

Sexual Orientation,
Gender Identity
and Expression
(SOGIE)

ASSESSMENT TOOLS





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isean  apcom.org



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ISEAN is the first sub-regional grouping of community representatives and organisations from Brunei Darussalam, Indonesia, Malaysia, the Philippines, Singapore and Timor Leste. This sub-regional grouping was envisaged at the 'Risks & Responsibilities' International Consultation on Male Sexual Health and HIV in Asia and the Pacific, held in New Delhi in late 2006, which led to the formation of Asia Pacific Coalition on Male Sexual Health (APCOM), and later ISEAN.

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PREFACE

As a network that focuses on male and transgender sexual health issues, one of ISEAN vision is to make societies within ISEAN are more accepting of sexual orientation and gender identity within the context human rights.

ISEAN realizes that disseminating comprehensive information about sexual orientation and gender identity and expression (SOGIE) to our community is the most important and urgent thing that must be done prior to implementing the next program. Encouraging LGBTI community to obtain a higher level of health would be difficult to do if there is no support from the social environment for the community. Internalization of fallacious beliefs about sexuality in LGBTI community itself has led them to low self-acceptance and contributed to their closure on being actively involved in the activities, including in accessing health services.

Consider the situation shown above, ISEAN has developed SOGIE package that can be applied by organizations that focus on the issue of sexuality and sexual health as well as by other organizations that consider this issue is important to be institutionalized in their organizations.

The first document of this SOGIE Package is the SOGIE Assessment Tool that is used to measure the sensitivity level of an organization and its personnel to the issue of SOGIE. This tool can be used as a database for organizations that want to mainstream SOGIE issue in organization's activities.

The second document is the SOGIE Training Manual which is can be used as a guide in organizing capacity building on the basic knowledge of SOGIE. This manual consists of five modules that discuss the terms related to gender and sexuality; introduction to gender and sexuality; the process of identity formation and its challenges; stigma and discrimination, including homophobia and transphobia; and psychological issues related to gender and sexuality.

Even though the main target of this package is the community-based organizations (CBOs) and other civil society organizations (CSOs), but it can also be used by other institutions such as health service providers or government institutions. Some adjustments and further discussions with ISEAN team are required.

In the process of developing these documents, we found a challenge in choosing terms and abbreviations. The first one is the use of term/abbreviation of SOGIE (Sexual Orientation, Gender Identity and Expression).

The second one is the use of the term/abbreviation of LGBTI (Lesbian, Gay, Bisexual, Trans* and Intersex). It is not our purpose to break human sexuality into certain classifications, but it is to refer to the diversity of human sexuality, not only heterosexual and cisgender. The use of LGBTI term in this package is not limited to people who identify themselves as lesbian, gay, bisexual, trans* and intersex, but also to the other human sexuality diversities that may have not been accommodated in the existing term.

Finally, ISEAN hopes this SOGIE package can be used widely by organizations in Indonesia, Malaysia, Timor Leste, the Philippines and even other countries. Therefore ISEAN considered the materials and terms to not too complicated yet easy to apply. ISEAN would be very happy to receive inputs, especially from organizations that have already applied the package, to make it possible to improve this package in the future.

Jakarta, September 2015



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ABBREVIATIONS

AFAO	: Australian Federation of AIDS Organizations
AIDS	: Acquired Immuno Deficiency Syndrome
APCOM	: Asia Pacific Coalition on Male Sexual Health
ASEAN	: Association of South East Asian Nation
CBO	: Community-Based Organization
CSO	: Civil Society Organization
FGD	: Focused Group Discussion
HIV	: Human Immunodeficiency Virus
HR	: Human Rights
ICPD	: International Conference on Population and Development
ISEAN	: Islands of Southeast Asia Network on Male and Transgender Sexual Health
LGBTI ¹	: Lesbian, Gay, Bisexual, Trans* and Intersex
MSM	: Men who have Sex with Men
NGO	: Non-Government Organization
SOGIE	: Sexual Orientation and Gender Identity and Expression
SOP	: Standard Operational Procedure
SRHR	: Sexual and Reproductive Health and Rights
STD	: Sexual Transmitted Disease (Sexual Transmitted Infection)
WHO	: World Health Organization

¹In this document, LGBTI is being used to refer not only those who identified themselves as lesbian, gay, bisexual, trans* and intersex, but also to the other variance and range of gender and sexuality.



About the SOGIE Assessment Tool

Background

The result of the review of the SOGIE advocacy carried out by ISEAN under the support of AFAO through the 2014 APCOM shows that the LGBTI community is extremely in need of strengthening the organization and programmatic in HIV, Human Rights, and wider Sexual and Reproductive Health and Rights (SRHR) issues.

SOGIE is one of the important issues which are part of the mentioned issues which have in truth become a necessity, but has not yet received enough attention and support. Gender inequality and the human rights violations against the LGBTI community have prevented them to obtain optimal health for themselves, their families, and their communities.

