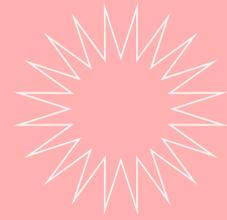


# *LGBTQI+ Inclusion in MSF Health Settings TIC: A Report Based on Interviews with Local LGBTQI+ Community-Based Organizations*



# Introduction to LGBTQI+ Inclusive Care

March 2023

*Thanks to the support from the  
following organizations:*

Love Yourself, Philippines

Positive Voice, Greece

GALZ, Zimbabwe

ReconekT, Mauritius

Forward Together, Rwanda

GEM, Syria

Our Wellbeing, Cameroon

Insight, Ukraine

ANKH, Egypt

Inclusive Bangladesh, Bangladesh

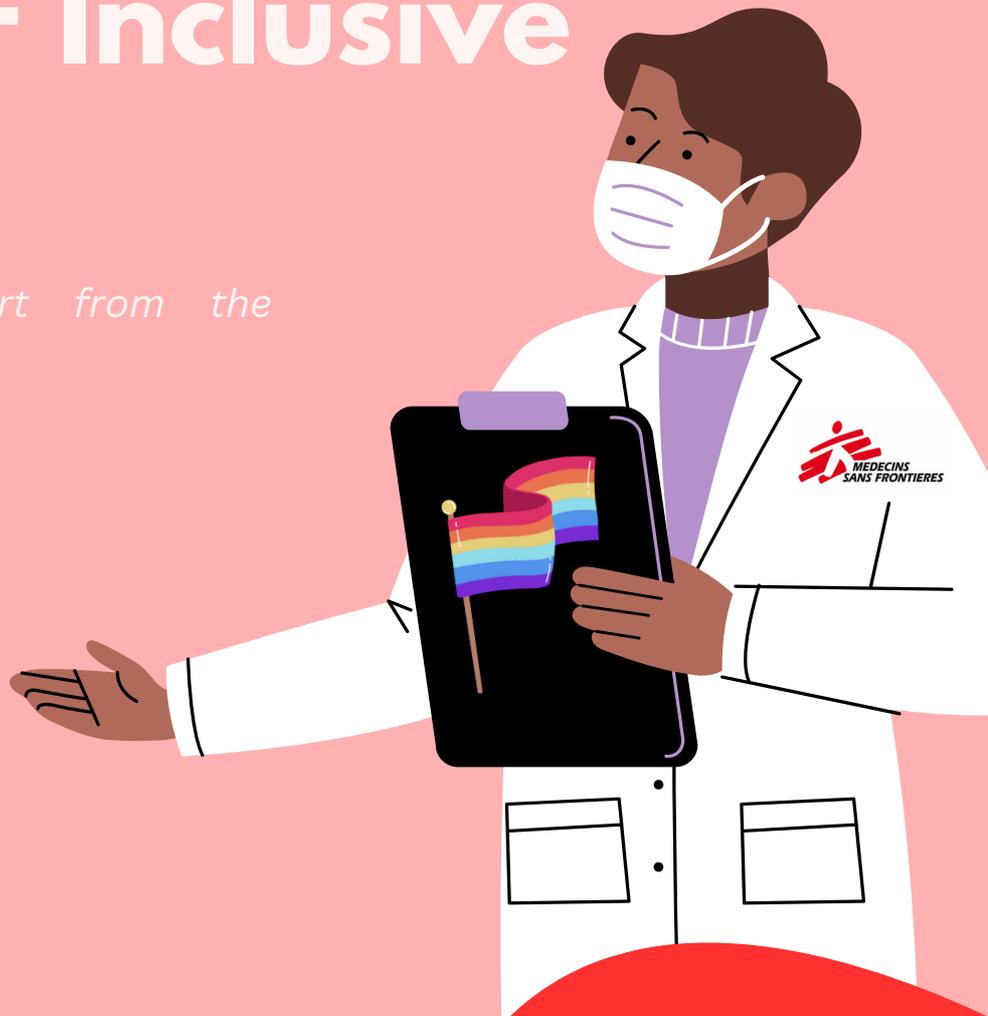
Codise, Mexico

Many Colored Sky, Australia

Bar Hostess Empowerment and Support Programme  
(BHESP), Kenya

Savie Asbl NGO, Democratic Republic of  
the Congo

UHAI EASHRI, Kenya



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# Introduction

The LGBTQI+ Inclusion Project at Médecins Sans Frontières (MSF) launched in August 2022 with the goal to reduce barriers to appropriate and dignified healthcare for LGBTQI+ people. Shortly after, the project began contacting organizations serving the LGBTQI+ community with a local scope in or near MSF project areas. The goal was to understand how these organizations provide the LGBTQI+ community with inclusive healthcare services in varying cultural, political, and security contexts. The information collected comes directly from people working with the LGBTQI+ community and who are often members of the community themselves. The results of this interview series are presented to assist and encourage MSF projects working on LGBTQI+ inclusion to take actions that address the many unmet needs of this diverse population. This report begins with an overview of the organizations interviewed, the services provided and the regional security contexts they work in. It then goes on to address access to care and how local organizations reach LGBTQI+ persons for service provision. Finally, the report delves into the organizations' key recommendations for LGBTQI+ inclusive care.

The organizations contacted have local operations in Mauritius, Zimbabwe, Rwanda, Cameroon, Kenya, The Democratic Republic of the Congo, Egypt, Syria, Australia, The Philippines, Bangladesh, Mexico, Ukraine, and Greece. Most run their operations in urban centers but have projects in smaller towns or partner with local groups to access rural areas.

## *Global Distribution of Organizations Contacted*



## Methodology

Representatives from 15 LGBTQI+ civil society organizations were interviewed for this report. The selection criteria were based on the online presence of the organization, the amount of information available about the organization, the types of services offered and to which LGBTQI+ communities. The three main criteria were as follows:

- The organization provides direct services to the LGBTQI+ population;
- At least one of the services provided must be medical in nature; and
- The organization operates in or near a country in which MSF has operations.

