

# Biases, Stereotypes, and Racism Awareness Training

Facilitation Guide

Implemented by

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH



# The Power of the Mind

## Reflective Training on Biases, Stereotypes and Racism

GIZ Regional Project ‘Mental Health and Psychosocial Support in the Middle East’

This facilitation guide is based on training that was developed and delivered by the GIZ Regional Project Mental Health and Psychosocial Support in the Middle East. It captures the learning and reflections of the team and is shared with the intention to inspire adaptation. However, we emphasize that this guide alone is not sufficient to equip facilitators to deliver the training. The themes addressed of biases, stereotypes, and racism are complex, emotionally charged, and carry the potential to cause harm if not handled with care. Facilitators who wish to use this guide should have undergone their own deep and ongoing process of reflection around personal and structural biases, and be able to hold space for discomfort, disagreement, and emotional reactions. They must also be trained in facilitation skills that allow for respectful navigation of conflict and accountability within the group. This guide was designed for use by individuals who were trained directly by us, in a process that included not only content familiarization, but also facilitation practice, role plays around challenging situations, strategies for navigating group dynamics, and self-reflection discussions about own biases. We take no responsibility for unintended harm caused by the use of this guide outside that context. We strongly recommend adapting the content to your specific context and community and approaching the delivery of this training with humility, care, and self-awareness.

**Objective of the training:** Equip MHPSS professionals working in humanitarian assistance and international cooperation to become (more) aware of (their) biases, stereotypes and possible racism and the interplay of those in the support they are providing to people. The ultimate aim is the provision of a more psychosocially informed, trauma-, context- and gender-sensitive support and the minimization of unintended harm.

**Who the training is for:** MHPSS professionals working in the humanitarian sector or in international development cooperation who works with marginalized individuals and/or communities such as migrant workers, refugees, people with disabilities, people from the LGBTQI communities and migrant workers. Although the content is developed for MHPSS professionals, it can be easily tweaked to make it relevant to anyone offering assistance to marginalized communities.

**Training duration:** The training spans over two days including breaks. It is highly advised not to shorten it due to the sensitivity of the topic. It should be delivered in full and the spaces for reflection should be given enough time as outlined in the agenda. This manual is for trainers and not for those wishing to become trainers of trainers.

**About the GIZ Regional Project ‘Mental Health and Psychosocial Support in the Middle East’:** The project was commissioned by the German Federal Ministry for Economic Cooperation and Development, BMZ, in 2015 and serves to enhance the practical know-how of actors working on MHPSS for refugees and host communities affected by the overlapping regional crises in the Middle East. Its strategic approach consists of integrating MHPSS methods and approaches into development cooperation, multi-stakeholder and cross-sectoral networking, impact research, the dissemination of knowledge on effective measures, and the piloting of innovative MHPSS approaches. It operates in Lebanon, Jordan, Iraq and Türkiye and is responsible for the development of the said training.

**About GIZ:** The Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ, is the main German Development Agency whose objective and long-term goal is to shape a future worth living around the world. It provides tailor-made, and effective services for sustainable development in different sectors such as health, education, employment promotion and peacebuilding. GIZ’s main commissioning party is the German Federal Ministry for Economic Cooperation and Development (BMZ). Other commissioners include European Union institutions, the United Nations, the private sector, and governments of other countries. In its projects, GIZ works with partners in national governments, actors from the private sector, civil society and research institutions.

**Notes about the training:** The training is reflective in nature and could give rise to difficult feelings when participants become aware of their own biases that get challenged or pointed out. This could lead to conflict if the trainers are not sensitive in this regard. It is of utmost importance to establish psychological safety at the beginning of the training and to agree on ground rules that include (but are not limited to) no judgement, sensitive communication of feedback, confidentiality, respect for diversity and an openness for communication and discussion. It is also very important to provide room for additional discussions should the need for those arise. The trainers should continuously acknowledge the sensitivity of the topic and should strike a balance between challenging potential implicit racism, stereotypes and biases that could be giving rise to discrimination on the one end (both negative and positive), and normalizing those occurrences as natural tendencies related to how human beings organize the world around them on the other hand. Details of how to do that are highlighted throughout the training manual. Furthermore, given that the underlying causes of racism in most cases are structural in nature, the training might give rise to discussions that are political in nature, which might add to the sensitivity of the topic and the need to respect the ground rules established.

## Overview of training agenda for day 1:

Time	Session
09:00–09:45	Welcome and Icebreaker: Getting to Know Each Other
09:45–10:00	Pre-test
10:00–10:30	Training Goals and Expectations
10:30–10:45	Creating a Safe Space
10:45–11:00	Break
11:00–11:30	Introduction to Subjective Perception
11:30–12:00	Introduction to Selective Perception and Giving Context to Perception
12:00–12:45	Experiencing and Giving Context to Stereotypes
12:45–13:00	Reflection: “Whose Story Am I Telling”
13:00–14:00	Lunch Break
14:00–14:15	Energizer
14:15–14:30	Confirmation Bias
14:30–15:00	Applying to MHPSS Work: “Invisible Wounds” Case Study
15:00–15:30	Transfer to Organizations’ Work
15:30–15:45	Break
15:45–16:15	Discrimination and Privilege
16:15–16:45	Discrimination Reflection Activity
16:45–17:00	Day Closing and Feedback

## Script for Day 1:

### Welcome and Icebreaker: Getting to Know Each Other (09:00–09:30)

**Objective:** To create a welcoming space and illustrate the impact of assumptions.

**Preparation:** Trainers prepare a list of phrases about themselves, such as hobbies, their background, things they have done in the past, things they like or dislike, and they select those based on what they think will be difficult to guess or on what about them is usually non-conformist in their social circle.

**Script:** Trainers introduce themselves and their work then say this: “Welcome everyone and thank you for being here.” Facilitators introduce themselves and their work. After they introduce themselves they display the trainer introduction slide and say, “We will continue introducing ourselves through a short game, we will read out a number of sentences and ask you to guess who the sentence is referring to, trainer 1 or trainer 2.” Play the game. “This ice breaker is meant to get us into our topic, as it shows that everyone is making assumptions about people they don’t know just based on first impressions, influenced by biases or stereotypes. Now let us move into another one to get to know each other. Please write down a hobby or interest that others might not expect from someone like you – based on your age, gender, nationality, or job. For example, maybe you love hip hop dancing or knitting, or baking. Don’t put your name. I’ll read them out loud and we’ll try to guess who they belong to.”

**Trainer Instructions:**

- Collect papers anonymously.
- Read entries and guide respectful guessing.

**Debriefing Questions:**

- “How did it feel to be mis-guessed or correctly guessed?”
- “What does this reveal about how we perceive people who come to us for support?”
- “How might assumptions show up in our MHPSS activities?”

**After Debriefing:** “What we did here might seem light, but it introduces a serious pattern — we fill in the blanks about people all the time. We make assumptions about things that we do not know about a person based on their initial appearance, their behaviour or other pieces of information we have about them. That pattern continues into our professional assumptions, sometimes without realizing it. As we go forward, keep that in mind.

