



Regional Gender Justice
and Sexual Rights
Institute

OXYGen KIT

Knowledge, Information,
and Transformation Toolkit
on Gender Justice and
Sexual Rights



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*Sex chromosomes determine an individual's biological sex. Human females typically have two X chromosomes (XX), while males have one X and one Y chromosome (XY). What a lot of people do not know is that some individuals have a chromosome pattern other than the usual XY or XX. They may have one X chromosome (XO), or they may have an extra chromosome (XXY). Their internal and external sex organs can be either male or female, but they may not go through a full typical physical development at puberty.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
GBV	Gender-Based Violence
GEDSI	Gender Equality, Disability, and Social Inclusion
GJSR	Gender Justice and Sexual Rights
HIV	Human Immunodeficiency Viruses
KAWG	Key Affected Women and Girls
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, and people of other diverse sexual orientations, gender identities and expressions
PoDS	People of Diverse SOGIESC
SAAB	Sex Assigned at Birth
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
TB	Tuberculosis
VAW	Violence Against Women



REGENERATE AND ITS LEADERSHIP AND LEARNING INSTITUTE

REGENERATE

The **Regional Gender Justice and Sexual Rights Initiative (REGENERATE)** is a civil society-led project that aims to develop capacities, build movements, and advocate to address the long-standing gaps around gender and sexuality in health policies and services related to HIV, TB, and malaria in the Asia-Pacific region.

Through this initiative, civil society and communities of key affected women and girls (KAWG) and people of diverse sexual orientation, gender identity, expression and sexual characteristics (SOGIESC) will actively engage in advocacy for gender just and sexual rights affirmative policies and programmes regionally in the Asia-Pacific, and nationally in Cambodia, Thailand and Viet Nam.

APCASO implements REGENERATE with country partners KHANA in Cambodia, SWING in Thailand, and SCDI in Viet Nam with the implementation period being 2024-2027.

REGENERATE is supported by L'Initiative and Expertise France.

THE REGENERATE PLATFORM

The **REGENERATE Platform** is an Asia-Pacific regional community and civil society platform formed under the REGENERATE Initiative envisioned to lead advocacy for Gender Justice and Sexual Rights (GJSR). The Platform serves as a collective voice to influence policy and programming related to HIV, TB, and malaria and will have representation from KAWG and PoDS. The Platform is hosted by APCASO and its strategic direction is provided by a Platform Steering Committee (SC), drawn from the REGENERATE Platform affiliates, who are key country and regional GJSR experts and champions.

In the inaugural meeting of the REGENERATE Platform on 4-5 October 2024, affiliates adopted non-negotiable **core values** that will underpin the REGENERATE Platform's advocacy, ways of working and operations.



CORE VALUE #1

Sex and gender do not exist in a binary. Sex and gender come in a spectrum. We recognise the fluidity of sexuality. We believe that sex and gender are non-binary concepts, and that human sexuality exists on a spectrum and is fluid. We recognize that biological sex and gender identity cannot be rigidly categorized, acknowledging variations beyond the traditional XX/XY chromosomal distinctions. This recognition extends to intersex individuals and people whose gender identity may fall outside societal norms.

CORE VALUE #2

Gender does not solely equate to women. We recognise the diversity of SOGIESC beyond what is culturally, socially, legally, and politically accepted. We emphasize that gender is not limited to the binary concepts of male and female but includes a broad spectrum of identities. While we prioritize issues affecting women, we also acknowledge and advocate for the rights and experiences of people with diverse gender identities, including non-binary, gender-fluid, and trans individuals. This core value challenges the oversimplified notion that gender-based programming is solely for women.

CORE VALUE #3

The achievement of gender justice and the promotion, protection, and fulfilment of sexual rights require an intersectional approach. We commit to adopting an intersectional approach to gender justice that recognizes the multiple, interconnected factors (e.g., race, class, disability, sexual orientation, etc.) that influence an individual's experiences. Discrimination is complex and multifaceted, and to effectively address gender-based violence, inequality, and sexual rights violations, we must consider the diverse realities people face in different contexts.

CORE VALUE #4

Gender equity before equality. Fair strategies and measures must be set in place for women and people of diverse sexuality in order to achieve equality. While equality is the ultimate goal, we acknowledge the need for equity—providing support and resources tailored to those who are most marginalized in society. This approach focuses on addressing systemic barriers and the unequal distribution of resources to achieve a more just and equitable society for women and people with diverse SOGIESC.

CORE VALUE #5

Access to safe abortion is a right. We recognize access to safe abortion as a fundamental human right. This right is essential to the protection of sexual and reproductive health, and we support efforts to decriminalize and ensure access to safe abortion services for all individuals.

CORE VALUE #6

Sex worker's rights are human rights. Sex work is work, and the rights of sex workers must be respected and protected. We advocate for the decriminalization of sex work and challenge the stigma, discrimination, and violence that sex workers face. The protection of sex workers' rights is integral to achieving gender justice.



CORE VALUE #7

Right to self-determination is a human right. Every individual has the right to define their gender identity and expression, free from external judgment or coercion. We emphasize the importance of respecting each person's autonomy in determining their own gender, whether that is as a woman, man, non-binary, or otherwise. This includes trans individuals and those who identify outside of traditional gender categories.

CORE VALUE #8

Sexual and reproductive rights are human rights. We affirm that sexual and reproductive rights are fundamental human rights, encompassing the right to access sexual and reproductive health services, information, and education. These rights are essential to living a life of dignity and freedom.

CORE VALUE #9

Recognising the evolving capacities of children and adolescents with regards to their sexual and reproductive health is part of their sexual and reproductive rights. We recognise the evolving capacities of children and adolescents to decide on their individual needs when it comes to sexual and reproductive health, as well as in recognising their sexual and reproductive rights. Decisions should be based on an individual's maturity, not just age, and respect for their autonomy should be balanced with protective measures to safeguard against abuse and exploitation.

CORE VALUE #10

Access to comprehensive sexuality education is a human right. We assert that all young people, including children and adolescents, have the right to access comprehensive sexuality education. This education should be age-appropriate, inclusive, and designed to empower individuals to make informed decisions about their sexual and reproductive health.

CORE VALUE #11

People have the right to personal and bodily autonomy and self-determination. We recognize that individuals must have the freedom to make decisions about their own bodies, including the right to make sexual and reproductive choices without external coercion. This autonomy extends to all individuals, irrespective of marital or relationship status.

CORE VALUE #12

Free, full, informed, prior, and informed consent, which can be withdrawn at any time, is imperative regardless of relationship status. Consent is paramount in all intimate relationships, whether within marriage, partnerships, or otherwise. We uphold that intimate partner violence, including marital rape, must be recognized and addressed irrespective of the relationship status between the individuals involved.

CORE VALUE #13

Sexual pleasure is a human right. We assert that the right to sexual pleasure is a fundamental human right, contributing to individual dignity, autonomy, and well-being. This right encompasses sexual autonomy and the ability to experience sexual pleasure free from shame, coercion, or violence.



THE REGENERATE LEADERSHIP AND LEARNING INSTITUTE

A key output of REGENERATE is the establishment of the Leadership & Learning Institute, which hosts specialised training programmes dedicated to the development and dissemination of knowledge and skills related to GJSR across the Asia-Pacific region. The **REGENERATE Leadership & Learning Institute** is dedicated to fostering a deeper understanding of GJSR, and strengthening the advocacy skills of civil societies in the region to drive more inclusive and impactful policies and programmes.

The REGENERATE Institute serves as a centre for excellence, providing leadership development, educational resources, and operational guidance to enhance the understanding and implementation of GJSR in the context of health programmes across the region. Using the sensitization toolkits and training modules developed by the institute, advocates are equipped to engage and sensitize duty bearers on GJSR—ultimately promoting the adoption of GJSR affirmative approaches into country health programming.

The Leadership & Learning Institute intends to produce GJSR advocates across the Asia-Pacific region who are equipped with the knowledge, skills, and tools to advance gender justice and sexual rights within health policy and programming.

ABOUT THE TRAINING MANUAL

OXYGen KIT is a comprehensive training manual for facilitators and trainers who will roll it out in whole or parts of the REGENERATE Leadership & Learning Institute in their own countries. It includes objectives, content, and various learning activities and exercises to promote effective participant retention. Furthermore, it offers links to additional resources and valuable tips to enhance facilitators' expertise, ultimately creating a more enriching learning experience for participants.

TRAINING OBJECTIVES

This training course aims to provide participants with the perspective, knowledge, and skills essential for becoming gender-transformative leaders. They will learn to mobilise advocacy actions for policies and programmes that support the GJSR for KAWG and PoDS. In particular, the training focuses on fostering critical thinking by introducing adaptable frameworks and tools for local advocacy.

Additionally, the course strives to empower participants to share their knowledge and reflect on their experiences. It promotes the development of theories rooted in participants' unique contexts and understandings rather than solely depending on concepts from external frameworks.



CRITERIA FOR SELECTION OF PARTICIPANTS

- Individuals who identify as key or vulnerable women and girls, or as people of diverse SOGIESC are preferred
- Individuals living with/are survivors of/and affected by HIV, TB and malaria and/or serving communities affected by the three diseases
- Individuals committed to gender-just, sexual rights-affirmative, and inclusive health responses
- Individuals with a desire to grow their advocacy and leadership skills in this space
- Emerging or existing leaders who are part of or wish to engage with the REGENERATE Platform
- Civil society and community advocates that have worked on GJSR for at least two years
- Individuals from, living in, and working in the Asia-Pacific region

REQUIREMENTS FOR FACILITATORS

- Advanced understanding of SOGIESC, GJSR, and SRHR context and concepts
- Preferably representing KAWG and PoDS communities
- At least 2 years' experience in training and facilitation
- At least 2 years' experience working with KAWG and PoDS communities
- Alignment with REGENERATE core values



DESIGN OF THE MANUAL

The content is organised into four modules as follows:

MODULE	TITLE	DAYS ALLOTTED
0	Orientation	0.5 Days
1	Laying the Groundwork: Gender Justice and Sexual Rights (GJSR) Concepts and Issues	1.5 Days
2	Wielding the Tools: Gender Equality, Disability and Social Inclusion (GEDSI) Framework and International Instruments	0.5 Days
3	Championing Change: Advocacy and Strategic Communication Planning for GJSR Affirmative Health Policies and Programmes	1 Day
4	Gender-Transformative Leadership for GJSR	0.5 Days

Each module in the manual begins with key messages, learning objectives, and an overview of the module and its sessions.

Each module is divided into sessions, which are then divided into exercises that involve presentations, small group work, and participant presentations, among other activities. There are also places where the trainers take the lead with a presentation to present a concept or set the scene for the small group work. Handouts can be found at the end of each session.



TRAINING METHODOLOGY

Prior to training

Pre-test survey: A short survey will assess participants' baseline knowledge, attitudes, and expectations prior to the training (see Annexure 1). This survey will take around 20 minutes and needs to be self-administered onsite on Day 0. It is essential that all participants complete the pre-test survey before Day 1 begins.

Orientation

Ice-breaker: Introductory activities to help participants to get to know each other. Games, short group tasks, or partner exercises can be carried out to ease participants into the training environment.

During training

Ground rules: To start the training, facilitators and participants will co-create basic agreements on how to engage respectfully and productively during the training. These can include things like active listening, punctuality, confidentiality, and openness.

Parking lot: A designated place in front of the room—this can be a flipchart, a wall with post-its, etc.—for issues that are raised during the training. These issues can be addressed in other relevant sessions, start of each day, or when time allows.

Letter box: is a box or an envelope for participants to write and “send” messages to their fellow participants as well as to the facilitators. This can be placed somewhere accessible in the training room and be used for appreciation, personal questions, or feedback, whether anonymous or not. The facilitator can read this as an energizer or at the beginning of the day, noting that some letters must be consented to be read in the plenary.

Presentations: Facilitator-led to explain key topics, or participant-led to share findings, reflections, or project outcomes. This can be in the form of slide deck(s), flipcharts, images, etc.

Case study: Use of realistic scenarios to enable participants to analyse complex situations and develop solutions, enhancing participants' practical skills and critical thinking.

Plenary discussions: Whole-group discussions to deepen understanding, explore multiple perspectives, and share insights.

Individual and group exercise: A mix of individual tasks and group work to allow participants to apply concepts, reflect, and learn collaboratively.

Workshop: An output focused activity to build specific skills including critical analysis, apply learnings, or explore themes in depth.



Synthesis: At the end of every module, facilitator(s) will draw links between different sessions, identifying key takeaways. At the end of the training, facilitator(s) will need to provide an overall synthesis for the training.

Energizer: Used throughout the training to help energize, re-focus and re-engage the group. This can be led by the facilitator(s) or a volunteer participant.

Daily reflection: At the end of each day, participants will reflect on their key learnings. These reflections will be collected the following morning and used by facilitators to adapt upcoming sessions based on participants' needs and insights. One or more participants should also be invited to share their reflections with the group to start the day. Facilitator(s) can encourage participants to convene in small groups to reflect and share learnings with each other.

Daily evaluation: Participants will be invited to complete daily evaluations to provide feedback on the training sessions for each day with regards to the facilitation and content. This should also include feedback on accommodation, training space, food, etc. that have been provided for the training.

Brown bag session: Informal thematic sessions where facilitators or guest speakers can share experiences, concepts or tools outside the formal training agenda.

Site visit (recommended): A learning visit to a relevant organization, community, or site to provide on-the-ground context and connection to the training content.

Movie screening (optional): A film relevant to the training theme to spark discussion and emotional connection with the training topics. Time should be set aside for the group to discuss the movie.

Letter-writing activity: At the end of the training, participants will be asked to write and seal a letter to themselves. They will be reminded to open and read their letter six months after the training as a reflection of their journey and commitments, and as part of the sixth-month post-training evaluation.

After the Training

Post-test survey: This post-test survey will measure the change in participants' understanding of the concepts, skills, and perspectives using the same survey form as the pre-test (Annexure 1). This post-test survey must be completed by all participants before the graduation.

Graduation: This is a ceremony to acknowledge participants for their participation and receive certificates for completing the REGENERATE Leadership and Learning Institute.

Six-month post-training evaluation: This evaluation (Annexure 2) will assess the impact of the training on participants six months after the training. This will be self-administered online by the participants six months after the training was conducted. This will coincide with the participants opening the letters that they wrote to themselves.



TRAINING CONSIDERATIONS

FACILITATORS' OR TRAINERS' RESPONSIBILITY

- **Preparation and planning.** Before the training, a pre-test survey (Annexure 1) must be carried out to establish the intended participants' baseline knowledge and skills. Based on the results of this survey, refine the training objectives and organise the training accordingly. This manual aims to assist facilitators and trainers, enabling them to tailor the training content to suit participants' needs and experience levels.
- **Creating and ensuring balanced discussions around KAWG & SOGIESC issues.** Encourage participants to provide more balanced examples of issues faced by KAWG and PoDS.
- **Creating a positive and inclusive learning environment.** Establish a welcoming, inclusive and respectful atmosphere. Set clear expectations for participation, engagement and respect for other people's views. Encourage a safe space for open discussions and ensure all voices are heard. Foster collaboration by promoting teamwork and peer learning.
- **Respecting and using individuals' preferred names and pronouns.** Ensure that facilitators and participants consistently use each person's self-identified name and pronouns. This shows respect for individual identities — especially for trans, non-binary, and gender-diverse participants. Encourage introductions that include pronouns and avoid assumptions about anyone's gender identity based on appearance or name.
- **Using effective communication and facilitation techniques.** Use clear and straightforward language. Maintain eye contact and use positive body language to build rapport. Encourage active participation through open-ended questions and interactive activities. Paraphrase or summarise key points to reinforce learning.
- **Engaging training methods.** Use various methods, such as group discussions, role-plays, and practical exercises. Balance presentations with interactive activities to keep participants engaged. Encourage experiential learning by relating topics to real-life situations. Have a 'mood or energy check' to determine participants' absorptive capacity for the sessions.
- **Handling challenges and difficult situations.** Manage dominant participants by redirecting conversations to include others. Address disruptions calmly and professionally without embarrassing individuals. Encourage quiet participants by asking for their thoughts and creating low-pressure opportunities for input (e.g., journaling or daily takeaways that could be written on paper). Handle disagreements constructively by promoting respectful dialogue and mediation.
- **Managing time effectively.** Stick to the planned agenda while allowing flexibility for meaningful discussions. Keep activities and discussions within the allocated time to maintain focus. Use breaks strategically to keep energy levels high.



- **Encouraging reflection and learning.** Provide opportunities for participants to reflect on their knowledge and its application. Encourage questions and feedback to ensure clarity and understanding. Summarise key points at the end of each session.
- **Evaluating training effectiveness.** Gather participant feedback through discussions or reflection exercises; this training manual suggests a daily evaluation. Assess whether learning objectives have been met through observations or assessments.
- **Professionalism and ethical considerations.** Facilitators and trainers must adhere to the REGENERATE core values. Remain neutral and avoid imposing personal opinions. Be sensitive to cultural and individual differences. Demonstrate enthusiasm, patience, and adaptability.
- **Observance of proper use of gender justice (GJ)-oriented and sexual rights (SR)-affirmative language.** Since GJSR concepts will be introduced throughout the conduct of this training, it is important that its usage is done in a politically correct manner. Facilitators and trainers need to make sure that participants are able to operate the usage of these concepts into their daily conversations and as part of their articulation throughout the training.

THE TRAINING SECRETARIAT'S RESPONSIBILITY

- **Participant management.** Verify that you have collected participants' profiles before the training. This should include not only personal details but also dietary preferences (e.g., vegan, vegetarian, halal), accessibility needs (e.g., ramps, physical assistance, captioning devices, sign language interpreters), and any religious or cultural considerations (e.g., prayer space, language interpreters). Take into account the sexual orientation and gender identity and expression (SOGIE) of participants when planning accommodations. Some prefer private rooms, while others are more at ease with shared accommodations.
- **Onboarding call.** The training secretariat should have a virtual call with participants to share important information and set expectations prior to the training. They should also inform participants to identify and bring — printed or digital — country-specific laws, policies and programmes on HIV, TB, and malaria.
- **Immediate coordination and communication.** The secretariat should set-up a group with all Institute participants on a preferred messaging platform.
- **Distribute (digital or printed) training materials, including schedules and pertinent information, before the session.** For participants with disabilities, ensure that all materials are provided in advance and are accessible. Address participant inquiries and offer assistance as required.
- **Logistics and venue set-up.** During this residential training, ensure that participants' profiles have been considered in the training venue and set-up (space, seating, accessibility). Arrange training materials, equipment, and other necessary resources. Set-up the letter box and parking lot in a place that is easily visible and accessible to participants.
- **Documentation.** Take attendance and maintain participant records. Record key discussions, insights, or action points as needed. Collect all feedback forms and evaluations.



- **Zero tolerance to sexual exploitation, abuse, and harassment.** Follow the organizational guideline/protocol for this, if existing. If not, discuss and develop a specific redress mechanism for the training as part of the planning process.
- **Providing psycho-social counselling support to participants.** Given the level of sensitivity and personal some of the topics of this training can be, it is important that mental health or psychosocial counselling be made available during the training. This is part of ensuring that the safety of the space being provided to by the Secretariat extends not only within the training space, but as part of ensuring that the personal spaces of each participant are being taken care of as well.



KEY TERMS AND CONCEPTS USED IN THE TRAINING MANUAL

Acquired immunodeficiency syndrome (AIDS) is the most severe phase of HIV infection. It occurs when the immune system is severely damaged, and the body becomes vulnerable to opportunistic infections and certain cancers. AIDS is diagnosed when the number of CD4 cells falls below a specific threshold or when certain opportunistic infections or cancers develop.

Advocacy is a broad strategy encompassing various activities to influence public policy, decision-making, or public opinion. The difference between a communication plan and an advocacy plan is the focus. A communication plan is a comprehensive strategy for conveying information to target audiences over time. It ensures consistent and effective communication within an organisation and with external stakeholders.

Anatomical sex continuum is a concept that acknowledges that biological sex is not a binary system but rather a spectrum. This perspective considers factors such as genitalia, chromosomes, hormone levels, and secondary sex characteristics (like body hair, voice pitch, etc.). It recognises that these traits can vary widely and exist on a continuum rather than fitting neatly into “male” or “female” categories.

Campaign is a time-bound, concentrated effort to reach a specific goal supporting an advocacy initiative.

Cisgender (Cis) is a person whose gender identity matches the gender they were assigned at birth.

Disability is an evolving concept. It results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

Discrimination is the unfair treatment of people or groups based on their characteristics or perceived group membership. It can happen in many situations, including school, work, or public places. Examples include racism (based on one’s race), ableism (based on disability), ageism (based on age), and sexism (based on sex).

Empowerment-based leadership aims to empower individuals, especially women and marginalised groups, to assume leadership roles and make decisions that impact their lives.

Equality gives everyone equal rights and opportunities regardless of identity or circumstances.