These gender inequality and human rights violation issues against the LGBTI community contributes to the rejection, avoidance or delay of the individual/ community's involvement in health programs or services such as the HIV program (starting from prevention, care and support, to treatment and impact mitigation), which contributes to the spreading of HIV as well as the mortality and morbidity rate that is essentially avoidable.

One criticism on gender mainstreaming in Indonesia is the reproduction of gender division that is still binary and the boundaries of heteronormativity. However, in reality, there are more than two gender varieties in human beings. Male, female, transgender, and other genders have different health care needs, and thus require specific programs and services that are aware and sensitive of their different needs and are trained to meet these specific needs. Integrating SOGIE and the rights- based approach in HIV programs and services as well as SRHR programs will contribute in the quality of the services and the protection of the LGBTI community.

In relation to the commitment of the board of ISEAN at the fifth board meeting to promote SOGIE, also ISEAN's own mission to promote SOGIE and health in the ASEAN region, this assessment tool for CBO and CSO is developed.

For what and who is the Assessment Tool created?

How do we know that we have succeeded in integrating SOGIE in the running of the organization and the management of the programs? This module is designed to answer these questions and to introduce several ideas to CSOs and CBOs in assessing SOGIE in the institutional level and the management of programs to help CSOs and CBOs in mainstreaming SOGIE in their respective organization.

The focus of this assessment tool is the basic knowledge of SOGIE and how SOGIE is reflected through attitude, values, and practices of individuals and institutions. Furthermore, it can also be used by a

broader audience such as programmers or health care provider institutions (both government owned and non-government) or other organizations that want to build their organizations to be more sensitive and inclusive towards SOGIE issues.

In addition to this assessment tool, ISEAN has also prepared a SOGIE training package which aims to provide basic knowledge on SOGIE needed by the board of an organization working in the field of HIV issues (both CBOs and CSOs), the management and executive staff as well as the outreach staff and peer teachers in order to do their jobs with sensitivity and do not show any stigma and discrimination associated to SOGIE issues.

How do we use this tool?

This assessment tool has two components. The first component focuses on individual assessment and the second component focuses on the assessment of the organization. The first component (self-assessment) can be used separately (but can also be a part of the whole assessment process), while the organization assessment requires the process of discussion between the organization staff which should be guided by an external facilitator who has been trained to use this assessment.

For the discussion and organization evaluation, the advised number of participants is 8- 15 (depending on the size of the organization) ensuring the representation of each component of the organization such as the board, staff (including financial and administrative staff), as well as volunteers (if any).

In general, the discussion assessment process (workshop) can take three to six hours. The larger the amount of discussion participants, the longer the process will take place. If the organization is quite large and consists of many divisions, it is best that the discussion assessment process is divided into homogeneous groups first before bringing these groups (or their representations) into a plenary.

The facilitators need to ensure that the participants are free and feel comfortable in expressing their opinion. The process also needs to be managed so that different views can be given and heard attentively. Through a participatory way, the facilitator needs to encourage each participant to share their opinion and control the 'vocal' participants so that the relatively 'un-vocal' participants also voice their ideas.

External facilitators need to create a safe environment for those participating in the assessment (both individual and workshop). Several things that can be done include building a parallel understanding on the objective of the assessment, agreeing on the rules of the assessment, as well as building and establishing a commitment on confidentiality. The guarantee of confidentiality (and commitment to continue keeping and respecting the confidentiality) is important so that people can openly express their opinions and views.

There are two scoring systems in this assessment tool.

The scoring system used in the individual assessment tool is the Likert Scale such as follows:

1. Strongly Disagree
2. Disagree
3. Do not Know
4. Agree
5. Strongly Agree

While the scoring system in the assessment tool for the workshop uses the Likert Scale as follows:

0. Information is not available or not applicable
1. Requires immediate attention and urgent to fulfill the statement
2. It takes a lot of improvement to meet the statement
3. Requires a slight improvement in certain aspects
4. The statement is true, there is room for improvement
5. The statement is true, need to be maintained





Individual Assessment

Introduction

Individual assessment starts with the facilitator's explanation of the purpose of the individual assessment. This individual assessment is carried out in order to evaluate the individual's knowledge of SOGIE, their attitudes and practices related to SOGIE issues. This information is important for development in a personal capacity and development of response or follow-up steps in the programmatic or institutional level (i.e. to better integrate SOGIE in the organization and project management).

The principle of this individual assessment is anonymous (the participants are not asked to write their names or any other demographic data) in order to encourage the participants to give a more honest answer to questions related with attitude. Requesting demographic data should be avoided because in small groups it will be very easy to identify the assessment participants.

In contrast, in large organizations consisting of many divisions or work units, it is important to know the level of understanding and attitude of each division, thus in this situation, it is advised to create (and to collect) the assessment anonymously. The recapitulation should be made per division so that the facilitator can determine the percentage of stigmatic attitudes and discriminative behavior in each division.