Each interview followed a standardized format with a set of pre-determined interview questions regarding the nature of the healthcare services they provide, the security context for LGBTQI+ people in that country and how it impacts access to healthcare, best practices for service providers, insufficiently addressed healthcare needs and more. A complete list of the questions asked during the interviews can be found in **Appendix A**. The key findings from these interviews are explained in detail below.

# Findings

## Types organizations and services provided

The organizations interviewed for this report are all community-based, civil society organizations working primarily with the LGBTQI+ community. They are funded and/or supported by larger international organizations or private donors. Most organizations provided a wide range of both medical and non-medical services for the LGBTQI+ community. A summary of the medical services provided, listed from most common to least common, can be found in the tables below:

Medical Services	Frequency
Mental health and psychosocial support	
HIV/STI testing and/or treatment	
Referral services to LGBTQI+ friendly providers	
In-person clinical facility or center	
Safe sex kit distribution (condoms, lubricant, literature)	
Sensitization trainings on LGBTQI+ care for healthcare providers	
Data collection & monitoring doctor-patient interactions	
Health awareness campaigns (patient education)	
GAHT (gender-affirming hormone therapy) & other gender-affirming services	
Healthcare community hotline	
Telemedicine or mobile care	
PrEP distribution	
Family planning services	

The most common services provided are **psychosocial support, HIV testing and/or treatment, and referral services to LGBTQI+ friendly doctors**. Other non-medical services (in order from most common to least common) include advocacy, legal counselling & support, human rights monitoring and documentation, capacity building, grant-giving, crisis management, career services, resettlement or relocation support, community centers or shelters, and housing support.

These services are provided to a wide range of LGBTQI+ community members, including gay, lesbian, bisexual, transgender, queer/questioning, and intersex people, LGBTQI+ homeless people, LGBTQI+ youth, LGBTQI+ refugees and asylum seekers, LGBTQI+ sex workers, and LGBTQI+ internally displaced people. However, it is important to note that most organizations gear their services towards MSM (men who have sex with men) and/or trans women, **leaving a significant gap in/neglecting care for lesbian and bisexual women, trans men, and intersex folk**.

1. International organizations supporting these organizations include Share-Net International (Netherlands), The University of Pretoria (South Africa), THREE for All Foundation (Australia), Rainbow Railroad, UNICEF, Outright International, Dignity for All, Frontline Defenders, Global Fund for Women, and AIDS Healthcare Foundation (Europe). More specific information about each organization is unknown.

