LGBTIQ+ YOUTH LEADERSHIP TRAINING MODULE

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ACKNOWLEDGEMENTS

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ACRONYM

AIDS	Acquired immunodeficiency syndrome
ARV	Anti-retroviral
GAH	Gender-Affirming Hormones
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSV	Herpes Simplex Virus
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
PEP	Pre-exposure prophylaxis
PrEP	Post-exposure prophylaxis
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics
STI	Sexually Transmitted Infections
YKP	Young Key Population

TERMINOLOGY

Acquired immunodeficiency syndrome (AIDS)

AIDS is an epidemiological definition based on clinical signs and symptoms. AIDS is caused by HIV, the human immunodeficiency virus.

Adolescent

Aged from 10 to 19 years (WHO, 2022).

Bias

Inclination or prejudice for or against one person or group, especially in a way considered to be unfair.

Chlamydia

A common STD that can cause infection among both men and women. It can cause permanent damage to a woman's reproductive system. You can get chlamydia by having vaginal, anal, or oral sex with someone who has chlamydia. Also, you can still get chlamydia even if your sex partner does not ejaculate (cum). A pregnant person with chlamydia can give the infection to their baby during childbirth.

Gay

The term 'gay' can refer to same-sex sexual attraction, same-sex sexual behaviour, and same-sex cultural identity in general. However, it often refers to a male who experiences sexual attraction to, and the capacity for an intimate relationship primarily with, other men.

Gender and sex

An infection caused by a sexually transmitted bacterium that infects both males and females. Gonorrhea most often affects the urethra, rectum or throat. In females, gonorrhea can also infect the cervix. Gonorrhea is most commonly spread during vaginal, oral or anal sex.

Gonorrhea

The term 'sex' refers to biologically determined differences, whereas 'gender' refers to differences in social roles and relations. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity, and religion, as well as by geographical, economic, and political environments. Moreover, gender roles are specific to a historical context and can evolve over time, in particular through the empowerment of women.

Hepatitis B

A vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth.

HPV

You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. It also spreads through close skin-to-skin touching during sex. A person with HPV can pass the infection to someone even when they have no signs or symptoms.

HSV

Infection with herpes simplex virus (HSV), known as herpes, is common globally. HSV type 1 (HSV-1) is typically transmitted by oral-to-oral contact and causes infection in or around the mouth (oral herpes), but it can also cause genital herpes. HSV-2 is mainly sexually transmitted and causes genital herpes.

Key populations at higher risk of HIV exposure

The term 'key populations at higher risk of HIV exposure' (or 'key populations') refers to those who are most likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful response to HIV. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients are key populations. In other settings, this definition may expand to include mobile populations, incarcerated people, women, Indigenous populations sero-negative partners in sero-discordant couples and others are at higher risk of HIV exposure than other people.

People who use drugs

A broader term than 'people who inject drugs', indicating the consumption of substances which alter the body function physically and/or psychologically through means other than injection.

Risk

Risk is defined as the risk of exposure to HIV or the likelihood that a person may become infected with HIV. Certain behaviours create, increase, or perpetuate risk.

Sex worker

The term 'sex worker' is intended to be non-judgemental and focuses on the working conditions under which sexual services are sold. Sex workers include consenting female, male, and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally.

Stigma and discrimination

Stigma is an opinion or judgement held by individuals or society that negatively reflects a person or group. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions. Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group.

Syphilis

A bacterial infection usually spread by sexual contact. The disease starts as a painless sore and typically on the genitals, rectum or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.

Trichomoniasis

A common sexually transmitted infection caused by a parasite. In women, trichomoniasis can cause a foul-smelling vaginal discharge, genital itching and painful urination.

Undetectable=Untransmittable

U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.

Waria

Combination of the terms wanita (woman) and pria (man), commonly use in indonesia to refer transgender women.

Youth

Age from 15 to 24 years (UN, 2022)

Youth Experiencing Poverty and Homelessness

This is referring to the youth community who face the situation of not having enough money to meet basic needs including food, clothing and shelter. However, poverty is more, much more than just not having enough money.

In addition to a lack of money, poverty is about not being able to participate in recreational activities; not being able to get education; not being able to pay for medications for an illness. When people are excluded within a society, when they are not well educated and when they have a higher incidence of illness, there are negative consequences for society which homelessness is one of them.

BACKGROUND

Globally in 2019, two out of every seven new HIV infections happened among young people (15-24 years old), including young LGBTIQ+ individuals who faced increased vulnerability to discrimination and abuse. Without the involvement of young marginalised people, our ambitious target to end the AIDS epidemic by 2030 would not be realised (UNAIDS, 2021b). Global analysis showed that transgender people are more likely to have HIV, with trans women 66 times and transgender men nearly seven times (Stutterheim et al., 2021). Trans people from a young age faced stigma, discrimination, and social rejection in their homes and communities for expressing their gender identity. Such discrimination, violence and criminalisation prevent transgender people from getting the HIV services they need to stay healthy (AIDS Data Hub, 2017).

The effectiveness of programmes and interventions targeting young trans people can only be ensured with full participation in the programme design, monitoring, and implementation. Because young people play a crucial role in mobilising social change, their leadership capacity should be sustained and elevated through meaningful engagement and participation. LGBTIQ+ youths, especially transgender youth, are often left out of this conversation (APTN, 2022b).

Based on survey assessments conducted by the Asia Pacific Transgender Network (APTN), there is a lack of capacity building and development for younger trans people to serve as leaders in their respective organisations and communities. The existing barriers to health and social services for young trans people call for the leadership and meaningful engagement of trans youth to develop appropriate interventions. In addition, more efforts must be taken to recognise the realities and intersectionalities of young trans people's lives and to enable young trans people to take up leadership roles to address their community's needs (APTN, 2022b).

Back in 2011, after months of consultation, writing, and piloting with various youth-focused organisations across the region, Youth LEAD created the New Gen Training Manual to address the critical concerns in promoting YKP participation in HIV response (Cahill, 2014; Youth LEAD, 2022). With the same spirit, in partnership with APTN under the project funded by the Robert Carr Fund (RCF), "Transcending Borders: Strengthening trans and gender diverse movements towards transformative leadership, legal protection and trans-competent healthcare in Asia-Pacific and Africa", Youth LEAD aims to develop the LGBTIQ+ Youth Leadership Training Module to equip young LGBTIQ+ people, especially trans youth, with the skills needed to take up leadership positions and participate in decision-making bodies within the context of HIV response and programming. The LGBTIQ+ Youth Leadership Training Module will cover the issues and needs of LGBTIQ youth in HIV response, specifically focusing on trans youth in the Asia-Pacific region. This module emphasises storytelling and the power of bringing people together toward the same cause.

OBJECTIVES

1. To provide a comprehensive, adaptable, and youth-friendly tool for LGBTIQ+/trans youth on transformative leadership, legal protection, and trans-competent healthcare within the intersectionality in HIV responses.

2. To increase the capacity of LGBTIQ+/trans youth activists in the Asia-Pacific through shared understanding and training on leadership, interpersonal, public speaking, and teamwork skills.

3. To provide a future reference for LGBTIQ+/trans youth leadership training in the Asia Pacific region.

FACILITATORS GUIDE

Steps	Key Points
Preparation	**1). Participants** Knowing your participants and group dynamics. The curriculum can be adopted to small to medium groups (10-15). Be respectful of every gender, sexuality, and background. **2). Prepare the translation and sign language, if needed** Language can be barriers for some. Ask for a professional interpreter (sensitised to HIV/LGBTIQ+ issues, if possible), or other participants who are willing to help with translation. Also, see if sign language interpreters are required for the training. **3). Venue management/equipment** Arrange the furniture and room (medium to large) for more accessible movement games/activities. Ensure that the venue and staff are informed about the type of training you will conduct to guarantee that all participants across different expressions and backgrounds feel safe. **4). Know your methodologies** • This module comprises a participatory and experiential style of information sharing using games, presentations, and role-play, with the purpose to build a friendly, energising, and safe atmosphere. • The participatory approach encourages participants to share values with diverse group members and learn from others. Key learnings should be addressed properly during each debriefing session at the end of each session. **5). Manage privacy** Ask participants to keep things private throughout the session to encourage openness. Ask them if they consented to be photographed or recorded throughout the session.
Introduction	Set rules and expectations. Do this at the beginning of the session.

Implementation	**1). Building and maintaining positive group relationships** • Positive expressions (Smile, welcoming gesture) • Words (Thank you, encourage people) • Observe (Make sure no one feels left out, organise seating/group dynamics) **2). Reflective listening** Essential in making evaluative comments. Do not be afraid to recheck on statements: • *"Good point",* • *"You have pointed out that we have very little data on this issue",* • *"It sounds like you are suggesting that we do not have any data at all – is that what you are saying?"* **3). Dealing with different views** Facilitators should be open to all suggestions and provide evidence-based information. Facilitate discussions, summarise, and ask participants to think about the possible consequences of each action. **4). Adjusting to the training programs** Make sure the adjustments are in line with the program, especially with the content, dynamics, and timing. This module was designed for around 10 participants. All divisions can be adjusted depending on the number of participants. **5). Debriefing** The debriefing process could be the key instrument to convey the message. It could be done at the end of each core session with consideration of timing. **6). Data** It is highly recommended to use evidence-based information, throughout the training, such as: *https://weareaptn.org/resources/* *https://www.youthleadap.org/key-manual* *https://www.unaids.org/en/topic/data* *https://www.aidsdatahub.org/* *https://www.unfpa.org/hiv-aids* *https://www.cdc.gov/hiv/default.html* *https://journals.plos.org/plosone*
Evaluation and Feedback	There are many ways to gather feedback. Feedback can be gained after the training ends, or at the end of each day to make sure the memory is still fresh. For example: Provide a large board consisting of three columns, "What is good, neutral, and what can be improved" and encourage participants to share their input through sticky notes and put it in the board. For online feedback participation, websites such as *https://jamboard.google.com/ or https://www.mentimeter.com/ could be used.*

TRAINING AGENDA

DAY 1 - BUILDING THE FOUNDATION ON YOUTH ISSUES: UNDERSTANDING AND KNOWLEDGE

TIME	SESSION	DESCRIPTION
08.30-09.00 (30 mins)	Registration	To be given during the registration: Registration form, name badge, per diem (If any)
09.00-09.15 (15 mins)	Welcome Introduction	To welcome all participants, continued with introduction.
09.15-09.35 (20 mins)	Rainbow Bingo	To get people mixing and getting to know each other.
09.35-09.50 (15 mins)	Setting Goals and Expectations	To set goals and expectations for the training sessions.
09.50-10.05 (15 mins)	Establishing Ground Rules	To set ground rules for participants to agree on.
10.05-10.45 (40 mins)	SOGIESC 101: What About the Lingo?	To recognise various terms related to gender and sexuality.
10.45-11.00 (15 mins)	*Self-care Break*	
11.00-11.50 (50 mins)	Sexy Class: Safe Sex 101	To identify different risky behaviour and understand methods to reduce the risk of ongoing HIV transmission and other sexually transmitted infections (STIs).
11.50-12.50 (60 mins)	*Lunch Break*	
12.50-13.30 (40 mins)	Intersectional Lens: Our Social Identities	To help participants recognise their unique and diverse identities.
13.30-14.30 (60 mins)	Recognising Bias, Stigma, and Discrimination	To highlight how bias, stigma, and discrimination happened intersectionally within the young LGBTIQ+/trans communities, especially in relation to HIV issues.
14.30-14.45 (15 mins)	*Self-care Break*	
14.45-16.15 (90 mins)	Tackling Health Inequalities: Learning from Evidence	To highlight the importance of providing evidence-based information to advocate for health inequalities, using quantitative and qualitative data.
16.15-17.00 (45 mins)	Say What Is Right: Debate Within the LGBTIQ+ Movement	To explore the controversial arguments within the LGBTIQ+ movements, related to legal gender recognition, healthcare, and popular topics.
17.00-17.30 (30 mins)	Closing: Count Your Blessings	To close the day 1 session, reflection, and relaxation.

