

HIV Works

How to bring your
HIV workplace policy to life



An IPPF facilitator's guide
for HIV training in the workplace

2013

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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Introduction

What is the 'HIV Works' training guide?

This guide is designed to support the planning and facilitation of HIV workplace training programmes across the International Planned Parenthood Federation (IPPF). It is a crucial part of our commitment as a sexual and reproductive health and rights organisation to provide a supportive and non-discriminatory work environment for all, including staff and volunteers living with or affected by HIV.

Despite progress made in the response to HIV, stigma and discrimination remain a reality in many settings, including in the workplace. To counter this, it is imperative that we adopt, institutionalise and internalise HIV workplace policies and programmes across the Federation. Such policies and programmes serve to sensitize, inform and educate our staff and volunteers about HIV and AIDS. They also offer us a way to challenge – and ultimately reduce – acts of discrimination towards those living with or affected by HIV.

In 2010, IPPF's Governing Council adopted a revised HIV policy, which includes our commitment to addressing HIV in the workplace. We have institutionalised this by making it a requirement for accredited Member Associations to have an HIV workplace policy in place. The challenge now is to bring these policies to life and internalise HIV workplace programmes across all our Regional Offices and Member Associations. A key strategy to achieve this aim is to run regular HIV workplace training sessions for staff and volunteers.

By 2015, our aspiration is that there will be virtually 100 per cent coverage of fully functioning HIV workplace policies and programmes across the Federation: we hope this training guide will contribute to meeting this aim.

Who is this training guide for?

The 'HIV Works' training guide has been developed by, and for, the IPPF community. It is meant for staff members and volunteers of IPPF and its Member Associations – and specifically those who have been given the responsibility of facilitating HIV workplace trainings. With some adaptation this guide could probably also be of use to other organisations that are or would like to run HIV workplace trainings.

How should the training guide be used?

'HIV Works' provides information, tips and suggestions for how to prepare and conduct HIV workplace training. It is based on IPPF's workplace policy⁴ and more than five years' experience of running the training at IPPF Central Office. Over the years, this training has been evaluated, adapted and improved using the ideas, insights and experiences of HIV workplace training sessions from across the Federation, as well as feedback obtained from course participants and facilitators.

The guide is divided into several sections:

- 1 Section 1 provides information and tips to help you plan the training effectively.
- 2 Section 2 describes the outline, content and exercises for an IPPF HIV workplace training session.
- 3 Section 3 makes suggestions for how you can adapt the training to make it shorter or longer.
- 4 The annexes include various training tools and resources that will be useful for facilitators.

The training content and exercises described in this guide are meant to offer ideas and inspiration for implementing your own HIV workplace policy. It is not an exhaustive guide and there are other training manuals that you may also wish to use to supplement this guide (see Annex 1). When planning your training, it is always important to tailor the content and exercises to reflect the policy and context of your Regional Office or Member Association.

We would encourage you to share your experiences of adapting and using the 'HIV Works' training guide, so that we can continue to make improvements and ensure it remains relevant. Please send any suggestions and any feedback on your experience of using this guide to info@ippf.org.

1 Planning the training

Setting an aim and learning objectives

An effective training session requires careful planning and preparation and some critical thinking by facilitators – both for the content and the logistics of the training.

It is easier to decide on the content of the training if you know what you want to achieve. The simplest way to do this is to write down:

- the overall aim of the HIV workplace training
- a list of the desired learning objectives for participants

An example of what the aim and learning objectives might look like is set out in the box below:

Box 1: Example of the aim and learning objectives of an HIV workplace training session

The overall **aim** of the HIV workplace training session is to initiate open and respectful discussion on HIV and AIDS, and strengthen understanding and support for colleagues living with or affected by HIV.

Specifically, the **learning objectives** of this training will enable participants to:

- 1 Learn more about HIV and AIDS, and why it is a workplace issue
- 2 Reflect on their own beliefs, perceptions and experiences of HIV
- 3 Familiarize themselves with the organisation's HIV workplace policy.

There should be a strong relationship between the objectives and the content of your training, so it is important to refer to the learning objectives as you plan and prepare the session. As your thinking, planning and preparation develop, you may find that some of the objectives will need to be revised, or supplemented with new objectives.

Practical issues to consider

Facilitators (and guest speaker)

To run a successful training event, especially for larger groups, it is advisable to have two people co-facilitating the training together. The facilitators should be from the organisation, but can come from different teams or departments (for example Human Resources and HIV). Ideally, at least one of the facilitators should be someone who is openly living with HIV and comfortable to share some of their personal reflections and experiences during the

training. If this is not possible, you could invite a guest speaker who is openly living with HIV to co-facilitate the session with you.

When asking someone to co-facilitate the training or to be a guest speaker, it is important to tell them:

- 1 the learning objectives of the training and what issues will be covered
- 2 what session(s) you would like them to lead on
- 3 how much time they have been allocated in the programme
- 4 the date, time and venue
- 5 who will be attending

Let external guest speakers know whether you can provide them with an honorarium or reimburse their travel/accommodation costs.

Once the co-facilitator and/or guest speaker have confirmed their participation, share the proposed annotated agenda with them. This should give a more detailed overview of the training outline and the different sessions, including who will facilitate each session, what methods will be used, and so on. An example of an annotated agenda is included in Section 2, 'Sample three-hour HIV workplace training session'.

In addition, it is advisable for the facilitators to meet one or two days before the training to discuss the agenda and any outstanding issues. This will enable you to work as a team on the day itself and support each other in case of 'emergencies' (for example, if a session is not going as planned).

Participants

All Member Association staff members should attend HIV workplace training at some point. This is easiest to arrange for new staff members by making it a requirement to attend the training during their first six months of employment. In case the Member Association has not offered this type of training in the past, it is important to ensure that current employees are also invited to the sessions. To facilitate this, the Human Resources department should keep a record of who has attended, and regularly invite other staff to attend until everyone has participated in the training.

We also encourage Member Associations to invite volunteers (including Board members) to attend the training alongside staff members.

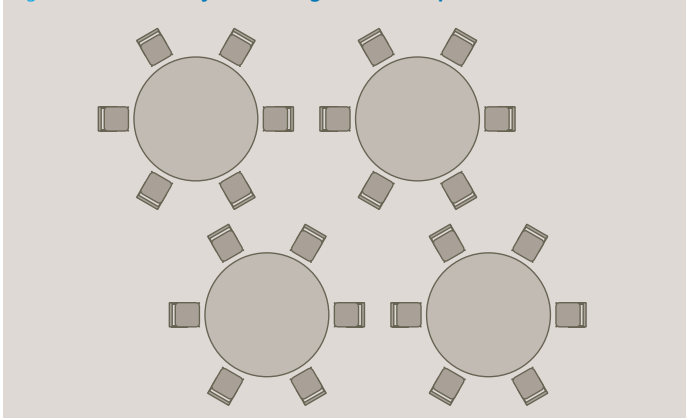
To run the training effectively, you will need a minimum of nine participants in the group. This is because most of the exercises are set up to be conducted in small groups of three to five people and you will need at least three different groups for some of the exercises. However, try not to have more than 20 participants,

as the training is meant to be participative and interactive. If the group is too large it will limit the opportunity for each participant to contribute.

Venue and set-up

Select a meeting room where you will not be disturbed or interrupted during the training. Choose a venue that is easy to find and reach and, if possible, has natural light and adjustable heating or air-conditioning. It is good practice to arrange the chairs and tables in small groups of three to five people (cabaret style, as shown) within the room, so that participants can work together in discussion groups. This type of layout will help to create a more relaxed atmosphere and encourage participation and discussion among participants. Aim for a minimum of three groups, although four or more groups would be better.

Figure 1: Cabaret style meeting room set up



Training materials and equipment

The training materials and equipment needed depends on the approach and exercises chosen by the facilitators. The two- and three-hour sample training sessions included in this guide have been designed so that they only require 'low-tech' materials and equipment. These include:

- flip charts
- marker pens
- post-it notes
- white letter-size paper
- crayons or coloured pencils
- sticky tape or 'Blu Tack', to attach things to the wall
- question and debate cards (see Annex 2)
- blank question cards
- a cardboard box where participants can place their question cards anonymously

For the four-hour sample training, you will also need:

- the 'Love, Life and HIV' DVD (if your Member Association does not have this DVD, you can request it by emailing info@ippf.org)
- a laptop, projector and audio speakers (to play the DVD)
- access to the internet (to stream a video)

If you do not have the appropriate materials for the training, consider adapting the exercises to the materials and equipment that are available.

Participant information pack

It is a good idea to prepare an information pack for participants, which they can keep as a reference after the training too. This should include items such as:

- the **agenda** for the training session
- a copy of your organisation's **HIV workplace policy**
- information on **IPPF+**²
- HIV factsheets
- a list or directory of local **HIV services and support organisations**
- a **list of resources and websites** for further information on the key topics covered in the training
- a training **evaluation form**

Food and refreshments

Once you have confirmed the number of participants who will be attending the training event you will need to organise appropriate refreshments, and food if required. Make sure water is available to keep participants hydrated. If you are providing lunch, check in advance whether any of the participants have special dietary requirements. Keep the food light, so that energy levels do not drop after lunch. Another good way to keep energy levels up is to have small sweets or fruit on the tables during the training.

Creating a timeline for your preparation and planning

It is always good to plan training events well in advance and to keep track of all the logistical and administrative tasks that need to be managed. For example, knowing in advance how many participants will be attending the event will help you to plan and budget effectively. It will help you to determine what size venue is required as well as the quantity of educational materials and refreshments needed.

