sector to be mainstreamed through the broader humanitarian context [8,33,41,45,47] and ensure the participation and representation of diverse SOGIESC populations within plans, frameworks, preparedness, response, and recovery [4,46]. The participation of diverse SOGIESC organisations needs to be strengthened via the capacity building of both humanitarian and diverse SOGIESC organisations [4,20]. Integrated services taking protection needs into account are to be developed through referral systems (e.g., access to medico-legal services, family law, name change) [20]. To ensure this integration,

humanitarian organisations need to employ diverse SOGIESC individuals and create space for the revision of SOPs, trainings, and other organisational tools, through the perspective of those specific employees [20,21,41,43]. As in other dimensions, trainings and sensitisations could be employed to reduce protection risks, especially by targeting authorities and police services [34,43].

Recommendations for “Protection”

- Partner with local diverse SOGIESC organisations to elaborate a contextual analysis of the potential challenges and opportunities in service provision;
- Appoint focal points aware of diverse SOGIESC issues;
- Build a multisectoral (e.g., health, shelter, WASH) network to provide training and consultancies on SOGIESC issues.




The case of “Migration”

Finally, the “Migration” dimension can serve as an exemplary case of present best practices regarding SOGIESC inclusion. Firstly, historic narratives of diverse SOGIESC individuals are often put forward to assess needs and provide appropriate services [22,27,39,44]. Those narratives often account for pre-migration realities (e.g., familial/social rejection), triggering events leading to displacement (e.g., forced marriage, GBV, death threats), transit processes (e.g., abuse at international borders, detention), and arrivals to a place of asylum. While diverse SOGIESC communities may refrain from exposing their realities, organisations in the migration sector saw the necessity for safer spaces [27,33,41,48,49] and respectful and appropriate language as enablers for sharing difficult experiences [11,36,39,47]. Relationships with service beneficiaries are sought to be trustworthy and accounting for past, present, and future challenges [27,44,49].

Secondly, SOGIESC issues in migration seem prioritised due to the preponderance and depth of tools. Tools often target migration agents and aim at raising awareness on SOGIESC issues in all sectors (e.g., legal, educational,

and health systems). Tools identify key sources of SOGIESC exposure and provide solutions or reflexions (such as those cited in previous dimensions). Tools also seek to employ more appropriate language, with non-derogatory, contextualised terms [47]. They also mainstream SOGIESC issues within human rights (e.g., the definition of “persecution” and its application to diverse SOGIESC communities) as a lever to ensure provision of appropriate services, disregarding potential discriminatory practices [33,44,49].

Thirdly, tools account for the whole migration process by offering guidelines for identification/registration of diverse SOGIESC individuals at arrival, service provision or referral when in transit, and resettlement. For example, documentation is provided with chosen names and genders at registration [29,45,47,49], referred organisations are assessed for their openness to SOGIESC issues [27,33,34,43,48,49], and resettlement in third countries is prioritised in highly discriminatory contexts [43,49,50]. Tools also aim at providing further information to diverse SOGIESC communities in relation to their actual situation (e.g., possible risks in



their actual context, legal aspects, access to services) [43,47,49] or their future resettlement in a third country (e.g., pre-departure information and trainings) [35,41,49]. Needs such as gender affirmation surgeries, HIV treatments, family rights, diversity in future schools, and presence of diverse SOGIESC CSOs are each considered in the resettlement process [34,43,47,49,50]. Again, there is an awareness of the concerned populations' specific needs and sensibilities throughout the migration process.

Finally, tools from the migration sector also present the importance of advocacy, in challenging stereotypes and myths about diverse SOGIESC populations [27,41,43]. However, this advocacy should not hinder the organisations' interventions and should

be contextualised [27,49]. Participation in public events celebrating diversity and lower profile advocacy within larger human rights advocate organisations and the private sector are encouraged, the latter in less favourable contexts [27,49]. This advocacy work reaches out from the "Migration" dimension towards other sources of discrimination.

It is important to note that, as in every dimension, obstacles and discrimination remain in the migration sectors. For examples, diverse SOGIESC people can face intrusive questioning, lack of privacy and/or confidentiality (e.g., interpretation services), incomprehension about their realities (e.g., by refugee status determination officers), or homo/bi/transphobic decisions, including refusal of asylum claims [27].

Discussion



Summary of results

The tools illustrated different degrees of inclusion for diverse SOGIESC issues in humanitarian practices. General practices can be summed up in the following matrix, through the Gender at Work Framework (29), which identifies two interconnected spectrums: individual to systemic and informal to formal. These clarify four potential levers for action: consciousness and capabilities (individual and informal), resources (individual and formal), informal norms and exclusionary practices (systemic and informal), and formal rules and policies (systemic and formal). The levers for action respond in four different ways to this review's question on "how SOGIESC issues are included in present humanitarian practices and tools", and they provide a way forwards to comprehensive inclusion of these issues in humanitarian work.

Tableau 2: Humanitarian practices reported in tools* according to degrees of inclusion

<p style="text-align: center;">Gender at work</p> <p style="text-align: right;">Inclusion</p>	<p style="text-align: center;">INDIVIDUAL</p> <p style="text-align: center;">Consciousness and capabilities</p>
<p>Harmful</p>	<ul style="list-style-type: none"> • Lack of confidentiality • Reliance on “discretion” to avoid abuse • Use of stereotypes • Confusion between sex and gender
<p>Unaware</p>	<ul style="list-style-type: none"> • Unrecognised capacities and needs • Inappropriate or exclusive language • Used data collection methods/tools • Low feedback mechanisms <p>[1,15]</p>
<p>Aware</p>	<ul style="list-style-type: none"> • Self-assessment of own bias • Assume ±5% of population has diverse SOGIESC <p>[3, 5, 6, 14, 21, 23, 24, 25, 35, 36, 47, 48, 51]</p>
<p>Inclusive</p>	<ul style="list-style-type: none"> • Trainings on SOGIESC issues • Reducing risks of exposure <p>[13, 17, 19, 22, 26, 28–31, 33, 34, 38, 40–46, 50]</p>
<p>Transformative</p>	<ul style="list-style-type: none"> • Disaster management as social construct to deconstruct • Understand gender as a culturally constructed non-binary concept <p>[2, 4, 7–12, 16, 18, 27, 32, 37, 39, 49]</p>