Implementation

Tools and Materials

1. Individual assessment forms (the number of participants)
2. Stationery for participants

List of Statement (Individual Assessment Form)

	Strongly Disagree	Disagree	Do not know	Agree	Strongly Agree
1. The degree of health of the LGBTI community is lower than other communities because of their sexual and reproductive rights are not met.	1	2	3	4	5
2. There are only two genders: male and female.	1	2	3	4	5
3. Biologically, there are only two kinds of people: the biological women and biological men.	1	2	3	4	5
4. Lesbian is a woman who desperately wants to be a man.	1	2	3	4	5
5. I feel comfortable when I have to interact with transwomen or transmen.	1	2	3	4	5
6. I feel uncomfortable/ scared when I have to interact with a gay or lesbian.	1	2	3	4	5
7. Seeing a man who is very feminine (effeminate) disturbs me.	1	2	3	4	5
8. Seeing a very masculine woman (tomboy) disturbs me.	1	2	3	4	5
9. The gay and transgender community are highly at risk of HIV and STDs because of their sexual orientation and gender identity and expression.	1	2	3	4	5
10. If one of my family members is gay, lesbian, transwomen or transmen, I'll keep it a secret because I feel ashamed.	1	2	3	4	5

List of Statement (Individual Assessment Form)

	Strongly Disagree	Disagree	Do not Know	Agree	Strongly Agree
11. I support reparative therapy / conversion (i.e.: making transwomen behave like the stereotypical male; or making lesbians like men)	1	2	3	4	5
12. I'm afraid to make friends with people of the same sex if I'm know that he is a homosexual because I'm certain he will like me.	1	2	3	4	5
13. Gays, lesbians, transwomen or transmen experience stigma and discrimination because of their own choice to be gay, lesbian, transwomen or transmen.	1	2	3	4	5
14. The risk of HIV infection has nothing to do with sexual orientation.	1	2	3	4	5
15. Being friends or working with a gay or lesbian can make us become gay or lesbian too.	1	2	3	4	5
16. If I can choose, I would choose to avoid social interactions with LGBTI groups.	1	2	3	4	5
17. I feel comfortable working with colleagues from LGBTI groups.	1	2	3	4	5
18. HIV is a punishment from God for LGBTI groups.	1	2	3	4	5
19. I am willing to engage in activities related to SOGIE (campaigns, education, and services).	1	2	3	4	5
20. I am able to empathize with children and housewives who are infected with HIV, just like I can empathize with LGBTI groups who are infected with HIV.	1	2	3	4	5

Process

1. The facilitator explains how to fill in the individual assessment forms. This form contains statements that measure the knowledge, attitudes and practices related to SOGIE. The participants are asked to circle the numbers on the Likert scale which is most suitable for each statement in the assessment form: (1) strongly disagree, (2) disagree, (3) a neutral / do not know, (4) disagree, and (5) strongly agree
2. The participants are reminded to make sure that every question is answered.
3. Explain to the participants that the answers will be anonymous (the participants will not write their names on the assessment forms).
4. The facilitators hand out the assessment forms to every individual assessment participant.
5. After the forms are completely answered, the facilitator collects them. The assessment is done by the facilitator. The result of this assessment may be used separately or may be used as one of the materials for the workshop.

Scoring system

	SCORE				
1. The degree of health of the LGBTI community is lower than other communities because of their sexual and reproductive rights are not met.	1	2	3	4	5
2. There are only two genders: male and female.	5	4	3	2	1
3. Biologically, there are only two kinds of people: the biological women and biological men.	5	4	3	2	1
4. Lesbian is a woman who desperately wants to be a man.	5	4	3	2	1
5. I feel comfortable when I have to interact with transwomen or transmen.	1	2	3	4	5
6. I feel uncomfortable/ scared when I have to interact with a gay or lesbian.	5	4	3	2	1
7. Seeing a man who is very feminine (effeminate) disturbs me.	5	4	3	2	1

SCORE

8. Seeing a very masculine woman (tomboy) disturbs me.	5	4	3	2	1
9. The gay and transgender community are highly at risk of HIV and STDs because of their sexual orientation and gender identity and expression.	5	4	3	2	1
10. If one of my family members is gay, lesbian, transwomen or transmen, I'll keep it a secret because I feel ashamed.	5	4	3	2	1
11. I support reparative therapy / conversion (i.e.: making transwomen behave like the stereotypical male; or making lesbians like men)	5	4	3	2	1
12. I'm afraid to make friends with people of the same sex if I'm know that he is a homosexual because I'm certain he will like me.	5	4	3	2	1
13. Gays, lesbians, transwomen or transmen experience stigma and discrimination because of their own choice to be gay, lesbian, transwomen or transmen.	5	4	3	2	1
14. The risk of HIV infection has nothing to do with sexual orientation.	1	2	3	4	5
15. Being friends or working with a gay or lesbian can make us become gay or lesbian too.	5	4	3	2	1
16. If I can choose, I would choose to avoid social interactions with LGBTI groups.	5	4	3	2	1
17. I feel comfortable working with colleagues from LGBTI groups.	1	2	3	4	5
18. HIV is a punishment from God for LGBTI groups.	5	4	3	2	1
19. I am willing to engage in activities related to SOGIE (campaigns, education, and services).	1	2	3	4	5
20. I am able to empathize with children and housewives who are infected with HIV, just like I can empathize with LGBTI groups who are infected with HIV.	1	2	3	4	5

Result

The facilitator calculates the total score by adding each score at the bottom of the numbers circled by participants for each statement (see the above points of assessment). Please note the difference of scores from one number to another number (the assessment points are colored pink and green).