## Regional security context for LGBTQI+ persons

The security context for LGBTQI+ people in most MSF countries is relatively unsafe. This is true for both countries that criminalize same-sex relations and countries that do not. **A grand majority of organizations reported that LGBTQI+ people are subject to high levels of stigma and lack of social acceptance which lead to violence.** This is primarily due to cultural or religious beliefs that perpetuate an anti-LGBTQI+ social environment.

While most organizations reported high levels of stigma, more than half are in countries where same-sex relations are decriminalized. For example, in countries like Rwanda, Egypt, Ukraine, and Greece, same-sex relations are legal, yet all four organizations working in these countries emphasized high levels of stigma that lead to arbitrary arrests, physical violence, sexual violence and other hate crimes including murder.

### Spotlight: Syria

The legality of same-sex relations can vary from region to region within the same country, but the consequences might always be severe. In regions controlled by the Assad regime in Syria, code 520 dictates homosexuality as a crime and enforces up to 4 years in prison as punishment.<sup>2</sup> There are no legal restrictions for LGBTQI+ in regions controlled by opposition groups such as Hay'at Tahrir al-Sham or the Kurdish Democratic Union Party (PYD), yet LGBTQI+ people are subject to very violent risks anyways, such as physical attacks, arbitrary arrests, and murder. GEM Syria, or the **Guardians of Equality Movement**, a Syrian LGBTQIA+ human rights organization, believes LGBTQI+ people to be one of the most vulnerable groups in the Syrian conflict. They provide urgent grants to LGBTQI+ at risk and document human rights violations against LGBTQI+ people in Syria.

### Spotlight: Bangladesh

LGBTQI+ people who seek services at a traditional healthcare center and disclose their sexual orientation will typically be mistreated by the staff. **Inclusive Bangladesh**, a volunteer-led, needs-based community organization working with LGBTQI+ people in Bangladesh, has recorded instances of bullying by medical professionals when LGBTQI+ people seek care at public hospitals. NGOs are not legally allowed to provide healthcare to LGBTQI+ people in the country, but Inclusive Bangladesh works around this restriction to provide services to the community. They operate a strong referral network to direct LGBTQI+ people to friendly specialists and distribute HIV self-test kits when possible. They also make use of telemedicine and put patients in contact with doctors via WhatsApp.

General stigma and discrimination discourage LGBTQI+ people from seeking care when they need it, but a specific fear of being mistreated by medical personnel was the most cited. Instances of bullying, physical harassment, recommending conversion therapy, publicly outing someone, and refusal of care were also shared. In countries where same-sex relations are criminalized, the prevalence of these instances is higher. Countries working with LGBTQI+ refugee populations, such as Greece, noted multiple layers of discrimination as asylum seekers do not have access to public to healthcare without proper immigration paperwork. Inability to feel safe and truthful in discussing the reason for seeking asylum exacerbates receiving necessary documentation.

### LGBTQI+ access to care

Most organizations reported several issues in accessing healthcare for LGBTQI+ people in their regions. **The most frequently reported barrier is the prevalence of medical staff who hold biases against LGBTQI+ people and lack knowledge of LGBTQI+-specific health needs, which results in inappropriate care.** These biases, both explicit and implicit, arise from a lack of awareness, education, and sensitization on SOGIESC (sexual orientation, gender identity and expression, and sex characteristics).

2. West, Nicola. "Syrian Arab Republic LGBTI Resources." Syrian Arab Republic LGBTI Resources, AMERA International, <https://www.amerainternational.org/syria-lgbti-resources/>.

## Indicators of inclusion at LGBTQI+-friendly clinics

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Visual cues such as posters, signs, and flags with welcoming messages geared towards the LGBTQI+ community can make the clinical space feel safer and more inclusive for LGBTQI+ people—but **using these markers is not always safe or even possible**. Most organizations interviewed cited these visual cues as a security concern and refrain from displaying anything that could endanger the clinical staff and patients. More discreet visual cues are commonly used, such as patient non-discrimination statements with SOGIESC inclusive language posted at the front desk or on the wall. Clinics might include signage with terms like “SOGIESC” (acronym for sexual orientation, gender identity and expression, and sex characteristics) or “gender diverse” to bypass any tension as many people are not aware that these terms are associated with the LGBTQI+ community. Another discreet visual cue is the patient intake form, which many organizations render inclusive by using gender-neutral language and providing a space for the patient to indicate their pronouns and name.

