



Pan-Commonwealth Human Rights, Gender & Sexual Diversity Training Toolkit

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About the Human Dignity Trust

The Human Dignity Trust is an organisation of international lawyers supporting local partners to uphold international and constitutional human rights law in countries where private, consensual sexual conduct between adults of the same sex is criminalised. Over 70 jurisdictions globally criminalise consensual same-sex intimacy, putting LGBT people beyond the protection of the law and fostering a climate of fear, stigma, discrimination and violence. Many of these laws sit alongside other sexual offences laws that discriminate against or fail to protect women, children and other marginalised groups. The Trust provides technical legal assistance upon request to local human rights defenders, lawyers and governments seeking to eradicate discriminatory laws and improve protection against violence and hate crimes.

About the Equality & Justice Alliance

The Equality & Justice Alliance is a consortium of international organisations with expertise in advancing equality, addressing the structural causes of discrimination and violence, and increasing protection to enable strong and fair societies for all Commonwealth citizens, regardless of gender, sex, sexual orientation, or gender identity and expression.

The Alliance was formed following the Commonwealth Heads of Government Meeting in London in April 2018 during which then UK Prime Minister Theresa May announced that as Chair-in-Office of the Commonwealth the UK would support Commonwealth governments that want to reform their laws that discriminate against women and girls and lesbian, gay, bisexual and transgender (LGBT) people, many of which are a colonial legacy. The Equality & Justice Alliance was formed to provide this support during the period April 2018 to March 2020, with funding from the UK Foreign and Commonwealth Office in support of the commitments made during CHOGM 2018.

For more information, visit:

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CONTENTS

4 - BACKGROUND

7 - MODULE 1
VALUES CLARIFICATION AND MYTH BUSTING

11 - MODULE 2
INTRODUCTION TO HUMAN RIGHTS

22 - MODULE 3
UNDERSTANDING GENDER AND SEXUAL DIVERSITY

29 - MODULE 4
LAWS AND POLICIES AFFECTING LGBTQI PERSONS

34 - MODULE 5
STIGMA AND DISCRIMINATION

38 - MODULE 6
TRAINING METHODOLOGIES

41 - MODULE 7
UNDERSTANDING THE LOCAL LGBTQI COMMUNITY

45 - MODULE 8
BASICS OF MONITORING AND EVALUATION

BACKGROUND

Introduction

Of the 73 countries which continue to criminalise same-sex intimacy, 34 are members of the Commonwealth. In many of these countries, sexual orientation and gender identity (SOGI) related stigma and discrimination continues to be prevalent.¹ In recognition of the need to address SOGI-related stigma and discrimination in Saint Vincent and the Grenadines (SVG), given that the 2014 UNAIDS survey of Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination: Saint Vincent found that 53% of the respondents indicated that they “hated” homosexual people,² the Human Dignity Trust, in partnership with the government of SVG (through the Ministry of National Mobilization, Social Development, The Family, Gender and Youth Affairs), organised a two-day human rights and gender and sexual diversity (GSD) training of trainers across various parts of the public sector. The training was well received by the participants, who demonstrated an increase in knowledge about human rights, and gender and sexual diversity. Most of the participants indicated that they would recommend the training to others.

Given the generally positive impact of the training and the transferability of the content across various jurisdictions, this training toolkit has been revised to provide optimal training in SVG.

Purpose of the Toolkit

The toolkit seeks to provide a framework for the delivery of training for public service officers and members of the general public across the various jurisdictions within the Commonwealth. It will provide the necessary information and tools to facilitate a training or sensitisation session on gender and sexual diversity, foundational human rights knowledge, as well as on the challenges faced by members of the local lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) community.

The toolkit addresses a range of different areas. Each section of the toolkit can be used as a stand-alone tool for sensitisation that may be utilised by the trainers trained under its framework. In this way, each section can be deployed strategically according to the needs identified within a given ministry, department or agency.

¹ For example, see Human Rights Watch, “I Have to Leave to Be Me:” *Discriminatory Laws against LGBT People in the Eastern Caribbean* (2017) available <https://www.hrw.org/report/2018/03/21/i-have-leave-be-me/discriminatory-laws-against-lgbt-people-eastern-caribbean>; Human Rights Watch, “No Choice but to Deny Who I am:” *Violence and Discrimination against LGBT People in Ghana* (2018) available https://www.hrw.org/sites/default/files/report_pdf/ghana0118_web.pdf and JFLAG, *Awareness, Attitude & Perception Survey About Issues Related to LGBT People in Jamaica* (2019).

² UNAIDS and Caribbean Development Research Services, *Public Attitudes on Gender Inequality, Sexual Reproductive Health and Discrimination: Saint Vincent* (Report, 2014), 22.

The training and sensitisation sessions, facilitated through the toolkit, will be used to strengthen understanding of human rights, gender and sexual diversity, and the LGBTQI community among the wider public and members of vulnerable populations, using interactive and engaging methodologies which foster respectful dialogue and cooperation. Simple monitoring and evaluation tools will be provided so that the trainers can self-assess the utility and efficiency of the training conducted.

Target Audience

The toolkit will be used by the following groups of people to sensitise their peers and colleagues within their sector:

- Legal practitioners, courtroom staff, judges and other judicial officers;
- Healthcare professionals including medical doctors, nurses, pharmacists etc.;
- Teachers, principals and other school administrators;
- Social workers, counsellors, case managers and similar social service providers;
- Law enforcement officers, immigration officers;
- Media personnel, including reporters, disc jockeys, radio announcers, television anchors, editors and other managerial officers;
- Workers in the youth development sector.

Objectives

The objectives of the toolkit are to:

1. Increase participants' knowledge of the rights and dignity of LGBTQI people;
2. Increase participants' understanding of the challenges faced by LGBTQI people in accessing public services as a result of homophobia, biphobia and transphobia;
3. Challenge participants' existing biases and prejudices to enable better support of the community; and
4. Build the participants' capacity to plan and implement training with other public sector workers.

Toolkit Content and Layout

The toolkit is divided into eight main sections, which provide a mixture of substantive information on key areas such as human rights, laws and policies, and gender and sexual diversity; as well as practical tools to support the conduct of trainings and sensitisation sessions.

The eight modules are the following:

- 1. VALUES CLARIFICATION AND MYTH BUSTING;**
- 2. INTRODUCTION TO HUMAN RIGHTS;**
- 3. UNDERSTANDING GENDER AND SEXUAL DIVERSITY;**
- 4. LAWS AND POLICIES AFFECTING LGBTQI PERSONS;**
- 5. STIGMA AND DISCRIMINATION;**
- 6. TRAINING METHODOLOGIES;**
- 7. UNDERSTANDING THE LOCAL LGBTQI COMMUNITY;**
- 8. BASICS OF MONITORING AND EVALUATION.**

Because of their overall transferability, the sections mirror those in the original SVG Human Rights and GSD Training Toolkit, but the scope has been broadened beyond the context of Saint Vincent and the Grenadines.

MODULE 1

VALUES CLARIFICATION AND MYTH BUSTING

Learning Objectives

At the end of this section, participants should be able to:

- Question their own attitudes, beliefs and practices regarding the LGBTQI community;
- Separate personal beliefs from professional roles and duties in the provision of services;
- Identify beliefs and attitudes towards human rights;
- Identify the MYTHS and REALITY surrounding the importance of human rights for all.

Suggested Time: 90 minutes

FACILITATOR'S NOTES

Suggested Activity

Develop a set of short statements based on popular myths in your context about LGBTQI people. You can project those statements onto a screen and have three designated areas within the training space marked for "Yes, I agree", "No, I disagree" and "Unsure". Allow participants to openly agree or disagree with the myths and, after the discussion, present clarifying facts. Have between five and seven myths prepared.

CORE CONTENT

Suggested Myths

Myth 1: LGBTQI people are requesting "special" rights

Each and every human being is entitled to fundamental rights. Oftentimes, LGBTQI people are not able to access these fundamental rights, including the right to health, education, justice and to live a life free from discrimination. LGBTQI people are not requesting "special" rights, but rather demanding that they are able to attain the rights all are entitled to. For heterosexual and cisgender people, other factors, such as race and religion, may inhibit the realisation of their rights, but their sexual orientation and/or gender identity are not a barrier to accessing these rights, as is the case for LGBTQI people.

Myth 2: Repealing laws that criminalise same-sex sexual activity promotes homosexuality and undermines morality

Criminalising private sexual relationships between consenting adults (homosexual or heterosexual) is discriminatory and violates international human rights law. The enforcement of laws criminalising consensual same-sex relationships flouts the rule of law as such laws are inherently unjust and unfair. Criminalisation also promotes hostile attitudes towards the LGBTQI community. The existence of discriminatory laws – even where they are not regularly enforced – legitimises prejudice, and signals to the wider public that LGBTQI people are not entitled to the same rights as others in the society. Advocating for the rights of the LGBTQI community does not undermine morality, but rather ensures that all citizens have access to the civil, political and socio-economic rights they are entitled to. These laws often represent the imposition of colonial values rather than protection of indigenous cultural and moral values. Decriminalisation is not about promoting any kind of sexual activity but removing the negative implications of criminalisation.