<p>Harmful</p>	<ul style="list-style-type: none"> • Zero-sum game thinking • Undue fear of harm • Gendered facilities and services
<p>Unaware</p>	<ul style="list-style-type: none"> • Lack of funds tracking • Inappropriate livelihood training • Reconstruction efforts targeting middle/upper class
<p>Aware</p>	<ul style="list-style-type: none"> • Reliance on informal networks • Vulnerability of diverse SOGIESC people • Community-based services <p>[3, 21, 26, 48]</p>
<p>Inclusive</p>	<ul style="list-style-type: none"> • Diverse SOGIESC-friendly staff hired • Funding of diverse SOGIESC organisations • Training of those organisations in humanitarian work • Accounting for informal sector during relief aid and reconstruction <p>[14, 17, 19, 20, 22, 24, 25, 29, 31, 34, 36, 38, 41–43, 45–47, 50]</p>
<p>Transformative</p>	<ul style="list-style-type: none"> • Diverse SOGIESC-friendly referral systems • Providing services based on individual needs and capacities <p>[4, 8, 9, 11, 27, 30, 33, 49]</p>

Informal norms and exclusionary practices

Harmful

- Homo/bi/transphobia
- Sexism, racism, xenophobia, ageism, ableism
- “Corrective” measures
- View SOGIESC as contentious
- Binary notion of sexuality, gender, or sex
- Exclusion from databases

Unaware

- Aggregated SOGIESC data
- Low prioritisation
- Families as “heterosexual”
- Low engagement with diverse SOGIESC populations

[1]

Aware

- SOGIESC as identity
- GBV inclusive of gender non-conformity
- Documentation based on self-identified genders

[3, 20, 21, 26, 29, 48]

Inclusive

- View SOGIESC through human rights
- Think of inclusive processes over products (e.g., shelters)

[12, 17, 19, 22, 31, 34, 40, 42–45, 47]

Transformative

- Mainstreaming protection issues in all sectors
- Partner with diverse SOGIESC CSOs at all stages of emergency

[4, 8, 9, 11, 16, 18, 27, 30, 33, 41, 49]

<i>Gender at work</i> Inclusion	SYSTEMIC Formal rules and policies
Harmful	<ul style="list-style-type: none"> • Invisibility in official policies or planification • Criminalising laws (homosexuality, sex work, drug use, etc.) • Pathologizing non-conforming SOGIESC
Unaware	<ul style="list-style-type: none"> • Tokenistic use of “LGBTIQ+” acronyms or partnerships • Confinement to specific sectors • Cis-heteronormative policies on marriage or families
Aware	<p>[3, 37, 39, 41, 44]</p>
Inclusive	<ul style="list-style-type: none"> • SOGIESC specific guidelines • Legal recognition of gender identities <p>[6, 13, 28, 29]</p>
Transformative	<ul style="list-style-type: none"> • Anti-bullying policies in schools • Advocacy to remove discriminatory policies • Revision of key SOPs in partnership with diverse SOGIESC CSOs <p>[4, 8, 9, 16–18, 27, 30, 49]</p>

* Tools are categorized according to the four dimensions of the Gender at Work Framework and the general level of inclusion of the reported practices. Tools may not address all dimensions of the framework and may report examples of different practices with different levels of inclusion.

A return to the basics

Results show that, while there are important advancements in the inclusion of SOGIESC concepts in the humanitarian field, they are often unequal in depth or in the range of sectors covered (e.g., “WASH” vs. “Migration”). The inclusion of SOGIESC in humanitarian practices fluctuates with time. For example, the HIV response was nearly absent from this review, perhaps due to its normalisation or its reduced level of emergency and shift towards the development sector, while an important increase of tools covering migration was noted in recent years. However, SOGIESC inclusion is founded on basic notions that must be highlighted to secure a stronger inclusion of SOGIESC diversity in future humanitarian actions.

Firstly, concepts such as “sex”, “gender”, “sexual orientation”, “gender identities”, “gender expressions”, “sex characteristics”, and all other connected concepts need to be clarified for humanitarian workers and their partners. For example, “Gender” is often a synonym of “women” (meaning “cis-women”) and is often used interchangeably with “Sex” (33). GBV services’ focus on ciswomen shows how gender is comprehended as a “women” issue, therefore excluding SOGIESC diversity not conforming to the “women/men” binary. This conception of gender illustrates the misunderstanding around

SOGIESC in the humanitarian field, which can only apply it to inadequate and inefficient interventions for those populations.

Secondly, while SOGIESC concepts are not well understood, the importation of western stereotypes, language, and methods can often invisibilise or hurt local diverse SOGIESC communities. The widely used “localisation” agenda tries to address such problems but still lacks a clear definition and operational guidance (16,34). The “localisation” agenda is generally understood as the need to involve local actors in humanitarian responses and can also refer to a greater level of participation from concerned populations (34). Specific issues are to be found for diverse SOGIESC populations in relation to the “localisation” agenda. How can foreign organisations involve diverse SOGIESC populations without being aware of them? How can they provide space for participation in contexts of criminalisation or social exclusion? Those questions can be difficult to answer, especially in a system often informed by patriarchy, machismo, paternalism, colonialism, urgency to act, and a hierarchical way of thinking (33).

Thirdly, humanitarian culture and personal biases can lead to discrimination and abuses toward diverse SOGIESC communities. The power imbalance between service providers and

beneficiaries is major, and even more so with diverse SOGIESC communities. Service providers' need to "take charge", to control and distribute resources, or to act first and think second are only a few examples of a work culture that needs to be reformed to reduce potential abuse (33).

Taking a step back and rethinking the future

Looking at those basic elements hindering inclusion, a step back seems necessary to ensure gains and build a stronger basis for the future. Two elements seem important to reflect on: how to engage in better partnerships with diverse SOGIESC organisations and communities and how to change the humanitarian culture. The following is only the beginning of this reflection process.

Partnerships in the humanitarian sector are commonplace. They are made with a variety of stakeholders, from public to private sectors, whether governmental offices or NGOs, international organisations, or an array of donors. They have many functions: to mobilise resources, improve implementation, create expertise, or advocate for change (35). However, within their specificities, those partnerships may not be aware of SOGIESC diversity, as historically humanitarian work was not much aware of women, children, or disabled people's realities. What if those partnerships are not aware of SOGIESC diversity? What if those partnerships perpetuate discriminatory practices? The importance of partnering with diverse SOGIESC organisations and communities thus emerges as a new way to mobilise resources, implement effective programs, innovate, learn skills,

and change attitudes and behaviours. Concrete measures to foster partnerships with diverse SOGIESC communities can start within an organisation, with the hiring of diverse SOGIESC individuals. Yet, hiring cannot be a solution on its own since cultural change must accompany these procedures. This was the case with the inclusion of women in the humanitarian field, where only a third of recorded coordinators in 2019 were female (list of current humanitarian coordinators of the IASC 2019) (33). To be transformative, this solution must centre diversity in hiring for decision-making positions, provide support to these new hires, and not rely on those hiring to change the whole organisation's culture (33). External partnerships with local diverse SOGIESC organisations are also important to better grasp contextual realities. The inclusion of SOGIESC concepts can be facilitated through those partnerships, whether at the strategic or operational level.