You are all working in different contexts across the Middle East, supporting diverse communities and individuals through MHPSS work. This training is a space to explore how stereotypes and biases show up in that work and how we can consciously challenge them.

**Slide Reference:** “Getting to Know Each Other” followed by “Icebreaker” slides.

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### Pre-test (09:30–09:45)

**Objective:** To assess baseline knowledge and attitudes.

**Script:** “Before we begin, please take 5 minutes to reflect on these questions which we will also reflect on at the end of the training. It’s anonymous and helps us get a sense of what everyone is bringing into the room.

The pre-test is not a test in the traditional sense — there are no right or wrong answers. It’s a chance for you to reflect on what you know and what you’re bringing into this space today. We’ll revisit these themes later on.”

**Trainer Instructions:**

- Share pre-test.
- Collect silently.

**After Debriefing:** “Hold onto your answers and thoughts — we’ll revisit them during tomorrow’s wrap-up. You might be surprised by what shifts.”

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### Training Goals and Expectations (09:45–10:15)

**Objective:** To clarify purpose and jointly build participant expectations.

**Script:** “Thank you for completing the pre-training reflections. Now let’s outline the goals for our training and your expectations of what you will get from it. This training focuses on how biases, stereotypes, and implicit racism which we might not be aware of shape our thoughts and actions. We’ll reflect on how we see and interpret others, and how that affects our MHPSS work. This space is about shared learning. None of us, including the facilitators, are exempt from bias. We’re here to

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explore, learn and unlearn together. Please feel free to be honest about what you hope to gain from these two days. Let's now go around and share one thing you hope to get out of this training."

**Trainer Instructions:**

- Write participant responses on a flipchart or pinboard.
- Group similar themes.

**Script:** Revert back to the expectations with responses on what is within the scope of the training and what you won't be able to cover based on the prepared agenda and flow.

**Then move on to this riddle:** "I'd like to now share with you this riddle to get us thinking about our topic. A father and his son are involved in a car crash, and the father dies at the scene. The boy is rushed to the hospital, but the surgeon says, 'I can't operate on this boy; he's my son.' How can this be?" Allow time for participants to guess the answer.

**Debrief:** "This riddle often reveals our unconscious biases. The surgeon is the boy's mother. Many of us instinctively think of a male surgeon, which shows how ingrained some of our biases are."

**Script:** "Today, we'll explore these unconscious biases and thought patterns that shape our decisions and interactions. They often help us simplify the world around us, but they can also lead to false judgments, incomplete perceptions and unfair treatment. This training will be challenging because we'll be talking about ourselves and our own biases. So, let's establish some ground rules together to ensure a safe and respectful environment for everyone."

**Slide Reference:** "Training Goals and Safe Space" slide.

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## Creating a Safe Space (10:15–10:45)

**Objective:** To co-create ground rules for respectful, open participation.

**Script:** "Because the topics we'll discuss are personal and sometimes sensitive, we need to agree on how we want to treat each other during the training. Since we're discussing racism and discrimination, we need a space that feels safe enough — safe enough to speak if you want to, to stay silent if you prefer, and to feel seen without being judged. Let's co-create what that means for us. I suggest a few ground rules: Confidentiality. Listen without judgment. Speak from your own experience. No interrupting. What would you add?"

**Trainer Instructions:**

- Write suggestions on flipchart.
- Confirm agreement from group.

**Debriefing Questions:**

- "Does this list look complete to you or is something missing for you to feel safe here?"

After Debriefing: "Thank you for sharing what you need to feel safe. We'll treat this list as something dynamic — if anything else comes up over the next two days, we can always come back to it. Let us commit to remaining respectful especially when there are points that we disagree on."

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## Break (10:45–11:00)

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## Introduction to Subjective Perception (11:00–11:15)

**Objective:** To explore how people perceive reality differently and relate it to bias in MHPSS.

**- Sensory exercise 1:**

**Script:** “I will now guide us through a series of sensory exercises to get into our topic. We’re delving into the topic at the basic level of perception and senses and the mechanisms that are at play here within our brain. Have you ever heard of the Yanny vs. Laurel audio clip? It’s a perfect example of how different people perceive the same thing differently. Let’s listen to it and see what you hear.”

**Instructions for Trainers:** Play the audio clip and then ask participants to share what they heard.

**Debrief:** “Interesting, isn’t it? This exercise shows that our auditory perceptions are not fully objective and different people hear different things.”

**Slide reference:** “Yanni, Laurel” slide.

**- Sensory exercise 2:**

**The Dress:**

**Script:** “Here’s another example – a photo of a dress that went viral because people couldn’t agree on its color. What colors do you see?” Allow time for participants to share and discuss. “Some saw it as blue and black, others as white and gold. This too highlights how our perception is not fully objective!”

**Slide reference:** “The Dress” slide.

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## Introduction to how our minds fill the gap (11:15–11:30)

**- Sensory exercise 3:**

**Script:** “Now that we have demonstrated that even sensory perception is not always objective, let us move to another exercise to show how our minds fill the gap. I will show you parts of world-famous logos and I want you to guess which brands they represent.” Show the images on the slide one after the other and make participants guess the brand.

**Debrief:** “Notice how the majority was able to guess the brand with very little information – this goes to show how our minds fill in the blank and make quick perceptions even when the information is incomplete. Our previous experiences play a part in what we end up perceiving. Our exercises at this point are still at the level of our senses, but we will soon delve deeper to explore how these same mechanisms also apply in our social encounters, behaviors and decision-making.”

**Slide reference:** “World Logos” slide.



#### - Sensory exercise 4:

**Script:** Trainer now displays the “Letters and Numbers Text” slide. “Along the same lines, I want you to now read out what you see on the screen.” Allow time for people to speak out what they see.

**Debrief:** How is it possible that the majority were able to read the text although it is a combination of letters and numbers and is gibberish. That is yet another demonstration of how our minds fill the gap based on what we expect to see. Our language skills also play a role in what we perceive when it comes to text. People who are good at English might have had less difficulty reading this.”

**Slide reference:** “Letters and Numbers Text” slide.

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### Introduction to Selective Perception (11:30-12:00)

#### - Sensory Exercise 5:

**Script:** “In the next two exercises, we will demonstrate how our perception is also selective in nature. Let’s take a moment to notice the sounds around us. Close your eyes if you feel comfortable and just focus on what you hear for the next minute.” Give participants a minute of silence and then ask them. “What did you hear? Were you aware of those sounds before?”

**Debrief:** “This exercise illustrates selective perception – we often focus on specific stimuli while ignoring others, shaping our reality based on what we focus on.

#### - Sensory Exercise 6:

**Script:** Now for our last sensory exercise. I will show you a video – please follow the instructions on the screen. Play the video then pause it when it is time for people to respond to the number of passes given. Then play it again after you get everyone’s answers.

**Debrief of exercise:** Isn’t it impressive that most of us did not see the gorilla. This demonstrates the extent to which our perception is selective, to the point that we can miss out on visual information that is right in our face.

