MAINSTREAMING SEXUAL DIVERSITY IN HIV & SRHR PROGRAMMING IN KENYA

Report on a thematic learning programme.

A joint project of the partner organizations of the Unite for Body Rights (UFBR) Alliance of Kenya.
Led by dance4life, in collaboration with Rutgers WPF.
Sponsored by PSO capacity building in developing countries.
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<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation (Kenya Country Office)</td>
</tr>
<tr>
<td>CSA</td>
<td>Centre for the Study of Adolescence</td>
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<tr>
<td>CSE</td>
<td>Comprehensive sexuality education</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>International Commission on Population and Development</td>
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<td>IDAHO</td>
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<td>IDI</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<tr>
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<tr>
<td>LGBT(IQ)</td>
<td>Lesbian, gay, bisexual, transgender, (intersex, queer or questioning). In this report we use the shorter 'LGBT', which should be understood to include the 'I' and 'Q' too</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MFSII</td>
<td>Mede Financierings Stelsel II (Co-Financing System II)</td>
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<td>Sexual diversity</td>
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I INTRODUCTION

The sexual diversity challenge

‘Studies have found, less perceived health, poorer mental health, higher degree of suicidal behaviour, more substance abuse, higher degree of victimization and greater sexual risk behaviour among non-heterosexual men and women than in general population or comparable heterosexual groups.’

IPPF Choices, November 2007

UNAIDS recently released Getting to Zero, its strategy for 2010 – 2015. Central to this strategy is the need to better target resources around HIV and sexual health to ensure maximum impact. A key theme, with associated targets, is the targeting of marginalized groups, including lesbian, gay, bisexual, transgender, intersex and questioning or queer (LGBTIQ or LGBT for short) people and other men who have sex with men (MSM) or women who have sex with women (WSW), who are disproportionately affected by HIV and other sexual and reproductive health and rights (SRHR) issues. UNAIDS research has found that ‘prevention programming remains unacceptably low for people at higher risk of infection, such as people who inject drugs, men who have sex with men, transgender people and female, male and transgender sex workers and their clients’.

Due to the extreme stigma and discrimination they face in Africa and Asia many LGBT people are not accessing appropriate HIV and sexual and reproductive health services and information, and local organizations are struggling to tackle this effectively.

A global survey of 5,000 men conducted by the Global Forum on MSM & HIV in 2010 found that only 25% of MSM had access to appropriate sex education, with much lower rates in Africa in particular. Also Africa reported the highest levels of stigma and external homophobia – ‘the overt expression of (homophobic) biases, ranging from social avoidance, to legal and religious proscription, to violence’ followed by the Middle East and Asia-Pacific.

It is therefore essential that organizations working on SRHR and HIV globally are able to improve programming to be more inclusive of all those within the communities we serve, including LGBT people, MSM and WSW.

Rising to meet the challenge

In 2010, dance4life recognized that its partners in 27 countries were challenged by how to effectively incorporate sexual diversity issues into their programmes. In response, dance4life and Rutgers WPF, both partners of the SRHR Alliance (see below), co-developed an innovative action learning programme, bringing together academics, LGBT organizations, implementing partner organizations and communities to begin to address this challenge at national and international levels.

The SRHR Alliance

The Alliance for Sexual and Reproductive Health and Rights (SRHR Alliance) is a Netherlands-based group working in collaboration with partner organizations in nine countries in Africa and Asia for the period from 2011 to 2015. Members of the Alliance are Rutgers WPF (World Population Foundation), AMREF (African Medical and Research Foundation), dance4life, CHOICE (for Youth and Sexuality), and Simavi. The SRHR Alliance works towards a society free of poverty, in which all women and men, girls and boys, and marginalized groups have the same rights, irrespective of their ethnic, cultural, and religious background, age, gender and sexual orientation. The SRHR Alliance has identified four priority areas that require urgent and increased attention in order to meet
the MDGs, the ICPD Program of Action and other international agreements for the promotion of sustainable
development. Poverty cannot be eradicated without ensuring gender equality and SRHR. The four identified
key priorities to be addressed are:
(1) improved sexual and reproductive health services
(2) comprehensive sexuality education
(3) combating sexual and gender-based violence
(4) freedom of expression of sexual diversity\(^3\) and gender identity.\(^4\)

In developing the programme of the SRHR Alliance, workshops were held with potential partners in the nine
countries to craft project plans and activities. During the workshops many participants expressed reluctance to
explicitly integrate sexual diversity issues into their programmes.

### The TLP on mainstreaming sexual diversity in SRHR and HIV organizations

To understand the barriers and complexities involved for partner organizations to include issues of sexual
diversity in their daily work, a thematic learning programme (TLP) was developed and implemented by
dance4life and Rutgers WPF, in close collaboration with local partners, and with financial and technical
support from PSO capacity building in developing countries.

The aim of the TLP was to identify and test potential approaches to mainstreaming sexual diversity in SRHR
and HIV programmes, and to gather lessons learned on the process at individual, organizational, and inter-
organizational levels to share with third parties.

Based on contextual analysis and discussions within the SRHR Alliance and with its partners, Kenya and
Indonesia were identified as the participating countries for this TLP both because sexual diversity is an
emerging and urgent issue in both countries, and the NGOs involved have capacities and interests to address
these sensitive topics in their work.

A planning meeting was held at the University of Amsterdam in November 2011 to develop a draft
programme proposal in collaboration with academic partners from the Netherlands, Nairobi and Jakarta, and
lead implementing partner organizations from Kenya and Indonesia. The proposal was refined and approved
by PSO in December 2011, and ran from January through June 2012.

This report covers the Kenya component of the TLP. Background information on the participating organizations
and programme developed in Kenya follow below.

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1. In this report we use the shorter ‘LGBT’ acronym, which should be understood to include the ‘I’ and ‘Q’ categories too.
3. Sexual diversity refers to the wide variations of expressions of human sexualities, including heterosexuality but specifically focusing on sexual
expressions other than the heterosexual norm.
4. Gender identity refers to one’s internal, personal sense of being a man or a woman (or a boy or a girl). For transgender people, their birth-
assigned sex and their own internal sense of gender identity do not match. Gender identity and sexual orientation are not the same. By
using the term sexual diversity we aim to include both.
The TLP in Kenya

Participating organizations and partners

In Kenya, the SRHR Alliance is collaborating with seven indigenous, not-for-profit, non-governmental organizations (NGOs) that work on SRHR and HIV and are associated with the United for Body Rights (UFBR) programme in Kenya. These are: the Centre for the Study of Adolescence (CSA), Africa Alive!, Support Activities in Poverty Eradication and Health (SAIPEH), the Great Lakes University of Kisumu (GLUK), NairoBits Trust, the African Medical and Research Foundation Kenya Country Office (AMREF KCO, henceforth referred to simply as AMREF), and the Network for Adolescents and Youth of Africa (NAYA).

The UFBR Alliance partner organizations are in the process of harmonizing and coordinating their work among themselves, as well as with other players in the field, with the aim of becoming even more effective in bringing sustainable and quality education and services in sexual and reproductive health and rights to the Kenyan people, especially women and youth. Most of the NGOs have their office or headquarters in Nairobi, but their work covers 40 districts in Kenya.

Additionally, the TLP in Kenya also involved: individuals from two Kenyan LGBT organizations – Nyanza and Rift Valley and Western Coalition of Kenya (NYARWEK) and the Gay and Lesbian Coalition of Kenya (GALCK) – as facilitators and mentors; researchers from the universities of Amsterdam and Nairobi as academic partners; and an external learning facilitator and support the reflection, learning and documentation components of the programme.

The programme at a glance

- Basic principles
  A TLP is a systematic action learning programme, in which learning activities are undertaken to answer one or more key learning questions, accompanied by reflection and documentation on changes made and lessons learned in implementing the programme. A TLP also links multiple perspectives and ways of learning – e.g., academic research (using theoretical frameworks, tools, and concepts) peer learning and learning by doing – as a way to improve practice in addressing tough issues in dynamic, complex contexts.

What is Action Learning?

Action Learning is a continuous cycle of action, reflection, learning and planning – the end of each learning cycle feeds the beginning of the next cycle (see: www.barefootguide.org).

Action learning is supported by asking the following kinds of questions during each cycle:

- **Action:** What significant things happened? Who was involved, what did we/they do? What picture emerges?
- **Reflection:** Why did it happen, what caused it? What helped, what hindered? What did we expect? What assumptions did we make? What really struck us?
- **Learning:** What have we learned, what new insights (‘pearls’) have we got? What new questions have emerged (‘puzzles’)?
- **Planning:** So what does this mean in practice? What do we want to do? How? What will we do differently? What must we stop doing? What steps will we take to put our new insights into practice?
• **Key learning questions**

The central learning question for this TLP was: How can staff, including management and volunteers of partner organizations, be capacitated to ensure effective inclusion of sexual diversity issues into their policies and programmes? Specific learning questions were also formulated regarding the three levels of capacity development involved:

**Human resource development:** How to stimulate at least acceptance of and preferably respect for LGBT persons by staff members of partner organizations from an individual and professional point of view, and from the point of view/position of the organization; and how to differentiate between these individual and professional points of view in a professional context.

**Organizational development:** How to stimulate partner organizations to identify ways in which they can mainstream sexual diversity within their work, and identify the first steps towards mainstreaming sexual diversity in their work?

**Institutional development:** How to stimulate partner organizations’ willingness to support or collaborate with local LGBT organizations, and ensure that this is done in a meaningful way?

• **Steps and activities**

**Step 1: Laying the basis**
- **Workshop 1:** introduction of TLP to all partners, participatory development of data collection methodology and design of baseline survey, planning data collection
- **Baseline survey:** conducted to assess the degree of engagement with sexual diversity issues at the staff, organizational and institutional levels of each partner organization.

**Step 2: Preparing the action plans**
- **Workshop 2:** sharing of baseline findings, based on which partners then identified practical mainstreaming strategies and developed short-term action plans (including activities, time frames, responsibilities, expected changes and reflection moments) as well as joint plans for training and strategy development.

**Step 3: Conducting the learning activities**
- **Training of change makers:** sensitzation and training of selected change makers from every organization.
- **Sensitization activities:** carrying out planned activities within each organization, ranging from staff sensitization and training to visits with LGBTI organizations and community dialogue,
- **Managers meeting:** discussion and agreement on first steps for a long-term strategy.
- **Write shop:** reflecting on and documenting changes made and lessons learned.

**Step 4: Sharing the learning**
- **Closing regional workshop:** Meeting in Nairobi to share outcomes with participating Kenyan organizations, representatives of all African Alliance partners (from Uganda, Tanzania, Malawi and Ethiopia) and relevant external stakeholders.
- **Further dissemination:** sharing good practices and lessons learned, tools and materials developed at international meetings.

This report is a collective effort by the participants of the TLP to share the learning with you. The next four sections of the report feature: the time line travelled, including the TLP steps, critical moments, and public events that inspired us to act (Section II); stories of organizational and personal change (Section III); collective reflections on shared learning (Section IV); and our ideas about the next steps we are going to take (Section V).
II TIME LINE: TLP STEPS, CRITICAL MOMENTS AND EVENTS

The time line depicted here was generated by participants of the write shop in June 2012 as a visual aid to document the trajectory of the TLP.

The yellow post-its mark the key steps leading up to and during the TLP: meetings, workshops, actions taken. The red post-its show the critical moments in the process: they speak about what made the steps we took significant, the major changes and turning points we experienced along the way.

The white post-its represent the background events that have sparked public debate on sexual diversity in Kenya in this period, and so, inspired us to act, and to persist in our course of action.

These steps, critical moments and events are described in the text of this section of the report.
The sexual diversity debate in the Kenyan national context

Ugandan gay activist killed

The killing of Ugandan gay activist David Kato in January 2011 was a wake-up call on just how far homophobia could go. It became an issue of international debate, warning us that it was time for Kenya to break the silence and start talking about sexual diversity in earnest. For the UFBR Alliance it showed that addressing sexual diversity would be a great way to avert such extreme homophobic reactions, and enable the LGBT community to safely express their sexuality.