Through those partnerships, humanitarian organisations and their related staff can become more aware of SOGIESC issues (36). Basic training and sensitisation material is already made available to do so, such as in the migration sector (37). Resources should then be invested in those sessions to provide space and time to clarify what the main concepts are, what barriers and facilitators to access services exist, and how practices could be

changed to be more inclusive. Trainings should provide reflexive environments to reflect on one's own biases and how they can impact diverse SOGIESC communities. Such trainings should cover the organisation's entire hierarchy and provide space to reflect on how to best diffuse a new culture and set of practices. Trainings are a great opportunity to contact communities and can be an important first step to partnering with them in humanitarian work. Learnings should be translated into practical results followed by thorough supervision from partners to ensure accountability toward communities (33). New or adapted procedures should be rewarded while homo/bi/transphobic behaviours should be faced with appropriate disciplinary action (38).

The example of the “Diverse SOGIESC Rapid Assessment Tool”

Out of all identified tools, the “Diverse SOGIESC Rapid Assessment Tool” needs to be highlighted because it shows the importance of rethinking practices and creating partnerships (39). This tool comes from the Pride in the Humanitarian System consultation report (19) that stressed the importance of including diverse SOGIESC communities in humanitarian responses. It assesses the inclusivity of an intervention and creates a space to think about how to adapt

it to better serve those communities. The tool addresses many transversal issues that are present across sectors of humanitarian work: pre-emergency marginalisation, participation and leadership in SOGIESC issues, safety and protection, shelter and housing, and livelihood and recovery. It is divided into three documents: the guidance note providing clear instructions and background information, the survey for diverse SOGIESC participants that should be administered through local partnership with organisations, and the “main tool” that should be used for collecting complementary data and computing the data aggregation. This tool is important since partnership with diverse SOGIESC organisations (or organisations related to those issues) is a requirement. The tool also recommends accountability measures by following up on results with both the partner organisation and the communities. This tool is an example of best practice and should be adapted to other organisations.

Critical appraisal of the tools

According to the AACODS checklist (28), authority of the identified tools are mainly coming from two UN bodies (UNHCR, IOM), the Edge Effect organisation, and few specific experts (e.g., E. Dwyer [6 tools], J. Rumbach, , J.C. Gaillard, A. Gorman-Murray [3 each]). Tools did not often

provide bibliographic information about their sources (17/51 documents included a bibliography) preventing users go further in their SOGIESC research. Endnotes were not considered as bibliographic information but were considered in the assessment of the contemporariness of the tools (41 were considered actual). Most tools (41) made their objectives explicit while only less than half (22) provided methodological explanations on how to replicate the work. Few limitations were presented, this in only 10 tools. The quality and significance of certain tools are worth mentioning (19,20,39–44).

Limitations of rapid reviews

In comparison to other standard systematic reviews, rapid reviews often adjust their methodology on five different grounds: their scope, comprehensiveness, synthesis, and conclusions (25). As seen previously, this review was limited to diverse SOGIESC populations and international humanitarian work; those limitations still permitted the exploration of the variety within diverse SOGIESC populations as well as the different sectors and practices in humanitarian work. Comprehensiveness of this review could be enhanced by adding bigger databases (e.g., PubMed, Scopus). The inclusion of unpublished organisational documents could have also clarified what practices have been

implemented up to the present day and would have provided further insights into organisations' perspective on inclusion. Domestic humanitarian work is also an unexplored dimension in this review. This review remains comprehensive with three databases used in addition to grey literature, all without date, language, and format limitations. The main alterations for this rapid review are the use of only one reviewer for the tools' selection (title, abstract, and full text screenings) and data extraction. The review was, however, reviewed by the other authors, who are from Égides and the University of Montréal. Results were presented through three different perspectives and were synthesized in a matrix according to two frameworks. A critical appraisal was also performed. Finally, conclusions were made through specific recommendations linked to the results and the following more general recommendations.



Recommendations

For partnerships with diverse SOGIESC organisations

1. Develop and implement “diverse SOGIESC in humanitarian settings” training programs:

Providing more contextualised training programs can help identify regional and local forms of discrimination, less visible communities, and ways to adapt interventions to reduce those discriminations and give a voice to those communities.

2. Foster mentorship and engagement:

Setting up mentorship programs towards inclusivity with a diverse SOGIESC organisation can raise greater understanding of SOGIESC issues and facilitate implementation of more adapted and efficient interventions.

3. Review outreach materials, operational guidelines, strategic plans, and other key documents:

Adapting key documents can facilitate interaction with diverse SOGIESC communities, provision of services, and attainment of desired outcomes.

4. Facilitate diverse SOGIESC peer support groups:

Offering safer spaces for peer support groups can empower informal networks with more resources while maintaining lower exposure for their members.

For partnerships with diverse SOGIESC organisations *cont.*

5. Advocate for human rights monitoring at the local, regional, and international levels:

Advocating for human rights with diverse SOGIESC organisations can help attain the abrogation of criminalising and pathologizing laws and policies. Abrogating those laws and policies will provide safer environments for service provision and access and the creation of more inclusive and effective interventions. Local, regional, and international fora should be invested according to the partnerships' vision and resources.

For humanitarian organisations

6. Appoint SOGIESC focal points:

Designated focal points can facilitate reaching specific populations throughout service provision processes. Hiring local diverse SOGIESC individuals in decision-making positions can also help organisations gain insights and avoid pitfalls in every step of service provision.

7. Train staff and partners about diverse SOGIESC:

Ensuring diverse SOGIESC concepts are understood and discussed can reduce personal homo/bi/transphobic biases and can help promote human rights-based comprehensive service provision, regardless of whether one shares a nonconforming identity. Partners in referral pathways should be included in diverse SOGIESC training to ensure the provision of safe and quality services.

For humanitarian organisations *cont.*

8. Hold staff and partners accountable for human rights and humanitarian principles:

Holding people accountable for human rights and humanitarian principles is essential when delivering services. Staff and partners therefore need to be made aware of these rights and principles to ensure professionalism and their beneficiaries' dignity. Homo/bi/transphobic behaviours should face adequate disciplinary actions.

