

A FACILITATOR'S **GUIDE FOR PUBLIC HEALTH AND HIV PROGRAMS**

GENDER & SEXUAL DIVERSITY TRAINING



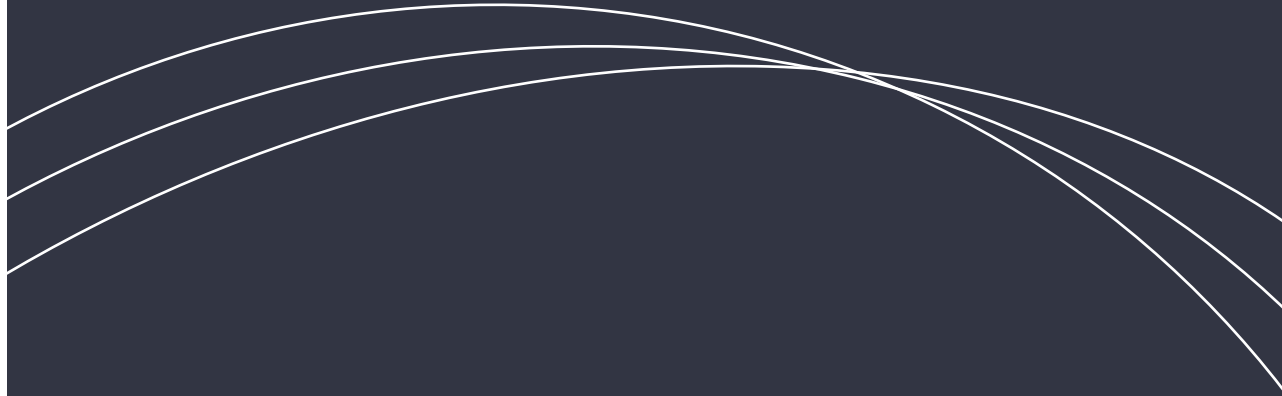
GENDER & SEXUAL DIVERSITY **TRAINING**

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Summary

The Gender & Sexual Diversity Training was developed by the USAID- and PEPFAR-funded Health Policy Project, in coordination with a U.S. Government interagency team made up of members of the PEPFAR Key Populations Working Group and the PEPFAR Gender Technical Working Group. This version of the curriculum was developed specifically for PEPFAR staff and their country-level implementing partners to help country programs understand and address the needs of gender and sexual minority communities in the context of HIV programming, U.S. workplace policy on non-discrimination, and through a human rights lens.

With the recognition that addressing norms and attitudes related to sexual orientation and gender identity are important components of gender integration, this curriculum takes a unique approach. The Gender & Sexual Diversity training focuses on how gender and sexuality affect all people, taking a broad perspective on this important topic.

The considerations provided in this guide have been developed after implementing trainings in approximately 39 countries between September 2014 and September 2015. Training teams included U.S. Government staff, Health Policy Project staff, and local gender and sexual minorities and their allies as trainers and panelists.

The training aims to

- Educate participants on terminology, U.S. government policies, and workplace expectations 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/regional resources on gender and sexual diversity issues

While the focus of this training curriculum is HIV programming, and it is centered on U.S. Government-funded programs, much of the material could be adapted and applied to a variety of country-specific and technical program areas.

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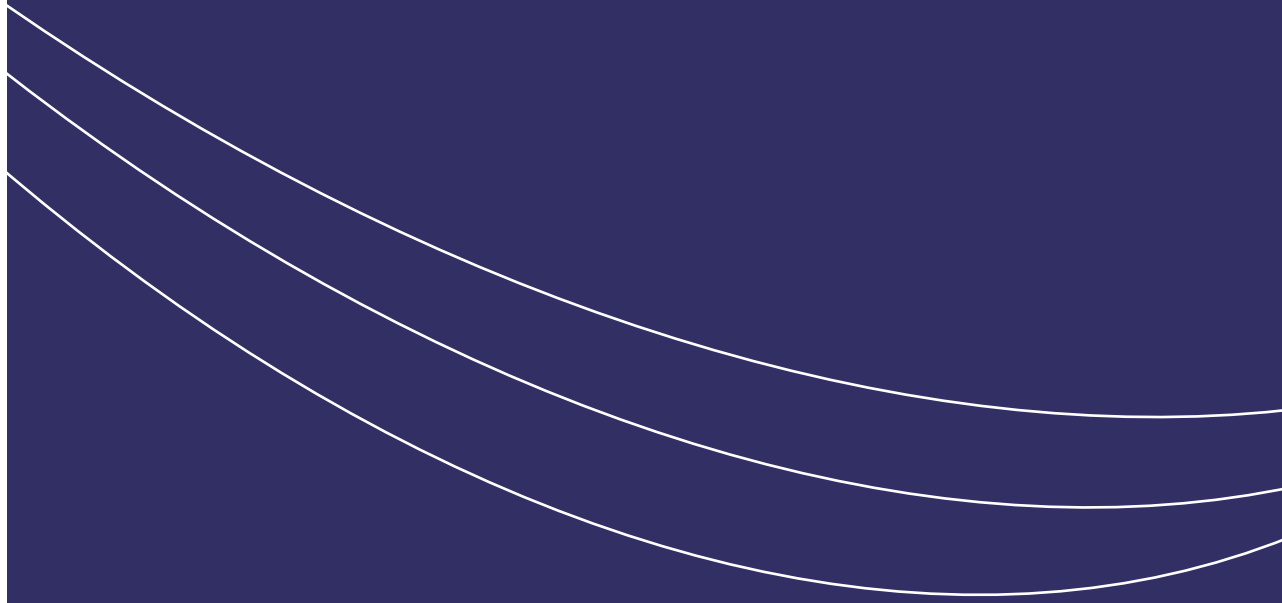
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This guide draws upon materials and ideas from a number of sources, including

- 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. 2013. *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide*. Washington, DC: Futures Group, Health Policy Project.
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- Killermann, S. 2013. *The Social Justice Advocate's Handbook: A Guide to Gender*. Austin: Impetus Books.

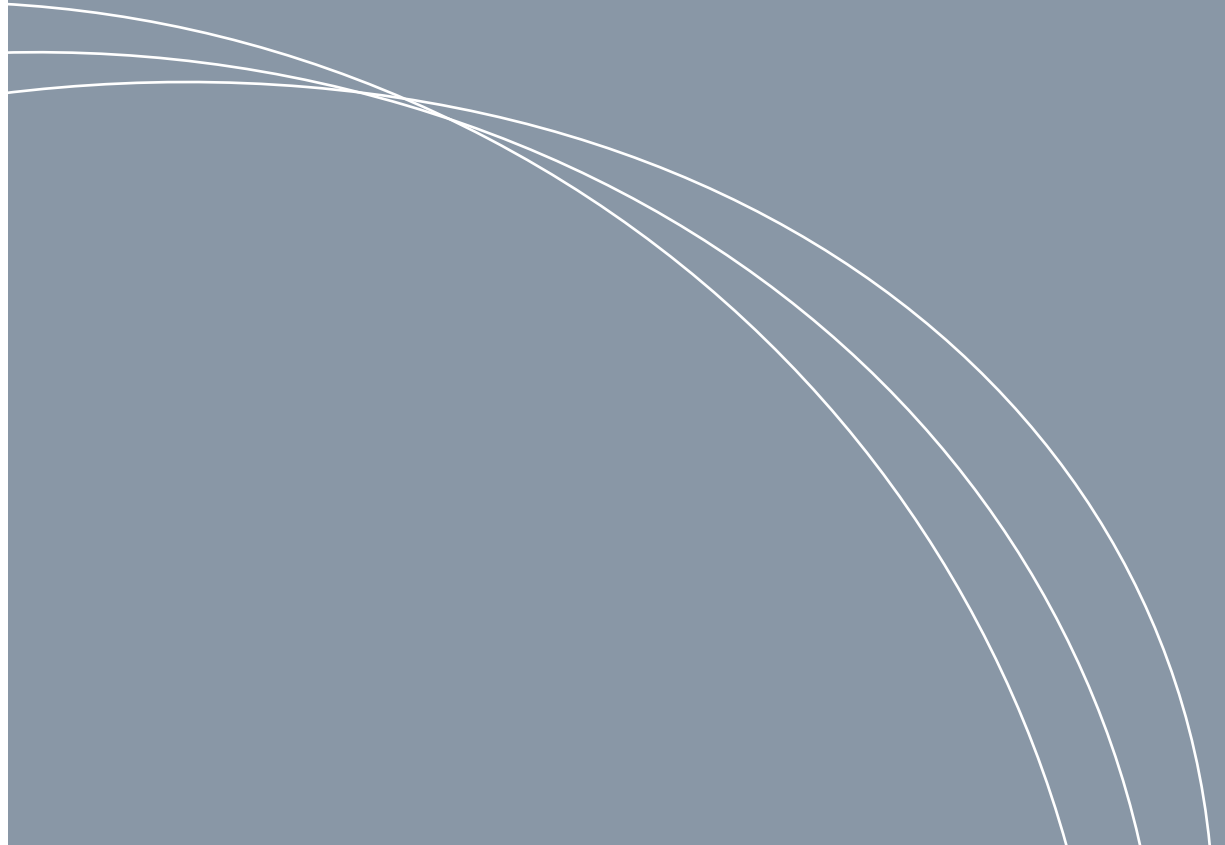
C.



Definitions

ARS	audience response system
GBV	gender-based violence
GSD	gender and sexual diversity
GSM	gender and sexual minority
HPP	Health Policy Project
LGBT	lesbian, gay, bisexual and transgender
MSM	men who have sex with men
PEPFAR	The United States President’s Emergency Fund for AIDS Relief
Q&A	question and answer
USAID	United States Agency for International Development
USG	U.S. Government

01



Introduction

What is the Facilitator's Guide?

This facilitator's guide, developed by the USAID- and PEPFAR-funded Health Policy Project (HPP) and in coordination with a U.S. Government interagency team made up of members of the PEPFAR Key Populations Working Group and the PEPFAR Gender Technical Working Group, is designed to provide background to those planning or considering 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 page 13.

What is gender & sexual diversity?

Humans are naturally diverse. We have a wide variety of hair and 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. Scientific studies and historical accounts provide evidence of such diversity in nearly every culture and society since ancient times. So, although the term is new to many people, it is neither a new phenomenon nor something isolated to certain societies.

Why a Gender & Sexual Diversity Training?

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

Examples of this include:

- Isolation, shaming, or bullying at home, in school, at the workplace, or in the community
- Verbal and physical violence
- Denial of work opportunities or access to housing
- Poor treatment by health workers or the inability to access health services
- Discriminatory laws and the inability to exercise human rights

Who are gender and sexual minorities?

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

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

Understanding and applying concepts about gender and sexuality, including using appropriate language, is essential to public health programming. The training provides practical guidance on creating welcoming, inclusive, and equitable workplaces and designing effective health and development programs to reach those most at risk.

By exploring the concepts in this training, participants will not only learn about others, but about themselves—gender and sexuality affects everyone. Participants have reported that they have gained skills and knowledge that improve their workplace, programs, and even their own lives.

Is GSM the same as LGBT?

Not quite. There is an important difference between the two terms. GSMs describes a very diverse group of people who may or may not identify as lesbian, gay, bisexual, and transgender (LGBT). For example, there are many men who have sex with men (MSM) who do not identify as gay or bisexual. 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 LGBT. More often than not, it is simply a matter of personal preference. In some parts of the world, people choose a variety of local or traditional identities that are culturally specific. In other cases, it is because that person lives in a restrictive legal environment that would place them at risk if they openly identified as LGBT. While identities may be important to many GSMs, gender and sexual diversity should be understood as independent from identity.

In addition, using the right language matters. Incorrectly assuming a person's identity not only causes confusion, it can also discourage someone from seeking health services that they believe are not meant for them.

Are GSMs a Key Population?

Sometimes. Key populations are groups that experience a disproportionately greater risk of HIV infection compared to the general population because of the stigma, discrimination, violence, and criminalized environments that put them at greater risk. 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 populations as key populations: people who inject drugs, MSM, transgender persons, and sex workers. This means that a subset of GSMs—MSM and transgender persons—are key populations.

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

For whom is this training intended?

The GSD curriculum was developed for interagency PEPFAR country teams from diverse social and political environments, and country-level implementers of PEPFAR programs. The training has been delivered to U.S. Government staff, both U.S. citizens and foreign nationals; PEPFAR implementing partners; nongovernmental organizations; civil society groups; host country governments; and other development partners. This exceptionally diverse audience spans nationalities, languages, generations, religious and political beliefs, and educational backgrounds. One of the few things this diverse group has in common is a commitment to HIV prevention and promoting health access for all persons.

