GENDER & SEXUAL DIVERSITY

A TRAINING ON POLICIES, HEALTH, AND GENDER AND SEXUAL DIVERSITY IN KENYA

FACILITATOR'S GUIDE

Contents

Summary

The Gender & Sexual Diversity (GSD) training is an innovative and practical resource that helps public health and HIV professionals understand gender and sexual diversity in the context of their country and the world. The training aims to engender empathy for gender and sexual minorities and enthusiasm for responding to their health needs. Originally developed for use by leaders of large global and national HIV programs, the training materials are highly adaptable and can be revised for use with a diverse range of audiences and in a variety of contexts.

The GSD curriculum was created by the Health Policy Project (HPP), funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Fund for AIDS Relief (PEPFAR), in coordination with a U.S. Government interagency team comprised of members of the PEPFAR Key Populations Working Group and the PEPFAR Gender Technical Working Group. The Health Policy Plus (HP+) project, HPP's successor, is building upon the foundation that HPP established by adapting the curriculum to specific country contexts. This training, which adopts a broad perspective by focusing on how gender and sexuality affect all people, is geared toward the Kenyan context.

The GSD training explores how misunderstanding and mistreatment of gender and sexual minorities impacts their health, their basic human rights, their work environment, and the communities in which they live. The training aims to:

- Educate participants on terminology, policies, and human rights related to gender and sexual diversity

- Sensitize participants to the needs of gender and sexual minorities, including as beneficiaries of HIV and other health programs

- Provide examples and recommendations for meaningfully engaging gender and sexual minority beneficiaries when developing and implementing programs

- Connect participants with local resources related to gender and sexual diversity issues

The GSD training is a proven method that broadens the perspectives of participants so that they are better able to understand concepts and terminologies surrounding gender and sexual diversity, and apply these concepts to their work. The country adaptations aim to deepen the training impact by localizing relevant facts, figures, language, and examples to connect with participants in a meaningful way.

Acknowledgements

This guide is inspired by and draws upon materials from several sources, including:

- Crooks, R. and K. Baur. 2013. *Our Sexuality*. Boston: Cengage Learning.

- Fine, C. 2010. *Delusions of Gender: How our Minds, Society, and Neurosexism Create Difference*. New York: W.W. Norton & Company, Inc.

- Health Policy Project. 2015. *A Facilitator's Guide for Public Health and HIV Programs: Gender & Sexual Diversity Training*. Washington, DC: Futures Group, Health Policy Project.

- Health Policy Project. 2013. *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide.* Washington, DC: Futures Group, Health Policy Project.

- Hill, M. R., J. Mays, and R. Mack. 2014. *The GENDER Book*. Houston: Marshall House Press.

- Killermann, S. 2013. *The Social Justice Advocate's Handbook: A Guide to Gender.* Austin: Impetus Books.

Note to readers: the authors of this curriculum have chosen to use the third-person plural pronoun they in place of the traditional third-person singular he/she to acknowledge that gender is not binary and that not all people identify as he or she.

Abbreviations

GBV	gender-based violence
GSD	gender and sexual diversity
GSM	gender and sexual minorities
HIV	human immunodeficiency virus
HPP	Health Policy Project
HP+	Health Policy Plus
KASF	Kenya AIDS Strategic Framework
LGBTI	lesbian, gay, bisexual, transgender, and intersex
MSM	men who have sex with men
NASCOP	Kenya National Aids & STI Control Programme
PEPFAR	U.S. President's Emergency Fund for AIDS Relief
Q&A	question and answer
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

Introduction

What is the Facilitator's Guide?

This facilitator's guide is designed to provide background to those planning a Gender & Sexual Diversity (GSD) Training. It is designed to be used in conjunction with the GSD Training slide presentation. Information on other materials necessary for the training can be found on pages 9–11.

What is Gender and Sexual Diversity?

Humans are naturally diverse. We have a wide variety of eye colors, skin tones, heights, shapes, voices, temperaments, and personalities. When we talk about gender and sexual diversity, we are talking about a few of a person's many facets—biological sex, gender identity and expression, and sexuality—and recognizing human diversity across these dimensions.

Gender and sexual diversity exists throughout the world. Although the term is new to many people, the concept is neither a recent phenomenon nor something isolated to certain societies—scientific studies and historical accounts provide evidence of such diversity in nearly every culture and society that have existed. While research is limited, historical evidence of diverse gender expressions, identities, and sexual practices among many tribes in Kenya echo these global findings (ASSAF, 2015; Murray & Roscoe, 2001). Some researchers have noted that in-depth interviews with elderly persons in communities throughout Kenya could reveal more detail regarding the historical context of gender and sexual diversity in the country's recent history (Ocholla et al, 2014).

Why a Gender and Sexual Diversity Training?

Gender and sexual minorities (GSM) are treated unfairly in Kenya, as in almost every society. This unfair treatment, which includes stigma, discrimination and violence, directly impacts health and well-being; interferes with access to health services, including HIV-related prevention, care, and treatment; and undermines productive work environments.

Examples of stigma, discrimination and violence faced by gender and sexual minorities include:

- Isolation, shaming, and/or bullying at home, in school, at the workplace, and in the community

- Verbal and physical violence

- Denial of work opportunities, education, and/or access to housing

- Poor treatment by health workers and/or inability to access health services

- Arbitrary arrest and detention by law enforcement

- Discriminatory laws and/or inability to exercise human rights

This training helps participants understand GSD concepts and empathize with gender and sexual minorities. Participants become aware of how stigma, discrimination and violence negatively affect gender and sexual minorities' health and lives, and learn to recognize opportunities to reduce its impacts.

Understanding and applying concepts about gender and sexuality, including using appropriate language to talk about these concepts, is essential to public health programming throughout Kenya. This training provides practical guidance on creating welcoming, inclusive, and equitable workplaces and designing effective health and development programs to reach all people.

By exploring the concepts in this training, participants will learn not only about others, but also about themselves—gender and sexuality affect everyone. Previous participants have reported that they have gained skills and knowledge that have improved their workplaces, health and development programs and services, and even their own lives.

Is GSM the Same as LGBTI?

Not quite. An important difference exists between the two terms. GSM describes a very diverse group of people who may or may not identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). For example, there are many men who have sex with men (MSM) who

Who are Gender and Sexual Minorities?

Gender and sexual minorities are people whose gender, sexual orientation, or sexual characteristics differ from what is typically expected by a particular culture or society.

In sociology, the term "minority" is used to describe a group that has less power than others in a society and is subjected to different or unequal treatment as a result. This definition is different from the mathematical term "minority," which refers to a group smaller in number than the majority. We use the term "minority" in the sociological sense to reinforce that gender and sexual minorities currently wield less power and are granted fewer opportunities in society than others.

Language is powerful; there have been many debates amongst advocates about whether to use the word "minority." The developers of this curriculum believe that at this point in time the term is useful in describing the marginalization that these groups face, and hope that new language will be developed and used in the future as social norms shift.

Who Are

All people

Gender and sexual minorities

LGBTI

do not identify as gay. Some women who enjoy romantic or sexual relationships with both women and men may not identify as bisexual.

An individual's choice of how to self-identify is influenced by culture and society. A person can have any number of reasons for choosing to describe themselves as something other than LGBTI. More often than not, it is simply a matter of personal preference. In some parts of the world, people choose local or traditional identities that are culturally specific. In other cases, individuals may live in restrictive legal environments that would place them at risk if they openly identified as LGBTI. While gender and sexual identities may be important to many gender and sexual minorities, gender and sexual diversity should be understood as inclusive of, but not limited to identity.

It's also important to note that using the correct language matters. Incorrectly assuming a person's identity not only causes confusion, but can discourage individuals from seeking health services that they believe are not meant for them.

Are Gender and Sexual Minorities a Key Population?

Sometimes. Key populations are groups that experience a disproportionately greater risk of HIV infection compared to the general population because of stigma, discrimination, violence, and/or criminalized environments. The U.S. President's Emergency Fund for AIDS Relief (PEPFAR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and many other leading health institutions consider four groups to be key populations: people who inject drugs, MSM, transgender persons, and sex workers. This means that a subset of gender and sexual minorities—MSM and transgender persons—are key populations. In Kenya, key populations are defined by the *Kenya AIDS Strategic Framework* (KASF) as MSM, sex workers, and people who inject drugs. At the time of writing, no data exists on HIV risk among transgender persons in Kenya.

Intersections of risk are important to consider. For example, a woman who has sex with women and who injects drugs would be considered to be a member of a key population, not because she is a sexual minority, but because she injects drugs. A transgender woman who is also a sex worker would be considered a member of two key populations, and experiences compounded risk as a result.

About This Curriculum

The Gender & Sexual Diversity curriculum introduces participants to a variety of important topics pertaining to their workplaces, health programming, and services. Although the curriculum has been designed as an introductory-level workshop, participants gain new knowledge regardless of how familiar they are with the concepts and issues due to the rich discussions and sharing of perspectives that the curriculum promotes.

Participatory and Collective Learning

This guide is designed for interactive learning; it is not meant to be used as the basis for a lecture. Transformation cannot be achieved if participants are considered to be a passive audience; they will only become aware of their own attitudes and assumptions through an active and interactive process—one in which they can speak and think critically in an open and safe space. The idea underpinning this approach is the creation of a non-judgmental space where participants can move beyond a purely intellectual or abstract view of gender and sexuality and begin to explore these complicated and important concepts that directly impact their own lives and day-to-day work.

The guide is also designed for group learning. Working with others helps people collectively develop common ideas about what needs to be done to affect meaningful change, set group norms for new attitudes and behaviors, support each other in working for change, and monitor results.

Throughout the one-day training, individuals will:

- Explore their own experiences of gender

- Express their fears and concerns around gender and sexual diversity

- Discuss the values and beliefs that underlie gender norms

- Gain a better understanding of gender and sexual diversity

- Look critically at their attitudes towards gender and sexual minorities

- Take ownership of a new set of principles, values, and feelings

- Work practically to challenge GSD-related stigma and discrimination and develop new codes of practice for their workplaces and communities

Curriculum Structure

This training is designed to progressively guide participants through a learning process that builds on itself and appeals to diverse learning styles. Participants are expected to attend the full day in order to benefit from the progressive learning process.

Given the limited amount of time with participants, the developers of this curriculum sought to increase the likelihood of a transformative educational experience by employing three principles of rhetorical persuasion developed by the ancient Greek philosopher Aristotle: ethos, logos, and pathos. "Ethos" is ethical meaning and an appeal to an audience's character and sense of duty. "Logos" is a connection to an audience through the use of logic, reason, and evidence. And "pathos" taps into the emotions of an audience to help them experience the message that is being conveyed in a personal way.

This approach ensures that participants who are predisposed to respond to one method more strongly than another have an opportunity to internalize the material in a meaningful way.

Ethos
credibility - trust

Rhetoric

Logos
consistency - logic

Pathos
emotions - imagination
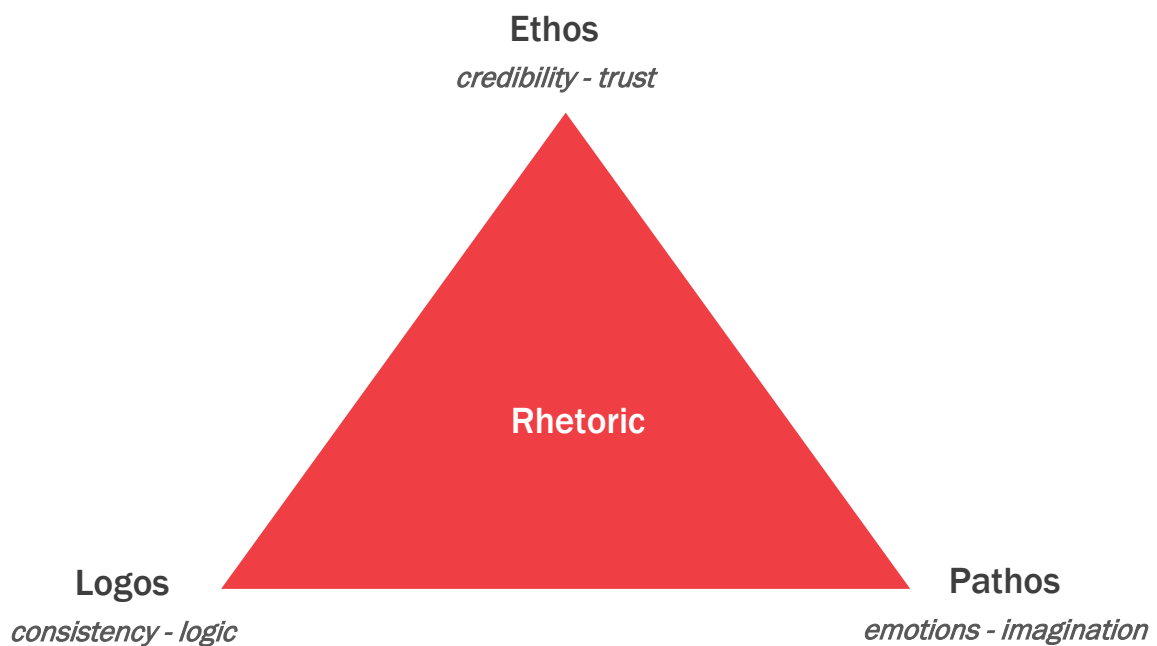
Adapted from: Wolswijk, 2014

The following table highlights the ways in which each of the curriculum's four modules adhere to the structure of appealing to an audience's ethos, pathos, and/or logos:

OVERVIEW OF THE GSD TRAINING	ETHOS	PATHOS	LOGOS
Module One: Introduction to Policies, Non-Discrimination, and Gender Norms offers participants a logical rationale for engagement with gender and sexual minorities, describes Kenyan policies, and makes the case for how gender norms can lead to pervasive and harmful health effects.	✓	✓	✓
Module Two: Concepts and Terminology on GSD introduces participants to key theoretical dimensions about a person's gender, including a continuation of the discussion on gender norms featured in Module One, and discusses key terminologies and the impact of language on stigma and health.	✓	✓	✓
Module Three: Local Advocates Panel is a chance for participants to meet local GSM advocates and legal experts. Participants hear compelling narratives about personal struggles and timely recommendations for policy and programs.	✓	✓	✓
Module Four: Meaningful Engagement helps generate a shared understanding of the importance of actively and consistently engaging gender and sexual minorities in health programs and asks participants to begin thinking concretely about how to turn meaningful engagement into action.	✓		✓

Training Activity Menu

This Facilitator's Guide contains more content than could ever be covered in a one-day training—and not every group can devote the same amount of time to the training. With this limitation in mind, the curriculum includes a combination of core activities—those which are essential to the training—and optional activities. Facilitators are encouraged to select the activities from the training menu that are most appropriate to their audience and time available.

SECTION	TITLE	TIME
MODULE ONE: INTRODUCTION TO POLICIES, NON-DISCRIMINATION, AND GENDER NORMS		
Core: 1.1	Welcome and Pre-Test	10 minutes
Core: 1.2	Overview and Six Facts	30 minutes
Core: 1.3	Policies and Strategies	20 minutes
Optional Exercise	Selected Articles from the Bill of Rights	10 minutes
Core: 1.4	Gender Norms and Health	30 minutes
MODULE TWO: CONCEPTS AND TERMINOLOGY ON GSD		
Core: 2.1	You Soup	10 minutes
Core: 2.2	Diversity in Kenya	25 minutes
Core: 2.3	The Gender Person	45 minutes
Core: 2.4	Local Terminology	30 minutes
Optional: 2.5	Additional Terminology	20 minutes
Optional: 2.6	Myths and Misconceptions	30 minutes
MODULE THREE: LOCAL ADVOCATES PANEL		
Core: 3.1	Panel Discussion	90 minutes
MODULE FOUR: MEANINGFUL ENGAGEMENT		
Core: 4.1	Meaningful Engagement: What Is It?	15 minutes
Select one: 4.2a or 4.2b	Meaningful Engagement: In the Program Cycle Meaningful Engagement: Needs, Actions, Results	45 minutes

Special Considerations

In planning the GSD training, facilitators should assume that some participants or co-facilitators may be gender or sexual minorities, HIV-positive, and/or members of a key population. These individuals may or may not have disclosed their status to other participants and may or may not choose to share this information during the training.

For this reason it is important to treat everyone the same and not make assumptions. Using the phrase "we" (rather than "us" and "them") when talking about stigmatized groups is one way to avoid further stigmatizing people when carrying out the training.

In addition, this training discusses gender-based violence (GBV). The people attending the training sessions may have personal experience with or be affected by GBV. Facilitators should be prepared to address the theme of violence and to handle situations in which a participant chooses to share personal issues related to GBV or other traumatic experiences. In light of this, the following issues related to disclosure are critical to understand and apply during the training.