However, many organizations operating in high-risk settings choose to include visual cues anyways. The organizations “Insight” in Ukraine, “ReconekT” in Mauritius, and “BHESP” in Kenya elect to use LGBTQI+ pride flags and less discreet visual cues to indicate a safe environment for the community. While a thorough risk analysis is needed before implementing indiscreet visual cues, the criminalization of same-sex relations or high levels of stigma don’t always mean this option isn’t available.

## Finding LGBTQI+-friendly services

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LGBTQI+ people across the globe need to find discreet, safe ways to access healthcare, especially when that type of care might require disclosing SOGIESC information. It's never as simple as making an appointment at a local hospital or walking into a clinic without doing some research first. The LGBTQI+ organizations in this report shared the most common ways their beneficiaries find friendly providers:

-  **Referral pathways via LGBTQI+ organizations.** A grand majority of organizations maintain databases of LGBTQI+-friendly medical practitioners and direct their beneficiaries to them. This is the most common way for an LGBTQI+ person to find dignified care, whether they are in a high-risk or low-risk security context. Organizations often monitor their referrals to ensure that the provider continues to meet expectations.
-  **Online networks and social networking platforms.** Organizations often help establish group chats, pages, and other forms of secure messaging systems to disseminate information safely. These communication channels are used to connect people to the relevant service providers. If the security risk is low, organizations also use social networking platforms as the primary communications channel to advertise their services and increase their outreach.
-  **Word-of-mouth communication.** Simple word-of-mouth communication can often be the most effective when large portions of the LGBTQI+ community are not members of a community organization or are not part of online communication platforms. A common model employed by organizations is the peer-to-peer approach, demonstrated in the spotlight below.

## Spotlight: Kenya

**Bar Hostess Empowerment & Support Programme (BHESP)** is an organization for and by sex workers, women having sex with women (WSW), women using drugs, and bar hostesses in Kenya. BHESP is the only organization in this report with a focus on healthcare for lesbian and bisexual women, an otherwise ignored subset of the community and research. BHESP employs a peer-to-peer model to better reach members of the community and inform them of the services available to them, such as HIV/STI testing, family planning, and psychosocial support. Peer educators, or volunteers who are part of the community and undergo special training with BHESP, reach out to around 8 community members per month. They also assist in SOGIESC data collection and translation when needed.

## Key Elements in LGBTQI+ sensitization training

Sensitizing providers on the barriers to care for LGBTQI+ people is a vital step to creating an inclusive environment. Sensitization training must vary based on the local context of the target audience, but there are some universal topics that most organizations include when they train service providers on LGBTQI+ inclusive care. They should contain both medical and non-medical aspects in order to get a complete picture of LGBTQI+ patients and the barriers they face. The majority cited **the unequivocal importance of starting with LGBTQI+ terminology and inclusive language**. This is considered the basis for LGBTQI+ inclusive care and makes a significant difference in the quality of patient care.<sup>3</sup> Additional topics and key considerations are displayed in the diagram to the right.

### Medical

- ✓ Include healthcare professionals as facilitators
- ✓ Reinforce principles of non-discrimination and do no harm
- ✓ Read testimonials from LGBTQI+ people accessing healthcare
- ✓ Learn how to use inclusive language and how to address patients
- ✓ Review global standards for LGBTQI+ care
- ✓ Review endemic diseases and other disparities specific to the community
- ✓ Stay up to date with new developments in LGBTQI+ care

### Non-medical

- ✓ Include members of the LGBTQI+ community as facilitators
- ✓ LGBTQI+ & SOGIESC terminology overview
- ✓ Discuss legal barriers to care in the local context
- ✓ Review the political situation for LGBTQI+ people in the local context
- ✓ Understand implicit bias, preconceived notions about LGBTQI+, and stigma
- ✓ Learn about document restrictions for LGBTQI+\*
- ✓ Understand best practices in digital security\*\*

3. "Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff." LGBTQIA+ Health Education Center, 26 May 2020, <https://www.lgbtqihealtheducation.org/publication/learning-guide/>.