**General debrief: Show “Selective Perception Slide 1”:** “As a general conclusion, most people think of seeing and hearing as occurring in the eyes and the ears, but hearing and listening actually occur in the brain. Hearing is simply perceiving sound, you can hear while you’re asleep, and so in that regard, hearing is passive. You can also for that matter see people and places in your dreams although your eyes are closed. Seeing and listening is attributing meaning to visual information and to sound.”

**Show selective “Bottom-up, Top-down” slide:** “What we perceive is the result of information that we get from our senses – what we call bottom up input – coupled with thought processes – which are top down and the level at which biases and stereotypes come in – that are based on our previous experiences, expectations, focus, cultural background, language, musical abilities and cognitive functions as demonstrated in this visual.”

**Show “Selective Perception Slide 2”:** “The way our brain works is by selecting specific stimuli from our environment to create meaningful experiences while blocking out stimuli that are less important for us or that contradict our beliefs and expectations. In other words: We focus on certain aspects in our environment while excluding others. There are good reasons for this:

We reduce complexity in a world that is already very complex, we save energy we need for thought processes

- and we organize our environment.
- But there are situations in which we actually want to look at diversity and complexity instead of simplifying things, such as when providing emotional support.

We have so far been focusing on sensory input, but what we hear, notice, or focus on more generally — especially in fast-paced or stressful environments — often depends on what we're attuned to. In our work, this might mean overlooking quiet signs of distress or missing strengths that don't match our mental image of what 'resilience' looks like. Awareness is our first step. By paying attention to what we usually overlook and by being aware of and challenging our own thought patterns including biases and stereotypes we have, we begin to re-train our perception in service of more inclusive support."

**Slide reference:** "Selective Perception 1, Bottom-up/Top-down" slides.

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## Experiencing Stereotypes: "Same, Same but Different" (12:00–12:30)

**Objective:** To uncover how we form stereotypes and their impact.

**Script:** "Let's go a step deeper to explore our social perceptions, now that we have established that there is no objective reality strictly speaking, even at the level of our basic senses. I'll give each group a photo of someone. Without any context, I'd like you to describe who you think they are — name, job, education, hobbies, etc. Then we'll share."

### Trainer Instructions:

- Distribute diverse photos.
- Groups of 3–4.
- Share and discuss after.

### Debriefing Questions:

- "What influenced your assumptions?"
- "How could this shape the way we approach someone in our work?"

**After Debriefing:** "What we project onto people often reflects our fears, social norms past experiences, education and even media representation. That's why continuous reflection is so important in our roles. From a single picture, you came up with a fairly detailed description of who you think this person is - much of it might be true, much of it might be false. When someone walks into our centers or activities - this is what happens in our brains. We create an image of this person based on their first appearance. And we act according to that image. Parts of it might have positive connotations, parts of it might have negative connotations based on experiences we made or things we learned in our life. And this will influence how you interact with this person and how you offer your services." Read the stereotypes slide that explains why our minds engage in them.

**Slide Reference:** "Experiencing Stereotypes" slide.

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## Create Comprehension for Stereotypes (12:30-12:45)

**Objective:** Define stereotypes and discuss their functions and potential harm.

**Script:** “Let’s talk about stereotypes. A stereotype is a simplified, generalized idea about a group that is reflected onto a person. While they can help us make quick decisions, they often lead to unfair judgments and can perpetuate harmful biases. For instance, assuming that all members of a certain group share the same traits can prevent us from seeing them as individuals.” Read the script of the stereotypes slide that explains why our minds engage in them.

“While stereotypes can reduce complexity in our minds, they can also hinder our ability to engage with others in a fair and empathetic way.”

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## Reflection: “Whose Story Am I Telling?” (12:45–13:00)

**Objective:** To build awareness of narrative power in MHPSS.

**Script:** “Imagine the person in your photo from the previous exercise could hear what you said. How would they feel? Write one or two emotions on a sticky note. I’ll read them anonymously.”

**Trainer Instructions:**

- Collect stickies.
- Read aloud 4–5.

**Debriefing Questions:**

- “What stories do we tell about the people we support?”
- “How can we ensure those stories reflect their realities — not just our assumptions?”

After Debriefing: “Let’s carry this insight forward — into how we write reports, how we present cases, and even how we tell stories in fundraising or advocacy. Whose voice are we amplifying? We will now go for lunch and get back at 2 pm. In the afternoon, we will introduce confirmation bias, then discuss privileges and discrimination.”

**Suggested Slide:** “Whose Voice Are We Hearing?”

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## Energizer / Movement: Chair Yoga (14:00-14:15)

**Objective:** Re-energize participants and prepare them for the next session.

**Script:** “Welcome back everyone. I hope you enjoyed lunch. Let’s start with some chair yoga to re-energize. This will help us refresh our minds and get ready for the next session.”

Trainer instructions: Lead the participants through simple chair yoga exercises, focusing on stretching and deep breathing.

**Debrief:** “How do you feel? Sometimes, a little movement is all we need to refocus and re-energize.”

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## Confirmation Bias: 3-6-9 Exercise (14:15–14:30)

**Objective:** To illustrate how we naturally seek to confirm what we already believe, and the implications of this in MHPSS work.

**Script:** “Now that we have introduced perception and stereotypes, we will link this to bias. Bias is an inclination or prejudice for or against one person or group, especially in a way considered to be unfair. We will now talk about confirmation bias. Let’s look at how confirmation bias works. I’m going to write a number pattern on the board: 3 – 6 – 9. What do you think comes next? Now, your task is to find out the rule. You can guess new sequences, and I’ll tell you if they match the rule.

Most of us try to confirm our first assumption — that the rule is ‘add 3’. But the actual rule is ‘each number must be higher than the one before’. We tend to look for what confirms our thinking rather than testing other ideas.”

“This exercise is about how we gather evidence. Often, we look to confirm what we already believe — especially under pressure. This can reinforce bias without us even noticing. The problem with biases, is that they often lead to incomplete perceptions of reality. In this case there were multiple possible correct answers but our previous experience with mathematics limited our thinking of what could be possible rules. This also happens when we interact with others. The real problem with stereotypes is not that they are always false, but that they lead to biases which create for us incomplete perceptions of reality. Confirmation Bias takes many forms but in short it is the tendency of our minds to give more weight to information that confirms the things we already believe, and less to information that contradicts us.

**It can explain:**

**Attitude polarisation:** where a disagreement becomes increasingly more extreme even though the people involved share the same facts and evidence

**Belief perseverance:** where people continue to believe something even after the evidence for that belief is shown to be false

**The irrational primacy effect:** where people who are exposed to a series of information will give more weight to things they learnt earlier than to things they learnt later

**Stereotype reinforcement:** where people give more weight to experiences that support their existing prejudices than to experiences which contradict them

**Debriefing Questions:**

Now how might this affect how we interpret behaviors or needs of community members or clients?