Disclosure

The first task of a facilitator is to create a safe and supportive environment within the workshop to enable participants to disclose their identities if they wish to do so. Establishing a warm, welcoming climate and firm expectations play a vital role in ensuring confidentiality and the establishment of a respectful environment.

Some participants may want support from the group. Disclosure is one way participants can share their stories and overcome feelings of isolation. Encourage group support and provide one-to-one support outside of the session if appropriate.

Some participants may disclose because they are in a crisis and urgently need help. In these situations, the facilitator should assess how urgently help is needed and what formal and informal resources exist that the participant(s) could call upon for help.

What Is Needed to Implement the GSD Training?

A team of facilitators

Co-facilitation is preferable to a single facilitator, as a team can bring a variety of complementary viewpoints and skillsets to the training. Working as a team helps facilitators to respond to emotional situations that commonly arise when discussing sensitive topics, as well as assist the group to integrate emotional or challenging conversations into the learning process. Facilitators work as a team, supporting each other by preparing materials, writing on flip charts, and/or responding to difficult questions.

Some participants may hold negative attitudes about gender and sexual minorities. It is important that facilitators are able to handle the expression of these beliefs and opinions in a sensitive manner, ensuring that stigmatizing beliefs are challenged in a way that does not make participants upset or defensive. Some of these participant reactions may cause

Tips on Handling Negative Comments

- Don't silence the conversation. Use this as an opportunity for dialogue.

- Even the best exercises are unlikely to completely change attitudes in a short period of time, but offering alternative perspectives will encourage people to think about and question their own attitudes and beliefs.

- Don't let discussions get out of hand. Allow people to speak their minds, but do not allow them to reinforce one another negatively.

- Don't be afraid to say "I'm not sure" or "I don't know." Participants may ask questions for which you do not know the answer. Be prepared for this and offer to help them find answers after the session.

- Keep participants focused on every person's right to be treated with respect and each person's right to health.

- Tips on how to respond to some commonly posed difficult questions can be found in Appendix A.

intense negative feelings for facilitators. As a professional facilitator, it is important to retain one's composure and to understand that this is a learning process for the group.

A willing audience

For participants to benefit from the GSD training experience, they must be willing to be present and engaged. The best way to ensure that the audience is engaged with this sensitive topic is to emphasize a shared commitment for creating a professional environment that values respect, fairness, and equity; dedication to effective programming for health; and a desire to reduce HIV prevalence in Kenya through more inclusive social services and less societal discrimination. When an entire team actively participates in the training together, nobody feels singled out or judged—this creates shared understanding and lays the groundwork for meaningful change.

The right number of participants

Training opportunities, especially those on topics that are rarely given attention, sometimes generate so much interest that organizers feel inclined to accommodate anyone willing to attend. However, for participants to fully engage with the material, it is crucial to not crowd the room. Establish a cap on the number of participants and stick to it. A good rule of thumb is no more than 12 participants per facilitator.

A suitable venue

Deciding where the training will be held is an important aspect of the planning process. The room should be spacious enough for participants to walk around, interact, and form small groups. It is useful if there are separate rooms or outdoor spaces for small group activities.

In addition, it is critical that the venue is a safe space for participants. Discussions around GSD may attract negative attention. If security or privacy is a concern, take special care in selecting the training location. Consider the needs and vulnerabilities of participants, facilitators, and panelists to ensure that any safety or security risks have been addressed. Advise all stakeholders on any possible risks so that individuals can make informed decisions regarding their own physical, mental, and emotional safety.

Room set-up

Whenever possible, chairs should be set up in a U-shape, ideally no more than two rows deep, so that participants can see each other as well as the screen at the front of the room. This structure allows for dialogue between participants and collaborative learning as opposed to a classroom set-up in which participants face the facilitator. Tables are not necessary and may encourage people to use distracting electronic devices such as laptops and tablets.

A computer, projector, and screen are needed to present the training slides.

Use of PowerPoint presentation

The training is enhanced through the use of the accompanying GSD training PowerPoint slide deck, which allows facilitators to provide a visual aid to guide the conversations prompted by each of the four training modules. Using this curriculum in conjunction with the PowerPoint will provide participants with greater opportunities for learning regardless of their specific learning styles. Step-by-step instructions for displaying slides in tandem with training modules are included throughout the curriculum activities.

Note: some PowerPoint slides should be customized by facilitators **prior to the training** in order to reflect local context and specific training details, e.g., names of panel advocates, local opportunities for engagement, etc. Activity modules that require slide customization are identified in step one of the relevant activity.

Printed materials

Aside from the facilitator's manual and slides, several other items should be printed in advance of the training. These are available in Annexes A through J and include the following:

- Gender person handout (one per participant)
- Terminology handout (one per participant)
- Terminology cards (at least one card per participant)
- Case studies (one per small group of 3-10 participants)
- Constitution handout (one per participant)
- Ladder of Engagement (one per participant)

Other materials

- Name tags (one per participant)

- Colored markers (at least one per participant)

- Sticky notes (at least eight per participant)

- Flip charts

- Masking/paper tape

Facilitating Participatory Learning

This facilitator's guide uses a variety of participatory training methods. Each module includes detailed instructions on which materials are needed and which steps to follow to facilitate the activities.

Facilitator Guidelines

The following are general tips for facilitating the training:

Give clear instructions for exercises

- Explain the exercise one step at a time.

- Keep instructions simple and clear and use examples to help with participants' understanding.

- If participants look confused, check that they have understood the instructions. Ask "What are you being asked to do (or discuss)? Do you have any questions?"

- After groups are formed, visit each group and check that the task is understood.

Divide into groups quickly and efficiently

- When dividing participants into groups, one aim is to mix participants to get them working with different people. Change group members for each exercise.

- There are many ways to divide people into groups. Be creative when dividing participants into groups and turn this process into an energizer if you need to get people moving.

- Some group work can be done in pairs. This ensures everyone has a chance to talk.

- After groups have completed their work, have them report back to the larger group.

Manage space

- Change the space and organization of chairs to suit your activity and provide variety. Chairs should be moved as needed for small group work. For activities that require the group to move, shift chairs to the center or side of the room so that they are not disruptive to the activity.

Manage time

- In a short training program, there is not enough time to discuss in-depth all the issues that are raised. Time should be managed carefully or the objective will be lost. Identify a good stopping point to summarize and move on to the next topic.

- Know how much time each session requires and adhere to these time limits. Don't allow sessions to drag on too long.

- Remember, small group work takes more time than one would expect. Give small groups enough time to do their work. Don't rush them. You will also need to allocate time for report outs which are essential for ensuring the group adequately processes information.

- Let participants know if there are only a few minutes left in a session so that any important questions or comments can be addressed.

Facilitate discussion

- Ask open-ended questions to encourage different opinions and help all participants talk and contribute.

- After asking each question, listen carefully to what each person says. Give them your full attention and concentrate on what they are saying.

- If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.

- Rephrase or summarize what someone has said in your own words. For instance, you can say, "What I heard you say is that you want to..." The aim of rephrasing is to show the speaker you value what she/he has said, to help clarify the thought, and to support others to contribute their own ideas.

Use energizers

- A full day of training can be tiring. Pay attention to participants' energy levels and use energizers as needed throughout the day.

- Examples of energizers and fun ways to applaud participants after activities can be found in Annex A.

Evaluation

A pre- and post-test can be used to conduct research on the outcomes of the GSD training. This quantitative tool measures participants' knowledge about and attitudes toward gender and sexual minorities. The evaluation questions are available in Annex J.

This tool, or a simple evaluation at the end of the day, can help identify problems or issues that need to be addressed to help improve the training. Ask participants to complete a one-page questionnaire (e.g., likes, dislikes, what was learned, and issues that require more discussion) at the conclusion of the training.

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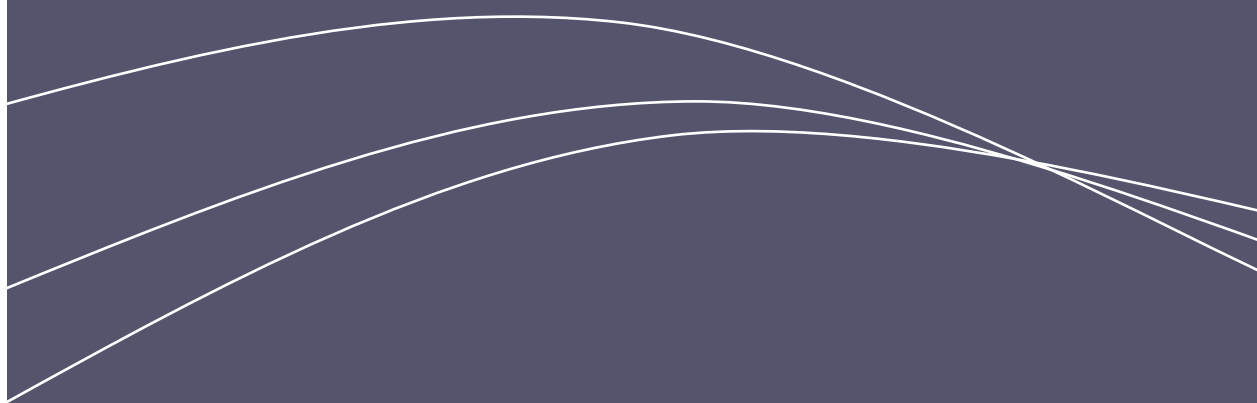
MODULE ONE:
Introduction to Policies, Non-Discrimination, and Gender Norms

Description

This module introduces epidemiological and human rights arguments for engaging gender and sexual minorities and increasing access to appropriate health services. It describes the existing legal and policy framework in Kenya that provides a basis for the provision of HIV and health services to gender and sexual minorities. This module also provides participants with an interactive activity on gender norms to help them understand what gender norms are and how they affect health.

Structure

1.1   Welcome and Pre-Test (10 minutes)

1.2   Overview and Six Facts (30 minutes)

1.3   Policies and Strategies (20 minutes)

     Optional Exercise: Selected Articles from the Bill of Rights (10 minutes)

1.4   Gender Norms and Health (30 minutes)

Objectives

At the end of Module One, participants will be able to:

1. Explain to others why learning about diversity, including GSD, matters to their workplaces and programs

2. Understand that gender norms are a powerful influence on all of us

3. List key policies related to GSD and the HIV response in Kenya

Activity 1.1: Welcome and Pre-Test

Time	Slide	Difficulty to Facilitate	Interactivity
10 minutes	1	●○○○○	●●●○○

Description

Facilitators warmly welcome participants to the training to ease any nervousness, tension, and/or concerns about the topics at hand. This section also includes the pre-test if one is being administered.

Goals

Participants will feel welcomed and a safe space and group expectations (similar to ground rules) for the day will be established.

Materials

Flipchart and markers.

Steps

Display slide 1

1. Welcome participants and introduce the facilitation team. It can be helpful at this time to acknowledge that this is a complicated and sensitive topic, and to thank people for taking a full day from their busy schedules to learn about GSD.

2. Ask participants to introduce themselves.

3. Let participants know there will be a more detailed overview of the day in a few minutes, following the brief pre-test (if you are using a pre-test).

4. Establish expectations for the day by having participants talk about the importance of creating safe and confidential spaces to discuss topics that may be new, controversial, and/or confusing. Ask one of your co-facilitators to write the expectations on a flip chart. Important expectations to include (in the event that participants do not suggest them) are:

    a. Silence and put away mobile devices, including laptops

    b. Respect other people's opinions and points of view

    c. Confidentiality: creating a safe space is better for everyone
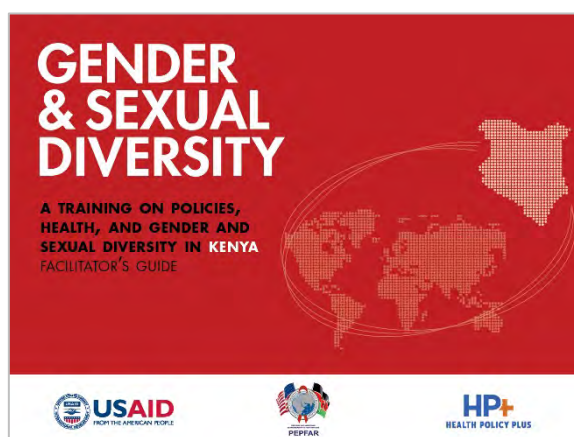
d. Ask questions: participation is important (note: this should be presented as a guideline rather than a rule since participation should be voluntary)

e. Do not interrupt others or hold side conversations

f. Allow others to participate

Leave the list of expectations in plain view throughout the day so that participants and facilitators can refer to it if necessary.

Optional/if you are conducting a pre-test:

5. Introduce the pre-test. Assure participants that they are not expected to know the content and that the pre-test helps facilitators to improve the training.

6. Explain that the group will revisit these and a few other questions at the end of the day and note the correct answers, if there are any.

Activity 1.2: Overview and Six Facts

Time	Slides	Difficulty to Facilitate	Interactivity
30 minutes	2–16	●●●○○	●○○○○

Description

Participants should understand why the training is being offered and why it is worthwhile to devote an entire day to a topic that may appear only partially relevant to their work. This section explains the training purpose and rationale.

Goals

Participants will understand the GSD training purpose and rationale and how the training relates to their work.

Steps

Display slide 2

1. This is the opening slide for the first module.

Display slide 3

2. Provide a broad overview of the day's agenda.

3. This slide intends to:

   a. Ensure all participants are aware that facilitators are not trying to change their moral or religious beliefs during this training, and

   b. Reassure participants that discussions of personal gender and/or sexual issues, or actual situations that may exist within their workplaces or programs, are not required.
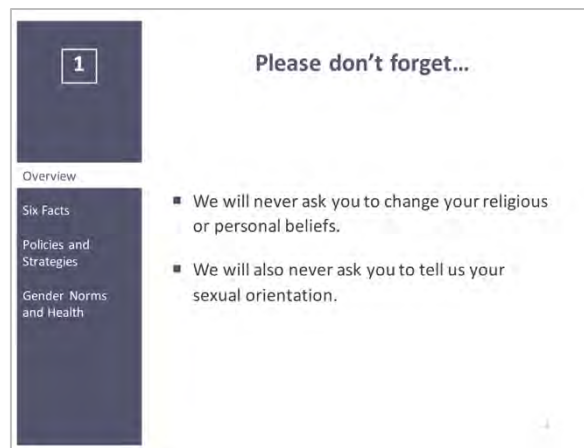
4. Without going into great depth or debate, the facilitator gently introduces the idea that sex and gender are different, briefly touching on the idea that gender is determined by culture and history. Facilitators should take time to differentiate between gender and sex and emphasize that these two concepts will be discussed in greater detail later in the training.

   a. Sex refers to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.

   b. Gender refers to the roles, responsibilities, rights, behaviors, feelings, and obligations that a particular culture associates with being a girl, boy, woman, man, or other gender; and the power relationships that exist between people of different genders.

   c. What sex means in terms of gender is determined by culture. Many aspects of gender have an impact on the health of the individual. Both of these concepts will be discussed at length later in the curriculum.
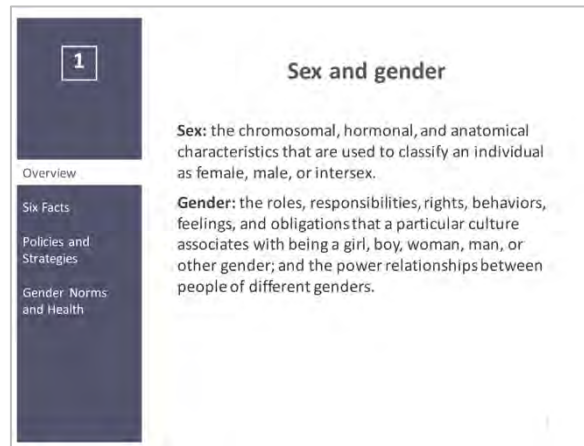
5. Introduce the term "gender and sexual minorities" in a basic way. Avoid going into depth at this point. Be sure to:

   a. Note that GSM is a new term for many people, and

   b. Pause briefly after the definition is read.

6. Help participants understand the concepts of GSM and LGBTI, step by step, using the diagram on slide seven and the following script:

   a. Imagine all people are represented by this large blue oval. Gender and sexual minorities are a subset of this population—these are people whose gender, sexual orientation, and/or sexual characteristics are different.

   b. The relative sizes of these circles are just for the purpose of illustration—no one is actually certain what proportion of the world is gender or sexual minorities.

   c. Within the GSM subset of people, there are those who self-identify as LGBTI, or any of the other identities used by gender and sexual minorities in Kenya and around the world.

   d. Any questions?
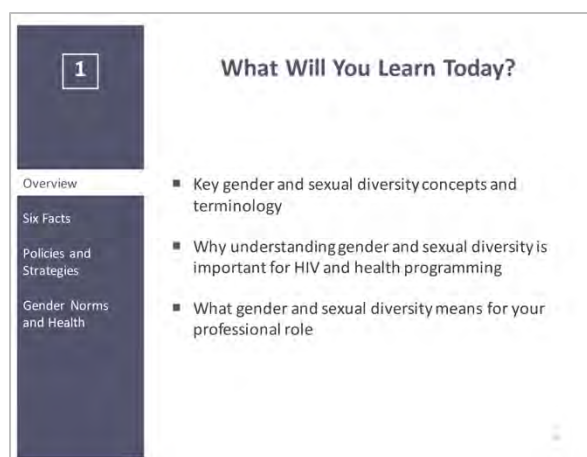
Facilitator Tip

Since many people who work on HIV are familiar with MSM, it may be useful to talk about MSM as an example of a sexual minority who do not always identify as LGBTI. You can also use this as an opportunity to begin distinguishing behavior from identity.