The result of this assessment ranges from the lowest being 20 and the highest being 100.



Score of 20-50

Indicates that there are many misconceptions against LGBTI groups, high tendencies of stigmatic and discriminatory attitudes which may come from short knowledge of the diversity of gender and sexuality, homophobia and transphobia. Individuals are not in favor of the minority groups at all.



Score of 51-65

Indicates that individuals have a limited understanding of the diversity of gender and sexuality and are not open enough to minority groups and still have a tendency to be stigmatic and discriminating. Individuals have not yet sided with the minority group.



Score of 66-79

Indicates the individual has sufficient understanding of the diversity of gender and sexuality and the tendency to be stigmatic and discriminating is low. They are comfortable in interacting with minorities fairly, but may experience stuttering or discomfort when interacting with minority groups in certain situations.



Scores of 80-100

Indicates that the individual has a good understanding of the diversity of gender and sexuality, has no stigmatic attitudes and discriminatory treatment against minority groups, and is extremely comfortable and open in interacting with minorities.



Workshop

Introduction

The process of discussion assessment conducted in the form of workshop starts with an introductory session from the facilitator to the students that aims to explain the following points:

- 1. Why is this SOGIE assessment carried out?** This assessment is carried out for development in an organizational and personal capacity, to measure the capacity that has been built so far, as well as to develop a response and feedback to better integrate SOGIE in the organization and project management.
- 2. When or in what period is this assessment carried out?** This assessment aims to measure the condition/capacity related to SOGIE at present (now, not the past).
- 3. How does the assessment process take place?** This assessment will use the assessment scale: a recapitulation and ranking system. Remind the participants that a low score does not mean something bad, but simply an indicator of the areas that need support and needs to be the focus of capacity development in the future.
- 4. What will be done after the assessment?** An explanation of follow-up steps that may be done after the assessment. Explain the process of making a report, recommendation, and work plan.
- 5. What are the rules that need to be agreed on?** Explain that there needs to be honesty in making an assessment and keep in mind that we will build a commitment based on the strengths of the organization and strengthen the weak areas.

Implementation

Tools and Materials

1. Assessment forms (according to the number of participants and facilitators)
2. Flipchart or whiteboard
3. Flip chart paper
4. Index paper
5. A set of symbols or numbers written on index cards or colorful post it paper according to the number of participants (meaning that if there are 10 participants, we would need 10 sets). Scoring cards may be made of Pieces of index cards or Post It Paper as the following example.



6. Markers
7. Notebook and stationery for facilitators
8. The project documents (i.e. logical framework or log frame, activity reports, project reports) and documents of institutions (such as Article of Association, organizational policies, strategic plans, or SOP) for verification.

Basic of Scoring System for Each statement

0. Information is not available or not applicable
1. Requires immediate attention and urgent to fulfill the statement
2. It takes a lot of improvement to meet the statement
3. Requires a slight improvement in certain aspects
4. The statement is true, there is room for improvement
5. The statement is true, need to be maintained

Process

1. After the introduction, the assessment forms are distributed to all participants of the workshop. This form contains positive statements that indicate the characteristics expected by the organizations that are sensitive and inclusive towards SOGIE issues. Also hand out a set of symbols / numbers for the participants' answers. Explain that the participants are free to give scores accordingly to their opinion, and that the participants have to prepare the reasons behind their scoring (which will be discussed).
2. The facilitator starts by reading the first statement in the first sub-topic.
3. Ask all participants whether or not they understand the statement read by the facilitator. Clarify and give further explanation if there is something that is still unclear to the participants.
4. Once all the participants understand the meaning of the statement, ask participants to lift the scoring cards based on their assessment at the same time. Prior to this, explain to the participants that the score is according to their personal judgment and it does not matter if there are different answers among the participants.
5. The facilitator (or co- facilitator, if any) writes down all the scores given by each participant on the chalkboard / whiteboard or flip chart board where it can be seen by all participants.
6. The facilitator then asks all participants to discuss and determine a number based on the agreement of the group. In the process of this discussion, record the important points of made by participants in the discussion in a notebook.
7. Next, read the second statement under the first sub-topic. Repeat all the processes as described above (Point 3-6) until all the statements under all the sub topics have been scored by the group. When this process is finished, the total score is obtained.
8. The final calculation is made by the facilitator to get the percentage. Because each statement has a maximum point of 5, then the maximum total score for each topic (the purple column below) is 5 times the number of statements (for example, in the component / topic A, there are 9 statements therefore the total score for this topic is $5 \times 9 = 45$). Meanwhile, the actual total score is the addition of every actual score obtained from each statement in a single topic. The actual number of scores obtained for each topic is then divided by the maximum total score and multiplied by one hundred to obtain the percentage based on the total score.