**After debriefing:** Biases can profoundly affect how we interpret the behaviors or needs of community members or clients when working in MHPSS. They can lead us to misread coping mechanisms as dysfunction, underestimate resilience, or overlook the structural and cultural factors shaping a person’s experience of distress. For example, behaviors that are culturally normative expressions of grief, trauma, or resistance might be pathologized if viewed through a biased or Western-centric lens. Biases can also influence which clients we prioritize, whose suffering we deem as legitimate, and what forms of healing we recognize as valid. This can reinforce power imbalances, perpetuate exclusion, and ultimately undermine the effectiveness, safety, and dignity of MHPSS interventions. Being aware of our biases — whether related to gender, ethnicity, class, age, religion, or political background — is therefore critical. It requires active self-reflection, culturally sensitive approaches, and the constant inclusion of community voices in defining needs, solutions, and measures of success.

**Slide Reference:** “Confirmation Bias” and “3-6-9 visual” slides.

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## Applying to MHPSS Work: “Invisible Wounds” Case Study (14:30–15:00)

**Objective:** To connect bias with real-life MHPSS fieldwork using a reflective case study.

**Script:** “Let’s reflect on a hypothetical case for a moment. A 16-year-old Syrian girl joins a psycho-social support group in a refugee community. She barely speaks in the first few sessions. The facilitators assume she’s shy and traumatized. They may display the below behavior.

**Overprotection:** They may speak for her or avoid encouraging her to participate too much, thinking she is too fragile to engage.

**Lowered Expectations:** They might expect less contribution from her, not inviting her to leadership activities, expressive tasks, or more dynamic group exercises.

**Overinterpretation of Silence:** They may interpret her quietness only as a symptom of trauma, overlooking other possibilities like language barriers, cultural norms about speaking in public, distrust of new groups, or simply needing time to observe.

**One-Directional Support:** They might focus on offering her emotional reassurance without giving her meaningful agency to define her own needs or participate actively.

**Labeling:** Internally (even without saying it out loud), they may label her as “the traumatized one,” which shapes how they interact with her and what they expect from her progress.

**Less Inclusion:** Assuming she’s “not ready,” they may unintentionally exclude her from decision-making or creative parts of the program, reinforcing her sense of invisibility.

**Avoidance of Topics:** They might avoid involving her in discussions around empowerment, community action, or advocacy, assuming these are too overwhelming for her.

Later, she brings a camera and shares powerful photos she’s taken of community life. We learn she’s running her own peer-support initiative.”

**“Let’s reflect:** what was missed? What assumptions were made? How can we shift our focus to strengths and agency in MHPSS work? What does this story mean for how we structure group activities or outreach in the community?”

**After Debriefing:** “We must challenge the deficit lens that defines people only by what hurts. Healing is often taking place in invisible ways — our role is to make space for that to surface. This story shows that we must design group activities and outreach with flexibility, inclusivity, and cultural sensitivity at the core, recognizing that people engage and heal in different ways and at different paces.

It reminds us that we cannot assume behaviors like silence, withdrawal, or hesitation automatically signal trauma or incapacity — they may reflect cultural norms, personal styles of participation, or simply a need for trust-building over time.

When structuring activities, we should:

- Offer multiple ways to participate, not just verbal sharing (e.g., drawing, small group work, movement-based activities).
- Create low-pressure entry points that respect diverse levels of readiness and comfort.
- Frame participation as flexible, without forcing individuals to speak or disclose personal experiences to be included.
- Focus on building trust first, understanding that meaningful participation often grows over time rather than at a set pace.

- Design outreach that listens before acting, allowing communities to express how they want to engage rather than assuming one model fits all.

In short, programs must be built with humility and openness, centering dignity, agency, and diverse forms of expression rather than preconceived notions of healing or participation.” Open the space for discussion.

**Slide Reference:** “Case Reflection – Invisible Wounds” slide.

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## Transfer to Organizations’ Work (15:00–15:30)

**Objective:** To bridge individual learning with organizational realities and MHPSS practice.

**Script:** “Let’s now connect this to your own work. We all work within systems — and those systems have patterns. Some are invisible until we name them. This is a moment to share experiences and reflect on how our roles and organizations can either challenge or replicate these patterns. In groups of 3 or 4, share a moment in your job where you realized you had made an assumption about someone — a colleague, a community member, or someone you were supporting. What helped you realize this? What did you do?”

**Trainer Instructions:**

- Break into small groups.
- Provide guiding question on flipchart.
- Collect 2–3 key insights in plenary.

**Debriefing Questions:**

- “What helped you catch the assumption?”
- “How was your behaviour towards this person influenced by your assumption?”
- “How can you make space to challenge assumptions safely?”
- “How can we reflect on assumptions before starting a new community-based activity?”

**After Debriefing:** “Real change starts from the micro — one conversation, one change in practice. Think about where your influence lies and start there.”

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## Break (15:30–15:45)

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## Discrimination and Privilege (15:45–16:15)

**Objective:** To explore how privilege and discrimination operate at interpersonal and structural levels.

**Preparation:** Print the personas from the privilege test based on the number of participants present.

**Script:** “We’ve been talking about stereotypes and biases and how those can lead to discrimination. However, to fully become aware of our biases, we also need to understand privilege. Privilege means having unearned advantages due to factors like gender, nationality, religion, or appearance. Discrimination is when someone is treated unfairly based on those same factors.

Let’s watch a short video that gives a powerful visual of how privilege works.” Play video: <https://youtu.be/hRiWgx4sHGg>. “What are your impressions of the video?”

“Privilege doesn’t mean your life has been easy — it means there are some challenges you haven’t had to face. Let’s think together about how that works in our region — for example, in who gets heard, whose trauma is prioritized, or who’s expected to be ‘resilient.’”

### Debriefing Questions:

- Which privileges do you hold and how do they show up when you work with vulnerable or marginalized groups?
- What systems in your work context contribute to discrimination?

Hold the space for the discussion then move to privileges exercise.

**Exercise:** We have prepared an exercise for you which we will discuss afterward. Let’s all stand up. [Trainer hands every person a persona taken from the privilege test]. I want you for the next 10 minutes to assume the persona that you have been handed. [The trainer then asks the questions in the privilege handout]. After everyone has participated in the exercise the trainer asks participants for their impressions. The trainer then says “this exercise visualizes discrimination and the gap that exists in our societies.

Privilege and discrimination both shape who speaks and who is silenced in our work. Our job is to shift those dynamics — sometimes by listening more, sometimes by stepping back. Privileges give advantages, favors, benefits to members of dominant social identity groups at the expense of members of other groups, we will discuss this in more depth in day 2 when we talk about structural reasons for discrimination. For example white people; able-bodied people; heterosexuals; males; middle class people; English-speaking people are usually some of the more privileged groups, whereas homosexual, transgenders, disabled, female and poor people are usually less privileged. Privileges are mostly invisible to people who have them and that sometimes stands in the way of fully understanding the situation of people who do not have them. They are usually unearned and are granted to people whether they want those privileges or not. It is therefore important to always reflect on those privileges, e.g. in peer discussions or supervision opportunities, to support people more meaningfully. When you do not understand the full picture, your support or input might cause additional frustration or not be validating enough. As mentioned, we are mentioning discrimination alongside privilege because privileges often occur at the expense of other groups who are less privileged and discriminated against.