Myth 3: Being LGBTQI is a mental illness

The idea that being LGBTQI is a mental illness has been refuted by medical and mental health professionals across the world. For example, in 1994 the World Health stated that homosexuality is neither a form of disorder, nor a disease.³ In 2019, the World Health Organisation published the ICD-11, which no longer categorised being transgender as a mental or behavioural disorder.⁴ Scientific consensus agrees that being LGBTQI is a natural variation of human sexuality and should not be considered a condition, illness or disease.⁵

Myth 4: A person's sexual orientation and/or gender identity can be changed

“Therapies” that claim to be able to change a person's sexual orientation and/or gender identity have consistently being discredited.⁶ Attempts to forcibly change someone's sexual orientation and/or gender identity can cause substantial harm to an individual, and can lead to mental illnesses, suicide, drug use, homelessness, and severe sexual and reproductive health problems.⁷ Such practices are very ineffective and are considered to

³ World Health Organization, *ICD-10 International Statistical Classification of Diseases and Related Health Problems* (1994, 10th Revision, Geneva) 2010 edition available https://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf.

⁴ World Health Organization, *ICD-11 International Statistical Classification of Diseases and Related Health Problems* (2018, 11th Revision, Geneva) available <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f411470068>.

⁵ Pan American Health Organization, “‘Therapies’ to change sexual orientation lack medical justification and threaten health’ 17 May 2012, available https://www.paho.org/hq/index.php?option=com_content&view=article&id=6803:2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en.

⁶ American Psychiatric Association, ‘APA Reiterates Strong Opposition to Conversion Therapy’ 15 November 2018, available <https://www.psychiatry.org/newsroom/news-releases/apc-reiterates-strong-opposition-to-conversion-therapy>.

⁷ Human Rights Campaign, ‘The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity’ 2019, available <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>.

amount to torture and ill-treatment.⁸ Attraction is a feeling evoked in people which is not necessarily determined by choice.

Myth 5: Sexual diversity is a modern-day and western phenomenon

LGBTQI people have always existed. Every civilisation has a documented history of LGBTQI communities. The first record of a possible homosexual couple is commonly regarded as “Khnumhotep and Niankhkhnum”, an ancient Egyptian male couple, who lived around 2400 BCE. LGBTQI people have been widely accepted in many cultures throughout history, and have not always been stereotyped as they are today. Note the existence of “Boy-wives” in African communities, “Two Spirit” and “berdache” people in Native American communities, “hijra” in India, “Leiti” in the Pacific islands and “mahu” in the Hawaiian Islands. British-colonial rule, and with it, strict Christian values, contributed to the increase in intolerance towards LGBTQI people.

Myth 6: Depriving LGBTQI people of their rights can be justified by religion, culture and tradition

Discrimination on the basis of sexual orientation and/or gender identity can never be justified. Human rights are universal and all people should enjoy the rights they are entitled to regardless of opinion or persuasion. The fundamental truth of all religion is love for one another and free will. It goes beyond the definition of spirituality to hate; a deeper and more inclusive understanding of religion is needed.⁹

Myth 7: The LGBTQI community is very small and can be easily spotted

It is difficult to quantify the number of LGBTQI people within our societies for a number of reasons. Many people do not openly identify as LGBTQI due to stigma and discrimination. Others wish to protect their right to privacy; disclosure is a choice, and it can often come at great risk. Regardless, the size of the LGBTQI community should not dictate how its members are treated.

Sexual orientation and/or gender identity are not always visible. Members of the LGBTQI community exist in all spheres of life, and the lives of LGBTQI people are just as varied as those of heterosexual people. LGBTQI people’s behaviour, dress, race, religion, culture and profession are every bit as diverse as heterosexual people’s. While some stereotypes of LGBTQI people, such as mode of dress, can form part of an LGBTQI person’s identity, they can equally form a part of a heterosexual and cisgender person’s identity. Someone who exhibits behaviours or modes of dress traditionally considered as belonging to the opposite sex are as likely to be heterosexual as they are to be LGBTQI.

⁸ Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, 5 January 2016 (A/HRC/31/57) <https://undocs.org/A/HRC/31/57>.

⁹ In this context, facilitators may highlight examples from religious texts calling on individuals to love one another.

Myth 8: There are more serious problems for the government of SVG to focus on than the rights of LGBTQI people

Governments have a responsibility to advance the human rights and inclusion of all people, no matter how small the community they belong to may be. It is important that the voices of minorities are heard by lawmakers. When discriminatory attitudes against certain groups exist, it is the responsibility of parliamentarians to combat such attitudes through legislation and policies promoting public education and awareness raising. It is the responsibility of those in power to advocate for the human rights of all. If one group is discriminated against with impunity, it leaves other minority groups vulnerable to the same treatment. Each problem, no matter how small, has the potential to turn into an epidemic if left untreated.

Myth 9: The LGBTQI community is responsible for the spread of HIV

HIV continues to be a serious public health crisis across the globe. Despite major medical advances that enable many people living with HIV to live healthy, long lives, people still contract the virus and there is still a significant amount of stigma attached to it. This stigma is particularly faced by the LGBTQI community, who were singled out in the early stages of the epidemic as being responsible for the spread of HIV.¹⁰ Since the 1980s when the epidemic began, there has been scientific debate regarding the origins of HIV. There is now a wealth of evidence to show that the earliest cases of HIV were found in the 1920s in the Democratic Republic of the Congo, and likely originated from chimps that humans were hunting, who were carrying a virus closely related to HIV.¹¹ It is only in the 1980s that people became aware of the virus and it was recognised as a health condition. LGBTQI people find it hard to access services for HIV prevention and treatment for a number of reasons, including criminalisation and discrimination in healthcare services. As such, LGBTQI people can unknowingly live with HIV, or be diagnosed late.¹² There is substantial evidence that shows that in environments where LGBTQI people face criminalisation, discrimination and stigmatisation, they are more likely to contract HIV. For example research into HIV prevalence in the Caribbean, commissioned by UNAIDS, found that the HIV prevalence among gay men rose from 1 in 15 in countries where homosexuality is not criminalised to 1 in 4 in countries where it is criminalised.¹³ HIV affects people of all sexual orientations and gender identities, and it is the responsibility of all of us to protect one another through education on sexual health and relationships.

Myths surrounding identity can be pervasive and are oftentimes difficult to confront. Education based on universal human rights and scientific opinion are key to clarifying and debunking these myths, rather than education based prejudice, misapplied religion and misguided truths

¹⁰ Avert, 'Homophobia and HIV' 10 October 2019, available <https://www.avert.org/professionals/hiv-social-issues/homophobia>.

¹¹ Avert, 'Origin of HIV and Aids' 30 October 2019, available <https://www.avert.org/professionals/history-hiv-aids/origin>.

¹² Avert, 'Homophobia and HIV' 10 October 2019, available <https://www.avert.org/professionals/hiv-social-issues/homophobia>.

¹³ UNAIDS, 'Report on the global AIDS epidemic', 2008; UNAIDS, 'Keeping Score II: A Progress Report towards Universal Access to HIV Prevention, Treatment, Care and Support in the Caribbean', 2008.

MODULE 2

INTRODUCTION TO HUMAN RIGHTS

Learning Objectives

At the end of this section, participants should:

- Understand the importance of human rights to their everyday lives and the work that they do;
- Understand the human rights protections found in international and domestic human rights instruments and their impact on their work as public officials;
- Understand the relationship between human rights and the treatment of LGBTQI persons;
- Be able to reconcile human rights standards with their local socio-cultural values;
- Be able to identify three steps they will take to adopt a rights-based and locally sensitive approach to their work.

Suggested Time: 60 Minutes

FACILITATOR'S NOTES

1. Start by having participants identify common notions associated with human rights, whether positive or negative.
2. Use simplified audio-visual content about the history of human rights and ask for participant feedback.
(Suggested link: https://www.youtube.com/watch?v=6XXGF_V8_7M)
3. Critique the euro-centric story of human rights, acknowledge Global South participation in the UN human rights institutions and mechanisms, and flag local norms that coincide with human rights values (for example, respect for each other, being a good neighbour, communal duties etc.).

If doing a PowerPoint presentation, the content should include:

- a. A definition of human rights (using United Nations standards and localised variants);

- b. Characteristics (Universal, Indivisible, Inalienable, Interdependent and Interrelated);
- c. Conventions and Treaties acceded to or ratified by your respective governments. Discuss *Toonen v Australia* ¹⁴;
- d. Constitutional and legislative provisions on human rights, with discussion of regional precedent; and
- e. How homophobia, biphobia and transphobia can be a barrier to human rights.

Suggested Activity

Place participants in four or five groups. Each group then selects a right guaranteed by the Constitution (or by a treaty), and a category of vulnerable people. At least one group must address LGBTQI people. The groups will be asked to act out a violation of a human right, and all participants will discuss how to resolve the situation. (Allotted time: 25 minutes)

CORE CONTENT

Human Rights: Nature and Concepts

Human rights are those entitlements and freedoms which belong to all people because of their inherent human dignity. Human rights create the context for laws and policies to ensure that each individual lives in dignity. Unlike other rights, such as proprietary rights which belong to specific individuals and which originate from specific legal arrangements, human rights are guaranteed to all persons on the basis of shared human dignity and equality of all people.

Categories of Rights

Civil and Political Rights / First Generation Rights

These rights guarantee free and equal participation in public life, such as freedom of movement or the right to vote. They generally impose a negative obligation on the state to refrain from taking action which would violate rights.

Economic, Social and Cultural / Second Generation Rights

These guarantee the provision of basic necessities and opportunities for growth such as the right to health and the right to work. They generally impose a positive obligation on the state to take action to secure enabling conditions for persons to freely exercise these rights.

¹⁴ UN Human Rights Committee, Communication No. 488/1992 of 25 December 1991, view of 31 March 1994 (CCPR/C/50/D/488/1992) available <https://juris.ohchr.org/Search/Details/702>.

Collective Rights / Third Generation Rights

These rights, such as the right to development or the right to a healthy environment, are held by humanity as a group, which requires the state to provide an enabling environment for the growth of society, by both taking necessary action and refraining from harmful actions.