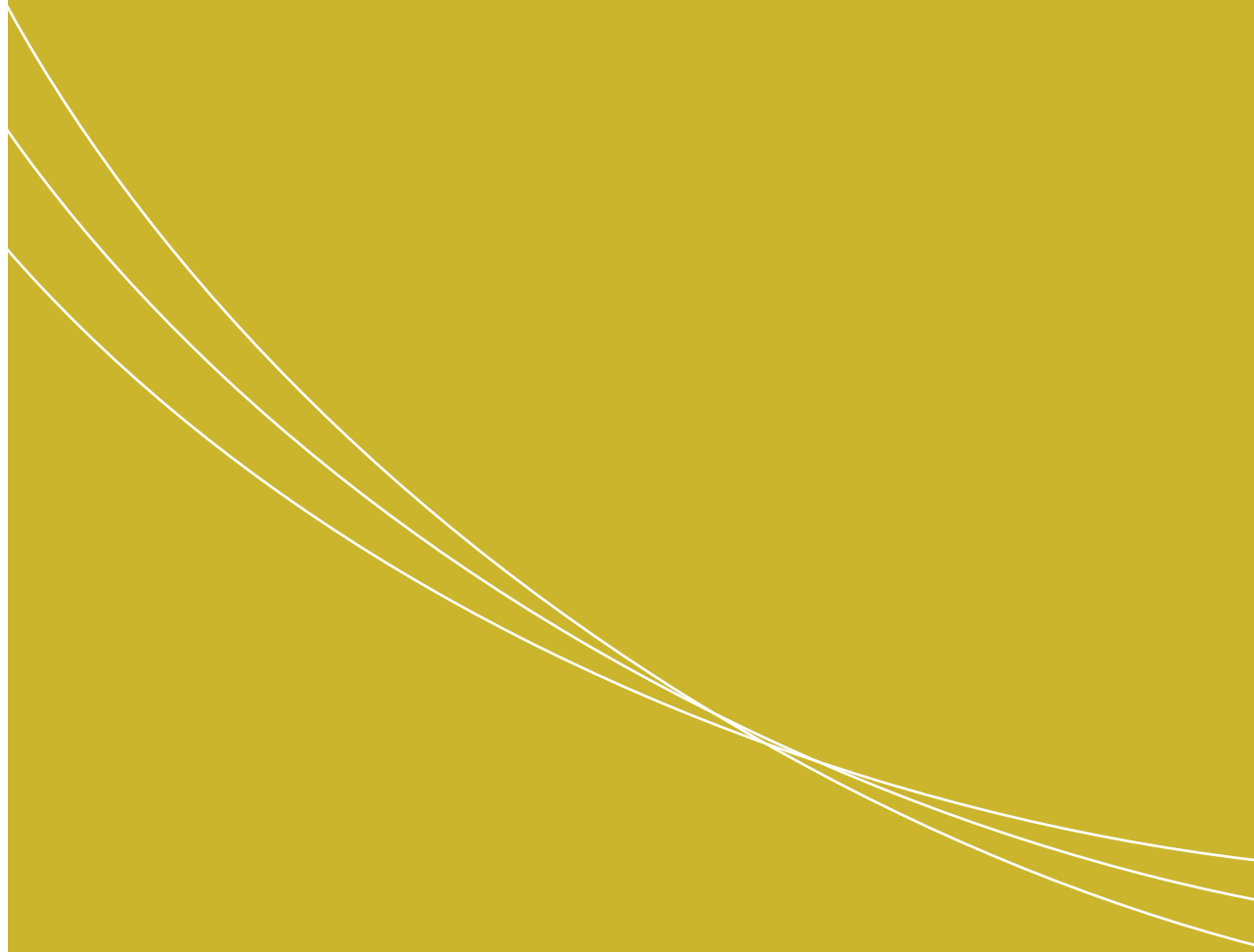
Whenever the training is implemented, facilitators are made aware of its broad applicability. We, the authors, encourage anyone to pick-up and adapt these materials for other uses, with proper attribution.

CUSTOMIZING THE GSD CURRICULUM

The Jamaica Forum of Lesbians, All-Sexuals and Gays has customized the GSD curriculum for Jamaican communities and audiences beyond PEPFAR. The forum trained GSM community members to deliver the adapted curriculum to diverse audiences, including religious leaders, healthcare providers, and implementing partners.

In Uganda, the Most at Risk Populations Network worked together with HPP and the Uganda PEPFAR country team to adapt the GSD curriculum, placing greater emphasis on the legal environment and security dimensions of working with GSMs. To date, 12 Ugandans from diverse organizations have been trained to deliver the training across several districts.

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About the Curriculum

The Gender & Sexual Diversity curriculum is a full-day training that introduces participants to a variety of important topics. Although this is designed as an introductory-level workshop, participants gain new knowledge, regardless of how much they already know, because of the rich discussions the curriculum promotes.

Participatory and collective learning

This guide is designed for interactive learning, so it is not meant to be used for giving a lecture. We believe that transformation cannot be achieved through treating participants as a passive audience. Participants will only become aware of their own attitudes and assumptions through an active and interactive process; one in which they are encouraged to talk and think critically for themselves.

The idea is to create a safe 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 their 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, set group norms for new attitudes and behaviors, support each other in working for change, and monitor the results of change.

Throughout the one-day training, individuals will

- Explore their own experiences of gender
- Express their fears and concerns
- Discuss the values and beliefs that underlie gender norms
- Gain a better understanding of sexual diversity
- Look critically at their attitudes towards GSMs
- 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

Curriculum Structure

The training is designed to guide participants progressively 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, we 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 means to have an ethical meaning and appeal to the audience’s character and sense of duty. Logos means to connect to an audience through the use of logic, reason, and evidence. Pathos taps into the emotions of the audience and helps them truly experience the message that is being brought forth.

FACILITATOR TIP

It is important that the modules build on one another and that you reference key themes throughout the day.

OVERVIEW OF THE GSD TRAINING	ETHOS	LOGOS	PATHOS
Module 1: Introduction to U.S. Government Policies, Non-discrimination, and Gender Norms offers participants a logical rationale for engagement with GSMs, describes nondiscrimination and gender-related policies, and makes the case for why gender norms not only impact everyone, but also lead to pervasive and harmful HIV-related health effects.	●	●	●
Module 2: 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. There are discussions about key terminologies and on the impact of language on stigma and health.	●		●
Module 3: Local Advocates’ Panel is a chance for participants to meet local GSM advocates and legal experts. For some people, it may be the first time that they meet someone who openly identifies as LGBT or a GSM. The participants hear compelling narratives about personal struggles and timely recommendations for policy and programs.	●	●	●
Module 4: Meaningful Engagement helps generate a shared understanding of the importance of actively and consistently engaging GSMs throughout our health programs and asks participants to begin thinking concretely about how to put meaningful engagement into action.	●	●	

This approach ensures that some participants will benefit from all three while others who are predisposed to respond to one method more than the other still have an opportunity to internalize the material.

Special Considerations

In planning the GSD Training you should assume that some participants or co-facilitators may be gender or sexual minorities, HIV positive, or a member of a key population. Participants or co-facilitators may or may not have disclosed this to other participants and may or may not choose to share this 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. In light of this, the following issues related to disclosure are critical to understand.

DISCLOSURE

A facilitator should create a safe and supportive environment within the workshop to enable participants to disclose their identity if they wish to do so. Setting the climate and establishing firm expectations play a vital role, especially in establishing confidentiality and respect. As the facilitator, ensure the expectations are followed.

Some participants may want support from the group. Disclosure is a way to break isolation and for participants to share their stories. Encourage group support and provide one-to-one support outside the session if appropriate.

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

What Will You Need to Implement the GSD Training?

A TEAM OF FACILITATORS

This curriculum was designed to be delivered by a diverse group of facilitators. Module 1: Introduction to U.S. Government (USG) Policies, Non-discrimination, and Gender Norms relies heavily on USG policies and mandates and therefore a USG staff member should deliver the module.

If the USG trainer is not an expert in gender, the Gender Norms Discussion (Exercise 1.4) may be facilitated by another member of the team. Given cultural nuances, Module 2: Concepts and Terminology on GSD should be delivered by someone local to the country or region in which the training is taking place. Module 3: Local Advocates' Panel should include local GSM community members and a local legal expert. Module 4: Meaningful Engagement can be facilitated by anyone, although ideally the person will be familiar with how participants design and administer health and development programs.

Facilitators work as a team, supporting each other by preparing materials, writing on flip charts, and/or responding to difficult questions if one facilitator is unable to answer.

Some participants may hold negative attitudes about GSMs, so it is important that the facilitators are able to handle the expression of these beliefs and opinions in a sensitive manner, making sure that any stigmatizing beliefs are challenged in a way that do not make participants upset or defensive.

A WILLING AUDIENCE

For a participant to benefit from the experience, they must be willing to be present and be ready to engage. The best way to ensure that the audience will be ready to engage on this sensitive topic is to emphasize our shared commitment for creating a professional environment that values respect, fairness, and equity. When an entire team participates in the training together, nobody feels singled out or judged, making a shared understanding possible.

THE RIGHT NUMBER OF PARTICIPANTS

Training opportunities, especially those on topics that are rarely given attention, sometimes generate so much interest that the organizers feel inclined to accommodate anyone willing to attend. However, for participants to fully engage in the material, it is crucial to not crowd the room. Establish a cap on the number of participants and try your best to stick to it. For the GSD Training, the cap was usually set at 50 participants, although it was sometimes smaller due to the size of the training venue. 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. The room should be spacious enough for participants to walk around, interact, and form small groups. In addition, it is critical that the venue is a safe space for participants. In some countries, discussions around GSD may attract negative attention. If security or privacy is a concern, take special care in selecting the training location and talk with the facilitation team, including the panelists, about ways you may reduce risk to acceptable levels.

TIPS ON HANDLING HARSH OR NEGATIVE RESPONSES

- Don't silence them. Use it as an opportunity for dialogue.
- Even the best exercises are unlikely to completely change people's attitudes in a short period. However, you can offer alternative perspectives about these issues that will encourage people to think and question their own attitudes.
- 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 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 their right to health.
- Tips on how to respond to some common, difficult questions are contained in Appendix A.

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 but also see the screen at the front of the room. This allows for dialogue between the participants and collaborative learning, as opposed to a classroom set-up in which participants only 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.

GSD TRAINING SLIDES

The training slides that accompany this guide can be downloaded from the HPP website at www.healthpolicyproject.com/gsd.

PRINTED MATERIALS

Aside from the facilitator’s manual and slides, it is important that several other items are printed ahead of the training. These are available in Annexes B through F and include

- | | |
|--------------------------|--|
| 1. Gender person handout | One per participant |
| 2. Terminology handout | One per participant |
| 3. Terminology cards | Enough sets of 20 cards so that each participant has at least one card |
| 4. Case studies | One per small group of 3-13 participants |
| 5. Case study worksheet | One per small group of 3-13 participants |

OTHER MATERIALS

- | | |
|-----------------------|---|
| 1. Name tags | One per participant |
| 2. Color markers | At least one per participant |
| 3. Sticky notes | At least three per participant |
| 4. Flipcharts | At least seven blank sheets for a group of 50 |
| 5. Masking/paper tape | One roll |

AUDIO RESPONSE SYSTEM

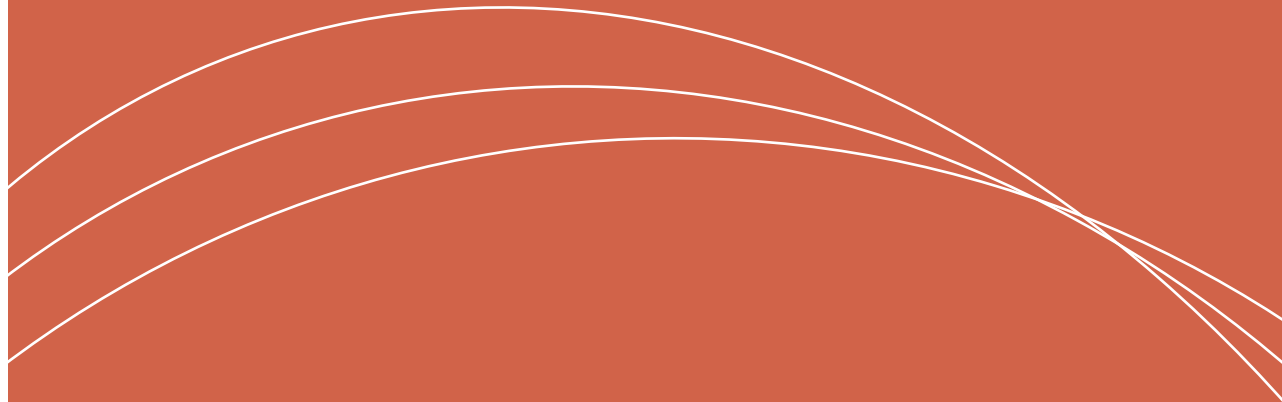
HPP used an audience response system (ARS) to implement this training. An ARS is a set of response cards that communicate via radio frequency with an accompanying USB receiver.

An ARS allows for

- Real-time feedback from training participants
- Anonymity (and consequently, more honest responses)
- More time for interactivity since collecting and synthesizing responses is efficient
- Pre- and post-evaluation activities with a near-100 percent response rate

HPP used the ARS for polling activities and the pre- and post-evaluations. For more information on the ARS that was used visit <https://www.turningtechnologies.com/response-solutions>.

03



Facilitating Participatory Learning

The facilitator's guide uses a variety of participatory training methods. Each module has detailed instructions for what materials are needed and the steps to follow to facilitate the activities.

Facilitator Guidelines

These are some general tips for facilitating the training.

Give clear instructions for exercises

- Explain the exercise one step at a time.
- Keep your instructions simple and clear and use examples to help with participants' understanding.
- If participants look confused, check that they have understood. Ask, "What are you being asked to do—or discuss?"
- After groups are formed, go around to each group to check that they are clear about the task.

Divide into groups quickly and efficiently

- When dividing participants into groups, the aim is to mix participants up and to get them working with different people. Keep changing group members for each exercise.
- Select groups on a random basis. 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 gets a chance to talk.
- After groups have done their work, have them report back.

Manage Space

- Change the space and the organization of the 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.

Manage Time

- In a short training program, there is not enough time to go in-depth with all the issues that are raised. You will need to manage time carefully or your overall objective will be lost.
- Know how much time you need for each session and work to these time limits. Don't allow sessions to drag on too long.
- Remember, small group work takes more time than you expect. Give small groups enough time to do their work. Don't rush them. You will also need to allocate time for report backs.

Facilitate Discussion

- Ask open-ended questions to encourage many different opinions and to help get all participants talking and contributing.
- 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 it, and to help others add on 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.
- Below are some examples of energizers and fun ways to applaud participants after activities.

Energizers

The three energizers included here are good for getting people moving. They lighten the mood with some humor, which can help break-up discussions about difficult topics.

Arithmetic

- 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."
- Hold up one forearm perpendicular to the floor to make the number one. Say, "One." The audience should imitate facilitator at each step.
- Use the other forearm to make a plus sign. Say, "Plus."
- Hold just the first arm to make the number one. Say, "One."
- Make an equal sign with both forearms and say, "Equals."
- Use one arm and leg to make your entire body into a number two and say, "Two."