**Slide Reference:** “Privilege & Discrimination” slide.

**Handout:** “Privilege Exercise”

## Discrimination Reflection Activity (16:15–16:45)

**Objective:** To facilitate peer-based reflection on personal experiences of discrimination and intervention.

**Script:** “Let’s now go back to our seats. The next exercise is a peer-based reflection on personal experiences of discrimination. In groups of five, share your thoughts in response to these prompts. Take your time and only share what you’re comfortable with:

1. A time I experienced discrimination.
2. A time I witnessed discrimination and didn’t act.
3. A time I witnessed discrimination and acted.
4. A time I realized I had discriminated against someone.”

“Let’s explore what shaped our choices. What made it hard to act or easy to stay silent?” This activity invites us to look inward. It’s okay if it brings discomfort — we are not here to blame ourselves, but to grow.

### Debriefing Questions:

- “Which prompt was hardest to share and why?”
- “How does our silence sometimes support harmful dynamics?”
- “What do we need to feel more confident acting next time?”

**After Debriefing:** “Moments of discomfort can be powerful turning points. The goal isn’t to leave here ‘perfect’ — it’s to leave more aware as this is the first step to addressing discrimination. As a reminder, discrimination mostly does not come out of bad intentions, it comes because we perceive people to be different and then stereotypes and biases come in, which translate into a different behaviour towards those persons..”

**Slide Reference:** “Discrimination Reflection Prompts” slide.

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## Day Closing and Feedback (16:45–17:00)

**Objective:** To close Day 1 with reflection, feedback, and preparation for Day 2.

**Script:** “We covered a lot today. Thank you for your openness. Let’s end with a round of reflections. One word to describe how you feel now. Then if you’d like, write any feedback or questions for tomorrow on this post-it.”

Whatever emerged today, let it breathe. Sleep on it. We’ll build on it tomorrow, not by rushing to answers, but by deepening the questions.” “Tomorrow, we go deeper into structural inequality, racism, the concept of intersectionality, and community-specific case examples.”

**Slide Reference:** “Day 1 Closing & Thank You” slide.



## Overview of training agenda for day 2:

Time	Session
09:00–09:15	Day Opening, Energizer and Reflections from Day 1
09:15–10:00	Understanding Structural Racism in the Middle East Context
10:00–10:45	Intersectionality and Multiple Discrimination
10:45–11:00	Break
11:00–11:45	Case Study Carousel: Marginalized Communities
11:45–12:30	Group Work: Applying Anti-Racist Lens to MHPSS Activities
12:30–13:30	Lunch Break
13:30–13:45	Energizer
13:45–14:30	Reflection on Specific Marginalized Groups
14:30–15:00	Role Plays
15:00–15:30	Feedback Wall and Reflections
15:30–15:45	Break
15:45–16:30	Evaluation, Closing, and Certificates
16:30–17:00	Informal Networking and Departure

## Script for Day 2:

### Day Opening and Reflections from Day 1 (09:00–09:15)

**Objective:** To reconnect as a group and reflect on key learnings and emotions from Day 1.

**Script:** “Good morning and welcome to Day 2. Yesterday was full of insights, some emotional moments, and shared learning. Today, we will go a bit deeper. We’ll explore how structural discrimination, marginalization and racism operates in our region, the idea of intersectionality, and take a deeper look at how anti-racist practice can look like in our work to offer an equal level of support to the diverse people who require it.

Let’s start with a sociometry ice breaker to get us moving a little bit.” Invite everyone to stand up. Ask people to stand on a line depending on the level of energy they feel then ask a few people individually why they are standing where they decided to stand. Then ask everyone to find people who had the same breakfast as them. Next ask people to stand on a line based on how much they feel the content so far is relevant to them and their work (ask people about where they stand). Then ask people to get back to their places and ask the below questions:

- “What resonated most for you overnight?”
- “Did anything stay with you more than you expected?”

“Thank you for bringing your reflections into this space. Everything we unpacked yesterday forms the foundation for today — where we shift from perception and interpersonal dynamics to systems and structures.”

**Slide Reference:** “Day 2 Opening & Reflection” slide.

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## Theories that Explain Discrimination and Racism (9:15-9:30)

**Objective:** Learn about theories that explain the reason we discriminate against others.

**Script:** “We will start the day by looking at some theories that explain why we discriminate against others.” Trainer then read out the theories on the slides.

**Trainer Instructions:** Read the slides of the section ‘Theories that Explain Discrimination and Racism’ then open the space for questions if any.

**Slide Reference:** “Theories that Explain Discrimination and Racism” slides.

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## Understanding Structural Racism in the Middle East Context (09:30–10:00)

**Objective:** To define structural racism and connect it with regional systems and histories.

**Script:** “Today we’re looking at racism not just as an individual attitude or behavior, but as something embedded in our systems — legal systems, education systems, the labor market, the aid system, and even MHPSS programs. Structural racism means that institutions and policies produce unequal outcomes for different groups of people, even without overtly racist intent.

**Let’s brainstorm:** What are some examples of how this shows up in your context? Think about how power and access play out across different groups.”

**Trainer Instructions:**

- Facilitate short group brainstorm (5–7 mins)
- Write on board or flipchart under headings like: Employment, Migration, Humanitarian Assistance, MHPSS Access, etc.
- Introduce regionally relevant examples (e.g., treatment of migrant workers, stateless populations, or refugee vs. host dynamics)
- Group people based on the marginalized groups they work with

**Guiding Questions:**

- “How does structural racism affect the people we serve?”
- “How does it show up in our own organizations or roles?”
- “What do we usually miss when we do not inquire about and try to understand the context that the person is in?”

**After the questions:** “Bronfenbrenner conceptualized what is known as the ecological model, [show slide on ecological model], which situates a person and their experiences within a society. The idea behind it is that whatever is happening at the individual, family, community and social levels affects the other levels. For example, if a person is suffering from mental health distress, this affects that person’s family functioning and vice versa. How this relates to our topic, is that the discrimination that a person suffers or endures is usually not due to individual reasons but to systemic reasons pertaining to the community, society and the culture that the person is part of. If a woman gets beaten by her husband, it is not related to her individual relationship with her aggressor only, but to the society giving more power to males in our example and to the law protecting him. We mention this here because our support becomes more meaningful if we understand holistically the reason why

a person is facing discrimination, racism and ill treatment. Can you think of other examples which demonstrate this interaction and structural discrimination?” Take input from participants.

**Conclusion:** “As MHPSS practitioners, many of us work directly with communities that face systemic barriers — whether it’s based on race, ethnicity, nationality, gender, or legal status.

When we don’t take into account how structural discrimination shapes people’s daily realities, we risk misunderstanding their needs, mislabeling their coping strategies, or even reinforcing harmful dynamics without meaning to.