Equity-focused leadership is a gender leadership approach that seeks to address and correct systemic inequalities within organisations and communities.



Erasure is a more active process of denying, eliminating, or invalidating the existence and experiences of certain groups or identities. Erasure can involve rewriting history, suppressing cultural contributions, or dismissing the legitimacy of particular identities.

Gender bias is an approach to gender that gives preference to one gender over another, causing unequal opportunities and outcomes.

Gender blindness is an approach to gender that ignores gender differences and assumes that policies affect or apply to all genders equally. It does not consider people's unique needs and experiences, which may result in unintended inequalities.

Gender discriminatory is an approach to gender that perpetuates gender inequality and harmful stereotypes that intentionally privilege one form of gender over another.

Gender equality is the fundamental right that men and women should have equal rights, opportunities, and treatment in all aspects of society. It also means ending discrimination and violence against women and girls.

Gender expression is how a person outwardly presents their gender identity. It also manifests in how a person dresses, speaks, or conducts themselves socially. A person's gender expression is distinct from, and not necessarily linked to, their sex assigned at birth, gender identity, or sexual orientation.

Gender identity is a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. Gender identity exists on a spectrum, so it is not necessarily linked to a single gender. And it can be fluid, evolving throughout a person's life.

Gender justice is defined by the United Nations as ending inequalities between women and men in all aspects of life. It requires that institutions address discrimination and injustice that keep women poor and excluded.

Gender responsiveness is an approach to gender that responds to the diverse needs of various genders. It aims to create a fair environment by addressing barriers and promoting equitable outcomes.

Gender socialisation involves conditioning boys and girls from an early age to think, look, and act according to societal expectations for their respective genders. Family, social institutions, and cultural norms typically reinforce this process.

Gender-transformative is an approach to gender that seeks to challenge and change unfair gender norms and power dynamics. It promotes gender equality by addressing the root causes of inequality to foster an inclusive, equitable and equal society for all people irrespective of SOGIESC.

Gender-based violence (GBV) refers to any harmful act directed at an individual based on their gender. This type of violence stems from unequal power relations and societal norms that perpetuate discrimination and inequality. GBV can take various forms, including physical, sexual, psychological, and economic harm. It can occur in both public and private spheres and affects all individuals.



Heteronormativity is the societal expectation that everyone should be heterosexual, viewing this as the only natural form of sexuality, with all deviations considered deviant and beyond the scope of patriarchy's protection.

Heteropatriarchy describes a social system that prioritises heterosexual men and cisgender masculinity over others.

Heterosexism is the ideology that favours heterosexual relationships while discriminating against non-heterosexual ones, such as same-sex relationships.

Heterosexual is being sexually or romantically attracted exclusively to people of the opposite sex.

Homo/Lesbo/Bi/Transphobia is the irrational fear against lesbian, gay, bisexual, trans, queer, and intersex (LGBTQIA+) and PoDS which at times subjects them to hate crimes, corrective rape, conversion therapy and various forms of discrimination and human rights violations.

Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system, specifically the CD4 cells (T cells), which are crucial for fighting infections. If left untreated, HIV can weaken the immune system, making it difficult for the body to fend off infections and diseases.

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more.

Inclusive leadership highlights the significance of diversity and inclusion within leadership roles. It aims to foster an environment where everyone, regardless of gender, can contribute and flourish.

Intersectionality is a framework to illustrate how various aspects of a person's identity, e.g sex, gender, race, class, impact one's experience of privilege and oppression.

Invisibility refers to the phenomenon where certain groups or identities are overlooked, ignored, or rendered unseen within society—in media representation, historical accounts, and social interactions. When a group is invisible, its experiences, challenges, and achievements are not acknowledged or valued, leading to a sense of exclusion and marginalization.

Key affected women and girls (KAWG) refer to women and girls who are vulnerable or at high risk for certain issues, such as VAW/GBV, socio-cultural inequalities, health, and socio-economic access.

LGBTQIA+ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and the "+" signifying other diverse sexual orientations and gender identities. It's a way to encompass the wide spectrum of identities within the LGBTQIA+ community.

Malaria is a serious and sometimes fatal disease caused by parasites called Plasmodium. Transmitted to humans through the bites of infected female Anopheles mosquitoes, the disease is most commonly found in tropical and subtropical regions, including parts of Africa, Asia, and Latin America.



Marginalisation refers to the social process by which certain groups or individuals are pushed to the edges of society, leading to their exclusion or diminished participation in social, economic, political, and cultural life.

Patriarchy is the belief system that men are inherently powerful and exercise control over everything, including women. Patriarchy sustains itself through the unequal distribution of power between men and women. Maintaining a social order that privileges men is crucial to its structure.

People of diverse SOGIESC (PoDS) refers to individuals who do not identify as heterosexual. It may include LGBTQIA+, non-binary or sexual minorities who might have their forms of sexual identities that do not fall within the usual definition.

Power is the degree of control over material, human, intellectual and financial resources exercised by different sections of society. The control of these resources becomes a source of individual and social power. Power supports people's abilities to achieve goals by providing the tools, knowledge, and resources they need to control their lives.

Power over is the form of power that exerts control or domination over others. It instils control by using force or coercion.

Power with is a form of power that refers to the collective power generated by working with others to achieve common goals. It is about cooperation, mutual support, and shared goals.

Secondary sex characteristics are physical and biological features that usually emerge during the prepubescent to postpubescent phases of development, and include breast enlargement and menstruation in females, as well as body-hair growth and vocal changes in males.

Sex typically refers to the biological characteristics that distinguish male, female, and intersex individuals. It is also a label usually assigned at birth based on visible physical characteristics. Still, it is essential to note that sex and the social construction of gender are different concepts. While sex is based on biological attributes, socially-constructed gender refers to the roles, behaviours, and identities that societies attribute to individuals. It varies among cultures and political contexts over time.

Sex assigned at birth (SAAB) refers to the classification of a person as male, female, or intersex based on visible physical characteristics (usually genitalia) at birth. This classification is typically binary and does not account for the complexities of anatomical sex or the individual's gender identity. SAAB is often used to distinguish between cisgender (when one's SAAB aligns with their gender identity) and transgender (when it doesn't) individuals.

Sex characteristics are physical or biological features. Primary sex characteristics are present at birth, and include gonads (testes or ovaries), genitalia (such as the penis and vagina) and hormones (such as oestrogen and testosterone).

Sexism encompasses the discrimination, bias, and stereotypes that portray women as less than men.



Sexual orientation is a person's physical, romantic, and/or sexual attraction (or lack of it) to other people. It includes three elements: sexual attraction, sexual behaviour, and sexual identity. For some, sexual orientation is fluid and changes over time.

Sexual Orientation, Gender Identity, Gender Expression, and sexual characteristics (SOGIESC) is a framework that ensures all aspects of a human's identity are recognised and respected in the context of human rights and social justice.

Sexual rights is defined by the United Nations as the human rights that apply to sexuality. These rights include freedom from violence, non-discrimination, privacy, autonomy, and access to health care. It is based on the principle that sexuality is a natural and fundamental part of human life.

Social inclusion is the process of ensuring the participation of all people in social and political processes, especially those who are disadvantaged, by providing access to resources and services and protecting their rights.

Systemic display of power, control and privilege are systemic acts imposed to create fear and maintain a certain status quo. These include acts of sexual violence, discriminatory, unequal, or restrictive laws, control of resources, harassment, and control of production and products.

Transgender relates to a person whose gender identity is different with their sex assigned at birth.

Tuberculosis (TB) is a contagious and potentially life-threatening infectious disease caused by the bacteria *Mycobacterium tuberculosis*. It primarily affects the lungs but can also spread to other body parts, such as the kidneys, spine, and brain.

Violence against women (VAW) is a specific form of gender-based violence that targets women and girls. The United Nations defines it as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. VAW encompasses various forms of abuse, such as intimate partner violence, sexual violence, and other forms of physical and emotional abuse.



PROVISIONAL TRAINING SCHEDULE

TIME	ACTIVITY
DAY 0	
16:00 - 19:00 (180 minutes)	Orientation
DAY 1	
8:00 - 8:30 (30 minutes)	Registration
8:30 - 9:00 (30 minutes)	Welcome Training Overview Ground Rules Announcements
MODULE 1: Laying the Groundwork: Gender Justice and Sexual Rights (GJSR) Concepts and Issues	
SESSION 1: Understanding Key Concepts on Sex and Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC)	
9:00 - 10:45 (105 minutes)	Group Exercise: PowerWalk
10:45 - 11:00 (15 minutes)	Health Break
11:00 - 11:20 (20 minutes)	Presentation: Sex and SOGIESC
11:20 - 11:40 (20 minutes)	Individual Exercise: Gender Matrix
11:40 - 12:00 (20 minutes)	Group Exercise: Gender Matrix Synthesis
12:00 - 13:00 (60 minutes)	Lunch
SESSION 2: Understanding Power and Patriarchy	
13:00 - 13:15 (15 minutes)	Presentation: Introduction to Power
13:15 - 14:00 (45 minutes)	Group Exercise: But Why?
14:00 - 14:30 (30 minutes)	Presentation: Patriarchy and the Social Construction of Gender
14:30 - 15:00 (30 minutes)	Group Exercise: But Why...So What?
15:00 - 15:15 (15 minutes)	Health Break



SESSION 3: Fundamentals of Human Rights and International Human Rights Instruments	
15:15 - 16:00 (45 minutes)	Presentation: Fundamentals of Human Rights
16:00 - 17:00 (60 minutes)	Group Exercise: How Well Do We Know Our Rights?
17:00 - 17:15 (15 minutes)	Daily Evaluation
DAY 2	
8:00 - 8:30 (30 minutes)	Reflections and Announcements
8:30 - 9:15 (45 minutes)	Presentation: Human Rights and International Instruments
9:15 - 10:00 (45 minutes)	Group Exercise: Where is the Right to Health?
10:00 - 10:15 (15 minutes)	Health Break
SESSION 4: Understanding Sexual Rights as it Impacts Health Laws, Policies, and Programmes for HIV, TB, and Malaria	
10:15 - 10:45 (30 minutes)	Presentation: What are Sexual Rights?
10:45 - 11:15 (30 minutes)	Workshop: Situating Sexual Rights within Existing Human Rights Instruments
MODULE 2: Introducing Gender Justice through the Gender Equality, Disability and Social Inclusion (GEDSI) Framework	
SESSION 1: Introducing Gender Equality, Disability and Social Inclusion (GEDSI)	
11:15 - 12:00 (45 minutes)	Presentation & Activity : Introduction to GEDSI Concepts (Gender Continuum)
12:00 - 13:00 (60 minutes)	Lunch
13:00 - 13:30 (30 minutes)	Presentation & Activity: Introduction to GEDSI Concepts (Intersectionality)
13:30 - 15:15 (105 minutes)	Workshop: Analysing HIV, TB, and Malaria Policies and Programmes using GEDSI Lens
15:15 - 15:30 (15 minutes)	Health Break
15:30 - 16:45 (75 minutes)	Brown Bag Session
16:45 - 17:00 (15 minutes)	Daily Evaluation



DAY 3

8:00 - 8:30 (30 minutes)	Reflections and Announcements
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MODULE 3: Championing Change: Advocacy Planning for Gender Justice and Sexual Rights (GJSR) Affirmative Health Policies and Programmes

SESSION 1: Introduction to Advocacy

8:30 - 9:10 (40 minutes)	Presentation: Introduction to Advocacy
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SESSION 2: Step 1: Setting Advocacy Goals and Objectives

9:10 - 9:20 (10 minutes)	Presentation: Step by Step Guide to Advocacy Planning
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9:20 - 9:40 (20 minutes)	Presentation: Goals and Objectives
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9:40 - 10:10 (20 minutes)	Workshop: Step 1: Goals and Objectives (Part 1)
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10:10 - 10:25 (15 minutes)	Health Break
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10:25 - 11:10 (55 minutes)	Workshop: Step 1: Goals and Objectives (Part 2)
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SESSION 3: Step 2: Identifying Advocacy Target(s)

11:10 - 11:25 (15 minutes)	Presentation: Identifying Stakeholders
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11:25 - 11:45 (20 minutes)	Presentation: Stakeholder Analysis
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11:45 - 12:30 (45 minutes)	Workshop: Step 2: Identifying Advocacy Target(s)
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12:30 - 13:30 (60 minutes)	Lunch
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SESSION 4: Step 3: Advocacy Strategies and Activities

13:30 - 14:00 (30 minutes)	Presentation: Advocacy Strategies and Activities
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14:00 - 14:45 (45 minutes)	Workshop: Step 3: Advocacy Strategies and Activities
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SESSION 5: Step 4: Monitoring and Evaluation

14:45 - 15:15 (30 minutes)	Presentation: Measuring Success
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15:15 - 15:30 (15 minutes)	Health Break
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15:30 - 17:00 (90 minutes)	Synthesis Workshop: Finalisation of Advocacy Plan
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17:00 - 17:15 (15 minutes)	Daily Evaluation
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DAY 4	
8:00 - 8:30 (30 minutes)	Reflections and Announcements
MODULE 4: Gender-Transformative Leadership for GJSR SESSION 1: Visioning and Defining Gender-Transformative Leadership	
8:30 - 9:15 (45 minutes)	Plenary Workshop: Defining Gender-Transformative Leadership
9:15 - 10:15 (60 minutes)	Group Exercise: Gender-Transformative Leadership at Work
10:15 - 10:30 (15 minutes)	Presentation: Gender-Transformative Leadership, Beyond Definitions
10:30 - 10:45 (15 minutes)	Health Break
SESSION 2: Gender-Transformative Leadership: Owning and Leading Forward	
10:45 - 12:00 (75 minutes)	Workshop: Gender-Transformative Leadership (Individual Reflections)
12:00 - 13:00 (60 minutes)	Lunch
13:00 - 13:45 (45 minutes)	Overall Synthesis
13:45 - 14:15 (30 minutes)	Evaluation and Post-Test Survey
14:15 - 14:30 (15 minutes)	Health Break
14:30 - 16:00 (90 minutes)	Graduation Ceremony



ORIENTATION

2-4 HOURS (DAY 0)

The orientation session sets the tone for the training and creates the space for connection, clarity, and trust. It is also participants' introduction to REGENERATE, the REGENERATE Platform and the REGENERATE Leadership and Learning Institute.

KEY ACTIVITIES

- Welcome and opening remarks
- Training overview
- Facilitator introduction
- Ice-breaker activities for participant introductions
- Announcements: Logistics, psychosocial support, etc.
- Pre-Test Survey (Annexure 1)



MODULE

01

Laying the Groundwork: Gender Justice and Sexual Rights (GJSR) Concepts and Issues

OVERVIEW OF MODULE 1 AND TIME ALLOCATION

Understanding Key Concepts on Sex and Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC)

2 hours and 45 minutes

Understanding Power and Patriarchy

2 hours

Fundamentals of Human Rights and International Human Rights Instruments

3 hours 15 minutes

Understanding Sexual Rights as it Impacts Health Laws, Policies and Programmes in HIV, TB, and Malaria

1 hour

M1 LEARNING OBJECTIVE

The module aims to level off on key concepts of gender justice and sexual rights (GJSR) that are vital in understanding how they impact health laws, policies, and programmes that affect KAWG and PoDS.

M1 KEY MESSAGES

Sex, sexual orientation, gender identity, and expression are diverse and complex aspects of human identity. Embracing SOGIESC means valuing every individual's unique expression and biological reality, which lays the foundation for respect, inclusion, and equality.

Power dynamics and patriarchal systems shape social, political, and economic structures. By critically examining these influences, we can challenge discriminatory norms and work toward redistributing power to create more equitable communities.

Human rights, gender justice, and sexual rights are intertwined principles that affirm the dignity and equality of every person. Upholding these rights means ensuring that all individuals can live free from discrimination and violence, with full access to justice, healthcare, and opportunities for empowerment.



SESSION 1: UNDERSTANDING KEY CONCEPTS ON SEX AND SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, AND SEX CHARACTERISTICS (SOGIESC)

2 hours and 45 minutes

M1S1 LEARNING OBJECTIVE

Participants will be able to understand key concepts on sex and SOGIESC, and the barriers towards achieving gender justice and realising their sexual rights.

M1S1 METHODOLOGY

- Group Exercise
- Presentation

SESSION FLOW

DAY 1		
TIME	ACTIVITY	MATERIALS
8:00 - 8:30 (30 minutes)	Registration	
8:30 - 9:00 (30 minutes)	Welcome Training Overview Ground Rules Announcements	Laptop, projector, flipchart, markers
9:00 - 10:45 (105 minutes)	Group Exercise: PowerWalk	Avatar cards, identity sets, laptop, projector, flipchart, markers, meta cards, tape, scissors
10:45 - 11:00 (15 minutes)	Health Break	
11:00 - 11:20 (20 minutes)	Presentation: Sex and SOGIESC	Laptop, projector M1S1 Handout 1
11:20 - 11:40 (20 minutes)	Individual Exercise: Gender Matrix	Flipchart, markers M1S1 Handout 2
11:40 - 12:00 (20 minutes)	Group Exercise: Gender Matrix Synthesis	Laptop, projector, flipchart, markers

WELCOME, TRAINING OVERVIEW, GROUND RULES AND ANNOUNCEMENTS

30 minutes

The first training day will commence with a brief welcome from the host organisation. After that, there will be a quick overview of the objectives of the entire training. Facilitator will work with participants to identify ground rules for the training. Announcements will also be delivered at this time.



GROUP EXERCISE: POWERWALK

105 minutes

POWERWALK PREPARATIONS

- **Arrange space for the PowerWalk.** An area in the meeting room with sufficient space for the representatives to stand side by side, at minimum within arm's length of each other at the starting point, while the rest of their group stands clustered together at the finish line. The starting points and forward-step spaces should be clearly marked using paper, chalk, or coloured tape. The PowerWalk area must be at least 6 meters by 10 meters in size and free from any furniture to ensure unobstructed movement.
- **Print avatar cards.** Six avatar cards that clearly state the assigned identities, with font size big enough to be read from the farthest end of the exercise space.
 - **Maya**, Heterosexual cis-woman, feminine gender expression
 - **Pong**, Heterosexual cis-man, masculine gender expression
 - **Chada**, Transwoman, feminine self-expression
 - **Anan**, Transman, masculine self-expression
 - **Thuy**, Lesbian cis-woman, masculine gender expression
 - **Budi**, Gay cis-man, masculine gender expression
- **Print identity sets.** Each identity should be printed on a separate A4 sheet in a large font.

Identity Set 1

16 year-old
 Sex worker - part of a sex worker peer-support group for 6 months
 Born in and lives in the city
 No known or diagnosed physical or mental disability
 Attending secondary school (high school)
 Not practicing the religion that they were born into
 HIV-negative

Identity Set 2

25 year-old
 Company executive
 Born in and lives in the city
 Suffers from clinical depression but undiagnosed
 Finished tertiary (college) level education
 From a religious background
 HIV-positive

Identity Set 3

25 year-old
 Street vendor
 Migrant from the rural area to the city
 With visual impairment
 No formal education
 Atheist (does not believe in any god)
 TB survivor and HIV-positive

Identity Set 4

35 year-old
 Sex worker - not part of a sex worker peer-support group
 Born in and lives in a rural area
 No known or diagnosed physical or mental disability
 Completed secondary school (high school) level education
 From a religious background
 HIV-negative

Identity Set 5

40 year-old
 Domestic helper
 Migrant from a foreign country
 No physical or mental disability
 Finished tertiary (college) level education
 Not practicing the religion that they were born into
 HIV-negative

Identity Set 6

65 year-old
 Retired doctor
 Born in and lives in the rural area
 With mobility disability
 Finished post-graduate degree in medicine
 From a religious background
 HIV-negative



- **Prepare flipchart.** 1 Flipchart listing shared demographic characteristics for Round 1.
 - Living in the province
 - From a conservative, middle class family
 - 25 year-old
 - College/university-level education
 - Shop attendant in a provincial
 - From a religious background
- **Prepare slide deck.** 5 PowerWalk scenarios with one slide per scenario.
 - I am not judged by society for losing my virginity before marriage.
 - I can use public toilets without hesitation.
 - I grew up with 2 brothers and my family did not have enough money to send all of us to school. I was prioritised by my parents to go to school.
 - I can access non-judgmental reproductive health care in my local health centre.
 - I can refuse sex with my partner without embarrassment, anxiety or fear.

The facilitator will allocate approximately 10 minutes for providing instructions for the PowerWalk exercise, 45 minutes each for round 1 and round 2, and 5 minutes to share a synthesis on this exercise.

POWERWALK INTRODUCTION

The facilitator will divide participants into six groups and ask each group to select a representative. The representatives will randomly draw an avatar card from the prepared set and “wear” it—taped to their shirt. The facilitator will explain that the avatar card picked by each representative will now serve as their group’s identity.

The facilitator will ask participants if they understand the terms “heterosexual,” “cis-,” “trans,” and masculine or feminine “gender expression,” and clarify these as needed by sharing or presenting the definitions (to be found under “Key terms and concepts” at the beginning of this manual. Confirm participant understanding of all terms before proceeding to Round 1.