First IDAHO celebration in Kenya

The celebration of the International Day against Homophobia (IDAHO) in the city of Kisumu in May 2011 (which brought this day to the limelight in Kenya for the first time) sparked heated debates in the national media. This too carried the message that we could no longer remain silent – we had to talk about and act on the sexual diversity issue. We also recognized that UFBR partners could optimize on and support IDAHO as a way to promote public awareness of sexual diversity.

KNHCR report on LGBT discrimination released

Around the same time, the Kenya National Commission on Human Rights (KNCHR) published a report, The Outlawed Amongst Us: A study of the LGBTI community’s search for equality and non-discrimination in Kenya, which documented high levels of discrimination against the LGBT community – including police abuse, sexual assault, blackmail and harassment, and asserted gay rights as human rights. This fuelled another national controversy. For UFBR Alliance partners this is an important policy reference document to support sexual diversity interventions, and a comprehensive precedent for research on sexual diversity in Kenya.

The legal context

Of course, the sexual diversity debate did not begin in 2011. The process of making a new constitution in 2010 had already opened a national dialogue on the topic. Many Kenyans – especially Christians and Muslims – felt the proposed constitution was opening a free space for LGBT practices and were against this. Whilst the new constitution does not endorse same-sex relationships – in view of overwhelming public opposition to their decriminalization observed during the constitutional review process – it prohibits discrimination based on gender or sexual orientation in service provision. In this sense it is a crucial legal pillar to support the SRHR intervention work of the UFBR Alliance of Kenya.

Recent declarations by Western countries threatening to withdraw donor funding to African countries that do not recognize gay rights have elicited outrage from many African governments – who affirm their national sovereignty and assert that African and Christian values are firmly opposed to LGBT practices. This is a reminder to all of us that changes in law will come only when we can involve our target communities and make them understand. Creating public awareness is the key to engaging communities in a meaningful debate on sexual diversity – one which can lead to real change.
UFBR Kenya discussions leading up to the TLP

UFBR Kenya MFSII workshop and baseline SRHR survey

The idea for the thematic learning programme (TLP) on mainstreaming sexual diversity emerged towards the end of 2011, but the first seeds for it were planted at a workshop to discuss MFS II in 2008. At that workshop a situation analysis on SRHR in Kenya was presented, in which issues related to sexual orientation and identity were identified as ones that were not being addressed, either by partners or other organizations working on reproductive health.

The MFS II required us to look beyond traditional SRH issues and see what was not yet being addressed. Partners highlighted four key areas: sexual diversity, advocacy, sexual and gender-based violence (SGBV) and SRHR. All partners of UFBR – both Northern and Southern – were involved in the discussion.

In November 2011, a baseline SRHR survey was conducted among the UFBR member organizations in Kenya on the areas in which they work and during the dissemination of the results, sexual diversity was again pointed out as one of the critical areas to be addressed.

TLP proposal completed and approved

The same month, a planning meeting was held at the dance4life office in Amsterdam – attended by representatives of CSA, Rutgers WPF and dance4life from the Netherlands and Indonesia, and researchers from the universities of Nairobi and Amsterdam – to develop a proposal for a thematic learning programme on mainstreaming sexual diversity in SRHR Alliance partner programmes in Kenya and Indonesia.

We saw this as a major challenge, since sexual diversity was an especially controversial topic, and most of our organizations simply did not deal with it. We explored what practical approaches we could take. We decided that the first step of the proposed programme would be to design a baseline survey on sexual diversity targeting the participating partner organizations.

The proposal was further refined by the representatives of Rutgers WPF and dance4life head offices in the Netherlands in consultation with the academic and NGO partners, along with PSO and two external consultants on the design of the action-learning elements of the programme. The proposal was completed and approved by PSO in late December 2011.

TLP workshop 1: A new dawn!

Wow! Kenyan SRHR organizations coming together to discuss sexual diversity (SD) and come up with a road map on how to go about mainstreaming SD into SRHR programming – a new dawn!

Workshop 1

The first workshop of the TLP was held in Nairobi on 10-13 January 2012. The workshop participants on the first day included managers and programme heads of all the organizations in the UFBR Alliance of Kenya, along with a representative of dance4life head office, academic partners from Amsterdam and Nairobi, and Kenyan LGBT resource people.

During the workshop, much of the LGBT terminology identified by participants was deemed derogatory to the LGBT community, and we agreed on which terms could be used without offending them. The Ollson stairs of
tolerance model was shared and used to gauge where we were at that time and where we desired to be regarding sexual diversity mainstreaming in our SRHR programming.

The TLP process was introduced, stressing the role and importance of action learning, and how it connected to the research and activities to be conducted. Desk reviews of literature on the origins and future directions of sexual diversity were presented and discussed.

The storytelling session we had really made us understand the level where we and our organizations were regarding sexual diversity mainstreaming. It was clear from these stories that most of us had encountered the issue of sexual diversity in our work but did not know how to go about addressing it. The free writing we did also brought home the complexity of the emotions that sexual diversity can evoke.

The critical task was to come up with the questionnaire for the baseline survey, identify the themes to guide the testing and adaptation of the research tools, and determine the logistics for the survey to be conducted, using a participatory process. Following the first day of the workshop, the NGO partners left, while the academic partners worked on for the next three days to refine the tools and guidelines for the baseline survey, with input from an LGBT resource person, the representative of dance4life head office and one of the NGO partners during the pre-test.

First encounters with LGBT people

When the introductions of those in attendance at Workshop 1 revealed we were a mix of people with diverse sexual orientations, some participants expressed shock and immediately became defensive, squirming in disbelief and wondering: How could two padlocks open each other? Sexual diversity was real!

Throughout the day, participants got to interact with people of different sexual orientations. They came to know about existing LGBT organizations in the country. And they got to ask the LGBT people questions.

Why was this a critical moment?

For many participants this was their first ever encounter with LGBT individuals, or their first opportunity to share experiences and stories with them. During this encounter a situation was created where participants felt safe to ask about personal issues relating to LGBT issues, and more so, about LGBT practices. The LGBT individuals openly answered the questions in a positive and understanding way, to support the ‘learning to unlearn process’ – that is, the unlearning of negative behaviours and attitudes.

Baseline sexual diversity survey

The baseline survey was conducted in February 2012 as a first step towards answering the TLP learning questions. Data were collected at three levels in each of the seven organizations.

First, data were collected from 55 staff (56% male, 44% female) of the organizations to gain insights about their attitudes towards sexual diversity, using the questionnaire developed in consultation with the partner organizations and representatives of LGBT organizations during Workshop 1. Then, to collect information on the organizational and institutional levels, an in-depth interview (IDI) guide was developed and administered with seven senior management staff representing the organizations. Based upon the data gathered, the researchers made recommendations on the opportunities for and barriers to mainstreaming sexual diversity within the organizations and their programmes. The key findings of the survey follow below.
**Staff awareness and attitudes**

Table 1: Generally held and personal opinions of staff on same-sex relations (%, N=55)

<table>
<thead>
<tr>
<th>Opinion on same-sex relations</th>
<th>Same-sex relations between men</th>
<th>Same-sex relations between women</th>
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<tr>
<td></td>
<td>General Staff</td>
<td>General Staff</td>
</tr>
<tr>
<td>Negative</td>
<td>96</td>
<td>82</td>
</tr>
<tr>
<td>Neutral or positive</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
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Table 2: Standpoint of religion and culture on same-sex relations between men and between women, and staff’s agreement with negative standpoint (%, N=55)

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<thead>
<tr>
<th>Religious/cultural standpoint on same-sex relations</th>
<th>Same-sex relations between men</th>
<th>Same-sex relations between women</th>
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<tbody>
<tr>
<td></td>
<td>Culture Religion</td>
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</tr>
<tr>
<td>Intolerant</td>
<td>83 (81% agree)</td>
<td>88 (80% agree)</td>
</tr>
<tr>
<td>Don’t talk about it</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Tolerant</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Personal reactions and anticipated behaviour**

Table 3: Reaction to close friend who discloses he is gay or she is lesbian, by sex of respondent (%, N=55)

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Male respondent (N=31)</th>
<th>Female respondent (N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gay</td>
<td>Lesbian</td>
</tr>
<tr>
<td>Go on as usual</td>
<td>39</td>
<td>45</td>
</tr>
<tr>
<td>Talk them out of it</td>
<td>39</td>
<td>48</td>
</tr>
<tr>
<td>Stop the relationship</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4: Would feel uncomfortable working or sharing an office with an LGBT person, by sex of respondent (%, N=55)

<table>
<thead>
<tr>
<th>LGBT</th>
<th>Male respondent (N=31)</th>
<th>Female respondent (N=24)</th>
<th>All (N=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Working with</td>
<td>Sharing an office</td>
<td>Working with</td>
</tr>
<tr>
<td>Gay</td>
<td>55</td>
<td>58</td>
<td>33</td>
</tr>
<tr>
<td>Lesbian</td>
<td>36</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Bisexual</td>
<td>48</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>Transgender</td>
<td>50</td>
<td>40</td>
<td>25</td>
</tr>
</tbody>
</table>
Figure 1: Knowledge of commonly held stereotypes in the community

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being gay is Un-African</td>
<td>90.9</td>
<td>6</td>
<td>9.1</td>
</tr>
<tr>
<td>Same sex behavior among girls in...</td>
<td>66</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Homosexuality is immoral</td>
<td>85.5</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>Boys (same-sex behavior) in...</td>
<td>83.6</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Homosexuality is against Kenyan law</td>
<td>83.3</td>
<td>16.5</td>
<td></td>
</tr>
<tr>
<td>Homosexuality is unnatural</td>
<td>76.4</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>People talking about SD are gay</td>
<td>65.5</td>
<td>34.5</td>
<td></td>
</tr>
<tr>
<td>Bisexuals are homosexuals</td>
<td>50.9</td>
<td>49.1</td>
<td></td>
</tr>
</tbody>
</table>

Note: The complete sentences that remain unfinished in the figure are: "Same-sex behaviour among young girls in school is common;" "Same-sex behaviour among young boys in school is common;" "People talking about SD are gay themselves;"

Figure 2: Agreement with the commonly held stereotypes (among those staff who know)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being gay is Un-African</td>
<td>53.7</td>
<td>27.8</td>
<td>18.3</td>
</tr>
<tr>
<td>Same sex behavior among girls in...</td>
<td>75.9</td>
<td>22.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Homosexuality is immoral</td>
<td>61.1</td>
<td>27.8</td>
<td>11.1</td>
</tr>
<tr>
<td>Boys (same-sex behavior) in...</td>
<td>74.1</td>
<td>22.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Homosexuality is against Kenyan law</td>
<td>66</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Homosexuality is unnatural</td>
<td>64.2</td>
<td>28.3</td>
<td>7.5</td>
</tr>
<tr>
<td>People talking about SD are gay</td>
<td>27.8</td>
<td>66.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Bisexuals are homosexuals</td>
<td>55.6</td>
<td>35.2</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Note: The complete sentences that remain unfinished in the figure are: "Same-sex behaviour among young girls in school is common;" "Same-sex behaviour among young boys in school is common;" "People talking about SD are gay themselves;"
**Internal mainstreaming: policies addressing sexual diversity**

None of the NGOs had specific policies addressing sexual diversity. When asked why they did not have such policies, most said that LGBT issues already fell under other organizational policies. These other policies included: a human resources policy (6 NGOs); an HIV/AIDS workplace policy (WPP) (5 NGOs); a gender policy (4 NGOs); and a child protection policy (2 NGOs) (see Table 5).