FORMULA

$$\frac{\text{The total number of actual score per topic}}{\text{The total amount of the maximum score per subject}} \times 100\% = \dots \%$$

9. Example: for the component/ topic of management (from the sum of the scores of the sub-topic board; the vision of the organization's mission and leadership and organizational culture) Rainbow.org got a score of 28. That means the percentage for the components 'Governance' is 62% ($28 / 45 \times 100\%$). More detailed examples for the calculation of scores per component or topic can be found in Annex 1.

Keep in mind that the score obtained after the calculation is not the primary focus of this assessment. What is more important is the information obtained in the discussions because these points will determine the recommendations for further actions.

Alternative Method

The above process can be simplified by altering the statements below into questions. For example, 'Is there a representation of the LGBTI community in the management board of the organization?'

There are three possible answers for the participants: 'Yes', 'Yes-but needs improvement', and 'No'. All participants are asked to agree upon a group answer and discuss the reason. This process is repeated for each question. Once completed, all participants are asked to agree on the category of every topic, is it included in the category of Not Yet Inclusive to SOGIE, Partly Inclusive, or Inclusive.

List of Statements

A. GOVERNANCE

1. Board

- a. There is a representation of the LGBTI community in the Governance board of the organization.
- b. In the publication process for the recruitment and selection of the board, it has been explicitly mentioned that 'representatives of LGBTI groups are encouraged to register'.
- c. Administrators have knowledge and perspective on SOGIE (the results of the individual assessment can be taken into consideration for this point).

2. Vision and Mission of the Organization

- a. SOGIE is explicitly or implicitly included in the vision and mission of the organization.
- b. SOGIE is explicitly mentioned in the strategic planning documents or Article of Association.
- c. In the development of programs / projects, internal and external analysis also includes SOGIE as one of the topics.

3. Leadership and Organizational Culture

- a. Every board member and management knows how SOGIE is represented in the vision and mission of the organization and the important documents of the organization such as Article of Association.
- b. Every board member and management encourages mutual respect among the staff and volunteers related to sexual diversity / SOGIE.
- c. There is a policy and organizational mechanisms that protects sexual minorities.

B. MANAGEMENT PRACTICES

1. Project Planning and Development

- a. The needs and inputs of the sexual minorities are collected in the assessment and considered in the planning stages.
- b. The input from the sexual minorities are collected and considered in the project monitoring and evaluation stages.
- c. Sexual minorities are involved in the project designing, implementation, and monitoring and evaluation stage

List of Statements

- d. There are indicators related to SOGIE implemented in the organization project or projects (the facilitator can provide an example on this point. Examples related to SOGIE related are in Annex 2).

2. Organization Administrative Procedure

- a. There is a specific policy in the organization regarding SOGIE and protecting LGBTI groups. For example, in the gender policy of the organization, SOGIE is also included in it.
- b. There is an SOP created as a derivative of SOGIE policies (i.e. safety procedures for the staff from LGBTI groups who work in a certain place / region or a particular context).
- c. The SOP mentioned in the above point b is followed / implemented.

3. Information System

- a. There are systems, mechanisms and tools used to collect, analyze and report the data related to the involvement of minorities in various organization activities (i.e., the easiest example, the existence of gender aggregated data for the presence/attendance list is collected, analyzed, and reported by the organization).
- b. There is a SOGIE component in the institution's communication and information media both internal and external (bulletin/newsletter, website, IEC materials).
- c. The organization's logo, images and messages contained in the website, bulletins and other IEC materials does not perpetuate or reinforce binary gender division (male and female) or perpetuate the heteronormative values and does not stigmatize LGBTI groups.

4. Program/Project Report

- a. Reports in various levels such as reports of activities, projects and organizations (i.e. annual reports) include components discussing SOGIE issues or issues of LGBTI groups.
- b. The organization publishes the organization report (in which includes the issues of SOGIE) to stakeholders, related to the LGBTI community or LGBTI community-based organizations.

C. HUMAN RESOURCES

1. Human Resource Development

- a. The HR planning documents contain SOGIE issue as one of the topics for capacity development.
- b. New staff/volunteers receive induction sessions or training on SOGIE.

List of Statements

- c. There is a mechanism that ensures that individuals of LGBTI groups have equal opportunities for capacity development or receives affirmative steps in capacity development.

2. Human Resource Management

- a. The existence of staff/volunteer selection criteria that are inclusive of LGBTI groups (for example, there is no restriction in how to dress for people who identify themselves differently from the sex they were born with)
- b. The recruitment process for staff/volunteers are made clear, transparent and inclusive for LGBTI groups.
- c. There are mechanisms that ensure a supportive work environment for LGBTI groups including health, welfare and safety.