9. Plan inclusivity in the development of humanitarian plans and strategies:

Planning the participation of diverse SOGIESC organisations in the design of humanitarian interventions or policies can ensure greater efficiency in addressing diverse SOGIESC populations by including their participation from the start.

10. Establish safer spaces:

Providing safer spaces with clear signage and symbols can facilitate diverse SOGIESC populations' access to services through a feeling of greater safety, confidentiality, privacy, and openness.

11. Mainstream SOGIESC diversity across services and sectors:

Applying SOGIESC diversity frameworks in all services can help find more effective and inclusive ways to provide services and share best practices in and out of the organisation.

For humanitarian organisations *cont.*

12. Map and empower diverse SOGIESC persons and local organisations:

Partnering with local diverse SOGIESC organisations and individuals can strengthen their informal networks and widen an organisation's knowledge towards greater efficiency in service delivery.

For donors

13. Ensure grantees are liable to non-discriminatory policies and procedures:

Creating liabilities in receiving funds can persuade humanitarian organisations to reach out to diverse SOGIESC partners, develop appropriate materials, and set more inclusive targets and interventions.

14. Make it mandatory in gender analysis to include SOGIESC concepts and indicators:

Mandating organisations to reflect on SOGIESC issues and ways to measure/impact them can create a space for reflections and innovations towards better services for diverse SOGIESC communities.

15. Promote partnerships with local diverse SOGIESC CSOs in assessment criteria:

Including criteria for evaluating projects can valorise partnerships and offer incentives for future applicants to funds.

For donors *cont.*

16. Augment and track dedicated funding for diverse SOGIESC interventions and partnerships:

Tracking funding more closely regarding diverse SOGIESC actions can help illustrate present imbalances in the actual distribution of resources by population. Tracking fundings and availing more funds for longer terms and for partnerships can also encourage humanitarian organisations to develop new programs and reach out to diverse SOGIESC organisations.

17. Invest in research and in M&E of SOGIESC diversity:

Investing in research about SOGIESC diversity in humanitarian settings will help to shed light on still misunderstood realities and will contribute to the identification of much needed innovative and inclusive ways forward. Investing in M&E can enable humanitarian organisations to adapt and innovate procedures, allowing them to be more informed and aware of SOGIESC diversity.

For national governments

18. Promote and adopt anti-discriminatory policies:

Implementing anti-discriminatory policies is an important step forward in respecting international human rights legislation. The phases of this process are to revoke discriminatory laws, create a coalition, and promote anti-discriminatory policies, adopting and enforcing them in everyday justice. These policies are important tools for judicial and democratic systems, as they remove barriers to accessing services in humanitarian and everyday contexts.

For national governments *cont.*

19. Promote and facilitate inclusion of SOGIESC diversity in communities:

Supporting the inclusion of diverse SOGIESC communities in community-led initiatives can build positive cooperation and interaction between these communities and broader society. Promoting inclusion can create awareness and solidarity, ultimately leading to greater equity, cohesion, and prosperity..

20. Ensure diverse SOGIESC representation in policies and humanitarian programs:

Representing SOGIESC diversity in policies can help address “harm reduction” in the broader society, ensuring that representation can help build more effective and adequate interventions for all members of society.

For international actors (e.g., UN bodies, academics, INGOs)

21. Create regional and international fora for sharing best practices:

Convening humanitarian and diverse SOGIESC organisations in regional and international fora can facilitate the creation of collective knowledge around best practices and tools to use regarding SOGIESC diversity. Those fora can be used to raise awareness, create partnerships, and advocate for change in policies and practices.

For international actors (e.g., UN bodies, academics, INGOs) *cont.*

22. Advocate for host-country anti-discriminatory reforms:

Revoking national discriminatory policies is a requirement to implement effective humanitarian interventions and address diverse SOGIESC communities' needs. Advocating for anti-discriminatory reforms is essential.

23. Finance longer-term interventions aiming for transformative impacts:

Funding humanitarian responses aimed at transforming norms in the long term can help reduce vulnerabilities and empower communities to face disasters in the future. At the nexus of development, humanitarian interventions should aim at durable, human rights-based, inclusive solutions..

Conclusion

Results in this report expose the inclusion process within which many humanitarian organisations are engaged. While advancements towards greater inclusion for diverse SOGIESC populations are important, the need for stronger partnerships to implement more adequate interventions needs to be acknowledged, as well as the importance of more specific and contextual knowledge about diverse SOGIESC communities, which need to be engaged to participate further in humanitarian responses. Humanitarian organisations could gain more efficiency from these partnerships and cannot afford to lag behind other sectors such as international human rights or development. Humanitarian work must operationalise inclusion in all sectors. Partnerships and discussions with diverse SOGIESC organisations and communities are the tool to use and the practice to put in place. This is the “Only way up”.

Bibliography

1. United Nations. 4th Geneva Convention relative to the protection of civilian persons in time of war [Internet]. 1949. Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/geneva-convention-relative-protection-civilian-persons-time-war>
2. Rysaback-Smith H. History and Principles of Humanitarian Action. *Turk J Emerg Med*. 2016 Mar 9;15(Suppl 1):5–7.
3. Anderson M, Becknell K, Taliano J. History of Humanitarian Emergencies. In: Townes D, editor. *Health in Humanitarian Emergencies: Principles and Practice for Public Health and Healthcare Practitioners* [Internet]. Cambridge: Cambridge University Press; 2018 [cited 2023 Nov 1]. p. 9–24. Available from: <https://www.cambridge.org/core/books/health-in-humanitarian-emergencies/history-of-humanitarian-emergencies/C13A659A62BBB475419E09E5F4DD416C>
4. OCHA. OCHA on Message: Humanitarian Principles [Internet]. OCHA on Message; 2012. Available from: <file:///C:/Users/Client/Downloads/oom-humanitarianprinciples-eng-june12.pdf>
5. Oxford Institute for Ethics Law and Armed Conflict. Oxford Institute for Ethics, Law and Armed Conflict. 2023 [cited 2023 Nov 1]. Humanitarian aid past and present. Available from: <https://www.elac.ox.ac.uk/programmes-projects/solferino-21/humanitarian-aid-past-and-present/>
6. Herbert Hoover National Historic Site. The Emergence of the Great Humanitarian [Internet]. [cited 2023 Nov 1]. Available from: <https://www.nps.gov/articles/emergence-of-the-great-humanitarian.htm>
7. Sphere Project. Humanitarian charter and minimum standards in disaster response [Internet]. The Sphere Project; 2000. Available from: <file:///C:/Users/Client/Downloads/Sphere-Handbook-2000-English.pdf>