For example:

- A migrant worker presenting symptoms of depression may not only be dealing with personal loss, but also with chronic structural exclusion and exploitation.
- A stateless youth struggling with anxiety may be reacting not just to family issues, but to being denied access to education, healthcare, and a future.
- A refugee woman facing gender-based violence might be constrained not only by her household situation but by legal systems that don’t protect her and by social norms that silence her.

In MHPSS, understanding context is essential for offering meaningful support.

Recognizing and naming the systems that harm, limit, or silence them becomes part of the healing journey.

As we continue today, I invite you to reflect:

- How can we adapt our psychosocial support to not just treat symptoms, but acknowledge the structural realities people live within?
- What changes when we recognize that distress is often a reasonable response to injustice, not just individual pathology?”

**Slide Reference:** “Defining Structural Racism” and “Ecological Model” slides.

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## Intersectionality and Multiple Discrimination (10:00–10:45)

**Objective:** To explore how overlapping identities shape experiences of discrimination in MHPSS contexts.

**Script:** “When we talk about structural racism we have to introduce the concept of intersectionality. Intersectionality is a framework that helps us understand how different forms of discrimination — such as racism, sexism, classism — overlap and create unique experiences of disadvantage.

For example, an elderly migrant woman with a disability may experience exclusion not only because she is a migrant, a woman, or elderly — but because these identities interact in ways that amplify vulnerability.

Let’s take a few moments to reflect on what intersections show up in the communities you support. What identities do people hold that might expose them to multiple layers of discrimination?”

**Trainer Instructions:**

- Ask participants to work in pairs and identify three intersecting identity factors for a hypothetical or real client.
- Share back in plenary.
- Emphasize regional relevance (e.g., gender identity, societal status, age and statelessness).

## Debriefing Questions:

- “What did you notice when trying to describe your example?”
- “How do systems around us ignore or exacerbate these intersections?”
- “What changes when we acknowledge intersectionality in our MHPSS work?”

After Debriefing: “Intersectionality matters because people don’t present with a single identity. When we support someone, we must understand the many ways their context interacts with their identities and affects their mental health and psychosocial wellbeing.

Systems often treat people as if they have only one identity at a time (e.g., “refugee” or “woman” or “person with disability”) without recognizing how these identities interact and compound disadvantage.

- Policies and services are usually designed around single categories — like programs only for “women” or “refugees” — leaving people who belong to multiple marginalized groups without adequate support.
- Eligibility criteria (for housing, aid, legal protection, MHPSS services) may exclude those with overlapping vulnerabilities because the system does not account for their complex realities.
- When systems ignore intersectionality, they often worsen exclusion — for example, stateless refugee women with disabilities might be overlooked in both women’s services and disability services.
- Bureaucratic processes and data collection rarely ask the right questions to capture layered discrimination, which makes the problem invisible in reports and planning.

What changes when we acknowledge intersectionality in our MHPSS work?

- We start to see people more holistically, recognizing that their distress is shaped by multiple systems of oppression, not just individual experiences.
- Our MHPSS support becomes more tailored and responsive, addressing needs that might otherwise be overlooked if we only focus on one aspect of a person’s identity.
- We become more critical of service gaps — for example, noticing when certain groups are consistently left out of psychosocial activities or aid programming.
- It encourages us to advocate for systemic changes, not just provide individual support — including changing referral systems, program eligibility criteria, and outreach strategies.
- It pushes us to center the voices of those most marginalized, designing programs with them rather than for them.
- Acknowledging intersectionality helps build more inclusive, equitable, and safe healing spaces where people feel seen in their full humanity.

**Slide Reference:** “Understanding Intersectionality” slide.

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## Case Study Carousel: Marginalized Communities (11:00–11:45)

**Objective:** To expose participants to different lived experiences of racism and exclusion and allow comparative reflection.

**Preparation:** Print out case studies for carousel.

**Script:** “We now turn to voices from the ground. Around the room are short case studies drawn from different contexts in the region — from refugee communities, migrant workers, ethnic minorities, stateless people, and others. You’ll rotate between them in groups and reflect briefly on how racism and exclusion show up in each.

Take 5–7 minutes at each station. Use the questions next to each case study to guide your reflection.

These case studies reflect actual lived experiences across the region, touching on different intersections of marginalization. As MHPSS professionals, it is crucial we develop sensitivity to these realities — not only to respond appropriately, but also to ensure our work does not unintentionally reinforce existing exclusions. You are encouraged to consider: What might you not know about this community’s context? What are the potential barriers to access or inclusion they face in MHPSS programs?”

### **Case studies:**

#### **Case Study 1:**

##### **Migrant Worker in Lebanon**

Elias is a 28-year-old Ethiopian man who came to Lebanon under the Kafala system three years ago. His employer restricted his movement and access to a phone, withheld his salary, and shouted at him daily. After experiencing physical and psychological abuse from his employer, he fled and is currently living undocumented. He’s developed anxiety and struggles with nightmares but avoids support centers for fear of being reported.”

Reflection questions:

- What barriers prevent Elias from accessing MHPSS services safely?
- What changes would need to happen in service design to make support more accessible and safer for undocumented migrant workers like him?

#### **Case Study 2:**

##### **Stateless Teen in Iraq**

Amina is a 16-year-old girl from a stateless Kurdish family living in Iraq. Because she lacks civil documents, she cannot enroll in public school or access national healthcare. She wants to become a nurse, but her dreams feel impossible. Community services do not include stateless people.

Reflection questions:

- How does Amina’s lack of legal status affect her mental health and future prospects?
- How could MHPSS programs be adapted to reach stateless youth who are often excluded from mainstream services?

### **Case Study 3:**

#### **Refugee Woman with a Disability in Jordan**

Rasha is a Syrian refugee in Jordan. Rasha was a seamstress back in Syria. Since the injury that left her paralyzed, she's lived with relatives in a camp. She uses a wheelchair and lives in an informal tented settlement. Although an MHPSS mobile team visits her area, the tent where sessions are held isn't accessible. Staff speak kindly to her but mostly address her caregiver.

#### **Reflection questions:**

- How do physical and social barriers combine to exclude Rasha from psychosocial support?
- What should MHPSS teams consider when designing services for people with disabilities in camp or informal settlement settings?

### **Case Study 4:**

#### **LGBTQ+ Youth in a Host Community**

Kareem liked literature and used to dream of becoming a teacher. He is 19 years old and identifies as queer. At university, he found himself constantly harassed — for how he dressed, for not being 'masculine enough.' When he sought help, the therapist kept asking about his 'lifestyle choices' instead of how he was feeling. He hasn't looked for support since.

#### **Reflection questions:**

- How did assumptions and bias from the counselor affect Kareem's access to support?
- What steps can we take in MHPSS to create safer and more affirming spaces for client from LGBTQ+ communities?

### **Case Study 5:**

#### **Community Activist from a Marginalized Caste in Syria**

Samira is from a community that faces caste-based discrimination within Syria. Despite working as a community mobilizer, she is regularly excluded from planning spaces led by more dominant groups. Her team leader rarely consults her on psychosocial needs assessments.