Characteristics of Human Rights

Human rights are described as being universal, inalienable, interrelated, indivisible and interdependent.

“Universal” means that every individual everywhere is entitled to human rights.

“Inalienable” means our rights are connected to our humanity. We never stop being human, and so we can never stop having human rights.

“Indivisible” means that there is no hierarchy among rights. No right is more essential or more important than another, whether first, second or third generation. Denial of one right will lead invariably to the denial of others.

“Interrelated” and **“interdependent”** mean that all rights link together to create a framework to provide for the personal development of all human beings. They must be treated equally and protected as a group.

Scope of Human Rights

Within the human rights framework there are two main types of actors. These are right-holders and duty-bearers. Every human being is a right-holder; rights are guaranteed to them under international and domestic law. National governments are the principal duty-bearers. They have a threefold obligation regarding the human rights of their citizens. States have a duty to respect, protect and fulfil the human rights of their citizens.

- Respecting a right means that the state will not arbitrarily interfere with the exercise of that right by citizens. For example, the state should not detain people when they exercise their freedom of speech by criticising the state.
- Protecting a right requires the state to take steps to prevent it from being violated, as well as to intervene when rights are being violated by state and/or non-state actors. This involves enacting laws and developing policies to address these violations, as well as providing redress mechanisms for right-holders.
- Fulfilling a right requires the state to promote human rights and their protection among its citizens. Citizens must be made aware of their rights and the mechanisms

for redress. Institutions and policies must be in place to do this awareness-raising and develop standards for the protection of rights, such as codes of conduct, in various areas of life.

- Human rights are not absolute; they are limited by the way laws balance the conflicting rights of individuals, and the right of individuals against the actions of the state when the state is securing a public benefit:
- The exercise of one right is limited by the protection of another right. To illustrate, Jaevion's right to freedom of movement is limited by Latoya's right to enjoy her property without disturbance. Jaevion, therefore, is free to move and travel but cannot enter Latoya's land without her permission.
- An example of limiting rights for the public good is the criminalisation of public nuisances. An individual, while enjoying the use of their property, should not interfere with others who are trying to enjoy theirs. However, these limits imposed by the state must be rationally connected and not disproportionate to the public good trying to be achieved.

Rights of LGBTQI Persons

Recognition of the rights of LGBTQI persons is more recent. There is no treaty which specifically speaks to the elimination of discrimination on the basis of sexual orientation and/or gender identity and expression. The case of *Toonen v Australia* - in which a citizen of Australia challenged the anti-sodomy laws in the state of Tasmania - brings sexual orientation discrimination under the remit of the International Covenant on Civil and Political Rights (ICCPR). In this case, the Human Rights Committee made it clear that these laws infringe on the rights guaranteed under the ICCPR.¹⁵ Following this, several general comments, concluding observations and other individual communications, have clarified that discrimination on the basis of sexual orientation and gender identity is prohibited, and that states have an obligation to respect, promote and protect the rights of LGBTQI people, taking into account the particular challenges they experience.¹⁶

INTERNATIONAL SYSTEMS

The United Nations (UN), an international organisation currently made up of 193 Member States, seeks to maintain international peace and security, to develop friendly relations among nations based on the principle of equal rights, to solve international problems, and to harmonise state behaviour by promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, religion, or

¹⁵ UN Human Rights Committee, Communication No. 488/1992 of 25 December 1991, view of 31 March 1994 (CCPR/C/50/D/488/1992) available <https://juris.ohchr.org/Search/Details/702>.

¹⁶ See ILGA World, *United Nations Treaty Bodies: References to sexual orientation, gender identity, gender expression and sex characteristics* (2016, Geneva), available https://ilga.org/downloads/Treaty_Bodies_SOGIESC_references_2016_ILGA.pdf; and ILGA World 'Treaty Bodies' Jurisprudence on SOGIESC Issues' 23 September 2019, available <https://ilga.org/Treaty-Bodies-jurisprudence-SOGIESC>.

other status.

The UN human rights system can be succinctly categorised into two main bodies: the charter-based and the treaty-based.

UN Charter-based System

Charter-based bodies within the UN are established from provisions which exist within the Charter of the UN.¹⁷ These bodies have a broad human rights mandate and address a wider audience than the treaty-based bodies.

The main charter-based body is the Human Rights Council (HRC), which is an intergovernmental body within the UN system. The HRC aims at strengthening the promotion and protection of human rights around the globe and addressing situations of human rights violations and making recommendations on them. The HRC's mandate seeks to prevent abuses, inequity and discrimination, protect the most vulnerable, and expose perpetrators. It has the ability to discuss all human rights issues and situations that require its attention thematically. The Council is made up of 47 UN Member States which are elected by the UN General Assembly.

Additionally, there are subsidiary bodies of the HRC including:

- **The Universal Periodic Review Working Group** which mandates a universal periodic review of each state's fulfilment of its human rights obligations and commitments. The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all UN Member States. The UPR is a state-driven process providing the opportunity for each state to declare what actions they have taken to improve the human rights situation in their countries and to fulfil their human rights obligations. As one of the main features of the Council, the UPR is designed to ensure equal treatment for every country when their human rights situations are assessed.
- **The Human Rights Council Advisory Committee** functions as a think tank for the Council.
- **Other Special Procedures** mandate holders include special rapporteurs, special representatives, independent experts and working groups

UN Treaty-based System

Treaty-based bodies are established by different international human rights treaties. The bodies monitor the implementation of the obligations that arise under these human rights treaties in those countries whose governments have ratified relevant treaties.

¹⁷ United Nations, *Charter of the United Nations*, 24 October 1945, available <https://www.un.org/en/charter-united-nations/>.

The Monitoring Bodies

There are currently ten UN human rights conventions with monitoring bodies which manage the implementation of the various treaty provisions:

- **The Human Rights Committee** - a body of experts which monitors implementation of the International Covenant on Civil and Political Rights by its state parties.¹⁸
- **The Committee on Economic, Social & Cultural Rights** - a body of 18 independent experts which monitors implementation of the International Covenant on Economic, Social and Cultural Rights.¹⁹
- **The Committee on the Elimination of Racial Discrimination** - a body of independent experts which monitors implementation of the International Convention on the Elimination of All Forms of Racial Discrimination.²⁰
- **The Committee on the Elimination of Discrimination against Women** - a body of independent experts which monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women.²¹
- **The Committee against Torture** - a body of 10 independent experts which monitors implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.²²
- **The Subcommittee on the Prevention of Torture** - a body with a unique preventive mandate focused on an innovative, sustained and proactive approach to the prevention of torture and ill-treatment.
- **The Committee on the Rights of the Child** - a body of 18 independent experts which monitors implementation of the Convention on the Rights of the Child and its optional protocols.²³
- **The Committee on Migrant Workers** - a body of independent experts which

¹⁸ Adopted and opened for signature and ratification by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 23 March 1976, in accordance with article 49, available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.

¹⁹ Adopted and opened for signature and ratification by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with article 27, available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

²⁰ Adopted and opened for signature and ratification by General Assembly resolution 2106 (XX) of 21 December 1965 entry into force 4 January 1969, in accordance with article 19, available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>.

²¹ Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979 entry into force 3 September 1981, in accordance with article 27(1), available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.

²² Adopted and opened for signature, ratification and accession by General Assembly resolution 29/46 of 10 December 1984 entry into force 26 June 1987, in accordance with article 27(1), available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx>.

²³ Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49, available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.

monitors implementation of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families by the state parties.²⁴

- **The Committee on the Rights of Persons with Disabilities** - a body of independent experts which monitors implementation of the Convention on the Rights of Persons with Disabilities by the state parties.²⁵
- **The Committee on Enforced Disappearances** - a body of independent experts that monitors implementation of the Convention for the Protection of all Persons from Enforced Disappearance.²⁶

Confirm which treaties and relevant optional protocols your government has ratified and/or acceded to using the Office of the High Commissioner of Human Rights Status of Ratification tables.²⁷

Treaty Name	Abbreviation	Ratification Status
Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	CAT	
International Covenant on Civil and Political Rights	CCPR	
Convention for the Protection of All Persons from Enforced Disappearance	CED	
Convention on the Elimination of All Forms of Discrimination against Women	CEDAW	
International Convention on the Elimination of All Forms of Racial Discrimination	CERD	
International Covenant on Economic, Social and Cultural Rights	CESCR	
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	CMW	
Convention on the Rights of the Child	CRC	
Convention on the Rights of Persons with Disabilities	CRPD	

²⁴ Adopted and opened for signature, ratification and accession by General Assembly resolution 45/158 of 18 December 1990 entry into force 1 July 2003, in accordance with article 87(1), available <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>.

²⁵ Adopted and opened for signature, ratification and accession by General Assembly resolution 61/106 of 13 December 2006 entry into force 3 May 2008, in accordance with article 45(1), available <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.

²⁶ Adopted and opened for signature, ratification and accession by General Assembly resolution 61/177 of 20 December 2006 entry into force 23 December 2010, in accordance with article 39(1), available <https://www.ohchr.org/EN/HRBodies/CED/Pages/ConventionCED.aspx>.

²⁷ OHCHR, 'Status of Ratification: Interactive Dashboard', available <https://indicators.ohchr.org>.