ROUND 1

The facilitator will draw participants’ attention to the flipchart with the shared demographic characteristics and ensure that it is visible for the remainder of this round. Then, the representatives will be asked to stand at the starting point, while the rest of the groups will stand behind the finishing line.

The facilitator will explain that the representatives must take steps forward based on the following

- 0 steps: Your answer to the scenario is “No” as the situation does not apply to you.
- 1 step: Your answer to the scenarios is “Maybe” because the situation could sometimes apply to you but not always, or the situation applies to you partially.
- 2 steps: Your answer to the scenario is “Yes” because the situation applies to you.



The facilitator will also explain that while the group representatives will take steps for the group, the rest of their group members will discuss the presented scenario amongst themselves and shout out instructions to their representatives. If there is conflict in positions within a group, the representative will make the final decision for the group.

To help participants understand the stepping instructions clearly, the facilitator should run a sample exercise with simpler statements like “I am wearing eyeglasses right now,” followed by a similar but negatively stated statement: “I am not wearing eyeglasses right now.” Other examples could include “I am from x country.” Followed by “I am not from x country.”

When the facilitator is satisfied that participants understand the stepping instructions, the facilitator will display—projected on screen—and read out each of the 5 scenarios one at a time. For every scenario that is shared, the facilitator will give the groups around 3 minutes to discuss how many steps forward their representatives should take. When a group decision is locked in, their representatives will take the corresponding number of steps forward.

For every scenario, the facilitator may tease out the reasoning behind the decision of some of the groups. At the end of every scenario, the facilitator will ask all participants to note who are moving forward and who are being left behind.

After all the scenarios have been run through, the facilitator will ask the following questions to draw insights from the exercise:

- Who was able to move ahead, and who was left behind? Participants will be asked to take particular note of the avatar who moved ahead and the avatar that was left furthest behind.
- For those who could move forward, what factors made it possible?
- For those left behind, what factors made it difficult for them to move forward?

ROUND 2

The facilitator will ask each group to note the final position of their representative from Round 1, and mark these spots using paper or coloured tape. The representatives will be told to return to their groups for Round 2 instructions.

The facilitator will emphasise that in Round 1, the six characters had different permutations of sexual orientation, gender identity and expression but everyone had the same economic background, age, geographic origin, migration status, educational level, and work. However, in real life, everything else is not really equal.

In Round 2, the groups, their representatives, and the assigned gender-based identities will remain the same, but other characteristics will vary. Groups will be asked to disregard the Round 1 flipchart characteristics, and randomly pick one of the six identity sets from the draw pile. Stick the drawn identity set to each representative’s avatar card/shirt.



Give groups 5 minutes to study and discuss their new identities and get in character. When all groups finish studying their character, ask the representatives to return to the starting point of the PowerWalk line. Run through the new diverse identities of each representative, asking all participants to take note of them.

Provide the same stepping instructions (2 steps forward, 1 step forward, or zero steps) as in Round 1. Read out and project the 5 scenarios used in Round 1 one at a time. After each scenario, the facilitator will give all groups around 3 minutes to discuss how many steps forward their representatives should take.

At the end of every scenario, the facilitator may further tease out the reasoning behind the decision of some of the groups. More importantly, the facilitator will ask all participants to note who are moving forward and who are being left behind, and how the progress in steps is the same or different from that in the Round 1.

At the end of all five scenarios, ask everyone who among the six identities are being left behind this time, and who gets to be the first in line. Ask participants to note the changes from the earlier end positions, and for their insights about the outcomes of the exercise.

POWERWALK SYNTHESIS

The facilitator will end the exercise by explaining that while the PowerWalk activity is an exercise that overly simplifies real life scenarios, it provides good insight on issues of inequalities and injustices faced by individuals based on their SOGIESC and other real-world identities. The walking space could represent life, the end line could represent development, achievement of full potential, access to basic human rights - from as basic as being able to use public toilets without hesitation, to being able to dress how we want, to being able to love and marry whomever we want without fear of discrimination or violence. The differences in the ending points show how people's SOGIESC and other identities are privileged or penalised by society, formally in laws and in practice in everyday life.

In Round 1, where everything else is equal, it was clearly shown how SOGIESC determines people's ability to enjoy their fundamental rights. Round 2 reminds us that in real life, everything else is not equal because humans have intersectional identities. The different concepts surfaced in the PowerWalk exercise will be further explained in the upcoming sessions and modules — SOGIESC and power on day 1, human rights on day 1 and 2, and intersectionality on day 2.

The facilitator should emphasise that marginalisation and discrimination manifest both overtly and subtly. It is crucial to highlight that individuals can suffer harm from marginalisation, even if it does not involve multiple intersecting factors. Cultivating awareness is a vital first step toward mindfulness, allowing one to recognise and understand how societal norms can negatively impact people and take actionable steps to address and correct these injustices.

To promote unity, care must be taken to avoid comparing the hardships of different marginalised groups or invalidating their experiences, as this can create divisions and reinforce discrimination within communities.



*Note to Facilitator: Please keep in mind that the groups, avatars and scenarios used during the PowerWalk exercise will be retained and used again during Session 3: Fundamentals of Human Rights and International Human Rights Instruments. Please keep the avatar cards that were printed for this exercise.

PRESENTATION: SEX AND SOGIESC

20 minutes

The facilitator will emphasise in this session that as science uncovers more secrets about the development of the human body, more variations of sex and sexuality will be discovered. To introduce these different developments related to sex and sexuality, the facilitator will begin by drawing the gender matrix (M1S1 Handout 1), explaining each of the terms with the definitions from M1S1 Handout 2.

Understanding one's sexuality goes beyond how a person presents themselves or who they are attracted to — it involves exploring several interconnected concepts. At this point, the facilitator can either share and plot their own sexuality, if they are comfortable, or take an example from the avatars in the previous exercise. The diagram should look like this for someone who has been assigned with a penis at birth, whose gender identity is a man, who has masculine gender expression, and whose sexual orientation is towards men (as an example):

Sex assigned at birth (SAAB)	Penis (male)	Vagina (female)
Gender identity (GI)	Man	Woman
Gender expression (GE)	Masculine	Feminine
Sexual orientation (SO)	Towards women	Towards men

INDIVIDUAL EXERCISE: GENDER MATRIX

20 minutes

Once all the terms and concepts in the diagram have been described, the facilitator will ask participants to copy this diagram on a piece of paper or in their notebooks, and give them some time to plot their own SOGIESC. Once everyone is finished, the facilitator can ask for one to two volunteers who are willing to share their results and plot them through the flipchart.



GROUP EXERCISE: GENDER MATRIX SYNTHESIS

20 minutes

The facilitator will then ask participants who among them felt that this gender matrix does not represent their sexuality?

Once the facilitator has solicited responses from participants, they will ask participants to form 5 groups. Each group will need to review this gender matrix and propose how this matrix can be improved. If time permits, each group can present their proposals in the plenary.

While male and female bodies would likely remain typical, they are by no means “normal.” This information is vital because advocates must continue championing a responsive, inclusive health system that responds to diversity.

**Note to Facilitator: Some participants may feel that the presentation and gender matrix may feel oversimplified or may not represent the personal sexual identities that they identify themselves. The facilitator can note that the matrix is meant to start the conversation about identifying the diversity of sexuality, and that the group exercise towards the end of this session is an opportunity to unpack these different identities, including the cultural terminologies and their social contexts (i.e. kathoey, bakla, hijra).*



MIS1 HANDOUT 1

SEX AND SOGIESC CONCEPTS

Sex as biological and physiological characteristics¹ (Femaleness or Maleness)

Two schools of thought about sex¹:

- Anatomical Sex Continuum - Acknowledges that biological sex is not a binary system but rather a spectrum. This perspective considers factors such as genitalia, chromosomes, hormone levels, and secondary sex characteristics (like body hair, voice pitch, etc.). It recognises that these traits can vary widely and exist on a continuum rather than fitting neatly into “male” or “female” categories.
- Sex Assigned at Birth (SAAB) - Refers to the classification of a person as male, female, or intersex based on visible physical characteristics (usually genitalia) at birth. This classification is typically binary and does not account for the complexities of anatomical sex or the individual’s gender identity. SAAB is often used to distinguish between cisgender (when one’s SAAB aligns with their gender identity) and transgender (when it doesn’t) individuals.

Key Differences

- Continuum vs. Binary: Anatomical sex continuum views sex as a spectrum, while SAAB typically views it as binary (male or female).
- Complexity vs. Simplicity: Anatomical sex continuum considers multiple factors and variations, whereas SAAB relies primarily on visible physical traits at birth.
- Identity vs. Classification: Anatomical sex continuum can align more closely with an individual’s experience and identity. At the same time, SAAB is a classification made without considering the individual’s future identity or expression.

Sexual orientation (SO)²: As a person’s physical, romantic, and/or sexual attraction (or lack of it) to other people. It includes three elements: sexual attraction, sexual behaviour, and sexual identity. For some, sexual orientation is fluid and changes over time. For others, it is experienced as deeply innate and does not change over time. Sexual orientation and gender identity are distinct, and one cannot be inferred from the other.

Gender Identity (GI)³: (Woman-ness, Man-ness) A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes the personal sense of the body, which may involve – if freely chosen – modification of bodily appearance or function by medical, surgical or other means. Gender identity exists on a spectrum, so it is not necessarily linked to a single gender. And it can be fluid, evolving throughout a person’s life.

Gender Expression (GE)⁴: (femininity, masculinity) How a person outwardly presents their gender identity. It is typically manifested through name and pronouns – for example, in Anglophone contexts, ‘she/her’ and ‘he/him,’ and ‘they/them,’ which some gender-fluid or non-binary people prefer. It also manifests in how a person dresses, speaks, or conducts themselves socially. A person’s gender expression is distinct from, and not necessarily linked to, their sex assigned at birth, gender identity, or sexual orientation.



Sex Characteristics (SC): Physical or biological features. Primary sex characteristics are present at birth, and include gonads (testes or ovaries), genitalia (such as the penis and vagina) and hormones (such as oestrogen and testosterone). Secondary sex characteristics are those that usually emerge during the prepubescent to postpubescent phases of development, and include breast enlargement and menstruation in females, and body-hair growth and vocal changes in males.

New Developments⁵: As our understanding of sex and sexuality grows, we now recognize that some people may experience little or no attraction at all, and that sexual attraction and romantic attraction do not always point to the same gender or identity.



MIS1 HANDOUT 2

GENDER MATRIX

Sex assigned at birth (SAAB)	Penis (male)	Vagina (female)
Gender identity (GI)	Man	Woman
Gender expression (GE)	Masculine	Feminine
Sexual orientation (SO)	Towards women	Towards men



SESSION 2: UNDERSTANDING POWER AND PATRIARCHY

2 hours

M1S2 LEARNING OBJECTIVE

Participants will understand the dimensions of power and patriarchy, and how they exert control over KAWG and PoDS, leading to systemic inequality and injustice.

M1S2 METHODOLOGY

- Presentation
- Group exercise

SESSION FLOW

DAY 1		
TIME	ACTIVITY	MATERIALS
13:00 - 13:15 (15 minutes)	Presentation: Introduction to Power	Laptop, projector M1S2 Handout 1
13:15 - 14:00 (45 minutes)	Group Exercise: But Why?!	Flipcharts, markers, meta cards in different colours, masking tape, pen and paper
14:00 - 14:30 (30 minutes)	Presentation: Patriarchy and the Social Construction of Gender	Laptop, projector M1S2 Handout 2
14:30 - 15:00 (30 minutes)	Group Exercise: But Why...So What?!	Flipcharts, markers, meta cards in different colours, masking tape, pen and paper
15:00 - 15:15 (15 minutes)	Health Break	

PRESENTATION: INTRODUCTION TO POWER

15 minutes

The facilitator will begin the session by revisiting the end positions of the six avatars in the PowerWalk exercise and drawing discussions from the group on what helps or hinders the ability of individuals or groups to move forward or be left behind. The facilitator will emphasise how power impacts an individual's condition and position in society and explain the different expressions of power (M1S2 Handout 1).

The facilitator will outline how various governments, religious groups, and cultural institutions exert "power over" women, girls, and PoDS regarding their bodily autonomy, including aspects like clothing choices, dating, sexual relationships, and family planning.



Power expressed as power over is often associated with the way people interpret leadership: as a hierarchical process where someone, often the visible leader, uses their authority to make people act and think the way they want. The facilitator should remind participants that the exercise of power over doesn't always have to be negative. Ask participants for example of when they, or somebody they know, exercised power over leading to a negative impact in their workplace, family, or community setting. Next, ask them to share examples when power over had a positive impact.

The facilitator will also highlight the significance of organising informative and educational initiatives by participating organisations, aiming to empower KAWG and PoDS to recognise their authority within family, work, school, and other environments.

Additionally, the facilitator will emphasise the distinction between "power over" and "power to," which enables KAWG and PoDS to make choices and take action. They will stress the need for KAWG and PoDS to access truthful data and knowledge to facilitate informed decision-making. To foster "power within" and "power to" as understood by KAWG and PoDS, participating organisations should focus on combating misinformation.

Moreover, the facilitator must underscore the relevance of "power with," especially in the context of international funding and government budget reductions. Given the recent changes in US policies, collaboration is increasingly important in the work for GJSR, with cooperation prioritised over competition amid scarce resources.

The facilitator may ask participants for some examples of the different expressions of power.

GROUP EXERCISE: BUT WHY?

45 minutes

The facilitator will ask participants to divide into groups of 7 members, where participants will delve into their specific context to examine the impact of sex and SOGIESC on access to health services. Within groups, a facilitator, documenter, and rapporteur will be selected.

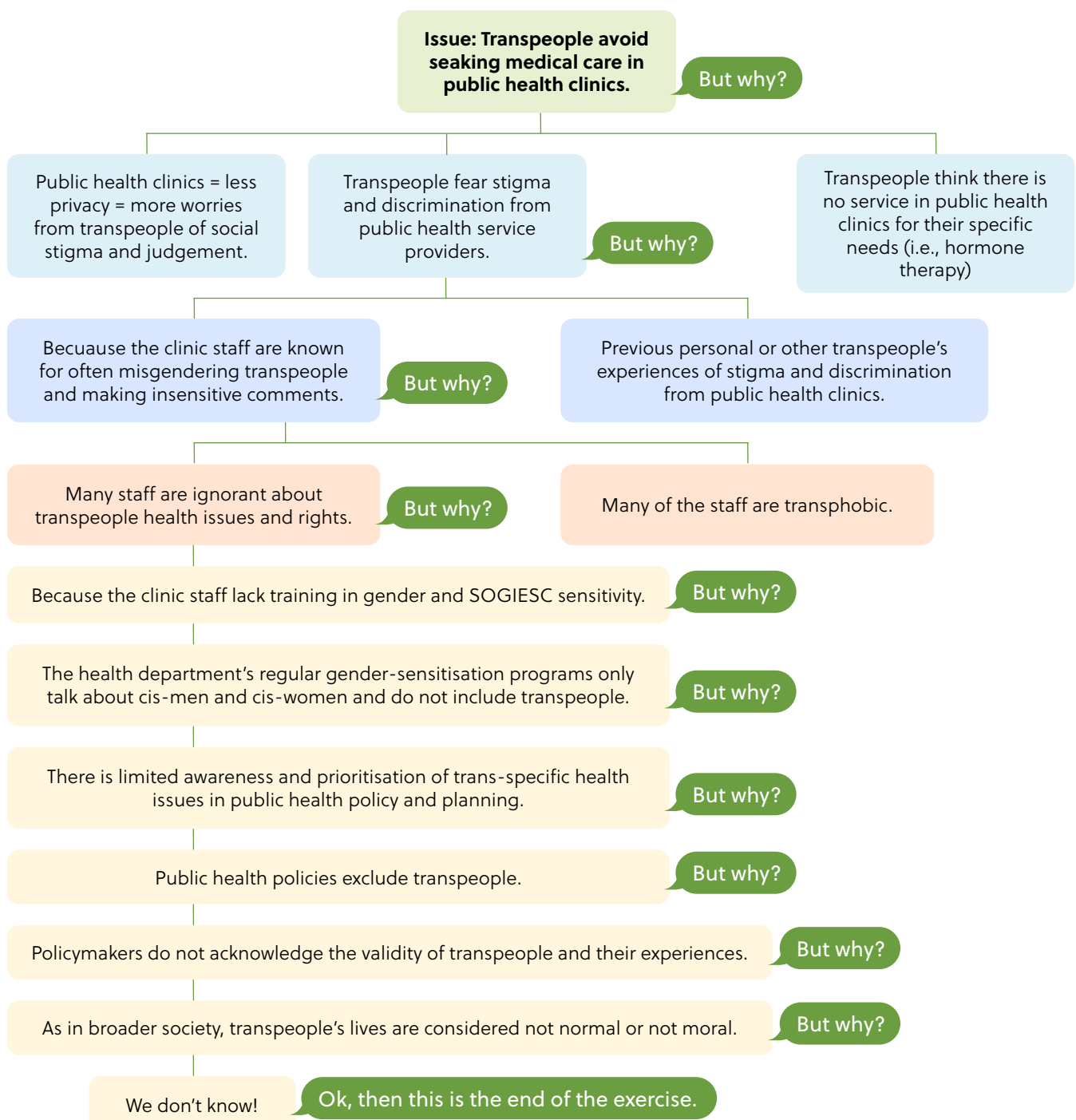
Give participants 30 minutes to do the following:

- Groups will identify a specific KAWG or PoDS issue related to HIV, TB, or malaria services, or a broader health programme. To help participants understand the instructions, facilitator may share examples of issues such as:
 - Transpeople avoid seeking medical care in public health clinics.
 - Two thirds of all unsafe abortions happen among adolescent and young women.
 - Clinical trials for new TB drugs often exclude pregnant women.
 - Even in malaria endemic areas, some men may tend to not use mosquito nets available to them.
- Participants will write down the issue at the top of their group's flipchart and ask, "Why is this issue happening?" Write each response on separate meta cards, one response per card.



- Take each first-level response and ask, "But why does this happen?" Write the response on a new set of meta cards and arrange them under the first level of responses. Repeat until the root, structural, or systemic cause is reached, i.e., when they can no longer find an answer to the question, "But Why?" The key is for participants to converse and reach a consensus on what they recognise as the root cause.
- If there does not seem to be enough time for groups to exhaust all the answers and sub-answers for the issue, ask the groups to prioritise and focus on tackling just one first-level response and continue going deep into its causes until the root cause is identified.

Share and run through the below example of a But Why exercise to help participants understand the task:





To end the exercise, allocate 10 minutes for a facilitator-selected or volunteer group(s) to present their work. Highlight how the final answers of one/some/or all groups point to patriarchy as the root cause of issues identified.

PRESENTATION: PATRIARCHY AND THE SOCIAL CONSTRUCTION OF GENDER

30 minutes

The facilitator will proceed by discussing patriarchy, which is a manifestation of “power over” when it is gendered. Refer to M1S2 Handout 1 for talking points.

To further explain how patriarchy is harmful to people across the SOGIESC spectrum, walk participants through the link between patriarchy, gender socialisation, and the social construction of gender. Then talk about gender stereotypes, sexism, heterosexism, heteronormativity and heteropatriarchy, which ultimately lead to gender inequality and discrimination. Emphasise how these systems result in invisibility, erasure, and marginalisation of individuals who do not conform to dominant gender norms and contribute towards homo-/bi-/trans-/lesbo-phobia as well as gender-based violence. Further refer to M1S2 Handout 1 to explain all these concepts.

On the point about social construction of gender, the facilitator will further explain the concept by conducting the Deconstructing Our Gender Constructs exercise in plenary, as below:

On a flipchart, create two columns, with FEMALE/WOMEN as the heading for the first column and MALE/MEN as the heading for the other one. Ask participants to shout out characteristics that either come to their mind or they associate with FEMALE/WOMEN and write the answers in the respective column. Do the same for the MALE/MEN. Once responses have been exhausted, review the characteristics association and confirm with participants that these are the usual, common and widespread beliefs regarding male/men and female/women.

Next, swap the headings and ask participants if the characteristics still remain true/applicable— the answer will be yes. Tell them the reason this is so is because of our notions of gender—what and how men and women across the sexual diversity should be, is socially constructed, i.e., not absolute truths but constructions/creations of society.

If they are just creations then it means the constructs vary across places and time (e.g., equal caretaking of children among men and women is normalised in some countries and has become more common in recent years). What is good is that if something is socially constructed, then it could also be socially deconstructed. We need to challenge social constructions of gender because they lead to gender stereotypes wherein those who do not fit the stereotypes are considered not normal or right. This then leads to sexism, heterosexism, heteronormativity and heteropatriarchy.



GROUP EXERCISE: BUT WHY...SO WHAT?