7. Ask participants "What will you learn today?" and read through each point listed.

8. Ask "Why is this training important?" Read slide nine. After reading the third point ("Engaging with gender and sexual minority communities matters, but *how* you engage matters even more"), say "Let's review some critical facts about the need to learn about gender and sexual minorities. We will go through six facts that, together, tell a compelling story."

> ## Facilitator Tip
> The titles of the "Six Facts" slides contain the main takeaways. Make sure to read these aloud for participants.

Display slide 10

9. **Fact #1**: Explain that stigma and discrimination related to gender and sexual orientation impacts health and HIV risk in numerous ways and that empirical evidence of these impacts is rapidly growing. Summarize each example on the slide:

    a. Only 21.5% of sexual minorities in Kenya visit a healthcare provider when they have sexual and reproductive health problems (NASCOP, 2016).

    b. Gender and sexual minority women avoid seeking health services rather than risk having their privacy violated by service providers (GALCK, 2016).

    c. HIV-related stigma has been found to be a barrier to HIV testing among MSM and transgender women (Golub and Garamel, 2013).

Display slide 11

10. **Fact #2:** Share with participants that adult MSM are 19 times as likely to be living with HIV as adults in the general population (Beyrer et al., 2012).

    a. Explain that across the world, MSM experience a greater risk of HIV than the general population does.

    b. Point out the difference in prevalence among MSM and the general population in Kenya.
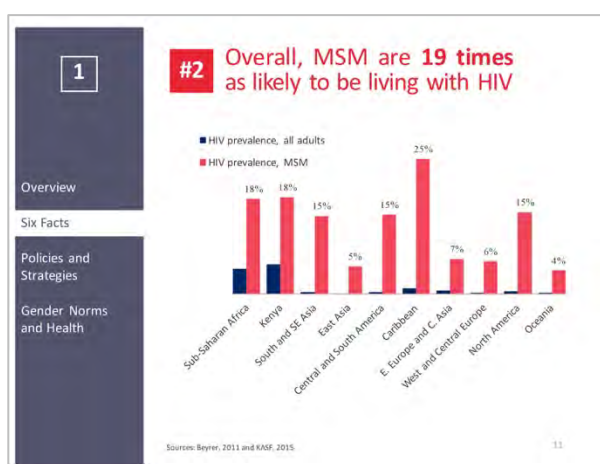
c. Ask if anyone is surprised to see this number. Ask participants to think through the reasons why MSM may be at greater risk for HIV. If no answers are forthcoming, refer to the previous slide to discuss how stigma and discrimination contributes to HIV risk.

MSM Statistics Explained

"19 times" is an odds ratio that pools together country-level data from around the world. On the chart, we only see prevalence data for each region, shown as a percentage.

Display slide 12

11. **Fact #3:** Explain that transgender women are 49 times as likely to be living with HIV as adults in the general population (Baral et al., 2013).

   a. Relatively little is known about the HIV burden among transgender individuals, but a 2013 meta-analysis found a significant difference in HIV prevalence among transgender women as compared to all adults in all of the countries analyzed.

   b. In Kenya, HIV prevalence data for transgender individuals does not yet exist.
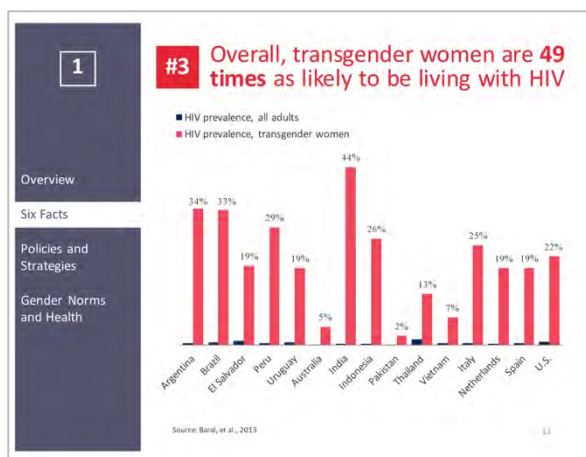

Facilitator Tip

As a transition, before advancing to this slide you can ask participants if they think the risk is higher or lower for trans women. This engages participants and prompts them to think critically about stigma and vulnerabilities that are unique to transgender women.

If participants ask why little data exists, you can explain that stigma makes it extremely difficult to conduct research on this population.

12. **Fact #4:** Explain that HIV programming fails to adequately reach MSM.

    a. According to Kenya National Aids & STI Control Programme (NASCOP) data, less than half of MSM in Kenya are reached by HIV prevention, care, and treatment programming despite the high HIV burden.

    b. Limited existing data show only 30% of HIV-positive MSM in Kenya have been diagnosed and only 6% are on antiretroviral therapy (PEPFAR, 2016).

    c. No data exists on whether other gender and sexual minorities are reached by HIV programming in Kenya.
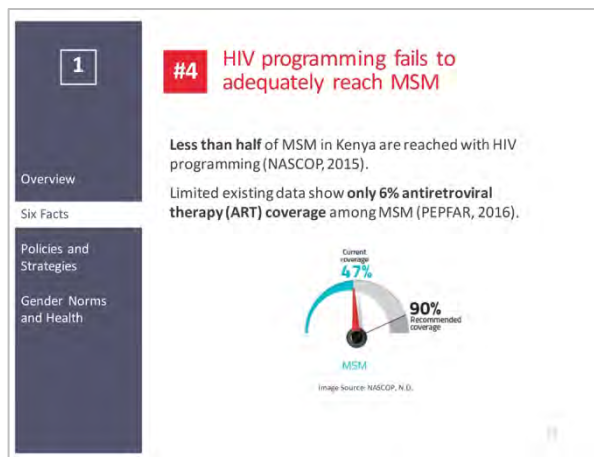
13. **Fact #5:** Explain that governments and international bodies around the world have demonstrated a strong commitment to the belief that human rights must extend to all people, including gender and sexual minorities.

    a. The Kenyan constitution and key health and HIV policies protect the rights of gender and sexual minorities and recognize the importance of programming specifically for these populations. These policies include Article 27 of the constitution on equality and non-discrimination and Article 43 on the right to the highest attainable standards of health.

    b. These are not special rights; they are universal rights that the government of Kenya is legally obligated to protect.

    c. Let participants know that in the next section, we'll look at these policies more closely.

14. **Fact #6:** Explain that Kenyans come from many different tribes, cultures, religions, and counties. The preamble of the Kenyan constitution notes that Kenyans are "PROUD of [their] ethnic, cultural and religious diversity, and determined to live in peace and unity as one indivisible sovereign nation."

15. Summarize the previous slides by going through each of the bullet points listed on slide 16. Emphasize the last point ("Policies exist that support the health and human rights of gender and sexual minorities, but much remains to be done").

Activity 1.3: Policies and Strategies

Time	Slides	Difficulty to Facilitate	Interactivity
20 minutes	17–21	●●●○○	●○○○○

Description

This activity aims to explore various policies that impact health and HIV related to gender and sexual minorities. Participants are asked to review key Kenyan policies and discuss as a group how the policies serve as legal protections for the rights of gender and sexual minorities and their communities.

Goals

1. Learn which Kenyan policies prohibit discrimination against gender and sexual minorities.

2. Understand that as a general rule Kenyan laws and policies are supportive of gender and sexual minorities.

3. Understand that including gender and sexual minorities and reducing stigma in HIV programming will help Kenya to achieve its HIV targets.

Materials

Handouts with excerpts from the Constitution of Kenya (Annex C).

Steps

1. Let participants know that in this section the focus is on Kenyan laws and policies that support equal treatment, non-discrimination, and provision of public services (including health services) to gender and sexual minorities.

Display slide 17

2. Explain to participants that because of social stigma and the fact that the penal code criminalizes same-sex sexual conduct, many people assume that there are no laws that protect gender and sexual minorities in Kenya—but this is not true. Several laws and policies exist that protect the rights of gender and sexual minorities and support provision of equitable, nondiscriminatory services.

3. Because some of the laws and policies could lead to lengthy discussions, let participants know that there won't be sufficient time to cover the policies in great depth today, but the training will highlight the most important sections.
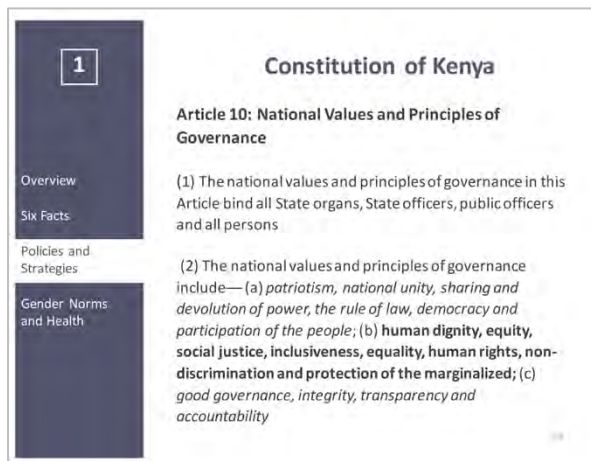
Display slide 18

4. Emphasize that the constitution of Kenya, the foundational law of the country, protects the rights of all people, including gender and sexual minorities. Ask a volunteer to read the excerpt from Article 10 on slide 18.

5. Distribute the handout with the excerpts from the Bill of Rights (Annex C).

6. **Optional exercise:** If it is appropriate for the audience and you have allotted the time, ask a volunteer to read some excerpts from *The Constitution of Kenya Article 10: national values and principles of governance*.

   a. Ask participants to read a few of the articles aloud, particularly Article 27 on equality and freedom from discrimination and Article 43 sub-article (a): "Every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare."

   b. Ask participants to take time to read through the handout, and feel free to highlight the following articles:

      • Article 25: Fundamental rights and freedoms that may not be limited

      • Article 27: Equality and freedom from discrimination

      • Article 28: Every person has inherent dignity and the right to have that dignity respected and protected

      • Article 29: Freedom and security of the person

      • Article 31: Every person has the right to privacy

      • Article 32: Freedom of conscience, religion, belief, and opinion

      • Article 36: Freedom of association

      • Article 43: Economic and social rights including the right to the highest attainable standard of health, which encompasses the right to healthcare services and reproductive healthcare

7. Let participants know that now the focus will shift to HIV-related policies. Discuss the *Kenya AIDS Strategic Framework* and, if possible, county HIV and AIDS strategic plans.

    a. This supportive document calls for improving access to services using a human rights-based approach.

    b. It contains specific results related to reducing stigma, discrimination, and social exclusion by 2019.

    c. Understanding gender and sexual diversity will contribute to achieving the goals outlined in the KASF.

8. Draw attention to the *Policy for the Prevention of HIV Infections Among Key Populations in Kenya*. Remind participants that some gender and sexual minorities are also members of key population groups.

    a. The purpose of this policy is to improve key populations' access to life-saving HIV prevention and treatment services.

    b. It is a human rights-based policy, grounded in the constitution.

    c. The policy provides practical guidance on improving the enabling environment and programming.

Display slide 21

9. Explain that in 2015, as part of a Universal Periodic Review, Kenya agreed to adopt a comprehensive anti-discrimination law by 2018 that protects individuals against discrimination on any grounds, including sexual orientation or gender identity. The Universal Periodic Review is a process of reviewing human rights conditions in United Nations member states that is overseen by the Human Rights Council. As part of the review process, each state has the opportunity to declare actions that have been taken to improve the human rights situations in their countries and to fulfill their human rights obligations.

10. Conclude this section by noting that the Kenyan policy environment contains more protections for GSM than people often realize. Not all of the policies that exist have been included in this training, due to time considerations.

1

Looking Ahead

Overview

Six Facts

Policies and Strategies

Gender Norms and Health

- In 2015, as part of a Universal Periodic Review, Kenya agreed to adopt a comprehensive anti-discrimination law by 2018 that protects against individuals against discrimination on any grounds, including sexual orientation or gender identity.
- Kenyan laws and policies are more supportive of GSD than we often realize!

> **Facilitator Tip**
>
> If time allows, you can give an example of cases that transgender individuals have won in court. One such example occurred in Thika in 2013, in which a complainant was awarded Kshs. 200,000 in damages after being subjected to humiliating behavior by police.

Key Takeaways

1. The laws in Kenya protect all people.

2. Although sections of the penal code criminalize same-sex sexual conduct (that are currently being challenged in the constitutional court), laws and policies that protect gender and sexual minorities are numerous and comprehensive.

3. Social recognition that gender and sexual minorities should be treated with the respect and dignity that is due to every human being is a growing movement in Kenya.

Activity 1.4: Gender Norms and Health

Time	Slides	Difficulty to Facilitate	Interactivity
30 minutes	22–27	●●●●○	●●●●○

Description

Rich discussion about a few common gender norms—and their impacts on HIV, health, and well-being—helps participants recognize the ubiquity of gender norms and serves as a transition to discussions on GSD concepts. Facilitators should note that this exercise can set the tone for the participatory nature of the entire workshop. Careful attention to listening, acknowledging responses, and engaging as many participants as possible is important. No one's views should be negated by the facilitator. When and if a perspective is challenged by another participant, the facilitator should help manage the tone of the dissent/debate.

Goals

- Explore the concept of gender norms by expressing opinions and hearing from others.

- Observe the variation in interpretation that arises when addressing gender.

- Understand that gender norms are socially created and change over time.

- Understand the link between harmful gender norms, health, and well-being.

Materials

- Sticky notes: four per participant.

- Five large sticky notes or signs that read "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

Steps

Display slide 22

1. Ask the group to stand in the center of the room. Give each person four blank sticky notes.

2. On one wall, place five large sticky notes or signs that read "strongly agree," "agree," "neutral," "disagree," and "strongly disagree" in a row.

3. Explain that you are going to read a statement. Tell participants to place one blank sticky note under the sign that corresponds to their opinion on the statement.

1

Overview

Five Facts

Policies and Strategies

Gender Norms and Health

Gender Norms and Health

a. Read each statement word-for-word, slowly and clearly.

b. Participants should answer based on their personal opinions.

c. Note: the statements have been intentionally designed to be open to interpretation.

4. Process the results of each question one at a time as a group. The statements, and resulting conversations, are designed to build upon one other and to guide participants' exploration and understanding of these topics.

5. A rich discussion should ensue. Even if many of the responses are similar, ask participants why they answered the way they did and whether/how another person could answer differently. Feel free to spend about five minutes reviewing each statement. If the group doesn't touch on all of the key discussion points (listed below), the facilitator should steer the conversation in that direction.

> ## Facilitator Tip
>
> Ensure that the discussion of each question links to gender and gender roles so that participants begin to examine their own personal beliefs regarding gender.
>
> If possible, identify opportunities to orient each discussion toward the relationship between gender norms and health effects.

Display slide 23

6. Read the statement "It bothers me when I see a man act like a woman" and use the following questions to guide the discussion:

a. What does it mean to "act like a woman" in Kenya?

b. Does this vary in different parts of the country?

c. Are there any norms or practices that have changed over the years? Do you do things that your parents or grandparents couldn't or wouldn't do?

d. How are men "supposed to act" in Kenya?

e. How important are these gender norms in Kenya?

f. Culture and tradition are very important in bringing a community together. However, some beliefs and practices can have harmful consequences for health, including increasing HIV risk and vulnerability. What do you think are some of the potential harmful consequences of these attitudes? (Responses could include access to

services, discrimination and stigma on the part of providers or institutions, inability to negotiate safe sex, inability to share information that may assist with health diagnoses, and/or inability of providers to ensure that clients' needs are properly met.)

7. Read the statement "Under some circumstances, it's okay for a man to discipline his wife." Key discussion points include:

    a. Open, honest communication is important in any healthy, loving relationship. It is important for partners to be able to discuss and share when they are uncomfortable or upset about something. This should ideally be done in a way that promotes dialogue.

    b. "Discipline" connotes an unequal power relationship in which one person tells another person what is right and wrong. The term also connotes the idea of punishment as opposed to a healthy dialogue between equal partners.