Table 5: Organizational policies/guidelines of NGOs

<table>
<thead>
<tr>
<th>NGO</th>
<th>Human resource</th>
<th>HIV/AIDS WPP</th>
<th>Gender</th>
<th>Child protection</th>
<th>Other policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa Alive!</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Financial</td>
</tr>
<tr>
<td>AMREF</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLLUK</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Staff development</td>
</tr>
<tr>
<td>NairoBits</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Health scheme</td>
</tr>
<tr>
<td>NAYA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAIPEH</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>5</strong></td>
<td><strong>4</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Three NGOs had plans for specific sexual diversity policies:
- *Africa Alive!* said that they realized that the issue of sexual diversity was an emerging one, and that the organization could not avoid having a policy to address the issue, specifically with regards to protecting LGBT peoples’ rights and how to relate to them.
- *NAYA* works as part of a network of 40 youth-serving organizations. Dealing with youth calls for policies to address sexual diversity, since there is a need for everyone to enjoy their sexual rights.
- *CSA* was planning a sexual diversity policy but did not specify the reason why.

**Internal mainstreaming: Staff awareness raising on LGBT issues**

Three NGOs had held awareness raising sessions on LGBT issues for staff, as explained below:
- *NAYA*: The content of their awareness-raising effort was focused on attitude change and management of matters revolving around LGBT issues, with attention on how to do this without being seen as advocating SD. Since NAYA is a membership organization that includes some LGBT members, this allows them to talk about SD. The management level IDI respondent said that the training content was not very in-depth, but at least covered the management and acceptance of LGBT people.
- *CSA* had frequently held sessions for staff and had made efforts to train staff members on the topic of SD. CSA had a programmes curriculum covering topics dealing with SD, which had been implemented since 2005. Due to changes in staffing before joining the TLP, several talks on SD had been held in the office. At the time of the interview, CSA was developing a policy on SD and discussing possibilities for bringing in external experts to talk about SD to staff.
- *NairoBits*: One employee had participated in a workshop on SD in the Netherlands and shared the information with colleagues upon return. Three employees were thought to be well versed in issues related to sexual diversity. As in CSA, some of the education materials being used in projects covered SD topics, and some staff had been trained to deal with SD-related issues. The manager said, however, that this did not mean that SD was viewed positively in the organization; there was still a need for systematic attitudinal change.
Although only 8 of the questionnaire respondents had received specific SD training in the workplace, 44 (80%) indicated they had acquired knowledge of sexual diversity issues in (an)other way(s). Table 6 shows the sources through which respondents had gained knowledge (multiple answers were possible). The main sources of information cited were personal/individual sources such as the media (including the internet) and books. Some had obtained information through interactions with others, such as friends and LGBT people or at school.

Table 6: Sources of knowledge on SD other than training (multiple responses)

<table>
<thead>
<tr>
<th>Sources of knowledge other than training</th>
<th>Frequency/No. of times mentioned</th>
<th>% of those who had acquired SD knowledge outside training (N=44)</th>
<th>% all staff (N=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media (including internet)</td>
<td>25</td>
<td>56.8</td>
<td>45.5</td>
</tr>
<tr>
<td>Books, literature</td>
<td>17</td>
<td>38.6</td>
<td>30.9</td>
</tr>
<tr>
<td>School / seminars</td>
<td>9</td>
<td>20.5</td>
<td>16.4</td>
</tr>
<tr>
<td>Friends / other people</td>
<td>8</td>
<td>18.2</td>
<td>14.5</td>
</tr>
<tr>
<td>Experience of / interaction with LGBT</td>
<td>7</td>
<td>15.9</td>
<td>12.7</td>
</tr>
<tr>
<td>Other (church, on the job)</td>
<td>2</td>
<td>4.5</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Thirty-nine respondents (72.2%) stated they were interested to learn more about SD issues. There were four categories of topics they mentioned wanting to know more about. One third of the respondents said they wanted to learn more about the needs, experiences and challenges of LGBT people, and how they could better cater to these needs. One third wanted to understand reasons for becoming gay, as illustrated in the quote: ‘What really pushes or makes these people have same-sex relationships and how they feel now that they are in it.’ Several respondents said they were interested in acquiring any kind of knowledge on SD issues; one wanted more statistics on LGBT people/issues in Kenya; and a few said they wanted to know ‘how to talk them out of it’.

**External mainstreaming**

No NGO had specific programmes focused on or targeting LGBT issues. Four NGOs thought such programmes might be relevant for their organization and gave specific reasons, mainly related to the presence of LGBT people in their target groups, risks of HIV transmission, and general lack of knowledge on SD issues. Three NGOs thought that special programmes would not be relevant, offering various reasons why, mainly related to stigma and LGBT people not disclosing their orientation. Five NGOs addressed LGBT issues in some of their regular programmes, and as managers explained, in some cases the programmes and their messages were adjusted to fit different target groups (although how this was done, or why it was not done were not explored).

Table 7: Opportunities and barriers for mainstreaming sexual diversity in NGO programmes

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The SRHR Alliance</td>
<td>Conflicting stances of staff: personal and professional</td>
</tr>
<tr>
<td>LGBT people are (or may be) present in the community</td>
<td>LGBT people do not disclose (community socialized against LGBT)</td>
</tr>
<tr>
<td>Competent staff</td>
<td>Staff not skilled to work with LGBT people</td>
</tr>
<tr>
<td>Kenyan Government is paying more attention to LGBT issues</td>
<td>Staff have no understanding of LGBT people</td>
</tr>
<tr>
<td>SD is an upcoming issue</td>
<td>Target groups do not take LGBT issues seriously</td>
</tr>
<tr>
<td>Donor priority</td>
<td>Community views: if you talk about SD you are SD yourself</td>
</tr>
<tr>
<td></td>
<td>NGO does not take a stand on SD</td>
</tr>
<tr>
<td></td>
<td>Donors not supporting SD issues</td>
</tr>
</tbody>
</table>
Recommendations

- Partner organizations should endeavour to address the knowledge/attitude gaps in order to increase staff accommodation of LGBT issues within the organizations and be supportive of LGBT people.
- The finding that culture and religion are a strong force in people’s lives should be of great interest to the SRHR Alliance. SRHR partners should make a deliberate effort to focus on the influence of culture and religion through engaging with relevant gatekeepers.
- There is an opportunity to develop policies to specifically address issues relating to sexual diversity within the respective partner organizations. However, such policies must be cognizant of prevailing cultural and religious biases, which appear to be a strong driving force within these organizations.
- In order to effectively address the issue of mainstreaming sexual diversity, there is need for greater linkages with organizations which have had long experience in addressing sexual diversity, either internally or as part of their programme activities. In this respect it may be prudent to work with organizations (preferably Kenyan, and regional or from the North) which can bring in their experience in addressing sexual diversity-related issues.
- Due to a great interest in sexual diversity-related issues in international discourse, there is a likelihood of great financial support and momentum for programmes targeting sexual diversity issues. The SRHR Alliance should position itself to take the lead in tapping into this potential support and use it to initiate ground-breaking programmes in the region.

TLP Workshop 2: Time to take action!

Workshop 2

The second workshop of the TLP was held in Nairobi from 13-16 March 2012. The agenda was to discuss the findings and recommendations of the baseline survey and create collective and organizational action plans based on these results.

The participants included representatives of all UFBR Alliance organizations in Kenya – NAYA, CSA, GLUK, AMREF, Africa Alive, SAIPEH, NairobiBits; representatives from two LGBT organizations, NYARWEK and GALCK; researchers from the Universities of Nairobi and Amsterdam who had conducted the baseline survey; representatives of the head office of dance4Life, and the action learning consultant.

Confrontation with the baseline findings

Workshop 2 was a critical moment because it was time for us to hear and reflect on the findings of the baseline survey and then take action – to develop a practical strategy for mainstreaming sexual diversity in our organizations.

After scene setting, most of the first day of the workshop was taken up by presentations and discussions of the baseline research. The baseline results came as a shock to all. They revealed that many staff of the organizations of the UFBR Alliance – which are supposed to embrace sexual and reproductive health and rights – had highly discriminative, fear-based attitudes towards the LGBT community.

The study also showed big policy gaps regarding sexual diversity in the organizational structures, including the fact that the national policy on non-discrimination in HIV/SRH programming had yet to be accommodated. After reflecting on the reality on the ground, we moved on to a vision of how things could be. We had to act. But how? Clearly, staff sensitization was the crucial first step, as it would be hard to make changes at organizational and programme levels without staff support. We considered possible approaches to internal mainstreaming, to share the baseline findings and sensitize the people we worked with to LGBTI issues. Then we formulated plans of action: including joint and common actions, and actions per organization.
Action planning

The first joint action was for five people (three from LGBT organizations and two from mainstream organizations) to work together to develop and pilot a four-day sexual diversity sensitization training. Three people of each mainstream organization would be selected and trained as ‘change makers’ and LGBT organization members would facilitate the training.

The second joint action was for the managers of the organizations to meet to develop a long-term sexual diversity mainstreaming strategy for the UFBR Alliance in Kenya, beyond the six-month TLP.

Finally all organizations commonly made plans for board sensitization, starting with the sharing of the baseline findings with their board members. Additionally, each organization made their own action plans for staff sensitization, based on the level of acceptance within their organizations, with activities ranging from one-on-one dialogue with colleagues to training sessions and field visits to LGBT organizations. A few organizations also developed plans to review their existing educational materials to see how SD material could be incorporated, and plans to include SD topics in community dialogues.

Each action plan included descriptions of the planned activities, time frames, roles and responsibilities, expected changes, moments for shared reflection and learning, and methods for documenting the reflections and lessons learned.

Changing relationships

Beyond the practical outputs of Workshop 2 and the positive response fuelled by the negative baseline findings, there were also some inspiring changes that happened in the relationships among the participants over the four days they spent together. As observed by Colin Dixon, the director of programmes of dance4life international:

‘It was amazing to see the different relationships develop between individuals from the LGBT organizations and mainstream organizations. At the beginning there was a definite divide and suspicion but by the end, the group was totally integrated. There were many touching examples of this: I saw a gay man hugging a straight man, a lesbian crying with laughter with a straight man and a straight woman sitting on the lap of a gay man. A genuine closeness and respect had developed. That was an amazing and inspiring thing to see in terms of what can be achieved by bringing people together in a safe and structured way.’

Selection of change makers

The change makers were selected based on recommendations made during TLP Workshop 2. The manager of each organization involved identified three change makers and kindly requested they attend the training on sexual diversity.

The criteria for those selected were that they should be key programme officers within the UFBR Alliance who could act as change agents, that is, programme officers who were positioned in such a way that they could act as links in the dissemination of information and handling of issues related to programming. Ideally they would be staff who had attended one or both of the workshops so they were already familiar with the TLP process and the topic of sexual diversity.

As change makers, these program officers would be critical to the implementation of the TLP agenda in each organization.
Disseminating the baseline results to the boards

Each partner organization’s action plan included a meeting with their board to get the board to ‘buy in’ to the TLP agenda. Most of the board meetings happened although not all of them happened in the month of April as planned.

During the dissemination process, several common recommendations were to be made. The primary one was to at least have a friendly policy at the organization level that specifically targeted sexual diversity. Also, all board members were to be involved, and the meeting was to be chaired by the head of the organization. In the board meetings, the findings of the baseline study were disseminated to the board members to show them the situation at organization level. Not all of the board members in each organization agreed with what was being discussed. In some of the organizations the board members asked for more time and further meetings had to be scheduled.

More information on the results of board meeting activities is presented in Reflections on board sensitization experiences in Section IV of this report.

Training of change makers

The sexual diversity training was conducted on 2 – 5 May 2012 at Gracia Resort in Nairobi. Participants were from six Kenyan UFBR Alliance member organizations: Africa Alive, AMREF, CSA, NairoBits, NAYA and SAIPEH. GLUK could not attend due to logistical problems (another activity scheduled on the same dates). The facilitators included one person from the Gay and Lesbian Coalition of Kenya (GALCK) and two from the Nyanza Rift Valley and Western LGBTI Coalition (NYARWEK), and one person from CSA, who was spearheading the TLP process. The approaches used during the training included the sharing of personal stories by both facilitators and participants, as well as facilitator presentations, group discussion and reflection.