8. International Strategy for Disaster Reduction. Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to disasters [Internet]. Japan: International Strategy for Disaster Reduction; 2007 p. 25. Available from: <https://www.unisdr.org/2005/wcdr/intergover/official-doc/L-docs/Hyogo-framework-for-action-english.pdf>
9. IASC. Guideline: the gender handbook for humanitarian action [Internet]. s.l.: IASC; 2018 p. 401. Available from: https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
10. UNHCR. UNHCR's Policy on Older Refugees [Internet]. [cited 2023 Nov 23]. Available from: <https://www.unhcr.org/publications/unhcrs-policy-older-refugees-19-april-2000-annex-ii-draft-report-seventeenth-meeting>
11. Johri M, Chung R, Dawson A, Schrecker T. Global health and national borders: the ethics of foreign aid in a time of financial crisis. *Glob Health*. 2012 Jun 28;8(1):19.
12. Knight L. UNAIDS: the first ten years, 1996-2006. Geneva, Switzerland: UNAIDS; 2008. 286 p.
13. Ayala G, Spieldenner A. HIV Is a Story First Written on the Bodies of Gay and Bisexual Men. *Am J Public Health*. 2021 Jul;111(7):1240-2.
14. McInnes C, Rushton S. HIV/AIDS and securitization theory. *Eur J Int Relat*. 2013;19(1):115-38.
15. Kim YS. World health organization and early global response to HIV/AIDS: emergence and development of international norms. *J Int Area Stud*. 2015;19-40.
16. CHS Alliance. How change happens in the humanitarian sector: humanitarian accountability report. Genève: Geneva, CHS Alliance; 2018.
17. Sonia Onufer Corrêa, Vitit Muntarbhorn. The Yogyakarta Principles [Internet]. 2007. Available from: http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

18. Mauro Cabral Grinspan, Morgan Carpenter, Julia Ehrt, Sheherezade Kara, Arvind Narrain, Pooja Patel, et al. The Yogyakarta Principles (plus 10) [Internet]. 2017. Available from: http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf
19. Devakula, Dotter, Dwyer, Holtsberg. Pride in the Humanitarian System Bangkok 4-7 June Consultation Report [Internet]. Bangkok: APCOM, APTN, ASEAN SOGIE Caucus, IPPF, Edge Effect, UN Women; 2018 p. 62. Available from: https://www.edgeeffect.org/wp-content/uploads/2018/11/Consultation-Report_Pride-in-the-Humanitarian-System_All-Annexes.pdf
20. Dwyer, Robertson, Arifin, Deasey, Shale Ahmed, Haque, et al. The only way is up: Monitoring and Encouraging Diverse SOGIESC Inclusion in the Humanitarian and DRR Sectors [Internet]. Bangkok: Edge Effect, Coopération suédoise, UN women, Women for climate-resilient societies; 2021 p. 104. Available from: <https://asiapacific.unwomen.org/en/digital-library/publications/2021/03/the-only-way-is-up>
21. Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol*. 2012 Nov 27;12:181.
22. Association Sphère. Le manuel Sphère: La charte humanitaire et les standards minimums de l' intervention humanitaire [Internet]. Quatrième édition. Geneva: Le Projet Sphère; 2018. 508 p. Available from: <https://handbook.spherestandards.org/fr/sphere/#ch001>
23. United Nations General Assembly. Resolution, Towards Global Partnerships, A/RES/66/223 [Internet]. 2011. Available from: https://d306pr3pise04h.cloudfront.net/docs/about_the_gc%2Fgovernment_support%2FFINAL_A_RES_66_223.pdf
24. Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol*. 2008 Jul 10;8(1):45.

25. Hartling L, Guise JM, Kato E, Anderson J, Aronson N, Belinson S, et al. EPC methods: an exploration of methods and context for the production of rapid reviews. *Agency Healthc Res Qual* [Internet]. 2015; Available from: https://www.ncbi.nlm.nih.gov/books/NBK274092/pdf/Bookshelf_NBK274092.pdf
26. Tricco AC, Langlois E, Straus SE, Organization WH. *Rapid reviews to strengthen health policy and systems: a practical guide*. World Health Organization; 2017.
27. Tricco AC, Zarin W, Antony J, Hutton B, Moher D, Sherifali D, et al. An international survey and modified Delphi approach revealed numerous rapid review methods. *J Clin Epidemiol*. 2016;70:61–7.
28. Tyndall. AACODS Checklist [Internet]. Flinders University; 2010. Available from: https://www.library.sydney.edu.au/research/systematic-review/downloads/AACODS_Checklist.pdf
29. Gender at Work. Analytical Framework – Gender at Work [Internet]. [cited 2023 Dec 1]. Available from: <https://genderatwork.org/analytical-framework/>
30. Ben Wisner, JC Gaillard, Ilan Kelman. *Framing Disaster: Theories and Stories Seeking to Understand Hazards, Vulnerability and Risk*. In: *Handbook of Hazards and Disaster Risk Reduction* [Internet]. Routledge; 2012. Available from: <file:///C:/Users/Client/Downloads/Chapter3--FramingDisaster.pdf>
31. Inter-Agency Standing Committee. IASC Gender with Age Marker Dashboard [Internet]. Available from: <https://app.powerbi.com/iew?r=eyJrljoiYjUxMWNiOGUtOTMzOS00MmQwLTk0OWItN2E3Njg5YzE4NGNkIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIslmMiOjh9&pageName=ReportSection>
32. ILGA World. ILGA World. 2023 [cited 2023 Nov 28]. ILGA World maps. Available from: <https://ilga.org/ilga-world-maps>
33. Gupta GR, Grown C, Fewer S, Gupta R, Nowrojee S. Beyond gender mainstreaming: transforming humanitarian action, organizations and culture. *J Int Humanit Action*. 2023;8(5).