The Monitoring Mechanisms

The treaty bodies use three monitoring mechanisms to ensure the compliance of states with their obligations:

- **Periodic Reporting** - state parties are usually required to report to the treaty bodies every four years on the status of implementation of the relevant treaty. Civil society organizations are allowed to submit shadow reports to complement the often self-congratulatory reports presented by the states. The treaty body assesses both kinds of report, congratulates the state on their areas of progress and provides recommendations for areas where they fall short. This report is presented in the treaty bodies' "*Concluding Observations*".
- **General Comments** - the treaty bodies also produce documents which interpret the articles of the treaty broadly, discuss human rights based on thematic issues such as extra-judicial killings, or explain the treaty bodies' methods of operation.
- **Individual Complaints** - the treaties give the monitoring bodies the power to hear complaints from individual citizens of state parties. Individuals can essentially take their governments to an international court for violating their human rights. This requires the state to ratify the Optional Protocol to allow the treaty body to receive individual complaints.

REGIONAL SYSTEMS

At the regional level, there exist different human rights systems which also seek to hold governments accountable to human rights standards. The Inter-American Human Rights System covers the Americas and the Caribbean. In Europe, there is the European Human Rights System, and Africa has the African Human Rights System.

Inter-American Human Rights System

Within the Inter-American Human Rights System, there are the Inter-American Commission on Human Rights (IACHR) and the Inter-American Court of Human Rights. The system is governed by its own set of treaties and declarations that address various human rights issues. Its founding document is the American Declaration of the Rights and Duties of Man, and its principal instrument is the American Convention on Human Rights (1969). The principal monitoring mechanisms of the IACHR are:

- **Country and Thematic Reports** – the IACHR prepares and publishes their reports after visits to the relevant countries, after which a public hearing is held to address the concerns raised in the report, whether about specific countries or specific thematic issues.

- **Individual Petitions** – where a country has accepted that the IACHR is competent to receive petitions from its citizens regarding breaches of a particular treaty, that individual may file petitions to the IACHR regarding the rights violation. The individual must show that they have exhausted domestic remedies. These petitions may result in a decision by the IACHR or a “*friendly settlement*” between the individual and the State.
- **Precautionary Measures** – the IACHR may request that a state take action or refrain from taking action where a serious or urgent situation may cause irreparable harm to the rights of an individual, community or group. The IACHR may do this by its own initiative, or at the request of an individual or organisation.

Where governments have ratified the American Convention on Human Rights and recognised the Court’s jurisdiction, petitions brought to the Commission may be forwarded to the Court to give *legally binding judgements* on cases before it, and to issue *advisory opinions* on the interpretation of the American Convention.

European Human Rights System

The cornerstone of the European system is the European Court of Human Rights. The Court decides matters under the rubric of the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950). There is also the European Social Charter protecting social and economic rights, and other charters focusing on human rights issues thematically. The Council of Europe Commissioner of Human Rights is also a critical body within the system, promoting awareness of and respect for human rights.

The Commission, similar to the Inter-American system, undertakes country monitoring and thematic reports on specific human rights issues.

African Human Rights System

In a similar vein, the African Human Rights System is undergirded by the African Charter on Human and Peoples’ Rights (1981). The African Commission on Human Rights and the African Court on Human Rights are both significant bodies within the system which protect and promote human rights. Two additional documents that are important to the system are the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, and the African Charter on the Rights and Welfare of the Child.

The work of the Commission includes its communication procedure, friendly settlement of disputes, state reporting (including consideration of NGOs’ shadow reports), urgent appeals and other activities of special rapporteurs, and working groups and missions.

National Constitutional Provisions

Across jurisdictions, Commonwealth constitutions generally contain Bills of Rights which

enshrine the protection of human rights at the national level. Generally, mostly civil and political rights are enshrined, with a few economic, social and cultural rights included. Rights commonly enshrined in Bills of Rights include:

- A. The rights to life, liberty and security of the person;
- B. Freedom from slavery, servitude or the requirement to perform forced labour
- C. Freedom from torture, and inhuman or degrading treatment or punishment;
- D. The right to privacy of the person, home and correspondence;
- E. The right to due process;
- F. Freedom of thought, religion and conscience;
- G. Freedom of expression;
- H. The right to equality before the law;
- I. Freedom of assembly and association;
- J. Freedom of movement; and
- K. Freedom from discrimination on multiple bases.

DUTY BEARERS:

Different Bills of Rights take different approaches to the application of human rights norms. The traditional approach is the vertical application of rights whereby only government officials are held accountable to human rights standards. In some Commonwealth Constitutions, there is the horizontal application of rights under which private citizens and corporations are held accountable to the Bills of Rights.

LIMITS ON RIGHTS:

Each Bill of Rights has its own approaches to limiting rights. There are general limitations on rights, which work on the basis of whether there is a public good that the limitation serves. There are limitations on specific rights, such as the right to due process and the right to liberty. In some jurisdictions, there are special clauses which safeguard pre-Bill of Rights laws from being applied in accordance with human rights standards. There are also usually emergency provisions which outline that enshrined rights will be limited during periods of public emergency.

REDRESS:

Redress for rights violations may be sought at different levels. If the violation amounts to a breach of criminal law, then reporting this to the relevant authorities so that charges can be

laid against the person who breached your rights is a form of redress. Where the violation gives rise to civil liability, i.e. legal grounds to sue a person, then filing a claim in court for damages, an injunction or other relief is another avenue for redress. Where legislation and/or common law does not provide adequate remedies for an individual whose rights have been violated or are likely to be violated, then she/he/they may seek constitutional redress. Most Bills of Rights outline when and how constitutional relief can be sought, which Court has jurisdiction, and who can apply for such relief. The remedies generally include a declaration from the court, an injunction to stop or discontinue action, or the requirement of the performance of certain actions and award of vindicatory damages (monetary award) where loss has been suffered.

MODULE 3

UNDERSTANDING GENDER AND SEXUAL DIVERSITY

Learning Objectives

At the end of the section participants should:

- Be able to recognise the link between sex, gender, sexual orientation, and gender identity and expression;
- Have a deeper understanding of sexuality and how it shapes aspects of people's lives;
- Be able to discuss concepts and terminologies related to human sexuality;
- Be able to establish that a person's sex, gender, sexual orientation, gender identity and expression, and sexual behaviours are all part of one's identity, but not their whole identity.

Suggested Time: 90 minutes

FACILITATOR'S NOTES

Suggested Activity

Titanic - the facilitator clears the area of all tables and chairs. The participants divide themselves into groups – the facilitator decides an appropriate number of groups based on how many participants are in the room. An area of the room will be marked as a safe space, and another as water.

Instructions:

- Each person in a group is responsible for the safety and life of the other members. If one person dies or is not on the ship in time, all people die, or the ship sinks;
- At intervals, the facilitator will instruct participants to form groups based on different criteria, including how many people can make up a group, and what qualifies a person in that group (i.e. form groups of six, everyone in the group must be wearing the same colour). Groups can never have more or less than the stipulated numbers, or all members die;
- The final group standing wins.

This activity brings people together and loosens the tension of unfamiliarity. It teaches that in times of crisis, sex, gender, sexual orientation, gender identity and expression or personal choices do not prevent us from relying on others for survival.

CORE CONTENT

Gender and Sexual Diversity

“Sexuality has social ramifications; therefore, most societies set limits, through social norms and taboos, moral and religious guidelines, and legal constraints on what is permissible sexual behaviour.”²⁸

Understanding human sexuality more broadly is key to understanding gender and sexual diversity. The New World Encyclopaedia defines sexuality as “the expression of sexual sensation and related intimacy between human beings.”²⁹

There are many forms of human sexuality, comprising a broad range of behaviours, and sexual expression varies across history and cultures. However, the basic principles of human sexuality are universal and integral to what it means to be human.

- Sex, gender, and sexual orientation are not interchangeable terms, though they are often conflated. Each term relates to the identity of a person, but does not define a person’s whole identity.
- Each term defines a separate part of a person’s identity; however, they do not exist in a vacuum and can influence each other. Within each part of a person’s sexuality, there are various categories, and none are dichotomous or binary. Each category carries its own unique set of characteristics.
- Sex is not just male or female, gender is not just man or woman, and nor is sexual orientation just heterosexual or homosexual. Sexuality is often more complex than these binary concepts.

It is important to note that terminologies are constantly developing, and it is respectful to always address people using their preferred terms. Terminologies often lead to labels; it is not the intention of the authors to label anyone, so we urge all users of this toolkit to strive to be respectful at all times.

SEX:

- Often referred to as biological – namely, the external genitalia a person is born with. This definition is somewhat misleading, as it implies that gender and sexual orientation are not related to biology.
- Sex is determined by three independent factors which are interrelated to each other:
 - Genitals at birth;
 - Internal reproductive organs;
 - Sex chromosomes.

²⁸ New World Encyclopedia, ‘Human Sexuality’, available https://www.newworldencyclopedia.org/entry/Human_sexuality.

²⁹ New World Encyclopedia, ‘Human Sexuality’, available https://www.newworldencyclopedia.org/entry/Human_sexuality.

- When all three factors match, sex is deemed to be either female or male:
 - A child born with a penis (genitalia), testis (internal reproductive organ) and XY chromosomes, is considered to be a biological male;
 - A child born with a vagina, ovaries, and XX chromosomes, is considered a biological female.
- All three factors do not always match:
 - Some children are born with ambiguous genitalia – their genitalia consist of something other than a penis or vagina;
 - Some children are born with genitals matching one of the biological sexes, but with internal reproductive organs matching the other.
 - Everyone has 23 pairs of chromosomes, of which a pair is responsible for a person's "sex":
 - An X from your mother and an X from your father gives you XX, which results in female sex;
 - An X from your mother and a Y from your father gives you XY, which results in male sex.
 - Sometimes, genetic conditions affecting hormones can lead to a discordance between chromosomes and a person's physical appearance:
 - XX yet physically male;
 - XY yet physically female.
 - Intersex:
 1. Individuals whose combination of genitalia, internal reproductive organs, and sex chromosomes does not categorically fit into the typical male or female dichotomy.
 2. Being intersex is a naturally occurring variation in humans, and is not a medical problem:
 - A. Some people have ambiguous genitalia or internal sex organs, such as a person with both ovarian and testicular tissues.
 - B. Other people have a combination of chromosomes that is different from XY (male) and XX (female), such as XXY.
 - C. Numerical Abnormalities, such as when an individual is missing one of the chromosomes from a pair, are called monosomy. When an individual has more than two chromosomes instead of a pair, the condition is called trisomy.