The topics covered included an introduction to the TLP (since not all of the change makers had attended the first two workshops); a review of the TLP milestones to date; a brief overview of the SRHR principles in the IPPF standards, highlighting various issues touching on sexual rights; an analysis of understandings of sexuality and attitudes towards sexual diversity in Kenya; and a discussion of LGBT health needs and problems in dealing with health services. The terminology and forms of homophobia were explored in depth, which generated a lot of questions and formed a platform for shared learning and increased understanding of the whole concept. The training also included a field visit to one of the LGBT organization offices.

The training was a critical moment at several levels. First, it helped build the capacity of the change makers in the various organizations, so they could in turn sensitize other programme staff on sexual diversity issues. It also had a powerful personal impact on some participants (who had not been to the TLP workshops and/or had never met with LGBT people before, and initially had strong negative attitudes about them) as illustrated in the two personal stories following below.

Being changed by the change maker training - two personal stories from SAIPEH

Sylvester: Before the training, when I heard ‘LGBT’ I considered it anti-Christian, abusive to my culture. As a part of the training I was exposed to the personal information and reasons for being LGBT from LGBT people themselves. This made me feel able to learn a lot from them. A tour to the LGBT organization offices and personal dialogue with them gave me more insight. Yes, I saw them as human beings, in their human bodies, which made me feel they also had to have human rights.
The pastor in the LGBT organization office inspired me with the phrase ‘human love’. It seemed so hard for me when I myself referred to the Bible readings, which insist on opposite sex relations and procreation, but when the pastor referred to me to Christ and his feelings about Man, despite his undertakings – ‘the woman the Pharisees wanted stoned because she was a harlot’, and ‘judge not lest ye be judged’ – I reformed to come on board to support and advocate for LGBT people and for the mainstreaming sexual diversity.

**Geoffrey Mukabana:** The reason why I joined the training was not that I had any interest in it, not that I valued SD ... but because I was asked by the organization to participate. I saw LGBT issues and information as immorality of the highest nature in the universe. I thought the information would have no benefit because my sexual identity and orientation had nothing to do with LGBT people’s. I attended the workshop because I was told to.

I came to the training without expecting much. Or if I expected anything it was to meet the most immoral, cursed people on Earth. I also had a fear of being lured to become gay by the facilitators ... During the training I discovered that my perceptions were just myths and misconceptions, not facts ... I discovered this late because I’d ignored the baseline survey presentation my colleague gave to the staff after attending the second workshop on SD.

... I was struck by the types of homophobia LGBT people face, especially their mistreatment at our local health facility when they ask for SRH services ... This helped me to accept LGBT people and give me a spirit of love, so as to talk positively about LGBT issues. Because without love, no positive information could come out of me to advocate the rights of all people regardless of sexual orientation.

After the training, I expected the staff, after getting this information from me, would accept and support rights for all, but instead they nicknamed me ‘homo’ ... This challenged me to seek one-on-one interactions with them to make my point clear ... This was the most important change because it involved me in a lot of thinking, to assist me to make my points. What remains a challenge is how do I approach society? ... The most important thing of all ... is the design used to promote LGBT SRHR and the benefits of SRHR for all. Therefore it is important to accept to love, as it is out of love that you accept to assist the needy. I LOVE YOU ALL. BE BLESSED.

**Mainstreaming actions per organization**

A few examples of the actions taken by some of the partner organizations are described here, to give a general idea of the kinds of efforts TLP participants have initiated in the past two months.

**Working with LGBT people**

Workshop 2 had brought participants from LGBT and mainstream organizations closer together. The design and delivery of the change maker training had involved active and constructive collaboration between five people from LGBT and mainstream organizations. The training had introduced 18 training participants to the work of the LGBT organizations, and brought still more people together for the first time.

Since the training, the LGBT trainers have continued to serve as mentors to the change makers, to provide them with ongoing motivation and support in their first efforts to carry mainstreaming forward. This has built a firm base for continuing working relationships between them and between their organizations after the TLP is over.
**LGBT - staff interactions**

After the change maker training the LGBT facilitators made follow-up visits at the participating organizations. One of these visits was to the CSA office in Kisumu, for a session involving the entire staff, held first thing in the morning on a workday during the first week of June.

For this meeting, staff who had not attended any TLP sessions to date were only informed that a guest was coming to the office, but they were not told who it was or what was going to be discussed. It was a critical moment when the guest introduced herself as a lesbian and talked about her work with a LGBT organization. The participants were powerfully moved. They had heard about all the issues but never been with someone who spoke this openly about her sexual orientation.

The discussion held covered LGBT-related terminology and other concepts and myths about LGBT people. This made the participants realize that a lot of the things they knew were mere misconceptions. The reflection moments during the meeting were also very important as the participants too got to share what they had been dealing with in the field. They felt happy now that they had learned so much and knew how to deal with the issues better. The only complaint was that time for this session had been too short!

**Staff briefing and sensitization training**

After the change maker training, the three SAIPEH staff who were trained briefed the administration, board of directors and field staff on what the training was all about, and the work plan they had developed during the training. They had two group meetings along with several one-on-one conversations with their colleagues. The key activities in their plan included: briefing the staff and management about the workshop, seeking consensus on sensitization days in the organization, doing a pre-test, and developing a timetable to guide the sexual diversity training for staff.

After the briefings, staff expressed interest in learning more about LGBT issues and agreed to have training sessions every Friday afternoon. The M&E officer prepared a pre-test questionnaire to be administered early in the week before the training date, to help the change makers determine the level of understanding of the participants, their attitudes, and how they could best deliver the information.

The training sessions involved the three change makers as facilitators and the field staff as the participants. The first training session was done at SAIPEH’s field office in Shianda town during the weekly Monday staff meeting; then they shifted the training to Friday afternoons as agreed.

The objectives of the sessions were to find out if the staff could accommodate LGBTI people in the organization, in their families and in the community at large; to sensitize the staff so they could understand LGBT needs and why sexual diversity had an effect on their community; and to explore possible ways to assist people affected by LGBT issues in the field.

The training was carried out by; first, mobilizing staff to participate in the training and conducting a pre-test to know the baseline level of staff understanding and perceptions of LGBT people; then, running the training sessions using open discussion and story sharing; remaining open to reactions, views, feelings, decisions and lessons learned during the training; and holding a reflection session afterwards to analyse if the training was a success.

The meetings and training sessions held so far have succeeded in breaking some of the religious and cultural barriers involved. The change makers have observed that staff want to know more, even though they do not ‘own’ the issue yet.
**FGDs with peer educators**

Africa Alive! held focus-group discussions on sexual diversity with peer educators/volunteers who work with the organization in the central and coastal regions of Kenya (UFBR project target areas). The purpose was to gauge their level of tolerance and perceptions regarding sexual diversity as well as to update them on all the LGBT issues.

The FGDs were conducted on 18 May and 6 June 2012 respectively with 10 peer educators in each region. A set of pre-set questions were used to guide the interview process.

The questions included:
- What do you understand by the term ‘sexual diversity’?
- What is your sexual orientation?
- Do you have a friend who is gay, lesbian, bisexual or transgender?
- What are some of the terms (local/names/slang) used to refer to LGBT people?
- Would you work with a LGBT person?
- If you were approached by a LGBT person for a relationship, what would be your reaction?
- How would you go about answering a question about LGBT people if you were asked by a student in school?
- If you learned that your brother or sister was an LGBT person, what would be your reaction?

This activity was meant to identify gaps in knowledge and information critical to the implementation of comprehensive sexuality education in schools, and also, to create awareness among the peer educators on their roles in the mainstreaming of sexual diversity issues in the programme.

The peer educators expressed their attitudes and understandings of sexual diversity issues. Although many were supportive, some were very negative:

‘If I discover that my sister is lesbian or my brother is gay, my first reaction would be to beat, or if possible kill him or her. It’s a disgrace.’

‘I would rather quit being a peer educator with this programme than recognize and talk about these issues of gays, lesbians and sexual diversity.’

Four members of the outreach teams indicated that they could not tolerate or work with LGBT people or issues at any level whatsoever and would be willing to be removed from their team – indicating that there is still some element of homophobia (which future efforts to sensitize the peer educators/outreach workers will need to address).

**Sensitization of youth**

Although GLUK could not participate in the change maker training and cannot yet directly address sexual diversity issues due to the policies of their organization, they planned and are carrying out some youth sensitization activities on reproductive health issues that hold some positive value for sexual diversity mainstreaming among youth, albeit indirectly.

Working with youth in colleges and secondary schools in Trans Nzoia, GLUK field workers made plans for the formation of youth groups for reproductive health rights in Trans Nzoia county on 9 June 2012, to provide a platform for the students to freely share their sexual experiences without fear and learn from each other. Further, they organized a reproductive health talk show with the students and members of the neighbouring community to be aired on 23 June to explore their views on matters relating to reproductive health.
GLUK also has plans, yet to be finalized, for the formation of community units to address reproductive health issues among youth, in order to improve the provision of youth-friendly services at the facilities linked to the community units. Finally, they will be involved in the formation of HIV/AIDS control units to incorporate the on-campus work policy of 2011 to prevent the stigmatization of those affected by and infected with HIV/AIDS in the GLUK fraternity.

**President Obama endorses same-sex marriage**

As we carried out our TLP action plans in May, the breaking news of US President Barrack Obama’s declaration of support for same-sex marriage again brought new fire to the national sexual diversity debate – since Kenyans so closely identify themselves with Obama – and new fire to our own commitment to the long-term goals of this TLP.

The heat that Obama’s declaration generated highlights the fact that while sexual diversity may be a difficult thing for many to accept, sexual rights are fundamental human rights that can no longer be ignored. It also shows that it’s time for a decision on the sexual diversity debate for African governments, organizations and also, individuals.

Obama’s public declaration affirmed our recognition that UFBR partner organizations must likewise not only reflect on their organizational positions on the sexual diversity issue, but go further still, by making their positions known – through the development of commitment documents, such as sexual diversity position papers and policies. It is not enough to take a position on sexual diversity; it is even more important to make that position known publicly.

**Managers’ meeting**

As noted in the description of Workshop 2, one of the joint plans of the TLP participants was for the managers of the organizations involved (initially, the UFBR organizations, and then the LGBT organizations as well) to meet together over the coming months to develop a long-term sexual diversity mainstreaming strategy to follow the TLP. This includes programming, policy, national advocacy, a research agenda (to include follow up of the baseline survey) and partnership policies.

The aim of the strategy is to support the creation of an active, sustainable network of organizations that are working positively around promoting sexual diversity. This network will in turn make practical improvements around the handling of LGBT issues, both within our organizations and in society as a whole, i.e., by advocating to governments, providing health and education programmes for LGBT groups, and so on.

At the managers’ meeting on 29 May 2012, UFBR Alliance organization managers reviewed the progress of each organization through the course of the TLP, and reflected on which elements of the TLP had influenced their own attitudes the most. They then discussed and agreed upon a vision and objectives, as well as potential activities for each objective discussed, as a first step towards developing a long-term future strategy. Recaps of the managers’ reflections are found in Managers’ reflections in Section IV, and First steps towards developing a long-term strategy in Section V of this report.

**TLP write shop**

To complete the action-learning cycle of the TLP, a write shop was held on 14-15 June 2012 at Grace House, Nairobi, led by the TLP learning consultant. The objectives were to reflect on and document the learning and
change process of the TLP. Participants worked in pairs to interview each other and write the stories of change of each participating organization, featured in Section III of this report. Next they constructed the time line that is the framework for the current section, and wrote descriptions for each point in time, as raw material for much of the text in this section.

Working in groups, they reflected on their shared learning: What worked and what didn’t work around the sensitization of the boards, training of change makers, and sensitization of staff? What changes have occurred? What could others learn from this? Notes on these reflections are in Section IV. Lastly, participants brainstormed possible next steps to take to translate the lessons learned into practice, and these ideas are shared in Section V of this report.

**Dissemination of TLP learnings**

A regional dissemination meeting was held from 12-13 July in Nairobi, Kenya attended by all the staff from the Kenyan Alliance partner organizations participating in the TLP process. There were also representatives from 4 other African countries that are part of the SRHR Alliance (Malawi, Tanzania, Uganda and Ethiopia), making a total of 50 participants altogether.