> **1**
>
> Overview
> Five Facts
> Policies and Strategies
> Gender Norms and Health
>
> **Under some circumstances, it's okay for a man to discipline his wife.**
>
> a. Strongly Agree
> b. Agree
> c. Neutral
> d. Disagree
> e. Strongly Disagree

In a Word

The word "discipline" will likely be a hot button and may stir up controversy. If the conversation gets off topic, bring it back to a discussion of power relationships and gender expectations.

    c. Adult partners are not children. Most adults value meaningful and equitable relationships with one another where communication, empathy, and compassion are driving factors.

    d. Any form of physical or emotional violence in the context of an intimate relationship has serious consequences, not only for the person experiencing the violence, but for entire families and communities. These consequences extend beyond the individual incident(s) and often have long-term effects on health, including creating barriers to discussing health concerns, such as HIV status; negotiating safer sex and other practices that promote risk reduction; accessing services; following up on referrals; and adhering to HIV treatment.

8. Read the statement "Under some circumstances, it's okay for a woman to discipline her husband." Compare and discuss whether participants responded differently to this statement than the previous one, and whether/how gender norms and/or personal experiences influenced this response. Key discussion points include:

1	**Under some circumstances, it's okay for a woman to discipline her husband.**
Overview	
Five Facts	a. Strongly Agree
Policies and Strategies	b. Agree
	c. Neutral
Gender Norms and Health	d. Disagree
	e. Strongly Disagree

   a. Did you feel differently about this slide in comparison to the previous one that said it was okay for a man to discipline his wife?

   b. Did this statement make you think about the word "discipline" differently?

   c. Discipline connotes an unequal relationship as opposed to open, honest communication between partners.

9. Finally, read the statement "I prefer my supervisor to be a man."

   Key discussion points include:

1	**I prefer my supervisor to be a man.**
Overview	
Five Facts	a. Strongly Agree
Policies and Strategies	b. Agree
	c. Neutral
Gender Norms and Health	d. Disagree
	e. Strongly Disagree

   a. What makes a good supervisor?

   b. We often bring our social expectations around gender into the workplace. We project these gender role expectations onto our colleagues and can sometimes stigmatize or discriminate against someone based on gender without even realizing it.

   c. People should not be judged based on preconceived notions. Rather, they should be judged on their qualifications, experience, and job performance. What can we lose as a team, as a workforce, and as health professionals if we judge people based on preconceived notions?

   d. How have gender roles influenced the way in which we interact in different spaces within our workplaces? In meetings? At the water cooler? Who gets promoted? Whose ideas are advanced?

   e. If time permits, discuss "gendered" roles and professions (e.g., supervisory roles), a topic that may be revisited when discussing gender expression.

10. Ask participants to return to their seats to conclude the discussion on gender and health.

    a.   To bring the discussion back to HIV, remind participants that in Kenya more women than men are HIV-positive. Ask the group "How do you think gender norms in Kenya play a role in HIV infection?" Ask several volunteers share their ideas and allow a few minutes for questions and discussion.

> "Gender inequalities and cultural practices including wife inheritance, sexual and gender-based violence, early marriages, and high attrition in school limit effective HIV prevention." (KASF, 2015)

Display slide 27

11. To complete Module One, read the "Key Takeaways" on slide 27:

    a.   Kenyan policies provide for a legal and policy framework for the provision of health services and basic human rights for all people, including gender and sexual minorities.

    b.   A Kenya free of HIV infections, stigma, and AIDS-related deaths is impossible without reaching gender and sexual minorities.

    c.   Gender norms are a powerful influence on all of our lives and livelihoods.

02

MODULE TWO:
Concepts and Terminology on GSD

Description

This module exposes participants to basic concepts in GSD and offers opportunities to discuss and apply them to real-life situations, with a focus on the workplace. Through a series of activities, biological sex, gender expression, gender identity, and sexual orientation are presented as important concepts in understanding gender and are discussed at length. Participants will uncover the value of diversity in Kenya and its positive impact on the country as a whole. Next, participants will discuss key gender and sexual orientation terms related to public health and non-discrimination. Activity 2.4 helps build empathy through understanding the impact and importance of local language related to gender and sexual minorities. At the end of the module, small groups will read short case studies and brainstorm ways of supporting hypothetical colleagues who experience gender-based discrimination.

Structure

2.1   You Soup (10 minutes)

2.2   Diversity in Kenya (25 minutes)

2.3   The Gender Person (45 minutes)

2.4   Local Terminology (30 minutes)

2.5   Additional Terminology (20 minutes)

2.6   Myths and Misconceptions (30 minutes)

Learning Objectives

At the end of Module Two, participants will be able to:

1.   Understand that everyone has a biological sex, gender expression, gender identity, and sexual orientation, and recognize that each of these concepts exists on a continuum

2.   Describe how language can create and perpetuate stigma

3.   Use inclusive/sensitive language when talking about GSD and avoid terms that are inappropriate and/or stigmatizing

4.   List appropriate actions one could take to address discrimination against gender and sexual minorities

Activity 2.1: You Soup

Time	Slide	Difficulty to Facilitate	Interactivity
10 minutes	29	●●○○○	●●●○○

Description

The "identity soup" activity illustrates how all individuals are made up of a unique combination of "ingredients" and emphasizes the importance of considering how all of these facets factor into personhood.

Goals

● Foster friendly connections among the group, which will contribute to a lively and positive tone and, possibly, a more connected cohort following the conclusion of the training.

● Frame identity as the sum of the many characteristics that make up each person, of which gender and sexuality are only two.

Steps

1. Tell a story about a beloved family recipe, describing all of the ingredients necessary to make this special dish. Alternatively, pass a bowl around the group and ask participants to contribute imaginary ingredients. Or substitute a popular local dish like "bone soup" for the soup and ask a participant to describe their family recipe for this dish.

Display slide 29

2. Link the soup metaphor to the topic of identity: "We are all made up of many different qualities, or ingredients. Some we value more than others. Some ingredients, those at the "top of our soup," are revealed to other people early on in our interactions. Other ingredients we only share after we trust someone or may choose to keep hidden. Yet each ingredient contributes to who we are, how we think of ourselves, and how we portray and describe ourselves to the world."

3. Read a few samples from the list of "ingredients." Ask participants to think about one or two words that describe an identity that is important to them. For examples, think about sex, gender, profession, birthplace, religion, family status, tribe, and so on.

4. Ask participants to turn to their neighbor and share a few characteristics they think might be part of their "You Soup." What are a few qualities that people first learn about you? Allow two to three minutes for discussion.

5. Ask three or four people to share what they discussed with their partner.

6. Review these takeaway messages:

   a. Everyone has many characteristics that make up who they are.

   b. Some of these characteristics may be visible to others; some may be hidden; some are projected onto others. But think about what it would be like for someone to define you by only one or two of those ingredients, or by only the ingredients at the top of your soup.

   c. For reasons that were discussed in Module One, this training focuses on two areas of identity: gender and sexuality. People are made up of many more factors—an important fact to keep in mind throughout the training.

Facilitator Tip

The categories of ingredients are intended to get people thinking about their own identities. If people get carried away with understanding each one of the categories, remind them that the point of the exercise is to think about what matters to them, whatever that might be.

Activity 2.2: Diversity in Kenya

Time	Slides	Difficulty to Facilitate	Interactivity
25 minutes	30–32	●●○○○	●○○○○

Description

This activity is a transition from the soup metaphor exercise. It aims to help participants understand the broad concept of diversity and how it applies to their lives before focusing more specifically on gender and sexual diversity.

Goals

● Appreciate different forms of human diversity in Kenya.

● Understand that social exclusion on the basis of diversity can lead to negative health outcomes.

● Understand that the need for social inclusion is not limited to gender and sexual minorities.

Steps

Display slide 30

1. Introduce the concept of diversity.

    a. Explain that diversity is not only about ethnic background, but about unique differences between human beings.

    b. Diversity includes not only physical appearance, religious beliefs, tribe, ethnicity, culture, age, gender, physical and mental ability, socioeconomic class, and race, but also opinions, personalities, personal preferences, perspectives, thoughts, and the impact that each of these facets have on society.

    c. Just like different ingredients in a soup, diversity makes our interactions with each other richer and more fulfilling. If everybody were the same, our "soup" would be very bland.

2. Ask about attitudes towards diversity.

    a. What are the benefits to accepting diversity?

b. Ask participants why they think people may fear diversity. Has anyone in the group ever experienced being a minority, e.g., being the only one from a different country, tribe, or religion? How did it feel?

Display slide 31

3. Diversity in Kenya:

   a. Kenya is characterized by ethnic, racial, religious, geographic, and cultural diversities, amongst others.

   b. At times these differences have become a source of social strife. Ask participants for illustrative examples.

   c. These differences can also affect one's ability to access and utilize economic and health services. Again, ask participants for examples.

Display slide 32

4. Key takeaways:

   a. There are many diversities in Kenya that we need to appreciate and be aware of, including gender and sexual diversity, our focus for this training.

   b. Awareness of diversity creates opportunities to provide services that are responsive to the needs of different groups.

Examples: Diversity and Health in Kenya

To help participants link diversity to health, it may be helpful to discuss a few country-specific examples. The following are a few suggestions, but feel free to use additional examples from the local geographic or technical area in which participants work and live.

1. HIV prevalence varies greatly by county in Kenya. For instance, adult prevalence is less than one percent in Wajir county but more than 27 percent in Homa Bay county.

2. Ask participants to describe how various factors increase or decrease vulnerability to HIV. Examples may include age, gender, marital status, geographic location, behavior, education, income, sexual orientation, and others.

3. This comparative vulnerability applies to other health areas, not only HIV. For example, contraceptive use and fertility rates also vary by county and by socioeconomic class.

Activity 2.3: The Gender Person

Time	Slides	Difficulty to Facilitate	Interactivity
45 minutes	33–46	●●●●○	●●○○○

Description

Participants meet the Gender Person, a visual aid in learning concepts and terms related to gender and sexual minorities (Killermann, 2013). This activity includes the introduction of four concepts that are central to gender: biological sex, gender expression, gender identity, and sexual orientation. Each concept contains vocabulary that is useful when discussing gender in the workplace and health and development programs.

Goals

● Understand and apply concepts of biological sex, gender expression, gender identity, sexual orientation, and related terms and concepts.

● Describe how biological sex, gender expression, gender identity, and sexual orientation exist on continuums.

● Explore the relationship between separate continuums, understanding that they are interrelated but not interconnected.

Steps

Note to Facilitators

Slides 44 and 45 should be customized before the training by moving the black dots on each continuum to represent your own identity, or that of a hypothetical individual. See "continuum," step 46 below.
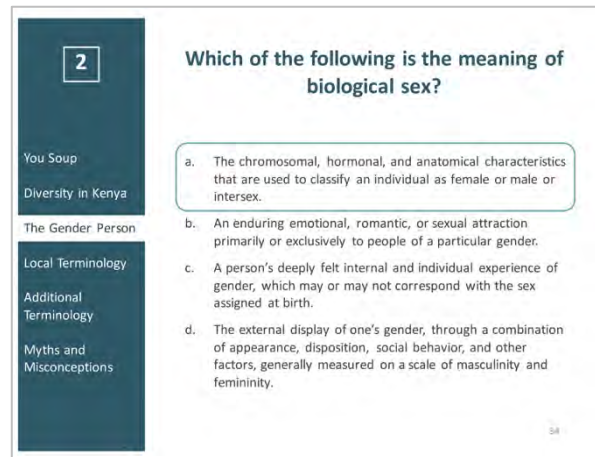
Display slide 33

1. Introduce the Gender Person that demonstrates four key dimensions of a human being in relation to gender and sexuality: biological sex, gender expression, gender identity, and sexual orientation.
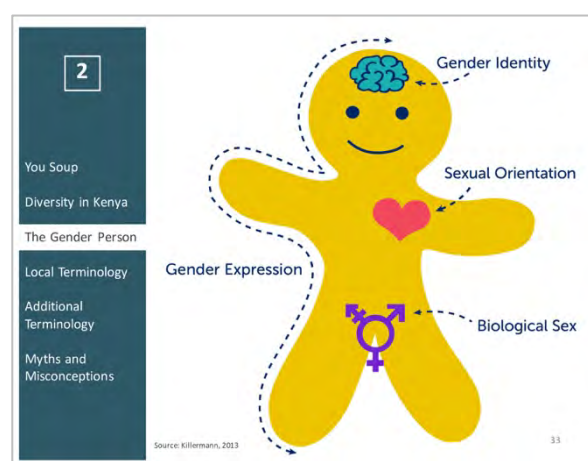
BIOLOGICAL SEX

Display slide 34

2. Start by saying "Let's begin with biological sex."

3. Ask participants to choose the correct definition of biological sex from the four options on the slide. Point out that this is not a test, but a fun way to learn what is probably new material for most people.

4. Slowly read each answer aloud, pausing between each statement. Allow time for participants to absorb the options, and then ask for a volunteer to read the correct answer.

5. **Click the slide again** and read the correct definition: "The chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex."

6. Ask participants if they have any questions or comments.

7. Transition with a statement like "But what does that mean exactly? Let me explain further."

Display slide 35

8. Explain biological sex:

    a. Typically, when a mother delivers a baby, the baby is assigned a sex based solely on the baby's visible genitalia (i.e., what's between their legs).

    b. However, biological sex is much more complicated than simple genitalia. Biological sex includes a person's chromosomal, hormonal, and anatomical characteristics.

    c. Many of us know that typical male sex characteristics include testes, a penis, more testosterone than estrogen, XY chromosomes, and features that develop in puberty such as wide shoulders and thick facial hair.

    d. Likewise, typical female characteristics include a vulva, vagina, ovaries, a uterus, more estrogen than testosterone, XX chromosomes, and features that develop in puberty such as breasts and wide hips.

e. Variations in these characteristics are quite common. Rarely are two females or two males biologically the same. For example, someone may possess most but not all of these characteristics. A man may have breasts that are larger than usual or a woman may have narrow hips. Depending on the climate of the room, ask for more examples from participants.

9. Most people have a basic understanding of these minor variations between individuals. But what not everyone is aware of is that, sometimes, more significant variations occur.

10. A person with more significant variations in their biological sex is typically called "intersex." Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definitions of female or male.

a. For instance, approximately one out of every 2,000 babies do not have genitalia that is clearly male or female (Blackless et al., 2000). Other times, there may not be any visual indication that someone is intersex at birth.

b. In fact, for many people, indications that they might be intersex don't appear until puberty or later. This experience is more common than one may think. In approximately one in 100 births, some deviation in sex characteristics exists.

11. Biological sex is not binary. In fact, studies show that at genetic and cellular levels, many people have a mix of traits that are considered "male" or "female" (Ainsworth, 2015). It's therefore easiest to understand biological sex as a continuum, with "male" and "female" on either end. All four dimensions are presented as continuums to represent the diversity that exists.

12. Ask participants if they have any questions or comments.

13. Relate these takeaway messages:

a. Everyone has a biological sex and biological sex exists along a continuum.

b. Biological human diversity is much more complicated than most people think!

GENDER EXPRESSION

14. To move to the next term, start by saying "Now, let's move on to gender expression."

Display slide 36

15. Slowly read each definition aloud, pausing between each statement. Ask for a volunteer to read the correct answer.

16. **Click the slide again** and read the correct definition: "The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity."

17. Ask participants if they have any questions or comments.

Display slide 37

18. Then transition by saying "Let's explore the topic of gender expression further."

   a. Gender expression is how a person presents and expresses him- or herself to the world; it is often the most immediate way that someone learns about one's gender.

   b. Clothing, mannerisms, gait, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more comprise a person's gender expression.

   c. It's (also) easiest to understand gender expression as a continuum—in this case, with "feminine" and "masculine" on either end.

19. Ask one or two people to give examples of behaviors or expressions that are considered feminine. Next, do the same for masculine characteristics.

20. Explain that one's gender expression is often shaped by gender norms. Gender norms pressure people of all genders to behave in certain ways.

Facilitator Tip

If participants have been through Module One, they already discussed gender norms—just remind them of the key points.

21. Read the definition of gender norms: "A culturally defined set of social, economic, and political roles, attitudes, behaviors, responsibilities, rights, and obligations associated with an individual's gender."

22. Explain that gender norms change from culture to culture. For example, an occupation that is commonly seen as "normal" for women in one country may, in a different country, be commonly seen as inappropriate for women.

23. Ask one or two participants to describe examples of economic, political, or social gender norms specific to a local culture or community that may not be true in another local culture or community.

24. Discuss how gender norms change over time. Sometimes shifts in gender norms change over long periods of time. Other times, shifts occur over the period of a few years or months (e.g., fashion trends). Ask for examples of this shift.

25. Likewise, a person's gender expression can shift due to changing gender norms, personal discovery, or safety. For example, consider the situation of someone who only feels comfortable expressing their gender in a way that society frowns upon in the presence of friends versus while they are in the presence of colleagues.

26. Ask for a volunteer or two to describe how someone whose gender expression does not conform to society's expectations might experience stigma and discrimination in a local culture or community.