30 minutes

The facilitator will ask participants to return to their original BUT WHY exercise groupings and flip charts. This time, they will explore the same issue by asking a different question: SO WHAT? — focusing on identifying the impact of the issue, and its root cause (patriarchy) to individuals and groups. Allow 15 minutes for the group discussion.

Afterward, give another 15 minutes for volunteer groups to present their discussions in the plenary. As groups share, the facilitator should surface common themes and connect the discussion back to the earlier presentation on patriarchy, highlighting how it harms individuals, women and girls across gender and sexual diversity, and society as a whole. This reflection should reinforce why dismantling patriarchy matters and how participants can take action through their power within, power with, and power to.



MIS2 HANDOUT 1

POWER AND ITS DIFFERENT EXPRESSIONS

Power can be defined as the degree of control over material, human, intellectual and financial resources exercised by different sections of society. The control of these resources becomes a source of individual and social power.

Power is dynamic and relational, rather than absolute — it is exercised in the social, economic and political relations between individuals and groups. It is also unequally distributed – some individuals and groups have greater control over power sources, and others have little or no control. The extent of power of an individual or group is correlated to how many different kinds of resources they can access and control⁶.

“Power over” is the form of power that exerts control or domination over others. It instils control by using force or coercion. Decisions are often made unilaterally and imposed even against the will of those under their authority. “Power over” can be described as authoritarian, oppressive, and subject to abuse (see Other manifestations of “power over” in Handout 2 below).

“Power within” refers to a person’s self-worth and self-knowledge. It includes the ability to recognise individual differences while respecting others. “Power within” also consists of the capacity to imagine and have hope; it affirms the common human search for dignity and fulfilment.

“Power to” is about acting and making changes. It supports people’s ability to achieve goals by providing the necessary tools, knowledge, and resources. “Power to” is about self-agency to create change and control one’s life.

“Power with” refers to the collective power generated by working with others to achieve common goals. It is about cooperation, mutual support, and shared goals. “Power with” derives from building strong relationships to generate power and influence.



M1S2 HANDOUT 2

PATRIARCHY AND ITS DIFFERENT MANIFESTATIONS

Patriarchy, from the Greek root word patriarkhēs, meaning “the rule of the father” is both a belief system and a social system. Patriarchy is a belief system that sees men as inherently more powerful and have primary authority over all things, including women. As a social system, it accords men primary power and authority in political leadership, economy, family, and other spheres of decision-making. Power, discussed in the earlier presentation, is broader and can be wielded by any group. Patriarchy is a form of “power over” that is gendered and in which men, particularly masculine heterosexual men are accorded greatest power.

Maintaining a social hierarchy that privileges men is crucial to patriarchy. Patriarchy sustains itself through the unequal distribution of power between men and women across their gender and sexual diversity. For example:

- Laws in some countries that treats and penalises marital infidelity between women and men differently - adultery for women vs concubinage for men (needs to be caught in the act of sexual conduct for the legal case to be filed)
- Laws around transfer of royal title related to marrying when men can pass their royal titles to their wives but women cannot do the same
- Laws where inheritance could only go to sons
- Funeral rites where only males — and often, only the masculine males — can participate
- Framework of “mother-to-child” transmission of HIV in health responses that places the blame of HIV transmission on mothers whereas they themselves got the infection from another source - the father of the child in many cases

Patriarchy is harmful to women but also to men across the SOGIESC spectrum. While it indeed significantly disadvantages women/those perceived to be feminine, men also suffer collateral damage in the system so insidiously crafted for themselves. Men and boys in a patriarchy experience lifelong pressure to fit society’s masculine norms, even if some of those norms are toxic. Patriarchal thinking puts traditionally masculine men at the top of a hierarchy of value and control, those who do not fit the stereotypes of male masculinity are themselves devalued (sometimes internalised) and (sometimes self-) stigmatised.

The **social construction of gender** arises from patriarchy, which fosters unquestioned beliefs about the roles, traits, and expectations associated with women and men. Gender, as a concept, is shaped by social and cultural factors rather than by nature. It varies based on age, class, race, ethnicity, religion, and socio-economic and political contexts.

Gender socialisation instils in children the expectations of their respective genders from an early age. Socialisation occurs through:

- Language, which instructs children on gender-specific behaviours
- Media, which shapes perceptions through the portrayal of gender stereotypes



- Discourse featuring narratives that discourage men from expressing emotions or advocate for women's subservience to their husbands
- Both formal and informal institutions, such as schools, legal frameworks, healthcare systems, religion, family structures, and cultural norms

Sexism refers to the discrimination, bias, and stereotypes that diminish women and portray them as inferior to men. It is rooted in a system of beliefs that perpetuate harmful stereotypes and reinforce unequal power dynamics, often used to justify the supposed "inherent" superiority of heterosexual men. As an ideology ingrained and perpetuated by social institutions, sexism is not limited to men alone. Women, including KAWG and PoDs, may consciously or unconsciously internalise and propagate biases that uphold these oppressive structures. For instance, they might accept the notion that women are inferior or view PoDs as deviations, leading them to normalise discrimination and remain confined within societal expectations.

Heterosexism is the ideology that favours heterosexual relationships while discriminating against non-heterosexual ones, such as same-sex relationships.

Heteropatriarchy describes a social system that prioritises heterosexual men and cisgender masculinity over others.





Heteronormativity is the societal expectation that everyone should be heterosexual, viewing this as the only natural form of sexuality, with all deviations considered deviant and beyond the scope of patriarchy's 'protection.' Permitting any divergence from this narrative undermines patriarchy's claims of superiority and authority, suggesting the presence of alternative perspectives. This could incite dissent and challenge the established social order, ultimately threatening their grip on power and control.

Other manifestations of "power over":

- **Invisibility and erasure** - exclusion from social/political participation, colonisation and erasure of cultural beliefs and identity
- **Marginalisation** - devalued status of anyone outside the "norm"
- **Homo/Lesbo/Bi/Transphobia**⁷ - and other irrational fears against PoDS and gender expressions
- **Systemic Display of Power, Control and Privilege** - sexual violence; discriminatory, unequal, or restrictive laws; unsafe, inaccessible public spaces; difficult access to resources; workplace inequality and harassment (gender pay gap); free labours of women within families/households (sex, care work, reproductive work, psychological work, productive work), control of production and products
- **Discrimination** - racism, ableism, ageism, sexism
- **Violence Against Women/Gender-based Violence against people who challenge norms and roles** - hate crimes, corrective rape, conversion therapy.



M1S2 TRAINING RESOURCES

LINKS	REFERENCES
	<p>Power Walk</p>
	<p>The Genderbread Person Version 4</p>
	<p>A UN for All? UN Policy and Programming on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics</p>
	<p>OHCHR and the human rights of LGBTI people</p>

LINKS	THINK PIECES
	<p>Of Course Biological Sex is Real</p>
	<p>Gender identity: 'How colonialism killed my culture's gender fluidity' - BBC World Service</p>
	<p>Heterosexualism and the Colonial / Modern Gender System</p>
	<p>Improving LGBTIQ+ Health and Well-being with Consideration for SOGIESC</p>



SESSION 3: FUNDAMENTALS OF HUMAN RIGHTS AND INTERNATIONAL HUMAN RIGHTS INSTRUMENTS

3 hours and 15 minutes

M1S3 LEARNING OBJECTIVES

To understand the fundamentals of human rights and the guiding principles behind these rights.

To effectively understand and apply the concept of Human Rights, principles, and values, by analysing local and international instruments and tools, ensuring they are aligned to achieve a gender-transformative society.

M1S3 METHODOLOGY

- Presentation
- Group Exercise

SESSION FLOW

DAY 1		
TIME	ACTIVITY	MATERIALS
15:15 - 16:00 (45 minutes)	Presentation: Fundamentals of Human Rights	Laptop, projector M1S3 Handout 1 M1S3 Handout 2
16:00 - 17:00 (60 minutes)	Group Exercise: How Well Do We Know Our Rights?	Flipcharts, markers, meta cards in different colours, masking tape, pen and paper M1S3 Handout 3
17:00 - 17:15 (15 minutes)	Daily Evaluation	
DAY 2		
8:00 - 8:30 (30 minutes)	Reflections and Announcements	
8:30 - 9:15 (45 minutes)	Presentation: Human Rights and International Instruments	Laptop, projector M1S3 Handout 3
9:15 - 10:00 (45 minutes)	Group Exercise: Where is the Right to Health?	Flipcharts, markers, meta cards in different colours, masking tape, pen and paper
10:00 - 10:15 (15 minutes)	Health Break	



PRESENTATION: FUNDAMENTALS OF HUMAN RIGHTS

45 minutes

The facilitator will start the session with an introduction to the fundamentals of human rights — what it means, what are its characteristics, why do we need human rights, how it all started, where it is enshrined and who is responsible for upholding it. (See M1S3 Handout 1 and M1S3 Handout 2).

During the presentation, the facilitator will highlight that the primary purpose of human rights is to safeguard all individuals' dignity, freedom, and equality, and that human rights serve as a foundation for justice, peace, and development by

- Protecting individuals from abuse and discrimination.
- Ensuring access to basic needs like education, healthcare, and shelter.
- Promoting participation in societal and political processes.
- Fostering accountability and the rule of law.

GROUP EXERCISE: HOW WELL DO WE KNOW OUR RIGHTS

60 minutes

For this exercise, the facilitator will ask participants to go back to their groups based on the avatars that were established during the PowerWalk in Session 1.

- A. Maya, Heterosexual cis-woman, feminine gender expression
- B. Pong, Heterosexual cis-man, masculine gender expression
- C. Chada, Transwoman, feminine self-expression
- D. Anan, Transman, masculine self-expression
- E. Thuy, Lesbian cis-woman, masculine gender expression
- F. Budi, Gay cis-man, masculine gender expression

Once the groups have been formed and the above avatars re-established, ask the groups to go through the scenarios below and answer the WHAT, WHERE, WHY and WHO of the rights matrix (M1S3 Handout 3) in the context of their avatar.

1. I am not judged by society for losing my virginity before marriage.
2. I grew up with 2 brothers and my family did not have enough money to send all of us to school. I was prioritised by my parents to go to school.
3. I can access non-judgmental reproductive health care in my local health centre.

Avatars A and E will be given scenario 1.

Avatars B and F will be given scenario 2.

Avatars D and E will be given scenario 3.

As two avatars will have the same scenario, the outputs can be compared leading to discussion around how rights are perceived based on one's identity.



Example:

Avatar: Maya, Heterosexual cis-woman, feminine gender expression

Scenario: I am not judged by society for losing my virginity before marriage.

WHAT	WHERE
<ul style="list-style-type: none"> • Right to privacy • Right to personal autonomy and bodily integrity • Sexual rights 	<ul style="list-style-type: none"> • UDHR • CEDAW & Beijing Platform for Action emphasize a woman's right to control their sexuality, free from coercion, discrimination, judgement, and violence.
WHY	WHO
<ul style="list-style-type: none"> • Maya has the right to exercise her sexual rights and make decisions on whom, when, and how she chooses to engage in sexual activity without judgment from anyone or any repercussions. 	<ul style="list-style-type: none"> • Society • State

DAILY EVALUATION

After the exercise, the facilitator will ask participants to reflect on the day's activities.

DAY 2

REFLECTIONS AND ANNOUNCEMENTS

30 minutes

The second day will commence with one or more participant reflections on Day 1. Announcements will also be delivered at this time.

PRESENTATION: HUMAN RIGHTS AND INTERNATIONAL INSTRUMENTS

45 minutes

Now that participants have been introduced to the basic concepts and foundations of human rights, the facilitator will present key international human rights instruments that can be used in efforts to demand for, and withhold and address violation of human rights. The facilitator will focus on the right to health, and highlight the common themes regarding health that can be found across these human rights instruments. (see M1S3 Handout 4)



GROUP EXERCISE: RIGHT TO HEALTH

45 minutes

Write the following human rights instruments below as headings—one per flipchart, across six flipcharts.

1. Universal Declaration of Human Rights (UDHR)
2. Convention on the Rights of the Child (CRC)
3. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
4. The Yogyakarta Principles
5. Beijing Declaration and Platform for Action
6. International Conference on Population and Development Programme of Action (ICPD PoA)

The facilitator will print each provision provided below — all related to the right to health — on a separate meta card without identifying which instrument it falls under. These provisions will be placed on the table before the session.

The Universal Declaration of Human Rights (UDHR)	All human beings are born free and equal in dignity and rights. {Article 1}
	Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. {Article 2}
	Everyone has the right to life, liberty and security of a person. {Article 3}
	Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. {Article 25}
The Convention on the Rights of the Child (CRC)	States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. {Article 2}
	In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. {Article 3}
	States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. {Article 24}



	States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. {Article 27}
The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. {Article 12}
	States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning. {Article 10(h)}
	States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: To have access to adequate health care facilities, including information, counselling and services in family planning {Article 14(b)}
	States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights {Article 16(e)}
The Yogyakarta Principles	Everyone, regardless of sexual orientation or gender identity, is entitled to the enjoyment of privacy without arbitrary or unlawful interference, including the choice to disclose or not to disclose information relating to one's sexual orientation or gender identity, as well as decisions and choices regarding both one's own body and consensual sexual and other relations with others. {Principle 6}
	Everyone deprived of liberty shall be treated with humanity and with respect for the inherent dignity of the human person. Sexual orientation and gender identity are integral to each person's dignity. {Principle 9}
	Everyone has the right to social security and other social protection measures, without discrimination on the basis of sexual orientation or gender identity. {Principle 13}
	Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right. {Principle 17}



Beijing Declaration and Platform for Action	<p>Ensure equal access to and equal treatment of women and men in education and health care and enhance women’s sexual and reproductive health as well as education {Article 30}</p> <p>Women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health. {Article 90}</p>
International Conference on Population and Development Programme of Action (ICPD PoA)	<p>Everyone has the right to enjoy the highest attainable standard of physical and mental health. {Principle 8}</p> <p>Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. {Article 7.3}</p>

The facilitator will ask participants, who can work in pairs, to identify which human rights instrument guarantees these rights and instruct them to stick the meta cards under the human rights instrument they believe it belongs to.

Once all the meta cards have been stuck on the different instruments, the facilitator will go through them in plenary to identify if they have been put under the correct human rights instrument. While processing, the facilitator will also emphasise the importance of the right to health and how it is enshrined in various human rights instruments — either explicitly or implicitly.



M1S3 HANDOUT 1

THE FUNDAMENTALS OF HUMAN RIGHTS AND HEALTH

1. **WHAT** are human rights?

- Human rights are the fundamental rights and freedoms that belong to every individual simply because they are human. These rights are universal, inherent, and inalienable, transcending nationality, ethnicity, religion, or other status. They aim to ensure dignity, equality, and freedom for all.
- The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948 was the first legal document to set out the fundamental human rights to be universally protected. The UDHR serves as the foundation upon which all subsequent human rights instruments were defined, has been endorsed by virtually all states and can well be understood to be the cornerstone document of the modern human rights movement.

The principles that form the foundation of human rights include:

- **UNIVERSALITY** means that everyone gets the same rights by virtue of being human and that everyone is born with these rights, no matter what. In the context of health, universality means that everyone has access to the health services they need, when and where they need them, without financial hardship, regardless of a person's socioeconomic status, geographic location, or other characteristics, they should have access to quality healthcare services.

Example: If a refugee or an undocumented migrant is denied healthcare based on their legal status, this is a violation of the principle of universality as the principle guarantees them access to quality and affordable healthcare without any discrimination.

- **INALIENABILITY** means these rights cannot be taken away from individuals, either by governments or by other individuals, nor can they be voluntarily given up, no one can 'trade' their rights away by consent.

Example: If a healthcare provider insists on sharing the HIV status of a patient with their family without their informed consent before providing them with healthcare services, this is a violation of the principle of inalienability as sharing a patient's confidential medical information without their consent means taking away their right to privacy.

- **INDIVISIBILITY** means all human rights - whether civil, political, economic, social, or cultural—are equally essential and cannot be ranked or separated. Denying someone of one right often affects the enjoyment of others.

Example: If we want to ensure access to healthcare and treatment for those with HIV and opioid dependence, just making the medicines or treatment available is insufficient, it is equally important to address stigma, discrimination, and lack of information that can prevent people from accessing these services.



- **INTERDEPENDENCE AND INTERRELATEDNESS** means the fulfilment of one right often relies on the realisation of others.

Example: When the lack of access to education or employment leads to poverty, this can negatively impact both physical and mental health. Similarly, social isolation or discrimination can affect a person's mental well-being and subsequently impact their physical health.

- **EQUALITY AND NON-DISCRIMINATION** means that all human beings are equal and are entitled to their human rights without discrimination of any kind on the basis of their race, colour, sex, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status.

Example: While accessing health care services, if a sex worker fears disclosing or revealing their occupation to the healthcare provider, due to potential repercussions or judgement, this prevents the sex worker from accessing necessary services and receiving appropriate care and this is a violation of their right to health without discrimination.

- **PARTICIPATION AND INCLUSION** means that every person is entitled to active, free and meaningful participation in, contribution to, and enjoyment of civil, economic, social, cultural and political development in which human rights and fundamental freedoms can be realized.

Example: By actively involving TB-affected communities during the development of the national TB response, countries can create a more inclusive and effective approach to ending TB and this ensures that all individuals, including those from marginalized or vulnerable groups, have the opportunity to actively participate in decisions about their health and healthcare, and that health systems are designed to be accessible and responsive to their diverse needs.

- **ACCOUNTABILITY AND RULE OF LAW** means that states and other duty-bearers are accountable for respecting, protecting, and fulfilling human rights. These rights are upheld through laws and mechanisms that ensure justice and redress.

Example: The availability of a complaint mechanism (under Community-led monitoring, CLM) at the local healthcare facility where communities can channel any denial of treatment, discrimination or other rights violations without fear of repercussion ensures that rights violators are held accountable for their actions and upholds the right of the community in accessing healthcare.

2. **WHY** do we need human rights?

- It protects everyone and allows people to build societies that are safe, prosperous and that enables them to live a life of dignity.
- It ensures that everyone is equal and protects vulnerable and marginalized groups from abuse, discrimination and unjust treatments.
- It gives power to everyone to speak up, share opinions and stand up to abuse, discrimination, unjust treatment and societal corruption.
- It protects everyone from harm or undue burden, and gives power to participate, whether through protest or association or voting, to shape the world we live in.



- It gives everyone freedom of speech and expression without fear of punishment or reprisal.
- It guarantees everyone individual freedom to practice their religion of choice or not to practice any religion.
- It guarantees the individuals' autonomy, including the freedom to make choices about one's personal life and relationships.
- It provides a universal code of conduct and standard that allows us to hold our governments accountable.

3. **WHERE** are these rights enshrined?

4. **WHO** protects human rights?

UNIVERSAL DECLARATION OF HUMAN RIGHTS (UDHR) - 1948

Multilateral human rights treaties have been formulated since the adoption of the UDHR. These treaties create **legally binding obligations** on the nations that ratify them (or accede to them), thereby giving these treaties the status and power of international law.

International Covenant on Economic, Social and Cultural Rights (ICESCR) - 1966

International Covenant on Civil and Political Rights (ICCPR) - 1966

- Convention on the Status of Refugees - 1951
- International Convention on the Elimination of All Forms of Racial Discrimination - 1965
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) - 1979
- Convention on the Rights of the Child (CRC) - 1989
- Convention on Migrant Workers (CMW) - 2003
- Convention on the Rights of Persons with Disabilities (CRPD) - 2008

Some human rights standards are also contained in other types of instruments such as political consensus documents, declarations and recommendations, which while are not legally binding, are generally regarded as having moral and political force and providing a guiding reference to States to uphold rights.

- The ICPD Programme of Action (ICPD)
- The Beijing Declaration and Platform for Action
- The Declaration of Commitment on HIV/AIDS
- The Declaration on the Elimination of Violence Against Women
- Yogyakarta Principles

The simple answer to the question of whose responsibility it is to protect human rights is - **ALL OF US!** Respecting the rights of others begins with each of us but of course the limit to our freedom is when our actions or words start to cause harm to others. So, while each of us need to work out what is right and wrong or how to deliver and demand on the promise of human rights – our governments and other duty bearers are instrumental in respecting and fulfilling human rights.



- **States – Governments and public authorities** have the primary responsibility to promote, protect, respect and fulfil human rights. Ideally, laws and policies of governments are intended to ensure stability and improve everyone's lives as they provide important infrastructures like hospitals and schools, set the conditions for inclusive communities to thrive in safety, and use policy settings and other levers to promote equality. However, in some instances, governments are sometimes the source of tyranny and oppression. Some of the worst human rights atrocities throughout history have been committed by States. Even when there are good intentions behind government policies and laws, States have been known to unduly infringe on rights and freedoms from time to time in most countries. In order to curtail this misuse of power, we need various mechanisms and systems to ensure the principles of human rights – freedom, respect, equality and dignity – guide government decision making, laws and policies at all times.