TRAINING AGENDA

DAY 2 - CREATING A BETTER FUTURE: EMBRACING OUR POWER

TIME	SESSION	DESCRIPTION
08.30-09.00 (30 mins)	Re-registration	Re-registering the participants for day 2 training.
09.00-09.15 (15 mins)	Morning Evaluation	To evaluate the key points delivered during the previous day sessions.
09.15-09.45 (30 mins)	Finder Inner Strength	To allow participants to recognise their strengths as leaders while embracing their improvable traits.
09.45-10.35 (50 mins)	Who Is Your Hero?	To highlight the importance of being an agent of change and leader in LGBTIQ+ activism and HIV advocacy, as well as recognising the traits of a good leader.
10.35-10.50 (15 mins)	*Self-care Break*	
10.50-12.10 (80 mins)	Role-play ACT: Free the Shackles	To recognise the human rights violations faced by transgender people and key stakeholders responsible as advocacy targets, using story-telling approach.
12.10-13.10 (60 mins)	*Lunch Break*	
13.10-14.10 (60 mins)	Ecological Model	To understand the interconnected issues that influence the lives of LGBTIQ+/trans youth, how stigma operates, and how changes must occur at different levels.
14.10-15.10 (60 mins)	Power Speech	To practice delivering a formal or informal speech and advocacy message which was tailored for particular audiences.
15.10-15.25 (15 mins)	*Self-care Break*	
15.25-16.55 (90 mins)	Power Plan: Creating the Preferred Future	To identify problems and define goals that will help LGBTIQ+/trans youth design an action plan for future movements.
16.55-17.10 (15 mins)	Closing and Evaluation	To close the training session and conduct evaluative feedback for the module.

DAY 1 - BUILDING THE FOUNDATION ON YOUTH ISSUES: UNDERSTANDING AND KNOWLEDGE

ACTIVITY 1. WELCOME INTRODUCTION

Objective:
To introduce participants and facilitators.

Estimated time:
15 minutes

Equipment:
Lanyards, marker pens

Method:
1. The facilitators open up the session by introducing themselves.
2. Participants are requested to write the following information (Name, pronoun, affiliation/organization) on their lanyards. They should be asked to read out their written information as an introduction, with their hobbies as additional warming information.
3. Note that each person should take 30-60 seconds for their introduction. After everyone has introduced themselves, facilitators shall explain the objectives of the training and its flow.

Online:
If the training is conducted virtually, the training can omit the equipment needed. Ask the participants to change their username to: Name, pronoun, and affiliation.

ACTIVITY 2. RAINBOW BINGO

Objective:
To get people to mix, get to know each other, and build networks.

Estimated time:
20 minutes

Equipment:
Bingo cards, marker pens

Method:
1. Facilitators will give each player a bingo card, either homemade or available online (https://www.pinterest.com/), and a marker pen. You can refer to the template of the Bingo card attached as a reference or customize it accordingly to your preferences.
2. Explain that the group has 6 minutes to mingle with each other. During this time, they should introduce themselves to one another and find people who match the traits on the bingo card. Once they have found the person with the correct trait, they must put their name in the corresponding box or have the person sign the appropriate bingo square.
3. Like a typical bingo, the clock continues to tick until the first two (2) persons to fill five boxes across or down yells "Bingo".
4. To make the game more exciting and motivating, have a prize (or prizes, if playing the longer game) ready to give the winners.

Online:

The facilitator can portray the selected template on their screen while giving instructions to the participant: Each person will take turns introducing themselves. They will then choose one statement in the box for another person. But they will only be able to score the box if the chosen person identifies themselves with the statement. Other participants will not get the point during the other's turn. After everyone is given a chance to read the statement, the facilitator will ask the participants to disclose their scores. The highest scorer will be allowed to set the first "Goals and expectations".

L G B T Q

Drinks Coffee	owns a pride flag	has a cat/dog	uses they/them pronouns	cuffs all your clothing
makes LGBT puns	has read LGBT fanfiction	respects everyone's pronouns	feels invalid sometimes	has TIKTOK
has tattoos or piercings	is 10000% valid	FREE	owns something rainbow	is an ally to entire LGBT community
watched Orange is the new black	has a clear phone case	been told it's Adam and Eve not Adam and Steve	been told not be so flamboyant about your sexuality	has come out to someone
wears plaid/flannel	wishes there was more LGBT representation in shows and movies	uses he/him pronouns	had a crush on a straight person	uses she/her pronouns

Rainbow Bingo

ACTIVITY 3. SETTING GOALS AND EXPECTATIONS

Objective:

To set goals and expectations for the training sessions.

Estimated time:

15 minutes

Equipment:

Flip charts, sticky notes, marker pens

Method:

1. Participants are instructed to spend 3-5 minutes writing down their expectations and goals for the training, such as learning outcomes, desired feelings, and upcoming skills/actions, on given sticky notes.
2. While instruction is given to the participant, other facilitators shall put up the board or flip chart for participants to put their "Goals & Expectations" with at least three sections highlighted:
   a. What you want to learn (Brain symbol).
   b. How you want to feel (Heart symbol).
   c. What actions/skills you want to do (Hands symbol).
3. Facilitators will read out and cross-check who shares similar expectations, asking those who have heard a particular response to give a show of hands to indicate if they share those expectations or goals. Explain that establishing clear, shared goals is an integral part of the work of leadership. When group members work together to set, clarify or reconnect with their goals they are more likely to work effectively as a team.

Online:

Online training can utilize tools such as mentimeter (https://www.mentimeter.com/) or jamboard (https://jamboard.google.com/) to record goals and expectations of participants.

ACTIVITY 4. ESTABLISHING GROUND RULES

Objective:

To set ground rules for participants to agree on.

Estimated time:

15 minutes

Equipment:

 Marker pens, flip charts, and ball/stuffed toy

Method:

1. Note that in this activity, one facilitator, holding the ball or stuffed toy as the baton, will ask the group what ground rules they think are needed to make sure that the training runs well, meets its objectives and in such a way that everyone can participate actively. Another facilitator will be responsible for writing down the ground rules on the flip chart.
2. Ask the participants to form a circle, standing. The facilitator holding the ball or stuffed toy will begin by suggesting one ground rule with explanation and toss the ball or stuffed toy to any person within the circle.
3. The next person who catches the ball or stuffed toy will be the next to suggest a ground rule and explain it. Do the activity until there is a sense that the ground rules have been made.
4. Ask the group to put up their hands to show if they think the written ground rules are sufficient before the facilitators put it up on the wall across the whole training.

Online:

Online training can utilize tools such as mentimeter (https://www.mentimeter.com/) or jamboard (https://jamboard.google.com/) to document ground rules.

DAY 1 - BUILDING THE FOUNDATION ON
YOUTH ISSUES: UNDERSTANDING AND KNOWLEDGE

ACTIVITY 5. SOGIESC 101: WHAT ABOUT THE LINGO?

Objective:
To recognise various terms related to gender and sexuality.

Estimated time:
40 minutes

Equipment:
Terminology card, Definition card, SOGIESC Glossary (separate handout)

Method:
1. The facilitator will distribute one terminology card to each participant while another facilitator will put all the definitions on the wall or spread out on the floor.
2. The facilitator will then ask every participant to look for the definition of the terminology given to them.
3. After everyone finds the definition that they think reflects the terminology they have obtained, the facilitator will ask them to read out and get the response from other participants to promote group discussion.
4. Next, the facilitator will ask them to group the terminology under the SOGIESC umbrella term: Group 1: Sexual Orientation; Group 2: Gender Identity; Group 3: Gender Expression.
5. The facilitator will then clarify if there is any mismatch in the group and ask the participants about which correct group the terminology should instead be categorised.

Online:
For online users, this activity can be adapted using tools such as jamboard (https://jamboard.google.com/) with some adaptations:
1. The facilitator will need to create all the terminology and the definitions using jamboard on the same page beforehand. Participants will be asked to arrange all the terminology and definition.
2. Once done, the facilitator will go through each pair and clarify when there is a mismatch.
3. After all the terminology and definitions have been explained, the facilitator will ask the participants to group them according to SOGIESC umbrella terminology. The session will end with facilitators reiterating the objective of the activity and shall there be no further questions.

Debriefing:
The facilitator will close the session by explaining the intentions of this activity are to raise awareness of youth LGBTIQ on these issues and refresh knowledge of those seasoned. Highlights the fact that sex characteristics, sexuality, gender identity, and gender expression - are all separate entities and cannot be merged into one another. For example, a straight, cisgender male could be feminine in expression as well. Share a separate SOGIESC Glossary handout as additional reading material (Center of Excellence LGBTQ+ Behavioral Health Equity, 2022).

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TERMINOLOGY CARDS

SEXUAL ORIENTATION	GAY/LESBIAN	BISEXUAL
GENDER	GENDER IDENTITY	GENDER EXPRESSION
TRANS/TRANSGENDER	NON-BINARY	TRANSITION
QUEER	SEX CHARACTERISTICS	INTERSEX
GENDER NON-CONFORMING	HOMO- / BI- / TRANS- / INTERSEXPHOBIA	HETERONORMATIVITY / CISNORMATIVITY
MASCULINITY	FEMININITY	ANDROGYNY

DEFINITION CARDS

Each person's enduringcapacity for profoundromantic, emotional and/orphysical feelings for, orattraction to, other people.	Terms used to describe men whose enduring romantic, emotional and/or physical attraction is to men, and women whose enduring attraction is to women.	Describes people who havethe capacity to beromantically, emotionallyand/or physically attractedto people of the samegender as well as to peopleof a different gender.
The socially constructedroles, behaviours, activitiesand attributes that a givensociety considersappropriate for individualsbased on the sex they wereassigned at birth.	Each person's deeply feltinternal and individualexperience of gender,which may or may notcorrespond with the sexassigned at birth or genderattributed by society.	The range of cues, such asnames, pronouns,behaviour, clothing, voice,mannerisms and/or bodilycharacteristics, that are usedby individuals to interpretthe gender of others.
Terms used by some peoplewhose gender identitydiffers from what is typicallyassociated with the sex theywere assigned at birth.	An adjective describingpeople whose genderidentity falls outside themale-female binary.	The process of changingone's external genderpresentation to be morein line with one'sgender identity.
Traditionally negative, thisterm has been reclaimed bysome people and isconsidered inclusive of awide range of diverse sexualorientations, genderidentities and expressions.	Each person's physicalfeatures relating to sex,including chromosomes,gonads, sex hormones,genitals and secondaryphysical features emergingfrom puberty.	An umbrella term describinga wide range of naturalbodily variations that do notfit typical binary notions ofmale or female bodies.
Behaviour or appearance thatis not in alignment withprevailing culturalexpectations related to aparticular gender. The termcan apply to all individuals,regardless of their SOGIESC.	Fear of gay or lesbian,bisexual, transgender orintersex people, which maymanifest in exclusionarybehaviour, stigma,harassment, discriminationand/or violence.	Viewing heterosexualityor cisgender people assuperior; assuming allpeople are heterosexualor cisgender.
Characteristics that associated with manhood.	Characteristics that associated with womanhood.	The expression that does not clearlyshow either masculine or feminine characteristics.