27. Ask participants if they have any questions or comments.

28. Review these takeaway messages:

    a. Everyone has one or more gender expressions that, for most people, are influenced by gender norms.

    b. Gender expression exists along a continuum and changes over time and depending on setting—even within a single day.
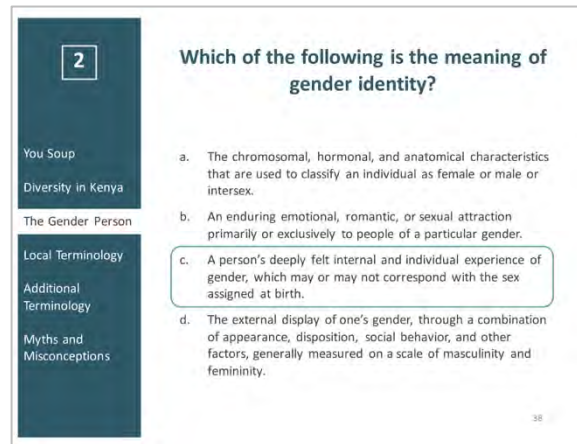
GENDER IDENTITY

29. Next say "Now, let's learn about gender identity."

30. Slowly read each definition aloud, pausing between each statement. Ask for a volunteer to read the correct answer.

31. **Click the slide again** and read the correct definition: "A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth."

32. Ask participants if they have any questions or comments.

Facilitator Tip

The difference between gender expression and gender identity can be confusing. If you get the sense that there is insufficient clarity, ask a volunteer from the audience to try to explain the difference. Use local examples of non-conforming gender identities if you feel confident to do so.

---

33. Transition by saying "Let's explore the topic of gender identity further."

    a. Gender identity is how a person understands their own gender. It is deeply felt and often remains private.

    b. Formation of identity is influenced by hormones, environment, biological sex, culture, class, and other personal circumstances.

    c. Our scientific understanding of gender identity suggests that children can form a gender identity by the age of three (Money, 1994).

d. Being born biologically one way, but then identifying another way (e.g., someone who is biologically female but who identifies as a man) may cause distress in places with rigid gender norms and/or hostility toward gender non-conformity.

e. Explain that people who develop a gender identity that does not correspond with their biological sex often fall under the umbrella term of "transgender." Read the definition: "Transgender is an umbrella term referring to an individual whose gender identity is different from their sex at birth."

34. Ask participants if they have any questions or comments.

35. Share these takeaway messages:

a. Gender identity is one's internal experience of gender, i.e., how one wishes to define their own gender.

b. Sometimes one's gender identity is the same as one's biological sex, sometimes not.

c. Like the other gender and sexuality dimensions we've seen, gender identity exists along a continuum.

Facilitator Tip

Participants may have questions about the transgender concept. Here are a few definitions and tips to help you respond to common questions.

A *transgender woman* is a person whose sex was assigned male at birth, but who identifies as a woman.

A *transgender man* is a person whose sex was assigned female at birth, but who identifies as a man.

Someone who is *transsexual* has taken steps to alter their biological sex characteristics (e.g., hormone therapy, sex reassignment surgery). Not all transgender people wish to alter their biological sex characteristics, regardless of cost. Unlike "transgender," "transsexual" is not an umbrella term.

A *transvestite* is a person who dresses in a style or manner traditionally associated with the opposite sex. This is a form of gender expression that may or may not reflect a person's gender identity.

Cisgender is a term used to describe someone who is not transgender; that is, their gender identity corresponds with their sex assigned at birth.

Transgender is not the same as *intersex*. Intersex refers to biological sex, while transgender is linked to gender identity and expression.

Gender non-conforming has two meanings. It can be used to describe a gender expression that does not fit society's expectations (e.g., feminine man or masculine woman). It can also be a gender identity label for a person who identifies outside of the social gender binary.

Before assuming that someone uses any of these words to identify their gender, it is respectful to ask them which term they use/prefer.
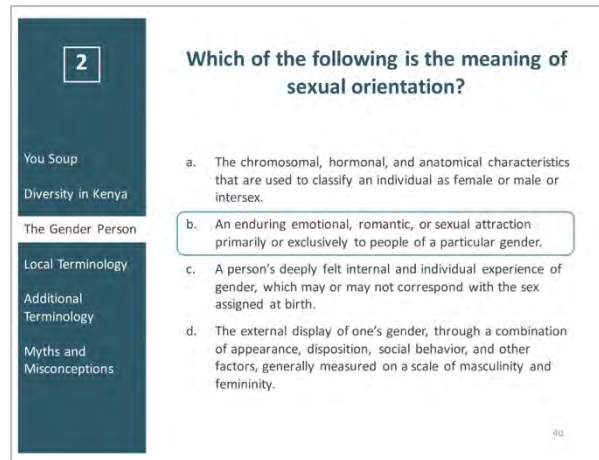
SEXUAL ORIENTATION

Display slide 40

36. Next, ask participants to consider sexual orientation. Slowly read each answer aloud, pausing between each statement. Allow time for participants to absorb the options, and then ask for a volunteer to read the correct answer.

37. **Click the slide again** and read the correct definition: "An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender."

38. Ask participants if they have any questions or comments.

Display slide 41

39. Begin the discussion by stating "Let's learn more about this topic." As with the previous three dimensions, sexual orientation exists on a continuum and each person's sexual orientation is unique. However, four categories are commonly used to understand sexual orientation:

a. Read the definition of heterosexuality: "An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a different gender. People who are heterosexual often identify as 'straight.'"

b. Read the definition of homosexuality: "An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of the same gender. People who are homosexual often identify as 'gay' or 'lesbian.'"

40. After reading definitions for homosexuality and heterosexuality, move to this slide and read the definitions.

    a. Read the definition of bisexuality: "An enduring emotional, romantic, or sexual attraction to people of two or more genders. People who are bisexual often identify as 'bisexual.'"

    b. Read the definition of asexuality: "An enduring absence of sexual attraction. People who are asexual often identify as 'asexual.'"

41. Clarify that these are only four categories. Around the world different communities divide the continuum into other categories. Some societies or cultures prefer not to think of sexual orientation as definitive categories at all and instead view sexual orientation as fluid and varied.

42. Explain that evidence suggests that efforts to force or coerce a person to change sexual orientation do not work and can cause serious psychological damage (PAHO and WHO, 2009).

43. Ask participants if they have any questions or comments.

44. Share the following takeaway messages:

    a. Sexual orientation is about emotional, romantic, and sexual attraction.

    b. Everyone has a sexual orientation and sexual orientation exists along a continuum.

    c. How we divide the continuum into categories, or whether we do so at all, depends on a society's norms and, ultimately, upon the perspective of the individual.

Asexuality

Asexual people may experience romantic or emotional attraction, but not sexual attraction.

Facilitator Tip

The topic of changing a person's sexual orientation is sensitive. Treat participant stories about changing sexual orientation with respect, but note that collectively, evidence has consistently shown that efforts to change another person's sexual orientation fail and can cause serious harm.

CONTINUUMS

45. Explain that biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. Use the following script while showing slide 43:

a. The four continuums are interrelated in that one may influence another. For example, one's biological sex influences one's gender identity. One's sexual orientation might even influence one's gender expression.

b. However, where a person is situated on one continuum does not determine where they are situated on another. They are not interconnected. For example, just because someone is born biologically female, it does not mean that this person will identify as a woman or express their gender in feminine ways.

c. Why does this matter? Because attempting to guess where someone is situated on one continuum based on where they exist on another is not only often wrong, but can be insulting.
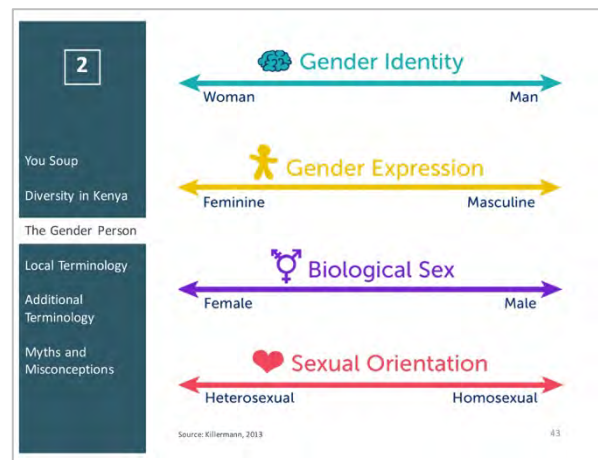
46. Slides 44 and 45 should be customized by the facilitator prior to beginning this activity, as explained previously. There are two ways of presenting these slides:

a. Option A (personal experience): customize slide 44 by moving the black dots on each continuum to represent your own biological sex, gender expression, gender identity, and sexual orientation. **Display slide 44.** You can start by saying "Take me, for example," explaining very briefly where you exist along each continuum.

b. Option B (hypothetical experience): alternatively, say "Take a person, for example, who exists in these places along the continuums." **Display slide 44.** Explain briefly where this imaginary person exists on the continuums. Don't use a name in case anyone in the audience has that name.
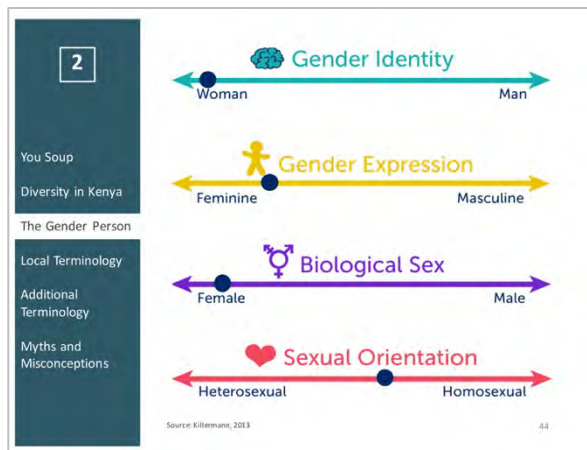
47. Slide 45 should represent different locations on each continuum except for gender expression. Present this slide in the following way:

    a. **If you used Option A with slide 44:** explain that "Someone who looks and acts and dresses just like me (i.e., gender expression) might actually be located somewhere completely different than I am along the other continuums."
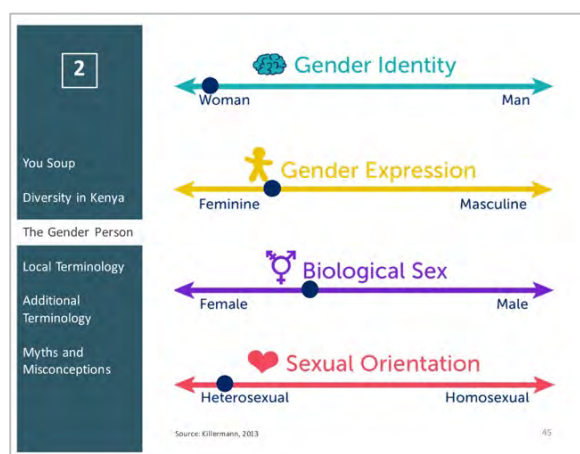
    b. **If you used Option B with slide 44:** say "Another person who looks and acts and dresses just like that person (i.e., gender expression) might actually be located somewhere completely different than that person along the other continuums."

48. Invite participants to silently reflect on the material you've just covered and consider how these continuums may apply to their own lives. Pause for 30 seconds before moving on to the next activity. Don't ask participants to share where they are situated on the continuums.
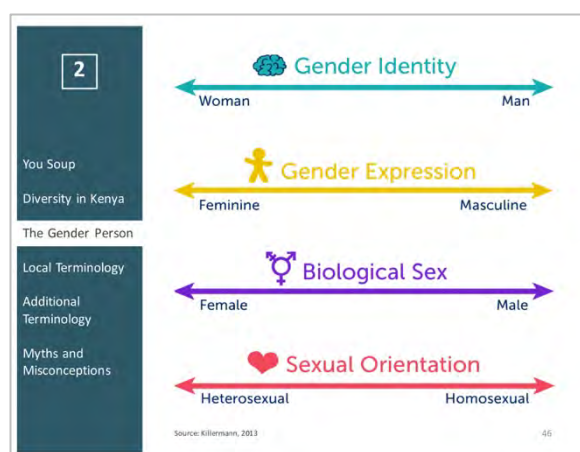
Activity 2.4: Local Terminology

Time	Slide	Difficulty to Facilitate	Interactivity
30 minutes	47	●●●○○	●●●●●

Description

Participants generate a "word cloud" of local terminology that can aid them in differentiating between words that may be used in workplace settings and words that should not be used. Many of the words will be rude, slang, and/or inappropriate. As the facilitator, you must emphasize the harm caused by these words.

This exercise is powerful because of the feelings it evokes. For that reason, you must strongly reinforce the key concepts of non-discrimination and a welcoming, safe environment. Enlist participants to help reinforce and validate these ideas.

A broader reflection about the kinds of verbal abuse that gender and sexual minorities regularly experience can foster empathy toward the marginalized. This exercise also helps to emphasize the prevalence and diversity of gender and sexual minorities in Kenya.

Goals

- Recognize that the tone and choice of words used to refer to gender and sexual minorities is powerful.

- Agree as a group which words may be used in the workplace and in health programs, and which words should not be used.

- Make connections between these words and the existence of gender and sexual minority-related stigma and discrimination.

- Demonstrate the existence and diversity of gender and sexual minorities in Kenya.

Materials

- Sticky notes and markers.

- Three labels that can be stuck on the wall: Positive, Neutral, and Negative.

Steps

1. Ask participants to think of all the words they know in the local language(s) that describe gender and sexual minorities. Encourage them to think of as many as possible and reassure them that they shouldn't worry if the words are slang or street language.

2. Ask participants to write one word on each sticky note—as many as they like.

3. If the group is small, ask participants to post the sticky notes on the wall as they are written. For a large group, ask for volunteers to collect the notes as they are written and stick them on the board or wall in one large cluster.

4. Point out to the group words that appear to be common.

5. Next, designate three categories on the board: negative, neutral, and positive.

6. Ask volunteers, with group input, to come up and rearrange the words into the categories you've just presented as they relate to use in a workplace setting (which may include a health program or clinic).

> **2**
>
> You Soup
> Diversity in Kenya
> The Gender Person
> Local Terminology
> Additional Terminology
> Myths and Misconceptions
>
> **Local Terminology**
>
> What are some terms used to describe gender and sexual minorities in your country or culture?
>
> 47

Facilitator Tip

During this exercise, participants may become focused on one or two words and debate amongst themselves. While this discussion is important, make sure that they aren't missing the bigger picture. Help the group to focus on language broadly and the way in which words are used to empower or disempower.

7. Ask participants to comment on the final placement of the words. Ask the group to discuss—and agree upon—which words are acceptable for use in the workplace.

    a. Note which words appear frequently. Does everyone know what they mean? What are the implications (e.g., describing a person by a physical act)?

    b. Why do so many of the words have a negative connotation?

    c. How might a person who is a gender or sexual minority feel about this word cloud we have created? Imagine this as their daily reality. Does this provide insight into the links between language and stigma?

    d. Which words have a gender component (e.g., sissy boy, ladyman)?

8. Reinforce the group's conclusion. Ask "Can we agree that the negative words are not acceptable for use in our workplace, even amongst ourselves?"

9. Ask participants if they have any questions or comments.

10. Communicate these takeaway messages:

    a. The many insulting names for gender and sexual minorities should not be used.

    b. Working together to use positive and inclusive language is a key component of empathizing with others and improving our own work and lives.

Activity 2.5: Additional Terminology

Time	Slides	Difficulty to Facilitate	Interactivity
20 minutes	48–50	●●○○○	●●●●○

Description

Participants match cards that display terminology with others that display their definitions. The terms build on words learned in previous activities and relate to public health and GSD. Once each pair of cards is matched, participants read them aloud and discuss the significance of each.

Goals

- Build vocabulary that can be used in public health programs to describe and refer to gender and sexual minorities.

- Expand participants' understanding by exposing them to words that they may not be familiar with (e.g., heteronormativity).

Materials

- Terminology list (Annex E)

- Terminology cards (Annex F)

Facilitator Tip

If you are constrained for time, you may distribute the handout to participants and highlight the two or three terms that are most relevant to the group.

Encourage participants to read through the entire terminology handout during their free time.

Steps

1. Introduce the exercise, stating "We are going to do a short exercise to explore the meaning of some additional terminology that has unique relevance in public health. As we integrate the needs of gender and sexual minorities into our programs, we should use language and ideas that can help us to target beneficiaries and describe our services."

2. Distribute the terminology cards (Annex F), giving one card (i.e., term or definition) to each participant. If there are more cards than participants, give one additional card to each participant until all the cards have been distributed.

3. Ask participants to walk around the room and find their card's match (i.e., the corresponding term or definition). One participant will keep the set of matching cards.

4. For the first term on the screen (i.e., MSM), ask the person who has that terminology card to read the corresponding definition.