GENDER:

- Refers to the socially constructed characteristics of women and men – such as norms and roles expected of women and men and the relationship between the two.
- Varies from society to society and is not immutable. As most people are born either male or female, they are taught the norms and behaviours expected of a person of that sex – including how they should interact with others of the same or opposite sex within households, communities and work places.
- When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices, or social exclusion.
- It is important to be sensitive to different identities that do not necessarily fit into binary male or female gender categories.

GENDER IDENTITY:

- A person’s inherent sense of being a man, woman, both, neither, somewhere in the middle or another gender.
- It is internal and not visible to others – how one feels about themselves as a man, a woman or other.
- A person’s gender identity can correlate with their assigned sex at birth, or can differ from it.
- When one’s gender identity and biological genitalia are not congruent, the individual may identify as transgender.³⁰
- Terminology:
 - **Cisgender** – a person’s gender identity is the same as the sex assigned at birth – For example, someone who identifies as a man and was assigned as male at birth.
 - **Transgender** – a person’s gender identity differs from the sex assigned to them at birth – for example, someone who was assigned as female at birth, but identifies as a man or another gender.
 - **Genderqueer** – a person’s gender identity does not conform to the traditional, binary gender paradigm of society.
 - **Non-binary** – can be used as a synonym for genderqueer.
 - **Gender Fluid** – a person’s gender identity is not fixed, but instead varies with time and/or situation.

³⁰ American Psychological Association, *Definitions Related to Sexual Orientation and Gender Diversity in APA Documents* (2006) available <https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>.

NB: The gender identities discussed here are not intended to be exhaustive or to replace indigenous forms of (third) gender recognition that may exist within your territories. Ignore or modify these definitions as appropriate to your context.

GENDER EXPRESSION:

- The way in which a person publicly expresses their gender identity, through the clothes they wear, and their mannerisms and appearance.
- Expression does not always conform with a person's gender identity.

SEXUAL ORIENTATION:

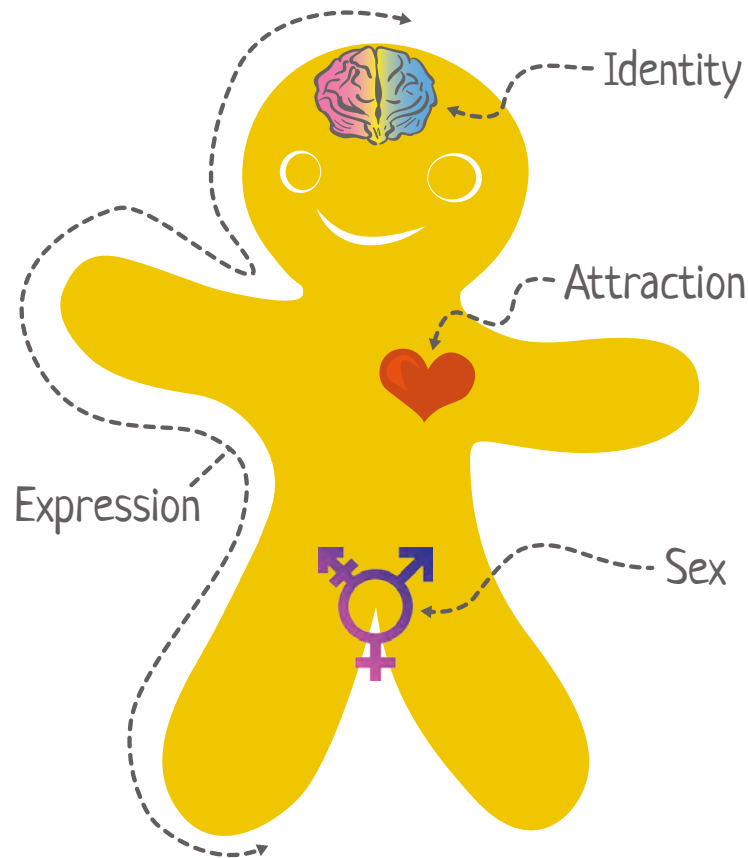
- Refers to each person's capacity for emotional, affectional, and sexual attraction, and intimate and sexual relations with individuals of a different gender, same gender or more than one gender.³¹
- Although people can choose whether to act on feelings, psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed.
- Sexual orientation is about who a person is attracted to and drawn to romantically, emotionally, and sexually. It is different from gender identity, which is not about who a person is attracted to, but about who they are — man, woman, genderqueer, etc.

SEXUAL ATTRACTION:

- Human sexual attraction is complex and can be attributed to many biological, physiological and social factors.
 - **Heterosexual** – sexually and/or romantically attracted to the opposite gender;
 - **Homosexual** – attracted to the same gender as one identifies with;
 - **Bisexual** – attracted to the same or different genders as one identifies with;
 - **Pansexual** – sexually and intimately attracted to all genders; and
 - **Asexual** – not sexually or romantically attracted to any gender.

³¹ The Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity (2007), page 6, available <https://yogyakartaprinciples.org/principles-en/>.

The Genderbread Person v4 by its pronounced METR♂sexual.com



⊘ means a lack of what's on the right side

Gender Identity

- ⊘ → Woman-ness
- ⊘ → Man-ness

Gender Expression

- ⊘ → Femininity
- ⊘ → Masculinity

Anatomical Sex

- ⊘ → Female-ness
- ⊘ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)

- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

Romantically Attracted to...

- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

COMING OUT:

- **Coming out** – this term refers to the process that people who are LGBTQI go through as they work to accept their sexual orientation and/or gender identity, and share that openly with other people.
- **Coming out is a process** – often, the first step for many people is coming out to themselves; this happens as they recognise their sexual orientation and/or gender identity and begin to accept it. People then might choose to tell their family, friends, people in the community and/or someone they trust. Coming out is a personal decision that people should make when they feel ready. For many people, “coming out” is something that is navigated throughout their life – they might decide to be open with some people about being LGBTQI but not others.
- **Coming out can have benefits and risks** – as noted above, coming out is something that has to be navigated throughout life. Sometimes coming out may mean that a person risks losing emotional or financial support from their family. Sadly, coming out can also put people in danger of physical and emotional abuse. In these situations, people must think carefully about their safety and, if possible, find someone they can talk to or wait until they are in a different situation or have more support. There are also many benefits of “coming out” not least the ability to live life honestly, to love honestly and to build deep and genuine connections with people. Coming out can also often help people to find friendships and build community.

Evaluation

- Make notes of the key points of the discussion:
 - What did you know about gender and sexual diversity before this session?
 - What new terminology have you learnt during this session? What does each term mean?
 - What resources are available that you believe educate others about human sexuality in your workplace and/or community? How might a lack of such resources be an issue?

MODULE 4

LAWS AND POLICIES AFFECTING LGBTQI PEOPLE

Learning Objectives

At the end of this section, participants should:

- Have a general understanding of the different laws which can negatively affect the lives of LGBTQI people;
- Understand the nature of criminalisation so as not to over-police or deny services to LGBTQI persons;
- Be able to reconcile existing laws with the mandate of human rights to respect all; and
- Be able to identify areas for law and policy reform to better protect and respect the rights of LGBTQI people.

Suggested Time: 60 Minutes

FACILITATOR'S NOTES

- Start with an interactive activity that fosters friendly competition between participants, and also provides policy information.

Suggested Activity

Musical Thrones: This activity combines the fun of musical chairs with the cutthroat competitiveness of *Game of Thrones*. Using the usual musical chairs format, participants are placed in seven teams each with at least two representatives at the start of the game. The usual round is played, and the loser is given an opportunity to stay in the game by being asked a question - in this case, on law and policy - of their choice, based on random letter options. If they get it correct, they are eliminated. If they get it correct, they not only remain in the game, but are given the power to eliminate two seated players and introduce a new player into the game (either from their team or an allied team). A chair is removed, and the game continues until there is only one team left. The last team standing wins.

(Allotted time: 20 Minutes)

- The chosen activity must ask questions about the following laws and policies:
 - Trans people and the law;
 - Laws criminalising consensual same-sex sexual activity;
 - Sexual offences legislation;

- Family law legislation;
- Laws justifying homophobic/transphobic violence; and/or
- Anti-discrimination provisions.
- Throughout the course of the game, provide the correct answers to questions, explaining the legal implications of these sections on the lives of LGBTQI people.
- The point of the session is to underscore the legal precarity of the lives of LGBTQI people in your specific jurisdiction, not to be a call for law reform among participants who are public servants.
- This session may be used to sensitise members of the LGBTQI community about advocacy and law reform priorities.

CORE CONTENT

Trans People and the Law

In many jurisdictions there is no legislation facilitating the recognition of the identities of transgender people. The British common law decision in the cases of *Corbett v Corbett*³² and *R v Tan*,³³ which decided that a person's sex in the eyes of the law would be determined by their biological sex assigned at birth, is often seen as the authority on the matter. The implication is that laws that are gender-specific potentially exclude trans people from equal protection. This can affect the application of criminal law, anti-discrimination law, laws protecting the rights of women, and family law. It would be useful to find examples of these laws to explain their effect. Gender-specific sexual offence laws are usually relevant. In some jurisdictions, because of gender-specific definitions of rape, trans women are not protected by these laws. Additionally, it creates complications when trans people access public services and have to use identifications which refer to their name and sex as registered at birth. This can create discomfort or lead to confrontations.