## **Best practices for LGBTQI+ inclusive care**

Identifying the best practices in LGBTQI+ inclusive care is an important step in establishing a welcoming clinical environment and providing dignified care. These practices are in line with trauma-informed care, an approach that integrates knowledge about trauma into policies, procedures, and practices<sup>4</sup>. Many LGBTQI+ patients will present with a form of psychological or physical trauma that should be acknowledged and addressed, or referred for treatment in clinical settings. This is especially true in conflict zones with high levels of stigma associated with gender and sexual diversity<sup>5</sup>. OutRight International, an international civil society organization documenting human rights violations for LGBTQI+ people, found that the risk of CRSV (conflict-related sexual violence) for LGBTQI+ people has been “a blind spot in the monitoring of civilian protection concerns,” especially for men and boys<sup>6</sup>. Patients seeking treatment for CRSV and other forms of sexual violence are often subjected to victim-blaming.

Trauma-informed care for LGBTQI+ patients requires a holistic approach with practices that should be implemented at various levels. Find below the recommendations for clinical and other staff from the organizations interviewed for **prior to the exam, in the exam room, and after the exam.**

### **Prior to the exam...**

**Complete a SOGIESC/LGBTQI sensitization training**

**Be aware of the specific healthcare disparities for all members of the LGBTQI+ community**

**Provide consultations in secure locations including mobile clinics when possible**

**Provide a safe space and make patients feel comfortable, including in the reception areas**

### **In the exam room...**

**Respect the patient's consent and boundaries, such as keeping the patient's identity anonymous**

**Don't make assumptions about a patient's sexual partners or marital status**

**Use the correct language and pronouns to address patients**

**Avoid talking about religions or cultures that don't accept LGBTQI+ people**

**Treat the patient as an equal, while keeping in mind the specific concerns for their community**

**Questions should have a clinical need, not come from personal curiosity (i.e. "Are you sure you're gay?")**

**Ensure a friendly, non-judgmental, and open-minded attitude**

**Reassure the patient that whatever is said will remain confidential**

### **After the exam...**

**Provide the patient with relevant information**

**Coordinate periodically with local organizations to understand impact & success of interventions**

**Learn from patients and providers who are part of the LGBTQI+ community**

**Maintain an open line of communication with local, partner NGOs**

4. “What Is Trauma-Informed Care?” Trauma Informed Care Implementation Resource Center, 7 July 2022, <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>.

5. OutRight Action International, 2022, Submission to the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity.

6. Idem.

## SOGIESC data collection

SOGIESC is an acronym for sexual orientation, gender identity and expression, and sex characteristics. The systematic collection of SOGIESC data is often recommended in Western models of LGBTQI+ inclusive care to ensure the delivery of high-quality, patient-centered care. However, most organizations interviewed explain that **SOGIESC data must be taken with extreme caution, if taken at all.**

## Spotlight: Greece

In Greece, many LGBTQI+ people are not accepted for asylum despite difficulties they endured in their countries because of their sexual orientation or gender identity/expression. Moreover, refugee camps are an extremely dangerous and adverse place for the community according to **Positive Voice**, an NGO empowering people living with HIV in Greece. To accommodate LGBTQI+ refugees and asylum seekers, Positive Voice operates confidential, community-based testing centers where beneficiaries can speak their native language and do not have to provide any legal documentation to receive care. Positive Voice uses intake forms to collect information such as sexual orientation, sexual practices, and drug use if any, but never records the patient's full name to ensure maximum confidentiality. Positive Voice also directs patients to local refugee organizations, who often play a great role in helping to prove the persecution they have suffered in their country of origin.

Collecting this type of data (especially in countries that criminalize same-sex relations, but also in high-risk, high-stigma countries) puts not only the patient at risk but the clinical staff as well. The organization Our Wellbeing in Cameroon explains that this type of data must only be taken when necessary and should be taken in conjunction with local NGOs or watchdogs who are trained in data protection. Despite the risk, a few organizations do collect SOGIESC data for reporting purposes. BHESP in Kenya, Inclusive Bangladesh, Codise Mexico, GALZ Zimbabwe, and Positive Voice Greece collect this data from patients mostly for internal reporting but also for research purposes, reporting to international or national organizations such as the National AIDS Council in Zimbabwe and the AIDS Healthcare Foundation Europe, and reporting to funders. Only one organization, Love Yourself Philippines, reports data to the Ministry of Health because of the relatively low security risk.