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ACTIVITY 6. SEXY CLASS: SAFE SEX 101

Objective:
To identify different risky behaviour and understand methods to reduce the risk of ongoing HIV transmission and other sexually transmitted infections (STIs).

Estimated time:
50 minutes

Equipment:
Projector, dildo/banana/cucumber, male condom, lubricant, paper towel, risky behaviour scale

Method:
     The facilitator will portray on screen the code to enter the mentimeter (https://www.mentimeter.com/) and requires them to answer the following question:
  ❖ How is HIV transmitted?
  ❖ What are the common stereotypes you have heard/known about People Living with HIV?
 2. Then the facilitator will give the right information about the modes of transmission for HIV, which are (CDC, 2022a):
 • HIV lives in blood, semen, breast milk, and vaginal fluid.
 • When you have unprotected anal or vaginal sex with someone, where unprotected means not using a male or female condom.
 • When you share needles and syringes with someone.
 • When you get a blood transfusion without testing the blood first or have blood-to-blood contact, as through a deep wound.
 • From an HIV-positive pregnant woman to her baby during pregnancy, birth, and breastfeeding, if prevention treatment is not provided.

Blood

semen (cum)

Rectal fluids

Vaginal Fluids

Breast milk

Pre-seminal fluid
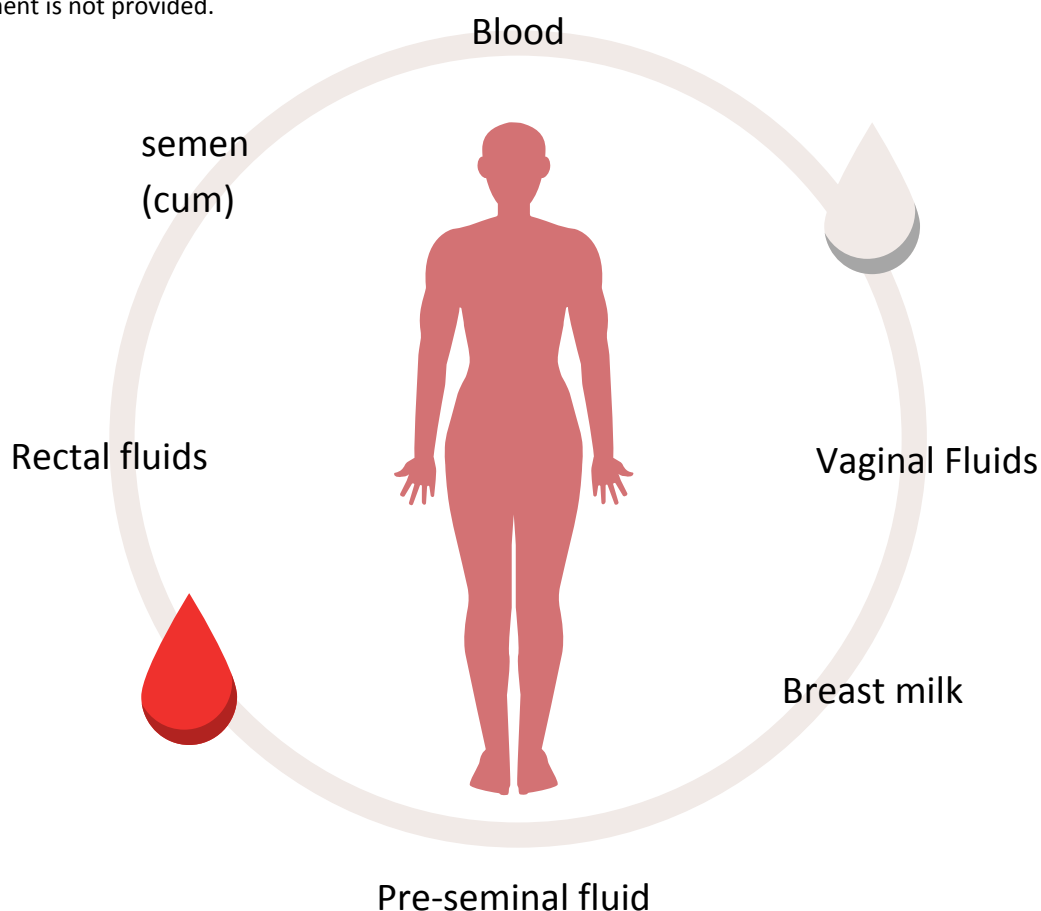
Body Fluids that Transmit HIV (CDC, 2022a)

3. The facilitator will then explain that our perception and knowledge about HIV can be influenced by misinformation, myth, and stereotypes we receive from social media, public perception, religion, and different sources. Facilitator will also stress that we must always remember to separate the person from the behaviour; that we need to think about risky behaviours, not risky characters.

4. The facilitator will continue by explaining that knowing the risk of risky behaviour will help us understand our risk of infection with HIV and other STIs. It is also a great opportunity for us to learn methods to reduce the risk by using preventative approaches like condoms, PrEP, and PEP.

5. The facilitator will ask the participant what kind of preventative approach they know that can reduce the risk of HIV and other STIs. After getting the responses from the participants, the facilitator will portray on the screen by accessing the webpage to explain different type of preventative measures (CDC, 2022b).

REDUCE YOUR RISK

- If you have HIV, **take HIV treatment** as prescribed. HIV treatment can make your viral load (amount of virus in your blood) undetectable. if you stay undetectable, you will not transmit HIV to your sex partner.

- **Take PrEP (pre-exposure prophylaxis)** to prevent getting HIV. When taken as prescribed, PrEP is highly effective for preventing HIV from sex.

- **Take PEP (post-exposure prophylaxis)** if you think you've been exposed to HIV in the last 72 hours and are not on PrEP.

- **Get tested and treated** for other sexually transmitted diseases (STDs). Having other STDs increases your chances of getting transmitting HIV.

- **Choose less risky activities** like oral sex.

- **Use condoms** the right way every time you have sex.

- **Abstinence** (not having sex) is always an option.

The more of these actions you take, the safer you can be.

How to Reduce HIV Risks (CDC, 2022b)

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6. Then, the facilitator will pass out bananas, cucumbers or dildo to all participants along with male condoms, lubricant, and paper towels.

7. Demonstrate the proper use of a male condom on a banana/cucumber/dildo. Place the fruit/vegetable on a desk or table. Demonstrate the importance of not tearing the condom when opening the package. Demonstrate that under ideal circumstances, you will apply lubricant to the penis before putting on the condom. Explain that this will not only help reduce the risk of condom break, but also enhance the sensation for the partner.

8. Show the need to pinch the tip of the condom closed before rolling it down the penis, and explain that doing so will provide space for the ejaculate. Then explain how lubrication outside the condom can further protect against condom breakage, especially for anal sex. Alternatively, a video demonstration can be used to replace the verbal explanation.

9. Next, have each participant put a condom on his or her fruit/vegetable. Go around offering tips and advice. Give positive feedback where appropriate.
Online: For online users of the training manual, this activity can be adapted as above by omitting the physical condom activity and replacing it with video demonstration, for example, "Condoms: How To Use Them Effectively" from
AMAZE Org,
link: (https://youtu.be/oaLdNErJ-Fk).

Debriefing
- The facilitator should give overview of the section, that includes ways to use a condom consistently and correctly. Encourage the participants to share their learning points.

How to Use A Condom Consistently and Correctly

Use a new condom for every act of vaginal, anal and oral sex throughout the entire sex act (from start to finish). Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.

If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.

After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out. Wrap the condom in a tissue and throw it in the trash where others won't handle it.

If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.

Ensure that adequate lubrication is used during vaginal and anal sex, which might require water-based lubricants. Oil-based lubricants (e.g., petroleum jelly, shortening, mineral oil, massage oils, body lotions, and cooking oil) should not be used because they can weaken latex, causing breakage.

Additionally, buying condom with the correct size and storing them properly in cool dry place would be ideal.

Condom Facts from CDC (CDC, 2021)

DAY 1 - BUILDING THE FOUNDATION ON YOUTH ISSUES: UNDERSTANDING AND KNOWLEDGE

- The facilitator will then remind the participant that there are different HV preventative measures apart from condoms, such as PrEP and PEP.
- While consistent and correct use of condom use can effectively prevent HIV transmission, please remember that condom do not prevent all STIs, especially those that spread through skin-to-skin contact. Understand that knowing and talking through about your HIV/STIs status would be ideal in navigating new sexual experience (Healthline, 2022).

Spread through skin-to-skin contact	Spread through bodily fluids
HPV HSV Trichomoniasis Syphilis Moluscum contagiosum	HPV HSV Trichomoniasis HIV Chlamydia Gonorrhea Hepatitis B

- The facilitator will then play the edutainment video, for example, "STD Prevention Beyond Condoms", link: https://youtu.be/41cFmDTABJY, which will share about different safer sex approaches young people could consider. Please stress that beyond HIV, the participants can access more information from online source such as AMAZE Org

Youtube Channel (https://youtu.be/7Sbgg8icODY)

Highest risk

Anal sex + No condom - Receptive partner

Vaginal sex + No condoms - Receptive partner

Anal sex + No condoms - Insertive partner

Vaginal sex+ No condoms - Insertive partner

PrEP + Condom

ARVs + Condom

Condoms Alone for Vaginal and Anal sex

ARVs + PrEP + Condom

Mutual Masturbation, Oral sex

Cuddling, Massage

Lowest risk

Kissing
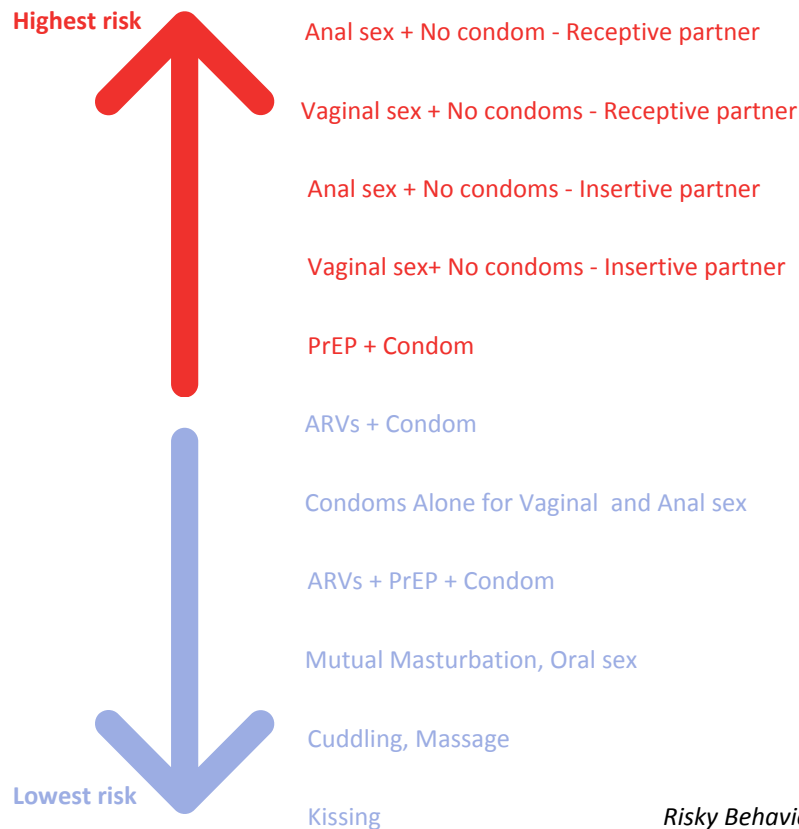
Risky Behaviour scale (IAPAC, 2022)