The Kenya team followed the steps of the TLP process, to share and demonstrate the findings and outcomes with the other participants, creating similar critical moments during the process. Presenting the baseline findings from Kenya was as a starting point to discuss the different country contexts. We integrated some sessions about factual information and attitudes, creating interesting discussion on controversial points such as ‘is homosexuality a sin?’ CSA then talked the group through the TLP supported by testimonies from various participants. Having received all this input, we broke into smaller groups to discuss practicalities of the process in detail. On the last afternoon, we invited some external guests to experience our process and also give input through a panel discussion. The dissemination was concluded with planning for next steps in each country.

A key methodology of the TLP is action learning and we therefore built reflection and documentation into the sessions. Even in one and a half days, there were marked changes in attitudes of some participants as can be seen from this selection of quotes:

‘I feel empowered, informed and energized and challenged to take up responsibilities and advocate for support of the rights of LGBT.’

‘Mainstreaming sexual diversity in my country is not easy everything is restricted and it will take me to persecution.’

‘As for mainstreaming sexual diversity I have a professional responsibility to give information to all people.’

‘Is still a challenge, one has to be creative in terms of strategies on how to handle sexual diversity and create a supportive environment.’

‘I will start with the staff in my organization so that they also know the facts about sexual diversity and change their negative attitude.’

‘It’s everyone’s choice to change their attitude towards LGBT and it begins with us.’

‘Many staff members have a negative attitude towards LGBT, yet they were willing to be trained.’

‘It gave me confidence that in a relatively short period of time people can change their attitudes and be more responsive to LGBT people’s needs and rights if approached in the right way. The Kenyan participants in the dissemination meeting were way ahead in knowledge and positive attitudes compared to the participants from the other countries, who were at the position of the Kenyan participants in January, at the
start of the TLP. It was promising to hear that most of them are eager to start a similar process’

‘The meeting was a beautiful start!! It was a human approach that helped all of us to feel worth and valued to contribute for change.’

‘It is very rare for me - and I think most professionals in our field - to not only see, but also experience such an intense, internalised attitude change of so many people in such a short time. The stories, testimonies and dedication of this very diverse group of Kenyan professionals from such a diverse age (up to, I believe, 70) and working in urban up to very rural areas with nomadic tribes such as the Maasai did come so right from the heart and were so moving that it proved of a full acceptance of sexual diversity. It was impressive to hear about the struggle they had - and quite some of them still have - in their way to acceptance in spite of the still existing strong and hostile cultural and religious norms and values.’

‘Mzee Okumu’s story is about meeting fellow countrymen, professionals, brothers and sisters, relating to them, only to discover that to his surprise some of them were gay or lesbian. It is about rethinking his own attitude, his prejudice, the lessons he learnt from those he respected and loved. It is about taking position and confronting his colleagues back home and about challenging them out of their comfort zone.’
The stories in this section of the report were written by participants of the TLP write shop held in Nairobi in June 2012.

Working in pairs, we interviewed each other and wrote up the breaking news stories of each of the seven participating SRHR/HIV organizations from the UFBR alliance of Kenya: Africa Alive!, AMREF, CSA, GLUK, NairoBits Trust, NAYA and SAIPEH.

Also written at the write shop and presented here, are two stories of change that give the LGBT spin on the TLP experience, contributed by the people from NYARWEK and GALCK who acted as training facilitators and mentors to the change makers of the mainstream organizations, and became our allies along the way. These nine stories aim to let you zoom in closer to find out a little more about who we are; why we joined this TLP; what we first expected; and what significant changes – personal and organizational – we have experienced as a result of participating in this learning programme.
Africa Alive!

Africa Alive! (AA) is a youth-serving organization, started in 1998 with a vision to build and empower a healthier HIV/AIDS-free generation of African youth. The mission of Africa Alive! is to promote positive behaviour change among young people through advocacy, empowerment, partnership and resource/community mobilization, in order to stop the spread of HIV/AIDS in Africa.

AA staff engaged in the TLP as part of the learning process of the larger UFBR programme. Three staff members – Edwin, George and Mary – attended the four-day training for change makers, which was meant to increase our capacity to address sexual diversity issues, both at organizational level and with our target population.

During our post-training feedback meeting, AA staff were able to discuss the training at length and came out with the following recommendations, that AA should:

• Uphold the danced4life manifesto, which says that: ‘All young people are free to decide and express themselves about sexual and reproductive life, all young people can enjoy and express their sexuality in whichever way they choose, all young people are listened to, valued, acknowledged as leaders of change through their society’;

• Include a clause in their personnel/human resource policy manual that explicitly talks about non-discrimination against any LGBT individual in employment;

• Conduct focus group discussions (FGDs) with program outreach teams both in Nairobi and Mombasa as part of staff sensitization to sexual diversity.

We observed that the training was a great eye opener for those of us who had not interacted with LGBT people before.

Edwin: ‘My team and I have always been challenged when it comes to talking with young people about gays and lesbians but after this training I feel very empowered and ready to talk about it even to teachers. The knowledge we’ve got will help us talk more confidently and face questions from both students and teachers.’

George: ‘I think my understanding and perception of gays and lesbians have changed and I can now confidently support and talk about their rights. I never knew about the ‘Q’ (questioning) part of the LGBTIQ acronym, but now I do.’

Walter: ‘I think we at AA will be able to effectively mainstream SD in our programme. We are still aware of the challenges ahead of us, especially noting that education policy is still unfavourable as it restricts what adolescent SRHR information we can discuss and give to students.’

In addition to the staff meeting, AA conducted FGDs with volunteer peer educators both in Nairobi and Mombasa, to sensitize them to sexual diversity and LGBT issues.

(For more information on the peer educator FGDs and their outcomes see Mainstreaming actions per organization in Section II of this report).
Africa Medical Research Foundation (AMREF) Kenya

The Africa Medical and Research Foundation (AMREF), founded in 1957, is Kenya’s largest NGO working on improving health in marginalized communities. AMREF has field offices in all counties in Kenya, as well as sister branches in other countries in Africa and support offices outside Africa.

AMREF’s health systems building blocks include:
- Human Resources for Health (HRH)
- Health Management Information System (HMIS)
- Community Systems Strengthening (CSS)

Reason for joining the TLP

AMREF is implementing a Unite For Body Rights (UFBR) project in Loitoktok and Magadi with a major focus on improved SRHR among nomadic communities who have harmful cultural practices. The project’s target group includes youth aged 10-24 years, women and marginalized groups in the two sites.

The AMREF team observed that one of the objectives of UFBR – increasing acceptance of gender identity and sexual diversity – was not being addressed adequately. We felt that the TLP offered us an opportunity to tackle this objective, and advocate for better reproductive health services among the LGBT population. We wanted to gain skills on how to implement action to address LGBT issues for the purpose of improving their access to health services.

What changes have occurred?

One of the AMREF staff commented that the TLP workshops have provided him an opportunity to interact with the LGBT community. Two other staff members reported that they have increased their knowledge about sensitive terminology: ‘I now am conscious about what terminology I use when interacting with LGBT.’ Further, one of them learned about the biblical scriptures that talk about LGBT issues: ‘This is an eye opener that cannot be downplayed.’

When we first introduced issues around sexual diversity to the project staff they were completely shocked and not ready to embrace the programme. One of the change makers attempted to assemble the staff for a feedback meeting on SD, and the staff expressed concerns. They wanted to know why she was going in that direction and said, ‘For us to think of even giving you an ear you will have to take us far from these offices to a posh hotel, say, in Mombasa; then, when we are at ease we will listen to your talk.’ Another attempt to talk about SD mainstreaming with the community health staff yielded this reply, ‘Hapa hapana lakini shule za secondary utaweza pata mambo kama hayo.’ (Here (in this community) you may not find LGBT issues but in secondary schools you may get lucky.)

The change makers have given a brief to the organization’s top management requesting support to reach the board with the information so far gained. We are currently awaiting feedback on the same.

What struck us

The baseline survey report brought out strongly the issue of LGBT stigmatization – the labelling, name-calling and strong, negative energy that a lot of people have towards the LGBT community. It really brought the evidence home when we saw that staff in UFBR partner organizations and even in AMREF reported such negative attitudes and strong feelings against the LGBT community. We were all in it. It was about us. And we had to do something about it. The baseline survey showed us that, left unchecked, Kenya could easily go the way of Uganda, where a gay activist was recently killed.
The training of AMREF UFBR project staff on sexual diversity has been a key turning point for all the staff serving in the project. It started a stream of debate and conversations about sexual diversity that has led to an attitude shift. First there was outright denial and a sense of feeling out of place in the TLP training. Then came the laughter with the change makers, and the acceptance of SD as a normal reproductive health issue that we have to deal with. We had changed. We were different. As agents of change, our tolerance levels for sexual diversity shot even higher.

The most significant change was what happened within us. The dropping of our personal judgment and creation of personal spaces to allow and accept that sexual diversity is an important issue of human rights and health – one where we have a positive contribution to make. The role shift from critical and judgmental personal positions to willing change agents is a tremendous achievement.

**Stories that can be highlighted**

One of the staff commented, ‘I gained patience towards the LGBT issues and dropped my personal judgment, recognized that first and foremost, sexual diversity is a human-rights issue which has important health implications, and as a health worker, I need to make a positive contribution to it.’

Another one reiterated: ‘I stopped being judgmental and have information, thus, I’m able to talk about these issues, unlike before.’

Still another said, ‘There is a definite increase in levels of tolerance among us as change agents.’

**What’s different at our organization?**

We shared the baseline findings on sexual diversity with top management, and briefed them on what we have learned, to garner their support.

Most importantly, as another change maker underlined: ‘Staff are actively talking about SD issues and sharing information with partner organizations who are dealing with most-at-risk populations.’

One of the change makers has also begun initiating discussions around sexual diversity in order to get community members to explore their perceptions on the subject in various community SRHR forums.

**Centre for the Study of Adolescence (CSA)**

The Centre for the Study of Adolescence (CSA) is an organization that promotes adolescent sexual health and development. It was registered as an NGO in 1990.

Key programmes include:

- Provision of comprehensive sexuality education (CSE), which includes two programmes
- Advocacy around issues related to adolescent sexuality
- Research around sexual health and rights

The target group is youth, ages 10-24 years, because this group is neglected and vulnerable to risks that have a negative impact on reproductive health.

**Reasons for joining the TLP**

CSA joined the TLP because issues of sexual diversity needed to be mainstreamed within the organization’s
sexuality-related programmes, but we did not have adequate knowledge yet to deal with these issues. This was discussed as a key topic in a UFBR Alliance meeting, which underlined that all members of the alliance needed capacity building to facilitate sexual diversity mainstreaming.

Initially, as an organization, we thought that sexual diversity was not a key area of focus since there were other more pressing issues - like HIV and pregnancy among girls. Later we realized that sexual diversity is part of SRHR and that as an organization that implements comprehensive sexuality education we had to include it as part of our programme.

From the baseline study we learned that although all the organizations within the UFBR Alliance work on SRHR, none had a policy that directly addressed sexual diversity. The study results also revealed that in most of our organizations the staff were not very receptive to LGBT issues.

**Significant change**

The change makers at CSA made presentations to members of staff in all our offices (Nairobi, Kisumu and Bungoma offices) to introduce and explain to the staff the idea behind the TLP and what CSA was trying to achieve by introducing sexual diversity. The presentation included the baseline survey, myths and misconceptions and terminology related to LGBT people. When sexual diversity was mentioned, CSA staff always related it to gay and lesbian people only, and what they knew about them was based on myths, religion and culture.

They initially said, ‘You people (change makers) can deal with the gays and lesbians without engaging us.’ After we presented the baseline results to them and explained to them the LGBTIQ terms and what they meant, that is when they understood sexual diversity in totality and appreciated that the issues of sexual diversity were issues they saw and met and had to deal with in their daily work.

The most confusing term for them was ‘transgender’. Their assumption was that transgender people were either lesbian or gay, but they later understood the difference and said, ‘Ok, now we can start working with them.’ Therefore, the most significant change has been in terms of attitude - an understanding of LGBTIQ terminology, which has made them become more open to information that can enable them to acquire more skills to deal with sexual diversity.