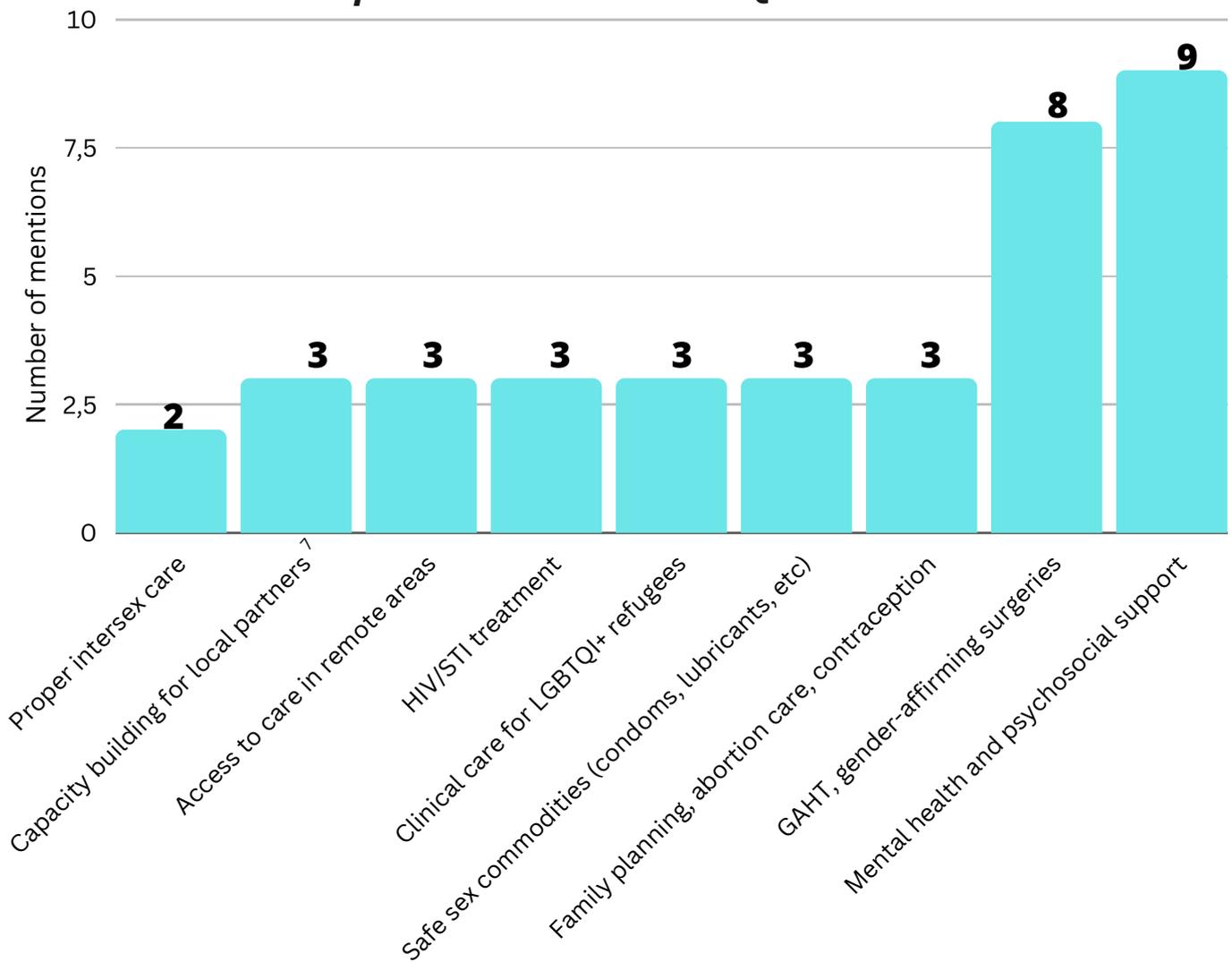
## Gaps in care for LGBTQI+ patients

Interestingly, there were very few regional differences when it came to insufficiently addressed healthcare needs for the LGBTQI+ community. When asked this question, 9 of 15 (or 60%) of organizations reported significant gaps in “mental health and psychosocial support” care for LGBTQI+ people in their regions, despite the fact that most organizations are already working to provide this type of care to their beneficiaries. This demonstrates a huge need for mental health and psychosocial support, **no matter the region, legal status, security risk, or social context.**

The second most mentioned need was for proper care for transgender patients, namely GAHT (gender affirming hormone therapy) and gender affirming surgeries. This need was also identified unilaterally, even by organizations in countries where LGBTQI+ people enjoy more rights and freedoms, such as Mexico and the Philippines. Many organizations brought attention to this type of care because they are seeing an increase in patients with complications from HRT medication purchased on the black market due to lack of access.

