

Interventions

Empowered LGBTI

1. Support and equip pioneers in service provision to make services LGBTI inclusive.^{1 2}
2. LGBTI receive support with their identity expression in family, education, work, social and public settings.
3. Legal literacy: improving understanding of human rights among LGBTI.³
4. Sensitizing key service providers on diversity and LGBTI issues (e.g. nurses, doctors, social workers, law enforcement).⁴
5. LGBTI representatives learn how to interact with media.
6. Media receive training on how to represent LGBTI adequately.
7. LGBTI individuals are empowered to demand inclusive and sensitive service provision and to report complaints when this is not the case.
8. Educate and sensitise leaders of traditional, religious, ethnic and other communities.

Strong LGBTI community

9. 'Frontliners' create safe spaces and social meeting opportunities.
10. Community dialogues are regularly held in safe spaces. LGBTI engage in dialogue and utilize buddy networks and peer groups for mutual empowerment.
11. Context appropriate public events are organised (e.g. IDAHOT, theatre, pride).
12. Community mobilisation through demonstrations and social media in case of (violent) incidents and hate crimes.

Capable LGBTI CBOs

13. LGBTI initiatives or service providers contact COC and/or Embassies, or vice versa (e.g. health care workers raise concerns). Cooperation is established.
14. COC and CBO investigate mechanisms for: constituencies representation, transparent decision making and information gathering and dissemination.
15. COC provides training and support to CBO to conduct needs assessments.
16. CBOs receive support from COC to determine which evidence gathering and research is useful, and receive training and support.
17. COC and NGO make inventory of the necessary and available resources to run the CBO (people, skills, material and financial resources).
18. COC strengthens project development and fundraising skills of CBO.
19. COC and / or Embassy receive project proposals; submission of proposals to other potential donors
20. COC provides training and coaching to build and enhance organisational capacity in the broad sense: financial management, administration, PME, maintaining mandate.
21. COC and CBO work on effective leadership development.
22. CBO develops strategic and work plan with support of COC.
23. COC provides advocacy skills training to CBO.
24. CBO improves legal literacy among their staff with support of COC.⁵
25. COC provides training and support in documenting human rights violations.

¹ S. Jolly (2010) Poverty and Sexuality: What are the connections? An overview of the literature, SIDA, Department of Empowerment, p. 26.

² Open Society Foundations (2013) Transforming health: International rights-based advocacy for trans health, p. 9.

³ ILGA - International Lesbian Gay Bisexual Trans and Intersex Association (May 2014) State-Sponsored Homophobia www.ilga.org, p. 7.

⁴ S. Jolly (2010) Poverty and Sexuality: What are the connections? An overview of the literature, SIDA, Department of Empowerment, pp. 5-8.

⁵ ILGA - International Lesbian Gay Bisexual Trans and Intersex Association (MAY 2014) STATE-SPONSORED HOMOPHOBIA www.ilga.org, p. 7.

26. Strategic litigation: building up case law and jurisprudence through court cases based on national and international legislation.
27. Presentation of human rights violations, discriminatory effects of laws and policies to legislators.
28. Advocacy for LGBTI inclusive laws, policy and practice.
29. Sensitizing politicians and government officials on rights and needs of LGBTI.
30. Alignment: Embassy and COC connect LGBTI CBOs and potential allies (e.g. human rights and women's organisations).
31. COC and CBO advocate for inclusion of SOGIE in curricula of relevant tertiary education, e.g. for teachers, health care professionals, police.

Mobilised LGBTI movement

32. The MoFA/COC toolkit will be actively promoted to Embassies to support SOGIE issues.
33. COC supports LGBTI movement building by connecting LGBTI CBOs.
34. Alignment of national LGBTI CBOs by focussing on joint goals.
35. Alignment of LGBTI and non-LGBTI civil society organisations by focussing on joint goals.
36. Regular partnership meetings between COC and MoFA on challenges and progress.
37. Mobilising the movement during crucial and events to enhance visibility.

Global Human Rights movement

38. COC provides international advocacy training: how to use advocacy an intergovernmental bodies.
39. LGBTI human rights guidance: COC provides information, guidelines and training on how to support LGBTI human rights.
40. International lobby alignment: Networking, identifying common goals and cooperation with other international actors such as UN bodies, Human Rights Watch and other rights and health focused NGO's active in the international arena.
41. NGOs submit shadow reports on human rights violations to regional and international forums to hold national governments accountable to their commitments or ratified treaties.
42. Mentoring: Training on the job and mentoring of key activists.
43. Bilateral dialogue of Dutch Embassies and continued attention for Human Rights issues and for LGBTI specifically.
44. Bilateral dialogue at the level of the Minister and continued attention for Human Rights issues in general and for LGBTI specifically.
45. Dialogue and information provision on SOGIE related issues in project countries with Dutch companies in country through Embassy networks.