ACTIVITY 7. INTERSECTIONAL LENS: OUR SOCIAL IDENTITIES

Objective:

- To encourage participants to consider their identities critically and how particular identities collide in different social contexts.
- To illuminate how privilege operates to normalize some identities over others. For example, a participant who speaks English as their first language can reflect on why they rarely need to think about their language as an aspect of their identity, while some of their peers may identify language as the aspect of their identity they feel most keenly in the classroom.
- To sensitize students to their shared identities with their classmates and the diversity of identities in the room, building community and encouraging empathy.

Estimated time:

40 minutes

Equipment:

Marker pens, flip charts

Method:

1. Set up the room with different banners of social identity categories based on several characteristics (Gender, Sex, Sexual Orientation, Race, Ethnicity, Nation of Origin, First Language, Religious/Spiritual, Affiliation, Social-economic Status, Age, (Dis)Ability Skin color Body Size/Type).

Categories	Examples
Gender	Man, woman, cisgender man, cisgender woman, transgender man, transgender woman, non-binary, gender non-conforming
Sex	Male, female, intersex
Sexual Orientation	Lesbian, Gay, Bisexual, Pansexual, Heterosexual, Queer, Questioning
Race	Asian, White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, and other category
Ethnicity	Chinese, Japanese, Thai, Irish, Puerto Rican, Italian, Mohawk, Jewish, European-American
Nation of Origin	Indonesia, Philippines, Thailand, Malaysia
First Language	Melayu, Chinese, Bahasa Indonesia, English
Religious/Spiritual Affiliation	Hindu, Muslim, Buddhist, Jewish, Christian, Pagan, Agnostic, Faith/Meaning, Atheist
Social-economic Status	Poor, Working Class, Lower-Middle Class, Upper-Middle Class, Owning Class, Ruling Class
Age	Child, Young Adult, Middle-Age Adult, Senior
(Dis)Ability	People with disabilities (cognitive, physical, emotional, etc.), temporarily able-bodied, temporarily disabled
Skin color	Brown, yellow, white, black
Body Size/Type	Fat, Person of Size, Thin

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2. Read the statements on social identity categories, and allow all participants to stand near the banner that they feel connected the most. Give some time for each participant to self-select the identity that best answers the question. If there is a participant alone in an identity, you can join them in conversation. Questions:

     a. What identities do you think about most often?

     b. What identities do you think about least often?

     c. What identities would you like to learn more about?

     d. What identities have the strongest effect on how you perceive yourself?

     e. What identities have the greatest effect on how others perceive you?

3. After each statement, encourage participants to share their thoughts on why they chose that particular social identity category. Priorities should be given to the least active participants in the group.

Online:

For online users of the training manual, this activity can be adapted as above by using Zoom while asking the participants to write their chosen categories on a blank paper and show it once they are ready to answer each question.

Debriefing:

- Go through the five questions on social identity categories. Discuss with the participants regarding the importance of critically reflecting on our identities and the value of completing this activity.
- Discuss the narrative of marginalisation and privilege, as well as intersectionalities

         Marginalized Group: Social identity groups that are disenfranchised and exploited

         Privileged Group: Social identity groups that hold unearned privileged in society

ACTIVITY 8. RECOGNISING BIAS, STIGMA, AND DISCRIMINATION

Objective:
To highlight how bias, stigma, and discrimination happened intersectionally within the young LGBTIQ+/trans communities, especially in relation to HIV issues.

Estimated time:
60 minutes

Equipment:
Marker pens, flip charts

Method:
1. Divide participants into five groups. As the basis for their brainstorm, assign each group to one topic to discuss "stigmatising community views" against certain population.
   a. LGBTIQ+ youth
   b. Young transgender sex workers
   c. Young LGBTIQ+ people living with HIV+
   d. Young LGBTIQ+ people who use drugs
   e. LGBTIQ+ youth experiencing poverty and homelessness
1. Ask the groups to brainstorm their allocated community views, with each response regarding general stigma and discrimination written on the given flip charts.
2. The facilitators will then ask each group to present their thoughts to other participants. Another facilitator shall take note of the point presented and identify similar stigma and discrimination raised across all the groups.
3. Once all the groups have shared their works, the facilitator will ask the participant to use marker pens with different colors to circle the stigma and discrimination which they think is unique to the community assigned to them.
4. The facilitators will ask each group to share the reason of choosing certain stigma and discrimination and why it is exclusive or more pertinent to that specific community. Facilitators will ask the other groups whether they agree with such selection and its reasoning.
5. After that, the facilitator will close the session with a debriefing.

Online:
If the activity is being conducted online, facilitators can use jamboard (https://jamboard.google.com/) to replicate the above methods.

Debriefing:
The facilitators will close the session by explaining to the participant the learning outcome of the activity. Guiding lessons:
- Highlighting the fact that each community is facing their unique challenges, some are more prone to certain stigma and discrimination. Ask the participants about intersections that might affect the stigma and discrimination (Example: Sexuality/gender, social economy status, power/fame, and others).
- Highlighting factors that might amplify bias, stigma, and discrimination (Example: Oppression from authorities, human rights violation, sexual and gender-based violence, draconian law, and others).

DAY 1 - BUILDING THE FOUNDATION ON
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ACTIVITY 9. TACKLING HEALTH INEQUALITIES: LEARNING FROM EVIDENCE

Objective:
To highlight the importance of providing evidence-based information to advocate for health inequalities faced by LGBTIQ+/trans youth, using both quantitative and qualitative data.

Estimated time:
90 minutes

Equipment:
- Inequality cards (Modifiable): The cards can be tailored to your country/region context using evidence-based sources in the facilitator's guide. Issues covered on this training: HIV, mental health, gender-affirming care for youth, access to gender affirming care.
- Marker pens, flip charts

Method:
1. Divide the group into small groups consist of 2-3 people and hand out the inequality cards.
2. Ask the players to read their cards and share their written opinion on flip charts. Guiding questions:
   a. What do you think about the data? What impressions do you have?
   b. Who should be hearing the data/information? What is the best way to show the data to them?
   c. Do you need other information? If you do, where are you going to get them?
   d. Based on data, what can be done to improve our future?
1. Allow each group to present their answers to the other participants, give an estimated 10 mins per group to present.
2. Ask them to reflect on how statistics can help in the movement strategies. Data can be transformed into information, evidence, knowledge, then further influence decision makers. Evidence should be made easy-to-understand for advocacy and policy change purposes. Impact should be monitored to see the indicators of change.
3. After that, the facilitator will close the session with a debriefing.

Online:
If conducted online, facilitators can use jamboard (https://jamboard.google.com/) or other notes to replicate the above methods.

Debriefing:
Data has a lot of uses. We can use it to help tell a story about what needs to be done. It can give us power as we raise sensitive issues. It can help young people to get their contributions taken seriously. When we use data, we should always show the source so that if people challenge it we can tell them where it comes from. Remember that your data is only useful if people understand it, so work out ways to help people understand what those numbers mean. Providing too much data at once can turn people off. So carefully choose the data that will help you to tell the story or make the point that you want to make.

WORK SHEET: HOW WE CAN USE DATA

Better Information

Better Decisions

Better Health

Data → Compile, manage and analyse → Information → Integrate, interpret and evaluate → Evidence → Format for presentation to stakeholders → Knowledge → Influence plans and decisions → Decisions → Implement decisions → Impact → Monitor indicators for change → Data
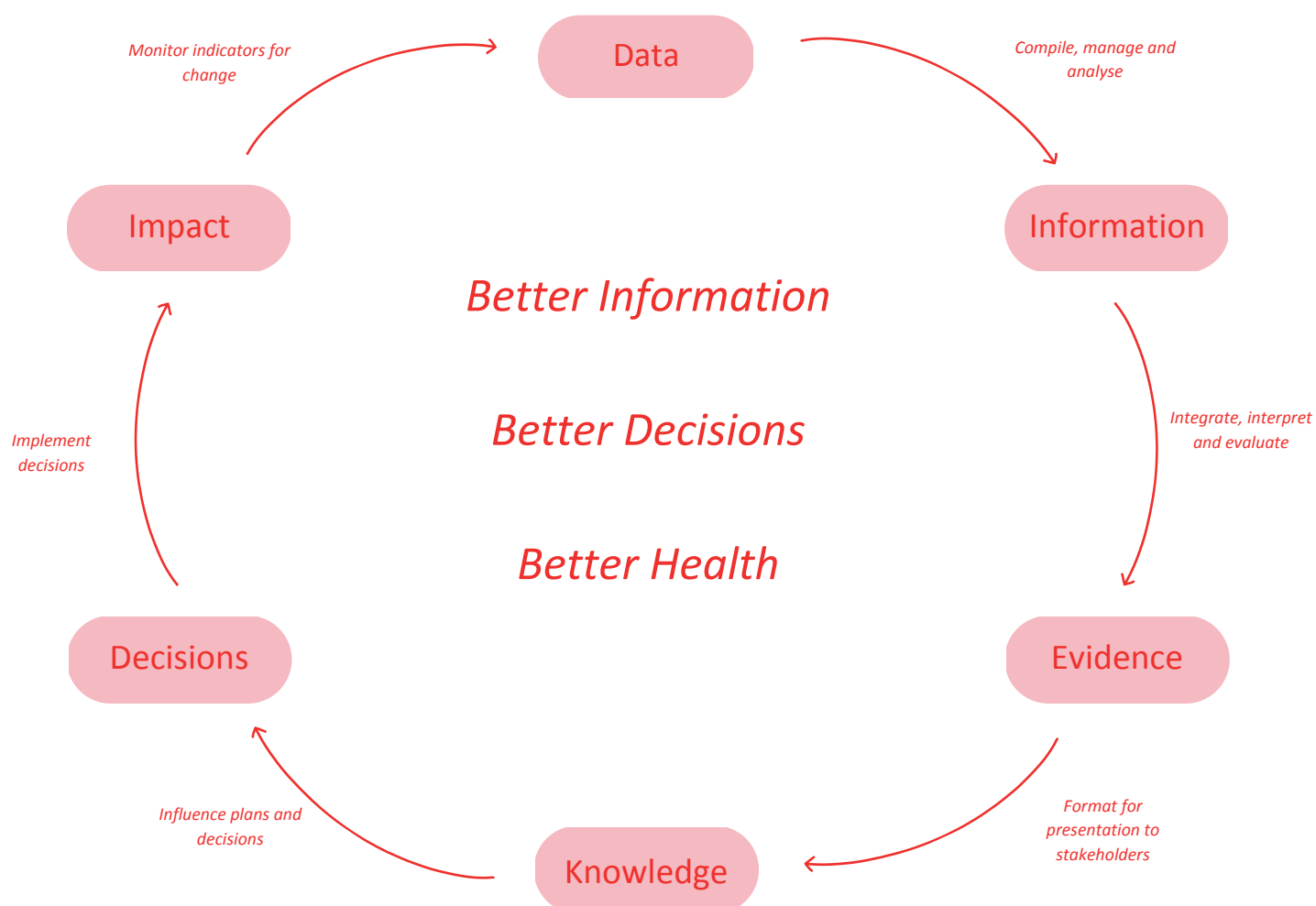
Source: New Gen Training Manual (Cahill, 2014)