- Check whether your jurisdiction has any legislation facilitating change of sex/gender within public registers.
- Check which legislation is gender-specific to assess the impact on trans people.

Anti-Sodomy Laws

Laws which criminalise consensual same-sex sexual conduct between adults both directly and indirectly affect the lives of LGBTQI people. Where enforced, these laws push LGBTQI

³² House of Lords, [2003] UKHL 21, 10 April 2003, available <http://www.pfc.org.uk/caselaw/Corbett%20v%20Corbett.pdf>.

³³ Court of Appeal, 10 February 1983, available <http://www.pfc.org.uk/caselaw/R%20v%20Tan%20and%20others.pdf>.

people underground and away from public services, particularly sexual and reproductive health services they may need. Even when they are not enforced, these laws often encourage homophobic and transphobic attitudes within the general public and among public service providers. As noted in several judgements in cases where criminalising laws have been struck down, they go to the heart of the dignity of the LGBTQI individual, and signpost how they may be treated in society, making them second class citizens.

- Check whether your jurisdiction criminalises sodomy.
- Confirm the nature of criminalisation – whether it is men-only or for both men and women.
- Check the rates of enforcement of these laws against LGBTQI people.

Sexual Offences Legislation

In many jurisdictions, the offence of rape is defined in a gender- and orifice- (vagina, anus, mouth) specific way. This has the impact of treating the sexual violence faced by members of the LGBTQI community in differentiated and often disadvantageous way. This is more likely to happen in criminalising countries. Where members of the community are experiencing intimate partner sexual violence, especially women being sexually assaulted by other women, or trans women being sexually assaulted, these acts do not fall within the definition of rape, which is often punishable severely. In addition, the targeted forms of violence LGBTQI women disproportionately face, such as “corrective rape”, are generally not captured in these offences.

- Check whether rape is defined in a gender-specific and orifice-specific way.
- Check whether other offences, such as incest, statutory rape and sexual assault, are so defined.
- Check whether targeting people because of their SOGI identity is an aggravating factor for sexual assault, or is treated as a separate, more harshly punished offence.

Family Law

In many jurisdictions, recognition of relationships allows for social protection of dependent family members, and serves as the basis for protection against domestic violence. If only heterosexual relationships are recognised, this means that people in same-sex relationships (further complicated if trans identity is not recognised) do not have the benefit of these legislative protections. Dependent partners in those relationships are at risk of displacement without any entitlement to support. Additionally, there are limited remedies available to respond to domestic violence. This may force LGBTQI people to remain in unhealthy relationships, or to be displaced by unsympathetic family members, in the absence of a

will, upon the untimely death of their partner. This increases the precarity of LGBTQI lives. In addition, adoption legislation may only allow for married or recognised couples to adopt, leaving LGBTQI couples excluded by implication. In addition, custody applications may treat homosexuality as disqualifying.

In the case of property redistribution, the common law on trusts may apply where the legislation is lacking. British and other Commonwealth case law has shown these principles may apply equally to same-sex couples. The common law standard, however, only grants property rights to partners who contribute financially, which excludes financially dependent partners.

- Check which relationships are given legal benefits and protections: married unions, unmarried cohabitational unions, visiting relationships, sexual relationships, etc.
- Check whether these relationships are exclusively heterosexual.
- Specific to domestic violence, check whether there are other relationships which are protected, such as members of the household and sexual partners, and check if these are defined in ways that exclude same-sex partners.
- Check legislation specific to property redistribution for couples, maintenance, domestic violence, inheritance and succession on intestacy, insurance, adoption, custody, and workers compensation.
- Check whether there are documented discriminatory attitudes within custody and adoption applications.
- Check whether there are options for property redistribution outside of family law legislation; does the law on trusts apply?

Laws Justifying Homophobic Violence

In several Commonwealth jurisdictions, provocation is a partial defence to murder, which reduces the conviction from murder to voluntary manslaughter. The defence is applicable where it can be shown that a person killed another because they lost control as a result of something the victim said or did – something that would make an “ordinary person” lose control. At common law, a grounds for provocation is homosexual advance, i.e. being propositioned by someone of the same sex.³⁴ This is sometimes referred to as the “gay panic” defence, but can similarly be applied where a trans woman is killed on the basis that a man who propositioned her did not know she was trans.

³⁴ Se-shauna Wheatle, ‘The Constitutionality of the “Homosexual Advance Defence” in the Commonwealth Caribbean’ *The Equal Rights Review*, Vol 16 (2016) 38 available <https://www.equalrightstrust.org/resources/constitutionality-homosexual-advance-defence-commonwealth-caribbean>; Rebecca Bradfield ‘Provocation and Non-Violent Homosexual Advances: Lessons from Australia’ *University of Tasmania*, Vol 65 (2001) 76, available <https://journals.sagepub.com/doi/10.1177/002201830106500107>.

These common law provisions create a homophobic and transphobic standard under which the killing of LGBTQI people is justified under the law. Critically, heterosexual advance is not treated as grounds for provocation, even though sexual harassment of women is widespread.

- Check whether provocation is recognised as a partial defence to murder.
- Check whether “homosexual advance” has been used in your jurisdiction following the killing of a member of the LGBTQI community.

Anti-Discrimination Provisions

The frequency of discrimination in several Commonwealth jurisdictions means that anti-discrimination provisions may be the only line of protection LGBTQI people have against discrimination in healthcare, education, housing, employment, and in accessing public and private services. This protective legislation reduces the precarity experienced by community members when they are implemented. Where there is no legislation, constitutional provisions may provide a limited degree of protection. Where there is no explicit mention of SOGI as a basis for discrimination, broad-based protection, such as guarantees of equality before the law and equal treatment by public authorities, may form the basis of protection from discrimination. In some jurisdictions, prohibition of discrimination on the basis of “sex” may form the basis of protection from SOGI-based discrimination. This is reinforced by the rationale in *Toonen v Australia*, recently applied in *Caleb Orozco and another v Attorney General of Belize*. It must be underlined that constitutional protection is inaccessible to many who experience discrimination. Equally, anti-discrimination provisions in the constitution are usually limited to state-actors, which does not capture the discrimination many face in the private sector, such as when seeking housing or employment, or when procuring services.

- Check whether there is anti-discrimination legislation.
- Check whether there are anti-discrimination or equality provisions within the Bill of Rights.
- Check whether SOGI is enumerated as a prohibited ground of discrimination.
- Check whether “sex” or “gender” is enumerated as a prohibited basis of discrimination.
- Check whether these provisions only apply to the public sector or equally apply to private actors.

MODULE 5

STIGMA AND DISCRIMINATION

Learning Objectives

At the end of this section, participants should be able to:

1. Define terms related to stigma and discrimination;
2. Identify how societally determined opinions and values affect human relations;
3. Outline the causes and effects of stigma;
4. Examine how discrimination affects a person's physical, mental and social wellbeing; and
5. Identify ways to reduce stigma and discrimination.

Suggested Time: 90 minutes

FACILITATOR'S NOTES

Suggested Activity 1

Naming Stigma Through Pictures – in this activity, participants look at pictures showing stigma and discuss what each picture means to them. This exercise helps participants to objectively identify stigma. With this exercise, participants should be able to identify different forms of stigma in their workplace and/or community.³⁵

Display pictures on the wall. If using PowerPoint, project the images for the group. Record points made on a flipchart. Firstly, ask the group general questions related to stigma:

- What do you think is happening in the picture? How does this relate to stigma towards LGBTQI people?
- Does this happen at your place of work or in your community when a person is suspected or known to be a member of the LGBTQI community? If so, discuss some examples.

Secondly, ask participants questions about stigma associated with LGBTQI people:

- Why do we stigmatise people who are known to be or suspected to be part of the LGBTQI community?

³⁵ Model adapted from 'Health Policy Project's Facilitator's Training Guide For A Stigma-Free Health Facility' (2015) prepared by Ross Kidd, Sue Clay, Melissa and Laura Nyblade, available https://www.healthpolicyproject.com/pubs/281_SDTrainingGuide.pdf.

- How can stigma affect an LGBTQI person's access to healthcare/education?



Examples of pictures to be used. *Source: Google photos*

Discuss with the group what they have learnt about different forms of stigma and its impacts on society as a whole, and LGBTQI people specifically.

Suggested Activity 2

How Stigma Feels (Reflection Exercise), Soup Bowl – this exercise encourages participants to empathise with members of the LGBTQI community. Participants are asked to think about a time in their lives when they felt stigmatised, and to use this experience to help them empathise with the LGBTQI community.

This activity is very sensitive. All participants must be asked to put away their cell phones and all recording devices. Participants will be asked to take a vow of confidentiality.

- Place participants standing or sitting in two circles, one outside the other, the inner should be made up of no more than eight people;
- Those who are part of the outer circle will participate by closing their eyes and listening to what is shared by those in the inner circle;
- The members of the inner circle will each have three minutes to share an episode when they encountered stigma or discrimination, felt isolated or rejected for being seen as different from other people in their life because of their sexual orientation or gender identity, or a story of someone they know who has encountered discrimination because they are associated with the LGBTQI community. (Sharing is voluntary – if someone refuses to share, switch with someone from the outer circle willing to);

- After each person has shared their episode, allow time for the group to process what was shared and debrief those in the inner circle;
- Ask each member of the outer circle to share how they felt while the inner circle shared. What stood out most to them and can they relate?