**Why is this important?**

The reason why this difference, and the impact it will have, are important is that as an organization, with the acceptance and understanding of the staff charged with implementing the comprehensive SRHR programmes, we will be able to progressively mainstream sexual diversity into our programmes.

Before the presentation, one staff member said:

‘Homosexuals are more sexually promiscuous than heterosexuals. These people are sexual terrorists; they exhibit extraordinary energy for sexual activities. Given an opportunity, they leave no one untouched. Let me use a practical example of how plastic can rupture easily without a lubricant and relate this to homosexuality.’

After the presentation, the same person said:

‘This is real news that the gays also have protective measures to take to prevent them from contracting STIs, including HIV. I would really like to see the dental dam used by the lesbians. When you go back to the workshop, make sure you come back with a sample ... I thought health facilities were supposed to treat everyone equally since people have the right to seek services regardless of their sexual orientation. I really feel for them if this is the kind of treatment they receive.’
Before the presentation, another staff member said:
‘Hii ni mambo gani hii munatuletea hapa, nyinyi si milienda training so mudeal na hiyo.’ (What are these things you are bringing to us here; it is you who attended the training, so just deal with it).

But after the introduction, baseline presentation and explanation on terminology, she said:
‘You should have said this to us earlier, now we understand these people and we have some of them as friends.’

When we first introduced the TLP programme, one person asked:
‘Is it really important for us to know this?’

But later she said:
‘I think I am now interested in knowing more and I am even willing to join the TLP.’

Another person asked:
‘Did you come back a different person than you left us? Are you now a lesbian? You seem to be very supportive of these gays.’

Later, after a presentation on the terminology, and how being gay or lesbian is not a choice, that person was appreciative and said, ‘Now I understand why you are supportive and feel for them. I wish I could also get it firsthand from the gays and lesbians themselves.’

Great Lakes University of Kisumu (GLUK)

The Great Lakes University of Kisumu (GLUK) originated in the Tropical Institute of Community Health and Development (TICH) in Africa. The Institute was established in 1998 to contribute towards the paradigm shift needed for the achievement of sustainable development at various levels, particularly in Africa.

GLUK has been in the forefront in championing the Community Strategy in the greater Nyanza and Western Provinces in Kenya. This strategy engages community units in accessing and owning health services. GLUK works with vulnerable groups (youth, women of reproductive age and children under five years of age) through the following activities:

- Building the capacity of vulnerable groups to work together;
- Sensitization of vulnerable groups on their health rights;
- Mobilization of vulnerable groups into organized groups for effective demand of their health rights;
- Formation of advocacy and demand creation groups;
- Monitoring and evaluation of activities in the community units formed;
- Training and supporting linkage formation (referrals).

GLUK has found it very hard to mainstream sexual diversity because the issue touches on the Christian ideology and policies of the University. It can only be introduced if the policy makers of the University agree to incorporate this into the policies.

However, the participation of GLUK in the TLP has made it possible for the change makers to step-by-step introduce the issues of LGBT in their community health work. We ourselves have realized the importance of addressing the needs of LGBT people in our daily work. Further, we have been offered strategies and knowledge to actually do so.
"I must say that in the context we are working, it seemed impossible to work on mainstreaming sexual diversity. There are so many challenges we face. But through interaction with LGBT people in the TLP and learning about their SRHR needs, we now have found ways to include their needs in our community work. We are able to do this by linking to the mission of our University and the Kenya National Strategic Plan, which also mentions equal access to health for all."

The staff involved in the TLP also believe that the LGBT group need the spiritual and more counselling as the best form of support.

**NairoBits Trust**

Established in 1999, NairoBits Trust works with youth from slum areas within Nairobi and uses information and computer technology (ICT) to empower youth to make their own decisions, through knowledge, attitude and skills development. The skills they learn include life skills, entrepreneurship and web design.

SRHR is one component of the work of the organization. In the SRHR field, NairoBits trains youth through an electronic reproductive health curriculum called ‘The World Starts with Me’. It resonates well with youth, so its uptake is high.

NairoBits was invited to join the TLP through the UFBR Alliance. They felt they needed to learn about sexual diversity because they encountered related issues in their work. There was a need to work on the policies, knowledge and attitude of the staff regarding sexual diversity, as well as of the board and the organization as a whole.

People in the organization at first perceived the idea of mainstreaming sexual diversity as a shocking one and were very doubtful. Some of the staff commented during staff meetings, ‘Let them come and work but not interfere with me.’ Others’ comments were: ‘They can come to work provided they remain professional.’ Some asked, ‘What does the organization want to be known for? Does NairoBits really want to be known as an organization that glorifies lesbian, gay bisexual and transgender people?’ Others said, ‘There is no space in the office. They can sit in another office.’ and ‘I do not accept it. It is against my faith, it is not in the constitution and it is illegal.’

The baseline survey gave a starting point to talk about and deal with sexual diversity issues. Ann, a change maker from NairoBits, reflects:

‘Personally I have never been so close to an LGBTI individual and it has been a learning session for me to understand the sexual diversity issues. The TLP has introduced the subject of sexual diversity to be talked about in our institution; it began with a baseline which underlined other people’s perceptions on issues of sexual diversity. Currently staff are gradually accepting and ready to talk about sexual diversity issues in relation to the baseline survey results. However, some staff still have the perception that being invited to talk about sexual diversity is more like LGBTI recruitment.’

‘The changes and the difference in attitude the TLP has brought are mainly at the level of the change makers. Other staff are currently at the tolerance level and are discussing the issue of sexual diversity more openly. The importance of this change is that at some point the organization will arrive at a level of acceptance, and then this will be translated into organizational policies and we will be welcoming sexual diversity as a whole.’
Network for Adolescents and Youth of Africa (NAYA)

NAYA, started in 2001, has a major focus on advocacy for adolescent SRHR. NAYA promotes adolescent SRHR through media policy advocacy and petitions to policy makers by engaging youth advocates and developmental partners. NAYA also undertakes community education through puppetry and outreach. Their coverage areas are Nairobi and Kisumu. They also have chapters in Benin, Cameroon, Ethiopia, Sudan, Uganda and Nigeria.

Why did NAYA join the TLP?

Venoranda: ‘We've got a new partner from NL, called Choice for Youth and Sexuality. They expressed the need for NAYA to make its reproductive health programme more comprehensive by bringing in the sexual diversity component. So they invited NAYA to join the UFBR Alliance.’

Paul: ‘Networking with other like-minded organizations was also an important consideration.’

As a result of the baseline survey and the recommendations that came out of it, NAYA saw the need to ask programme staff to attend the sexual diversity training. There were also many discussions around sexual diversity in their social media sites and questions could be posted and they had no answers, hence the need to send the programme staff to the TLP.

The objective was to build staff capacity so they would be informed and know if there were needs to be brought out, and most importantly, understand the issues from a human rights perspective.

What did you expect?

Venoranda: ‘I expected to learn what sexual diversity is all about and I wanted to know how I would be able to pass the information to NAYA’s many partners and network members effectively, and how I would be able to assist LGBT people to access reproductive health services.’

Paul: ‘... to learn more about sexual diversity ... have other relevant information about advocacy.’

At the beginning what was your perspective?

Venoranda: ‘I had interacted with LGBT people before but still did not really approve of what they do. My personal values, beliefs and religious values hindered me from accepting or tolerating them.’

Paul: ‘We did not see any relevance in NAYA engaging in sexual diversity issues. We felt the LGBT community could advocate for themselves.’

From the baseline, what information struck you about SD mainstreaming in your organization?

Venoranda: ‘The fact that I work with young people in reproductive health and that LGBT reproductive health needs are not being met. And the need for us to have a comprehensive approach to reproductive health issues as an organization.’

Paul: ‘NAYA was very blind on matters related to sexual diversity and the baseline made the management call for a meeting and ask us how we felt about gays and lesbians.’
What new insights did you get from the baseline?

Venoranda: ‘A personal readiness to be able to create awareness in my colleagues at the work place and in network members.’

Paul: ‘At the TLP meeting, some members felt, “it is happening and we need to do something”. And recently CACC and NACC members in Kisumu have been very positive about sexual diversity and welcomed these discussions. It shocked us that in Nairobi people were reluctant to talk about sexual diversity while in Kisumu people were very open. In Kisumu they were not looking at it from a religious perspective but from a health perspective and the need to prevent new STI infections.’

Do you have a personal story highlighting your most significant changes?

Venoranda: ‘During our monthly network meeting – we were giving our experience of the TLP on SD and most members were shocked and they felt we should have told them where we went. They had questions: “Are you guys advocating for gay rights?” and “What is NAYA’s stand on LGBT issues?” and “What if the media highlights the happenings of the workshop? We are part of the network. You should at least inform us when you attend such a forum.” Later on after the negative reactions subsided, others were positive and emphasized the need to embrace the LGBT community and develop advocacy messages, and they decided that we should invite a member of a LGBT organization to come and give firsthand information to NAYA. Further it was agreed that we would source some IEC materials on SD and develop advocacy messages on the same.’

Paul: ‘During a community health dialogue in Kisumu – the Nyakach constituency of NACC and CACC – we were able to address SD at the community level; it happened without judgment from the community; this is commendable and very positive.’

What’s different now as a result of the TLP programme?

Venoranda: ‘My level of knowledge has increased and I have the ability to talk without bias on LGBT issues, without putting my personal values first. I have had a positive attitude change on SD. A lot of knowledge has been acquired, and with extensive interactions with LGBT community, my attitude has changed.’

Paul: ‘SD and the TLP were an eye-opener, bringing new things to discuss. A new point of reference for personal and staff discussions. In our office we changed our language in reference to LGBTs. Before, we were calling them names that were stigmatizing, like “NYONDA”. There has been a positive attitude change, in that they wanted us to make a visit to the GALCK centre with the office and with nearby working colleagues. I have just found myself becoming a SD advocate – a lot of awareness creation is going on, unconsciously.’

Is the change you have undergone important to you?

Venoranda: ‘Yes, because I work with young people and it will help me as a youth advocate to drop judgment concerning LGBT youth and help them access youth-friendly services.’

Paul: ‘I am now able to understand the LGBT community better and I’ve made friends. I respect their values and they respect mine.’

Have you ever gone out with this message to a different setting or environment?

Venoranda: ‘No. Even at home when my family members see LGBT news they call me and tell me, “Kuja uone watu wako (here come see your people).’
Paul: ‘Some organizations, like the National Organization of Peer Educators (NOPE) team, are already working on SD while others are still very judgmental from a Christian perspective. I have talked to some people in other organizations and based on their personal values they have no information on SD.’

**What do you think have been important support pillars in helping you adopt or gain a positive attitudinal change?**

Venoranda: ‘I think my background in counselling psychology has greatly helped me look at LGBT issues differently.’

Paul: ‘The TLP experience provided me with information and linkages to the LGBT community.’

**Support Activity in Poverty Eradication and Health (SAIPEH)**

SAIPEH is a non-governmental organization based in Mumias district of Western Kenya. It was established in 1997 by Jomo Kenyatta University of Agriculture & Technology (JKUAT) students from Western province after being trained at their college as peer educators.

The organization has two offices, namely: the head office based in Mumias town and the field office based in Shianda town.

Through community health workers and peer educators SAIPEH works on the advocacy of HIV prevention and home-based care for people living with HIV/AIDS. The significant changes their work brings are that people living with HIV have accepted their status and revealed it to the public and also changed behaviours that were contributing to HIV and STI re-infection in the community.

The reason why SAIPEH joined the TLP is because sexual diversity involves health issues that directly relate to community health. It is about different sexual orientations, about which SAIPEH had no information. Through the TLP we hoped to learn more about LGBT people so that we might be able to assist this group in our society when it comes to accessing SRH services in our local health facility, as the community perceives LGBT individuals as unethical and most people call sexual diversity an abomination.