34. Wall, Hedlund. Localisation and locally-led crisis response: a literature review. Local Glob Prot L2GB Swiss Agency Dev Coop. 2016;
35. Wade Hoxtell, Maximilian Norz, Julia Steets, Kristina Teicke. Business Engagement in Humanitarian Response and Disaster Risk Management [Internet]. Berlin: Global Public Policy Institute; 2015 [cited 2024 Feb 27] p. 74. Available from: <https://gppi.net/2015/05/06/business-engagement-in-humanitarian-response-and-disaster-risk-management>
36. Nathwani, Piccot. Protecting persons with diverse sexual orientations and gender identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees [Internet]. Geneva: United Nations High Commissioner for Refugees: Division of International Protection; 2015 p. 35. Available from: <https://www.unhcr.org/media/protecting-persons-diverse-sexual-orientation-and-gender-identities>
37. UNHCR, IOM. Training Package Facilitation Guide: Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC) in Forced Displacement and Migration [Internet]. 2021. Available from: <https://www.iom.int/2021-sogiesc-and-migration-training-package>
38. UNHCR. Resettlement Assessment Tool: Lesbian, Gay, Bisexual, Transgender and Intersex Refugees [Internet]. UNHCR; 2013. Available from: <https://www.refworld.org/pdfid/5d2731c64.pdf>
39. Robertson, Arifin, Dwyer. Diverse SOGIESC rapid assessment tool: To assess diverse SOGIESC inclusion results in humanitarian contexts [Internet]. 2021. Available from: DIVERSE SOGIESC RAPID ASSESSMENT TOOL To Assess Diverse SOGIESC Inclusion Results In Humanitarian Contexts

40. Dwyer, Woolf. Down By The River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response [Internet]. s.l.: Edge Effect, Oxfam Australia, Rainbow Pride Foundation Fiji; 2018 p. 52. Available from: <https://www.preventionweb.net/publication/down-river-addressing-rights-needs-and-strengths-fijian-sexual-and-gender-minorities>
41. Rosenberg, Buscher, Timoney, Myers, Pearce, Robles, et al. Mean streets: identifying and responding to urban refugees' risks of gender-based violence : LGBTI refugees. New York: Women's Refugee Commission; 2016.
42. Tusker-Haworth, McKinnon, Eriksen. Advancing disaster geographies: From marginalisation to inclusion of gender and sexual minorities. *Geogr Compass*. 2022;16(11):15.
43. Balgos, Gaillard, Sanz. The warias of Indonesia in disaster risk reduction: the case of the 2010 Mt Merapi eruption in Indonesia. *Gend Dev*. 2012;20(1):13.
44. Rengers, Heyse, Otten, Wittek. 'It's Not Always Possible to Live Your Life Openly or Honestly in the Same Way' – Workplace Inclusion of Lesbian and Gay Humanitarian Aid Workers in Doctors Without Borders. *Front Psychol*. 2019;10(February):17.

Appendices

Appendix 1: Research strategies

Key words for the 3 databases

SOGIESC¹

LGBT* or
Lesbian* or
WSW or
« Women having sex with women » or
Gay or
Gays or
MSM or
« Men having sex with men » or
Homosexual* or
Same-sex* or
Bisexual* or
MSMW or
« Men having sex with men and women » or
WSWM or
« Women having sex with women and men »
or
Trans or
Transgender* or
Transsexual* or
Transidentit* or
Intersex* or
Queer* or
Genderqueer* or
Non-binar* or

« Gender fluid* » or
« Sexual minorit* » or
« Gender minorit* » or
SOGI* or
« Sexual orientation* » or
« Gender Identit* » or
« Gender expression* » or
« Sex characteristic* »

Humanitarian

« Humanitarian aid* » or
Disaster* or
Emergencies or
Emergency or
Cris#s

Practices

Practice* or
Standard* or
Tool* or
Norm* or
Recommendation*

1. HL only included SOGIESC words since it is specialised in humanitarian work.

MeSH terms for GH

SOGIESC

exp homosexuality/ or
exp lesbianism/ or
exp homosexual men/ or
exp homosexual women/ or
exp men who have sex with men/ or
exp bisexuality/ or
exp bisexual men/ or
exp bisexual women/ or
exp sex differentiation disorders/ or
exp intersexuality/ or
exp sex differentiation/ or
exp gender relations/ or
exp sexual roles/

Humanitarian

exp disasters/ or
exp natural disasters/ or
exp emergencies/ or
exp emergency relief/ or
exp crises/

Practices

exp practice/ or
exp « code of practice »/ or
exp standards/ or
exp tools/ or
exp work norms/ or
exp « organization of work »/ or
exp reference works/ or
exp checklists/ or
exp guide books/ or
exp guidelines/ or
exp handbooks/

No MeSH terms were available for HL and WofSC

Appendix 2: Critical appraisal

	Authority			Accuracy			Coverage	Objectivity	Date	Significance		Total	
	Authors	Organisations	Biblio.	Aim	Métho.	Peer-review	Credibility	Limits	Positionality	Date	Contemporary		+ Value
1	0	1	0	1	1	?	1	0	1	1	0	0	6
2	1	1	0	1	1	?	1	1	1	1	0	0	8
3	1	1	1	1	1	?	1	0	1	1	1	1	10
4	0	1	0	1	1	?	1	0	0	1	1	0	6
5	1	1	1	1	1	?	1	0	1	1	1	1	10
6	0	1	0	0	0	?	0	0	0	1	?	0	2
7	1	1	1	1	1	?	1	1	1	1	1	1	11
8	0	1	0	0	0	?	0	0	0	1	1	0	3
9	0	1	0	1	1	?	1	0	1	1	1	1	8
10	1	1	1	0	0	1	1	0	0	1	1	1	8
11	0	1	0	0	0	?	1	0	0	1	1	0	4
12	1	1	0	1	0	?	0	0	0	1	?	0	4
13	0	1	0	0	0	?	1	0	0	1	1	0	4
14	1	1	0	1	1	?	1	1	1	1	1	1	10
15	0	1	0	0	1	?	0	0	1	1	?	1	5
16	0	1	0	1	0	?	1	0	0	1	1	0	5
17	0	1	0	1	1	?	1	0	1	1	1	1	8
18	1	1	0	1	0	?	0	0	0	1	?	0	4
19	0	1	0	1	0	?	1	0	0	1	1	0	5
20	1	1	0	1	1	?	1	0	1	1	?	1	8
21	0	1	0	1	0	?	1	0	0	1	1	0	5
22	0	1	0	1	0	?	1	0	1	1	1	1	7
23	1	1	1	1	1	1	1	1	0	1	1	0	10
24	1	1	1	1	1	1	1	0	0	1	1	1	10