An example of the things you might need to consider when planning such an event – and at what point you need to check up on them – is given here:³

Timing	Activity
One or two months before the training	<ul style="list-style-type: none"> ■ Identify and invite a co-facilitator from within your Regional Office/Member Association – preferably someone openly living with HIV ■ If no one within the organisation is openly living with HIV, invite a guest speaker who is ■ Select and invite the participants (minimum nine, maximum 20) ■ Decide on the aim and learning objectives of the training session ■ Prepare an annotated agenda (outlining the various issues to be discussed and exercises to be included) and share this with the co-facilitator ■ Allocate training responsibilities between the co-facilitators and prepare the content of each session ■ Agree on how you will evaluate the training (for example, through a participant evaluation form/questionnaire or through a facilitated session within the training) ■ Order training materials and equipment (as required) ■ Prepare audio-visuals (PowerPoint presentations, videos) ■ Confirm the training venue and, if required, any administrative and logistical arrangements such as travel, accommodation, per diems and catering
Two weeks before the training	<ul style="list-style-type: none"> ■ Review/confirm final list of participants ■ Send participants the HIV workplace policy to read before the training ■ Assemble all the educational materials (for example, articles, factsheets, other reading material) into an information pack for participants ■ Finalize planning the participant evaluation form or evaluation session ■ Finalize all administrative and logistical arrangements
One or two days before the training	<ul style="list-style-type: none"> ■ Meet with the co-facilitator to go through the schedule, make final arrangements, receive copies of their presentations, and so on ■ Check that the information packs for participants are in order ■ Assemble training materials and check (audio-visual) equipment
One or two hours before the training	<ul style="list-style-type: none"> ■ Take the information packs and training materials to the venue ■ Check that equipment is ready (for example, laptop, projector, flip chart) and that you know how to use everything ■ Arrange the tables and chairs in groups of four or five people ■ Familiarize yourselves with the logistics (for example, know where the fire exits and toilets are) ■ Set up a table to display HIV-related publications and materials (for example, red ribbons, condoms) for participants to take

2 Sample three-hour HIV workplace training session

This section sets out an example of an HIV workplace training session, which can be used and adapted by facilitators. It is based on the training that has been running at IPPF Central Office for more than five years. This training session has been extensively evaluated and adapted to ensure it combines learning about HIV and AIDS with personal reflection on how HIV affects everyone's life and the workplace.

The suggested time for the session is three hours. Depending on the time available, however, this could be shortened to two hours, or extended to four hours. Section 3 of this guide offers suggestions for how to shorten or extend the programme.

The sample HIV workplace training is exactly that – an **example**, not a blueprint! There is no 'one size fits all' approach to running an effective HIV workplace training session. Indeed, it is important to ensure that the outline and content of the training reflects the local context. This should include consideration of:

- the national HIV epidemic and response
- local knowledge and beliefs
- current topical debates or trends
- country guidelines on HIV workplace policies
- the Regional Office/Member Association HIV workplace policy
- the Regional Office/Member Association HIV strategy and response

Each training programme will also be affected by variables such as the personalities of participants, their interests and previous knowledge about HIV, as well as group dynamics. It is important to be aware of these factors beforehand and to adapt the training so it meets the specific needs of participants.


Annotated agenda: three-hour HIV workplace training session

Time	Three hours
Participants	Minimum nine, maximum 20
Set-up	Cabaret style (tables with seats for three to five participants, facing one another); minimum three groups
Facilitators	Two facilitators (including a facilitator or guest speaker who is openly living with HIV)
Learning objectives	<p>The overall aim of the HIV workplace training session is to initiate open and respectful discussion on HIV and AIDS, and strengthen understanding and support for colleagues living with or affected by HIV. Specifically, the learning objectives of this training will enable participants to:</p> <ol style="list-style-type: none"> 1 Learn more about HIV and AIDS, and why it is a workplace issue 2 Reflect on their own beliefs, perceptions and experiences of HIV 3 Familiarize themselves with the organisation's HIV workplace policy

Time	Activity	Objective	Description	Facilitator(s)	Resources
20 minutes	Introduction	<ul style="list-style-type: none"> ■ To identify participants' expectations of the training ■ To clarify the training objectives ■ To set a tone of respect and openness for the training session 	<p>Welcome and introductions</p> <p>Training expectations and objectives</p> <p>Principles and ground rules</p>		<ul style="list-style-type: none"> ■ Post-it notes ■ Marker pens ■ Flip chart ■ Blank cards ■ Question box
20 minutes	HIV and me	<ul style="list-style-type: none"> ■ To create recognition that HIV touches and has an impact on everyone's life 	Participants' drawings and discussion		<ul style="list-style-type: none"> ■ Coloured crayons/pencils/pens ■ White paper ■ Blu tack or sticky tape
15 minutes	Bringing HIV closer to home	<ul style="list-style-type: none"> ■ To increase understanding of what it means to be living with HIV 	A conversation with someone openly living with HIV		<ul style="list-style-type: none"> ■ Flip chart ■ Marker pens
40 minutes	HIV: the facts	<ul style="list-style-type: none"> ■ To increase knowledge of the basic facts about HIV and AIDS 	<p>Discussion in small groups</p> <p>Plenary feedback and answers</p>		<ul style="list-style-type: none"> ■ 'Knowledge' question cards ■ Answers
10 minutes	Break	<ul style="list-style-type: none"> ■ To refresh and re-energize 			<ul style="list-style-type: none"> ■ Refreshments
30 minutes	HIV: beyond the facts	<ul style="list-style-type: none"> ■ To stimulate open discussion and debate on HIV issues ■ To explain IPPF's position on key HIV issues 	<p>Discussion in small groups</p> <p>Plenary feedback and IPPF's position</p>		<ul style="list-style-type: none"> ■ Debate cards ■ IPPF's position
30 minutes	HIV in the workplace	<ul style="list-style-type: none"> ■ To increase understanding of why and how HIV is a workplace issue ■ To explain key aspects of the HIV workplace policy ■ To raise awareness of IPPF+ 	<p>Rationale for having an HIV workplace policy</p> <p>Information on the HIV workplace policy and IPPF+</p>		<ul style="list-style-type: none"> ■ Flip chart ■ Marker pens ■ IPPF+ leaflet and contact details
5 minutes	Question box	<ul style="list-style-type: none"> ■ To answer any outstanding questions from participants ■ To direct participants to available services, support and resources 	Questions and answers (question box)		<ul style="list-style-type: none"> ■ Blank cards ■ Question box ■ Information on local services and support ■ List of resources and/or websites
5 minutes	Evaluation	<ul style="list-style-type: none"> ■ To receive participants' feedback on the training session 	Completing the evaluation form		<ul style="list-style-type: none"> ■ Evaluation forms ■ (Marker) pens
5 minutes	Close	<ul style="list-style-type: none"> ■ To encourage participants to be HIV champions in the workplace and beyond 	Closing words from the facilitators		

Activities and exercises

1 Introduction

Time	Resources	Objectives
 20 minutes	<ul style="list-style-type: none"> ■ Post-it notes ■ Marker pens ■ Flipchart ■ Blank cards ■ Question box 	To identify participants' expectations of the training; clarify the training objectives; and set a tone of respect and openness for the training session

Task

Welcome and introductions (5 minutes)

- 1 Welcome participants to the training session and introduce yourself and your co-facilitator.
- 2 Ask participants to introduce themselves by stating their name and their position in the organisation.

Training expectations and objectives (10 minutes)

- 1 Ask participants to write down their expectations of the training session on separate post-it notes. Ask participants to write down any questions they may have in relation to HIV on the blank cards.
- 2 Then, invite participants to stick their post-it notes up on the flip chart and to put the cards with their questions in the question box at the front of the room.
- 3 As participants put their post-it notes up, keep an eye on them so that you can refer to participants' expectations when you talk about the objectives of the training session.
- 4 Once everyone has sat down again, explain what the objectives of the training are and which expectations the session will or will not be able to meet. Mention that you'll return to the question box later on in the session.

Facilitation tip: responding to participants' expectations



When going over the learning objectives for the training session, you can respond to participants' expectations by saying things like, "I see some of the expectations have been about [xyz] and we can cover those. Given the time we have, unfortunately, we will not be able to meet [abc] expectations. We can return to those at the end and see if we can schedule another session to focus on those types of issues!"

- **Openness** – encourage participants to be open and honest about their own beliefs, perceptions and experiences, and to be open to new ideas.
- **Understanding** – emphasize that the training focuses on creating understanding about what HIV means in our lives and our workplace.
- **Listening** – ask participants to listen to and respect each other's differences and opinions, as there may be lots of different opinions on a number of HIV issues.

- 3 Point out the ground rules for the training and ask participants whether they agree with these or want to add others. Examples might include:
 - Keep to time
 - Do not have laptops open during the training
 - Turn mobile phones off or on 'silent' and do not answer calls in the room
- 4 Ask the participants to help you 'enforce' the principles and ground rules throughout the session. For example, if someone is not participating, ask the others to encourage them to do so.

Facilitation tip: establishing group rules




Remember, facilitators set the tone! Respect the principles and ground rules yourself and lead by example. Make sure you listen to participants and are sensitive, open and respectful when answering questions or responding to differences of opinion. If 'keep to time' is a rule, finish facilitating your sessions promptly. If you are running late, ask the participants if they would prefer to continue or to re-arrange the session(s).

Principles and ground rules (5 minutes)

- 1 Before the session, prepare a flip chart paper that sets out the core principles and ground rules for the training. Put up the paper as you introduce this session.
- 2 Explain that the training is built on core principles of sensitivity, openness, understanding and listening (SOUL):
 - **Sensitivity** – remind participants to be mindful of the fact that some people in the group may be living with HIV.

2 HIV and me

Time	Resources	Objectives
 20 minutes	<ul style="list-style-type: none"> ■ Coloured crayons ■ Pencils/pens ■ White paper ■ Blue-tack or sticky tape 	To create recognition that HIV touches and has an impact on everyone's life

Task

Participants' drawings and discussion (20 minutes)


- 1 Provide each table with white paper sheets and a set of coloured crayons, pencils or pens.
- 2 Explain that HIV is an issue that touches everyone. This can be directly or indirectly. Participants may, for example:
 - be living with HIV
 - care for someone who is living with HIV
 - have a family member, friend or colleague who is living with HIV
 - have lost a loved one to an AIDS-related illness
 - be concerned about protecting themselves from HIV
 - be worried for their children as they grow up and become sexually active
 - simply be affected because they pay taxes (which fund the HIV response)
- 3 Ask participants to draw an image that shows how HIV has touched them. They should only use images, not words. (5 minutes)
- 4 Ask participants to share in their small group what they have drawn, and why. (5–10 minutes)
- 5 Ask each table to present one drawing to the entire group – making sure that the person who has drawn the image is OK with that. Alternatively, each table can summarize the common themes that came out of the drawings.
- 6 Stick all drawings up on the wall (using Blu tack or sticky tape).