When concluding, note the main points the participants have shared and emphasise that:

- This exercise helps participants to have an understanding of how it feels to be stigmatised, shamed or rejected because of their identity when they are disconnected from societal norms.
- At some point in our lives we have all felt ostracised or treated like a minority. It is important to challenge and question stigma in order to avoid this.

CORE CONTENT

Forms of Stigma³⁶

Isolation and Rejection:

Due to ignorance, religion and fear, members of the LGBTQI community are ostracised from their families, communities and social groups.

Social Shaming:

When someone deviates from a society's norms (especially those associated with sexuality), gossip, name-calling, insults, judging, and shaming are the methods often used to dehumanise them and to return them to the norms accepted by that particular social group or society. Such behaviours are also used as punishments for breaking social and gender norms.

Discrimination:

Unfair treatment, such as refusing care or administering tests without permission or knowledge, loss of jobs, transfers, or any act of violence done to a person in the LGBTQI community solely because of their orientation or identity.

Self-Stigmatisation:

LGBTQI people sometimes alienate themselves from society in reaction to stigmatisation. They take on the blame and rejection levelled at them by the wider society and withdraw from social contact or exclude themselves from accessing health and other services out of fear and shame.

Stigma by association:

People associated with members of the LGBTQI community are perceived to be part of the

³⁶ Adapted from Ross Kidd, Sue Clay, Melissa and Laura Nyblade, 'Health Policy Project's Facilitator's Training Guide for A Stigma-Free Health Facility' (2010), available https://www.healthpolicyproject.com/pubs/281_SDTrainingGuide.pdf

community. Those associated with the LGBTQI community will be stigmatised because of the perceived stigma those of their social group/s are afraid to face – reputation becomes more important than love. Some are denounced for working with people of the LGBTQI community.

The Effects of Stigma

- Stigma affects mental health, social life, economic circumstances and family relations;
- LGBTQI people experience a range of social, economic and medical disparities that jeopardise their long-term health and contribution to society;
- These disparities are aided and supported by laws and policies that appear to justify discrimination and ill-treatment;
- Studies show that LGBTQI people are prone to struggle with poverty and social isolation;³⁷
- LGBTQI people are at higher risk of mental health problems, substance abuse, and high-risk sexual behaviour;
- Across the globe, there are higher rates of suicide and attempted suicide amongst LGBTQI young people.³⁸

Stigma is shaped by a person's family, education, community, and religion, but can be rebutted through awareness-raising and education. Often displayed in the form of social exclusion, harassment and/or internalised homophobia, discrimination in any form has serious health, social and economic consequences for LGBTQI people.

³⁷ For Caribbean example see Human Rights Watch, *"I Have to Leave to Be Me:" Discriminatory Laws against LGBT People in the Eastern Caribbean* (2017) available <https://www.hrw.org/report/2018/03/21/i-have-leave-be-me/discriminatory-laws-against-lgbt-people-eastern-caribbean>.

³⁸ Delores E Smith, 'Homophobic and transphobic violence against youth: The Jamaica context', *International Journal of Adolescence and Youth*, (Vol 23, 2018) available <https://www.tandfonline.com/doi/full/10.1080/02673843.2017.1336106>.

MODULE 6

TRAINING METHODOLOGIES

Learning Objectives

At the end of this section, participants should be able to:

- Understand the different methodologies of conducting trainings sessions;
- Make strategic decisions about which methodologies are best for different audiences;
- Incorporate local knowledge and context into content delivery; and
- Develop creative and interactive methodologies to deliver content.

Suggested Time: 120 Minutes

FACILITATOR'S NOTES

1. Start this session by engaging participants in a conversation about factors which make a presentation effective, including:

- a. Audience - the audience's size, gender, class make-up and literacy level will have a significant impact on the methodology to be used;
- b. Nature of the content - understanding the content and its complexities will help to inform the best way to present, as well as which portions are best suited to the audience;
- c. Cultural sensitivity and language - it is important to understand cultural triggers, norms, values and customs so as not to offend audience members and to increase the relatability of your presentation; and
- d. Facilitator identity - understanding how the facilitator's intersectional identity affects how they are received by the audience, given that different historical contexts will affect how well they are received.

2. If doing a PowerPoint presentation, the content should include the following:

- a. Information, education, and communication (IEC) materials and other aids as hand-outs;
- b. Interactive quizzes, games and other activities to assist information retention;
- c. Discussion of the importance of group work and active conversation to support information exchange and the avoidance of top-down approaches;

- d. Acknowledgement of privileges and biases in order to display humanity, and relatability, and to encourage open dialogue;
 - e. Panel discussions, fireside chats and interviews to facilitate interface with members of vulnerable groups safely;
 - f. Discussion of the importance of incorporating reviews and reflections to encourage retention of information; and
 - g. Being sensitive to individual and group discomfort with the material being discussed, particularly where the content may trigger anxiety for some participants.
3. Discuss challenges and limitations associated with each methodology suggested, and encourage collaboration between stakeholders.
 4. Conduct a group activity requiring each group to develop a training methodology for a section of the toolkit for a specified audience.

Suggested Activity

Place participants in five groups. Each group is given one of the five preceding sections of the toolkit to develop a methodology of presentation to a selected audience. For example: rural women, university students, policy makers, police officers, healthcare workers, guidance counsellors, etc. Each group will be required to explain their choices of methodology, and must include an interactive activity in each session. The groups must also state how long each session would take to complete. (Allotted time: 45 minutes)

CORE CONTENT

Tips for Each Section

Values Clarification and Myth Busting:

This section can be the most combative, and must be handled with care and sensitivity by facilitators. Allowing open and honest communication by participants in their own language will be critical to unpacking biases. Group discussions must be managed with care to ensure that everyone is able to express themselves freely without domination from other participants. It must be clarified that the aim is to address misconceptions and provide new information, not to tell people how to think and feel.

Introduction to Human Rights:

This section is content heavy and includes many technical concepts found in international law. It will be important to use local language, and to avoid excessive detail about technicalities. Activities should encourage retention and application of often abstract principles of human rights into everyday, real-world experiences.

Gender and Sexual Diversity:

This section is an equal mix of technical medical concepts, traditional learning, and cultural and social norms. It can also be very combative, and must be handled with extreme care. Keep in mind you will be challenging a lifetime of education, and falsified truth is never overcome without resilience. Allowing open and honest communication among participants in a language they are most comfortable with will help to unpack any biases and misapplied or misleading thoughts or knowledge.

Laws and Policies Affecting LGBTQI Persons:

This section equally centres on technical legal information about the existing laws and policies in your jurisdiction. The list of laws discussed in the section is not exhaustive, and it may need to be updated as time passes. It is important that participants understand where LGBTQI people stand legally, rather than being able to regurgitate legal provisions verbatim. Therefore, simplifying legal language, using scenarios to explain their implications, and using review games and quizzes is an optimal way of ensuring retention.

Stigma and Discrimination:

This section is the most sensitive of all, and must be handled with extreme care. Stigma is perception-based, and most times it is done without the perpetrator intending to hurt another person. Perception is ingrained in value systems. This section is best taught using activities which transpose participants into the experiences of those who face and live through discrimination every day. Fair share mechanisms allow for each participant to express themselves freely, without prejudice, and to gain support from the others. Confidentiality must be emphasised throughout this section. The facilitator must be able and ready to debrief participants who recollect a painful memory and enter a state of shock. This section can be very emotional, and the facilitator must take full control of the session with authority.

Understanding the Life of the Local LGBTQI Community:

This section carries great significance, and the potential to break or shape the conditioning of participants' minds. It is important to apply the skill of active listening while allowing participants to be open and honest. A safe space must be established to prevent discomfort and inauthentic conversations. The moderator must be open and comfortable with his or her own identities, and have knowledge of the LGBTQI community. The facilitator needs to be a keen observer in this section, and meticulous in note-taking. The aim of this section is to understand the condition of the LGBTQI community and not to dictate their lives or how they ought to live.

MODULE 7

UNDERSTANDING THE LOCAL LGBTQI COMMUNITY

Learning Objectives

At the end of this section, participants should be able to:

- Understand the life and living conditions of an openly LGBTQI person or someone who is perceived to be LGBTQI;
- Challenge existing misconceptions about LGBTQI people; and
- Provide ways of coping with forms of stigma and discrimination.

Suggested Time: 60-90 minutes

FACILITATOR'S NOTES

This session takes the form of a panel discussion or focus group. Members of the LGBTQI community will be selected beforehand and asked if they would like to be part of the panel. The facilitator can choose to moderate the discussion or have an independent person moderate. There should be a representative from each of the various sub-communities within the wider LGBTQI community (gay, lesbian, trans, intersex, queer-identifying, and bisexual).

Ground Rules for Discussion

In order to make the panel discussion more efficient, we recommend observing the following standards:

- **Respect** — give undivided attention to the person who has the floor.
- **Confidentiality** — what is shared in this session will remain in this session, unless clear and explicit permission is given – **especially about identity and family.**
- **Openness** — participants are asked to be as open and honest as possible, without disclosing others' (family, neighbours' or friends') personal or private issues. Discussion of these issues is acceptable but names or other identifiers will not be used. For example, the speaker will not say, "My best friend ..."; instead, the speaker will say, "I know someone who ...".
- **Non-judgmental/non-prejudicial approach** — everyone has the right to disagree with another person's point of view, but not to be disrespectful. Challenging a point of view must always be done respectfully.