CARD 1: Global HIV Data for Transgender People

Global analysis found that transgender people are more likely to have HIV, with trans women 66 times and transgender men nearly 7 times. In addition, Global AIDS Monitoring reported between 2016 and 2020, found the risk for HIV among young trans people at around 11%.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260063

Source: PLoS One - Journal (Stutterheim et al., 2021)

CARD 2: Mental Health Statistics

Of the 236 people who answered the question pertaining to whether they ever thought of ending their life, over one third, 39.4% (n=93) reported that they had, with trans men almost twice as likely to experience suicide ideation than trans women. Among those who had ever had suicidal thoughts, 40.7% (n=37) had attempted to end life. Considerably more trans men had repeated suicide attempts than trans women, and were twice as likely to avoid seeking help than trans women.

https://weareaptn.org/resource/the-cost-of-stigma-understanding-and-addressing-health-implications-of-transphobia-and-discrimination-on-transgender-and-gender-diverse-people/

Source: APTN - Vietnam's Data (APTN, 2021b).

CARD 3: Gender-affirming Services in Primary Care

During the study period, 2947 transgender women (TGW) clients made a total of 5227 visits to Tangerine Clinic. The number of clients significantly increased from 446 in 2016 to 1050 in 2019, and the number of visits from 616 to 2198 during the same period ... The increasing uptake of a transgender-specific package of services, including co-located gender affirmative hormone therapy, suggests this may be an effective model in engaging and retaining TGW in primary care.

Source: Journal of the International AIDS Society - Tangerine Clinic, Thailand (van Griensven et al., 2021)

CARD 4: Gender-affirming Care for Youth

In many countries, gender-affirming care for youth remains unavailable and inaccessible to those who need it.

A secondary analysis of the 2015 US Transgender Survey on 27,715 transgender participants showed that access to gender-affirming hormones (GAH) during adolescence and adulthood is associated with favorable mental health outcomes (Lower suicidal ideation), compared to desiring but not accessing GAH. Around 21,598 participants (77.9%) reported ever desiring GAH. Of these, 8,860 (41.0%) never accessed GAH, 119 (0.6%) accessed GAH in early adolescence, 362 (1.7%) accessed GAH in late adolescence, and 12,257 (56.8%) accessed GAH in adulthood.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8754307/

Source: PLoS One Journal (Turban et al., 2022)

CARD 5: Access to Hormones and Gender-affirming Care

"…After several times visiting the place, the clinic people forbade me. Sis, sorry, now the doctor is here. The doctor said waria are not allowed to be here. Waria are against nature… The midwife told me that she was only passing a message from the doctor that, "Contraceptives are for women, not for men." In the end, I need to find another place, a friendly place… I tried to seek again, to another midwife. She used to work in a Public Health Centre. She knew that I am a waria. She takes me as I am. She said, "If you want to take an injection, it is no problem, but it must be dose-appropriate. Do not take more than that."

Focused group discussion participants said that there are some midwives who provide hormones. They may also buy them directly from fellow warias, known as mak-makan who provide hormone and silicone injections in salons or in their home. Most adult warias access hormones from pharmacies or drugstore stores in one of the big markets in Jakarta… trans people have to accept the risk of taking these hormones because it costs too much to go to a medical facility to check if they are safe.

On the other hand, young trans man added "… there are doctors who are friendly to transgender people, but because of the political situation in this country, once there is an LGBT issue, they say please do not contact again."

https://weareaptn.org/resource/the-cost-of-stigma-understanding-and-addressing-health-implications-of-transphobia-and-discrimination-on-transgender-and-gender-diverse-people/

Source: APTN - Indonesia's Data (APTN, 2021b)

DAY 1 - BUILDING THE FOUNDATION ON YOUTH ISSUES: UNDERSTANDING AND KNOWLEDGE

ACTIVITY 10. SAY WHAT IS RIGHT: DEBATE WITHIN THE LGBTIQ+ MOVEMENT

Objective:
- To explore the controversial arguments within the LGBTIQ+ movements, related to legal gender recognition, healthcare, and popular topics.
- To highlight the importance of backing proper arguments with evidence-based support.

Estimated time:
45 mins

Equipment:
Two flip charts/banners with "Agree" and "Disagree" notes written, thumbtack/tape

Method:
1. Prepare two sides of the room to be the base to two separate arguments: "Right side means agree and left side means disagree."
2. Ask the group to stand in the middle, when a topic is mentioned, ask them to choose which side they would join to "Agree" or "Disagree."
3. Once the division formed, ask several of the representatives to share their opinion on why they picked their answers. Keep in mind that there is no right or wrong answer, each can state their opinion - while listening to other perspectives respectfully.

Sample Statements and Topics

Transgender children/youth should be banned from gender-affirming services.
Should HIV positive LGBTIQ+ sex workers be allowed to work?
Transgender people should be banned from competing in professional sports?
Should countries be legalising the third gender marker?

Online:
If conducted virtually, using Zoom for example, participants will be instructed to "Raise their hands" if they agreed on certain statement.

Debriefing:
This session navigates different opinions on certain subjects within the transgender and LGBTIQ+ movement. It is okay to have different arguments, but proper arguments need to be backed by evidence. If not, some opinions might actually be more harmful rather than true. There could be different arguments depending on the context and narratives. Facilitators note:
- Gender-affirming care for transgender children and youth: Common argument is that gender-affirming services for children and youth mean sex reassignment surgeries, which is false. Instead of focusing right away on hormonal treatment and surgeries, under gender-affirming care, children are being allowed to navigate their gender and socially transition. Social transition can mean allowing male assigned at birth children to grow their hair and dress up in feminine ways. In some cases, puberty blockers can be provided to give time for gender non-conforming children to explore their true gender (Human Rights Campaign, 2016).

- Being HIV positive and sex work: Depending on where you live, some countries/states might have different regulations regarding sex work and HIV. It is essential to understand that once an individual reaches undetectable status, the HIV infection becomes untransmittable (U=U). Decriminalisation of sex work remains at the top of activism priority. According to one study, decriminalising sex work could reduce 33-46% of HIV infections among sex workers and their clients over ten years and could improve well-being/health outcomes (UNAIDS, 2021a).
- Transgender people and professional sports: We acknowledge that this is a relatively under-researched field and that there is no clear-cut solution. Physical examination, chromosomes, gonads, and hormones have all been used in "sex testing" and as evidence for categorisation in sports throughout history, mainly were not scientifically based and only considered "common sense." Some proposed arguments might include the categorisation of trans athletes in an open category (Third category, other, beyond the binary concept), or even including both physiological and social parameters for an athlete to compete as "male" or "female". Ultimately, it comes down to the regulatory bodies, inclusive policies, and open discussions with sports communities, including transgender athletes (Reynolds & Hamidian Jahromi, 2021).
- The third gender marker: Some transgender people prefer to have their legal gender marker to be assigned as male or female, not the "third gender" - Some countries like Australia, New Zealand, Pakistan, and India are offering the third gender options, such as "X" on passports and legal documents, while some other countries are reluctant (The Economic Times, 2022).

ACTIVITY 11. CLOSING: COUNT YOUR BLESSINGS

Objective:
To close the day 1 session, reflection, and relaxation.
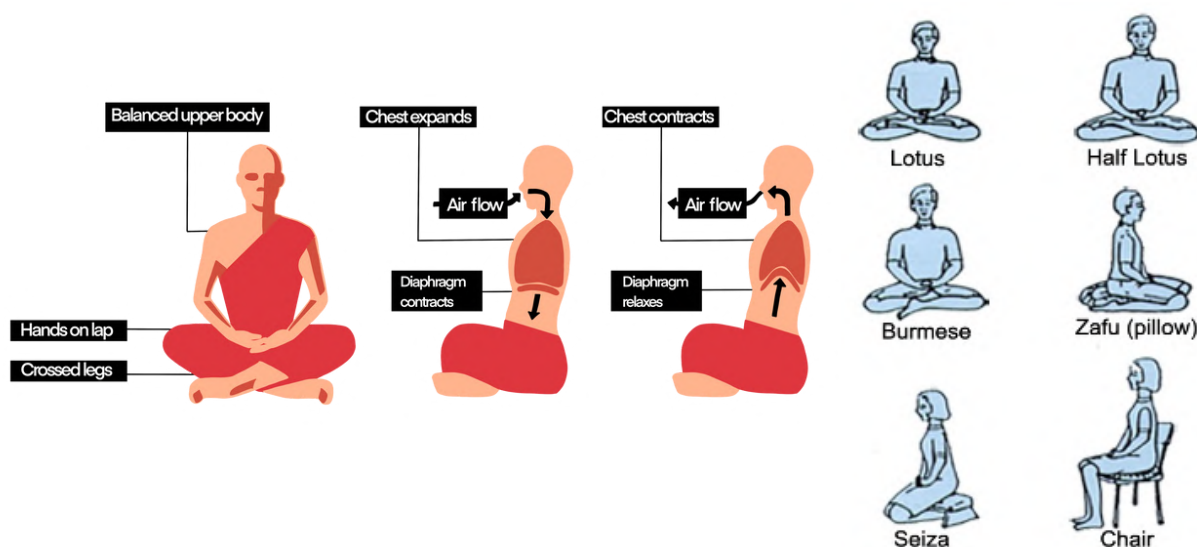
Estimated time:
30 minutes

Equipment:
Meditation music recording

Method:
1. Play the meditation music recording and ask the participants to sit in a large group circle. Allow them to take a relaxing meditative position. Ask them to close their eyes and guide them on how to breathe properly using the breathing exercises technique (NHS, 2021; PlenaMente, 2019).