One such mechanism is **International human rights law**. These laws are agreed upon by countries from all around the world at the United Nations and it sets the benchmark for all States to meet. When a State agrees to be party to a human rights treaty it is essentially making a promise to uphold those international human rights laws, but it is the State itself that is responsible for translating that promise into its own domestic laws and practices in accordance with its own laws and policies.

- **The United Nations** provides us all a platform to come together to work through our differences, seek accountability, and solutions to shared challenges. The key UN bodies that are instrumental in unholding human rights are:
 - **The UN General Assembly:** Where all Member States are represented.
 - **The UN Security Council:** Has five permanent members and ten rotating members and focuses on issues of peace and security.
 - **The Economic and Social Council (or ECOSOC):** Consists of 54 members elected by the General Assembly. The Committee on NGOs is responsible for accrediting NGOs with consultative status at the United Nations and reports directly to the Economic and Social Council.
 - **The International Court of Justice:** The main judicial body of the UN which settles, in accordance with international law, legal disputes that States bring to it.
 - **The UN Secretariat:** Comprising the Secretary-General and the thousands of international staff members who carry out the day-to-day work of the UN as directed by the General Assembly and other bodies.

The UN also has various mechanisms to maintain the agreed global standards, identify violations, pursue remedy and encourage improvement, including:

- **The UN Human Rights Council:** Consists of 47 member States elected from the General Assembly for three-year terms. The Council is where governments and civil society discuss and address the most pressing human rights challenges. It also reviews the human rights record of all member States.
- **The Universal Periodic Review:** A unique mechanism of the Human Rights Council aimed at improving the human rights situation on the ground of each of the 193 United Nations



Member States. Under this mechanism, the human rights situation of all UN Member States is reviewed every 5 years.

- **The UN human rights treaty bodies:** Committees of human rights experts, such as the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee against Torture, and others, that examine the records and practices of member States and consider complaints that people have made against States.
- **Special Rapporteurs/Special Procedures:** Appointed independent experts to monitor and advocate on specific thematic issues or country situations.
- **Businesses and other “non-State” actors** - Business has a significant impact on human rights where strong and enforceable laws and regulations are essential, but businesses have a duty to respect rights and can also proactively follow human rights guidelines and ensure they have robust systems to ensure access to remedy for disputes or violations. Other non-state actors are entities or groups that aren’t affiliated, funded or directed by governments but can potentially have a significant impact on whether or not people’s human rights and freedoms are fulfilled or violated. This ranges from media organisations or figures, and charities and advocacy organisations to people’s movements and associations.
- **Human Rights Advocates and Defenders** - Everyone has the right to defend human rights. Ordinary people often take action to defend their own rights or the rights of others. We can all play a role in encouraging and pushing for positive change and we all have the right to defend human rights.

For example:

- Speaking up for a colleague that has been treated unfairly at work
- Joining a civil protest against an unfair election practice in the country
- As a CCM member, bringing up any issue of discrimination against communities at CCM meetings.
- Promote reforms at the local healthcare facility to ensure everyone can access the health care they need without fear, stigma of discrimination
- Raise awareness about the right of sex workers



M1S3 HANDOUT 2

UNIVERSAL DECLARATION OF HUMAN RIGHTS (INFOGRAPHIC)



#1. All human beings are born free & equal.



#2. All are entitled to their rights & freedoms without discrimination.



#3. The right to life, liberty & security of person.



#4. No one shall be held in slavery or servitude.



#5. No one shall be subjected to torture or inhumane cruelty.



#6. The right to be recognized as a person before the law.



#7. All are entitled to equal protection of the law.



#8. The right to be treated fairly by constitution & by law.



#9. No subjection to arbitrary arrest, unfair detention or exile.



#10. All are entitled to a fair trial & public hearing.



#11. Innocent until proven guilty in a fair public trial & defence.



#12. The right to privacy & protection against interference.



#13. The freedom of movement, travel & residence.



#14. The right to seek & enjoy asylum from persecution.



#15. The right to a nationality & freedom to change it.



#16. When at full age, the right to marriage & to found a family.



#17. The right to own & to not be deprived of one's property.



#18. The freedom of thought, conscience & religion.



#19. The freedom of opinion & expression.



#20. The freedom of peaceful assembly & association.



#21. The right to take part in the government.



#22. The right to social security.



#23. The right to work & equal pay for equal work.



#24. The right to leisure and rest.



#25. The right to adequate standard of living.



#26. The right to an education.



#27. The right to cultural, artistic, and scientific life.



#28. All rights & freedoms are recognized worldwide.



#29. Protect rights & freedoms as a duty to the community.



#30. Human rights can never be taken away.



MIS3 HANDOUT 3

RIGHTS MATRIX

WHAT

What are the human rights that are applicable to this scenario?

WHERE

Where is this right enshrined or located?

WHY

Why is this right important to be upheld or what are the implications of the right being denied or violated?

WHO

Who is responsible to uphold these rights?



MIS3 HANDOUT 4

RIGHT TO HEALTH

The right to health is a fundamental part of our human rights and of our understanding of a life in dignity. The right to the enjoyment of the highest attainable standard of physical and mental health, to give it its full name, is not new. Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The preamble further states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Key aspects of the right to health:

1. **The right to health is an inclusive right** - it is not limited to access to healthcare but extends to other rights such as access to drinking water and adequate sanitation; safe food; adequate nutrition and housing; healthy working and environmental conditions; health-related education and information; gender equality.
2. **The right to health contains freedoms** - including the right to be free from non-consensual medical treatment, such as medical experiments and research or forced sterilization, and to be free from torture and other cruel, inhuman or degrading treatment or punishment.
3. **Health services, goods and facilities must be provided to all without any discrimination** - this principle implies that States must recognize and provide for the differences and specific needs of groups that generally face particular health challenges, such as higher mortality rates or vulnerability to specific diseases. The obligation to ensure non-discrimination requires specific health standards to be applied to particular population groups, such as women, children or persons with disabilities. Positive measures of protection are particularly necessary when certain groups of persons have continuously been discriminated against in the practice of States parties or by private actors.
4. **All services, goods and facilities must be available, accessible, acceptable and of good quality.**

Key international instruments on human rights and health

1. Universal Declaration of Human Rights (UDHR) – 1948

The UDHR is a landmark document adopted by the United Nations General Assembly that sets out fundamental human rights applicable to everyone worldwide. Key points include:

- Recognises that all humans are born free and equal in dignity and rights (Article)

Guarantees civil, political, economic, social, and cultural rights, such as:

- Right to life, liberty, and security (Article 3)
- Freedom from torture and slavery (Articles 4 & 5)
- Right to equality before the law and fair trial (Articles 6-11)
- Freedom of expression, thought, religion, and assembly (Articles 18-20)
- Right to work, education, and adequate living standards (Articles 23-26)



Though not legally binding, the UDHR is the foundation for many international human rights treaties. Member states report to the Universal Periodic Review (UPR) every four and a half years as part of a cycle in which all UN member states' human rights records are reviewed by their peers.

2. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) – 1979

CEDAW is an international treaty adopted by the United Nations to eliminate discrimination against women and promote gender equality. Key points include:

- Defines discrimination against women and mandates that states take measures to eliminate it.
- Ensures women's rights in political, economic, social, and cultural life, including:
 - Equal access to education, employment, and healthcare (Articles 10-12)
 - Right to equal participation in public and political life (Article 7)
 - Elimination of gender-based violence (not explicitly mentioned but interpreted under CEDAW General Recommendation No. 19)
 - Promotes women's rights in marriage and family life (Article 16), including equal rights in marriage, divorce, and parenthood.
- Requires state parties to submit regular reports on their progress in implementing CEDAW.

3. Beijing Platform for Action (BPfA) - 1995

The Beijing Platform for Action (BPfA) essentially reinforces and builds upon the principles outlined in CEDAW (Convention on the Elimination of All Forms of Discrimination against Women), serving as a more comprehensive roadmap for achieving gender equality by addressing a wider range of issues. At the same time, CEDAW provides a legal framework for defining and combating discrimination against women, making it a key tool for implementing the goals set out in the Beijing Platform for Action; essentially, CEDAW acts as a foundational legal document that the Beijing Platform for Action actively promotes and utilises to achieve its objectives.

CEDAW and BPfA documents aim to eliminate discrimination against women and promote gender equality. Still, the Beijing Platform for Action takes a broader approach by addressing issues like women's health, education, political participation, and economic empowerment, while CEDAW focuses on legal protections against discrimination.

The Beijing Platform for Action encourages countries to ratify CEDAW and effectively implement its provisions through national policies and legislation.

4. Convention on the Rights of the Child (CRC) – 1989

The CRC is a legally binding international treaty that recognises the human rights of all children under 18. Key principles include:

- Non-discrimination (Article 2) – All children have equal rights regardless of race, gender, or disability.
- Best interests of the child (Article 3) – Any action concerning children should prioritise their well-being.
- Right to survival and development (Article 6) – Includes access to healthcare, education, and protection.
- Respect for the child's views (Article 12) – Children can express their opinions in matters that affect them.



- Protects children from violence, abuse, exploitation, child labour, and recruitment into armed forces (Articles 19, 32, 38).
- Recognises the right to family life, education, play, and cultural identity.

5. International Convention on the Rights of Persons with Disabilities (ICRPD) – 2006

The International Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations in 2006, is a landmark human rights treaty that promotes and protects the rights and dignity of persons with disabilities, including in the area of health. The CRPD reframes health not as a medical issue but as a human rights issue — with dignity, autonomy, access, and inclusion at its core. It challenges discriminatory practices in health systems and calls for inclusive, rights-based health care for all persons with disabilities. CRPD shifts the focus from viewing persons with disabilities as “objects of charity” to rights-holders. It requires systemic changes to remove social and physical barriers. Key principles include:

- Respect for dignity, autonomy, and independence.
- Non-discrimination and full inclusion in society.
- Accessibility and reasonable accommodation.
- Equal recognition before the law and access to justice.
- Participation in public and political life, education, and employment.

6. Yogyakarta Principles (YP) – 2006

The Yogyakarta Principles are international legal principles that apply human rights standards to sexual orientation and gender identity (SOGI). Key aspects include:

- Right to equality and non-discrimination regardless of SOGI.
- Right to life, freedom from torture, and legal recognition for LGBTQIA+Q+ individuals.
- Protection from violence, criminalisation, and arbitrary detention based on SOGI.
- Guarantees freedom of expression, association, and protection of family and relationships.
- Calls for access to healthcare, employment, education, and housing without discrimination.
- Encourages legal gender recognition and self-identification.

Although not a binding treaty, the Yogyakarta Principles serve as a guide for interpreting existing human rights laws regarding LGBTQIA+ rights.

7. Universal Periodic Review (UPR) - 2006

The Universal Periodic Review (UPR) is a unique mechanism of the Human Rights Council that calls for each UN Member State to undergo a peer review of its human rights records every 4.5 years. It is aimed at improving the human rights situations in all 193 countries that are members of the United Nations. The UPR provides each State the opportunity to regularly:

- Report on the actions it has taken to improve the human rights situations in their countries and to overcome challenges to the enjoyment of human rights; and
- Receive recommendations – informed by multi-stakeholder input and pre-session reports – from UN Member States for continuous improvement.



MIS3 TRAINING RESOURCES

LINKS	REFERENCES
	Universal Declaration of Human Rights (UDHR)
	UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
	Beijing Declaration and Platform for Action (BPfA)
	UN Convention on the Rights of the Child (CRC)
	The Yogyakarta Principles



SESSION 4: UNDERSTANDING SEXUAL RIGHTS AS IT IMPACTS HEALTH LAWS, POLICIES, AND PROGRAMMES FOR HIV, TB, AND MALARIA

1 hour

M1S4 LEARNING OBJECTIVE

Participants will understand sexual rights, how it is situated within human rights instruments, and how health laws, policies, and programmes incorporate these principles.

M1S4 METHODOLOGY

- Presentation
- Workshop

SESSION FLOW

DAY 2		
TIME	ACTIVITY	MATERIALS
10:15 - 10:45 (30 minutes)	Presentation: What are Sexual Rights?	Laptop, projector M1S4 Handout 1
10:45 - 11:15 (30 minutes)	Workshop: Situating sexual rights within existing human rights instruments	Flipcharts from M1S3 on the six human rights instruments, markers, meta cards in different colours, masking tape, pen and paper M1S4 Handout 2

PRESENTATION: WHAT ARE SEXUAL RIGHTS?

30 minutes

The facilitator will introduce sexual rights through the 10 articles as indicated in M1S4 Handout 1.

WORKSHOP: SITUATING SEXUAL RIGHTS WITHIN EXISTING HUMAN RIGHTS INSTRUMENTS

30 minutes

Before proceeding to international human rights instruments, the facilitator will divide participants in six groups and assign each group an international human rights instrument listed on the flipcharts from the previous session. The facilitator will go through the following steps for this part of the exercise:

1. Looking at the provisions, the facilitator will ask each group to look at the international human rights instruments that are assigned to them and identify the provisions that explicitly mention sexual rights.
2. After some time, the facilitator will then ask which provisions implicitly mention sexual rights. These can be provisions that may not specifically mention sexual rights but the principle seems present.



3. The facilitator will ask participants to propose provisions to improve these existing human rights instruments. *What specific provisions should be added so that these instruments can recognise, protect, and fulfil our sexual rights?* Groups can write their answers in meta cards or Post-its, and paste them over the flipchart with the instrument that is assigned to them.

The facilitator will point out that sexual rights have neither been explicitly nor implicitly mentioned in these instruments. They may now continue their presentation based on the M1S4 Handout 2. The facilitator needs to highlight sexual rights as among the contentious human rights that countries and governments continue to debate for inclusion in international human rights instruments. While considered natural and fundamental, many societies and existing patriarchal institutions, through religion, tradition, and culture, continue to control and limit people's sexual rights. Current human rights institutions have their respective limitations in recognising this right as well. At this point, the facilitator will ask participants questions about *how religion, tradition, and/or culture perpetuate the non-recognition of sexual rights of KAWG and PoDS*.

The facilitator should draw a differentiation between sexual health rights and sexual rights. While both are important, sexual health rights tend to be more acceptable than sexual rights. For example, a health facility might recognise a transgender woman's right to access Pre-Exposure Prophylaxis (PrEP) — a medication regimen for HIV-negative individuals to prevent HIV infection — as part of her sexual health care. However, if her health insurance still reflects the sex assigned to her at birth and the insurance system only recognises that assigned sex, she may face difficulties using her insurance to access the service.

The facilitator should emphasise that recognising sexual rights is essential to achieving gender justice. Gender justice seeks to address systemic inequalities related to sexuality in all areas of life, and this requires treating sexual rights as fundamental. When sexual rights are not recognised, certain individuals like KAWG PoDS are more likely to face marginalisation and discrimination based on their sexuality or gender.



M1S4 HANDOUT 1

WHAT ARE SEXUAL RIGHTS?

Sexual Rights are human rights that apply to sexuality. This specific right is based on the principle that sexuality is a natural and fundamental part of human life⁸. The International Planned Parenthood Federation (IPPF) defines and affirms sexual rights into ten (10) different articles, highlighting its inextricability to existing human rights instruments and principles. These 10 articles are as follows:

Article 1: Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality, or gender. All human beings are born free and equal in dignity and rights and must enjoy the equal protection of the law against discrimination based on their sexuality.

Article 2: The right to participation for all persons regardless of sex, sexuality, or gender. All persons are entitled to an environment that enables active, free, and meaningful participation and contribution to the civil, economic, social, cultural, and political aspects of human life at local, national, regional, and international levels, through the development of which human rights and fundamental freedoms can be realised.

Article 3: The rights to life, liberty, security of the person and bodily integrity. All persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases, and particularly on account of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, and HIV/AIDS status and shall have the right to exercise their sexuality free of violence or coercion.

Article 4: Right to privacy. All persons have the right not to be subjected to arbitrary interference with their privacy, family, home, papers or correspondence and the right to privacy which is essential to the exercise of sexual autonomy.

Article 5: Right to personal autonomy and recognition before the law. All persons have the right to be recognized before the law and to sexual freedom, which encompasses the opportunity for individuals to have control and decide freely on matters related to sexuality, to choose their sexual partners, to seek to experience their full sexual potential and pleasure, within a framework of non-discrimination and with due regard to the rights of others and to the evolving capacity of children.

Article 6: Right to freedom of thought, opinion and expression; right to association. All persons have the right to exercise freedom of thought, opinion and expression regarding ideas on sexuality, sexual orientation, gender identity and sexual rights, without arbitrary intrusions or limitations based on dominant cultural beliefs or political ideology, or discriminatory notions of public order, public morality, public health or public security.



Article 7: Right to health and to the benefits of scientific progress. All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders.

Article 8: Right to education and information. All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains.

Article 9: Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children. All persons have the right to choose whether or not to marry, whether or not to found and plan a family, when to have children and to decide the number and spacing of their children freely and responsibly, within an environment in which laws and policies recognize the diversity of family forms as including those not defined by descent or marriage.

Article 10: Right to accountability and redress. All persons have the right to effective, adequate, accessible and appropriate educational, legislative, judicial and other measures to ensure and demand that those who are duty-bound to uphold sexual rights are fully accountable to them. This includes the ability to monitor the implementation of sexual rights and to access remedies for violations of sexual rights, including access to full redress through restitution, compensation, rehabilitation, satisfaction, guarantee of non-repetition and any other means.



M1S4 HANDOUT 2

HOW ARE SEXUAL RIGHTS ENSHRINED IN EXISTING INTERNATIONAL HUMAN RIGHTS INSTRUMENTS?

Sexual rights are based on the principle that sexuality is a natural and fundamental part of human life. Few international instruments have enshrined sexual rights as a fundamental human right. While an explicit mention of 'sexual rights' is missing in these documents, it is important to highlight how these instruments remain key to promoting, fulfilling, and defending sexual rights. Below is a list of various UN instruments that have recognised sexual rights:

Universal Declaration of Human Rights (UDHR): While sexual rights are not mentioned, in principle, equality and freedom of everyone, which includes the various sexual rights-related principles mentioned above, has been enshrined.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): While the term 'sexual rights' is not mentioned, several articles address sexual rights in various forms. This includes Articles 10(h) and 14(b) that focuses on education and healthcare, which can be interpreted to include the right to access information and services related to family planning; and Article 12 that explicitly eliminates discrimination against women in healthcare settings.

International Conference on Population and Development (ICPD) Programme of Action: Explicitly recognises sexual and reproductive health as "basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health." (Article 7.3)⁹

Yogyakarta Principles: While not explicitly mentioned, Yogyakarta Principles remain the most comprehensive recognition of individuals' sexual orientation and gender identity, and how Member States can fulfil their obligations related to human rights, including sexual rights of everyone.

It is important to recognise sexual rights in order to achieve gender justice.

Beijing Declaration and Platform for Action¹⁰: This Declaration explicitly links sexual and reproductive health with women's overall well-being (Article 83k). While sexual rights is implicit, this Declaration touches on key sexual rights principles, including elimination of violence against women and girls (Article 29), bodily autonomy related to health (Article 90), and access of women and girls to information, education, and health services (Article 30). These different principles takes a comprehensive approach to women's rights, recognizing that achieving gender equality requires addressing various aspects of women's lives, including their sexual and reproductive health.

Convention on the Rights of the Child¹¹: While not explicit on sexual rights, this Convention has indicated provisions related to the protection of children from sexual exploitation and abuse, and the State obligation to protect children from all forms of exploitation and abuse (Article 34). This includes inducement or coercion of a child to engage in any unlawful sexual activity; exploitative use of children in prostitution or other unlawful sexual practices; and exploitative use of children in pornographic performances and materials. This also implicitly sets the requirement to address the issue of age of consent for any sexual activity. At the same time, sexual rights of children are part of a broader commitment to protect children from physical violence, psychological intimidation, child labour, and other harmful practices.



MIS4 TRAINING RESOURCES

LINKS	REFERENCES
	<p>Sexual and Reproductive Health and Rights: A Bedrock of Gender Equality</p>
	<p>Social Construction of Gender: 10 Examples and Definition</p>
	<p>Reporting Human Rights Violations to the United Nations</p>
	<p>Human Rights Indicators: A Guide to Measurement and Implementation</p>
	<p>Yogyakarta Principles+ 10</p>

LINKS	THINK PIECES
	<p>Is It Acceptable To Use The Phrase "Men Are Trash"?</p>
	<p>From LGBTQIA+ to SOGIESC: Reframing Sexuality, Gender, and Human Rights</p>



MODULE

02

Introducing Gender Justice through the Gender Equality, Disability and Social Inclusion (GEDSI) Framework

OVERVIEW OF MODULE 2 AND TIME ALLOCATION

Introducing Gender Equality, Disability and Social Inclusion (GEDSI)

3 hours

M2 LEARNING OBJECTIVES

The module aims to:

- Explain the principles of Gender Equality, Disability, and Social Inclusion (GEDSI), and their significance in ensuring equal opportunities and representation for marginalised groups.
- Understand and value the principles behind gender justice using the GEDSI Framework and assess whether these principles advance the protection, respecting, and fulfilment of gender justice.
- Analyse participating organisations' role in formulating GEDSI-aligned policies and apply a rights-based approach to policy development, integrating inclusivity, participation, and accountability to promote equitable access, legal protections, and meaningful engagement of vulnerable populations.