Most of the staff were against participation in the training on sexual diversity. This led them to nickname the staff who were trained in the TLP as ‘LGBT family’. They asked: ‘Are you insane to accept being involved in LGBT education?’ ‘Are you expecting the staff to support such immorality and asking the health service providers to assist LGBT people in our communities?’ ‘Are you not encouraging immorality in our society?’ ‘You are the ones who will not escape hell!’ ‘Do LGBT people marry and have children? Tell us how they procreate!’

It took us a long time to make the staff change their attitudes towards LGBT issues, but they finally began to, after attending our staff training sessions. Based on that, staff who were intolerant became inquisitive to learn more from us. This showed an important change because initially they didn’t want to hear from us, but after training they were interested in learning more about LGBT people and wished to get more information on how to guide and counsel people in the community in case they were approached by a client who had a LGBT-related problem. In cases of infection, they felt it was wrong for doctors to neglect LGBT needs regarding STIs and HIV and proposed that people’s rights should be respected regardless of their sexual orientation.
Nyanza and Rift Valley Western LGBTI Coalition (NYARWEK)

NYARWEK started in 2009 to work with LGBT communities in Nyanza, Western and Rift Valley. The head office of the organization is in Kisumu and sub-branches are in Western and Rift Valley. The organization is a membership-based organization that works in five main thematic areas: coordination and linkages; ensuring security and reducing stigma and discrimination towards LGBT people; organizational development for member groups; research and documentation; and human rights advocacy.

NYARWEK was invited by the alliance to share their experiences and approaches in the TLP since was realized that most of the organizations in the alliance were willing to work on sexual diversity but they lacked adequate experience, knowledge and information.

During the TLP process NYARWEK learned how to help the other organizations mainstream sexual diversity. It was also an opportunity to build alliances and build the level of understanding of the organization on sexual diversity issues, and to learn different ways of engaging other organizations to reduce stigma and discrimination. During the sessions several questions were asked as part of a learning and unlearning process for individuals from a different sexual orientation, for example, questions like: ‘How would you behave if you had a woman in your bed, are you sure you wouldn’t even touch her?’

Baseline

Based on the baseline findings, the portrait of the level of understanding of sexual diversity of the heterosexual community showed that they had inadequate information on LGBT issues, and hence, negative perceptions of sexual diversity, to the extent of name calling: kiraka (patches), chapati (food), shoga (same sex relationship) nyuma (back). Thus, the findings pointed to the need for awareness and sensitization in the mainstream organizations. The findings also led to a reflection on issues of attitude, policy and knowledge and on how sexual diversity is perceived.

Best story

Through the TLP, the alliance has provided a platform for the UFBR member organizations and participants to be sensitized on LGBT issues, hence making them urge their respective organizations to change. This process has been great in creating change. For example, take Anne, a lady who has been in the process from the beginning: at first she was very green and intolerant on issues of sexual diversity, but by the time this story was written she had grown to a level of tolerance. This also applies to GLUCK, a Christian-led organization – although due to culture and religion it has been hard for them to mainstream sexual diversity in their organization, they have managed to start mainstreaming in their programmes using a reproductive health approach.

(Story by Daniel Peter Onyango, NYARWEK)

A view from two of the LGBT facilitators from NYARWEK and GALK

Benson Maina is a sexual diversity consultant and served as the communication officer at the Gay and Lesbian Coalition of Kenya (GALCK). Registered as Kenya Gay and Lesbian Trust (KEGALE), GALCK is the National Body and Secretariat of organizations dealing with sexual orientation and gender identity health, rights and welfare issues in Kenya.
GALCK works on seven key areas:
• Capacity building
• Legal reform, assistance and liaison
• Research
• Strategic communication
• Health and social services
• Social spaces and events
• Monitoring and evaluation

Rena Otieno identifies as a lesbian. She works with Nyanza and Rift valley and Western Coalition of Kenya (NYARWEK) – which is profiled in the previous story of change of NYARWEK by her colleague, Daniel Peter Onyango.

All three – Benson, Rena and Daniel – acted as facilitators of the change maker training and as mentors to the TLP participants. The following are the reflections of Rena and Benson on the TLP and the benefits and impacts of their participation in the TLP.

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Rena: ‘I was excited that organizations that do not primarily run programmes on LGBT issues were contemplating working with sexual and gender minorities on sexual and reproductive health matters.’

Benson: ‘I was touched to know that UFBR was planning to mainstream sexual diversity because they can reach out to a constituency that is hard for the LGBT organizations to penetrate, since many programmes, to be politically correct, are based on representing the interests of any two consenting adults.’

The benefit and impact of linking with UFBR and the TLP

The access of the UFBR Alliance to a target audience that’s difficult for LGBT organizations to reach places them in a better position to offer comprehensive sexuality education, for example, among the youths at school.

The alliance is believed to give comprehensive sexuality education in the most balanced way possible, unlike LGBT organizations, which tend to be seen as biased. That is, many schools feel that allowing them talk to their students would amount to giving them opportunities to recruit.

By working with the alliance we feel that there is a multiplication of the channels we have available to disseminate information; and the fact that we have more and more allies on board who are willing to mainstream sexual diversity in their programmes gives us a bigger voice.

Having other partners who will talk more about sexual diversity means saving resources for LGBT organizations that are underfunded but have a lot of ground to cover to advocate for sexual rights.

The TLP gives us a basis for mainstreaming sexual diversity, because the learning process will go a long way in helping other organizations outside the alliance to be willing to mainstream sexual diversity in their programming in the future.

The training of change makers gave us an opportunity to share personal stories, which enhanced the impact of facilitation. Most participants confessed to having been greatly touched by the stories; they made them identify with some of the suffering that LGBT people go through. For example, Rena’s story of coming from a strong religious background where most of her relatives work in the church, including her father, who is a retired clergyman; how from their point of view she is seen as a complete let-down.
Through the training, the change makers were able to view discrimination based on sexual orientation and gender identity just like any other form of discrimination, for example, based on race, gender or ethnicity. One of the participants compared discrimination against LGBT people with how he was discriminated against in his adopted family simply because he was born outside that family.

LGBT organizations have now created linkages that they trust and would invite the views of the UFBR partner organizations during the formulation of key policies.

During the training we were also able to identify what the sexual and reproductive health needs of LGBTI people are, namely:
- Access to HTC services
- Access to general health services
- Treatment of ‘awkward’ cases, such as anal and throat gonorrhea
- Health Insurance for LGBT partners

We were able to discuss with them the general lack of LGBT-friendly health care service providers. And the problems LGBTI patients face, for example, when health providers call their colleagues over to see the ‘homosexual ones’ if LGBT people reveal their sexuality.

Following the health session, participants seemed to show a renewed commitment to the course. One lady commented, ‘I might not be a great crusader for gay issues but I fail to understand how a trained medical professional can impose his or her personal values on a client in due disregard of the existing medical code of ethics.’
The first three contributions in this section are summaries of group reflection sessions held at the write shop to harvest and document the collective learning of participants during the TLP.

Each reflection session was focused on one of the joint or common actions in the programme: the training of change makers, sensitization of the boards, and sensitization of staff.

These reflection sessions were guided by questions of this kind: What worked well? What didn’t work well? What expected and unexpected changes were achieved? What could we have done differently? What could others learn from our experience?

In a similar vein, the fourth and last piece in this section notes the reflections of the participants at the managers meeting on 29 May, on what elements (activities, approaches, arguments, information) of the TLP have most influenced their own attitudes towards sexual diversity.
Reflections on the training of change makers

The aims of the training were to:
- Create linkages;
- Educate us on LGBT issues so we would be more informed;
- Build our capacity – to enable us to relay information to our organizations;
- Let us work on own attitudes.

Changes we expected to see and achieved

Organizations to attend training: All organizations were represented except one, which was absent as a result of taking part in a different activity.

Active participation: Participants were ready to engage fully because the facilitators were genuine in expressing their sexual orientations and also, in sharing their personal stories.
Open-mindedness: Personal stories from facilitators enabled other people to share their own feelings, opinions and views regarding LGBT issues without any reservations.

Plans for more informal meetings: As a follow-up to the training, two organizations were visited for sensitization, and this was a very good process for those staff members who had not been to the training.

Materials sharing: Materials were given out effectively and explained completely. They covered the issues affecting LGBT people, hence served as reference points for greater clarity. The exchange of materials, and getting to know the work of the LGBT organizations better through them, has led to more elaborated partnership and linkages for referrals.

Effective approaches used in the training

Story-telling: Stories worked very well in learning more about LGBT people.

Games: Use of cards evoked discussion and made the discussion more interactive and effective.

Power point presentation: Provided detailed information.

Reflection: This led to a shared evaluation, which was therapeutic. Participants and facilitators had time for soul searching.

Experiential sharing of facilitators: Having Rena, Ben and Dan share their personal lives with us was exciting and interesting and evoked lots of questions, since it gave us firsthand information from lesbian and gay perspectives. Participants also had a chance to share their experiences from the field.

Group discussions: These highlighted our understanding of the LGBT context and gave everyone a chance to speak and break the monotony of always sitting in the same spots.

Field visits: The visit to GALCK led to direct exposure. Participants were able to see that the office is situated in a very busy location. We had a panel discussion with a human rights lawyer who showed us that critical evidence needs to be there in order to improve upon common quotes. For example, ‘Sexual orientation is not criminalized. What is criminalized is the act between two men.’ The visit also included a meeting with a religious leader, who expounded on religion and sexuality and said ‘There will be no sex in heaven.’
One-to-one interaction: This led to building self confidence and esteem. Meeting LGBT individuals in person made everyone more open-minded and ready to engage.

What did not work out

• The movies and documentary CDs promised during the training were not given out.
• Missed opportunity: a documentary of the entire TLP process should have been done.
• The participants had been promised a visit to the LGBT clinic, but this was not possible as the clinic was undergoing temporary changes and was therefore closed at that moment.

Reflections on board sensitization experiences

AMREF has a complex management system, including a senior management team, a country director, director of programmes and advisory council as well as the AMREF board. AMREF did not have a position paper on sexual diversity but they did have a draft position paper on MSM written by the advisory council. The UFBR project will take this opportunity and request that the advisory council make the draft position paper on MSM more comprehensive by making it a sexual diversity position paper.

Meanwhile, the UFBR project manager has written a sexual diversity intervention brief to the RH programme manager and there are plans to meet the country director and discuss the way forward; the brief was also sent to the director of programmes with the same request – to allow sexual diversity sensitization for AMREF staff; to have the senior management team study the baseline report and draft the sexual diversity position paper; and to facilitate training of selected staff on SD and develop LGBT information materials for internal sharing.

AMREF’s strategy was to use the baseline report to prove that there are policy gaps with regard to emerging reproductive health issues such as sexual diversity, and that the organization has no guidelines to deal with these issues. This worked. The RH programme manager agreed that the UFBR project manager should finalize an intervention brief to be discussed with the country director. He could not deal directly with the board but had to use the AMREF structure to reach it. It will be important to put up the UFBR Alliance to strengthen the argument.

NAYA indicated to their board that under the UFBR Alliance it was a requirement to consider mainstreaming sexual diversity into their programmes, and this helped galvanize support from the board. There was only one religious person on the board who did not want to be involved that much in the discussions around sexual diversity. The board members wanted to make an exposure visit to GALCK to help them better understand what LGBT means based on firsthand experience.

SAIPEH does not have a broad structure; they only talked to the executive director, who will later reach the board. (Their sensitization activities so far have mainly focused on discussions highlighting SD issues with the staff and the community – who have begun to understand the concept as a result, even if they do not accept it). There is no information yet on whether the board has been briefed. There is a plan to meet with the board in July.

At CSA, after the identification of SD as a gap in the bigger UFBR baseline and situation analysis report, it emerged that organizations within UFBR would have to consider including SD in their projects. Informal one-on-one meetings/conversations were held between the executive director and various board members to explain to them the UFBR concept and the RH issues to be addressed in the alliance, including SD. During these meetings the director pointed out the policy gaps within the organization and the importance of having clear policies on SD.
After these one-on-one meetings, which were held before the January TLP workshop, the executive director indicated that he would send brief reports on the progress of the TLP programme. After each TLP workshop a brief report on the proceedings and the deliberations were sent to the board members.