Facilitation tip: sharing your own experience

The facilitators can also prepare their own drawings of how HIV is present in their life, and present these to the entire group. If one (or both) of the facilitators is living with HIV, this can provide a nice 'bridge' to the next session of the training, 'Bringing HIV closer to home'.

For example, a facilitator once drew a picture of a single pill. They explained how this represented HIV in their life; a single pill of antiretroviral drugs that they had to take once a day. This led to a discussion on how people could support colleagues living with HIV with treatment adherence.

3 Bringing HIV closer to home

Time	Resources	Objectives
 15 minutes	<ul style="list-style-type: none"> ■ Flipchart ■ Marker pens 	To increase understanding of what it means to be living with HIV

Task

A conversation with someone openly living with HIV (15 minutes)

- 1 Sum up the main themes and points from the previous session (you can write these down on the flip chart). Examples might include:
 - HIV affects everyone – regardless of gender, age, religion, occupation, etc
 - HIV is present in all aspects of our lives – family, friends, love, health, recreation, education and work
- 2 Share your own experience of living with HIV or invite a guest speaker to do so (for example, someone from IPPF+ who is comfortable to share his or her experiences). Ideally, this would be a reflection or anecdote about how HIV affects you or them in the workplace.
- 3 Invite participants to ask questions and/or share their own experiences (if they are comfortable doing so).

Facilitation tip: responding to inappropriate questions

If a participant asks an inappropriate question during this or another session, you should not feel obliged to answer. Instead, ask the person why they would like to know that, and explain why the question is inappropriate

One question that may come up is, "How did you become infected with HIV?" In this case, explain that people often have a scale of blame and morality in their minds along which they place people living with HIV. Someone who is born with HIV or contracted the virus through a blood transfusion, for example, is seen as 'innocent'. On the other side of the scale are people who contracted the virus through so-called 'immoral behaviour' such as injecting drugs or having unprotected sex. This process of placing people along a scale of blame and morality is often unconscious. However, the underlying assumption is that some people living with HIV are more 'worthy' of our care and support than others. This contributes to stigma and discrimination. Explain that everyone deserves respect, care and support – no matter who they are or how they became infected. As a workplace issue, how someone became infected is irrelevant. The employer has a duty of care towards everyone in the workplace.

4 HIV: the facts

Time



40 minutes

Resources

- 'Knowledge' question cards and answers (Annexes 2 and 3)

Objectives

To increase knowledge of the basic facts about HIV and AIDS

- 2 Ask the group whether they agree with the answer given, or would like to add or correct anything. If the answer given is incorrect or incomplete, provide the correct information. Annex 3 provides the answers to the sample questions.
- 3 Invite participants to ask clarification questions if something is not clear, or ask other questions that were not covered on the 'Knowledge' question cards. Remind participants that they can also put their questions in the question box to be answered at the end of the session.

Task

Discussion in small groups (10 minutes)

- 1 Recognize that everyone will have some knowledge about HIV – some may even be experts in this field. Rather than the facilitators 'presenting' the facts, this session will draw on the collective knowledge of the participants.
- 2 Provide each table with a different 'knowledge' question card on one of the following: 'HIV and AIDS', 'HIV prevention', 'HIV treatment and care' or 'Human rights and HIV' – making sure that all topics are covered. Sample question cards can be found in Annex 2.
- 3 Encourage participants to discuss each of the questions on the card within their group. Remind people of SOUL – be sensitive, open, understanding and listen!
- 4 Explain that each group will be asked to feed back briefly about their discussion after 10 minutes.

Facilitation tip: enhancing understanding



Occasionally, it's good to actively check with participants whether they have fully understood the information provided – especially if participants have given conflicting answers to a question, or if an issue has generated debate about the evidence. You can do this by asking, for example, "Is that clear?" or "Shall I go through that again?"

When a participant poses a question to which you do not know the answer, it is best to say so. You can refer participants to the list of useful resources in the participant information pack and offer suggestions where they may be able to find the relevant information. You could also offer to find out the answer for them (or have some of the participants find out further information for the group) and get back to the group on the issue after the training session.

Facilitation tip: working with different numbers of participants




If you only have enough participants for three small groups, start this session by discussing the questions on the 'HIV and AIDS' card with the entire group. Read out the questions on the card one by one and encourage participants to answer. When someone answers, check with the other participants whether they agree or would like to offer an alternative answer, before answering yourself. Once you have finished answering the 'HIV and AIDS' questions, distribute the other cards among the small groups and continue with the exercise as described above.

If you have more than four groups, provide some tables with the same topic. It's advisable to use the more advanced topics – such as 'HIV treatment and care' or 'Human rights and HIV' – more than once. For example, if you have five groups, one group could be discussing 'HIV and AIDS', one 'HIV prevention', one 'HIV treatment and care' and two groups 'Human rights and HIV'.

Plenary feedback and answers (30 minutes)

- 1 Ask one person from each group to read out the questions and answers that the group came up with. The cards have been designed to be discussed in a particular sequence – going from the more basic to the more advanced questions. Start with the questions on 'HIV and AIDS', followed by 'HIV prevention', 'HIV treatment and care' and 'Human rights and HIV'.

5 HIV: beyond the facts

Time	Resources	Objectives
 30 minutes	<ul style="list-style-type: none"> ■ 'Debate' cards and IPPF's position (Annexes 2 and 3) 	To stimulate open discussion and debate on HIV issues; and to explain IPPF's position on key HIV issues

Facilitation tip: managing participants who dominate the discussions



If some participants are dominating the feedback session, politely ask to hear from someone else. For example, you could say, "Thank you [their name] and now I would like to hear from others as well."

Task

Discussion in small groups (10 minutes)

- 1 Introduce this exercise by explaining that, from the beginning, the HIV epidemic and response have been surrounded by controversy, and debates about morality and rights. This exercise will explore some of these issues as they relate to the workplace and our private lives.
- 2 Provide each table with the debate questions, and allocate one question to each group. Sample questions can be found in Annex 2. You will notice that several of the sample questions have been framed in relation to HIV in the workplace, to lead you into the next exercise. You can adapt the questions as you wish, of course, for example to stimulate discussion about current affairs or debates.
- 3 Encourage participants to discuss the question within their group. Explain that these questions are meant to stimulate discussion. There are no right or wrong answers, so everyone should be able to share their opinion. Remind people of SOUL – be sensitive, open, understanding and listen!
- 4 Explain that each group will be asked to feed back briefly about the discussion after 10 minutes.

Facilitation tip: managing time in small groups



In the unlikely event that one of the groups finishes discussing its allocated question within 10 minutes (for example, because they all share the same opinion), you can encourage them to discuss the other questions on the card.

Plenary feedback and IPPF's position (20 minutes)

- 1 Ask one person from each group to report back briefly on the discussion, especially on any differences of opinion.
- 2 Ask the participants in the other groups whether they agree with the outcome of the discussion, or would like to share a different opinion.
- 3 Briefly explain what IPPF's position on the issue is – and why. This information is included in Annex 3.

6 HIV in the workplace

Time



30 minutes

Resources

- Flip chart, marker pens, IPPF+ leaflet and contact details

Objectives

To increase understanding of why and how HIV is a workplace issue; to explain key aspects of the HIV workplace policy; and to raise awareness of IPPF+

Task

Rationale for having an HIV workplace policy (5 minutes)

- 1 Explain that the training so far has already touched on some HIV workplace issues, for example through the knowledge and debate questions. These included issues relating to:
 - disclosure and confidentiality
 - stigma and discrimination
 - benefits (such as health insurance and sick leave)
 - occupational risk and HIV prevention in the workplace (for example, through universal precautions)
- 2 All these issues are covered in the HIV workplace policy. This session will look at the content of the policy in more detail.
- 3 Before doing so, however, start by asking participants why they think the organisation has adopted a specific workplace policy for HIV. Make sure you cover the reasons provided in the box 'Rationale for adopting an HIV workplace policy' below.

Key messages: rationale for adopting an HIV workplace policy



- IPPF is committed to promoting sexual and reproductive rights for all and addressing HIV stigma and discrimination – this applies equally to our staff and workplaces. This commitment was confirmed by IPPF's Governing Council in its 2010 HIV policy (see Annex 1).
- HIV is a workplace issue. According to the International Labour Organisation, "nine out of every ten people living with HIV will get up today and go to work."⁴
- An HIV workplace policy helps to ensure that staff are informed and educated about HIV and AIDS.
- There is a history of stigma and discrimination against people living with HIV in the workplace. Having an HIV workplace policy contributes to a 'stigma-free' work environment for staff living with or affected by HIV.
- Actively involving people living with HIV benefits our work, and IPPF is committed to the Greater Involvement of People living with HIV and AIDS (GIPA) principle.
- The workplace offers a structured environment to reach people with information and skills, as well as services or referrals; it also presents opportunities to challenge stigmatising attitudes towards people living with HIV that are still prevalent in society.

Information on the HIV workplace policy and IPPF+ (25 minutes)

- 1 Next, the group will explore some of the issues covered by the HIV workplace policy. Select four or five issues that are at the heart of the policy and important for people to understand and 'internalise'. Which topics you select will depend on your workplace policy and organisational context (for example, occupational risk may be more important for health care staff than for office staff). Based on our experience of conducting this exercise, the most important issues to discuss include the following:
 - **Confidentiality**, including the consequences of a breach of confidentiality for the perpetrator (for example, disciplinary action).
 - HIV status and **employment/promotion** opportunities (for example, the rationale for including the statement, "Applications are particularly welcome from candidates openly living with HIV" in job adverts).
 - **Reasonable adjustments** for staff living with HIV (for example, what this means and what it might entail).
 - **Occupational risk** (for example, what measures the Member Association has put in place to minimize occupational risk and what support is available if HIV exposure takes place).
- 2 It is worth preparing a flip chart before the training, listing the issues you will cover. This will allow participants to see what will be discussed and helps to ensure that you cover the most important issues.
- 3 As you start to discuss the different topics, ask participants what the policy says about the issue being discussed, and what they think that means in practice.
- 4 After discussing the key issues, ask participants what staff can or should do to put the policy into practice. Write down the suggestions on a flip chart so that you can refer to them during your closing statement (see exercise 9). Examples are included in the box below.