M2 KEY MESSAGES

GEDSI is vital for ensuring equal opportunities and representation, especially for marginalised groups like women and persons with disabilities. It addresses systemic barriers—gender

discrimination, ableism, and social exclusion—to achieve real equality. Inclusive policies provide fair access to education, employment, and services, creating a more equitable society. GEDSI is a tool and a lens to help analyse whether policies promote equality and equity. It helps find intervention points to address the need for equal and equitable access to information and services.

International instruments such as the UDHR, CEDAW, CRC, ICRPD, and the Yogyakarta Principles are key foundations for promoting GEDSI principles. They provide a legal basis for fostering inclusive policies and ensuring compliance with human rights standards. While these tools embody our understanding of human rights, advocates must remain vigilant and critically evaluate policies and frameworks as societal dynamics evolve. Engaging marginalised communities plays a vital role in empowering them to shape their futures and refining tools and technologies to advance gender justice and sexual rights.

A rights-based approach to policy development strengthens inclusivity, participation, and accountability, ensuring that the needs of vulnerable populations are prioritised through equitable access and legal protections. By embedding GEDSI principles within governance and institutional policies, societies can drive sustainable development while upholding human dignity and freedom for all."



SESSION 1: INTRODUCING GENDER EQUALITY, DISABILITY AND SOCIAL INCLUSION (GEDSI)

3 hours

M2S1 LEARNING OBJECTIVE

Participants will be able to understand and apply the GEDSI framework as a tool for identifying gaps and opportunities in HIV, Tuberculosis, and malaria programmes and policies and advocating for changes to strengthen the protection of GJSR.

M2S1 METHODOLOGY

- Workshop
- Presentation

SESSION FLOW

DAY 2		
TIME	ACTIVITY	MATERIALS
11:15 - 12:00 (45 minutes)	Presentation & Activity: Introduction to GEDSI Concepts (Gender Continuum)	Laptop, projector M2S1 Handout 1 M2S1 Handout 2
12:00 - 13:00 (60 minutes)	Lunch	
13:00 - 13:30 (30 minutes)	Presentation & Activity: Introduction to GEDSI Concepts (Intersectionality)	Laptop, projector M2S1 Handout 1 M2S1 Handout 2
13:30 - 15:15 (105 minutes)	Workshop: Analysing HIV, TB and Malaria Policies and Programmes using GEDSI Lens	Flipcharts, markers, meta cards in different colours, masking tape, pen and paper M2S1 Handout 3
15:15 - 15:30 (15 minutes)	Health Break	
15:30 - 16:45 (75 minutes)	Brown Bag Session	
16:45 - 17:00 (15 minutes)	Daily Evaluation	

PRESENTATION & ACTIVITY: INTRODUCING GEDSI CONCEPTS (GENDER CONTINUUM)

45 minutes

The facilitator will introduce key GEDSI concepts (see M2S1 Handout 1). The facilitator can begin their presentation by asking participants:

What are the different issues communities that you belong to or that you serve are facing when it comes to (a) participation, and (b) access to HIV, TB, and/or malaria services?

The facilitator will emphasise that these issues exist due to the inequality that KAWG and PoDS



experience. To fully realise equality, we need to achieve both equity and justice by providing the tools that identify and address inequality, and address systemic issues that continue to disenfranchise KAWG and PoDS.

In the discussion on the gender equality continuum, the facilitator will conduct the exercise below by dividing participants into five groups, representing each aspect of the gender equality continuum. The aim of this exercise is to have participants understand how each aspect of the gender equality continuum differs from the other.

Two individuals, SOGIESC unknown — or the facilitator can assign SOGIESC depending on the sense of participant mix — are going to an HIV clinic to get tested for HIV. Create a scenario wherein this assigned aspect of the gender equality continuum applies:

1. *Gender discriminatory*
2. *Gender bias*
3. *Gender blind*
4. *Gender responsive*
5. *Gender transformative*

It is important to emphasise that participants can approach this exercise in terms of accessing HIV services and also in terms of their participation in the decision-making of the facility, as the facility's clients, or as peer service providers. Participants may raise issues related to care responsibilities, literacy, language, and service provision algorithm, which will apply not only to health provision but also in the discussion on participation.

The facilitator may also need to emphasise that participation is distinct from mere representation, as it involves substantive and meaningful involvement in policy-making, decision-making, and development. While representation measures attendance, it doesn't guarantee active participation in discussions, considering issues and needs of marginalised individuals or those living in poverty.

In the discussion on disability, the facilitator will underline that achieving equality, equity, and justice for people with disability involves removing barriers — including physical, environmental, and communication barriers — for them to participate in activities. Barriers include bias and discrimination, which undermine their capacity to contribute to policy and programming.

Development actors should be capacitated on disability rights for meaningful engagement. It can start with using politically correct words such as the word "disability," rather than using the words like "impairment" (which means abnormality) or "handicap" (which means the person is in a disadvantageous situation). Disability is presently the politically correct language for people with disability.

To understand the issue of disability further, and how disability equality, equity, and justice is applied as a concept, the facilitator can consider this exercise with the same 5 groupings from the earlier exercise:

Two individuals, SOGIESC unknown — or the facilitator can assign SOGIESC depending on the sense



of participant mix — one has visual disability while the other has a physical disability.

They are going to an HIV clinic to get tested for HIV. What are the considerations to ensure that the person with visual disability gets optimum HIV care?

Alternatively, the facilitator can select one of the avatars from the PowerWalk and use them in this exercise.

PRESENTATION & ACTIVITY: INTRODUCING GEDSI CONCEPTS (INTERSECTIONALITY)

30 minutes

In the discussion on intersectionality, the facilitator can begin the discussion by recognising that operationalising social inclusion involves understanding intersectionality, which is the foundation of the GEDSI principle. Along with recognising an individual's profile, SOGIESC, background, social situation, or circumstance, intersectionality also identifies the power that is imbued by the complex identities that they bring, and locates them within the present hierarchical structures that determine social inclusion in both accessing HIV, TB, and malaria services, as well as in participation.

The facilitator can conduct a short exercise using the results of the individual participants' gender matrix. In the same 5 groupings as the previous exercise, request participants to write the rest of their 'identities' following the intersectionality wheel. Participants may write their age, education, religion, disability, etc. Once this is done, the facilitator can ask participants to identify:

Knowing your intersectionality identities, who among you is least likely to be invited to a TB meeting? Who among you is least likely to have access to TB services?

After 10 minutes of group discussion, the facilitator will ask each group to explain how they determined which individual in their group was least likely to be invited to a TB meeting or to have access to TB services. The facilitator will focus the discussion on the 'how,' noting that stereotypes, prejudices, and perceptions on power and privilege over specific identities come into play, and these influence individual decision-making. Intersectionality teaches us to be more aware of these forms of power that we bring with us in our everyday life, and how it may disenfranchise, exclude, or ostracise others, including our peers.

A cheat sheet on Intersectionality Enablers has been included in the handout to support us in checking ourselves when it comes to intersectionality as it relates to our identities and our power. See M2S1 Handout 2 for more information about intersectionality.

As the facilitator moves to the main workshop of this session, they will emphasise that while policies and programmes are often designed to serve everyone, they usually overlook the structural inequalities faced by KAWG and PoDS, as well as their intersecting and complex identities. Addressing their needs in relation to HIV, TB, and malaria requires affirmative action to bridge historical, cultural, and economic gaps and level the playing field.



WORKSHOP: ANALYSING HIV, TB AND MALARIA POLICIES AND PROGRAMMES USING THE GEDSI LENS

105 minutes

The facilitator will ask participants to divide themselves according to their country to analyse the selected HIV, TB, or malaria policies and programmes using the learning from this session. Participants can refer to M2S1 Handout 3 for the template.

The workshop aims to help participants examine the focus of their current national HIV, TB, and malaria policies and programmes and identify the following:

1. Which provisions, if any, recognise and uphold GJSR principles
2. Who is being excluded from these initiatives
3. Who is being included in these initiatives

The term “excluded” may not be directly stated in policies or programmes; instead, it refers to individuals or groups who have already faced marginalisation due to how these policies are implemented. It is important for the facilitator to highlight that the proposed measures will be the basis for the development of their advocacy goal in later sessions. For instance, TB programmes may primarily focus on urban populations, consequently leaving out those in rural areas who lack access to TB treatment centres. HIV programmes may primarily focus on transgender women but not transgender men. In this case, the proposed measure is for these programmes to include those whom participants have identified as excluded during the workshop.

After answering the above three questions, participants must propose measures to address those who are left behind in terms of participation in policy making and programming, access and benefits, and capacity building, among other things.

Participants will be given flipcharts, meta cards and markers on which to place their workshop outputs. The group will select a rapporteur to share their workshop results in plenary.

The facilitator should set aside the last 45 minutes of this workshop for each group to present.

***Note to Facilitator: Remind participants that they will use the results of the template in the next module on advocacy planning.**



M2S1 HANDOUT 1

KEY GEDSI CONCEPTS

Gender equality: A fundamental right that men and women should have equal rights, opportunities, and treatment in all aspects of society. It also means ending discrimination and violence against women and girls.

The Universal Declaration of Human Rights defines gender equality as a fundamental right that men and women should have equal rights, opportunities, and treatment in all aspects of society. It also means ending discrimination and violence against women and girls (Universal Declaration of Human Rights).

- Equality gives everyone equal rights and opportunities regardless of identity or circumstances.
- Equity recognises that individuals have different circumstances and needs. Therefore, when providing people with their needs, equity considers these differences, which affect their ability to access opportunities, resources, and rights.

A critique of the current definition is that it centers only on men and women, excluding people of diverse SOGIESC and overlooking the broader spectrum of gender identities, expressions, and lived experiences.

Gender justice: Full equity between people – in all their SOGIESC diversity – in the allocation of and access to resources, inclusion in programmes and policies, opportunities for capacity development, and spaces occupied for defining and shaping policies, structures and decisions that affect them and society as a whole.

This is an approach to ending the systemic inequalities based on gender in all aspects of life. This requires institutions to address discrimination and injustice that keep KAWG and PoDS from being marginalised with regards to their participation in decision-making spaces as well as in accessing HIV, TB, or malaria services. It may be promoted through the following:

- Eliminating discrimination: Ending all forms of discrimination against KAWG and PoDS, including in the workplace, education, and access to land and property
- Ending violence: Eliminating all forms of violence against KAWG and PoDS, including trafficking, sexual exploitation, and child marriage
- Promoting shared responsibility: Recognising and valuing unpaid care and domestic work
- Promoting the rule of law: Ensuring that legal processes, institutions, and norms are consistent with human rights

Different approaches to gender and how they influence policies and programmes yield very different results, as explained in the gender equality continuum below:

- **Gender discriminatory** as an approach perpetuates gender inequality and harmful stereotypes that intentionally privilege one form of gender over another. In severe cases, it may include imprisonment, social stigma that can lead to violence, and affect one's mental health, all of which are human rights violations.



- **Gender bias** favours one gender over another, causing unequal opportunities and outcomes. For example, in job hiring, some jobs are considered only for men, or there is a pay gap for the same job because men are perceived to be stronger and able to do more.
- **Gender blind** ignores gender differences and assumes that policies affect or apply to all genders equally. It does not consider people's unique needs and experiences, which may result in unintended inequalities. For example, the design of workspaces that put women in vulnerable situations.
- **Gender responsiveness** responds to the diverse needs of various genders. It aims to create a fair environment by addressing barriers and promoting equitable outcomes.
- **Gender transformative** approaches seek to challenge and change unfair gender norms and power dynamics. They promote gender equality by addressing the root causes of inequality to foster an inclusive, equitable, and equal society for all people irrespective of SOGIESC.

Disability is an evolving concept. It results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. (United Nations Convention on the Rights of Persons with Disabilities, 2006).

Social inclusion is the process of improving the ability, opportunity, and dignity of disadvantaged people—based on their identity—to participate in society (World Bank, 2013). This involves enhancing opportunities, resource access, voice, and respect for rights.



M2S1 HANDOUT 2

INTERSECTIONALITY

Intersectionality: is a lens that examines the interaction and recognition that cumulative effects of multiple forms of discrimination brought about by race, gender, social class, ableism, and sexuality, and how they interact to create unique experiences of privilege or oppression¹².

We can break down our understanding of intersectionality through the focus areas below.

FOCUS OF INTERSECTIONALITY	WHAT IT IS	WHAT IT ISN'T
SOCIAL INEQUALITY	Mutually constituted and intersecting social categories	Adding up advantages and subtracting disadvantages
DYNAMIC NATURE OF INEQUALITY	Inequalities as dynamic relationships	A static and siloed examination of inequalities
CONTEXTUAL DEPENDENCY	Understanding that power configurations are time- and location-dependent	Assumes the importance of only one or multiple social categories
STRUCTURAL AND POLITICAL CONTEXT	Structural and political factors that shape inequalities	Focus on individual behaviour without consideration of structural and political constraints
POWER RELATIONS	An exploration on how social inequalities are shaped by power relations	Ignorance of the impact of power on social inequalities
IMPLICATIONS FOR MOST DISADVANTAGED	Focus on implications for those most marginalised within a group	Focus on implications for those whose status is protected or elevated within a group
REFLEXIVITY	Practitioners' reflection on how their own background identities shape the research process and interpretation of results	Practitioners' attempt to completely remove themselves from the research and analysis process






Intersectionality Enablers

INTERSECTIONALITY ENABLER	GUIDE QUESTIONS
REFLEXIVITY	How does my privilege directly or indirectly disadvantage others?
DIGNITY, CHOICE, AND AUTONOMY	Who has full control over how they live their life and who doesn't?
ACCESSIBILITY AND HUMAN-CENTRED DESIGN	What do people need to participate? Have you addressed any physical, transportation, information, and communication barriers?
DIVERSE KNOWLEDGE	How do we know what we think we know? Who told us? Who has not been consulted?
INTERSECTING IDENTITIES	What are the intersecting identities of people we engage with? Who is missing?
RELATIONAL POWER	Who holds power and in what circumstances? Who makes decisions? How are they accountable?
TIME AND SPACE	How does privilege look in various locations and generations? How does discrimination look in various locations and generations?
TRANSFORMATIVE AND RIGHTS-BASED	Are we changing the way resources are produced and/or distributed? Are we changing the way relationships are produced and distributed?



M2S1 TRAINING RESOURCES

LINKS	REFERENCES
	<p>Gender, Youth, and Social Inclusion Tools</p>
	<p>Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind</p>
	<p>Gender Equality and Social Inclusion (GESI) Toolkit for Health Partnerships</p>

LINKS	THINK PIECES
	<p>Is It Acceptable To Use The Phrase "Men Are Trash"?</p>
	<p>From LGBTQIA+ to SOGIESC: Reframing Sexuality, Gender, and Human Rights</p>



MODULE

03

Championing Change: Advocacy Planning for Gender Justice and Sexual Rights (GJSR) Affirmative Health Policies and Programmes

OVERVIEW OF MODULE 3 AND TIME ALLOCATION

Introduction to Advocacy
40 minutes

Step 1: Setting Advocacy Goals and Objectives
1 hour 45 minutes

Step 2: Identifying Advocacy Target(s) and Allies
1 hour 20 minutes

Step 3: Advocacy Strategies and Activities
1 hour 15 minutes

Step 4: Monitoring and Evaluation
1 hour 45 minutes

M3 LEARNING OBJECTIVES

- Understand advocacy's meaning, elements, and purpose in influencing legal and policy changes.
- Learn the basics of drafting a policy advocacy plan to advocate for GJSR-affirmative HIV, TB, and malaria, and broader health policies and programmes with and for KAWG and PoDS.

M3 KEY MESSAGES

- Clear analysis is crucial in the development of any advocacy plan. An advocacy initiative, no matter how carefully planned, will fail if it is based on flawed analysis.
- Advocacy is a strategy encompassing various activities to influence public policy, decision-making, or public opinion. Advocacy plans are not static; they must be agile and responsive to changes.
- Advocacy planning involves a thorough assessment of the problem situation, mapping and analysis of advocacy target and defining clear strategies that will achieve advocacy goal and objections.



SESSION 1: INTRODUCTION TO ADVOCACY

40 minutes

M3S1 LEARNING OBJECTIVE

Participants will gain an understanding on the basics of advocacy, its key components, and ways to influence legal and policy changes.

M3S1 METHODOLOGY

- Presentation

SESSION FLOW

DAY 3		
TIME	ACTIVITY	MATERIALS
8:00 - 8:30 (30 minutes)	Reflections and Announcements	
8:30 - 9:10 (40 minutes)	Presentation: Introduction to Advocacy	Laptop, projector M3S1 Handout 1

REFLECTION AND ANNOUNCEMENTS

30 minutes

The day will commence with one or more participant reflections on Day 2. Announcements will also be delivered at this time.

PRESENTATION: INTRODUCTION TO ADVOCACY

40 minutes

The facilitator will start the session by asking each participant to write on a piece of sticky note ONE advocacy activity that they have been involved in or are currently conducting. Please allow them about 5-8 minutes to do this and then ask each person to put up the activities on a flipchart/whiteboard at the front of the room.

The facilitator will then read out the activities and cluster the activities shared by participants based on some of these elements of advocacy activities:

- Creating an enabling environment for rights-based advocacy
- Empowering communities to stand up for their rights
- Influence decision/policy makers to bring solutions to identified problems
- Addressing systemic inequity or inequality
- Making legislative changes in policy, procedures and practices
- Upholding rights or protesting rights violation
- Initiating judicial review of policy/law that violates rights
- Addressing criminalisation and/or discrimination



- Demanding for equitable programming and financing
- Improving service delivery
- Creating behavioural change

The facilitator is encouraged to prepare in advance a country specific example of policy advocacy that has been successful and can be shared during this session.

Once the processing is complete, the facilitator will do a presentation on advocacy (see M3S1 Handout 1).

The facilitator will prepare participants for the next session on the steps to advocacy planning by sharing that an advocacy objective aims to change the policies, programs or positions of governments, institutions or organizations. More specifically it means WHAT you want to change, WHO will make the change, by HOW much and by WHEN. The advocacy objective should be specific and measurable so that you will know whether or not you have attained your objective in the time frame you have specified.



M3S1 HANDOUT 1

ADVOCACY

What is advocacy?

Advocacy is the process of strategically managing and sharing knowledge to change and/or influence policies and practices that affect people's lives

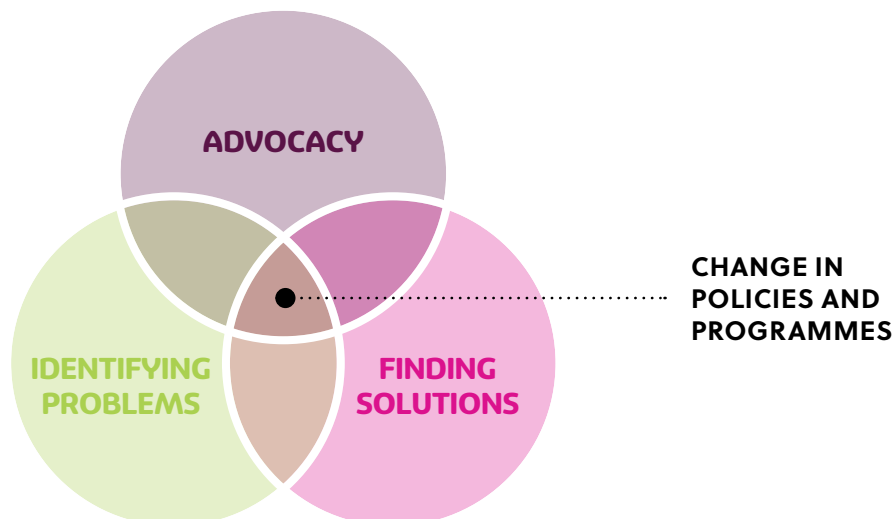
Advocacy

- Is a deliberate process
- It aims to create an enabling environment to make changes
- It aims to inform and influence decision-makers
- It seeks to make changes that are evidence-based with the practical use of knowledge for purposes of social changes directed to government policies, laws, and procedures.
- Advocacy is a process, not a one-way activity.
- It requires empowering, motivating and mobilizing the community to share concerns about a specific problem, devote time, their experience and resources available to reach the desired change.
- Although the focus in advocacy is often on changing policy and practice (the implementation of existing policies), effort is also needed to strengthen the capacity of civil society to engage with policy makers and to try and transform power relations.

What are advocacy goals?

- Changing the policies or programs of any institution
- Putting issues of public interest on the public agenda
- Providing solutions to issues of public interest
- Building public support for issues and solutions
- Making the case for/against a public position or policy.