Breathing exercises

- If you're sitting or standing, place both feet flat on the ground. Whatever position you're in, place your feet roughly hip-width apart.
- Let your breath flow as deep down into your belly as is comfortable, without forcing it.
- Try breathing in through your nose and out through your mouth.
- Breathe in gently and regularly. Some people find it helpful to count steadily

1. While in the breathing exercise, ask the participants to reflect on their day, since waking up until finishing up the day 1 training program with the team. Ask them to recognise their body, thoughts, and emotions - in every breathe.
2. After at least five minutes of breathing exercise, ask them to gently open their eyes and begin sharing their thoughts on:
   a. Things that I am grateful about today
   b. Things that I want to improve tomorrow
3. Give each participant time to share. Allow them to note that this is the last session for the day. If time permits, encourage participants to share the meaning of pride to them: What are their experiences being part of the LGBTIQ+ community? Remind them that this is a safe space for all.
4. Before thanking the participants and closing the day, ask them to agree on time and other technical details for the day 2 meeting.

Online:

If the training is conducted online, the training can be done virtually through Zoom, with possibility of sitting on a chair instead of the ground.

DAY 2 - CREATING A BETTER FUTURE : EMBRACING OUR POWER

ACTIVITY 1. MORNING EVALUATION

Objective:
To evaluate the key points delivered during the previous day sessions.

Estimated time:
15 minutes

Equipment:
Marker pens, flip charts, and a ball/stuffed toy

Method:
1. Ask the participants to form a large circle standing up. The facilitator holds the ball/stuffed toy and begin asking for participants' learning points from day 1.
2. The first participant willing to share were thrown/given the ball/stuffed toy, while the next one sharing will be relayed.
3. Do the activity until there is a sense that the morning evaluation has been done.

Online:
Online training can utilize tools such as jamboard (https://jamboard.google.com/) to document the morning evaluation.

ACTIVITY 2. FINDING INNER STRENGTH

Objective:
To allow participants to recognise their strengths as leaders, while embracing the traits that they could improve.

Estimated time:
30 minutes

Equipment:
Marker pens, paper (A4/letter sized paper) consist of a table with two columns

Method:
1. Instruct the participants to list down the traits that they consider themselves as strengths and traits that they consider on improving.
2. Once they have finished, ask them to reflect on which column had more list of qualities?
3. Then instruct them their peers on what traits they would consider as strengths and things that they could improve. Give them time to add on the other qualities that they have.
4. After that, the facilitator will close the session with a debriefing.

Online:
Online training can utilize tools such as jamboard (https://jamboard.google.com/) to replicate the above methods.

Debriefing:
- We tend to judge ourselves more than others. One of the biggest learning points on being a leader is to recognise our inner strengths and combine it with others'.
- Ask the participants if they ever experience negative self-talk or self-imagine, and how they manage to overcome them?

WORK SHEET: FINDING INNER STRENGTH

What Are My Strengths?	What Can Be Improved?

ACTIVITY 3. WHO IS YOUR HERO?

Objective:
- To highlight the importance of being an agent of change and leader in LGBTIQ+ activism and HIV advocacy.
- To recognise the traits of a good leader and how to use those traits in work, using role-modelling as part of leadership development.

Estimated time:
50 minutes

Equipment:
Face mask sheet, colouring tools, marker pens

Method:
1. The participants will be divided into a pair of two. The facilitators will then explain the flow of the activity as well as the instruction in the face mask sheet.
2. Give participants around 15 minutes to draw the face of a person who they considered as a leader in LGBTIQ+ movement or HIV activism, whether in local/regional/international level. Facilitators will give each participant a piece of the face mask sheet for the activity along with coloring tools. Note: Each pair should sit distantly with other pairs to avoid distraction.
3. Allow the participants to share and explain their drawings to their pairs, for 3 minutes per round. After everyone shared their drawings to their partner, the facilitator can invite all to gather in a large group and invite 2-3 participants to share their idea of a leader and leadership. Facilitators will give the signal for everyone to proceed with pair discussion and group discussion.

Online:
If the activity is being conducted online, facilitators can refer to the below methods:
1. The facilitator will share the template to the participants and ask them to download the document as they will working on their own artwork before going into pair for discussion.
2. If they are using Zoom, then the facilitator can send them into different breakout rooms with 2 persons in each room.
3. But before that, the facilitator will inform the participant that they are required to present their artwork and the reasoning to their randomly assigned partner by sharing their screen. A note that facilitators can utilize the broadcasting feature in Zoom to send the instruction to all the groups simultaneously.
4. The breakout room activity will take 10 minutes for them to share, then everyone will return to the main room. Facilitator will invite 2 persons to share their artwork with the rest.
5. The facilitator will close the session with the debriefing tips as above.

Debriefing:
- Facilitators close the session by asking the participants several questions. Give each participant time to share their input, starting from the least active participant.
- What are the traits of being a great leader?
- What are the positive feelings associated with working with good leaders?
- What are the purposes of being a leader and its impact to your work?
- Highlight the fact that being leader is about making change to the life of the community they are serving, but not individual interest.

WORK SHEET: FACE MASK

Instruction: Use color pens, crayons, or drawing tools to depict the image of the person whom you regard as a hero or leader in the LGBTIQ+ movement or HIV activism.
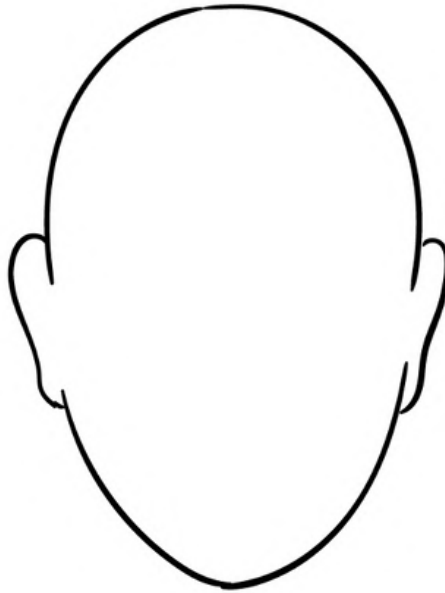
Answer the following questions:

1. Why is this person your hero? Their achievement to the community of concern?

_____
_____
_____
_____

2. What kind of traits of leadership do you find in this person?

_____
_____
_____
_____

3. In your opinion, why being a leader is important?

_____
_____
_____
_____

ACTIVITY 4. ROLE-PLAY ACT: FREE THE SHACKLES

Objective:
- To recognise the human rights violations faced by transgender people and key stakeholders responsible as advocacy targets.
- To highlight the importance of storytelling in advocating inequalities faced by transgender people and its intersectionality within the HIV epidemics.

Estimated time:
80 minutes

Equipment:
- ACT Cards (Modifiable): The cards can be tailored to your own interest, and relevant to your country/region using evidence-based sources that can be found in the facilitator's guide. Issues covered in this training: forced conversion, human rights abuse, and legal gender recognition.
- Marker pens, flip charts.

Method:
1. Divide the group into two large groups consisting of 5-6 people and hand out the ACT cards.
2. Ask the participants to read the ACT cards and use them as a guide to create their own role-play drama. Each group will be given around 20 mins to prepare and 20 mins to act.
3. Remember that the intention is to highlight the human rights and legal violations breached, so there is no need to create the specific scripts and memorise them, but all forms of creativity are encouraged.
4. Keep the narrative fresh, respectful, and safe for all participants (No real violence is permitted).
5. After the act, ask each group to form a circle and discuss how they are going to help the other group deal with their ACT cases.
   a. What kind of human rights violations happened?
   b. Describe the effects of the two scenarios on a person's well-being.
   c. Who were the stakeholders necessary to address these matters?
   d. What do you think is the best way to help the other group? Do you have recommendations?
6. Encourage all participants to speak up and share their reflections.

Online:
For online users of the training manual, this role-play activity can be adapted through Zoom or other meeting platforms, with some adjustments to the dialogue and some sacrifice on the non-verbal communication or movement of the ACT.

Debriefing:
- Stories can help amplify marginalised voices, especially when it comes to representing inequalities and human rights violations happening. As some stories might be triggering, violent, and sensitive, it is the reality that the most marginalised of us faced day-by-day. Clear debriefing is needed.
- As human rights defenders, we need to recognise the impact of pathologisation, demonisation, stigma, discrimination, and punitive laws to the transgender people and other sexual/gender minorities.
- Key points for ACT 1 (APTN, 2021a):

- Conversion therapy and forced conversion can come in many forms, such as religious, psychological/medical, cultural, and structural. In the Indonesian context, transgender women (waria) are considered people with immoral lifestyle/social welfare problems, therefore, they often being put to social rehabilitation or character building programs from the Ministry of Social Affairs that often involve raids (Mostly targeting street trans sex workers) and abusive situations.
- Government officials could be the perpetrator of human rights violations as well. In this case, corrective facilities, in many cases, are reinforcing punitive actions toward those who do not behave in line with the "normal" perspectives. Hence, in many cases, trans women are often forced to shave their heads and receive other humiliating treatment from the officials.
- Key stakeholders might include, but are not limited to, government institutions, civil society organisations, and other legal stakeholders.

Key points for ACT 2 (APTN, 2022a):

- Legal gender recognition remains one of the most challenging issues for trans people because it impacts other basic human rights, including access to healthcare, education, employment, housing, and more. Identification documents are routinely required for many daily activities. Still, for the vast majority of trans and gender-diverse people, it is impossible to obtain official documents which recognise their gender.
- Furthermore, having national identity documents that do not match their gender identity increases trans people's experiences of discrimination and exclusion. Transgender people in Thailand, although culturally visible, are not able to change their legal gender/sex marker even after they have undergone gender-affirming surgeries or any other steps toward their physical transition.
- Key stakeholders might include, but are not limited to, government institutions, civil society organisations, and other legal stakeholders. On the other hand, some countries, like the UAE, still apply punitive laws to people presenting themselves outside the conservative/religious gender norms. It is advisable to be aware of the laws and customs in order to travel safely as a trans person.
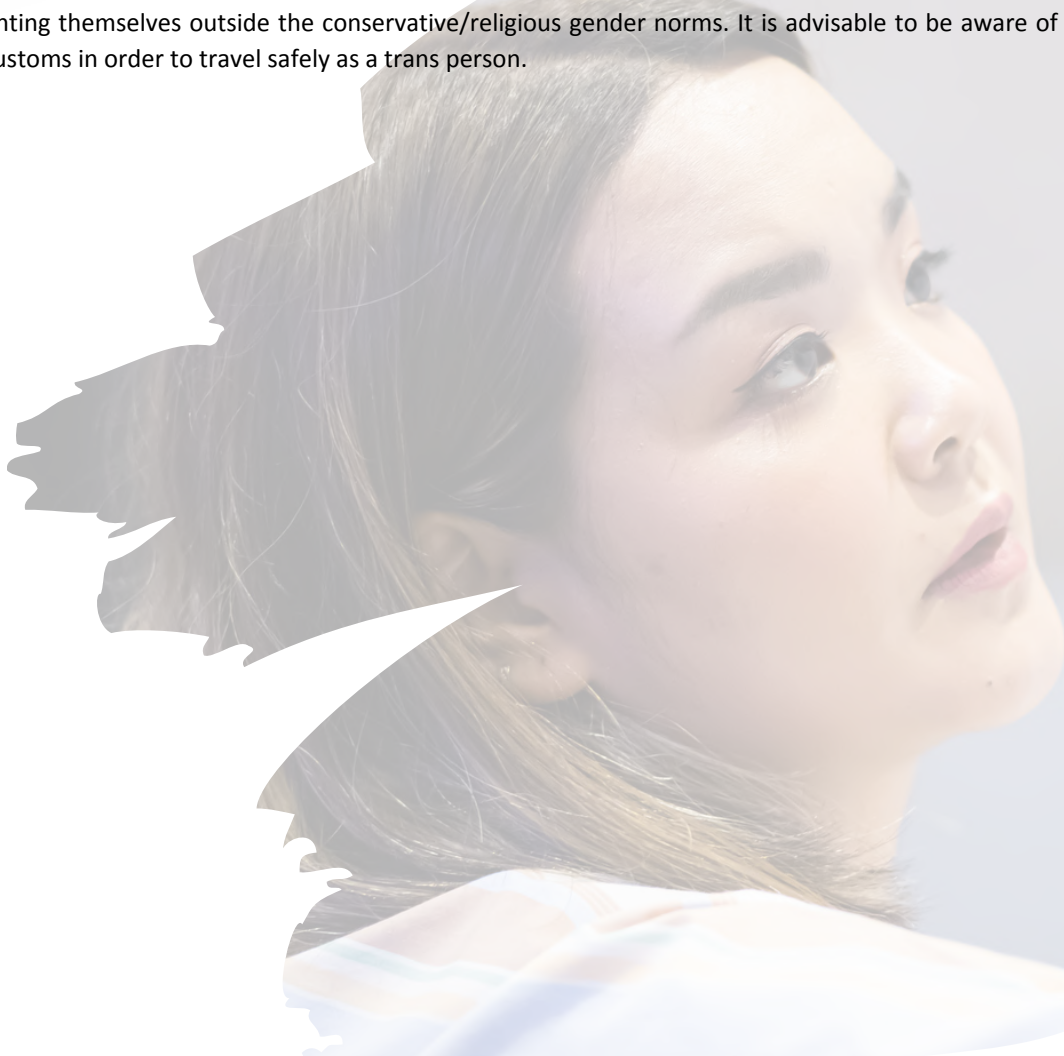
WORK SHEET: ACT CARDS