Key messages: ways to put the HIV workplace policy into practice



- Learning more about HIV and talking about it with colleagues, family and friends.
- Accessing voluntary counselling and testing and other services.
- Upholding confidentiality.
- Supporting staff living with or affected by HIV (for example, with treatment adherence, facilitating and being mindful of reasonable adjustments).
- Challenging stigmatising attitudes and being mindful of language used.
- Reporting discriminatory practices and/or breaches of the policy (for example, breach of confidentiality).
- Actively involving colleagues living with HIV in everyone's work (the Greater Involvement of People living with HIV and AIDS [GIPA] principle).
- Joining IPPF+ if you are living with HIV and/or encouraging others to join (if eligible).

- 5 While discussing examples of how to put the HIV workplace policy into practice, ensure IPPF+ is mentioned – either by one of the participants or (if it doesn't come up spontaneously) then raise the issue yourself. You can use the reference to IPPF+ to ask participants what they know about it. Make sure the following issues are covered:
- IPPF+ is a network of people living with HIV from across IPPF and its Member Associations
 - it includes members of staff, Board members and volunteers – all living with HIV
 - it aims to provide a safe environment and support all HIV-positive members of the Federation
 - it ensures that people living with HIV are actively involved at all levels of the IPPF system
- 6 Refer people to the information on IPPF+ included in the participant information pack and who they can contact about becoming a member.

Facilitation tip: engaging with the HIV workplace policy before and during the events



Ask someone from your organisation's Human Resources team to facilitate this session. This will help to reinforce the message that the HIV workplace policy is an organizational commitment and a human resources issue (rather than an 'HIV' issue, for which the HIV officer bears responsibility).

You will have asked participants to read the HIV workplace policy before attending the training. However, it is useful to include a copy of the policy in the participants information pack, so that everyone can have it in front of them when discussing the policy.

7 Question box

Time



5 minutes

Resources

■ Blank cards, question box, information on local services and support, list of resources and/or websites

Objectives

To answer any outstanding questions from participants; and to direct participants to available services, support and resources

Task

Questions and answers (question box) (5 minutes)

- 1 Open up the question box and take out the question cards one at a time.
- 2 Read the question out loud and respond to it if you can and/or refer to the list of useful resources for further information.
- 3 When you have gone through all the question cards, check whether there are any other questions people would like to ask, and respond to those.

Facilitation tip: managing question times




It may happen that nobody has put a question into the question box. In this case, you can ask whether there are any questions, or use the time to 'catch up' if you are running late. Alternatively, you can create your own question(s) and place them in the question box before the training – to generate some discussion about topics you feel need more consideration by the group. Ten examples of frequently-asked questions – with the answers – can be found in Annex 4.

If a question comes up that has already been discussed during the training, you can ask one of the participants to answer it (instead of answering it yourself). This is a good way to see if they have picked up key information! Always make sure you add to or correct the answer if it's not completely accurate.

When a participant poses a question to which you do not know the answer, it is best to say so. You can refer participants to the list of useful resources in the participant information pack and offer suggestions where they may be able to find the relevant information. You could also offer to find out the answer for them (or have some of the participants find out further information for the group) and get back to the group on the issue after the training session.

8 Evaluation

Time	Resources	Objectives
 5 minutes	<ul style="list-style-type: none"> ■ Evaluation forms, (marker) pens 	To receive participants' feedback on the training session

Task

Completing the evaluation form (5 minutes)


- 1 Ask participants to take the evaluation form out of their participant information pack.
- 2 Explain that the feedback is important to help ensure that the training remains dynamic, relevant and responsive to the needs of all staff members. Note that constructive, critical feedback is welcome as that will assist the team to improve future training programmes.
- 3 Emphasise that the feedback will be anonymous – participants do not need to fill in their name or position – and encourage them to be honest when filling in the form.

Facilitation tip: encouraging critical feedback

Make sure that participants feel comfortable so they can be open and honest when filling in their evaluation form. You could consider leaving the room, for example, if you think this would help. Participants can also put the evaluation forms in the question box to further ensure anonymity.



9 Close

Time	Resources	Objectives
 5 minutes	<ul style="list-style-type: none"> ■ None needed 	To encourage participants to be HIV champions in the workplace and beyond

Task

- 1 Explain that the HIV workplace training is only meant to initiate open and respectful discussion on HIV-related issues. It is up to participants to continue to implement this, by talking to their partners, family, friends and colleagues about HIV and AIDS.
- 2 Encourage participants to be HIV champions, both in the workplace and beyond. Display the flip chart paper that lists what staff can do to put the HIV workplace policy into practice, and remind them of the examples they provided (see exercise 6, 'HIV in the workplace').
- 3 Ask participants to share what they will do after this training event as an HIV champion. Some examples are listed in the box:

Key messages: HIV champions



- Talk to their partner, family, friends and colleagues about HIV and AIDS.
 - Start a conversation when they get home; for example, by recalling one of the things they heard or learned at the training. They might say, "I attended a training session on HIV today. Did you know that...?"
 - Wear a red ribbon and/or display one on your desk.
 - Learn more about HIV and AIDS, through the resources provided in the participant information pack.
 - Go for HIV counselling and testing regularly (once a year) and encourage others to do the same.
 - Participate in HIV events or make a contribution on World AIDS Day (1 December).
 - Join IPPF+ (if eligible).
- 4 Finish the training by thanking everyone for their participation and tell them that you will be available if they want to ask or discuss anything else that has been raised about HIV and the workplace policy during the training event.

After the training session

When the training is finished, and the last participants have left the room, it is useful to sit down with your co-facilitator (and/or guest speaker) to reflect on the sessions. During a short debrief, explore:

- what sessions and exercises went well
- which sessions and exercises did not go as well as expected or hoped
- what you would do differently in future training sessions

It is just as important to review the evaluation forms. If there are common themes in the feedback from the evaluation and debrief, consider how you can address these in the next training programme. Perhaps certain exercises need to be adapted, or perhaps the time allocated to the different sessions needs to be rearranged.

It is a good idea to write down the feedback and reflections in a short report, so that you can refresh your memory when you are preparing the next programme. You can also use this to report back to your manager, the Human Resources team and other interested parties.

Facilitation tip: timing of debriefing



Do the reflection of the training and review the evaluation forms as soon as possible after the event. In this way, the training session is still fresh in your mind and you will be able to remember incidents in the training and make more specific recommendations for future training programmes.

3 Adapting the training

The standard three-hour training can be adapted to fit your time schedule. Below are two alternative agendas; one for a two-hour training session and one for a four-hour session. The four-hour training session includes two additional exercises, which are also explained below.

The two-hour HIV workplace training session

The two-hour training is very similar in set-up to the three-hour session. To save time, the coffee break has been left out, as well as the exercise 'Bringing HIV closer to home'. Some of the other exercises have been allocated less time. The agenda (below) includes the new schedule, as well as tips on how you can adapt the exercises to save time.

Time	Two hours
Participants	Minimum nine, maximum 20
Set-up	Cabaret style (tables with seats for three to five participants, facing one another); minimum three groups
Facilitators	Two facilitators (including a facilitator or guest speaker who is openly living with HIV)
Learning objectives	<p>The overall aim of the HIV workplace training session is to initiate open and respectful discussion on HIV and AIDS, and strengthen understanding and support for colleagues living with or affected by HIV. Specifically, the learning objectives of this training will enable participants to:</p> <ol style="list-style-type: none"> 1 Learn more about HIV and AIDS, and why it is a workplace issue 2 Reflect on their own beliefs, perceptions and experiences of HIV 3 Familiarize themselves with the organization's HIV workplace policy

Time	Activity	Notes
20 minutes	Introduction	This exercise can be conducted as described in Section 2. However, this training session does not include the question box exercise, so there is no need to ask participants to write down their questions on HIV.
15 minutes	HIV and me	This exercise has been shortened to 15 minutes. You can save time by asking just one or two people to present their drawing to the group, rather than one from each table.
55 minutes	HIV: key facts and issues	<p>This exercise is a combination of 'HIV: the facts' and 'HIV: beyond the facts'. The tasks are essentially the same, but you will save time by combining the 'knowledge' and 'debate' questions onto one card and asking the groups to discuss these together.</p> <p>Tasks:</p> <p>Discussion in small groups (15 minutes)</p> <ol style="list-style-type: none"> 1 Provide each table with the questions. 2 Encourage participants to share knowledge and opinions. 3 Explain that each group will be asked to feed back to the main group. <p>Answers and IPPF's position (40 minutes)</p> <ol style="list-style-type: none"> 1 Ask each group to provide their answers to each of the questions. 2 For the 'knowledge' questions, provide the correct answer or additional information as required. For the 'debate' questions, check with the group how they feel about the issue, before explaining IPPF's position.
20 minutes	HIV in the workplace	This exercise has been shortened to 20 minutes. You can save time by explaining the rationale for having an HIV workplace policy yourself (tip: you can prepare a flip chart stating the different reasons before the training session); and you can select just three or four key policy issues to discuss (rather than four or five).
5 minutes	Evaluation	This exercise can be conducted as described in Section 2.
5 minutes	Close	This exercise can be conducted as described in Section 2. As the question box exercise is not part of this session, ask participants whether they have any burning questions about HIV that have not yet been answered during the training. Depending on how much time you have left, you can answer the question in front of the group or agree to go and speak to the participant afterwards.

The four-hour HIV workplace training session


The four-hour training is very similar in set-up to the three-hour session. The additional time provides facilitators and participants with the opportunity to delve deeper into some of the HIV issues that people may face in the workplace. It allows more time for some of the exercises and includes two more: on supporting self-disclosure and on HIV stigma and discrimination. The agenda (below) includes the new schedule. The additional exercises are explained in the next section.