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SESSION 2: STEP 1: SETTING ADVOCACY GOALS AND OBJECTIVES

1 hour 45 minutes

M3S1 LEARNING OBJECTIVE

Participants will work through developing a draft advocacy plan using the SmartChart 4.0 tool.

M3S1 METHODOLOGY

- Presentation
- Workshop

SESSION FLOW

DAY 3		
TIME	ACTIVITY	MATERIALS
9:10 - 9:20 (10 minutes)	Presentation: Step by Step Guide to Advocacy Planning	Laptop, projector M3S2 Handout 1
9:20 - 9:40 (20 minutes)	Presentation: Goals and Objectives	Laptop, projector M3S2 Handout 2
9:40 - 10:10 (30 minutes)	Workshop 1: Step 1: Goals and Objectives (Part 1)	Laptop, projector, flipchart, markers
10:10 - 10:25 (15 minutes)	Health Break	
10:25 - 11:10 (45 minutes)	Workshop 1: Step 1: Goals and Objectives (Part 2)	Laptop, projector, flipchart, markers

PRESENTATION: STEP BY STEP GUIDE TO ADVOCACY PLANNING

10 minutes

The facilitator will take participants through an overview of the 4 steps of advocacy planning and their purposes. The facilitator will place each step on a visible spot/wall in the room for participants to refer to throughout this module (See M3S2 Handout1).

PRESENTATION: GOALS AND OBJECTIVES

20 minutes

The facilitator will then provide a presentation on goals and objectives and their definition. While introducing the objective, the SMART principle will also be introduced to determine objectives. The facilitator can share the SMART matrix in in M3S2 Handout 2 to show participants how they can determine if an objective is SMART or not.

After introducing the SMART principle, the facilitator will present Example 1 from M3S2 Handout 2 to illustrate what well-written SMART objectives look like.



Before moving to Workshop 1 Step 1, the facilitator will present a draft objective on the screen and ask participants to make it a SMART objective.

Example of draft objective, which can be changed as per country context, for discussion:

"In the future, hospitals in Thailand will ensure the availability of trained staff who can speak multiple languages to provide health care services to pregnant women from Vietnamese, Cambodian and Burmese migrant populations."

The facilitator will lead the discussion for participants to improve the above statement. According to the SMART principle, the above statement is not specific:

- There are no specific details regarding the hospitals mentioned in the objective. How many? Public or private? Where are they located?
- There is no specificity to "multiple languages." Which languages are required?
- Health care services are broad. What kind of services should be provided for pregnant women?

Not time bound:

- "In the future" is vague, making it difficult to measure the success of this objective. It might also impact the budget, and the number of staff implementing the project.

By addressing these issues, we can turn the aforementioned objective to:

"By the end of 2027, all public hospitals in Thailand will ensure the availability of trained staff who can speak Cambodian, Vietnamese and Burmese to be able to provide health care and SRHR services to pregnant women from those 3 majority migrant populations."

WORKSHOP 1: STEP 1: GOALS AND OBJECTIVE

75 minutes

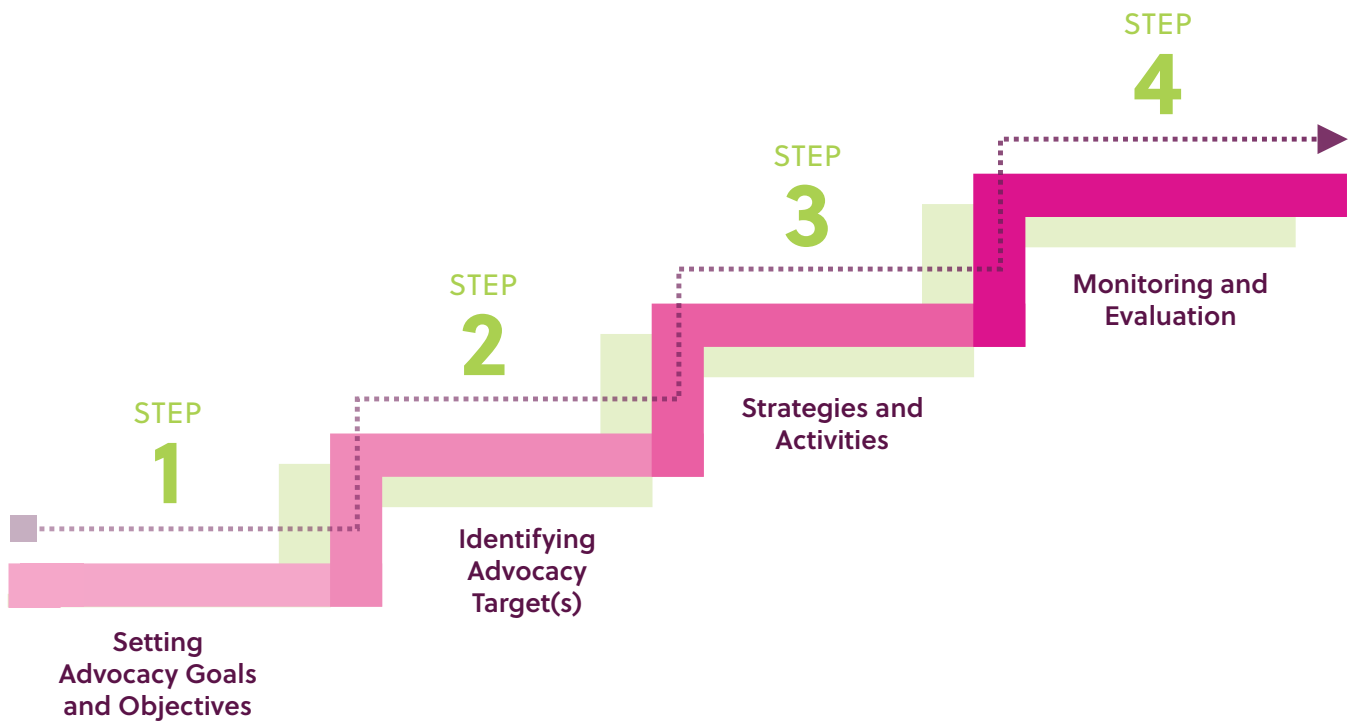
The facilitator will ask participants to organise themselves by country to determine their goal and policy advocacy objectives. Facilitators should emphasize that the objective that they develop is a policy advocacy objective. The facilitator should ask participants to link back to Module 2 Session 1, where they identified the problem statements. They should use this to build on their policy advocacy objectives. Participants will have 30 minutes to work on their goal and objectives.

The remaining 35 minutes will be allocated for all groups to present their goal and objectives. The facilitator(s) and participants will provide feedback to refine them further (see M3S2 Handout 2). The facilitator will inform participants that the objectives that are finalized during this step will be built upon during the remainder of this module.



M3S2 HANDOUT 1

OVERVIEW OF THE STEP-BY-STEP GUIDE TO ADVOCACY AND PLANNING



Step 1: Setting Advocacy Goals and Objectives: Determining what the organisation wants to do, goal and policy advocacy objectives.

Step 2: Identifying Advocacy Target(s): Identifying stakeholders and conducting stakeholder analysis to strategically identify policy advocacy target(s).

Step 3: Strategies and Activities: Identify advocacy strategies and design activities to meet policy advocacy objectives.

Step 4: Monitoring and evaluation: Creating parameters to determine if the activities and strategies meet the policy objectives, and if resources are being used efficiently.



M3S2 HANDOUT 2

OVERVIEW OF STEP 1: GOALS AND OBJECTIVES

Goal: The long-term outcomes or result that your advocacy aims to achieve. It is a broad statement of what you are trying to do and often refers to the benefit that will be felt by those affected by an issue. A goal builds on your advocacy issues by adding who will make change (e.g. person, institute of office), how change will be made (e.g. through a specific bill, guidance or regulation).

Objectives: An advocacy objective aims to change the policies, programs, or positions of governments, institutions, or organizations. These are smaller, specific, actionable steps or tasks that must be completed in order to achieve your goal. They describe the short-term results you aim to accomplish and reflect the specific changes you want to see as a result of your advocacy work. The advocacy plan will be built on these objectives to contribute to ensure each activity contributes directly to reaching your goal.

Objectives must be **SMART**.

SMART	DEFINITION	SAMPLES OF QUESTIONS THAT SHOULD BE ASKED
Specific	Clear and cannot be interpreted otherwise	Is the objective clear?
Measurable	A result or number to show whether you have achieved your objective.	Has your objective indicated any kind of measurable result or target?
Attainable	Considering the external context	Would the public and related stakeholders, i.e. government, buy in to this advocacy objective?
Realistic	Considering your internal context	Do you think your organisation has the capacity to complete this objective? What would be the budget needed to complete this objective? How many staff would you need? etc.
Time-bound	How much time is needed to get this done? Consider if your objective is time-sensitive as well. Consider not all advocacy plans happen within one cycle of a project.	How much time do you think you will need to complete the activities to achieve your objectives?



If the objective is not SMART, how should it be changed?

Example 1: SMART policy advocacy objective

Goals	Sexual health clinics in country X provides provision of trans-inclusive health services
Objectives	<p>Policy Advocacy Objective: Within 18 months, amend the sexual health clinic guidelines of national HIV programmes to include gender-affirming health care services.</p> <p>Policy Advocacy Objective: Within 24 months, operationalise the guidelines that require sexual health clinic staff to provide gender-affirming health care services.</p>



M3S2 TRAINING RESOURCES

LINKS	REFERENCES
	<p>Spitfire Strategies - A Compilation of References: Winning Campaigns</p>
	<p>Making Research Evidence Matter: A Guide to Policy Advocacy in Transition Countries</p>

LINKS	THINK PIECES
	<p>The Symbiotic Relationship Between Communications and Advocacy Strategy in Policy Advocacy</p>
	<p>Digital Smarts: A Guide for Nonprofits</p>
	<p>Mindful Messaging</p>



SESSION 3: STEP 2: IDENTIFYING ADVOCACY TARGET(S)

1 hour 20 minutes

M3S3 LEARNING OBJECTIVE

Participants will identify all stakeholders pertaining to one of their advocacy objectives from Step 1, conduct stakeholder analysis, and strategically select the advocacy target.

M3S3 METHODOLOGY

- Presentation
- Workshop

SESSION FLOW

DAY 3		
TIME	ACTIVITY	MATERIALS
11:10 - 11:25 (15 minutes)	Presentation: Identifying Stakeholders	Laptop, projector M3S3 Handout 1
11:25 - 11:45 (20 minutes)	Presentation: Stakeholder Analysis	Laptop, projector M3S2 Handout 2
11:45 - 12:30 (45 minutes)	Workshop: Step 2: Identifying Advocacy Target(s)	Laptop, projector, flipchart, markers
12:30 - 13:30 (60 minutes)	Lunch	Laptop, projector, flipchart, markers

PRESENTATION: IDENTIFYING STAKEHOLDERS

15 minutes

The facilitator will open this session by emphasising the importance of identifying all stakeholders (M3S3 Handout 1) relevant to the objectives identified during Module 3 Session 2 to develop a successful advocacy plan.

The facilitator will make a clear distinction between the different stakeholders and emphasise that the advocacy target is not always the decision maker.

PRESENTATION: STAKEHOLDER ANALYSIS

20 minutes

The facilitator will inform participants that once all stakeholders are identified, it is important to understand their position and influence in relation to the policy advocacy objectives.

The facilitator will introduce Power Mapping Analysis¹⁴ (M3S3 Handout 2) as a stakeholder analysis tool, and explain how it supports participants in identifying their policy advocacy target(s).



The facilitator will choose one objective to lead participants in a short exercise on identifying stakeholders and conducting stakeholder analysis (M3S3 Handout 3). An objective can be chosen from the example of a SMART Policy Objective provided in the previous session (M3S2 Handout 2 Example 2) or the facilitator can share one that is more country specific.

After walking through the example, the facilitator will ask participants “Which stakeholder needs to be the target of your advocacy?”

The facilitator will emphasise that if participants or advocates have direct access to the decision makers and can influence them, then the decision makers themselves should be the policy advocacy target. However, if there is no direct access, then the policy advocacy target(s) should be someone who can influence the decision maker.

WORKSHOP: STEP 2: IDENTIFYING ADVOCACY TARGET(S)

45 minutes

The facilitator will ask country groups to pick one objective from the objectives they identified in Step 1, brainstorm all relevant stakeholders and list them. Once participants have a comprehensive list, they should plot all stakeholders on the Power Mapping Analysis graph. Participants will use this mapping exercise to identify their advocacy target(s).

The facilitator will ask one/two volunteers to share their output to close the session.



M3S3 HANDOUT 1

STAKEHOLDERS

Stakeholders: All individuals, groups or organizations that are relevant to your objective.

ROLE	DEFINITION	YOUR RELATIONSHIP WITH THEM
Decision Makers	The individual with the authority to take the action you are advocating for.	Try to influence them.
Partners	Individuals, groups, or organizations that actively support your goal and are working with you to design and/or implement your advocacy plan.	Co-create strategy, coordinate efforts, and share resources.
Allies	Individuals, groups, or organizations that share your goal and may act alongside you.	Collaborate with them to strengthen your effort.
Affected Community	Those who have first-hand knowledge of the issue and will directly benefit from a positive outcome of your advocacy.	Amplify their voices and engage them in planning.
Fence-Sitters	Individuals, groups, or organizations that are undecided, uniformed, or neutral on the issue.	Build relationships and raise awareness.
Opposition	Individuals, groups, or organizations who actively resist your advocacy goals, whether ideologically, politically, or economically.	Understand their values and motives.
Media	Individuals and organizations involved in mass communication.	Use them to shape narratives, raise awareness, and build public pressure.
Influencers	Individuals who may not be decision-makers but have social credibility (e.g., religious leaders, community elders, academics, celebrities).	Persuade them to speak out for your cause.



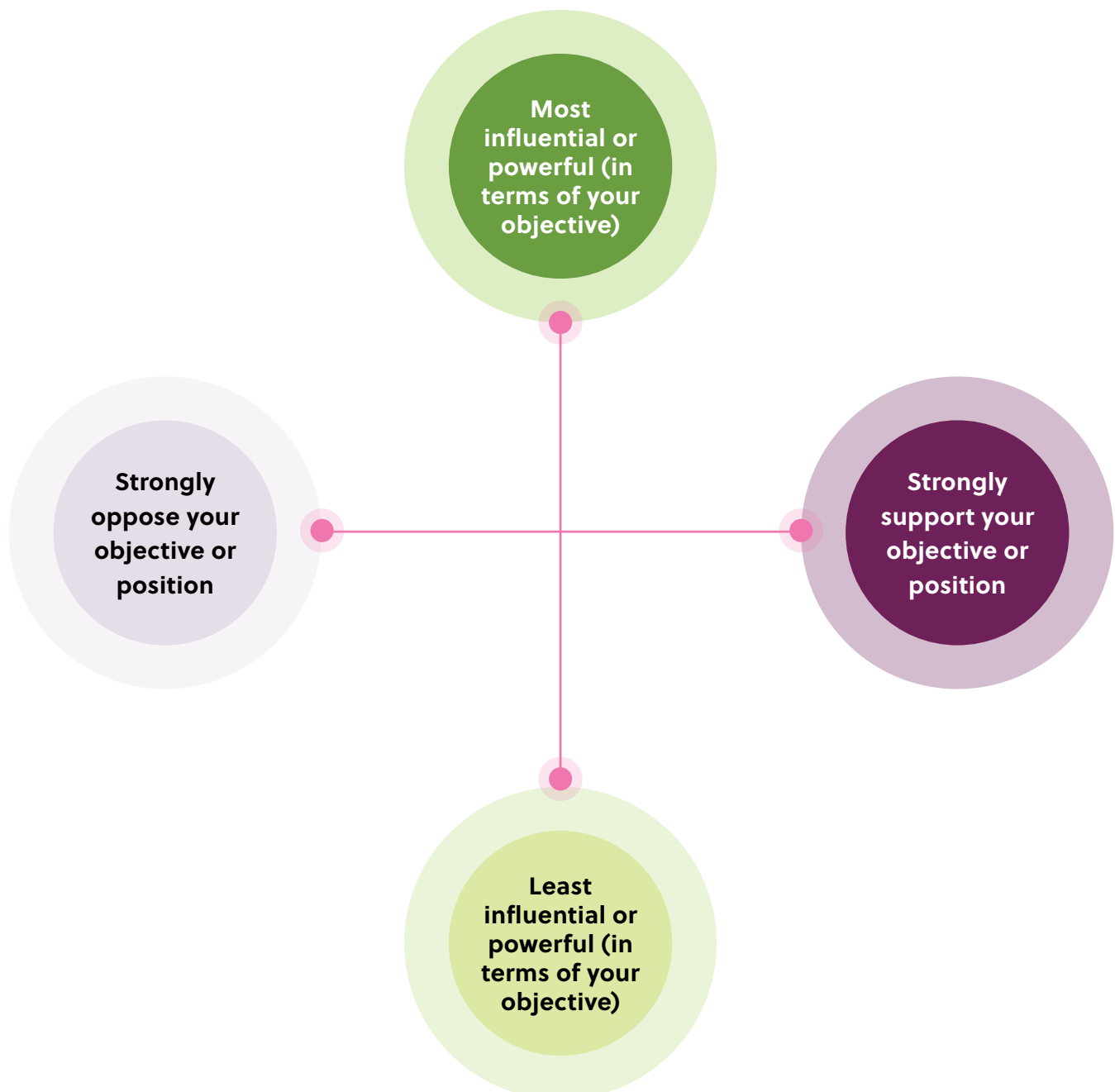
M3S3 HANDOUT 2

IDENTIFYING ADVOCACY TARGET(S)

Stakeholder analysis will help you decide which stakeholders might have the most influence over the success or failure of your effort, which might be your most important supporters, and which might be your most important opponents¹⁵.

Advocacy Target(s): The decision-maker or the individual, group, or organization that has the power to influence the decision maker. Allies can become advocacy targets when you're actively trying to get them to do something they haven't yet done, especially if their actions can help influence the decision maker.

Power Mapping Analysis





SESSION 4: **STEP 3: ADVOCACY STRATEGIES AND** **ACTIVITIES**

1 hour 15 minutes

M3S4 LEARNING OBJECTIVE

Participants will identify policy advocacy strategies and design activities tailored to their policy advocacy target.

M3S4 METHODOLOGY

- Presentation
- Workshop

SESSION FLOW

DAY 3		
TIME	ACTIVITY	MATERIALS
13:30 - 14:00 (30 minutes)	Presentation: Advocacy Strategies and Activities	Laptop, projector M3S4 Handout 1
14:00 - 14:45 (45 minutes)	Workshop: Step 3: Advocacy Strategies and Activities	Laptop, projector, flipchart, markers

PRESENTATION: ADVOCACY STRATEGIES AND ACTIVITIES

30 minutes

The facilitator will refer to M3S4 Handout 1 to take participants through select advocacy strategies and corresponding activities while noting that the list is not comprehensive. They will emphasise that participants must consider how their chosen strategy and activities will reach their policy advocacy target(s) to create the change they want to achieve.

Building on the previous session, the facilitator will refer back to the stakeholder analysis exercise. Using the stakeholders and advocacy target(s) identified by participants, the facilitator will guide them in choosing a suitable advocacy strategy and designing specific activities aimed at influencing the target(s).

WORKSHOP 3: STEP 3: ADVOCACY STRATEGIES AND ACTIVITIES

45 minutes

The facilitator will ask the country groups to continue working on their advocacy objective by identifying an advocacy strategy and designing activities to influence their advocacy target(s).

The facilitator will ask one-two volunteers to share their output to close the session.



M3S4 HANDOUT 1

ADVOCACY STRATEGY AND ACTIVITIES

Identifying an **advocacy strategy** will give you focus and direction, and guide you in designing activities that will make the most impact towards achieving your objective¹⁶.

Advocacy Strategies and Activities^{17 18}

- **Direct Advocacy:** One-on-one discussions with decision-makers to influence them to change, adopt or advance a policy.
 - Formal meetings with decision makers
 - Public Speaking (public consultations, parliamentary committee hearings, expert panels, providing lived experience or technical expertise on record)
- **Mobilisation and Coalition Building:** Engaging and activating large numbers of people — particularly affected communities and supporters — to show public support, demand change, and increase pressure on decision-makers.
 - Protests, marches or public demonstrations
 - Petitions and letter writing campaigns
 - Media campaigns
 - Community meetings or public forums
- **Public Awareness:** Communications with the public that increase recognition that a problem exists or familiarity with a policy proposal to build support.
 - Events, such as briefings or webinars
 - Digital media campaigns
 - Roadshow
 - Street theatre
- **Legal Advocacy:** Using legal tools and litigation to challenge or enforce policy change.
 - Public interest litigation
 - Using freedom of information laws to obtain data
 - Complaints to human rights commissions
- **Media Advocacy:** Strategic use of print, broadcast, or online media to shape public and policy discourse.
 - Op-eds or press releases
 - Media interviews or talk shows
 - Blogs
 - Advertisements



SESSION 5: STEP 4: MONITORING AND EVALUATION

2 hours

M3S5 LEARNING OBJECTIVE

Participants will learn to create parameters to determine if the activities and strategies meet the policy objectives, and if resources are being used efficiently.