5. After each term is read, ask if participants have any questions about the term. Then ask if anyone would like to share why they believe the term is important to know or how they believe the term is relevant to their workplace or program. Each term should garner no more than two to three minutes of discussion.

6. Each term listed below includes sample questions you can use to prompt discussion. Choose the question(s) most appropriate for your group.

GSM

- A work colleague who didn't attend this training stops you in the hallway and says, "I heard about the term GSM— isn't that the same as LGBTI?" What would you tell him?

- How does this acronym help us in our programs and in our workplaces?

- Note that the terms LGBTI and GSM should be used to refer to groups, not individuals. When referring to an individual, use that person's specific identity.

LGBTI

- What is the difference between GSM and LGBTI?

- When is it correct to use LGBTI instead of GSM and vice versa?

- Why is it important to respect and value a person's identity?

- How does this acronym impact our programs and our workplaces?

MSM

- How did the term MSM come about? Why is it important to know?

- Is MSM an identity?

- How does MSM differ from LGBTI or GSM?

Homophobia/Biphobia/Transphobia

- Are "homophobia," "biophobia," and "transphobia" spoken about in Kenya? What do these words mean?

- Are the terms homophobia and transphobia useful to the work that you do? Why? Why not?

- What are the different layers of homophobia that can exist (internal, interpersonal, social, and systemic)?

- How does homophobia reveal itself in our public health programs? Can anyone think of an example of homophobia that is present in a health clinic or the way interventions are designed?

- How does homophobia reveal itself in our shared workspaces?

Heteronormativity

- What is heteronormativity?

- Can anyone think of an example of heteronormativity in an office setting? What about in a health clinic?

- How might this unconscious bias reveal itself in public health programming? In our workplaces?

Sexism

- Does sexism exist in your workplace?

- Why is it important to include the term sexism in this training?

- Does sexism only apply to women and girls? Or can men and boys be affected by sexism as well?

Facilitator Tip

Prepare examples for each term in the event that none are provided by participants.

Example: homophobia could reveal itself in a clinical setting in which a health service provider refuses to treat a man who has sex with men.

Closeted

- What does being "closeted" or "in the closet" mean?

- Being "closeted" is sometimes seen as a temporary state, before someone decides to "come out of the closet." However, some individuals, for any number of reasons, may choose to remain closeted and it is important that their decision to do so be respected.

- Some people may not want to be out at work but are out to their family and friends. Others may want to be open in all settings. It is up to each individual when and where to disclose one's identity.

Coming out

- What is "coming out"?

- Why might it be difficult for an individual to come out in Kenya?

- What might be an important reason why someone would come out?

- How are you already "out" about who you are in ways that may not seem obvious? (Do you reference your spouse in casual conversation? Do you have a picture of your partner on your desk?)

Outing

- What is "outing"?

- Outing is often done unintentionally. What is an example of how someone could out someone else unintentionally? What is an example in which someone is intentionally outed? How might this concept be applied to our workplaces or programs?

Champion

- What does the term "champion" mean? What about the word "ally"?

- Sometimes, being a champion simply means that you support someone who experienced discrimination. We will go into greater detail about this term during one of today's activities.

- Can a person be an ally or a champion if they only support someone in private?

> ### Facilitator Tip
>
> The terms closeted, coming out, and outing can be discussed together. If so, include the following in the discussion:
>
> What are we trying to identify by reading these three words together?
>
> It's important to respect and value that a person who decides to disclose their identity has gone through a very important process. How should we value this process in our workplaces? In our public health programming?

Activity 2.6: Myths and Misconceptions

Time	Slides	Difficulty to Facilitate	Interactivity
30 minutes	51–52	●●○○○	●●●●●

Description

Participants will now apply the concepts learned thus far in the training to realistic case studies. Small group work followed by report-outs to the whole group will result in practical, specific action steps that participants can take both as individuals and as members of an organization/workplace.

Goals

• Identify, discuss, and debunk common myths about gender and sexual minorities.

• List specific actions that individuals can take to support people who experience stigma and discrimination related to sexual orientation and/or gender.

Materials

• Case studies (Annex G)

• Markers or pens

Steps

Display slide 51

1. Explain that small groups will be formed to discuss a case study (Annex G) and respond to discussion questions.

2. Divide participants into four groups. Give each group one case study and one worksheet.

3. Give the groups approximately 15 minutes to discuss their case study and write down responses to the discussion questions.

4. Next, have each small group report back to the group as a whole. Offer other participants the opportunity to ask clarifying questions or make comments, which allows for an exchange of ideas and shared learning. Ensure that all of the groups listen to each other's reports so that all participants can learn from the presented case studies.

5. Work with each group to articulate lessons learned and critical ideas, such as:

a. How stigma and discrimination can have harmful effects on the workplace, including undermining teams, interfering with work, driving away good workers, establishing a negative atmosphere, etc.

b. Everyone can play a part in supporting an excellent workplace.

c. Ensure that the group agrees that action taken on behalf of another person should be done in coordination with that person—he or she may prefer another solution, or that no action be taken.

Display slide 52

6. Review the Module Two takeaway messages:

a. Everyone has a biological sex, gender expression, gender identity, and sexual orientation. Each exists on a continuum and varies from person to person.

b. It is important to understand key terms and concepts related to GSD and use respectful language.

c. Be cognizant of common myths regarding gender and sexual minorities and be ready to support others.

03

MODULE THREE:
Local Advocates Panel

Description

This module introduces participants to individuals who have real-world, locally relevant experience with gender and sexual diversity issues. Through a panel discussion, local human rights or health advocates and legal experts share aspects of their personal and professional lives with the group. Participants begin to understand how the concepts and terminologies acquired in Module Two apply to their local context. This prepares participants to begin exploring how to take what they have learned in the training and apply it to their workplaces and programs (the focus of Module Four). The panel discussion is often the most impactful part of the training day, as panelists share their personal stories of stigma and discrimination, humanizing the ideas and concepts discussed earlier in the training.

Structure

3.1   Panel Discussion (90 minutes)

Learning Objectives

At the end of Module Three, participants will be able to:

1.   Name local advocates who are affiliated with GSD work

2.   Understand how the concepts covered in Module Two apply to real life

3.   Recognize the challenges that confront gender and sexual minorities in Kenya

Activity 3.1 Panel Discussion

Time	Slides	Difficulty to Facilitate	Interactivity
90 minutes	53–54	●●●●○	●●●○○

Description

A panel discussion featuring advocates and experts who have experience working with gender and sexual minority communities, and a moderator. Each panelist will describe key challenges, success stories, and priorities for engaging with gender and sexual minorities in Kenya. Participants will have an opportunity to ask questions of the panelists. If panelists are able to participate in the training modules, they should be encouraged to do so.

Goals

- Meet members of local GSM communities and civil society organizations.

- Understand the challenges faced by gender and sexual minorities due to the social and legal environment in Kenya.

- Solidify an understanding of the concepts covered in Module Two.

- Hear recommendations for health and human rights programs.

- Ask questions about GSD in a safe environment.

Materials

- Microphones

- Panel seating

- Index cards and pens for questions

Prior to the Panel

1. Meet with the panelists to introduce them to one another, share what will have been discussed with participants prior to the panel discussion, and discuss strategies for tackling difficult questions. Inform panelists about the purpose of the panel and the composition of the audience to enable them to make an informed decision about whether or not to participate. Ask panelists whether they are comfortable receiving questions from audience members that could be inappropriate—their level of comfort should inform the process of question submission detailed in step 1A below.

2. Whenever possible, include panelists in the first half of the training to ensure that they understand the context in which they will be asked questions by participants.

3. Instruct each panelist to come prepared with a five-minute opening statement. Statements could include:

   a. An overview of the legal situation in the country, including relevant recent events

b. A discussion of the central health, human rights, and development challenges facing GSM in the country

c. A description of advocacy and/or services related to GSD that they or their organizations provide

d. Personal experiences and anecdotes about identity, family, community, and/or stigma and discrimination

4. Encourage panelists to follow basic public speaking guidelines:

a. Speak loudly and clearly

b. Include a beginning, middle, and end in the presentation

c. Feel at liberty to not answer questions that may be personally sensitive or offensive

d. Keep responses brief

e. Link responses, if possible, to the content covered in the first half of the day's training

Setting Up the Room

- Set up a table and chairs for the panelists and moderator in the front of the room. As an alternative, provide chairs for the panelists but no table to create a more intimate connection to the audience.

- Make the experience as intimate as possible with participant chairs no more than three rows deep to ensure close proximity between participants and panelists.

- Using microphones can be helpful—panelists have a stronger command of the room when their voices are amplified.

Steps

Note to Facilitators

Slide 54 should be customized before the training to display the panelists' names, organizations, and contact information (if they have given permission to share this information).

1. The moderator welcomes everybody to the session, explains the structure of the panel—15-30 minutes for panelist introductions followed by 30-45 minutes for questions and answers (Q&A)—and the process for submitting questions to panelists:

   a. If all panelists have indicated in advance of the session that they are comfortable receiving questions that could be inappropriate, then let participants know that they will be able to ask questions via two methods: (1) raising their hands during the Q&A; and/or (2) writing their questions down on note cards that will be made available during the session.

   b. If panelists are concerned about the possibility of receiving inappropriate questions, then let participants know that they will need to write questions down on note cards and not ask questions by raising their hands during the Q&A portion. Cards will be collected by the facilitators and read aloud. Facilitators may rephrase questions, as appropriate, or skip any that are inappropriate or offensive.
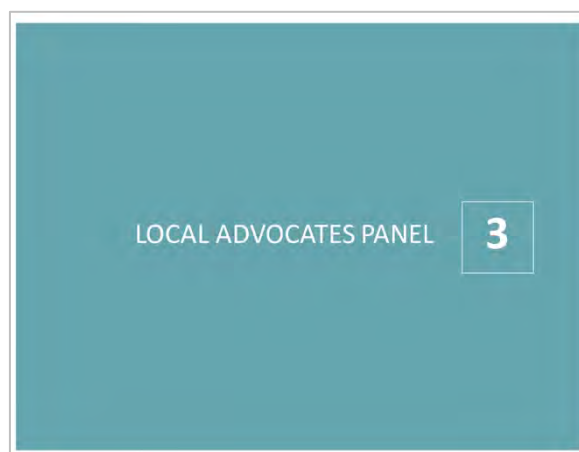
2. The moderator briefly introduces all of the panelists, followed by a five-minute statement from each panelist.

3. The moderator may ask one or two questions to get the conversation started. Then, the Q&A portion should be opened up to the audience in order to provide as much time as possible to address audience questions.

4. A member of the facilitation team will collect question cards from the audience and screen them before passing them to the moderator. Inappropriate, offensive, or sexually explicit questions will be omitted.

5. When it is time to conclude the session, assure participants that they can contact panelists after the session ends to continue the conversation and ask any additional questions if they so desire.
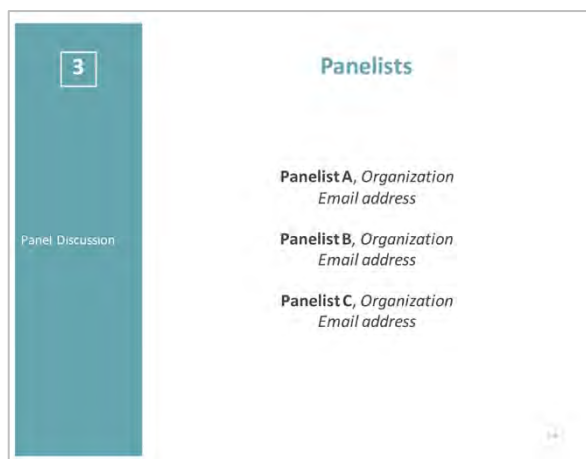
6. Invite the audience to thank all of the panelists through a round of applause. Encourage panelists and participants to take the opportunity during the post-panel break to network, shake hands, and exchange contact information.

Sample Participant Questions

- How did you know you were [a GSM]?

- Are you religious?

- Do you want to have children?

- How did your family react when you came out?

- Are you able to access health services?

- Do you experience stigma or discrimination when you visit a provider?

- What are the greatest challenges gender and sexual minorities face in our country?

- In what ways do you believe gender and sexual minorities should be involved in HIV programming?

- Is it legal to provide health services to gender and sexual minorities?

04
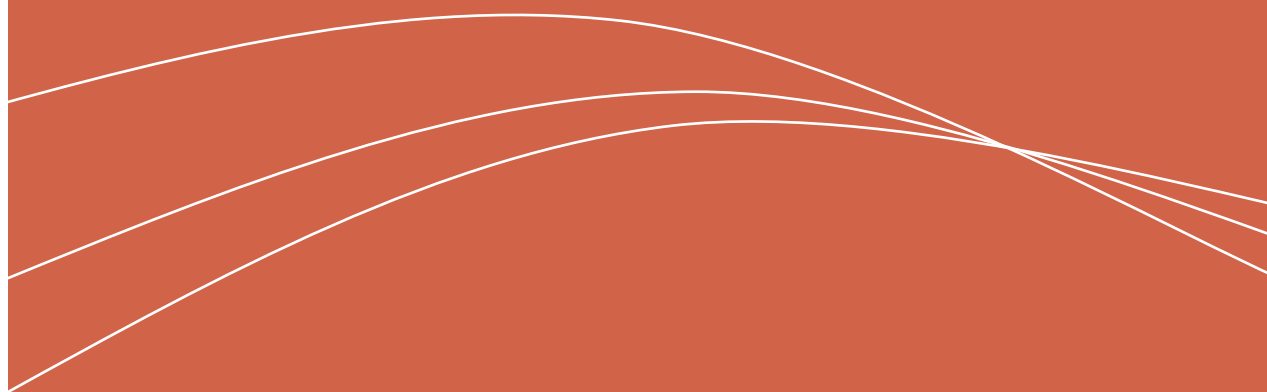
MODULE FOUR:
Meaningful Engagement

Description

Module Four builds a shared understanding of the importance of meaningful engagement with gender and sexual minorities and the key challenges to implementing meaningful engagement effectively. Participants identify and describe opportunities for engaging with gender and sexual minorities in their workplaces.

Two separate activities can be used for this module, depending on the training audience. Individuals or organizations who design and deliver HIV programming may find 4.2a most useful, while other audiences may receive greater benefits from 4.2b. Facilitators should select the appropriate activity based on audience interests and needs.

Structure

4.1   Meaningful Engagement: What Is It? (15 minutes)

4.2a   Meaningful Engagement: In the Program Cycle (45 minutes) *or*

4.2b   Meaningful Engagement: Needs, Actions, Results (45 minutes)

Learning Objectives

At the end of Module Four, participants will be able to:

1.   Understand the value of meaningful engagement and recognize common challenges and pitfalls of inauthentic engagement.

2.   Articulate concrete ideas for engaging gender and sexual minorities in the workplace.

Activity 4.1: Meaningful Engagement: What is it?

Time	Slides	Difficulty to Facilitate	Interactivity
15 minutes	55–58	●●○○○	●●●○○

Description

In this activity, participants discuss what makes engagement meaningful and identify some of the benefits and challenges of meaningfully engaging gender and sexual minorities in programming.

Goals

- Generate a shared understanding of the value of meaningful engagement.

- Create awareness of common challenges and pitfalls of inauthentic representation.

Materials

- Handout: Ladder of engagement (Annex H)

Steps

Note to Facilitators

Slide 57 should be customized before the training to display a suggested list of possible forms of meaningful engagement that reflect the local context.

Display slide 56

1. Ask if anyone has heard of the expression "Nothing about us without us." If anyone nods their head or otherwise indicates that they have, ask them to share what they believe the phrase means. Note: Nothing about us, without us exemplifies the way in which decisions should be made and who should be at the table when they are made. This phrase, along with "meaningful engagement" emphasizes the importance of engaging closely with those who are directly and indirectly impacts by programmatic or policy level work. Another way to phrase this is "Nothing for us, without us."

2. Acknowledge participants' perspectives and explain that the concept is ancient—it first surfaced in recorded history in ancient Greece, where it served as the bedrock of democratic government. Disability activists used the phrase at the turn of the 20th century; since then, this concept has been incorporated into decisions made on behalf of underrepresented communities—for example by donors, governments, and nongovernmental organizations.

3. Ask participants to turn to their neighbor and discuss, for two minutes, the key benefits of meaningful engagement (i.e., Why is it important? What benefit(s) does it provide to a program?). If time is short, you can skip the one-on-one discussion portion and ask participants to raise their hands and suggest benefits to the entire group.

4. After two minutes have elapsed, ask individuals to share some of the key benefits they discussed with the whole group. Have another facilitator take notes on a flip chart, summarizing the benefits mentioned.

5. Now ask participants to turn to their neighbor and discuss, for two minutes, the key challenges to achieving meaningful engagement. After two minutes have elapsed, ask individuals to share some of the key challenges they discussed with the whole group. Have another facilitator take notes on a flip chart, summarizing the challenges mentioned.