D. EXTERNAL RELATIONS, NETWORKING AND PARTNERSHIP

1. Relations with organizations engaged in SOGIE issues

- a. The existence of a partnership with local/regional/national/international organizations/networks/donors engaged in SOGIE issues.
- b. The organization networks and shares resources with local, national, regional and international organizations/networks working in SOGIE issues (i.e. international NGOs, regional and international networks, research institutions, civil organizations and the private sector).
- c. The organization participates in the coalition or networking related to advocacy works on SOGIE.

2. Relations with the Government / Sector related to SOGIE

- a. The organization has the contact of local and national governments related to the issue of SOGIE.
- b. The organization is able to engage in dialogue on government policy regarding the protection of LGBTI groups.

3. Relations with the Media

- a. The organization has a strategy to work with the media regarding issues of SOGIE.
- b. The media (print and electronic) consults with the organization regarding issues of SOGIE.

Result

The facilitator calculates the score percentage for each institutional component: Governance, management practices, human resources, external relations, and networking and partnership. For example, Rainbow.org acquired 62% for governance, 50% for management practices, 43% for human resources, and 57% for external relations and networking and partnership.

From this quantitative result, we already have a general idea of the condition of the organization from the components of governance and project management. This result is then complemented with the qualitative results which are the points from the discussions noted by the facilitator. After considering these points, the facilitator makes recommendations about the organization's needs in order to become more friendly, inclusive, and responsive towards SOGIE issues.

Note:

It would be good if the participants also bring documents required for verification of the matters discussed or claimed in the discussion process, such as Article of Association, the mission statement, the organization policy documents, as well as SOP and examples of bulletins and IEC materials. Facilitators need to take time to study or examine these documents as supporting data and information gathered in the process of the workshop.

Follow Up

The result of this assessment will have little or no use if the information obtained from this process is not developed into actual steps of organization capacity building activities.

The capacity building activities are aimed to increasing the understanding of the board, management, staff, and volunteers on the issues of SOGIE and improving or developing organizational practices including the management of projects sensitive and inclusive to SOGIE.

The goal is to develop an organization that is more welcoming and inclusive towards the LGBTI group by creating a condition where positive change can occur from within the organization (both CSOs and CBOs).

In addition to the capacity development of the board, management, and staff, the result of the assessment can also be used as materials for reflection and learning for the organization, organization growth, project development, as well as continuous improvement of the organization. For example, the development of the organization policy regarding SOGIE or the change in approaches/ practices in the stages of project management (assessment, implementation, monitoring, and evaluation).

The following are several examples of follow up actions that can be done from the result of the workshop:

- Staff and volunteer capacity development planning documents regarding SOGIE (mentoring, training, internship, in-house training, etc.)

- Organization policy documents regarding SOGIE (i.e. policies on organization gender which includes SOGIE in the discussion)

Creating an attendance form with inclusive gender information for transgender (transwoman and transman) as an additional column to man and woman.

Review the IEC materials and make revisions be there any symbols or content holds a binary division of gender or the heteronormative concept. Or, the development of IEC materials that is sensitive and inclusive to SOGIE.

SOGIE traning for staff and volunteers.

The development of partnership with local, national, regional, and international organizations/ networks working in the field of SOGIE issues (for example to share information or to take part in advocacy work related to SOGIE).

In order for a realistic and applicable follow up plans can be created, the facilitator needs to cooperate with the decision maker of the organization as well as the ones who will be participants of the intervention. The facilitator needs to ensure that there is a common understanding about the objectives and the selected intervention.

Things that need to be agreed on include:

- What are to be realized upon completion of the intervention / follow-up?

- The division of roles and responsibilities;

- Determining the deadline for interventions and monitoring procedures; and

- Determining the supporting resources required for intervention / follow-up agreed on

(Examples can be found in Annex 3).

A brief report on the results of the assessments (containing information about the assessment process, participants, facilitators, quantitative and qualitative results and recommendations) and future action plans can be submitted by the facilitator to the board and management of the institutions/ organization to be further followed up and monitored.