M3S3 METHODOLOGY

- Presentation
- Workshop

SESSION FLOW

DAY 3		
TIME	ACTIVITY	MATERIALS
14:45 - 15:15 (30 minutes)	Presentation: Measuring Success	Laptop, projector M3S5 Handout 1
15:15 - 15:30 (15 minutes)	Health Break	
15:30 - 17:00 (90 minutes)	Synthesis Workshop: Finalisation of Advocacy Plan	Laptop, projector M3S5 Handout 2
17:00 - 17:15 (15 minutes)	Daily Evaluation	

PRESENTATION: MEASURING SUCCESS

30 minutes

The facilitator will prepare a presentation based on the S3M5 Handout 1. This also includes some examples that the facilitator can expand and explore as he/she/they prepare their presentation. For continuity, the facilitator will also cite the policy advocacy objective from Session 1. In this case, if the policy advocacy objective is *within 18 months, amend the sexual health clinic guidelines of national HIV programmes to include gender-affirming health care services*, then a proposed outcome would be that the sexual health clinic guidelines have included gender-affirming health care services; one output would be a position statement from the GJSR platform on the need to include gender-affirming health care services for transgender populations.

The facilitator will stress the importance of measuring advocacy activities by their success. Success should be gauged based on how these activities connect to the anticipated results or outputs. Consequently, outcomes refer to the events that occur because of these efforts' outputs.

When developing your outputs and outcomes for your advocacy activities, participants will need to envision the final result of their advocacy plan. What is it that you are trying to achieve after the advocacy plan has been conducted? Clearly define your efforts' desired outcomes through your objectives, and each activity should correspond to a particular output, and every output should play a crucial role in achieving the overall result.



The facilitator should remind participants that if the planned activities are not yielding the expected outputs and outcomes, it is worth reevaluating the activities to better align with your objectives. This is where you will need your monitoring and evaluation activities that should be embedded along with the implementation of your advocacy plan.

SYNTHESIS WORKSHOP: FINALISATION OF ADVOCACY PLAN

90 minutes

Once all the steps have been presented, the facilitator will ask the groups to complete their work following the Advocacy Plan Template found in M3S4 Handout 2. The facilitator can divide this time period into two: 45 minutes for the groups to finish their advocacy plan, and another 45 minutes for the groups to present. It is best for groups to plot their outputs on a laptop so their plan can be projected during their presentation.



M3S5 HANDOUT 1

MEASURING SUCCESS: KEY CONCEPTS

Outputs versus Outcome: What's the Difference?

Outputs are direct results of the activities that you implement as part of your advocacy plan. Outputs can be a result of one or many activities, and these activities may be implemented either in parallel or consequently with each other. Outputs are more immediate, concrete results, of which one will immediately see your activity's intended result. With regards to monitoring your advocacy plan, outputs can be your targets to ensure whether you have conducted your activities according to plan.

Milestones are specific output or outputs that you produce in a given time period during your advocacy plan. These milestones provide an indication not only the timeliness of your activities as planned but also the progress of your advocacy plan.

Example:

Activity 1: Organising a courtesy meeting with a Member of Parliament (MP) about the project

Activity 2: Inviting the MP to participate in a GJSR orientation

Activity 3: Organising a dialogue with the MP to present the GJSR Community Platform's advocacy agenda

Output: One (1) MP participated in 3 meetings supported by the project

Milestone: Three (3) MP participated in 5 meetings by the end of the first quarter of year X

Outcomes on the other hand are the effects of your outputs, either to your intended target stakeholder. Like outputs, outcomes are results of one or many outputs combined. On the other hand, while outputs are more immediate in terms of results, outcomes tend to have a more short- or medium-term before its effect is felt or observed; hence, as far as your advocacy plan is concerned, one will need to make sure that evaluation or assessment tools for your outcomes are considered. Lastly, outcomes set a target to whether your results and outputs achieve your expected outcome. Outcomes, in this case, becomes your measure to whether your results contribute to your advocacy plan's intended objective.

Example:

Activity 1: Drafting a data collection plan for a TB situational analysis report in country X.

Activity 2: Conducting interviews and survey for the TB situational analysis report in country X.

Output 1: Situational analysis report developed for country X.

Output 2: Recommendations to improve the response to KAWG and PoDS in the TB response in country X.

Outcome: Health-seeking behaviours and issues faced by KAWG and PoDS identified.



Monitoring and Evaluation

Monitoring and evaluation are complementary processes that form part of the accountability aspect of your advocacy plan. These two approaches would confirm the achievement of your SMART objectives, your intended results, and the effectiveness of the plan that you developed. However, these two processes are not interchangeable, which is a usual mistake. There is a need to further understand the differences between the two as this will help you in planning for the accountability aspect of your advocacy plan.

What is monitoring?

Monitoring is a systematic review of the progress of your advocacy plan over time. Monitoring activities tend to be a continuous process and are conducted on a regular basis (e.g. monthly, quarterly). Monitoring activities also assess the effectiveness of the activities that are being implemented, and address and troubleshoot issues that are encountered in the course of the implementation of your advocacy plan.

Examples of monitoring activities include: focus group discussions, regular calls with your constituency or partners, conducting regular surveys, monitoring visits

Evaluation focuses on reviewing what is planned versus what is achieved at specific points in time during the course of your advocacy plan. In evaluation, what matters more are the results and outcomes of your advocacy plan. Evaluation activities capture the learning for your organisation or for your partners, as well as its contribution as part of the broader environment of the priority issue that you are addressing. Evaluation exercises can be conducted either internally or externally.

Examples of evaluation activities are almost similar to monitoring activities; the major difference, however, is the purpose and focus of what you intend to evaluate, which are your advocacy plan objectives. Evaluation activities answer the question: have you achieved your objective at a given advocacy plan implementation timeframe? What did you learn over the course of conducting your advocacy activities? How do they contribute to your objectives?



MODULE

04

Gender-Transformative Leadership for GJSR

OVERVIEW OF MODULE 4 AND TIME ALLOCATION

Visioning and Defining Gender-Transformative Leadership
2 hours

Gender-Transformative Leadership: Owing and Leading Forward
1 hour 15 minutes

M4 LEARNING OBJECTIVE

Participants will gain knowledge and skills to develop into gender-transformative leaders who initiate GJSR-affirmative regional policies and programmes.

M4 KEY MESSAGES

- Gender-transformative leadership goes to the core of systemic change.
- Gender-transformative leadership seeks to cultivate like-minded leaders to accelerate and expand impactful change.
- Gender-transformative leadership is a value as well as a tool.
- Gender-transformative leadership is a continuous process of reflection and change.

SESSION 1:

VISIONING AND DEFINING GENDER-TRANSFORMATIVE LEADERSHIP

1 hour 30 minutes

M4S1 WORKSHOP OBJECTIVES

1. To develop REGENERATE's definition, values, and principles of GJSR-affirmative and gender transformative leadership
2. To reflect on the meaning of gender-transformative leadership and how it is embraced within their organisation

M4S1 METHODOLOGY

- Presentation
- Plenary Workshop
- Group Exercise



SESSION FLOW

DAY 4		
TIME	ACTIVITY	MATERIALS
8:00 - 8:30 (30 minutes)	Reflections and Announcements	
8:30 - 9:15 (45 minutes)	Plenary Workshop: Defining Gender-Transformative Leadership	Flipchart, markers, sticky notes, meta cards H4S1 Handout 1
9:15 - 10:15 (60 minutes)	Group Exercise: Gender-Transformative Leadership at Work	Coloured A4 paper or similar stationary
10:15 - 10:30 (15 minutes)	Presentation: Gender-Transformative Leadership Beyond Definitions	Laptop, projector
10:30 - 10:45 (15 minutes)	Health Break	

REFLECTIONS AND ANNOUNCEMENTS

30 minutes

The day will commence with one or more participants sharing reflections from the previous day. Announcements will also be delivered at this time.

PLENARY WORKSHOP: DEFINING GENDER-TRANSFORMATIVE LEADERSHIP

45 minutes

The facilitator will prepare three empty flipcharts in front of the room. Meta cards or large sticky notes in two colours will be distributed to participants.

The facilitator will ask the question, "What word comes to mind when we hear the word 'leadership'?" Participants will have 7 minutes to write their individual answers in their meta cards or sticky notes and paste them in one of the flipcharts. As this is happening, the facilitator will discreetly group the responses based on emerging themes, according to the 4 Ps: Power, Purpose, Principles, Practice, as explained in M4S1 Handout 1.

Next, the facilitator will move to the second empty flipchart and ask participants, "Recalling our GEDSI sessions and reflecting on all lessons from the past sessions, what word or words can we use to define 'gender-transformative'?" The facilitator will give participants another 7 minutes to write their answers and paste them in the 2nd empty flipchart. As this is happening, the facilitator will discreetly group them into themes, again according to the 4 Ps.

To summarise the group responses thus far, the facilitator will recap their grouping of the words and explain that the emerging co-created definition of gender-transformative leadership addresses four components, which can be referred to as the 4 Ps, and explain them.



In the third flipchart, the facilitator, with prompts from participants, will combine and migrate the meta cards from the first two flipcharts, arranged into four quadrants corresponding and labelled according to the 4 Ps.

Looking at this third flipchart, the facilitator will share word associations and definitions collected from earlier REGENERATE Institute as below:

VALUES	CHARACTERISTICS & TRAITS	WHAT IT DOES	ITS PURPOSE	HOW IT LOOKS LIKE/PRACTICE
<ul style="list-style-type: none"> • Accountability • Integrity • People-centred • Do no harm • Fairness • Non-judgement 	<ul style="list-style-type: none"> • Caring • Empathetic • Listener • Supportive • Collaborative • Flexible • Clear • Willingness to learn to share • Courage/heart • Responsibility • Critical thinking • Clear vision 	<ul style="list-style-type: none"> • Challenge the status quo/current system 	<ul style="list-style-type: none"> • Equality • Build a gender equal system • Non-violence & non-discrimination • Promote collective/individual resilience • Build an inclusive culture • No one left behind 	<ul style="list-style-type: none"> • Power can be shared • Share & rotate leadership • Equity must be designed

The facilitator will point out words identified from the previous Institute common with those of the current participants, and then check if the non-common words should be adopted. Adopted words will be added onto the third flipchart.

With the set of combined (new words built into old and words associated with leadership combined with those associated for gender transformative) words in the third flip chart, confirm if the collection of words reflect participants' joint definition of gender-transformative leadership. Go through each of the 4 Ps quadrants to surface additional responses, checking with participants if they feel each of the 4 Ps are sufficiently addressed.

When participants express satisfaction that they have exhausted all the substantive word associations, summarise the exercise by formulating the group's definition for gender-transformative leadership. Emphasise that, at its core, gender-transformative leadership is about driving systemic and lasting change toward gender equality by challenging and transforming the power structures and social norms that uphold inequality — especially, but not only, those related to SOGIESC.

The facilitator will emphasise that gender transformative leadership ultimately aspires for a world where everyone, regardless of their SOGIESC and other status or identities, has the opportunity to thrive and reach their full potential. It mobilizes and respects all people, and facilitates the space for marginalised and vulnerable groups to have access to power and become leaders, themselves.

GROUP EXERCISE: GENDER-TRANSFORMATIVE LEADERSHIP AT WORK

60 minutes

In plenary, distribute one coloured A4 or similar paper to each participant. Give 20 minutes for participants to reflect on, and answer the three questions below, writing their answers on their coloured paper:

1. How far/how much is my community group/my organisation practising gender-transformative leadership relative to our co-created definition earlier?
2. What is my vision for my community group/my organisation in terms of practising/living by the principles of gender-transformative leadership?
3. What can I propose to my community group/organisation so that we embody and practice gender-transformative leadership progressively?

When all participants finish their individual reflections, ask them to form groups of four each and share and discuss their reflections with their group. Allow 25 minutes for this.

To end the group exercise, allow 15 minutes for volunteers to share their reflections in plenary.

PRESENTATION: GENDER-TRANSFORMATIVE LEADERSHIP, BEYOND DEFINITIONS

15 minutes

To end the session, further deepen participants' understanding of gender-transformative leadership (beyond definitions) by sharing this pie analogy:



Leaders could strive to make sure that a pie is always equally cut and that everyone, including KAWG and PoDS, do not end with just the crumbs or no share at all, but rather have their equal share in the pie. This is leading for gender equality.

Leaders could strive to make sure that those who are the hungriest, those deprived of food and may be on the brink of starvation, are the ones fed first, first to have a guaranteed share of the biggest share. This is leading for gender equity.

But does it matter if everyone has a share in the pie and that the pie is equally divided if the pie is poisoned? In the power and patriarchy sessions, patriarchy has been rightly identified as the root of issues that result to what could be likened to rotten fruits: gender inequality and discrimination; invisibility, erasure, marginalisation; homo-/bi-/trans-/lesbo-phobia; and gender-based violence. If we use these rotten fruits for baking, we end up with a poisoned pie. Gender-transformative leadership



is believing, insisting and bringing along other people to say, “We don’t want a piece of a poisoned pie.” This would only happen if the systemic and root cause of gender injustices (i.e., patriarchy) is acknowledged, challenged and confronted at whatever level of society the leader operates in.

Gender-transformative leadership also means reminding institutions and society that gender justice and sexual rights affirmation does not mean granting of special or more rights for KAWG and PoDS. Rather, they are assertions for equal rights for KAWG and PoDS which they are legitimately entitled to, same as all other human beings.



M4S1 HANDOUT 1

GENDER TRANSFORMATIVE LEADERSHIP

Gender-transformative leadership at the fundamental level

Gender-transformative leadership is leadership that creates systemic and sustainable change towards gender equality by challenging and changing existing power structures and norms that perpetuate inequality, particularly but not exclusively only those based on SOGIESC.

Gender-transformative leadership ultimately aspires for a world where everyone, regardless of their SOGIESC and other status or identities, has the opportunity to thrive and reach their fullest potential. It mobilizes and respects all people, and facilitates the space for marginalised and vulnerable groups to have access to power and become leaders, themselves.

4 Ps as components for co-creating a collective definition of gender-transformative leadership

- 1. Power** - being explicit on how gender-transformative leadership challenges patriarchal thinking and practices, work at the root causes of gender inequality, and support processes of transforming power over into power to; this could happen at the level of individuals and communities, in both formal institutions and informal spheres
- 2. Purpose** - what is the intent of gender-transformative leadership
- 3. Principles and values** - overarching fundamental and non-negotiable values and principles that underpin types of leadership if they are to be gender-transformative, overarching of which should be the respect for the human rights of all people regardless of their SOGIESC and other status or identities
- 4. Practice** - talks to how gender-transformative leadership is practiced/operationalised



SESSION 2: GENDER-TRANSFORMATIVE LEADERSHIP: OWNING AND LEADING FORWARD

1 hour 15 minutes

M4S2 LEARNING OBJECTIVES

1. To reflect on their learning from the training, and identify how these contribute themselves as becoming gender-transformative leaders
2. To implement gender-transformative leadership as individuals and within individual organisations and/or networks.

M4S2 METHODOLOGY

- Workshop

SESSION FLOW

DAY 4		
TIME	ACTIVITY	MATERIALS
10:45 - 12:00 (75 minutes)	Workshop: Gender-Transformative Leadership (Individual Reflections)	Laptop, projector, letters, pens
12:00 - 13:00 (60 minutes)	Lunch	
13:00 - 13:45 (45 minutes)	Overall Synthesis	
13:45 - 14:15 (30 minutes)	Evaluation and Post-Test Survey	Laptop, projector
14:15 - 14:30 (15 minutes)	Health Break	
14:30 - 16:00 (90 minutes)	Graduation Ceremony Closing Remarks Class Picture	Laptop, projector, graduation certificates

WORKSHOP ON GENDER-TRANSFORMATIVE LEADERSHIP (INDIVIDUAL REFLECTIONS)

75 minutes

The facilitator will explain that, in the next exercise, participants will be writing a "Letter to Myself." This reflective activity is designed to help participants consolidate and internalize the key insights and lessons they have gained throughout the training.

Blank papers or letters will be distributed to participants. The facilitator will inform them that in this exercise, they will write a letter to themselves while answering the following questions:

1. What is the biggest learning that they learned in this training? How did that affect their life as GJSR advocates?
2. What changed (i.e. cognitively, emotionally, perception-wise) throughout the duration of the training?



3. What kind of leader am I? How come?
4. How will you extend the learning that you incurred in this training to your community? What is the first thing that you will do?

After 30 minutes, the facilitator will ask volunteers to read their letters in front of everyone. Alternatively, and if time permits, the facilitator can also group participants into groups of 4 and ask them to read their letters to each other.

After letters have been shared, participants will be asked to seal their letters and store them safely. They will be informed that they are to open and read their “Letters to Myself” in six months.

OVERALL SYNTHESIS

45 minutes

The overall synthesis is an opportunity for facilitator(s) to bring together key concepts and learnings from the training and integrate them into a shared understanding that can guide participants’ future advocacy.

Begin by briefly revisiting the foundational concepts covered during the training — SOGIESC, power & patriarchy, and GEDSI. Emphasize the importance of intersectionality, specifically the ways in which gender, sexuality, disability, and other identities interact in the context of health, particularly HIV, TB and malaria. Use participants’ experiences and/or case studies discussed during the training to connect theory with lived realities.

Bring these concepts together to lead into a discussion on human rights, which serves as the anchor for GJSR. Human rights provide the normative standards for addressing inequalities and can be invoked in advocacy to challenge and dismantle roots of inequality, i.e. patriarchy. Use examples, especially on the different human right instruments from the training, to illustrate how these instruments and institutions can be utilized to strengthen and further advocacy efforts.

Next, move to the skills building component of the training. Highlight that the first step towards effective advocacy requires the ability to identify gaps, linking this back to the policy reviews and analysis conducted by participants during the training. Congratulate participants on developing their advocacy plans, underscore the importance of keeping them focused and actionable, and encourage them to take the plans forward within their organizations and/or in the REGENERATE Platform (national/regional) after the training.

An important building block of effective advocacy is community mobilization. Invite participants to reflect on how they will bring the learnings from the training to their communities, networks and organisations. Reaffirm that each participant is an integral part of the GJSR movement, with a vital role to play in its growth and impact at country, regional and international levels.



EVALUATION AND POST-TEST SURVEY

30 minutes

The facilitator will give participants 30 minutes to complete the evaluation along with the Post-Test Survey (Annexure 1).



ENDNOTES

1. <https://www.nature.com/articles/518288a>

2. https://cdn.who.int/media/docs/default-source/documents/gender/SOGIESC---faq-final-08.10.2024.pdf?sfvrsn=ef076e29_3&download=true

3. https://www.who.int/health-topics/gender#tab=tab_1

4. <https://www.unglobe.org/s/IOM-SOGIESCSC-Glossary-of-Terms.pdf>

5. <https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/>

6. https://justassociates.org/wp-content/uploads/2007/08/new_weave_en_ch3.pdf

7. <https://www.doc-developpement-durable.org/file/programmes-de-sensibilisations/homophobie/Homophobia%20A%20Weapon%20of%20Sexism%20-%20Vancouver%20Rape%20Relief.pdf>

8. <https://www.ippf.org/resource/sexual-rights-ippf-declaration#:~:text=Sexuality%20is%20a%20natural%20and,Tamil%20...>

9. https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

10. <https://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>

11. <https://www.unicef.org/child-rights-convention/convention-text#:~:text=Article%2034,in%20pornographic%20performances%20and%20materials>




12. <https://www.unwomen.org/sites/default/files/2022-01/Intersectionality-resource-guide-and-toolkit-en.pdf>



13. <https://unstats.un.org/UNSDWebsite/capacity-development/admin-data/tools/AdvocacyToolkit>



14. <https://mccunefoundation.org/wp-content/uploads/2013/05/Power-analysis.pdf>



15. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>



16. <https://rutgers.international/wp-content/uploads/2021/08/Developing-an-Advocacy-Strategy.pdf>

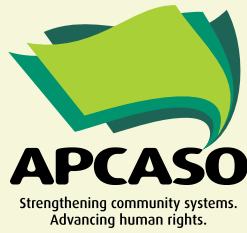


17. https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNICEF%20Advocacy%20Toolkit.pdf?utm_source=chatgpt.com



18. <https://www.mentoring.org/wp-content/uploads/2024/08/Agent-of-Change-Advocacy-Guide.pdf>





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This toolkit intends to deliver knowledge and information, and build skills among **REGENERATE Leadership & Learning Institute** participants to join and lead gender justice and sexual rights movements to break patriarchy and overturn harmful sex and gender stereotypes, misinformation, misogyny, homophobia and transphobia. All of these are vital for a gender just and rights-affirmative health responses, similar to how oxygen is essential for breathing.