- Now you'll keep adding. Repeat with appropriate actions while saying, "Two plus two equals four." Make a four by crossing one ankle over your opposite knee.
- 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

- 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."
- 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.
- 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."
- 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

- Start by saying, "Please repeat after me and do as I do."
- 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.
- Start making a stirring motion with one hand as if cooking porridge and say, "I started cooking, I started cooking."
- Then say, "Then my boss' partner came in and said, 'Ken, are you busy?' I said, 'No!' and he/she said, 'porridge please.'"
 - 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."
- Then say, "Then my boss' son came in and said, 'Ken, are you busy?' I said, 'No!' and he said, 'porridge please.'"
 - Start moving one leg in circles, while continuing to stir with both hands. Say, "I started cooking, I started cooking."
- Then say, "Then my boss' daughter came in and said, 'Ken, are you busy?' I said, 'No!' and she said, 'porridge please.'"
 - Start moving both legs in circles, while continuing to stir with both hands. Say, "I started cooking, I started cooking."
- Then say, "Then my boss' neighbor came in and said, 'Ken, are you busy?' I said, 'No!' and he said, 'porridge please.'"
 - 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:

- 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 monkey, alligator, elephant, and ostrich.
- You will need as many small pieces of paper as you have participants.
- Write an animal name on each piece of paper, so that you have an equal number of each.
- Instruct participants that they will form groups, but that they are not allowed to talk to each other or show people their piece of paper.
- Have participants pick a piece of paper with an animal name from a bag, basket, hat, etc.
- Participants should act out the animal and find the others who have the same animals, 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

- Say, “Okay that was great. Let’s clap for them using just one finger.” Clap a couple of times using just one finger
- 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.
- Repeat, increasing the number of fingers until you have the whole hand and give a very loud round of applause.

The Queen’s Clap

- Start by saying, “Many people, especially politicians, love to wave to crowds, but royalty demands a special clap, so let’s do it together.”
- Say, “Repeat after me, ‘Pearls, one, two, three.’” Touch your imaginary pearl necklace.
- Say, “Smile, one, two, three.” Smile to the crowd.
- Say, “Wave, one, two, three.” Wave like a queen.
- Repeat it again for fun.

Evaluation

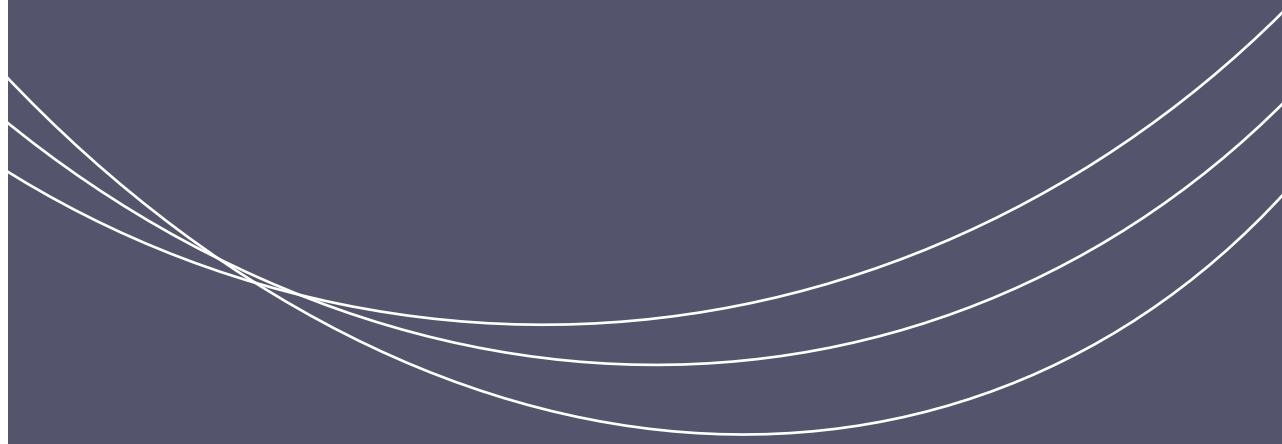
HPP used a pre- and post-test to conduct research on the outcomes of the GSD Training. This quantitative tool measured knowledge and attitudes of participants towards GSMS. The evaluation questions are available in Annex G.

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

SAMPLE AGENDA

8:30-9:00	Opening: welcoming remarks
9:00-10:00	MODULE 1: USG policies, non-discrimination, and gender norms
10:00-10:10	Tea/coffee break
10:15-12:45	MODULE 2: concepts and terminology on GSD
12:45-13:45	Lunch
13:45-15:00	MODULE 3: local advocates' panel
15:00-16:00	MODULE 4: meaningful engagement
16:00-16:30	Wrap-up and evaluation

04



MODULE 1:

USG Policies, Non-discrimination, and Gender Norms

Description

This module introduces epidemiological, financial, and human rights arguments for engaging GSMs and increasing access to appropriate health services. It describes existing legal protections for USG staff against employment discrimination based on sexual orientation and gender identity. Facilitators present PEPFAR's Updated Gender Strategy as a tool to help programs integrate gender, and lead participants in an interactive activity on gender norms to help participants understand the ubiquity of gender norms and their impact on health.

Structure

- 1.1. Welcome, Orientation, and Pre-test
- 1.2. Training Overview and Rationale
- 1.3. Policies and Strategies (including PEPFAR's *Updated Gender Strategy*)
- 1.4. Gender Norms and Health

Learning Objectives

At the end of Module 1, participants will be able to

1. Explain to others why learning about GSD matters to their workplaces and programs
2. Recall that there is an U.S. executive order in place that prohibits U.S. federal employees from discriminating against anyone in their workplace on the basis of sexual orientation or gender identity
3. Explain why PEPFAR's Updated Gender Strategy is important to improving the quality of PEPFAR's programs
4. Understand that gender norms are a powerful influence in the health and lives of all of us

Activity 1.1:

Welcome, Orientation, and Pretest



Description:

Facilitators warmly welcome participants to the training to ease any trepidation about the training topic. This section also includes the pre-test, if one is being conducted.

Goals:

- Participants will feel welcomed and will establish group expectations (similar to ground rules) for the day.

Steps:

1. Welcome participants and introduce the facilitation team, including where each facilitator is from. 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, including their agency or organization.
3. Let participants know there will be a more detailed overview of the day in a few minutes, after completing a brief pre-test (if you are using a pre-test).
4. Have participants establish expectations for the day and talk about the importance for creating safe and confidential spaces to discuss topics that may be new, controversial, or confusing. Ask one of your co-facilitators to write the expectations on a flipchart. Important expectations to include (in case 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 (although this should be presented as a guideline instead of a rule since participation should be voluntary)
 - e. Do not interrupt others or hold side conversations

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

Optional, if you are conducting a pre-test:

5. Introduce the pre-test. Assure participants they are not expected to know the content, but that the pre-test helps the facilitators to keep improving 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.
7. Run through the pre-test questions (Annex G). Read each question and the answer choices aloud slowly and clearly, giving participants an opportunity to respond.

Activity 1.2:

Overview and Five Facts



Description:

Participants should understand why the training is being offered to them and why it is worthwhile to spend an entire day on a topic that, for some people, will appear relevant to only part of what they do. This section explains the rationale which serves as the foundation for the day.

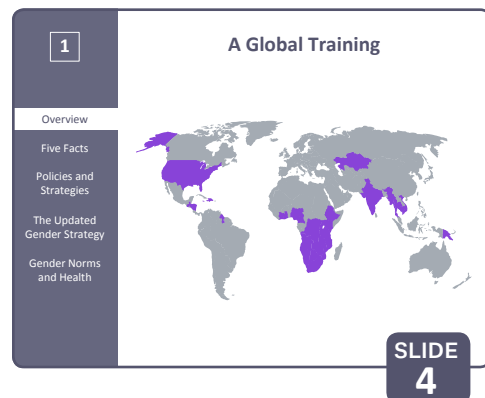
Goals:

Participants will understand the training purpose and rationale, and how it may relate to their work.

Steps:

SLIDE 4

1. Explain to participants that the GSD Training is a global training. The countries shown on Slide 4 are all of the countries that we have already reached or hope to reach in 2015. The training is to be offered in all countries that have a PEPFAR country or regional operational plan.



FACILITATOR TIP

This section of the day can easily feel less participatory than the rest. To encourage participants to engage in the material, ask for a volunteer to read the definition aloud (see slide 6).

SLIDE 5

2. This slide set intends to
 - a. Make sure all participants are aware of the fundamental U.S. value of religious tolerance.
 - b. Allay any participant fears that they may be asked to discuss personal gender or sexual issues, or discuss actual situations within their workplace or programs.

1

Please don't forget...

Overview

Five Facts

Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

- The U.S. Constitution protects against religious discrimination.
- We will never ask you to change your religious or personal beliefs.
- We will also never ask you to tell us your sexual orientation.

SLIDE 5

SLIDE 6

3. Introduce the general content here, in a basic way. Avoid getting into too much depth. Detailed questions can be deferred to Module 2. Also, be sure to
 - a. Note that GSM is a new term for many people
 - b. Pause briefly after the definition is read

1

Who are gender and sexual minorities (GSMs)?

Overview

Five Facts

Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

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

SLIDE 6

SLIDE 7

4. Help participants understand the concept, step-by-step, using the diagram on Slide 7 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—people whose gender, sexual orientation, or sexual characteristics are different. We're going to call this population, "GSMs."
 - b. The relative sizes are just for the purpose of illustration—we aren't

1

Who are gender and sexual minorities (GSMs)?

Overview

Five Facts

Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

SLIDE 7

- actually certain what proportion of the world is GSM.
- c. Within the GSM subset of people, there are those who self-identify as LGBT, or any of the other identities used by gender and sexual minorities around the world.
 - d. Any questions?

FACILITATOR TIP

Since many PEPFAR staff members are familiar with MSM, it may be useful to talk about MSM as an example of GSM who do not always identify as LGBT. You could also use this as an opportunity to begin distinguishing behavior from identity.

SLIDE 8

5. Ask participants, “What will you learn today?” and go through each point listed on Slide 8.

1

What Will You Learn Today?

Overview
 Five Facts
 Policies and Strategies
 The Updated Gender Strategy
 Gender Norms and Health

- Key gender and sexual orientation concepts and terminology
- What gender and sexual orientation mean for your professional role
 - In the workplace (non-discrimination)
 - In programs (meaningful engagement)

SLIDE 8

SLIDE 9

6. Then ask, “Why is this training important?” Go through Slide 9. After reading the third point, say, “Let’s review some critical facts that point to the need to learn about gender and sexual minorities. We will go through five facts that, together, tell a compelling story.”

1

Why Is This Training Important?

Overview
 Five Facts
 Policies and Strategies
 The Updated Gender Strategy
 Gender Norms and Health

1. Reaching GSMs with HIV services that are sensitive to their unique needs is crucial to the global HIV response.
2. Gender and sexual orientation are important concepts to understand and a shared language to discuss it is essential.
3. Engaging with GSM communities matters, but how you engage matters even more.

SLIDE 9

FACILITATOR TIP

For the “Five Facts” slides, the titles contain the main takeaways. Make sure to read these aloud for participants.

Five Facts

SLIDE 10

7. **Fact #1:** Only use the slide that applies to the region in which you are conducting the training. This will either be Slide 10a for Africa, Slide 10b for Asia-Pacific, or Slide 10c for Latin America and the Caribbean. Explain that stigma and discrimination related to gender and sexual orientation impacts health and HIV risk in numerous ways and empirical evidence of these impacts is growing rapidly. Summarize each example on the appropriate slide.

#1 Stigma and discrimination impacts HIV and health

AFRICA

Among men who have sex with men (MSM) in Swaziland, stigma and discrimination impacted seeking healthcare and disclosing same-sex sexual practices to healthcare providers (Risher et al., 2013).

18% of MSM in Malawi and Namibia and 21% of MSM in Botswana felt afraid to seek health services (Beyrer 2010).

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

SLIDE 10A

SLIDE 11

8. **Fact #2:** Share with participants that MSM are 19 times as likely to be living with HIV as adults in the general population (Beyrer et al., 2012), explaining that
- Across the world, MSM experience greater risk of HIV than the general population.
 - Point out one or two examples, including one that corresponds to the region where the training is held.
 - 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 people are at a loss, refer back to the previous slide to discuss how stigma and discrimination contributes to HIV risk.

#2 Overall, MSM are 19 times as likely to be living with HIV

HIV prevalence, all adults

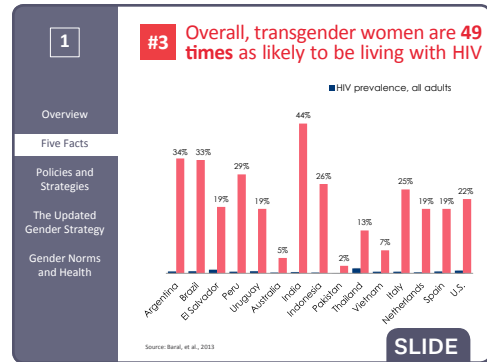
Region	HIV Prevalence (%)
Sub-Saharan Africa	18%
Middle East and N. Africa	3%
South and SE Asia	15%
East Asia	9%
Central and South America	15%
E. Europe and C. Asia	7%
W. Europe and Central Europe	6%
North America	15%
Oceania	4%

SLIDE 11

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 as a whole, which is shown as a percentage.

SLIDE 12

9. **Fact #3:** Explain that transgender women are 49 times as likely to be living with HIV (Baral et al., 2013).
- Relatively little is known about the HIV burden among transgender women, but a recent meta-analysis found a significant difference in HIV prevalence among transgender women as compared to all adults in all the countries represented.
 - Point out one or two examples, including one that corresponds to the region where the training is being held.



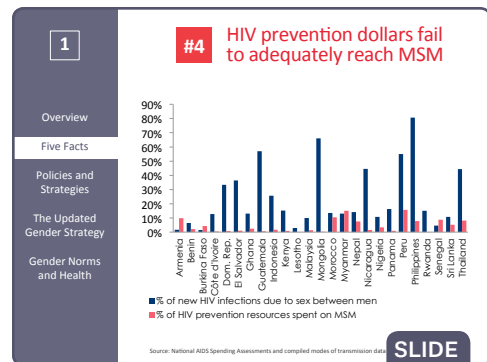
SLIDE 12

FACILITATOR TIP

As a transition, before advancing to this slide you can ask participants if they think the risk is higher or lower for transgender women. This engages participants and gets them to think critically again about stigma and particular vulnerabilities that are unique to transgender women. If participants ask why there is so little data, you can explain that stigma makes it extremely difficult to conduct research with this population.

SLIDE 13

10. **Fact #4:** Demonstrate that HIV prevention dollars fail to adequately reach MSM.
- Explain that, in most countries around the world—including those in sub-Saharan Africa which, for the most part, have generalized epidemics—a smaller share of HIV prevention resources are targeted to MSM programs as compared to the share of infections believed to be due to sex between men.¹
 - Point out one or two examples to illustrate the point.