She has lived through displacement, food insecurity, and loss — and still organizes peer sessions for women. Yet when NGOs come to plan programs, they rarely ask her opinion. ‘They think I’m just there to deliver, not to design,’ she says.”

#### **Reflection questions:**

- How does exclusion within humanitarian systems affect Samira’s role and the communities she supports?
- How can MHPSS programming move beyond tokenism and meaningfully include leaders from marginalized communities in planning and decision-making?

### **Trainer Instructions:**

- Prepare 5 stations with one laminated case study each.
- Each station includes 2 reflection questions.
- Divide participants into 5 small groups and rotate every 7 minutes.
- End with 10 minutes plenary discussion.

### **Debriefing Questions in plenary:**

- “Which story stood out to you and why?”
- “What did you recognize from your own context?”
- “Which conclusions does this exercise suggest for the way we design and deliver MHPSS activities?”

**After Debriefing:** “These stories are real — or real composites. And they invite us to see the world from a place we may never have stood. The more perspectives we can hold, the more ethical and inclusive our practice becomes.”

**Slide Reference:** “Case Study Carousel Instructions” slide.

**Handout:** “Case Study Carousel.”

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## Group Work: Applying Anti-Racist Lens to MHPSS Activities (11:45–12:30)

**Objective:** To integrate anti-racist principles into practical examples from participants' work.

**Script:** “In your teams, choose one project, activity, or situation from your work. Imagine it through an anti-racist lens. How would you redesign it? What would you add, remove, or question?”

**Trainer Input:** “This session is where we turn theory into practice. An anti-discriminatory lens asks us to consider who benefits most and who is (comparatively) excluded in our current designs. Whose voices shape the planning? Whose lived realities are centered? As you revisit your own programs, try to move beyond surface diversity and into deeper structural inclusion.”

### Trainer Instructions:

- Divide participants by organization or context.
- Provide flipcharts/markers.
- Ask each group to present one insight or adaptation.

### Debriefing Questions:

- “What changed when you looked at your work through this lens?”
- “What resistance might you encounter?”
- “What is one thing you could try differently next week?”

**After Debriefing:** “Your redesigns remind us that small changes matter. We’ll now take time to set commitments. One personal — for how you’ll act or think differently. One collective — for how you can support change in your team or system.

Anti-discriminatory work requires both personal accountability and structural shifts. As you write your actions, think about something concrete and specific. What is something that is truly within your power to change or challenge — even if it’s just starting a conversation? Give participants 10 minutes to complete this task. After people are done, open the space for sharing and discussion. After people are done sharing, read out the slides from the Applying an Anti-Discrimination Lens Throughout the Project Cycle section and discuss the content with participants. “We will now go for lunch. In the afternoon we will go into our last two sessions in which we will reflect on our positionality and do role plays.”

**Slide Reference:** “Anti-Racist Lens in Practice” slide.

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## Ice Breaker (13:30–13:45)

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### Reflection on specific marginalized groups (13:45–14:30)

**Objective:** To reflect on power, privilege, and identity at the institutional level.

**Prepare:** print out reflection sheets.

**Script:** “Let’s now turn the lens inward. All of you work with specific marginalized groups. We will now get in groups of 3 and prepare input on the different layers of marginalization that the people you work with face. Each group will present about a different group. Remember, although experiences can sometimes be grouped, each individual’s story is unique.



“Each group will receive a worksheet with guiding questions. You will all present the work that you have prepared. What is particular about that group? What are discriminations that this group usually faces? Can you describe the context of people coming from this community? What discriminations do people from this group usually face in the context of your work? How can those be addressed? What power dynamics come out in your work with people from that community?”

“This session invites us to think about how power dynamics play out not only between us and communities, but also within our own teams and systems. Positionality is not fixed — it shifts depending on context. I invite you to reflect on how your role and background shape your perspective.”

**After exercise:** Invite the groups to share one after the other and open the space for questions and discussions. Add the following input: “When we name power dynamics, we start to loosen their grip. The changes we seek may start as quiet internal shifts — but they ripple outward.”

How Power Dynamics Surface in MHPSS Activities: By Marginalized Group

Power dynamics surface in different ways for different marginalized groups.

#### Refugees and Internally Displaced Persons (IDPs)

- Limited decision-making power: Refugees are often treated only as aid recipients, not as co-designers of MHPSS activities.
- Gatekeeping by host communities or authorities: Access to services may depend on host community goodwill or political agreements, limiting autonomy.
- Language barriers: Activities may be structured in the dominant language, excluding refugee participants from fully engaging.

#### Stateless People

- Invisible in service design: MHPSS activities tied to citizenship or legal ID exclude stateless individuals entirely.
- Fear of exposure: Participating in organized services might risk revealing their status, leading to underrepresentation and silence.
- Assumed inferiority: Their voices may be undervalued because they are seen as “without a state” and thus “without full rights.”

#### Migrant Workers (especially under Kafala systems)

- Dependency on employers: Fear of retaliation, deportation, or loss of income may prevent them from accessing MHPSS safely.
- Cultural hierarchy: In some contexts, migrant workers are seen as “less deserving” of care compared to citizens, influencing who is prioritized in programs.
- Structural exclusion: Programs may not account for migrant workers’ working hours, mobility restrictions, or lack of formal rights.

### People with Disabilities

- Physical exclusion: Spaces for MHPSS activities are often inaccessible (e.g., tents, upper floors without elevators).
- Social invisibility: Discussions and activities may be dominated by caregivers or community leaders, sidelining the disabled person's own voice.
- Assumptions about capacity: Facilitators might (even unconsciously) simplify or lower expectations of participation for people with disabilities.

### LGBTQ+ Individuals

- Risk of outing and stigma: Participating openly in MHPSS activities may expose them to social or legal dangers.
- Service provider bias: Mental health professionals may hold discriminatory attitudes or unintentionally pathologize LGBTQ+ identities.
- Language exclusion: MHPSS programs might use heteronormative or gender-binary language, making LGBTQ+ participants feel unseen or unsafe.

### Women (especially in patriarchal settings)

- Limited mobility or access: Women might need permission from male family members to attend MHPSS activities.
- Devaluation of experiences: Issues raised by women (especially around GBV, mental health, or autonomy) may be minimized or deprioritized.
- Lack of female facilitators: In some contexts, the absence of women facilitators can limit women's comfort and full participation.

### Ethnic, Religious, or Caste Minorities

- Marginalized group exclusion: Programs may favor majority groups, leaving minority needs and narratives invisible.
- Tokenistic inclusion: When minorities are included, it's sometimes only symbolically, without real influence over design or decision-making.
- Security concerns: Participation in certain activities could expose minority group members to social backlash or surveillance.

Let us now move to the last session of our training.”