25	1	1	1	1	1	1	1	1	0	1	1	0	10
26	0	1	0	0	0	?	1	0	1	1	1	0	5
27	0	1	1	0	0	?	1	0	0	0	1	1	5
28	1	1	1	1	1	1	1	0	0	1	1	1	10
29	0	1	0	1	1	?	1	0	0	1	1	0	6
30	1	1	1	1	0	1	1	0	0	1	0	0	7
31	1	1	1	1	1	1	1	0	0	1	1	0	9
32	1	1	1	1	1	1	1	1	0	1	1	1	11
33	1	1	1	1	1	1	1	0	0	1	1	0	9
34	1	1	1	1	1	1	1	1	0	1	1	0	10
35	1	1	1	1	0	1	1	0	0	1	1	0	8
36	1	1	0	1	0	1	0	0	1	1	1	0	7
37	1	1	0	0	0	1	0	0	0	1	1	0	5
38	0	1	0	1	0	0	1	0	0	1	0	0	4
39	1	1	1	0	0	0	1	1	1	1	1	1	9
40	1	1	0	1	0	0	1	0	1	1	1	1	8
41	0	1	0	1	0	0	1	0	1	1	1	0	6
42	1	1	0	1	1	0	1	1	0	1	1	0	8
43	0	1	0	1	0	0	1	0	1	1	1	1	7
44	0	1	0	1	0	0	1	0	0	0	0	0	3
45	0	1	0	1	0	1	1	1	1	1	1	0	8
46	1	1	0	1	0	0	1	0	0	1	1	1	7
47	1	0	0	1	0	0	0	0	0	1	1	0	4
48	1	1	0	1	0	0	0	0	0	1	1	0	5
49	1	0	0	1	0	0	0	0	0	1	1	0	4
50	1	0	0	1	0	1	1	0	0	1	1	0	6
51	1	1	1	1	1	0	1	0	0	1	1	0	8

Authors	Organisations	Biblio.	Aim	Métho.	Peer-review	Credibility	Limits	Positionality	Date	Contemporary	+ Value	Total
---------	---------------	---------	-----	--------	-------------	-------------	--------	---------------	------	--------------	---------	-------

Authority

Accuracy

Coverage

Objectivity

Date

Portée

Appendix 3: List of tools

Texts #	Authors, year	Organisations	Formats	SOGIESC specific	Other target populations	Main sector	Other sectors addressed
[1]	(Asi et al., 2022)	<ul style="list-style-type: none"> • U of Central Florida • Georgetown Uni. • LSHTM • King's College London • AISE Consulting • BRAC Uni. • Washington Uni. • Harvard Uni. 	Review	No	<ul style="list-style-type: none"> • Women • Migrants 	Health	Partnerships
[2]	(Balgos, Gaillard and Sanz, 2012)	<ul style="list-style-type: none"> • De La Salle Uni. • U of Auckland • Durham Uni. 	Case study	Yes	N/A	Partnerships	Rehabilitation and Shelter
[3]	(Chynoweth et al., 2020)	<ul style="list-style-type: none"> • Women's Refugee Commission • U of New South Wales 	Case study	No	<ul style="list-style-type: none"> • Men • Migrants 	GBV	Health and Protection
[4]	(Devakula et al., 2018)	<ul style="list-style-type: none"> • APCOM • APTN • ASEAN SOGIE Caucus • IPPF • Edge Effect • UN Women 	Action plan	Yes	N/A	N/A	Partnerships

Texts #	Authors, year	Organisations	Formats	SOGIESC specific	Other target populations	Main sector	Other sectors addressed
[5]	(Dolan, 2014)	<ul style="list-style-type: none"> Refugee Law Project 	Editorial	Yes	N/A	GBV	Partnerships
[6]	(Dolan, 2016)	<ul style="list-style-type: none"> Refugee Law Project 	Editorial	Yes	<ul style="list-style-type: none"> Men 	GBV	Partnerships
[7]	(Dominey-Howes, Gorman-Murray and McKinnon, 2014)	<ul style="list-style-type: none"> U of New South Wales U of Western Sydney 	Review	Yes	N/A	N/A	N/A
[8]	(Dwyer and Woolf, 2018)	<ul style="list-style-type: none"> Edge Effect Oxfam Australia 	Case study	Yes	N/A	N/A	All but Education, Food and NFI distribution, Health, and Migration
[9]	(Dwyer et al., 2021)	<ul style="list-style-type: none"> Edge Effect Swedish Cooperation UN women Women for Climate-Resilient Societies 	Report	Yes	N/A	Partnerships	N/A

Texts #	Authors, year	Organisations	Formats	SOGI/ESC specific	Other target populations	Main sector	Other sectors addressed
[10]	(Dwyer, 2022)	<ul style="list-style-type: none"> • Edge Effect 	Report	Yes	N/A	Partnerships	N/A
[11]	(Robertson, Arifin, and Dwyer, 2021)	<ul style="list-style-type: none"> • UN Women • Edge Effect • Swedish Cooperation • Empower 	Assessment tool	Yes	<ul style="list-style-type: none"> • Women • PWD 	N/A	Protection, Rehabilitation, and Shelter
[12]	(Gaillard et al., 2017)	<ul style="list-style-type: none"> • U of Auckland • U of the Philippines Diliman • U of Western Sydney • Samoa Fa'afafine Association 	Case study	Yes	N/A	Partnerships	N/A
[13]	(Gaillard, Gorman-Murray, and Fordham, 2017)	<ul style="list-style-type: none"> • U of Auckland • Northumbria Uni. • Western Sydney Uni. 	Case study	Yes	N/A	Partnerships	N/A

Texts #	Authors, year	Organisations	Formats	SOGI/ESC specific	Other target populations	Main sector	Other sectors addressed
[14]	(Gender in humanitarian action Asia and the Pacific Working Group, 2017)	• APR-GiHAWG	Review	Yes	N/A	Partnerships	N/A
[15]	(Haneef and Laitila, 2018)	• IFRC	Training	No	• Women • Youth • PWD	N/A	All but Education, Partnerships, and Migration
[16]	(Tusker-Haworth, McKinnon and Eriksen, 2022)	• U of Sydney • U of Manchester • U of Wollongong • ETH Zurich	Review	Yes	N/A	Partnerships	N/A
[17]	(Heartland Alliance International, 2014)	• Heartland Alliance International	Case study	Yes	• Migrants	Migration	GBV, Health, Rehabilitation, Shelter, and Partnerships
[18]	(House and Dwyer, 2019)	• Edge Effect	Case study	Yes	• Youth	Partnerships	N/A