SLIDE 13

SLIDE 14

11. **Fact #5:** Only use the slide that applies to the region in which you are conducting the training. This will be Slide 14a for Africa, Slide 14b for Asia-Pacific, or Slide 14c for Latin America and the Caribbean. Describe that the tide is turning for human rights at regional and international levels. Governments and international bodies around the world have demonstrated a strong commitment to the belief that human rights must extend to all people, including GSMs. Meanwhile, individual countries in some parts of the world have demonstrated declines in support. These are not special rights; however, they are universal rights.

1

#5 International recognition of the human rights of GSMs is growing

United Nations General Assembly Human Rights Council Resolution 27 (2017) Human rights, sexual orientation and gender identity

African Commission on Human and Peoples' Rights Resolution 275 on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity

The White House Presidential Memorandum on International Initiatives to Advance the Human Rights of Lesbian, Gay, Bisexual, and Transgender Persons

AFRICA

SLIDE 14

SLIDE 15

12. Summarize the previous slides by going through each of the points listed on Slide 15. Emphasize the last point.

1

So What?

- GSM-related stigma and discrimination impacts health and worsens the elevated HIV risk faced by MSM and transgender women.
- Despite being a significant part of most HIV epidemics around the world, GSMs receive inadequate HIV resources.
- Support for the human rights of GSMs is growing but much remains to be done.

PEPFAR and its partners are uniquely positioned to make an impact and the right time to act is now.

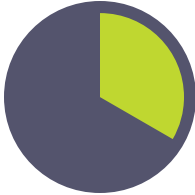
SLIDE 15

¹ The estimates of HIV prevention resources that are directed to programs that target MSM are taken from National AIDS Spending Assessments, an exercise carried out between the country's Ministry of Health and UNAIDS. The denominator is all "HIV prevention dollars (domestic and international) spent during the last year that this data was published." The estimates of new HIV infections due to sex between men are from modes of transmission studies, studies that rely on a person's willingness to be truthful in sharing how they believe they contracted HIV. It is therefore likely an underestimate.

Activity 1.3:

Policies and Strategies

TIME



SLIDES

16-22

DIFFICULTY



INTERACTIVITY



Description:

Several USG agencies and multilateral institutions have demonstrated their support to GSMs by issuing policies and strategies that integrate gender and sexual orientation. This section explains existing legal protections for USG staff and contractors against employment discrimination based on sexual orientation and gender identity. Several key policies related to GSMs in HIV programming are reviewed, and the Updated Gender Strategy is presented as a tool to help programs account for the impact gender norms have on health.

Goals:

- Learn which USG policies prohibit discrimination against GSMs in the workplace.
- Understand that including GSMs in HIV programming is in line with USG and international recommendations.

Steps:

SLIDE 16

1. Discriminating against someone at work because of one's real or perceived sexual orientation or gender identity is prohibited.
2. Ask a participant to read Executive Order 11478 shown on the slide.
 - a. Ask if there are any questions.
 - b. Make the point that sexual orientation and gender identity are only two

1

Discriminating against someone at work because of one's real or perceived sexual orientation or gender identity is prohibited

Overview

Five Facts

Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

Executive Order 11478 bars discrimination against federal employees on the basis of race, color, religion, sex, national origin, disability, age, status as a parent, sexual orientation, or gender identity.

- President Clinton added sexual orientation to the list in May 1998, and President Obama added gender identity in July 2014.

SLIDE 16

aspects of a person and that a person will have many other identities and statuses, some of which are also protected by non-discrimination legislation.

- c. The U.S. Embassy Equal Opportunity Employment representative may be present and able to better handle questions.

SLIDE 17

- 3. Read the “For more information” slide (Slide 17).
 - a. Ask if there are any questions. Defer to the U.S. Embassy Equal Opportunity Employment representative, if present.

1

For More Information

The Department of State's Equal Employment Opportunity regulations are located at [3 Foreign Affairs Manual 1500](#), which are currently being revised in light of the President's most recent Executive Order.

SLIDE 17

SLIDE 18

- 4. Explain to participants that PEPFAR is well positioned to support the health and rights of GSMs. Mention the following:
 - a. We cannot achieve our goal of an AIDS-free generation without reaching GSMs with quality HIV services.
 - b. We cannot reach GSM without addressing stigma and discrimination.
 - c. The importance of reaching MSM and transgender people are mentioned throughout PEPFAR 3.0.
 - d. PEPFAR 3.0 includes a specific action step to increase access to and uptake of HIV services by key populations.

1

PEPFAR 3.0

Gender and sexual minorities, and especially MSM and transgender people, are an important part of PEPFAR 3.0's Impact Action Agenda, Partnership Action Agenda, and Human Rights Action Agenda.

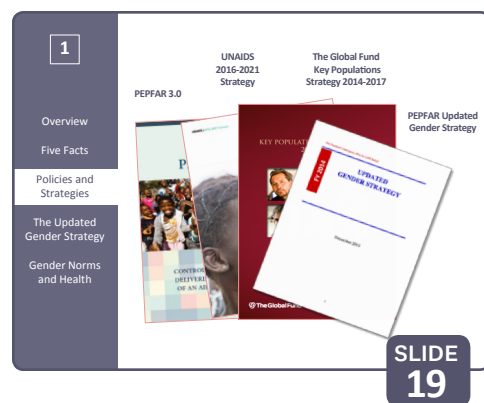
SLIDE 18

FACILITATOR TIP

You can use this as an opportunity to, again, personally thank participants for their dedication and for taking time out of their busy schedules to learn more and work towards accomplishing our shared goal.

SLIDE 19

5. Review how MSM and transgender people are key parts of global HIV strategies.
 - a. Discuss details about these documents as you see fit. Mention that UNAIDS' 90-90-90 targets have been integrated into PEPFAR 3.0.
 - b. GSMS are an integral part of the PEPFAR Updated Gender Strategy which explicitly calls attention to the importance of including GSMS when integrating gender. Because of differences in risk, the Updated Gender Strategy specifies MSM and transgender people.



6. Review the PEPFAR Updated Gender Strategy
 - a. The PEPFAR Updated Gender Strategy helps HIV programs account for the myriad impacts gender norms have on an individual's health and well-being.

SLIDE 20

7. Ask, "Why is integrating gender important?" (Slide 20).
 - a. The PEPFAR Updated Gender Strategy articulates not only why integrating gender is important, but provides guidance to country teams on how to advance gender equality throughout the HIV continuum of prevention, care, treatment, and support.

- b. All HIV programs should identify gender-related issues, particularly issues related to gender inequalities and GBV, and take concrete steps to address them throughout the program cycle. The PEPFAR Updated Gender Strategy demonstrates how gender norms can influence health outcomes for men, women, girls, and boys, including GSMs.

SLIDE 21

- 8. Review “A Framework for Results” (Slide 21).
 - a. PEPFAR recognizes the link between gender inequalities and norms, GBV, and HIV, and utilizes a two-pronged approach to address these issues. This approach seeks to:
 - b. Take specific, measurable actions to address inequities, harmful norms, and GBV that prevent women and men, boys and girls from achieving optimal health. The strategy is built around a results framework that details the overarching approaches and types of activities that PEPFAR programs should implement to integrate gender issues into HIV prevention, care, treatment, and support; the intended outputs and outcomes that may result from these activities; and key programming approaches. In addition, the framework identifies primary target populations to be considered for gender activities within HIV programming.
 - c. The strategy details the who, why, what, and how of gender integration into HIV programs, and also lays out requirements for gender analysis, new indicators, and budget attributions.

1

Overview
Five Facts
Policies and Strategies
The Updated Gender Strategy
Gender Norms and Health

A Framework for Results

The *Updated Gender Strategy*

- Details the relationship between gender inequality, GBV, and HIV
- Is based upon a two-pronged approach to gender integration;
- Is built around a detailed results framework
- Details the who, what, why, and how of integrating gender into HIV programs

SLIDE 21

SLIDE 22

9. Then describe the “New Requirements” for gender integration (Slide 22).
 - a. The bullet points on this slide can be updated if requirements and indicators change over time.

1

New Requirements

Overview

Five Facts

Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

1. An interagency gender analysis is required by March 2016
2. Monitoring, evaluation and reporting indicators and Site Improvement through Monitoring System core essential elements domains on gender equality and GBV are aligned and reinforce each other
3. Teams are encouraged to use the gender equality or GBV cross cutting budget attributions

SLIDE 22

THE LINK BETWEEN GENDER INEQUALITIES AND NORMS, GBV, AND HIV

The relationship between gender inequalities and norms, GBV, and HIV has been well documented:

- Gender norms and inequalities increase women’s and girls’ vulnerability to HIV due to multiple factors. These may include limited ability to negotiate safer sex, engaging in transactional sex, and curtailed ability to test, disclose, and access HIV treatment because of fear of violence and abandonment (World Health Organization, 2013a).
- Men and boys are affected by gender expectations that may encourage risk-taking behavior, discourage accessing health services, and narrowly define their roles as partners and family members (Pulerwitz et al., 2010; Barker et al., 2007).
- Gender norms around masculinity and sexuality also put MSM at increased risk for HIV.
- Norms around gender and sexual identity put transgender populations and others who are perceived to have transgressed those norms at greater risk for GBV.
- GBV fosters the spread of HIV by limiting one’s ability to negotiate safe sexual practices, disclose HIV status, and access services due to fear of reprisal (Dunkle and Decker, 2012). Sexual violence can also directly lead to HIV infection (World Health Organization, 2013b).

Activity 1.4:

Gender Norms and Health



Description:

A rich discussion on 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 into the discussion is important. No one person’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 their own opinions and hearing from others.
- See how much variation and interpretation 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.

Steps:

1. Ask the group to stand in the center of the room. Explain that you are going to call out a statement. Tell the participants to step to the right if they agree with the statement, or step to the left if they disagree.
 - a. Read each statement word-for-word, slowly and clearly.
 - b. All participants should answer based on their own personal feelings. Let participants know that there is no right or wrong answer.

FACILITATOR TIP

If anonymity of opinions is a concern with the group, you can modify this activity. For example, have participants write their responses on a piece of paper, fold it over, and pass it to a facilitator who will count the responses.

- c. If statements appear like they are open to interpretation, don't worry because they were designed in this way.
2. After each statement, process the results as a group. There should be a rich discussion. Even if people have similar answers, ask them why they answered that way and why a person could answer differently in their country. Feel free to spend about five minutes reviewing each statement. If the group doesn't hit some of the key discussion points (listed below for each statement), the facilitator should steer the conversation towards them.

SLIDE 24

3. Read the statement, "It bothers me when I see a man act like a woman" (Slide 24).

Key discussion points include:

- a. What does it mean to "act like a woman" in your country?
- b. 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?
- c. Culture and tradition are very important in bringing a community together. However, some beliefs and practices can have incredibly 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 the provider or institution; inability to negotiate; inability to share information that may assist with health diagnoses; and/or inability of provider to ensure clients' needs are properly met.

1

Overview

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Gender Norms and Health

It bothers me when I see a man act like a woman.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

SLIDE
24

FACILITATOR TIP

Ensure in each question, you are linking the discussion back to gender and gender roles so that participants begin examining their own beliefs around gender.

See if there is an opportunity to orient each discussion towards how gender norms translate into health effects.

SLIDE 25

4. Read the statement, “Under some circumstances, it’s okay for a man to discipline his wife” (Slide 25).

Key discussion points include:

- a. Open, honest communication is important in any healthy, loving relationship. It is important for partners, men and women, 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 where one person tells the other person what is right and wrong. It also connotes some sort of punishment, as opposed to healthy dialogue between equal partners.
- c. Adult partners are not children and should be in an equal relationship.
- d. Any form of physical or emotional violence in the context of an intimate relationship, no matter if it is homosexual or heterosexual, has serious consequences, not only for the person experiencing the violence, but for the entire family and ultimately the community. It is not just about one incident, but about the long-term effects such violence has on health. These effects include 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.

1

Under some circumstances, it's okay for a man to discipline his wife.

Overview

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Policies and Strategies

The Updated Gender Strategy

Gender Norms and Health

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

SLIDE 25

IN A WORD - The word discipline will be a hot button and may stir controversy. If the conversation gets off topic, bring it back to understanding power relationship and gender expectations.

FACILITATOR TIP

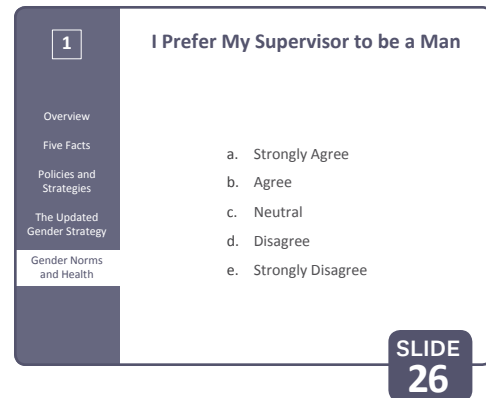
After seeing the results of this question, you may want to return to the results of the first question where discipline is mentioned to compare and discuss whether the differences in how people answered reflect differences in gender norms or not.

SLIDE 26

5. Read the statement, “I prefer my supervisor to be a man” (Slide 26).

Key discussion points include:

- a. What makes a good supervisor?
- b. People should not be judged based on preconceived notions. Rather, they should be judged on their qualifications and experience, and whether they can do the job well.
- c. What can we lose as a team, as a workforce, as health professionals if we judge people based on preconceived notions?
- d. If you have time, you could also discuss “gendered” roles and professions (e.g., supervisory roles), a topic that you may revisit when discussing gender expression.



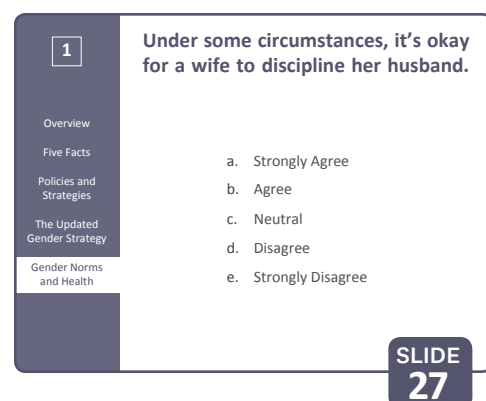
Slide 26 is a presentation slide with a dark blue sidebar on the left and a white main area. The sidebar contains a navigation menu with the following items: '1' (highlighted), 'Overview', 'Five Facts', 'Policies and Strategies', 'The Updated Gender Strategy', and 'Gender Norms and Health'. The main area features the title 'I Prefer My Supervisor to be a Man' at the top, followed by a list of five response options: 'a. Strongly Agree', 'b. Agree', 'c. Neutral', 'd. Disagree', and 'e. Strongly Disagree'. A dark blue box in the bottom right corner of the slide contains the text 'SLIDE 26'.