Time	Four hours
Participants	Minimum nine, maximum 20
Set-up	Cabaret style (tables with seats for three to five participants, facing one another); minimum three groups
Facilitators	Two facilitators (including a facilitator or guest speaker who is openly living with HIV)
Learning objectives	<p>The overall aim of the HIV workplace training session is to initiate open and respectful discussion on HIV and AIDS, and strengthen understanding and support for colleagues living with or affected by HIV. Specifically, the learning objectives of this training will enable participants to:</p> <ol style="list-style-type: none"> 1 Learn more about HIV and AIDS, and why it is a workplace issue 2 Reflect on their own beliefs, perceptions and experiences of HIV 3 Familiarize themselves with the organization's HIV workplace policy

Time	Activity	Notes
20 minutes	Introduction	This exercise can be conducted as described in Section 2.
20 minutes	HIV and me	This exercise can be conducted as described in Section 2.
15 minutes	Supporting self-disclosure	This is an additional exercise that aims to create awareness of how people can react in a supportive manner when someone discloses their HIV status to them. The learning objectives, tasks and resources required for the exercise are described below.
15 minutes	Bringing HIV closer to home	This exercise can be conducted as described in Section 2.
45 minutes	HIV: the facts	This exercise can be conducted as described in Section 2 – allowing slightly longer (15 minutes instead of 10 minutes) for the work in small groups.
20 minutes	Break	
30 minutes	HIV: beyond the facts	This exercise can be conducted as described in Section 2.
30 minutes	Understanding stigma	This is an additional exercise that aims to create a better understanding of HIV-related stigma and discrimination, through personal reflection, video and discussion. The learning objectives, tasks and resources required for the exercise are described below.
30 minutes	HIV in the workplace	This exercise can be conducted as described in Section 2.
10 minutes	Question box and open forum time	This exercise has been expanded to 10 minutes. Use it as an opportunity to cover issues that may not have come up during the training, by 'planting' questions in the question box beforehand. Ten examples of frequently-asked questions – and answers – are included in Annex 4.
5 minutes	Evaluation	This exercise can be conducted as described in Section 2.
5 minutes	Close	This exercise can be conducted as described in Section 2.

Additional activities and exercises

3 Supporting self-disclosure

Time	Resources	Objectives
 15 minutes	<ul style="list-style-type: none"> Laptop, projector, audio speakers, internet access 	To create awareness of how people can react in a supportive manner when someone discloses their HIV status to them

Task

Discussing disclosure (10 minutes)

Explain that the previous exercise, 'HIV and me', has shown that HIV affects everyone and is present in all aspects of our lives, including at work. At some point in our lives, we will probably all know someone who is living with HIV, or is affected by it.

This exercise explores the issue of disclosure and how we can make sure that, if someone discloses their HIV status, it is a positive experience for both people.

Ask participants to imagine that a colleague tells them they are HIV-positive. Ask the participants to discuss how they might react to this, in small groups. Use these questions as a guide:

- 1 How would it affect your working relationship with that person? And your personal relationship?
- 2 What does your answer reveal about your knowledge and understanding of HIV?
- 3 What are your preconceptions of someone living with HIV? How would that affect your response?
- 4 If it were you, how would you want the other person to respond? What would you not want them to do/say?
- 5 Can they offer options for support? Do they know where to look for support? How can they find out?
- 6 Would they keep the disclosure to themselves?

Video: Disclosure in the workplace (5 minutes)

- 1 Explain that you are now going to watch a video clip in which a young man living with HIV shares his experiences with disclosure.
- 2 Go to YouTube (www.youtube.com/watch?v=__kXbSg-rVE) and play the clip 'Interview with Rob Harrap for the "Positive?" HIV resources'. (1 minute)
- 3 Afterwards, facilitate a short plenary discussion, focusing on the following questions:
 - Was there anything in Rob's testimony that surprised you? If so, what?
 - What suggestions does Rob give on how you can respond supportively? These include:
 - offer support and ask if there is anything you can do
 - let them know you are there for them; for example, if they want to talk

- respect the trust they have shown you by disclosing – by respecting confidentiality
- reassure them that you will not tell anyone else
- don't ask why or how they got infected
- How does this correspond to your group discussion? Did you come up with similar or other examples or suggestions?

Facilitation tip: reflecting on the video clip on HIV disclosure



This exercise is particularly good to do with a group of people who may not have had the opportunity to meet someone openly living with HIV. It will help set the tone for the next exercise, 'Bringing HIV closer to home', during which they will get that opportunity. It might also help the person facilitating that session to feel more comfortable about disclosing their HIV status to the group.

Rob's video is also a good opportunity to bring up the reasons why it is not appropriate to ask why or how someone got infected with HIV. Explain that people often have a scale of blame and morality in their minds along which they place people living with HIV. Someone who is born with HIV or contracted the virus through a blood transfusion, for example, is seen as 'innocent'. On the other side of the scale are people who contracted the virus through so-called 'immoral behaviour' such as injecting drugs or having unprotected sex. This process of placing people along a scale of blame and morality is often unconscious. However, the underlying assumption is that some people living with HIV are more 'worthy' of our care and support than others. This contributes to stigma and discrimination. Explain that everyone deserves respect, care and support – no matter who they are or how they became infected. As a workplace issue, how someone became infected is irrelevant. The employer has a duty of care towards everyone in the workplace.

7 Understanding stigma

Time



30 minutes

Resources

- 'Love, Life and HIV' DVD, TV and DVD player (or laptop, speakers, projector)

Objectives

To better understand HIV-related stigma and discrimination

Task

Interactive activity: exploring the concepts of stigma and discrimination (10 minutes)

- 1 Through this exercise the group will explore the concepts of stigma and discrimination more generally, before looking into the stigma and discrimination faced by people living with HIV around the world.
- 2 Recall the difference between stigma and discrimination, which was discussed during the exercise 'HIV: the facts':
 - stigma is a social process in which people are seen as less normal or less valuable than others; it is often expressed as negative attitudes and prejudice
 - discrimination happens when people act on their stigma, and treat other people badly or unfairly
 - people can experience stigma and discrimination for many reasons, including their age, gender, race, ethnicity, religion, (dis)ability, sexual orientation, economic background or other characteristics
- 3 Draw an imaginary line down the room and ask participants to stand on it – side by side.
- 4 Explain that you are going to make a series of statements. Participants should step forward if a statement is true for them. After each statement, they should step back onto the line.
- 5 Say the following statements one at a time. Give participants enough time to step forward and have a look at the others, before moving to the next statement.
 - Step forward if you have ever been called a name or treated badly just because of your identity or social characteristics. If necessary, remind people that this includes age, gender, race, ethnicity, religion, and so on.
 - Step forward if you have ever been excluded or rejected just because of one or more of your social characteristics.
 - Step forward if you have ever been treated unfairly just because of one or more of your social characteristics.
 - Step forward if you have ever judged someone, treated them badly, or treated them unfairly just because of one or more of their social characteristics.
 - Step forward if you have ever judged yourself or avoided situations just because of one or more of your social characteristics.
- 6 Ask participants to reflect briefly on the exercise:
 - What did you notice (or see) during this activity? In other words, what changed and happened with the other participants and yourself?
 - What feelings or thoughts did you have during this activity?

Facilitation tip: reflecting on the process and outcome of stigma



The ultimate aim of this activity is to show that everyone has probably been stigmatised or discriminated against at some point in their lives. Some people experience multiple layers of stigma, due to a combination of characteristics (such as age and gender). Just as most people will have been stigmatised, so everyone has probably stigmatised others. Encourage people to recognise this, but reinforce that everyone deserves to be respected and treated with dignity.

Video: Facing stigma (20 minutes)

- 1 Explain that you are now going to watch a video clip in which young people living with HIV share their experiences of stigma and discrimination.
- 2 Watch the chapter of the 'Love, Life and HIV' DVD called 'Facing stigma'. (5 minutes)
- 3 Afterwards, facilitate a plenary discussion, focusing on the following questions:
 - What is something that the young people shared that seemed particularly important to you? Probe the reasons why.
 - What are some of the strategies that those in the video shared for coping with the stigma and discrimination they face?
 - What can be done to reduce stigma and discrimination in your workplace and everyday life?

Facilitation tip: reflecting on the video clip on 'Facing stigma'



Hearing directly from those who have faced stigma and discrimination because of their HIV status can be a very powerful communication tool to understand the effects of stigma. Ensure that the discussion after the film clip encourages participants to reflect on how they can avoid stigmatising others, both in the workplace and in their everyday life.

Annex 1: Additional resources

Training manuals and resources

Family Health International (2002) *Workplace HIV/AIDS Programs: An Action Guide for Managers*. Available at: www.fhi360.org/en/hivaids/pub/guide/workplace_hiv_program_guide.htm

International Labour Organization (2009) *A Training Manual for Enterprises on HIV/AIDS Workplace Policy and Programmes and Public-Private Partnerships*. Available at: www.ilo.org

International Labour Organization (2002) *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual*. Available at: www.ilo.org

International Planned Parenthood Federation (2010) *Linking HIV and Sexual and Reproductive Health and Rights*. Available at: <http://exchange.ippf.org>

International Planned Parenthood Federation (2006) *Training Skills for Health Professionals: Reference Manual*. Available at: <http://exchange.ippf.org>

International Planned Parenthood Federation, UNFPA, Young Positives, and Global Coalition on Woman and AIDS (2011) *Love, Life and HIV: Voices of Young People with HIV from Around the World*. DVD, DVD toolkit and full session plans. To request copies, email info@ippf.org

International Planned Parenthood Federation (2012) *Positive? Awareness of and Attitudes to HIV*. Available at: <http://www.learningpositive.com/index.html>

StopAIDSNow! (2010) *Managing HIV in the Workplace: A Guide for CSOs*. Available at: <http://www.stopaidsnow.org/node/146>

Annex 2: Knowledge questions and debate cards

HIV and AIDS

- How would you explain the difference between HIV and AIDS?
- How does HIV affect the immune system?
- How is HIV transmitted? How is HIV not transmitted?
- What do you know about the interaction between HIV and other sexually transmitted infections?