Annex

Annex 1 Example of Result of SOGIE Workshop Assessment

Organization : Rainbow.org

Description: This color indicates scores obtained by Rainbow during the workshop

Statement	Score				
A. GOVERNANCE	28 (28/45 x 100% = 62%)				
1. Board					
a. There is a representation of the LGBTI community in the Governance board of the organization.	1	2	3	4	5
b. In the publication process for the recruitment and selection of the board, it has been explicitly mentioned that 'representatives of LGBTI groups are encouraged to register'.	1	2	3	4	5
c. Administrators have knowledge and perspective on SOGIE (the results of the individual assessment can be taken into consideration for this point).	1	2	3	4	5
2. Vision and Mission of the Organization					
a. SOGIE is explicitly or implicitly included in the vision and mission of the organization.	1	2	3	4	5
b. SOGIE is explicitly mentioned in the strategic planning documents or Article of Association.	1	2	3	4	5
c. In the development of programs / projects, internal and external analysis also includes SOGIE as one of the topics.	1	2	3	4	5
3. Leadership and Organizational Culture					
a. Every board member and management knows how SOGIE is represented in the vision and mission of the organization and the important documents of the organization such as Article of Association.	1	2	3	4	5
b. Every board member and management encourages mutual respect t among the staff and volunteers related to sexual diversity / SOGIE.	1	2	3	4	5
c. There is a policy and organizational mechanisms that protects sexual minorities.	1	2	3	4	5
B. MANAGEMENT PRACTICES	30 (30/60 x 100% = 50%)				
1. Project Planning and Development					
a. The needs and inputs of the sexual minorities are collected in the assessment and considered in the planning stages.	1	2	3	4	5
b. The input from the sexual minorities are collected and considered in the project monitoring and evaluation stages.	1	2	3	4	5
c. Sexual minorities are involved in the project designing, implementation, and monitoring and evaluation stage	1	2	3	4	5

Statement	Score				
d. There are indicators related to SOGIE implemented in the organization project or projects (the facilitator can provide an example on this point. Examples related to SOGIE related are in Annex 2).	1	2	3	4	5
2. Organization Administrative Procedure					
a. There is a specific policy in the organization regarding SOGIE and protecting LGBTI groups. For example, in the gender policy of the organization, SOGIE is also included in it.	1	2	3	4	5
b. There is an SOP created as a derivative of SOGIE policies (i.e. safety procedures for the staff from LGBTI groups who work in a certain place / region or a particular context).	1	2	3	4	5
c. The SOP mentioned in the above point b is followed / implemented.	1	2	3	4	5
3. Information System					
a. There are systems, mechanisms and tools used to collect, analyze and report the data related to the involvement of minorities in various organization activities (i.e., the easiest example, the existence of gender aggregated data for the presence/attendance list is collected, analyzed, and reported by the organization).	1	2	3	4	5
b. There is a SOGIE component in the institution's communication and information media both internal and external (bulletin/newsletter, website, IEC materials).	1	2	3	4	5
c. The organization's logo, images and messages contained in the website, bulletins and other IEC materials does not perpetuate or reinforce binary gender division (male and female) or perpetuate the heteronormative values and does not stigmatize LGBTI groups.	1	2	3	4	5
4. Program/Project Report					
a. Reports in various levels such as reports of activities, projects and organizations (i.e. annual reports) include components discussing SOGIE issues or issues of LGBTI groups.	1	2	3	4	5
b. The organization publishes the organization report (in which includes the issues of SOGIE) to stakeholders, related to the LGBTI community or LGBTI community-based organizations.	1	2	3	4	5
C. HUMAN RESOURCES 13 (13/30 x 100% = 43%)					
1. Human Resource Development					
a. The HR planning documents contain SOGIE issue as one of the topics for capacity development.	1	2	3	4	5
b. New staff/volunteers receive induction sessions or training on SOGIE.	1	2	3	4	5

Statement	Score				
c. There is a mechanism that ensures that individuals of LGBTI groups have equal opportunities for capacity development or receives affirmative steps in capacity development.	1	2	3	4	5
2. Human Resource Management					
a. The existence of staff/volunteer selection criteria that are inclusive of LGBTI groups (for example, there is no restriction in how to dress for people who identify themselves differently from the sex they were born with)	1	2	3	4	5
b. The recruitment process for staff/volunteers are made clear, transparent and inclusive for LGBTI groups.	1	2	3	4	5
c. There are mechanisms that ensure a supportive work environment for LGBTI groups including health, welfare and safety.	1	2	3	4	5
D. EXTERNAL RELATIONS, NETWORKING AND PARTNERSHIP		20 (20/35 x 100% = 57%)			
1. Relations with organizations engaged in SOGIE issues					
a. The existence of a partnership with local/regional/national/international organizations/networks/donors engaged in SOGIE issues.	1	2	3	4	5
b. The organization networks and shares resources with local, national, regional and international organizations/networks working in SOGIE issues (i.e. international NGOs, regional and international networks, research institutions, civil organizations and the private sector).	1	2	3	4	5
c. The organization participates in the coalition or networking related to advocacy works on SOGIE.	1	2	3	4	5
2. Relations with the Government / Sector related to SOGIE					
a. The organization has the contact of local and national governments related to the issue of SOGIE.	1	2	3	4	5
b. The organization is able to engage in dialogue on government policy regarding the protection of LGBTI groups.	1	2	3	4	5
3. Relations with the Media					
a. The organization has a strategy to work with the media regarding issues of SOGIE.	1	2	3	4	5
b. The media (print and electronic) consults with the organization regarding issues of SOGIE.	1	2	3	4	5

Annex 2 Example of SOGIE Indicators²

Organization Internal Policy

The existence of a written policy against discrimination in the organization which includes the anti-discrimination policy based on sexual orientation and gender identity and expression.

The anti-discrimination policies are written in a decent, suitable and appropriate language to the population/community benefiting from organization.

The number or percentage of staff trained with the aim to apply anti-discrimination policies against sexual orientation and gender identity and expression.