See the chart below for a complete picture of the gaps in care for LGBTQI+ patients identified by the local organizations.

## Gaps in Care for LGBTQI+ Patients\*



\*This graphic was created by the authors of this report to visualize the gaps in care for LGBTQI+ patients as reported by the local organizations interviewed.

### Spotlight: Ukraine

**Insight Ukraine** is an advocacy and human rights group that provides psychosocial and legal support to LGBTQI+ Ukrainians. They are one of the few LGBTQI+ organizations still in operation during the Russian invasion. Since the beginning of the war, some of their priorities have shifted to give LGBTQI+ people relocation support and provide shelters, medicines, food, and supplies. At the beginning of the war, they opened an emergency psychosocial support hotline and began providing emergency psychological support consults as well as long term psychotherapy via telemedicine or in one of their many community centers. Insight reiterates that LGBTQI+ Ukrainians are disproportionately affected by the war, citing a greater lack of resources, high levels of stigma, and the inability of LGBTQI+ families to qualify for cash assistance programs from the government as Ukraine does not recognize LGBTQI+ partnerships.



7. Capacity building involves providing resources and support to local partners and/or health facilities. There is a growing need for basic supplies such as condoms and lubricant, HIV/STI testing equipment, medications, and medical providers to reinforce the existing LGBTQI+ friendly health structures.

# Conclusion

Much can be learned from local organizations working in similar regions and with similar patient populations to MSF. The lack of sensitization on LGBTQI+ topics for health professionals and access to dignified healthcare is a global issue, but in conflict zones and areas where LGBTQI+ are criminalized the issue is even more acute. These groups can not only shed light on the healthcare needs in the region, but also the best practices based on the cultural and security contexts and the actions already being taken for LGBTQI+ people seeking healthcare.

## Lessons Learned

- ✓ The most common services provided by the organizations interviewed in all regions are health promotion and psychosocial support, HIV & STI testing and treatment, and referral services to LGBTQI+- friendly doctors. However, there remains a gap in appropriate and dignified healthcare available to LGBTQI+ people (especially regarding psychosocial support). Existing referral pathways established by local organizations are an avenue for MSF to extend access to healthcare for patients in this community.
- ✓ The decriminalization of same-sex relations in any given country is not necessarily an indicator of social acceptance, levels of stigmatization, or access to dignified healthcare services. In almost every country mentioned in this report, the social environment was deemed to be unsafe for the LGBTQI+ community irrespective of the country's legal status on same-sex relations. To be clear, this is also evident globally, despite recent gains in LGBTQI+ acceptance.
- ✓ Most people reported high levels of stigmatization impeding access to care for LGBTQI+. The most reported issue was the prevalence of medical staff who hold biases against LGBTQI+ individuals. In countries that criminalize same-sex relations, access to care is even further impeded.
- ✓ LGBTQI+-friendly indicators must consider the security risk in the region. While in some countries, it is impossible to have any indication of an LGBTQI+ inclusive environment such as rainbow flags, posters, or patient literature, in others, this is acceptable. However, the need to display a non-discrimination statement was emphasized by almost every organization irrespective of legal status of same-sex relations or level of stigmatization. The criminalization of same-sex relations doesn't necessarily determine an NGO's ability to display materials, so a local mitigation analysis is always necessary.
- ✓ The dissemination of information about the NGO's activities & healthcare services is primarily done via social networking channels – WhatsApp groups, Facebook groups, other social media platforms, peer-to-peer communication models, and simple word-of-mouth communication. It is sometimes done in safe, queer spaces such as local bars or community centers, but most of the communication is digital.
- ✓ Sensitization trainings for all MSF staff are an important aspect of LGBTQI+ inclusive care. Trainings should be adapted to the local context, including providing information about the correct terminology and language to use, and include vital non-medical elements such as legal barriers, documentation concerns, digital security, and the political and social contexts.