Below and to the left are four examples of 'Knowledge' question cards, focusing on 'HIV and AIDS', 'HIV prevention', 'HIV treatment and care' and 'Human rights and HIV'. While going through the questions on these cards, participants will be able to share and learn the basic facts about HIV and AIDS. A fifth card, 'HIV: beyond the facts', includes questions that are meant to stimulate discussion and will give facilitators the opportunity to clarify IPPF's position on a number of contentious topics.

It might be useful to adapt the questions on these cards, to make them more relevant to your country context, local HIV epidemic, common beliefs and misconceptions, or current debates. For example, if your government is considering adopting a law that would criminalize HIV transmission, you might want to include the question, "Do you agree with the proposed law on criminalization of HIV transmission?" on the human rights card. Or if HIV is heavily concentrated among people who use drugs, you could include the question, "What do you know about harm reduction as an HIV prevention approach?" on the prevention card.

Tip: if you laminate the question and debate cards, they will last for several training sessions.

HIV prevention

- How can you prevent sexual transmission of HIV?
- How effective are male and female condoms?
- What do you know about prevention of mother to child transmission?
- What is meant by the term 'universal precautions'?

HIV treatment and care

- What do you know about antiretroviral treatments?
- What is 'treatment as prevention'?
- What conditions and diseases are people living with HIV more likely to develop?
- What are some of the barriers people living with HIV may face in accessing HIV treatment and care?

Human rights and HIV

- What is the difference between stigma and discrimination?
- Why are young women and girls more vulnerable to HIV infection?
- Do laws that criminalize sex between men help or hinder HIV prevention efforts?
- What acts of discrimination might a person living with HIV face in the workplace?

HIV: beyond the facts

- Should private medical insurance companies be allowed to exclude HIV benefits?
- Should employers have the right to know the HIV status of their employees?
- Should HIV-positive employees be entitled to more sick leave?
- How would you react if you found your sexual partner was HIV-positive and had not told you?

Annex 3: Knowledge questions and debate cards – answers and IPPF’s position

The table below provides information to help you answer the questions on the knowledge and debate cards included in Annex 2. The information given here is up to date at January 2013. However, our understanding of HIV, the epidemic and best practices changes relatively rapidly. As the facilitator of the HIV workplace training, it is important that you keep abreast of the latest information and data, and update the answers as required. IPPF Central Office will also review these questions and answers periodically and send out new versions as appropriate.

HIV and AIDS	
Question	Answer
What is the difference between HIV and AIDS?	<ul style="list-style-type: none"> ■ HIV stands for Human Immunodeficiency Virus. ■ HIV is a virus that attacks vital cells in the body’s immune system – specifically the CD4 cells responsible for fighting infection.⁵ ■ AIDS stands for Acquired Immune Deficiency Syndrome. ■ AIDS is a medical term used to describe the condition caused by HIV. Someone is said to have AIDS when their immune system has stopped working due to HIV, and they have been diagnosed with a serious opportunistic infection or cancer.⁶ The immune system is considered to be compromised when the CD4 count is consistently below 200 cells/mm³.
How does HIV affect the immune system?	<ul style="list-style-type: none"> ■ HIV infects vital cells in the human immune system – specifically the CD4 cells responsible for fighting infection. ■ After infection, the CD4 cells are destroyed by HIV. ■ The body will attempt to produce more CD4 cells, but their numbers will eventually decline and the immune system will be less effective and stop working. ■ This leaves someone living with HIV with a high risk of developing a life-threatening infection or disease.⁷
How is HIV transmitted?	<ul style="list-style-type: none"> ■ HIV is found in the bodily fluids of a person living with HIV – including 1) blood, 2) semen, 3) vaginal fluids and 4) breast milk.⁸ ■ HIV transmission occurs when a sufficient quantity of these fluids gets into someone else’s bloodstream. ■ The most common ways that this happens is through: <ul style="list-style-type: none"> ● unprotected vaginal or anal sex with someone who is HIV-positive ● from a woman living with HIV to her baby during pregnancy, at birth or through breastfeeding ● sharing syringes, needles or drug-injecting equipment that is contaminated with infected blood ● injection or transfusion of infected blood⁹ ■ HIV cannot be transmitted through: <ul style="list-style-type: none"> ● social interaction and day-to-day contact ● coughing or sneezing ● mosquitoes or other biting insects (HIV cannot reproduce in insects, which means that an insect cannot be infected with HIV or pass the virus on to the next human it feeds on or bites)¹⁰ ■ No cases are known of HIV transmission through sweat, tears, saliva, vomit, faeces or urine, or spillage of blood, semen or other bodily fluids.¹¹
What do you know about the interaction between HIV and other sexually transmitted infections?	<ul style="list-style-type: none"> ■ Both sexually transmitted infections (STIs) and HIV are spread through unprotected sexual intercourse with someone who is infected. ■ Having an STI increases your risk of acquiring HIV. Ulcers in the genital area caused by STIs (such as herpes, chancroid and syphilis) act as a portal of entry for HIV. Having other non-ulcerative STIs (such as chlamydia and gonorrhoea) increases the number of immune cells in the skin. These cells are vehicles for HIV to enter. ■ Studies have shown that HIV-positive individuals who are also infected with other sexually transmitted infections are particularly likely to shed HIV in their genital secretions. They are more likely to transmit HIV. ■ HIV-positive individuals may experience more severe, prolonged manifestations of STIs. Conventional treatment is often not adequate and longer durations of treatment may be used for certain STIs (such as human papillomavirus, syphilis and herpes). ■ Using condoms consistently and correctly provides protection from both STIs and HIV.¹²

HIV prevention

Question	Answer
How can you prevent sexual transmission of HIV?	<ul style="list-style-type: none"> ■ Abstaining from sex (or delaying first sex). ■ Being in a faithful, monogamous relationship with someone who is not living with HIV. ■ Consistent and correct condom use (combined with water-based lubricants for anal sex). ■ Safer sex practices (for example, non-penetrative sex). ■ Voluntary medical, male circumcision offers some protection. ■ Diagnosis and treatment of sexually transmitted infections offers some protection.
How effective are male and female condoms?	<ul style="list-style-type: none"> ■ Condoms, when used consistently and correctly, are the only form of protection that can help stop the transmission of sexually transmitted infections such as HIV, and prevent pregnancy. ■ In 1999, a meta-analysis of 25 studies found (male) condoms to be 87–96% effective in preventing HIV transmission between “discordant” couples, where one partner is living with HIV. ■ On the rare occasion that condoms fail, this is mostly the result of incorrect or inconsistent use. Consistent use of condoms means using a condom from start to finish with each act of intercourse. Correct condom use involves: <ul style="list-style-type: none"> ● Using a new condom for each act of intercourse ● Putting the condom on as soon as erection occurs and before any sexual contact (vaginal, anal or oral) ● Holding the tip of the condom and unrolling it onto the erect penis, leaving space at the tip of the condom, while ensuring that no air is trapped in the condom’s tip ● Using water-based lubricants on latex condoms only (oil-based lubricants such as petroleum jelly/Vaseline, cold cream, hand lotion and baby oil can weaken the latex condom and are not recommended) ● withdrawing from your partner immediately after ejaculation, holding the condom firmly to stop it from slipping off ■ Other reasons for condom failure include exposure to heat and sunlight, and they can be torn by teeth and fingernails. Also, remember to check the expiry date of your condom! ■ Male condoms are safe to use for anyone who does not have a latex allergy. Latex allergies are incredibly rare. The female condom is not made of latex and therefore is safe even for someone who has a latex allergy.
What do you know about prevention of mother to child transmission?	<ul style="list-style-type: none"> ■ Mother to child transmission of HIV is when a woman living with HIV passes the virus to her baby. This can occur during pregnancy, delivery and breastfeeding. ■ Without treatment, around 15–30 per cent of babies born to women living with HIV will become HIV-positive during pregnancy and delivery. A further 5–20 per cent will become HIV-positive through breastfeeding. ■ Preventing mother to child transmission of HIV is based on a four-pronged strategy: <p>Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.</p> <p>Prong 2: Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.</p> <p>Prong 3: For pregnant women, ensuring access to HIV counselling and testing and, for pregnant women living with HIV, ensuring access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.</p> <p>Prong 4: HIV care, treatment and support for women, children living with HIV and their families.</p> ■ In 2011, UNAIDS produced ‘The Global Plan Towards the Elimination of New Infections Among Children and Keeping Their Mothers Alive’¹³. This plan charts the course for how to reach the following two targets by 2015: <ul style="list-style-type: none"> ● Reduce the number of new HIV infections among children by 90% ● Reduce the number of AIDS-related maternal deaths by 50%.

What is meant by the term 'universal precautions'?

- Universal precautions protect health care workers, patients and the environment.
 - In a health care setting, workers should take precautions with everybody to eliminate the need to make assumptions about people's lifestyles and how much of a risk they present. Health care workers should have the right to be able to protect themselves against infection, whether it is HIV, hepatitis or other infections.
 - The following universal infection control precautions are advised by the World Health Organization to help protect health care workers from blood-borne infections including HIV:
 - hand washing after direct contact with patients
 - use of protective barriers such as gloves, gowns, aprons, masks and goggles if there is likely to be direct contact with blood and other body fluids
 - safe collection and disposal of needles and sharps, with required puncture-proof and liquid-proof boxes in each patient care area
 - preventing two-handed recapping of needles
 - covering all cuts and abrasions with a waterproof dressing
 - promptly and carefully cleaning up spills of blood and other body fluids
 - using a safe system for health care waste management and disposal
 - Appropriate waste disposal is essential to prevent used and potentially contaminated medical equipment being recycled. However, this relies on the necessary disposal facilities being in place. The use of sharps boxes for used needles prevents health workers from injuring themselves or re-using them. It also protects members of the public from exposure to needles, which can easily occur if medical waste is disposed of alongside normal refuse.
-