Assumptions

Empowered LHBTI

- A. Active LHBTI force leaders in society and service providers to acknowledge that LHBTI are part of society (“we are here to stay”).
- B. Empowered LHBTI experience less psychological pressure and stress, adopt healthier lifestyles and show less (sexual) risk behaviour.^{6 7 8}
- C. Attitudes change through leadership of church leaders, nurses, teachers and others, when they speak out for the position of LHBTI in society.^{9 10}
- D. Leaders only change opinions when they expect that other leaders and constituencies agree.
- E. Active LHBTI draw attention to diversity, SOGIE, health, human rights, which increases their well-being, productivity.¹¹
- F. Active LHBTI in the public sphere are positive role models and lead to ‘normalisation’ in the media and in public opinion.^{12 13}
- G. Professional ethics prevail over personal opinions.¹⁴
- H. Professionals are best influenced through their peers that already have been sensitized: police officers through police officers, nurses through nurses etc.
- I. Change only happens if sufficient support in society exists. When issues touch people personally (relatives/friends of LHBTI) acceptance is more likely.¹⁵
- J. The media strongly influence images that the general public have of LHBTI.¹⁶

Strong LHBTI community

- K. The context determines SOGIE issues; local LHBTI know how to best discuss these.^{17 18}
- L. LHBTI in a homophobic environment are marginalised and isolated; becoming part of a community provides social support networks and coping mechanisms.^{19 20 21}

⁶ Global Commission on HIV and the Law (July 2012) Risk, Rights and Health. UNDP, p. 45.

⁷ Robert Chambers (2006) What is Poverty? Who asks? Who answers? In: Poverty in Focus. What is Poverty? Concepts and Measures, UNDP International Poverty Centre Poverty, pp. 3, 4.

⁸ I. Apenidze, K. Kraan (2011) Final Evaluation Report PRECIS Program, pp. 24

⁹ Englund, H. (Ed.) (2011). Christianity and public culture in Africa. Athens, OH: Ohio University Press

¹⁰ Gifford, P. (2009). Christianity, politics and public life in Kenya. London, UK: Hurst & Co

¹¹ M.V. Lee Badgett, PhD (February 2014) The Economic Cost of Homophobia & the Exclusion of LGBT People: A Case Study of India, WorldBank, preliminary results, <http://www.worldbank.org/content/dam/Worldbank/document/SAR/economic-costs-homophobia-lgbt-exclusion-india.pdf>.

¹² Suzanna Danyuta Walters, All The Rage, The Story of Gay Visibility in America (2001), ISBN 0-226-87231-9

¹³ Sarah C. Gomillion, MS and Traci A. Giuliano, PhD Department of Psychology, The Influence of Media Role Models on Gay, Lesbian, and Bisexual Identity (2011), Southwestern University, Georgetown, Texas, US

¹⁴ International Council of Nurses, ICN code (2002) http://www.whpa.org/ppe_advocacy_guide.pdf.

¹⁵ S. Keuzekamp (2010) Steeds Gewoner, Nooit Gewoon. Sociaal en Cultureel Planbureau, pp. 61-63.

¹⁶ J. Hartley (1992) The politics of pictures: The creation of the public in the age of popular media, pp. 2, 3.

¹⁷ S. Jolly (2010) Poverty and Sexuality: What are the connections? An overview of the literature, SIDA, Department of Empowerment, p. 20.

¹⁸ Francoise Girard (2004) Negotiating Sexual Rights and Sexual Orientation at the UN. In: Sexpolitics, Reports from the Front Lines, pp. 313, 357, 358.

¹⁹ Open Society Foundations (2013) Transforming health: International rights-based advocacy for trans health, pp. 16, 17, 20.

²⁰ J.S. House, K.R. Landis, D. Umberson (1988) Social Relationships and Health. In: Science, VOL. 241, pp. 540-543.

²¹ S. Keuzekamp (2010) Steeds Gewoner, Nooit Gewoon. Sociaal en Cultureel Planbureau, pp. 87-89, 98, 99

Capable LGBTI CBOs

M. LGBTI representation is most effective when speaking with one voice, with mandate and based on strategic evidence-informed plans.