Display slide 57

6. Acknowledge that effectively implementing meaningful engagement is easier said than done. Incorporating engagement into programming is not always feasible and, unfortunately, not all forms of engagement are meaningful. Review suggested list of possible forms of meaningful engagement.

7. To help us understand which forms of engagement are meaningful, we can use the Ladder of Engagement:

   a. Give each participant a Ladder of Engagement handout.

   b. Explain the concept of the ladder, using examples to illustrate each concept. A good example could be a public event, a board meeting, or other activity or program that your audience will understand.

   c. The bottom three rungs (manipulation, decoration, and tokenism) are not meaningful forms of engagement.

   d. Although it can be difficult, we want to aim our engagement to be as high up the ladder as possible.

Activity 4.2a: Meaningful Engagement: In the Program Cycle

Time	Slide	Difficulty to Facilitate	Interactivity
45 minutes	59	●●○○○	●●●●●

Description

In small groups, participants will strategize how their agency/organization can integrate meaningful engagement into its work.

Two versions of this activity are described below. Choose the version that is most appropriate for the audience—or adapt either to best suit your group.

Goals

- Identify concrete opportunities for meaningful engagement.

- Understand the role that participants can play in meaningful engagement.

Steps

1. Explain to participants that the next activity will identify specific ways to engage gender and sexual minority communities in HIV programming.

2. Divide participants into four small groups—randomly or based on professional roles, if appropriate.

3. Assign one of the following focus areas of the program cycle to each group: (1) strategic planning/program design, (2) work planning/implementation, (3) monitoring, (4) evaluation.

> ### Facilitator Tip
>
> You can adapt the program cycle to make it more applicable to your audience. For example, looking at planning and decision-making at the county level, rather than the national level, may more helpful for groups that work within a country-level-specific context.

Display slide 59

4. Have groups brainstorm concrete opportunities for meaningful engagement in their assigned segment and create a poster outlining these ideas using flip chart paper. Instruct participants to consider their own projects/programs while completing this exercise and try to incorporate lessons learned earlier in the day into their responses.

Meaningful Engagement in the Program Cycle

4

Meaningful Engagement: What Is It?

Small Group Activity

1. Draw a program cycle
2. Show THREE opportunities in that cycle for meaningful engagement
3. Where do you appear on it?
4. Note AT LEAST ONE next step

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5. Have each group report out on their work to the larger group, giving others the opportunity to ask questions or make suggestions.

6. If time allows, groups can vote on the flip charts using categories such as "most artistic," "most thorough," or other categories at the facilitator's discretion. Give prizes, such as candy, to the winning group(s).

Activity 4.2b: Meaningful Engagement: Needs, Actions, Results

Time	Slide	Difficulty to Facilitate	Interactivity
45 minutes	60	●●○○○	●●●●●

Description

In small groups, participants will strategize how their agency/organization can integrate meaningful engagement into its work.

Two versions of this activity are described below. Choose the version that is most appropriate for the audience—or adapt either to best suit your group.

Materials

Meaningful engagement worksheet (Annex I)

> ### Facilitator Tip
>
> You can adapt the program cycle to make it more applicable to your audience. For example, looking at planning and decision-making at the county level, rather than the national level, may more helpful for groups that work within a country-level-specific context.

Steps

1. Explain to participants that the next activity will identify specific ways to engage gender and sexual minority communities in HIV programming.

2. Divide participants into groups of four or five and give each participant a copy of the meaningful engagement worksheet (Annex I). Participants should discuss the content of the worksheet as a group but each participant should fill out their own worksheet.

3. Explain that this activity will prompt participants to consider the concrete needs of gender and sexual minorities.

Display slide 60

4. Review the definitions of the terms "need," "action," and "result" as follows:

   - **Need**: something that gender and sexual minorities need to access HIV services and/or exercise their human rights. It refers to what is lacking for gender and sexual minorities to live dignified lives without stigma, discrimination, and/or social exclusion.

   - **Action**: the action(s) required to remedy the identified need.

4

Meaningful Engagement: What Is it?

Small Group Activity

Planning for Meaningful Engagement

The Need: Something that gender and sexual minorities need to access HIV services and/or exercise their human rights.

The Action: This action that you and/or your organization will take.

Results: The outcome(s) of the action.

Responsibility: Who at your organization will assure that action is being taken.

Timeline: When the action is achieved, or a milestone is reached.

- **Result**: the outcome of the action(s), or the desired state once appropriate action has been taken to address the gap or challenge faced by gender and sexual minorities.

5. Next, ask participants to think about their own work and the specific actions they can take, both as individuals and as members of a group, to address the needs that have been identified.

6. Give participants about 20–30 minutes to work in their small groups.

7. Participants should assign concrete responsibilities to someone within the training group who has the authority to act. Timelines can be broad and identify actions to take place over the short- and medium-term, e.g., one to three months; three to six months; etc. Groups may use a flip chart to brainstorm ideas before completing the individual worksheets.

8. Have small groups report out to the plenary. Allow other groups to provide feedback, if appropriate.

05

Wrap-Up & Closing

Allotting approximately 20 minutes at the end of the day to a wrap-up session is an important part of the GSD training. This session brings the day to a close and allows participants an opportunity to summarize the lessons learned, reflect upon the day, and articulate commitments to change. Wrap-up can be addressed in a variety of ways depending on the group and the amount of time remaining.

To reinforce and recall the material covered over the course of the day, simply ask participants "What did you learn today?" It can be useful to ask about each module separately (e.g., "What did you learn this morning during Module One?"). You can utilize the key takeaways at the end of each module to support the wrap-up.

Since participants will likely be fatigued at the end of the day, using candy, stickers, or other prizes can be useful in eliciting participation. If suggested answers are incorrect, this moment represents a good opportunity to gently reinforce the correct terminology or concept being discussed.

After you've recapped the most important points, and/or you sense that the group's energy is abating, ask participants to reflect on their feelings. Ask "What are your thoughts on what you've learned today?" or "What will you do differently in your work in the future?" You can phrase questions however is most appropriate for the conversation. Be sure to emphasize direct application to participants' work as well as commitments to action.

In most instances, participants will be eager to share their feedback; this can be a very emotional part of the day. Make sure you leave enough time for everybody who wants to share to be able to do so. Be sure to emphasize that should additional information and/or resources be needed, participants should feel at liberty to contact the training facilitator.

Finally, thank the group for dedicating their time to the training and give a warm goodbye to the participants.

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Annexes

ANNEX A:
Energizers

Energizers

The three energizers included below are good for getting people moving. They lighten the mood with humor, which can help balance out discussions about difficult or emotional topics.

Arithmetic

1. Say "When I'm tired and need some energy, I like to do some arithmetic. Let's do some arithmetic together. Do as I do and repeat after me."

2. Hold up one forearm perpendicular to the floor to make the number one. Say "One." The audience should imitate the facilitator at each step.

3. Use the other forearm to make a plus sign. Say "Plus."

4. Hold the first arm to make the number one again. Say "One."

5. Make an equal sign with both forearms and say "Equals."

6. Use one arm and leg to make your entire body into a number two and say "Two."

7. Keep adding numbers. Repeat with appropriate actions while saying "Two plus two equals four." Make a four by crossing one ankle over your opposite knee.

8. Then repeat for the next action, stating "Four plus four equals eight." Weave your hips in a figure-eight motion. The audience will likely laugh.

Ipepeta

1. Start by saying "This is an exercise that reminds us of football/soccer. Many of the countries where this training is implemented cherish the sport, including the skill of ball juggling. So everyone say and do after me."

2. Say "I pick up the ball I put it here." Put the imaginary ball on your foot, shoulder, or head, and say "Ipepeta, Ipepeta, Ipepeta," meaning "I juggle, I juggle, I juggle."

3. Change the position of the imaginary ball and start again, stating "I pick up the ball and I put it here." Choose a different body part and repeat "Ipepeta, Ipepeta, Ipepeta."

4. Repeat the imaginary juggling for several body parts. You can end with a more complex position or a funny one (e.g., placing the imaginary ball on your rear end).

Porridge Factory

1. Start by saying "Please repeat after me and do as I do."

2. Then say "My name is Ken and I work at a porridge factory. One day my boss came in and said, 'Ken, are you busy?' I said, 'No!' He said, 'porridge please.'" Participants repeat each sentence after the facilitator.

3. Start making a stirring motion with one hand as if cooking porridge and say "I started cooking, I started cooking."

4. Then say "Then my boss' partner came in and said, 'Ken, are you busy?' I said, 'No!' and she said, 'porridge please.'"

5. Begin stirring with the other hand while continuing to stir with the first as if cooking two pots of porridge. Say "I started cooking, I started cooking."

6. Then say "Then my boss' son came in and said, 'Ken, are you busy?' I said, 'No!' and he said, 'porridge please.'"

7. Start moving one leg in circles, while continuing to stir with both hands. Say "I started cooking, I started cooking."

8. Then say "Then my boss' daughter came in and said, 'Ken, are you busy?' I said, No!' and she said, 'porridge please.'"

9. Start moving both legs in circles, while continuing to stir with both hands. Say "I started cooking, I started cooking."

10. Then say "Then my boss' neighbor came in and said, 'Ken, are you busy?' I said, No!' and he said, 'porridge please.'"

11. Rotate your hips in circles, while continuing to stir with both arms and legs.

Energizers for Dividing Groups

Energizers can also be used to divide participants into small groups for activities, including this one:

1. Determine the number of groups you need to form and think of an animal for each group. For example, if you want to make four groups, you could use a monkey, alligator, elephant, and ostrich.

2. You will need as many small pieces of paper as you have participants.

3. Write an animal name on each piece of paper so that there are an equal number of each.

4. Instruct participants that they will form groups, but they are not allowed to talk to each other or show others their piece of paper.

5. Have participants pick a piece of paper with an animal name from a bag, basket, hat, or other container.

6. Participants should act out the animal they have chosen and find the others who have the same animal, forming small groups.

Applause

Claps can be used after a group has presented, after the panel, or at the end of the day.

One Finger Clap

1. Say "Okay, that was great. Let's clap for them using just one finger." Clap a couple of times using just one finger.

2. Then say "Do you think they deserve another finger? Let's add another finger. Let's make it two fingers." Clap a couple of times using two fingers.

3. Repeat, increasing the number of fingers until you have the whole hand and give a very loud round of applause.

The Queen's Clap

1. Start by saying "Many people, especially politicians, love to wave to crowds, but royalty demands a special clap, so let's do it together."

2. Say "Repeat after me, 'Pearls, one, two, three.'" Touch your imaginary pearl necklace.

3. Say "Smile, one, two, three." Smile to the crowd.

4. Say "Wave, one, two, three." Wave like a queen.

5. Repeat it again for fun.

ANNEX B:
Responding to Difficult Questions

Are you promoting homosexuality?

Discussing homosexuality is not the same as promoting it. We are not promoting any sexual orientation, but rather recognizing and respecting the diversity of human sexuality and gender. We believe that all people are equal and deserve equal access to health services.

Are gender and sexual minorities in Kenya a product of Western influence?

Gender and sexual minorities are members of all communities, nations, and religions. Gender and sexual diversity is not a Western phenomenon; it is a human and biological phenomenon. Gender and sexual diversity exists throughout the world, and historical accounts provide evidence of such diversity in nearly every culture and society throughout history. Although the term is new to many people, the practice is not a new phenomenon. People do not choose to be a gender or sexual minority because it is "fashionable" or "cool" or "Western."

Why should gender and sexual minorities have special rights?

These are not special rights; gender and sexual minorities have the same human rights as all people. Gender and sexual minorities in many countries face discrimination and harassment and often require targeted interventions to ensure access to public services and human rights protections (Herbst et al., 2005). In many countries, discrimination is rooted in legal language that punishes people on the basis of identity or sexual orientation.

Sometimes, ambiguously worded human rights legislation can leave room for arguments that are intended to disenfranchise gender and sexual minorities. This practice helps to explain why human rights legislation is sometimes drafted to explicitly reinforce the human rights of gender and sexual minorities.

Why do some people hide being a gender or sexual minority?

There are numerous reasons why people may choose not to be open about their sexual orientation or gender identity. These include concerns of safety, fear of losing one's job, and a fear of facing discrimination or harassment from loved ones or strangers. "Coming out" is a deeply personal decision that people weigh very carefully.

Some people may choose not to share their personal details with others. No one is entitled to know about someone else's sexual orientation or gender identity.

Why do some gender and sexual minorities have to be so open about their orientation or identity? Why can't they keep quiet about it?

There are many ways that people express their sexual orientation or gender identity. In most cases, when non-LGBTI people express sexual orientation or gender identity, it is not considered offensive. For example, many heterosexual people talk about their families or have pictures of their partners at their workspaces. In this and many other ways, non-LGBTI people are very open about their sexual orientation and gender identity. Asking an LGBTI person to "keep quiet" about their sexual orientation or gender identity would be like asking a non-LGBTI person to never talk about his or her personal life.

Do gender and sexual minorities recruit or convert children (or adults)?

Sexual orientation is not a choice for anyone. Leading medical and scientific authorities have determined that one's sexual orientation cannot be changed (Eagly et al., 2013). People therefore cannot be "recruited" into being a gender or sexual minority. Gender and sexual minorities do not try to convert others; this is a harmful myth.

Do gender and sexual minorities harm children? Where is pedophilia on the continuum?

We are all interested in protecting children from harm. Abuse of children is not related in any way to gender identity or sexual orientation. It is a criminal act reflective of mental or criminal pathology and not sexual orientation (Seto, 2012). This discussion of sexual attraction is focused solely on consenting adults. Children cannot give consent.

Are there any religions that support GSD?

Yes. Several religions support and affirm GSD, and many are members of a global interfaith LGBTI network that includes some Christian denominations (e.g., United Church of Christ, Episcopal Church), many denominations of Judaism, and some progressive Islamic groups (e.g., Al-Faitha). Similarly, Buddhism and Hinduism place no stigma on GSD.

The Archbishop Desmond Tutu has spoken out against discrimination toward gender and sexual minorities, comparing it to apartheid.

In June 2016, Pope Francis stated that "[LGBTI people] should not be discriminated against. They should be respected, accompanied pastorally." (Reuters, 2016)

Homosexuality is criminalized in Kenya. Is it illegal by provide services or work on health programs for gender and sexual minorities?

Kenya does not criminalize people for being a gender or sexual minority. Same-sex sexual activity is currently criminalized in Kenya, but behavior is different from identity. This is an important distinction to make. Encouraging equal access to human rights and health services, regardless of sexual orientation or gender identity, is unambiguously legal (Carroll and Itaborahy, 2015).

I'm afraid to tell my family or community that I work with gender and sexual minorities. What should I do about this?

One approach is to focus on the development issue that your work addresses. Instead of saying that you help gender and sexual minorities access healthcare, explain that you promote access to healthcare for a wide array of people, regardless of their background, religion, sex, sexual orientation, or gender identity.

Men who have sex with men have high HIV infection rates. Why is this?

Some MSM engage in unprotected anal intercourse, an activity that carries a higher risk of HIV transmission than either protected anal intercourse or protected or unprotected vaginal intercourse (Baggaley, White, and Boily, 2010). In addition, there are structural reasons that MSM have higher infection rates, including social exclusion, stigma, and economic marginalization. There is inadequate prevention programming for MSM, and services may not be accessible due to stigma and discrimination.

Why are transgender women even more likely to be HIV positive than MSM?

There is very limited data on the burden of HIV among transgender women because they are seldom included in national HIV surveillance. They may also be incorrectly categorized in MSM studies. It is difficult to obtain data because of the intense stigma against this marginalized population. Where data is available, we see a disproportionate HIV risk. In addition to behavioral risks, transgender women face structural risks such as social exclusion, stigma, and economic marginalization. Rates of violence against transgender women are high, and many are involved in sex work due to a lack of other economic opportunities. All of these factors increase their vulnerability to HIV.

If MSM and transgender women have a high risk of HIV, how do we change them to reduce their risk?

Sexual orientation and gender identity cannot be changed via personal choice, therapy, or any other method. Instead, we need to focus on appropriate HIV prevention, care, and treatment programming for gender and sexual minorities.

Can't you tell them not to have sex?

Sexuality is an integral part of being human. Every person has the right to make decisions about their body and sexuality. Sexual rights are human rights. Studies have found that programs to promote abstinence have not been effective.

Why are some gender and sexual minorities sex workers?

Gender and sexual minorities are disproportionately discriminated against and socially excluded, often leading to limited economic opportunities. As a result, some gender and sexual minorities may enter sex work. Since sex workers are a key population, those who are also a gender or sexual minority are subject to compounded HIV risk.

How do gender and sexual minorities have sex?