SLIDE 27

6. Finally, read the statement, “Under some circumstances, it’s okay for a wife to discipline her husband” (Slide 27).

Key discussion points include:

- a. Did you feel differently about this slide than the one that said it was okay for a husband to discipline his wife?
- b. Did you think about the word “discipline” differently?
- c. As we discussed before, discipline connotes an unequal relationship. What we really want is open, honest communication between partners.



Slide 27 is a presentation slide with a dark blue sidebar on the left and a white main area. The sidebar contains a navigation menu with the following items: '1' (highlighted), 'Overview', 'Five Facts', 'Policies and Strategies', 'The Updated Gender Strategy', and 'Gender Norms and Health'. The main area features the title 'Under some circumstances, it's okay for a wife to discipline her husband.' at the top, followed by a list of five response options: 'a. Strongly Agree', 'b. Agree', 'c. Neutral', 'd. Disagree', and 'e. Strongly Disagree'. A dark blue box in the bottom right corner of the slide contains the text 'SLIDE 27'.

SLIDE 28

7. Read the “Key Takeaways” for Module 1 (Slide 28).
 - a. The USG prohibits discrimination based on sexual orientation and gender.
 - b. An AIDS-free generation is impossible without reaching gender and sexual minorities.
 - c. Gender norms are a powerful influence in the health and lives of all of us.
 - d. The PEPFAR Updated Gender Strategy helps us account for the effect that gender norms have on populations who need services.

1

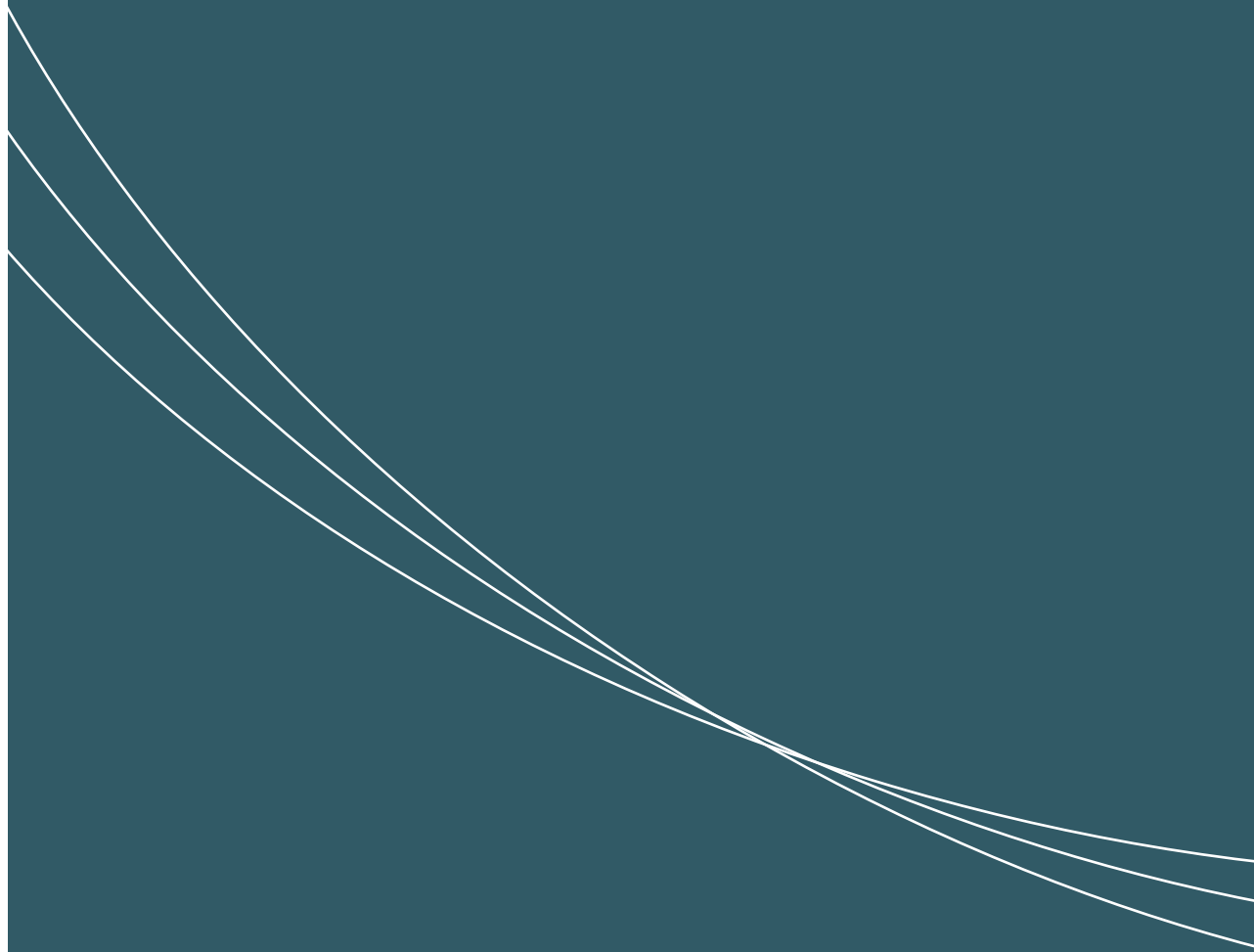
Overview
Five Facts
Policies and Strategies
The Updated Gender Strategy
Gender Norms and Health

Key Takeaways

- The USG prohibits discrimination based on sexual orientation and gender.
- An AIDS-free generation is impossible without reaching gender and sexual minorities.
- Gender norms are a powerful influence in the health and lives of all of us.
- The PEPFAR *Updated Gender Strategy* helps us account for the effect that gender norms have on populations who need services.

SLIDE 28

05



MODULE 2:

Concepts and Terminology on GSD

Description

This module exposes participants to GSM basics and offers opportunities to discuss and apply them, 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 to understand gender and are each discussed at length. 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 GSMs. At the end of the module, small groups read short case studies and brainstorm ways of supporting hypothetical colleagues who experience gender-based discrimination.

Structure

- 2.1. You Soup
- 2.2. The Gender Person
- 2.3. Additional Terminology
- 2.4. Local Terminology
- 2.5. Myths and Misconceptions

Learning Objectives

At the end of Module 2, participants will be able to

1. Understand that everyone has a biological sex, gender expression, and sexual orientation. Most people have a gender identity. Recognize that each of these exists on a continuum.
2. Describe how language and words can create and perpetuate stigma against GSMs.
3. Use inclusive/sensitive language in the workplace by distinguishing between GSM-related terms that may be used in the workplace, and those that are not appropriate.
4. List common GSM myths and biases, and describe how they may affect one's own behavior, the workplace environment, and professional performance in the workplace.
5. List appropriate actions one could take to address workplace discrimination against GSMs.



Description:

You soup illustrates how we are all made up of a unique combination of “ingredients” and how focusing on only one or two doesn’t tell the whole story of whom we are as individuals.

Goals:

- Foster friendly connections among the group, contributing to a lively and positive tone of the training, and possibly a more connected workplace after the training.
- Frame identity as the sum of countless characteristics that make up each person, of which gender and sexuality are only two.

Steps:

SLIDE 30

1. Tell a story about a beloved family recipe, describing all of the ingredients necessary to make this special dish. Alternatively, take a bowl around and ask participants to contribute imaginary ingredients or create your own related opening that uses the pot of “You Soup” found on Slide 30. If you’d like, substitute a popular local dish for the soup.
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,

BASE AND BROTH	EARLY ADDITIONS	OPTIONAL	SECRET INGREDIENTS
Ethnicity	Socioeconomic Status	Hobbies and Passions	Personal Experiences
Gender	Geographic Location	Religion and Faith	Hidden Experiences
Sexual Orientation	Education	Career	
Disability Status	Family Structure	Political Beliefs	

SLIDE 30

those at the “top of our soup,” people come to learn about early on. Other ingredients we only share after we trust someone or may choose to keep hidden. Yet each 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 example, you might think about your sex, gender, profession, where you come from, your 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 may be visible to others; some may be hidden; some are placed 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 1, this training focuses on just two areas of identity: gender and sexuality. People are made up of much more. Please remember this throughout the training.

FACILITATOR TIP

The categories of ingredients are only to get people thinking about their own. 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:

The Gender Person



Description:

Participants will now apply the concepts learned so far in the training through realistic case studies based in the workplace. Small group work followed by report-outs to the whole group results in practical, specific action steps that participants can take both individually and organizationally.

Goals:

- Understand and apply 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.

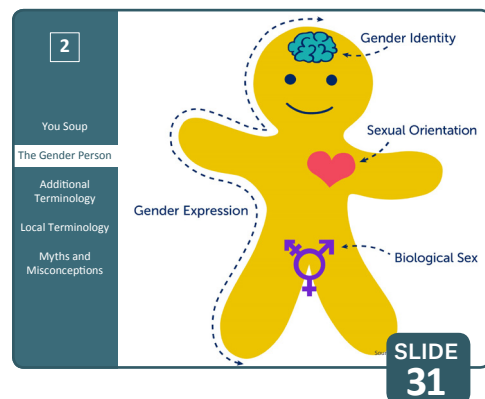
Steps:

SLIDE 31

1. Introduce The Gender Person (Slide 31). It 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

2. Start by saying, “Let’s begin with biological sex!”



FACILITATOR TIP

Try using your hands when mentioning each dimension (e.g., point to your head when saying “gender identity” and make an outward motion when saying “gender expression”).

SLIDE 32

- Ask participants to choose the correct definition of biological sex from the four options on Slide 32. Point out that this is not a test, but a fun way to learn what is probably new material for most people.
- Slowly read each answer aloud, pausing between each for a moment. Allow time for participants to absorb the options, and then ask for a volunteer to give the answer.

2

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

Which of the following is the meaning of biological sex?

- 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.
- An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- 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.

SLIDE 32

SLIDE 33

- Show Slide 33 and read the correct definition: “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.”
- Ask participants if they have any questions or comments.
- Transition with a statement like, “But what does that mean exactly? Let me explain further.”
- Explain biological sex:
 - 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).

2

You Soup

The Gender Person


Additional Terminology

Local Terminology

Myths and Misconceptions

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.

SLIDE 33

- b. However, biological sex is much more complicated than just someone's 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 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 later in life 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 have most but not all of these characteristics. A man may have larger than usual breasts or a woman may have narrow hips. Depending on the climate of the room, ask for more examples from the audience.
9. So far, none of this should be surprising. 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 seem to fit the typical definitions of female or male.
 - a. For instance, in approximately one in 2,000 births, the genitalia are not clearly male or female (Blackless et al., 2000). Other times, there may not be any visual indication that someone is intersex.
 - b. In fact, for many people, the indications that they might be intersex don't appear until they get older (often after going through puberty).
 - c. This is more common than you may think. In approximately one in 100 births, there is some deviation in any of the many sex characteristics that were mentioned.
11. It's 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

FACILITATOR TIP

Feel free to walk up to the screen and point to the continuum, noting that individuals can exist anywhere along it. For example, some women have facial hair, and some men have broad hips. Somewhere along the center—parameters are understood differently around the world—is where someone who is intersex would exist.

- 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

1. To move to the next term, start by saying, “Now, let’s move on to gender expression.”

SLIDE 34

2. Slowly read each definition aloud from Slide 34, pausing in between for a moment. Ask for a volunteer to read the correct answer.

2

Which of the following is the meaning of gender expression?

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

- a. 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.
- b. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- c. A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- d. 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.

SLIDE 34

SLIDE 35

3. Read the correct answer word-for-word from Slide 35: “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.”
4. Ask participants if they have any questions or comments.
5. Then transition by saying, “Let’s explore the topic of gender expression further.”

2

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.


You Soup

The Gender Person

Additional Terminology


Local Terminology

Myths and Misconceptions



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

Gender Expression



SLIDE 35

- a. Gender expression is about how you present and express yourself to the world; it often is the most immediate way that someone learns about your gender.
- b. Clothing, mannerisms, gait, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more make up what we consider to be a person’s gender expression.
- c. It’s (also) easiest to understand gender expression as a continuum, this time with feminine and masculine on either end.

6. Ask one or two people to give examples of behaviors or expressions that are considered feminine. Now do the same for masculine.
7. Explain that one's gender expression is often shaped by gender norms. Gender norms pressure people of all genders to behave in certain ways.
8. Read the definition of gender norms: "A culturally-defined set of roles (economic, social, and political roles), responsibilities, rights, entitlements, and obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls."
9. 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.
10. 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.
11. Discuss how gender norms change over time. Sometimes shifts in gender norms change over large periods of time. Other times, shifts occur over just a few years or months (e.g., fashion trends). Ask for an example of this happening in the local society.
12. Likewise, a person's gender expressions can shift, whether it is because of changing gender norms or just personal discovery or safety. Take for example someone who only feels comfortable expressing their gender in a way that society frowns upon when they're around friends at the end of the day. At the beginning of the day, when that person is around colleagues, they may feel pressured to express their gender in a different way.
13. Ask for a volunteer or two to pick a local culture or community, or even society at large, and describe how someone whose gender expression does not conform to their biological sex might experience stigma and discrimination.
14. Ask participants if they have any questions or comments.
15. Go over these takeaway messages
 - a. Everyone has one or more gender expressions and, for most people, they are influenced by gender norms.
 - b. Gender expression exists along a continuum and, for many people, changes over time—even within a day—and in different settings.

FACILITATOR TIP

If participants have been through Module 1, they already discussed gender norms—just remind them of the key points. There will be many opinions, they surround us, and are often the source of controversy.

Gender Identity

1. Next say, “Now, let’s learn about gender identity.”

SLIDE 36

2. Slowly read each definition aloud from Slide 36, pausing in between for a moment. Ask for a volunteer to supply the correct answer.