Policies in Partnerships and Referrals to LGBTI organizations

The number of partnerships with existing LGBTI organizations (the result of the partnership, the type of partnership, and the type of partner organizations).

The existence of a special service referral directory for individuals of LGBTI groups.

The existence of a formal agreement for a referral to another organization that works with individuals of the LGBTI group.

The number of referrals (or back referrals) conducted and completed, based on the type of activity and the type of partner organizations.

The number or percentage of clients who have reported seeing information about how to obtain special services for the LGBTI groups in other organizations, in the organization

Advertisement / job vacancies for organization workers and volunteers are distributed to LGBTI organizations and / or the media which focuses on LGBTI groups.

Care Services Quality Indicators

Some of the following indicators are not specifically relevant to the LGBTI community but describes the presence of sensitive and qualified service (which is very important for all clients, especially for services related to sexuality).

There is a special schedule or special operating hours that describe the special needs or the needs of youth groups and other communities who have special sexual health needs.

There is a private room for confidential conversations, counseling and services.

The number or percentage of clients who have seen positive messages or material related to sexual diversity in the organization.

Symbols, images, photographs, illustrations of LGBTI / sexual diversity exist in the living room or public places in the office in the organization.

The number or percentage of forms (including medical records and the registration form) that use inclusive language that is neutral in relation to sexual identity and gender identity.

²From IPPF Sexual Diversity Toolkit

Indicators of Friendly, Sensitive and Worthy Service

- Barriers in accessing the services are identified by the representatives of the LGBTI community.
- The existence of an action plan to overcome the barriers to access services that are identified by the LGBTI community (problems and solutions).
- The presence of materials related to sexual diversity issues for staff training
- The number or percentage of staff who show a comfortable and friendly attitude in working with LGBTI groups (consisting of staff type, age, and location of the clinic).
- The number or percentage of clients who report that they feel comfortable discussing their sexual practices with existing service providers in the organization / clinic.

IEC Indicator

- The number or percentage of IEC materials made by the organization that is inclusive of the community / LGBTI groups (based on the type of IEC materials).
- The availability of books, magazines, pamphlets and other printed media that are up-to-date containing material of interest of the LGBTI groups and/or LGBTI issues for clients and visitors.
- The development and validation of IEC materials and other materials or curriculum by representatives of the LGBTI community.
- The presence of IEC materials in on one or more of the following topics: the definition of sexual orientation and gender identity and expression, sexual diversity and sexual behavior that is safe, human rights and life skills (the process of accepting yourself, how to talk and communicate to parents, significant others, or others such as friends and colleagues, coming out, etc.).
- The number or percentage of IEC materials in the waiting room which is the source of positive knowledge of the diversity of gender identity and sexual orientation.
- The number and percentage of IEC activities that include the issue of sexual diversity in a certain period.
- The percentage of participants in IEC activities concerning sexual diversity which shows positive attitudes towards sexual diversity and LGBTI groups.

Promotion Indicators

- The existence of promotional materials that illustrate the diversity of communities in the organization and specifically mentioning LGBTI community including the youth.
- Distribution of materials (which includes clinic location and time of service) that promotes the organization to LGBTI individuals and groups.
- The percentage of new clients who reported to having visited or accessed the organization / services as a result of promotional materials (by type of material).

Advocacy Indicators (direct)

- The existence of anti-discrimination legal frameworks in state institutions that includes sexual orientation and gender identity and expression.
- Type changes in norms, policies and laws related to anti-discrimination based on sexual orientation and gender identity and expression.
- The number and type of public declarations in support of sexual diversity issues made by community leaders and political figures.

Advocacy Indicators (indirect)

The number and type of positive references to sexual diversity made in the media targeting advocacy campaigns.

The percentage of the population being targeted by the advocacy campaigns that shows good / supportive/ positive attitude towards LGBTI groups.

The perception of the team or organization on the effectiveness of partnerships with LGBTI groups.

Advocacy Indicators (process)

The amount, the percentage of partnership that routinely participates in advocacy activities and shows a great commitment to the partnership.

The amount, the percentage of individuals at the executive level, the leadership of the management or board / the board of organizations participating in public activities related to sexual diversity (by position).

The number of advocacy activities (direct or indirect) carried out by the organization to support the rights of the LGBTI community (by type of activity).

The number of staff of the organization who receive vocational training or advocacy strategies.

The number of adult role models for young LGBTI groups to participate in advocacy activities (by type of activity).

Annex 3 Table of Follow-up Plans

No	Activities and outputs	Division	Time	Monitoring	Resource
1	To conduct SOGIE training for staff, volunteers, board members and management (increasing of knowledge and changing of perspective regarding SOGIE)				
2	To revise gender policy that is inclusive to SOGIE (the gender policy of the organization is inclusive to SOGIE)				
3	To review of IEC materials (the presence of IEC materials review results from the perspective of SOGIE)				
4	To make an attendance sheet/form that is inclusive to transgender (a form with three genders)				