HIV treatment and care

Question	Answer
What do you know about antiretroviral treatments?	<ul style="list-style-type: none"> ■ There is no cure for HIV. The only proven treatment for HIV is antiretroviral treatment, which can slow down and almost halt the reproduction of HIV in the body.¹⁴ ■ In 2012, there were more than 20 drugs available¹⁵ – a combination of three drugs is often prescribed (these can be presented as one pill). ■ Where treatment is available and accessible, HIV has become a manageable, chronic illness.¹⁶ ■ Not all people living with HIV are on antiretroviral therapy. Treatment is normally started when the body's immune system has weakened to a certain level (CD4 count below 350).¹⁷ ■ Once someone has started antiretroviral therapy, treatment adherence is very important. They will need to take the medicines every day at the correct time and in the correct way, for example with food. ■ HIV is a very active and clever virus, and will develop resistance against the drugs. When this happens, new drugs will need to be prescribed – called second (or third) line regimens. These are more expensive and less widely available.
What is 'treatment as prevention'?	<ul style="list-style-type: none"> ■ Studies suggest that the risk of (sexual) transmission of HIV is near zero when the amount of HIV in the blood (known as viral load) is below 1,500 copies/mm³. ■ Because antiretroviral treatment reduces the viral load, someone living with HIV on effective treatment is less likely to transmit the virus to others. Treatment can therefore act as a way of preventing HIV transmission (even if unprotected sex takes place). This is called 'treatment as prevention'. ■ This concept of 'treatment as prevention' is already used in several ways: to prevent mother to child transmission, as post-exposure prophylaxis and as pre-exposure prophylaxis. ■ A new idea is that people living with HIV start treatment before it is strictly needed for their own health, in order to lower their viral load and reduce the risk of HIV transmission.¹⁸ ■ An important study (the Swiss statement¹⁹) suggests that people with HIV are not sexually infectious as long as the individual takes antiretroviral therapy consistently, has had an 'undetectable' viral load for at least six months, and does not have any other sexually transmitted infections.
What conditions and diseases are people living with HIV more likely to develop?	<ul style="list-style-type: none"> ■ With appropriate antiretroviral treatment, people living with HIV can expect to have a 'normal' life expectancy as the medicine helps by decreasing the multiplication of the virus and therefore supports the immune system. ■ Some common illnesses such as malaria, herpes and certain kinds of pneumonia can occur more often and more severely in people who have HIV than among people who are HIV-negative. ■ If antiretroviral treatment is not started, people living with HIV are more prone to serious illnesses such as tuberculosis and other chest infections, skin infections, fungal infections and certain types of cancers. These are called 'opportunistic infections' because they take advantage of the opportunity offered by a weakened immune system.²⁰ ■ Tuberculosis is a leading cause of death among people living with HIV. In 2010, 22 per cent of HIV-related deaths worldwide were caused by TB.²¹
What are some of the barriers people living with HIV may face in accessing HIV treatment and care?	<ul style="list-style-type: none"> ■ The main barrier to accessing HIV treatment and care is that many people living with HIV do not know their HIV status. ■ For people who know their HIV-positive status, there are a number of barriers that may affect the accessibility of treatment and care services, including: <ul style="list-style-type: none"> ● poor health care facilities ● location of facilities ● inconvenient opening times ● long waiting times ● affordability of services ■ Stigma and discrimination are also major barriers to seeking and accessing services, including the actual or perceived discriminatory attitudes of health care staff.

Human rights and HIV

Question	Answer
What is the difference between stigma and discrimination?	<ul style="list-style-type: none"> ■ Stigma is a social process in which people are seen as less normal or less valuable than others. It is often expressed as negative attitudes and prejudice. ■ Discrimination is an action (sometimes known as enacted stigma). Discrimination happens when people treat others badly or unfairly, because of stigma. ■ People can experience stigma and discrimination for many reasons, including their age, gender, race, ethnicity, religion, (dis)ability, sexual orientation, economic background or other characteristics.
Why are young women and girls more vulnerable to HIV infection?	<ul style="list-style-type: none"> ■ Biologically, women are more at risk of acquiring HIV during vaginal intercourse because: <ul style="list-style-type: none"> ● the exposed surface area of the vagina is larger than that of the penis ● intercourse causes minute tears in the vaginal lining ● the tissue of the vaginal lining contains certain types of cells that HIV can easily enter ● semen remains in the vagina for a prolonged period ■ There are also structural determinants that make women more vulnerable to HIV infection. ■ Gender inequality, for example, can result in: <ul style="list-style-type: none"> ● women and girls having less access to education and information on HIV and how to protect themselves ● a lack of decision making power for women and girls; for example, in terms of (sexual) relations, marriage, accessing services or condom use ● (sexual) violence against women ● women and girls carrying the burden of care for people living with HIV
Do laws that criminalize sex between men help or hinder HIV prevention efforts?	<ul style="list-style-type: none"> ■ Almost 80 countries worldwide (78 countries in 2012) continue to criminalize sex between men; some countries impose the death penalty. ■ On the individual level, these laws may hinder access to essential services due to fear of breach of confidentiality and arrest. These laws also foster stigma and discrimination, and limit access to essential services because of real or perceived homophobia among health workers. ■ Criminal laws also hinder the efforts of many organizations to work with men who have sex with men, due to difficulties reaching and targeting them, or the real or perceived threat of prosecution to the organization itself.
What acts of discrimination might a person living with HIV face in the workplace?	<ul style="list-style-type: none"> ■ Recruitment: being excluded from employment because of their HIV-positive status and/or feeling forced to disclose HIV status. ■ Promotion: being overlooked for opportunities for advancement within the workplace such as access to professional development and training or career advancement. ■ Dismissal: being unfairly dismissed or redeployed against their wish, because of HIV status. ■ Working environment: being treated differently because of HIV status – for example, using cutlery, plates etc in the canteen – or experiencing prejudicial attitudes from colleagues regarding their HIV status. ■ Accessing benefits: being excluded from work-supported health insurance or pension schemes (these may include provisions that exclude people living with HIV from eligibility). ■ Internal stigma: not feeling confident to seek opportunities for advancement and/or to challenge experiences of discrimination.²²

HIV: beyond the facts

Question	Issues to consider
Should private medical insurance companies be allowed to exclude HIV benefits?	<ul style="list-style-type: none"> ■ IPPF believes that medical insurance companies should not discriminate against people living with HIV by singling out the disease in their terms and conditions, or by refusing to cover people living with HIV at all. ■ The cost of the insurance should be related to someone's health – rather than HIV status – and take into account that: <ul style="list-style-type: none"> ● without treatment, it may still take 15 years or longer before some people living with HIV develop AIDS²³ ● with treatment, HIV has become a manageable, chronic illness, much like hypertension or diabetes²⁴ and people might never develop AIDS
Should employers have the right to know the HIV status of their employees?	<ul style="list-style-type: none"> ■ Disclosure of HIV status in the workplace should be a matter of individual choice and should be voluntary at all times.
Should HIV-positive employees be entitled to more sick leave?	<ul style="list-style-type: none"> ■ Employees living with HIV generally take a similar number of sick days as other employees. In some cases, an employee living with HIV may have lengthy or repeated absences, due to related illnesses, treatment side-effects or coping with their diagnosis. ■ For someone with a suppressed immune system, it may also take longer to recover from certain illnesses than someone without HIV. ■ People living with HIV may require time off for medical appointments related to their HIV status. Some employers attribute this to disability-related absences in line with their duty to make reasonable adjustments.
How would you react if you found your sexual partner was HIV-positive and had not told you?	<ul style="list-style-type: none"> ■ Depending on your relationship with the person, it is normal that you may initially have feelings of sadness, anger, confusion or shock. ■ It can be difficult for someone with HIV to say so, and can seem like a daunting task due to fear of a bad reaction. While some people have found their partner supportive, others have been assaulted by a partner who they disclosed to. ■ Someone living with HIV needs to consider the pros and cons of telling their sexual partner(s). The choice to disclose one's HIV status is the sole decision of the individual. There are many reasons why one may want to disclose, and many reasons why not to. ■ If your sexual partner has told you they are living with HIV, they have thought about the practicalities of telling you and considered what your reaction might be. It is important to be understanding and supportive. ■ If you are not living with HIV yourself, you may need to think about having a test.

Annex 4: Frequently-asked questions

The table below provides information to help you answer questions that have frequently been asked at HIV workplace training sessions. The information given here is up to date at January 2013. However, our understanding of HIV, the epidemic and best practices changes relatively rapidly. As the facilitator of the HIV workplace training, it is important that you keep abreast of the latest information and data, and update the answers as required. IPPF Central Office will also review these questions and answers periodically and send out new versions as appropriate.

Question	Answer
Where did HIV come from?	<ul style="list-style-type: none"> ■ It is now generally accepted that HIV came from primates (the white-collared monkey and a subspecies of chimpanzees) native to western equatorial Africa. ■ The virus was most probably introduced into the human population when hunters became exposed to infected blood.²⁵
Is there a danger that the virus will change?	<ul style="list-style-type: none"> ■ HIV is a highly variable virus which mutates very readily. This means there are many different strains of the virus, even within the body of a single infected person.
What is the likelihood of getting HIV through unprotected sex?	<ul style="list-style-type: none"> ■ This is difficult to say and depends on many variables relating to the virus (such as viral load) and the host/ person at risk (for example, someone with a concurrent sexually transmitted infection). ■ An HIV-positive person who is taking effective antiretroviral therapy, who has an undetectable viral load and is free from other sexually transmitted infections, has a negligible risk of infecting others with the virus.²⁶ ■ Statistically, the risk of HIV transmission via vaginal intercourse per sexual act has been estimated as: <ul style="list-style-type: none"> ● between 1 in 333 and 1 in 1,250 for women ● between 1 in 263 and 1 in 2,500 for men²⁷ ■ Women are more at risk of acquiring HIV during vaginal intercourse because: <ul style="list-style-type: none"> ● the exposed surface area of the vagina is larger than that of the penis ● intercourse causes minute tears in the vaginal lining ● the tissue of the vaginal lining contains certain types of cells that HIV can easily enter ● semen remains in the vagina for a prolonged period
What is the likelihood of getting HIV through unprotected anal sex?	<ul style="list-style-type: none"> ■ Anal sex can be practiced between a man and a woman or between two men. ■ Unprotected anal sex carries a higher risk of HIV transmission than vaginal sex. ■ The receptive partner is more likely to get HIV from the insertive partner than vice versa. The risk for the receptive partner is estimated at 1 in 70, while the risk is 1 in 161 for the insertive partner.²⁸
What is the average life expectancy of someone living with HIV?	<ul style="list-style-type: none"> ■ This varies greatly depending on their access to treatment and care, health at baseline and lifestyle (including nutrition). ■ People living with HIV on treatment have a life expectancy comparable to that of the general population (for example, close to 80 years in Western Europe and the USA, and close to 55 years in Uganda).²⁹
How available is HIV treatment?	<ul style="list-style-type: none"> ■ In high-income countries, there is universal access to treatment (defined as 80 per cent coverage or higher). ■ In low- and middle-income countries, 47 per cent of those eligible for treatment were on antiretroviral therapy at the end of 2010 (6.6 million). ■ Availability differs greatly between and within countries, with key populations (men who have sex with men, transgender people, people who use drugs and sex workers) often significantly less able to access treatment. ■ For information on your country see: www.unaids.org/en/regionscountries/countries/

What is post-exposure prophylaxis, and how effective is it?