2

Which of the following is the meaning of gender identity?

- a. 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.
- b. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- c. A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- d. 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.

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

SLIDE 36

SLIDE 37

3. Showing Slide 37, read the correct answer word-for-word: “A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.”
4. Ask participants if they have any questions or comments.
5. Transition by saying something to the effect of, “Let’s explore the topic of gender identity further.”

2

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 referring to an individual whose gender identity is different from their sex assigned at birth.

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

Gender Identity

Woman

Man

SLIDE 37

- a. Gender identity is how a person understands their own gender. Deeply felt, it can remain 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 or hostility towards gender non-conformity.

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

- e. Explain that people who develop a gender identity that does not correspond with that person's biological sex often fall under an 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."
6. Ask participants if they have any questions or comments.
7. Share these takeaway messages with participants
 - a. Gender identity is one's internal or inside experience of gender; how one wishes to define their own gender.
 - b. Sometimes it is the same as that person's biological sex, sometimes not.
 - c. Like the other dimensions we've looked at, gender identity exists along a continuum.

FACILITATOR TIP

The difference between gender expression and gender identity can be confusing to some. 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.

- Participants may have questions about the concept transgender. 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 (e.g., hormone therapy, sex reassignment surgery). Not all transgender people wish to alter their biological sex, even if the cost of sex reassignment were not a consideration. Unlike transgender, transsexual is not an umbrella term. Before assuming that someone uses any word to identify their gender, it is respectful to ask them which term they use to identify their gender.
- A **transvestite** is a person who dresses in a style or manner traditionally associated with a different gender. 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.

Sexual Orientation

SLIDE 38

1. Next, ask participants to consider sexual orientation. Using Slide 38, slowly read each answer aloud, pausing in between for a moment. Ask if anybody can select the correct definition for the group.

2

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

Which of the following is the meaning of sexual orientation?

- a. 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.
- b. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- c. A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- d. 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.

SLIDE 38

SLIDE 39

2. From Slide 39, read the correct answer word-for-word: "An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender."
3. Begin the discussion by stating, "Let's learn more about this topic."
 - a. As with the previous three dimensions, sexual orientation exists on a continuum and so each person's sexual orientation is unique. However, four categories are commonly used to understand a person's sexual orientation.
4. 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.'"
5. Read the definition of homosexuality: "An enduring emotional, romantic, or sexual attraction primarily or exclusively people of the same gender. People who are homosexual often identify as 'gay' or 'lesbian.'"

2

You Soup

The Gender Person


Additional Terminology

Local Terminology

Myths and Misconceptions

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."

Sexual Orientation

Heterosexual ————— Homosexual

SLIDE 39


SLIDE 40

6. 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.’”
7. Read the definition of asexuality: “An enduring absence of sexual attraction. People who are asexual often identify as ‘asexual.’”

2

Sexual Orientation

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



Bisexuality: An enduring emotional, romantic, or sexual attraction 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.”

Sexual Orientation

Heterosexual ← → Homosexual

SLIDE 40

8. 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 and instead view sexual orientation as more fluid.
9. Explain that evidence suggests that efforts to force or coerce a person to change their sexual orientation do not work and they can cause serious psychological damage (PAHO and WHO, 2009).

FACILITATOR TIP

The topic of changing a person’s sexual orientation is sensitive. Treat with respect participant stories about changing sexual orientation. But note that collectively, evidence has consistently shown that such efforts fail.

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

11. Share the following takeaway messages:

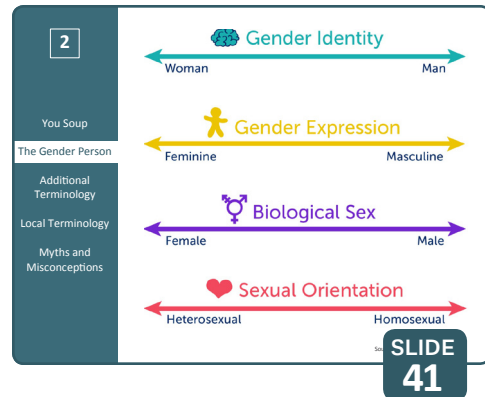
- a. Sexual orientation is about emotional, romantic, and sexual attraction
- b. Everyone has a sexual orientation and sexual orientation exists along a continuum
- c. How we divide the continuum into categories, or whether we do so at all, depends on a society’s norms and, ultimately, the individual

Continuums

1. Explain that biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. Use the following script while showing Slide 41:
 - a. The four continuums are interrelated in that one may influence the other. For example, one’s biological sex influences one’s gender identity. One’s sexual orientation might even influence one’s gender expression.

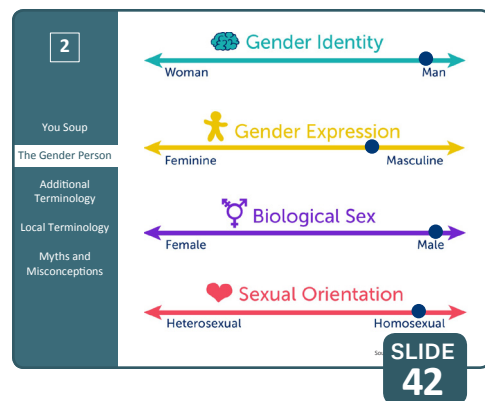
SLIDE 41

- b. However, where a person falls on one continuum does not determine where they fall on another. They are not interconnected. For example, just because someone is born biologically female, it does not mean that the same 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 on one continuum based on where they exist on another is not only often wrong, it can be insulting.



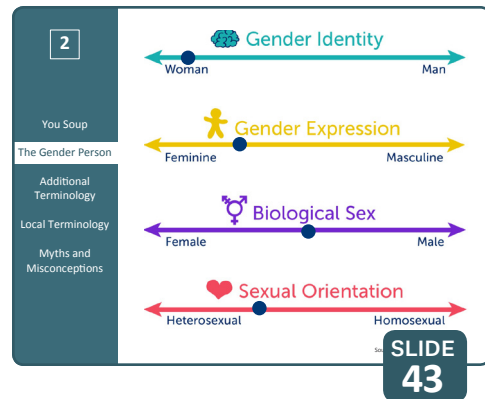
SLIDE 42

2. Customize slides 42 and 43 to your liking before the training by moving the black dots on each continuum. There are two ways of presenting these two slides:
 - a. Option A (personal experience): Customize Slide 42 by moving the black dots on each continuum to represent your own biological sex, gender expression, gender identity, and sexual orientation. 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." Explain briefly where this imaginary person exists on the continuums. Be sure not to use a name in case anyone in the audience has that name.



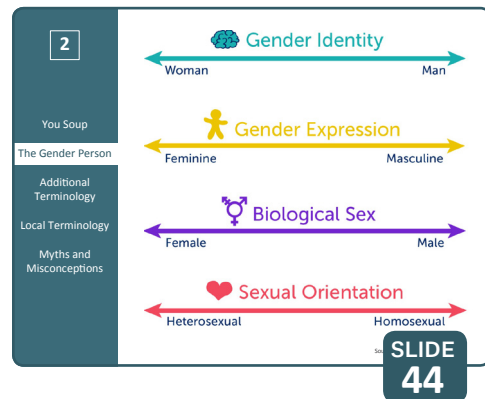
SLIDE 43

3. Slide 43 should represent different locations on each continuum except gender expression. Present this slide in the following way:
 - a. If you used Option A with Slide 42: Explain that, “Someone who looks and acts and dresses just like me (i.e., gender expression), might actually be located somewhere completely different along the other continuums.”
 - b. If you used Option B with Slide 42: Say, “Another person who looks and acts and dresses just like that person (i.e., gender expression), might actually be located somewhere completely different along the other continuums.”



SLIDE 44

4. Show Slide 44 and invite participants to silently reflect on the material you've just covered and consider how these continuums may apply in your own lives." Pause for 30 seconds before moving on to the next activity. Don't ask participants to share where they lie on the continuums.



Activity 2.3:

Additional Terminology



Description:

Participants match cards which contain terms and their definitions. The terms build on words learned in previous activities and relate to public health and GSMs. Once each pair of cards is matched, participants read them aloud and discuss the significance of the terms.

Goals:

- Build vocabulary that can be used in public health programs for GSMs.
- Expand participants' understanding by exposing them to words that may not be used much (e.g., heteronormativity).

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 GSMs 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 D), giving one card (i.e., term or definition) to each participant. If there are more cards than participants, begin giving one additional card to each participant until all 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.
4. Display the first term on the screen (i.e., MSM) and ask the person who has that terminology card to read the corresponding definition.
5. After each term is read, ask if there are any questions about the term. Then ask if someone could share why they believe the term is important to know or how they believe the term is relevant to their workplace and programs. Each term should have no more than two to three minutes of discussion before moving onto the next term. Each term below has sample questions you can use to get discussions started. Choose the question(s) most appropriate for your group.

SLIDE 45

MSM

- How did the term “MSM” come about? Why is it important to know?
- Is MSM an identity?
- How does MSM differ from LGBT or GSM?

LGBT

- What is the difference between “GSM” and “LGBT?”
- When is it right to use LGBT instead of GSM and vice versa?
- Why is it important to respect and value a person’s identity?
- How does this impact our programs or our workplaces?

GSM

- A colleague (who wasn’t at this training) stops you in the hallway and asks, “I heard about this term GSM—isn’t that the same as LGBT?” What would you tell them?

2

Additional Terminology

You Soup	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.
The Gender Person	LGBT	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).
Additional Terminology	GSM	The majority of the world’s population is presumed heterosexual and male or female. Gender and sexual minorities are everyone else, people whose gender, sexual orientation, or sexual characteristics are different.
Local Terminology		
Myths and Misconceptions		

SLIDE 45

FACILITATOR TIP

Prepare examples for each term that are relevant to both the workplace and programs in case none are provided by participants. One example for the word homophobia is to describe a clinical setting where a nurse refuses to treat a patient because they are MSM.

SLIDE 46

Homophobia/Transphobia

- Are “homophobia” and “transphobia” spoken about in this country?
- Are the terms homophobia and transphobia useful to the work that you do?
- When might be a bad time to use a term like homophobia?
- What are the different layers of homophobia that could exist (internal, interpersonal, social, and systemic)?
- How can homophobia play itself out in our public health programs? Can anyone think of an example in a health clinic?
- How can homophobia play itself out in our shared workspaces? Can anyone think of an example in our workplace?

Heteronormativity

- Can anyone think of an example of “heteronormativity” in an office setting? What about in a health clinic?
- How might this unconscious bias play itself out in our 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?

2

Additional Terminology

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

**HOMOPHOBIA
TRANSPHOBIA**

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

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 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.

SLIDE 46

SLIDE 47

Closeted

- 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 in the closet and it is important that we respect their decision to do so.

2

Additional Terminology

You Soup

The Gender Person

Additional Terminology

Local Terminology

Myths and Misconceptions

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 lesbian, gay, bisexual, or transgender.

OUTING

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

ALLY

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

SLIDE 47

FACILITATOR TIP

The terms closeted, coming out, and outing are sometimes 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?

Coming out

- Why might it be difficult for an individual to “come out” in this country?

Outing

- “Outing” is often done unintentionally. What is an example of how someone could out someone unintentionally? What might be an example where someone is intentionally outed?

Ally

- Is the term “ally” used in this country? If not, what would an alternative be?
- Can someone be an ally even though they identify as lesbian, gay, bisexual, or transgender?
- Being an ally is not as hard as you might imagine. Sometimes, being an ally simply means that you support someone who experienced discrimination. We will discover what this means during one of today’s activities.



Description:

Participants generate a “word cloud” of local terminology that aids participants 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 inappropriate. As the facilitator, you must emphasize the harm caused by these words.

This exercise is powerful because of the feelings it brings out. For that reason strongly reinforce the key ideas of non-discrimination and creating a welcoming environment. Enlist participants to help reinforce and validate these ideas.

A broader reflection about the kinds of verbal abuse GSMs regularly experience can also foster empathy. This exercise also helps to emphasize just how prevalent and diverse GSMs are in the local country. A local facilitator can help interpret the meaning and power of the words used.

Goals:

- Learn about or review local terms used to refer to GSMs and what they mean.
- Recognize the power and tone of these words and 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 GSM stigma and discrimination through workplace and health program examples.
- Demonstrate the existence and diversity of GSMs in the local setting.

Steps:

SLIDE 48

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 many and not worry if they are slang or street language.

2. Ask participants to write one word on each sticky note. They may write as many sticky notes as they like.
3. As they become ready, have participants come up and post their sticky notes on the wall. 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 ones that seem to be very 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).
7. Ask the group to comment on the final placement of the words. Ask the group to discuss—and agree on—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 are so many of the words negative?
 - c. How might a person who is a GSM feel about this word cloud we have created? Imagine this as their daily reality. Does this provide insight into links between language and stigma?

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

FACILITATOR TIP

Note that negative means any word that a person who is a GSM may find insulting or offensive.

Although some words have been “reclaimed” by GSMs for positive use, it’s important to take care when using them as a non-GSM

FACILITATOR TIP

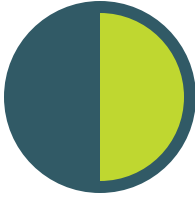
During this exercise, participants may become focused on one or two words and debate them amongst themselves. While this is important, make sure that they aren’t missing the bigger picture. Help the group to focus on language broadly and the way in which words are used to empower or disempower.

- d. Which 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 GSMs should not be used at work or in programs.
 - b. Perhaps we can work together to create and use positive and inclusive language that will help us all do good work and live positive lives.

Activity 2.5:

Myths and Misconceptions

TIME



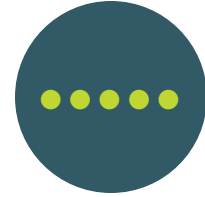
SLIDES



DIFFICULTY



INTERACTIVITY



Description:

Participants will now apply the concepts learned so far in the training through realistic case studies based in the workplace. Small group work followed by report-outs to the whole group results in practical, specific action steps that participants can take both individually and organizationally.

Goals:

- Name, discuss, and debunk common myths about GSMs.
- Realize how much a person can do to support a positive and fair workplace.
- List specific actions that can support a colleague who experiences stigma and discrimination related to sexual orientation and gender.