N. For effective advocacy, CBOs need a sustainable approach, sufficient capacity (funds, staff) and skills (management and advocacy).²²

O. Strong CBOs are the fundamentals of an effective movement.²³

Mobilised LGBTI movement

P. When connected to social movements, Embassies are better equipped to do their work.²⁴

Q. A movement reaches more individuals, benefitting the individual, public health and society as a whole.²⁵

R. The diversity and complexity of the LGBTI community demands focused and streamlined efforts to reach joint goals. Cooperation between LGBTI CBOs at all levels is essential and leads to a strong movement.^{26 27 28 29 30}

S. Support of broader civil society is essential to create change, and requires networks and collaboration with non-LGBTI stakeholders.^{31 32}

T. Issues and opportunities are transnational. Patience, persistence and community mandate are vital to counter the increasingly well organised opposition at the international level.

Global Human Rights movement

U. Human rights of LGBTI remain a priority in Dutch foreign politics.^{33 34 35}

V. Dutch Embassies have constructive relations with other Embassies, political leaders, the private sector and other relevant stakeholders; networks are utilised to benefit advocacy efforts.³⁶

W. Dutch companies in low and low-middle income countries support human rights and LGBTI well-being.³⁷

X. Political leaders only support human rights of LGBTI when not at risk of losing public support.³⁸

Y. Political and government leaders are sensitive to the image of their country, because external perceptions influence trade relations, potential foreign investments, and relations with neighbouring countries.³⁹

Z. The Minister has constructive relations with countries and political leaders, which is crucial in reaching the overall goal of an inclusive and equal world.⁴⁰

²² I. Apenidze, K. Kraan (2011) Final Evaluation Report PRECIS Program, pp. 15, 18, 19, 27, 35.

²³ Bernstein, Mary (2002). Identities and Politics: Toward a Historical Understanding of the Lesbian and Gay Movement. *Social Science History* 26:3 (fall 2002).

²⁴ Rijksoverheid (2013) Beleidsbrief 'Respect en recht voor ieder mens', pp. 23, 30, 31.

²⁵ Blasius, Mark and Phelan, Shane (eds.), 1997. "We Are Everywhere: A Historical Sourcebook of Gay and Lesbian Politics", New York: Routledge. ISBN 0-415-90859-0

²⁶ Diani, M., and Bison, I. (2004) Organizations, Coalitions, and Movements, *Theory and Society*, 3: pp. 281–309.

²⁷ Jonathan Christiansen, MA (2009) EBSCO Research Starters: Social Movements, pp. 3.

²⁸ Open Society Foundations (2013) Transforming health: International rights-based advocacy for trans health, pp. 29, 30.

²⁹ José Fernando Serrano Amaya (2011) Challenging or Reshaping Heteronormativity with Public Policies? A Case Study from Bogotá, Colombia. IDS Working Paper, 2011, Volume 361, pp. 13, 14, 25-29.

³⁰ Intersex Society of North America, <http://www.isna.org/faq/history>

³¹ Open Society Foundations (2013) Transforming health: International rights-based advocacy for trans health, pp. 23, 24, 26.

³² I. Apenidze, K. Kraan (2011) Final Evaluation Report PRECIS Program, pp. 20, 28.

³³ <http://www.government.nl/issues/human-rights>.

³⁴ Rijksoverheid (2013) Beleidsbrief 'Respect en recht voor ieder mens', pp. 3-5, 13-16.

³⁵ A/HRC/19/41 para 6; 7.

³⁶ Rijksoverheid (2013) Beleidsbrief 'Respect en recht voor ieder mens', pp. 23, 30, 31.

³⁷ Rijksoverheid (2013) Beleidsbrief 'Respect en recht voor ieder mens', pp. 23.

³⁸ Benjamin I. Page, Robert Y. Shapiro, Effect of Public Opinion on Policy, *The American Political Science Review*, Volume 77, Issue 1 (Mar., 1983) pag 175-190

³⁹ D. Putnam, Diplomacy and Domestic Politics: The Logic of Two-Level Games, *International Organization*, Vol. 42, No. 3 (Summer, 1988), pp. 427-460

⁴⁰ Rijksoverheid (2013) Beleidsbrief 'Respect en recht voor ieder mens', pp. 3-5, 7, 8, 10, 11, 16, 17, 29