Sex practices among gender and sexual minorities are as diverse as sex practices among non-GSM (heterosexual and cisgender) people. Remember that in a professional context it

is just as inappropriate to ask a gender or sexual minority about their sex practices as it is to ask anybody else. Generally, such questions should only be asked by medical professionals in the context of health services. If you're interested, you can learn about the diversity of human sexual expression from a variety of published sources. We recommend Our Sexuality by R. Crooks and K. Baur (2013).

Is there a biological basis for being transgender?

There is some evidence that the transgender experience might arise, in part, based on how the brain develops. Sexual differentiation of the brain happens during the second half of pregnancy, later than sexual differentiation of the genitals and body, which begins during the first two months of pregnancy. Because these two processes can be influenced independently from one another, it may be possible that the brain and the body develop in different directions (Kranz et al., 2014).

ANNEX C:
Selected Articles from the Constitution of Kenya Bill of Rights

Article 25. Fundamental rights and freedoms that may not be limited

Despite any other provision in this Constitution, the following rights and fundamental freedoms shall not be limited—

(a) freedom from torture and cruel, inhuman or degrading treatment or punishment;

(b) freedom from slavery or servitude;

(c) the right to a fair trial; and

(d) the right to an order of *habeas corpus*.

Article 27. Equality and freedom from discrimination

(1) Every person is equal before the law and has the right to equal protection and equal benefit of the law.

(2) Equality includes the full and equal enjoyment of all rights and fundamental freedoms.

(3) Women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres.

(4) The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

(5) A person shall not discriminate directly or indirectly against another person on any of the grounds specified or contemplated in clause (4).

(6) To give full effect to the realisation of the rights guaranteed under this Article, the State shall take legislative and other measures, including affirmative action programmes and policies designed to redress any disadvantage suffered by individuals or groups because of past discrimination.

(7) Any measure taken under clause (6) shall adequately provide for any benefits to be on the basis of genuine need.

(8) In addition to the measures contemplated in clause (6), the State shall take legislative and other measures to implement the principle that not more than two-thirds of the members of elective or appointive bodies shall be of the same gender.

Article 28. Human dignity

Every person has inherent dignity and the right to have that dignity respected and protected.

Article 29. Freedom and security of the person

Every person has the right to freedom and security of the person, which includes the right not to be—

(a) deprived of freedom arbitrarily or without just cause;

(b) detained without trial, except during a state of emergency, in which case the detention is subject to Article 58; or

(c) subjected to any form of violence from either public or private sources.

Article 31. Privacy

Every person has the right to privacy, which includes the right not to have—

(a) their person, home or property searched;

(b) their possessions seized;

(c) information relating to their family or private affairs unnecessarily required or revealed; or

(d) the privacy of their communications infringed.

Article 32. Freedom of conscience, religion, belief and opinion

(1) Every person has the right to freedom of conscience, religion, thought, belief and opinion.

(2) Every person has the right, either individually or in community with others, in public or in private, to manifest any religion or belief through worship, practice, teaching or observance, including observance of a day of worship.

(3) A person may not be denied access to any institution, employment or facility, or the enjoyment of any right, because of the person's belief or religion.

(4) A person shall not be compelled to act, or engage in any act, that is contrary to the person's belief or religion.

Article 36. Freedom of association

(1) Every person has the right to freedom of association, which includes the right to form, join or participate in the activities of an association of any kind.

(2) A person shall not be compelled to join an association of any kind.

(3) Any legislation that requires registration of an association of any kind shall provide that—

(a) registration may not be withheld or withdrawn unreasonably; and

(b) there shall be a right to have a fair hearing before a registration is cancelled.

Article 43. Economic and social rights

(1) Every person has the right—

(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

(b) to accessible and adequate housing, and to reasonable standards of sanitation;

(c) to be free from hunger, and to have adequate food of acceptable quality;

(d) to clean and safe water in adequate quantities;

(e) to social security; and

(f) to education.

(2) A person shall not be denied emergency medical treatment.

(3) The State shall provide appropriate social security to persons who are unable to support themselves and their dependents.

ANNEX D:
Gender Person Handout

The Gender Person
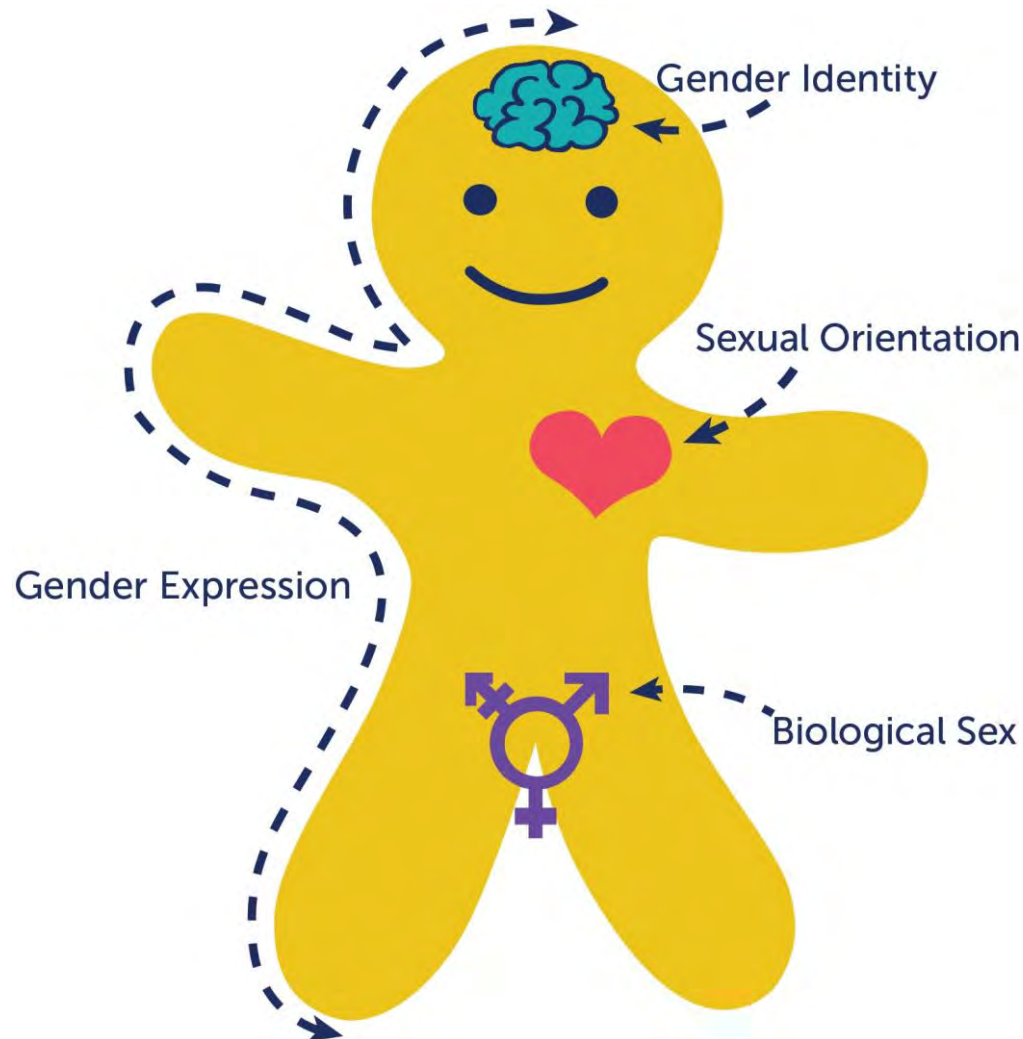
Gender Identity

Woman ←————————————————————→ Man

A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.

Gender Expression

Feminine ←————————————————————→ Masculine

The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

Biological Sex

Female ←————————————————————→ Male

A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.

Sexual Orientation

Heterosexual ←————————————————————→ Homosexual

An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.

Gender Identity

Sexual Orientation

Gender Expression

Biological Sex

ANNEX E:
Terminology List

Biological sex: A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.

Intersex: An umbrella term that refers to a variety of chromosomal, hormonal, and anatomical conditions in which a person does not seem to fit the typical definitions of female or male.

Gender expression: The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

Gender norms: A culturally defined set of roles, responsibilities, rights, entitlements, and obligations, associated with being a woman or man, as well as the power relations between and among women and men, and boys and girls.

Gender identity: A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.

Transgender: An umbrella term that refers to an individual whose gender identity is different from their sex assigned at birth.

Sexual orientation: An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.

Heterosexuality: An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a different gender. People who are heterosexual often identify as "straight."

Homosexuality: An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of the same gender. People who are homosexual often identify as "gay" or "lesbian."

Bisexuality: An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of more than one gender. People who are bisexual often identify as "bisexual."

Asexuality: An enduring absence of sexual attraction. People who are asexual often identify as "asexual."

MSM: Men who have sex with men. Men may be considered MSM if they engage in sex with other men, regardless of whether or not they identify as gay or bisexual.

LGBTI: Lesbian, gay, bisexual, transgender. This acronym is commonly used to refer to gender and sexual minority communities. Variations exist that add, omit, or reorder letters (e.g., LGBTI, LGB, GLBT).

GSM: Gender and sexual minority. People whose gender, sexual orientation, or sexual characteristics differ from what is typically expected in a particular culture or society.

Homophobia/biphobia/transphobia: Fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexual, bisexual, or transgender people.

Heteronormativity: The presumption that everyone is heterosexual or the belief that heterosexual people are naturally superior to gender and sexual minorities.

Sexism: Prejudice or discrimination based on a person's gender. Sexist attitudes may stem from traditional stereotypes of gender roles and may include the belief that a person of one sex is naturally superior to a person of another.

Closeted: The state of secrecy or cautious privacy regarding one's sexual orientation or gender identity (also referred to as being "in the closet").

Coming out: The personal process of accepting and disclosing to others that one is LGBTI or a gender or sexual minority.

Outing: Telling people (e.g., through gossip) or implying that someone else is LGBTI or a gender or sexual minority without that person's permission, no matter the intention.

Champion: A person who openly supports the equal treatment and human rights of gender and sexual minorities.

ANNEX F:
Terminology Cards

heteronormativity

champion

LGBTI

GSM

closeted

outing

MSM

coming out

homophobia/
transphobia

sexism

The presumption that everyone is heterosexual or the belief that heterosexual people are naturally superior to gender and sexual minorities.

A person who openly supports the equal treatment and human rights of gender and sexual minorities.

People whose gender, sexual orientation, or sex characteristics differ from what is typically expected by a particular culture or society.

Lesbian, gay, bisexual, transgender, intersex. This acronym is commonly used to refer to gender and sexual minority communities. Variations exist that add, omit or reorder letters (e.g., LGBT, LGB, GLBT).

Telling people (e.g., through gossip) or implying that someone else is LGBTI or a gender or sexual minority without that person's permission, no matter the intention.

The state of secrecy or cautious privacy regarding one's sexual orientation or gender identity (also referred to as being "in the closet").

Men who have sex with men. Men may be considered MSM if they engage in sex with other men, regardless of whether or not they identify as gay or bisexual.

The personal process of accepting and disclosing to others that one is LGBTI or a gender or sexual minority.

Prejudice or discrimination based on a person's sex or gender. Sexist attitudes may stem from traditional stereotypes of gender roles and may include the belief that a person of one sex is naturally superior to a person of another.

Fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexuality or transgenderism.

ANNEX G:
Case Studies

Brenda

The following story was printed under the title "Siaya man posing as 'barmaid Brenda' arrested for charming, robbing customers" in *The Star* on March 12, 2015.

"A man was arrested for masquerading as a barmaid and robbing clients in Siaya county on Monday night. Michael Obiero, 30, was arrested after a patron became suspicious of his physique and raised the alarm. He had worked at the bar for two days and identified himself as Brenda, the patron said. Obiero had reportedly been sharing a hotel room with two barmaids at Usenge market. He could not conceal his identity after the arrest as police required him to strip for an inspection. He explained that he is transgender. Bondo Deputy County Commissioner Samson Akatch said the matter was under investigation. Akatch said the owner of the bar would be summoned to explain failure to vet all employees. He said all administrators in the area had been asked to vet people including tenants, fishermen, wife inheritors and motorcycle operators."

Discussion questions

1. Which pronoun would you use if you were writing this article about Brenda: he or she? Why?

2. How do you think the police should have handled the situation?

3. What can we do differently to protect the rights of transgender persons?

Sylvia

Sylvia is a program officer who has worked at your office for nearly eight months. Sylvia is an outgoing person and she loves to keep fit and go to the gym. She lives with her female partner, Anne, whom she has been in a relationship with for 10 years. Sylvia is not open about her sexuality but has told two colleagues at work, whom she trusts, about her relationship with Anne.

When one of the colleagues learns about Sylvia's relationship, she thinks that Sylvia must be possessed by a demon that has turned her into a lesbian. She invites Sylvia to go to church with her in hopes of chasing away the demon. Sylvia feels threatened and does not want to go to work.

Discussion questions

1. What is the myth about sexual orientation in this story?

2. If you were Sylvia's colleague, what could you do to support her?

3. What could your organization do to support Sylvia and other colleagues in her position?

The Candidate

You are sitting on an interview panel with three colleagues to recruit a new health officer. You have just finished interviewing someone who recently graduated from a master's in public health (MPH) program and has been working as a junior-level program assistant. You are impressed by his interview and know that his work and work ethic are well-regarded by your colleagues.

However, one of your fellow interviewers remarks that the candidate does not seem to be professional enough because he is effeminate and "over emotional." She concludes that the candidate would not represent the program well. The decision is made to refocus the panel's attention on other candidates.

Discussion questions

1. Do you think this candidate should be disqualified from the job?

2. What would you do if you were on the interview panel?

3. How can organizations prevent this kind of discrimination?

Amara

Amara is a finance officer who qualified as a chartered accountant four years ago. On weekends, she enjoys travelling to her village, where she has a small farm, to visit her extended family. Her uncle often asks why she is delaying marriage and reminds her that he and his wife would love to have nieces and nephews. Once, her uncle proposed a possible husband for her, which she refused.

Amara was recently invited to attend a three-month course in Washington, D.C—an opportunity about which she was very excited. One month after returning from the course, Amara decided to come out as lesbian to her work colleagues. She told three of her closest colleagues, but stopped as soon as she heard that staff began spreading rumors that she was "converted" in America. Amara notices that some colleagues start to distance themselves from her.

Discussion questions

1. What gender norms are described in this story?

2. What is the myth about sexual orientation in this story?

3. How would you support Amara if you were her colleague?

ANNEX H:
Ladder of Engagement

7. Gender and sexual minority-initiated actions

Gender and sexual minorities initiate and lead activities; equality in decision-making with those who are not gender or sexual minorities.

6. Shared decision-making

Those who are not gender or sexual minorities initiate and lead activities; decision-making is shared with gender and sexual minorities.

5. Consulted and informed

Gender and sexual minorities provide input and are informed of how inputs will be used and of outcomes.

4. Assigned but informed

Gender and sexual minorities understand the purpose and have a role in activities, but no role in decision-making.

3. Tokenism

Gender and sexual minorities have a limited voice in events or processes.

2. Decoration

Gender and sexual minorities attend an event in a very limited capacity.

1. Manipulation

Gender and sexual minorities do as directed without understanding the purpose of activities.

ANNEX I:
Meaningful Engagement Worksheet

Need: Something that gender and sexual minorities need to access HIV services and/or exercise their human rights.

Action: the action(s) required to remedy the identified need.

Results: the outcome of the action(s), or the desired state once appropriate action has been taken to address the gap or challenge faced by gender and sexual minorities.

Responsibility: The person(s) accountable for ensuring that the results are achieved on the set timeline.

Timeline: A realistic end date, or interim check-in date, for completion of the action.

NEED	ACTION	RESULTS	RESPONSIBILITY	TIMELINE

ANNEX J:
Pre- and Post-Test Evaluation Questions

The following questions were used to evaluate changes in participants' opinions as a result of the original GSD training. These (or other) questions can be used to evaluate GSD trainings.

For each of the following 14 questions, respondents select an option from a five-point Likert scale: strongly agree, agree, neutral, disagree, or strongly disagree.

Attitude towards sexual minorities

1. No one should experience job discrimination because of their sexual orientation.

2. All people should be able to have any kind of consensual sex in private without being fined or arrested.

3. Gender and sexual minorities should be allowed to express their opinions in public.

4. Gender and sexual minorities should be allowed to be school teachers.

5. Same-sex couples should be able to attend workplace social events together as partners.

6. Same-sex couples should be legally permitted to marry.

7. Policies that guarantee equal rights to gender and sexual minorities are good for society.

8. It is not okay for a newspaper to publicize that a person is a gender or sexual minority without that person's permission.

Attitude toward gender minorities

1. People are either men or women.

2. I am comfortable with masculine women.

3. A man should be able to dress like a woman, if he chooses.

4. I am comfortable with feminine men.

5. I am comfortable working with feminine men.

6. A woman should be able to present herself as a man in public, if she chooses.

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