Steps:

SLIDE 49

1. Explain that small groups will be formed to discuss a case study (Annex E) and to fill in a corresponding case study worksheet (Annex F).
2. Divide participants into four groups, giving each group one case study and one worksheet. If time is short, count off. If time allows, put small slips of paper with character names into a bag, box, or hat and hand it around asking participants to take one slip. Ask participants to look for their character's name around the room.

2

Myths and Misconceptions

You Soup
The Gender Person
Additional Terminology
Local Terminology
Myths and Misconceptions

1. In your small groups, pick someone to read aloud the character study.
2. Discuss whether or not the character experienced discrimination.
3. Discuss the appropriate course of action and the best way you could offer support to the character if you were their colleague.

SLIDE 49

3. Give the groups 15 minutes to discuss their case study and fill in the chart.
4. Have each group report out. Offer other groups the opportunity to ask clarifying questions or make comments. This allows for the exchange of ideas and shared learning. Ensure all of the groups listen to each report out so they can learn from each case study presented.
5. Work with each group to articulate lessons learned and critical ideas. For example
 - a. Harmful effects on the whole workplace, including undermining teams, interfering with work, driving away good staff people, causing a negative atmosphere, and more.
 - b. Everyone can play a part in supporting an excellent workplace and career advancement through a range of actions.
6. Make sure the group agrees that action taken on behalf of another should be done in coordination with that person. That person may prefer another solution—or none for now.

SLIDE 50

7. Review the takeaway messages listed on Slide 50:
 - a. Everyone has a biological sex, gender expression, and sexual orientation. Most people also have a gender identity. Each exists on a continuum and varies from person to person.
 - b. It is important to understand key terms and concepts related to GSMs and use respectful language in the workplace and programs.
 - c. Be cognizant of common myths regarding GSMs and be ready to support our colleagues.

2

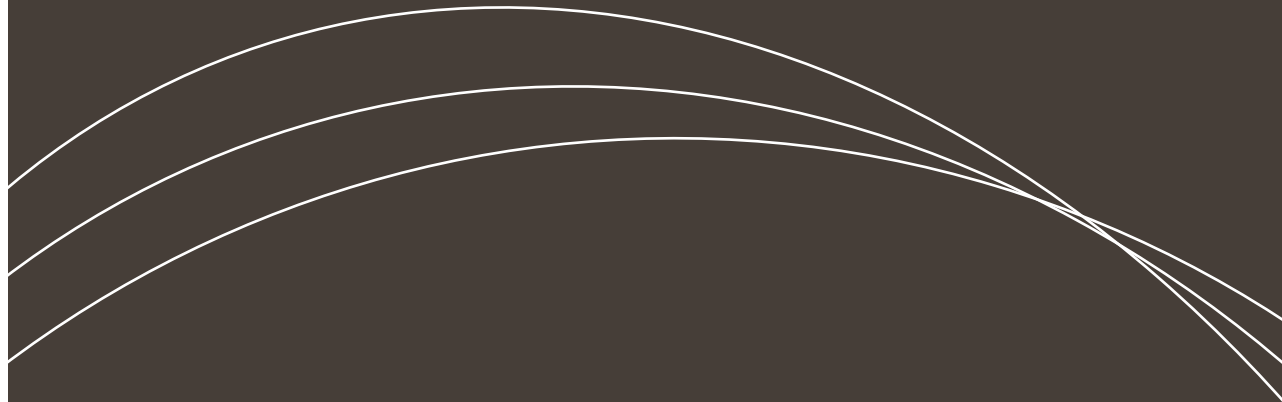
You Soup
The Gender Person
Additional Terminology
Local Terminology
Myths and Misconceptions

Key Takeaways

1. Everyone has a biological sex, gender expression, gender identity, and sexual orientation. Each of these exists on a continuum and varies from person to person.
2. It is important to understand key terms and concepts related to GSM and use respectful language in the workplace and programs.
3. Be cognizant of common myths regarding GSM and be ready to support our colleagues.

SLIDE 50

06



MODULE 3:

Local Advocates' Panel

Description

This module introduces participants to individuals with real world, locally relevant experiences in 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. Participants begin to understand how the concepts and terminologies acquired in Module 2 apply to their local context. This prepares participants to begin exploring how to take what they have learned in the training and apply it in their programs, which is the focus of Module 4. The panel 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 presented and discussed earlier in the training. Module 3 leaves participants with a number of key, take away messages surrounding GSD issues in their country.

Structure

- 3.1 A panel of three local experts share experiences and information on the local context related to GSD issues.

Learning Objectives

At the end of Module 3, participants will be able to

1. Name local advocates working on GSD in their country
2. Understand how the concepts covered in Module 2 apply in real life
3. Recognize the challenges confronting GSMs in their country

**Description:**

A panel of two local, health or human rights advocates, one human rights legal expert, and a moderator. Each panelist will describe what they each believe to be key challenges, success stories, and priorities for engaging with gender and sexual minorities in their country. Participants have an opportunity to ask questions of the panelists.

Goals:

- Meet members of local GSMs communities and civil society organizations
- Understand the challenges faced by GSMs in their country, due to the social and legal environments
- Solidify an understanding of the concepts covered in Module 2
- Hear recommendations for health and human rights programs
- Ask questions about GSD in a safe environment

Setting up the room:

- Set up a table and chairs for the panelists and moderator in the front of the room.
- Make the experience as intimate as possible with participant chairs no more than three rows deep to ensure close proximity to panelists.

Prior to the panel:

1. Meet with the panelists to share what has been discussed already with participants, introduce them to each other, and share strategies for tackling difficult questions. Inform panelists about the purpose of the panel and the composition of the audience. Wherever possible, include panelists in the first half of the training to ensure they understand the context in which they are being asked questions.
2. Instruct each panelist to come prepared with a ten minute opening statement. Statements could include

PRONOUNS MATTER - Make sure the moderator knows the correct pronoun to use for each of the panelists.

- a. An overview of the legal situation in the country, including any recent events.
 - b. A discussion of the main health, human rights, and development challenges facing GSMs in the country.
 - c. A description of advocacy or services that they or their organizations provide related to GSD.
 - d. Personal experiences and stories about identity, family, community, positive experiences, stigma and discrimination.
3. Encourage panelists to follow a few guidelines:
- a. Speak loudly and clearly
 - b. Have a beginning, middle, and end
 - c. Feel at liberty to not answer personally sensitive or offensive questions
 - d. Keep responses brief
 - e. Link your responses, as best you can, to the first half of the day's training.

Steps:

SLIDE 52

1. The moderator welcomes everybody to the session, explains the structure of the panel: 15-30 minute panelist introductions, followed by 30-45 minutes for question and answer (Q&A) and the process for receiving questions:
 - a. If panelists all indicate ahead of the session they are alright with receiving questions that could be inappropriate, then let the participants know that they will be able to ask questions through two methods: (1) raising their hands during the Q&A; and (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. Cards will be synthesized by the facilitators and read aloud as appropriate.
2. The moderator should introduce all panelists briefly, followed by a 10 minute statement from each panelist. Before the session, customize Slide 57 to display the panelists' names, organizations, and contact information (if they have given permission to share it).
3. The moderator may ask one or two questions to get the conversation started. Then, the Q&A should be opened up to the audience, giving as much time as possible to address audience questions.
4. A member of the facilitation team will collect cards from the audience and screen them before passing them to the moderator. Inappropriate, offensive, or sexually explicit questions will be omitted.
5. When time is up, assure participants that they can contact panelists after the session to continue the conversation and ask any questions there was not enough time for.
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 break to network, shake hands, and exchange contact information.

Sample participant questions from other trainings

- How did you know you were [a GSM]?
- How have those you have told reacted to you coming out?
- What was your experience of accepting yourself as who you are?
- Are you religious?
- Do you want to have children?
- Are you able to access health services? Do you experience stigma or discrimination when you visit a provider?
- What are the greatest challenges GSMs face in our country?
- How do you believe GSMs should be involved in PEPFAR's work in this country?
- Is it legal to provide health services to GSMs?

07



MODULE 4:

Meaningful Engagement

Description

Module 4 builds a shared understanding of the importance of meaningful engagement with GSMs and the key challenges to implementing meaningful engagement effectively. Participants identify and describe opportunities for engaging with GSMs throughout their organization's program cycle.

Structure

- 4.1. Meaningful Engagement: What is it?
- 4.2. Meaningful engagement: In the program cycle

Learning Objectives

At the end of Module 4, participants will be able to

1. Come to a shared understanding of the value of meaningful engagement and awareness of common challenges and pitfalls of engagement, such as inauthentic representation
2. Articulate concrete ideas for engaging gender and sexual minorities in participants' work at every stage of the program cycle

Activity 4.1:

Meaningful Engagement: What is it?



Description:

This activity is a brainstorming exercise in which participants discuss what makes engagement meaningful and identify some of the benefits and challenges of meaningfully engaging GSMS in programming.

Goals:

- Generate a shared understanding of the value of meaningful engagement.
- Create awareness of common challenges and pitfalls such as inauthentic representation.

Steps:

SLIDE 54

1. Show Slide 54 and ask if anyone has heard of the expression, “Nothing about us without us.” If anyone nods their head or indicates they have, ask them to share what they believe it means.
2. Acknowledge participants’ perspective and explain that the concept is actually very old. It first surfaced in recorded history in ancient Greece, where it served as the bedrock of democratic government. Disability activists used it at the turn of the 20th century and it has since been an important concept whenever decisions are made on behalf

4

“Nothing about us without us.”

1. What are the key benefits of meaningful engagement? Why is it important?
2. What are the key challenges of meaningful engagement? Why is it not always easy?

What is it?
In the Program Cycle

SLIDE 54

of underrepresented communities, for example by donors, governments, or 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 to do? What benefit does it give to a program?). If time is short, you can skip the pair discussion and ask for people to raise their hands and suggest benefits to the larger group.
4. Have people share some of these key benefits. As you do this, have another facilitator take notes on a flipchart, summarizing the key benefits.

SLIDE 55

5. Show Slide 55. Acknowledge that actually implementing meaningful engagement is easier said than done. It's not always simple to incorporate into a program and, unfortunately, not all forms of engagement are meaningful. Now ask participants to turn to their neighbor and discuss, for two minutes, the key challenges to achieving meaningful engagement.
6. Go around and have people share some of these key challenges. One of the facilitators should write these on the flipchart.

4

What kinds of activities are opportunities for meaningful engagement?

Examples include...

- Involvement in **situational assessments**
- Consultation on **operational plans and priorities**
- Involvement throughout **all phases of programming, including research**
- Engagement in **advocacy and policy dialogues with national, regional, and global stakeholders**
- Involvement in **response to hostile events**

What is it?
In the Program Cycle

SLIDE 55

Activity 4.2: Meaningful Engagement: In the Program Cycle



Description:

Using small groups, participants will plan for how their agency or organization can integrate meaningful engagement through each stage of their work.

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

Goals:

- Identify concrete opportunities for meaningful engagement.
- Understand the role that participants can play in meaningful engagement.

Version one

Steps:

SLIDE 56 & 57

1. Assign participants to four small groups, either by counting off or based on their professional role, if appropriate.
2. Assign each group to focus on one of the following segments of the program cycle: (1) strategic planning/program design; (2) work planning/implementation; (3) monitoring; or (4) evaluation.
3. Have groups brainstorm concrete opportunities for meaningful engagement

4

Your Small Group Assignment

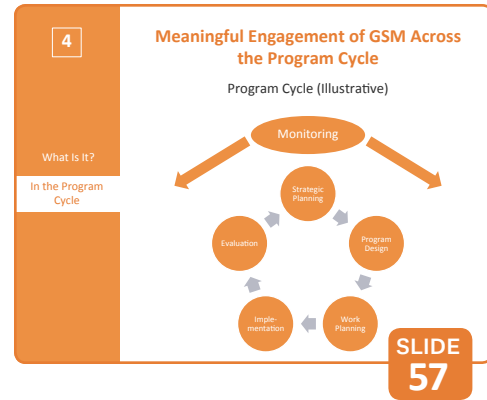
1. Draw a program cycle
2. Show **THREE** opportunities in that cycle for meaningful engagement
3. Where does at least **ONE** of you appear on it?
4. Note **AT LEAST ONE** next step

What is it?
In the Program Cycle

SLIDE 56

in their assigned segment and create a poster using flipchart paper.

4. Instruct participants to think about their own projects or programs while completing this exercise, and try to incorporate lessons learned earlier in the day.
5. Have groups 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 flipcharts, using categories such as “most artistic,” “most thorough,” or other categories at the facilitator’s discretion. Give prizes, such as candy, to the winning groups.



Version two

Steps:

1. Assign participants into small groups based on functional categories or organization/agency.
2. Ask each group to pick one of two questions to answer collectively and to represent the outcome of their conversation on flipcharts, using markers and creative thinking:
 - a. Given what you have learned about gender and sexual diversity today, what are three ways that you can engage more meaningfully with GSMs in your work?
 - b. What indicators would you develop to help you determine whether you engaged meaningfully with GSMs in each of the following program areas: (1) strategic planning/program design; (2) work planning/implementation; (3) monitoring; or (4) evaluation.?

08



Wrap-up and Closing

Taking approximately 20 minutes at the end of the day for a wrap-up session is an important part of the GSD Training. It brings the day to a close and gives time to summarize the lessons learned, reflect upon the day, and articulate participants' commitments to change. Wrap-up can be done 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, the facilitator can 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 1?").

Since participants will be tired at the end of the day, using candy or other prizes can be useful in eliciting participation. People will generally volunteer an answer in return for a small prize. If they get the information wrong, it's a good opportunity to gently reinforce the correct terminology or concept.

After you've recapped the most important points, or you see energy lagging, 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?" Facilitators can phrase questions in whatever way is most appropriate for the conversation.

Usually, participants are eager to share their feelings and 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.

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

Annex A

RESPONDING TO DIFICULT QUESTONS

Are you promoting homosexuality?

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.

Are GSMs in my country a product of western influence?

GSMs 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 since ancient times. So although the term is new to many people, this is not a new phenomenon. People do not choose to be a GSM because it is “in fashion” or “cool” or “Western.”

Why should GSMs have special rights?

These are not special rights; GSMs have the same human rights as all people. GSMs in many countries around the world 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 the 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 intended to disenfranchise GSMs. This is why human rights legislation is sometimes drafted to reinforce the human rights of GSMs more explicitly.