The first board meeting was held in which the TLP baseline findings were presented and this gave the executive director an opportunity to talk about sexual diversity and its importance and why CSA should have a policy that specifically addresses sexual diversity.

Most of the board members thought that the non-discrimination policy which was in place was enough to address the issues of SD within the organization. Then the importance of having a long term policy on integrating sexual diversity into programs was explained to them. The board requested more time to consider the issue of a policy on sexual diversity. A special board meeting was scheduled to take place before the end of June this year.

**What worked?** One-on-one meetings with the individual board members worked to ensure that by the time the board meeting was called they were prepared and already knew the issue they were going to deal with.

**What did not work?** CSA brought the issues of the UFBR Alliance to the board late, after the alliance had already implemented some of the projects; this made it take a longer time to discuss these issues with the board.

**What could have been done differently?** The thematic learning programme should have been introduced when UFBR was beginning to implement its activities. We could have involved the board members as change agents, so as to be able to better handle top management.

UFBR should also have looked at some of the government policies especially the NASCOP/NACC HIV policy focusing on MSM, as these policies offer an important opportunity to open dialogue on SD; it would also have been good to bring relevant government departments into the TLP activities so as to galvanize support for SD policy.

**What can others learn?** Bringing in the board will make mainstreaming take a longer time. Getting the board to meet takes a longer time still and slows decision making. It will also take some time for them to internalize issues related to sexual diversity. So people should be prepared for this.

The **AFRICA ALIVE** management has prepared a UFBR programme brief meant for the board. However it has not been able to hold a board meeting yet due to the difficulty involved in having board members meet together as most of them are always out of the country. The board is scheduled to meet sometime before August 2012.

**Reflections on staff sensitization experiences**

**What worked – success stories**

Activities to sensitize staff on sexual diversity worked well when:

- The activities had staff backing and management support;
- Top management was involved in the entire staff sensitization process.

For organizations that have field offices, the involvement of top management and field officers as change agents was sufficient to address SD issues at all levels.

The involvement of the management helped in the mobilization of the staff.
Several different approaches were successfully used to address SD issues in staff sensitization activities:

- Small-group discussions helped to create a conducive environment to share experiences;
- Focus-group discussions brought out the attitudes and feelings of staff members regarding SD;
- Having LGBT people share their experiences helped staff understand SD issues from a real-life perspective.

‘Equal access to health for all’ – the existing policy of providing health for all irrespective of sexual orientation – was a useful entry point for engaging staff in discussions on SD.

Sharing facts and evidence from the baseline survey findings with management helped in developing information and education materials to disseminate information on SD to staff.

The use of community health dialogue also works as a platform to address sexual diversity issues with communities.

Internal opportunities in the respective organizations can be used to address existing gaps in the organization, for example, by drafting policy briefs to management to address sexual diversity.

**Staff sensitization did not work when change makers:**

- Were unable to motivate the audience;
- Did not get support from the board;
- Had no policy to rely on to give guidelines for mainstreaming SD in the organization.

**Main lessons learned**

- SD is still a difficult subject to articulate to people.
- The involvement of top management is key in addressing and implementing action to address diversity issues in the organization.
- There is need to increase resources for addressing SD issues.
- Self awareness is important.
- It is good to be proactive, i.e., to take personal initiative.

**Managers’ reflections**

At the managers meeting on 29 May, the managers of the UFBR Alliance partner organizations paused to reflect on their learning during the TLP. They were asked: what specific activities, approaches or arguments advanced in the TLP have (most significantly) influenced your own attitudes towards sexual diversity, and why and how? These are their answers.

‘LGBT people are human beings like any one else and have health rights’

‘Through training, I understood that LGBT people are disconnected when it comes to accessibility to health services, yet some practice both homosexual and heterosexual, hence exposing risk to their partners.’

‘Sexual diversity is an orientation and not acquired.’

‘LGBT people are as human as heterosexuals and have a right to the enjoyment of sex.’

‘One of the participants gave us a history that reflected on the evidence that there were sexual diversity activities in Kenya/Africa even before colonization. This has convinced one to think that indeed, sexual
orientation is innate and not learnt. However, I still feel we should stop at recognizing the rights of the sexual diversity groups for good reproductive health issues but not to encourage them and even cause more recruitment.’

‘The dissemination of the baseline findings provided a basis for understanding issues around LGBT people and how different individuals react to LGBT issues hence the need for awareness to enhance clarity.’

‘Rather than bury our heads like an ostrich, my attitude changed, to see sexual diversity as a human right and human choice.’

‘These boys and girls are our own brothers and sisters who need to be listened to and helped.’

‘I understood most of the LGBT terminology and issues better and that made me rethink my attitude.’

‘The approach of using LGBT resource persons in facilitating sensitization and training forums greatly influenced my attitude towards LGBT people. The approaches they used and the factual information they had on LGBT issues was quite influencing.’

‘Another influencing approach/activity was the visit to GALCK to discuss with staff members and legal and religious resource persons.’

‘Addressing sexual diversity issues under the wider SRHR framework has made me look at sexual diversity issues as part and parcel of other SRHR needs. For greater acceptance of sexual diversity issues, they should be mainstreamed in the wider SRHR programming.’
V NEXT STEPS FORWARD

This concluding section of this draft report covers the draft agreements made at the managers’ meeting on 29 May 2012, and ideas harvested at the end of the write shop on 15 June 2012.

First steps towards developing a long-term strategy

At the managers meeting on 29 May 2012, a vision statement and objectives were agreed upon, and potential activities for each objective were discussed, as a first step towards developing a long-term strategy for sexual diversity mainstreaming among partners of the UFBR Alliance in Kenya. These will be further developed into a draft strategy to be reviewed and approved by all partners.

Vision

By 2015 the SRHR alliance will contribute to a society that respects and protects sexual diversity

Agreed objectives

- Contribute to improve knowledge and understanding of sexual diversity;
- Improve access to LGBT - SRHR services;
- Identify and disseminate advocacy messages on issues of sexual diversity;
- Train change agents within organizations;
- Establish linkages/partnerships with LGBT organizations;
- Strengthen policy framework to support to support sexual diversity.

Potential activities for each objective

Capacity building
- Train staff as change agents in sexual diversity;
- Train healthcare providers on SRHR friendly services;
- Train community health workers on sexual diversity as community-level change agents;
- Identify and train cultural elders on sexual diversity;
- Train board members / advisory board so that they understand when it comes to policy change on sexual diversity within the organization;
- Train district health management teams (DHMT) to support provision of LGBT services;
- Train healthcare providers on customer or client care to help them change attitude toward LGBT and improve their counselling skills.

Service delivery
- Support provision of equipment and supplies to identified health facilities;
- Support renovation of facilities to make them LGBT friendly;
- Integrate LGBT issues into SRHR service provision;
- Support targeted supervision on sexual diversity in the community or even among teachers;
- Support health support outreach programmes that target sexual diversity in the community;
- Support health services through mobile phones, internet and other online services;
- Look at steps to be taken to have sexual diversity incorporated into the National Nurses curriculum or that of clinical officers.
For the above activities to be achieved organizations will need to be systematic and determine which activities are more urgent/immediate than others and the way forward. Also, before trainings are done more sensitization meetings should be held, and it is important to bring resource persons (LGBT facilitators, experts) into these meetings.

Advocacy
- External studies to get more information to support sexual diversity mainstreaming (to build upon the internal study already done among the TLP partner organizations);
- Develop advocacy briefs;
- Develop documentaries that bring out issues of sexual diversity positively and create media platforms for advocacy;
- Participate in key international days like IDAHO;
- Advocate the decriminalization of same-sex relationships based on the clause on non-discrimination in the constitution;
- Participate in national and international forums to disseminate information, learn from others and gain experience on sexual diversity.

Policy
- Review organizational policies to accommodate sexual diversity issues;
- Review strategic document from the National AIDS Control Council, National AIDS and STI Coordination Program and Division of Reproductive Health and address policy gaps where they mention issues related to men having sex with men;
- Develop tools that can be used for policy advocacy, such as innovative presentation tools that are practical and are easy to understand for policy makers.

Linkages
- Create linkages and partnerships with LGBT organizations to be able to get experts from these organizations, especially during trainings;
- Make referrals for services;
- Link LGBT organizations with various Ministry of Health technical working groups to which they can contribute.

Our timeline from now to 2015

At the end of the write shop on 15 June 2012, participants extended the TLP time line to 2015. The aim was not to make a detailed action plan but to envision what we would like to make happen, and harvest activities in the pipeline and new ideas for how to sustain collaboration and learning in the short term.

2013: Our organizations begin moving from internal mainstreaming to external mainstreaming, that is, to mainstream sexual diversity in programme and network activities by:
- Documenting experiences for others to learn from;
- Generating baseline data on sexual diversity for the general population and for target groups for specific programmes;
- Developing evidence-based policy briefs;
- Developing additional IEC materials;
- Training other partners that work with the alliance members.

2014: All organizations have employed or have an intern or staff member who is LGBT.

2015: A documentary on our experiences of sexual diversity as alliance members is produced.
Work on this will have to start right now, and be a continuous activity in order to document change over time. It was suggested that this needs a separate proposal since it has to start as soon as possible. NAYA would like to take initiative on this.

**Activities in the pipeline**

- We will strengthen linkages between our organizations and LGBT organizations;
- NAYA will train members of their network as training/sensitization activity resource persons;
- Organizations will collect additional IEC materials on sexual diversity for internal use;
- NAYA is already involving and will continue to involve the government on issues related to sexual diversity;
- We will review and refine the advocacy strategies of alliance members to ensure that sexual diversity is included;
- We will review human resource policies to include sexual diversity (AA! And AMREF have started to do so and CSA has a draft policy underway and being revised).

**New ideas**

- Quarterly exchange on sexual diversity with a rotating coordination role played by all alliance members;
- A shared mailing list for related documents and experiences. NairoBits can take the lead on this;
- A one-day training on how to sell sexual diversity to management, facilitated by a LGBT resource person.
ACKNOWLEDGEMENTS

This process started in mid 2011 when, after reviewing the programmes of dance4life in 27 countries, I realised that many of our partners were feeling unwilling or unable to incorporate sexual diversity issues within their programmes. This programme sought to identify and understand the barriers and to identify strategies to ensure the needs of young MSM, WSW and LGBT were being addressed within mainstream organisations.

Together we have shown that even in those countries with some of the highest levels of stigma and discrimination, this can be done. We witnessed profound change at both personal and organisational level and there is now considerable momentum and commitment amongst the organisations in Kenya to ensure that this generation of MSM, WSW and LGBT have access to the information, services and support that they need and deserve.

This Thematic Learning programme on sexual diversity has proved to be a shining example of the power of collaboration and I hope will provide a blueprint for other organisations wanting to take work in the area of sexual diversity forward. Many diverse organisations and individuals have contributed to the success of this programme. Through the commitment, openness and hard work of all those involved we were able to make considerable progress in a very short space of time.

I want to thank PSO for funding this programme and in particular Petra Staal and Rob van Poelje who supported us throughout.

Special thanks must go to Albert Obbuyi at CSA who, supported by his team, managed the programme in Kenya. The management and staff of other UFBR Alliance partners, SAIPEH, Africa Alive, AMREF, GLUCK and the Nairobi Trust for their willingness to actively participate and growing enthusiasm and commitment to address sexual diversity issues within their organisations.

Our LGBT partners in Kenya, GALCK and the Nyawek Coalition demonstrated incredible knowledge and professionalism throughout and a willingness to be patient, open and constructive. The relationships they were able to build with the mainstream organisations are one of the keys to the success of this programme.

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Finally my colleague at dance4life, Regional Programme Manager for Africa, Kate Pruce who worked tirelessly throughout the process supporting and co-ordinating the activities at every stage. With her sensitivity, insight and management skills she was able to bring a diverse group of people together and ensure a successful process and outcome.

With respect and gratitude, Colin Dixon, director of programmes dance4life