Texts #	Authors, year	Organisations	Formats	SOGLIESC specific	Other target populations	Main sector	Other sectors addressed
[19]	(Humanitarian advisory group and VPrise Foundation, 2018)	<ul style="list-style-type: none"> Humanitarian advisory group 	Case study	Yes	N/A	Partnerships	N/A
[20]	(Ward and Lafrenière, 2015)	<ul style="list-style-type: none"> Inter-Agency Standing Committee 	Guidelines	No	<ul style="list-style-type: none"> Youth 	N/A	All but Partnerships and Migration
[21]	(IASC, 2018)	<ul style="list-style-type: none"> Inter-Agency Standing Committee 	Guidelines	No	<ul style="list-style-type: none"> Youth 	N/A	All but GBV, Partnerships, and Migration
[22]	(International Gay and Lesbian Human Rights Commission and SEROvie, 2011)	<ul style="list-style-type: none"> OutRight Action international SEROvie 	Case study	Yes	N/A	N/A	Food and NFI distribution, Protection, Shelter, and Partnerships
[23]	(IOM, 2020a)	<ul style="list-style-type: none"> IOM 	Guidelines	No	<ul style="list-style-type: none"> Women Youth Migrants PWD 	Migration	Health
[24]	(IOM, 2020a)	<ul style="list-style-type: none"> IOM 	Guidelines	Yes	<ul style="list-style-type: none"> Migrants 	Migration	N/A

Texts #	Authors, year	Organisations	Formats	SOGLIESC specific	Other target populations	Main sector	Other sectors addressed
[25]	(IPPF, 2019)	<ul style="list-style-type: none"> • IPPF 	Report	Yes	N/A	Partnerships	GBV and Health
[26]	(Kiss et al., 2020)	<ul style="list-style-type: none"> • All Survivors Project • LSHTM 	Review	Yes	<ul style="list-style-type: none"> • Men 	GBV	Health
[27]	(Madrigal-Borloz and UNHCR, 2021)	<ul style="list-style-type: none"> • UNHCR • UN Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity 	Report	Yes	<ul style="list-style-type: none"> • Migrants 	Migration	All but Education, Food and NFI distribution, and Partnerships
[28]	(Margalit, 2018)	<ul style="list-style-type: none"> • N/A 	Editorial	No	<ul style="list-style-type: none"> • Men 	Protection	Partnerships
[29]	(Nathwani and Piccot, 2015)	<ul style="list-style-type: none"> • UNHCR 	Report	Yes	<ul style="list-style-type: none"> • Men 	Migration	All but Education, Food and NFI distribution, and WASH

Texts #	Authors, year	Organisations	Formats	SOGLIESC specific	Other target populations	Main sector	Other sectors addressed
[30]	(OutRight, 2023)	<ul style="list-style-type: none"> • OutRight Action International 	Report	Yes	N/A	Health	Food and NFI distribution, Rehabilitation, Shelter, and Partnerships
[31]	(Plan International, 2020)	<ul style="list-style-type: none"> • Plan International • Edge Effect 	Guidelines	Yes	<ul style="list-style-type: none"> • Youth 	Health	All but Food and NFI distribution and Migration
[32]	(Rengers et al., 2019)	<ul style="list-style-type: none"> • U of Groningen 	Case study	Yes	N/A	Partnerships	N/A
[33]	(Rosenberg et al., 2016)	<ul style="list-style-type: none"> • Women's Refugee Commission 	Case study	No	<ul style="list-style-type: none"> • Women • Men • Youth • Migrants • PWD 	Migration	GBV, Rehabilitation, Shelter, and Partnerships
[34]	(Rumbach, 2017)	<ul style="list-style-type: none"> • UNHCR • IOM 	Training	Yes	<ul style="list-style-type: none"> • Migrants 	Migration	All but Food and NFI distribution and Partnerships
[35]	(Rumbach, 2020a)	<ul style="list-style-type: none"> • IOM 	Assessment tool	Yes	<ul style="list-style-type: none"> • Migrants 	Migration	Education, Health, Rehabilitation, and Shelter

Texts #	Authors, year	Organisations	Formats	SOGIESC specific	Other target populations	Main sector	Other sectors addressed
[36]	(Rumbach, 2020b)	• IOM	Guidelines	Yes	• Migrants	Migration	N/A
[37]	(Rushton et al., 2019)	• Massey Uni. • U of Tasmania • U of Otago • DRR Dynamics	Review	Yes	N/A	Partnerships	N/A
[38]	(Simmonds et al., 2022)	• MGH Institute of Health Professions • Reproductive Health Access Project	Review	Yes	N/A	Health	GBV
[39]	(Türk, 2013)	• Forced Migration Review	Guidelines	Yes	• Migrants	Migration	N/A
[40]	(Tusker-Haworth, 2022)	• U of Manchester	Report	Yes	N/A	Partnerships	N/A
[41]	(UNHCR and IOM, 2021)	• UNHCR • IOM	Training	Yes	• Migrants	Migration	N/A
[42]	(UNHCR, 2011a)	• UNHCR	Guidelines	Yes	• Migrants	Migration	GBV, Protection, and Partnerships

Texts #	Authors, year	Organisations	Formats	SOGLESC specific	Other target populations	Main sector	Other sectors addressed
[43]	(UNHCR, 2011b)	• UNHCR	Guidelines	Yes	• Migrants	Migration	Protection
[44]	(UNHCR, 2012)	• UNHCR	Guidelines	Yes	• Migrants	Migration	Protection
[45]	(UNHCR, 2013)	• UNHCR	Assessment tool	Yes	• Migrants	Migration	Protection and Shelter
[46]	(UNHCR, 2017)	• UNHCR	Report	Yes	• Migrants	Migration	Protection
[47]	(UNHCR, 2020)	• UNHCR	Guidelines	Yes	• Migrants	Migration	Health, Protection, and Shelters
[48]	(UNHCR, 2021a)	• UNHCR	Report	No	• Women • Youth • Migrants	Migration	N/A
[49]	(UNHCR, 2021b)	• UNHCR	Guidelines	Yes	• Youth • Migrants	Migration	All but Education, Food and NFI distribution and WASH

Texts #	Authors, year	Organisations	Formats	SOGI/ESC specific	Other target populations	Main sector	Other sectors addressed
[50]	(UNHCR, no date)	<ul style="list-style-type: none"> UNHCR 	Guidelines	Yes	<ul style="list-style-type: none"> Migrants 	Migration	Education, Health, Rehabilitation, and Shelter
[51]	(Ward, 2016)	<ul style="list-style-type: none"> Inter-Agency Standing Committee 	Editorial	No	<ul style="list-style-type: none"> Women 	GBV	Partnerships



Alliance
internationale
francophone
pour l'égalité
et les diversités

209, rue Sainte-Catherine Est, bureau 5305
Montréal (Québec) Canada | H2X 1L2

info@egides.org
t +1 514 316-6445

   @EgidesAlliance

egides.org