Why do some people hide being a GSM?

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.

Don’t forget that some people may just not feel like sharing this with you. No one is entitled to know about someone else’s sexual orientation or gender identity.

Why do some GSMs 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. When non-LGBT people do it, it is not considered offensive. For example, many heterosexual people talk about their family or have pictures of their partner at their desks. In this and many other ways, non-LGBT people are very open about their sexual orientation and gender identity. Asking an LGBT person to “keep quiet” about his/her sexual orientation or gender identity would be like asking a non-LGBT person to never talk about his or her personal life.

Do GSMs recruit or convert children (or adults)?

Sexual orientation is not a choice for GSM or non-GSM individuals. 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 GSM.

Do GSMs harm children? Where is pedophilia on the continuum?

We are all interested in protecting children from harm. This is a priority for GSMs as well. 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).

We are only talking about sexual attraction between 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 LGBT network. They include 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 towards GSMs, comparing this to apartheid.

GSMs are criminalized in my country. Do I become complicit in an illegal activity by providing services or working on health programs for GSMs?

Most countries do not criminalize people for being LGBT or a GSM. Same-sex sexual activity is currently criminalized in 75 countries, but this is different from identity. At the time of writing, four countries (Albania, Lithuania, Nigeria, and Russia) criminalize “propaganda of homosexuality.” 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 in all but the above four countries (Carroll and Itaborahy, 2015).

I’m afraid to tell my family or community that I work with GSMs. What should I do about this?

One approach that people take is to focus on the development issue that you are addressing. Instead of saying that you help GSMs get healthcare, state 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. In most countries, 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 are 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. We know that this is not a choice or something that can be changed with therapy. Instead, we need to focus on appropriate HIV prevention, care, and treatment programming for GSMs.

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.

Why are some GSMs sex workers?

GSM are disproportionately discriminated against and socially excluded, often leading to limited economic opportunities. As a result, some GSMs may enter sex work. Since sex workers are a key population, this may mean a compounded HIV risk for GSMs.

How do GSMs have sex?

Sex practices among GSMs are as diverse as sex practices among non-GSMs (heterosexual and cisgender) people. Remember that in a professional context it is just as inappropriate to ask a GSM about his or her 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), but there are many others.

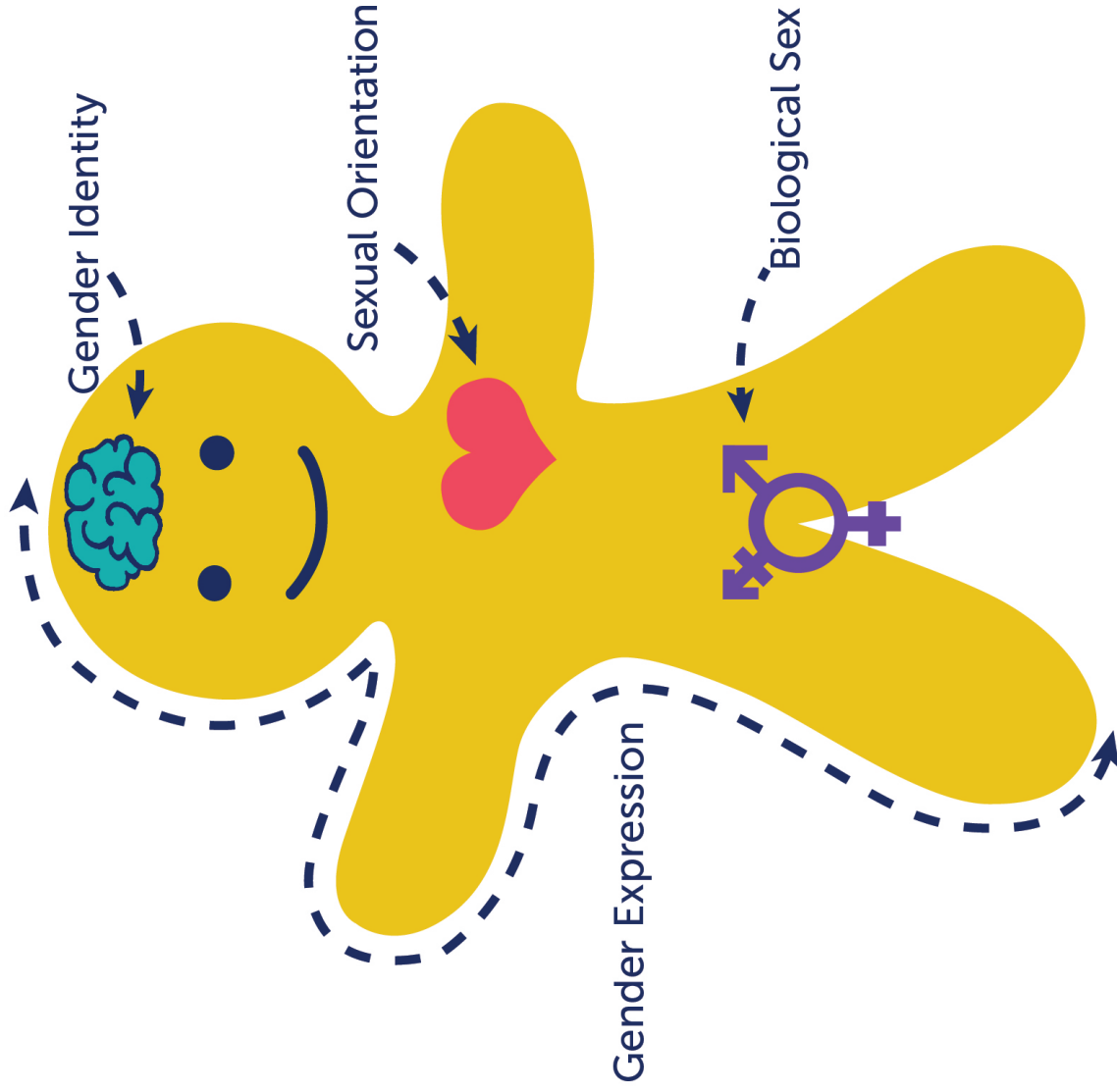
Is there a biological basis for being transgender?

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. And since these two processes can be influenced independently from each other, it may be possible that the brain and the body develop in different directions (Kranz et al., 2014).

Annex B

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.

Annex C

TERMINOLOGY CARDS

heteronormativity

ally

LGBT

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.

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).

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

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

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

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 LGBT or a gender or sexual minority.

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

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.

Annex D

TERMINOLOGY LISTS

Key Gender & Sexual Diversity Definitions

Biological sex:	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.
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, 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.
LGBT:	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:	People whose gender, sexual orientation, or sexual characteristics differ from what is typically expected by a culture or society.
Homophobia/transphobia:	Fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexuality or transgenderism.
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 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.
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 LGBT or a gender or sexual minority.
Outing:	Telling people (e.g., through gossip) or implying that someone else is LGBT or a gender or sexual minority without that person's permission, no matter the intention.
Ally:	A person who openly supports the equal treatment and human rights of gender and sexual minorities.

Annex E

CASE STUDIES

Brad is a senior technical advisor in your office. He identifies as gay and talks openly about his long-time partner with whom he lives. He began his career as a Peace Corps volunteer and feels passionate about development work. In his spare time he enjoys playing golf and organizing social events.

At work, Brad recently took on a youth project that will involve providing technical support and traveling to different branches of the organization. Soon after being assigned this important new role, a small group of staff in the office began gossiping about Brad, raising questions about his motivation for wanting to take on the project. The gossip seems to have been started by someone who thinks that gay men are a danger to children.

The gossip escalates and one of the program officers eventually reports him to senior management, saying that he should be taken off the youth project. He learns of these accusations and becomes both angry and disheartened.



Sylvia is a program officer and 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 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 she must be possessed by a demon that has turned her into a lesbian. She invites Sylvia to go to church with her, so that the demon can be chased away. Sylvia now feels threatened and becomes disillusioned at work.

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 program and has been working in the same office as a junior-level program assistant. You are impressed by his interview and know that his work and work ethic is 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 “overly emotional.” She concludes that the candidate would not represent the program well. Others concur and the decision is made to refocus their attention on other candidates.



Amara is a finance officer and qualified as a chartered accountant four years ago. Amara loves life and has many friends. 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 really like to see some nieces and nephews. Her uncle once even proposed a possible husband for her, which she refused.

Amara was invited to attend a three-month course in Washington, D.C., which she is very excited about. One month after returning, Amara decides to come out as lesbian to her colleagues in the office. She tells three of her closest colleagues, but soon some staff start spreading rumors that she was “converted” in America. She notices that some colleagues start to distance themselves from her.

Ratana is a program officer and has worked at the office for nearly eight months. Ratana is an outgoing person and she loves going out and meeting new people. Ratana lives with her female partner Kwang whom she has been with for 10 years. Ratana is not open about her sexuality but has told two colleagues at work, whom she trusts, about her relationship with Kwang.

When one of the colleagues learns about Ratana's relationship, she thinks that Ratana must have done a very bad thing in a previous life and that she is now being punished to live as a lesbian. The colleague tells Ratana that she must stop being a lesbian and live responsibly so that her next life will be better. Ratana wishes that she had not come out to her colleagues and feels disillusioned at work.



Chanlina works for one of PEPFAR's implementing partners in an outreach program for male and transgender sex workers. She has been working there for almost a year and enjoys carrying out peer education around HIV prevention.

One day when Chanlina arrives at the office for work, she finds that the police are there waiting to talk to her. Two laptops have disappeared and one of the staff members accuses Chanlina of being involved in the theft saying, "It is well known that these people are thieves; we should never have trusted her."

Thu works in the IT department and gets on well with his colleagues from various other departments.

One day, Thu sees a poster on the notice board about a fundraising event that is being run by one of the PEPFAR agencies to raise money for a new lesbian project called “Write to Your Mother.” Thu’s cousin is gay and Thu is a strong advocate for human rights. He decides to ask some of his colleagues if they will come and support the event with him.

One of Thu’s colleagues is quite religious. He hears about the event and tells Thu that this time he is going too far and that he should not mix work with his home life. He tells others that they should not support this event and that Thu must be gay and should stop talking about this at work.



Priya has been working in the office for two years and loves her job. She is 32 years old and lives with her two cousins in the city. She is not married. Priya loves to travel and work out at the gym.

When the chance of applying for a promotion arises at the office, Priya asks some of her colleagues if she should apply. She is encouraged by her close colleagues but later finds out that some of the staff members have been spreading rumors about her sexuality and questioning whether she can really be taken seriously because she is not married and has no family of her own.

Priya is affected by the rumors and feels discouraged. She takes some time off work and thinks about looking for a new job.

Annex F

CASE STUDY WORKSHEET

GROUP _____

What is the common myth about gender or sexual orientation in the scenario? Where do you think the myth comes from:

	EASY	MEDIUM	DIFFICULT
Actions I can personally take to support the person in the scenario			
Actions I can encourage my organization to take to challenge the discrimination			

Any other ideas, comments, or observations?

Annex G

PRE-AND POST-TEST EVALUATION QUESTIONS

Questions 1-23 form the pre-test. Questions 4-27 form the post-test.

1. Could we use your data for research?
Confidentiality is important to us. Your name will never be released and your clicker answers will only be used to make broad statements like: “87% of respondents believe that the chicken came before the egg.”
 - A. Yes, my data may be used for research.
 - B. No, my data may not be used for research.

2. How old are you?
 - A. 25 or younger
 - B. 26-39
 - C. 40-59
 - D. 60-69
 - E. 70

3. How do you identify your gender?
 - A. Man
 - B. Woman
 - C. Neither/both

4. At least two U.S. Government agencies have already issued policies that direct U.S. Government staff worldwide to treat everyone equally in the workplace, including gender and sexual minorities.
 - A. True
 - B. False
 - C. I don't know.

5. Globally, transgender women are ___ times more likely to be living with HIV than adults in general.
 - A. 4
 - B. 8
 - C. 19
 - D. 49

6. The differences between how males and females are expected to act and dress are decided by _____.
 - A. Culture
 - B. Biology
 - C. Both

7. You can reliably predict a person's sexual orientation based on how they act and dress.
 - A. True
 - B. False
 - C. I don't know

8. I can list several ways I could take action to reduce stigma and discrimination against gender and sexual minorities in my workplace.
 - A. Yes, I can.
 - B. No, I can't.
 - C. I don't know.

9. I can name at least TWO local organizations OR activists in my country that are supporting the health and human rights of gender and sexual minorities.
 - A. Yes, I can.
 - B. No, I can't.
 - C. I don't know

10. No one should experience job discrimination because of their sexual orientation.
 - A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

11. All people should be able to have any kind of consensual sex in private without being fined or arrested.
 - A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

12. Gender and sexual minorities should be allowed to express their opinions in public as long as they don't offend most people.
 - A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

13. Gender and sexual minorities should be allowed to be school teachers.
 - A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

14. Same-sex couples should be able to attend workplace social events together as partners.
 - A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

15. Same-sex couples should be legally permitted to marry.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
16. Policies that guarantee equal rights to gender and sexual minorities are bad for society.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
17. It is okay for a newspaper to publicize that a person is a gender or sexual minority without that person's permission.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
18. A person is either a man or a woman.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
19. I am comfortable with masculine women.
- A. Strongly agree

- B. Agree
- C. Neutral/unsure
- D. Disagree
- E. Strongly disagree

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

- A. Strongly agree
- B. Agree
- C. Neutral/unsure
- D. Disagree
- E. Strongly disagree

21. I am comfortable with feminine men.

- A. Strongly agree
- B. Agree
- C. Neutral/unsure
- D. Disagree
- E. Strongly disagree

22. I am comfortable working with feminine men.

- A. Strongly agree
- B. Agree
- C. Neutral/unsure
- D. Disagree
- E. Strongly disagree

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

- A. Strongly agree
- B. Agree
- C. Neutral/unsure
- D. Disagree
- E. Strongly disagree

The following four questions are not for research, they are to know how well we did today.

24. The content was well organized and easy to follow.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
25. I gained new knowledge and information today.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
26. I learned new things today that will be useful in my work.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree
27. I would like to learn more about gender and sexual diversity.
- A. Strongly agree
 - B. Agree
 - C. Neutral/unsure
 - D. Disagree
 - E. Strongly disagree

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