There are several best practices for LGBTQI+ inclusive healthcare prior to an exam, in the exam room, and after the exam. Prior to the exam, staff should be sensitized and trained, and the space should feel safe for the LGBTQI+ patient. During the exam, the provider should ensure a friendly, non-judgmental communication method and avoid asking irrelevant and inappropriate questions or talking about irrelevant subjects. Following the exam, clinical staff should coordinate periodically with local organizations to understand the impact and success of the interventions.



SOGIESC data is highly sensitive and should only be taken if appropriate for the service provision, by a provider who is trained and sensitized to do so and following data protection protocols. Patients should be able to remain anonymous if possible, and data should be handled with people who are trained in data protection.



Insufficiently addressed healthcare needs for transgender people are mental health and psychosocial support services, and health care, including GHAT (gender-affirming hormone therapy) and gender-affirming surgeries. Referral pathways to international organizations with the competency and capacity to do so are needed in these insufficiently addressed areas.

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## ***Annex A: Interview questions***

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*NOTE: The answers to certain questions displayed below are not included in the report due to confidentiality agreements and/or the lack of relevancy.*

1. Could you briefly explain your organization and the services it provides? Are any of your services specifically medical?
2. Can you explain what the security context is for LGBTQI in your country? Eg, Legal/illegal/enforced/not enforced?
3. What are the issues for the LGBTQI+ community in accessing healthcare within your country from a legal perspective (criminalization of LGBTQI+ etc)? How is that managed? Does Global Fund or other funds taken by MoH mitigate some of that?
4. How do providers/clinics indicate that they are LGBTQI+ friendly? What kinds of visual cues should a clinic or provider incorporate (such as nondiscrimination policies, rainbow flags, patient brochures, etc), if any?
5. How does one find an LGBTQI+ friendly provider clinic in your area/culture/country?
6. How do you create links with friendly medical providers or clinics?
7. In your opinion, what are the best practices in treating LGBTQI+ patients in your region? Are you providing those best practices in any training for providers?
8. Does your organization do any sensitization training? What do you think are the key elements to include in training? What do doctors need to know when they are treating LGBTQI+ people in your country?
9. Do you take any SOGI data routinely, from everyone who comes to a clinic (not necessarily an LGBTQ+ clinic)? If so, what? If you do not take personal data due to security/privacy issues, are you reporting any data to donors/sponsors? What might that be?
10. What success have you had in reaching and engaging the local community – LGTBQI+ and the broader community—about the healthcare services you might offer?
11. Has your organization identified any health care needs that are not sufficiently addressed? If so, which ones?
12. Are there any literacy issues that might impede using written brochures etc. explaining services? If so, how have you addressed it?
13. Do you have connections with other providers/networks outside your region that are working with LGBTQI community?
14. Do you have any relationships/collaborations with international humanitarian actors?
15. Is there anything else you would like to share?

## Annex B: Organizations

**Love Yourself, Philippines**

<https://loveyourself.ph/>



**Positive Voice, Greece**

<https://positivevoice.gr/>



**GALZ, Zimbabwe**

<http://galz.org/>



**ReconekT, Mauritius**

**GEM, Syria**

<https://guardiansgem.org/>



**Forward Together, Rwanda**

<http://forwardtogetherafrica.org/>



**Our Wellbeing, Cameroon**

<https://ourwellbeingcameroon.org/>



**Insight, Ukraine**

<https://www.insight-ukraine.org/en/>



**ANKH, Egypt**

<https://www.ankhfrance.org/>

**Inclusive Bangladesh, Bangladesh**

<https://www.inclusivebangla.org/>



**Codise, Mexico**

<https://codise.org.mx/>



**Many Colored Sky, Australia**

<https://www.manycolouredsky.org/>



**Bar Hostess Empowerment and Support**

**Programme**

**(BHESP), Kenya**

<https://www.bhesp.org/>



**Savie Asbl NGO, Democratic Republic**

**of the Congo**

<http://savieasblngo.org/>



**UHAI EASHRI**

<https://uhai-eashri.org/>