- Post-exposure prophylaxis is a short-term course of antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure.³⁰
- Several studies, involving animals and humans, have shown that post-exposure prophylaxis might be effective in reducing the risk of HIV infection by as much as 81 per cent. However, it is not 100 per cent effective and whether it might work depends heavily on:
 - starting the treatment within 72 hours of exposure to HIV
 - adherence to the treatment for 28 days
 - whether the virus is drug-resistant at the time of exposure/transmission³¹
- The World Health Organization recommends that post-exposure prophylaxis is made available to health care workers as part of a comprehensive package of universal precautions.

How can I avoid offending someone living with HIV? What language should I avoid using?

- In the workplace (and beyond), words should be used that respect the rights and dignity of people living with HIV and should avoid contributing to stigma and rejection. Language should be inclusive and avoid the 'them and us' mentality. Some of the most common words to avoid are:
 - AIDS carrier or infected person: prefer use of 'person' or 'people living with HIV'
 - AIDS sufferer or AIDS victim: prefer use of 'person' or 'people living with HIV'
 - Innocent victims: prefer use of 'children living with HIV'

Why should we have a separate workplace policy for HIV?

- IPPF is committed to promoting sexual and reproductive rights for all and addressing HIV stigma and discrimination – this applies equally to our staff and workplaces.
- HIV is clearly a workplace issue – with nine out of 10 people living with HIV going to work.³²
- The history of the epidemic is filled with innumerable incidents of people living with HIV who are denied employment and/or promotion because of their HIV status.
- It helps to ensure that staff are informed and educated about HIV and AIDS.
- It contributes to a 'stigma-free' work environment for staff living with or affected by HIV.
- Actively involving people living with HIV benefits our work and IPPF is committed to the Greater Involvement of People living with HIV and AIDS (GIPA) principle.
- The workplace offers a structured environment to reach people with information and skills, as well as services or referrals; it also presents opportunities to challenge stigmatizing attitudes towards people living with HIV that are still prevalent in society.

What are some of the key components of a rights-based response to HIV and sex work?

- Effective responses to HIV and sex work should be based on rights and evidence, not driven by politics or moral judgements.
- Key components include:
 - provision of holistic health services
 - sex worker involvement in the design, implementation, monitoring and evaluation of programmes
 - informed consent, confidentiality and other ethical issues
 - accountability, in particular to local sex workers
 - engagement of key players (for example, managers of sex establishments and meeting places, police and judiciary, health officials, community leaders and media)
 - challenging discrimination
 - respect for sex workers' priorities³³

Annex 5: Evaluation form

Evaluation form: 'IPPF HIV workplace training'

Please tell us about how you enjoyed – or would have liked to change – particular aspects of this training session, by answering the following questions.

PLEASE TICK THE MOST APPROPRIATE BOX

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The training was too long					
I learned something about HIV and AIDS that I didn't know before the training					
I know more about our HIV workplace policy and why it is important					
I feel better placed to help support staff who are HIV-positive					
There wasn't enough time for all my questions to be answered					
I don't think that I need further training on this issue					

What were the two most important things you learned during the training (in order of priority)?

1.
2.

What additional information (if any) would you have benefited from having discussed at the training session?

.....

.....

What additional information (if any) would you have benefited from having in the participant information pack?

.....

.....

Do you have any other comments or suggestions to improve future training sessions?

.....

.....

Thank you for filling in this form. ©

Annex 6: Participant information pack

The aim of the participant information pack is to provide participants of the HIV workplace training with key documents for the training as well as further information on HIV and AIDS, HIV services and support available. It is meant to be a useful source of information that people can continue to refer to after the training.

The contents of the information pack should include:

1 The training agenda

This is essentially a simpler version of the annotated agendas included in this training guide, setting out the training objectives, components and time schedule.

2 Your organisation's HIV workplace policy

Participants will have been sent the HIV workplace policy in the lead-up to the training, to familiarize themselves with the policy before attending. However, not everyone will have printed a hard copy of the policy and/or brought it with them. Including a copy in the information pack will allow participants to 'review' the policy as it is discussed during the training, and keep it on hand for future reference.



3 Information on IPPF+

IPPF's Regional Offices and Member Associations have been sent information materials on IPPF+, including posters, leaflets and flyers. If your organisation has not received these, or has run out, you can request the materials by sending an email to ippfplus@ippf.org.

4 HIV factsheets

Several organizations have developed factsheets on HIV and AIDS. These generally cover the basics, such as information on HIV transmission, prevention, treatment and care. Others look into specific issues, such as correct condom use, HIV and gender, young people and HIV/tuberculosis co-infection. It's a good idea to

include a few of these in the information pack, so participants have them on hand to read up on HIV issues after the training.

Recommended factsheets include:

- UNAIDS factsheets on the global AIDS epidemic: www.unaids.org/en/resources/presscentre/factsheets/
- UNAIDS Fast Facts about HIV: www.unaids.org/en/resources/presscentre/fastfactsaboutshiv
- How to use a male condom, for example: www.rhrc.org/iec/d.html
- How to use a female condom, for example: www.supportworldwide.org/communication-materials/how-to-use-fc2-female-condom-flipbook/
- The UNAIDS website also allows you to create factsheets for specific countries. To do this:
 - 1 Go to UNAIDS Countries, www.unaids.org/en/regionscountries/countries/.
 - 2 Select the country you want.
 - 3 Scroll down to 'AIDSinfo' and select the topics you want to include in the factsheet by clicking on the headings. (**Tip:** you can move the different topics up or down the factsheet by clicking on the arrow in the top right-hand corner of the data box.)
 - 4 When you are happy with the factsheet, click on 'Download' in the top right-hand corner, next to the topic headings.
 - 5 Select the box 'Currently selected items' and click on download.
 - 6 A PDF file of your factsheet will open in a new window.

5 Directory of local HIV services and support organisations

Having a directory of local HIV services and support organisations will enable staff to access trusted, high-quality services, for example for HIV counselling and testing. Ideally, the directory will include contact information (such as address, phone number and website) as well as some details about the services available, opening hours and – if known – the name of a contact person.

- Services and organisations to include in the directory:
- HIV counselling and testing centres
- Centres providing HIV treatment and care
- National HIV and AIDS Helpline (if available)
- Networks of people living with HIV
- Organisations helping people living with or affected by HIV

Many Member Associations will provide HIV services in their own clinics. However, not all staff may feel comfortable accessing these because of a (perceived) lack of confidentiality. It is therefore advisable to include details of other service providers as well.

UN Cares – the United Nations system-wide workplace programme on HIV – has an online service directory, which includes details for a large number of countries. This can be a good place to start when putting the directory together.

To access the UN Cares Service Directory on HIV:

- 1 Go to www.uncares.org.
- 2 Click on 'UN Cares Services Directory on HIV' (in the right-hand side of the screen).
- 3 Log in by selecting a UN agency from the drop-down menu (for example, the World Health Organization).
- 4 Enter your password (this is your continent in lower case: africa, asia, central america, eurasia, europe, north america, south america).
- 5 Click 'Login'.
- 6 Select the country you want from the drop-down menu above the banner.
- 7 Access the information you need from the general or technical directory.

6 A list of resources and websites for further information on HIV and AIDS

When compiling the list of useful resources and websites, try to cover the four key themes discussed during the training: 'HIV and AIDS', 'HIV prevention', 'HIV treatment and care' and 'Human rights and HIV'. Tailor the resources and websites to key issues for your country's HIV epidemic and response – for example, elimination of mother to child transmission of HIV, HIV prevention among men who have sex with men or criminalisation of HIV transmission.

Rather than listing all possible resources and websites here, we'd like to refer you to a few comprehensive sites that include documents and links in a range of languages. These are:

- UNAIDS, www.unaids.org
- World Health Organization, www.who.org
- International Council of AIDS Service Organisations (ICASO), www.icaso.org
- NAM, AIDSMap: translations, www.aidsmap.com/translations
- The Body, International HIV/AIDS Service Organizations and Information Resources, www.thebody.com/index/hotlines/internat.html

7 The training evaluation form

An example of an evaluation form for the HIV workplace training has been included in Annex 5 of this training guide.

Endnotes

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- 2 For information about IPPF+, see page 13: agenda items 5 and 6, 'HIV in the workplace'.
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Notes

Notes

HIV Works

How to bring your HIV workplace policy to life

‘HIV Works’ provides information, tips and suggestions for how to prepare and conduct HIV workplace training.

This guide is designed to support the planning and facilitation of HIV workplace training programmes across the International Planned Parenthood Federation (IPPF). It is a crucial part of our commitment as a sexual and reproductive health and rights organisation to provide a supportive and non-discriminatory work environment for all, including staff and volunteers living with or affected by HIV.

Despite progress made in the response to HIV, stigma and discrimination remain a reality in many settings, including in the workplace. To counter this, it is imperative that we adopt, institutionalize and internalize HIV workplace policies and programmes across the Federation. Such policies and programmes serve to sensitize, inform and educate our staff and volunteers about HIV and AIDS. They also offer us a way to challenge – and ultimately reduce – acts of discrimination towards those living with or affected by HIV.

Our aspiration is that there will be virtually 100 per cent coverage of fully functioning HIV workplace policies and programmes across the Federation by 2015: we hope this training guide will contribute to meeting this aim.

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