**Slide Reference:** “Organizational Reflection Prompt” slide.

## Role Plays (14:30–15:15)

**Objective:** To practice based on the insights developed.

**Preparation:** print prepared cases.

**Script:** “We’ll now take time to practice what we have been discussing. Based on real or hypothetical stories from the marginalized groups that you have been presenting, I will ask you to perform a role play, where one of you will play the part of a service user, the other of a service provider and the third as an observer. The service user and provider will discuss bilaterally a scenario that they will choose. They will intentionally agree to include implicit discrimination that the service provider will display in the form of assumptions being made, certain questions not being asked. The observer needs to identify what did not go well and how the conversation could be improved between the service provider and service user.”

Invite participants to get in groups of 3. Give participants 15 minutes for the role play and then debrief in plenary. Each group gets 3 minutes to mention what came out as implicit racism and how this was addressed.

### Trainer instructions:

If participants cannot think of cases, share with them the below scenarios.

#### Stateless Teenager Seeking Education Support (Amina)

**Service User:** Amina, a 16-year-old stateless Kurdish girl living in Iraq, who cannot enroll in school.

**Scenario:** She comes to a psychosocial center feeling hopeless about her future. The service provider assumes education is not an urgent psychosocial issue and focuses only on emotions without addressing structural barriers.

**Possible Bias to Surface:** Ignoring structural discrimination; minimizing the importance of education access.

#### Migrant Worker Seeking Mental Health Services (Elias)

**Service User:** Elias, a 28-year-old undocumented Ethiopian man living in hiding in Lebanon.

**Scenario:** He cautiously seeks emotional support. The provider assumes he mainly needs “stress management” without asking about fears of deportation or systemic exploitation.

**Possible Bias to Surface:** Oversimplifying complex trauma; failing to address systemic oppression.

### **Refugee Woman with Disability (Rasha)**

**Service User:** Rasha, a Syrian refugee who uses a wheelchair, living in an informal camp in Jordan.

**Scenario:** She wants to join a group activity. The provider mainly talks to her caregiver, assuming Rasha can't advocate for herself.

**Possible Bias to Surface:** Speaking through caregivers; assuming incompetence or helplessness.

### **LGBTQ+ Youth Facing Discrimination (Kareem)**

**Service User:** Kareem, a 19-year-old Lebanese queer youth who dropped out of university due to bullying.

**Scenario:** He seeks counseling but the provider makes assumptions about his "lifestyle choices" instead of focusing on his mental health needs.

**Possible Bias to Surface:** Pathologizing LGBTQ+ identity; judgmental or moralistic framing.

### **Woman from a Marginalized Caste (Samira)**

**Service User:** Samira, a Syrian community activist facing caste-based discrimination.

**Scenario:** She tries to participate in an MHPSS planning meeting. The provider ignores her inputs, assuming she lacks professional expertise because of her background.

**Possible Bias to Surface:** Tokenism; devaluing grassroots or community-based knowledge.

### **Refugee Adolescent Boy Being Misread (Youssef)**

**Service User:** Youssef, a 15-year-old Syrian boy in a host community school who has become increasingly withdrawn.

**Scenario:** The provider assumes he is simply "unmotivated" or "difficult" without exploring bullying, discrimination, or trauma.

**Possible Bias to Surface:** Misreading behavior through biased lenses; failing to explore structural causes of distress.

**Debriefing Questions:** Ask the group: “What questions felt difficult to ask to your service user? Did you notice any positive discrimination or racism come out? What was particularly challenging?”

**After Debriefing** “Role plays are an effective way of keeping yourself in check. We encourage you to always practice with your colleagues and to discuss realizations that you make and lessons learned based on the people you work with. Your lessons can become lessons for others and vice versa. Over the past two days, we have reflected critically on how biases, stereotypes, and structural racism shape both individual experiences and the systems within which we work. Through sensory exercises, case studies, group work, and role plays, we explored how human perception is selective and how unconscious patterns influence our judgments. We learned how these patterns, if unexamined, can unintentionally reinforce exclusion and inequality in MHPSS work.

We moved beyond interpersonal biases to look at structural racism and intersectionality, recognizing that people’s vulnerabilities often emerge from overlapping identities — such as gender, race, disability, migration status, or statelessness — rather than from a single factor alone. We analyzed real-world cases from marginalized communities across the Middle East and practiced applying an anti-discriminatory, context-sensitive lens to our MHPSS programming.

The main learning outcomes which we hope to have achieved are:

- Heightened self-awareness of personal and institutional biases in MHPSS work.
- Deeper understanding of structural discrimination and its impact on marginalized communities.
- Greater sensitivity to how intersecting identities amplify exclusion and how MHPSS can either reinforce or counteract these dynamics.
- Strengthened skills in designing more inclusive, ethical, and responsive MHPSS activities that center the dignity, agency, and lived realities of those we support.
- Commitment to reflection and action, recognizing that change starts with awareness but must be followed by continuous questioning, adaptation, and advocacy.

This training aimed not at achieving perfection but at opening the space for more conscious, compassionate, and equity-driven practice — for ourselves, for our organizations, and for the communities we accompany.

**Slide reference:** “Case Studies 2 Prompt” slide.

**Handout:** “Case Studies Day 2” handout.

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## Feedback Wall and Reflections (15:15–15:30)

**Objective:** To gather participant feedback and final reflections.

**Script:** “Thank you for engaging with us so deeply and for sharing your reflections, lessons, and challenges. For our last part, we invite you to provide us with your feedback. Please take a few minutes to post your feedback on the wall. You’ll see three columns: What helped me learn / What I wish had been different / What I’m taking with me.

We’ll then do a quick closing round. What will you take with you from this training into your practice?

The feedback you share now will help shape the future delivery of this training. But just as important, it gives us all a moment to stop and acknowledge what has shifted in ourselves or in our understanding. Before we end we invite to go back to the reflection questions we started with and to notice if anything changed.” Show the post-training reflections slide and allow a few minutes for reflection then open the space for sharing.”

### **Trainer Instructions:**

- Use sticky notes.
- Summarize themes aloud.

**After Debriefing:** “Thank you for sharing your feedback with us. Before we end we invite you to go back to the reflection questions we started with and to notice if anything changed.” Show the post-training reflections slide and allow a few minutes for reflection then open the space for sharing.

**Slide Reference:** “Post-Training Reflection Questions” slide.

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## **Evaluation, Closing, and Certificates (15:45–16:30)**

**Objective:** To conclude with appreciation and provide a sense of closure.

**Script:** “As we close this training, we want to acknowledge the complexity and weight of the issues we’ve explored. Biases and forms of discrimination are deeply embedded in social structures and daily interactions. Addressing them requires more than awareness, it demands a sustained commitment to changing how we relate to others, how we make decisions, and how we shape the spaces we’re part of.

This training was designed to open space for critical reflection, not to provide definitive answers. The conversations we started here are part of a longer process that involves paying closer attention, listening more carefully, and being willing to act when we witness harm.

Thank you for your participation. We encourage you to continue this work in your respective roles and to disseminate this awareness and knowledge.”

“We’ll now distribute certificates.”

Before you leave this space, take a moment to acknowledge the work you’ve done — intellectually, emotionally, and collectively. This matters.”

**Slide Reference:** “Day 2 Thank You” slide.

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## **Informal Networking and Departure (16:30–17:00)**

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