ACT 1: Indonesia - Forced Conversion, Human Rights Violation

Ayu, 35 years old transgender woman from Aceh, Indonesia who owned a beauty salon. One night, a group of municipal police stormed her salon and arrested her and her friends. Aceh is one of the conservative province in Indonesia that implemented Sharia Law.

In her words: "I was at my work (hair salon). I put on my shorts. Then the police came to my hair salon. They immediately asked me to stand up. I stood up and was examined by them. Well, I took off my pants, and they asked me am I a girl or not. It was 10 p.m. There are four cars (police) ... The masked ones wear uniforms and are armed. So after I sat down and took a drug test, I was negative ... After that, I wanted to take my clothes ... because I'm cold in my shorts. Not given, my clothes were thrown ... hands behind my back, I was taken to the car ... the people on the street ... thrown rocks from behind ... After that, I was taken to the police station. I was forced to do squat, push up, and rolling on the ground while being kicked in the ground full of mud ... I'm tired, I'm tired, I almost fainted. They have weapons. Until then, we were stripped naked, showered, and our hair shaved bald, I was forced to do a push-up to the cell ... I was also kicked by one of them ... "

After the incident, Ayu and friends were sent to the government shelter provided by the Social Services Unit where she received character building training to "repent her sins and act normal". She was heavily traumatised because of this incident.

https://weareaptn.org/resource/conversion-therapy-practices-against-transgender-persons-in-india-indonesia-malaysia-and-sri-lanka/

Source: APTN - Indonesian Dissemination Result, Conversion Therapy Publication, with several edits (APTN, 2021a)

Act 2: Thailand - Legal Gender Recognition and Its Implications

Rachaya is a Thai transgender model turned away from Dubai airport for possessing a male passport. In the UAE, presenting yourself as anything other than your birth sex is illegal. Despite having all the necessary documents, the immigration officials denied her entry. While trans people are culturally visible in Thailand, they currently have no law enabling trans people to change their sex or gender on official documentation.

She described the experience as "a nightmare while my eyes are open". Her time at the immigration department was an ordeal that left her in tears. Although she showed the officers videos of her work to prove her identity, she said they were more interested in her sex. She was asked intrusive questions like whether she was able to have children, what size her breasts are, or whether she had "done it all" surgically. She did note that some airport employees treated her kindly, one of them having sympathized with her and tried to look out for her safety. After the interrogation, she was rejected and made to return to Thailand.

https://sea.mashable.com/life/19811/thai-trans-model-turned-away-at-dubai-airport-for-possessing-male-passport

Source: Mashable SE Asia (Nunis, 2022)

DAY 2 - CREATING A BETTER FUTURE : EMBRACING OUR POWER

ACTIVITY 5. ECOLOGICAL MODEL

Objective:
- To understand the interconnected issues that influence the lives of LGBTIQ+/trans youth and how changes must occur at different levels.
- To explain how stigma usually comes from the macro level, it plays throughout every level.
- To acknowledge the importance of community support and networks to our growth and identify support systems and resources.

Estimated time:
60 minutes

Equipment:
- Large flip chart for the ecological model (at least 1.5 x 1.5 meter). The ecological model consists of four layers and each need to be nested inside the other.
- Smaller paper or sticky notes.
- Marker pens.

Method:
1. The ecological model illustrates how an individual is influenced by different levels of their environment, based on the Bronfenbrenner's theory (Guy-Evans, 2020). This includes the micro (Parents, friends, family, teachers, and more), meso (Organisational network, health systems, justice system, and more), and macro (Culture, media, economics, politics, religion, and more) level of interaction. The ecological model helps us to identify the social, economic and cultural circumstances in which the young LGBTIQ+/trans people live, which to a degree shapes what is possible for them.
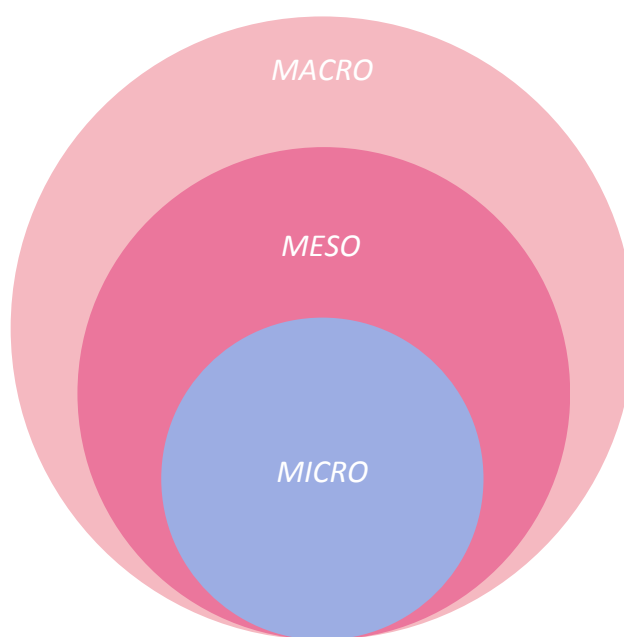
Example of an Ecological Model

2. Divide the participants into three group categories to discuss the micro, meso, and macro level of influence to a person's being. Allocate sub-topics as presented below and ask each group to brainstorm their responses to the questions. Kindly ensure that each response is added in separate sticky notes.

Micro System	
Group 1	What do young LGBTIQ+/trans people need from their: • Parents, families • Partner/spouse • Friends • Teachers • Colleagues • Health providers • Neighbourhoods
Meso System	
Group 2	What do young LGBTIQ+/trans people need from their: • Organisational network • Educational system • Healthcare system • Justice system • Employment system • Social welfare system
Macro System	
Group 3	What support do young LGBTIQ+/trans people can have from their: • Culture • Religion • Society • Media • Politics • Economics

3. After the brainstorm is complete ask groups to assemble around the 'mapping' area on the floor where a large paper is displayed to mark out the ecological model. They will report and place their responses.
4. Ask each group to present their inputs and followed by direct debriefing session.

Online:
If conducted online, facilitators can use jamboard (https://jamboard.google.com/) or other notes to replicate the above methods.

Debriefing:

- Ask all participants to share their reflections on the large ecological model. Highlight the specific health, social, education, and employment challenges that many LGBTIQ+/trans youth had to face. Encourage participants to note that their advocacy framework will focus on the changes essential to be made at the micro, meso, and macro levels. For example, the pathologisation of trans identities might stem from stigma and discrimination at the structural level of our policies, healthcare, education, and society.
- In addition, we need to recognise how each system might simultaneously interact. For example, the health of young LGBTIQ+/trans people is not solely based on the healthcare system alone but a complex interaction in people's access to education and employment to maintain a healthy life for themselves. Economic vulnerability is a significant risk factor for HIV and unequal power relations. Leaders need to be able to speak about how health, education, and employment issues interrelate in the lives of young people.
- Identifying our biggest challenges and opportunities in the ecological model is essential. Who can be our allies and support system? Point out that part of leadership is to work towards changes at each level of the ecological model. Some might work more in the microsystems, while others at the macro level. Ask if some participants are already working in any of these settings.
- Historically, the ecological model came from Bronfenbrenner's theory, which views personal development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate family and school settings to broad cultural values, laws, and customs (Guy-Evans, 2020).
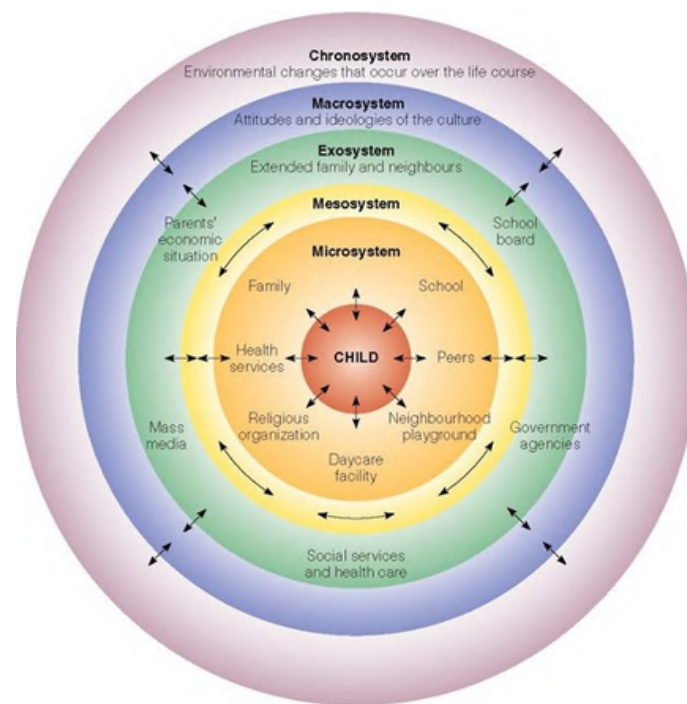
Bronfenbrenner's theory

ACTIVITY 6. POWER SPEECH

Objective:
To practice delivering a formal or informal speech and advocacy message which was tailored for particular audiences.