- **Sensitivity to diversity** — people in the session will differ in cultural background, sexual orientation and/or gender identity or gender expression, and participants must be careful about making insensitive or careless remarks.
- **Acceptance** — it is okay to feel uncomfortable. It is normal for people to feel uncomfortable when they talk about sensitive and personal topics, such as sexuality.
- **Anonymity** — it is always okay to pass, that is, “I would rather not answer that.” It is okay to ask any question and answer any question by using the suggestion box;
- **Have a good time** — participants should be encouraged to enjoy and learn from the discussion. Creating a safe space is about coming together as a community, being mutually supportive, and enjoying each other’s qualities.

Panellists

- Panellists should make themselves available to the moderator at least 15 minutes before the session.
- Every panellist has to prepare a short account of their experience living in their country as an LGBTQI person. *The list of questions for discussion will be sent to every panellist in good time.*
- By invitation of the moderator, each panellist will share their experience.
- Discussion between panellists ensues in the form of questions and answers.
- Discussion between panellists is regulated by the moderator, who invites each panellist to enter the discussion. The same approach governs interaction between panellists and the audience, and participants must raise their hand to be invited into the conversation.

Moderators

- The moderator assumes their duties when the facilitator announces the panel discussion and introduces them to the audience.
- After a brief introduction to the session, the moderator then introduces each member of the panel.
- The moderator is required to ask questions to keep the debate/panel going and to clarify or ask for further explanation if needed.
- Every panellist will receive fair and equal treatment. The order of speaking is determined by the moderator.
- The moderator is charged with the responsibility of controlling the debate: a 45-minute discussion is envisaged, which can, when necessary, be extended to 60 minutes.

- Questions from the audience are to be allowed only after the stories have been shared and the key issues have been clarified.
- Conclude the discussion in a clear and concise way.

Suggested Questions

- What are some of the activities heterosexual and cisgender people publicly engage in that are “forbidden” to members of the LGBTQI community?
- Do you believe that public opinion regarding same-sex relationships is changing? If so, how? Will these changes affect discrimination in other aspects of LGBTQI people’s lives?
- Have you ever experienced any form of homophobia within the LGBTQI community? If so, why do you believe it exists?
- Does social and economic status affect the level of stigma/discrimination people have to deal with on a daily basis?
- Do you feel safe when walking the streets, or going to parties or bars as an open member of the LGBTQI community?
- If you’re comfortable doing so, would you be able to tell us your coming out story?
- Have you experienced any form of stigma/discrimination as a member of the LGBTQI community, or someone who is perceived by others to be part of the LGBTQI community?
- Do you believe our laws are fair toward the LGBTQI community?
- Is sexual orientation a personal choice, or a trait people are born with?
- How have culture and religion influenced the unfair treatment faced by members of the community?
- What is your relationship with family and friends? Has it changed since you came out or were suspected of being part of the LGBTQI community?
- How has living outside gender and cultural norms affected your ability to maintain long-term romantic relationships?
- Have you experienced any discomfort accessing public services, such as police assistance, health care, social services, education, or transport?
- What were your dreams growing up? Has societal discrimination made achieving these dreams more difficult? How have you overcome these challenges?
- What is life like for you as a member of this society?

- What do you like most about being a part of your society/community/culture/country?

The moderator can choose the questions best suited to their discussion, and may add questions. Please be reminded that these questions are only a guide, and can be restructured to match your context.

Evaluation

- The facilitator will observe the main points of the panellists' presentation and dialogue between panellists, and the interaction between the audience and panellists. The facilitator will also pay close attention to the audience's body language and reactions to arguments by panellists, and the comfort level of the panellists when answering questions.
- The facilitator can engage the audience for feedback after the session, and for tips on how to improve the lives of LGBTQI people in the country.
- A suggestion box or parking lot will be placed in a strategic position for those who wish to conceal their identity when answering or asking questions, or giving feedback.

MODULE 8

BASICS OF MONITORING AND EVALUATION

Learning Objectives

At the end of this section, participants should be able to:

- Understand the necessity of monitoring and evaluating trainings sessions;
- Develop simple tools to examine the effectiveness of any trainings they conduct;
- Differentiate between qualitative and quantitative tools, and understand the importance of using both; and
- Analyse responses, and write a simple report on key successes, challenges and lessons learnt when conducting training.

Suggested Time: 60 Minutes

FACILITATOR'S NOTES

1. Start this session by engaging participants in a conversation about how they use monitoring and evaluation (M&E) in their daily lives, and why it is important to do so. Key discussion points include:
 - a. M&E in mundane activities such as cooking, parenting, working 9 to 5;
 - b. How work appraisals are a form of M&E.
 - c. How do we decide if the government is doing a good job in fulfilling its mandate?
2. If doing a PowerPoint presentation, the content should include the following:
 - a. Defining Goals, SMART Objectives, outcomes and desired impact, and their relationship to M&E tools;
 - b. Understanding indicators and their relationship to M&E tools;
 - c. Discussion of training and sensitisation sessions and the different types of tools commonly used:
 - i. Pre-tests and post-tests;
 - ii. Daily and post-training evaluations;
 - iii. "Head, hearts and hands" to capture one thing learned, one thing felt and one action to be taken;

- iv. Using verbal reviews for less formal engagements and participants with lower literacy skills.
 - d. Analysing the different M&E tools for effectiveness of training, shortfalls, and lessons learned.
3. Discuss how to incorporate lessons learned into future training sessions, keeping in mind the training objectives and desired outcomes.

Suggested Activity

Continuing from the previous section, in their five groups, participants will outline the goal, SMART objectives, outcomes, and desired impact of their training, and create an M&E tool to determine its effectiveness. Ensure that each group justifies their choice of M&E tool based on their audience. (Allotted time: 25 minutes)

CORE CONTENT

Definitions

Goal:

This is the overall change that you want to achieve, usually broadly defined, but not so broad as to be considered vague and unattainable. For example: "To reduce the prevalence of stigma and discrimination within healthcare spaces in Kingstown."

Objective:

These are more specific, smaller changes that need to occur in order to arrive at the overall goal. It is highly recommended that objectives are framed in a SMART way - i.e. they are Specific, Measurable, Attainable, Realistic and Time-bound. For example: "To train 30 healthcare workers in your capital on the importance of providing stigma-free and non-discriminatory services to LGBTQI people within 6 months."

Outcomes:

This refers to the desired or actual results of the intervention undertaken. Your activities should be conducted so as to obtain the outcomes that align with your objectives and will lead to the overall goal. For example, following the training, "At least 15 healthcare workers in the capital are sensitised, equipped, and more likely to provide stigma-free and non-discriminatory services."

Impact:

This refers to the effect of the outcomes achieved with regard to the intended goal. Continuing the example, if 15 healthcare workers are more likely to provide stigma-free

and non-discriminatory services, then “Healthcare spaces are/may have become more welcoming to LGBTQI people and they are/may be more likely to access needed services”.

Relationship to M&E Tools

While the goals and objectives will frame the content of the training and its methods of delivery, the desired outcomes and impact will determine how the training is monitored and evaluated. *Indicators* are developed as measures, to determine whether the outcomes and impact desired are being achieved. These may be quantitative measurements, such as the number of people trained, or qualitative measurements, such as increase in their knowledge, and their likelihood to provide the requisite services. Your M&E tools will, through a set of questions and central criteria, determine whether, for example, knowledge has actually increased, or sentiments towards a given population have changed. Critically, M&E does not only have to happen at the end of the training or activity, but can be done on an ongoing basis so that there is a feedback loop that will shape content and delivery.

Basic Tools for Conducting Trainings and Sessions

Pre- and Post- Tests:

These are identical tests used at the start and end of training or a training session to measure the change in participants’ level of knowledge. When analysed together, these tests can demonstrate the extent to which the training/session was effective in transferring knowledge. It is important to explain the nature of the tests so that participants feel at ease when taking them. It is also critical to know when *not* to use them. Large group (more than 30 participants) sensitisations with varying levels of literacy would not be ideal for this tool.

Daily and Post-Training Evaluations:

These tools focus more on assessing how participants felt about the conduct of the sessions, so as to measure the effectiveness of the methodologies being used. They can also give insight into which training styles yield the best results among certain groups. The questions are generally more qualitative in nature. Similarly, these tools in a written form may not be the most suitable for large-scale sessions.

Heads, Hearts and Hands:

A creative daily evaluation technique that allows participants to highlight what has been most impactful during training or a training session. “Heads” for one thing they learned, “hearts” for how they felt about the activity, and “hands” for what they are inspired to do. These are especially useful if certain sections of the toolkit are being used to sensitise members of vulnerable groups about their rights.

Verbal Reviews:

This is a less formal evaluation style that can be used in large-scale sensitisation sessions

to test knowledge transfer, and measure the effectiveness of training methodologies. This is done by using a show of hands or broad-based questions asked to the audience. These are not ideal because of how public affirmation can skew results. However, verbal reviews may still be useful within their limitations.

Analysing Data from M&E Tools

1. Each M&E tool must be analysed in accordance with the desired outcomes and expected impact, so as to feed the set indicators.
2. Where quantitative measurements, such as the number of people trained, and qualitative measurements, such as their increase in knowledge, are being used, the overall average score, as well as the individual increases, can be used to assess the training.
3. Positive and negative reactions to training methodologies should be noted to determine the effectiveness of the training, and its reception by the audience.
4. For measurements of the willingness of trained participants to engage in positive action, qualitative answers in training evaluations should be collated to determine how many people are willing, as well as the extent of their willingness to engage in said behaviours.
5. Training evaluations in particular should be consulted to determine what changes may be necessary to improve delivery and reception.