Estimated time:
60 mins

Equipment:
Flip chart, marker pens, scenarios (Modifiable)

Method:
1. Divide participants into groups consisting of two people per small group. Encourage each speaker to find their partner. Assign participants to formal or informal scenarios.
2. Allow them to take turns practising their speech delivery to one another and give each other feedback. Give at least 5 minutes for each participant to deliver their speech before switching, and around 10 minutes to prepare the speech beforehand.
3. During the practice session, ask them to focus on presentation style rather than content: Clarity of speech, speed, eye contact, and conviction.
4. After the practice session, invite each speaker to present their speech to all.
5. Make sure to give a round of applause and invite the listeners to name 1-2 things they liked about the presentation, such as the things that made them think, well-used data, good eye contact, excellent articulation, convincing stories, and more. Some probing questions:
   a. How did it feel to make such a speech?
   b. What advice would you give yourself if you had to do this in an actual event?
   c. What are the barriers to delivering a good speech? (Lack of preparation, anxiety, language barriers, and more)
   d. Has anyone here had such a real-life experience that they can draw on to give us some advice?

Online:
If conducted online, facilitators can use jamboard (https://jamboard.google.com/) or other notes to replicate the above methods.

Debriefing:
- With preparation, experience, and confidence, everyone is capable of making a speech/presentation. Fear and anxiety are natural, the key is to shift your attention away from yourself to the audience: "What do these audiences want, or need to hear?"
- During speech, it is important to support our community representatives. Effective leaders take the courage to ask for support, feedback, and be prepared for any challenges.
- anguage barriers are normal. Preparation is key, or take support from translators if necessary.

Characteristics	Informal	Formal
Context	Usually in informal context, such as coffee shop, during lunch break, party/ event, and more.	Usually come in formal contexts, such as conferences, presentations, and more.
Purpose	Brief overview of organisation/ project/ vision.	Delivering specific content to target audience, structured.
Structure	1). Who are you? Introduce yourself (Name, organisation). 2). What do you do? Describe the most important issue you are working on (Data and stories can help). 3). How do you do it?Describe what you have done and what you want the other person to do (Recommend a specific action and positive results that might came from that).	1). IntroductionThe argument you are going to make, and the conclusion that you will reach. 2). ArgumentsClearly and persuasively, justifying what you say. 3). ConclusionSummarise your main arguments and explain the relevance of the conclusion made; explain why you are confident of your conclusion. 4). Facilitate discussionCheck that everyone has understood exactly how you have arrived at the conclusion.
Tips	Preparation is key. Keep it simple. Avoid using complicated terminology. Tell a story. Listeners will retain more of what you tell them if you share a story	Expect tough questions. Behave professionally. Young people are often not taken seriously in many panels; therefore, make your speech and appearance as professional and confident as possible.

Tips for a Good Speech

Put the audience first – think about words, language and the structure according to who is going to listen to you. Respect the diversity of the audience.

Plan the structure – formal or informal, keep the flow and important points written. Set yourself one format and follow that.

Give priority to opening and closing – add some personal touch, humour, call for action and emotions. Make positive statements as much as possible.

Technology – do not be hesitant to use good visual aids and new presentation software. Be familiar with your computer and the technology you are using. Mix PowerPoint with some video, and text with some pictures.

Practice
a few times at work, with friends or at home. Go through the content again and again, ask people to comment.

Prepare yourself – dress smartly and in a way that is mindful of the venue, culture, time and the audience.

Look confident – go to the venue in advance, greet people, talk to organisers and other panellists, drink some water and keep a bottle with you. Take questions positively and thank people for raising them. Acknowledge if you do not have the answer and promise to follow-up personally.

WORK SHEET: SCENARIOS

Informal scenario 1

Imagine that you are going to a national HIV program technical meeting. You meet the representative of the Ministry of Health in the lobby, waiting to attend the same meeting. You greet them and introduce your organisation and what you are doing. Then they ask why you are working for young LGBTIQ+ people. You have the opportunity to explain to them in few minutes.

_____

Informal scenario 2

Imagine that you are given a few minutes to explain to a group of trans youth sex workers (15-24 years old), how they became vulnerable to HIV and what would help to prevent new infections in young people.

_____

Formal scenario 1

Imagine you have been selected to speak at a country level meeting addressing the HIV response. The meeting includes UN agencies, NGOs, civil society groups, Ministry of Justice, Ministry of Health, and Ministry of Education. You are a leader of the LGBTIQ+ youth community in a rural part of your country. What will you highlight in this speech?

_____

Formal scenario 2

Imagine you have been selected to speak at an international youth summit for young leaders across the world. The meeting includes government representatives, world leaders, UN agencies, NGOs, and civil society groups. You are representing a community of LGBTIQ+ youth in your country. What will you highlight in this speech?

_____

Formal scenario 3

You are invited to testify for violence against the LGBTIQ+ population at an international human rights conference. The meeting includes government representatives, world leaders, UN agencies, NGOs, and civil society groups. You are representing a community of marginalised transgender people persecuted in your country. What will you highlight in this speech?

_____

ACTIVITY 7. POWER PLAN: CREATING THE PREFERRED FUTURE

Objective:
To identify problems and define goals that will help LGBTIQ+/trans youth design an action plan for future movements.

Estimated time:
90 minutes

Equipment:
Flip chart, marker pens

Method:
1. The facilitators will inform the participants that this activity requires them to develop their future actions. While this is happening, another facilitator will distribute a piece of flip chart to each participant along with some marker pens.
2. The facilitators will explain that participants must go through a 5-step future planning activity for the community they represent. Do highlight that their plan is focused on specific community issues rather than broader global ones.

Step 1 - Understanding current situation

The facilitator will give the instruction and ask the participant to brainstorm about the problems and challenges related to their chosen subject. They are required to write down their thoughts. Probing questions:
What is the one urgent issue/problem faced by your community?
What are the threats/challenges that are happening to your community?

Step 2 – Roots of the problem

Next, they are asked to reflect on the barriers and what causes the problems that were identified. Probing questions:
 What is the factor that caused such issue(s) to the community?
Who are responsible for these challenges/threats?
Think beyond individual/actor of society but also considering social factors and structural/systemic challenges?

Step 3 – How to achieve it

Then, they answer the question HOW? – that is, how to address the issues/problems identified?
Probing questions:
   What can be done? What can you do individual or collectively?
   Any potential idea/action can address the issue raised?
   What are some actions you can take to address the issue you identified?
   Which category do your plans focus on?
       (1) Building Capacity
       (2) Knowledge resource and tools
       (3) Advocacy Action (Legal protection, Healthcare, or Policy)
       (4) Alliance Building

Step 4 – Enablers of the future

After that, they discuss and write on the flip chart that in their opinion, what are the tools and strategies that would be based on the plan or action they proposed. Probing questions:

What kind of assistance or tools (Technical, Financial, Network, etc) do you need?

Who can help you in reaching your goals?

What is your strategy/intervention/approach in realize your plan?

Who are the stakeholders and key players?

Step 5 – Exploring ideal solutions

Finally, they explore what the ideal situation would look like – always related to their specific subject/issue.
Probing Question:

What does the future look like?

What is your vision?

What have changed?

Online:

Facilitators can use jamboard (https://jamboard.google.com/) with below instructions:

1. Instead of each creating their power plan, the activity will change to make one group power plan instead.
2. The facilitator will need to create five slides in jamboard as per each step illustrated above.
3. On each page, the facilitator will insert the probing question in the sticky note as guidance while the participant inserts their answers using the sticky note.
4. Upon the degree of response presented in the jamboard, the facilitator will read out the response and clarify with participants if there is any question. Then, the facilitator will move on to the next slide and repeat the same steps until the last slide.
5. Before closing the session with a debriefing, the facilitator can ask each participant to share just one action plan they decided to take on after completing the training.

Debriefing:

The facilitator will summarise that the purpose of the activity is to help the participant to set practical plans on some of the actions they can take to address the specific community issue. The proposed plan should be realistic, doable, and adequately reflect the community's needs. Besides, highlighting whether the vision in step 5 addresses the problem identified in step 1.

ACTIVITY 8. CLOSING AND EVALUATION

Objective:
To close the training session and conduct evaluative feedback for the module.

Estimated time:
15 minutes

Equipment:
Flip chart, marker pens

Method:
1. Thank the participants for joining the training session. Ask for the participants to share their reflection and key takeaways from the session.
2. Allow the participants to fill up the feedback surveys distributed

Online:
The facilitators can use google form for the feedbacks and replicate the above methods on Zoom.

EVALUATION

I. General Feedback

How would you rate the LGBTIQ+ Youth Leadership Training Module:
(Scale from 1 = do not agree at all, to 5 = completely agree)

	1	2	3	4	5
I enjoyed the LGBTIQ+ Youth Leadership Training Module					
I learned skills that will help me to be a leader					
I feel more confident now to talk about LGBTIQ+ youth issues					
I now have a better understanding of the health and human rights of rights and needs of LGBTIQ+ youth					
The training helped me to become more confident in public speaking					
I now have better skills to communicate about LGBTIQ+ youth issues					
The training manual will be helpful in my personal life					
The training manual will be helpful in my professional life					
I would recommend the training manual program to my friends					

II. Skills and Understanding

To what extent did participating in the training workshop enhance your:
(Scale from 1 = do not agree at all, to 5 = completely agree)

	1	2	3	4	5
I enjoyed the LGBTIQ+ Youth Leadership Training Module					
I learned skills that will help me to be a leader					
I feel more confident now to talk about LGBTIQ+ youth issues					
I now have a better understanding of the rights and needs of LGBTIQ+ youth groups					

III. Specific Activities

How useful did you find the following:
(Scale from 1 = do not agree at all, to 5 = completely agree)

	1	2	3	4	5
Day 1 - Building The Foundation on Youth Issues, Understanding, and Knowledge					
Welcome Introduction					
Rainbow Bingo					
Setting Goals and Expectations					
Establishing Ground Rules					
SOGIE 101: What About the Lingo?					
Sexy Class: Safe Sex 101					
Intersectional Lens: Our Social Identities					
Recognising Bias, Stigma, and Discrimination					
Tackling Health Inequalities: Leaning From Evidence					
Say What Is Right: Debate Within the LGBTIQ+ Movement					
Closing - Count Your Blessings					
Day 2 - Embracing Youth Power and Creating A Better Future					
Morning Evaluation					
Finding Inner Strength					
Who is Your Hero?					
Role-Play ACT: Free the Shackles					
Ecological Model					
Power Speech					
Power Plan: Creating the Preferred Future					
Closing and Evaluation					

IV. Overall Learning

To what extent did participating in the training workshop :
(Scale from 1 = do not agree at all, to 5 = completely agree)

	1	2	3	4	5
Increase your confidence as a leader					
Increase your confidence in advocating human right for LGBTIQ+ youth in your country					
Increase your intention to look after your own health and wellbeing					
Increase your understanding of issues affecting LGBTIQ+ youth					
What is the overall score you would give this training in terms of its value in contributing to your learning?					

LGBTIQ+ YOUTH LEADERSHIP TRAINING CERTIFICATE

THIS IS TO CERTIFY THAT

....

Has completed the LGBTIQ+ Youth Leadership Training Module

Signature

Date

Youth LEAD

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